Implementation Resources

CLAS Planning Worksheet

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As you develop your own plan for adopting and implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS), the six areas for CLAS action defined in the presentation can serve as a model. Use the following worksheets to help develop a plan for your organization.

GOALS					
Foster Cultural Competence	Reflect and Respect Diversity	Ensure Language Access	Build Community Partnerships	Collect Diversity Data	Benchmark, Plan, and Evaluate

OBJECTIVES _(Use and tailor the phrases below to develop measurable and time-oriented objective statements.)_

1. **Promote** health equity. 2. **Lead, Plan and Assess** diversity. 3. **Train** staff on cultural competence. 4. **Welcome** diverse clients. 5. **Communicate** effectively and respectfully.	1. **Reflect** diversity. 2. **Recruit** diverse employees. 3. **Retain** and promote diverse employees. 4. **Respond** to concerns through culturally competent process. 5. **Resolve** and prevent cross-cultural conflicts.	1. **Identify** LEP clients. 2. **Assess** services and language needs. 3. **Plan**. 4. **Deliver** effective language access services. 5. **Adapt** LEP programs regularly.	1. **Partner** with community organizations. 2. **Involve** the community 3. **Engage** client participation. 4. **Share** CLAS progress.	1. **Identify** key populations. 2. **Standardize** REL (race, ethnicity, language) data collection. 3. **Integrate** data collection into frameworks. 4. **Assess** needs and areas for improvement. 5. **Share** relevant data with the community.	1. **Appoint** a cultural competence committee 2. **Assess** cultural competence. 3. **Frame** CLAS within vision and goals. 4. **Develop** an Action Plan. 5. **Identify** benchmarks. 6. **Evaluate** progress.

The CLAS Planning Worksheet is adapted from the following sources:

(1) "Making CLAS Happen." Massachusetts Department of Public Health (2013). Available at:

http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

(2) "Providing Quality Health Care with CLAS: A Curriculum for Developing Culturally and Linguistically Appropriate Services." California Department of Public Health and Department of Health Care Services, Office of Multicultural Health (2011). Available at: http://www.cdph.ca.gov/SiteCollectionDocuments/CLAS%20Facilitator%20for%20web.pdf

CLAS Planning Worksheet (cont.)

Outline Objectives for Goal #1: Foster Cultural Competence

What action steps or tasks do we need to accomplish in order to achieve this goal? List steps and tasks in the Action Plan below.

For ideas about action steps, use the strategies included in the CLAS Standards Implementation Framework (see the CLAS Standards Training Presentation provided by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities). The resources needed to conduct an action step may include people, time, money, equipment, facilities, and supplies. Indicators of progress may include a clearly defined measure or tangible products such as workshops, publications, announcements, or new policies or procedures.

ACTION PLAN:

Goal 1: Foster Cultural Competence

CLAS Standards Addressed:

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

Action Steps to be Taken:	Resources Needed	Person Responsible	Indicators of Progress	Deadlines
1				
2				
3				
4				
5				

Goal 1: Foster Cultural Competence

What action steps have we already taken?

Who are the stakeholders (including patients and community organizations) who should be involved in the remaining action steps?

How will the stakeholders be engaged in the process?

What, if any, policy changes or new policies may be necessary to meet our Goal?

What challenges, obstacles, and possible resistance may be encountered while implementing the Action Plan?

What strategies will be used to overcome the obstacles or barriers identified above?

What are the expected short-term, medium-term, and long-term outcomes? [Examples: Short-term: Changes in knowledge, skills, and attitudes. Medium-term: Changes in behaviors, practices, or policies. Long-term: Changes in the practice environment, such as improved health care access, improved health care quality, reduced health disparities, reduced health care costs.]

CLAS Planning Worksheet (cont.)

Outline Objectives for Goal #2: Reflect and Respect Diversity

What action steps or tasks do we need to accomplish in order to achieve this goal? List steps and tasks in the Action Plan below.

For ideas about action steps, use the strategies included in the CLAS Standards Implementation Framework (see the CLAS Standards Training Presentation provided by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities). The resources needed to conduct an action step may include people, time, money, equipment, facilities, and supplies. Indicators of progress may include a clearly defined measure or tangible products such as workshops, publications, announcements, or new policies or procedures.

ACTION PLAN:

Goal 2: Reflect and Respect Diversity

CLAS Standards Addressed:

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

Action Steps to be Taken:	Resources Needed	Person Responsible	Indicators of Progress	Deadlines
1				
2				
3				
4				
5				

CLAS Standards Toolkit
Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities

Goal 2: Reflect and Respect Diversity

What action steps have we already taken?

Who are the stakeholders (including patients and community organizations) who should be involved in the remaining action steps?

How will the stakeholders be engaged in the process?

What, if any, policy changes or new policies may be necessary to meet our Goal?

What challenges, obstacles, and possible resistance may be encountered while implementing the Action Plan?

What strategies will be used to overcome the obstacles or barriers identified above?

What are the expected short-term, medium-term, and long-term outcomes? [Examples: Short-term: Changes in knowledge, skills, and attitudes. Medium-term: Changes in behaviors, practices, or policies. Long-term: Changes in the practice environment, such as improved health care access, improved health care quality, reduced health disparities, reduced health care costs.]

CLAS Planning Worksheet (cont.)

Outline Objectives for Goal #3: Ensure Language Access

What action steps or tasks do we need to accomplish in order to achieve this goal? List steps and tasks in the Action Plan below.

For ideas about action steps, use the strategies included in the CLAS Standards Implementation Framework (see the CLAS Standards Training Presentation provided by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities). The resources needed to conduct an action step may include people, time, money, equipment, facilities, and supplies. Indicators of progress may include a clearly defined measure or tangible products such as workshops, publications, announcements, or new policies or procedures.

ACTION PLAN:

Goal 3: Ensure Language Access

CLAS Standards Addressed:

#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, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
#8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Action Steps to be Taken:	Resources Needed	Person Responsible	Indicators of Progress	Deadlines
1				
2				
3				
4				

Goal 3: Ensure Language Access

What action steps have we already taken?

Who are the stakeholders (including patients and community organizations) who should be involved in the remaining action steps?

How will the stakeholders be engaged in the process?

What, if any, policy changes or new policies may be necessary to meet our Goal?

What challenges, obstacles, and possible resistance may be encountered while implementing the Action Plan?

What strategies will be used to overcome the obstacles or barriers identified above?

What are the expected short-term, medium-term, and long-term outcomes? [Examples: Short-term: Changes in knowledge, skills, and attitudes. Medium-term: Changes in behaviors, practices, or policies. Long-term: Changes in the practice environment, such as improved health care access, improved health care quality, reduced health disparities, reduced health care costs.]

CLAS Planning Worksheet (cont.)

Outline Objectives for Goal #4: Build Community Partnerships

What action steps or tasks do we need to accomplish in order to achieve this goal? List steps and tasks in the Action Plan below.

For ideas about action steps, use the strategies included in the CLAS Standards Implementation Framework (see the CLAS Standards Training Presentation provided by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities). The resources needed to conduct an action step may include people, time, money, equipment, facilities, and supplies. Indicators of progress may include a clearly defined measure or tangible products such as workshops, publications, announcements, or new policies or procedures.

ACTION PLAN:

Goal 4: Build Community Partnerships

CLAS Standards Addressed:

#13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
#15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Action Steps to be Taken:	Resources Needed	Person Responsible	Indicators of Progress	Deadlines
1				
2				
3				
4				
5				

Goal 4: Build Community Partnerships

What action steps have we already taken?

Who are the stakeholders (including patients and community organizations) who should be involved in the remaining action steps?

How will the stakeholders be engaged in the process?

What, if any, policy changes or new policies may be necessary to meet our Goal?

What challenges, obstacles, and possible resistance may be encountered while implementing the Action Plan?

What strategies will be used to overcome the obstacles or barriers identified above?

What are the expected short-term, medium-term, and long-term outcomes? [Examples: Short-term: Changes in knowledge, skills, and attitudes. Medium-term: Changes in behaviors, practices, or policies. Long-term: Changes in the practice environment, such as improved health care access, improved health care quality, reduced health disparities, reduced health care costs.]

Outline Objectives for Goal #5: Collect Diversity Data

What action steps or tasks do we need to accomplish in order to achieve this goal? List steps and tasks in the Action Plan below.

