Making CLAS Happen (Enhanced)

Six Areas for Action

A Guide to Providing *Culturally* and *Linguistically Appropriate Services (CLAS)* in a Variety of Public Health Settings

Massachusetts Department of Public Health—Office of Health Equity

June 2009 (Enhanced in 2013)

Table of Contents

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Heywood Hospital
Independence House
Lynn Community Health Center
Martha's Vineyard Community Services
Mystic Valley Elder Services
Old Colony Elder Services
Tapestry Health
Tufts Medical Center
Womansplace Crisis Center

Introduction

This manual was designed in response to the growing health-related needs of diverse communities in our state.

Our goal is to help agencies increase their ability to meet the needs of persons of diverse cultural, religious, racial, and linguistic backgrounds, disability status, socioeconomic status, gender, and sexual orientation.

In so doing, organizations will see a number of benefits, including: improving client health and satisfaction, increasing staff competence and confidence, becoming more viable for grants and contracts, reducing costs and preparing to meet federal and state requirements.

Culture and language influence the way persons approach and understand health--one size does not fit all.

The diversity of the Massachusetts population is constantly changing. With increasing diversity comes the need to make health services more accessible to people with different cultures, health beliefs and expectations.

This need is clearly apparent in the data, which show that, though Massachusetts ranks among the best performing states in the nation for many health indicators, racially and ethnically diverse groups have far worse health than other Massachusetts residents. [i]

Public health professionals can help bridge this gap by taking action to ensure that all have access to health services--regardless of race, culture, creed, income level, and personal characteristics.

Federal and state entities have issued a number of guidelines to this end. Primary among them are the Culturally and Linguistically Appropriate Services (CLAS) standards, issued in 2001 and enhanced in 2013 by the U.S. Department of Health and Human Services' Office of Minority Health.

The CLAS standards:

- Advocate equitable care for all individuals regardless of cultural identity
- Contribute to the reduction of health disparities
- Emphasize the need for CLAS-promoting governance, leadership and policies
- Call for services that are responsive to the individual needs, health beliefs and communication needs of clients
- Require communication assistance for persons with limited English proficiency, disabilities, sensory impairments, low health literacy, and other communication needs
- Promote respectful, non-discriminatory and accessible health environments

The Massachusetts Department of Public Health (MDPH) is committed to implementing these standards, both internally and through its contracted agencies. *Making CLAS Happen: Six Areas for Action* offers resources and guidance to public health agencies of all sizes as they put CLAS standards into action.

i *Massachusetts Department of Public Health. 2007. Racial and Ethnic Health Disparities by EOHHS Regions in Massachusetts. (http://www.mass.gov/Eeohhs2/docs/dph/research_epi/disparity_report.pdf).*

Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance services, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-read print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.'

For an overview of 2013 enhancements to the CLAS Standards, see: "What's New in the National CLAS Standards?"
http://www.youtube.com/watch?v=FzGwNUyBEgQ

2013 and 2000 CLAS Standards: A Side-by-Side Compairison

Topic	2013 Enhanced CLAS Standards	2000 CLAS Standards
Culturally competent care and services	■ Effective, **equitable**, understandable, respectful ■ Responsive to cultural health beliefs and practices ■ In preferred languages, **health literacy levels; other communication needs**	■ Effective, understandable, respectful ■ Responsive to cultural health beliefs and practices ■ In preferred languages
Governance, leadership and workforce	■ Recruit, promote and **support** ■ Diverse **governance, leadership** and workforce reflect the service area ■ **Governance and leadership** promotes health equity through **policy, practices and resources** ■ **Educate and train** governance, leadership and workforce	■ Recruit, retain and promote at all levels ■ Staff and leadership reflect demographic characteristics of population served ■ Ongoing education and training on CLAS delivery
Language assistance services (LAS) and communication	■ Timely, no cost to client ■ Inform of available LAS **clearly and in preferred language** ■ Individuals with limited English proficiency and **other communication needs** ■ Ensure LAS provider competence ■ **Avoid** use of untrained individuals/ **minors** ■ Easy-to-understand print and **multimedia** materials and signage in languages commonly used	■ Timely, no cost to client ■ Notices of available LAS ■ Patient/consumer with limited English proficiency (LEP) ■ Train bilingual staff/interpreters ■ Don't use family/friends to interpret (unless patient requests) ■ Signs informing of LAS in key languages of service area ■ Easily understood printed materials and signage in primary languages
Planning, assessment, accountability	■ **Establish** CLAS goals, policies, and management accountability and **infuse** in planning and operations ■ Ongoing assessments ■ Integrate CLAS measures into measurement and quality improvement	■ Implement and promote CLAS plans (goals, policies, operational plans, management accountability) ■ Ongoing assessments ■ Integrate CLAS measures into audits, performance improvement, surveys, evaluations
Data Collection	■ **Accurate, reliable demographic data** ■ Use data to monitor and **evaluate impact of CLAS on health equity and outcomes** ■ Regular assessments of community health assets to plan and implement services that respond to cultural and linguistic diversity of area	■ Race, ethnicity and language (REL) data ■ Current demographic, cultural and epidemiological community profile and community needs assessments to plan and implement services that respond to cultural and linguistic characteristics of service area
Community Partnerships	■ Partner to **design, implement and evaluate policies, practices & services** ■ Communicate progress to **stakeholders, constituents, public**	■ Participatory, collaborative partnerships ■ Facilitate community and patient involvement in designing CLAS activities ■ Public notices of progress

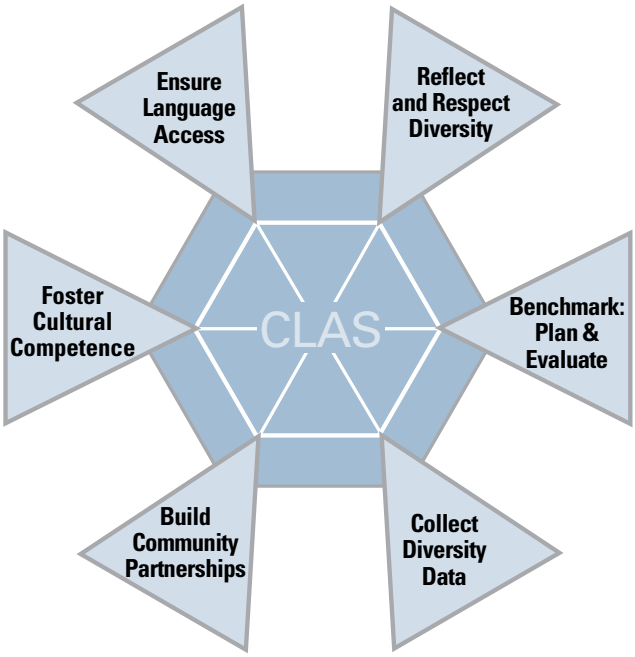
MAKING CLAS HAPPEN

Six Areas for Action

This manual aims to offer a comprehensive and organized approach to make culturally and linguistically appropriate services (CLAS) "happen" in your organization. Clear guidelines, tools and references can enable agencies to move toward cultural competence.

In this manual, the Culturally and Linguistically Appropriate Services Standards are grouped into six areas for action. These six areas (outlined below) offer a model for developing a strategic cultural competence plan.

Though chapters are presented in a certain order, this manual is designed to be used as a hands-on reference guide. Users can begin with any chapter, according to their needs. As the pinwheel model suggests, cultural competence is an ongoing process—there is no single place to start. The *Questions and Answers* chart and chapter guides can be helpful starting points to quickly find content and tools.



Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data
Standards 1, 4	Standards 13, 15	Standards 11, 12

Benchmark: Plan and Evaluate	Reflect and Respect Diversity	Ensure Language Access
Standards 9, 10	Standards 2, 3, 14	Standards 5, 6, 7, 8

Introduction

More than a decade after the Culturally and Linguistically Appropriate Services (CLAS) standards were issued in 2000, the concept of cultural competence has evolved. An early focus on racial, ethnic and linguistic diversity has expanded to include the myriad factors that contribute to a person's culture and experiences with health services.

Enhanced in 2013, the CLAS standards broaden culturally appropriate services to define them as services that are effective, equitable, understandable and respectful, as well as responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

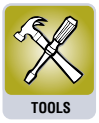
The enhanced CLAS standards underscore cultural identity as a key characteristic that includes but goes beyond race, ethnicity or languages spoken. Offering culturally competent care can mean responding to diversity stemming from education, health literacy, age, gender, income, sexual orientation, religion, disability status, socioeconomic class and access to care, among others.

Though the prospect of meeting such diverse needs may seem daunting, the principle behind cultural competence remains the same: offering client-centered care. As one Massachusetts provider put it, "no one can be culturally competent in all cultures, but everybody can be responsive to client needs."

The need to provide competent care for racially, ethnically, and linguistically diverse clients is still very much in effect. However, this chapter also offers strategies to meet new requirements in the CLAS guidelines, namely:

- Improving health equity by identifying and reducing health disparities
- Promoting CLAS through leadership and policy
- Becoming responsive to diverse cultures, beliefs and practices
- Creating a welcoming environment for racially and ethnically diverse clients, LGBT persons, persons with disabilities and persons with low health literacy
- Offering understandable, respectful care to persons who are deaf or hard of hearing, who have disabilities, or who have low literacy, as well as clients with limited English proficiency *(See Chapter 6 for further guidance on services for LEP persons)*

Chapter 1 Guide



Tools

CLAS Standards Covered

Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Step 1: Promote Health Equity

Improve Client Outcomes

More than a decade after cultural competence became a national priority, disparities related to race, ethnicity and socioeconomic status still pervade the U.S. health care system, and can be observed in all aspects of health care--from access to quality.[1]

Health disparities result in more than just bad health among minorities. They can affect the standard of living of entire communities, reduce life expectancy, increase premature deaths and affect the understanding and use of services. And health disparities are costly. One study estimated the cost of disparities due to death or inequitable care to be $1.24 trillion.[2]

Health Disparities: Beyond Racial, Ethnic and Linguistic Minorities

In its definition of health disparities, the National Partnership for Action to End Health Disparities notes that health disparities adversely affect groups of people who have experienced greater obstacles to health based not only on their racial or ethnic group, but also based on religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Individuals from diverse racial, ethnic and linguistic backgrounds are not the only ones affected by health disparities. Sexual orientation, gender identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health, according to Healthy People 2020.[4]

The following paragraphs detail existing disparities among LGBT persons, persons with disabilities, persons who are deaf or hard of hearing, and persons with low literacy.

Health Disparities Affecting LGBT Persons

LGB adults appear to experience more mood and anxiety disorders, depression, and are at higher risk for suicide than heterosexual adults. Lesbian and bisexual women may use preventive services less frequently than heterosexual women.

LGBT persons of all ages and genders are more frequently the targets of stigma, discrimination and violence.[5]

Health Disparities Affecting Persons with Disabilities

Persons with disabilities tend to be in poorer health and use preventive services at a lower rate than those who do not have disabilities.[6]

Health Disparities Affecting Persons who are Deaf or Hard-of-Hearing

Persons who are deaf or hard-of-hearing tend to visit physicians less frequently[7] and often experience misunderstandings about disease or treatment recommendations.[8]

Health Disparities Affecting Persons with Low Literacy Skills

Persons with low health literacy are at higher risk for hospitalization[9] and may make more medication or treatment errors.[10]

***Health disparity** is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages.*

– National Partnership for Action to End Health Disparities, 2010

Health Disparities Report Card: How does Massachusetts Measure Up?

In 2010, compared to the U.S., quality of care in MA was:

- Very weak for Hispanics
- Strong for Black persons
- Very strong for Pacific Islanders

The greatest disparities were observed in:

- Asthma admissions (persons 65+)
- Diabetes admissions with long-term complications
- Hypertension admissions (adults 18+)

Source: Agency for Healthcare Research and Quality (2010).

Health Equity: a National Priority

The enhanced (2013) CLAS standards explicitly address health equity as a key component of quality care. The principal standard defines culturally competent health care as: "effective, **equitable**, understandable, and respectful…[and] responsive to diverse health beliefs and practices…"[11]

In so doing, the CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Stakeholder Strategy for Achieving Health Equity.[12] The Affordable Care Act also establishes a clear commitment to addressing inequities in health for diverse persons.[13]

Many Factors Influence Health Equity

Health equity, according to the National Partnership for Action to End Health Disparities, is influenced by many factors, including race, education, health literacy, age, sexual orientation, ethnicity, religion, physical or mental disability, language, gender, gender expression and identity, income, class and access to care.[14]

Bias and Miscommunication: at the Core of Inequities

Though many factors contribute to health inequity, cultural bias is a preventable factor that is at their core. The Institute of Medicine reports that health providers' bias and stereotyping can reinforce health disparities and limit clients' access to quality medical care.[15]

Not being able to properly communicate with clients can increase diagnostic errors and lead to poorer client adherence to medical advice.

Though none of us would like to believe we are biased, biases often go unseen. Certain biases and stereotypes "… are essentially invisible to institutions and providers unless they constantly gather and analyze data about treatments and ethnicity of the clients."[16]

Collecting and analyzing health data and conducting cultural competence assessments can help providers identify disparities and address biases.

Promoting Health Equity through Culturally Competent Services

Though health inequities are directly related to discrimination and social injustice, one of the most changeable factors affecting disparities, according to HHS, is the lack of culturally and linguistically appropriate services.[17]

Offering culturally and linguistically appropriate services is an effective way to improve the quality of care and services for diverse clients.[18]

Expanded Concepts of Culture and Health

Recognizing the nation's increasing diversity, HHS broadened its definition of culture beyond race, ethnicity and language to include religious, spiritual, biological, geographical and sociological characteristics.[19]

Health is also more broadly and explicitly defined in the enhanced CLAS standards to encompass physical, mental, social and spiritual well-being.

New definitions of health and culture are more inclusive, and reflect a need to more broadly consider diversity when planning and providing culturally and linguistically appropriate services.

***Health equity** is achieving the greatest level of health for all people and entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially those who have experienced socioeconomic disadvantage or historical injustices.*

– National Partnership for Action to End Health Disparities, 2010

***Culture** is the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.*

– U.S. Department of Health and Human Services, 2013

Step 2: Lead, Plan and Assess Diversity

Promote Diversity through Leadership and Policy

Diversity in leadership has been found to be the single most significant predictor of adoption and adherence to the National CLAS standards.[20]

While providing culturally and linguistically appropriate services is an organizational effort, leadership support and diversity in both management and boards is essential to its success.

Gain Support from Senior Management

In discussions with early CLAS adopters, the Massachusetts Department of Public Health learned that the success of cultural competence initiatives depends on the commitment of leadership. The following practices have proven helpful in gaining leadership support.

Share Compelling Data and Experiences

One agency shared focus group findings of interpreter experiences with discrimination with the board of directors; this convinced the board to take action to address discrimination in the organization.

Make a Clinical/Business Case

Supporting the clinical, legal and business implications of providing CLAS can help make a strong case.

Require Diversity Training at All Levels

Diversity training is not just relevant for staff with direct interaction with clients. It is important to change the culture throughout your organization.

