Culturally and Linguistically Appropriate Services (CLAS)

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Agenda

- Define cultural competence and related key terms

- Explain Culturally and Linguistically Appropriate - Services (CLAS) and the standards

- Outline the intersection of CLAS and health disparities

- Identify ways your practice can ensure CLAS

- Discuss language services provided by MDwise

- Describe CLAS resources available

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About MDwise

Our Mission

To enhance client satisfaction and lower total health care costs by improving the health status of members through the most efficient provision of quality health care services

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan

- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families

- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care

- MDwise has a large network of doctors, specialists and hospitals throughout Indiana

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Cultural Competence

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Cultural Competence

- Behaviors, attitudes and policies that can come together on a continuum to help ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interactions and settings

- Cultural competence helps to ensure understanding, appreciation and respect of cultural differences and similarities within, among and between groups

- Cultural competence is a goal that a system, agency program or individual continually aspires to achieve

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Additional Terms

- **Health equity** is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:
    - Address historical and contemporary injustices;
    - Overcome economic, social, and other obstacles to health and health care; and
    - Eliminate preventable health disparities.
- **Social drivers of health** (SDoH) are life aspects that impact quality of life.

    Examples of SDOH include:
    - Housing
    - Transportation
    - Education
    - Income level
    - Pollution
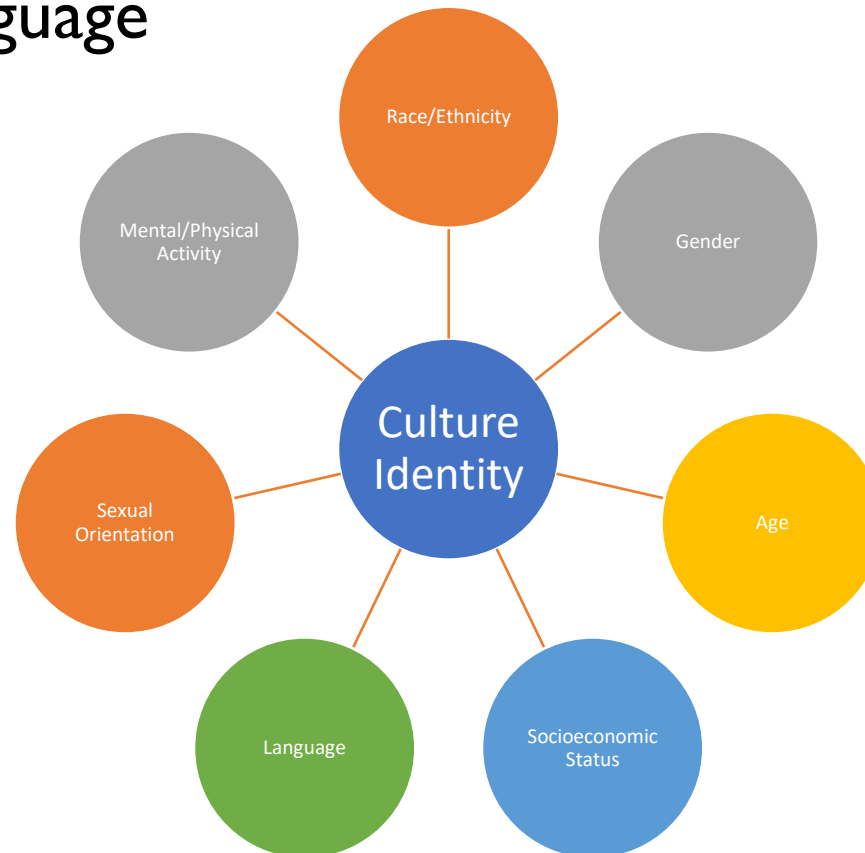   - Literacy skills
    - Access to food

CLAS Standards

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Culturally and Linguistically Appropriate Services

- CLAS is about **respect** and **responsiveness**
- Services that respect the individuals by responding to their cultural needs such as health literacy level and preferred language

Why is CLAS important?

- Have you heard of the "Intoxicado" Malpractice case?
  - o Read NPR's story <u>here</u>
  - o Read Health Affairs Forefront's story <u>here</u>
- Interpretation error that impacted Willie Ramirez's health outcomes and costs a settlement of $71 million

Why is CLAS important?

