Understanding changes in Healthcare through a Diversity lens:

How the New and Revised CLAS standards respond to the changing demographics in our systems

-presenters-

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Why Cultural and Linguistic Competence?

- 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 gain a competitive edge in the market place
- To decrease the likelihood of liability/malpractice claims

The National Center for Cultural Competence

State and Federal Legislation: Title VI of the Civil Rights Act of 1964

As implemented by Executive Order 13166, organizations receiving federal funds must take reasonable steps to provide meaningful access to their programs for individuals with limited English proficiency (Executive Order no. 13166, 2000). Furthermore, several states have recognized the importance of cultural and linguistic competency by legislating cultural and linguistic competency training in health care.
Federal Legislation: Affordable Care Act of 2010

The Affordable Care Act of 2010 lays an important foundation for advancing health equity and improving the quality of services to diverse communities (Andrulis, Siddiqui, Purtle, & Duchon, 2010; Youdelman, 2011). There are numerous provisions in the health care law related to cultural and linguistic competency, and the enhanced National CLAS Standards serve as a resource, at all levels, in these areas.

CLAS Awareness: 2000-2012


- Goal II – Strengthen the Nation’s Health and Human Services Infrastructure and Workforce
  - Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities.
  - Action II.A.2: Collaborate with individuals and health professional communities to make enhancements to the current National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

CLAS Awareness: 2000-2012 State Level Cultural Competency Legislation

*Source: Think Cultural Health, 2011

National CLAS Standards Enhancement Initiative 2010 – 2012

Goals of the Initiative:
- To examine the National CLAS Standards for their current relevance and applicability.
- To have the enhanced National CLAS Standards serve as the cornerstone for culturally and linguistically appropriate services in the United States.
- To launch new and innovative promotion and marketing initiatives, including via social media, for the National CLAS Standards.
- To coordinate the Standards with the Affordable Care Act and other cultural and linguistic competency provisions (e.g. Joint Commission, National Committee for Quality Assurance).

*Source: Think Cultural Health, 2011
Comparison—2000 and 2012 National CLAS Standards

<table>
<thead>
<tr>
<th>2000 Standards</th>
<th>2012 Standards</th>
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<tr>
<td>Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate</td>
<td>Goal: to advance health equity, improve quality and help eliminate health and health care disparities.</td>
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<tr>
<td>&quot;Culture&quot;: racial, ethnic and linguistic groups</td>
<td>&quot;Culture&quot;: racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics</td>
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<tr>
<td>Audience: health care organizations</td>
<td>Audience: health and health care organizations</td>
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<tr>
<td>Implicit definition of health</td>
<td>Explicit definition of health to include physical, mental, social and spiritual well-being</td>
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<td>Recipients: patients and consumers</td>
<td>Recipients: individuals and groups</td>
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National CLAS Standards Enhancement Initiative: Timeline

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<th>Research: 2010</th>
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<td>Literature Review</td>
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<th>Development: 2011</th>
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<td>Analysis</td>
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Launch: 2013
Enhanced National CLAS Standards

Expanded definition of “health”:

Health is a state of physical, mental, social, and spiritual well-being.

Standards targeted to a more inclusive audience:

- Health and health care organizations; beyond health care organizations
- Individuals and groups; beyond patients and consumers

Comparison-2000-2012 CLAS

2000 Themes
- Culturally Competent Care
- Language Access Services
- Organizational Supports

2012 Themes
- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability
All National CLAS Standards are of equal importance:

- The enhanced National CLAS Standards promote collective adoption of all Standards to most effectively affect the health and well-being of all Americans.
- Each of the 15 Standards is equally important to an organization’s ability to advance health equity, improve quality, and help eliminate health care disparities.
- In the original National 2000 CLAS Standards, each Standard was designated as a recommendation, mandate, or guideline.

A broader definition of culture

Culture refers to “the 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.”

