WHY IMPLEMENT THE CLAS STANDARDS?

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

in

Health and Health Care

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System fo Education Equity & Transition

LEARNING OBJECTIVES

- Will become familiar with the National CLAS standards and be able to describe the purpose and rationale for development.

- Will operationalize and implement the CLAS standards within your organization and target population.

- Will use the CLAS standards to achieve your organization's health equity plan and racial justice goals and objectives.

CLAS STANDARDS

15 Standards

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.

Three Themes:

- **Governance, Leadership, and Workforce -** (2-4)

- **Communication and Language Assistance -** (5-8)

- **Engagement, Continuous Improvement & Accountability -** (9-15)

HEALTH DEFINITION

The state of complete physical, mental, social & spiritual well-being.
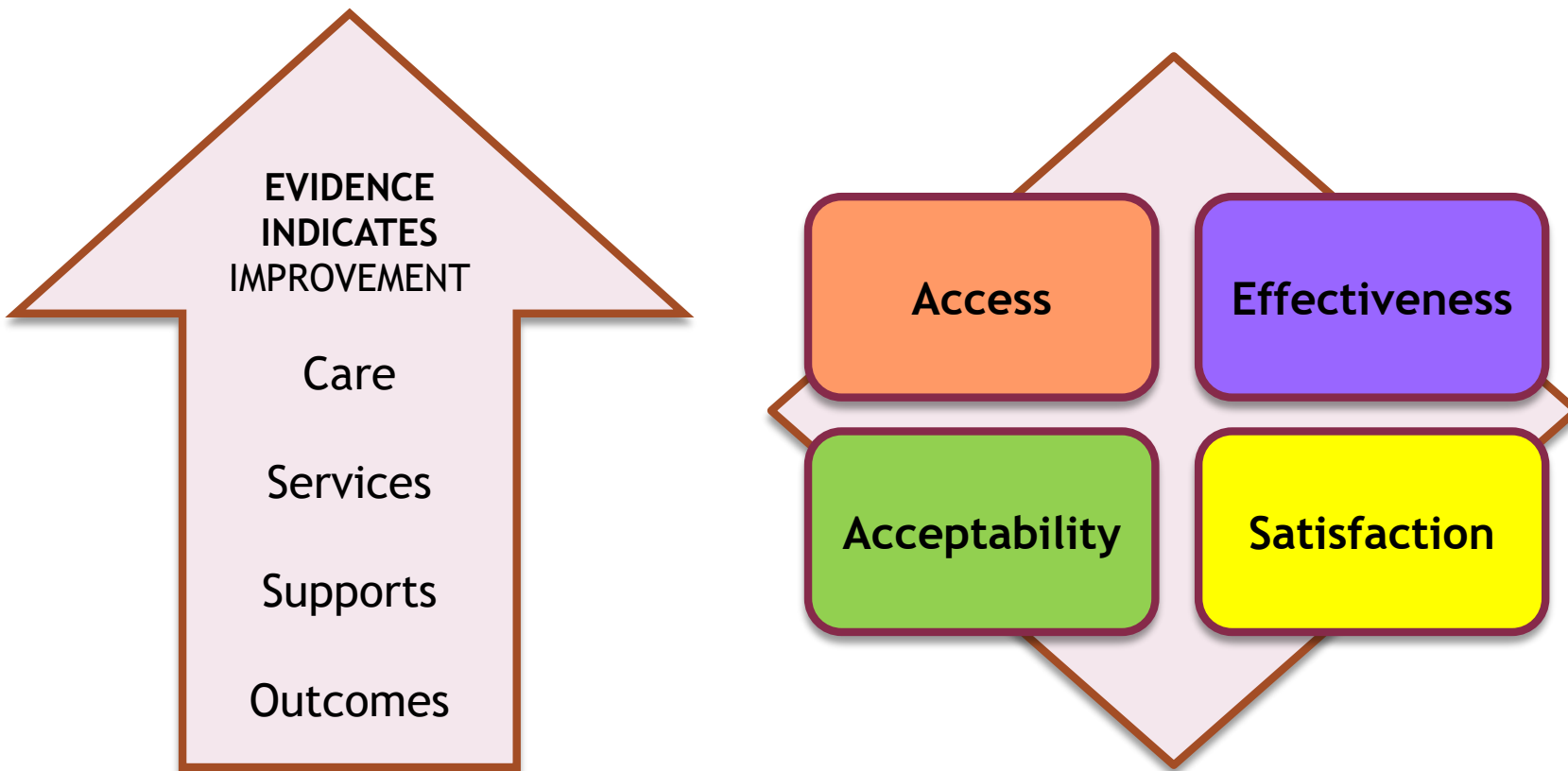
The World Health Organization

CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

The enjoyment of the highest attainable standard of health is one of the **fundamental rights** of every human being without distinction of race, religion, political beliefs economic or social condition.