For ideas about action steps, use the strategies included in the CLAS Standards Implementation Framework (see the CLAS Standards Training Presentation provided by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities). The resources needed to conduct an action step may include people, time, money, equipment, facilities, and supplies. Indicators of progress may include a clearly defined measure or tangible products such as workshops, publications, announcements, or new policies or procedures.

ACTION PLAN:

Goal 5: Collect Diversity Data

CLAS Standards Addressed:

#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.

Action Steps to be Taken:	Resources Needed	Person Responsible	Indicators of Progress	Deadlines
1				
2				
3				
4				
5				

Goal 5: Collect Diversity Data

What action steps have we already taken?

Who are the stakeholders (including patients and community organizations) who should be involved in the remaining action steps?

How will the stakeholders be engaged in the process?

What, if any, policy changes or new policies may be necessary to meet our Goal?

What challenges, obstacles, and possible resistance may be encountered while implementing the Action Plan?

What strategies will be used to overcome the obstacles or barriers identified above?

What are the expected short-term, medium-term, and long-term outcomes? [Examples: Short-term: Changes in knowledge, skills, and attitudes. Medium-term: Changes in behaviors, practices, or policies. Long-term: Changes in the practice environment, such as improved health care access, improved health care quality, reduced health disparities, reduced health care costs.]

CLAS Planning Worksheet (cont.)

Outline Objectives for Goal #6: Benchmark, Plan, Evaluate

What action steps or tasks do we need to accomplish in order to achieve this goal? List steps and tasks in the Action Plan below.

For ideas about action steps, use the strategies included in the CLAS Standards Implementation Framework (see the CLAS Standards Training Presentation provided by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities). The resources needed to conduct an action step may include people, time, money, equipment, facilities, and supplies. Indicators of progress may include a clearly defined measure or tangible products such as workshops, publications, announcements, or new policies or procedures.

ACTION PLAN:

Goal 6: Benchmark, Plan, Evaluate

CLAS Standards Addressed:

#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.

Action Steps to be Taken:	Resources Needed	Person Responsible	Indicators of Progress	Deadlines
1				
2				
3				
4				
5				

Goal 6: Benchmark, Plan, Evaluate

What action steps have we already taken?

Who are the stakeholders (including patients and community organizations) who should be involved in the remaining action steps?

How will the stakeholders be engaged in the process?

What, if any, policy changes or new policies may be necessary to meet our Goal?

What challenges, obstacles, and possible resistance may be encountered while implementing the Action Plan?

What strategies will be used to overcome the obstacles or barriers identified above?

What are the expected short-term, medium-term, and long-term outcomes? [Examples: Short-term: Changes in knowledge, skills, and attitudes. Medium-term: Changes in behaviors, practices, or policies. Long-term: Changes in the practice environment, such as improved health care access, improved health care quality, reduced health disparities, reduced health care costs.]

NOTES

CLAS Standards Implementation Framework

"Strategies: Six Areas for Action"

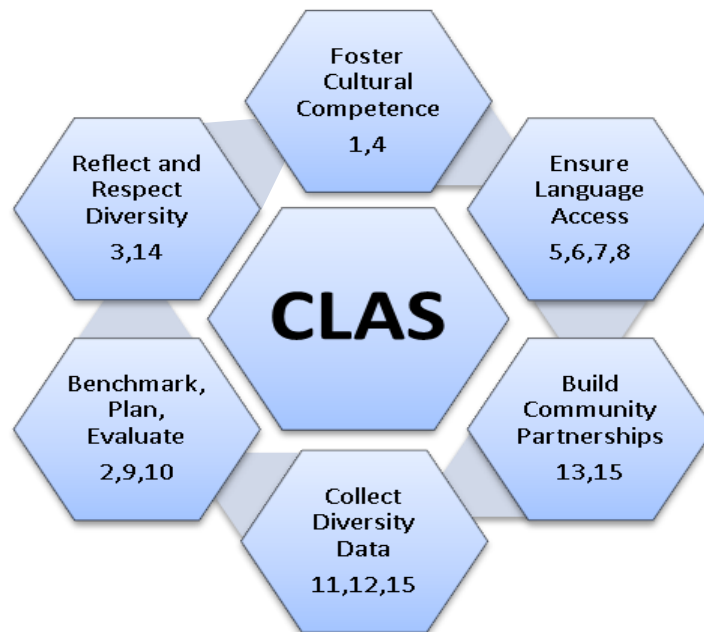Diagram adapted from "Making CLAS Happen", Massachusetts Department of Public Health (2013).
http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

Fostering Cultural Competence:

☐ **Step 1. Identify committed champions of cultural competency within the organization who can help focus its cultural competency-related efforts.**

☐ **Step 2. Embed a commitment to culturally competent care in the vision, goals, mission, and strategic plan of the organization.**

- Incorporate cultural and linguistic competency and health literacy considerations into organization-wide written policies, practices, procedures, and programs.

☐ **Step 3. Allocate organizational resources to educate all senior leadership, management, staff and volunteers about cultural competency.**

- Deliver and evaluate education and training on cultural competency and the CLAS Standards through regular in-services, brown-bag lunch series, orientation materials for new staff, annual meetings, and other live or Web-based educational programs.

- Provide a mechanism for internal, multidisciplinary staff to have discussions about language and cultural issues and meeting the needs of diverse populations.

- Work with community leaders and cultural brokers to create opportunities for staff to volunteer in the community.

☐ **Step 4. Integrate cultural competency and CLAS-related criteria into staff evaluations.**

☐ **Step 5. Regularly review and update organizational policies and practices to reflect the CLAS Standards.**

Reflect and Respect Diversity:

❑ **Step 1. Implement employee recruitment, retention, and promotion policies that help to build a frontline workforce and organizational leadership that reflect the diversity of the community being served.**

- Collaborate with local schools, businesses, faith-based organizations, and other community stakeholders to expand pool of diverse candidates for vacancies.

- Advertise employment and board membership opportunities at minority health fairs and in minority health professional association job boards, publications, and other media.

- Establish volunteer, work-study, and internship programs in partnership with local health career training programs based in community colleges and universities, in order to create a recruitment pipeline.

- Encourage participation in continuing education and career development opportunities for all staff members. (Develop training opportunities in-house or develop relationships with other organizations and institutions that offer such training.)

- Develop and promote mentoring opportunities for all staff members.

- Assess foreign language proficiency of current and incoming staff and provide training opportunities in medical interpretation.

- Promote diverse staff members into positions where their cultural and linguistic capabilities can provide unique contributions to planning, policy, and decision-making processes. (However, monitor work assignments to ensure that bilingual and bicultural staff members are not overloaded as a result of their added contributions.)

- Provide training and recognition (i.e., compensation, new job title) for non-clinical support staff who serve in cultural broker roles.

- Regularly assess the organization's hiring, retention, and promotion data and compare the demographics of this data to the service community's demographics.

- Foster both a work environment and a service delivery environment in which differences are respected.

☐ **Step 2**. **Establish a conflict and grievance resolution process for both staff and patients that is understandable, easily accessible, confidential, and transparent.**

- Provide oversight of the conflict and grievance resolution process as part of the organization's overall quality assurance program to ensure the cultural and linguistic appropriateness of the process.

☐ **Step 3**. **Provide training in cross-cultural communication and conflict resolution to staff who handle conflicts, complaints, and feedback. Staff should also be trained to recognize and prevent potential conflicts.**

- Provide procedural guidelines, cases study analyses, and other training to prepare governance, leadership, and staff to respond appropriately to feedback or complaints submitted by individuals or groups in the organization's service area.

- Develop a clear process to address instances of conflict and grievance that includes follow-up and ensures that the individual is contacted with a resolution and next steps.

- Hire patient advocates or ombudspersons to assist in the conflict and grievance resolution process.

☐ **Step 4**. **Provide notice via signage, materials (including translations), and other media about the right of individuals to file complaints or grievances or to provide feedback to**

the organization. The notices should also include information about the process for filing complaints/grievances or providing feedback.

☐ **Step 5. Establish both formal and informal methods to obtain and process feedback, including via open houses, focus groups, community forums, town hall meetings, meetings with community leaders, and direct feedback from individuals (patients and staff) via existing comment and suggestion systems (paper and/or electronic format).**

- Integrate principles of cultural sensitivity into existing feedback procedures and organizational policies, programs, and committees related to patient relations and legal or ethical issues.

