



# ***The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: CLAS is in Session***

Discussion Guide to Accompany  
Webinar for the National Association of School Nurses  
Presented by the Health Determinants & Disparities Practice, CSRA, Inc.

This discussion guide is meant to accompany and enhance the webinar on the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* housed on [www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov) by providing an opportunity for personal study and self-reflection.

We have provided you with a variety of activities and resources so that you can delve deeper into the material covered in the webinar and apply the concepts to your own life and practice. As you will see, the discussion guide is divided into sections based on themes in the slides, with pictures of each slide to help guide you to the corresponding section in the discussion guide.

We have designed this discussion guide so that it can be used in a variety of ways: you may pause the webinar at any time to work on related activities, review the discussion guide after the webinar, or use the discussion guide in a group training such a staff nursing meeting.

We hope you enjoy the webinar and find the related activities and resources useful!

## **Pre-Webinar Self-Reflection Questions**

What cultures do you see in your immediate community of practice? Please list 3.

Are the trends in your community unique compared to what you feel school nurses face across the nation? How so?

What groups or communities in your service area do you feel are especially vulnerable in your setting? How so?

What questions or areas of concern do you have about navigating cultural and language barriers at your work?

# What are Culturally and Linguistically Appropriate Services?

Use with slides 3-4



Could you share a time when you had to alter your usual practice in order to provide care or services that were more culturally and linguistically appropriate?

The Implicit Association Test (IAT) is an interactive, online test that calculates implicit bias based on the amount of time it takes the participant to match pictures or words with a given social group. The IAT operationalizes implicit bias by assuming that participants will take less time to match a word or image to a characteristic if they already associate the social group and characteristics. Project Implicit, a Harvard University based organization, provides free online IATs for various social groups. Follow the link below, and explore your own implicit biases for various social groups.  
<https://implicit.harvard.edu/implicit/takeatest.html>

Were you surprised by your results? What did you learn from this activity?

What experiences in your life may have contributed to these implicit biases?

# Why is Cultural Competency Important to School Nurses?

Use with slides 5-8

The image displays four slides from a presentation. The top-left slide asks "Why does CLAS matter in school nursing?" and features a colorful staircase graphic. The top-right slide, titled "Why Does CLAS Matter?", lists four key reasons: "Changing demographics", "Strengthening relationships", "Building trust", and "Improving communication", accompanied by a photograph of a nurse interacting with a student. The bottom-left slide, titled "CLAS at Every Point of Contact", illustrates a network diagram where a central "School Nurse" node is connected to "Health Provider", "Student", "Family", "School", and "Community". The bottom-right slide, also titled "CLAS at Every Point of Contact", shows a central "School Nurse" node connected to "Specialized health care services", "Health education", "Health screenings", "Care planning", and "Acute illness/injury".

School nurses play a pivotal role in navigating a child’s health. It is essential that we be sensitive to the cultural and linguistic needs of each individual child. As our communities continue to evolve and diversify, school nurses must be able to identify different cultural beliefs, practices, and needs in order to address health needs. For more information, visit NASN’s cultural competency resource page: <http://www.nasn.org/ToolsResources/CulturalCompetency>

Refer to NASN’s Framework for the 21st Century School Nursing Practice in the appendix or here. Within the principle of public health is the component of cultural competency.

In school nursing, being culturally and linguistically competent may mean:

- Assessing and digging deeper when a child says they have felt that way ‘for a while’ or uses phrases such as ‘feel somehow.’ School nurses must peel the layers away of what this means.
- Using pictures and examples used that are sensitive to your population. Graphics that do not depict the student’s race or other cultural factors may lead to cognitive dissonance, where students and their families think that the information it presents doesn’t apply to them.
- Being sensitive even when ordering supplies. For example, get the ‘right’ colors of Band- Aid so they don’t stand out in the population of the school.
- Learning how to work with an interpreter.
- Recognizing that a Spanish-English interpreter may use the term ‘curandero’ to refer to all medical personnel, although traditionally it refers to traditional healers.

