# BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES

# A Practical Guide to Implementing the National CLAS Standards:

## For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities

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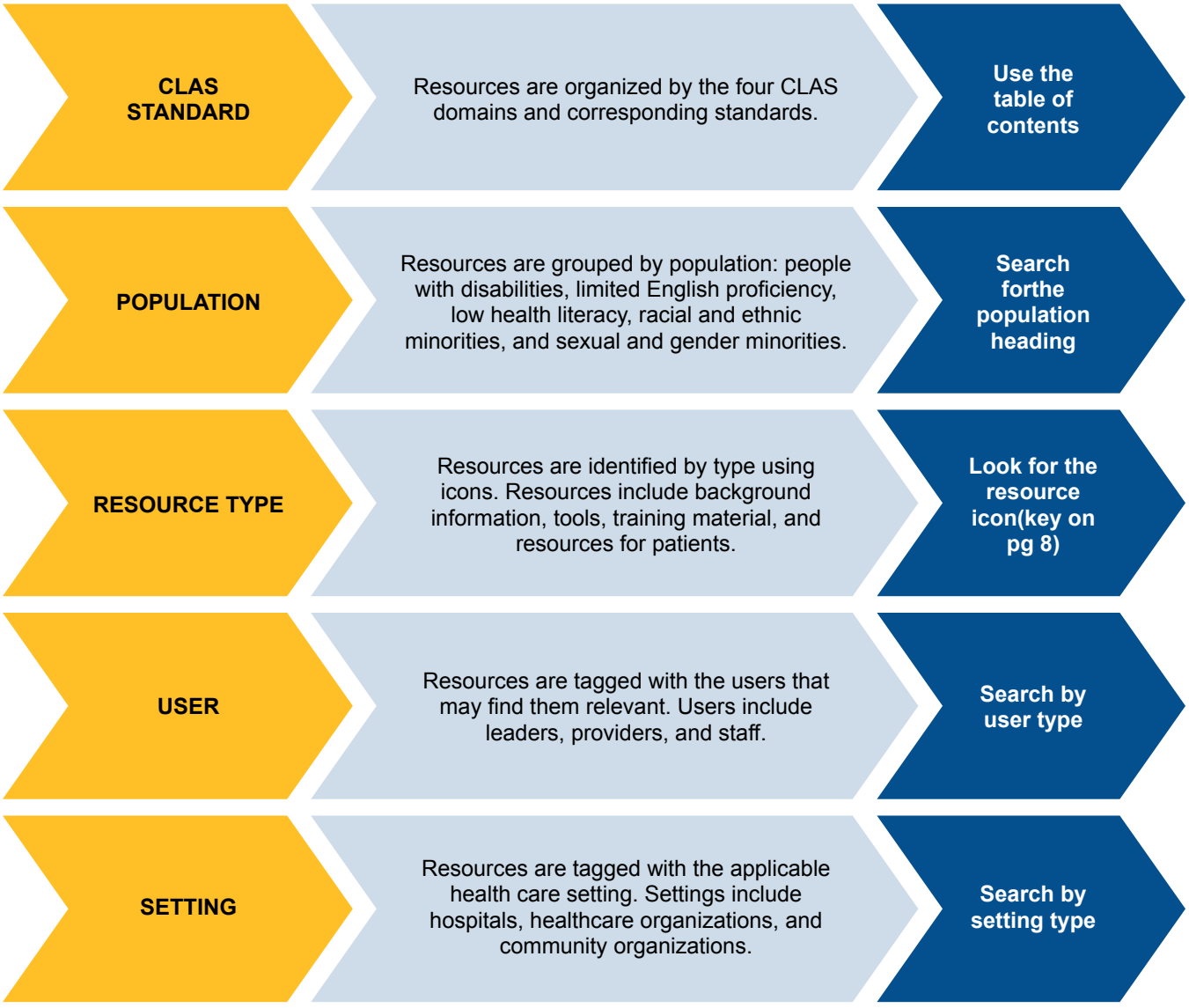
## QUICK GUIDE

*Ready to get started?* Use the quick start guides below to find the resources you are looking for. You can find resources that address each of the National CLAS Standards or search by population, type of resource, user or setting.




*Still need more information?* We provide detailed information on this toolkit, how it is organized and how to navigate it in the Introduction.

## INTRODUCTION

### BACKGROUND

Despite decades of attention and awareness, health care disparities persist across the United States. Racial and ethnic minorities, people with limited English proficiency (LEP) and low health literacy, sexual and gender minorities and people with disabilities experience worse health outcomes, decreased access to health care services and lower quality care than the general population. The vision of the CMS OMH (Centers for Medicare & Medicaid Services Office of Minority Health) is to eliminate disparities in health care quality and access through the development, implementation and evaluation of programs and policies that incorporate the needs and voices of the populations they serve. Under a contract with CMS OMH, NCQA developed *A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities* (toolkit).

The provision of culturally and linguistically appropriate services (CLAS) is important for combating disparities. In 2000, the U.S. Department of Health and Human Services Office of Minority Health promulgated the National CLAS Standards, and in 2013 released the enhanced National CLAS Standards to guide health and health care organizations in their efforts to ensure health equity. The National CLAS Standards describe a framework to deliver services that are culturally and linguistically appropriate and respectful, and that respond to patients' cultural health beliefs, preferences and communication needs. Standards can be employed by all members of a health care organization, state or community.

### PURPOSE

The purpose of this toolkit is to enable organizations to implement the National CLAS Standards and improve health equity. It is organized according to the enhanced National CLAS Standards, and provides practical tools and examples of CLAS, in addition to efforts to implement the National CLAS Standards that can be adapted for use by health care organizations. It is intended for organizations that have already decided to pursue CLAS, to improve equity and eliminate health care disparities; it is not a decision guide about whether to implement National CLAS Standards.

### INTENDED AUDIENCE

This toolkit is designed for use by health care organizations, including health plans, provider practices and hospitals, states and communities, that have decided to improve health equity and implement the National CLAS Standards. Although many of its resources were designed for a specific user or setting, such as a hospital leader, they be used or adapted to other users and settings. In these cases, we have identified all relevant users and the settings. Resources are targeted to various minority and disadvantaged populations, including racial and ethnic minorities, and to linguistic minorities, people with low health literacy, sexual and gender minorities and people with disabilities. They include organizational policies focused on the provision of CLAS, practical tools for use by organizations and providers, training and educational resources for organizational governance, leadership and providers, assessment tools to gauge cultural competence and examples of programs designed to provide culturally competent and person-centered care. The toolkit includes the following types of resources related to CLAS: 1) resources on how to implement CLAS; and 2) practical tools that directly support implementation of CLAS (e.g., training for staff, patient materials), denoted by the icons below.

Two additional resource compilations are being developed with funding from CMS OMH. L&M Policy Research is developing a compendium of resources for practices, organizations, hospitals, states and communities with little or no experience in developing CLAS, designed to help these entities develop a business case for and integrate health equity into their organizations. The National Opinion Research Center (NORC) at the University of Chicago is also developing a collection of resources for organizations that focuses on health equity, data collection and data stratification based on race and ethnicity. The L&M and NORC toolkits complement this toolkit and can be used in tandem to implement CLAS.

## HOW TO USE THE TOOLKIT

Resources included in this toolkit are organized in a table to highlight how they relate to each domain and standard of the National CLAS Standards. Regarding the toolkit's organization:

- The toolkit is divided into four chapters that follow the organization of the National CLAS Standards:
  1. Principal Standard
  2. Governance, Leadership and Workforce
  3. Communication and Language Assistance
  4. Engagement, Continuous Improvement and Accountability

- Relevant tools and resources are listed in each section, with brief descriptions of the resources. They are organized by:
  - the resource type (e.g., background information or training material)
  - the population the resource is relevant to (e.g., sexual and gender minority, people with disabilities, racial/ethnic minority)
  - and each is tagged with a "user" and "setting" to indicate for whom and in what setting the resource is applicable

- Appendix 1 contains resources dated prior to 2005.

- Appendix 2 contains a list of organizations that advocate on behalf of, or provide additional resources or services to improve health equity for each population. Each entry includes a brief description of the organization and resources that can be found on its Web site. In a few cases, the appendix lists published literature applicable to a population, but that require journal access and are not free. The appendix listings are arranged by population.

- Some resources are listed in multiple sections.

The resources in this toolkit were current at the time they were selected for inclusion. The content was reviewed by an expert panel to ensure relevance and importance. However, the resources were compiled from a variety of sources and we make no representation or warranty regarding the availability, completeness, quality, or adequacy of the resources.

## NAVIGATING THIS TOOLKIT

The toolkit can be navigated in multiple ways. The following table gives tips for reviewing or searching for resources.

| | What are these? | How to search: |
|---|---|---|
| **CLAS Standard** | There are four themes of the National CLAS Standards; each chapter addresses a theme:<br>1. Principal Standard;<br>2. Governance, Leadership and Workforce;<br>3. Communication and Language Assistance;<br>4. Engagement, Continuous Improvement and Accountability<br>Relevant National CLAS Standards are listed at the start of each chapter. Each chapter is subdivided into topics that align with the individual standards in that chapter and resources are organized by topic within each domain. | Users can search for resources that relate to each National CLAS standard by going to the appropriate chapter. |
| **Resource Type** | Resources are identified by type to help users identify how the resource may be used.<br>The types of resources include:<br>• Background information.<br>• Practical tools to guide provision of CLAS.<br>• Training material for leadership and staff.<br>• Tools for assessment or measurement.<br>• Resources to share with patients.<br>• Examples of organizations intervening to improve provision of CLAS.<br>Every resource type is easily identified using the resource type icon. The icon key is listed after this table. | Users who want to identify resources by type can:<br>1. Use the resource type icon.<br>2. Search for the resource type keyword.<br>3. Consult the index at the end of this toolkit that identifies all resource by type. |
| **Population** | The population is the group or subject targeted by the resource.<br>Resources are further grouped under 5 populations that have been identified as more likely to experience disparities in care:<br>• People with disabilities.<br>• People with limited English proficiency.<br>• People with low health literacy.<br>• Racial/ ethnic minorities.<br>• Sexual and gender minorities.<br>We indicate when resources address the provision of CLAS generally or across populations, using the heading “All populations.” | Users who want to identify resource relevant to a specific population can:<br>1. Use the population heading to identify the population.<br>2. Search for population keyword.<br>3. Consult the index at the end of this toolkit that identifies all resources relevant to a population. |
| **User** | The user indicates which type of professionals may find these resources relevant.<br>Every resource is tagged with a user, which include:<br>1. Leader:<br>• Organizational management or anyone with strategic position interested in improving disparities in a health care organization, medical directors, quality directors, diversity coordinators, healthy equity council members, etc.<br>2. Provider:<br>• Physicians, nurses, all clinical staff who interact with the patient, medical students<br>3. Staff:<br>• Nonclinical administrative staff, interpreters, customer service staff, etc. | Users can identify the audience of interest using the icon, or they can search the toolkit using the audience keyword.<br>Tip: Use “User” and “Setting” (see below) tags together. For example, a health plan quality director would want to look for resources tagged Leader and Health care organization. |

| | What are these? | How to search: |
|---|---|---|
| **Setting** | The setting indicates type of health care environment to which resources are relevant, even if the title of the resource is specific to a setting:<br>1. Hospital<br>2. Health care organization (e.g., clinic, practice, ancillary services, integrated delivery organization, health plan)<br>3. Community organization: Health care oriented but not providing clinical services<br>Every resource is tagged for the setting. | Users can identify the setting using the icon or can search the toolkit using the setting keyword.<br>Tip: Use "User" and "Setting" (see below) tags together. For example, a health plan quality director would want to look for resources tagged Leader and Health care organization. |

## RESOURCE ICON KEY

Resources are identified by type to guide users and highlight how they may be used. The key below displays the icon and a description of each type of resource.

| Icon | Type of Resource | Description |
|---|---|---|
| | Background information | Background information is not a "tool" that can be adopted for use. Rather, it comprises information about the related topic and population. |
| | Practical tool | Tools that are easy to use and implement by providers and organizations. They include items "to-do" lists, questions to ask and/or forms that can be filled in and customized to an organization. |
| | Training material | Curricula, training materials or Webinars for organizational leadership and management, providers and staff. |
| | Assessment or measurement tool | Tools to gauge how well an organization performs on CLAS-related strategies. |
| | Resource to share with patients | Patient-education or -engagement materials. |