- CLAS drives efforts that decrease health disparities
- People deserve quality healthcare regardless of cultural identifiers

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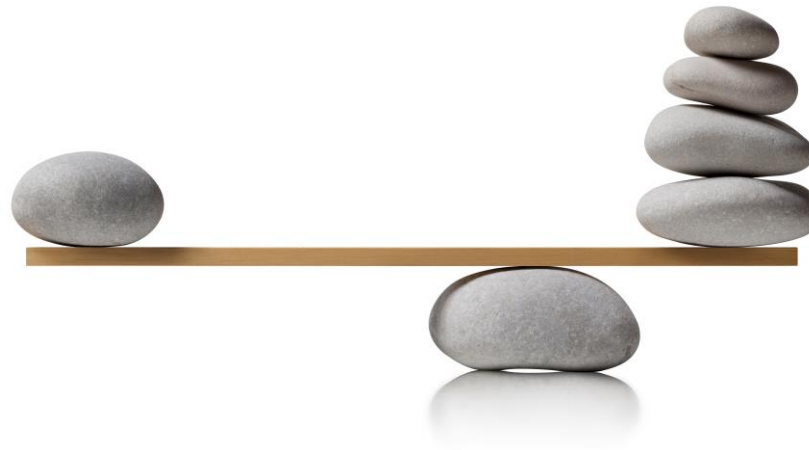
CLAS Standards

- Established national standards by the U.S. Department of Health and Human Services, Office of Minority Health in 2000. Website: <u>Home - Think Cultural Health (hhs.gov)</u>

- A blueprint intended to advance health equity, improve quality and help eliminate health care disparities

- There are **15** CLAS standards divided into these areas:
  - o Governance, leadership, and workforce
  - o Communication and language assistance
  - o Engagement, continuous improvement, and accountability

CLAS Standards continued

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.

Source: U.S. Department of Health and Human Services, Office of Minority Health

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CLAS Standards continued

- What are your organizational efforts that support a diverse workforce?

- Is implicit bias training or CLAS training provided?

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CLAS Standards continued

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.

Source: U.S. Department of Health and Human Services, Office of Minority Health

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CLAS Standards continued

- Are you using first-person language?

- Do your patient materials reflect your patient demographics?

- Is there stigmatizing language on health education materials?

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CLAS Standards continued

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.

Source: U.S. Department of Health and Human Services, Office of Minority Health

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CLAS Standards continued

- Do you have access to reliable demographic data?

- How is this information driving CLAS related activities?

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CLAS Standards continued

Engagement, Continuous Improvement and Accountability:

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.

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CLAS Standards continued

- How are you incorporating community feedback on CLAS related activities?

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CLAS and Health Disparities

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CLAS and Health Disparities

"Health care disparities occur when one group experiences a higher burden of illness relative to another." (AMA, 2022)

Health disparities result from multiple factors, including:

• Poverty

• Environmental threats

• Inadequate access to health care

• Individual and behavioral factors

• Educational inequalities

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CLAS and Health Disparities

- In 2018, African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites

- Historically, the highest rates for Hepatitis A occurred among American Indian/Alaska Natives. In 2018, American Indians/Alaska Natives were 2.7 times more likely to die from Hepatitis C than non-Hispanic whites

- Asian American males, in grades 9-12, were 30 percent more likely to consider attempting suicide as compared to non-Hispanic white male students, in 2019

Action Steps to Address Health Disparities

Focus Programmatic Efforts

- Analyze data to identify which groups of youth are at high risk for targeted problems or risk behaviors

- Target efforts and resources to support policy and programmatic efforts that address the needs of youth in high-risk groups

- Support the design and implementation of evidence-based, culturally and linguistically appropriate interventions and programs that focus on youth at high risk

Source: CDC, Health Disparities

Raise Awareness

- Learn more about the causes of disparities and about evidence-based strategies for effectively addressing specific issues among specific groups of youth at high risk

- Educate policy makers, the public, and other agencies and organizations about health and educational disparities, their causes, and evidence-based strategies for effectively addressing specific issues among specific groups of youth at high risk

Source: CDC, Health Disparities

Action Steps to Address Health Disparities

Build Partnerships

- Strengthen and sustain partnerships with agencies and organizations serving youth at high risk

- Participate in broad coalitions that work to address the root causes of health and educational disparities (e.g., poverty, access to health care, discrimination)

- Actively involve youth at high risk in advisory boards or youth councils that plan programs to address health and educational disparities

Source: CDC, Health Disparities

Action Steps to Address Health Disparities

Document Impact

- Monitor health outcomes and behaviors among youth at high risk and, if possible, policies and programs that address these outcomes and behaviors among these youth

- Evaluate activities and programs that focus on youth at high risk, and use findings to improve programs