WHY IMPLEMENT CLAS STANDARDS IN YOUR SETTINGS?

- To respond to current and projected demographic changes in the United States

- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds

- To improve the quality of services and health outcomes

- To meet legislative, regulatory and accreditation mandates

- To decrease the likelihood of liability/malpractice claims

The National Center for Cultural Competence, The Compelling Need for Cultural and Linguistic Competence, Retrieved on March 16, 2020.

WHY SHOULD YOUR ORGANIZATION IMPLEMENT THE CLAS STANDARDS?

EVIDENCE INDICATES
IMPROVEMENT

Care

Services

Supports

Outcomes

Access

Effectiveness

Acceptability

Satisfaction

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE

"The CLAS Standards are intended to advance health equity, improve quality of care and help <u>eliminate health care disparities</u> by providing a blueprint for *individuals* and health and health care *organizations* to implement culturally and linguistically appropriate services."

OMH Home, Blog: National Partnership for Action, What Do the New CLAS Standards Mean for Behavioral Health? Huang, L., PhD, 7/30/13

HEALTH DISPARITIES

A "health **disparity**" refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another.

A "**health care disparity**" typically refers to differences between groups in health insurance coverage, access to and use of care, and quality of care

A population –based difference in health outcomes

HISTORY

- Task Force Report on Black & Minority Health Margaret Heckler, Secretary HHS - 1985

- Unequal Treatment – Confronting Racial Ethnic Disparities – IOM – Congress – 1999

- National Healthcare Quality & Disparities Report – AHRQ – 2018
  Agency for Healthcare Research & Quality

The National CLAS Standards were first developed by the U.S. Department of Health and Human Services, Office of Minority Health, in 2000.
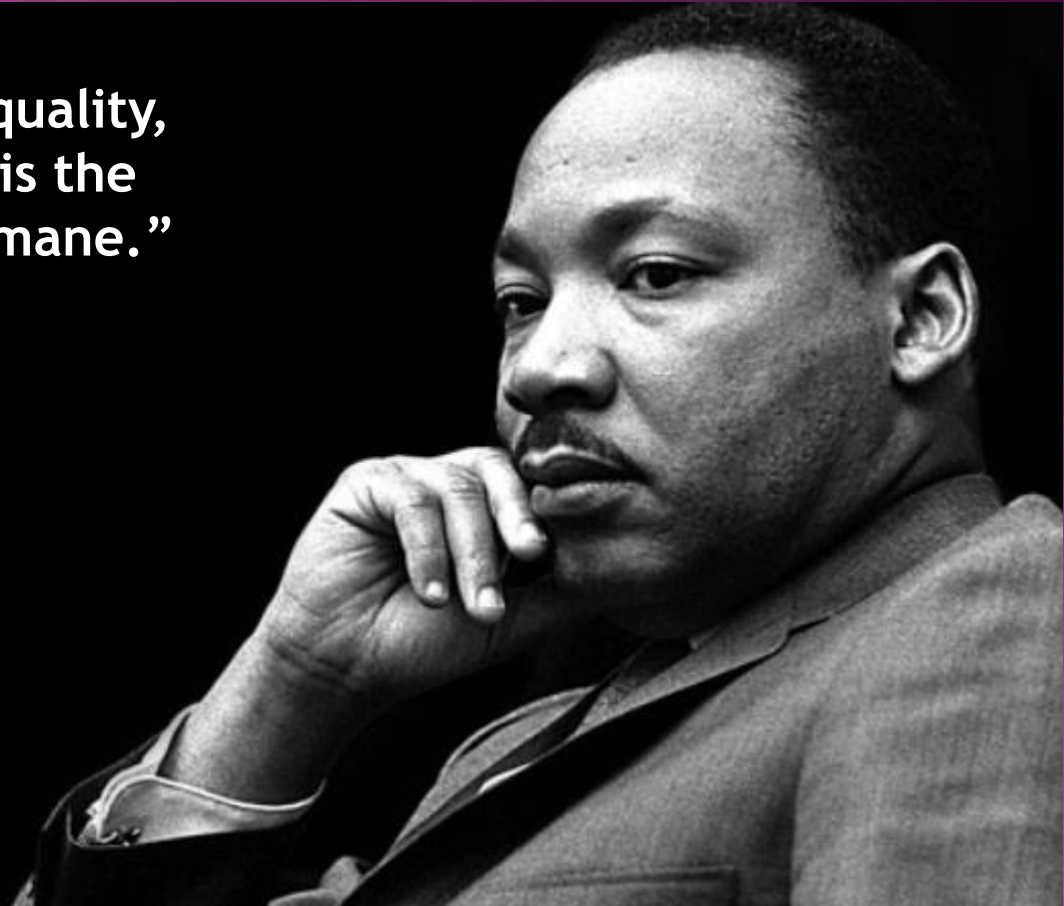
From 2010 – 2013, OMH launched an initiative to update the standards to reflect the growth in the field of cultural and linguistic competency and the increasing diversity in the nation. The Standards and the 191-page Blueprint for implementation were issued April 24, 2013.

