

Culturally and Linguistically Appropriate Services (CLAS) Toolkit

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**New Mexico Department of Health
Division of Policy and Performance
Office of Health Equity**

DEPARTMENT OF HEALTH CLAS ASSESSMENT RECOMMENDATIONS

The Culturally and Linguistically Appropriate Services (CLAS) Assessment was administered by the Division of Policy and Performance (DPP) in the Fall of 2008 to the Department of Health's Public Health Offices and Facilities. The survey was well received and had a response rate of 86%. The complete results of the Assessment sorted by Public Health Region and Facilities are available on this website or you may email LouAnn Sanchez at LouAnn.Sanchez@state.nm.us.

An internal CLAS Work Group reviewed the survey results and identified many strengths and processes already in place to address the CLAS standards in these locations. They also identified some areas of growth and technical assistance to better address the needs of the Department's limited English proficient clientele.

From these results, the CLAS Work Group made the recommendation to focus the Department's initial efforts on meeting the *federal compliance requirements* for the four mandated Language Access Services (4-7 on the following page). These recommendations include:

1. Supply DOH Public Health Offices and Facilities with a CLAS toolkit.
2. Develop permanent signage that addresses the availability of interpreter services. Make the signage available in the languages of the most commonly encountered groups represented in the state.
3. Work with Public Health Offices and Facilities to create one standard DOH *Notice of Patient's Rights* that includes the right to receive language assistance services.
4. Offer medical interpreter training to staff that provide direct client services.
5. Provide free Cultural and Linguistically Appropriate Services (CLAS) Standards courses at <http://www.nmdohcc.org>.

The Department of Health endeavors to ensure fair and equitable treatment of all patients/clients by providing support, training and resources for its staff. On the following pages, you will find a CLAS toolkit, developed by DPP, to provide implementation strategies and resources both statewide & regionally to address the four mandated Language Access Services Standards. Please note that some strategies may be applicable to multiple standards even if they only appear once on the document.

**The 14 CLAS Standards are guidelines established by the federal Health and Human Services Department, Office of Minority Health.
These standards are mandated for all health care organizations receiving federal funds.**

Culturally Competent Care

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Mandated)

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence

8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

DEFINITION OF TERMS

In order to begin a discussion on CLAS, it is important to develop a shared understanding of the relevant terminology. Cultural and Linguistic Competence is important because it leads to better health outcomes; in addition, a culturally and linguistically competent health care provider is able to acquire more detailed information from a patient when providing care.

Definition of Terms:

CLAS Standards: The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH), ensure all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.

Culture: The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Cultural Awareness: Developing sensitivity and understanding of diverse groups involving internal changes in terms of attitudes and values.

Cultural Knowledge: Familiarization with cultural characteristics, history, values, belief systems, and behaviors of another ethnic group.

Cultural Skill: A skill set to access an individual's background and formulate a culturally relevant treatment plan.

Cultural Sensitivity: Knowing cultural differences and similarities exist, without assigning them values, ie., better or worse, right or wrong.

Interpretation: Facilitating oral communication between individuals who do not speak the same language and may not share the same culture.

Language Access Services: The key to providing meaningful access to care for limited English proficient (LEP) persons is to ensure effective communication between the provider/organization and the LEP person. An LEP person cannot speak, read, or understand the English language at a level that permits effective interaction with clinical or nonclinical staff at a healthcare organization. Language assistance services must be made available to each person with LEP who seeks services and are to be provided by bilingual staff that can communicate directly with patients/consumers in their preferred language.

Limited English Proficiency (LEP): Individuals who do not speak English as their native language and have a limited ability to read, speak, or understand English.

Title VI of the Civil Rights Act of 1964: Since 1964, Title VI of the Federal Civil Rights Act has required that: *“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”*

Translation: Changing written documents from one language into another.

LANGUAGE ACCESS SERVICES

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with LEP at all points of contact and in a timely manner during all hours of operation.