# 1.

## Principal Standard

**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.**

**Chapter Section:**

**Effective, equitable, understandable, and respectful quality care and services**

## EFFECTIVE, EQUITABLE, UNDERSTANDABLE, AND RESPECTFUL QUALITY CARE AND SERVICES

| Background Information | People with Disabilities |
|---|---|
| | **Resources for Integrated Care (2013)—<br>Disability-Competent Care - What Is It And Why Is It Important? (Webinar)**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br><br>• The objective of this Webinar is to introduce the Disability-Competent Care (DCC) model by:<br>– Understanding the population of persons living with disabilities—incidence, population subsets and disparities<br>– Understanding what it means to be disability-competent<br>– Introducing the building blocks of the disability-competent model of care<br>– Understanding the scope of the dysfunction of the health care delivery system experienced by persons with disabilities<br>– Making the DCC model financially viable by focusing on the Triple Aim.<br><br>**Independence Care System – New York Lawyers for the Public Interest (2012)—<br>Breaking Down Barriers, Breaking the Silence: Making Health Care Accessible for Women with Disabilities**<br><br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br><br>• Breaking Down Barriers, Breaking the Silence reports on a number of current issues in health care access for women with disabilities such as the costs of care, legal frameworks for providing health care access, and common barriers to access. The report also provides a list of recommendations to medical providers and policymakers.<br><br>**World Health Organization (2011)—World Report on Disability**<br><br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The report provides evidence about what works to overcome barriers to health care, rehabilitation, education, employment and support services, and to create the environments that will enable people with disabilities to flourish. The report ends with a concrete set of recommended actions for governments and their partners. |
| | **Low Health Literacy** |
| | **Institute of Medicine (2014)—Health Literacy and Numeracy - Workshop Summary**<br><br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br><br>• The Health Literacy and Numeracy—Workshop Summary discusses a number of topics related to numeracy, including the effects of ill health on cognitive capacity, issues with communication of health information to the public and communicating numeric information for decision making. The chapters included in this report are: 1) Overview of numeracy; 2) Numeracy demands, assumptions, and challenges for consumers; 3) Numeracy demands, assumptions, and challenges for communicators; and 4) Strategies for effective communication.<br><br>**Institute of Medicine (2009)—Toward Health Equity and Patient-Centeredness: Integrating Health Literacy, Disparities Reduction, and Quality Improvement. Workshop Summary**<br><br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br><br>• The workshop summary, Toward Health Equity and Patient-Centeredness: Integrating Health Literacy, Disparities Reduction, and Quality Improvement, explores how equity in care delivered and a focus on patients could be improved through concentration on eliminating health disparities and addressing issues of health literacy. The summary report includes the following chapters: 1) Opportunity at the intersection of quality improvement, disparities reductions, and health literacy; 2) Building the foundation for integrating health literacy, disparities reductions, and quality improvement in health and health care; and 3) Integration at the practitioner level, as well as breakout groups and policy issues. |

## EFFECTIVE, EQUITABLE, UNDERSTANDABLE, AND RESPECTFUL QUALITY CARE AND SERVICES

| Background Information | Racial and Ethnic Minorities |
|---|---|
| | **Department of Health and Human Services (2011)—**<br>**HHS Action Plan to Reduce Racial and Ethnic Health Disparities**<br><br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The HHS Action Plan to Reduce Racial and Ethnic Disparities provides a summary of ethnic and racial health disparities. The Action Plan commits HHS to the continuing assessment of programs' impact on racial and ethnic health disparities. In concert with the 2011 National Partnership for Action's (NPA) Stakeholder Strategy, the plan provides a national roadmap for public and private leadership and partners.<br><br>**Institute of Medicine (2008)—**<br>**Challenges and Successes in Reducing Health Disparities. Workshop Summary**<br><br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The report provides a summary of the Roundtable on Health Disparities that had the following goals:<br><br>1) Increase the visibility of racial and ethnic health disparities as a national problem; 2) Further the development of programs and strategies to reduce disparities; 3) Foster the emergence of leadership on this issue; 4) Track promising activities and developments in health care that could lead to dramatically reducing or eliminating disparities. The report includes chapters on the impact of geography on health disparities, clinical and community development approaches and successful strategies to reduce disparities. It also includes a section, "Community Approaches to Addressing Health Disparities" which may be relevant to users. |
| | **Sexual and Gender Minorities** |
| | **Substance Abuse and Mental Health Services Administration (SAMHSA) (2012)—**<br>**Top Health Issues for LGBT Populations Information & Resource Kit**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The Top Health Issues for LGBT Populations Information & Resource Kit targets organizations and individuals that serve LGBT populations, and provides an overview of current health issues among LGBT populations. The kit includes a list of terms and definitions specific to gender identity and gender expression, and to sexual identity and sexual orientation.<br><br>**Institute of Medicine (2011)—**<br>**The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding, evaluates the health status of lesbian, gay, bisexual, and transgender populations, identifies research gaps and opportunities and outlines a research agenda. The report includes the following chapters: context for LGBT Health Status in the United States; conducting research on the health status of LGBT populations; health issues by age; and recommendations for improving LGBT health.<br><br>**The Joint Commission (2011)—Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The LGBT Field Guide serves as an organizational self-assessment tool and educational resource for hospitals and health care organizations to address the needs of LGBT patients and families. Each chapter contains both recommended issues to address and practice examples; the appendices include educational information on applicable Joint Commission standards; current laws, regulations, executive materials and a resource guide. |

# 2.

## Governance, Leadership, and Workforce

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

**Chapter Sections:**

- **Organizational governance and leadership to promote CLAS and health equity**
- **Recruitment of culturally and linguistically competent leadership and workforce**
- **Training and education for culturally and linguistically competent governance, leadership and workforce**

## ORGANIZATIONAL GOVERNANCE AND LEADERSHIP TO PROMOTE CLAS AND HEALTH EQUITY

| Background Information | All Populations |
|---|---|
| | **The Disparities Solution Center (2008)—**<br>**Improving Quality and Achieving Equity: A Guide for Hospital Leaders**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• Improving Quality and Achieving Equity: A Guide for Hospital Leaders is based on three goals: (1) Present the evidence for racial and ethnic disparities in health care and provide the rationale for addressing them with a focus on quality, cost risk management and accreditation; (2) Highlight model practices, hospitals and leaders who are actively engaged in addressing disparities and achieving equity; and (3) Recommend a set of activities and resources that can help hospital leaders initiate an agenda for action in this area. The Guide includes a recommendations checklist to direct hospital leaders on developing systems to improve quality, address disparities and achieve equity. |
| | **Low health literacy** |
| | **Institute of Medicine (2014)—Ten Attributes of Health Literate Health Care Organizations**<br><br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• This paper presents 10 attributes that exemplify a health literate health care organization. Each attribute includes a brief explanation of the meaning of and basis for the attribute and a set of implementation strategies for achieving the attribute. |
| **Practical Tool** | **Low health literacy** |
| | **Unity Point Health (2014)—**<br>**Building Health Literate Organizations: A Guidebook to Achieving Organizational Change**<br><br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• This guidebook will help health care organizations of any size engage in organizational change to become health literate. It complements many excellent health literacy resources and includes background, resources, examples and lessons learned. |

## ORGANIZATIONAL GOVERNANCE AND LEADERSHIP TO PROMOTE CLAS AND HEALTH EQUITY

| Practical Tool | Sexual and gender minorities |
|---|---|
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (2015)— Ten Things: Creating Inclusive Health Care Environments for LGBT People (Webinar)**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• Ten Things: Creating Inclusive Health Care Environments for LGBT People provides 10 recommendations on what health centers and health care organizations can do to achieve a more inclusive and affirming health care environment. This resource is also available as a 1-hour Webinar that reviews the same content as the PDF, and requires registration but is free.<br><br>**SAGE's National Resource Center on LGBT Aging (2011)— Inclusive Services for LGBT Older Adults: A practical guide to creating welcoming agencies**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• This publication helps answer the question, "How can our mainstream aging organization provide inclusive and welcoming services to older lesbian, gay, bisexual and transgender adults?" Written with suggestions, tips and practical ideas from mainstream aging providers in the field, along with SAGE and the National Resource Center on LGBT Aging's partners. |
| **Training Material** | **Sexual and gender minorities** |
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (2012)— Addressing the Needs of LGBT People in Community Health Centers: What the Governing Board Needs to Know**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• This brochure offers governing board members an introduction to LGBT people and their health needs, and what health centers can do to support them.<br><br>**SAGE's National Resource Center on LGBT Aging (no date, n.d.)— Building Respect for Older LGBT Adults Learning Modules and Supplemental information for Staff (Webinars)**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The tool is intended for long-term care and other aging service providers as an introduction to LGBT aging. The tool requires registration, but is free of charge. This tool includes 6 modules:<br>– Module 1: Introduction to the issues facing LGBT older adults<br>– Module 2: Simple steps and ideas you can implement right away to create a more welcoming environment for LGBT older adults<br>– Module 3: Scenarios that staff in long-term care facilities might encounter when working with LGBT residents, some of which may also arise in non-residential settings<br>– Module 4: The Federal Nursing Home Reform Act (FNHRA) that details the rights of all long-term care residents and protects them from discrimination<br>– Module 5: A glimpse at an in-person cultural competency training offered through SAGE's National Resource Center on LGBT Aging<br>– Module 6: Making a difference<br>This supplemental information document, intended as a companion piece to the online learning tool, offers additional information and ideas for service providers in nonresidential settings to adapt the information in each module. |

## ORGANIZATIONAL GOVERNANCE AND LEADERSHIP TO PROMOTE CLAS AND HEALTH EQUITY

| Assessment or Measurement Tool | Racial and ethnic minorities |
|---|---|
| | **See Appendix 1 for additional resource(s) dated prior to 2005.** |

**Exemplar**

### ALL POPULATIONS

**The Disparities Solution Center (2014)—The Disparities Solutions Center Annual Report 2012-2013**

**User:** Leader
**Setting:** Hospital, Health care organization, Community organizations

- The Disparities Solutions Center Annual Report reports on its significant accomplishments in 2012-2013 which include: (1) conducting their seventh Disparities Leadership Program, (2) developing tools to help identify and address medical errors affecting hospitalized limited-English proficient patients, (3) leading several national Web seminars on prominent and timely topics in collaboration with the Health Research and Educational Trust of the American Hospital Association; (4) publishing twelve papers in national and international journals, (5) continuing our local portfolio of programs that includes the Racial and Ethnic Disparities Keeping Current Seminar Series and the Stand Against Racism event.

## RECRUITMENT OF CULTURALLY AND LINGUISTICALLY COMPETENT LEADERSHIP AND WORKFORCE

| Background Information | All populations |
|---|---|
| | **Institute for Diversity (an affiliate of the American Hospital Association) (2015)—Equity of Care: A Toolkit for Eliminating Health Care Disparities**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• This toolkit for improving health equity provides information and resources in three areas:<br>– Collection and use of race, ethnicity and language preference (REAL) data.<br>– Cultural competency training.<br>– Diversity at the leadership and governance levels. |
| **Practical Tool** | **All populations** |
| | **Institute for Diversity in Health Management (n.d.)—Summer Enrichment Program (SEP)**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Summer Enrichment Program (SEP) is an enhanced, 10-week internship program that gives real-world work experience to minority, MHA graduate students through paid internship in a hospital or health care facility. Health care organizations can take advantage of programs like the SEP as a pipeline for developing diverse talent. Interns bring skills, knowledge and enthusiasm to host sites and can tackle meaningful work, during their stay. Since 1994, more than 1,100 students have successfully completed the SEP program, offered annually. Organizations interested in this program should contact The Institute for Diversity directly. |

**Exemplar**

### ALL POPULATIONS

**American Hospital Association (2015)—Diversity in Health Care: Examples from the Field**

**User:** Leader
**Setting:** Hospital

• The Diversity in Health Care: Examples from the Field Web site provides a collection of case studies from the field that focus on six diversity initiatives implemented at hospitals across the country. It requires registration to download, but is free of charge.

## TRAINING AND EDUCATION FOR CULTURALLY AND LINGUISTICALLY COMPETENT GOVERNANCE, LEADERSHIP AND WORKFORCE

| Practical Tool | All populations |
|---|---|

**The Joint Commission (2010)—Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals**

**User:** Leader, Provider
**Setting:** Hospital, Health care organization, Community organization

- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals guides and provides suggestions for hospitals on how to integrate concepts from communication, cultural competence and patient- and family-centered care into their organizations. The document covers a breadth of information for hospitals and contains references to practical tools, some of which may also be relevant to physicians. It provides methods for hospitals to begin or improve efforts to ensure that all patients receive the same high-quality care. Each chapter includes a checklist of recommended issues guided by an expert advisory panel.

### People with disabilities

**United Spinal Association (2015)—Disability Etiquette: Tips on Interacting with People with Disabilities**

**User:** Leader
**Setting:** Hospital, Health care organization, Community organization

- The Disability Etiquette guides people on how to interact more effectively with people with disabilities

**U.S. Department of Health & Human Services (n.d.)—Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities**

**User:** Leader
**Setting:** Hospital, Health care organization, Community organization

- HHS created an example of an organizational policy that outlines the procedure for providing aid to persons with disabilities. The example allows organizations to update the policy with the name of their group and sections that are relevant to their organization

### Sexual and gender minorities

**Substance Abuse and Mental Health Services Administration (SAMHSA) (2014)—A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children**

**User:** Provider
**Setting:** Health care organization, Community organization

- This resource guide was developed to help practitioners understand the critical role of family and caregiver acceptance and rejection in contributing to the health and well-being of adolescents who identify as LGBT. Includes practitioners who work in primary care, behavioral health, school based services, family service agencies, homeless and runaway programs, and foster care and juvenile justice settings.

**National LGBT Health Education Center (A Program of The Fenway Institute) (2014)—Providing Welcoming Services and Care for LGBT People: A Learning Guide for Health Care Staff**

**User:** Provider, Staff
**Setting:** Health care organization, Community organization

- This learning guide provides background information on LGBT people and their health needs, plus tips and strategies to improve communication and create a welcoming environment, and helpful resources, a glossary of terms and additional information about care for LGBT people. Includes suggestions for training and orienting staff and case examples.

**National LGBT Health Education Center (A Program of The Fenway Institute) (2013)— Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff**

**User:** Provider, Staff
**Setting:** Health care organization, Community organization

- Best Practices provides background information on transgender people and their health needs, and tips and strategies to improve communication and create a more affirming environment.

