

Cultural Competence Assessment Tool for State Asthma Programs and Partners



**Centers for Disease
Control and Prevention**
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For more on evaluation, see CDC's Learning and Growing through Evaluation:
State Asthma Program Evaluation Guide.
http://www.cdc.gov/asthma/program_eval/guide.htm.

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CCAT Quick-Start Guide



1

Identify CCAT team members and a team facilitator.

Think broadly. Consider including, at a minimum, asthma staff and external partners, including community representatives.



2

Prepare for the assessment.

Gather documentation relevant to your program's cultural competence, such as local demographic data, language services, hiring directives, and any cultural competence.



3

Complete the assessment.

Have each team member complete the CCAT independently. The facilitator can then tally and summarize the findings.



4

Discuss the findings.

Engage in an active discussion of the findings. This is an opportunity to discover the strengths of the program, as well as to identify areas needing improvement. Divergent perspectives may shed new light on the program.



5

Prioritize.

On the basis of your discussions, consider the availability of resources and the timeline as you identify the priority areas.



6

Develop an Action Plan.

Develop measurable objectives and action steps to address the priority areas. This is the important "bridge", linking the assessment results to concrete improvements.



7

Disseminate the Action Plan to appropriate audiences.

Invite feedback and involvement in the Action Plan from key partners. Publicizing your plan broadly will help to ensure that improvements occur.

Background

Asthma is a chronic disease that disproportionately affects children and adults from racial and ethnic minority groups. It also disproportionately affects those living below the poverty level. Asthma disparities have multiple and inter-related causes, which include genetic, environmental, social, and economic factors. In addition, the presence of asthma can be influenced by lack of access to quality health care. Given that the causes of asthma disparities are complex and multi-level, strategies to address the disparities must likewise be multi-level and target many aspects of asthma care. (Canino, 2009). In other words, it is unrealistic to expect that interventions in the health sector alone will substantially reduce the disparity gap.

Asthma programs with their increasingly limited resources can only expect to focus on activities within their sphere of influence. One way they can contribute to addressing the disparities is to commit to ensuring that asthma services are user-friendly and appropriate for everyone. More specifically, asthma programs can ensure the cultural and linguistic competence of their own programs, and promote the same for their partners and providers who serve persons with asthma.

Cultural and linguistic competence in health care is demonstrated when providers behave in ways that meet the needs of persons from varied cultural and ethnic backgrounds. We have a right to expect that health care providers will be culturally competent—that they will communicate and interact in a way that demonstrates their understanding of and respect for our customs, language, beliefs, and values. Providers can take the first step toward becoming culturally competent by acknowledging the diversity of cultures and world views existing around us in this richly diverse nation. Moreover, providers should recognize that one's view of the world is shaped by one's background and experiences. These providers should recognize that they, like others, have their own biases and assumptions. Maintaining a high level of self-awareness reminds providers of how their own understanding of the world affects their health care practices.





Cultural misunderstandings may hinder public health and health service encounters

Why should asthma programs and partners conduct cultural competence assessments?



Lack of cultural competence may be contributing to asthma disparities



Culturally competent asthma programs can produce positive health outcomes



What efforts can federal agencies make to reduce asthma health disparities?

It is critical that federal offices, agencies, and workgroups together use a coordinated strategy if their efforts to reduce asthma health disparities are to be effective. For that reason, an Asthma Disparities Workgroup, led by the Department of Health and Human Services (HHS), the Environmental Protection Agency (EPA), and the Department of Housing and Urban Development (HUD), was created. This Workgroup developed the *Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities* (CFAP-Asthma), which prioritized four strategies for coordinated federal action:

1. Remove barriers to the delivery of guidelines-based care, including economic barriers, poor coordination of care and services, sub-optimal quality of care, and lack of policies or resources to address environmental exposures in the home
2. Build local capacity to deliver integrated, comprehensive asthma care in communities with racial and ethnic asthma disparities
3. Improve capacity to identify the children most affected by asthma disparities, and
4. Accelerate efforts to prevent the onset of asthma among ethnic and racial minority children.

State asthma programs are critical partners in this federal effort. While their role could span many areas, their first focus needs to be on the determinants over which they have leverage. We encourage state asthma programs to use the **Cultural Competence Assessment Tools (CCAT)** to assess and improve the cultural competence of their programs and partner organizations. They can also provide guidance and promote actions that address determinants in such other sectors as housing, urban planning, education, and transportation. State asthma programs are in a strategic position to support and coordinate activities at the policy, institutional, and community levels.

Through direct programming and coordination, state asthma programs can help to address some of the determinants of asthma health disparities. They can do so at both the health care system and the public health levels. They hold the potential for greatly enhancing the knowledge base about interventions and actions that are effective in addressing racial and ethnic asthma disparities. They can thus contribute to the larger goal of decreasing those disparities. Through use of resources such as this Cultural Competence Assessment Tool, they can begin to provide the framework, guidance, and tools to address the disparities.

Why create a tool?

State asthma programs and partner health care facilities that treat people with asthma should ensure that services are of high quality and culturally appropriate. This ensures that services are fully used and effective. Just as there are guidelines and interventions to improve asthma diagnosis and treatment, there is also a need for guidelines and tools to improve, promote, and ensure the cultural competence of asthma programs and services.



As a tool, the **CCAT** provides such guidelines. It is an instrument designed to guide asthma programs and their partner organizations in self-assessing the cultural competence of their programs. The CCAT draws from standards previously developed by the federal Office of Minority Health (see the next section.) It presents a practical and straightforward way for a program to assess its own asthma-related activities. There are many ways to implement the CCAT; programs should use the approach that works best for them. The CCAT is NOT meant to be a public scorecard, NOR should the results from it be shared with granting agencies for funding or oversight purposes. Rather, the CCAT is an instrument to be used internally by an assessment team to highlight strengths, identify weaker areas, and create plans for improvement. Using the CCAT periodically is an excellent way to conduct systematic measurement of and to communicate progress made toward improving cultural competence.

Culturally and Linguistically Appropriate Service (CLAS) Standards

Prior to 2000, only a few independently developed standards were available for the evaluation of cultural competence in the health care setting. The Office of Minority Health (OMH) within the Department of Health and Human Services (HHS) conducted a multi-year study to develop an approach for addressing cultural and linguistic competence in health care. The final product was the Culturally and Linguistically Appropriate Service (CLAS) Standards, which serve as the national standards for health care in the United States.

HHS released in April 2013 a comprehensive update of the 2000 National CLAS Standards after reflection on the past decade's achievements. The 15 enhanced CLAS Standards (see **Table 1**) are grounded in a broad definition of culture, encompassing not only race and ethnicity but also language, spirituality, disability status, sexual orientation, gender identity, and geography to ensure an even stronger platform for health equity. The principal standard is to 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.

The enhanced Standards with their improved clarity will serve as the cornerstone for advancing health equity, through culturally and linguistically appropriate services. In this document, the 15 CLAS Standards serve as the foundation of the CCAT. They have been organized into five conceptual domains, as illustrated in **Table 1**. Each domain contains criteria statements to help standardize assessment of compliance with the CLAS Standards.



