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# Division of Public Health

Culturally and Linguistically Appropriate Services (CLAS)


April 27, 2016

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program

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Health is...



a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.\*

And Public Health is...




what we as a society do collectively to assure the conditions in which people can be healthy.\*\*

Source: \*WHO, 1998; \*\*IOM, 1988  
(Slide adapted from Public Health 101: CDC)

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## Culturally and Linguistically Appropriate Services (CLAS)


The enhanced National CLAS Standards are intended to:

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

CLAS establishes a blueprint for individuals, as well as health and health care organizations, to implement culturally and linguistically appropriate services.

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## CLAS Standards

CLAS standards are a comprehensive series of guidelines that **inform, guide, and facilitate** practices related to culturally and linguistically appropriate health services.

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 4

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## Enhanced CLAS Standards

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
<b>Culture</b>	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
<b>Audience</b>	Health care organizations	Health and health care organizations
<b>Health</b>	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
<b>Recipients</b>	Patients and consumers	Individuals and groups

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 5

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## National CLAS Standards Structure

- 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.
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability (Standards 9-15)

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 6



## CLAS Standards Implementation

- The Standards' implementation "on the ground" will vary from organization to organization.
- It is important for individuals and organizations to have a vision of what culturally and linguistically appropriate services will look like in practice and to identify available and required resources.




## The Case for the National CLAS Standards

National CLAS Standards were developed in response to:

- Health and health care disparities:
  - Institute of Medicine published *Unequal Treatment* in 2003; and
  - Culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities.

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## The Case for the National CLAS Standards *(continued)*

- Changing demographics:
  - Rapid changes in demographic trends in the U.S. in the last decade.

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## The Case for the National CLAS Standards *(continued)*

- Legal and accreditation requirements, which have helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services:
  - National accreditation standards for professional licensure in the fields of medicine and nursing, Public Health Accreditation Board (PHAB)
  - Health care policies, such as the Affordable Care Act

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 10

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## The Case for the National CLAS Standards *(continued)*

According to The Economic Burden of Health Inequalities in the United States:

- The cost of direct medical care related to disparities is \$229.4 billion.
- Combined costs of health inequalities and premature death is \$1.24 trillion.

Source: The Economic Burden of Health Inequalities in the United States (Joint Center for Political and Economic Studies, 2009)

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 11

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## The Wisconsin Case for the National CLAS Standards

- Health disparities
- Cost of disparities
- Access to care
- Quality of care
- Federal and state requirements
- Risk management

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 12

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## The Wisconsin Case for the National CLAS Standards *(continued)*

- Minorities make up 17 percent of Wisconsin's population.
- Health disparities impact one in seven Wisconsin residents.
- Health of Wisconsin Report Cards (2007, 2013), University of Wisconsin Population Health gave Wisconsin a:
  - B- for overall health of Wisconsin residents.
  - D for health disparities in Wisconsin.

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## Access to Care in Wisconsin MMF1

The American Community Survey 5-year estimate of Wisconsin (2008-12) found that:

- 3.2 percent speak English less than "very well."
- 10.9 percent of all Wisconsin residents live with a disability; among those 65 and over, the number rises to 32.7 percent.
- 9.9 percent of those 25 and older have less than a high school education.
- 8.4 percent of all families and 12.5 percent of all people in Wisconsin live below the poverty level.

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 14

**Slide 14**

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**MMF1** add rural component, add literacy component  
Flores, Maria M., 4/1/2016





## Quality of Care

Culturally and linguistically appropriate services are increasingly recognized as effective in improving:

- The quality of services increasing patient safety (e.g., through preventing miscommunication, facilitating accurate assessment and diagnosis).
- Enhancing effectiveness.
- Underscoring patient-centeredness.

Sources:

Beach et al., 2004; Goode et al., 2006.  
Betancourt, 2006; Brach & Fraser, 2000; Thom, Hall, & Pawlson, 2004.



## Federal and State Requirements

- The Joint Commission Requirements (2012)
- National Committee on Quality Assurance HEDIS (2014)
- The Patient Protection and Affordable Care Act (2010)
- Americans with Disabilities Act (1990)
- Title VI of the Civil Rights Act (1964)
- Executive Order 13166 (2000)



## Risk Management


- Lawsuit: Incorrect address translation sent medics to the wrong location:  
<http://www.washingtontimes.com/news/2014/apr/15/lawsuit-bad-translation-sent-medics-to-wrong-spot/>
- Language, Culture and Medical Tragedy: The Case of Willie Ramirez:  
<http://healthaffairs.org/blog/2008/11/19/language-culture-and-medical-tragedy-the-case-of-willie-ramirez/>



## Health Literacy

- Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- Health systems in the U.S. differ from those in developing countries or in specific immigrant communities.
- Health concepts in the U.S. are different from those in immigrants' country of origin.

