Slides for the Communities of Practice are available on the CIHS website at:


How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
Learning Objectives

At the end of this session, grantees will be able to:

• Articulate the purpose of and rationale for the development of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)

• Describe the CLAS Standards

• Identify how the CLAS Standards can be operationalized and implemented in behavioral, substance abuse, and primary health care settings

• Develop a cultural and linguistic plan to better address the health and health care needs and, thus, potential health disparities of diverse populations
Session Overview

- Introduction to the National CLAS Standards
- Rationale for CLAS Standards
- Review of CLAS Standards
- Implementation Strategies
- Closing
- Resources

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

- First published by the HHS Office of Minority Health in 2000

- Modification and enhancement process from 2010 to 2013, released 2013

- Why the need for enhancement?
Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Purpose
To provide a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

Culturally and Linguistically Appropriate Services Defined

- 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.
CLAS Intent

- Advance health equity
- Improve health care quality
- Help eliminate health care disparities

Rationale for CLC and CLAS

- Respond to Demographic Changes
- Eliminate Health Disparities
- Improve Quality of Services and Care
- Meet Legislative, Regulatory, and Accreditation Mandates
- Gain a Competitive Edge in the Market Place
- Decrease the Risk of Liability
Racial and Ethnic Disparities in Health and Health Care

• Racial or ethnic differences in the quality of healthcare exist even when insurance status, income, age, and severity of conditions are comparable


What Accounts for Racial/Ethnic Disparities in Health Care?

Patient level factors

Health systems

Clinical encounter
  • Provider interactions
  • Respect
  • Racism
  • Patient perspectives
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.
Theme 1: Governance, Leadership, and Workforce (Standards 2-4)

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.
Implementation Strategies

American Evaluation Association

VISION: The American Evaluation Association’s vision is to foster an inclusive, diverse, and international community of practice positioned as a respected source of information for and about the field of evaluation.

VALUES: The American Evaluation Association values excellence in evaluation practice, utilization of evaluation findings, and inclusion and diversity in the evaluation community.

AEA Public Statement on Cultural Competence in Evaluation

AEA Diversity Committee
Task Force on Cultural Competence in Evaluation

Building Diversity Initiative (BDI) Recommendation #10
- Engage in a public education campaign to emphasize the importance of cultural context and diversity in evaluation for evaluation seeking institutions
Theme 2: Communication and Language Assistance (Standards 5-8)

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.
Communication and Language Assistance

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.

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? BIInd?

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
Implementation Strategies

- Interpretation of oral communication
- Translation of written documents
- Signage
- Symbols for wayfinding
- Use cultural brokers
- Ensure staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures

Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)
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.
Engagement, Continuous Improvement, and Accountability

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.

Implementation Strategies

Yale Psychology Doctoral Training Program in Clinical & Community Psychology Diversity Plan
Implementation Strategies

• Build coalitions, work with community partners
• Train/review staff as mediators in cross cultural conflicts
• Make sure there are mechanisms to make complaints in other languages
• Develop annual report based on CLC and CLAS plan and activities

Resources

• HHS Office of Minority Health Email Updates and Newsletters
  • www.minorityhealth.hhs.gov

• Think Cultural Health
  • https://www.thinkculturalhealth.hhs.gov/index.asp

• The Guide to Providing Effective Communication and Language Assistance Services
  • https://hclsig.thinkculturalhealth.hhs.gov/
Resources

- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice


Questions
Additional Questions

Cindy Crusto, PhD
Cindy.crusto@yale.edu

Additional Comments?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org or MAI-COC-TA@mayatech.com

For More Information & Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org
Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.