



# Culturally and Linguistically Appropriate Healthcare Services

CLAS Standard Training

Part I of II



# Agenda

- Cultural Awareness
  - Diversity
  - Culture
  - Cultural Competence
- Effects of Culture on Health Care
  - Disparities
- Federal Legislation
- Cultural Competency in Health Care Standards
  - CLAS (federal)
  - NCQA (accreditation)



# CULTURAL AWARENESS

# Diversity

- The condition of having or being composed of differing elements or qualities: variety; *especially* : the inclusion of different types of people (as people of different races or cultures) in a group or organization
  - e.g. programs intended to promote diversity in schools/ workplace
- An instance of being composed of differing elements or qualities: an instance of being diverse
  - e.g. a diversity of opinions or personalities

## Facets of Diversity

Gender	Race	Ethnicity	Age	Physical and Mental Ability
Sexual Orientation	Language	Veteran Status	Religious Beliefs	Marital Status
Parental Status	Education	Income	Occupation	Geographic Location

# Culture

- the **behaviors and beliefs** characteristic of a particular social, ethnic, or age group: the youth culture; the drug culture.
  - Shared values
  - Beliefs
  - Standards
  - Language
  - Thinking patterns
  - Behavioral norms (clothing styles, body language)
  - Communications styles, etc.
- Guides decisions and actions of a group through time

# Cultural Competency

- The Office of Minority Health defines **cultural competency** as:

A set of congruent behaviors, attitudes, and policies that come together in a **system, agency, or among professionals** that enables effective work in cross-cultural situations.

# Cultural Differences

- Every culture has different norms and mores (customs) regarding their approach and these also apply to how they approach health care.

## Examples of Cultural Differences

- **Anglo American:** Prenatal care is generally sought. The husband or domestic partner is usually the preferred labor partner.
- **Asian:** The patient's "birth partner" may be her mother-in-law or other female relatives.
- **East Indian:** Pregnant Hindu women are often encouraged to eat nuts, raisins, coconuts, and fruit to have a healthy beautiful baby.
- **Hispanic:** Pregnancy is seen as a normal condition, so prenatal care may not be sought. The woman's mother may be the preferred birthing partner.

## Examples of Cultural Differences

- **Middle Eastern:** Patients might not make many preparations for birth. They may be very loud and expressive during labor and delivery.
- **Native American:** A female relative may be the birth attendant. Stoicism is encouraged during labor and delivery.
- **Russian:** A female relative is often the preferred labor and delivery partner. They tend to have a high pain threshold and stoic attitude.
- **Southeast Asians:** They may not give an accurate count of pregnancies because many only count live births. Some Hmong new mothers may want to take home the placenta for burial.



# WHY FOCUS ON CULTURAL COMPETENCY?

## The Importance of Cultural Competency

- The increasing population growth of racial and ethnic communities, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in our country.
- In order for all Americans to receive equal access to quality health care, we need to create a culturally competent health care system.