These enhanced standards address new developments in national accreditation standards for professional licensure in the fields of medicine and nursing, demographic trends, and the Affordable Care Act.

They present a stronger framework for the provision of culturally and linguistically appropriate services.

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Martin Luther King Jr.
March 25, 1966

HOW DOES CLAS ADDRESS BIAS?

Gail Price-Wise, MS
President, Florida Center for
Cultural Competence, Inc.

THINK
CULTURAL
HEALTH

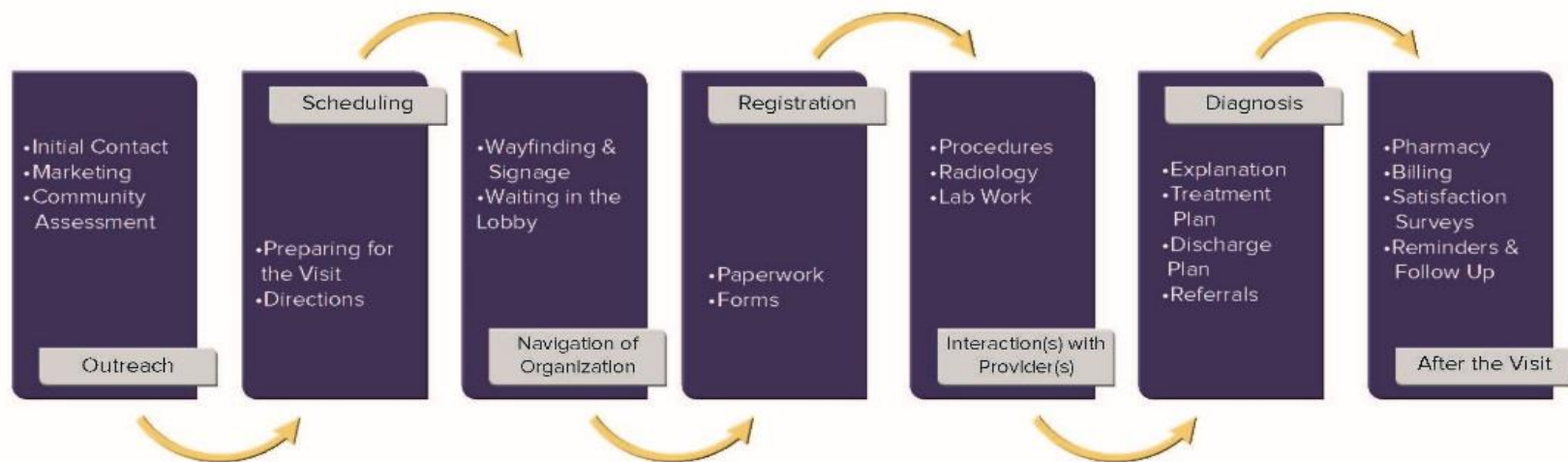# SECTION 1557 OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT OF 2010

Updated Health Care Civil Rights Rules:

* Prohibitions on Gender Identity discrimination as a form of sex discrimination

* Requires effective communication for individuals with disabilities

* Enhances language assistance for people with limited English proficiency

WHAT IS IN YOUR LANGUAGE ACCESS ACTION PLAN?

- Interpretation of oral communication

- Translation of written documents

- Signage

- Symbols for wayfinding

- Usage of cultural brokers

- Assurance that staff is fully aware of, and trained in language assistance services, policies, and procedures

ENSURING EFFECTIVE COMMUNICATION AT EVERY POINT OF CONTACT

Outreach
- Initial Contact
- Marketing
- Community Assessment

Scheduling
- Preparing for the Visit
- Directions

Navigation of Organization
- Wayfinding & Signage
- Waiting in the Lobby

Registration
- Paperwork
- Forms

Interaction(s) with Provider(s)
- Procedures
- Radiology
- Lab Work

Diagnosis
- Explanation
- Treatment Plan
- Discharge Plan
- Referrals

After the Visit
- Pharmacy
- Billing
- Satisfaction Surveys
- Reminders & Follow Up

Does your organization communicate effectively with all of your patients or clients at every point of contact? What about those who don't speak English as their first language? Or who are deaf? Blind?

