

**THE CONNECTICUT MULTICULTURAL HEALTH PARTNERSHIP PLAN**  
**September 1, 2009 – August 30, 2010**

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<b>Standard 1</b> <b>Ensure health care organizations provide to their consumers effective, understandable and respectful care.</b>	Promote the Partnership's strategic goals through a special event.	The special event will be coordinated by the officers for the full Partnership and invited guests.	Members will be able to articulate and support the long term strategic goals of the Partnership.	At least 75% of the membership attends the event.	Officers and Media & Communication
	Recruit and engage 25 new stakeholders in the Partnership annually.	Promote and encourage the use of the Partnership's community network during all activities and events related to the Partnership.	The Health Equity message will be shared with family, friends, legislators and colleagues instantly through the virtual community network.	Baseline tracking of new stakeholders joining the network community and identify the tools/resources are being utilized.	Recruit, Inspire & Lead CDC Contract
		Highlight exemplary organizations qt on the network			

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<p><b><i>Continued</i></b>  <b>Ensure health care organizations provide to their consumers effective, understandable and respectful care.</b></p>	<p>Create a policy statement with 2-3 overarching objectives.</p> <p>Monitor legislative and regulatory initiatives that impact provider/facility service provisions</p>	<p>Monitor pending legislation and regulatory requirements under consideration that may impact (positively or negatively) the Partnership's goals.</p> <p>Post updates at least quarterly on the Partnership's network.</p> <p>Call the Partnership to Action when legislation may impact the Partnership's mission.</p>	<p>The Partnership has a guide to help determine the policies it is going to support.</p> <p>Assist the Partnership with understanding legislative implications for both providers and consumers.</p> <p>The Partnership is called to action to promote its mission and goals in the state or to prevent legislation that would be counter to its mission.</p>	<p>Calls to Action and their outcomes will be documented in the Partnership's minutes and posted on the community network.</p>	<p>Policy &amp; Advocacy Committee</p>

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<p><b>Standard 1</b>  <b>Increase awareness of health care administrators, providers and educators to address the social determinates of health that prevents equitable access to care.</b></p>	<p>Develop and implement a guided discussion utilizing the film, Unnatural Causes to increase awareness of the social determinates of health.</p> <p>Target 75 health professions students annually.</p> <p>Develop pre-post test</p>	<p>Recruit health professions students on campus.</p> <p>Engage faculty for classroom discussion and follow-up.</p> <p>Modify discussion and reflection activities as feedback is collected from participants.</p>	<p>Health professionals enter their field understanding social determinates impacting health and their roles and responsibilities.</p>	<p>Pre-post assessment of increased awareness of social determinates impacting health following the seminars.</p>	<p>Awareness &amp; Outreach Committee</p>

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<p><b>Standard 2</b>  <b>Develop &amp; implement a plan to promote professional development programs that are designed to advance diverse and under-represented health care and public health personnel.</b></p>	<p>Identify at least three internal-organizationally managed training programs for replication that are designed to advance diverse and under-represented health care and public health personnel within the organization.</p>	<p>Collect and analyze workforce data to determine priority target groups.</p> <p>Identify effective minority recruitment and retention strategies.</p> <p>Identify programs that can be replicated for internal promotion of minority staff members.</p>	<p>Health &amp; human service organizations and agencies are aware of workforce development strategies and programs that recruit and promote racial and ethnic minorities to represent the populations they serve.</p>	<p>Partnership members will evaluate the usefulness of the workforce development models and if they intend to implemented such workforce development strategies.</p>	<p>Professional Development Committee</p>

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<p><b>Standard 3</b>  <b>Develop and implement an educational plan targeting providers, faculty, administrators, and support staff toward the assessment and implementation of the CLAS Standards</b></p>	<p>In collaboration with the Connecticut Medical Society, trainers will implement an interactive in-service seminar regarding the CLAS Standards across the state and in multiple health and social service environments reaching 1,000+ professionals annually.</p>	<p>Research and design learning objectives, content, activities, and discussion points organized into a facilitator guide for each of the four target audiences.</p> <p>Design and implement basic CLAS Standards training for advisory and governing boards, senior management and administration in health and social service.</p>	<p>Training is provided for 1000 health professionals on the best practices and exemplary models that promote cultural and linguistic competency throughout an organization.</p>	<p>Eighty-five percent of the health professionals agree the training met their expectation and achieved the stated objectives.</p> <p>Eight-five percent of the managers and administrators agree the training met their expectation and achieved the stated objectives.</p>	<p>Professional Development Committee</p>

**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 limited English proficiency at all points of contact, in a timely manner during all hours of operation.