Appendix D provides tips for working with an interpreter.

What have you found helpful when working with an interpreter?

The slide on CLAS at every point of contact (Slide 7) emphasizes the importance of providing respectful and responsive services to all students and families along the entire continuum of interactions you and your team have with them. The slide lists student, family, nurse's office, staff, and community. What are the points of contact in your setting where it is important to apply CLAS?

Reflect on your personal experiences at each point of contact where you and your team are providing services that are culturally and linguistically appropriate.

# Culture and Health

Use with slides 9-13



What do you think of when you hear the terms 'culture' and 'health'?

<u>Culture</u>	<u>Health</u>
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What influences your cultural identity? How has it changed over the course of your life?

Keep in mind that every interaction is a cross-cultural interaction. Cultures present in any interaction you have as a school nurse include that of the student; guardians, parents, grandparents, and/or caretakers; providers and staff; and the institutional culture of the school.

# Communication

Use with slides 14-20

The image shows a grid of six presentation slides. The top row contains three slides: 1. 'What does good (and bad) communication look like?' with a colorful bar chart. 2. 'Effective Communication' with text: 'Effective communication is a two-way process in which messages are negotiated until both parties correctly understand the information.' and an icon of two people with arrows. 3. 'Ineffective Communication or Communication Breakdowns' with text: 'Opportunities for communication breakdowns' and an icon of people with arrows and a broken chain. The bottom row contains three slides: 4. 'The confluence of culture, communication, and care' with a colorful bar chart. 5. 'Culture & Communication' with text: 'Culture influences the way an individual communicates verbally and non-verbally' and an icon of two large arrows pointing towards each other labeled 'Culture' and 'Communication'. 6. 'Areas of Consideration' with a diagram showing factors: Primary Language, Western versus Non-Western, Food, Social Customs, Privilege, Social Determinants, and Socioeconomic Status.

Communication is key. When communication breaks down, so does trust. Miscommunications and lack of trust affect the quality of the school nursing services you're providing, which can in turn harm the health of the student.

## Communication Case Studies

*Below are several case studies and related discussion or reflection questions.*

1. A nurse prescribed eye drops for a student with pinkeye, but the family thought all Western medicine was taken orally, so they were feeding the eye drops to their child. When the child wasn't getting better, the school nurse asked additional questions and discovered this misunderstanding. The school nurse arranged for an interpreter to help ensure the family understood how to take the medicine.

What could the school nurse have done differently at first?

What did the school nurse do well?

2. One of the most common complaints students have is a stomachache. A nurse became concerned about a child who came to the health suite regularly complaining of a stomachache. Because of her years of experience and cultural sensitivity training, the school nurse realized that the student was actually suffering from nausea (not pain), and helped foster communication between the student and her primary care pediatrician so that her medication regimen could be changed to a drug with less severe side effects.

What could the school nurse have done differently at first?

What did the school nurse do well?

3. Lia Lee was the young epileptic daughter of Hmong immigrants. Although doctors prescribed a complex regimen of medication designed to control her seizures, her parents believed that the seizures were an indication that Lia was "losing her soul," and did not give her medication as indicated. Instead, they did everything logical in terms of their Hmong beliefs to help her: they took her to a clan leader and shaman, sacrificed animals and bought expensive amulets to guide her soul's return. Lia's doctors felt her parents were endangering her life by not giving her the medication they prescribed, so they called Child Protective Services and Lia was placed in foster care (Adapted from Fadiman, A. (1998). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. New York: Noonday Press.).

What role could a school nurse have played in this situation?



## **Communication Wrap-Up Questions**

In what ways have you seen the benefits of good communication at your work?