Table 1. Culturally and Linguistically Appropriate Service (CLAS) Standards and Conceptual Domains

Domain 1. Staff cultural competence training and care delivery
... 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. <i>(CLAS Standard 1)</i>
... educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. <i>(CLAS Standard 4)</i>
Domain 2. Organizational infrastructure and internal processes
... advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources. <i>(CLAS Standard 2)</i>
... recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area. <i>(CLAS Standard 3)</i>
... establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations. <i>(CLAS Standard 9)</i>
... conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities. <i>(CLAS Standard 10)</i>
... create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints. <i>(CLAS Standard 14)</i>
Domain 3. Language assistance services (Mandated for recipients of federal funds)
... 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. <i>(CLAS Standard 5)</i>
... inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. <i>(CLAS Standard 6)</i>
... ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. <i>(CLAS Standard 7)</i>
... provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. <i>(CLAS Standard 8)</i>
Domain 4. Data collection and surveillance activities
... 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. <i>(CLAS Standard 11)</i>
... 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. <i>(CLAS Standard 12)</i>
Domain 5. Partnerships and community outreach
... partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness. <i>(CLAS Standard 13)</i>
... communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public <i>(CLAS Standard 15)</i>

The CLAS Standards, revised in 2013, are presented here by associated service domain.



Who should use CCAT?

There are two versions of the Cultural Competence Assessment Tool (**CCAT**):

- **CCAT I** is designed for use by state asthma programs, their partners, and other health care entities that partner with or oversee asthma service providers and develop policy recommendations to improve care and reduce the burden of asthma.
- **CCAT II** is designed for organizations that provide direct clinical and educational services for the control of asthma.

The concepts in **CCAT I** and **CCAT II** are similar, but the phrasing and criteria statements differ slightly. The differences acknowledge the varied responsibilities of different organizations. Some programs and organizations may serve multiple functions—i.e., they provide both oversight and direct services. These programs and organizations may elect to use one or both versions of the CCAT to suit multiple needs.

CCAT is intended to be used by a team that is familiar with its program or organization and that shares the common goal of assessing and improving the program or organization's cultural competence. There is not a single or "right" way to implement CCAT; programs should employ the best approach that works for their needs and circumstances. One may opt for a formal, structured process, a very informal, flexible process, or something in between. What follows is a description of a relatively structured process that includes an individual who facilitates the process.

Staff interested in participating on the CCAT team should identify a CCAT "champion" who keeps the team on track and ensures that the activities are accomplished in a timely fashion. The number of people on the team will depend on the size of your program/organization and the breadth of its partnerships. You may find a team of 6–9 people ideal, for such a team size allows for sufficient diversity of perspectives while not being overly burdensome. See **Table 2** for the possible types and roles of the people to consider including on the team. Listen to each selected team member's input on the strengths and weaknesses of the program/

organization, without regard to the member's position or status within the organization. Having a team with people of different backgrounds and levels of involvement will bring an important diversity of perspectives. For example, although the asthma program director may believe that the program's educational materials are easily understood by native Spanish speakers, a community representative may disagree. For such reasons, hearing every voice is critical to a team's functioning effectively.



How long will the assessment take?

Prior to gathering for a team discussion, have each team member complete the CCAT independently. This will probably take no more than an hour. The time spent on the remainder of the assessment process—team discussions and action planning—will depend on the process your team chooses to take, how much time is available, the immediacy of the need for this information, and other factors unique to your program. Therefore, while below we offer suggestions for the procedure, your team should discuss a plan that works best for your program's unique needs and circumstances. Keep in mind that the process could take as little as a few days and as long as several months, or even longer.

Instructions for Completing the CCAT

Preparing for the assessment

What everyone should know

- The Cultural Competence Assessment Tool (CCAT) is designed to aid programs in self-assessing program strengths and weaknesses as they relate to cultural competence. The results of this internally administered process are intended to guide the development of an action plan that in turn is intended to result in program improvements. As previously stated, there is **NO NEED TO SHARE THE INFORMATION** derived from the CCAT. However, if desired by the program, results may be shared for funding or oversight purposes.
- Completing the assessment process requires the engagement and commitment of a team of people (staff, patients/consumers, community members, etc.) with different opinions and perspectives. Disagreement is expected and the ensuing discussion is important.
- Have each team member first complete the CCAT independently. Team members can then come together to discuss their responses, to prioritize areas for improvement, and to develop an action plan.
- The process, from thoughtfully completing the CCAT to action planning and implementing the action plan, can take a considerable amount of time and intense, collective effort. Alternatively, a program or an organization can choose for efficiency's sake to target a purpose and focus.



Step 1: Identify CCAT team members and a team facilitator

The first step in the process is to build your CCAT assessment team. You will want to include asthma staff members who are very familiar with your program/organization, along with external partners who have worked closely with you. It is also important to include representatives from the pertinent local cultural group(s) to enhance the cultural validity of the assessment and create critical local buy-in. As you build the team, consult with others to expand the list of potential assessment team members. **Table 2** provides ideas for developing your team.

Table 2. Possible Cultural Competence Assessment Team Members	
Asthma Care Role	Possible Members
Programs with Oversight Role (CCAT I)	<ul style="list-style-type: none"> ■ Program director ■ Asthma (or chronic disease) program manager ■ Asthma program administrator or coordinator ■ Asthma program epidemiologist ■ Other asthma program support staff members (e.g., communications personnel, financial services personnel) ■ State health department administrator, or other state health official ■ State asthma coalition member(s) ■ Leaders from state disparity reduction initiatives (i.e., state Office of Minority Health) ■ Asthma community health worker(s) ■ Representative(s) from local cultural and linguistic group(s)
Programs with Direct Services Role (CCAT II)	<ul style="list-style-type: none"> ■ Asthma (or chronic disease) program manager or administrator ■ Nurse(s) involved in asthma care ■ Physician(s), especially asthma specialist(s) ■ Asthma educator(s) ■ Community health worker(s) ■ Social worker(s) ■ Other asthma care support staff member (e.g., front desk personnel, intake personnel) ■ Representative(s) from local cultural and linguistic group(s)

Once the team has been identified, select a facilitator, group leader, or “champion” who will create a collaborative environment and guide the team through the assessment process. Effective facilitators are skilled in meeting facilitation. They will motivate the team, recognize any power differentials, listen well, tactfully guide but not control, and follow through with



expediency and commitment to the goals of the process. Ideally, facilitators will not be on the asthma staff; this exclusion will help avoid the perception that they may “sway” the results to their own views. **Table 3** provides tips for facilitating the assessment process.