**The Joint Commission (2011)—Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide**

**User:** Leader, Provider, Staff
**Setting:** Hospital, Health care organization, Community organization

- The LGBT Field Guide serves as a self-assessment tool and educational resource for hospitals and health care organizations to address the needs of LGBT patients and families. Each chapter contains both recommended issues to address and practice examples; the appendices include information on applicable Joint Commission standards; current laws, regulations, executive materials and a resource guide.

## TRAINING AND EDUCATION FOR CULTURALLY AND LINGUISTICALLY COMPETENT GOVERNANCE, LEADERSHIP AND WORKFORCE

| Training Material | All populations |
|---|---|
| | **Cigna (2014)—Close the Cultural Divide: Learn steps in bridging the cultural divide between patients and health care professionals (Webinar)**<br><br>**User:** Provider<br>**Setting:** Health care organization<br><br>• This free 30-minute Webinar offers strategies for helping culturally diverse patients adhere to medications. Registration is not required to view the Webinar.<br><br>**Think Cultural Health Clearinghouse (2013)—A Physician's Practical Guide to Culturally Competent Care**<br><br>**User:** Provider<br>**Setting:** Health care organization<br><br>• A Physician's Practical Guide to Culturally Competent Care is a self-directed training course designed for physicians, physician assistants and nurse practitioners. With growing awareness of racial and ethnic disparities in health and about the need for health care systems to accommodate increasingly diverse patient populations, cultural competence has become a matter of national concern. This e-learning program will equip health care providers with competencies for treating an increasingly diverse U.S. population. It requires registration, but is free of charge.<br><br>**Think Cultural Health, DHHS (n.d.)—Advance Health Equity at Every Point of Contact**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The Advance Health Equity at Every Point of Contact includes multiple continuing education programs for culturally and linguistically appropriate services. Programs are designed to help individuals at all levels and in all disciplines promote health and health equity. |
| | **People with disabilities**<br><br>**Fully Integrated Duals Advantage (2016)—Fully Integrated Duals Advantage Provider Training**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Health care organization, Community organization<br><br>• Training modules, available on line and for download, include:<br>– FIDA Provider Overview<br>– Cultural Competency<br>– Behavioral Health<br>– Disability Awareness<br>– Recovery and Wellness<br><br>• Materials are available from 2015 and 2016 provider training.<br><br>**Resources for Integrated Care (2016)—Leading Healthcare Practices And Training: Defining And Delivering Disability-Competent Care (Webinar)**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Health care organization, Community organization<br><br>• Leading Healthcare Practices And Training is a Webinar series for providers and health care professionals, front-line staff with health plans and practices and stakeholders to introduce and explore the Disability-Competent Care (DCC) Model. Developed by providers serving adults with disabilities, the model is a resource for providers, health plans and health care organizations to improve capacity to integrate care for adults with disabilities. Webinars are tailored by audience and topic in this subject area, are free of charge on the Web site and do not require registration. |

## TRAINING AND EDUCATION FOR CULTURALLY AND LINGUISTICALLY COMPETENT GOVERNANCE, LEADERSHIP AND WORKFORCE

| Training Material | Limited English proficiency |
|---|---|
| | **Agency for Healthcare Research and Quality (2015)—TeamSTEPPS Limited English Proficiency module**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The TeamSTEPPS Limited English Proficiency module is designed to help develop and deploy a customized plan for training staff in teamwork skills and leading a medical teamwork improvement initiative in an organization, from initial concept development through sustaining positive changes. This evidence-based module will provide insight into the core concepts of teamwork as they apply to work with patients who have difficulty communicating in English.<br><br>**Department of Health and Human Services (2011)— Breaking Down the Language Barrier: Translating Limited English Proficiency into practice video**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• This video focuses on federal requirements for language services under Title VI of the Civil Rights Act. It contains several scenes where language barriers result in poor care.<br><br>**Think Cultural Health, DHHS (2011)—E-learning Program for Promotores de Salud**<br>**User:** Staff<br>**Setting:** Health care organization, Community organization<br>• This training targets “promotores de salud” (health promoters). The program teaches health promoters how to help others make changes in their lives and in their communities to enjoy better health. It can be viewed in Spanish or English. Topics include understanding healthy choices; helping people make healthy choices; understanding community changes and helping people make community changes. Training is free; requires registration to view.<br><br>**California Academy of Family Physicians (2010)— Medical Assistants: Addressing Language and Culture in Health Care Practices**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• This 37-minute video portrays the medical assistant’s role in addressing language and culture in health care practices.<br><br>**Memorial Sloan Kettering Cancer Center: Immigrant Health and Cancer Disparities Services (n.d.)— Eliminating Language & Cultural Barriers to Care**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• For the nearly 10% of Americans and 25% of New Yorkers with LEP, accessing quality health care can be difficult. Memorial Sloan Kettering’s Immigrant Health and Cancer Disparities Service is working to eliminate language and cultural barriers to health care by increasing the supply of professionally trained medical interpreters and offering courses for medical professionals in cultural responsiveness. Training covers medical interpreting and cultural responsiveness for interpreters. Other services include interpreter screening and evaluation services and consulting. All trainings and services are fee based. |

## TRAINING AND EDUCATION FOR CULTURALLY AND LINGUISTICALLY COMPETENT GOVERNANCE, LEADERSHIP AND WORKFORCE

| Training Material | Low health literacy |
|---|---|
| | **University of Minnesota School of Public Health (2015)—Culture and Health Literacy: Beyond Access**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• This online course discusses how inequalities in communication contribute to health disparities. The objectives of the module are as follows:<br>– Define health literacy.<br>– Discuss the importance of improving health literacy.<br>– Identify sources of health information used in multi-ethnic populations.<br>– Describe health communication strategies that may be effective with multi-ethnic populations who rely on different sources of health information.<br>– Identify appropriate web resources related to culture and health literacy.<br><br>**Center for Disease Control and Prevention (n.d.)—Health Literacy for Public Health Individuals**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The purpose of this Web-based training program is to educate health professionals about public health literacy and their role in providing health information and services and promoting public health literacy. The course uses a 508-compliant template, knowledge checks, scenario-based interactions, video clips and a post-test to engage learners, and includes an evaluation, glossary and resource list.<br><br>**Center for Disease Control and Prevention (n.d.)—Using numbers and explaining Risk**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• This course explains health literacy and numeracy skills, comprehension of numerical and risk expressions, techniques to present numbers and state risk clearly and understandably and why clearly communicating health literacy, numeracy and risk is important.<br><br>**Center for Disease Control and Prevention (n.d.)—Speaking with the Public**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• This course explains health literacy and understanding of spoken communication, techniques to present spoken information clearly and understandably and the importance of health literacy and spoken communication. |
| | **Racial and ethnic minorities** |
| | **See Appendix 1 for additional resource(s) dated prior to 2005.** |

## TRAINING AND EDUCATION FOR CULTURALLY AND LINGUISTICALLY COMPETENT GOVERNANCE, LEADERSHIP AND WORKFORCE

| Training Material | Sexual and gender minorities |
|---|---|
| | **Gay and Lesbian Medical Association (2014)—Cultural Competence Webinar Series (Webinar)**<br><br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br><br>• The Cultural Competence Series is a three-part Webinar series that explores the health concerns and health care of LGBT people and is open to anyone. It reviews social determinants that influence how LGBT people seek and receive care and the impact they have on health. The series virtually follows the experience of LGBT people and those who care for them, and helps the viewer understand how to create welcoming health care environments that minimize disparities experienced by this population.<br><br>**Substance Abuse and Mental Health Services Administration (n.d.)—LGBT Training Curricula for Behavioral Health and Primary Care Practitioners**<br><br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br><br>• The LGBT Training Curricula for Behavioral Health and Primary Care Practitioners is a list of professional training curricula to improve the health and well-being of the LGBT population. Curricula provide guidance for behavioral healthcare and primary care practitioners, to help them assess, treat and refer LGBT clients in a culturally sensitive manner.<br><br>**National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—Understanding Bisexuality: Challenging Stigma, Reducing Disparities, and Caring for Patients (Webinar)**<br><br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br><br>• Understanding Bisexuality: Challenging Stigma, Reducing Disparities and Caring for Patients aims to help providers meet the needs of their bisexual patients. The Webinar focuses on disparities faced by bisexuals and challenges negative messages and stigma that surround the bisexual community. Access to the Webinar and presentation materials is free; requires registration.<br><br>**National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—Lesbian and Bisexual Women's Health: Prevention, Wellness, and Empowerment (Webinar)**<br><br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• Lesbian and Bisexual Women's Health: Prevention, Wellness, and Empowerment provides information on the known health disparities and risk factors among lesbian and bisexual women. Women's health specialist Jennifer Potter, MD, of Fenway Health and Beth Israel Deaconess Medical Center, Boston, provides viewers with effective communication strategies in the clinical setting and strategies to promote positive behavioral change in this population. Access to the Webinar and presentation materials is free; requires registration. |

## TRAINING AND EDUCATION FOR CULTURALLY AND LINGUISTICALLY COMPETENT GOVERNANCE, LEADERSHIP AND WORKFORCE

| Training Material | Sexual and gender minorities |
|---|---|
| Training material | **National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—Meeting the Health Care Needs of Transgender People (Webinar)**<br>**User:** Leader, Provider<br>**Setting:** Staff, Hospital, Health care organization<br>• Meeting the Health Care Needs of Transgender People discusses clinical issues and health disparities facing the transgender community and provides recommendations for improving care through education and organizational change. The Webinar covers developing a better understanding of transgender identities and lives, creating a welcoming and gender-affirming environment for transgender patients and staff and learning ways to use and document patient names and pronouns in clinical records. Access to the Webinar and presentation materials is free; requires registration.<br>**National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—Learning Modules**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• Learning modules include Achieving Health Equity for LGBT People; Improving Health Care for Transgender People; Caring for LGBTQ Youth in Clinical Settings; and Getting to Zero: Reducing HIV Incidence through Screening, Treatment, and Prevention.<br>**National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—Webinars and Video Trainings (Webinars)**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• Webinars and video trainings on numerous LGBT health topic areas. Access is free; requires registration. |

**Exemplar**

### PEOPLE WITH DISABILITIES

**University of Pittsburgh Medical Center Disability Resource Center (2015; n.d.)—Resources Available at UPMC Hospitals: Patients with Disabilities, and UPMC Patient FAQ**

**User:** Leader, Provider
**Setting:** Hospital, Health care organization, Community organization

• Patients with Disabilities includes resources that health organizations can provide to patients, and the second link answers questions about disability competence and specialized services.

**Magee-Women's Hospital of UPMC (n.d.)—Center for Women with Disabilities**

**User:** Leader, Provider
**Setting:** Hospital, Health care organization

• The Center for Women with Disabilities at Magee-Women's Hospital of UPMC has delivered state-of-the-art preventive health care to women with disabilities since 2001. The center was designed in consultation with women with disabilities to meet their needs for accessible, regular exams and screenings. It offers a comprehensive, patient-centered model of care that encourages and facilitates equal access and accommodation of physical differences.

# 3.

# Communication and Language Assistance

- **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.**
- **Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.**
- **Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.**
- **Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.**

**Chapter Sections:**

- **Language assistance accessibility**
- **Guidance for providing language assistance**
- **Assessment of individuals providing language assistance**
- **Provision of materials (print, multimedia, etc.)**
- **Health literacy**

## LANGUAGE ASSISTANCE ACCESSIBILITY

| Background Information | Limited English proficiency |
|---|---|
| | **The National Health Law Program (2010)—**<br>**Language Access in Healthcare Statement of Principles: Explanatory Guide**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Statement of Principles in the Explanatory Guide addresses language access in health care at the national, state and local levels. Principles represent a consensus for a framework to ensure that language barriers do not affect health outcomes<br><br>**National Council on Interpreting in Health Care (2009)—**<br>**Sight Translation and Written Translation: Guidelines for Healthcare Interpreters**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• This position paper focuses on the special demands of sight translation and written translation in the context of the work of spoken language interpreting. It offers general guidance on the appropriate provision of sight translation and written translation services by a spoken language interpreter. It highlights the imperative that both consumers and providers of interpreter services understand the issues around on-the-spot translation by interpreters in order to ensure the highest quality of service.<br><br>**National Association of the Deaf (n.d.)—Position Statement On Health Care Access for Deaf Patients**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• The Position Statement On Health Care Access for Deaf Patients offers an overview of guidelines for providing deaf patients with access to health care. Web site includes the following guidelines: 1) clearly identify at-risk individuals for poor communication; 2) visual medical aids; 3) providers who know basic sign language; 4) establish an effective communication office policy; 5) provide qualified sign language interpreters; 6) ineffective methods of communication; 7) effective communication approaches: resources; and 8) relevant laws. |
| **Practical Tool** | **Limited English proficiency** |
| | **Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company (2015)—**<br>**Commonly Used Spanish Patient Forms: Consent, Refusal, Instruction and Treatment**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Commonly Used Spanish Patient Forms provides information about consent, refusal of treatment or services, and treatment instructions and clinical patient forms in English and Spanish.<br><br>**Cigna Health and Life Insurance Company (2013)—Patient Health Care Preferences Questionnaire**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• This questionnaire is provided in English and Spanish and assesses patients' language preferences, interpreter needs, filling out medical forms, directions on prescription bottles and cultural or religious beliefs or preferences.<br><br>**Consumer Assessment of Healthcare Providers and Systems (CAHPS) (2005)—**<br>**Translating Surveys and Other Materials**<br>**User:** Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• Translating Surveys and Other Materials provides guidelines and recommendations for services on translating surveys that are not in English or Spanish. Guidelines have been reviewed and tested by government agencies and private organizations. CAHPS recommends that translations be linguistically and culturally relevant, be tested with non-English speakers and be shared in the CAHPS Users Network. |