Implementation Strategies	New Mexico State Resources	Regional Resources
<p>Train staff on the importance and use of interpreters.</p> <p>Schedule bilingual staff to participate in medical interpreter training.</p>	<p><u>New Mexico Department of Health-Bi-lingual Medical Interpreter Training:</u> http://www.health.state.nm.us/OPMH/DPPMIT.htm http://nmhealth.org/dpp/DPPMIT.htm</p> <p><u>Bilingual Advantage:</u> http://bilingualadvantageinc.com/</p> <p><u>Southwest Center for Linguistic and Cultural Competence:</u> Linda Armas (505) 730-1950 larmas@swcp.com</p> <p><u>Navajo Medical Interpreter:</u> yinbah@netzero.net Ida Bradley (505) 598-5330</p>	<p><u>A Patient Centered Guide to Implementing Language Access Services in Healthcare Organizations:</u> http://www.omhrc.gov/Assets/pdf/Checked/HC-LSIG.pdf</p>
<p>Offer bilingual staff and interpreters at no cost to clients.</p> <p>Provide interpreter services from established and credible persons/agencies to patients who need this assistance.</p> <p>Set up chart flagging system to identify the patients that need interpreter services.</p>	<p><u>Department of Health Trained Medical Interpreters List:</u> http://intranet/documents/DOHInterpreterTranslatorList1208.doc</p> <p><u>New Mexico Translators & Interpreters:</u> http://internet.cybermesa.com/~nmtia/</p>	<p><u>A Federal Interagency Website on Limited English Proficiency:</u> http://www.lep.gov/</p> <p><u>Pacific Interpreters:</u> http://www.pacificinterpreters.com/</p> <p><u>Hablamos Juntos:</u> http://hablamosjuntos.org/</p>
<p>Post sign that show availability of interpreter services.</p>	<p><u>NM-DOH Office of Health Equity:</u> http://www.nmdohcc.org</p>	<p><u>Interpreter Signs:</u> http://www.doh.wa.gov/phepr/signs/pages/interpreter.htm</p>

LANGUAGE ACCESS SERVICES

Standard 5

Health care organizations must provide to patients/ consumers in their preferred language both verbal offers and written notices informing them of their right to receive language services.

Implementation Strategies	New Mexico State Resources	Regional Resources
Display simple statement of “Patient Bill of Rights” in their languages.	Will be available October 2009	<u>U.S. Patients Bill of Rights:</u> http://en.wikipedia.org/wiki/U.S._Patients%27_Bill_of Rights
Inform clients and consumers of their right to language assistance services with instructions to encourage the patient to ask for this service. (verbally and in written materials)	<u>Office of Health Equity:</u> www.nmdohcc.org	<u>Improving Access to:</u> http://www.usdoj.gov/crt/cor/13166.php <u>A Federal Interagency Website on Limited English Proficiency:</u> http://www.lep.gov/
Promote the use of and display “I speak” cards.	<u>Sign of “I Speak” Cards:</u> http://www.migrantclinician.org/files/resourcebox/ISpeakCards2004.pdf .	<u>Common Sentences in Multiple Languages:</u> http://www.qualitynet.org/dcs/ContentServer?cid=1171974586207&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools <u>I Speak Cards:</u> http://www.usdoj.gov/crt/cor/Pubs/ISpeakCards2004.pdf
Post signs for use at reception areas that show language services are available (Languages predominantly in patient population served in area).	<u>Interpreter Service Poster:</u> www.metastar.com/web/Default.aspx?tabid=310 <u>Predominant Languages Spoken NM:</u> http://www.census.gov	<u>Hospital Signs:</u> http://healthinfotranslations.com/hospital-signs.php