Ensure Language Access:

☐ **Step 1. Conduct an assessment of the language needs and services within the community.**

☐ **Step 2. Develop a Communication and Language Assistance Plan; and monitor, evaluate, and update it on an ongoing basis.** [The HHS Office for Civil Rights provides guidance on developing language assistance plans - http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html]

☐ **Step 3. Develop and implement a standardized process for identifying an individual patient's preferred language (i.e., language identification flash cards).**

- Document the patient's preferred language in his or her electronic health record. When applicable, also document the preferred language of the patient's medical decision-maker, health care proxy, or advocate.

☐ **Step 4. Provide ongoing in-service training on how and when to access language services for individuals, including how to work with interpreters.**

- Ensure that clinical and non-clinical staff are aware of language assistance policies and procedures and trained in the use of language assistance services.

- Establish contracts with interpreter services for in-person, telephonic, and video remote interpreting.

- Ensure that the organization is using qualified and trained medical interpreters.

- Avoid using untrained individuals and minors as interpreters.

- Assess the language skills of self-reported bilingual staff (assess both language ability and ability to provide language assistance). [Examples of language proficiency scales: American Council on the Teaching of Foreign Languages (ACTFL) Scale; Interagency Language Roundtable (ILR) Scale. Resources on standards of practice for language interpretation and translation services: National Council on Interpreting in Health Care; Certification Commission for Healthcare Interpreters; National Board for Certification of Medical Interpreters; International Medical Interpreters Association; and American Translators Association.]

- Allocate resources to train interested bilingual staff as medical interpreters.

- Create financial incentives to promote, develop, and maintain accessibility to qualified bilingual staff as in-house health care interpreters.

☐ **Step 5. At various points of contact during the patient encounter, notify each patient of the availability of communication and language assistance services. The notification should be provided in the patient's preferred language and should clearly state that communication and language assistance services are provided free of charge to the patient.** The following tasks would help guide development of the language assistance notification:

- Determine the content of the notice.

- Determine in which languages a written notice will be provided.

- Determine how the notice will be provided to patients. Possible methods of notification include:

  - During encounter:

    ✓ Oral (including multilingual phone trees and voice mail)

    ✓ Written materials

    ✓ Signage

    ✓ Multimedia resources

  - Prior to encounter:

- ✓ Community health workers/Promotores de salud

- ✓ Outreach through other community stakeholders (local health depts., schools, faith-based organizations, other community-based organizations)

- ✓ Local foreign language media (e.g., ethnic radio and TV stations, newspapers)

- Determine where notification will be provided to patient. Possible places for notification include the following:

  o Front desk or Registration desk

  o Waiting rooms

  o Financial screening rooms

  o Onsite pharmacy

  o Triage and medical exam rooms

  o Other points of entry or intake

- Standardize procedures for staff who serve as the initial point of contact (in-person or by telephone). Provide staff with a script to inform patients of the availability of communication and language assistance services and inquire whether patients will need to utilize the services.

☐ **Step 6. Issue guidance to staff on "plain language" and create documents that demonstrate best practices in clear communication and information design.** [More information on the principles of plain language is available at: http://www.plainlanguage.gov/]

- Use print materials and signage in conjunction with (rather than as a substitute for) verbal instruction.

- Create forms that are easy to fill out, and assist patients in completing the forms.

- Develop materials in alternative formats for individuals with communication needs, including sensory, developmental, and cognitive impairments.

- Train staff to develop and identify easy-to-understand print and multimedia materials.

- Establish a process for ensuring that print, audiovisual, and other health materials are health literate and easy-to-understand by patients. The process should include a procedure for periodically re-evaluating and updating materials.

- Work with the local library to build a collection of health literate educational materials for patients.

- Provide easy-to-understand signage, print, and multimedia materials in the languages commonly used in the organization's service area.

- Use focus groups to test materials with target audiences.

- Formalize a procedure for translating materials into other languages and for evaluating the quality of these translations.

- Translate all materials that are essential to the patient's access to care and health care decision-making. Essential documents for translation include administrative and legal documents; clinical information; and health promotion, education and outreach materials. [A more detailed list of suggested documents for translation can be found in "Working with Interpreters and Translators: Useful Guidelines". This tip sheet is included in the CLAS Standards Training Toolkit.]

- Provide financial or in-kind compensation to community members who help to translate and/or review materials for ease of use.

Build Community Partnerships:

☐ **Step 1**. **Build or participate in coalitions with community partners.**

- Collaborate with community organizations to advertise job openings and to identify resources for language interpretation and translation.

- Sponsor or participate in community events such as cultural festivals, health fairs and other health promotion activities.

- Partner with community organizations to convene town hall meetings, community education forums, or community focus groups to discuss priority issues of the community and the CLAS-related efforts of the organization.

☐ **Step 2**. **Develop opportunities for community members and other stakeholders to participate in the process for planning, developing, and implementing the organization's services.**

- Create advisory boards to consult with community partners on issues affecting diverse populations and how best to serve and reach them.

☐ **Step 3**. **Develop opportunities for capacity building initiatives and other activities to empower the community.**

- Offer training and other educational opportunities for community members.

- Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.

- Partner with multicultural media outlets to inform the community about available services and recommended ways to access these services.

☐ **Step 4**. **Employ community health workers/promotores de salud to serve as liaisons or intermediaries between the organization and the diverse communities in the service area.** Community health workers can play an important role in helping the organization to improve the access, quality, and cultural competency of the services it provides.

☐ **Step 5**. **Draft and distribute easy to understand materials that illustrate the organization's efforts to be culturally and linguistically responsive to the needs of the community.**

Collect Diversity Data:

☐ **Step 1**. **Work with the community to develop patient survey instruments which include appropriate identification of the various demographic groups in the community.**

- Inform individual patients and diverse populations within the service community about the purpose of collecting demographic data, the intended uses of the data, the circumstances in which the data may be shared, and the individual's right to withhold the data.

☐ **Step 2. Establish processes that allow for patient self-identification of demographic data and avoid use of staff observational/visual assessment methods.**

- Request patient demographic data early during the initial encounter (i.e., at time of registration or admission).

- Use personnel trained in cultural and linguistic competency to collect patient demographic data. [Data collection guidance and training resources for Maryland hospitals can be found on the Health Services Cost Review Commission (HSCRC) "Disparities in Hospital Care" webpage: http://www.hscrc.maryland.gov/init-qi-disparities.cfm. HSCRC guidance is based on Federal OMB and HHS data collection standards for race, ethnicity, sex, primary language, and disability status: http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml. HHS is developing additional data collection guidance for sexual orientation and gender identity variables.]

☐ **Step 3. Provide ongoing data training for staff members (including admissions or reception staff) who will be collecting patient demographic data.**

- Provide a script to staff collecting patient data. The script should communicate the importance of collecting the data; its purpose to improve care and services and prevent discrimination; and the confidential manner in which the data will be handled.

- Provide training on patient record confidentiality to all staff members with access to patient data.

- Establish a systematic method for sharing patient demographic data across service sectors or departments within the organization (i.e., via an electronic health record), while maintaining consistency with confidentiality requirements.

- Ensure that procedures for data collection, utilization, storage, and data sharing conform to HIPAA regulations.

☐ **Step 4. Periodically conduct a community services assessment (including a health needs assessment, an inventory of existing community assets, and a resource gap analysis).**

- Use data and information from the community services assessment to develop a comprehensive profile of the populations in the service area, which can help inform development of targeted, culturally and linguistically-appropriate service delivery plans.

- Collaborate with multiple types of community organizations and stakeholders for data collection, analysis, review, and reporting efforts to increase data reliability and validity.

☐ **Step 5. Negotiate data sharing agreements with other organizations to help facilitate the linking of different types of community data.**

☐ **Step 6. Establish a process to collect demographic data of the <u>organization's staff, managers, and senior executives</u>; and monitor data trends. The data should include race, ethnicity, nationality, nativity, primary or preferred language, gender, and record of cultural and linguistic competency training participation and evaluation.**

Benchmark, Plan, and Evaluate:

☐ **Step 1. Identify internal and external champions to encourage full-scale implementation of the CLAS Standards within the organization.**

- Appoint a Cultural Competence Committee.