Table 3. Tips for Facilitating	
Create...	...as a group, a meeting agenda and a discussion time table.
Set...	<p>...guidelines for the discussion. The guidelines set the tone for a productive meeting. Refer to the guidelines when it appears that the team is not abiding by them. Possible discussion guidelines include the following:</p> <ul style="list-style-type: none"> ■ Respect the speaking time of each team member. Do not speak over one another. ■ Do not use stereotypes to describe a demographically similar group. ■ When discussing organizational strengths and weaknesses, provide concrete and practical examples. <p>...a relaxed atmosphere. Have all team members introduce themselves. Use ice-breaking techniques to help team members find commonalities. Remind the team of the purpose of the meeting and the goal of the assessment.</p>
Appoint...	...a discussion recorder (as appropriate).
Encourage...	<p>...all team members to participate in the discussion. Create spaces and opportunities for sharing perspectives and thoughts.</p> <p>...the sharing of perspectives that may differ from those already presented.</p>
Clarify...	...statements team members make, as needed, to ensure mutual understanding of perspectives.
Manage...	...disagreements by referring the team to the discussion guidelines. Allow more than two people to share their thoughts about the reason for any disagreement.
Remind...	<p>...team members that everyone’s opinions and experiences are valid and should be respected.</p> <p>...team members that change takes time and commitment.</p>



Step 2: Prepare for the assessment

1. It may be helpful to assemble and distribute pertinent documentation to help the team complete the tool. The items listed in **Table 3**, though they may not be specific to your asthma program, are examples of documentation that may apply to the broader organization within which the asthma program is located (e.g., a health department or health system). Gather information that may help the team in preparing for this assessment. You may want to divide and delegate areas of this task to the team members with easiest access to the pertinent information. Share the information with the assessment team members prior to distributing the CCAT.
2. Gather data highlighting the disproportionate distribution of asthma among the population. You may want to consult the local epidemiologist for these asthma data.
3. Consider developing a glossary to ensure that everyone interprets the terms and concepts in the same manner.
4. Develop a timeline that includes dates for completing the individual CCATs, a date for the initial meeting to compare results (allow time for yourself to tally answers), and dates for additional meetings to prioritize areas for improvement and develop an action plan.



Table 4. Information Helpful to Conduct the Cultural Competence Assessment

Domain	Supporting Documentation
<p>Domain 1 Staff cultural competence training and care delivery</p>	<ul style="list-style-type: none"> ■ Information about on- and off-site staff trainings ■ Cultural competence curriculum or resources ■ Any evaluations of training programs ■ Information about who receives trainings and/or training resource lists
<p>Domain 2 Organizational infrastructure and internal processes</p>	<ul style="list-style-type: none"> ■ Information about recruitment, hiring procedures, and policies ■ Demographic characteristics of staff ■ Any existing written cultural competence strategic plans ■ Information about goals, policies, operational plans, and management oversight and accountability as it relates to cultural competence ■ Any cultural competence self-assessment results of the organization ■ Information about any conflict and grievance resolution processes or systems ■ Results of any consumer/patient satisfaction assessments
<p>Domain 3 Mandated language assistance services</p>	<ul style="list-style-type: none"> ■ Information about language assistance services suggested to or provided by asthma programs, clinics, or interventions ■ Information about policies, procedures, and practices regarding language assistance services ■ Such printed materials as pamphlets, signs, instructions, forms, and educational materials related to asthma and targeted for patients from different cultural groups ■ Any information about the effectiveness or adequacy of language assistance services ■ Results of any consumer/patient satisfaction assessments
<p>Domain 4 Data collection and surveillance activities</p>	<ul style="list-style-type: none"> ■ Cultural, demographic, and epidemiologic characteristics of the patient/consumer population and information about how related data are used ■ Information from any community needs assessments ■ Information about data collection and surveillance support activities and materials provided to partner asthma programs or organizations ■ State standards or instructions for collecting data on various sub-populations
<p>Domain 5 Partnerships and community outreach</p>	<ul style="list-style-type: none"> ■ Information about existing partnerships, including evaluation information ■ Information about other community relationships ■ Descriptions of mechanisms used for engaging relevant communities ■ Existing outreach activities ■ Information is publicly available to the community



Step 3: Complete the CCAT

Have each team member complete the assessment independently, scoring each criteria statement to the best of his/her ability. The Comments section may be used to provide examples supporting ratings or clarification, as needed.

The facilitator can then tally everyone's results and provide a summary of a) what the program is doing well; b) where there is universal agreement that improvement is needed; and c) where discordant perspectives are reflected. The facilitator may find the "Facilitator's Template for Tallying CCAT Results" on page 42 of the Appendix useful for summarizing the aggregate results of the CCAT.

Step 4: Discuss the findings

After the results have been summarized, engage the team in an active discussion of the findings. It might be best to start with the areas in which the program is doing well before focusing on the areas needing improvement. Refer to the documentation collected at the start of the process to support responses whenever such support is appropriate. The discussion is a valuable opportunity to exchange ideas about the strengths of the program and the areas needing improvement. It will also be enlightening to hear divergent opinions or perceptions, because they may shed new light on the program and provide important discoveries.

Note: It may be useful to discuss the items that were rated "not applicable" and outside the scope of the asthma program, because these items could be used to advocate for specific changes within the wider organization.

Step 5: Prioritize

Step 4 should have produced a list of criteria statements with low ratings or with divergent scores from team members. **Table 5** is a tool to help the team prioritize and to guide the team in thinking about the question(s) in each criterion. Engage the team in a ranking exercise to establish priorities. You may do so by using stickers, numeric scoring, or any other method for prioritizing.

After discussing everyone's perspectives, have the assessment team narrow down the criteria statements and prioritize areas for program improvement. Discuss the availability of any resources and staff that can be committed to the improvement plans. Remind the team that not all areas for improvement can be tackled at once but that taking even small steps toward improving the program's cultural sensitivity and awareness can go a long way.



Table 5. Criteria for Prioritizing Domains and Statements for Action Planning

Criterion	Information Needed for Prioritization
Need	<ul style="list-style-type: none"> How critical is improvement in this area for addressing asthma disparities in the population(s) we serve?
Resources	<ul style="list-style-type: none"> What resources (financial, time-related, etc.) are available for improvement in this area? How much of these resources can we allocate to making improvements in this area?
Prior Evaluation	<ul style="list-style-type: none"> Have we collected data on this area before? Is there already a plan in place for improvements?
Stakeholder Interest	<ul style="list-style-type: none"> How interested are our asthma partners and service population in improvements in this area?
State Asthma Plan Alignment	<ul style="list-style-type: none"> Does improvement in this area align with the mission and goals of our program or organization? Do the action steps needed to improve in this area align with program or organization goals?
Challenges	<ul style="list-style-type: none"> What programmatic/organizational challenges will hinder us from making improvements in this area?
Reach	<ul style="list-style-type: none"> Will improvements in this area affect the groups that we should be prioritizing?

Step 6: Develop an Action Plan

After agreeing on the priorities for improvement, you can best ensure that improvements will be made by creating a plan containing the steps you intend to take. The plan should set forth the activities, measureable objectives, timelines, and team members' roles and responsibilities. This step is the "bridge" linking the results of the assessment to the future actual improvements made to the program or organization. In taking this important step, the assessment team is meeting CLAS Standards 9 and 10 by conducting an internal review of and developing a written action plan for improving your organization's culturally competent practice.