LANGUAGE ACCESS SERVICES

Standard 6

Health care organizations must* ensure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Implementation Strategies	New Mexico State Resources	Regional Resources
Use accredited linguistic services to assist in medical interpreting training.	<u>New Mexico Department of Health-Office of Health Equity– Medical Interpreting Training:</u> http://www.nmdohcc.org/ Paul V. Romero (505) 827-2056	<u>Pacific Interpreters</u> http://www.pacificinterpreters.com/ <u>Hablamos Juntos</u> http://hablamosjuntos.org/
Assess staff on their skills and comfort level when interpreting medical information.	<u>Cultural Competence Assessment:</u> http://www11.georgetown.edu/research/gucchd/NCCC/foundations/assessment.html	<u>Think Cultural Health:</u> https://www.thinkculturalhealth.org/
Ensure competence of language assistance provided by interpreter/ bilingual staff.	<u>Guidelines for Use of Medical Interpreter Services:</u> http://www.aamc.org/students/medstudents/interpreterguide.htm	<u>International Medical Interpreters Association:</u> http://www.imiaweb.org/default.asp
Utilize the recommendation/ guidelines for effective use of medical interpreters.	<u>Standards for Medical Interpreters:</u> http://www.commonwealthfund.org/Content/Innovations/Tools/2005/Nov/National-Standards-for-Medical-Interpreters.aspx	<u>National Standards for Medical Interpreters:</u> http://www.cmwf.org/tools/tools_show.htm?doc_id=318839 <u>*Office of Civil Rights website:</u> www.hhs.gov/ocr/lep

LANGUAGE ACCESS SERVICES

Standard 7

Health care organizations must make available easily understood patient related materials and post signage in the language of the commonly encountered groups and/or groups represented in the service area.

Implementation Strategies	New Mexico State Resources	Regional Resources
Schedule staff to participate with the CLAS and Cultural competency on line training.	<u>New Mexico Department of Health Cultural Competency Information & Education Center:</u> http://www.nmdohcc.org/	<u>English-Spanish Dictionary Health Related Terms:</u> http://www.cdpr.ca.gov/docs/enforce/usmexbrd/bpdocs/engspdct.pdf
Post language specific signs saying “Welcome,” “We Speak,” “This Way to the Restroom” in English/Spanish and soon Navajo.	<u>New Mexico Department of Health Cultural Competency Information & Education Center:</u> http://www.nmdohcc.org/	<u>Common Signs in Multiple Languages:</u> http://scanme.com/documents/resources/signs_card.pdf
Offer multi-language documents and educational materials based on the patient groups most often encountered (English, Spanish, Navajo).	<u>Patient related materials can be translated English-Spanish by DOH– DPP Office of Health Equity:</u> http://www.nmhealth.org/opmh/OPMHS.htm	<u>Documents in Multiple Languages:</u> http://healthinfotranslations.com/languages.php
Utilize the NM-DOH translator: Request English-Spanish translation of documents and educational materials.	<u>NM-DOH Translator (English to Spanish):</u> Lilia.Whitener@state.nm.us (505) 476-3656	<u>Translated Health Forms and Documents in Multiple Languages:</u> http://www.healthynh.com/fhc/resources/translatiddocuments.php
Consider the physical impairment of patients/consumers & make appropriate accommodations.	<u>Community Outreach Program for Deaf (COPD):</u> http://www.cdhh.state.nm.us/Sign.html 1-800-229-4262	<u>Specialist in Sign Language:</u> http://deafness.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=deafness&cdn=health&tm=17&gps=59_2097_1259_825&f=00&su=p284.9.336.ip_p736.8.336.ip_&tt=2&bt=1&bts=1&zu=http%3A//www.cdhh.state.nm.us/Sign.html

RESOURCES - HELPFUL LINKS

The following are links to websites that you may find useful. If you would like to recommend a resource, please email your suggestion to LouAnn.Sanchez@state.nm.us. You will receive a response to your request. Thank you.

Data on Health Disparities, CDC-Office of Minority Health & Health Disparities:

<http://www.cdc.gov/omh/reportspubs.htm>

Detail on CLAS Standards and the Framework for Implementing the CLAS Standards:

<http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>

https://www.thinkculturalhealth.org/documents/CLAS_Standards.pdf

Department of Health, Division of Policy and Performance Website:

<http://www.nmhealth.org/dpp/>

Free, 24 Hour, Practical Answers to Health Questions from DOH's 24-hour Nurse Advise Line:

877-725-2552

Final Report on the Complete Development of CLAS Standards by the U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services in Health Care:

<http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>

Free online CLAS and Cultural Competency Training New Mexico Department of Health-Cultural Competency Information and Education Center:

www.nmdohcc.org

<http://www.health.state.nm.us/opmh/opmhcc.htm>.

A-Z Listing of All Health Related Resources in New Mexico, NM-Department of Health Resources:

http://www.nmhealth.org/topicA_Z.shtml

<http://www.health.state.nm.us/nm-resources.html>

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