Diversify Boards

Boards that are representative of populations served are more likely to reflect and address the diverse needs of the community. A diverse board may include representatives from various cultural and linguistic groups, local LGBT advocacy groups or organizations, the adult learner community, organizations for persons with disabilities, the Deaf community, and military veterans organizations.

Adopt Policies that Promote Equity

Leaders can promote a commitment to diversity in organizations through policy level actions such as:

- Recruitment and hiring policies that promote staff diversity
- Non-discrimination policies that prohibit discrimination based on race, ethnicity, language spoken and personal characteristics
- Equal access to benefits for same sex partners
- Grievance procedures
- Physical accommodations for persons with disabilities
- Clear forms available in diverse languages and literacy levels
- Language and communication assistance in understanding policies and client rights
- A broad and inclusive definition of family
- Equal visitation rights for LGBT clients and their families[21]

Develop Accountability

Planning and using benchmarks to evaluate progress in cultural competence efforts is essential. Collecting and using data to improve services is particularly important. ***See: Ch. 3: Collect Diversity Data, Ch. 4: Benchmark, Ch. 5: Reflect and Respect Diversity.***

CLAS must permeate every aspect of the organization, from the top down, and from the bottom up.

– U.S. Department of Health and Human Services, 2013

Organizations should "use tools and benchmarks to evaluate outcomes and create a standard of care based on quality indicators and measurable outcomes."

– Betancourt, 2002[22]

Collecting Data Beyond REL

More inclusive CLAS standards and national policies recommend collecting detailed information on patient preferences and needs, including:

- Race, ethnicity
- Preferred language
- Disability status
- Sexual orientation
- Gender identity

Collecting this information will allow agencies to identify emerging health disparities by characteristics beyond race, ethnicity and language.

Step 3: Deliver Culturally Competent Care

An Ongoing Process to Improve Health Equity

While it is clear that many factors contribute to health disparities, one of the most tangible ways to address disparities is by providing services that meet the needs of underserved populations.

Moving toward cultural competence is a process that is never truly finished. Cultural competence is a goal toward which all providers must aspire, but one that may never be completely achieved given the increasing diversity throughout our communities.

What is Cultural Competence?

While many definitions of cultural competence exist, in practical terms, cultural competence can mean:

- Gaining awareness of and addressing negative bias.
- Learning to value diversity.
- Understanding how people of different backgrounds define health.
- Providing services and information to meet special communication needs, in primary languages, and literacy levels.
- Offering accessible services that match real needs.
- Hiring staff who represent the diversity of the community.
- Training staff to develop cultural competence.
- Involving the community in planning, communications and outreach.

The Massachusetts Department of Public Health defines culturally and linguistically appropriate services as services that:

- Respect, relate, and respond to a client's culture, in a non-judgmental, respectful, and supportive manner;
- Are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- Recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- Consider each client as an individual, and do not make assumptions based on perceived or actual membership in any group or class.

Getting Started with CLAS

1. Implement a diversity plan.
2. Assess cultural competence.
3. Know the populations you serve.
4. Become familiar with their culture.
5. Plan and evaluate.
6. Make services accessible.
7. Match services to needs.
8. Reflect community diversity in your workforce.
9. Offer diversity training.
10. Involve the community.
11. Monitor your progress.
12. Share what you've learned.

"Cultural competence is a set of congruent behaviors, attitudes, and policies that... enable professionals to work effectively in cross-cultural situations."

– Cross et al

Three Critical Steps in Gaining Cultural Competence

1. **Unlearning** identifying and correcting learned biases
2. **Learning** gaining new information, knowledge and wisdom
3. **Diversification** increased collective capacity

Source: "Moving Along the Cultural Competence Continuum," Alvarez-Robinson (2000)

Promote Diversity through Leadership and Policy

All providers should be involved in a continual process of learning, personal growth, experience, education and training that increases cultural and linguistic competence and enhances the ability to serve individuals with diverse backgrounds.

To meet changing needs and ensure compliance, agencies must offer ongoing training at all levels.

Don't assume that because staff members are diverse, they can speak for their entire ethnic group. A diverse staff is not necessarily a culturally competent staff. Training can help everyone learn, increase awareness and gain new skills.

Training Topics

Sample training topics include:

- Health disparities, culture and health concerns for REL minorities, LGBT persons, persons with disabilities, the deaf community, and military veterans
- Awareness of diverse health beliefs and behaviors
- Resolving conflicts and respecting differences
- Empowering clients to be active partners in the medical encounter
- Cross-cultural communication
- Recognizing and responding to literacy needs
- Working effectively with deaf persons and persons with disabilities
- Collecting race, ethnicity and language data
- Diversity policies and hiring standards
- Overview of the grievance process.
- Interpretation and translation guidelines

Use Formal and Informal Opportunities for Training

Cultural competence can become a natural part of structured training events, such as new employee orientation, mandatory training meetings, continuing education courses and annual reports. Training can also be offered in less formal settings. For example: discussing cultural topics or concerns in staff meetings, encouraging staff to participate in community activities and sharing culture in social events and meals.

The following model, used by Massachusetts' health providers, offers one approach to cultural competence training.

A Training Model

- Continuing education and language training for staff
- Diversity training as part of new employee orientation
- Mandatory cultural competence trainings (annual)
- Continuing education credits for cultural competency training
- Staff meetings that include case studies, cultural knowledge
- Culture-specific training and updates, as needed
- Informal cultural exchanges: daily exchanges, potlucks, and diversity discussions
- Formal videos and readings
- Speakers from civic, cultural groups

See:
Tool 1.7: Training Resources

Step 4: Create a Welcoming Environment

Creating a welcoming environment can improve access to care in communities in the service area.

Experiences with Health Providers Can Impact Future Health Behaviors

Many clients avoid environments that do not represent them or in which they feel unwelcome.

For example, one study found that LGBT patients and their families survey their surroundings to determine if the environment is one where they feel welcome and accepted.[23]

Another study found that patients with limited health literacy may avoid health care settings for fear of being embarrassed. Working with trusted community health workers who are familiar to them has been shown to help them overcome those fears.[24]

Some ways to create a welcoming environment can involve improving access, offering navigation assistance, developing an inclusive intake procedure, increasing staff diversity and cultural sensitivity, adopting equitable policies, displaying inclusive images and resources, improving communication and language access, and offering adequate resources.

Improve Access

For clients with disabilities, a welcoming environment is one they can easily access.

While accommodations to physical spaces can be costly, some involve simply watching for and removing items blocking access.

For example: Removing vehicles or objects blocking access to ramps, railings and elevator call buttons; and watching for snow and ice on walkways, ramps and parking areas.[25]

Develop a Sensitive and Inclusive Intake Procedure

A sensitive and inclusive intake procedure can involve:

- Avoiding assumptions.
- Using inclusive, gender-neutral language. ("How would you like to be addressed?" "Who are the important people in your life?")
- Choosing respectful, sensitive language when addressing individuals with disabilities and their families (e.g. "wheelchair user" vs. "wheelchair bound").
- Offering assistance in reading or filling out forms.
- Offering navigation assistance.
- Showing sensitivity when collecting personal information.

Increase Staff Diversity

Simply seeing staff reflective of community diversity can help clients feel welcome. In turn, when providers and staff are trained to understand the diverse backgrounds and health beliefs of the community, they are better able to address clients in a sensitive and respectful manner.

Display Inclusive Images, Use Symbols and Pictograms

Clearly displaying non-discrimination notices or welcoming symbols, such as the rainbow flag or Safe Zone sign, can communicate openness. Reflecting diversity in brochures, magazines, resources and artwork in waiting areas is also welcoming. Using universal signage, symbols and pictograms is essential for clients with low literacy levels.

The degree of safety, comfort, openness and respect that LGBTQ youth patients feel often has an impact on their future access to health care, risk reduction, and help-seeking behaviors.[26]

– American College of Physicians, 2008

Principles of Cultural Sensitivity[27]

1. Ask open-ended questions, create a respectful partnership.
2. Use inclusive language to collect client information.
3. Develop cultural humility, self-awareness and a respectful attitude.
5. Use resources and tools to meet cultural and religious needs of individuals.
5. Offer materials in other languages; meet diverse literacy needs.
6. Offer mobility assistance and specialized equipment.
7. Enlist chaplains in care.

– The Joint Commission, 2010

Step 5: Offer Understandable, Respectful Care

Meeting Diverse Communication Needs

Health care, according to the enhanced (2013) CLAS standards, should be "effective, culturally appropriate *and understandable*."

While the 2000 CLAS standards focused almost exclusively on providing interpretation and translated materials for clients with limited English proficiency (LEP), the 2013 guidelines expand language access services for persons with disabilities, those who are deaf or hard-of-hearing, persons with low literacy and other communication needs.[28]

Chapter 6 of this manual offers a comprehensive approach to meeting language needs of persons with LEP. Following are strategies to address the needs of persons with disabilities and low health literacy.

Improving Communication with Persons with Disabilities

All hospital programs are required by the Americans with Disabilities Act (ADA) to provide effective means of communication and posting notices of available services for patients, family members and hospital visitors who have a disability.[29]

Communication aids may include auxiliary aids and services, such as: interpreters, computer-assisted transcription, and closed captioning services. Augmentative and alternative communication (AAC) resources, including communication boards, visual pain scales or adaptive call systems can also prove helpful.[30]

Addressing Health Literacy Needs

Low literacy is widespread in the United States, affecting more than 90 million adults from all backgrounds and income levels, though disproportionately high among racial and ethnic minorities.[31]

Literacy strongly impacts quality of care and health levels, and can affect individuals' ability to become active drivers of their own health. Literacy skills are a stronger predictor of an individual's health status than age, income, employment status, education level, racial or ethnic group.[32]

Recommended strategies to address health literacy needs include using plain language and avoiding jargon, assessing understanding by asking persons to "teach back" information, and ensuring written materials are accessible (6th grade reading level or lower).[33, 34]

A Plan to Meet Diverse Needs

The following strategies can address diverse communication needs:[35]

- Ask: "What is the best way to communicate?"
- Assess environmental and lifestyle factors, values, cultural health beliefs and practices that may affect health choices.
- Use inclusive, jargon-free, gender-neutral language.
- Offer interpreting services or auxiliary aids for LEP clients and those with sensory impairments.
- Confirm understanding and probe to avoid miscommunication.
- Ensure written materials (forms, labels, signs, brochures) are in preferred languages, and appropriate literacy levels.
- Tailor health education and the informed consent process to ensure clients understand.

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

– U.S. Department of Health and Human Services[36]

Goals of the National Plan to Improve Health Literacy[37]

1. All persons have the right to health information that allows them to make informed decisions.
2. Health services should be delivered in ways that are understandable to promote health, longevity and quality of life.

See:
Tool 1.2
Tool 6.1

Promising Practices from Massachusetts Providers

Each day, Massachusetts' health providers use creativity and resourcefulness to provide competent care for diverse communities. Promising practices and lessons learned are summarized below.

Make CLAS an organization-wide, ongoing process. Early CLAS adopters describe cultural competence as an ongoing effort involving a variety of departments and persons. Successful cultural competence committees include members of diverse departments and are heavy on senior staff. These committees develop work plans, assess progress against CLAS standards, regularly update policies, and publish updates in staff newsletters and resources. Assessing progress each year "makes things easier."

Collect client data. Collecting data on race, ethnicity, language, disability status and sexual orientation has helped providers identify disparities and allocate resources. A western Massachusetts provider successfully uses a standard data collection process that allows persons to self-report. Client information is collected during registration with a form that uses gender-neutral language and offers broad choices in categories like gender and sexual partners. "There's an acceptance to the process because patients self report. We ask everyone the same questions, so no one feels singled out."

Offer a broad range of training opportunities. Promising practices in training include: in-house training during new employee orientation, online training and webinars, videos or surveys presented in staff meetings, articles on relevant topics in staff newsletters (e.g. Ramadan, Deaf culture), in-house trainings offered by qualified staff or colleagues, and training by cultural competency specialists. Resources preferred by providers include:

- The National LGBT Health Education Center **(http://www.lgbthealtheducation.org)**
- Unnatural Causes **(www.unnaturalcauses.org)**
- OUCH! That Stereotype Hurts **(www.ouchthatstereotypehurts.com)**

Create a welcoming environment. To make persons feel at home as they enter the building, one health center features a wall with the word "Welcome" in many languages. Others display the rainbow flag on the door, and have large banners and printed materials featuring photos of diverse clients. Hiring staff that represent the persons in the community served has helped clients feel comfortable. Developing forms that use inclusive language, providing materials in languages spoken in the community, and using universal symbols to make navigation easier are other ways for local providers to welcome diverse clients.

Improve services for clients with low literacy. One Worcester provider successfully implemented "teach-back," a strategy to assess and improve client understanding, by training clinicians and staff to ask that clients explain to the clinician what their treatment or diagnosis is, and adapt the way clinicians ask questions. For example, by asking: "What questions do you have?" instead of "Do you have any questions?" When progress was assessed, the majority (88%) of staff reported they felt teach-back improved patient participation in care. Other helpful practices in addressing literacy needs include using universal symbols, adapting written materials to 6th grade reading levels, and helping clients fill out forms and understand materials.

Chapter 1 Checklist: Cultural Competence and Training

This checklist includes suggested ways for programs to improve cultural competence. See *Appendix A: CLAS Self-Assessment Tool* for measures used by the Massachusetts Department of Public Health in contract monitoring and Requests for Responses (RFRs).

1. Promote health equity

- ❍ Data on race, ethnicity, language, disability status, sexual orientation, gender identity and socioeconomic status are collected according to state and federal guidelines.
- ❍ Data is analyzed to identify disparities.
- ❍ Agency collaborates with community partners to identify needs and develop services accordingly.

2. Lead, plan and assess for diversity

- ❍ A diverse board includes key community representatives.
- ❍ Leadership, boards, staff, and community partners are involved in CLAS planning.
- ❍ A written cultural competence plan exists and is assessed annually.
- ❍ Written policies exist to promote equity (non-discrimination; grievance procedures; equal visitation rights; equitable hiring, recruitment and promotion strategies; and equal benefits).

3. Develop cultural competence

- ❍ Training in CLAS is offered to staff at all levels and disciplines.

4. Create a welcoming environment

- ❍ The Disability Access notice is made available to deaf/hard-of-hearing clients and clients with disabilities.
- ❍ Navigation is facilitated through the use of pictograms and universal symbols; signs are in threshold languages.
- ❍ Images and signs are visibly posted showing inclusivity for diverse cultural groups including LGBT and persons with disabilities.

5. Offer understandable, culturally appropriate care

- ❍ Timely interpreter services are offered for limited English proficient (LEP) clients, including clients who use American Sign Language (ASL).
- ❍ A process exists to asess and address health literacy (e.g. teach-back).
- ❍ Written materials are offered in primary languages, at appropriate literacy levels.

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Tool 1.1: Getting Started with CLAS

A step-by-step guide to help implement Culturally and Linguistically Appropriate Services (CLAS) standards in organizations.