Note: If it is not feasible to develop a comprehensive action plan, at least document the results of the team's assessment and record a summary of the discussion, including an explanation of why an action plan was not feasible. Even jotting down some potential action steps will be helpful in the future. This is all valuable information that reflects the various interpretations and perspectives of the issues.



Guidance for Developing an Action Plan

The primary purpose of using the Cultural Competence Assessment Tool is to help your program become more responsive to the needs of culturally diverse groups. Please see Appendix D on page 43, CCAT Action Plan Template for guidance in creating an action plan. Appendix F provides a brief description of some resources that may be helpful in considering ways to improve your program's cultural competence—ideas that you may wish to put into your action plan.

Creating an action plan is a helpful way to organize and sequence activities intended to accomplish specific objectives. An action plan requires identifying the persons responsible for completing each action and a timeline for doing so. Any sources of funding or additional resources needed for these actions should be documented. Your action plan should also include a method for tracking the progress of your actions and the resulting program changes.

Use the blank Action Plan template (provided in Appendix D on page 43) as a guide. The template includes a place to list what information you will use to assess the implementation of your action plan. This information will tell you whether your actions had the results you were hoping for. A sample action plan is provided in Appendix E on page 44, for your reference.

Step 7: Disseminate the Action Plan to appropriate audiences

Share a summary of the results of the CCAT, noting areas of strength as well as areas the team would like to see improved, with all those who have a stake in improving the cultural competence of the program. Share the action plan with other staff members, the administration, public health and non-health partners, members of the local community, and anyone else deemed appropriate.

Carefully tailor dissemination strategies to fit the needs and interests of the audience. Possible strategies include publishing articles in workplace newsletters, sharing lessons learned at staff trainings or meetings, posting the action plan (or summary) in waiting areas, or holding formal or informal talks with community groups. Broadly sharing this information will help enhance the credibility of the program and will increase public awareness of the importance of achieving cultural competence in asthma care. It will also promote accountability for improvement.

Progress on the action plan and program results should also be documented and reviewed with program stakeholders and community members.

Using the tool to monitor your program's progress

The results of the CCAT can serve as a baseline measurement of cultural competence. The assessment can be repeated after you implement the action plan in order to measure progress and to identify new areas for improvement. By periodically performing these programmatic assessments, you are also taking steps toward meeting CLAS Standard 10, which relates to conducting organizational self-assessments and integrating cultural and linguistic competence-related measures into performance improvement programs.



Summary

- State asthma programs and partners can begin to address asthma health disparities by ensuring the cultural competence of their programs and policies.
- The U.S. Department of Health and Human Services' Office of Minority Health developed Culturally and Linguistically Appropriate Service (CLAS) Standards as means of assisting in the evaluation of cultural competence.
- Based upon the CLAS Standards, the Cultural Competence Assessment Tool (CCAT) provides a way for state asthma programs, partner organizations, and public health institutions to evaluate their programmatic strengths and weaknesses related to cultural competence. The CCAT is a stepping stone to developing a plan to improve your program's cultural competence.
- The action plan template can be used to show the next steps in addressing one or more CLAS Standards. Completed action plan templates can serve as the program or organization's Cultural Competence Action Plan.



Appendices

CCAT I: Cultural Competence Assessment Tool for Oversight Roles and Responsibility in Asthma Care

Instructions for Completing the Assessment Tool

Dear Volunteer,

Thank you for your interest in serving on the team to assess and improve the cultural competence of the asthma program. Your input and involvement in assessing the program are valuable. Your participation will serve in important ways to enhance the quality of the program.

CCAT I is designed for use by state asthma programs and partner organizations that oversee or establish guidelines and policies for provision of asthma care and services. It is designed to assess both the internal operations of your state-level program and the activities you oversee and support at the local/direct-service level. **CCAT I** will help programs assess their strengths and identify areas for improvement as they relate to Cultural and Linguistically Appropriate Service Standards developed by the Department of Health and Human Services' Office of Minority Health. The CCAT is a stepping stone for the development of an action plan to address asthma health disparities through the delivery of culturally competent services.

CCAT I is organized by the following domains:

- staff cultural competence training and care delivery,
- organizational infrastructure and internal processes,
- language and other communication assistance services,
- data collection, and
- partnerships and community outreach.

CCAT I is most effective when team members have access to important documents and information, provide honest and thoughtful rating for all the criteria, engage in open team discussion, participate in prioritizing actions, and create and implement an action plan.

There are no "right" or "wrong" answers, and your perspective may differ from that of others on the assessment team.

Instructions for Completing the Assessment Tool

1. Familiarize yourself with the Criteria Statements for each domain in the Tool.
2. Review independently any supporting documentation on the program's cultural competence.
3. For each Criteria Statement, circle a rating of 1 ("strongly disagree"), 2 ("disagree"), 3 ("agree"), or 4 ("strongly agree") on the basis of your perceptions of the program or organization. For statements that do not apply to the program or organization, circle the NA option.

4. Use the Comments section provided below each Criteria Statement to note any explanations, questions, or clarifications for your responses. Note: Some Criteria Statements may need clarification or minor re-phrasing to make them applicable to your program.

After completing the assessment form, you will meet with other team members to discuss the ratings. The team will then prioritize areas for improvement and create an action plan to meet cultural competence improvement goals.

Thank you again for taking the time to participate in this important endeavor.



Appendix A: CCAT I Cultural Competence Assessment Tool for Oversight Roles and Responsibility in Asthma Care

Domain 1: Staff cultural competence training and care delivery

Applicable CLAS Standards
...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. <i>(CLAS Standard 1)</i>
...educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. <i>(CLAS Standard 4)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
1. Our asthma program values and strives to achieve cultural competence and health equity through policies, practices, and allocated resources. Comments:	1	2	3	4	NA	?
2. Our program promotes the provision of effective, understandable, and respectful care that is responsive to diverse cultural health beliefs and practices of asthma patients. Comments:	1	2	3	4	NA	?
3. Our asthma leadership and staff receive continuous education and training in culturally and linguistically appropriate policies and practices. Comments:	1	2	3	4	NA	?
4. Participation in cultural competence training is considered important and valuable by our program. Comments:	1	2	3	4	NA	?
5. A list of various cultural competence trainings and training materials is made available to asthma partners. Comments:	1	2	3	4	NA	?
6. The policies and practices of our asthma program support and reinforce the importance and benefit of cultural competence training. Comments:	1	2	3	4	NA	?