## LANGUAGE ASSISTANCE ACCESSIBILITY

| Practical Tool | Limited English proficiency |
|---|---|
| | **U.S. Department of Health and Human Services, Office of Minority Health (2005)—**<br>**A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations**<br><br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br><br>• A Patient-Centered Guide to Implementing Language Access Services helps health care organizations implement effective language-access services to meet the needs of LEP patients. Includes four sections that include information, action steps and assessments for organizations: 1) Assessing the Language Needs of Your Patients; 2) Assessing Your Organizational Capabilities; 3) Planning and Implementing Language Access Services; and 4) Evaluating the Quality of Your Language Access Services.<br><br>**Think Cultural Health, DHHS (n.d.)—**<br>**The Guide to Providing Effective Communication and Language Assistance**<br><br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The Guide to Providing Effective Communication and Language Assistance helps health care organization leaders communicate effectively with patients with diverse communication needs and preferences. Covers strategies for communication that consider the cultural, health literacy and language needs of patients and their families. Registration is required for access.<br><br>**Industry Collaboration Effort (n.d.)—**<br>**Better Communication, Better Care: Provider Tools to Care for Diverse Populations**<br><br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br><br>• This toolkit provides stakeholders with resources to address the operational needs of practices because of changing service requirements and legal mandates. Contents are organized into four sections: 1) Resources to assist communication with a diverse patient population base; 2) Resources to communicate across language barriers; 3) Resources to increase awareness of cultural background and its impact on health care delivery; and 4) Reference resources for cultural and linguistic services. |

**Exemplar**

### LIMITED ENGLISH PROFICIENCY

**Arizona Department of Health Services, Arizona Health Disparities Center (2012)—**
**Language-Access Assessment among the Community Health Centers in Arizona**

**User:** Leader
**Setting:** Health care organization

• The Arizona Language-Access Assessment describes results from a Web-based survey, conducted among the Community Health Centers of Arizona, whose goal was to determine opportunities and barriers to language access services for LEP patients by assessing language-access knowledge, opinions and needs of health care professionals at the centers. The report highlights results and recommendations.

**Robert Wood Johnson Foundation (2011)—Speaking Together: National Language Services Network**

**User:** Leader
**Setting:** Hospital, Health care organization, Community organization

• The Speaking Together: National Language Services Network report describes the program and its key findings related to improving delivery of language services to patients with LEP, using standardized performance improvement measures and a quality improvement framework.

## GUIDANCE FOR PROVIDING LANGUAGE ASSISTANCE

| Background Information | Limited English proficiency |
|---|---|
| | **Cigna Health and Life Insurance Company (2014)—Tips on Working with a Language Interpreter**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• Tips on Working with a Language Interpreter provides tips for providers as they interact with language interpreters. There are three bulleted sections:<br>1) Assessing which type of interpreter services to use;<br>2) Working with an interpreter; and 3) The interpreter session.<br><br>**Agency for Healthcare Research and Quality (AHRQ) (2012)—Improving Patient Safety Systems for Patients With Limited English Proficiency: A Guide for Hospitals**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• The goal of the Guide for Hospitals is to help hospital leaders better understand how to address the issue of patient safety for LEP and culturally diverse patients, and can help hospital leaders (1) foster a supportive culture for safety of diverse patient populations; (2) adapt current systems to better identify medical errors among LEP patients; (3) improve reporting of medical errors for LEP patients; (4) routinely monitor patient safety for LEP patients; and (5) address root causes to prevent medical errors among LEP patients.<br><br>**Registry of Interpreters for the Deaf (2007)—Interpreting in Health Care Settings**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• Interpreting in Health Care Settings provides background information and a basic framework of interpreter services in health care settings for patients who are deaf. This document is intended to raise awareness, educate, guide and encourage methods of professional practice.<br><br>**National Council on Interpreting in Health Care (2005)—National Standards of Practice for Interpreters in Health Care**<br>**User:** Leader, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The NCIHC's National Standards of Practice are designed to help improve the quality and consistency of interpreting in health care. Just like clinical protocols for physicians, these new standards will provide guidance about expectations for health care interpreters and what constitutes good practice. Standards are meant to ensure the highest quality of health care interpreting, when adopted by hospitals, health plans and health systems for assessment, training and, ultimately, certification of health care interpreters<br><br>**Think Cultural Health, DHHS (n.d.)—The Guide to Providing Effective Communication and Language Assistance**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Guide to Providing Effective Communication and Language Assistance helps health care organization leaders communicate effectively with patients with diverse communication needs and preferences. Covers strategies for communication that consider the cultural, health literacy and language needs of patients and their families. Registration is required for access.<br><br>**National Association of the Deaf (n.d.)—Position Statement: VRI Services in Hospitals**<br>**User:** Leader<br>**Setting:** Hospital<br>• The Position Statement: VRI Services in Hospitals provides the requirements for using video remote interpreting (VRI) in hospitals. Requirements include those for the VRI technology and equipment (e.g., internet connection, audio quality, privacy protocol), and the use of VRI services, including speed of response and communication assessments. |

## GUIDANCE FOR PROVIDING LANGUAGE ASSISTANCE

| Practical Tool | Limited English proficiency |
|---|---|
| | **Agency for Healthcare Research and Quality (2015)—TeamSTEPPS Limited English Proficiency module**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The TeamSTEPPS Limited English Proficiency module is designed to help develop and deploy a customized plan to train staff in teamwork skills and lead a medical teamwork improvement initiative in an organization, from initial concept development through sustained positive changes. This evidence-based module will provide insight into the core concepts of teamwork as they apply to working with patients who have difficulty communicating in English.<br><br>**The National Health Law Program (2010)— What's in a Word: A Guide to Understanding Interpreting and Translation in Health Care**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Guide to Understanding Interpreting and Translation in Health Care helps readers understand distinctions in the work of the interpreter and the translator, why not all bilingual individuals can be assumed to have interpreter or translator skills and why a bilingual individual cannot always do both.<br><br>**Alyssa Sampson, Cross Cultural Health Care Program (2006)— Language Services Resources Guide For Health Care Provider**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• The Language Services Resources Guide For Health Care Providers gathers basic information about providing language services into one document. Chapters include interpreter and translator associations and agencies, training programs and assessment tools. |

## GUIDANCE FOR PROVIDING LANGUAGE ASSISTANCE

| Training Material | Limited English proficiency |
|---|---|
| | **Think Cultural Health, DHHS (2011)—E-learning Program for Promotores de Salud**<br>**User:** Staff<br>**Setting:** Health care organization, Community organization<br>• This training program targets "promotores de salud" (health promoters). The program teaches health promoters how to help others make changes in their lives and in their communities to enjoy better health. It can be viewed in Spanish or English and includes the following topics: understanding healthy choices; helping people make healthy choices; understanding community changes and helping people make community changes. Training is free; requires registration to view.<br><br>**California Academy of Family Physicians (2010)—Medical Assistants: Addressing Language and Culture in Health Care Practices**<br>**User:** Staff<br>**Setting:** Hospital, Health care organization<br>• This video portrays the medical assistant's role in addressing language and culture in health care practices. |

**Exemplar**

**LIMITED ENGLISH PROFICIENCY**

**Kaiser Permanente (2014)—Qualified Bilingual Staff Model**

**User:** Leader
**Setting:** Hospital, Health care organization

• This newsletter describes Kaiser's implementation of the Qualified Bilingual Staff (QBS) model as part of its workforce development strategy. The model resulted in thousands of bilingual health care employees trained through the QBS program through assessment of language skills and provision of comprehensive training based on level of linguistic competency.

## ASSESSMENT OF INDIVIDUALS PROVIDING LANGUAGE ASSISTANCE

| Assessment or Measurement Tool | Limited English proficiency |
|---|---|
| | **International Medical Interpreters Association (2016)—Testing and Proficiency**<br>**User:** Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The International Medical Interpreters Association Web site provides a variety of resources for medical interpreters, including links to interpreter skill assessments, tests and language proficiency guidelines<br><br>**National Council on Interpreting in Health Care (2011)—Interpreter Training Self-Assessment**<br>**User:** Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• This resource can be used as a tool to evaluate interpreter training or a training program that an interpreter teaches. It should be used in conjunction with the National Standards for Healthcare Interpreter Training Programs.<br><br>**Kaiser Permanente (n.d.)—Clinician Cultural and Linguistic Assessment (CCLA)**<br>**User:** Leader, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The purpose of the Kaiser Permanente Clinician Cultural and Linguistic Assessment (CCLA) is to determine the level of target language proficiency of physicians who identify themselves as bilingual. Specifically, the CCLA is designed to assess physicians' ability to communicate directly with target language-speaking patients in a primary care medical setting in a linguistically and culturally sensitive manner, without the use of an interpreter. The CCLA is administered by ALTA via the telephone. This is not a free assessment tool; organizations should contact ALTA directly for more information on language testing. |

**Exemplar**

**LIMITED ENGLISH PROFICIENCY**

**Lisa C. Diamond et al. (2012)—**
**Does This Doctor Speak My Language?" Improving the Characterization of Physician Non-English Language Skills**

**User:** Leader, Provider
**Setting:** Hospital, Health care organization

• In response to preliminary findings suggesting that multispecialty health care organization's nonvalidated and undefined three-category tool for physician self-report of non-English language proficiency levels was likely inadequate, the organization asked physicians to rate their proficiency using an adapted Interagency Language Roundtable (ILR) scale, a validated measure with five rating levels and descriptors. Six months after the ILR scale was implemented throughout the organization, 75 percent (258/342) of physicians had updated their proficiency ratings. The organization was willing to adopt a relatively straightforward change in how data were collected and presented to patients based on the face validity of initial findings

**Tang et al. (2011)—The Kaiser Permanente Clinician Cultural and Linguistic Assessment Initiative: Research and Development in Patient–Provider Language Concordance**

**User:** Leader, Provider
**Setting:** Hospital, Health care organization

• This article describes the Clinician Cultural and Linguistic Assessment Initiative to access and safeguard verifiable linguistic proficiency in clinical encounters. It describes Kaiser's development and implementation of the initiative, in which clinician language skills must achieve a specified level of proficiency to communicate directly with patients, without an interpreter. This article discusses accomplishments, lessons learned and promising practices to inform future efforts in language concordance.

## PROVISION OF MATERIALS (PRINT, MULTIMEDIA, ETC.)

| Background Information | Low health literacy |
|---|---|
| | **Centers for Medicare & Medicaid Services (2012)—Toolkit of Making Written Material Clear and Effective**<br>**User:** Leader, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• CMS created a toolkit to help stakeholders make printed material easier for people to read, understand, and use.<br><br>**Best evidence statement (BESt) Guideline (2011)—Communication of health care information to patients and caregivers using multiple means**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• This guideline recommends using multiple modes of communication to improve health literacy and understanding. |
| **Resource to Share with Patients** | **Limited English proficiency** |
| | **Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company (2015)—Commonly Used Spanish Patient Forms: Consent, Refusal, Instruction and Treatment**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Commonly Used Spanish Patient Forms provides consent, refusal of treatment or services and treatment instructions and other clinical patient forms in English and Spanish.<br><br>**Cigna Health and Life Insurance Company (2013)—Patient Health Care Preferences Questionnaire**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• This questionnaire is provided in English and Spanish. It assesses patients' language preferences and asks about interpreter needs, filling out medical forms, directions on prescription bottles and cultural or religious beliefs or preferences.<br><br>**National Consortium of Interpreter Education Centers (2012)—Deaf Self-Advocacy Training Toolkit**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Deaf Self-Advocacy Training Toolkit is a curriculum designed to be taught by deaf, hard-of-hearing and deaf/blind trainers to other deaf, hard-of-hearing and deaf/blind consumers. It teaches deaf individuals to self-advocate for effective interpreting services. Curriculum content includes concepts of self-esteem and self-determination, the law, ethics of working with interpreters, video relay interpreting, preparing for self-advocacy and how to tap resources. The overall curriculum includes text, PowerPoint slides, videos, electronic braille and more. It comprises three independent curricula:<br>1. Deaf-Self Advocacy Training (DSAT)<br>2. Deafblind Self-Advocacy Training (DBSAT)<br>3. Train the Trainer (for experienced consumer trainers)<br><br>**Culture Connect (2010)—"I Speak" Cards**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• Culture Connect uses "I Speak" cards to spread the word among LEP individuals about their rights to free interpretation and translation services. These are two-sided bilingual cards with printed information about Language Access Rights and a statement that requests an interpreter. |

## PROVISION OF MATERIALS (PRINT, MULTIMEDIA, ETC.)

| Resource to Share with Patients | Limited English proficiency |
|---|---|
| | **Limited English Proficiency (LEP) (various dates)—Multilingual Materials/I Speak Cards**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The LEP Web site provides stakeholders with links to different multilingual materials and I Speak cards provided by various organizations. These links are a sample of resources that may be useful in developing a language access program.<br><br>**Association of Asian Pacific Community Health Organizations (n.d. - Diabetes information is from 2008)—The Health Information Gateway: Diabetes**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Community organization<br>• The Health Information Gateway is a comprehensive database designed to help physicians, advocates, health educators, patients and their families find diabetes information for Asian Americans, Native Hawaiians and Pacific Islanders, and includes materials in a variety of Asian and Pacific Islander languages. The database only requires registration to use the advanced search functions.<br><br>**United Healthcare Group (n.d.)—Just Plain Clear: English and Spanish Glossary**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• UnitedHealth Group created this glossary of thousands of terms, defined in plain language, to help patients make informed decisions. Just Plain Clear includes all the words in the Uniform Glossary established by the federal government. Every word and definition in this glossary is in English and Spanish.<br><br>**The PREPARE team (n.d.)—PREPARE**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• PREPARE is a Web site that uses videos and stories to teach people how to identify their values and goals for medical care and to make medical decisions. PREPARE also creates a Summary of My Wishes that can be shared with medical providers, family and friends. PREPARE was designed with and for people from diverse backgrounds to be easy to use. It is available in English and Spanish, written at a 5th grade reading level, and includes voice-overs of all text and closed captioning of all videos. |