1. **Involve the entire organization.** Ensure the participation of leadership, governance, different departments and staff at all levels; each one brings a valuable perspective.
2. **Assess your ability to offer culturally competent services** by taking a self-assessment. *See Appendix A: CLAS Self-Assessment Tool.*
3. **Know the populations you serve.** Collect appropriate data on race, ethnicity, language, disability status, socioeconomic status, gender and sexual orientation. *See Chapter 3.*
4. **Become familiar with your clients' cultures.** Seek to understand the needs, cultural beliefs, values, practices, and attitudes about health and treatment options that exist among key populations in your service area. Incorporate data on race, ethnicity, language, disability status, income and sexual orientation into your records. Observe patterns. Make improvements based on these patterns.
5. **Plan and evaluate.** Incorporate cultural competence into your organization's goals and operations. Use ongoing cultural competence assessments and use data to benchmark. *See Chapter 4.*
6. **Adopt policies that promote equity** in hiring, retention, and promotion practices, benefits offered, non-discrimination policies, and grievance procedures.
7. **Make services accessible to diverse populations.** Offer adaptive services and interpretation. Ensure access for clients with disabilities. Address literacy needs. Simplify written materials and translate into key languages. Create a welcoming environment by posting non-discrimination notices, universal signs and inclusive symbols. Use sensitive, gender-neutral language.
8. **Match services to needs.** Use data and client knowledge to offer services that meet real cultural, health, literacy, acess and communication needs of clients.
9. **Reflect community diversity in your workforce.** Adopt policies to hire, promote and retain staff that reflect the cultural, racial and linguistic backgrounds of existing and potential clients. *See Chapter 5.*
10. **Offer diversity training.** Make cultural competence training part of staff meetings, employee orientation and ongoing evaluations.
11. **Involve the community.** Use community members as cultural brokers (see Glossary). Seek joint funding. Involve the community in your board.
12. **Monitor your progress.** Use data gathered in the assessment process to guide changes in policy and practice; review and document changes on an annual basis; establish a monitoring system. *See Chapter 3 and Chapter 4.*
13. **Share what you've learned** about cultural competence, like data, best practices, and successes with staff, colleagues and the community. *See Chapters 2 and 3.*

Tool 1.5: Topics for Cultural Competence Training

The following list offers ideas of cultural competence training topics, including topics recommended by the Gay and Lesbian Medical Association, and the National Council on Disability.

- History, terminology and demographics of diverse populations, including:
  - Racially, ethnically and linguistically diverse persons
  - LGBT persons
  - Persons with disabilities
  - Deaf and hard-of-hearing persons
  - Clients with limited health literacy
  - Military veterans
- Health disparities and particular health concerns facing diverse populations
- Sensitive, appropriate language and terminology in communication and other interactions with clients of diverse racial, cultural and religious backgrounds, ability status and sexual orientation
- Cultural and linguistic issues related to the Deaf community
- Training for LGBT patient care
- Basic capacity to work effectively with persons with disabilities
- Overview of laws affecting health services for REL clients, LGBT persons, persons with disabilites (See Appendix B)
- Ways to gain cultural awareness
- Understanding cultural biases
- Review of the organization's cultural and linguistic standards, ethical code, policies and procedures
- Review of community resources and partners. *See Tools in Chapter 2.*
- Data collection procedures:
  - Asking for data on REL, disability status, income, and sexual orientation
  - Ensuring confidentiality (HIPPA), addressing concerns
  - Entering data into electronic systems
- Review of grievance policy and conflict-resolution processes
- Effective communication for diverse needs:
  - Assessing a client's need for communication assistance
  - Procedure for properly working with interpreters (ASL and LEP)
  - Services for clients with sensory impairments
  - Assessing literacy levels and using strategies to ensure understanding (e.g. teach-back)

Sources consulted: *Gay and Lesbian Medical Association: Guidelines for the Care of Lesbian, Gay, Bisexual and Transgender Patients (2006); National Council on Disability: The Current State of Health Care for People with Disabilities (2009).*

Tool 1.6: Cultural Competence and Health Disparities Resources

Cultural Competence Resources

Culturally and Linguistically Appropriate Services (CLAS) Initiative
Massachusetts Department of Public Health (MDPH)
http://www.mass.gov/dph/healthequity
Search for CLAS for an overview of initiatives and resources.

Department of Health and Human Services CLAS Clearinghouse
http://www.thinkculturalhealth.hhs.gov/Content/clas.asp
Click on "CLAS Clearinghouse" for links to resources, articles and guides on health disparities, health equity, cultural competence, and population-specific information.

The Commonwealth Fund
http://www.commonwealthfund.org/publications/
The Commonwealth Fund Web site offers a wealth of cultural competence and health disparities information.

Cultural Competence Resources for Health Providers
U.S. Department of Health and Human Services
Health Resources and Services Administration
http://www.hrsa.gov/culturalcompetence/
Culture and language-specific and disease/condition-specific cultural competence workbooks, guides, training resources, assessments and guides.

Diversity RX
http://www.diversityrx.org/resources
Link to a database of hundreds of resources on cross-cultural health care, and a directory of organizations that work in this field.

The Joint Commission
http://www.jointcommission.org/topics/patient_safety.aspx
Research studies and guidance on cultural competence and language access, including:
- *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide*
- *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*

National Center for Cultural Competence
Georgetown University Center for Child and Human Development
http://nccc.georgetown.edu
Resources and tools including self-assessments, a consultant pool, materials in Spanish, a list of promising practices, publications and a searchable database of cultural and linguistic competence resources.

Tool 1.6: Cultural Competence and Health Disparities Resources (cont.)

Office of Minority Health Resource Center
U.S. Department of Health and Human Services
http://www.innovations.ahrq.gov
Cultural competence guides and resources, data and statistics, and an overview of national standards and training tools.

Health Disparities Resources

Critical MASS for eliminating health disparities
http://www.enddisparities.org
Statewide coalition focused on the elimination of health disparities in Massachusetts. Includes links to the Critical MASS Toolkit, resources and data.

The Disparities Solutions Center
Massachusetts General Hospital
http://www.massgeneral.org/disparitiessolutions
Develops and implements strategies that advance policy and practice to eliminate disparities in health care. Links to: a calendar of events, health disparities and data collection reports, "A Plan for Action" and helpful links.

Health Disparities Calculator
Surveillance Epidemiology and End Results (SEER), National Cancer Institute
http://www.seer.cancer.gov/hdcalc
Statistical software designed to generate multiple summary measures to evaluate and monitor health disparities.

National Healthcare Disparities Report
Agency for Healthcare Research and Quality
http://www.ahrq.gov/research/findings/nhqrdr
Highlights, key statistics and themes from the National Healthcare Disparities Report, collected annually. Data available by state.

Racial and Ethnic Health Disparities by EOHHS Regions in Massachusetts
Massachusetts Department of Public Health
http://www.mass.gov/eohhs/docs/dph/research-epi/disparity-report.pdf
A 2007 report offering a comprehensive review of data showing differences in health status among racial and ethnic groups across Massachusetts.

Unnatural Causes
http://www.unnaturalcauses.org
Documentary series exploring racial and socioeconomic inequalities in health. Links to helpful resources, case studies, information on health equity, an Action Toolkit with a discussion guide, policy guide and media advocacy links.

Population-Specific Resources

Deaf Persons and Persons with Disabilties

Americans with Disabilities Act
Department of Justice, Civil Rights Division
http://www.ada.gov
Laws, regulations, standards, information and technical assistance on the Americans with Disabilities Act.

Harris Family Center for Disability and Health Policy (HFCDHP)
http://www.hfcdhp.org/links.html
A wealth of links and resources on topics including physical access and communication, policies and procedures for the health care of persons with disabilities.

National Association of the Deaf
http://www.nad.org
Information, issues and resources for deaf and hard-of-hearing individuals, families and health providers.

National Council on Disability
http://www.ncd.gov/policy/health_care
Publications, reports, policy, health information and promising practices for improving the health of persons with disabilities. See: *The Current State of Health Care for People with Disabilities* (**http://www.ncd.gov/publications/2009/Sept302009**)

LGBT

Gay and Lesbian Medical Association
http://www.glma.org
Provider directory, guidelines for care of LGBT clients, information by health topics, links.

Lesbian, Gay, Bisexual and Transgender Health
Centers for Disease Control and Prevention
http://www.cdc.gov/lgbthealth

The National LGBT Health Education Center (The Fenway Institute)
http://www.lgbthealtheducation.org
Training courses, webinars, health information, publications and resources around LGBT health.

Military Veterans

Defense Centers of Excellence
http://www.dcoe.health.mil/PsychologicalHealth/Provider_Resources.aspx
Information and resources for health providers on traumatic brain injury, psychological health issues, combat stress and other conditions affecting veterans.

Department of Veterans Affairs, Veterans Health Administration
http://www.va.gov/health
Information on health conditions, insurance and treatment of military veterans.

Refugees

Refugee Health and Information Network
http://www.rhin.org
A database of multilingual public health resources for those providing care to resettled refugees. Includes translated health education materials, provider tools and links.

Refugee Health (Charles Kemp)
https://bearspace.baylor.edu/Charles_Kemp/www/refugees.htm
Information on refugee health issues by population and health topic.

Refugee Council USA
http://www.rcusa.org
Coalition of US non-government organizations (NGOs); information on refugees includes resources, documents.

Language Access and Communication Resources

AHRQ Health Literacy Universal Precautions Toolkit
http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf
Offers primary care practices a way to assess their services for health literacy considerations, raise awareness of the entire staff, and work on specific areas.

"Signs that Work"
Hablamos Juntos
http://www.hablamosjuntos.org/signage/default.index.asp
A list of universal symbols tested by the Robert Wood Johnson Foundation.

Disability Access Symbols
Massachusetts Department of Public Health
http://www.mass.gov/eohhs/consumer/disability-services/disability-access-symbols.html

Harris Family Center for Disability and Health Policy (HFCDHP)
http://www.hfcdhp.org/links.html
MDPH recommends the following helpful articles and resources:

- ADA Questions and Answers for Health Care Providers
- ADA Checklist: Health Care Facilities and Service Providers - Ensuring Access to Services and Facilities by Patients who are Blind, Deaf-Blind, or Visually Impaired
- Defining Programmatic Access to Healthcare for People with Disabilities
- Improving Accessibility with Limited Resources (2008)
- Tips for Interacting with People with Disabilities
- Questions to Ask for Identifying Communication and Accommodation Needs

For more language assistance and literacy resources, see Chapter 6 Tools.

Tool 1.7: Training Programs and Resources

Massachusetts Training Programs

Latin American Health Institute
http://www.lhi.org
The leading provider of cultural competence assessment, strategic planning, and training throughout the New England region.

MDPH Disabilities Services Portal
http://www.mass.gov/eohhs/consumer/disability-services
In-service or education training for organizations seeking to improve their effectiveness in interacting with people who are deaf and hard of hearing.

Massachusetts Asian and Pacific Islanders Technical Assistance Training
http://www.mapforhealth.org
Provides cultural sensitivity workshops for human service providers who serve Asian and Pacific Islander communities in Massachusetts. TAT offers technical assistance and workshops for a variety of service providers and community members serving the Asian and Pacific Islander community.

Also see Tool 6.5 for medical interpreting training programs and Tool 5.1 for more information on Area Health Education Centers.

Training Programs and Resources

The Cross Cultural Exchange Program
http://www.xculture.org/cctrainingprograms.php
Training programs, including "Bridging the Gap" interpreter training, list of training topics and links to training resources.

Effective Communication Tools for Healthcare Professionals
HHS Health Resources and Services Administration
http://www.hrsa.gov/healthliteracy/index.html
Free online training on effective communication for patients who are low income, uninsured and/or whose English proficiency and health literacy is low.

Harris Family Center for Disability and Health Policy (HFCDHP)
http://www.hfcdhp.org/training.html
Trainings topics include services for people with disabilities and activity limitations, disability literacy, accommodations for improving access for, and working effectively with patients with disabilities.

Tool 1.7: Training Programs and Resources (cont.)

Office of Minority Health Resource Center
U.S. Department of Health and Human Resources
http://www.innovations.ahrq.gov/content.aspx?id=734
Links to the Capacity Building Division and free or low-cost training resources.

Ouch! That Stereotype Hurts
http://www.ouchthatstereotypehurts.com
Video program for training in diversity, inclusion, communication, teamwork and leadership.

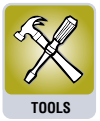
Quality Healthcare for Lesbian, Gay, Bisexual and Transgender People
Gay and Lesbian Medical Association
http://www.glma.org
(Click on "Resources;" "For Providers;" "Cultural Competence") A free, four-part webinar series exploring the health concerns and healthcare of LGBT persons.

National Center for Deaf Health Research
University of Rochester Medical Center
http://www.urmc.rochester.edu/ncdhr
Links to relevant training and research projects pertinent to the health needs of culturally deaf people.

The National LGBT Health Education Center
The Fenway Institute
http://www.lgbthealtheducation.org/training
Offers a range of educational programs, including continuing education, webinars, online training and grand rounds.

Think Cultural Health
HHS Office of Minority Health
http://www.thinkculturalhealth.org
Continuing education programs for health care professionals, including "A Physician's Practical Guide to Culturally Competent Care," a free, accredited online cultural competency curriculum.

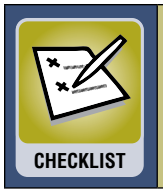
Chapter 2 Guide



CLAS Standards Covered

Standard 13: Partner with the community to design, implement, and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.



Chapter 2 Checklist: Community Collaboration

This checklist includes suggested ways for programs to improve cultural competence. See *Appendix A: CLAS Self-Assessment Tool* for measures used by the Massachusetts Department of Public Health in contract monitoring and RFRs.

Step 1. Partner with Community Organizations

- ❍ List of community and interagency partners
- ❍ Participation in Community Health Network Areas (CHNAs)
- ❍ Participation in community coalitions and steering committees
- ❍ Participation in community forums, town hall meetings, etc.
- ❍ Grants co-written with community partners
- ❍ Contracts for services awarded to community-based organizations

Step 2. Involve Community Stakeholders

- ❍ Documentation of client or community focus groups/community discussions
- ❍ Sponsorships/documented participation in health fairs, cultural events or celebrations
- ❍ Inclusion of culturally relevant information from community sources in trainings/staff meetings
- ❍ Cultural brokers involved in planning committees/coalitions

Step 3. Engage Client Participation at All Levels

- ❍ Research design/findings of community-based participatory research
- ❍ Clients and members representative of the community involved in board of directors (persons representing diverse races, cultural and religious groups, LGBT, disabilities, adult learners, military veterans)
- ❍ Community stakeholders involved in overseeing grievance processes
- ❍ Cultural presentations by community stakeholders in staff meetings/trainings
- ❍ Events organized in collaboration with community groups
- ❍ Program improvement measures (linked to client satisfaction data)

Step 4. Share CLAS Progress

- ❍ Social marketing plan with proven outreach strategies
- ❍ Participation in local radio or cable programs or columns/articles in local newspapers
- ❍ Copies of media messages/Public Service Announcements
- ❍ Printed materials (brochures, flyers) about your organization's CLAS initiatives
- ❍ Notices of availability of disparities information, education materials

Tool 2.2: Resources for Community Partnering

Resources for Community Collaboration

Community Health Network Areas (CHNAs)
Massachusetts Office of Healthy Communities
http://www.mass.gov/dph/ohc
CHNAs are local coalitions of public, non-profit and private sectors working together to build healthier communities in Massachusetts through community-based prevention planning and health promotion.

Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs.
National Center for Cultural Competence, Georgetown University
http://www.culturalbroker.info
This information guide offers an overview of cultural brokers, including definitions, benefits and ideas.

The Collaboration Primer: Proven Strategies, Considerations and Tools to Get You Started
The Health Research and Educational Trust
http:// www.hret.org/upload/resources/collaboration-primer.pdf
This primer compiles hands-on advice and resources to foster collaboration, including principles of collaboration, checklists, examples of model collaboratives and a tool to assess the status of collaborative efforts.

Community-Campus Partnerships for Health
http://www.ccph.info
A national nonprofit organization that supports Community-Based Participatory Research (CBPR) partnerships, CCPH maintains a Web site of CBPR resources, including definitions, principles, tools, reports and presentations, journal articles, syllabuses and course materials, Web links, electronic discussion groups, and more.

The Community Toolbox
http://ctb.ku.edu
The Community Tool Box is the world's largest resource for free information on essential skills for building health communities. It includes promising practices, a workstation, toolkits, troubleshooting guides, a newsletter, links to online resources and advisor forums.

Critical MASS for eliminating health disparities
http://www.enddisparities.org
Critical MASS is a statewide coalition focused on the elimination of health disparities in Massachusetts. The coalition works to build a statewide multicultural network, develop a clearinghouse for current research and initiatives related to health disparities, and create a statewide strategic planning process.

Tool 2.2: Resources for Community Partnering (cont.)

Taking Community ACTION on health disparities
Critical Mass Toolkit
http://www.enddisparities.org/criticalmasstoolkit.html
Designed to help communities and grassroots coalitions take charge in the fight against disparities. The toolkit offers an overview of the causes and impacts of disparities in health, an overview of how to look for data and health patterns and using group action as a strategy to address health disparities in communities. Cost for the toolkit is $15 for organizations, schools and libraries; free for individual community members.

Massachusetts Association of Community Development Corporations
http://www.macdc.org/docs/aboutus.html

This association has as its mission to support and advance the affordable housing, economic development and community building strategies of members, and to build the power of low- and moderate-income people to achieve greater economic, social and racial justice.

Massachusetts Association of Community Health Workers
http://www.mphaweb.org/MACHW.htm
A statewide network of community health workers (CHWs) from all disciplines. Founded in 2000 to enable CHWs to lead the movement to organize, define and strengthen the profession of community health work.

Massachusetts Community Health Information Profile (MassCHIP)
http:// www.mass.gov/eohhs/researcher/community-health/masschip
The Massachusetts Community Health Information Profile offers free online access to community-level data, including health and social indicators.

Office of Healthy Communities, Regional Centers for Healthy Communities
Massachusetts Department of Public Health
http://www.mass.gov/dph/departments/dph/programs/admin/regional-health-offices
The Regional Centers for Healthy Communities provide technical assistance to Massachusetts public health organizations aiming to build community partnerships, foster interagency collaborations and better serve communities. Programs offered by RCHCs include community leadership development, data and support, and resource libraries. Contact information for the seven state Regional Centers for Healthy Communities can be found through this Web site.

Office of Health Equity
Massachusetts Department of Public Health (MDPH)
http://www.mass.gov/dph/healthequity
The Massachusetts Department of Public Health's Office of Health Equity coordinates activities within MDPH to promote the optimal health and well-being of immigrant, refugee and racial and ethnic minority communities statewide. The site offers helpful links and resources.

Massachusetts Ethnic Media

Professionals involved with ethnic media work closely with diverse communities and are often involved in organizing community workshops, career fairs and festivals. Partnering with key media can be a powerful way to become more involved in the communities you serve.

Ethnic Media Project
UMass Boston Center on Media and Society
http://www.umb.edu/cms
The Center on Media and Society at UMass Boston offers an excellent, comprehensive directory of ethnically and linguistically diverse media in Massachusetts. The site is constantly updated and offers links and contact information for ethnic cable, radio, television, online media, magazines, newspapers and newspapers throughout the state.

Community Education and Immigrant Service Organizations

Organizations dedicated to educating and assisting minorities, immigrants and refugees are natural partners for community change.

Community Health Education Center (CHEC)
http://www.bphc.org/programs/chec
CHEC strives to enhance the capacity of outreach educators to provide outreach and health education to the diverse communities of Boston. Offers trainings and a network of outreach educators.

International Institute of New England (IINE)
http://www.iine.org
IINE provides a continuum of services that foster the successful transition of immigrants and refugees. The Institute promotes self-sufficiency to give clients the tools to help themselves become active participants in the social, political and economic richness of American life.

Massachusetts Immigrant Refugee Advocacy Coalition (MIRA)
http://www.miracoalition.org
MIRA works to advocate for the rights and opportunities of immigrants and refugees through education, training, leadership development, organizing, policy analysis and advocacy. The MIRA web site offers links to legal service providers, reports, and an action center.

Massachusetts Mutual Assistance Associations

http:// www.mass.gov/eohhs/consumer/specific-populations/refugees-asylees/maa.html
Mutual Assistance Associations (MAAs) assist refugees and immigrants in the process of adjusting to a new country. Through education, social and other support services, MAAs are closely linked with communities of diverse cultures. The URL above links to a directory (in PDF format) of Mutual Assistance Associations throughout Massachusetts.

Mayor's Office of New Bostonians
http://www.cityofboston.gov/newbostonians
The Office of New Bostonians was established in 1998 to meet the needs of the growing and changing immigrant and newcomer communities in Boston. Its mission is to strengthen the ability of immigrants and diverse communities to fully participate in the economic, civic, social and cultural life of the city of Boston, and to promote the commemoration and public understanding of the contributions of immigrants.

National Voluntary Agencies (VOLAGs)
Web sites for the national agencies that, through their local affiliates, resettle refugees in the U.S.

- National Council of Churches http://www.nationalcouncilofchurches.us
- Episcopal Migration Ministries (EMM) http://www.ecusa.anglican.org/emm
- Ethiopian Community Development Council (ECDC) http://www.ecdc.org
- Hebrew Immigrant Aid Society (JFS) http://www.hias.org
- U.S. Committee for Refugees and Immigrants http://www.refugees.org
- International Rescue Committee (IRC) http://www.rescue.org
- Lutheran Immigration & Refugee Service (LSS) http://www.lirs.org
- U.S. Catholic Conference of Bishops (USCCB) http://www.nccbuscc.org
- World Relief (WR) http://www.worldrelief.org

Partnership for Healthcare Excellence
http://www.partnershipforhealthcare.org
Dedicated to helping Massachusetts consumers improve the quality of their health care. The partnership believes having patients who are educated, active and engaged is one of the best ways to improve the safety, quality and effectiveness of health care for everyone. The partnership seeks to educate the public about variations in health care quality, provide consumers with information and tools to improve their health care, and encourage consumers to become advocates for change in the health care system.

Massachusetts Cultural, Ethnic, LGBT, Disabilities Associations

Asian American Civic Association, Inc.

Tool 2.2: Resources for Community Partnering (cont.)

http://www.aaca-boston.org
This association provides limited-English speaking and economically disadvantaged people with education, occupational training and social services enabling them to realize lasting economic self-sufficiency. AACA offers: workforce development; education (ESOL, Mandarin and acculturation classes for business people); assistance with immigration, housing, health insurance and primary care, translation and interpretation, college support; and youth leadership development.

Boston Alliance of Gay, Lesbian, Bisexual & Transgender Youth (BAGLY)
http://www.bagly.org
A youth-led, adult-sponsored organization that creates, sustains and advocates programs and policies for the Boston, Massachusetts youth GLBT community.

Cross Disability Advocacy Coalition of the Disability Law Center (CDAC)
http://www.dlc-ma.org/CDAC
The CDAC seeks to build a powerful constituency influencing legislation and positive change that improves the lives of persons with disabilities.

India Association of Greater Boston
http://www.iagb.org
The premier Indian-American organization in New England representing the Indian-American community in the Greater Boston area, Massachusetts, New Hampshire and Rhode Island. A socio-cultural organization, it offers links to events and other Indian associations.

Japan Society of Boston
http://www.us-japan.org/boston
A non-profit membership organization dedicated to strengthening communication, understanding, and enlightened relations between the people of Japan and Massachusetts. Offers Japanese classes, education and a job bank.

Latin American Health Institute
http://www.lhi.org
A community-based public health organization serving over 25,000 Latin American families and individuals annually through direct care programs. Focused on addressing health concerns, strengthening families and developing community resources, LHI works with public and private organizations across a wide range of issues in five areas: research, policy, education, service and technical assistance.

Massachusetts Commission on Gay, Lesbian, Bisexual and Transgender Youth
http://www.mass.gov/cgly
This independent agency investigates the use of resources to improve the ability of state agencies to provide services that protect and support the health and safety of gay, lesbian, bisexual and transgender (GLBT) youth in the schools and communities of Massachusetts.

Massachusetts LGBTQ Bar
http://www.masslgbtqbar.org
Professional association of lesbian, gay, bisexual, transgender and queer lawyers.

Tool 2.2: Resources for Community Partnering (cont.)

National Asian Women's Health Organization
http://www.nawho.org
This national nonprofit health organization has as its mission to achieve health equity for Asian women and families.

Network of Arab American Professionals
http://www.naaponline.org/boston
NAAP-Boston serves the Arab and Arab-American community by promoting professional networking and social interaction among Arab-American and Arab professionals.

Network of South Asian Professionals of Boston
http://www.netsapboston.org
A professional, not-for-profit organization dedicated to serving the professional, political, cultural and civic needs of the Indian and South Asian community in the Greater Boston area.

Partners for Youth with Disabilities
http://www.pyd.org
Develops and sustains programs that promote inclusive practices, self-esteem, creativity, healthy lifestyles and career development for youth and young adults aged 6-24 who have disabilities.

Saheli Boston – Friendship for South Asian Women
http://www.saheliboston.org
Founded in 1996 as an affiliate of the India Association of Greater Boston (IAGB), provides support, guidance and resources in the areas of career and economic empowerment, physical and mental health, legal and immigration issues, support for families, and social and cultural volunteer opportunities.

Turkish Cultural Center of Boston
http://www.turkishcenterboston.org
A nonprofit organization devoted to the promotion of Turkish culture and language.

Vietnamese American Civic Association
http://www.vacaboston.org
A multi-service Mutual Assistance Association dedicated to promoting family self-sufficiency and well-being and to facilitating community empowerment among the Vietnamese population of Greater Boston. Offers ESOL classes, citizenship classes, health awareness and outreach activities, social services counseling, youth programming, elderly services and employment services.

Young Black Women's Society Incorporated
http://www.ybws.org
An organization that is committed to empowering and advocating for black women between the ages of 21 and 35 through social activities, professional development, and community involvement.

Events and Festivals

Massachusetts Cultural Council
http://www.masscultural council.org

Massachusetts Cultural and LGBT Events
Massachusetts Office of Travel and Tourism
http://www.massvacation.com/events
http://www.lgbtmassvacation.com

Boston Pride
http:// www.bostonpride.org

Health Fairs

Health fairs offer an excellent venue for public health agencies to get to know others and become known in the community. Check with local hospitals, ethnic media and cultural organizations to identify upcoming health fairs and events.

Introduction

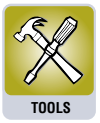
Gathering data about the diversity in our communities is essential. In fact, data collection is where the cultural competence cycle begins and ends. Data begins the cycle by helping providers better understand and serve clients. It closes the cycle by providing a reflection of progress and areas for improvement.

Collecting data on race, ethnicity and language, as well as other markers of diversity like disability or socioeconomic status and sexual orientation, not only allows agencies to meet federal or state requirements, but can also help programs identify and prioritize needs, such as cultural competence skills.

Data are essential to understanding client needs, planning health services, identifying disparities and benchmarking.

Chapter 3 presents tools to assist agencies in the process of collecting diversity data. It begins with an overview of benefits and requirements. Then, it presents a sample process and tools to help agencies collect data, update systems and identify affordable resources.

Chapter 3 Guide



CLAS Standards Covered

Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

How will you address confidentiality?

Specific guidelines[ii] regulate the collection of data on race, ethnicity, language and disability status. Federal civil rights (Title VI) law and malpractice liability laws favor the collection and analysis of race and ethnicity data as a way to[4]:

- Improve the quality of health programs and services
- Analyze how well health providers meet the needs of diverse populations
- Take affirmative steps to overcome and prevent discrimination
- Demonstrate how organizations prevent and remedy discrimination

The Health Insurance Portability and Accountability Act (HIPAA) is concerned primarily with disclosure—what happens with client information once it has been collected. Having information about clients' racial and ethnic background requires sensitive and responsible handling. Agencies must ensure that information is kept confidential and is never used to discriminate.

How will you collect information?

The Massachusetts Department of Public Health recommends using the "self-report" data collection method. Self-report means each client has the opportunity to choose from several categories. Because it reflects how clients describe themselves, self-reporting is the most consistent and valid source of information. Other methods, like data collection by proxy or observation are more prone to errors and often involve guesswork.

Use an introductory statement explaining why you are collecting information and how it will be used. Offer clients a minimum of five race categories plus the Hispanic/Latino ethnicity category. Clients should be able to choose more than one category. They should also have the option not to answer if they so choose ("declined/unavailable" option).

Massachusetts Information Collection Requirements

The Massachusetts Department of Public Health and its contracted agencies have authorization to collect data for public health surveillance, planning, research, program development and evaluation, setting strategic priorities, evaluating the impact of outreach and messages on different populations, evaluating the efficacy of programs, and addressing health disparities.

Massachusetts' guidelines[ii] require agencies to ensure that client data will be kept confidential and that it will not be used to discriminate.

If agencies are to collect data, including race, cultural origin and ethnicity, for purposes other than those authorized for MDPH, agencies must obtain permission from proper state authorities and must offer proof that such information will be used in good faith and for a proper purpose. Agencies must detail the purposes for additional use of the data.

[ii] *Massachusetts Executive Order 478: Order Regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action, Section 6*

See **Appendix B: Overview of Laws**

See **Tool 3.1: Explaining the Data Collection Process**

What information will you collect? Data categories, simply put, are the kinds of information asked for. Age, race, gender and income are examples of data categories. Being consistent in the kinds of data collected makes it easier to compare and analyze those data in the future.

It helps to put questions in a standard script, such as the one found in Tool 3.1.

Begin by selecting data categories required and recommended by the U.S. Department of Health and Human Services (HHS) and the Massachusetts Department of Public Health (MDPH) (see Tool 3.2). While HHS guidelines require only the collection of five categories, recommended optional data fields include religion, mobility needs, sexual orientation, gender identity, and socioeconomic measures like education, income, occupation, family size and relationships.

Collecting data by these categories can help to quantify and identify disparities across diverse groups. See the chart on the next page for category ideas.

"Gathering data about our clients' ethnic backgrounds has been really important for us. We have a lot of clients from African countries that are of the same race but have very different ethnicities. If you only ask for race and don't ask for ethnicity, you don't get the full picture."

