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)**

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**i** Making CLAS Happen (2013) |

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*Acknowledgements*

**2013 Enhancements**

Cheryl Bartlett, Commissioner, DPH

Georgia Simpson May, Director, OHE

Rodrigo Monterrey, CLAS Coordinator

Dianne Hagan, Bridget Landers, Samuel

Louis and Rachel Tanenhaus, Contract

Managers

Lillian Komukyeya and Sarah Lam,

Interns

**2008 Manual Development**

**Commissioner’s Office**

John Auerbach, Commissioner

Lauren Smith, Medical Director

**Office of Health Equity**

Georgia Simpson May, Director

Christine Haley-Medina, CLAS

Coordinator

**Writing and Design**

Emma Hernández Iverson, Writer

Sharon Jones, Design

Keith Ward, Eyeriss Creative, Design

**CLAS Guidance Manual Committee**

Christine Burke

Sharon Dyer

Janice Mirabassi

Rachel Tanenhaus

Brunilda Torres, LICSW

**CLAS Provider Outreach Committee**

Emily Bhargava

Sophie Lewis

Cathy O’Connor

Ron O’Connor

Erica M. Piedade

**Contributors**

Khadijah Britton

Bruce Cohen

Jordan Coriza

Paul Oppedisano

**Case Study & Field Lesson**

**Contributors**

Anne Awad, Caring Health Center

Michelle Cloutier, New Bedford WIC

Karen Devereaux Melillo, University of Massachusetts Lowell School of Nursing

Wendy Garf-Lipp, Womansplace Crisis Center

Suzanne Gottlieb, Massachusetts Department of Public Health

Dorcas Grigg-Saito, Lowell Community Health Center

Violet Mattos, Springfield Chickopee Head Start

Robert Reardon and Barbara Cruz, Tapestry Health

Gisela Rots, Cambridge Prevention Coalition

Denise Roy, Rape Crisis Center of Central Massachusetts

Sue Schlotterbeck, Great Brook Valley Community Health Center

**Reviewers**

**Massachusetts Department of Public**

**Health**

Jo Hunter Adams

Christine Arentz

Miriam Barrientos

Eileen Bosso

Stephanie Bozigian-Merrick

Allison Brill

Linda Brown

Adriana Chapa

Ted Clark

Suzanne Crowther

Cassie Eckhoff

Janet Farrell

Megan Freedman

Marilyn Gardner

Dianne Hagan

Patricia Herald

Alicia High

Anthony Ho

Kathleen Hursen

Hillary Johnson

Patricia Lawrence

Nicole Laws

Myrna Leiper

Sophie Lewis

Charlot Lucien

Mary Mroszczyk

Laurie Paskevich

Nickolette Patrick

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**Acknowledgements (cont.)**

**MDPH Reviewers (cont.)**

Erica M. Piedade

Snaltze Pierre

Jimmy Pollard

Gabrielle Schmitt

Amy Steinmeitz

Phil Wood, MD

**Community Provider Reviewers**

Elizabeth Albert, Barnstable County

Department of Human Services

Kent Alexander, Elms College

Cassandra Andersen, Central

Massachusetts Center for Healthy

Communities

Kerone Anderson, Critical MASS

Izabel Arocha, International Medical

Interpreters Association

Christina Booker, ABT Associates

Aida Ciro, Ethos Care

Donna Costa, Brockton Area Multi

Services Inc. (BAMSI)

Linda Cragin, MassAHEC Network

Nancy DeLuca, Brockton Hospital

Carline Desire, Association of Haitian

Women in Boston (AFAB)

Marjorie Detkin, Lynn Time Bank

Timothy Diehl, Berkshire Area Health

Education Center

Turahn Dorsey, ABT Associates

Chyke Doubeni, UMass Medical School

James Eliscar

John Fabiano, Boston Public Health

Commission

Catherine Flynn, Martha’s Vineyard

Community Services

Carla Fogaren, Good Samaritan

Medical Center

Douglas Fuller, ABT Associates

Ediss Gandelman, Beth Israel

Deaconess Medical Center

Wendy Garf-Lipp, Womansplace Crisis

Center

Jennifer Gross, A Safe Place Inc.