## PROVISION OF MATERIALS (PRINT, MULTIMEDIA, ETC.)

| Resource to Share with Patients | Low health literacy |
|---|---|
| | **Ask Me 3 (National Patient Safety Foundation) (2016)—Ask Me 3**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• Ask Me 3 is an educational program that encourages patients and families to ask three questions of providers to better understand their health conditions and what they need to do to stay healthy: (1) What is my main problem?; (2) What do I need to do?; (3) Why is it important for me to do this?<br><br>**United Healthcare Group (n.d.)—Just Plain Clear: English and Spanish Glossary**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• UnitedHealth Group created this glossary of thousands of terms defined in plain language to help patients make informed decisions. Just Plain Clear includes all the words in the Uniform Glossary established by the federal government. Every word and definition in this glossary is in English and Spanish.<br><br>**The PREPARE team (n.d.)—PREPARE**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• PREPARE is a Web site that uses videos and stories to teach people how to identify their values and goals for medical care and to make medical decisions. PREPARE also creates a Summary of My Wishes that can be shared with medical providers, family and friends. PREPARE was designed with and for people from diverse backgrounds to be easy to use. It is available in English and Spanish, written at a 5th grade reading level and includes voice-overs of all text and closed captioning of all videos. |

**Exemplar**

### LOW ENGLISH PROFICIENCY AND LOW HEALTH LITERACY

**San Francisco General Hospital (2015)—**
**San Francisco General Hospital Pilot Study Demonstrates Significant Improvement in Readmission Rates with Meducation**

**User:** Provider
**Setting:** Hospital, Health care organization

• Meducation creates simplified medication instructions at lower reading levels, in more than 20 languages, with larger font sizes, pictograms and videos, to make it easier for patients to understand how to take their medications. Meducation is a cloud-based software application that allows easy integration with hospital or pharmacy systems. A pilot program demonstrated significant improvement in patients' 30-day hospital readmission rates.

### LOW HEALTH LITERACY

**Yin et al. (2008)—Randomized Controlled Trial of a Pictogram-Based Intervention to Reduce Liquid Medication Dosing Errors and Improve Adherence Among Caregivers of Young Children**

**User:** Provider
**Setting:** Hospital, Health care organization

• This randomized control trial evaluated the efficacy of a pictogram-based health literacy intervention to decrease liquid medication administration errors by caregivers of young children. The study concluded that a plain language, pictogram-based intervention used as part of medication counseling contributed to decreased medication dosing errors and improved adherence among multiethnic, low socioeconomic status caregivers who had children being treated at an urban pediatric emergency department.

## HEALTH LITERACY

| Background Information | Low health literacy |
|---|---|
| | **The National Assessment of Adult Literacy (2006)—The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The NAAL health literacy report provides first-hand information on the status of the health literacy of American adults age 16 and older and measures the ability to read and understand written health-related information encountered in everyday life.<br><br>**R. Rudd, Literacy Harvest (2005)—Navigating Hospitals: Literacy Barriers**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• This report is the result of a small exploration of hospital navigation issues, in order to garner insight into the literacy environment of hospitals. Walking interviews were conducted around the public areas of 10 municipal hospitals.<br><br>**R. Rudd et al. (2005)—Understanding Health Literacy: The Patient Perspective**<br><br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• This report examines the literacy demands present in health care settings through a discussion of the patient's perspective on physical navigation, documents and open entry forms, written directions, patients' rights, and patient-provider communication. It discusses the implications of these demands and the needed actions.<br><br>**Office of Disease Prevention and Health Promotion (n.d.)—Health Literacy Online: A Guide for Simplifying the User Experience**<br><br>**User:** Leader, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br><br>• The Guide for Simplifying the User Experience uses research to describe why and how to design health Websites and other digital health information tools for all users, such as individuals who do not have strong reading or health literacy skills or do not have time to find, process, and use complex health information. |
| **Practical Tool** | **Low health literacy** |
| | **Ask Me 3 (National Patient Safety Foundation) (2016)—Program Implementation Guide for Health Care Organizations**<br><br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br><br>• Ask Me 3 is an educational program that strives to improve communication between patients and health care providers, to encourage patients to become active members of their health care team and to promote improved health outcomes. The Implementation Guide provides tips and strategies for implementing the Ask Me 3 concept and materials into practices or organizations, in addition to steps that practices and organizations can take to encourage clear communication.<br><br>**Pfizer (2011)—Help Your Patients Succeed: Tips for Improving Communication with Patients**<br><br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br><br>• This one-page document outlines ways for providers to improve their communication with patients, including health literacy. Tips cover the following areas: 1) Provide a Health Context for Numbers and Mathematical Concepts, 2) Take a Pause, 3) Be an Active Listener, 4) Address Quizzical Looks and 5) Create a Welcoming and Supportive Environment. |

## HEALTH LITERACY

| Practical Tool | Low health literacy |
|---|---|
| | **Agency for Healthcare Research and Quality (2010)—Health Literacy Universal Precautions Toolkit**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Health Literacy Universal Precautions Toolkit provides step-by-step guidance and tools for assessing practices and making changes so organizations can connect with patients of all literacy levels.<br><br>**Health Literacy Innovations (2008)—The Health Literacy & Plain Language Resource Guide (Resource Guide is being updated, but 2008 version is still available)**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Health Literacy & Plain Language Resource Guide is the nation's first comprehensive health literacy resource guide created to help health care professionals understand health literacy and take advantage of available resources, including action plans, guides, and toolkits, assessment tools, communication standards, initiatives and programs, government resources, research and bibliographies, software tools, books and videos, training and resources with a unique focus.<br><br>**Agency for Healthcare Research and Quality (2016)—Health Literacy Measurement Tools (Revised)**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• AHRQ-funded researchers have developed four tools to measure an aspect of health literacy: individuals' reading comprehension in a medical context. This page includes two new tools that allow direct comparison of health literacy in speakers of English and Spanish and can be used for research or clinical or program planning. PDF versions of the resources are available on the page.<br><br>**Industry Collaboration Effort (n.d.)—**<br>**Better Communication, Better Care: Provider Tools to Care for Diverse Populations**<br>**User:** Provider<br>**Setting:** Hospital, Health care organization<br>• This toolkit provides stakeholders with resources to address operational needs that arise in practices because of changing service requirements and legal mandates. Contents are organized into four sections: 1) resources to assist communication with a diverse patient population base; 2) resources to communicate across language barriers; 3) resources to increase awareness of cultural background and its impact on health care delivery; and 4) reference resources for cultural and linguistic service. |
| **Training Material** | **Low health literacy** |
| | See Chapter 2: Governance, Leadership and Workforce: Training and education for culturally and linguistically competent governance, leadership and workforce for more training materials to address low health literacy. |
| **Assessment or Measurement Tool** | **Low health literacy** |
| | **R. Rudd (2010)—**<br>**The Health Literacy Environment Activity Packet: First Impressions and A Walking Interview**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• This packet focuses on four activities designed to help staff members consider the health literacy environment of their workplace. First impressions focus on the phone, the Web and the walk to the facility. The walking interview is a navigation exercise. |

# 4.

## Engagement, Continuous Improvement, and Accountability

- **Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.**
- **Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.**
- **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.**
- **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.**
- **Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.**
- **Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.**
- **Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.**

**Chapter Sections:**

- **CLAS based organizational goals and policies**
- **Organizational assessment and measurement**
- **Data collection**
- **Community engagement (partnership and assessment)**
- **CLAS based conflict resolution**
- **Communication of progress in CLAS**

## CLAS BASED ORGANIZATIONAL GOALS AND POLICIES

| Practical Tool | All Populations |
|---|---|
| | **Institute for Healthcare Improvement (2016)—A Framework for Improving Health Equity**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• This article presents an overview of a framework to help guide leaders in improving health equity and includes a health equity self-assessment. Free to download; requires registration to access.<br><br>**American Hospital Association (2015)—A Toolkit for Eliminating Health Care Disparities**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• The Toolkit for Eliminating Health Care Disparities is a user-friendly guide to facilitate the elimination of disparities in health care and achieve increased cultural competency, diversity and collection of data related to race, ethnicity and language preference. The toolkit includes case studies, background information and related reports and presentations.<br><br>**Arizona's Health Disparities Center (2015)—Implementing CLAS Standards and Improving Cultural Competency and Language Access**<br>**User:** Leader<br>**Setting:** Health care organization, Community organization<br>• The Implementing CLAS Standards and Improving Cultural Competency and Language Access provides a practical guide and resources to organizations and agencies looking to implement the National CLAS Standards. This toolkit provides a basic overview of CLAS Standards, Cultural Competency and Language Access and includes links to tools and resources for implementation.<br><br>**See Appendix 1 for additional resource(s) dated prior to 2005.** |
| | **People with disabilities**<br><br>**The National Alliance to Advance Adolescent Health (2015)—Integrating Young Adults with Intellectual and Developmental Disabilities into Your Practice: Tips for Adult Health Care Providers**<br>**User:** Provider, Staff<br>**Setting:** Health care organization<br>• Integrating Young Adults with Intellectual and Developmental Disabilities into Your Practice is a tip sheet to help adult health care providers successfully integrate young adults with intellectual and developmental disabilities into their practices. |

## CLAS BASED ORGANIZATIONAL GOALS AND POLICIES

| Practical Tool | Limited English proficiency |
|---|---|
| | **See Appendix 1 for additional resource(s) dated prior to 2005.** |
| | **Racial and ethnic minorities** |
| | **Centers for Medicare & Medicaid Services Office of Minority Health (2015)—**<br>**Guide to Preventing Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries**<br>**User:** Leader<br>**Setting:** Hospital<br>• The Guide to Preventing Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries was developed to provide practical examples of initiatives and strategies to reduce readmissions in diverse populations, to provide a list of recommendations that hospital leaders can take to reduce readmissions and to provide an overview of key readmission issues of racially and ethnically diverse Medicare beneficiaries. |
| | **Sexual and gender minorities** |
| | **National Resource Center on LGBT Aging (2012)—**<br>**Inclusive Services for LGBT Older Adults: A Practical Guide To Creating Welcoming Agencies**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The National Resource Center on LGBT Aging's guide was developed to help clinicians and service providers understand the unique challenges that older LGBT adults face when accessing health care services. The guide includes a number of practical checklists and glossary of terms.<br><br>**Human Rights Campaign (n.d.)—Healthcare Quality Index: Patient Non-Discrimination**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• As part of the HRC Healthcare Quality Index criteria, health care organizations must implement and document a patient nondiscrimination policy (or patients' bill of rights) that includes the terms "sexual orientation" and "gender identity" and is communicated to patients in at least two documented ways. While this resource is geared toward meeting the criteria for HEI, it also provides sample nondiscrimination policies and suggestions on publicizing them. |
| **Training Material** | **Sexual and gender minorities** |
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—**<br>**How Patient-Centered Medical Homes Can Improve Health Care for Lesbian, Gay, Bisexual, and Transgender Patients and Families (Webinar)**<br>**User:** Leader, Provider<br>**Setting:** Health care organization<br>• This Webinar outlines strategies that patient-centered medical homes can implement to improve health care and access for LGBT patients and families. Access to the Webinar and related materials is free; requires registration. |

## CLAS BASED ORGANIZATIONAL GOALS AND POLICIES

| Training Material | Sexual and gender minorities |
|---|---|
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—Achieving Health Equity for Lesbian, Gay, Bisexual, and Transgender People (Webinar)**<br>**User:** Leader, Provider<br>**Setting:** Health care organization<br>• This Webinar outlines strategies for achieving health equity in LGBT populations. Access to the Webinar and related materials is free; requires registration.<br><br>**National LGBT Health Education Center (A Program of The Fenway Institute) (n.d.)—The Affordable Care Act: Building Health Equity for LGBT People (Webinar)**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• This Webinar outlines how the Affordable Care Act affects the achievement of health equity for LGBT patients. Access to the Webinar and related materials is free; requires registration. |

**Exemplar**

### ALL POPULATIONS

**American Hospital Association (2015)—Diversity in Health Care: Examples from the Field**

**User:** Leader
**Setting:** Hospital

• The Diversity in Health Care: Examples from the Field Website provides a collection of case studies from the field which focus on six diversity initiatives implementing at hospitals across the country. It requires registration to download, but is free of charge.

