



Strategic Plan

"Building the Infrastructure of the Kansas Center for Health Disparities"

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Kansas Center for Health Disparities Strategic Plan

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Executive Summary

The Kansas Center for Health Disparities Strategic Plan has been produced to develop, improve, and implement effective methods to increase access to culturally and linguistically competent health care for all racial/ethnic populations statewide. The overarching goal is to eliminate disease-specific health disparities that disproportionately impact African-American, Hispanic, Asian, and Native American Kansans. The health issues to be addressed for these populations include Cancer, Diabetes, HIV/AIDS, Immunizations, Cardiovascular Disease, Maternal and Child Health, and Mental Health. The foundation of the strategic plan was developed utilizing outcomes produced through the goals and objectives of key documents including Healthy Kansas 2010 and the research study conducted by the Kansas Health Institute on Racial and Ethnic Minority Health Disparities in Kansas. The strategic framework that is presented in this document is aimed at developing the infrastructure of the Kansas Center for Health Disparities to effectively address and eliminate health disparities for racial/ethnic populations statewide through Health Planning and Policy Development, Health Promotion and Disease Prevention, Education, Training, Technical Assistance, and Building Cultural Competency.

Kansas Health Disparities Advisory Board

“Building the Infrastructure of the Kansas Center for Health Disparities”

The Kansas Department of Health and Environment under the direction of Secretary Roderick Bremby established a Health Disparities Advisory Board in September 2005 whose focus would be to help establish a strategic framework and direction for the Office of Minority Health. Specifically, the group was directed to help institute a framework aimed at addressing and eliminating health disparities for racial and ethnic populations in the state. A framework that will allow the office to build capacity and resources in a targeted and outcome focused manner.

The advisory board is comprised of representatives from identified health disparity areas; public, private, and community health providers in medical, mental health, and substance abuse; individuals from the target population; state and local public health partners; disease specific health and treatment programs; and community members. The advisory board will act as an advocacy group to address unique health issues impacting racial/ethnic populations including access to health care, disease specific health disparities, and culturally appropriate and linguistically competent health care programs. The advisory board’s ongoing role will focus on providing advice and consultation relative to those initiatives as well as identifying resources to build the capacity of the office.

Kansas Health Disparities Advisory Board Members 2005-2006

"Building the Infrastructure of the Kansas Center for Health Disparities"

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Introduction

The 2003 U.S. Census Estimate of the total population for Kansas was 2,723,508 persons. According to the 2003 U.S. Census, the racial and ethnic composition of the state was estimated to be 82.8% White non-Hispanic, 7.8% Hispanic, Black non-Hispanic 6.2%, 2.2% Asian, and 1% American Indian. The total racial/ethnic population of Kansas today is 17.2%. This represents a dramatic increase since 1900 when racial/ethnic populations represented 3.7% of the state's total population. The overall number of racial/ethnic Kansans doubled from 223,637 in 1980 to 454,421 in 2000. Available data regarding racial/ethnic population health disparities is very limited statewide. These include data shortfalls with disease-specific health disparities for racial/ethnic populations for Cancer, Diabetes, HIV/AIDS, Immunizations, Cardiovascular Disease, Maternal and Child Health, and Mental Health.

The Kansas Center for Health Disparities (KCHD) is charged with a leadership role in the mobilization of available health resources, programs, and initiatives that equitably serve racial/ethnic populations statewide. In April 2005, the Kansas Department of Health and Environment (KDHE) held its first Minority Health Conference and released a comprehensive report by the Kansas Health Institute entitled "Racial and Ethnic Minority Health Disparities in Kansas: A Data and Chartbook." The document served as a catalyst for a call to action to focus on health disparities for all public health providers, including recommendations to improve collaboration by opening a state office of minority health. The report also clearly documented the lack of available data regarding disease specific health disparities for racial/ethnic and special needs populations. In response to public, private, and community needs KDHE established the Office of Minority Health to address health disparities and access to quality care for African-Americans, Hispanics, Native Americans, and Asian/Pacific Islanders, Immigrants, Migrants, and residents with Limited English Proficiency in the State of Kansas.