Ryan Harris, Greater Taunton Health

and Human Services Coalition

Lucy Hartry, Tapestry Health

Bob Heskett

Hutson Inniss, Tapestry Health Center

Alison Jones, Gandara Health Center

Candis Joseph, ABT Associates

David Keller, UMass Memorial Medical

Center

Ganslie Lamour, CCHERs

Isabel Lara, South Middlesex

Opportunity Council

Laurel Leslie, Tufts Medical Center

Fred Macedo, New Bedford Homeless

Service Provider Network

Carolyn MacRae, ABT Associates

Pamela Maehead-Lima, The Women’s

Center

Melinda Miffitt, American Cancer

Society

Ilda Montoya, Mount Auburn Hospital

Sheila Och, Lowell Community Health

Center

Maria Pelchar, City of Holyoke Fire

Department

Mary Philbin, MASS AHEC Network

Meredith Pustell, ABT Associates

Barbara Reid, Cambridge College

Donna Rivera, Greater Lawrence

Family Health Center

Cathy Romeo, VNA Care Network and

Hospice

Sheila Rucki, PhD, American

International College

Judy Sopenski, Holyoke Health Center

Sue Staples, YWCA of Greater

Lawrence

Mahima Subramanian, Rape Crisis

Services of Greater Lowell

Fanny Tchorz, St. Anne’s Hospital

Rosalie Torres Stone, UMass Medical

School

Deborah Washington, Massachusetts

General Hospital

Melanie Wasserman, ABT Associates

**Pilot Testing Agencies**

Caring Health Center

Great Brook Valley Health Center

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

*Acknowledgements*

**Making CLAS Happen** Six Areas for Action – **iii**

**iii** Making CLAS Happen (2013) |

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:

n Advocate equitable care for all individuals

regardless of cultural identity

n Contribute to the reduction of health

disparities

n Emphasize the need for CLAS-promoting

governance, leadership and policies

n Call for services that are responsive to

the individual needs, health beliefs and

communication needs of clients

n Require communication assistance for persons

with limited English proficiency, disabilities,

sensory impairments, low health literacy, and

other communication needs

n 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 ).*

*Introduction*

**Making CLAS Happen** Six Areas for Action –iv

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**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***

**Making CLAS Happen** Six Areas for Action – **v**

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Enhanced Culturally and Linguistically

Appropriate Services (CLAS) Standards

*Culturally and Linguistically Appropriate Services (CLAS) Standards*

*Culturally and Linguistically Appropriate Services (CLAS) Standards*

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

**Topic 2013 Enhanced CLAS Standards 2000 CLAS Standards**

Culturally competent

care and services

n Effective, **equitable**, understandable,

respectful

n Responsive to cultural health beliefs and

practices

n In preferred languages, **health literacy**

**levels; other communication needs**

n Effective, understandable, respectful

n Responsive to cultural health beliefs and

practices

n In preferred languages

Governance,

leadership and

workforce

n Recruit, promote and **support**

n Diverse **governance, leadership** and

workforce reflect the service area

n **Governance and leadership** promotes

health equity through **policy, practices**

**and resources**

n **Educate and train** governance,

leadership and workforce

n Recruit, retain and promote at all levels

n Staff and leadership reflect demographic

characteristics of population served

n Ongoing education and training on

CLAS delivery

Language assistance

services (LAS) and

communication

n Timely, no cost to client

n Inform of available LAS **clearly and in**

**preferred language**

n Individuals with limited English

proficiency and **other communication**

**needs**

n Ensure LAS provider competence

n **Avoid** use of untrained individuals/

**minors**

n Easy-to-understand print and

**multimedia** materials and signage in

languages commonly used

n Timely, no cost to client

n Notices of available LAS

n Patient/consumer with limited English

proficiency (LEP)

n Train bilingual staff/interpreters

n Don’t use family/friends to interpret

(unless patient requests)

n Signs informing of LAS in key

languages of service area

n Easily understood printed materials and

signage in primary languages

Planning,

assessment,

accountability

n **Establish** CLAS goals, policies, and

management accountability and **infuse**

in planning and operations

n Ongoing assessments

n Integrate CLAS measures into

measurement and quality improvement

n Implement and promote CLAS plans

(goals, policies, operational plans,

management accountability)

n Ongoing assessments

n Integrate CLAS measures into audits,

performance improvement, surveys,

evaluations

Data Collection n **Accurate, reliable demographic data**

n Use data to monitor and **evaluate**

**impact of CLAS on health equity and**

**outcomes**

n Regular assessments of community

health assets to plan and implement

services that respond to cultural and

linguistic diversity of area

n Race, ethnicity and language (REL) data

n 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

n Partner to **design, implement and**

**evaluate policies, practices & services**

n Communicate progress to **stakeholders,**

**constituents, public**

n Participatory, collaborative partnerships

n Facilitate community and patient

involvement in designing CLAS

activities

n Public notices of progress

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**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