Domain 2: Organizational infrastructure and internal processes

Applicable CLAS Standards
...advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources. <i>(CLAS Standard 2)</i>
...recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area. <i>(CLAS Standard 3)</i>
...establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations. <i>(CLAS Standard 9)</i>
...conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities. <i>(CLAS Standard 10)</i>
...create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints. <i>(CLAS Standard 14)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
1. The vision or mission statement of the asthma program reflects a commitment to ensuring access to asthma public health services for the diverse groups served. Comments:	1	2	3	4	NA	?
2. Our asthma program has a written plan that outlines goals, policies, and accountability for ensuring and promoting cultural and linguistic competence throughout our state. Comments:	1	2	3	4	NA	?
3. Periodic assessments of the cultural competence of our organization's staff and activities are conducted. Comments:	1	2	3	4	NA	?
4. The asthma program encourages asthma partners and public health associations to assess their own cultural competence for strengths and weaknesses. Comments:	1	2	3	4	NA	?

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<p>5. Our asthma program promotes cultural appropriateness in</p> <p>a. strategic plans.</p> <p>Comments:</p> <p>b. data collection forms.</p> <p>Comments:</p> <p>c. job descriptions and interview scripts (for hiring a diverse staff).</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>6. Our asthma program provides assistance and resources to partners as needed in identifying opportunities to recruit diverse staff (e.g., job fairs, mentorship programs).</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>7. Our asthma program includes staff and management diversity as a review criterion during the awarding of contracts.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>8. The asthma program provides guidance in conflict and grievance resolution processes related to cross-cultural conflicts.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>9. The asthma program assures that cross-cultural conflicts or complaints are appropriately resolved.</p> <p>Comments:</p>	1	2	3	4	NA	?

Domain 3: Language Assistance Services

Applicable CLAS Standards *(Mandated for recipients of federal funds)
...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. <i>(CLAS Standard 5)</i>
...inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. <i>(CLAS Standard 6)</i>
...ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. <i>(CLAS Standard 7)</i>
...provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. <i>(CLAS Standard 8)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
1. Our asthma program provides lists of language and other communication assistance services available in the state or local area. Comments:	1	2	3	4	NA	?
2. Our asthma program oversees the appropriate use of interpreter (oral), translation (written), or other communication services by asthma partners at no cost to patients. Comments:	1	2	3	4	NA	?
3. Our asthma program discourages the use of untrained individuals or minors as interpreters, except if requested by the patient. Comments:	1	2	3	4	NA	?
4. Our asthma program helps identify and disseminate documents in locally relevant languages or in braille to asthma partners. Comments:	1	2	3	4	NA	?
5. Our asthma program supports available, appropriate training on how to assess a participant's English proficiency, health literacy, and other communication needs. Comments:	1	2	3	4	NA	?

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
6. Our asthma program promotes the use of culturally appropriate and easily understood materials and signage. Comments:	1	2	3	4	NA	?
7. Our asthma program assures that asthma partners clearly inform patients of the availability of language assistance in their preferred language. Comments:	1	2	3	4	NA	?

Domain 4: Data Collection and Surveillance Activities

Applicable CLAS Standards
...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. <i>(CLAS Standard 11)</i>
...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. <i>(CLAS Standard 12)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
1. Our asthma program provides technical support to asthma partners in developing data systems for the appropriate collection and analysis of data related to race, ethnicity, and preferred language(s). Comments:	1	2	3	4	NA	?
2. Our asthma program provides training on proper recording and management of asthma intervention participant data. Comments:	1	2	3	4	NA	?
3. Epidemiologic profiles of the state and/or local community are made available to asthma program partners. Comments:	1	2	3	4	NA	?
4. Our asthma program encourages partners to gather information on the cultural views of a local community, such as attitudes toward asthma medication, care management practice, and environmental controls. Comments:	1	2	3	4	NA	?

Domain 5: Partnerships and Community Outreach

Applicable CLAS Standards

...partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness. *(CLAS Standard 13)*

...communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public. *(CLAS Standard 15)*

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<p>1. Our program engages in partnerships with state and/or local communities to design, implement, and evaluate culturally and linguistically appropriate policies, practices, and services.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>2. Our asthma program helps to connect asthma partners and public health organizations with state and/or local community partners.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>3. Our program periodically assesses new partnership opportunities with the state and/or local community.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>4. Information is made available to the public (via Web site, newsletters, etc.) about our asthma program's progress in its cultural competence efforts.</p> <p>Comments:</p>	1	2	3	4	NA	?

-END-

CCAT II: Cultural Competence Assessment Tool for Programs with Direct Service Roles and Responsibilities in Asthma Care

Instructions for Completion

Dear Volunteer,

Thank you for your interest in serving on the team to assess and improve the cultural competence of the asthma program. Your input and involvement in assessing the program are valuable by serving in important ways to enhance the quality of the program.

CCAT II is designed for use by assessment team members in asthma programs with direct service roles relating to asthma care. **CCAT II** will help programs assess their strengths and identify areas for improvement as they relate to Cultural and Linguistically Appropriate Service Standards developed by the Department of Health and Human Services' Office of Minority Health. The CCAT is a stepping stone for the development of an action plan to address asthma health disparities through the delivery of culturally competent services.

CCAT II is organized by the following domains:

- staff cultural competence training and care delivery,
- organizational infrastructure and internal processes,
- language assistance and other communication services,
- data collection, and
- partnerships and community outreach.

CCAT II is most effective when team members have access to important documents and information, provide honest and thoughtful rating for all the criteria, engage in open team discussion, and participate in prioritizing actions and creating an action plan.

There are no "right" or "wrong" answers, and your perspective may differ from that of others on the assessment team.

Instructions for Completing the Assessment Tool

1. Familiarize yourself with the Criteria Statements for each domain in the Tool.
2. Review independently any supporting documentation on the program's cultural competence.
3. For each Criteria Statement, circle a rating of 1 ("strongly disagree"), 2 ("disagree"), 3 ("agree"), or 4 ("strongly agree") on the basis of your perceptions of the program or organization. For statements that do not apply to the program or organization, circle the NA option.

4. Use the section below each Criteria Statement to note any explanations, questions, or clarifications for your responses. Note: Some Criteria Statements may need clarification or minor re-phrasing to make them applicable to your program.

After completing the assessment form, you will meet with other team members to discuss the ratings. The team will then prioritize areas for improvement and create an action plan to meet cultural competence improvement goals.

Thank you again for taking the time to participate in this important endeavor.



Appendix B: CCAT II Cultural Competence Assessment Tool for Direct Service Roles and Responsibilities in Asthma Care

Domain 1: Staff cultural competence training and care delivery

Applicable CLAS Standards
...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. <i>(CLAS Standard 1)</i>
...educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. <i>(CLAS Standard 4)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
1. Our program values and strives to achieve cultural competence and health equity through policies, practices, and allocated resources. Comments:	1	2	3	4	NA	?
2. Providers routinely follow a process that ensures effective, understandable, and respectful care that is responsive to diverse cultural health beliefs and practices of asthma patients. Comments:	1	2	3	4	NA	?
3. Providers routinely identify and record patients' language preferences during their first meeting. Comments:	1	2	3	4	NA	?
4. Efforts are made to match asthma service providers to consumers/patients on the basis of race, ethnicity, nationality, and language preference. Comments:	1	2	3	4	NA	?
5. Leadership and all asthma staff members receive continuous education and training in culturally and linguistically appropriate policies and practices. Comments:	1	2	3	4	NA	?

