

**Enhanced Culturally & Linguistically  
Appropriate Services**

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**Objectives**

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Increase understanding of social determinants of behavioral health & the incorporation of social determinants and health equity into US health policy;

Overview of the Culturally & Linguistically Appropriate Services (CLAS) standards;

Discussion of implementation, planning, and ensuring practices are culturally and linguistically appropriate;

Resources to assist in implementations.

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**Disparities**

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We see these disparities in:

- educational outcomes
- income
- employment
- legal and judicial outcomes

These differences are symptoms with a common root cause.

Most begin with some history of oppression.

This acknowledgement does not lead to solutions, but sets the context of our discussion.

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## Disparities

### System Related Factors Affecting Disparity

- Access to various medical procedures
- Frequency of having health insurance
- Frequency of having a usual source of health care

### Non-system Related Factors Affecting Disparity

- Education
- Living environment
- SES
- Preferences for medical care

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## Healthy People 2020

*A society in which all people live long, healthy lives*



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### Secretary's Advisory Committee: Recommendations for HP2030 Framework



#### OVERARCHING GOALS

*"What we plan to achieve"*

- Attain healthy, purposeful lives and well-being.
- Attain health literacy, achieve health equity, eliminate disparities, and improve the health and well-being of all populations.
- Create social and physical environments that promote attaining full potential for health and well-being for all.
- Promote healthy development, healthy behaviors and well-being across all life stages.
- Engage with stakeholders and key constituents across multiple sectors to take action and design policies that improve the health and well-being of all populations.

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## Health Equity

Assurance that all members of society have the opportunity for health – a sense of well-being and the ability to lead full, productive life-

Regardless of SES, Race/Ethnicity, Gender, Sexual Orientation, etc. or other social factors that might contribute to inequity.

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## Health Equity vs. Health Disparity

What is the difference between **achieving health equity** and **eliminating disparities**?

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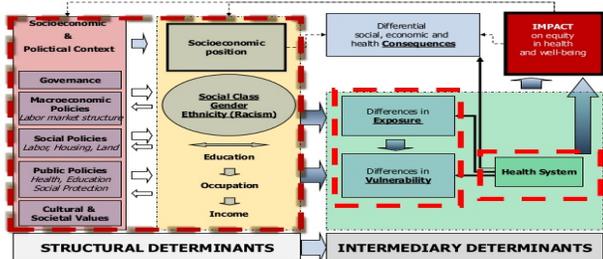
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### Social Determinants of Health Inequities

A Conceptual Framework for Action on the Social Determinants of Health, World Health Organization, 2010



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## How Do We Close the Gap?

Reduce Risk Factors

Policies that affect health and well-being

- CLAS standards are one such policy initiative
- Address the social determinants of health

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## Original CLAS

Culturally and Linguistically Appropriate Services in Health Care (CLAS)

- CLAS standards were organized by themes:
  - Culturally Competent Care
  - Language Access Services
  - Organizational Supports for Cultural Competence

Three types of standards:

- Mandates
- Guideline
- Recommendations

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## Original CLAS

- CLAS mandates were Federal requirements for all recipients of Federal funds.
- CLAS guidelines were activities recommended by Office of Minority Health for adoption as mandates by Federal, State, and national accrediting agencies.
- CLAS recommendations were suggested by Office of Minority Health for voluntary adoption by health care organizations.

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### Enhanced Culturally & Linguistically Appropriate Services (CLAS)

15 Standards that instruct individuals and organizations on how to implement & maintain culturally and linguistically appropriate services.

All 15 Standards are necessary to advance health equity, improve quality, and help eliminate health care disparities.

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- o **Accreditation & Credentialing Agencies & Purchasers:** to promote the needs of diverse consumers of health care & benefits
- o **Community-Based Organizations:** to promote quality health care for diverse populations and to assess and monitor care and services being delivered.
- o **Public Health Workforce & Educators:** to incorporate cultural and linguistic competency into their curricula, the provision of public health services & to raise awareness about the impact of culture and language on health.
- o **Governance & Leadership:** to draft consistent laws, regulations & contract language.
- o **Health & Health Care Service Providers, Staff & Administrators:** to implement culturally and linguistically appropriate services into the delivery of quality health care & services throughout an organization, at every point of contact.
- o **Patients/Consumers:** to understand their right to receive accessible and appropriate health and health care services and to evaluate whether providers can offer them.

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### National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (2012)



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## Characteristics of the Culturally Competent (Sue, 1998)

**Scientific Mindedness** - hypothesis testing, creative data collection, decision making based on data.

**Dynamic Sizing** - knowing when to generalize & be inclusive; when to individualize & be exclusive.

**Culture Specific Expertise**

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## Focus of the Discussion

Discussions of how the person receiving services experiences treatment.

Consideration of the barriers that will affect how the person receiving services follows directions or advice.

Help in problem solving or referrals for assistance to overcome barriers.

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## Cultural Competence & CLAS

Cultural competence is a process.

Cultural competence requires a coordinated plan that includes interventions on the levels of:

1. Policy making
2. Infra-structure building
3. Program administration and evaluation
4. The delivery of services and supports
5. The individual

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## CLAS Standards

### The Principal Standard

Provide Effective, Equitable, Understandable & Respectful Quality Care & Services

Standard 1 is the principal standard because the ultimate aim in adopting the remaining Standards (2- 15) is to achieve Standard 1.

