

Assessing CLAS Standards: a PDSA Project Report

Background

A small group of collaborative partners have joined together since 2015 in the Social Determinants of Health (SDOH) Workgroup of the Nebraska state team for the Infant Mortality Collaboration and Innovation Implementation Network (IM COIIN) national learning network. The SDOH workgroup has been actively engaged in learning about and testing methods to improve population health, wellbeing, and equity through an expanded and nuanced framework adapted by the national COIIN learning network from the World Health Organization.

The national learning network and the state team have been considering the use of **Assessment Tools**, as used by individuals and/or organizations, to assess the capacity and readiness to carry out equity-focused work. The current report describes a test of a tool to measure the extent to which employees identify Culturally- and Linguistically-Appropriate Services standards are being implemented in their workplace.

Methods

A brief Plan-Do-Study-Act cycle was designed. A project partner in the SDOH workgroup volunteered to test the CLAS instrument and approach in the single program area. The program area functions with statewide responsibilities in the Division of Public Health at DHHS.

Individuals in the designated program area were invited to voluntarily participate in the study, with expectation that no more than 20 minutes would be required over the three activities in total. First was the pre-education survey, second was a brief educational activity about CLAS, and third was a post-education survey.

SurveyMonkey was used for administration of the survey via electronic link. Results were collated and retrieved by a designated staff member; no individual identifiers were obtained or reported. The program area personnel participated in the study voluntarily. The identity of the program area remains masked for the purposes of this report.

Results:

1. Overview:

	Number	%
<i>No. of Staff in Designated Program</i>	21	100
<i>No. Responding to Pre-Education Survey</i>	8	38
<i>No. Responding to Post-Education Survey</i>	4	19

2. CLAS Standards Implementation (See Appendix A for survey instruments):

Perception of Program-level CLAS Standards Implementation

Scale: Please provide a score of 1 (low) to 5 (high) based on the extent to which you feel the standard is being implemented in your program area .

Questions	Average score	
	Pre-education n = 8	Post-education n = 4
Principle standard		
Q1	2.75	3
Governance, Leadership and Workforce		
Q2	2.125	2.25
Q3	2.5	2.5
Q4	2.125	2
Communication and Language Assistance		
Q5	2.375	1.75
Q6	2.125	1.75
Q7	2.125	2
Q8	2.875	2.75
Engagement, Continuous Improvement, and Accountability:		
Q9	2.125	2
Q10	1.75	2
Q11	2.25	3
Q12	2.125	2.25
Q13	1.875	2
Q14	1.875	2
Q15	1.75	1.75

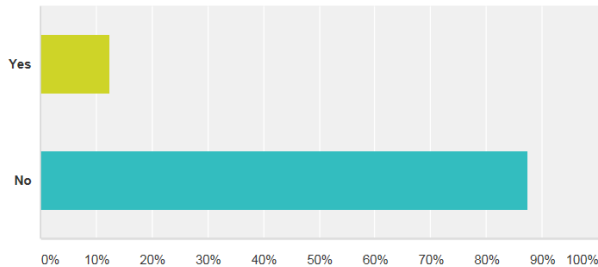
3. Operation questions:

Pre-education session:

- Do you presently work with policies or procedures, or other organizational expectations, related to CLAS?
 - o NO (8/8)
- Does your program area have written policy on health literacy standards and practices when communicating with the public?
 - o NO (8/8)

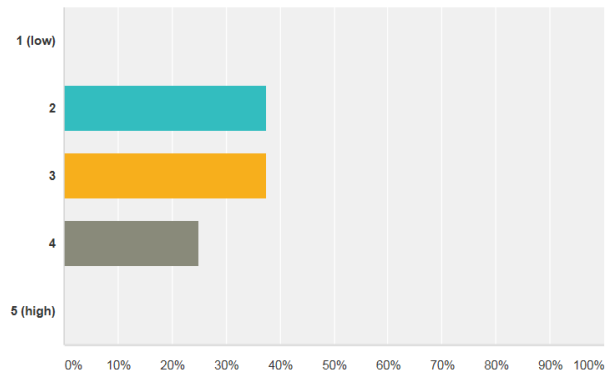
Have you previously been provided orientation or training on implementation of CLAS standards? Includes materials to review individually or as a group, or training activities.