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<p>6. Cultural competence trainings impart the necessary skills and guidance to ensure the provision of appropriate care for the diverse groups served by the program.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>7. Cultural competence trainings addresses the importance of appreciating diversity and of providing culturally and linguistically appropriate services.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>8. Participation in cultural competence training is considered important and is valued by our organization.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>9. Staffing and scheduling are adjusted to allow asthma care providers to attend cultural competence training during regular work hours.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>10. Policies and practices of our asthma program support and reinforce the importance and benefits of cultural competence training.</p> <p>Comments:</p>	1	2	3	4	NA	?

Domain 2: Organizational infrastructure and internal processes

Applicable CLAS Standards
...advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources. <i>(CLAS Standard 2)</i>
...recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area. <i>(CLAS Standard 3)</i>
...establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations. <i>(CLAS Standard 9)</i>
...conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities. <i>(CLAS Standard 10)</i>
...create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints. <i>(CLAS Standard 14)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
1. The vision or mission statement of our program reflects a commitment to ensuring access to asthma public health services for the diverse groups served. Comments:	1	2	3	4	NA	?
2. Our asthma program has a written plan that outlines goals, policies, and accountability for ensuring and promoting cultural and linguistic competence. Comments:	1	2	3	4	NA	?
3. Our asthma program conducts continuous assessments of the cultural competence and related training needs of our staff and activities. Comments:	1	2	3	4	NA	?
4. Our asthma program maintains data on the racial and ethnic backgrounds of the staff. Comments:	1	2	3	4	NA	?
5. The staff at all levels of our program—not just direct service providers—reflects the various cultural groups of the local community. Comments:	1	2	3	4	NA	?

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<p>6. Our program addresses the recruitment and retention of staff with a staffing diversity plan or policy.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>7. Staff recruitment efforts include identifying candidates with culturally appropriate skills—including skills in languages other than English.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>8. Cultural competence measures are integrated into performance measures and are appropriately rewarded and valued at all levels of our organization.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>9. Cultural competence measures are integrated into asthma patient satisfaction assessments.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>10. The asthma patient complaint and grievance resolution process is easily accessible to all patients.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>11. Our asthma program assures that cross-cultural conflicts or complaints are appropriately resolved.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>12. Our program monitors the quality of culturally and linguistically appropriate asthma care services.</p> <p>Comments:</p>	1	2	3	4	NA	?

Domain 3: Language assistance services

Applicable CLAS Standards (*Mandated for recipients of federal funds)
...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. <i>(CLAS Standard 5)</i>
...inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. <i>(CLAS Standard 6)</i>
...ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. <i>(CLAS Standard 7)</i>
...provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. <i>(CLAS Standard 8)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<i>*Note: In this section, scores may differ by language.</i>						
1. Notification of the availability of language or other communication services is provided to asthma patients in the following formats:						
a. Oral	1	2	3	4	NA	?
Comments:						
b. Written	1	2	3	4	NA	?
Comments:						
2. Language or other communication assistance services are provided to asthma patients through various mechanisms, including						
a. Trained bilingual staff.	1	2	3	4	NA	?
Comments:						
b. Interpreter or hearing impaired services.	1	2	3	4	NA	?
Comments:						
3. Language and other communication assistance services are provided at no cost to our asthma patients.	1	2	3	4	NA	?
Comments:						

<p>Criteria Statement <i>*Note: In this section, scores may differ by language.</i></p>	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<p>4. Language and other communication assistance services are provided at all points of contact with our asthma patients.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>5. Language and other communication assistance services are evaluated to determine competence and adequacy.*</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>6. Our asthma program discourages the use of untrained individuals or minors as interpreters, except if requested by the patient.*</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>7. Linguistically appropriate documents and communication are available to asthma patients in the following formats:*</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>a. Translated recorded messages on phone lines.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>b. Interpreters in the reception area.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>c. Translated signage and notices at key points of contact.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>d. Braille</p> <p>Comments:</p>	1	2	3	4	NA	?

Criteria Statement <i>*Note: In this section, scores may differ by language.</i>	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
8. Written asthma materials are evaluated to determine effectiveness.* Comments:	1	2	3	4	NA	?
9. The following items are linguistically appropriate and easily understood by the population(s) served: a. Signs. Comments: b. Instructions (for asthma medications and other therapies). Comments: c. Pamphlets. Comments: d. Educational materials (regarding asthma care management). Comments: e. Printed materials in braille: Comments:	1	2	3	4	NA	?

Domain 4: Data collection activities

Applicable CLAS Standards
...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. <i>(CLAS Standard 11)</i>
...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. <i>(CLAS Standard 12)</i>

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
1. Data are collected and maintained in our program's records on the individual asthma patient's a. Race/ethnicity. Comments:	1	2	3	4	NA	?
b. Spoken language preference. Comments:	1	2	3	4	NA	?
c. Written language preference. Comments:	1	2	3	4	NA	?
2. Asthma patient data related to race/ethnicity and language preference are routinely reviewed by program staff. Comments:	1	2	3	4	NA	?
3. Asthma patient data related to race/ethnicity and language preference are updated periodically. Comments:	1	2	3	4	NA	?
4. Asthma patient demographic information (such as race/ethnicity and language) can be linked with other data (such as satisfaction, quality of care measures, etc.). Comments:	1	2	3	4	NA	?

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<p>5. The following types of community profile data are collected and maintained by our program:</p> <p>a. Demographic information (e.g., race, ethnicity, median income, insurance status).</p> <p>Comments:</p> <p>b. Cultural information (e.g., attitudes toward asthma medication, asthma care management practice, environmental controls).</p> <p>Comments:</p> <p>c. Epidemiologic information (e.g., prevalence and incidence of asthma and co-related conditions, flu vaccine utilization).</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>6. Our program regularly conducts an assessment of the cultural composition of the community and its assets and needs related to asthma.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>7. Our program uses asthma patient data and results on any specific needs of the community to develop and revise culturally appropriate asthma care practices and services.</p> <p>Comments:</p>	1	2	3	4	NA	?

Domain 5: Partnerships and community outreach

Applicable CLAS Standards

...partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness. *(CLAS Standard 13)*

...communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public. *(CLAS Standard 15)*

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
<p>1. Our program engages in partnerships with local cultural communities and organizations to improve our program activities.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>2. Our partnerships help provide services specifically for culturally and linguistically diverse groups in the following ways:</p> <p>a. Planning and designing culturally and linguistically appropriate asthma health services.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>b. Assessing community and patient needs.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>c. Monitoring and evaluating the quality of asthma health services.</p> <p>Comments:</p>	1	2	3	4	NA	?
<p>3. Individual asthma patients are provided opportunities to assist in designing and implementing culturally and linguistically appropriate asthma health services.</p> <p>Comments:</p>	1	2	3	4	NA	?