Effective communication is the cornerstone to ensuring you reach the community you serve, providing the highest quality of care and services and advancing health equity at every point of contact.

www.ThinkCulturalHealth.hhs.gov

THINK CULTURAL HEALTH

CLAS & Federal Civil Rights Laws

Title VI of the Civil Rights Act, 1964
Organizations receiving federal funds must take reasonable steps to provide meaningful access to programs, for individuals with limited English proficiency, and prohibits discrimination.

Title II of the Americans with Disabilities Act of 1990
Section 504 of the Rehabilitation Act of 1973
Discrimination is prohibited on the basis of disability, in both the delivery of services and employment.

Title VI & VII of the Civil Rights Act
Updated to ban workplace discrimination regarding bias against gay and transgender individuals – 6/15/2020

State Legislation

Numerous states have mandated cultural and linguistic competency for a component, or all, of its health care workforce.

Numerous states have also legislated cultural and linguistic competency training in health care.

National Accreditation

The Joint Commission and the National Committee for Quality Assurance have established <u>accreditation standards</u> that target the improvement of communication, cultural competency, patient-centered care, and the provision of language assistance services.

CLASS STANDARDS

CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES
A Goal without a Plan is just a Wish!

A GOAL WITHOUT A PLAN

Reasons and Benefits to Implement the CLAS Standards

- Healthier and More Satisfied Consumers.
- Increased and Improved Communication between Health Professionals and Consumers.
- Reflection of Cultural Backgrounds.
- Improved Consumer Understanding and Consent.
- Provision of Improved Primary & Preventive Care.
- Increased Competency and Satisfaction Levels of Staff.
- Cost Savings by:
  - Using Funds Efficiently.
  - Reducing Errors and Decreasing Costs.
  - Improving the Effectiveness of Treatment Plans and Creating more Timely Recovery.
  - Avoiding Legal and Regulatory Risks.
- Higher Employee Morale and Retention.
- Improved Consumer Loyalty and Retention.
- Increased Market Share.
- More Viable when Responding to RFP's.

CLAS

Best Practice – Standards of Care

- National Committee Quality Assurances
- Patient Centered Medical Home
- Medical Care for Children with Special Health Needs
- AMA American Medical Association
- IOM Institute of Medicine
- Joint Commission
- Council on Accreditation

ACKNOWLEDGING THE OBVIOUS

"To reduce racial and ethnic health disparities, advocates say health care professionals must explicitly acknowledge that <u>race and racism factor</u> into health care."

The Commonwealth Fund, In Focus: Reducing Racial Disparities in Health Care by Confronting Racism, https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism

IMPLICIT BIAS

- **Recognize** that implicit bias is in you through a lifetime of conditioning

- **Know** that implicit bias adversely affects decision making

- **Take measures** to identify and assess for your own implicit bias

IMPLICIT BIAS UNDERLYING HEALTH DISPARITIES

- White male physicians are less likely to prescribe pain medication to black patients than to white patients.

- Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.

- Women presenting with cardiac heart disease (CHD) symptoms are significantly less likely than men to receive diagnosis, referral and treatment, due to misdiagnosis of stress/anxiety.

Joseph R. Betancourt, MD, MPH; Owusu Ananeh-Firempong II, BS, Medscape, Cardiovascular Reviews and Reports, Not me! Doctors, Decisions, and Disparities in Health Care,

BARRIERS TO CULTURALLY APPROPRIATE CARE

- Implicit bias

- Systems of care poorly designed for diverse populations

- Language barriers

- Poor cross-cultural communication between providers and patients

- Patient/client fears and distrust

- Stigma and discrimination

- Lack of diversity in behavioral health care leadership and workforce

…others?

FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES

- Structural inequities and social determinants of health including inadequate access to care, poor quality of care, community features
and personal behavior are believed to be primary causes of health disparities.

- Communities historically impacted:
  - Racial and ethnic populations
  - People with limited English proficiency (LEP) and low health literacy
  - LGBTQ+ communities
  - People with disabilities

NCSL, National Conference of State Legislatures, Health Disparities Overview, November 19, 2015,
Action Plan to Reduce Racial and Ethnic health Disparities, A Nation Free of Disparities in Health and Health Care

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health refer to specific groups of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education, housing, employment and other factors.

Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups.

