




MULTNOMAH COUNTY OREGON

HEALTH DEPARTMENT ADMINISTRATIVE GUIDELINES

SECTION: Administrative	NUMBER: ADM.04.03
CHAPTER: Cultural Competence and Diversity	ORIGINATED: 11/13 LAST REVIEW DATE: 11/13
TITLE: Providing High-Quality, Culturally and Linguistically Appropriate Services and Standards	
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Applies to: All personnel	

POLICY STATEMENT:

The Health Department will provide person- and population-centered public health care and services and meet the needs of culturally and linguistically diverse communities.

It is the policy of Health Department that all programs, services and care are designed, implemented, evaluated and delivered in a manner that advances health equity, improves quality and helps eliminate health and healthcare disparities. All programs and services must incorporate and comply with all applicable cultural competence standards (see standards listed below) to ensure that the respectfulness and responsiveness of our services and care meet the cultural and linguistic needs of all individuals in Multnomah County.

PURPOSE:

To ensure that all public health services are delivered and communicated in a manner that is effective and easily understood by diverse individuals and groups, including people with limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. It is also to minimize variations in business operations and practices while advancing health equity, improving standards of quality, and helping to eliminate health disparities.

WORKING DEFINITIONS (see Attachment):

- Cultural competence
- Diversity

STANDARDS:

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care:

The following standards were developed by the Office of Minority Health (within the U.S. Department of Health and Human Services) to achieve better health outcomes for all individuals. The Health Department adopted these standards with minor changes, replacing “health care organizations” with “Health Department programs.” Standards 1-3 concentrate on culturally competent care, standards 4-7 focus on language access services, and standards 8-14 address organizational support for cultural competence.

- **Revised Standard 1**

Health Department programs will ensure that patients/clients receive, from all staff members, effective, understandable, and respectful care/service that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language.

- **Standard 2**

Health Department programs will implement strategies to recruit, retain, and promote at all levels of the organization diverse staff and leadership that are representative of the demographic characteristics of the service area.

- **Standard 3**

Health Department programs will ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

- **Standard 4**

Health Department programs will offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/client with limited English proficiency at all points of contacts, in a timely manner during all hours of operation.

- **Standard 5**

Health Department programs will provide to patients/clients both verbal offers and written notices informing them of their right to receive language assistance services in their preferred language.

- **Standard 6**

Health Department programs will assure the competence of language assistance provided to limited English proficient patients/client by interpreters and bilingual staff. Family and friends should not be pursued to provide interpretation services (except on request by the patient/client).

- **Standard 7**

Health Department programs will make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups represented in the service area.

- **Standard 8**

Health Department programs will develop, implement, and promote a written strategic plan that specifies outcomes with clear goals, policies, operational plans, management accountability, and oversight mechanisms to provide culturally and linguistically appropriate services.

- **Standard 9**

Health Department programs will conduct initial and ongoing organizational self-assessments, and are encouraged to integrate cultural and linguistic competence-

related measures into their internal audits, performance improvement programs, patient/client satisfaction assessments, and outcome-based evaluations.

- **Standard 10**
Health Department programs will ensure that data on individual patient/consumer race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, provided to the Health Equity Initiative as part of their reporting, and periodically updated.
- **Standard 11**
Health Department programs will ensure that staff at all levels have access to and are familiar with Public Health epidemiological profile and needs/health assessment data, in order to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the population in the service area.
- **Standard 12**
Health Department programs will develop participatory, collaborative partnerships with community-based organizations and communities, and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
- **Standard 13**
Health Department programs will ensure conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/clients and staff.
- **Standard 14**
Health Department programs are encouraged to regularly make available to the public, information about their progress and successful innovations in implementing these standards, and to provide public notice in their communities about the availability of this information.

Strategic Direction:

- **The Director's Office** will maintain this policy. It is the responsibility of this office, in partnership with the Health Equity Initiative, to randomly assess Health Department programs to ensure compliance with the standards in this policy.
- **The Director's Office** will provide annual updates to the Department Leadership Team and to the Diversity and Quality Team to monitor progress towards integrating cultural competence standards into all Health Department programs.
- **The Human Resources Training Unit** will develop and provide effective training to all staff, including program managers/supervisors and others who might be interested in increasing their knowledge of how to incorporate these standards into the delivery of public health services and care.
- **All managers and supervisors** are required to attend a Cultural Competence Standards training and any additional as needed or desired.