– A Worcester public health professional

Federal Data Collection Guidelines

The HHS Office of Minority Health and Section 4302 of the Affordable Care Act require that all national data collection efforts include information on:

- Race
- Ethnicity
- Sex
- Primary language
- Disability status

HHS-recommended optional data fields include:

- Religion
- Mobility needs
- Sexual orientation
- Gender identity and expression
- Education
- Income
- Occupation
- Family size and relationships

Sources: U.S. Department of Health & Human Services, 2011; Affordable Care Act, 2010; The National Committee on Vital Health Statistics, 2012; The Joint Commission, 2010.

Massachusetts Department of Public Health Data Collection Standards[9]

- Encourage clients to self-report in the registration process.
- Allow for the selection of multiple race categories.
- Collect information on detailed ethnicity groups as well as broad race categories.
- Maintain consistency with Federal Office of Management and Budget (OMB) standards: **http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep**

Race, Ethnicity and Language
Race, ethnicity and language are key categories when collecting client data. Race refers to physical characteristics, while ethnicity gives further explanation on heritage and nationality. A client's primary language informs you of how he or she prefers to communicate and when to offer interpreter services, forms and materials in a language other than English.

Disability, Sexual Orientation and Socioeconomic Status Data
Section 4302 of the 2010 Affordable Care Act includes, in addition to race, ethnicity and language, the collection of data on disability status.[10]

Since 2011, HHS has collected sexual orientation data in its population surveys and has recommended that questions on sexual orientation and gender identity be incorporated into the National Health Interview Survey and other federal data collection efforts.[11]

In 2012, the National Committee on Vital Health Statistics recommended that data on socioeconomic status be collected across all racial and ethnic populations and socioeconomic groups.

***Race** is defined as the groups that you identify with as having similar physical characteristics or similar social and geographic origins.*

***Ethnicity** refers to your background, heritage, culture, ancestry, or sometimes the country where you or your family were born.*

Sample categories for data collection:

Client Data	Staff Data
• Race • Ethnicity • Nationality • Preferred spoken / written language • Age • Literacy needs • Disability status • Gender or gender identity • Sexual orientation • Income • Education • Occupation • Family size and relationships • Informed of / use of interpreter services • Treatment and medical history • Outcome data • Client satisfaction	• Race • Ethnicity • Nationality • Primary/preferred language • Gender or gender identity • Sexual orientation • Records of cultural competency training participation and evaluations

Sources: HHS Office of Minority Health, Boston Public Health Commission Hospital Working Group Report, Technical Assistance Partnership for Child and Mental Health [7]

See:
Tool 3.2: MDPH Detailed Ethnicity Categories
Tool 3.3: MDPH Preferred Data Collection Instrument

Conclusion

Following state and federal data collection guidelines requires dedicated efforts and investment. But the benefits far outweigh the costs. If your program is committed to cultural competence, data can be your ally. Gathering information about your clients' race, ethnicity, language, disability status, gender, sexual orientation and socioeconomic status should be the starting point for offering client-centered care.

Benefits of Demographic Data Collection

Having updated client data can help your program:

- Understand clients' racial, cultural and socioeconomic background
- Determine how well your staff diversity "matches" client diversity
- Compare health outcomes across race, ethnicity, language, disability status, gender, sexual orientation and socioeconomic status
- Identify health disparities and discrimination trends
- Adapt services to health- and culturally related needs
- Incorporate valuable information into staff training and evaluations
- Identify areas to improve and develop strategies to improve
- Determine what language, ASL interpretation, and adaptive communication services are needed
- Plan for programs and services according to reported needs
- Distribute funds according to needs
- Meet RFR and contract requirements

Chapter 3 Checklist: Collect Diversity Data

This checklist includes suggested ways for programs to improve cultural competence. See *Appendix A: CLAS Self-Assessment Tool* for measures used by MDPH in contract monitoring and RFRs. See also: *DPH REL Data Collection Standards*, http://www.mass.gov/eohhs/docs/dph/health-equity/race-ethnicity-language-data.pdf

Step 1. Identify Populations Served

- ❍ Updated demographic data are collected regularly from a variety of state and federal sources, community-based organizations, refugee assistance services, FLNE surveys, MassCHIP, etc.

Step 2. Develop a Standard Process

- ❍ A standardized process exists for data collection, specifying who collects data, when data are collected, what categories are used, where data are stored, how client concerns are addressed, and how staff are trained.
- ❍ Forms explain the purpose and intended use of data, assure that data will be kept confidential and allow clients to self-identify REL, disability status, gender, sexual orientation, income and other categories.
- ❍ A data collection script exists detailing how staff can ask questions about race, ethnicity, language, disability status, gender, sexual orientation and income in a uniform way.
- ❍ Data categories and indicators are consistent with federal (HHS, Affordable Care Act of 2010) standards and MDPH-preferred categories.
- ❍ Staff receive training on REL data collection and use of electronic systems.

Step 3. Integrate Data Collection into Frameworks

- ❍ Data on REL, disability status, gender, sexual orientation and income is collected as part of regular client procedures (e.g., intake).
- ❍ Electronic client records contain REL, disability status, gender, sexual orientation and socioeconomic status data categories.
- ❍ Client forms include questions on REL, interpreter services, disability status, gender, sexual orientation and socioeconomic status.

Step 4. Assess Needs and Areas for Improvement

- ❍ Client satisfaction surveys and focus groups are conducted.
- ❍ Annual reviews and reports incorporate REL, disability status, gender, sexual orientation, and socioeconomic status data.
- ❍ Data are compared across categories to identify disparities or discrimination.
- ❍ A plan exists to track progress in decreasing disparities identified by clinical indicators, client satisfaction and quality improvement activities.

Step 5. Share CLAS-related Data

- ❍ Reports of relevant data are shared at staff, board, planning and evaluation meetings.
- ❍ Appropriate data are shared with other health agencies, community organizations and the public through printed materials, e-mail, social marketing initiatives, presentations, meetings, staff meetings, and other dissemination methods.
- ❍ Notices of available information are made to the public.

Tool 3.1: Explaining the Data Collection Process to Clients

Asking clients for information about race, disability status and sexual orientation requires skill and sensitivity. It is critical that staff receive training on appropriate protocols for collecting data. The following script can serve as a model.

Before asking for any information, tell clients:

- We are collecting data on race, ethnicity, disability, socioeconomic status, gender and sexual orientation for all clients.
- We need this information to improve the care we offer all clients.
- This information will be kept private and only be used to meet the needs of all clients we serve.
- We will NOT use this information to discriminate against clients.

A sample introductory statement could look like the following:

"We want to make sure that all our clients get the best care we can offer regardless of their racial, cultural background, income level, gender, sexual orientation or disability status. We are collecting this information so we can review the services all clients receive and make sure everyone gets the highest quality of care. The collection of this information is confidential and voluntary. It will never be used to discriminate or affect the way we provide services."

If a client asks, "Why?" Explain:

- We are collecting this information from all clients. This will help us to see differences in health among different populations.
- We can reduce those differences by making sure that all clients receive the same quality of care.
- Collecting this information is legal according to federal and state laws. The Affordable Care Act of 2010 and Massachusetts state regulations require health service providers to collect this information. We have obtained permission from state officials to collect this information.
- This information will only be used to meet the needs of clients.
- We will not share this information with Immigration Services.

If a client asks about privacy, tell him or her:

- Your privacy is protected.
- Would you like a copy of our privacy statement?

Tool 3.3: MDPH Race, Ethnicity and Language Preference Data Collection Instrument

Introduction

In order to guarantee that all clients receive the highest quality of care and to ensure the best services possible, we are collecting data on race and ethnicity. Could you please select the category or categories that best describes your background?

1. What is your ethnicity? (You can specify one or more)

- ❍ African (specify_____)
- ❍ African-American
- ❍ American
- ❍ Asian Indian
- ❍ Brazilian
- ❍ Cambodian
- ❍ Cape Verdean
- ❍ Caribbean Islander (specify_____)
- ❍ Chinese
- ❍ Colombian
- ❍ Cuban
- ❍ Dominican
- ❍ European
- ❍ Filipino
- ❍ Guatemalan
- ❍ Haitian
- ❍ Honduran
- ❍ Japanese
- ❍ Korean
- ❍ Laotian
- ❍ Mexican, Mexican-American, Chicano
- ❍ Middle Eastern (specify_____)
- ❍ Portuguese
- ❍ Puerto Rican
- ❍ Russian
- ❍ Salvadoran
- ❍ Vietnamese
- ❍ Other (specify_____)
- ❍ Unknown/not specified

2. What is your race? (You can specify one or more)

- ❍ American Indian/Alaska Native (specify tribal nation_____)
- ❍ Asian
- ❍ Black
- ❍ Hispanic/Latino/Black
- ❍ Hispanic/Latino/White
- ❍ Hispanic/Latino/other
- ❍ Native Hawaiian or other Pacific Islander (specify_____)
- ❍ White
- ❍ Other (specify_____)
- ❍ Unknown/not specified

3. What language do you prefer to speak with us about health?

- ❍ English
- ❍ Spanish
- ❍ Portuguese
- ❍ Cape Verdean Creole
- ❍ Haitian Creole
- ❍ Khmer
- ❍ Vietnamese
- ❍ Somali
- ❍ Arabic
- ❍ Albanian
- ❍ Chinese (specify dialect_____)
- ❍ Russian
- ❍ Other (specify_____)

4. What language do you prefer to read health-related materials?

_____

For updates, and an alternative form, visit ***http://www.mass.gov/eohhs/docs/dphhealth-equity/race-ethnicity-language-data.pdf***

Tool 3.4: Demographic Data Sources

Massachusetts Sources for REL Data

- **Local hospital utilization data** of the primary/preferred languages of patients using the hospital.
- **Community input:** Input from a community advisory board, consultants and key informants from community-based organizations and/or community meetings.
- **Massachusetts Mutual Assistance Associations,** self-help agencies for newcomer communities, can provide useful information on the most recently arrived populations. A PDF directory of Massachusetts MAAs is available from **http://www.mass.gov/eohhs/consumer/specific-populations/refugees-asylees/maa.html**
- General information from the **Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA),** a statewide coalition of grassroots immigrant organizations. **http://www.miracoalition.org**
- **"First Language is Not English" (FLNE) and Limited English Proficiency (LEP) surveys** of the public school system analyzed by the Department of Education and compiled by the MDPH Office for Refugee and Immigrant Health. **http://profiles.doe.mass.edu**
- Information collected by municipal **Boards of Health.**
- **Massachusetts Division of Medical Assistance** data on self-reported, preferred, spoken and written language preferences of MassHealth Benefit Request/Children's Medical Security Plan applicants.
- **Massachusetts Community Health Information Profile (MassCHIP)** and a broader array of publications which include ethnic/racial group data and special reports on specific ethnic/racial groups. **http://www.mass.gov/dph/masschip**
- **MDPH's Divison of Research and Epidemiology** offers links to Massachusetts population health statistics including birth data, death data, Healthy People 2010 Leading Health Indicators, population information, race and ethnicity reports, Regional Health Status Indicators Reports, Smoking Reports and Women's Health. **http://www.mass.gov/dph/repi**
- **U.S. Census data** of your service area. **http://quickfacts.census.gov/qfd/states/25000.html**

Sources of Disability, LGBT, Literacy, REL and Socioeconomic Status Data

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov

Disability and Health Data System (DHDS)
http://www.cdc.gov/ncbddd/disabilityandhealth/dhds.html

HHS Health Resources and Services Administration Bureau of Primary Health Care
http://datawarehouse.hrsa.gov

LGBT Data
http://www.lgbtdata.com
A no-cost, open access clearinghouse for the collection of sexual orientation and gender identity data and measures.

Migration Information Source
http://www.migrationinformation.org
Global and U.S. data on migration, country and population profiles.

Modern Language Association (MLA) Language Map
http://www.mla.org
Displays the locations and numbers of speakers of the thirty languages most commonly spoken in the U.S.

National Assessment of Adult Health Literacy (NAAL)
http://www.nces.ed.gov/naal

National Institutes of Health (NIH)
http://www.nih.gov

Occupational Safety and Health Administration of DOL (OSHA):
http://www.osha.gov

U.S. Department of Education (DOE)
http://www.ed.gov

U.S. Department of Health and Human Services (HHS)
http://www.hhs.gov

U.S. Department of Housing and Urban Development (HUD)
http://www.hud.gov

U.S. Department of Labor (DOL)
http://www.dol.gov

The U.S. Environmental Protection Agency (EPA)
http://www.epa.gov

Tool 3.6: Resources

Data Collection Guidelines and Standards

Improving Data for the LGBT Community, HHS
http://www.minorityhealth.hss.gov/templates/content.aspx?lvl=2&lvlid=209&id=9004

Standards for the Collection of Socioeconomic Status Data
National Committee on Vital Health Statistics
http://www.ncvhs.hhs.gov/120622lt.pdf
Standards for the collection of socioeconomic status in health surveys conducted by the Department of Health and Human Services.

Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status, U.S. Department of Health and Human Services
http://www.minorityhealth.hhs.gov/section4302
Standards for collection of race, ethnicity, primary language, sex and disability status required by Section 4302 of the Affordable Care Act of 2010.

Toolkits and Resources

The Current State of Health Care for People with Disabilities
National Council on Disability
http://www.ncd.gov/publications/2009/Sept302009
Includes data on health coverage and benefits, health and health disparities of persons with disabilities, as well as data collection recommendations.

Disparities Solutions Center
Massachusetts General Hospital
http://www.massgeneral.org/disparitiessolutions
The Disparities Solutions Center at Massachusetts General Hospital site offers a number of data collection resources, including:

- *Getting Started: Building a Foundation to Address Disparities through Data Collection.* A Web seminar about practical aspects of data collection.
- *Getting it Right: Navigating the Complexities of Collecting Race/Ethnicity Data.* A panel of experts answers questions about moving forward with data and related obstacles, including legal concerns and geocoding.
- *Creating Equity Reports: A Guide for Hospitals.* A how-to guide with practical information on collecting and using data to develop an equity report.

HRET Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity and Primary Language Information from Patients
The Health Research and Educational Trust
http://www.hretdisparities.org
Web-based tool that provides resources for data collection. Free access with registration.

Ethnic and Language Data Resources

Ethnologue: Languages of the World
http://www.ethnologue.com
Encyclopedic reference work cataloging the world's 6,912 known living languages; the Web edition contains all the content of the print version. Offers searches by language or country.

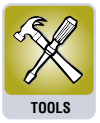
Ethnomed
http://www.ethnomed.org
Medical and cultural information on immigrant and refugee groups includes print, audio and video materials for providers and patients. Ethnic/cultural groups included are Amharic, Cambodian, Chinese, Eritrean, Hispanic, Oromo, Somali, Tigrean, and Vietnamese.

Hablamos Juntos
http://www.hablamosjuntos.org
A project that seeks to address language barriers in health care.

Hmong Health Education Network
http://www.hmonghealth.org
Bilingual Hmong-English site that offers information on specific health topics, traditional approaches to health and wellness, and an annotated health dictionary.

Native Web
http://www.nativeweb.org
An international, non-profit, educational organization dedicated to using telecommunications, including computer technology and the Internet, to disseminate information from and about indigenous nations, peoples and organizations around the world.