SOCIAL DETERMINANTS OF HEALTH

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks			Discrimination	
Medical Bills	Playgrounds	Vocational Training			
Support	Walkability			Stress	Quality of Care
	Zip Code/ Geography	Higher Education			

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

ASSESSMENT

- Organization
- Patient/Client
- Self (provider)

APPLICATIONS FOR PRACTICE

- Assess for agency capacity to provide a culturally supportive environment at various levels of organizational structure

- Gather information on cultural characteristics of communities served, i.e.: cultural beliefs & practices, communication nuances

- Patient/client feedback of experiences of care and services accessed

HOW WE BELIEVE WE TREAT PATIENTS AND CLIENTS

- Non-biased

- Non-Judgmental

- As they come

- As we want to be treated

- The same

- *How do you think patients and clients think they are treated?*

Haner Hernandez, PhD, Cultural Competency to Reduce Health Disparities: Techniques and Strategies in Clinical Settings

QUESTIONS TO CONSIDER

1. What cultures do you see in your community of practice?

2. What groups or communities in your service are do you feel are especially vulnerable in your setting?

3. What questions or concerns do you have about managing cultural and language barriers for persons of specific racial, ethnic and linguistic minorities, people with disabilities, and sexual orientations and gender identities?

WHEN CULTURE BECOMES AN 'ISSUE'

"As the population at risk of chronic conditions becomes increasingly diverse, more attention to linguistic and cultural barriers to care will be necessary."

- Native Americans report more frequent episodes of poor treatment compared to other groups, (Black, Latinx).

- Black/African American, Native Americans and Hispanic/Latinx groups are more likely to die of diabetes.

- Racist experiences were barriers to lower service satisfaction and attending conventional health services.

- Culture impacts health outcomes as well as:

  - Help-seeking behavior

  - Responses to medication interventions

  - Affordability of care for specific conditions

Health Policy Institute, Georgetown University, Cultural Competence in Health Care: Is it important for people with chronic conditions? accessed March 10, 2020

CULTURAL RESPONSIVENESS

For Organizations…

Culturally Responsive services are those that are *respectful of, and relevant to, the beliefs, practices, culture and linguistic needs* of diverse consumer/client populations and communities.

Culturally Responsive services comprehensively address power relationships throughout the organization, on different levels of intervention: systemic, organizational, professional and individual.

Curry-Stevens, A., & Reyes, M. (2014). Protocol for Culturally Responsive Organizations, https://www.semanticscholar.org/paper/Protocol-for-Culturally-Responsive-Organizations-Curry-Stevens-Reyes/47b69f803100df60cd38d8b8c843144c4c62b42e

CULTURAL HUMILITY – LIFELONG PROCESS

For Organizations and Professionals…

- A continuous process of self-reflection examining one's biases and stereotypes.

- An openness to learning more about client's cultures, perspectives, beliefs, values, and worldview.

- Prioritizing the client's culture, perspective, beliefs, values, and worldview.

- Acknowledging one's limitations.

American Psychological Association, Reflections on cultural humility, August 2013.

CULTURE

Integrated patterns of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group

Elements of culture include, but are not limited to, the following:

- Age
- Cognitive ability or limitations
- Country of origin
- Degree of acculturation
- Educational level attained
- Environment and surroundings
- Family and household composition
- Gender identity
- Generation
- Health practices, including use of traditional healer techniques such as Reiki and acupuncture.
- Linguistic characteristics, including language(s), spoken written, or signed; dialects or regional variants' literacy levels' and other related communication needs.
- Military affiliation

- Occupational groups
- Perceptions of family and community
- Perceptions of health and well-being and related practices
- Perceptions/beliefs regarding diet and nutrition
- Physical ability or limitations
- Political beliefs
- Racial and ethnic groups – including but not limited to – those defined by the U.S. Census Bureau
- Religious and spiritual characteristics, including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life.
- Residence (i.e., urban, rural, or suburban)
- Sex
- Sexual orientation
- Socioeconomic Status

WHY IS THE OBSERVANCE OF CULTURE SO IMPORTANT?

- Builds Trust
- It Promotes Respect
- It Facilitates Communication
- Reduces Disparities

CULTURAL NEGLECT

"...the neglect of culture in health is the single biggest barrier to advancing the highest attainable standard of health worldwide."

The Lancet, Profile, David Napier: Cultivating the role of culture in health, Published Online October 29, 2014.

DIMENSIONS OF OUR DIVERSITY

WHO'S IN THE ROOM???

Name?

Needs/Expectations?
Background/Ethnicity?
Energy?

What Can you Offer?

