CLAS Training

Facilitator's Guide
Session Four

Time: 90 minutes

Ideal Audience size: 12-30 participants

Materials:

▶ PowerPoint presentation

▶ Flip charts and markers or white boards

▶ National Standards for Culturally and Linguistically Appropriate Services, hand-out of 15 standards (1 per participant)

▶ [Handout: Health and Human Services Data Collection Standards](#) (1 per participant)

▶ Paper and pens

Learning objectives:

▶ List the steps in a quality improvement process.

▶ Identify two ways to reduce barriers to data collection.

▶ Explain how partnering with the community you serve can improve the effectiveness of your services.

Example commentary for select slides – Adapt to audience

[INTRODUCTION]

About this training: This training is brought to you by the Governor's Interagency Council on Health Disparities. The council was established by the Washington State Legislature in 2006. They are charged with creating a state policy action plan to eliminate health disparities by race/ethnicity and gender

[SLIDES 3-9]

CLAS should be a core element in the organization's identify, mission, and strategic plan.

Activity: I'm going to ask you a couple of questions. Raise your right hand if you agree, raise your left hand if you don't agree, or raise both if you are unsure.

1) Do you think your work here at [NAME OF ORGANIZATION] affects people's health and well being?

2) Do you think that every single position [NAME OF ORGANIZATION] contributes to the quality of services and people's health?

Everyone at [NAME OF ORGANIZATION] contributes to the quality of services provided and health outcomes of the population served. So, we can say that culturally and linguistically appropriate services should be embedded throughout all levels of the agency/organization.

Health and health careorganizations should incorporate CLAS goals, policies, and accountability procedures at all levels by making them key aspects of the organization's planning and operations.

CLAS should be a core element in the organization/agency's policies and workforce training.

CLAS should be a core element in the organization/agency's operation principles, service focus, and quality improvement practices.

CLAS should be a core element in the organization/agency's budget, even in times of budgetary constraints.

CLAS should be a core element in the organization/agency's program priorities.

To provide culturally and linguistically appropriate services, it takes the whole organization or agency. These services need to be embedded throughout all levels of the organization. This takes a diagonal approach: Top-down, bottom-up, and horizontally.

[SLIDE 12]

The organizational assessment is the initial step in the continuous quality improvement process. It examines factors that might enable or impede a service delivery system's effectiveness and performance. It is essential for planning, implementing, and evaluating the quality of any kind of service, including CLAS.

This process is meant to be a continual loop. You don't just do one quality improvement process. You constantly identify new things or processes that can be improved.

 [SLIDE 14]

- Provide individuals with CLAS-oriented feedback forms and include self-addressed, stamped envelopes.
- Conduct focus groups with individuals to monitor progress and identify barriers to full-scale CLAS implementation.
- Assess the standard of care provided for various chronic conditions to determine whether services are uniformly provided across cultural groups.
- Add CLAS-related questions to staff orientation materials and annual reviews.

- Develop a system of reviewing and incorporating feedback and suggestions received and for monitoring their effect on CLAS implementation and outcomes.
- Identify outcome goals, including metrics, regarding cultural and linguistic competency and assess at regular intervals.

[SLIDE 17]

1. **Know who you serve:** To accurately identify population groups within a service area.
2. **Monitor need, access, use, quality, outcomes:** To monitor individual needs, access, utilization, quality of care, and outcome patterns.
   - Use: Organizations or agencies may use demographic data to determine trends in service access and use. Bringing CLAS full circle, this information could then be used to make staffing decisions and decisions about the need for additional language assistance resources.
3. **Equal resources:** To ensure equal allocation of organizational resources**.**
4. **Service planning:** To improve service planning to enhance access and coordination of care.
5. **Assess equitable provision of services**: To assess and improve to what extent health care services are provided equitably.

Other reasons:
- Meet state and federal reporting requirements being implemented under health reform
- To establish the foundation for cultural and linguistic competency
- To become more responsive to cultural preferences
- To tailor services to diverse needs
- To use resources more cost effectively
- To become more competitive in the market place

[SLIDE 18]

Handout: HHS Data Collection Standards
- Please take a look at this handout. The U.S. Department of Health and Human Services released implementation guidance for the collection of race, ethnicity, sex, primary language, and disability status. The purpose of this guidance was to create a set of uniform data collection standards for inclusion in population-health surveys conducted by the HHS. This is required by Section 4302 of the Affordable Care Act.

[SLIDES 19-20]

Discussion: Why do you think some individuals may be hesitant to provide personal information?

Barriers

- Individuals may be hesitant to provide personal information due to concerns about privacy or fear of negative reprisals.
- Belief that self-identification will result in receiving disparate services based on their answers.
- Worry about being asked to pay higher insurance premiums based on answer.

Implementation strategies
- Organizations and providers could de-identify the data or use codes for data such as race and ethnicity information, which would not be linked to individuals' names. These de-identified data could then be analyzed and reported in aggregate to monitor disparities and measure outcomes.
- Organizations could clarify the purpose of the data to staff and specify which staff members may have access to the data.
- Organizations should also ensure that all staff members with data access regularly receive training on client record confidentiality.

Implementation strategies to gather data
- Before obtaining information, develop a script to communicate that:
  - This information is important.
  - It will be used to improve care and services and to prevent discrimination.
  - This information will be kept confidential or anonymous.
- Ask for data early—ideally, during admission or registration.
- Address any concerns that your customer or patient may have up front and clearly. Remember that the individual always has the right to withhold the data. Data collection should not be the detriment of the relationship between the individual and the organization, agency or provider.
- Collect your data by allowing individuals to self-report, i.e. select their own, race, ethnicity, language, etc. Observational/visual methods are not reliable.
- Use a consistent, uniform collection method or instrument. Again, this will improve the reliability of the data.