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## Principle Standard

Create a safe and welcoming environment at every point of contact that fosters appreciation of diversity & provides patient- and family-centered care;

Ensure all individuals receiving health care and services experience culturally and linguistically appropriate encounters;

Meet communication needs so that individuals understand the health care and services, can participate effectively in their own care, and make informed decisions;

Eliminate discrimination and disparities.

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## Governance, Leadership & Workforce

Standard 2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Standard 3. Recruit, promote, and support a diverse governance, leadership, and workforce that are responsive to the population in the service area.

Standard 4. Educate and train governance, leadership, and workforce in CLAS.

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### Achieving Equity

This requires the re-examination of:

- Mission statements
- Strategic planning, policies and procedures
- Administrative practices
- Staff recruitment, hiring and retention
- Professional development & in-service training
- Translation and interpretation processes
- Family/community partnerships
- Care practices and interventions including materials
- Efforts to gain feedback and input.

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15 Minute Break

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Professionals Can Be Good & Exhibit Bias

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### Bias

An attitude associated with some concept (in this case a social group) and an evaluative valence, either positive or negative.

A stereotype is an association between a concept and a trait.

Although interconnected, attitudes and stereotypes are not the same;

For instance, I could like men and still associate them with violence.

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### Bias

Exists when:

- We associate certain groups, with certain attributes, such as immorality.
- People may behave in a manner consistent with these stereotypes.
- Bias may shape what questions are asked, how long is spent with a client, resources offered;

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### Explicit Bias

Attitudes that are:

- Conscious,
- Expressed at will,
- Under the appropriate circumstances.
  - Interactions, circumstances precipitate;
  - Opportunity;
  - No social norms prohibiting.

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## Implicit bias

Automatic, operating outside of consciousness or awareness.

Stereotypes invoked and expressed outside of the awareness/control of the actor.

Common

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## Communication & Language Assistance

Standard 5. Offer communication and language assistance;

Standard 6. Inform individuals of the availability of language assistance;

Standard 7. Ensure the competence of individuals providing language assistance;

Standard 8. Provide easy-to-understand materials and signage.

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## Implementation

Develop processes for identifying the language(s) an individual speaks and for adding this information to that person's health record.

Use qualified and trained interpreters to facilitate communication, including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters.

Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting.

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### Implementation

To ensure that individuals with limited English proficiency and/or other communication needs have equitable access to health services;

To improve patient safety & reduce medical error related to miscommunication;

To help organizations comply with requirements such as Title VI of the Civil Rights Act; the Americans with Disabilities Act.

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### Implementation

To ensure that readers with various health literacy levels are able to access care & services;

To reduce misunderstanding, omission of vital information, misdiagnoses, inappropriate treatment & safety issues due to reliance on staff or individuals that lack sensitivity and training;

Facilitate comprehension of & adherence to instructions in programs designed to assist.

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### Change through Public Participation

**Public participation** assumes that those who are affected by a decision have a right to be involved in the decision-making process.

Requires

- Two-way communication
- Collaborative problem solving

Attempts to obtain better and more acceptable decisions.

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### Engagement, Continuous Improvement & Accountability

Standard 9. CLAS goals, policies & management accountability throughout the organization's planning & operations;

Standard 10. Conduct organizational assessments;

Standard 11. Collect & maintain demographic data;

Standard 12. Conduct assessments of community health assets & needs.

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### Implementation

Assess the interventions or standard of care provided for various relevant conditions to determine whether service/resources are uniformly provided across diverse groups;

Identify outcome goals, including metrics and assess at regular intervals for differences across diverse groups;

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### Implementation

To monitor needs, access, utilization, quality of care & outcome patterns;

To ensure equal allocation of organizational resources;

To improve service planning to enhance access;

To identify services available & not available to populations in the service areas (gaps analysis);

To have and use epidemiological baseline data, updated regularly to understand the populations in the service areas.

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## Engagement, Continuous Improvement & Accountability

Standard 13. Partner with the community.

Standard 14. Create conflict & grievance resolution processes;

Standard 15. Communicate the organization's progress in implementing & sustaining CLAS;

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## Implementation

Build coalitions with community partners to increase reach and impact in identifying and creating solutions.

Offer education and training opportunities that allow to hire.

Work with partners to advertise job openings, identify interpreting resources, and organize health promotion activities.

Use of community health workers, peer mentors;

Use of action research and involvement in service development and other activities to empower the community (Equality and Human Rights Commission, 2009).

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## How Can Social Determinants Be Addressed?

### Traditional public health program and policy initiatives

- Anti-racism programming in and by health organizations
- Efforts to improve food supply
- Health centers in schools
- Training community members to develop and implement programs, such as tenant-driven smoke-free policies in multi-unit housing complexes.

### Large-scale program and policy initiatives

- Initiatives attempting to directly reduce inequities in social determinants of health caused by factors such as poverty.

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## Resources

<https://www.thinkculturalhealth.hhs.gov/clas/blueprint>

<https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/sdoh-workbook.pdf>

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