- Encourage the organization's governance and leadership to establish cultural competency and CLAS education and training <u>requirements</u> for all staff, managers, and senior executives.

- Train all staff, managers, and senior executives on how to make their daily responsibilities more culturally and linguistically appropriate.

☐ **Step 2. Conduct a comprehensive organizational assessment or cultural audit to inventory the organization's structural policies, procedures, and practices, and to determine whether the necessary core structures and processes are in place to provide culturally and linguistically-appropriate services.**

- Use results from the organizational assessment and audit to identify assets, weaknesses, and opportunities to improve the organization's capacity to provide culturally and linguistically-appropriate services.

☐ **Step 3. Hold a strategic planning retreat to identify goals, objectives, quality improvement measures, and timelines relevant to increasing the delivery of culturally and**

linguistically appropriate services and implementing the CLAS Standards. (Utilize demographic data, outcomes data, data from the community health needs assessment, and organizational assessment data to assist with strategic planning.)

- Involve the service area community in the implementation of the strategic plan.

- Conduct ongoing organizational re-assessments to monitor progress in implementing the CLAS Standards and to refine the strategic plan.

☐ **Step 4. Ensure that the necessary fiscal and human resources are available to support the organization's development, implementation, and maintenance of culturally and linguistically appropriate services.**

☐ **Step 5. Develop a procedure for reviewing and incorporating feedback and suggestions from patients and staff, and monitor its effect on CLAS implementation and outcomes.**

- Provide patients with CLAS-oriented feedback forms (including a stamped envelope addressed to the organization to improve likelihood of receiving feedback).

- Conduct focus groups with patients and staff to monitor progress and identify barriers to full implementation of the CLAS Standards.

- Use patient feedback to help determine whether the standard of care for various chronic conditions is applied uniformly across all cultural groups in the organization's patient population.

Implementation strategies are adapted from the following source and the resources cited within: HHS/Office of Minority Health. "National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice". April 2013.

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The Journey to Becoming a Health Literate Organization:

Attributes & Practical Action Steps

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Adapted from: Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations.* Institute of Medicine, June 2012. Available at: http://iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf

Attributes – A Health Literate Organization Should:	Action Steps
1. **Have leadership that makes health literacy integral to its mission, structure, and operations.**	- Make clear and effective communication a priority in all organizational policies and standards. - Include an explicit commitment to health literacy in the organization's mission statement, policies, and programs. - Set goals for health literacy improvement. - Provide incentives for achieving health literacy goals and establish accountability for outcomes at all levels of the organization. - Allocate adequate fiscal and human resources to meet health literacy improvement goals. - Redesign systems and physical space to maximize two-way communication and understanding between providers/staff and patients. - Cultivate health literacy "champions" throughout the organization.
2. **Integrate health literacy into planning, evaluation measures, patient safety, and quality improvement.**	- Conduct ongoing health literacy organizational assessments [see "Resources" below]. - Ensure that patient surveys are easy to understand and to complete. - Use assessment and survey results to inform continuous quality improvement. - Assess the impact of policies and programs on individuals with limited health literacy. - Factor health literacy into all patient safety plans. - Incorporate health literacy into all strategic and operational planning activities.

3. **Prepare the workforce to be health literate, and monitor progress.**	- Hire diverse staff with expertise in health literacy. - Set goals for health literacy training for staff at all levels. - Incorporate health literacy into other broader training topics (i.e., patient safety, cultural competence, patient-centered care). - Evaluate the impact of training on staff health literacy skills. - Collaborate with patients who can be effective health literacy speakers and/or trainers.
4. **Include the service population in the design, implementation, and evaluation of health information and services**.	- Include (in the planning, implementation and evaluation process) individuals who are adult learners or have limited health literacy. - Collaborate with community members to design and test health literacy interventions and to develop health information materials. - Obtain feedback on health information and services from individuals who use them.
5. **Avoid stigmatization in meeting the needs of a service population with a range of health literacy skills.**	- Adopt health literacy universal precautions. [For more information, see the "Health Literacy Universal Precautions Toolkit" available at: http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html.] - Offer all patients assistance in completing forms and help with other health literacy tasks. - Streamline information collection processes so that information only needs to be collected once. - Distribute financial and human resources so that organizational service areas with the greatest health literacy needs get more resources.
6. **Use health literacy strategies in interpersonal communications and confirm understanding at all points of contact.**	- Confirm that patients/clients understand the information provided to them (e.g., using the Teach-Back, Show-Me, or Chunk-and-Check methods). - Limit information to two or three messages at a time. - Only use written materials in conjunction with spoken instructions. - Secure language assistance for speakers of languages other than English or to meet other communication needs (i.e., braille, sign language). - Allow adequate time for all interactions. - Encourage patients to ask questions.

7. **Provide easy access to health information and services and navigation assistance.**	- Use architectural design features and easily understood symbols in signage to help patients navigate the facility. - Train staff to respond to navigational inquiries in a courteous manner. - Have community health workers, promotores de salud, or lay health advisors available to provide assistance in overcoming barriers to accessing information and services. - Provide patients training on how to use patient-centered electronic health applications (i.e., patient portals and information kiosks, decision-making aids, health-monitoring devices). - Help patients/clients to schedule appointments with other care providers (referrals) and to enroll in public services and support programs for which they may be eligible.
8. **Design and distribute print, audiovisual, and social media content that is easy to understand and take action on.**	- Use educational materials as a supplement to, not a substitute for, verbal instruction. [See tools to assist in developing easy-to-understand print and online health materials in the "Resources" section below.] - Assess the suitability of materials to determine how easy they are to understand and act on. [The process for evaluating suitability of materials should be more thorough than solely conducting readability calculations. See "Resources" section below for potential tools to evaluate health education materials.] - Use the services of staff and consultants with health literacy expertise when developing new health materials. - Obtain consumer feedback by involving the target audience (including individuals with limited health literacy) in the design and rigorous testing of materials. - Use plain language principles and use design elements such as topic headings, pictures, and illustrations to increase understanding of content. [For more information and training on the principles of plain language, see the Web link in the "Resources" section below.] - Use a high-quality translation process to produce materials in languages other than English. - Consider the need to adapt translations to reflect cultural and linguistic differences in language that may affect the meaning of the message (avoiding word-for-word translations). - Apply clear communication practices when using social media (Facebook, Twitter, etc.). - Test health messages with the target audience (including individuals with limited health literacy) before sending them through social or other electronic media.

9. **Address health literacy in high-risk situations, including care transitions and communications about medicines.**	- Put in place standards and processes for ensuring that there is no miscommunication during high-risk decisions, situations, and care transitions for the patient (e.g., hospital discharge; informed consent for surgery and other invasive procedures). - Use easy-to-understand language and decision-making tools for discussions about end-of-life care decisions. - Improve the understandability of informed consent forms. - Translate informed consent forms into the patient's preferred language. - Offer to read informed consent forms to the patient, and use interpreter services if needed. - Verify that patients understand the content of the forms by asking them to explain in their own words (e.g., Teach Back method). - Educate and confirm patient and caregiver understanding of post-discharge transition instructions throughout the hospital stay. - Before hospital discharge, make appointments for the patient to see primary care and other providers for follow-up post-discharge. - Provide patients and caregivers with easy-to-understand written instructions at time of discharge and contact the patient for follow-up. - Incorporate visual aids and other communication supports to increase patients' medication safety and health care self-management. - Provide incentives for health care providers to regularly conduct medicine reviews for patients to bring in all of their medicines, supplements, and herbal remedies and explain to the provider why, when, and how each is taken by the patient. - Affix patient-centered labels on medicine containers [See Web link to U.S. Pharmacopeia recommendations in the "Resources" section below.]
10. **Communicate clearly what services are covered by health insurance and how much individuals will have to pay out-of-pocket.**	- Provide information to patients about whether a treatment is covered by insurance. - Communicate to patients the out-of-pocket costs for health care services before they are delivered. - Consider a patient's prescription drug coverage and potential out-of-pocket costs before writing prescriptions. - Troubleshoot difficulties in obtaining reimbursement from health plans. - Refer patients to health insurance navigators or consumer programs for information about insurance options.