OPEN QUESTIONS

- **An open-ended question is a question that cannot be answered with a "yes" or "no" response, or with a static response.**

- **Open-ended questions are phrased as a statement which requires a longer response.**

EQUALITY   EQUITY   REALITY
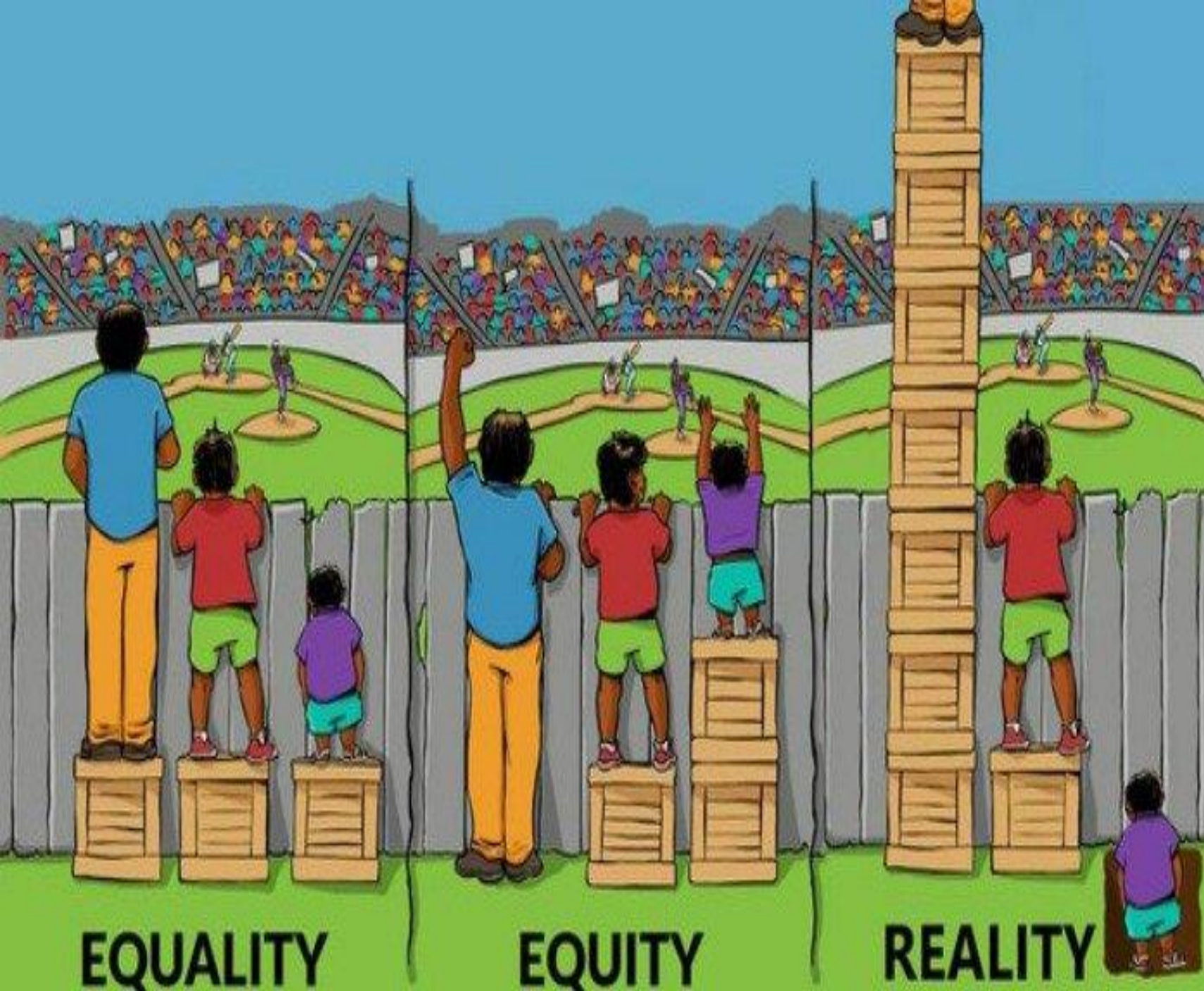
LIBERATION

CLASS STANDARDS

"My Anxiety is Very Real"
Lesson on Cultural Competency

MY ANXIETY IS VERY REAL

CLAS MATTERS!

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is "*disadvantaged from achieving this potential because of social position or other socially determined circumstances*."

CDC, Promoting Health Equity A Resource to Help Communities Address Social Determinants of Health, 2008

EQUALITY, DIVERSITY & INCLUSION

GOVERNANCE, LEADERSHIP, 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. (How?)

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

QUESTIONS TO CONSIDER

- Does organization have a culturally informed mission statement?
- Do employee hiring guidelines outreach to professionals who are bicultural and/or bilingual in languages that correspond with the populations they serve?
- Are all staff, (front line workers, leadership, administrative personnel) required to attend annual updated cultural competence trainings?