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Don't Know
4. The local community is routinely assessed for new partnership opportunities. Comments:	1	2	3	4	NA	?
5. Information is made available to the public (via website, newsletters, etc.) about our asthma program's progress on cultural competence efforts. Comments:	1	2	3	4	NA	?

-END-

Appendix C-Facilitator’s Template for Tallying and Prioritizing

Date:

Facilitator:

Number of completed CCATs:

Domain:

Follow a process that works for your team. Consider any specific goals of the program and the timeline for this activity. Here is one option for discussing and prioritizing the issues. After tallying the results based on your team’s completed CCATs, create a list of the Criteria Statements on which your program is doing well. Create another list reflecting universally “low” ratings. Create a third list noting the Criteria Statements that generated variable ratings from the team. Gather as a team and focus discussions about the lists you have drafted. Record relevant notes from the discussion in the ‘Comments’ box.

Convene the team to discuss any discrepant responses. Consider the outcomes of this discussion, along with the Statements that received “low” ratings, and engage in a prioritization process based on earlier agreed-upon criteria, including but not limited to need, resources, partners’ interest, and alignment to the state asthma plan. Follow the guidance on pages 12-13, assigning a ranking or priority for Criteria Statements in need of improvement. Prioritization may be done by use of stickers, numeric scoring, or any other prioritizing method desired by the team.

Appendix C—Facilitator’s Template for Tallying and Prioritizing

Criteria Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Comments	Priority

Appendix D—CCAT Action Plan Template

CLAS Domain: _____

Criteria Statement: _____

Programmatic Change Sought/Measurable Objective: _____

	Steps	Details
Assessment Finding	1. Assessment Result	<i>Describe the key assessment result/area needing improvement that you want to focus on.</i>
Evidence Base	2. Supporting Evidence	<i>Describe the specific evidence that supports the finding listed above. Why does this area need attention?</i>
Plan of Action to Achieve Change	3. Suggested Change(s)	<i>Describe key change(s) you want to achieve on the basis of this finding.</i>
	4. Activities Required to Implement Change	<i>List the activities that need to be carried out.</i>
	5. Person Responsible	<i>List person(s) responsible for each activity.</i>
	6. Resources Required	<i>Describe the non-staff resources that the responsible person(s) will need in order to carry out the proposed activities.</i>
	7. Timeline for Specified Activities	<i>List key milestones and associated dates.</i>
	8. Monitoring Plan for Implementation of Actions	<i>Describe how you will know that implementation is occurring as planned (indicators of implementation).</i>
	9. Data Sources To Support Monitoring	<i>List the data that you will use for each indicator listed above.</i>

Appendix E—SAMPLE CCAT Action Plan

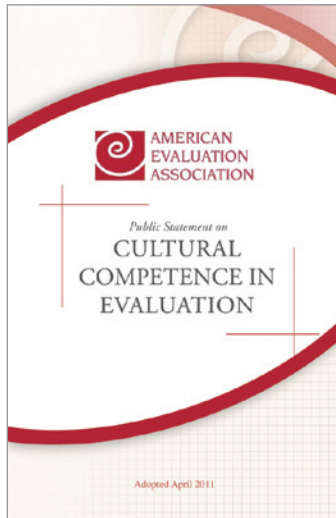
CLAS Domain: Domain 4 – Data collection and surveillance activities

Criteria Statement: The following types of community profile data are collected and maintained by our organization: demographic information, cultural information, epidemiologic information.

Programmatic Change Sought/Measurable Objective: Develop a plan to collect, maintain, and update demographic, cultural, and epidemiologic information about the consumer/patient population.

Steps	Detail
1. Assessment Result	<p><i>Describe the key assessment result/area needing improvement that you want to focus on.</i></p> <ul style="list-style-type: none"> ■ Our program/organization does not have community profile data on file. ■ There are currently no procedures in place to collect this information.
2. Supporting Evidence	<p><i>Describe the specific evidence that supports the finding listed above. Why does this area need attention?</i></p> <ul style="list-style-type: none"> ■ Our cultural competence assessment team members scored this criteria statement very low (a rating of 1), indicating that we are not meeting a CLAS Standard and can improve in this area to deliver culturally competent care.
3. Suggested Change(s)	<p><i>Describe key change(s) you want to achieve on the basis of this finding.</i></p> <ul style="list-style-type: none"> ■ We want to develop a plan to collect and maintain community profile data in order to develop a better understanding of the unique asthma care needs of community X.
4. Activities Required to Implement Change	<p><i>List the activities that need to be carried out.</i></p> <ul style="list-style-type: none"> ■ Gather a team of staff members to serve as the plan workgroup. ■ Consult with information technology experts to determine how information can be maintained electronically. ■ Review data collection and maintenance activities of partner organizations to learn methods.
5. Person Responsible	<p><i>List person(s) responsible for each activity.</i></p> <ul style="list-style-type: none"> ■ Ms. Ro Dent (Asthma Program Manager)(Activities 1 and 2) ■ Mr. D. Mite (Intake Staff Member) (Activity 3)
6. Resources Required	<p><i>Describe the non-staff resources that the responsible person(s) will need to carry out the proposed activities.</i></p>
7. Timeline for Specified Activities	<p><i>List key milestones and associated dates.</i></p> <ul style="list-style-type: none"> ■ First meeting of workgroup on or before April 27, 2014 ■ IT consultation on or before June 15, 2014
8. Monitoring Plan for Implementation of Actions	<p><i>Describe how you will know that implementation is occurring as planned (indicators of implementation).</i></p> <ul style="list-style-type: none"> ■ Meeting agendas and meeting notes submitted for the workgroup
9. Data Sources To Support Monitoring	<p><i>List the data that you will use for each indicator listed above.</i></p>

Appendix F—Guidelines/Recommendations



Public Statement on Cultural Competence in Evaluation

American Evaluation Association

<http://www.eval.org/p/cm/ld/fid=92>

Guidelines/Recommendations

Cultural competence is required in evaluation. Evaluators are increasingly aware of the role that culture plays in the development of evaluation questions, data collection activities, and data analysis. Culture also influences how evaluation findings are interpreted. The American Evaluation Association's public statement provides an explanation of and practices related to conducting culturally competent evaluations.



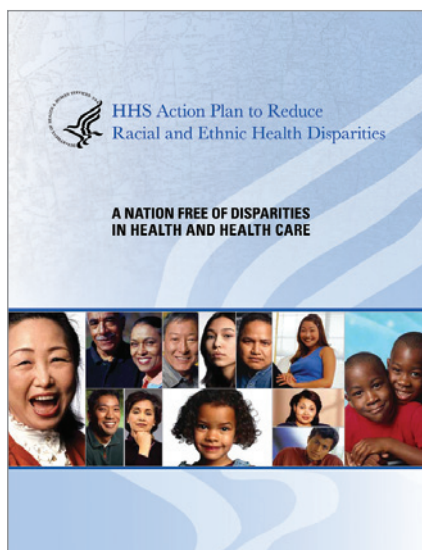
Healthy People 2020

U.S. Department of Health and Human Services

<http://www.healthypeople.gov/2020/default.aspx>

Guidelines/Recommendations

Healthy People 2020 describes the nation's 10-year agenda for improving population health. The federal government, along with partner health organizations at the local and state level, is committed to reducing morbidity and mortality, promoting healthy behaviors, and eliminating health disparities in order to improve the health of all persons.