Chapter 4 Guide



CLAS Standards Covered

Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Tool 4.2: Cultural Competence Planning Worksheet

As you develop your own cultural competence plan, the six areas for CLAS action defined in this guidance manual can serve as a model. Use the worksheet on the following page to develop your own plan.

GOALS					
Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data	Benchmark: Plan and Evaluate	Reflect and Respect Diversity	Ensure Language Access
OBJECTIVES					
1. **Promote** health equity. 2. **Lead, Plan and Assess** diversity. 3. **Train** staff on cultural competence. 4. **Welcome** diverse clients. 5. **Communicate** effectively and respectfully.	1. **Partner** with community organizations. 2. **Involve** the community. 3. **Engage** client participation. 4. **Share** CLAS progress.	1. **Identify** key populations. 2. **Standardize** REL data collection. 3. **Integrate** data collection into frameworks. 4. **Assess** needs and areas for improvement. 5. **Share** relevant data with the community.	1. **Appoint** a cultural competence committee. 2. **Assess** cultural competence. 3. **Frame** CLAS within vision and goals. 4. **Plan.** 5. **Evaluate** progress. 6. **Benchmark.**	1. **Reflect** diversity. 2. **Recruit** diverse employees. 3. **Retain** and promote diverse employees. 4. **Respond** to concerns through culturally competent process. 5. **Resolve** and prevent cross cultural conflicts.	1. **Identify** LEP clients. 2. **Assess** services and language needs. 3. **Plan.** 4. **Deliver** effective language access services. 5. **Adapt** LEP programs regularly.

Tool 4.3: Cultural Competence Planning and Assessment Tools

Cultural Competence Planning Tools

Cultural and Linguistic Competence Plan
Cultural Competence Action Team, TA Partnership
http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc
This sample cultural and linguistic competence plan provides an example of the elements of a cultural and linguistic plan for systems of care communities. Based on a theory-based logic model and designed to ensure that all of the services and strategies are designed and implemented within the cultural linguistic context of the individuals served.

Innovation Network
http://www.innonet.org
The Innovation Network is a nonprofit organization that shares planning and evaluation tools and know-how. This Web site offers online tools including organizational assessment tools, a logic model builder, publications, planning and evaluation links and other capacity building resources.

Program Development and Evaluation
University of Wisconsin – Extension
http://www.uwex.edu/ces/pdande/index.html
Resources available on the PD&E Web site include a Logic Model and a Program Development model.

Assessment Tools

Conducting a Cultural Competence Self-Assessment
Developed by Dennis Andrulis, SUNY/Downstate Medical Center, Brooklyn, NY
http://erc.msh.org/provider/andrulis.pdf
Rationale, process and questionnaire to conduct a cultural competence audit.

Faculty Cultural Competence Self-Assessment Tool -- Academic
Jeffreys, M. (2010). Used to assess pre- and post-faculty cultural competency workshop knowledge and to examine curriculum in order to "identify program strengths, weaknesses, inconsistencies and gaps" (Jeffreys, 2010, p. 125).

Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R) Campinha-Bacote, J. (2003). Used to measure the construct of cultural desire, which measures cultural competence over time (Wilson, Sanner & McAllister, 2010). Fee required for reproduction

Tool 4.3: Cultural Competence Planning and Self-Assessment Tools (cont.)

PRIDE Survey – Partnership and Recruitment, Innovation, Diversity and Excellence in Nursing (PRIDE). Foster, B., Alexander, R., Woodard, H., Moore, K., Raphael-Grimm, T., Thompson, D. & O'Sullivan, R. (HRSA NWD Grant #D19HP02643, 2004-2008). University of North Carolina, Chapel Hill, NC.

Cultural Competency Health Practitioner Assessment (CCHPA)
National Center for Cultural Competence, Georgetown University
http://nccc.georgetown.edu/features/CCHPA.html
A cultural competence assessment developed by the NCCC at Georgetown University.

Cultural Competence Resources for Health Providers
U.S. Department of Health and Human Services
Health Resources and Services Administration
http://www.hrsa.gov/culturalcompetence/
Cultural competence resources for health providers including:
- Cultural and Linguistic Competence Policy Assessment (CLCPA)
- Cultural Competence Health Practitioner Assessment
- Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile
- Provider's Guide to Quality & Culture
- Cultural Competency Organizational Self-Assessment (OSA) Question Bank

El Paso Cultural Competency Organizational Self-Assessment Toolkit
El Paso County Colorado Greenbook Initiative
http://www.thegreenbook.info/documents/El_Paso_Toolkit.pdf

This toolkit includes a guide for implementation planning, communication materials, assessment tools and resources. It also includes shared experiences of past users.

Improving communication—improving care:
The AMA Ethical Force Program Toolkit
Available from: http://www.ama-assn.org/ama
An organizational performance assessment toolkit designed to help organizations meet the needs of diverse client populations.

Client Satisfaction Surveys

MDPH Office of Health Equity
The Office of Health Equity at the Massachusetts Department of Public Health has posted several client satisfaction surveys that can be downloaded and used as templates.
To access the surveys, visit:
http://www.mass.gov/dph/healthequity

Chapter 5 Guide

Tools

CLAS Standards Covered

Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

Standard 14: Create conflict and grievance processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

Step 3. Retain and Promote Diverse Employees

Retaining qualified employees of diverse backgrounds is one of the greatest challenges that public health agencies face. Small agencies may not be able to compete with larger facilities with more funding. However, there is much agencies can do to ensure their work environment, policies and incentives are conducive to retaining diverse staff.

Create a Welcoming Environment

Consider how your organization promotes cultural diversity. Is your work environment inclusive of everyone? Consider your policies and programs. Offering cultural competence training, developing standards and policies, and resolving discrimination complaints adequately can all contribute to an inclusive, welcoming environment.

Culture exchanges can enrich organizations. Encouraging staff to share and learn about each other's culture can have a powerful impact. Promote a cultural exchange among staff as they buid a supportive and understanding relationship with each other.

Promote Diversity Through Policies

Workforce policies should provide concrete mechanisms to hire and retain diverse employees, prevent discrimination, and offer ways to address cross-cultural conflict.

Some examples of diversity-promoting policies include:

- Policies prohibiting discrimination based on race or personal characteristics (e.g. disability status, gender, sexual orientation)
- Equalization of benefits for same sex partners
- Inclusive recruitment and promotion policies
- Mandatory cultural-competence training for all employees and as part of new employee orientation
- Flexibility around cultural holidays or important community events
- Training for human resources personnel on general workplace concerns of REL groups, LGBT persons and persons with disabilities
- Effective communication and joint problem-solving skills among staff

"The issue of staff turnover is huge in making communities feel like our agency is a resource for them. Every time an employee leaves, we have to establish that trust all over again."

– A Southeastern Massachusetts public health professional

"For every person we invest in, as soon as they hit close to the top of our pay scale, they're still near the bottom of a more profit-driven pay scale, so once they've 'made it,' they're gone, which can be exhausting."

– A Metro West Massachusetts public health professional

Access and Visitation for LGBT Persons and Persons with Disabilities

Equal Visitation Rights for LGBT Persons

On April 15, 2010, the U.S. Department of Health and Human Services issued rules requiring hospitals to protect clients' rights to choose their own visitors during a hospital stay, including a visitor who is a same-sex domestic partner.

Equal Access for Persons with Disabilities

Laws mandating equal access for persons with disabilities include Section 504 of the Rehabilitation Act of 1973, which applies to federal health-care services and facilities, and recipients of federal financial assistance; and Title II and III of the American Disabilities Act, which apply to all public and private health care providers.

Chapter 5 Checklist:
Reflect and Respect Diversity

This checklist includes suggested ways for programs to improve cultural competence. See *Appendix A: CLAS Self-Assessment Tool* for measures used by the Massachusetts Department of Public Health in contract monitoring and Requests for Responses (RFR).

Step 1. Reflect Local Diversity in Your Workforce

- ❍ Staff diversity (race, ethnicity, gender, culture, disability status, sexual orientation) is proportional to, or reflects, the populations in the service area.
- ❍ Data on staff REL, sex, disability status, sexual orientation is collected.
- ❍ Policies and procedures promote workforce diversity.

Step 2. Recruit a Diverse Workforce

- ❍ A designated staff member oversees diversity recruiting.
- ❍ A percentage of the annual budget is designated to culturally competent hiring practices.
- ❍ Job descriptions reflect desired linguistic, cultural competence skills and values.
- ❍ Job openings are advertised in diverse media.
- ❍ Internship programs exist.
- ❍ A staff referral program is in place.
- ❍ The recruiting process involves diverse organizations (cultural, LGBT, disabilities, and military veterans), health fairs, etc.
- ❍ RFRs for contract services contain language that encourages diverse contractors.

Step 3. Retain and Promote Diverse Employees

- ❍ Retention, career development and advancement plans exist for staff from diverse racial, ethnic and cultural backgrounds, ability status, and military veterans.
- ❍ Equal benefits are offered to same sex partners and a broad definition of family is adopted.
- ❍ Employee certification programs encompass cultural competence.
- ❍ Mandatory cultural competence training is offered.

Step 4. Respond to Concerns through a Culturally Competent Grievance Process

- ❍ A formal grievance process is in place for clients and employees.
- ❍ A protocol of the grievance process exists and is shared with staff and clients.
- ❍ Client complaint and grievance forms are translated into threshold languages and simplified to 6th grade reading levels.
- ❍ Right of clients to file complaints is contained in the Client Bill of Rights.
- ❍ Reports of client complaints/grievances are generated regularly.
- ❍ Reports of client complaints/grievances are included in evaluations.

Step 5. Resolve Cross-Cultural Conflicts

- ❍ Formal conflict resolution mechanisms are in place.
- ❍ Trained staff mediators are available.
- ❍ Cultural competence training involves strategies to promote effective communication and joint problem-solving skills.
- ❍ Policies and procedures exist to prevent discrimination based on race or other/personal characteristics.

Tool 5.1: Strategies & Resources for Recruiting Diverse Employees

Partner with Massachusetts Area Health Education Centers

The seven **Massachusetts Area Health Education Centers** (AHECs) are dedicated to promoting diversity in the health professions. They receive funding to develop their own programming to: promote diversity in health-related professions; support training; provide information, resources, and area-specific technical assistance to health workers, provider agencies and educational institutions; and promote culturally and linguistically competent disease control efforts. Following are links to the Web sites of each AHEC:

Berkshire AHEC: http://www.berkshireahec.org

Boston AHEC: http://www.bumc.bu.edu/busm-ahec

Central Massachusetts AHEC: http://www.cmahec.org/home

AHEC, Southeastern Massachusetts: http://www.hcsm.org/ahec

Merrimack Valley AHEC: http://www.glfhc.org

Pioneer Valley AHEC: http://www.umassmed.edu/ahec

Work with Ethnic and Multilingual Media

Ethnic and multilingual media are ideal partners for your recruitment efforts. They work closely with diverse communities and often sponsor cultural and professional events. They are also the ideal place to post job openings when you are seeking candidates with diverse backgrounds and language skills.

UMass Boston Center on Media and Society
Ethnic Media Project
http://www.umb.edu/cms

The Ethnic Media Project offers an excellent directory of ethnically and linguistically diverse media in Massachusetts. This comprehensive resource site is well-maintained and updated regularly. The site offers links and updated contact information for ethnic and cultural cable, radio, television, online media, magazines, newsletters and newspapers throughout the state.

Partner with Professional Minority Organizations

Organizations of ethnically and racially diverse professionals can be an excellent source for recruiting and mentoring. Partner with these organizations to:

- Recruit diverse employees
- Participate in career fairs and networking events
- Identify mentoring opportunities

The following list includes links to a number of state and national professional minority organizations.

American Indian Science and Engineering Society
http://www.aises.org

Association of Latino Professionals in Finance and Accounting
http://www.alpfa.org

Tool 5.1: Strategies & Resources for Recruiting Diverse Employees (cont.)

Asian American Civic Association, Inc.
http://www.aaca-boston.org
Provides limited-English speaking and economically disadvantaged people with education, occupational training and social services enabling them to realize lasting economic self-sufficiency. AACA offers: workforce development; education (ESOL, Mandarin and acculturation classes for business people); assistance with immigration, housing, health insurance and primary care, translation and interpretation, and college support; and youth leadership development.

HireDiversity Job Board
http://www.hirediversity.com
HireDiversity.com is the nation´s leading online service for diversity recruitment and career development. HireDiversity.com provides top quality services and networking opportunities, while linking under-represented candidates with Fortune 1000 corporations, government Agencies, and nonprofit/educational institutions.

Hispanic Alliance for Career Enhancement
http://www.haceonline.org
HACE has as its mission to inspire and guide Latinos in achieving their professional aspirations and positively contributing to communities. The Web site includes a calendar of events, including career conferences, recruitment and networking events. Also includes links to job postings and internship, student ambassador and mentoring programs.

Japan Society of Boston
http://www.japansocietyboston.org
A non-profit membership organization dedicated to strengthening communication, understanding, and enlightened relations between the people of Japan and Massachusetts. Offers Japanese classes, education and a job bank.

Latino Professional Network
http://www.lpn.org
The LPN creates career, educational and social opportunities for Latino professionals by connecting Latino professionals with employers seeking to identify, retain and develop Latino talent. LPN offers monthly networking sessions hosted by area corporations, educational institutions and non-profit organizations. The LPN Web site includes a membership directory and job bank.

National Association of Asian American Professionals - Boston
http://www.naaapboston.org
A non-profit professional organization that promotes the career advancement and leadership development of Asian-American professionals in all fields.

National Association of Hispanic Nurses
http://www.nahnnet.org
NAHN provides a forum for nurses to promote and encourage Hispanic nurses throughout the nation to analyze and evaluate the health care needs of the Hispanic community, promote culturally sensitive models, collaborate and disseminate research findings. The Web site provides a link to a Massachusetts chapter.

National Association of Black Social Workers
http://www.nabsw.org
The National Association of Black Social Workers, Inc., comprised of people of African ancestry, is committed to enhancing quality of life and to empowering people of African ancestry through advocacy, human services delivery, and research. There are two active chapters in Massachusetts.

Tool 5.1: Strategies & Resources for Recruiting Diverse Employees (cont.)

National Black Nurses Association
http://www.nbna.org
The mission of the NBNA is "to provide a forum for African American nurses to investigate, define and determine what the health care needs of African Americans are and to implement change to make available to African Americans and other minorities health care commensurate with that of the larger society." NBNA represents approximately 150,000 African-American nurses from the USA, Eastern Caribbean and Africa, with 76 chartered chapters nationwide. NBNA has two chapters in New England:

- New England Regional Black Nurses Association (617) 524-1951
- Western Massachusetts Black Nurses Association (413) 734-5915

National Forum for Black Public Administrators, Boston Chapter
http://www.nfbpaboston.org/
The NFBPA is a national organization representing over 2500 members and over 350 jurisdictions with 43 chapters across the United States. The organization includes city, state, county and federal managers as well as professionals, educators, business people, students of public administration and allied disciplines.

National Society for Hispanic Professionals
http://www.nshp.org
NSHP is dedicated to providing Hispanic professionals with networking and leadership opportunities and information on education, scholarships, grants, careers, jobs and entrepreneurship.