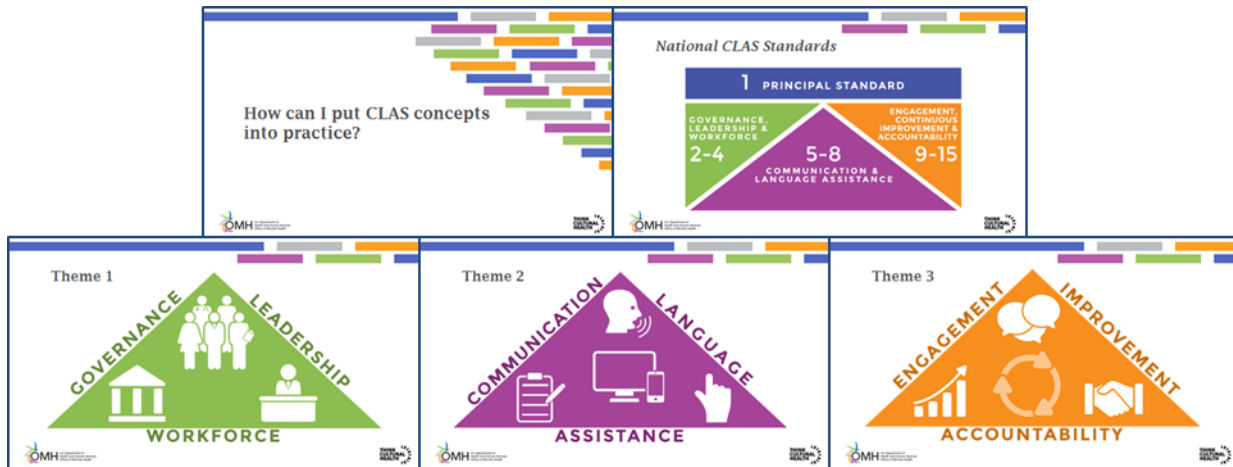
What are the possible consequences of miscommunications?

Please share an example of a miscommunication you witnessed or were a part of your work.

What can you do to foster culturally and linguistically appropriate communication?

## Putting CLAS Concepts into Practice

Use with slides 21-30



Providing CLAS can help you promote more effective, equitable, understandable, and respectful quality care and services to improve outcomes for your students and families. Providing CLAS includes:

- Understanding your student and family population by researching and taking into account race, language, religion, socioeconomic status, and other demographic characteristics
- Honing your communication skills in interactions with parents, teachers, students, health techs, and interpreters
- Implementing CLAS knowledge into health care plans and other day-to-day activities
- Training school staff in CLAS
- Using the *National CLAS Standards* as a tool for identifying and acting on CLAS-related opportunities
- Ensuring all school-home communication is in the primary languages of the student population
- Providing signage in schools that are mindful of the populations they are serving (for example, the directional sign for “Main Office” should be in multiple languages)
- Recruiting people from less-empowered subgroups of the school and training them as ESL teachers, PTA members, Wellness Committee members, and/or school governance members
- Sharing data with school leadership about demographic rates of student referrals for health accommodations, discipline, and special education to spark conversations about disproportionality
- Including diagnoses in care plans that address factors such as being new to a country, or address family dysfunction

Refer to slides 22-30 or Appendix B to review the *National CLAS Standards*.

Standard 12 calls on health organizations to 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.

What health assets and needs have you noticed in the community you serve?

What is your impression of the other Standards? What stands out to you?

How do the *National CLAS Standards* apply to school nursing?

How can you apply these Standards into your school nursing role?

Take away tips for improvement: **LISTEN**: Listener, Intentional, Supportive, Trusted, Ethical obligation, Non-judgmental

## **Post-Webinar Self-Reflection Questions**

Based on what you learned in this webinar, what are some ways you will be able to provide more culturally respectful and responsive services in your setting?

Based on what you learned in this webinar, what are some ways you will be able to communicate more effectively in your setting?

Before the webinar, you may have identified a particular group/community in your service area that is especially vulnerable. How can you help to improve the quality of care to and reduce discriminatory practice toward that group/community?