## ORGANIZATIONAL ASSESSMENT AND MEASUREMENT

| Background Information | All Populations |
|---|---|
| | **The Disparities Solution Center (2011)—Healthcare Disparities Measurement**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Healthcare Disparities Measurement report describes methodological issues in the measurement of disparities, identifies cross-cutting measurement gaps in disparities and provides guidance to a National Quality Forum (NQF) Steering Committee responsible for evaluating and selecting disparity-sensitive quality measures. The report also includes a measure crosswalk between NQF measures and AHRQ's National Healthcare Disparities and Quality Report.<br><br>**United States Census Bureau (2010)—Measuring Race and Ethnicity Across the Decades Graphic: 1790-2010**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• This graphic provides a timeline from 1790–2010, highlighting key milestones in the measurement of race and ethnicity in the United States. |
| | **Sexual and gender minorities** |
| | **Human Rights Campaign (2016)—Healthcare Equality Index 2016: Promoting Equitable and Inclusive Care for Lesbian, Gay, Bisexual, and Transgender Patients and Their Families**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Healthcare Equality Index is a national benchmarking tool that evaluates health care facilities' policies and practices related to equity and inclusion of LGBT patients, visitors and employees. The report summarizes results from 568 health care facilities across the country. |
| **Assessment Tool** | **All populations** |
| | **Bay Area Regional Health Inequities Initiative (2010)—Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Organizational Self-Assessment Toolkit helps organizations address health inequities. In addition to self-assessment, the toolkit includes background information, information on implementing the self-assessment and a glossary of key terms. Surveys, a focus group protocol and a management interview protocol are included in the appendix.<br><br>**American Speech Language Hearing Association (2010)—Self-Assessment for Cultural Competence**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Self-Assessment for Cultural Competence is a resource to help organizations reflect on their cultural competence and to improve service delivery and quality for patients with speech and hearing disabilities. The Web site includes cultural competence checklists (personal reflection, policies and procedures, service delivery) that can address many culturally and linguistically diverse populations. The tool is free of charge; requires registration to use. |

## ORGANIZATIONAL ASSESSMENT AND MEASUREMENT

| Assessment Tool | All populations |
|---|---|
| | **National Center for Cultural Competence (2009)—Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings**<br>**User:** Staff<br>**Setting:** Community organization<br>• The Promoting Cultural and Linguistic Competency Self-Assessment Checklist helps providers identify gaps in physical environment, materials and resources, communication styles and values and attitudes. Its goal is to help heighten personnel awareness and sensitivity to the importance of cultural competence in early childhood settings.<br>**Lumetra (2007)—The Cultural Competence Self-Assessment Protocol for Community Health Centers**<br>**User:** Leader<br>**Setting:** Health care organization, Community organization<br>• The Cultural Competence Self-Assessment Protocol for Community Health Centers helps organizations evaluate their cultural competence. Includes background information on ethnic/cultural characteristics and community health center approaches to accommodate the needs and attributes of diverse populations.<br>**See Appendix 1 for additional resource(s) dated prior to 2005.** |
| | **People with disabilities**<br>**Resources for Integrated Care (2015)—Disability-Competent Care Self-Assessment Tool**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• The Disability-Competent Care Self-Assessment Tool is a resource for health systems and plans when evaluating their capacity to meet the needs of adult patients with functional limitations. The tool includes background information and a guide for interpreting self-assessment results.<br>**American Speech Language Hearing Association (2010)—Self-Assessment for Cultural Competence**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• The Self-Assessment for Cultural Competence is a resource to help organizations reflect on their cultural competence and to improve service delivery and quality for patients with speech and hearing disabilities. The Web site includes cultural competence checklists (personal reflection, policies and procedures, service delivery) that can address culturally and linguistically diverse populations. The tool is free of charge; requires registration to use.<br>**Beacon Health Options (n.d.)—The American with Disabilities Act (ADA) Attestation**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• The American with Disabilities Act Attestation is an assessment form that includes 25 questions to gauge the accessibility of a health care facility. Includes the following topics: access to facility from the exterior, access to interior spaces, access to public lavatory. |

## ORGANIZATIONAL ASSESSMENT AND MEASUREMENT

| Assessment Tool | Limited English proficiency |
|---|---|
| | **Federal Coordination and Compliance Section, Civil Rights Division, U.S. Department of Justice (2011)—Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Language Access Assessment and Planning Tool helps organizations identify language service needs and evaluate available bilingual, translation and interpretation resources to help LEP patients access the organization's benefits, programs, information and services. Includes two parts: 1) Self-assessment and Considerations for Your Plan and 2) Developing Language Access Directive, Plans, and Procedures.<br><br>**U.S. Department of Health and Human Services, Office of Minority Health (2005)—A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• A Patient-Centered Guide to Implementing Language Access Services helps health care organizations implement effective language access services to meet the needs of their LEP patients. The resource includes four major sections that include helpful information, action steps and assessments for organizations: 1) Assessing the Language Needs of Your Patients, 2) Assessing Your Organizational Capabilities, 3) Planning and Implementing Language Access Services and 4) Evaluating the Quality of Your Language Access Services.<br><br>**Think Cultural Health, DHHS (n.d.)—The Guide to Providing Effective Communication and Language Assistance**<br>**User:** Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Guide to Providing Effective Communication and Language Assistance helps health care organization leaders communicate effectively with patients with diverse communication needs and preferences. Covers strategies for communication that consider the cultural, health literacy and language needs of patients and their families. Registration is required for access. |
| | **Low health literacy** |
| | **R. Rudd and J. Anderson (2006)—The Health Literacy Environment of Hospitals and Health Centers – Partners for Action: Making Your Healthcare Facility Literacy-Friendly**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• This guide and review tools offer an approach for analyzing literacy-related barriers to health care access and navigation. The guide is designed to help chief executive officers, presidents, program directors, administrators and health care workers at hospitals or health centers consider the health literacy environment of their facilities and analyze ways to better serve their patients.<br><br>**Agency for Healthcare Research and Quality (2010)—Health Literacy Universal Precautions Toolkit**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Health Literacy Universal Precautions Toolkit provides step-by-step guidance and tools for assessing practices and making changes so organizations can connect with patients of all literacy levels.<br><br>**Agency for Healthcare Research and Quality (2010)—Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• This tool is a comprehensive guide to help pharmacies assess their level of readiness to serve patients with limited health literacy. |

## ORGANIZATIONAL ASSESSMENT AND MEASUREMENT

| Assessment Tool | Racial and ethnic minorities |
|---|---|
| | **The Annie E. Casey Foundation (2006)—Race Matters: Organizational Self-Assessment**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Race Matters: Organizational Self-Assessment helps organizations determine if unintended racial prejudices are present in their organization. The assessment can also facilitate development of equity action plans and raise organizational awareness. |

| Measurement Tool | All populations |
|---|---|
| | **CAHPS (2016)—CAHPS Cultural Competence Supplemental Survey**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br>• The CAHPS Cultural Competence Item set is meant to document a patient's experience on the cultural competence of providers. The Web site includes PDFs of the Supplemental Items for the Adult Survey and information about the Cultural Competence Item Set.<br><br>**American Medical Association (2015)—Community Climate Assessment Toolkit (C-CAT)**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• This brochure describes C-CAT, how it works and who should use it. It also outlines the nine C-Cat domains: 1) leadership commitment; 2) information collection; 3) community engagement; 4) work force development; 5) individual engagement; 6) socio-cultural context; 7) language services; 8) health literacy; 9) performance evaluation.<br><br>**National Quality Forum (2008)—A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The report outlines a comprehensive framework for measuring and reporting cultural competency, endorsed by NQF in 2008. The report also details a set of 45 preferred practices for providing culturally competent care covering a range of issues, including communication, community engagement and workforce training, also endorsed by NQF in 2008. |
| | **People with Disabilities** |
| | **CAHPS (2016)—People with Mobility Impairments Supplemental Survey**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br>• This Web site provides background information on the CAHPS Item Set for People with Mobility Impairments, which documents the personal experiences of individuals with mobility impairments. The site also provides links to the Supplemental Items for Adult Questionnaires and additional information about the item set for people with mobility impairments. |

## ORGANIZATIONAL ASSESSMENT AND MEASUREMENT

| Measurement Tool | Low health literacy |
|---|---|
| | **CAHPS (2016)—CAHPS Health Literacy Items Set**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br>• This Web site provides background information on the CAHPS Literacy Items Sets, which document provider efforts to improve the health literacy of patients. The site also provides links to the Clinician and Group, Hospital and Health Plan surveys and instructions.<br><br>**National Institute of Health, National Library of Medicine (2016)— Health Literacy Tool Shed: A Database of Health Literacy Measures/Assessments**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Health Literacy Tool Shed is a resource for individuals to learn more about measurement tools for health literacy and for individuals and organizations looking for health literacy tools that meet their needs. The Web site includes a list of recommended references and background information on health literacy. |

**Exemplar**

**RACIAL AND ETHNIC MINORITIES**

**L.A. Care Health Plan (2014)—Quality Improvement Program Annual Report and Evaluation (2014)**

**User:** Leader
**Setting:** Health care organization

• The Annual Report and Evaluation describes the system L.A. Care uses to implement quality improvement activities and quantifiable goals. This 2014 report highlights and outlines key quality improvement accomplishments, and includes disparities analysis of HEDIS data to identify and address racial/ethnic disparities. The report contains a separate analysis for each HEDIS measure by seniors and people with disabilities (SPD) or non-SPD, race, ethnicity, gender and age, among other data points. Highlights from the analysis show that culture, ethnicity and geography can change perceptions and participation in seeking and attaining preventive health care.

## DATA COLLECTION

| Background Information | All populations |
|---|---|
| | **The Disparities Solution Center (2008)—Creating Equity Reports: A Guide for Hospitals**<br>**User:** Leader<br>**Setting:** Hospital<br>• Creating Equity Reports is a guide to equity reporting and offers lessons learned and best practices for creating and using equity reports. The report includes an appendix of measures used in hospital-based research of inequalities.<br><br>**Health Research and Educational Trust (2007)—HRET Disparities Toolkit**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• A Web-based tool that provides information and resources for hospitals, health systems, clinics and health plans for systematically collecting race, ethnicity and primary language data from patients. The toolkit is useful for educating and informing staff about the importance of data collection; how to implement a framework for collecting race, ethnicity and primary language data; and, ultimately, how to use these data to improve quality of care for all populations. |
| | **People with disabilities**<br><br>**Mathematica Center for Studying Disability Policy (2016)—How Disability Status Impacts One's Daily Routine: A Data Visualization**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Data Visualization tool displays how employed and unemployed men and women, with and without disabilities, spend their time on an average weekday. |
| | **Racial and ethnic minorities**<br><br>**Centers for Medicare & Medicaid Services, Office of Minority Health (2014)—Mapping Medicare Disparities**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br>• The Mapping Medicare Disparities Tool presents health outcome measures for hospitalization, costs, disease prevalence, emergency department utilization, mortality, preventable hospitalizations, readmission rates and 18 specific chronic conditions. Users can explore disparities in chronic diseases and health care utilization. The Quick Start Guide link on the Web site directs users to the Quick Start Guide, which provides tips on the functionality of the tool and a brief introduction to analyzing and comparing results.<br><br>**Healthcare Cost and Utilization Project (2014)—Race and Ethnicity Data Improvement Toolkit**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br>• The Race and Ethnicity Data Improvement Toolkit includes practical guidance and tools to individuals and organizations hoping to improve collection of data on race, primary language and ethnicity. It includes statistics, technical assistance and software information. |

## DATA COLLECTION

| Background Information | Sexual and gender minorities |
|---|---|
| | **The Williams Institute (2014)—Best Practices for asking questions to Identify Transgender and Other Gender Minority Respondents on Population based surveys**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• This report is a companion to the 2009 report, Best Practices for Asking Questions about Sexual Orientation on Surveys. It outlines the work of an expert, multidisciplinary panel (the Gender Identity in U.S. Surveillance group) charged with improving population-based data collection about transgender and other gender minorities through development of sexual orientation and gender identity-related measures. The expert workgroup developed strategies for creating consistent and rigorous procedures for collecting relevant data to meet the needs of transgender individuals and other gender minorities.<br><br>**Do Ask, Do Tell (2015)—A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• This toolkit outlines a list of sexual-orientation and gender identity-related questions recommended by nationally recognized LGBT organizations to be incorporated into health care settings. It describes how to train clinical staff to interact with LGBT patients, how to collect data through existing electronic health records systems and how to use data to support clinical processes. |
| **Practical Tool** | **All populations** |
| | **American Hospital Association (2011)—Improving Health Equity Through Data Collection and Use: A Guide for Hospital Leaders**<br>**User:** Leader<br>**Setting:** Hospital<br>• The Guide for Hospital Leaders outlines key action steps that hospitals have taken to streamline the process of data collection. The report provides a number of case studies and a literature review on approaches for hospital use of patient-collected data. |
| | **Sexual and gender minorities** |
| | **Do Ask, Do Tell (2015)—A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• The Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings outlines a list of sexual orientation and gender identity-related questions recommended by nationally-recognized LGBT organizations to be incorporated into health care settings. The toolkit describes how to train clinical staff to interact with LGBT patients, how to collect data through existing electronic health records systems, and how to use data to support clinical processes.<br><br>**National LGBT Health Education Center (A Program of The Fenway Institute) (2015)—Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Taking the Next Steps**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• The Taking the Next Steps report explores the rationale for collecting sexual orientation and gender identity data in clinical settings, and it provides a list of recommended questions and information on data collection and staff training. |