RESORCES:

Examples of Health Literacy Organizational Assessment Tools:

- CAHPS Item Set for Addressing Health Literacy (AHRQ, 2007) - https://cahps.ahrq.gov/surveys-guidance/item-sets/literacy/index.html

- Communication Climate Assessment Tool (American Medical Association, 2008) - http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/the-ethical-force-program/patient-centered-communication/organizational-assessment-resources.page

- Health Literacy Universal Precautions Toolkit (DeWalt et al., 2010) - http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html

- Is Our Pharmacy Meeting Patients Needs? A Pharmacy Health Literacy Assessment Tool User's Guide (Jacobson et al., 2007) - http://www.ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/pharmlit/index.html

- The Health Literacy Environment of Hospitals and Health Centers (Rudd and Anderson, 2006) - http://www.hsph.harvard.edu/healthliteracy/files/2012/09/healthliteracyenvironment.pdf

Plain Language and Health Literacy Training Resources:

- Center for Plain Language: http://centerforplainlanguage.org/topic/blog/education/
- Maryland Office of Minority Health and Health Disparities: http://dhmh.maryland.gov/mhhd/CCHLP/SitePages/Home.aspx
- Plain Language Action and Information Network (PLAIN): http://www.plainlanguage.gov/

Tools for Developing & Evaluating Easy-to-Understand Health Education Materials:

- Toolkit for Making Written Material Clear and Effective (CMS, 2007) – http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit

- Health Literacy Online: A Guide to Writing and Designing Easy-to-Use Health Web Sites (HHS Office of Disease Prevention and Health Promotion, 2010) – http://www.health.gov/healthliteracyonline/

- Accessible Health Information Technology (Health IT) for Populations with Limited Literacy: A Guide for Developers and Purchasers of Health IT (NORC at University of Chicago, 2007) – http://healthit.ahrq.gov/sites/default/files/docs/page/LiteracyGuide_0.pdf

- Clear & Simple: Developing Effective Print Materials for Low-literate Readers (National Cancer Institute, 2003) – http://www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple/page1

- Clear Communication Index Score Sheet (Centers for Disease Control and Prevention, 2013) – http://www.cdc.gov/healthliteracy/pdf/fillable-form-may-2013.pdf

U.S. Standards for Patient-Centered Prescription Drug Labeling
(U.S. Pharmacopeial Convention, 2012):

http://us.vocuspr.com/Newsroom/ViewAttachment.aspx?SiteName=USPharm&Entity=PRAsset&AttachmentType=F&EntityID=109587&AttachmentID=5dc9eb96-5706-4e61-b0fa-ce9673fb3010

Additional Guidance:

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. "**National Action Plan to Improve Health Literacy**". 2010. Available at: http://www.health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf

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MHHD E-Newsletter: http://bit.ly/12ECsOL

Creating Easy-to-Understand Health Materials:
Useful Guidelines

When organizing information within a document,

- ☐ Start with the main point.
- ☐ Make the purpose of the material clear.
- ☐ Use common words (no medical jargon).
- ☐ Use short sentences written in the active voice.
- ☐ Use the present tense if possible.
- ☐ Use the pronouns "we" or "you" to speak to the reader.
- ☐ Use a positive and encouraging tone.
- ☐ Omit unnecessary words.
- ☐ Arrange information in manageable chunks.
- ☐ Use headings and subheadings that clearly label sections of lengthy documents.
- ☐ Sequence the sections in a logical order.
- ☐ Focus on communicating a limited number of messages.
- ☐ Use simple graphics or other visuals if they make the content more easily understood and are not a distraction.
- ☐ Ensure that the text, graphics and visuals are culturally sensitive.
- ☐ Limit the use of symbols (they may not be universally understood).
- ☐ Use lists and tables to simplify complex material.
- ☐ Allow for sufficient white space on the page to help readers easily scan documents.
- ☐ For forms, use checkboxes and provide an "I don't know" response option so that individuals don't feel compelled to check inaccurate information.
- ☐ When mathematical calculations are necessary, provide simple instructions.
- ☐ Communicate clearly the specific action(s) for the reader, and break the actions into manageable steps.

Additional tips to increase the effectiveness of health materials:

- ☐ Develop targeted messages for the intended audience (i.e., a specific cultural or ethnic group).
- ☐ Pre-test the document or health education materials with the intended audience.
- ☐ Revise the materials based on feedback from the audience.
- ☐ Post-test or evaluate the audience's understanding and satisfaction with the materials.

The Guidelines listed above were extracted from the following sources:

Centers for Disease Control and Prevention. "Simply Put: A Guide for Creating Easy-to-Understand Materials". 2009. Available at:
http://www.cdc.gov/healthliteracy/pdf/simply_put.pdf

Brach C, Keller D, Hernandez LM, et al. "Ten Attributes of Health Literate Health Care Organizations". Institute of Medicine, June 2012. Available at:
http://iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf

National Archives and Records Administration (NARA). "NARA Plain Writing Checklist". 2013. Available at: http://www.archives.gov/open/plain-writing/checklist.html

Additional Resources

DeWalt DA et al. "Design Easy-to-Read Material". Tool #11 from the HHS/AHRQ Health Literacy Universal Precautions Toolkit, 2010. Available at:
http://www.nchealthliteracy.org/toolkit/tool11.pdf [Includes links to examples of easy-to-read patient forms such as health history, consent to treat, lab results, and release of medical information.]

HHS/Centers for Medicare and Medicaid Services. "Toolkit for Making Written Material Clear and Effective". (n.d.) Available at: http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/

HHS/NIH National Cancer Institute. "Clear & Simple: Developing Effective Print Materials for Low-Literate Readers". 2003. Available at:
http://www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple/page1

HHS/Office of Disease Prevention and Health Promotion. "Quick Guide to Health Literacy—Fact Sheets, Strategies, Resources". (n.d.) Available at:
http://www.health.gov/communication/literacy/quickguide/quickguide.pdf

HHS/Office of Disease Prevention and Health Promotion. "Health Literacy Online: A Guide to Writing and Designing Easy-to-Use Health Web Sites". 2010. Available at:
http://www.health.gov/healthliteracyonline/

Bronheim S, Sockalingam S. "A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials". National Center for Cultural Competence, Georgetown University, 2003. Available at:
http://nccc.georgetown.edu/documents/Materials_Guide.pdf

U.S. National Library of Medicine. "How to Write Easy-to-Read Health Materials". Available at: http://www.nlm.nih.gov/medlineplus/etr.html

Working with Interpreters and Translators: Useful Guidelines

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Tips for Working with Medical Interpreters:

- Prior to the Patient Encounter:
    - Speak with the medical interpreter to provide some background information and to set the goals you expect to achieve during the patient encounter.

- During the Patient Encounter:
    - Ask how the patient prefers to be addressed.
    - Address the patient, not the interpreter, and maintain primary eye contact with the patient.
    - Only speak words that you want to be translated. Patients sometimes understand more than they can speak.
    - Speak in short, simple sentences.
    - Speak at a pace that will allow time for interpretation.
    - Ask only one question at a time.
    - Give full information on diagnosis, tests, and treatment.
    - Confirm understanding and agreement with the patient to ensure compliance. (Use the "teach-back" method, with assistance from the interpreter.)
    - Encourage the interpreter to clarify terms with you.
    - Repeat yourself in different words if your message is not understood.
    - Ask the interpreter to interpret back to you whenever you are concerned about the accuracy and completeness of the interpretation.

- After the Patient Encounter:
    - Speak privately with the medical interpreter who may perceive cultural and emotional subtleties more clearly.

General Avoidances:

- Do not ask the patients to bring their own interpreter.
- Do not ask another patient to help you interpret.
- Do not use children or family members to interpret.
- Do not use non-qualified support staff to interpret.

Additional guidance is available at:

- International Medical Interpreters Association: http://www.imiaweb.org/uploads/pages/380_5.pdf
- Health Industry Collaborative Effort (ICE): http://www.iceforhealth.org/library/documents/ICE_C%26L_Provider_Tool_Kit.10-06.pdf

(**Sources**: HHS/Office of Minority Health. "National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice". April 2013. Available at http://www.thinkculturalhealth.gov. International Medical Interpreters Association. IMIA Guide on Working with Medical Interpreters. (n.d.), Available at: http://www.imiaweb.org/uploads/pages/380_5.pdf. Massachusetts General Hospital. Medical Interpreter Services Webpage. Available at: http://www2.massgeneral.org/interpreters/working.asp.)