**Foster Cultural Competence**

**Build Community Partnerships Collect Diversity Data**

**Benchmark: Plan & Evaluate Reflect and Respect Diversity Ensure Language Access**

CLAS

*Six Areas for Action*

**Benchmark: Plan and Evaluate Reflect and Respect Diversity Ensure Language Access**

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**Making CLAS Happen** Six Areas for Action –2

**2** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

**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:

n Improving health equity by identifying and reducing health disparities

n Promoting CLAS through leadership and policy

n Becoming responsive to diverse cultures, beliefs and practices

n Creating a welcoming environment for racially and ethnically diverse clients,

LGBT persons, persons with disabilities and persons with low health literacy

n 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)*

**3** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

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**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.

**CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**GUIDE TOOLS**

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**Making CLAS Happen** Six Areas for Action –4

**4** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

**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-ofhearing

tend to visit physicians less

frequently7 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 hospitalization9 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:

n Very weak for Hispanics

n Strong for Black persons

n Very strong for Pacific Islanders

The greatest disparities were observed in:

n Asthma admissions (persons 65+)

n Diabetes admissions with long-term complications

n Hypertension admissions (adults 18+)

*Source: Agency for Healthcare*

*Research and Quality (2010).*

**5** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

**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***

**6** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

**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:

n Recruitment and hiring policies

that promote staff diversity

n Non-discrimination policies that

prohibit discrimination based on

race, ethnicity, language spoken

and personal characteristics

n Equal access to benefits for same

sex partners

n Grievance procedures

n Physical accommodations for

persons with disabilities

n Clear forms available in diverse

languages and literacy levels

n Language and communication

assistance in understanding

policies and client rights

n A broad and inclusive definition

of family

n Equal visitation rights for LGBT

clients and their families21

**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***

**Collecting Data**

**Beyond REL**

More inclusive

CLAS standards

and national

policies recommend

collecting detailed

information on

patient preferences

and needs,

including:

n Race, ethnicity

n Preferred language

n Disability status

n Sexual orientation

n Gender identity

Collecting this

information will

allow agencies to

identify emerging

health disparities

by characteristics

beyond race,

ethnicity and

language.

***Organizations***

***should “use tools and***

***benchmarks to evaluate***

***outcomes and create a***

***standard of care based***

***on quality indicators***

***and measurable***

***outcomes.”***

***– Betancourt, 200222***

***“Cultural competence***

***is a set of congruent***

***behaviors, attitudes,***

***and policies that...***

***enable professionals***

***to work effectively***

***in cross-cultural***

***situations.”***

***– Cross et al***

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**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:

n Gaining awareness of and

addressing negative bias.

n Learning to value diversity.

n Understanding how people of

different backgrounds define

health.

n Providing services and

information to meet special

communication needs, in primary

languages, and literacy levels.

n Offering accessible services that

match real needs.

n Hiring staff who represent the

diversity of the community.

n Training staff to develop cultural

competence.

n Involving the community in

planning, communications and

outreach.

The Massachusetts Department of

Public Health defines culturally and

linguistically appropriate services as

services that:

n Respect, relate, and respond

to a client’s culture, in a nonjudgmental,

respectful, and

supportive manner;

n Are affirming and humane, and

rely on staffing patterns that

match the needs and reflect

the culture and language of the

communities being served;

n Recognize the power differential

that exists between the provider

and the client and seek to create

a more equal field of interaction;

and

n 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.

**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)*

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**8** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

**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:

n Health disparities, culture

and health concerns for REL

minorities, LGBT persons,

persons with disabilities, the deaf

community, and military veterans

n Awareness of diverse health beliefs

and behaviors

n Resolving conflicts and respecting

differences

n Empowering clients to be active

partners in the medical encounter

n Cross-cultural communication

n Recognizing and responding to

literacy needs

n Working effectively with deaf

persons and persons with

disabilities

n Collecting race, ethnicity and

language data

n Diversity policies and hiring

standards

n Overview of the grievance process.

n 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.