- Document and share broadly the successes, challenges, and lessons learned in reaching youth at high risk
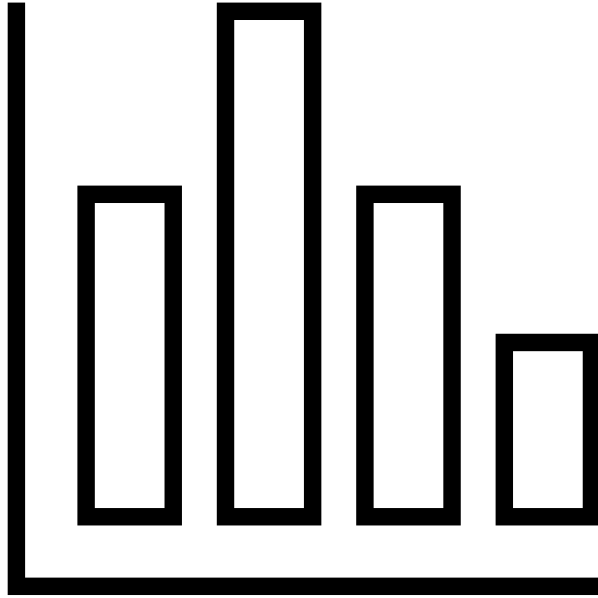
Source: CDC, Health Disparities

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Establishing CLAS

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Establishing CLAS in Your Practice

- Individual level data collection (race, ethnicity, language, gender)

- Social drivers of health data collection

- Evaluating provider network cultural responsiveness

Establishing CLAS in Your Practice

LANGUAGE
TRANSLATION
SERVICES

COMMUNITY
PARTNERSHIPS

TARGETED
INTERVENTIONS

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MDwise Cultural and Language Resources

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MDwise Cultural and Language Resources

- MDwise supports the needs of our diverse members and helps providers deliver culturally and linguistically appropriate services. Here are some resources that can help providers with that effort.

- Interpreter services are free for all MDwise Hoosier Healthwise, Healthy Indiana Plan and Medicare members.

MDwise Cultural and Language Resources

- **In-person Interpreter Requests**

  - A member or provider may ask for in-person interpretation services for an appointment by calling 1-800-356-1204.

  - MDwise provides these services free to our members. Requests for in-person interpretation should be made at least three business days in advance.

  - MDwise will do its best to provide in-person interpretation for requests made less than three business days in advance.

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MDwise Cultural and Language Resources

- **Telephone Interpreter Services**

    o During business hours only, members and providers have the option to use oral interpreter services by calling 1-800-356-1204.

    o The member or provider would explain the need for an interpreter and the preferred language.

    o MDwise will connect the call for oral interpretation for any covered service.

    o MDwise does not require advanced notice for oral interpreter services during business hours.

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More CLAS Resources

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CLAS Resources – Culture and Language

- Written medical education material translated into multiple languages on a variety of health topics from A to Z: [Health Information in Multiple Languages - All Health Topics: MedlinePlus](#)

- U.S. Department of Health and Human Services Tools on Think Cultural Health Webpage: [Home - Think Cultural Health (hhs.gov)](#)

- MDwise interpretation resources for providers: [Cultural and Language Resources - MDwise Inc.](#)

- Video examples of how to work with an interpreter: [Working with Interpreters - YouTube](#)

- Office guide to communicating with limited English proficient patients through AMA: [American Medical Association (ama-assn.org)](#)

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CLAS Resources – Health Disparities

- Health Disparities and Inequalities Reports:
https://www.cdc.gov/nchhstp/healthdisparities/

- Health Equity Homepage:
https://www.cdc.gov/healthequity/index.html

- LGBTQ+ Youth Health Disparities:
https://www.cdc.gov/healthyyouth/disparities/health-disparities-among-lgbtq-youth.htm

- Gender Healthcare Disparities:
https://www.americashealthrankings.org/learn/reports/2019-senior-report/findings-health-disparities-by-gender -

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CLAS Resources – Health Literacy

- Teach-back Method - Institute for Healthcare Improvement: https://www.ihi.org/resources/Pages/Tools/AlwaysUseTeachBack!.aspx –

- The SHARE Approach- Health Literacy and Shared Decision Making: A reference Guide for Health Care Providers: https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-4.html -

CLAS Resources – Free Trainings

- IUPUI ECHO Center: https://fsph.iupui.edu/research-centers/centers/ECHO/index.html

- Harvard Medical School Health Disparities Resources for Providers: https://postgraduateeducation.hms.harvard.edu/health-disparities-resources-providers

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Thank you!

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QUESTIONS?