National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care



6th Annual

Hawaii Conference on Language Access

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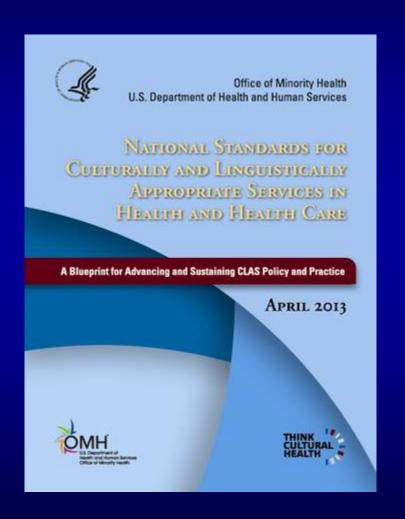
Ola Pono-Language Access in the Community Health Setting

• Dedication:

—To those who died too soon because of language access barriers and poor quality of care.

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

National CLAS Standards: A Blueprint for Advancing and **Sustaining CLAS Policy and Practice**



HHS Office of Minority Health

 Mission: to improve the health of racial and ethnic minority populations through the development of policies and programs that will eliminate health disparities.



Language Data

 20% of U.S. population, or 58+ million people, speak a language other than English at home;

 9% (of the 20%) or over 24 million people, have limited proficiency in English

Au, Taylor, Gold, 2009; U.S. Census, 2010

Native Hawaiian Health Disparities

- 5.8% don't have any kind of health insurance;
- 17% rate general health status as "fair" or "poor", the highest of all ethnicities in state;
- 75.5% at risk for being overweight or obese;
- 8.9% adults reported lifetime use of methamphetamine-highest ethnic group

Source: Native Hawaiian Health Fact Sheet, 2011

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

Key Take Away and Goal:

If Standards 2-14 are adopted, implemented and maintained, then Principal Standard (1) will have been achieved.

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 communications needs.

National CLAS Standards

Key Take Away:

15 National CLAS Standards: Adopting, implementing and maintaining <u>ALL</u> Standards are the most effective approach to improve the health and well-being of all individuals.

National CLAS Standards

Key Take Aways:

Ensure a stronger platform for health equity.

 Broad definition of <u>culture</u>: health influenced by race, ethnicity, language, spirituality, disability status, sexual orientation, gender identity and geography—culture is not static

National CLAS Standards

Key Take Aways:

- Provide a framework for health and health care organizations for the delivery of culturally respectful & linguistically responsive care and services to meet needs of all individuals at all points of contact.
- Builds on the foundation of the ACA & key HHS legislation and policies to underscore importance of cultural competency in high-quality health care.

Affordable Care Act, 2010

Language Access Provision to Reduce Health Disparities

Final Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the ACA....to the extent practical, it is required, in all national population health surveys, this data be collected.

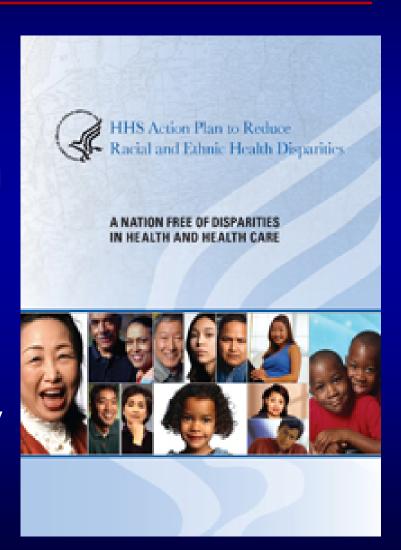
HHS Action Plan to Reduce Racial and Ethnic Health Disparities

Vision:

"A Nation free of disparities in health and health care."

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

Collaborate with individuals and health professional communities to make enhancements to the current National Standards for Culturally and Linguistically Appropriate Services in Health Care



History: The National CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services in Health Care

- First Final Report in March 2001
- Provided a framework and guideline for health care organizations to serve diverse communities
- Enhancement Initiative: 2010-2013

National CLAS Enhancement Initiative 2010-2013

National Project Advisory Committee,

Public Comment,

Systematic Literature Review:

- Statement of Intent
- Clarity of Action
- Standards of Equal Importance
- Principal Standard and Three Enhanced Themes
- New Standard: Organizational Governance and Leadership

CLAS Initiative Structure and Content

Statement of intent:

"The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health disparities by establishing a blueprint for health and health care organizations to:"

Principal Standard 1

Standards 2-4

Standards 5-8

Standards 9-14

What are Culturally and Linguistically Appropriate Services?

Services that are respectful of and responsive to:

- individual cultural health beliefs and practices,
- preferred languages,
- health literacy levels
- communication needs, and
- employed by all members of an organization (regardless of size) at every point of contact.

Why are the enhanced National CLAS Standards significant?