[SLIDE 21]

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 the population.

Purpose:
- To determine the service assets and needs of the populations in the service areas (needs assessment)

- To identify all of the services available and not available to the populations in the service areas (resource inventory and gaps analysis)
- To determine what service to provide and how to implement them, based on the results of the community assessment
- To ensure that health and healthcare organizations obtain demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative) and update the data regularly to better understand the populations in their service areas

[SLIDE 23]

Community needs assessments are currently used in various areas of public and community health.

The cultural knowledge can help organizations:
- Better utilize community assets.
- Adapt existing services to better meet community needs.
- Understand their community.
- Identify individuals from the populations in the service area that may need tailored interventions.
- Define dynamics of difference between organizations and populations they serve—especially those involving health beliefs, attitudes toward health and healthcare, and perceptions of effective health communication.
- Avoid duplication in the creation or promotion of services.
- Develop services to address unmet needs.
- Provide framework within which services can be evaluated.
- Establish partnerships with stakeholders.

The Community Needs Assessment includes three parts: Needs assessment, resource inventory and gaps analysis:
- The Community Needs Assessment is just the first step in a comprehensive effort to engage local communities in organizational planning and operations.
- Data and information can be used to develop a comprehensive profile of the populations in the service area, which could have significant demographic and epidemiological value.
- Such a profile would help organizations, providers, and policy makers develop appropriate services and evaluate access to and utilization of those services over time.
- In addition, data from this profile could be used to generate more specific profiles (e.g. linguistic or geographic profiles) that could be used to inform targeted service development and service delivery plans.

[SLIDE 26]

- Community partnerships are an essential component in the provision of cultural and linguistic competency.
- Only through meaningful community partnerships can an organization truly understand the individual needs of the diverse population it serves, appropriately allocate resources, and develop a system that provides culturally and linguistically appropriate care and services.
- Community engagement has been found to be strongly correlated with higher patient-reported quality of care and trust.

[SLIDE 27]
- Cultural brokers are individuals from the community who can serve as a bridge between an organization and people of different cultural backgrounds. They create this bridge through their understanding of both cultures.
- They should be familiar with the health system and with the community in which they represent. Cultural brokers are not exclusive to the health field. Other social and community services can benefit from cultural brokering to better reach their customers.
- They can become a valuable source of cultural information and serve as mediators in conflicts and as agents for change.

[SLIDE 28]
- CHWs are volunteer community members and paid front-line public health workers who are trusted members of the community served or have an understanding of that community.
- They generally share the ethnicity, language, socio-economic status, and life experiences of the community members.
- These social attributes and trusting relationships enable community health workers to serve as liaisons, links, or intermediaries between health and social services and the community to facilitate access to and enrollment in services.
- They are likely to have more formal training or a certificate than a cultural broker. Their training includes building knowledge of existing services in their community and technical health knowledge. They can provide direct services like informal counseling, care coordination, or help with health services enrollment.

Both CHWs and cultural brokers can help facilitate communication between an organization and the community it serves.

- They can have many things in common: training in communication, advocacy, dual-language skills, and mediation skills. They know how to provide culturally and linguistically appropriate health education.

[SLIDE 31]

Purpose: To create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

This is achieved by:
- Facilitating open and transparent two-way communication and feedback mechanisms between individuals and organizations.
- Anticipating, identifying, and responding to cross-cultural needs.
- Meeting federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures.

[SLIDE 32]

Access to quality health care remains suboptimal, particularly for minority and low-income groups. One contributing factor to health disparities is the existence of discriminatory, inequitable practice. Culturally and linguistically appropriate conflict and grievance resolution processes address the discrimination and unfair treatment of diverse populations.

Discrimination based on race, ethnicity, sex, age, socioeconomic status, sexual orientation, gender identity, and other characteristics impede the provision of quality care and services.

[SLIDE 33]

Organizations should anticipate and be responsive to differences that arise between individuals and the organization and its staff. It is inevitable that individuals will have conflicts and grievances. Staff should be trained to recognize and prevent these. The organization should have a method through which individuals can provide feedback.

Ideally, we'd like to assume that a lack of conflict and complaints means that our customers are 100% satisfied with our services provided. If the process to file a complaint isn't easy to understand or isn't culturally relevant, agencies and organizations may be missing important feedback.

For example, an agency can translate their complaint form, which is a good first step. But if the form is buried in an English-only website, we couldn't say that non-English speakers truly have equitable access to filing a complaint.

This is also important to consider on a more programmatic level. There are many things agencies and organizations need to solicit feedback for—from formal compliant processes to program-level practices. In all cases, the most important thing is that communication is transparent, two-way, and responsive to language and culture.

[SLIDE 35]

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

Purpose:
- To convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards
- To learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards
- To build and sustain communication on CLAS priorities and foster trust between the community and the service setting
- To meet reporting requirements, including accountability for meeting healthcare objectives in addressing the needs of diverse individuals or groups

[SLIDE 37]

In this first scenario: The Somali community is experiencing what we just read about, but the organizations in the community are still not making any effort to improve accessibility while asking for free help from some community members. Overtime, this could result in distrust of these organizations.

In the second scenario: The organizations decide to invest in staff, interpretation services and translation services to better meet the needs of the Somali community. But they don't tell anyone in the community about this. So, without knowing that these organizations have made any changes, the community feels the same about the organizations as before.

In this third scenario, we see what happens when the organization fulfills CLAS Standard #15.