Answered: 8 Skipped: 0



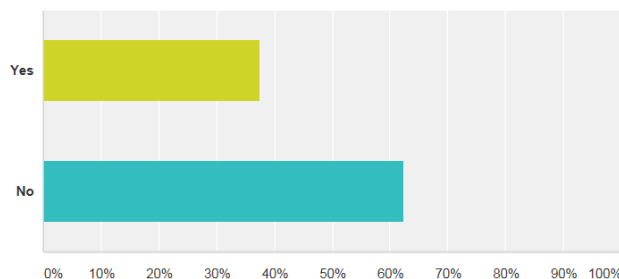
On a scale of 1 (low) to 5 (high) how well-equipped do you consider yourself to address the needs of diverse populations in your program area?

Answered: 8 Skipped: 0



In your program area or work role, do you routinely collect data on your clients' race, ethnicity, language, literacy, and/or need for accommodations due to disability?

Answered: 8 Skipped: 0

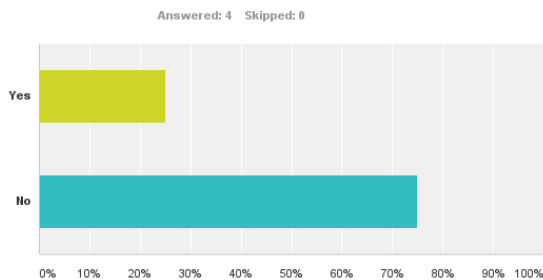


- In your program area, how is the need for interpreter services identified?
 - o Used to have a bilingual administrative assistant, but Pete Ricketts declined to renew her contract.
 - o It is not identified
 - o When communication is initiated and languages don't match
 - o If they call and don't speak English we find an interpreter.
 - o Unknown / No

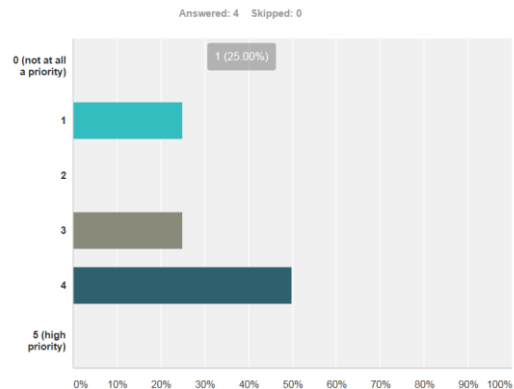
Post-education session:

- Compared to when you completed the pre-survey, have new policies, procedures, or expectations regarding CLAS been introduced in your work area?
 - o NO (4/4)

Q1 Compared to when you completed the pre-survey, have you become more aware of culture and language in your work?



On a scale of 0 (not at all a priority) to 5 (high priority), how important do you think implementation of the CLAS standards are in your work area?



- In your work, what steps are taken in the first encounter to identify those persons with needs in the areas of culture, language, literacy, or disability?
 - o Language barriers are typically the first indication and a formidable hurdle that needs to be addressed before proceeding.
 - o If English is not their primary language we make sure we contact the appropriate translator to provide them services.
 - o Not sure
 - o Sometimes asking what the person's language needs are
- What resources or efforts would improve your ability to meet the needs of persons with culture, language, literacy, or disability?
 - o Having our secretary back who spoke Spanish would be a huge asset for our department as she could fill that role for many people.
 - o Including certain questions for the persons to identify their primary language or cultural needs on standard investigation forms.
 - o Qualified translators. Publications that are appropriately adapted.
 - o Better, more streamlined approach to assessing language preference and access to interpreters. A process to ensure that any messaging we put out is culturally appropriate. In an outbreak making sure we address any culture, language, disability needs when accessing services such as vaccination and prophylaxis and when developing messaging.
- What do you think is the most important aspect of CLAS implementation?
 - o Just continued buy in because it is easy to overlook if not emphasized. I appreciate this effort to bring it further towards people's attention!
 - o Respecting a person's culture and not making them change so we can do our work. We need to adapt to them.
 - o Engaging and educating the entire staff.
 - o CLAS helps create a culture of health equity within an organization and ensures that everyone receives appropriate services that address language, cultural, and disability needs.