During 2005, the KCHD engaged in a statewide strategic planning process to reduce the burden of health disparities amongst racial/ethnic and special needs populations in the State of Kansas. The Kansas Health Disparities Advisory Board was formed in 2005 to provide input in the strategic planning process. Through facilitated meetings a broad set of goals and recommendations were identified where action is needed to reduce/eliminate health disparities in Kansas. The plan focuses on Healthy People 2010 and Healthy Kansas 2010 objectives for Cancer, HIV/AIDS, Cardiovascular Disease, Immunizations, Maternal and Child Health, Mental Health, Access to Quality Health Services, and establishing Educational and Community Health Programs.

The strategic plan is a short-term three-year infrastructure-building program intended to serve as a tool to guide a synthesis of collaborative action on minority health statewide. The plan will serve as a 1) framework for state and local programs addressing one or more identified goals and recommendations; 2) establish guidance for the development of culturally and linguistically competent interventions statewide; and 3) a tool to develop program operation and evaluation standards with a set of outcomes and results.

Kansas Center for Health Disparities

Strategic Plan

Mission

The mission of the KCHD is to promote and improve the health status of racial and ethnic populations in Kansas by advocating for and coordinating access to primary and preventive health services that are effective, efficient and culturally competent.

Vision

The vision of the KCHD is to eliminate health disparities among racial and ethnic populations and in doing so foster the well being of all Kansans.

Practical Vision

The practical vision of the KCHD is to establish a comprehensive program to eliminate health disparities that will serve as the focal point for advisement, guidance, and promotion of culturally competent policies and practices that support individual and community health efforts serving racial and ethnic populations statewide.

Guiding Principles

The guiding principles of the KCHD have been implemented to demonstrate our commitment to promote and improve the health status of all racial and ethnic Kansans.

- Public health advocacy for health equity.
- Capacity building to provide cultural and linguistically appropriate services in all areas of public health.
- Promotion of health awareness, prevention initiatives and access to quality healthcare.
- Creating linkages and establishing networks through collaboration among Local, State and National entities.
- Providing technical assistance to existing agencies/organizations that provide services to racial and ethnic consumers in the utilization of data to develop targeted, culturally specific programs and/or services.
- Resource identification and development.
- Monitoring of health status of populations of color through data collection, analysis and dissemination.
- Social Marketing through media and awareness campaigns to improve public awareness about health disparities.
- Policy Leadership to advocate for changes in policy, practices and programs.
- Advocate for the utilization of CLAS standards in all levels of public health service delivery.
- Coordinate and sponsor an annual statewide conference focused on health disparities impacting racial/ethnic populations to educate and promote awareness amongst public health partners.

Overview of Strategic Areas

KCHD efforts to eliminate health disparities for minority populations will be focused on:

- ***Strategic Area 1: Health Planning and Policy Development*** - Health planning is the process of defining community health challenges, identifying needs and resources, establishing priority goals and setting the administrative action needed to reach those goals. Policy development is a course of action chosen to support and ensure the goals of eliminating health disparities are met.
- ***Strategic Area 2: Health Promotion and Disease Prevention*** – Health promotion and disease prevention is the process of enabling people to take control over and improve their health. Empowering citizens to change their lifestyle to move toward a state of optimal health and wellness, thus increasing their quality of life.
- ***Strategic Area 3: Education, Training, and Technical Assistance*** – Education, training, and technical assistance is the process that increases the skills and knowledge of collaborative partners to understand program goals and objectives in the elimination of health disparities and to provide culturally and linguistically competent health care services.
- ***Strategic Area 4: Building Cultural Competency*** - Cultural competency is defined by the US Department of Health and Human Services as “the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group”.

Core Functions

All strategic areas include core functions that are focused on building the infrastructure and operational capacity of KCHD to successfully facilitate and establish a public health network to address racial and ethnic health disparities in Kansas. KCHD core functions include:

- Policy Leadership
- Advocacy
- Data Management
- Community Capacity Building
- Public Education and Awareness
- Annual Health Disparities Conference
- Training and Development

Internal and External Assessment

Quality improvement activities are currently being conducted as part of the program's internal assessment to address strengths and weaknesses to effectively build the capacity of the program. Quality improvement activities include Organizational Capacity Building Initiative, Data Collection/Internal SWOT Analysis, Key Interviews, Observational & Interview Assessment, and Training Workshops.