Tips for Producing High-Quality Translations of Materials:

- Conduct independent translations by two trained translators who are native speakers of the target language and are familiar with the cultures of the target audience.
- Develop a procedure for reconciling any differences between the two translators.
- Conduct a review of both the translation and the reconciled text by a content specialist who is a native speaker of the target language.
- Test comprehension of the materials among the target audience prior to broad dissemination.

A basic example of a translation quality assessment form can be found at the following website: http://www.rwjf.org/content/dam/web-assets/2008/09/translation-quality-assurance-form

More comprehensive guidance on translation assessment is available in the archives of the Hablamos Juntos Project: http://www.hablamosjuntos.org/mtw/html_toolkit/pdf/toolkit6_fin-zamoedits_r3_PROOF.pdf

List of Documents That Should Be Translated

Translate all materials that are essential to helping individuals successfully access health care and make educated decisions about health care.

Signage:
- Way-finding signs to help find services and physical locations within the building;
- Notices of rights (including the right to receive language access services at no charge);
- Availability of a conflict and grievance resolution process.

Administrative and legal documents:
- Forms and other materials requiring informed consent, obligation, or acknowledgment of certain legal or financial rights and responsibilities;
- Waivers of rights;
- Living wills and advance directives;
- Emergency room release and discharge forms;
- Documents establishing and maintaining eligibility for services;
- Explanations of benefit coverage packages;
- Evidence of coverage cards;
- Notices of non-coverage.

Clinical Information:
- Prevention and treatment instructions;
- How to prevent transmission of a communicable disease;
- What to do before, during, and after a procedure or treatment (e.g., surgery, chemotherapy);
- How to take medicine;
- How to perform routine self-care or self-monitoring.

Health education and outreach materials:
- Brochures, fact sheets, pamphlets, promotional flyers and posters, health advisories, and other materials that support treatment programs and prevention activities

Maryland Hospital CLAS Re-Assessment Tool

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1. **Does the hospital have a senior level position dedicated to diversity and disparity issues?**
   o Yes
   o No

2. **What strategies are currently used to ensure that the range and capacity of services at the practice site reflect the needs of the community?**
   o Community health needs assessment which includes data on the race, ethnicity and language of the community
   o Cultural competence organizational assessment
   o Other internal assessments on the utilization and success of services
   o We do not currently have any strategies to ensure that the range and capacity of services at the practice site reflect the needs of the community
   o Other (please describe)

3. **In what ways does the community participate in determining the array of services and the manner in which services are delivered and evaluated?**
   o Community members hold positions on the board of directors.
   o Members of the community give input via surveys and questionnaires
   o Staff hold focus groups with members of the community
   o Leadership meets periodically with key leaders of the community and faith-based organizations
   o Community members serve on a patient and family advisory council/committee
   o The community does not currently participate in determining the array of services and the manner in which services are delivered and evaluated
   o Other (please describe)

4. **What strategies are used to <u>identify</u> potential barriers to service access and treatment adherence that may result from the effect of cultural, linguistic, and social determinant of health characteristics within the community (i.e. cultural differences in treatment seeking, limited health and behavioral literacy, limited English proficiency, transportation limitations)?**
   - o Patient surveys
   - o Internal assessment of patient service utilization
   - o Internal assessment of patient visits due to lack of compliance with instructions
   - o Assessment of patient no-show and cancellation rates
   - o We do not currently have strategies to identify potential barriers to service access and treatment adherence
   - o Other (please describe)

5. **What strategies are used to <u>address</u> the identified barriers to service access and treatment adherence?**
   - o Training and differential pay to Qualified Bilingual Staff
   - o Interpreter skills training for all staff
   - o Cultural competency training for all staff
   - o Development of a strategic plan that addresses identified barriers
   - o Case management services
   - o Use of community health workers or lay outreach workers
   - o Use of care transition teams
   - o Involvement of community members in planning and evaluating services
   - o We do not currently have strategies to address potential barriers to service access and treatment adherence
   - o Other (please describe)

6. **What strategies are used to assess patient health literacy?**
   - o Formal health literacy tests (e.g., The Newest Vital Sign)
   - o Patients are asked to repeat physician instructions in their own words
   - o Medication reconciliation with the patient
   - o We do not have strategies at this time for assessing a patient's health literacy.
   - o Other (please describe)

7. **What tools do staff and/or clinicians use to help address health literacy needs?**
    o   Patients are offered help in completing forms
    o   All forms are simplified in easy-to-read formats, using clear language and non-medical terms when possible
    o   All written instructions and health education materials are at a 5th-grade reading level or lower
    o   Forms and health education materials are translated into the languages of the patient population
    o   Instructions are reviewed with patients and checked to be sure that patients understand the information (i.e., teach-back method)
    o   Members of the community are invited to serve on a patient and family education committee
    o   We do not have tools to address health literacy needs at this time
    o   Other (please describe)

8. **What strategies are used to ensure that the provision of services, verbal and written information (including signage), and educational materials are in the language(s) of the community being served?**
    o   A language needs assessment is conducted in the community
    o   Signage is posted in the major languages present in the community
    o   Educational materials are available in the major languages present in the community
    o   Patients are informed of their right to treatment in the language they are most proficient.
    o   Interpreter services are available and patients are encouraged to ask for these services
    o   A formal language services policy is in place
    o   We do not currently have strategies to ensure materials are available in the language(s) of the community being served
    o   Other (please describe)

9. **What methods are used to provide language interpretation to limited English proficient patients?**
   - o Chart flagging is used to identify patients that need interpreter services.
   - o Staff members have the capacity to provide services in the respective languages of our patients
   - o Contracts are established with onsite or telephonic interpreter service vendors
   - o Staff are trained in the use of interpreter services.
   - o Our telephone messaging service offers information in the respective languages of our patients
   - o We do not currently provide language services to our patients.
   - o Other (Please describe)

10. **Does the hospital provide formal training in medical interpretation for staff with bilingual skills?**
    - o Yes
    - o No

11. **What policies are in place to ensure the quality of language interpretation to limited English proficient patients?**
    - o Use of interpreters certified by an independent authority (i.e., National Board of Certification for Medical Interpreters; Certification Commission for Healthcare Interpreters; Registry of Interpreters for the Deaf)
    - o Use of interpreters with local or state interpreter training (including Qualified Bilingual Staff training)
    - o Use of staff proficient in the primary language of the patient being served
    - o Use of family members with a higher level of English proficiency
    - o We do not have policies in place at this time.
    - o Other (Please describe)

12. What methods are used to inform patients of their right to receive language assistance services at no cost to the patient or family?
- o Information is provided verbally at the first contact with the patient
- o Information is provided verbally at every meeting with the patient
- o Information is provided in writing in the respective language of the patient
- o Information is posted at the facility
- o Information is disseminated via cultural brokers or community health workers
- o We do not currently inform patients of this right.
- o Other (Please describe)

13. What strategies are in place for continually assessing and improving patient and family-centered communication?
- o Patient surveys
- o Internal reviews
- o Reviews by a patient and family advisory council/committee
- o Reviews by external evaluators
- o We do not currently assess patient and family-centered communication
- o Other (please describe)

14. What particular strategies are in place to hire staff who reflect the diversity of the community being served (in terms of gender, race, ethnicity and linguistic capabilities)?
- o Tracking changes in the race and ethnicity of the workforce
- o Tracking racial and ethnic data on the population residing in the service area
- o Tracking data on the languages spoken by the population in the service area
- o Collaborations with local schools and community organizations to identify diverse candidates for vacancies
- o Advertisement of employment opportunities at community health fairs and in job boards, publications, and other media that target minority audiences
- o We do not currently have strategies in place to hire staff who reflect the diversity of the community
- o Other (please describe)

15. Are there any distinct staff recruitment initiatives that focus on hiring and retaining staff at all levels who are from the surrounding community?

- o Yes
- o No

If yes, please describe. _____

16. What strategies are in place to help ensure that all staff members (both clinical and non-clinical) have the appropriate knowledge and skills to deliver services in a culturally competent manner?