See: **Tool 1.7: Training Resources**

**A Training Model**

n Continuing education and

language training for staff

n Diversity training as part of

new employee orientation

n Mandatory cultural

competence trainings (annual)

n Continuing education credits

for cultural competency

training

n Staff meetings that include case

studies, cultural knowledge

n Culture-specific training and

updates, as needed

n Informal cultural exchanges:

daily exchanges, potlucks, and

diversity discussions

n Formal videos and readings

n Speakers from civic, cultural

groups

***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 helpseeking***

***behaviors.26***

***– American College***

***of Physicians,***

***2008***

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**BUDGET LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**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:

n Avoiding assumptions.

n Using inclusive, gender-neutral

language. (“How would you like

to be addressed?” “Who are the

important people in your life?”)

n Choosing respectful, sensitive

language when addressing

individuals with disabilities and

their families (e.g. “wheelchair

user” vs. “wheelchair bound”).

n Offering assistance in reading or

filling out forms.

n Offering navigation assistance.

n 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.

**Principles**

**of Cultural**

**Sensitivity27**

**1.** Ask open-ended questions, create

a respectful partnership.

**2.** Use inclusive language to collect client information.

**3.** Develop cultural humility, selfawareness 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***

**Making CLAS Happen** Six Areas for Action –10

**10** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

***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 Services36***

**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

n Ask: “What is the best way to communicate?”

n Assess environmental and lifestyle factors, values, cultural health beliefs and practices that may affect health choices.

n Use inclusive, jargon-free, gender-neutral language.

n Offer interpreting services or auxiliary aids for LEP clients and those with sensory impairments.

n Confirm understanding and probe to avoid miscommunication.

n Ensure written materials (forms, labels, signs, brochures) are in preferred languages, and appropriate literacy levels.

n Tailor health education and the informed consent process to ensure clients understand.

**Goals of the**

**National Plan to**

**Improve Health**

**Literacy37**

**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**

**BUDGET LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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**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:

n The National LGBT Health Education Center

**(http://www.lgbthealtheducation.org)**

n Unnatural Causes

**(www.unnaturalcauses.org)**

n 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.

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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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**Chapter 1 Checklist: Cultural**

**Competence and Training**

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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**Making CLAS Happen** Six Areas for Action –16

**16** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

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**Making CLAS Happen** Six Areas for Action –18

**18** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

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. A ssess your ability to offer culturally competent services** by taking a selfassessment.

*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. A dopt 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. R eflect 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.*

***Sources consulted:*** *Gay and Lesbian Medical Association: Guidelines for the Care of Lesbian, Gay, Bisexual and Transgender Patients (2006); National*

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**Making CLAS Happen** Six Areas for Action –22

**22** Making CLAS Happen (2013) | *Chapter 1: Foster Cultural Competence*

**Tool 1.1:** Getting Started with CLAS

**GUIDE TOOLS**

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.

n 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

n Health disparities and particular health concerns facing diverse populations

n Sensitive, appropriate language and terminology in communication and

other interactions with clients of diverse racial, cultural and religious

backgrounds, ability status and sexual orientation

n Cultural and linguistic issues related to the Deaf community

n Training for LGBT patient care

n Basic capacity to work effectively with persons with disabilities

n Overview of laws affecting health services for REL clients, LGBT persons,

persons with disabilites (See Appendix B)

n Ways to gain cultural awareness

n Understanding cultural biases

n Review of the organization’s cultural and linguistic standards, ethical code,

policies and procedures

n Review of community resources and partners. *See Tools in Chapter 2*.

n Data collection procedures:

• Asking for data on REL, disability status, income, and sexual

orientation

• Ensuring confidentiality (HIPPA), addressing concerns

• Entering data into electronic systems

n Review of grievance policy and conflict-resolution processes

n 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)

**GUIDE TOOLS**

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**Tool 1.5:** Topics for Cultural

Competence Training

**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.

**GUIDE TOOLS**

**Making CLAS Happen** Six Areas for Action –24

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**Tool 1.6:** Cultural Competence and Health

Disparities Resources

**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.

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

**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.

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

**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**

**AHR Q 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-accesssymbols.**

**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.***

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**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.

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**Tool 1.7:** Training Programs and Resources

***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.

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**FIELD LESSONS GUIDE TOOLS**

**Chapter 2 Guide**

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**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.

**CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**GUIDE TOOLS**

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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This checklist includes suggested ways for programs to improve cultural

competence. See *Appendix A: CLAS Self-Assessment Too*l 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

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**Chapter 2 Checklist:** Community Collaboration

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**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 communitybased

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.

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**Tool 2.2:** Resources for Community Partnering

**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/regionalhealth-**

**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 wellbeing

of immigrant, refugee and racial and ethnic minority communities

statewide. The site offers helpful links and resources.

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***Tool 2.2: Resources for Community Partnering (cont.)***

**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 (CHE C)**

**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**

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***Tool 2.2: Resources for Community Partnering (cont.)***

**http:// www.mass.gov/eohhs/consumer/specific-populations/refugeesasylees/**

**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.

n National Council of Churches http://www.nationalcouncilofchurches.us

n Episcopal Migration Ministries (EMM) http://www.ecusa.anglican.org/emm

n Ethiopian Community Development Council (ECDC) http://www.ecdc.org

n Hebrew Immigrant Aid Society (JFS) http://www.hias.org

n U.S. Committee for Refugees and Immigrants http://www.refugees.org

n International Rescue Committee (IRC) http://www.rescue.org

n Lutheran Immigration & Refugee Service (LSS) http://www.lirs.org

n U.S. Catholic Conference of Bishops (USCCB) http://www.nccbuscc.org

n 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.

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**50** Making CLAS Happen (2013) | *C hapter 2: Build Community Partnerships*

***Tool 2.2: Resources for Community Partnering (cont.)***

**Massachusetts Cultural, Ethnic, LGBT, Disabilities Associations**

**Asian American Civic Association, Inc.**

**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.

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**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.

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***Tool 2.2: Resources for Community Partnering (cont.)***

**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.massculturalcouncil.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.

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***Tool 2.2: Resources for Community Partnering (cont.)***

**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.

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**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.

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**How will you address**

**confidentiality?**

Specific guidelinesii 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 to4:

n Improve the quality of health

programs and services

n Analyze how well health providers

meet the needs of diverse populations

n Take affirmative steps to overcome

and prevent discrimination

n 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 “selfreport”

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’ guidelinesii 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*

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See **Appendix B:**

**Overview of Laws**

**BUDGET LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

See **Tool 3.1:**

**Explaining the Data**

**Collection Process**

**CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**BUDGET LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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.

**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.**

***“ 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***

**Massachusetts Department of Public Health**

**Data Collection Standards**9

n Encourage clients to self-report in the registration process.

n Allow for the selection of multiple race categories.

n Collect information on detailed ethnicity groups as well as broad race

categories.

n Maintain consistency with Federal Office of Management and Budget (OMB)

standards: http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep

**BUDGET LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**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:

n Race n Primary language

n Ethnicity n Disability status

n Sex

HHS-recommended optional data fields include:

n Religion n Education

n Mobility needs n Income

n Sexual orientation n Occupation

n Gender identity and expression n 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.*

**BUDGET LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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***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**

• 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

**Staff Data**

• 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**

**GUIDE TOOLS**

**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.

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**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:

n Understand clients’ racial, cultural and socioeconomic background

n Determine how well your staff diversity “matches” client diversity

n Compare health outcomes across race, ethnicity, language, disability

status, gender, sexual orientation and socioeconomic status

n Identify health disparities and discrimination trends

n Adapt services to health- and culturally related needs

n Incorporate valuable information into staff training and evaluations

n Identify areas to improve and develop strategies to improve

n Determine what language, ASL interpretation, and adaptive

communication services are needed

n Plan for programs and services according to reported needs

n Distribute funds according to needs

n Meet RFR and contract requirements

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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-ethnicitylanguage-

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.

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**Chapter 3 Checklist:** Collect Diversity Data

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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:**

n We are collecting data on race, ethnicity, disability, socioeconomic status,

gender and sexual orientation for all clients.

n We need this information to improve the care we offer all clients.

n This information will be kept private and only be used to meet the needs of

all clients we serve.

n 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:**

n We are collecting this information from all clients. This will help us to see

differences in health among different populations.

n We can reduce those differences by making sure that all clients receive the

same quality of care.

n 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.

n This information will only be used to meet the needs of clients.

n We will not share this information with Immigration Services.

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

n Your privacy is protected.

n Would you like a copy of our privacy statement?