KCHD external assessment of health disparities impacting racial and ethnic populations in Kansas was performed in 2005 utilized to identify and assess changes and trends in health care at the national, state, and local level that KCHD would have a significant impact for positive change in our public health system while establishing a strategic framework. The external assessment included looking at political, economic, technological, social environments, lifestyle, demographic, competitive, and philanthropic trends of racial and ethnic populations in our state. This information was used to determine which changes

were needed, identify opportunities for KCHD to be successful, and which trends that may keep KCHD from being successful – barriers and limitations. Finally, KCHD identified implications for selected changes and trends -- ways the program might respond to the opportunities, barriers, and limitations through our strategic planning process.

Strategic Area 1: Health Planning and Policy Development

Core Function: Policy Leadership

KCHD will act as a liaison to the state leadership to improve decision-making and leadership regarding current and emerging health disparities impacting racial/ethnic Kansans. As a liaison, KCHD will provide information to state leaders who are new members of health committees; work with veteran leaders who have substantial expertise in health policy; maintain contacts with health committee chairs; and disseminate priority information and data to state leadership in order to support policies and legislation to improve the availability and delivery of equitable healthcare for racial and ethnic populations in Kansas.

Goal 1.1: To ensure public health advocacy for health equity for racial/ethnic populations in the State of Kansas by raising awareness and educating state leadership.

Objective 1.1: To advocate for changes in health policy, practices and programs statewide.

Strategies:

1. Make recommendations to federal, state, and local agencies for improving the delivery of and access to the health services for racial and ethnic populations.
2. Represent the State of Kansas with the Federal KCHD and the Regional DHHS Region VII OPHS for policy and planning subcommittees as invited.

3. Improve public health planning and policy to address health disparities at the state and local level by partnering with state, local, and tribal entities to facilitate change.
4. Identify and establish partnerships with key state, local, tribal, community stakeholders to actively participate in policy and planning presentations.

Measure(s):

1. The total number of health policy changes developed and presented by KCHD and public health partners to the state leadership.

Goal 1.2: To increase the number of health students and professionals of racial/ethnic origin at institutions of higher learning.

Objective 1.2: Increase the number of faculty and students of racial/ethnic origin in health related programs at public institutions of higher learning in Kansas.

Strategies:

1. Promote legislation that ensures equity in the proportion of faculty and students of racial/ethnic origin in health related programs at public institutions of higher learning.
2. Coordinate mentoring and tutoring programs with health professionals of racial/ethnic origin that enhance racial/ethnic student's interest in health related fields.
3. Review and make recommendations of existing policies of public institutions of higher learning.

Measure(s):

1. Increase the percentage of racial/ethnic faculty and students in health related fields at higher learning institutions in Kansas by 5% from baseline.
2. Increase the percentage of racial/ethnic faculty in teaching positions at health professional schools and institutions by 5% from baseline.

Core Function: Advocacy

The Kansas Health Disparities Advisory Board will act as an advocacy group to address unique health issues impacting racial/ethnic populations including access to health care, disease specific health disparities, and culturally appropriate and linguistically competent health care programs by providing advice and consultation relative to community health initiatives and identifying resources to build the capacity of the program. The Advisory Board will also be directly involved in the KCHD strategic planning and work plan development.

Goal 1.3: To establish and sustain a Kansas Health Disparities Advisory Board that will develop strategies to advocate for health care equity in local communities with the support of the KCHD.

Objective 1.3: Monitoring of health status of racial/ethnic and special needs populations including immigrants and migrants through data collection, analysis and dissemination to effectively advocate for changes in health policy, practices and programs.

Strategies

1. Develop a framework for state and local programs addressing one or more identified goals, objectives and/or recommendations.
2. Establish standards to serve as a guide for the development of culturally and linguistically competent interventions amongst public health partners statewide.
3. Create an evaluation tool to develop KCHD operation and evaluation standards with a set of outcomes and results.