- o Staff are required to complete cultural competency training
- o Staff are required to complete linguistic competency training
- o We have incentives for staff to complete cultural and linguistic competency training
- o Cultural and linguistic competence is a factor in staff evaluations
- o We budget money to train staff in cultural competency or to serve as medical interpreters
- o We do not currently have strategies in place to help ensure that all staff members have the appropriate knowledge and skills to deliver services in a culturally competent manner.
- o Other (Please describe)

17. Are incentives offered to help ensure that staff obtain knowledge and skills related to cultural competency?

- o Yes
- o No

If yes, please describe. _____

18. What trainings, practices, protocols and policies that have been put in place to support a culturally-competent workplace?

- o Cultural competency training
- o Diversity training
- o Qualified bilingual staff training
- o Title VI protocols
- o EEOC protocols
- o We do not have these trainings, practices, protocols or policies in place at this time
- o Other (Please describe)

19. In what ways do the organization's goals, policies, operational plans and management accountability mechanisms reflect the need to provide culturally and linguistically appropriate services?

- o Cultural competency is written into our organization's mission statement, goals and strategic plan.
- o The organization regularly assesses the cultural and linguistic competency of its staff and its policies
- o We provide patients with satisfaction surveys and encourage them to complete the forms.
- o Our organization's goals, policies, operational plans and management accountability mechanisms do not currently reflect the need to provide culturally and linguistically appropriate services
- o Other (please describe)

20. Has the hospital previously conducted any organizational cultural competency assessments?

- o Yes
- o No

If yes, how often are assessments conducted?

21. Which organizational cultural competency assessment tools has the hospital used?

- o Please describe: _____
- o Not Applicable

22. In what ways has the organization created a physical environment that is representative of or accommodating to the cultures in the community being served?

- o Signage reflects the race, ethnicity and language of the population served
- o The physical environment of the organization has taken culture into account when designing and decorating the facility
- o The organization does not currently have a physical environment that is representative of or accommodating to the cultures in the community being served
- o Other (Please describe)

23. How accessible is the organization to public transportation and to persons with disabilities?

(1 – Inaccessible, 2 - Poorly accessible, 3 – Neither accessible nor inaccessible, 4 - Somewhat accessible,   5 - Easily accessible)

Public Transportation	1	2	3	4	5
Persons with disabilities	1	2	3	4	5

24. What strategies are being used to promote service utilization?

- o Appointment reminder calls
- o Walk-in or same-day appointments
- o Expanded service hours
- o Transportation assistance
- o Service delivery sites in a variety of community-based settings
- o Collaborations/partnerships with other service providers in the community
- o Case management services
- o Outreach at community events
- o We do not currently have strategies to promote service utilization
- o Other (Please describe)

25. What additional cultural healing traditions and informal community supports are used to enhance the comprehensiveness of services and improve patient satisfaction with the array of services provided?
- o Please describe: _____
- o Not Applicable

26. Is nationality or country of origin data collected?
- o Yes
- o No

27. Is patient race data collected?
- o Yes
- o No

28. Is patient race data available to the clinician during the patient encounter?
- o Yes
- o No

29. Is patient ethnicity data collected (e.g. Hispanic/Latino)?
- o Yes
- o No

30. Is patient ethnicity data available to the clinician during the patient encounter?
- o Yes
- o No

31. Is patient language data collected?
- o Yes
- o No

32. Is patient language data available to the clinician during the patient encounter?
- o Yes
- o No

33. Are clinical performance measures stratified by gender, race, ethnicity, and language?

	<u>Yes</u>	<u>No</u>
Gender	☐	☐
Race	☐	☐
Ethnicity	☐	☐
Language	☐	☐

34. Is patient satisfaction/experience of care data collected?
- o Yes
- o No

35. If patient satisfaction/experience of care data is collected, which survey instruments or services are used to collect this data?
- o Please describe. _____
- o Not Applicable

36. One example of a patient experience of care survey instrument is the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey. Does your organization administer the CAHPS survey?
- o Yes
- o No

37. If CAHPS data is collected, are the following item sets included in the survey process:

	Yes	No
o CAHPS Cultural Competence Item Set	☐	☐
o CAHPS Health Literacy Item Set	☐	☐
o Not Applicable		

38. What processes are used to ensure that a culturally and linguistically appropriate grievance or conflict policy is in place?
- o All staff members, volunteers, patients/consumers are informed of the grievance policy and process.
- o Training is provided to all new staff members on the grievance policy and process.
- o Patient and staff input is used to craft the grievance policy and process
- o Policies and processes address literacy, English ability, individuals with disabilities, and unfamiliarity or reluctance of some cultural groups to make formal complaints
- o The organization's data system has the capacity to document and track complaints, their status, and resolution for both patients and staff
- o A cultural diversity liaison is in place to assist with patient or staff grievances
- o No grievance or conflict resolution processes are in place at this time.
- o Other (Please describe)

39. How does the organization communicate its dedication and progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public?
- o Printed materials about your cultural competence mission and services translated into various languages
- o A column in the local newspaper
- o E-mails with updates, meeting information
- o Agency Web site, updated regularly
- o Blogs or newsletters
- o Presentations at community meetings
- o Spreading the word through coalitions
- o We do not communicate this information at this time
- o Other (Please describe)

40. What are some specific areas in which the hospital has experienced barriers to adopting CLAS Standards and would need assistance, such as resources or training?

o   Please describe. _____

References

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Maryland FQHC/PCMH CLAS Re-Assessment Tool

_____

1. **Do you have a senior level position dedicated to diversity and disparity issues in your organization?**
   - o   Yes
   - o   No
   - o   Not sure

2. **What strategies are currently used to ensure that the range and capacity of services at the practice site reflect the needs of the community?**
   - o   Community health needs assessment which include data on the race, ethnicity and language of the community
   - o   Cultural competence organizational assessment
   - o   Other internal assessments on the utilization and success of services
   - o   We do not currently have any strategies to ensure that the range and capacity of services at the practice site reflect the needs of the community
   - o   Other (please describe)

3. **In what ways does the community participate in determining the array of services and the manner in which services are delivered and evaluated?**
   - o   Community members hold positions on the board of directors.
   - o   Members of the community give input via surveys and questionnaires
   - o   Staff hold focus groups with members of the community
   - o   Leadership meets periodically with key leaders of the community and faith-based organizations
   - o   Community members serve on a patient and family advisory council/committee
   - o   The community does not currently participate in determining the array of services and the manner in which services are delivered and evaluated
   - o   Other (please describe)

4. **What strategies are used to <u>identify</u> potential barriers to service access and treatment adherence that may result from the effect of cultural, linguistic, and social determinant of health characteristics within the community (i.e. cultural differences in treatment seeking, limited health and behavioral literacy, limited English proficiency, transportation limitations)?**
   - Patient surveys
   - Internal assessment of patient service utilization
   - Internal assessment of patient visits due to lack of compliance with instructions
   - Assessment of patient no-show and cancellation rates
   - We do not currently have strategies to identify potential barriers to service access and treatment adherence
   - Other (please describe)

5. **What strategies are used to <u>address</u> the identified barriers to service access and treatment adherence?**
   - Training and differential pay to Qualified Bilingual Staff
   - Interpreter skills training for all staff
   - Cultural competency training for all staff
   - Development of a strategic plan that addresses identified barriers
   - Case management services
   - Use of community health workers
   - Use of care transition teams
   - Involvement of community members in planning and evaluating services
   - We do not currently have strategies to address potential barriers to service access and treatment adherence
   - Other (please describe)

6. **What strategies are used to assess patient health literacy?**
   - Formal health literacy tests (e.g., The Newest Vital Sign)
   - Patients are asked to repeat physician instructions in their own words
   - Medication reconciliation with the patient
   - We do not have strategies at this time for assessing a patient's health literacy.
   - Other (please describe)

7. **What tools do staff and/or clinicians use to help address health literacy needs?**
   - Patients are offered help in completing forms
   - All forms are simplified in easy-to-read formats, using clear language and non-medical terms when possible
   - All written instructions and health education materials are at a 5th-grade reading level or lower
   - Forms and health education materials are translated into the languages of the patient population
   - Instructions are reviewed with patients and checked to be sure that patients understand the information (i.e., teach-back method)
   - Members of the community are invited to serve on a patient and family education committee
   - We do not have tools to address health literacy needs at this time
   - Other (please describe)