## **Appendix A: Glossary**

**Communication:** The sharing of information to achieve a shared meaning, which involves listening just as much as talking.

**Culturally and Linguistically Appropriate Services (CLAS):** Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.

**Culture:** integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.

**Health:** a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

**Health communication:** the provision of positive health-related information that can influence your patient's health behaviors and attitudes, and increase his or her knowledge related to prevention and maintenance of good health.

**Health determinants:** factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health in a population: biology and genetics; individual behavior; social environment; physical environment; health services.

**Health disparities:** A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socio-economic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

**Health equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally, with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

**Health Inequality:** Difference in health status or in the distribution of health determinants among different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates among people from different social classes. It is important to distinguish between a health inequality and a health inequity. Some health inequalities are attributable to biological variations or free choice, while others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case, it may be impossible or ethically or ideologically unacceptable to change the health determinants, and so the resultant health inequality is unavoidable. In the second case, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair so that the resulting

health inequalities also lead to an inequity in health.

**Health Inequity:** Differences in health status or in the distribution of health determinants among different population groups that is unnecessary, avoidable, unjust, and unfair.

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**Source:** U.S. Department of Health and Human Services, Office of Minority Health [HHS OMH]. (2013). *National standards for culturally and linguistically appropriate services in health and health care: Glossary*. Retrieved from <https://oralhealth.thinkculturalhealth.hhs.gov/Content/Toolkit/Glossary1.asp>.

## **Appendix B: National CLAS Standards**

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

The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

#### **Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

#### **Governance, Leadership, and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

#### **Communication and Language Assistance**

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

#### **Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Retrieved from:

<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf>

## **Appendix C: School Nurse Cultural Competency Assessment Checklist**

As you conduct an assessment for the children you serve remember to assess for cultural needs. Below is a checklist of what to assess. Remember not to assume and be sensitive to how you ask questions so as not to offend or create. The best way of doing this is by asking “tell me about....”

Before you assess a student and their family—be aware of your own biases and how they may influence how you interpret results. “Bracket” them or put them to the side as much as possible so you can be open to the needs of your families.

This same list can be used when ensuring you have addressed cultural needs in the care plan.

### **“Tell me about.....”**

- ▶ Language
- ▶ Cultural Identification
- ▶ Religious Identification
  - Will this impact health practices?
- ▶ View of Health
  - Cause of sickness (i.e. germ theory, ‘curse’)
- ▶ Health Practices
  - Medication
  - Traditional healing
- ▶ Food
- ▶ Support Network
- ▶ Social determinants
  - Education/literacy level
  - Environmental Concerns
  - Socio-economic Status
- ▶ Comprehension
  - Are you and the student/family on the same page?
  - Do you understand them? Do they understand what you have said?

Retrieved from:

<http://www.nasn.org/ToolsResources/CulturalCompetency/CulturalCompetencyAssesmentChecklis>  
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## **Appendix D: Tips for the School Nurse When Using an Interpreter**

The exchange of personal information regarding health, family, finances or any other student-specific topic may require the use of an interpreter. Not only does this include those students and their families with limited proficiency in English but also those who may be deaf or hard of hearing.

Whether you seek to gain understanding of a student's health history or condition, notify the responsible party of illness during the school day or simply to request a medication refill, as a school nurse you need to consider four main areas when using an interpreter. These four areas include: preparation, conversation, post-conversation and documentation.

### **Preparation**

If the occasion allows for adequate preparedness, the school nurse should consider the following guidelines prior to speaking with the student/family. Naturally the purpose of the conversation must be determined and thoughts organized.