Educational session:

- Short video of CLAS standards: 2, two-page fact sheet: 2, short video featuring champions and stories of CLAS: 2
- Comments:

Question: In 2-3 sentences, what do you think is the most important aspect of CLAS implementation?	
<u>Staff 1</u>	The definition of culture was expanded beyond just race and ethnicity to recognize that there are many different things in a person’s life that defines their culture and how they practice healthy behaviors. This took into consideration religion and sexuality among other cultural aspects of a person’s life that affects how they access care, respond to care, and how they understand completely the choices they are being given for their care.
<u>Staff 2</u>	CLAS is a very worthwhile and necessary agenda. However, many persons such as myself (previously) probably have little background knowledge on the subject. The most important aspect of implementation is awareness and education, such as this project, because I believe most public health professionals will get on board to this worthy cause.
<u>Staff 3</u>	Several sociologic factors can affect how folks interact with the healthcare community. It is important for a healthcare facility and public health to do what it can to understand cultural and sociologic differences and be sensitive to them.
<u>Staff 4</u>	The most important aspect of CLAS implementation is finding the resources that will allow for appropriate cultural and linguistic services. Whether this be an interpreter, in person trainings, reading etc. This can be a barrier to proper training by departments or facilities.
<u>Staff 5</u>	Implementing CLAS helps to-eliminate barriers that can contribute to health disparities by providing respectful, equitable care. Implementing CLAS can also help an organization think about and create a culture of health equity.
<u>Staff 6</u>	Education is crucial. Health care providers must know how to effectively communicate and connect with minority patients. On the flip side, minority patients must know services are available to assist them.

Discussion:

Responses obtained regarding the extent to which staff perceive CLAS standards being implemented show there is little in place to assure cultural and linguistic barriers are not creating differential consequences of ill health for some groups. The thoughtful responses to open-ended questions by individuals participating in the survey, however, show that program staff members have an understanding of the importance of cultural and linguistic barriers to achieving optimal health. Specifically, respondents were able to name resources they would find helpful in meeting the needs of diverse groups.

This PDSA was intentional in testing a CLAS assessment tool and in using open-ended phrases to broaden the topic of cultural and language barriers to include *disability and literacy*.

The program staff implementing the PDSA were interested in an action plan for operationalizing a process to implement CLAS, disability, and literacy standards into their program services, suggesting future PDSA activities and developments.

Limitations:

The response rate of 38% was obtained without administrative intervention or urging, nor incentive, suggesting strategies may be deployed to improve level of response in a work area.

There were no specific educational objectives or aims identified in terms of the selection of brief educational resources offered, so no connection can be made regarding the educational content and change. Nor was there an effort to identify individuals in order to understand before and after responses at that level.

Conclusions and Recommendations:

Inviting individuals in a workplace to participate in assessment activities regarding Culturally- and Linguistically-Appropriate Services suggests a leadership and organizational intent to interact successfully in a diverse society. Capturing a baseline measure of the extent to which individuals perceive there are expectations, standards, methods, and resources in place can reveal to organization leaders needs for strengthening visible and available infrastructure. The adoption and implementation of CLAS standards contribute to improved population health, wellbeing, and equity.

The PDSA Cycle was carried out as planned. We predicted we would see improvement of post-education scores compared to pre-education scores. The highest average scores (3) on two questions were obtained post-education, showing increased agreement with the principal standard of providing equitable service, and also collecting data to monitor and evaluate impact of CLAS on equity and outcomes. The greatest numeric difference between pre- and post-education surveys was on this question of collecting data, suggesting a raised awareness about data collection for monitoring equity.