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## Adopting the CLAS Standards

- DPH has officially pledged to adopt and implement the CLAS standards:
  - Commitment to Health Equity
  - Quality Improvement
  - Accreditation Readiness
  - Alignment/Legal Compliance
- Next Steps:
  - Five-Year Strategic Plan for Implementing CLAS

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 19


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## Great Lakes Addiction Technology Transfer Center Network

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## CLAS Implementation


Ongoing education and staff training ensures that governance, leadership, and the workforce are equipped with adequate knowledge, tools, and skills to appropriately manage cross-cultural encounters with individuals.\*

- o Exploration of one's own cultural background and the cultural backgrounds of the individuals and populations served (AMA, 2006)

\*Betancourt, Green, Carrillo, & Ananeh-Firemong, 2003

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 21

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## CLAS Implementation

- o The importance of effective communication to health care outcomes (AMA, 2006)
- o Effects of differences between the cultures of staff and individuals on clinical and other workforce encounters

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 22



## CLAS Implementation

- Importance of learning about the care of, and services to, individuals with limited English proficiency, low health literacy, disabilities or special needs, and diverse religious and spiritual backgrounds
- Analysis and application of laws and provisions that pertain to the delivery of culturally and linguistically appropriate care and services




## NIATx Process Improvement

*Network for the Improvement of Addiction Treatment*

### CLAS Implementation:

- Integrated into your process improvement work
- Certain CLAS Standards work well in PDSA cycles
- Ongoing evaluation

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## NIATx Example

Linguistic and culturally appropriate accessibility and treatment in your clinic.

- Choose a CLAS Standard to work toward.
- Do a Walk-through.
- Select your Project Aim (ex. increased continuation between levels of care for non-English speaking patients).
- Rapid-cycle PDSA (Plan-Do-Study-Act) small changes.
- Sustain improvements.

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 25

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## Abbreviated PDSA Cycles – Six Months

Rapid Cycle	From – To	Plan <i>What is the idea/change to be tested?</i>	Do <i>What steps are you specifically making to test this idea/change? Who is responsible?</i>
1	1 month	Environmental scan of the local landscape	<ul style="list-style-type: none"> <li>• Identify local diverse cultures: cultural, linguistic, social, economic, generational, or religious needs.</li> </ul>
2	1 month	Identification of staff training	<ul style="list-style-type: none"> <li>• Identify and select public and private partners to provide initial and ongoing training (health departments, universities, trusted community members, local cultural and religious gathering places). <i>Build partner relationships.</i></li> <li>• Select and coordinate trainings</li> </ul>

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 26


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Rapid Cycle	From – To	Plan <i>What is the idea/change to be tested?</i>	Do <i>What steps are you specifically making to test this idea/change? Who is responsible?</i>
3	1 month	Staff training	<ul style="list-style-type: none"> <li>Match staff with selected trainings based on need.</li> <li>Allow for on-site training.</li> <li>Create plan for on-going learning.</li> </ul>
4	2 weeks	Selection of Translation/ Interpretation service provider(s)	<ul style="list-style-type: none"> <li>Any current <u>qualified</u> in-house staff or contractor(s)? Are there any staff that can be assessed and tested to become qualified to provide these services?</li> <li>Solicitation of multiple contractor bids</li> <li>Train staff on when and how to use interpretation and translation services.</li> </ul>

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 27

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Rapid Cycle	From – To	Plan <i>What is the idea/change to be tested?</i>	Do <i>What steps are you specifically making to test this idea/change? Who is responsible?</i>
5	2 weeks	Client ease of access	<ul style="list-style-type: none"> <li>Seek out applicable already-translated materials.</li> <li>Make it easy and comfortable for non-English speakers to access clinic.</li> <li>See next slide for example <a href="https://www.dhs.wisconsin.gov/publications/p0/p00417.pdf">https://www.dhs.wisconsin.gov/publications/p0/p00417.pdf</a></li> </ul>
6		<i>What would be another idea? Survey of clientele to inform and sustain the changes?</i>	


Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 28

### Your Right To An Interpreter

You have the right to receive program information in a language that you understand through an interpreter, and translation or interpretation of vital documents, at no cost to you.

Point to your language.

<b>ALBANIAN</b>	<b>AMHARIC</b>	<b>ARMENIAN</b>	<b>ASIAN</b>	<b>BANGLA</b>	<b>BENIGN</b>	<b>BHUTANESE</b>	<b>CANADIAN</b>	<b>CHINESE</b>	<b>CRISTIAN</b>
<b>ARABIC</b>	<b>ENGLISH</b>	<b>FRENCH</b>	<b>GERMAN</b>	<b>HAWAIIAN</b>	<b>HINDI</b>	<b>HUNGARIAN</b>	<b>ITALIAN</b>	<b>JAPANESE</b>	<b>KOREAN</b>


29

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## Resources

National CLAS Standards:  
<https://www.thinkculturalhealth.hhs.gov/index.asp>

Wisconsin Division of Public Health CLAS page:  
<https://www.dhs.wisconsin.gov/minority-health/clas.htm>

[DHSWIMinorityHealthProgram@wisconsin.gov](mailto:DHSWIMinorityHealthProgram@wisconsin.gov)

Culturally and Linguistically Appropriate Services (CLAS)
Minority Health Program
30



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# Questions? Questions? Questions?

Culturally and Linguistically Appropriate Services (CLAS) Minority Health Program 31