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**Tool 3.1:** Explaining the Data Collection

Process to Clients

**GUIDE TOOLS**

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

**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?**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❍ 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

**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?

**Tool 3.3:** MDPH Race, Ethnicity and Language

Preference Data Collection Instrument

**GUIDE TOOLS**

❍ English

❍ Spanish

❍ Portuguese

❍ Cape Verdean Creole

❍ Haitian Creole

❍ Khmer

❍ Vietnamese

❍ Somali

❍ Arabic

❍ Albanian

❍ Chinese (specify dialect\_\_\_\_\_\_\_\_\_\_\_)

❍ Russian

❍ Other (specify\_\_\_\_\_\_\_\_\_\_\_\_)

*For updates, and an alternative form, visit* ***http://www.mass.gov/eohhs/docs/***

***dphhealth-equity/race-ethnicity-language-data.pdf***

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**Massachusetts Sources for RE L Data**

n **Local hospital utilization data** of the primary/preferred languages of patients

using the hospital.

n **Community input:** Input from a community advisory board, consultants and key

informants from community-based organizations and/or community meetings.

n **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**

n General information from the **Massachusetts Immigrant and Refugee Advocacy**

**Coalition (MIRA),** a statewide coalition of grassroots immigrant organizations.

**http://www.miracoalition.org**

n **“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**

n Information collected by municipal **Boards of Health.**

n **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.

n **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**

n **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**

n **U.S. Census data** of your service area.

**http://quickfacts.census.gov/qfd/states/25000.html**

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**Tool 3.4:** Demographic Data Sources

**GUIDE TOOLS**

**Sources of Disability, LGBT, Literacy, RE L 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**

**T he U.S. Environmental Protection Agency (EP A)**

**http://www.epa.gov**

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***Tool 3.4: Demographic Data Sources (cont.)***

**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:

n *Getting Started: Building a Foundation to Address Disparities through Data*

*Collection.* A Web seminar about practical aspects of data collection.

n *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.

n *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.

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**Tool 3.6:** Resources

**GUIDE TOOLS**

**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.

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***Tool 3.6: Resources for More Information (cont.)***

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**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.

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*Chapter 4: Benchmark: Plan and Evaluate*

**CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**GUIDE TOOLS**

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

1. **Promote** health equity.

2. **Lead, Plan and Assess** diversity.

3. **Train** staff on cultural competence.

4. **Welcome** diverse clients.

5. **Communicate** effectively andrespectfully.

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.

**GOALS**

1. **Appoint** a cultural competence committee.

2. **Assess** cultural competence.

3. **Frame** CLAS within vision and goals.

4. **Plan.**

5. **Evaluate** progress.

6. **Benchmark.**

**OBJECTIVES**

1. **Reflect** diversity.

2. **Recruit** diverseemployees.

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 andlanguageneeds.

3. **Plan.**

4. **Deliver** effective language access services.

5. **Adapt** LEP programs regularly.

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.

Foster Cultural Competence

Build Community Partnerships

Collect Diversity Data

Benchmark: Plan and Evaluate

Reflect and Respect Diversity

Ensure Language Access

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**Tool 4.2:** Cultural Competence Planning

Worksheet

**GUIDE TOOLS**

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**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 (IAP CC-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

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**Tool 4.3:** Cultural Competence Planning

and Assessment Tools

**GUIDE TOOLS**

*Chapter 4: Benchmark: Plan and Evaluate*

**PR IDE Survey – Partnership and Recruitment, Innovation, Diversity and**

**Excellence in Nursing (PR IDE).** 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**

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***Tool 4.3: Cultural Competence Planning and Self-Assessment Tools***

***(cont.)***

*Chapter 4: Benchmark: Plan and Evaluate*

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**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.

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**CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**GUIDE TOOLS**

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**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 build 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:

n Policies prohibiting discrimination based on race or personal characteristics (e.g. disability status, gender, sexual orientation)

n Equalization of benefits for same sex partners

n Inclusive recruitment and promotion policies

n Mandatory cultural-competence training for all employees and as part of new employee orientation

n Flexibility around cultural holidays or important community events

n Training for human resources personnel on general workplace concerns of REL groups, LGBT persons and persons with disabilities

n 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.

**BUDGET LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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**Chapter 5 Checklist:**

Reflect and Respect Diversity

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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.

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**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.

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***Chapter 5 Checklist: Reflect and Respect Diversity (cont.)***

**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:

n Recruit diverse employees

n Participate in career fairs and networking events

n 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**

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**Tool 5.1:** Strategies & Resources for

Recruiting Diverse Employees

**GUIDE TOOLS**

**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.

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***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:

n New England Regional Black Nurses Association (617) 524-1951

n 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.