The PDSA could be further adapted. One adaptation would be test the educational interventions offered more intentionally. Another would be to include an action planning tool for operationalizing the desired standards. The PDSA could be repeated in a year's time to measure change. Considerable activity is occurring in many sectors in the DHHS system to increase awareness of equity-focused work.

APPENDIX: SURVEY INSTRUMENTS

COIIN CLAS STANDARDS SURVEY

(CLAS: Culturally and Linguistically Appropriate Services)

Survey Design:

Step 1: A pre-survey on Survey Monkey that will take 10 minutes or less, to be completed no later than March 15.

Step 2:

- A short learning session (your choice of print or video material) that will take approximately 5-10 minutes.
- A response form you'll send to us regarding the learning session of your choice, taking approximately 3-5 minutes. Please email the form to Mai.Dang@nebraska.gov no later than March 20th.

Step 3: A post-survey on Survey Monkey to be completed no later than April 13, 2017 (a link will be sent out on April 5th to those returning form.)

STEP 1: Pre educational session:

Part I: Experience with CLAS Standards

1. Have you previously been provided orientation or training on implementation of CLAS standards? Includes materials to review individually or as a group, or training activities. *Yes/No If yes, please briefly describe.*
2. Do you presently work with policies or procedures, or other organizational expectations, related to CLAS? *Yes/No*
3. On a scale of 1 (low) to 5 (high) how well-equipped do you consider yourself to address the needs of diverse populations in your program area? *Numeric field*
4. In your program area, how is the need for interpreter services identified? *Brief description or N/A*
5. In your program area or work role, do you routinely collect data on your clients' race, ethnicity, language, literacy, and/or need for accommodations due to disability? *Yes/No*
6. Does your program area have written policy on health literacy standards and practices when communicating with the public? *Yes/No*

Part II: Perceptions of Program-level CLAS Standards Implementation

Please provide a score of 1 (low) to 5 (high) based on <i>the extent to which you feel the standard is being implemented</i> in your program area. There is no “right” answer. Our survey is an attempt to assess where we are now, on the way to thinking about where we want to be. Thank you!	SCORE
Principal Standard:	
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	
Governance, Leadership, and Workforce:	
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	
Communication and Language Assistance:	
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	
Engagement, Continuous Improvement, and Accountability:	
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	

STEP 2: Educational Session

After completing the CLAS Standards Survey to gather baseline data, we request that you carry out a brief self-monitored educational activity to refresh or update your knowledge of CLAS standards. Below, please indicate the educational option you select and complete. After completing the educational option, please tell us what you think is the most important aspect.

Thank you!

OPTION 1:

View a short video (less than 5 minutes) on the CLAS Standards:

<http://www.bing.com/videos/search?q=video+about+clas+standards&view=detail&mid=5664C5050C26CEF1A5735664C5050C26CEF1A573&FORM=VIRE>

OPTION 2:

Read two, two-page fact sheets about CLAS standards, available at:

<https://www.thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf> **AND**
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

OPTION 3:

Watch a short video (also less than 5 minutes) featuring champions and stories about

CLAS: https://www.youtube.com/watch?v=7ytLknKd_Yg

PLEASE COMPLETE:

I selected Option _____ and completed on (date) _____.

In 2-3 sentences, what do you think is the most important aspect of CLAS implementation?

STEP 3: Post educational session:

Part I: Experience with CLAS Standards

1. Compared to when you completed the pre-survey, have you become more aware of culture and language in your work?
2. Compared to when you completed the pre-survey, have new policies, procedures, or expectations regarding CLAS been introduced in your work area?
3. On a scale of 0 (not at all a priority) to 5 (high priority), how important do you think implementation of the CLAS standards are in your work area?
4. In your work, what steps are taken in the first encounter to identify those persons with needs in the areas of culture, language, literacy, or disability?
5. What resources or efforts would improve your ability to meet the needs of persons with culture, language, literacy, or disability?
6. What do you think is the most important aspect of CLAS implementation?

Part II: Perceptions of Program-level CLAS Standards Implementation

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