8. **What strategies are used to ensure that the provision of services, verbal and written information (including signage), and educational materials are in the language(s) of the community being served?**
   - A language needs assessment is conducted in the community
   - Signage is posted in the major languages present in the community
   - Educational materials are available in the major languages present in the community
   - Patients are informed of their right to treatment in the language they are most proficient.
   - Interpreter services are available and patients are encouraged to ask for these services
   - A formal language services policy is in place
   - We do not currently have strategies to ensure materials are available in the language(s) of the community being served
   - Other (please describe)

9. **What methods are used to provide language interpretation to limited English proficient patients?**
   - o Chart flagging is used to identify patients that need interpreter services.
   - o Staff members have the capacity to provide services in the respective languages of our patients
   - o Contracts are established with onsite or telephonic interpreter service vendors
   - o Staff are trained in the use of interpreter services.
   - o Our telephone messaging service offers information in the respective languages of our patients
   - o We do not currently provide language services to our patients.
   - o Other (Please describe)

10. **Does your organization provide formal training in medical interpretation for staff with bilingual skills?**
    - o Yes
    - o No
    - o Not sure

11. **What policies are in place to ensure the <u>quality</u> of language interpretation to limited English proficient patients?**
    - o Use of interpreters certified by an independent authority (i.e., National Board of Certification for Medical Interpreters; Certification Commission for Healthcare Interpreters; Registry of Interpreters for the Deaf)
    - o Use of interpreters with local or state interpreter training (including Qualified Bilingual Staff training)
    - o Use of staff proficient in the primary language of the patient being served
    - o Use of family members with a higher level of English proficiency
    - o We do not have policies in place at this time.
    - o Other (Please describe)

12. What methods are used to inform patients of their right to receive language assistance services at no cost to the patient or family?
- o Information is provided verbally at the first contact with the patient
- o Information is provided verbally at every meeting with the patient
- o Information is provided in writing in the respective language of the patient
- o Information is posted at the facility
- o Information is disseminated via cultural brokers or community health workers
- o We do not currently inform patients of this right.
- o Other (Please describe)

13. What strategies are in place for continually assessing and improving patient and family-centered communication?
- o Patient surveys
- o Internal reviews
- o Reviews by a patient and family advisory council/committee
- o Reviews by external evaluators
- o We do not currently assess patient and family-centered communication
- o Other (please describe)

14. What particular strategies are in place to hire staff who reflect the diversity of the community being served (in terms of gender, race, ethnicity and linguistic capabilities)?
- o Tracking changes in the race and ethnicity of the workforce
- o Tracking racial and ethnic data on the population residing in the service area
- o Tracking data on the languages spoken by the population in the service area
- o Collaborations with local schools and community organizations to identify diverse candidates for vacancies
- o Advertisement of employment opportunities at community health fairs and in job boards, publications, and other media that target minority audiences
- o We do not currently have strategies in place to hire staff who reflect the diversity of the community
- o Other (please describe)

15. Are there any distinct staff recruitment initiatives that focus on hiring and retaining staff at all levels who are from the surrounding community?

- o Yes
- o No
- o Not sure

If yes, please describe.

16. What strategies are in place to help ensure that all staff members (both clinical and non-clinical) have the appropriate knowledge and skills to deliver services in a culturally competent manner?

- o Staff are required to complete cultural competency training
- o Staff are required to complete linguistic competency training
- o We have incentives for staff to complete cultural and linguistic competency training
- o Cultural and linguistic competence is a factor in staff evaluations
- o We budget money to train staff in cultural competency or to serve as medical interpreters
- o We do not currently have strategies in place to help ensure that all staff members have the appropriate knowledge and skills to deliver services in a culturally competent manner.
- o Other (Please describe)

17. Are incentives offered to help ensure that staff obtain knowledge and skills related to cultural competency?

- o No
- o Yes

If yes, Please describe: _____

18. What trainings, practices, protocols and policies have been put in place to support a culturally-competent workplace?
- o Cultural competency training
- o Diversity training
- o Qualified bilingual staff training
- o Title VI protocols
- o EEOC protocols
- o We do not have these trainings, practices, protocols or policies in place at this time
- o Other (Please describe)

19. In what ways do the organization's goals, policies, operational plans and management accountability mechanisms reflect the need to provide culturally and linguistically appropriate services?
- o Cultural competency is written into our organization's mission statement, goals and strategic plan.
- o The organization regularly assesses the cultural and linguistic competency of its staff and its policies
- o We provide patients with satisfaction surveys and encourage them to complete the forms.
- o Our organization's goals, policies, operational plans and management accountability mechanisms do not currently reflect the need to provide culturally and linguistically appropriate services
- o Other (please describe)

20. Has your organization previously conducted any organizational cultural competency assessments?
- o Yes
- o No
- o Not sure

If yes, how often are assessments conducted and which organizational cultural competency assessment tool was used?

_____

_____

21. In what ways has the organization created a physical environment that is representative of or accommodating to the cultures in the community being served?
- o Signage reflects the race, ethnicity and language of the population served
- o The physical environment of the organization has taken culture into account when designing and decorating the facility
- o The organization does not currently have a physical environment that is representative of or accommodating to the cultures in the community being served
- o Other (Please describe)

22. How accessible is the organization to public transportation and to persons with disabilities?

(1 – Inaccessible, 2 - Poorly accessible, 3 – Neither accessible nor inaccessible, 4 - Somewhat accessible,   5 - Easily accessible)

Public Transportation	1	2	3	4	5
Persons with disabilities	1	2	3	4	5

23. What strategies are being used to promote service utilization?
- o Appointment reminder calls
- o Walk-in or same-day appointments
- o Expanded service hours
- o Transportation assistance
- o Service delivery sites in a variety of community-based settings
- o Collaborations/partnerships with other service providers in the community
- o Case management services
- o Outreach at community events
- o We do not currently have strategies to promote service utilization
- o Other (Please describe)

24. What additional cultural healing traditions and informal community supports are used to enhance the comprehensiveness of services and improve patient satisfaction with the array of services provided?
- o Please describe: _____
- o Not Applicable

25. Is patient race data collected?

- o Yes
- o No
- o Not sure

26. Is patient race data available to the clinician during the patient encounter?

- o Yes
- o No
- o Not sure

27. Is patient ethnicity data collected (e.g. Hispanic/Latino)?

- o Yes
- o No
- o Not sure

28. If patient ethnicity data is collected, which ethnic categories are included as part of the standardized dataset?

- o Please describe: _____
- o Not Applicable

29. Is patient ethnicity data available to the clinician during the patient encounter?

- o Yes
- o No
- o Not sure

30. Is patient language data collected?

- o Yes
- o No
- o Not sure

31. Is patient language data available to the clinician during the patient encounter?

- o Yes
- o No
- o Not sure

32. Are clinical performance measures stratified by gender, race, ethnicity, and language?

	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Gender	☐	☐	☐
Race	☐	☐	☐
Ethnicity	☐	☐	☐
Language	☐	☐	☐

33. Is patient satisfaction or patient experience of care data collected?
- o Yes
- o No
- o Not sure

    If yes, which survey instruments or services are used to collect this data?

    _____

34. One example of a patient experience of care survey instrument is the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey. Does your organization administer the CAHPS survey?
- o Yes
- o No
- o Not sure

35. If CAHPS data is collected, are the following item sets included in the survey process:

	Yes	No	Not sure
o CAHPS Cultural Competence Item Set	☐	☐	☐
o CAHPS Health Literacy Item Set	☐	☐	☐
o Not Applicable			

36. What processes are used to ensure that a culturally and linguistically appropriate grievance or conflict policy is in place?

- o All staff members, volunteers, patients/consumers are informed of the grievance policy and process.
- o Training is provided to all new staff members on the grievance policy and process.
- o Patient/client and staff input is used to craft the grievance policy and process
- o Policies and processes address literacy, English ability, individuals with disabilities, and unfamiliarity or reluctance of some cultural groups to make formal complaints
- o The organization's data system has the capacity to document and track complaints, their status, and resolution for both patients/clients and staff
- o A cultural diversity liaison is in place to assist with patient or staff grievances
- o No grievance or conflict resolution processes are in place at this time.
- o Other (Please describe)

37. How does the organization communicate its dedication and progress in implementing and sustaining culturally and linguistically appropriate services to all stakeholders, constituents and the general public?

- o Printed materials about your cultural competence mission and services translated into various languages
- o A column in the local newspaper
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