## DATA COLLECTION

| Practical Tool | Sexual and gender minorities |
|---|---|
| | **National Resource Center on LGBT Aging (2013)—Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity helps clinicians and service providers ask questions related to sexual orientation and gender identity in safe and appropriate ways. The guide explains the rationale for collecting such data on LGBT older adults, how to collect data through client forms and strategies for discussing gender identity and sexual orientation with older clients.<br><br>**The Fenway Institute (2013)—Asking Patients Questions about Sexual Orientation and Gender Identity in Clinical Settings A Study in Four Health Centers**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• This study assesses the feasibility and acceptability of asking sexual orientation and gender identity-related questions as part of registration. The study recommends a set of sexual orientation and gender identity questions for clinical settings that can be used in future studies of related issues. |
| **Training Material** | **All populations** |
| | **The Disparities Solution Center (2011-2016)—Data Collection, Patient Experience and Quality & Safety Webinars (Webinar)**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization<br>• Data Collection, Patient Experience and Quality & Safety Webinars comprise a database of 10 Webinars related to patient experience and quality and safety. All Webinars and audio recordings are free. |
| | **Sexual and gender minorities** |
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (2016)—Do Ask, Do Tell! Collecting Data on Sexual Orientation and Gender Identity in Health Centers (Webinar)**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• This Webinar addresses the barriers to care that many LGBT people face, describes the inequity in health outcomes for LGBT people and details both how and why to collect sexual orientation and gender identity data in EHRs.<br><br>**National LGBT Health Education Center (A Program of The Fenway Institute) (2014)—Collecting Data on Sexual Orientation and Gender Identity in the Electronic Health Record: Why and How (Webinar slides)**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization<br>• The Collecting Data on Sexual Orientation and Gender Identity in the Electronic Health Record: Why and How Webinar slides provide recommendations to incorporate sexual-orientation and gender identity-related questions into existing health records, and explain the rationale of collecting sexual orientation and gender identity-related data. The Webinar also includes a number of sexual-orientation and gender-identity sample questions. Access to Webinar and related materials is free. |

## DATA COLLECTION

| | Exemplar |
|---|---|
| **ALL POPULATIONS** | |
| **Oregon Health Authority, Office of Equity and Inclusion (2014)—**<br>**Race Ethnicity, Language, and Disability Demographic Data Collection Standards**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• Race Ethnicity, Language, and Disability Demographic Data Collection Standards document outlines the uniform practices and standards for data collection on demographic categories including: race, ethnicity, disability status, preferred spoken or signed and preferred written language. *Note: This is an exemplar from one state. Other states may have additional examples of data collection standards.* | |

## COMMUNITY ENGAGEMENT (PARTNERSHIP AND ASSESSMENT)

| Background Information | All populations |
|---|---|
| | **Aligning Forces for Quality (AF4Q) (2015)—**<br>**Approaches to Reducing Health Care Disparities: A Focus on Six Multi-Stakeholder Alliances**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization<br>• A Focus on Six Multi-Stakeholder Alliances report summarizes the major activities aimed at reducing and eliminating health care disparities in a number of AF4Q communities. The report includes a number of best practices and lessons learned. |
| | **Sexual and gender minorities** |
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (2015)—**<br>**Promoting Health Care Access to Lesbian, Gay, Bisexual, and Transgender (LGBT) Farmworkers**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• This report provides epidemiological information on the health and wellness of farmworkers, generally, and LGBT farmworkers and outlines health care challenges in this population. The report includes a set of recommendations and best practices for health centers to build trust with LGBT farmworkers. |
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (2013)—**<br>**Optimizing LGBT Health Under the Affordable Care Act: Strategies for Health Centers**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• The Strategies for Health Centers report explains how various mechanisms under the Affordable Care Act will benefit members of the LGBT community, especially new essential health benefits, coverage expansions, stronger nondiscrimination policies, and improved data collection. The report includes a list of strategies and recommendations for enrolling LGBT individuals in health plans under the Affordable Care Act. |

## COMMUNITY ENGAGEMENT (PARTNERSHIP AND ASSESSMENT)

| Training Material | Sexual and gender minorities |
|---|---|
| | **National LGBT Health Education Center (A Program of The Fenway Institute) (2014)—Reaching LGBTQ Communities and Engaging them in Health Care (Webinar)**<br>**User:** Leader<br>**Setting:** Health care organization, Community organization<br>• The Reaching LGBTQ Communities and Engaging them in Health Care Webinar addresses how to create long-lasting partnerships with the LGBT community. Benjamin Perkins, the Associate Director for Community Engagement at the Fenway Institute, explains best practices in LGBT community engagement, including development of community advisory groups, convening focus groups and creating materials to raise awareness. Access to Webinar and related materials requires registration. |

**Exemplar**

### ALL POPULATIONS

**University of Pittsburgh Medical Center (UPMC) (2016)—Center for Engagement and Inclusion**

**User:** Leader
**Setting:** Hospital, Health care organization, Community organization

• The Center for Engagement and Inclusion was begun in 2008 to establish inclusion, respect, dignity and cultural awareness as core components of the employee, patient, health plan member and community experience. The Center aims to create an inclusive workplace, to ensure culturally appropriate care, to recruit and maintain a diverse workforce and to make a difference in the communities it serves. The links for "Patient, Member and Customer Experience" and "Community Experience" describe initiatives that UPMC conducted to engage patients, families and the community.

### PEOPLE WITH DISABILITIES

**Pro Infirmis (2013)—Because Who is Perfect? (public outreach video)**

**User:** Leader, Provider, Staff
**Setting:** Hospital, Health care organization, Community organization

• This video depicts a campaign by Pro Infirmis, an organization for people with disabilities, for the International Day of Persons with Disabilities. In the video, "perfect" mannequins in store fronts are replaced with mannequins with scoliosis, brittle bone disease and other conditions.

### RACIAL AND ETHNIC MINORITIES

**L.A. Care Health Plan (2014)—Quality Improvement Program Annual Report and Evaluation**

**User:** Leader, Provider, Staff
**Setting:** Hospital, Health care organization, Community organization

• The Annual Report and Evaluation describes the system L.A. Care uses to implement quality improvement activities and quantifiable goals. This 2014 report highlights and outlines key quality improvement accomplishments, and includes analysis of HEDIS data to identify and address racial/ethnic disparities. The report contains a separate analysis for each HEDIS measure by seniors and people with disabilities (SPD) or non-SPD, race, ethnicity, gender, age and other data points. Highlights from the analysis show that culture, ethnicity, and geography can change perceptions and participation in seeking and attaining preventive health care.

## CLAS BASED CONFLICT RESOLUTION

| Background Information | All populations |
|---|---|
| | **See Appendix 1 for additional resource(s) dated prior to 2005.** |

| Practical Tool | All populations |
|---|---|
| | **Mind Tools (n.d.)—Conflict Resolution: Using the "Interest-Based Relational" Approach**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• This resource includes a short, 3-minute video that summarizes the approach, and describes the approach in six steps for users to follow. The article also includes how to put each step into practice in order to resolve conflict.<br>**See Appendix 1 for additional resource(s) dated prior to 2005.** |
| | **People with disabilities** |
| | **U.S. Department of Health & Human Services (n.d.)—Example of a Section 504 Grievance Procedure that Incorporates Due Process Standards**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• HHS created an example of an organizational policy that outlines an internal grievance procedure for prompt and equitable resolution of complaints. The example allows organizations to update the policy with the name of their group and sections that are relevant to their organization. |

## COMMUNICATION OF PROGRESS IN CLAS

| Practical Tool | All populations |
|---|---|
| | **Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee Task Force on the Principles of Community Engagement (2011)—Principles of Community Engagement**<br>**User:** Leader, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• Principles of Community Engagement (Second Edition) provides public health professionals, health care providers, researchers, and community-based leaders and organizations with both a science base and practical guidance for engaging partners in projects that may affect them. The principles of engagement can be used by people in a range of roles, from the program funder who needs to know how to support community engagement to the researcher or community leader who needs hands-on, practical information on how to mobilize the members of a community to partner in research initiatives. In addition, this primer provides tools for those who are leading efforts to improve population health through community engagement.<br>**See Appendix 1 for additional resource(s) dated prior to 2005.** |

## APPENDIX 1: ADDITIONAL RESOURCES

### Governance, Leadership, and Workforce

*Organizational governance and leadership to promote CLAS and health equity*

| Assessment or Measurement Tool | Racial and ethnic minorities |
|---|---|
| | **American College of Healthcare Executives, National Center for Healthcare Leadership, The Institute for Diversity, and American Hospital Association (2004)—**<br>**Strategies for Leadership: Does your Hospital Reflect the Community it Serves? A Diversity and Cultural Proficiency Assessment Tool for Leaders**<br>**User:** Leader, Provider<br>**Setting:** Hospital, Health care organization, Community organization<br>• This Cultural Proficiency Assessment Tool includes an assessment checklist for hospital and health care leaders to evaluate the diversity and cultural proficiency of their organization and identify what activities and practices are in place or need to be implemented. The tool also includes action steps that organization leaders can take to facilitate discussion on diversity and cultural proficiency. |

*Training and education for culturally and linguistically competent governance, leadership and workforce*

| Training Material | Racial and ethnic minorities |
|---|---|
| | **The Commonwealth Fund (2004)—**<br>**Worlds Apart: A Four-Part Series on Cross-Cultural Health Care (Video)** and **Facilitator Guide**<br>**User:** Provider<br>**Setting:** Health care organization<br>• This video series documents the experiences in the U.S. health care system of minority Americans and patients from other countries. Made with partial support from The Commonwealth Fund, this project dramatizes communication between patients and their doctors, tensions between modern medicine and cultural beliefs and the ongoing burdens of racial and ethnic discrimination. Videos are accompanied by a facilitator guide. |

### Engagement, Continuous Improvement, and Accountability

*CLAS Based Organizational Goals and Policies*

| Practical Tool | All Populations |
|---|---|
| | **Agency for Healthcare Quality and Research (2003) -**<br>**Planning Culturally and Linguistically Appropriate Services**<br>**User:** Leader<br>**Setting:** Health care organization<br>• To address shifting demographic trends in health care, this guide offers health plans an approach to defining the needs of multi-ethnic members and developing culturally and linguistically appropriate services for them. Printed copies of the guide and appendices (AHRQ Publication No. 03-R201 and No. 04-RG002 respectively) can be ordered from the AHRQ Publications Clearinghouse. |

## APPENDIX 1: ADDITIONAL RESOURCES

### Engagement, Continuous Improvement, and Accountability

*CLAS Based Organizational Goals and Policies*

| Practical Tool | Limited English proficiency |
|---|---|
| | **Agency for Healthcare Quality and Research (2003)—Providing Oral Linguistic Services**<br>**User:** Leader<br>**Setting:** Health care organization<br>• To address shifting demographic trends in health care, this guide offers an approach to defining the needs of members with LEP and developing strategies to meet communication needs. Printed copies of the guide and appendices (AHRQ Publication No. 03-R201 and No. 04-RG002, respectively) can be ordered from the AHRQ Publications Clearinghouse. |

*CLAS Based Conflict Resolution*

| Background Information | All populations |
|---|---|
| | **LeBaron, M. (1998)—Mediation and Multicultural Reality**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• Mediation and Multicultural Reality includes background information on the following topics: imperative of cultural sensitivity, conflict as a cultural event, cultural and individual identity in conflict, cultural patterns and conflict analysis, applying cultural frameworks to conflict processes and capacities for effective multicultural mediation. |
| **Practical Tool** | **All populations** |
| | **DuPraw, M., and Axner, M. (1997)—Working on Common Cross-Cultural Communication Challenges**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• Working on Common Cross-Cultural Communication Challenges describes six fundamental patterns of cultural difference and guidelines for multicultural collaboration. The six patterns include: 1) communications styles, 2) attitudes toward conflict, 3) approaches to completing tasks, 4) decision-making styles, 5) attitudes toward disclosure and 6) approaches to knowing.<br>**Ford, J. (2001)—Cross Cultural Conflict Resolution in Teams**<br>**User:** Leader, Provider, Staff<br>**Setting:** Hospital, Health care organization, Community organization<br>• Cross Cultural Conflict Resolution in Teams focuses on the impact of culture on the prevention and resolution of conflict in teams. The article provides informative background information on topics such as, team dynamics and individualistic and collectivist dimensions of a culture. It also provides practical steps for the successful prevention and resolution of conflict. |

*Communication of Progress in CLAS*

| Practical Tool | All populations |
|---|---|
| | **The Medtronic Foundation (2000)—Getting the word out: Effective health outreach to cultural communities**<br>**User:** Leader<br>**Setting:** Hospital, Health care organization, Community organization<br>• *Getting the Word Out* is a guide to effective outreach for health organizations. In particular, this guide is intended for patient support organizations that would like to make their information, referral, support and advocacy services more accessible to people from a variety of cultural communities. |

## APPENDIX 2: ADDITIONAL ORGANIZATIONS OF INTEREST BY POPULATION

### All Populations

**Association of Academic Health Centers**
The Association of Academic Health Centers (AAHC) is a non-profit organization that seeks to advance the nation's health and well-being through vigorous leadership of academic health centers. AAHC's mission is to improve the nation's health care system by mobilizing and enhancing the strengths and resources of the academic health care enterprise in health professions, education, patient care, and research. AAHC has an initiative around social determinant of health, and engages member institutions to develop approaches to individual and population health that include underlying social determinants. The Web site includes reports, stories from the field and additional comprehensive resources.

**The Commonwealth Fund**
The Commonwealth Fund is a private foundation that aims to promote a high-performing health care system that achieves better access, improved quality and greater efficiency, particularly for society's most vulnerable populations, including low-income people, the uninsured, minority Americans, young children and elderly adults. The Web site offers information on topics that include health care delivery, vulnerable populations and state health policy, and offers publications, surveys and data.

**CulturaLink**
CulturaLink helps health care systems develop a program for servicing multilingual and multicultural patients. Its focus is on understanding program status helping develop goals and objectives for improvement. Customized training programs teach diverse workforces how to properly manage cultural nuances of patients and deliver language services. CulturaLink resources are not free.