CLAS MISSION STATEMENT

"To provide the highest quality, compassionate health care to our clients, families, and others in need, through a comprehensive array of services anchored in exceptional service and deliberate expectations for the very best clinical outcomes."

We strive to be a customer-focused organization staffed by highly trained professionals who are dedicated to patients, families and the communities we serve. To uphold our mission, we deliver quality behavioral healthcare that ensures security and preserves dignity while enhancing the wellbeing of those who entrust us with their care.

The Second Theme:
Communication & Language Assistance.

This broadens the understanding and application to all communication needs.

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.*

QUESTIONS TO CONSIDER

- Does agency staff elicit patient's preferred language? If so, when?

- Does agency have a method of notifying consumers of the right to have an interpreter at no cost to them?

- How does organization assure staff are appropriately trained in language access services?

- What protocols are engaged to update literature in community languages?

APPLICATIONS FOR PRACTICE

- Conduct an annual assessment of languages spoken within the target community, include data on people who are deaf/hard of hearing.

- Ensure that language access services include sign language interpretation.

- Ensure that records, patient education, and health/mental health promotion resources are translated into the languages spoken by the patient/client population, including audio or Braille.

An Implementation Checklist for the National CLAS Standards

The Third Theme:

Engagement, Continuous Improvement and Accountability, **to be effective, demand action, accountability and continuous quality improvement!**

9. *Establish culturally and linguistically appropriate goals, policies, and management accountability, and <u>infuse them throughout the organization's planning and operations.</u>*
10. *Conduct ongoing assessments of the organization's CLAS-related activities and <u>integrate CLAS-related measures into measurement and continuous quality improvement activities.</u>*
11. *Collect and maintain accurate and reliable demographic data to <u>monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.</u>*

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.*

QUESTIONS TO CONSIDER

- Have self assessment processes or committees been formed to review organizational policies, planning, and operations protocols?

- Has the organization developed relationships with the cultural and spiritual leaders in the community?

- Does the organization have periodic advisory group meetings made up of diverse stakeholders and community members to ensure culturally informed delivery of services?

APPLICATIONS FOR PRACTICE

- Integrate implementation of the CLAS standards for behavioral health and HIV/AIDS care, treatment, and related services into the organization's strategic plan.

- Identify and select instruments, tools, data sources, and processes for self-assessment of CLAS-related activities.

- Inform patients/clients that they have the option to share or not share racial, ethnic, and language data, and that their choice will not in any way affect their ability to receive services.

A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Provides specific measurable strategies to implement the CLAS standards and a framework for health organizations to use to ensure all underserved patients receive equitable and effective treatment.

What can you do within in your role to implement CLAS standards in <u>your organization?</u>

What will you do differently?

CULTURALLY RESPONSIVE TREATMENT ENVIRONMENT

◉ Checklist:
- Organizational values
- Governance
- Planning
- Evaluation Monitoring

- Language services
- Workforce and staff development
- Organizational Infrastructure

GO INTO ACTION!!!!