**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 assistance services.

**Standard 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).

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<b>Standard 4, 5, 6</b> <b>Research and promote the implementation of Language Access Service (LAS) Models for health care organizations and public health agencies.</b>	Identify Language Access Service Models.	Determine and provide information on LAS model resources (e.g. cost, advantages, disadvantages, meeting of CLAS Standards, etc).	Inventory of LAS specific to the state.	45% of the departments and agencies respond to the survey.	Language Services Committee
	Promote adoption of LAS models through system enhancements.	Modify, implement and evaluate survey regarding LAS provided by local public health departments and community health centers.	Implementation and dissemination plan for equality of language access services for consumers.  Results of survey are compiled and used to develop a promotional and educational plan to disseminate information.	Strengths and weaknesses of LAS models will be identified in the final compendium report.	Health Department Assessment, DCD Contract

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<p><b><i>Continued Standard 4, 5, &amp; 6 Language</i></b></p> <p><b>Research and promote the implementation of Language Access Service (LAS) Models for health care organizations and public health agencies.</b></p>	<p>Identify health and human service agencies that would benefit from LAS models and information.</p> <p>Partner with existing coalitions, trade associations and consumers to distribute at least 500 copies of the Compendium.</p>	<p>Determine the LASs that are available in the state.</p> <p>Partner with existing coalitions, trade associations and consumers to educate and advocate for LEP consumers.</p>	<p>Compendium of LAS models will help health care organizations to make decisions toward implementing language services.</p> <p>Educate and advise policy makers of importance of sustainable and adaptable LAS models.</p>	<p>The Compendium will be evaluated by the Partnership prior to its distribution.</p> <p>Compendium is finalized and posted on the community network.</p> <p>Distribution of the Compendium will be monitored and tracked.</p>	<p>Language Services Committee</p>

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<b>Standard 7</b> <b>Compile commonly used forms, notices and materials that are easily understood and are provided in multiple languages for provider and consumer easy access.</b>	Facilitate the exchange of at least 25 commonly used forms, notices and materials that target low literacy educational materials and/or are translated in multiple languages	Research and select appropriate materials to be accessed from the Partnership's community network.	Staff members have easy access to information that can be downloaded and distributed to the populations they serve.	Evaluation of the data posted will be collected on the community network for feedback on needs and usefulness of what's available.	Consumer Initiatives Committee



GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<b>Standard 7</b> <b>Present</b> <b>recommendations on</b> <b>ways to improve</b> <b>written and oral</b> <b>communication</b> <b>between health care</b> <b>providers and</b> <b>patients-across the</b> <b>spectrum of literacy</b> <b>levels</b>	Research health literacy models of communication for providers and consumers based on best practices evidence.	Review findings from various reports on health literacy and best practices.  Conduct focus groups with diverse consumer groups and providers to define communication barriers and solutions.	Define best and/or promising practices.  Discover lesson learned by organization implementing health literacy models.	Partnership consensus on the best practices that will be promoted.  Partnership consensus on the health literacy models that will be recommended.	Consumer Initiatives Committee
	Determine appropriate health literacy models for clinical and educational settings targeting both providers and consumers	Create promotional messages utilizing at least three different medias.	Widely promote models that will produce a strong impact and can be easily implemented across all healthcare settings.		
	Broaden health care providers' knowledge of traditional remedies.	Promote access to the virtual community network.			

**Standard 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.**

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<b>Standard 8</b> <b>Promote the need for organizations to develop, implement and evaluate their plan that incorporate goals, policies and oversight on the implementation of the CLAS Standards.</b>	Promote the Office of Minority Health Strategic Framework.	Study the OMH Strategic Framework and research best practices in strategic planning.	Connecticut's health care and social service organizations will have easy access to a presentation and examples to help them develop a strategic plan for their departments/organizations based on the CLAS Standards.	45% of the Partnership's members will develop a culturally competent strategic plan for their department and/or organizations.	Policy & Advocacy Committee
	Develop a rating system to select examples and as a feedback mechanism for agencies to use internally to ensure quality strategic planning.	Call for Qualifications and selection process based on the Framework to use as examples.			
	Select (and/or develop) examples of strategic plans that follow the Office of Minority Health Strategic Framework.	Develop a presentation as a learning tool to develop a strategic plan that incorporates the OMH Framework.			