Intended to

- advance health equity,
- improve quality, and
- help eliminate health care disparities

The Case for Culturally and Linguistically Appropriate Services



Changing Demographics

Policies and Legislation (ACA)



Enhanced
National CLAS Standards for
Health and Health Care



Improve Quality of Services

Advance Health Equity

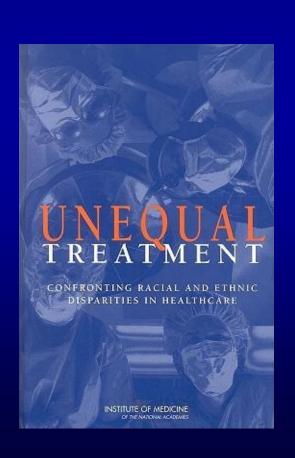
Help Eliminate
Disparities

Further Evidence to Support CLAS

- 1. Case: A first responder in Florida misinterpreted a single Spanish word, "intoxicado," to mean "intoxicated" rather than its intended meaning of "feeling sick to the stomach." This led to a delay in diagnosis, which resulted in a potentially preventable case of quadriplegia, and ultimately, a \$71 million malpractice settlement (Flores, 2006).
- 2. Institute of Medicine's *Unequal Treatment (2002)*
- 3. Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates (J Gen Intern Med, 2012)
 - Length of a hospital stay for Limited English Proficient patients was significantly longer when professional interpreters were not used at admission or both admission/discharge.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (IOM, 2002)

Racial and ethnic disparities in health care exist and are unacceptable; **Training programs offer promise** as a key strategy in reducing healthcare disparities; Research shows that training is effective in improving provider knowledge of cultural and behavioral aspects of healthcare and building effective communication strategies.



What's new in the enhanced National CLAS Standards?

2001 Standards	2013 Standards
Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate	Goal: to advance health equity, improve quality and help eliminate health and health care disparities.
"Culture": racial, ethnic and linguistic groups	"Culture": racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics – broader, inclusive, not static
Audience: <u>health care organizations</u>	Audience: health and health care organizations-all agencies/organizations addressing community well-being
Implicit definition of <u>health</u>	Explicit definition of health to include physical, mental, social, and spiritual well-being – <u>broad, holistic</u>
Recipients: patients and consumers	Recipients: individuals and groups 21

What's new in the enhanced National CLAS Standards? 15 Standards!

2001 Themes

Culturally Competent Care

Language Access
Services

Organizational Supports



Principal Standard

Governance, Leadership, and Workforce

Communication and Language
Assistance

Engagement,
Continuous
Improvement, and
Accountability



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

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

- 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.

Theme 2: 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.
- 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.

Title VI of Civil Rights Act, 1964

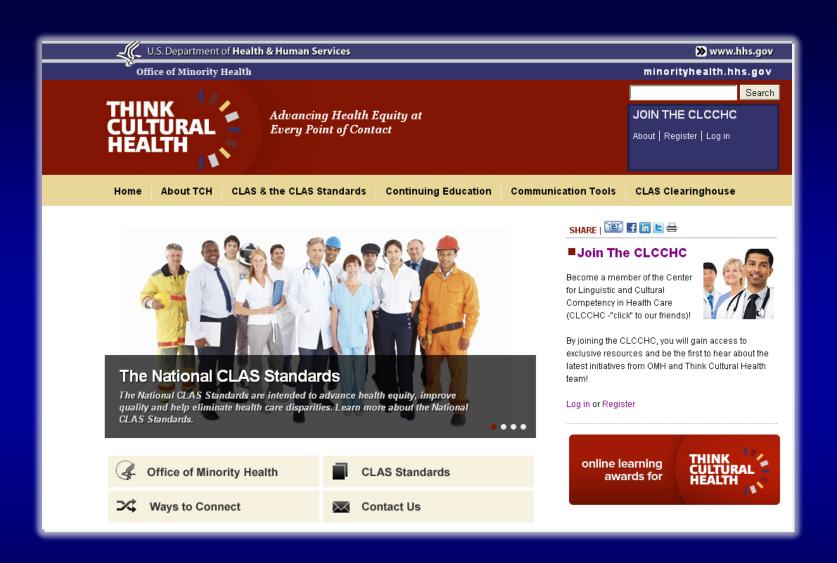
- "No person in the U.S. shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."
- LEP Policy Guidance-Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, as revised by HHS OCR August 4, 2003

Theme 3: 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 CLASrelated 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.

Theme 3: Engagement, Continuous Improvement, and Accountability, cont.

- 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.



Think Cultural Health www.thinkculturalhealth.hhs.gov

Next Steps



Language Access in Community Health Setting: Legislation and Bridges

- Act 217, Language Access Resource Center and Multilingual Website Pilot Project;
- Oregon legislates cultural competency training
- Medical Reserve Corps Health Equity Team
- Non-profit Executive Directors LGBT alliance to build bridges, address CLAS framework for diverse populations
- Community College ESL program and health department bidirectional literacy collaboration for Asian and Latino LEP

Ola Pono

- Ola, health, but can mean life, well-being, living
- Pono, according to the Pukui/Elbert Hawaiian dictionary, means goodness, uprightness, morality, moral qualities, correct or proper procedure, excellence, well-being, prosperity, welfare, benefit, behalf, equity, proper, righteous, right, upright, just, virtuous, fair, beneficial, successful...and more