- Build coalitions, work with community partners.
- Train staff as mediators in cross cultural conflicts.
- Make sure there are mechanisms to make complaints in other languages.
- Develop annual reports based on cultural linguistic competence and CLAS plan activities.
- What else can you or will you do in your community?
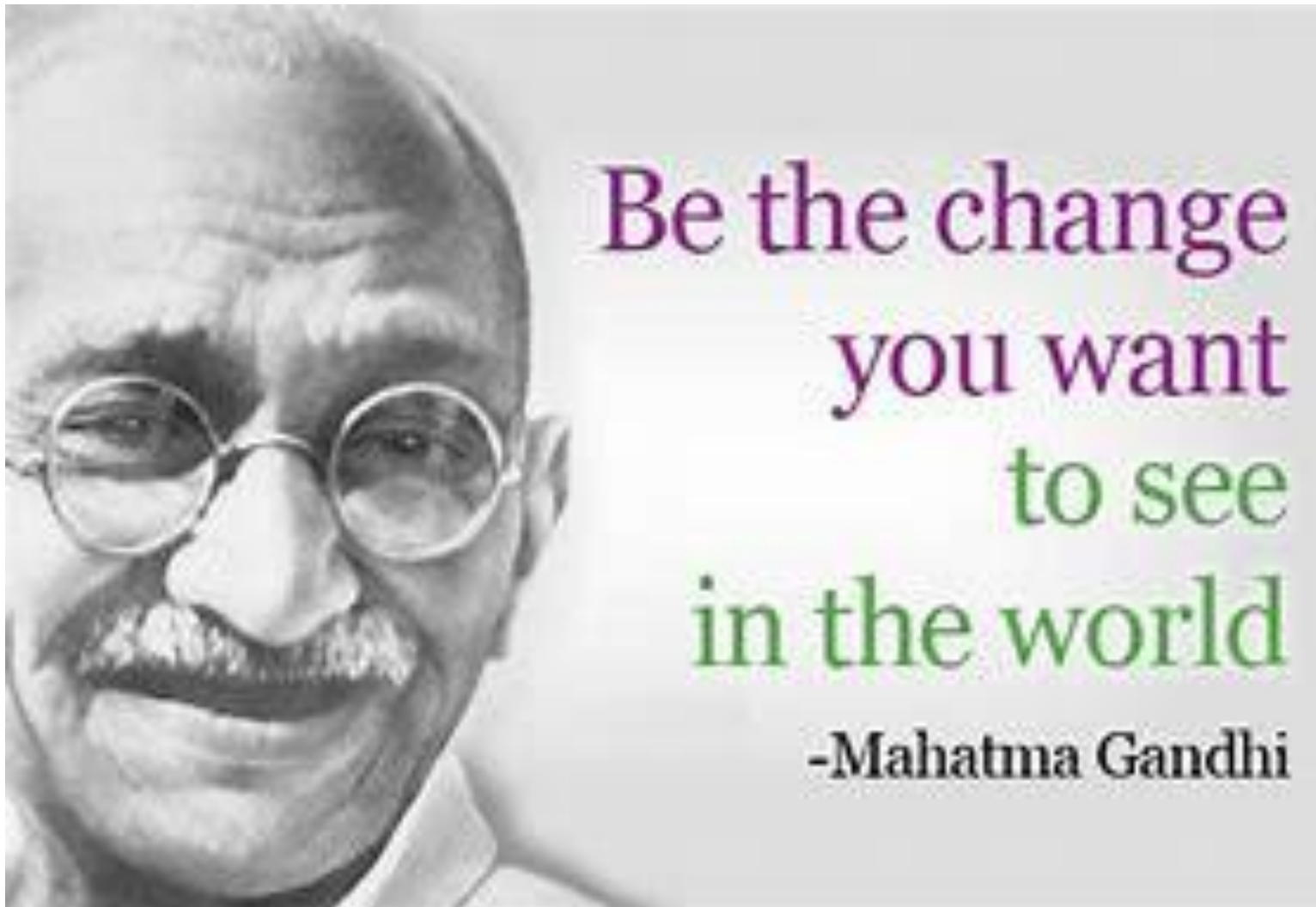
@creative.clinical.psychologist
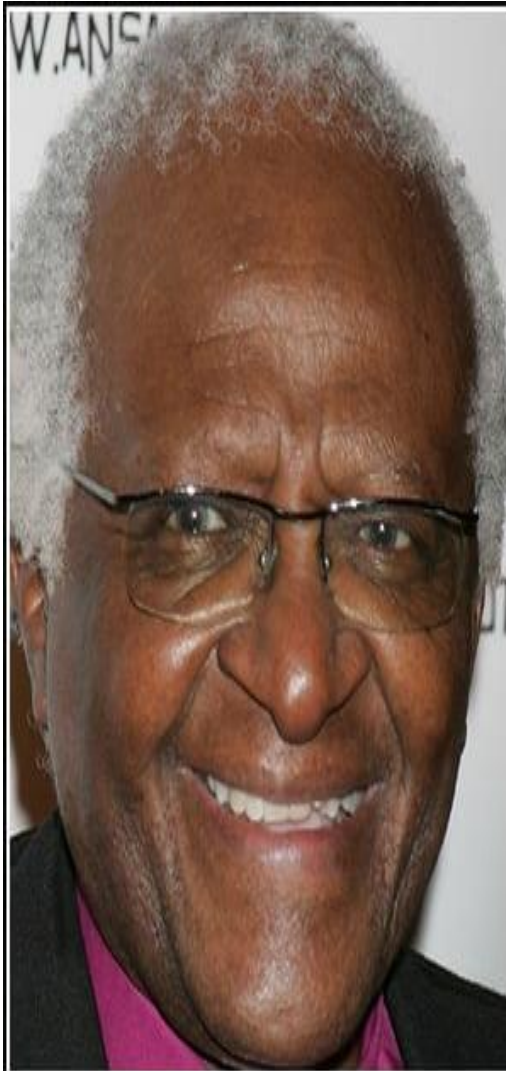
There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in.

— Desmond Tutu —

AZ QUOTES

CHANGE STARTS WITH YOU!

Be the change you want to see in the world

-Mahatma Gandhi

"INJUSTICE ANYWHERE IS A THREAT TO JUSTICE EVERYWHERE"