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<p><b>Standard 9</b>  <b>Promote the use of initial and continuous organizational self-assessment of CLAS related activities.</b></p>	<p>Present recommendations on ways to integrate CLAS related activities into quality assurance processes.</p>	<p>CLAS assessment tools are posted on the community network.</p> <p>Organizations will be asked to comment on the discussion board their experience in either participating or facilitating an assessment process.</p>	<p>Connecticut’s health care and social service organizations will have easy access to organizational and individual self-assessment tools.</p> <p>Organizations will have a venue to learn from others and receive support in conducting and reviewing a CLAS Standards assessment</p>	<p>45% of Partnership members evaluate the usefulness of the tools and provide feedback on their experience in utilizing the assessment tools.</p>	<p>Professional Development Committee</p>

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<b>Standard 10 Promote the recording of consumer cultural specifics within health records at health services agencies.</b>	Identify how organizations collect and record consumer data sets for planning and evaluation purposes.	Research and select data collection strategies that meet the purposes for the CLAS Standards.	Data S & E will survey health service organizations & their associations to learn their data collection and reporting, then discuss with Partnership  Health care and social service organizations will gain confidence to collect consumer and community data sets within their service area(s).	65% of the Partnership reports knowing how to utilize consumer data into strategic planning and consumer/patient relations.	Data & Evaluation

**Standard 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.**

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<b>Standard 11 Promote the collection of consumer demographics to create a community profile.</b>	Develop guidelines for organizations to compare community data (e.g. Census) with their consumer groups (i.e. patient populations).	Establish initial profile from available Census Bureau & American Community Survey (ACS) data.  Research and/or request community profile data for organizational use to be posted on the Partnership's community network.	Community profile data will be available for health care and social service organizations to compare their patient population data.	Confirm profile with release of 2010 Census results.	Data & Evaluation

**Standard 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.**

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<p><b>Standard 12</b>  <b>Assess community based initiatives and develop plan to promote community involvement in designing and implementing CLAS Standards.</b></p>	<p>Conduct focus groups to determine learning objectives and content for consumer training to participate on advisory and governing boards; and to act as community health care advocates.</p>	<p>Train 50 volunteers through CBOs.</p>	<p>Health care and social service organizations can access a consumer database identifying people who have been trained for potential committee involvement.</p> <p>Community advocates will be able to support to individuals through organizational/legal grievance procedures</p>	<p>Eighty-five percent of those trained report feeling comfortable to advocate and/or provide information to consumers.</p> <p>Community advocates will report events and number served on the community network.</p>	<p>Consumer Initiatives Committee</p>

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<b>Standard 13 Promote the implementation of culturally and linguistically sensitive conflict and grievance procedures.</b>	Research and select two examples of writing grievance procedures that take cross-cultural conflict resolution issues into consideration.	Establish evaluation criteria for selection (i.e. patients notified of right, simple form, clear time-frame, patient-tested).  Research grievance and conflict resolution procedures that meet Standard 13.	Consumers have a grievance procedure that is a simple and effective way for their complaints to be resolved.	Post on the community network and link to Face Book and other social networks.  Track and monitor movement across social network platforms.	Consumer Initiatives Committee

**Standard 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.**

GOAL	OBJECTIVE	ACTIVITIES	OUTCOMES	MEASUREMENT	COMMITTEE
<p><b>Standard 14</b>  <b>Develop and implement public relations campaign promoting health equity.</b></p>	<p>Design and implement promotional materials to market the partnership's events and other campaign initiatives.</p> <p>Develop, monitor and continually improve the community network.</p>	<p>Assist the Partnership work groups/committees with marketing materials for events, trainings and postings on the virtual community network.</p>	<p>Faces of Disparities Display &amp; video.</p> <p>Professional and creative materials are developed to promote public and political will.</p>	<p>Evaluate Effectiveness of communication strategies and materials through the evaluation feedback mechanisms on the network and report findings to committees.</p>	<p>Media &amp; Communications Committee</p>