This definition is adapted from other widely accepted definitions of culture (e.g., Gilbert et al., 2007; HHS OMH, 2005)
Definition of Linguistic Competence
National Center for Cultural Competence

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

Changing Face of the United States

- Changing demographic
- Aging baby boomers
- Growth of racial and ethnic minority groups to overtake non-Hispanic White population within the next 45 years
- By 2015, non-Hispanic Whites will be primarily elderly population
- By 2050, racial and ethnic minority group will account for 90% of the total population growth

Advancing Equity

Introductory Statement of Intent

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:

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.

Strategies for Achievement of the Principal Standard

If each of Standards 2 through 15 is implemented and maintained, organizations will be better positioned to achieve the desired goal of “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.”

Theme 1: Governance, Leadership, and Workforce

Changing the name of Theme 1 from Culturally Competent Care to Governance, Leadership, and Workforce provides greater clarity on the specific locus of action for each of these Standards and emphasizes the importance of the implementation of CLAS as a systemic responsibility, requiring the investment, support, and training of all individuals within an organization.

Standard 2:

Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
### Strategies for Implementation

**From the National Quality Forum (2009):**
- Identify and develop informed and committed champions of cultural competency throughout the organization in order to focus efforts around providing culturally competent care.
- Ensure that a commitment to culturally competent care is reflected in the vision, goals, and mission of the organization and couple this with an actionable plan.
- Commit to cultural competency through system-wide approaches that are articulated through written policies, practices, procedures, and programs.
- Actively seek strategies to improve the knowledge and skills that are needed to address cultural competency in the organization.

**Strategies (2-cont.)**

**From The Joint Commission (Wilson-Stronks & Galvez, 2007):**
- Provide for internal multidisciplinary dialogues about language and culture issues.
- Create financial incentives to promote, develop, and maintain accessibility to qualified health care interpreters.

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

**Strategies for Implementation**

**Recruitment:**
- Develop relationships with local schools, training programs, and faith-based organizations to expand recruitment base (QSource, 2005).
- Recruit at minority health fairs (QSource, 2005).

**Promotion and Support:**
- Create a work environment that respects and accommodates the cultural diversity of the local workforce.
- Develop, maintain, and promote continuing education and career development opportunities so all staff members may progress within the organization.
Standard 4:
Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Strategies for Implementation

- Engage staff in dialogues about meeting the needs of diverse populations (Wilson-Stronks & Galvez, 2007).
- Provide ongoing in-service training on ways to meet the unique needs of the population, including regular in-services on how and when to access language services for individuals with limited English proficiency (Wilson-Stronks & Galvez, 2007).
- Incorporate cultural competency and CLAS into staff evaluations (QSource, 2005).
- Encourage staff to volunteer in the community and to learn about community members and other cultures (QSource, 2005).

Theme 2: Communication and Language Assistance

Changing the name of Theme 2 from Language Access Services to Communication and Language Assistance broadens the understanding and application of appropriate services to include all communication needs and services, including sign language, braille, oral interpretation, and written translation.
Standard 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.

Strategies for Implementation

- Ensure that staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures (see Standard 4) (HHS OMH, 2005).
- Use qualified and trained interpreters to facilitate communication (Wilson-Stronks & Galvez, 2007), including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters (Regenstein, Andres, & Wynia, in press).

Standard 6:
Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Strategies for Implementation

- Notification should describe what communication and language assistance is available, in what languages the assistance is available, and to whom they are available. It should clearly state that communication and language assistance is provided by the organization free of charge to individuals (HHS OMH, 2005).
- Notification should be easy to understand at a low literacy level (HHS OMH, 2005).
Standard 7:
Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Strategy for Implementation

- Employ a “multifaceted model” of language assistance. Organizations may provide language assistance according to a variety of models, including bilingual staff or dedicated language assistance (e.g., a contract interpreter or video remote interpreting). A combination of models, or a multifaceted model, offers the organization a “comprehensive and flexible system for facilitating communication” (National Council on Interpreting in Health Care, 2002, p. 4). Under a multifaceted model, for example, telephonic interpreting will supplement the language assistance provided by bilingual staff to ensure that at all times, language assistance is being provided by competent individuals.

