



# Culturally and Linguistically Appropriate Services

CLAS Standard Training

Part II



# RECAP of Part I

- Cultural Awareness
  - Diversity
  - Culture
  - Cultural Competence
- Affects of Culture on Health Care
- Federal Legislation
- CLAS
- NCQA

## Part II Agenda

- Disparity
- Self-Awareness
- CLAS standards at MDwise

# DISPARITIES

# Disparities

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

# Cancer

Research shows, in general, that people of diverse racial, ethnic, and cultural heritage are less likely to be routinely tested for cancer, when compared with the majority U.S. population.

- Cancer deaths are disproportionately high among Hispanics and African Americans
- Vietnamese women are five times more likely to have cervical cancer and Chinese Americans five times more likely to have liver cancer.

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# Cardiovascular Disease

Racial and ethnic groups have higher prevalence of risk factors for cardiovascular disease. They have higher rates of hypertension, tend to develop hypertension at an earlier age, and are less likely to undergo treatment to control their high blood pressure.

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## Cardiovascular Disease

- Hispanic/Latino men and women have elevated blood pressure rates.
- Obesity continues to be higher for Blacks and Hispanic/Latino women.
- Only 50% of Native Americans, 44% of Asian Americans, and 38% of Hispanic/Latino Americans have had their cholesterol checked within the past two years.
- Coronary heart disease mortality is higher for African Americans
- Stroke is the only leading cause of death for which mortality is higher for Asian American males.

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# Infant Mortality

- African Americans and Native American babies die at a rate that is 2 to 3 times higher than the rate for White babies.
- Native American and Alaskan Native babies are more than 3 to 4 times more likely to die from SIDS/ID than White babies.
- While the overall infant mortality rate has declined, the gap between African American and Caucasian infant mortality rates has widened.

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# Diabetes

Diabetes is the seventh leading cause of death in the U.S. Approximately 16 million people in the U.S. have diabetes.

- African Americans are 1.7 times more likely, Latino/Hispanic are 2.0 times more likely, and Alaskan Natives are 2.8 times more likely to have diabetes than Caucasians.
- The Pima Tribe of Arizona has the highest known prevalence of diabetes of any population in the world.
- Native Americans and African Americans have higher rates of diabetes related complications such as kidney disease and amputation as compared to the total population.

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# HIV/AIDS

- African Americans and Hispanic/Latino groups accounted for 47 and 20 percent, respectively, of persons diagnosed with AIDS in 1997.
- Among African Americans, 56 percent of new HIV infections and AIDS cases are a result of intravenous drug usage; for Hispanic/Latino groups, 20 percent of new HIV infections and AIDS cases result from intravenous drug use.
- 75 percent of HIV/AIDS cases reported among women and children occur among diverse racial and ethnic groups.

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## Child and Adult Immunizations

- While 79 percent of Caucasian preschoolers are fully immunized by two years of age, only 74 percent of African American and 71 percent of Hispanic/Latino children, including preschoolers and school-aged children, are fully vaccinated against childhood diseases.
- Among the elderly, there is a disproportionate amount of vaccine preventable diseases in racial, ethnic, and underserved populations.

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# SELF-AWARENESS

# Self-Awareness



- *“An Overview of Diversity Awareness”*

# Self-Awareness



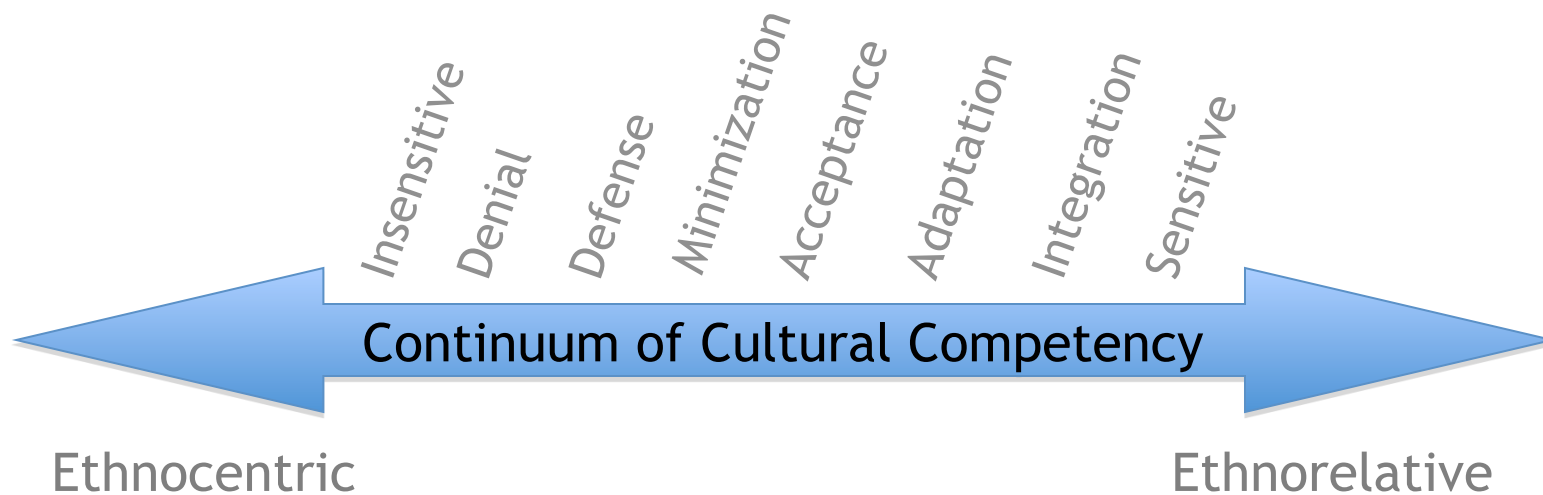
- **Ethnocentric** - You view your own, or adopted, culture as central to reality.
- **Ethnorelative** - You experience your culture in relation to, or in context of, other cultures.