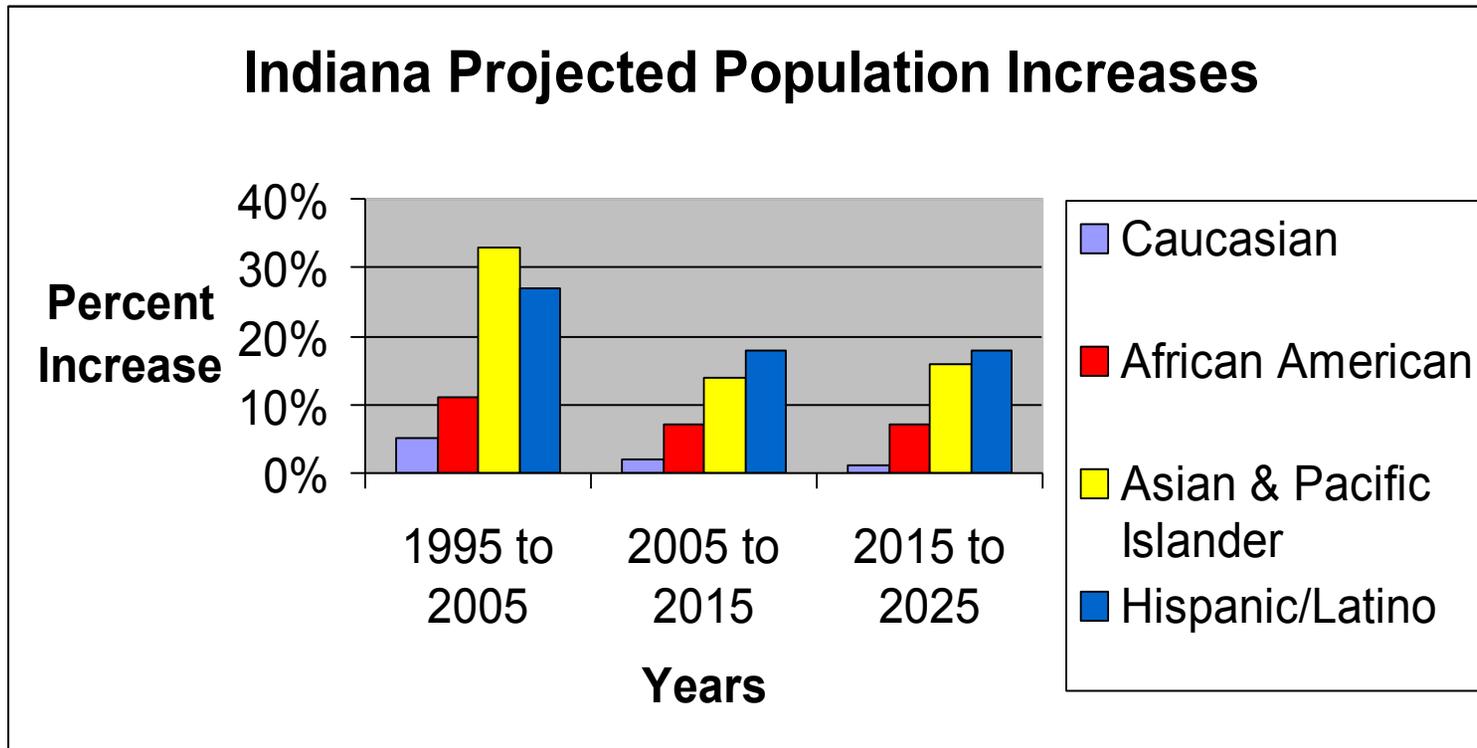
*-The Office of Minority Health*

# Changing Demographics

Based on 2010 census data, the US Census Bureau estimates that between 2012 and 2060:

- The non-Hispanic white population is projected to peak in 2024. Unlike other race or ethnic groups, its population is projected to slowly decrease, falling by nearly 20.6 million from 2024 to 2060.
- The Hispanic population would more than double from 2012 to 2060. By 2060, nearly one in three U.S. residents would be Hispanic, up from about one in six today.
- The black population is expected to increase from 41.2 million to 61.8 million over the same period. Its share of the total population would rise slightly, from 13.1 percent in 2012 to 14.7 percent in 2060.
- The Asian population is projected to more than double, by 2060, with its share of nation's total population climbing from 5.1 percent to 8.2 percent in the same period.

# Changing Demographics



- US Census Bureau

# EFFECTS OF CULTURE ON HEALTHCARE

# Effects of Culture

Culture may influence:

- Health, healing, and wellness belief systems.
- How illness, disease, and their causes are perceived by the patient, patient's family, and community.
- The behaviors of patients who are seeking healthcare and their attitudes toward health care providers.
- The delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.

*-The Office of Minority Health*

# Effects of Culture

Culture defines how:

- Health care information is received.
- Rights and protections are exercised.
- What is considered to be a health problem.
- How symptoms and concerns about the problem are expressed.
- Who should provide treatment for the problem.
- What type of treatment should be given.

*-The Office of Minority Health*

# Health Disparity

- Health disparities are population-specific differences in the presence of disease, health outcomes, or access to health care.
- Health disparities are well documented in minority populations such as Blacks or African-Americans, Native Americans, Asian Americans, and Hispanics/Latinos.

- *Wikipedia*

# Health Disparities

There are many different causes of health disparities, however it is generally accepted that disparities can result from three main areas:

- From the personal, socioeconomic, and environmental characteristics of different ethnic and racial groups.
- From the barriers certain racial and ethnic groups encounter when trying to enter into the health care delivery system.
- From the quality of health care different ethnic and racial groups receive.

- *Wikipedia*

# Health Disparities

## Disparities in Access to Health Care

- Lack of insurance coverage
- Lack of a regular source of care
- Lack of financial resources
- Legal barriers
- Structural barriers
- The health care financing system
- Scarcity of providers
- Linguistic barriers
- Health literacy
- Lack of diversity in the health care workforce

- *Wikipedia*



# Health Disparities

According to the National Center for Cultural Competence, the President of the United States has targeted six areas of identified health disparities to address:

- Cancer
- Cardiovascular Disease
- Infant Mortality
- Diabetes
- HIV/AIDS
- Child and Adult Immunizations

# FEDERAL LEGISLATION

# Regulations

- Civil Rights Act of 1964
- Rehabilitation Act of 1973
- Limited English Proficiency (LEP)

# Civil Rights Act of 1964

- **Title VI: Non-Discrimination in Federally Assisted Programs** this national law protects persons from discrimination based on **race, color, or national origin** in programs and activities that receive federal financial assistance
- **Section 601 Prohibits intentional discrimination of recipients of federal financial assistance**
- **Section 602** Protects recipients of federal assistance from discriminatory acts that disproportionately impact individuals because of race, color or national origin. It also **empowers federal agencies to terminate federal funding to a program, or otherwise sanction such a program**, that is found to have violated Title VI

# Rehabilitation Act of 1973

- **Title V:** A federal law that prohibits federal agencies and institutions receiving federal funding from **discriminating against people with disabilities**
- **Section 504** Protects qualified individuals from discrimination based **solely on disability**
- **Section 508** Ensures that the **electronic information** technology developed, procured, maintained and utilized by every government agency is equally accessible to people who have disabilities as it is to people who do not have disabilities

# Limited English Proficiency

- LEP
- Executive Order 13166
  - Issued August 11, 2000, by President Clinton
  - Order is titled: "Improving Access to Services for Persons with Limited English Proficiency."
  - Requires Federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them.

*-U.S. Department of Justice*

# STANDARDS

# Federal Standards

- Culturally and Linguistically Appropriate Services (CLAS) Standards
  - In 2000, the Office of Minority Health and the U.S. Department of Human Services published the first National Standards for Culturally and Linguistically Appropriate Services in Health Care.
  - In 2010, a review of the standards was initiated and the Office of Minority Health released enhanced standards in April of 2013.
  - The CLAS standards are intended to advance health equity, improve quality and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.

# Accreditation

- The National Committee for Quality Assurance (NCQA) is an accrediting body for health plans across the United States
  - Multicultural Health Care Standards
    - MHC 1: Race/Ethnicity & Language Data
    - MHC 2: Access & Availability of Language Services
    - MHC3: Practitioner Network Cultural Responsiveness
    - MHC4: Culturally & Linguistically Appropriate Services Programs
    - MHC5: Reducing Health Care Disparities

**END OF PART I OF II**