Signage and Way Finding

Other than serving as the big logo for an organization, the primary purpose of a signage is to direct the outsiders and visitors as to what the organization stands for, but once again, there are a lot other elements attached to the determination of this direction.

Standard 8:
Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
Strategies for Implementation

- Issue plain language guidance and create documents that demonstrate best practices in clear communication and information design (HHS ODPHP, 2010).
- Develop materials in alternative formats for individuals with communication needs, including those with sensory, developmental, and/or cognitive impairments.
- Test materials with target audiences.

Theme 3: Engagement, Continuous Improvement, and Accountability

Changing the name of Theme 3 from Organizational Supports to Engagement, Continuous Improvement, and Accountability underscores the importance of establishing individual responsibility in ensuring that CLAS is supported, while retaining the understanding that effective delivery of CLAS demands actions across an organization. This revision focuses on the supports necessary for adoption, implementation, and maintenance of culturally and linguistically appropriate policies and services regardless of one’s role within an organization or practice. All individuals are accountable for upholding the values and intent of the National CLAS Standards.

Standard 9:
Infuse CLAS goals, policies, and management accountability throughout the organization’s planning and operations.

- Identify champions within and outside the organization to advocate for CLAS, to emphasize the business case and rationale for CLAS, and encourage full-scale implementation.
- Hold organizational retreats to identify goals, objectives, and timelines to provide culturally and linguistically appropriate services.
- Establish accountability mechanisms throughout the organization, including staff evaluations, individuals’ satisfaction measures, and quality improvement measures (QSource, 2005).
**Standard 10:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

**Strategies for Implementation**
- Conduct an organizational assessment or a cultural audit using existing cultural and linguistic competency assessment tools to inventory structural policies, procedures, and practices.
- Implement ongoing organizational assessment of CLAS-related activities.
- Assess the standard of care provided for various chronic conditions to determine whether services are uniformly provided across cultural groups.

**Standard 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.

**Strategies for Implementation**
- Develop a process for collecting data to include:
  - Individual data
  - Staff data
  - Tools to collect and store data
  - Training and evaluation
Standard 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.

Strategies for Implementation
- Collaborate with other organizations and stakeholders in data collection, analysis, and reporting efforts to increase data reliability and validity.
- Conduct focus groups with individuals in the community (QSource, 2005).
- Review demographic data collected with local health and health care organizations (QSource, 2005).

Standard 13:
Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Strategies for Implementation
- Build coalitions with community partners to increase reach and impact in identifying and creating solutions. For example:
  - Work on joint steering committees and coalitions.
  - Sponsor or participate in health fairs, cultural festivals, and celebrations.
  - Offer education and training opportunities.
- Convene town hall meetings, hold community forums, and/or conduct focus groups (Prevention by Design, 2006).
Standard 14:
Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Strategies for Implementation
- Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to staff who handle conflicts, complaints, and feedback.
- Provide notice in signage, translated materials, and other media about the right of each individual to provide feedback, including the right to file a complaint or grievance.

Standard 15:
Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Strategies for Implementation
- Demographic data about the populations
- Level of staff training in cultural and linguistic competency
- Results from performance measures, satisfaction ratings, quality improvement and clinical outcome data analyses, and cost-effectiveness analyses
CLAS helps to eliminate disparities by:

- offering a framework for treating individuals with respect and in accordance with their culture and language, which helps to:
  - Build rapport and develop a trusting relationship
  - Personalize care
  - Improve adherence
  - Increase patient satisfaction
  - These factors are critical to improving quality of services and helping to eliminate healthcare disparities.

“We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color.”

Maya Angelou

www.minorityhealth.hhs.gov
www.georgetown.edu
www.azdhs.gov/bhs/cultural/
www.thinkculturalhealth.hhs.gov/