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

**Vietnamese American Civic Association**

**http://www.vacaboston.org**

A multi-service Mutual Assistance Association dedicated to promoting family selfsufficiency

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/AMHP SProgram.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.**

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

**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:

n **Subcontracting:** A commitment to contract MWBEs

n **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

n **Ancillary Uses** such as the purchase of office supplies

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**

n **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.

n **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.

n **Use the Supplier Diversity Office (SDO) web site to purchase goods and**

**services.** The site includes a directory of certified businesses.

n **Find out what your vendors are doing to support diversity.** Encourage

subcontractors to purchase goods and services from MWBEs.

n **Attend networking events for professional minority organizations and**

**associations,** like events hosted by the SDO program.

n **Mentor minority or women-owned businesses.**

n **Spread the word.** If you have had a good experience with MWBEs,

recommend and refer them to others.

n **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-andprocurement/procurementinfo-and-res/procurementprog-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.

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**Tool 5.2:** Working with Diverse Vendors

**GUIDE TOOLS**

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.

n U.S. Department of Health and Human Services, Office of Civil Rights

800-368-1019

n 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.

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**Tool 5.4:** Sample Grievance Protocol

**GUIDE TOOLS**

**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.*

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**Language Access Checklist........................................................................155**

**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.

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**CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**GUIDE TOOLS**

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

**Chapter 6 Checklist:**

Ensure Language Access

**LAWS CHECKLIST CASE STUDIES FIELD LESSONS GUIDE TOOLS**

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.

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**Strategies for Communicating with Clients with Limited Literacy**

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

n Rapid Estimate of Adult Literacy in Medicine (REALM)

n Short Test of Functional Health Literacy in Adults (S-TOFHLA)1,2

**Ask clients to *“* teach back*”* information to ensure understanding:3**

n 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?”*

n 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:**

n Use plain, clear language.

n Simplify written materials, such as registration and informed consent forms,

and prescription labels, to 6th grade reading levels (or lower).

n Work with the adult learner community to test and develop written

materials.

**Improve navigation and access:**

n Work with patient navigators or health educators.

n Ensure signs are understandable (use universal symbols, graphics, color

coding and pictograms).

1Bass, P.F., Wilson, J.F., Griffith, C.H. 2003. A shortened instrument for literacy screening. *Journal of General Internal Medicine*

18(12):1036-1038.

2Baker, 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.

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

NQF.

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**Tool 6.1: Meeting Diverse**

**Communication Needs**

**GUIDE TOOLS**

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

**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**

n American Sign Language (ASL) interpreters

n Telecommunications devices for the deaf (TDD) in public areas

n Volume control and hearingadaptable telephones

n Closed captioning services

n Braille materials

n Writing pads

n Communication boards

n Visual pain scales

n Speech generating devices

n 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).

5U.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)

6The Joint Commission: *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for*

*Hospitals*. Oakbrook Terrace, IL: The Joint Commission, 2010.

7Ibid.

8Massachusetts Department of Public Health. Introduction to Deaf Culture for Behavioral Health Practitioners. Boston: Massachusetts

Department of Public Health, 2013.

9Kailes, J., Tips for Interacting with People with Disabilities, Pomona, CA: Harris Family Center for Disability and Health Policy, 2011.

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***Tool 6.1: Meeting Diverse Communication Needs (cont.)***

**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.

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**Tool 6.5:** Language Access Resources

**GUIDE TOOLS**

**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.

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***Tool 6.5: Language Access Resources (cont.)***

**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, wellorganized”

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.

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***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. M*assachusetts

Department of Public Health. Available from

http://www.mass.gov/eohhs/docs/dph/health-equity/best-practices.doc

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**Appendix A:**

CLAS Self-Assessment Tool

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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.

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**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.

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**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:**

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**Laws Mandating Equal Access for Persons with Disabilities**

**Laws mandating equal access for persons with disabilities include:**

* n 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.
* n Title II of the Americans with Disabilities Act, which applies to all public (state and local) health care
* providers.
* n 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

iNational 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

iiThe 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.

iiiU.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

ivInstitute of Medicine. *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*.

Washington, DC: The National Academies Press, 2011.

vU.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.

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

and Human Services, 2011.

*Appendix B: Overview of Laws*