Measure(s):

1. A standardized evaluation tool to assess progress towards program goals and objectives with measurable outcomes.

2. A guidance document utilizing CLAS standards for the delivery of disease-specific interventions that impact racial/ethnic populations statewide.
3. A completed workplan that builds the infrastructure of KCHD in order to meet program goals and objectives.

Core Function: Data Management

KCHD will conduct ongoing monitoring and collection of available health disparities data impacting racial/ethnic populations statewide to compile, organize and catalog sources to facilitate comparative analysis, identify gaps, develop health indicators, and develop recommendations for analysis and dissemination to the public. However, due to multiple data sources, a data management plan will be developed to streamline this process.

Goal 1.4: To conduct a centralized, comprehensive study of identified health disparities in racial/ethnic populations from archival data sources.

Objective 1.4: To identify and obtain funding for data management program.

Strategies:

1. Research and secure funding for data management program.
2. Health resource identification and development of archival data sources.
3. Review race/ethnicity policy and standards with KDHE Center for Health and Environmental Statistics to find areas of improvement in data collection.
4. Identify and utilize leveraged data resources from collaborative partners.

Measure(s):

1. The total number of grants and legislative funding sources identified and secured.
2. The total number of disease-specific initiatives implemented and developed from recommendations of data analysis from the Kansas Health Institute

racial/ethnic health disparity study for African-Americans, Hispanics, Native Americans, and Asian/Pacific Islanders.

Strategic Area 2: Health Promotion and Disease Prevention

Core Function: Community Capacity Building

KCHD will work with existing state and local health networks to design and facilitate the implementation of community health initiatives that will screen, treat, and monitor citizens for disorders that disproportionately impact racial/ethnic populations in Kansas. In order to support the implementation of community health initiatives, KCHD will provide mini-grants to eligible public, private, and community-based programs in identified health disparity areas of Wichita, Garden City, and Kansas City. Providing technical assistance will support the mini-grants.

Goal 2.1: To reduce the incidence and prevalence of diseases disproportionately affecting racial/ethnic populations in the state of Kansas.

Objective 2.1: To design and facilitate the implementation of program models that will screen, treat, and monitor citizens for disorders that disproportionately impact racial/ethnic populations in Kansas.

Strategies:

1. Utilize existing initiatives, resources, and partnerships.
2. Establish a request for proposal application process to award mini-grants to eligible entities for disease-specific health initiatives.
3. Create linkages and establish networks through collaboration among Local, State and National entities.

4. Provide technical assistance to existing agencies/organizations that provide services to racial/ethnic consumers in the utilization of data to develop targeted, culturally specific programs and/or services.

Measure(s):

1. The total number of promoted and successfully implemented community-driven health related initiatives in the identified health disparity areas of Wichita, Garden City, and Kansas City.
2. Ongoing monitoring and management of data from FY06 through FY10 for disease-specific health disparities from identified sources to formulate process outcomes and quality indicators.

Objective 2.2: To increase collaborative partnerships between the KCHD and public/private entities targeting racial/ethnic population health issues.

Strategies:

1. Identify, contact, and recruit private, public, and community groups relevant to racial/ethnic health care issues.
2. Establish community health partnerships to coordinate disease-specific health education, screening, and treatment health events statewide.
3. Maintain existing contacts through the Kansas Center for Health Disparities Advisory Board.
4. Establish and maintain internal contacts with relevant programs serving racial/ethnic populations through the Kansas Department of Health and Environment.

Measure(s):

1. The total number of community health partnerships established for new initiatives in counties identified as health disparity areas.

2. The total number of disease-specific health events provided to serve racial and ethnic populations in health disparity areas with community health partners.

Strategic Area 3: Education, Training, and Technical Assistance

Core Function: Public Education and Awareness

The KCHD will identify, collect, publish, and disseminate culturally and linguistically competent and relevant health and human services information to racial/ethnic populations impacted by health disparities statewide in collaboration with community partners. In order to determine the medical, social, cultural, and language preferences of racial/ethnic populations in our state, we will conduct focus groups, direct mail surveys, and key informant interviews within the target population. Ongoing promotion of the program will occur through a media and visibility campaign, community presentations, brochures, pamphlets, the annual racial/ethnic health disparities conference, and health disparities presentation to the Kansas Legislature.