Last review date: November 2013

Attachment: Glossary of Terms

Cultural Competence Policy Framework Glossary of Terms

- **Culture** is the shared values, norms, traditions, customs, arts, history, folklore, music, religion, race, ethnicity, gender, experience of migration/immigration/refugee, social class, political affiliations, family influences, age, sexual orientation, and/or geographic origin.
- **Cultural Competence** is defined as the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities, and protects and preserves the dignity of each. Operationally defined, cultural competence is the lifelong integration and application of knowledge about individuals and groups of people into specific behaviors practices, standards, and policies. This integration will lead to the improvement in the quality of our internal and external relationships and enhance our ability to deliver both quality care and produce better health outcomes.
- **Cultural competence training** is a training that focuses on topics related to cultural competence, diversity, “Building Partnership Across Differences” (BPAD), health equity, social determinants of health, and social justice. A primary goal of this training is to impress upon staff that becoming culturally competent is a lifelong process and one that requires awareness, sensitivity, humility and self reflection. It is a practice that should be embedded in who we are and the way we do our work every day and not a separate organizational initiative.
- **Cultural proficiency (responsiveness)** is a transformational approach and an inside-out perspective on change, involving making the commitment to lifelong learning for the purpose of being increasingly effective in serving and integrating the needs of cultural and ethnic groups.
- **Cultural Sensitivity** is the development of an understanding of and respect for the cultural manifestation of different population groups.
- **Discrimination** is the unequal or different treatment of an individual or group in any action on the basis of race, color, sex, age, religion, national origin, political affiliation, marital status, sexual orientation, gender identity, and source of income, familial status, physical or mental disability or other protected status.
- **Diversity** is all the ways in which we are different that make us unique as individuals. This includes but is not limited to race, ethnicity, culture, sexual orientation, gender, gender identity, religion, age, personal style, appearance, and physical ability, as well as opinions, perspectives, lifestyles, ideas and thinking.
- **Diverse Workforce** is a workforce comprised of people from a broad spectrum of demographic characteristics including but not limited to age, gender, culture, sexual orientation, race, physical ability, religion, etc.
- **Equity** is an ideal and a goal, not a process, which ensures that everyone has the resources to succeed.

- **Empowerment** is viewed as “a process of promoting participation of people, organizations, and communities towards the goal of increased individual and community control, political efficacy, improved quality of community life and social justice” (Wallerstein, 1992).
- **Harassment** is conduct (e.g., written, verbal, physical, emotional etc.) that is derogatory or shows hostility towards an employee or groups of employees because of race, color, sex, age, religion, national origin, political affiliation, marital status, sexual orientation, gender identity, source of income, familial status, physical or mental disability or other protected status in accordance with applicable law, and:
 - Has the purpose or effect of creating an intimidating, hostile, or offensive work environment;
 - Has the purpose or effect of unreasonably interfering with an employee’s work performance; or
 - Otherwise substantially and adversely affects an employee’s employment opportunities.
- **Health Equity & Empowerment Lens** is a set of reflective questions, actions, materials and tools designed to provide information for discussion, planning, and decision making leading to more equitable policies and programs.
- **Health Disparities** are differences in the occurrence, prevalence, and burden of diseases in different population groups.
- **Health Inequities** are systemic, avoidable, unfair and unjust differences in health status and mortality rates, as well as the distribution of disease and illness across population groups (Hofrichter, 2010).
- **Health promotion** is “the process of enabling people to increase control over, and improve their health” (The Ottawa Charter for Health Promotion, WHO, 1986). Interpretation is the transfer of oral speech from a source language into a target language while maintaining the speaker’s intent.
- **LGBTQ** is an acronym for Lesbian, Gay, Bi-sexual, Transgender, and Queer/Questioning.
- **Limited English Proficiency (LEP)** describes persons who have difficulty speaking, reading, writing or understanding the English language due to many reasons such as:
 - Were not born in the United States or whose native language is a language other than English; or
 - Come from environments where a language other than English is dominant; or
 - Come from environments where a language other than English has had a significant impact on the level of English language proficiency.
- **Linguistic Competence** is the capacity of an organization and its personnel to effectively communicate in a manner that is easily understood by diverse audiences, including persons of Limited English Proficiency, those who are illiterate or have low literacy skills, and individual with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organizational capacity, such as telecommunication systems, sign or foreign language interpretation services, alternate formats, and translation of legally binding documents (e.g. consent forms, confidentiality and recipient rights statements, release of information, member handbooks, and health education materials).

- **Organizational Cultural Competence** is the set of similar practices, skills, knowledge, behaviors, attitudes, and policies that come together in a system that enables respectful and effective cross cultural interactions.
- **Quality improvement is the** “continuous and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community” (Riley et al., 2010).
- **Standards** are the collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services, Office of Minority Health. They are intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).
- **Social determinants** are the conditions and circumstances in which people are born, grow, live, work and age, and are key factors in how populations experience equity or inequity. Examples include: housing, transportation, education, dignity and respect, social supports/networks, health care, race/ethnicity, wealth and income development, and public safety, to name a few. (Concept Paper Social Determinants of Health and Inequity).
- **Translation** is the conversion of written text from a source language into the target language while maintaining the author's intent.

Last review date: July 2013