- Select a culturally-appropriate interpreter based on the cultural standards as well as language ability.
- Consider the age, gender, and background of the interpreter in comparison to the student and family. For example, a female interpreter would be a better choice to utilize when discussing concerns regarding a young girl's health, hygiene or risk for pregnancy.
- Brief the interpreter. This is necessary to ensure best outcomes and to establish trust and understanding between the interpreter and the school nurse. Just because the interpreter speaks more than one language, does not make them an expert in cultural awareness or in medical translation.
- When possible request an interpreter who is a trained medical interpreter. Discuss the topic and purpose of the conversation as well as any other factors which may affect the communication.
- The interpreter may need time to clarify medical terms or discuss family dynamics. Ask the interpreter to take notes on any social cues which are "seen" during the interaction.
- Reassure the interpreter that if clarification is necessary during the actual conversation, that he/she can turn to you, momentarily stopping the conversation in order to be sure of the spoken word.
- Provide background information or a copy of important forms such as care plans, parent questionnaires, etc. to aid the interpreter in understanding the nature of the scheduled conversation.
- Arrange for a meeting place which allows for privacy and appropriate seating.
- When the conversation is strictly verbal, seat the interpreter next to the student/family, across from the school nurse. The use of an ASL (American Sign Language) interpreter would require that the interpreter sit next to the school nurse and across from the student and family for better visualization of the signed words.
- If by phone, check that the telephone equipment is in working order especially the speaker function (especially is using a telephonic interpreter service).

- To promote and ensure confidentiality, avoid using sibling or any family members of the student, friends of the family, other students or unqualified colleagues to act as the interpreter.
- Reassure the participants that confidentiality and privacy is very important and that the interpreter follows professional guidelines.

## **Conversation**

Upon arrival of the student and/or family members:

- Ensure that introductions of all involved parties are made, even if you have met before.
- There is no substitution for basic etiquette in any culture. Once that first step is made, then the real dialogue can begin!
- State the purpose of the conversation so that everyone understands and include the roles each of you has.
- Make certain the student/family understand that you are managing the communication.
- Remember you are talking to the student and family. Eye contact with the student/caregiver is necessary and encourages communication in most settings. You must be positioned so that you are able to maintain eye contact and note any body language.
- Body language is important! A word of caution: Your own body language and gestures must remain controlled and inoffensive!
- Do not verbalize thoughts that you do not want translated to the family! Many times language can be understood before the ability to speak is attained.
- When speaking, use brief, clearly-stated concepts/sentences. This allows for easier interpretation.
- Speak in a normal tone of voice as well as in a normal pace or that which is comfortable for the interpreter. You must allow time for the interpreter to repeat what you have said.
- To ensure effective translation, check with the interpreter at various intervals
- Throughout the conversation to see if you are speaking at an acceptable pace, tone, and with clarity.
- Utilize a written dialogue so that when an interpreter asks for repetition of a specific point for clarification, you can repeat exactly what was said the first time.
- Avoid colloquialisms, idiomatic expressions and medical jargon! For example, “up a creek without a paddle” just doesn’t have the same meaning in any other language but English!
- Listen to the interaction between the interpreter and the student/family.
- When necessary and/or periodically throughout the conversation, confirm that the student and family understands (in order to increase compliance).
- You should initiate the end of the conversation/meeting rather than the interpreter.

Thank everyone for attending.

## **Post-Conversation**

Once the conversation has ended:

- Utilize the time to speak privately with the interpreter. There may be concerns or items of interest that were noted during the interaction that are important and particular to the culture of the student and/or family.
- This is also an appropriate time to review the highlights of the session and discuss any difficulties that may have occurred.

## **Documentation**

When documenting, the details of the conversation:

- Make sure you note the presence of, name of the interpreter as well as the company/school/agency/etc. that employs the interpreter.

## **Summary**

Collaboration from the student/family is the goal that you, the school nurse, strive to obtain!

- Remember that patience and sensitivity go a long way and people of every culture appreciate efforts to communicate! Language barriers can prevent access to healthcare or delay services needed.
- Effective communication is crucial to the positive outcomes we hope to obtain!

Developed by Monica Rodgers for this project, 2015