**The Disparities Solution Center**
The Disparities Solution Center was created to develop and implement policy-advancing practices to eliminate racial and ethnic disparities, improve quality and achieve health care equity. Its goal is to move beyond research to action—developing and disseminating models for improving quality and identifying and addressing racial and ethnic disparities in health care nationally, regionally and locally. The Web site includes programs and resources, Webinars and user guides.

**National Center for Cultural Competence**
The mission of the National Center for Cultural Competence is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity. Their Website provides distance learning modules, self-assessments, data vignettes and information for organizations, providers, faculty and families around culturally competent care.

**National Collaborative for Health Equity**
The mission of the National Collaborative for Health Equity is to promote health equity by harnessing evidence, developing leaders and catalyzing partnerships across the many different sectors that share responsibility for creating a more equitable and just society. The Web site offers informational Webinars, events, newsletters and fact sheets among other resources.

**Quality Interactions**
Quality Interactions partners with health care organizations to assess cultural competency needs and to determine customized learning pathways for professional staff. It provides resources for assessment, eLearning, quality improvement, and provides live trainings. This is not a free resource; organizations should contact Quality Interactions for more information.

Some state offices are addressing CLAS and health equity through public programs and initiatives. Below are a few examples.*

**Arizona's Health Disparities Center**
The Arizona Health Disparities Center is Arizona's central source of information and resources related to minority health and health disparities. It provides leadership by building networks and community capacity to reduce health disparities. The Web site includes links to related initiatives, programs and conferences.

**Maryland Office of Minority Health and Health Disparities**
Maryland's Office of Minority Health and Health Disparities works to promote health equity among African Americans, Asian Americans, Hispanic/Latino Americans and Native Americans, toward improving the health of all Marylanders. The Web site includes links to minority outreach and technical assistance, health equity data, cultural and linguistic competency and a health disparities collaborative.

## APPENDIX 2: ADDITIONAL ORGANIZATIONS OF INTEREST BY POPULATION

### All Populations

**Massachusetts Office of Health Equity**
The Massachusetts Office of Health Equity works to increase the Massachusetts Department of Public Health's capacity to respond effectively to the community's public health needs. Its goal is to promote the well-being and healing of linguistic, ethnic and racial minorities throughout the Commonwealth. The Web site includes links to a number of resources and services, such as health and disability programs, interpreter services and relevant data and statistics.

**Oregon Health Authority, Office of Equity and Inclusion**
The Office of Equity and Inclusion works with diverse communities to eliminate health gaps and promote optimal health in Oregon. By connecting people and programs, it can make substantial, measurable progress in improving the health of all Oregonians. The Web site includes training, resources and technical assistance for users, and information regarding its program Developing Equity Leadership through Training and Action.

*This list is not exhaustive of all states that have developed programs around CLAS and health equity.

Published literature

**L.M. Lines, M. Lepore, J.M. Wiener (2015)—Patient-centered, Person-centered, and Person-directed Care: They are Not the Same**

**User:** Leader, Provider
**Setting:** Hospital, Health care organization

- "Patient-centered, Person-centered, and Person-directed Care" is a two-page article that provides an overview of the similarities and differences in these three approaches to care. This article requires journal access and is not a free resource.

### People with disabilities

**Administration for Community Living, U.S. Department of Health and Human Services**
The Administration for Community Living combines the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities and the HHS Office on Disability to serve as the federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across their lives. The Web site includes background information, resources, programs in which they are involved and data and statistics on people with disabilities.

**Autistic Self Advocacy Network**
The Autistic Self Advocacy Network (ASAN) is a nonprofit organization run by and for Autistic people. ASAN was created to serve as a national grassroots disability rights organization for the Autistic community run by and for Autistic Americans, advocating for systems change and ensuring that the voices of Autistic people are heard in policy debates and the halls of power. The Web site provides background information regarding autism and resources, policies and projects.

**Health and Disability Advocates**
Health and Disability Advocates (HAD) is a social innovator that promotes health and economic security for vulnerable populations, so they can lead secure, dignified lives. HDA works with, but is not limited to, low-income families and individuals, children, youth, older adults, adults with disabilities and veterans and service members. Their Website includes resources and trainings for people with disabilities and accessing health care.

**National Association of the Deaf**
The National Association of the Deaf (NAD) is a civil rights organization of, by and for deaf and hard-of-hearing individuals in the US. The advocacy scope of the NAD covers areas of early intervention, education, employment, health care, technology, telecommunications, youth leadership and more. The NAD also carries out federal advocacy work through coalition efforts with specialized national deaf and hard-of-hearing organizations, as well as coalitions representing national cross-disability organizations.

**National Council on Disability**
The National Council on Disability is an independent federal agency that advises the president, congress and other federal agencies regarding policies, programs, practices and procedures that affect people with disabilities. The Web site includes publications, meetings and events and resources that cover a variety of topics, including health care, education and housing.

**Registry of Interpreters for the Deaf, Inc.**
The Registry of Interpreters for the Deaf advocates for best practices in interpreting, professional development for practitioners and the highest standards in the provision of interpreting services for diverse users of signed and spoken languages.

## APPENDIX 2: ADDITIONAL ORGANIZATIONS OF INTEREST BY POPULATION

### Limited English proficiency

**International Medical Interpreters Association**
The International Medical Interpreters Association is a US-based, international organization committed to the advancement of professional medical interpreters as the best practice to equitable language access to health care for linguistically diverse patients. The Web site provides educational resources, publications, events and standards, in addition to other information.

**Limited English Proficiency (LEP): A Federal Interagency Website**
LEP.gov promotes the importance of language access to federally conducted and assisted programs. The site provides and links users to information, tools and technical assistance regarding LEP and language services for federal agencies, recipients of federal funds, users of federal programs and federally assisted programs and other stakeholders.

**National Council on Interpreting in Health Care**
The National Council on Interpreting in Health Care is a multidisciplinary organization whose mission is to promote and enhance language access in health care in the United States. The Web site includes resources on ethics and standards on practice, Webinars and mentoring for health care interpreter trainers and standards for training.

**Think Cultural Health**
Think Cultural Health is the flagship initiative of the OMH Center for Linguistic and Cultural Competence in Health Care. The goal of Think Cultural Health is to advance health equity at every point of contact through development and promotion of CLAS. The Web site offers resources and tools to promote cultural and linguistic competency in health care, and continuing education programs and tools.

Published literature

**Tuot DS, Lopez M, Miller C, Karliner LS. (2012)—Impact of an easy-access telephonic interpreter program in the acute care setting: an evaluation of a quality improvement intervention.**

**User:** Leader, Provider
**Setting:** Hospital, Health care organization

- A study demonstrating that providing easy access to professional interpreters in the hospital via dual handset telephones increases physician and nurse use of professional interpreter services, without decreasing use of in-person interpreters for more complex conversations. This article requires journal access and is not a free resource.

**Flores et al. (2012)—Errors of medical interpreting and their potential clinical consequences. a comparison of professional versus ad hoc versus no interpreters.**

**User:** Leader, Staff
**Setting:** Hospital, Health care organization

- To compare interpreter errors and their potential consequences in encounters with professional versus ad hoc versus no interpreters. Professional interpreters result in a significantly lower likelihood of errors of potential consequence than ad hoc and no interpreters. Among professional interpreters, hours of previous training, but not years of experience, are associated with error numbers, types and consequences. These findings suggest that requiring at least 100 hours of training for interpreters might have a major impact on reducing errors and their consequences in health care, while improving quality and patient safety.

**Karliner LS, Mutha S. (2010)—Achieving quality in health care through language access services: lessons from a California public hospital.**

**User:** Leader, Provider
**Setting:** Hospital

- A case study demonstrating the importance of organizational commitment, early information technology involvement, attention to clinical needs, active engagement of stakeholders and coordinated project management to the provision of high-quality language services. This article requires journal access and is not a free resource.

## APPENDIX 2: ADDITIONAL ORGANIZATIONS OF INTEREST BY POPULATION

### Low health literacy

**Agency for Healthcare Research and Quality**
The Agency for Healthcare Research and Quality Web site covers the topic of health literacy and provides a list of links to resources that include measurement tools, pharmacy health literacy resources and patient information.

**Centers for Disease Control and Prevention**
The Centers for Disease Control and Prevention offers a Web site dedicated to health literacy. The site provides information and tools to improve health literacy and public health. Resources are for all organizations that interact and communicate with people about health.

**National Institutes of Health**
The National Institutes of Health offers a Web site called "Clear Communication" that focuses on health literacy issues. The Web site includes four sections of information and resources: (1) Health Literacy; (2) Plain Language; (3) Clear & Simple; and (4) Cultural Respect.

**Polyglot**
Polyglot offers an online tool called Meducation that generates personalized medication instructions. Patient-specific medication instructions—drug, dose, time of day—are simplified to a 5th-8th grade reading level and presented in intuitive formats. Pictograms of time of day and medication techniques convey information unambiguously. All content is available in more than 20 languages and can be delivered to patients electronically or in printed information. All content is accessible by patients from home via the patient portal. This is not a free resource.

**U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion**
The Office of Disease Prevention and Health Promotion Web site is focused on health literacy and includes links to resources in three categories: 1) tools for improving health literacy; 2) government resources; and 3) reports and research.

### Racial and ethnic minorities

**Civil Rights Mediation**
The Civil Rights Mediation website includes a checklist of things to think about and materials for intermediaries and disputants, and offers links to many sources of further information on each of the question topics.

**DiversityRX**
DiversityRx's goal is to improve the accessibility and quality of health care for minority, immigrant, and indigenous communities. They support those who develop and provide health services that are responsive to the cultural and linguistic differences presented by diverse populations. Their Website provides information on various cross cultural health care topics, activities to encourage participation in the CLAS community, resources including cross cultural organizations, blogs and events.

**Finding Answers: Disparities Research for Change**
Finding Answers' core goals are: 1) find promising solutions to reduce disparities; 2) encourage the spread of best practices; and 3) create an evidence-based, practical framework to help health care providers design their own interventions to reduce disparities. The Web site disseminates information, best practices and tools to health care systems, to help them recognize and act on equity. Site tools capture the main lessons so that other health care organizations can successfully reduce disparities via quality improvement efforts.

**Institute for Diversity (an affiliate of the American Hospital Association)**
The Institute for Diversity in Health Management is committed to expanding health care leadership opportunities for ethnically, culturally and racially diverse individuals, and increasing the number of these individuals entering and advancing in the field. The Web site includes information about becoming a member of the institute, conferences, symposiums and published resources on a variety of health topics.

**National REACH Coalition**
The National REACH Coalition supports organizations in developing community-centered, racially and ethnically appropriate interventions that are practice/evidence-based to advance a social model of environmental, programmatic and infrastructural change at the local, state and national levels. The Web site includes information about its programs and resources, including information about access to health care, publications and newsletters.

## APPENDIX 2: ADDITIONAL ORGANIZATIONS OF INTEREST BY POPULATION

### Sexual and gender minorities

**Center of Excellence of Transgender Health**
The Center of Excellence for Transgender Health's mission is to increase access to comprehensive, effective and affirming health care services for transgender communities. The Web site includes a list of primary care protocols for transgender patient care, including topics such as fertility issues, insurance issues, harm reduction, vaccinations, follow-up care and mental health. It also includes information around routine care, HIV prevention and cultural competence.

**Family Acceptance Project**
The Family Acceptance Project is funded by individual donors, agencies and visionary foundations including The California Endowment, the Annie E. Casey Foundation and by a matching grant by the Robert Wood Johnson Foundation. The goals of the project are to: 1) study families' and caregivers' adjustment to an adolescent's coming out and LGBT identity, 2) develop training and assessment materials, 3) develop resources to strengthen families to support LGBT children and adolescents and 4) develop a new model of family-related care to prevent health and mental health risks, keep families together and promote well-being for LGBT children and adolescents. Their Web site includes assessments, training materials and other resource links.

**Fenway Health**
The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy. The Web site offers information about research, health policy, publications and education and training for health care staff.

**Human Rights Campaign**
The Human Right Campaign is a national LGBT civil rights organization, and envisions an America where LGBT people are ensured of their basic equal rights and can be open, honest and safe at home, at work and in the community. The Web site includes a variety of resources and programs on many topics, including children and youth, state and local advocacy, adoption and HIV and AIDS.

**LGBT HealthLink**
LGBT HealthLink, formerly The Network for LGBT Health Equity, is a community-driven network of advocates and professionals looking to enhance LGBT health by reducing disparities regarding tobacco use, cancer and other health issues in the community. It is 1 of 8 CDC-funded tobacco and cancer disparity networks, and advances these issues primarily by linking people and information to advocate for policy change.

**National LGBT Health Education Center**
The National LGBT Health Education Center provides educational programs, including Webinars and training tools, resources and consultation to health care organizations, with the goal of optimizing quality, cost-effective health care for LGBT people.

**Parents and Friends of Lesbians and Gays**
Parents and Friends of Lesbians and Gays (PFLAG) is committed to advancing equality and full societal affirmation of LGBTQ people through its threefold mission of support, education and advocacy. The Web site provides education and programs, and information about advocacy and important issues affecting the LGBTQ community and resources.

**Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders**
Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE) is dedicated to improving the lives of LGBT older adults, and has a mission to be the lead in addressing issues related to LGBT aging. Their Web site offers information on their national programs, advocacy initiatives and resources including publications and videos.

**World Professional Association for Transgender Health**
The World Professional Association for Transgender Health, formerly known as the Harry Benjamin International Gender Dysphoria Association, is a non-profit, interdisciplinary professional and educational organization devoted to transgender health. The Web site includes training, publications, resources and standards of care for areas of health, including primary care, gynecology and mental health.

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