National Alaska Native American Indian Nurses Association
http://www.nanainanurses.org
NANAINA is committed to promote a continuum of health among Alaska Native and American Indian people, to serve the professional needs of Alaska Native and American Indian nurses and promote leadership and advancement of Alaska Native and American Indian nurses.

Network of Arab American Professionals
http://www.naaponline.org/boston
NAAP-Boston serves the Arab and Arab-American community by promoting professional networking and social interaction among Arab-American and Arab professionals.

Network of South Asian Professionals of Boston
http://www.netsapboston.org
A professional, not-for-profit organization dedicated to serving the professional, political, cultural and civic needs of the Indian and South Asian community in the Greater Boston area.

Saheli Boston – Friendship for South Asian Women
http://www.saheliboston.org
Founded in 1996 as an affiliate of the India Association of Greater Boston (IAGB), provides support, guidance and resources in the areas of career and economic empowerment, physical and mental health, legal and immigration issues, support for families and social and cultural volunteer opportunities.

Vietnamese American Civic Association
http://www.vacaboston.org
A multi-service Mutual Assistance Association dedicated to promoting family self-sufficiency and well being, and to facilitating community empowerment among the Vietnamese population of Greater Boston. Offers ESOL classes, citizenship classes, health awareness and outreach activities, social services counseling, youth programming, elderly services and employment services.

Young Black Women's Society Incorporated
http://www.ybws.org
An organization that is committed to empowering and advocating for black women between the ages of 21 and 35 through social activities, professional development, and community involvement.

Connect with Local Colleges & Universities

Colleges and universities can also be valuable partners in your recruitment, professional development and mentoring efforts. Work with local colleges and universities to identify career fairs and promising candidates. Develop partnerships with colleges to offer internships or service learning opportunities. Use the following links to search for colleges in your area.

Association of Minority Health Professions Schools
http://www.cdc.gov/minorityhealth/programs/2011/AMHPSProgram.html
A nonprofit, educational, scientific and charitable 501 (c)(3) organization that provides support for professional education, research and community service that promotes optimum health among minorities and the under-served. AMHPS member schools, collectively known as the Association of Minority Health Professions Schools, are drawn from historically black colleges and universities, regarded as the nation's primary educators of minority health professionals.

U.S. College Search
http://www.uscollegesearch.org
U.S. College Search offers a searchable database of colleges and universities by name, city, state, ZIP code and program.

Partner with Community Organizations and Attend Local Events

Working with community organizations not only helps you stay connected with the clients you serve but can also be a good way to develop relationships with potential employees from diverse communities.

See Tool 2.3 for a list of community organizations and events.

Tool 5.2: Working with Diverse Vendors

Working with diverse vendors is a great way to support locally and minority-owned businesses, and it can also help secure state contracts. When responding to state Requests for Responses (RFRs) or meeting contract requirements, you will be asked to demonstrate your support for minority- and women-owned business enterprises (MWBEs).

The Massachusetts Department of Public Health is required to allocate a minimum of 10% of Requests for Responses (RFRs) points to plans promoting growth of minority and women business enterprises.

Tips for Working with Diverse Vendors

- **Document your efforts.** Keep a log of what you do—keep copies of contracts with minority businesses or receipts for services purchased from MWBEs. If you have a plan, even better. That way, when it's time to document for the state, your agency is prepared.
- **Develop your own plan.** Decide how much money you will assign to specific MWBE initiatives/purchases. Plan on integrating diversity, not only in your internal hiring policies, but also in how you spend your funds.
- **Use the Supplier Diversity Office (SDO) web site to purchase goods and services.** The site includes a directory of certified businesses.
- **Find out what your vendors are doing to support diversity.** Encourage subcontractors to purchase goods and services from MWBEs.
- **Attend networking events for professional minority organizations and associations,** like events hosted by the SDO program.
- **Mentor minority or women-owned businesses.**
- **Spread the word.** If you have had a good experience with MWBEs, recommend and refer them to others.
- **Get support.** The Supplier Diversity Office has staff available to answer your questions and assist you. (See box to the right for links.)

Supplier Diversity Office

http://www.mass.gov/anf/budget-taxes-and-procurement/procurement-info-and-res/procurement-prog-and-serv/sdo/

The Supplier Diversity Office, formerly the State Office of Women and Minority Owned Business Assistance (SOMWBA), promotes the development of minority- and women-owned businesses. Their website features a directory of certified businesses, links to events and opportunities, workshops and certification.

What is the Supplier Diversity Program (SDP, formerly Affirmative Market Program, AMP)?

The Massachusetts Department of Public Health participates in the SDP, a state program that encourages departments to make plans to work with minority and women business enterprises (MWBEs).

Key Elements of SDP Plans

According to OSD rules (August 2007), no contract will be awarded to a vendor without a strong SDP plan with measurable commitments. SDP plans focus on at least one of the following areas:

- **Subcontracting:** A commitment to contract MWBEs
- **Growth and Development:** Education, training, mentoring, resource sharing, joint activities and assistance that would increase industry capacity and the pool of qualified SDO-certified companies
- **Ancillary Uses** such as the purchase of office supplies

Tool 5.4: Sample Grievance Protocol

Having a defined process for client and employee grievances is essential to ensuring a consistent, fair handling of complaints. Key steps in a culturally competent grievance process may include the following:

1. Notify clients of their right to file complaints.
   - ❍ Post notices in visible places.
   - ❍ Include notices in written documents, like the Client Bill of Rights.
2. Offer client complaint/grievance forms as requested.
3. Provide assistance for clients who are deaf, have limited English proficiency (LEP), low literacy, visual or other sensory impairments/needs.
   - ❍ Simplify and translate grievance procedures and forms.
   - ❍ Offer access to interpreters through the grievance process.
   - ❍ Offer telephone relay systems for the hearing impaired.
4. Notify clients of their right to file a complaint with external sources.
   - U.S. Department of Health and Human Services, Office of Civil Rights 800-368-1019
   - U.S. Department of Justice, Disability Rights Section 800-514-0301 (voice), 800-514-0383 (TTY)
5. Resolve disputes in a timely, sensitive way.
6. Offer remedies, or refer clients to other dispute resolution forums.
7. Keep a log of complaints related to culture, language, religion, sexual orientation, ability status; and their resolution.
8. Review complaint logs to identify trends and disparities.
9. Submit grievance data to external sources, according to legal requirements.
10. Identify and respond to disparities and discrimination trends.
11. Develop a written policy describing how your agency offers a culturally competent grievance process through:
    - ❍ Forms and important documents in key languages and at appropriate literacy levels.
    - ❍ Availability of interpreters for LEP, deaf and hard-of-hearing persons and relay systems for persons with sensory impairments.
    - ❍ Anti-discrimination policies.

Introduction

Understandable care is at the core of culturally competent services. A number of federal and state laws establish language access requirements (See Appendix B: Overview of Laws). Beyond legal requirements, health providers have a responsibility to offer understandable care to clients—whether that means interpretation services to clients with limited English proficiency (LEP), American Sign Language (ASL) interpretation for deaf persons, or using strategies to improve communication for clients with limited literacy. Effective communication is essential to empowering clients to become active drivers of their own health.

While successful language programs share common elements, each program must be tailored and scaled to the needs of the populations served.

The goal of this chapter is to present promising practices and to offer basic information to help providers develop a language access program tailored to the clients they serve, the services they offer and the resources available. It is important to bear in mind that developing a successful program can take significant time and effort. Many resources are available to assist you. Seek to partner with language access experts and use the resources at the end of this chapter.

The five-step guide presented in this chapter is loosely based on the U.S. Department of Justice's policy guidance for providing services to limited English proficient populations.[1] ***Further guidance on verbal communication strategies for persons with sensory disabilities and limited health literacy can be found in Chapter 1, Tools 6.1 and 6.5.***

U.S. Department of Health and Human Services. Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. U.S. Department of Justice.

Chapter 6 Guide

Tools

CLAS Standards Covered

Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Standard 7: Ensure the competence of individuals providing language assistance services, recognizing that the use of untrained individuals and/or minors should be avoided.

Standard 8: Provide easy-to-read print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Chapter 6 Checklist:
Ensure Language Access

This checklist includes suggested ways for programs to improve cultural competence. See *Appendix A: CLAS Self-Assessment Tool* for measures used by the Massachusetts Department of Public Health in contract monitoring and Requests for Responses (RFR).

Step 1. Identify Populations Needing Language Assistance

- ❍ Data from a variety of sources is collected regularly and used to identify populations with LEP, sensory impairments and other communication needs.

Step 2. Assess Services and Language Needs

- ❍ Language needs assessments are conducted regularly.
- ❍ Language needs and resources are taken into account when planning services.

Step 3. Plan a Language Access Program

- ❍ A designated coordinator oversees language access services.
- ❍ A written plan exists for providing language services in an accessible, timely and qualified manner to LEP clients, clients who are deaf or hard of hearing, have sensory impairments or limited literacy.
- ❍ Clear policies and procedures exist regarding language access services.

Step 4. Deliver Effective Language Services

- ❍ Language services are provided in a timely manner.
- ❍ A documented plan exists for explaining documents and conveying information to those with LEP, sensory impairments or limited literacy.
- ❍ Translated notices regarding availability of no-cost interpreters are posted.
- ❍ Important forms and documents are translated and written at 6th grade reading level or lower.
- ❍ Strategies (e.g. teach-back, teaching for understanding, assistance reading and filling out forms, patient navigators) are used to ensure clients with limited literacy understand care.
- ❍ Documentation exists proving competency of interpreters.
- ❍ Data are collected, documenting that interpreter services are adequately provided (e.g., interpreter services offered? Received?).

Step 5. Adapt Programs Regularly

- ❍ Language access programs are evaluated on a regular basis.
- ❍ Data is reviewed periodically to anticipate language needs and allocate resources.
- ❍ Subcontractors are monitored in their efforts to provide language access to clients with special communication needs.

Tool 6.1: Meeting Diverse Communication Needs

Strategies for Communicating with Clients with Limited Literacy

Assess literacy levels, culture and language. Valid literacy assessments include:

- Rapid Estimate of Adult Literacy in Medicine (REALM)
- Short Test of Functional Health Literacy in Adults (S-TOFHLA)[1,2]

Ask clients to "teach back" information to ensure understanding:[3]

- During the informed consent process:
  "I know I've just given you lots of information. For me to know if I did my job properly, could you please repeat back to me the information you just received, mentioning what, why, where, when, who and how the procedure will be done?"
- During registration and clinical encounters:
  "What questions do you have?" (vs. Do you have any questions?)
  "For patient safety, could you please tell me in your own words what are you here for today?"

Adapt written materials:

- Use plain, clear language.
- Simplify written materials, such as registration and informed consent forms, and prescription labels, to 6th grade reading levels (or lower).
- Work with the adult learner community to test and develop written materials.

Improve navigation and access:

- Work with patient navigators or health educators.
- Ensure signs are understandable (use universal symbols, graphics, color coding and pictograms).

Use pictorals, technology and visuals (DVDs, interactive multimedia) to improve education.

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[1]Bass, P.F., Wilson, J.F., Griffith, C.H. 2003. A shortened instrument for literacy screening. *Journal of General Internal Medicine* 18(12):1036-1038.

[2]Baker, D.W.; Williams, M.V.; Parker, R.M. et al. 1999. Development of a brief test to measure functional health literacy. *Patient Education and Counseling* 38(1): 33-42.

[3]National Quality Forum. 2005. *Improving patient safety through informed consent for patients with limited health literacy.* Washington, DC: NQF.

Effective Communication for Clients with Sensory Impairments

All hospital programs and services are required by the Americans with Disabilities Act (ADA) to provide effective communication for patients, family members and hospital visitors who have a disability. The availability of such resources should be made available in policies and procedures.[5] The Joint Commission recommends using the following resources for clients with sensory impairments.[6]

Auxiliary Aids and Services	Augmentative & Alternative (AAC) Resources
■ American Sign Language (ASL) interpreters ■ Telecommunications devices for the deaf (TDD) in public areas ■ Volume control and hearing-adaptable telephones ■ Closed captioning services ■ Braille materials	■ Writing pads ■ Communication boards ■ Visual pain scales ■ Speech generating devices ■ Adaptive nurse call systems

A Checklist to Improve Communication[7,8,9]

- ❍ Inform clients of their rights.
- ❍ Ask: "What is the best way to communicate with/for you?"
- ❍ Identify client's preferred language for discussing health care.
- ❍ Identify and address sensory, mobility or communication needs.
- ❍ Identify and accommodate cultural, religious or spiritual beliefs or practices that influence care (e.g., modesty and privacy needs, appropriate gender providers, dietary needs, scheduling to accommodate the need to pray).
- ❍ Maintain eye contact, speak directly to the client, not the interpreter.
- ❍ Explain audio interruptions (phones ringing, knocks on the door) to patients with sensory impairments.
- ❍ Use precise, objective, neutral and non-discriminatory language.
- ❍ Support clients' ability to understand and act on health information: use plain language, avoid jargon and limit the number of messages delivered at one time.
- ❍ Use visual aids when necessary.
- ❍ Ask the client if there are additional needs that may affect his or her care.
- ❍ Ask the client to identify a support person.
- ❍ Involve clients and famiily in the care process (not as interpreters).
- ❍ Communicate information about unique client needs to the care team (note in medical records).

[5]U.S. Department of Justice. Civil Rights Division, Disability Rights Section. ADA Business Brief: *Communicating with People Who are Deaf or Hard of Hearing in Hospital Settings.* Washington, D.C.: DOJ Civil Rights Division, 2003. (http://www.ada.gov/hospcombrscr.pdf)
[6]The Joint Commission: *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals.* Oakbrook Terrace, IL: The Joint Commission, 2010.
[7]Ibid.
[8]Massachusetts Department of Public Health. Introduction to Deaf Culture for Behavioral Health Practitioners. Boston: Massachusetts Department of Public Health, 2013.
[9]Kailes, J., Tips for Interacting with People with Disabilities, Pomona, CA: Harris Family Center for Disability and Health Policy, 2011.

Tool 6.5: Language Access Resources

Web Resources

Office of Health Equity
Massachusetts Department of Public Health
http://www.mass.gov/dph/healthequity
The Office of Health Equity Web site includes a number of helpful resources including translation guidelines, telephonic interpreter contacts, audience language guides and translation glossaries.

Limited English Proficiency (LEP): A Federal Interagency Website (LEP)
http://www.lep.gov
The website of the Federal Interagency Working Group on Limited English Proficiency. Offers an overview of laws and LEP guidelines; language access plans; interpretation and translation resources; Frequently Asked Questions; planning tools; language assistance planning and self assessment tools; and the guidebook "Limited English Proficiency: What Federal Agencies and Federally Assisted Programs Should Know About Providing Services to LEP Individuals."

A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials
National Center for Cultural Competence, Georgetown University
http://nccc.georgetown.edu/documents/Materials_Guide.pdf
Provides guidance on how to assure that health promotion materials reflect the principles and practices of cultural and linguistic competence.

A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations
Office of Minority Health
http://www.minorityhealth.hhs.gov/templates/content.aspx?ID=4375
This guide was designed to help health care organizations implement effective language access services to meet the needs of their limited English proficient (LEP) patients.