# Self-Awareness

- **Denial** - You experience your culture as the only culture that exists. You deny and are disinterested in cultural differences.
- **Defense** - You experience your culture as the only good culture. You acknowledge cultural differences but see them as threatening. You use mechanisms such as stereotyping to defend yourself.
- **Minimization** - You experience elements of your culture as universal. You minimize differences between cultures and believe that human similarities outweigh any differences.
- **Acceptance** - You recognize and value cultural differences, without judging them. You are curious about different cultures.
- **Adaptation** - You experience other cultures by yielding to perceptions and behaviors acceptable to that culture. You intentionally change your behavior to communicate more effectively in different cultures.
- **Integration** - You value a variety of cultures and continuously define your own identity in contrast and in conjunction with a number of cultures. You move easily in and out of varying worldviews.



# Self-Awareness



Where do you fall on the continuum?

-Continuum of Cultural Competency taken from *NYNJ PHTC Communicate to Make a Difference: Exploring Cross-Cultural Communication*

# CLAS AT MDWISE

# CLAS Standards Overview

- In 2000, the Office of Minority Health published the first *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (National CLAS Standards)
- Revised Standards were published in 2013
- Main areas:
  - Principal Standard
  - Standards 2-4: Governance, Leadership and Workforce
  - Standards 5-8: Communication and Language Assistance
  - Standards 9-15: Engagement, Continuous Improvement, and Accountability

## CLAS Principal Standard

- **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.

## CLAS Standard 2

- **Standard 2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

## CLAS Standard 3

- **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.

## CLAS Standard 4

- **Standard 4:** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## CLAS Standard 5

- **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.



## CLAS Standard 6

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

## CLAS Standard 7

- **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.

## CLAS Standard 8

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

## CLAS Standard 9

- **Standard 9:** Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

## CLAS Standard 10

- **Standard 10:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

## CLAS Standard 11

- **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.

## CLAS Standard 12

- **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.
- **MDwise:**
  - Community Events/Health Fairs
  - School Outreach
  - Community Presentations
  - Minority Health Coalitions
  - Community Advisory Councils

## CLAS Standard 13

- **Standard 13:** Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- **MDwise:**
  - Assist members in completing necessary procedural steps
  - NCQA compliant
  - Member Handbook includes “how to” information for grievances



## CLAS Standard 14

- **Standard 14:** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

## CLAS Standard 15

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

## Wrap-Up

- How can *you, as part of MDwise*, ensure the CLAS Standards are being met?
  - Self-Awareness
  - Use bilingual staff or a telephonic language line
  - Produce culturally sensitive materials in different languages
  - Add culturally sensitive components of our special member programs to help decrease health disparities
  - Continue to focus on and enhance our diversity awareness, appreciate the differences of others, and act in a sensitive manner
  - Follow the “Ten Strategies for Effective Cross-Cultural Communication.”

## Culturally Competent Communication

### Strategies for Effective Cross-Cultural Communication

1. **Ask Questions:** Develop cultural knowledge. Stretch your understanding of a person's or group's culture.
2. **Listen Actively:** Learn to listen for what is being said and not what you want to hear. Test for understanding by asking questions or restating what was said.
3. **Think Twice:** Avoid culturally insensitive language and behaviors.

## Culturally Competent Communication

4. **Respect Differences:** Recognize cultural differences in spoken and unspoken communication styles and other global concepts (time, family, etc.). Do not assume the majority's way is the only way.
5. **Build Self-Awareness:** Know your own prejudices and think about your attitudes towards other cultures and your own.
6. **Be Honest:** Share your experiences honestly. Acknowledge any discomfort, hesitation, or concerns you may have.

## Culturally Competent Communication

7. **Avoid Stereotyping:** Do not cast your assumptions in stone. Instead, use generalizations as a starting point to make good communication decisions.
8. **Recognize the Complexity of Communication:** Pay attention to multiple channels of communication. Many barriers exist between the source and the receiver. Practice two-way communication.
9. **Be Flexible:** Alter your communication strategies as the situation necessitates. Choose appropriate channels.
10. **Distinguish Perspectives:** Understand and carefully consider various points of views.

*-NYNJ PHTC Communicate to Make a Difference: Exploring Cross-Cultural Communication*

## Quiz Available Online

- Please visit the MDwise webpage at [www.mdwise.org](http://www.mdwise.org) in the Clinical Webinar Series section of Provider Tools and click on the following link:
  - <http://www.surveygizmo.com/s3/858180/CLAS-Standards>
- There are a total of 10 questions.
- Once the quiz is completed you will know your score immediately.
- Please contact HR Manager Maria Rosenbohm at MDwise if you have any problems accessing the quiz.

End of Part II of II