Goal 3.1: To heighten the visibility of the KCHD and awareness of its mission statewide.

Objective 3.1: To increase utilization by racial/ethnic groups in identified health disparity areas of available resources, programs, and information.

Strategies:

1. Distribute handouts, brochures and provide information presentations to identified public, private, and community entities serving racial/ethnic populations statewide.
2. Social Marketing through media and awareness campaigns to improve public awareness about racial/ethnic health disparities.

3. Conduct focus groups and direct mail surveys within the target population to determine medical, social, language, and cultural preferences.
4. Provide professional and community level presentations for program promotion and to raise awareness of health disparity issues.

Measure(s):

1. Statewide media and visibility campaign to establish and maintain 75% name identification of the KCHD within target population.
2. The total number of focus groups conducted in Wichita, Garden City and Kansas City with racial/ethnic populations to increase awareness of resources, programs, and name identification.
3. A 10% return rate of the total number of direct mail surveys to evaluate target population awareness of health resources, available programs, and name identification.

Core Function: Annual Health Disparities Conference

The KCHD will promote and improve the health status of racial/ethnic populations in Kansas by educating public health professionals to advocate for and coordinate access to primary and preventive health services that are effective, efficient and culturally competent. The KCHD will coordinate and sponsor an annual conference to promote awareness of racial/ethnic health disparities and access to health care for local, state, federal and national public health partners.

Goal 3.2: To encourage public health professionals to effectively address health disparities of racial/ethnic populations during public health priority setting, decision-making, and program development.

Objective 3.2: To provide a centralized, educational forum on health disparities to increase the level of knowledge of public health professionals.

Strategies

1. Training and technical assistance to increase capacity for the provision of culturally and linguistically competent services in all areas of public health.
2. Provide conference sessions focused on the promotion of health awareness, prevention initiatives, and access to quality healthcare.
3. Provide forums on policy leadership advocating for changes in policy, programs, and practices.
4. Utilization of culturally and linguistically appropriate service (CLAS) standards as the foundation of education and training.
5. Increasing conference participant's level of knowledge and awareness of health disparities through applied public health programs and policy.

Measure(s):

1. An annual Health Disparities Conference Summary will be available for public release following the conference. This summary will contain an overview of content, updates or notable barriers with recommendations for goals and objectives, a call to action, evaluation results and feedback from speakers and participants, summary of available data, recommendations for future improvements, and selected presentation materials for future reference.

Strategic Area 4: Building Cultural Competence

Core Function: Training and Development

The KCHD will offer cultural competency training to internal and external public health partners as a mechanism to improve health care services to racial/ethnic populations in the State of Kansas. The cultural competency training will use CLAS standards at the core of the curriculum.

Goal 4.1: To facilitate cultural competency training to state and local public health partners aimed at improving program planning and delivery of health care services.

Objective 4.1: Promote public education and awareness of racial/ethnic health issues, prevention initiatives, and access to quality healthcare.

Strategies

1. Provide cultural competency training to health professionals through existing programs within KDHE and community health partners.

Measures

1. The total number of cultural competency trainings provided.
2. Demographic information of all training participants including type of health program, geographic location, racial/ethnic populations served, and types of interventions delivered.
3. Participant feedback, comments, and completed training evaluations.
4. The number of areas of improvement with recommendations for action identified through trainer and participant feedback.

National Standards on Culturally and Linguistically Appropriate Services

The **National Standards on Culturally and Linguistically Appropriate Services** (CLAS) are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

- CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).
- CLAS guidelines are activities recommended by the KCHD for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).
- CLAS recommendations are suggested by the KCHD for voluntary adoption by health care organizations (Standard 14).

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

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.

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.

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).

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.

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.

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.

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.

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.

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.

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.

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.

Source: National CLAS Standards, Department of Health and Human Services, Office of Minority Health <http://www.KCHDrc.gov/templates/browse.aspx?lvl=2&lvlID=15> Accessed August 21, 2006.

Bibliography

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