HHS Action Plan to Reduce Racial and Ethnic Health Disparities

U.S. Department of Health and Human Services

http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

Guidelines/Recommendations

Observed differences in health outcomes among racial and ethnic groups tell a story of morbidity and mortality that disproportionately affects racial and ethnic minorities. The Action Plan, one element of a six-pronged U.S. Department of Health and Human Services approach to reducing health disparities, outlines the vision of the Department. Goals, strategies, and actions are shown to highlight the Department's commitment to the disparities reduction effort.



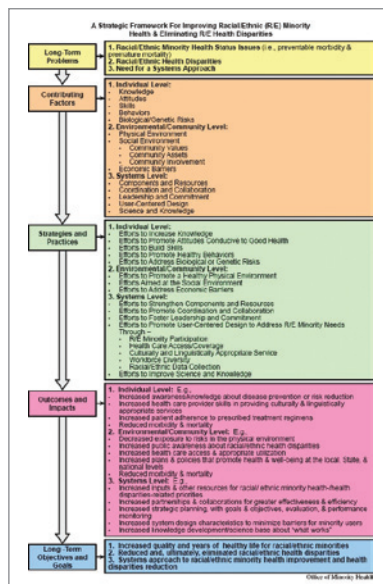
Think Cultural Health

U.S. Department of Health and Human Services

<https://www.thinkculturalhealth.hhs.gov/index.asp>

Guidelines/Recommendations

Developed by the U.S. Office of Minority Health, Think Cultural Health provides cultural and linguistic competence resources and tools to health care stakeholders. The Cultural and Linguistically Appropriate Service (CLAS) Clearinghouse has education and training resources for public use. Population- and profession-based resources are also available. Reports from scientific research studies provide the latest information related to the delivery of culturally competent care.



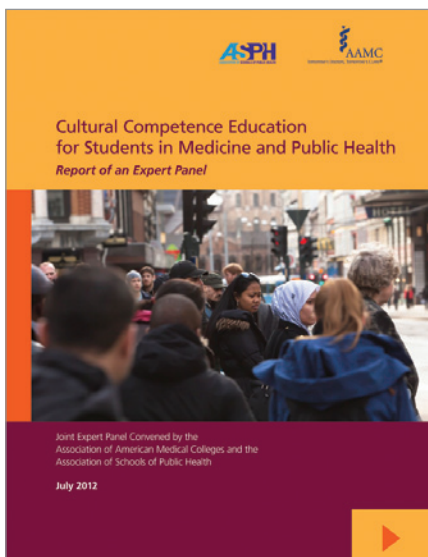
A Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities

U.S. Department of Health and Human Services

<http://minorityhealth.hhs.gov/templates/content.aspx?vl=1&lvlid=44&id=8842>

Guidelines/Recommendations

Recognizing a need for strategies to improve the health of racial and ethnic minorities, the U.S. Office of Minority Health developed a framework to guide public health workers in eliminating health disparities. The Framework highlights the individual, community, and systems level factors that contribute to health disparities. The Framework also provides strategies to address contributing factors and resulting outcomes.



Cultural Competence Education for Students in Medicine and Public Health

Association of American Medical Colleges and the Association of Schools of Public Health

<http://www.asph.org/UserFiles/11-278%20CulturCompet%20Interactive%20final.pdf>

Guidelines/Recommendations

This is a report from an expert panel convened by both the Association of American Medical Colleges and the Association of Schools of Public Health on the core competencies for cultural competency that both medical and public health students should learn. Competencies fall into one of three categories: knowledge (cognitive competencies), skills (practice competencies), and attitudes (values/beliefs competencies).



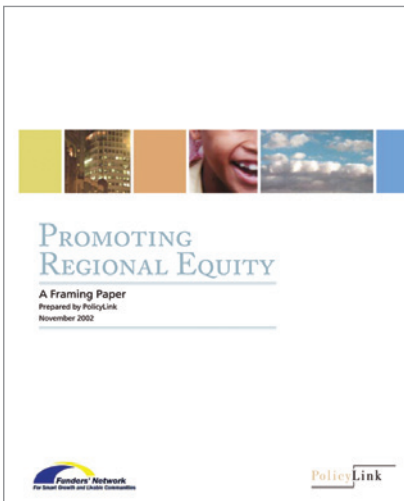
National Stakeholder Strategy for Achieving Health Equity

U.S. Department of Health and Human Services

<http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSSExecSum.pdf>

Guidelines/Recommendations

The National Partnership for Action to End Health Disparities (NPA) was established to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity. The mission of the NPA is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. The NPA is a critical and innovative step forward in combating health disparities by bringing individuals and organizations within the health sector together with other individuals and organizations whose work influences health.



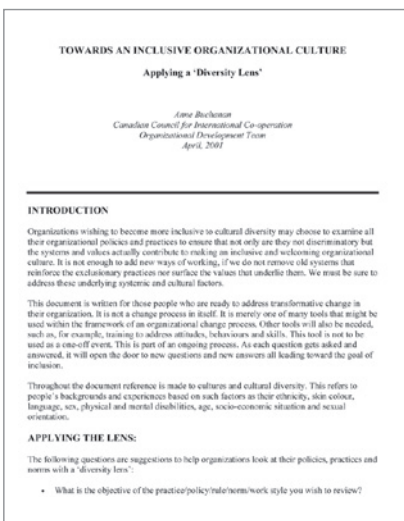
Promoting Regional Equity: A Framing Paper

PolicyLink

http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/REGIONALEQUITYFRAMINGPAPER_FINAL.PDF

Guideline

Promoting Regional Equity: A Framing Paper seeks to broaden and deepen the growing dialogue and action to promote regional equity. Through analysis and practical examples, the paper explores a number of key equity issues that challenge our nation today—from education to transportation to environmental justice—and situates these issues in a regional context.



Towards an Inclusive Organizational Culture:

Applying a 'Diversity Lens'

Canadian Council for International Co-operation

http://www.ccic.ca/_files/en/what_we_do/002_dev_inclusion_applying_diversit_lens.pdf

Guidelines

Organizations wishing to become more inclusive to cultural diversity may choose to examine all their organizational policies and practices to ensure that not only are they not discriminatory but the systems and values actually contribute to making an inclusive and welcoming organizational culture. It is not enough to add new ways of working, if we do not remove old systems that reinforce the exclusionary practices nor surface the values that underlie them. We must be sure to address these underlying systemic and cultural factors.

Contains good examples of how to change institutional culture—from how you bring board members into a project to scheduling meeting times for optimal attendance.