Health Literacy Resources

Ask Me 3
http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3
National Patient Safety Foundation program designed to improve communication between patients and health care providers, encourage patients to become active members of their health care team, and promote healthy outcomes.

Health Literacy Universal Precautions Toolkit
http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf
Commissioned by AHRQ and developed and tested by the University of North Carolina at Chapel Hill. Offers primary care practices a way to assess their services for health literacy considerations, raise awareness, and work on specific areas.

Tool 6.5: Language Access Resources (cont.)

Literacy Assessment Instruments
http://www.nchealthliteracy.org/instruments.html
List of validated instruments for assessing health literacy.

National Quality Forum, Informed Consent Resources
http://www.qualityforum.org
Search for:
Implementing a National Voluntary Consensus Standard for Informed Consent: A User's Guide for Healthcare Professionals, a guide designed to help providers and administrators improve the informed consent process for diverse clients. Includes a reference card: *A Provider's Guide to Informed Consent*.

Speak Up
http://www.jointcommission.org/speakup.aspx
Award-winning program that urges patients to take an active role in preventing health care errors by becoming involved and informed participants in their health care team. Features free brochures, posters, and videos.

Interpreting and Translation Associations/Guidelines

American Translators Association (ATA)
http:// www.atanet.org

ATA, Interpreter's Division
http://www.ata-divisions.org/ID
Offers tips to providers of health care and social services on working with interpreters.

International Medical Interpreters Association
http://www.imiaweb.org
Includes a wealth of information and resources, including interpreter competencies, training resources, links to dictionaries and language resources, among others.

National Council on Interpreting in Health Care
http://www.ncihc.org

New England Translators Association
http://www.netaweb.org

Registry of Interpreters for the Deaf
http://www.rid.org

Interpreter Training

Massachusetts Interperter Training Programs

CultureSmart (Quincy, MA)
http://www.culturesmart.org
Culturesmart offers a 45-hour Medical Interpreter Training Program.

Center for Professional Education, Interpreter Program
Boston University
http://www.professional.bu.edu/programs/interpreter
Offers a medical interpreting certificate program, as well as the only combined legal and medical interpreter certificate program in New England.

Cross Cultural Communication Systems, Inc.
http://www.embracingculture.com
The Art of Medical Interpretation is a 54-hour training program approved by the American Translators Association. Offered in Brockton, MA and Nashua, NH.

Medical Interpreter Program
Cambridge College
Cambridge, MA
http://www.cambridgecollege.edu
Certificate programs in Medical Interpreting, American Sign Language Medical Interpreting and Mental Health Interpreting.

Online Training Resources

Connecting Worlds Curriculum
http://www.calendow.org/uploadedFiles/connecting_worlds_workbook.pdf
An introductory curriculum to health care interpreting that combines a variety of teaching methods and materials, including lectures, videos, large group discussions, small group activities, role-plays, research and homework.

Resources for Translation and Accessibly Written Materials

Plain Writing Guidelines and Resources

The Plain Writing Act of 2010 requires the federal government to write all new publications, forms and publicly distributed documents in a "clear, concise, well-organized" manner. The following sites offer guidelines and resources to develop clearly written and understandable materials.

http://www.centerforplainlanguage.org
http://www.plainlanguage.gov

Clear & Simple: Developing Effective Print Materials for Low-Literate Readers
http://www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple
Outlines for developing publications for people with limited literacy skills. Incorporates promising practices from communications, health education and literacy research and practice. Features both proven principles and a discussion of the real-life issues that individuals developing low-literacy materials face; such as time constraints, budget, organizational pressures, and the Government publication process.

Refugee Health and Information Network
http://www.rhin.org
A database of quality multilingual, public health resources for those providing care to resettled refugees. Resources include translated health education materials, provider tools and links to related Web sites.

Tool 6.5: Language Access Resources (cont.)

The Translator's Home Companion
http://www.lai.com/thc/thc.html
Online glossaries, translation software and engines, links to translation agencies, other translation products, a directory of translators, and more. Strongest on European languages, but features non-European languages as well.

Multilingual Health Resources and Translated Health Promotion Material

Massachusetts Health Promotion Clearinghouse
http://www.massclearinghouse.ehs.state.ma.us
The Massachusetts Health Promotion Clearinghouse is a central resource for Massachusetts-developed health education materials, available in multiple languages.

"I speak" cards
U.S. Department of Justice
http://www.justice.gov/crt/about/cor/Pubs/ISpeakCards.pdf

SPIRAL: Selected Patient Information Resources in Asian Languages
http://www.library.tufts.edu/hhsl/spiral/web.shtml
Joint initiative of South Cove Community Health Center and Tufts University Health Sciences Library; designed to meet consumer and health care provider needs of the South Cove community, with consumer information in Chinese, Cambodian/Khmer, Hmong, Korean, Lao, Thai, and Vietnamese.

Medicinatv
http://www.medicinatv.com
Spanish-language site that links to 10,000 health-related sites.

Multilingual Health Education Net
http://www.multilingual-health-education.net
Canadian site sponsored by the British Columbia Ministry of Health, the Department of Canadian Heritage, the Vancouver Foundation, and partner agencies. Materials in Chinese, Farsi (Persian), Hindi, Korean, Somali, Vietnamese, English, French, Italian, Punjabi, and Spanish.

National Women's Health Information Center
English: http://www.womenshealth.gov
U.S. Government-approved women's health information.

Further Reading

Andrulis, D.P. and Brach, C. 2007. Integrating literacy, culture and language to improve health care quality for diverse populations. *American Journal of Health Behavior,* 31, S122-S133.

Nielsen-Bohlman, P; Allison, K.; and David, A. 2004. *Health Literacy: A Prescription to End Confusion.* Washington, DC: National Academies Press
Torres, Brunilda. 2001.

Best Practice Recommendations for Hospital-Based Interpreter Services. Massachusetts Department of Public Health. Available from http://www.mass.gov/eohhs/docs/dph/health-equity/best-practices.doc

APPENDIX A:

CLAS Self-Assessment Tool

CLAS Self-Assessment Tool

The following questions are designed to help programs identify needs and develop a work plan with concrete tasks to address the basic elements of the 15 National CLAS Standards. DPH considers CLAS work to be an ongoing improvement project. Your contract manager will help support your efforts to implement CLAS as part of your contractual expectations, and will monitor continuous improvement based on your program's self-assessment and proposed work plan.

Organization

Organization Name: _____

Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

Contact Person for CLAS Implementation

First Name: _____ **Last Name:** _____

Title: _____

Telephone: ( ) _____ **E-Mail:** _____

Culturally Competent Leadership and Workforce

1. Does your program **recruit, retain, and promote** staff that reflects the cultural diversity of the community? *(CLAS Standard 3)* **Check one.**
   - ❑ Our staff **fully** reflects the cultural diversity of our community.
   - ❑ Our staff **partially** reflects the cultural diversity of our community.
   - ❑ Our program staff **does not** currently reflect the cultural diversity of our community.

2. Does your program have **written policies and procedures** that support recruitment, retention, training and promotion practices? *(CLAS Standard 2)* **Check one.**
   - ❑ **All** our staff are aware of / universally trained on them.
   - ❑ **Not all** our staff are aware of / universally trained on them.
   - ❑ Our program **does not** currently have written policies and procedures that support these diversity practices.

3. Do program staff members at all levels and disciplines receive training in culturally- and linguistically-appropriate service delivery? *(CLAS Standard 4)* **Check ALL that apply.**
   - ❑ Training is provided to staff as a standard part of orientation **for new hires** at all levels and disciplines.
   - ❑ Training is provided **at least once a year** to staff at all levels and disciplines.
   - ❑ Our program staff **does not** currently provide this training.

Language Access / Communication

4. Does your program provide **timely professional interpreter** services, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language? *(CLAS Standard 5, Federal mandate)* **Check one.**
   - ❑ Always.
   - ❑ Most of the time.
   - ❑ Sometimes.
   - ❑ Our program **does not** currently provide timely professional interpreter services.

5. Do all LEP or Deaf / Hard of Hearing clients receive **verbal and written notices** about their right to language assistance services *(CLAS Standard 6, Federal mandate)* **Check all that apply.**
   - ❑ Verbal notices are provided.
   - ❑ Written notices are provided.
   - ❑ Sometimes.
   - ❑ Our program **does not** currently provide either verbal or written notice about this right.

6. Are Deaf / Hard of Hearing clients and clients with disabilities provided a copy of your program's **Disability Access notice?** *(CLAS Standard 6, Federal mandate)* **Check one.**
   - ❑ Always.
   - ❑ Most of the time.
   - ❑ Sometimes.
   - ❑ Our program **does not** currently provide Disability Access notice to clients.

7. Does your program offer **written materials** in languages that target the diverse cultural groups in your service area/ population? *(CLAS Standard 8, Federal mandate)* **Check one.**
   - ❑ Written materials are offered in the languages of **all** cultural groups in our service area/population.
   - ❑ Written materials are offered in the languages of **some** cultural groups in our service area/population.
   - ❑ Our program **does not** currently offer written materials in the languages of the cultural groups in our service area/ population.

8. Does your program clearly **display images / post signage visibly** that shows inclusivity for the diverse cultural groups including GLBT & people with disabilities in your service area/population? *(CLAS Standard 8, Federal mandate)* **Check one.**
   - ❑ Images / signage visibly posted in the languages of **all** cultural groups in our service area/population.
   - ❑ Images / signage visibly posted in the languages of **some** cultural groups in our service area/population.
   - ❑ Our program **does not** currently post images / signage visibly in the languages of the cultural groups in our service area/population.

Organizational Support and Accountability

9. Does your program **have a plan** to identify and address CLAS needs for underserved populations? *(CLAS Standard 9)* **Check one.**
   - ❑ A plan is fully developed and being implemented.
   - ❑ A plan is currently in draft form **or** only partially implemented.
   - ❑ Our program does not currently have a written plan.

10. Does your program **review** your written CLAS plan at least once a year to assess CLAS progress and needs? *(CLAS Standard 10)* **Check one.**
    - ❑ Written CLAS plan is reviewed by program about once a year.
    - ❑ Our program does not currently review our written CLAS plan once a year.
    - ❑ Not applicable: our program does not currently have a written CLAS plan.

11. Does your program collect **client satisfaction data** to inform culturally and linguistically appropriate service (CLAS) delivery? *(CLAS Standard 14)* **Check one.**
    - ❑ Always.
    - ❑ Sometimes.
    - ❑ Our program **does not** currently collect client satisfaction data to inform CLAS delivery.

12. Does your program use Race, Ethnicity Language (REL) **community/service area** data to help design and deliver program services? *(CLAS Standard 14)* **Check one.**
    - ❑ REL community data used in **all** applicable situations to design/deliver program services.
    - ❑ REL community data used **most of the time** to design/deliver program services.
    - ❑ REL community data **sometimes** used to design/deliver program services.
    - ❑ REL community data **never** used to design/deliver program services.

13. Does your program use REL client data to help design, deliver and evaluate program services? *(CLAS Standard 11)* **Check one.**
    - ❑ REL client data **always** used to design/deliver program services.
    - ❑ REL client data used **most of the time** to design/deliver program services.
    - ❑ REL client data **sometimes** used to design/deliver program services.
    - ❑ REL client data **never** used to design/deliver program services.

14. Does your program **participate in partnerships** with other agencies that target the diverse cultural groups in your service area/population? *(CLAS Standard 13)* **Check one.**
    - ❑ Our program participates in partnerships with other agencies that target **all** of the diverse cultural groups in our service area/population.
    - ❑ Our program participates in partnerships with other agencies that target **some** of the diverse cultural groups in our service area/population.
    - ❑ Our program **does not** currently participate in partnerships with other agencies that target the diverse cultural groups in our service area/population.

15. Have you used the *Making CLAS Happen* manual? (An electronic version of the manual is posted on the DPH Office of Heath Equity's website: **www.mass.gov/dph/healthequity**)
    - ❑ Yes
    - ❑ No, not yet.

Work Plan

Select one or more of the questions above and briefly describe what you will do to improve your CLAS efforts this year. Your DPH contract manager will review, monitor and support your efforts. The DPH CLAS manager is available to provide technical assistance—call **617-994-9806.**

Question number(s) (from above): _____

Improvement Plans:

Laws Mandating Equal Access for Persons with Disabilities

Laws mandating equal access for persons with disabilities include:

- Section 504 of the Rehabilitation Act of 1973, which applies to federal health care services and facilities, and recipients of federal financial assistance (including those receiving Medicaid funds or federal research grants) requires all hospital programs and services to provide effective means of communication for patients, family members and hospital visitors who have a disability.
- Title II of the Americans with Disabilities Act, which applies to all public (state and local) health care providers.
- Title III of the Americans with Disabilities Act, which applies to all private health care providers.[i]

Laws and Ethical Rules Prohibiting Discrimination of LGBT Persons

Ethical Rules and Regulations

Almost every major American medical association has ethical rules that prohibit discrimination of LGBT people in the practice of medicine, recognizing that such discrimination is harmful to patients' health. In July 2011, the Joint Commission released their *Comprehensive Accreditation Manual for Hospitals*. The Code of Federal Regulations for hospitals includes similar non-discrimination rules.[ii]

Conditions of Participation from The Centers for Medicare and Medicaid Services

The Centers for Medicare and Medicaid Services updated their Conditions of Participation in January 2011 for hospitals and critical access hospitals to require equal visitation for same-sex partners.[iii]

U.S. Department of Health and Human Services Guidance to State Medicaid Agencies

The U.S. Department of Health and Human Services has issued guidance to state Medicaid agencies on financial protections for same-sex couples. New rules require hospitals to protect patients' rights to choose their own visitors during a hospital stay, including a visitor who is a same-sex domestic partner.[iv]

Updated Data Collection Requirements

Data Collection Requirements from the Affordable Care Act of 2010

Section 4302 of the Affordable Care Act of 2010 contains provisions requiring the collection of information on race, ethnicity, sex, primary language and disability status.

In 2011, the Office of Minority Health at the U.S. Department of Health and Human Services added standards for the collection of data on disability status, and recommended integrating questions on sexual orientation and gender identity into national data collection efforts.[vi]

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[i] National Association of the Deaf: *ADA Questions and Answers for Health Care Providers*: Auxiliary Aids and Services. Silver Spring, MD: National Association of the Deaf. http://www.nad.org/issues/health-care/providers/questions-and-answers

[ii] The Joint Commission. 2011. *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide*. Oak Brook, IL.

[iii] U.S. Department of Health and Human Services. Medicare steps up enforcement of equal visitation and representation rights in hospitals. September 7, 2011. http://www.hhs.gov/news/press/2011pres/09/20110907a.html

[iv] Institute of Medicine. *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding.* Washington, DC: The National Academies Press, 2011.

[v] U.S. Department of Health and Human Services. *Final data collection standards for race, ethnicity, primary language, sex, and disability status required by Section 4302 of the Affordable Care Act*. Rockville, MD: U.S. Department of Human Services, 2011.

[vi] U.S. Department of Health and Human Services. *Improving data for the LGBT community*. Rockville, MD: U.S. Department of Health and Human Services, 2011.