Introduction to the *CLAS* (*Culturally* and *Linguistically Appropriate* Services) Standards





Preamble

- The Culturally and Linguistically Appropriate Services (CLAS)
 Standards were developed by the U.S. Department of Health and Human Services Office of Minority Health as one initiative to work towards eliminating racial and ethnic health differences.
- The Standards were intended to:

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- Make health services more responsive to the needs of all persons served;
- Ensure services are inclusive and respectful of all cultures;
- Address the specific needs of racially, ethnically and linguistically diverse populations throughout the United States.



- March 2015, CHL conducted an agency-wide survey to assess the organization's cultural and linguistic appropriateness.
- There was a 63% response rate from employees.
- There were 9 key findings and 9 corresponding action plans developed to address these areas.
- I.e. CLAS training plan for leadership and workforce, enhancing interpretation services, and cultural office space/ environmental improvements



Why Culturally and Linguistically Appropriate Services?





LET'S REVIEW SOME DEFINITIONS





Culture

- Shared beliefs, values, customs, practices, behaviors, social norms and institutions of a particular group of people.
- What people learn from one another and how they live their lives.
- Culture affects how we think, what we believe and how we express ourselves.
- We move from one cultural setting to another in our daily life without giving it much thought (e.g., our family, places of worship, workplace).





Some Elements of Culture

- Age.
- Country of origin.
- Degree of acculturation.
- Educational level attained.
- Sexual orientation.
- Family and household composition.
- Gender identity.
- Health practices, including use of traditional healer practices (e.g., acupuncture, santería).
- Cognitive/physical abilities or limitations.

Source: U.S. Department of Health and Human Services, Office of Minority Health. April 2013. National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Accessed on May 5, 2014.



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Some Elements of Culture

- Linguistic characteristics.
- Racial and ethnic identity (including but not limited to those listed in the U.S. Census Bureau).
- Military affiliation.
- Religious and spiritual characteristics and practices.
- Socioeconomic status.
- A person's perception of health and illness can be greatly influenced by his/her cultural identity.

Source: U.S. Department of Health and Human Services, Office of Minority Health. April 2013. *National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.*Accessed on May 5, 2014.



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Diversity

Differences among people.

Differences in styles and ways of looking at and doing things.

Embracing diversity:

Understanding

Self-awareness

Respect

Tolerance

Flexibility

Sense of humor





Cultural Competence

Three Key Aspects of Cultural Competence

What you know/What you don't know

Behaviors, attitudes, practices, policies

Measurement of effectiveness





Culturally and Linguistically Appropriate Services (*CLAS*) Standards





CLAS Standards

In 2000 ⇒ U.S. Department of Health and Human Services Office of Minority Health developed the National *CLAS* Standards.

The Enhanced National CLAS Standards were released in April 2013.

Purpose of the Enhanced *CLAS* Standards:

Advance health equity;

Improve quality;

Help eliminate health care differences;

Provide an implementation guide for organizations to carry out culturally and linguistically appropriate services.





Enhanced National CLAS Standards

Standards have been reorganized:

Standard 1 is the principal standard

There are 3 themes

Principal Standard (Standard 1):

• Provide effective, equitable, understandable and respectful quality of care and services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other community needs.

Fundamental requirement on which all others are based.



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Enhanced National CLAS Standards

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Theme 1: Governance, Leadership, and Workforce (standards 2-4):

 Emphasizes organizational responsibility for implementation of CLAS; support and training of leadership and staff; recruitment of diverse workforce.

Theme 2: Communication and Language Assistance (standards 5-8):

 Addresses all communication needs of the persons served, including sign language, written and spoken language.

o Theme 3: Engagement, Continuous Improvement, and Accountability (standards 9-15):

 Emphasizes individual responsibility at all levels of the organization to ensure support for CLAS Standards; organizational selfassessments to monitor progress; collaboration/partnership with community stakeholders.



WHY CLAS?

- Improve quality of services, health outcomes and overall quality of life.
- 2. Improve an organization's ability to meet the needs of growing diverse populations.
- 3. Work to reduce health care disparities.
- 4. Meet federal and state reporting requirements.
- 5. Make agencies more marketable.
- 6. Decrease liability/malpractice claims.
- 7. Improve consumer satisfaction.

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Improve employee satisfaction, recruitment and retention.



Inclusion Initiative





Background

Initiation: Agency was concerned about staff satisfaction due to number of grievances

Collaboration VRB Consulting

Developed an Inclusion Initiative





Inclusion Initiative

Taking care of the people who take care of the people.





Focus of the Champions

Inclusion Steering Committee (ISC)

Goal 1: Stay aligned with UMASS strategic initiatives.

Goal 2:Support CHL's Mission and Vision.

Goal 3: Enable the delivery of culturally competent and compassionate care to all.

Goal 6: Connect D&I to other major agency initiatives.

Inclusion Advisory Committee (IAC)

Goal 4: Create an inclusive, diverse and engaged workplace for all staff members.

Goal 5: Support and nurture teamwork





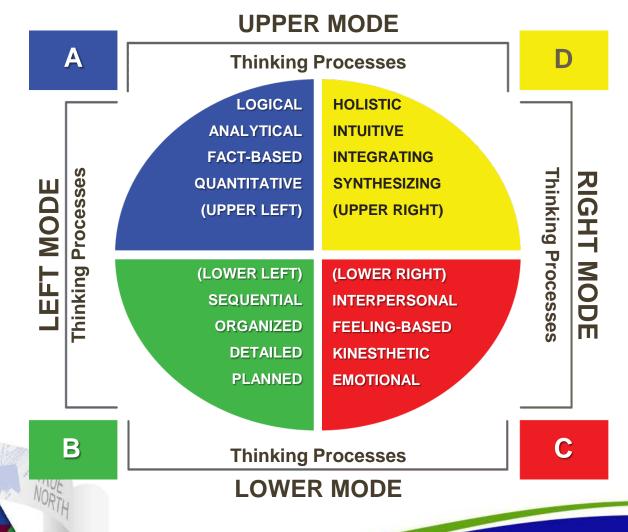
Inclusion Initiative Game

What color are you?





The Whole Brain Model



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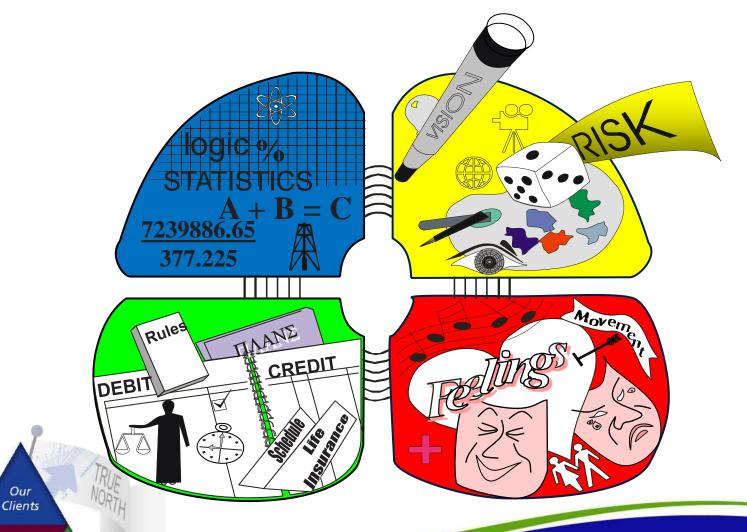
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The Whole Brain Model: A Metaphor



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UMassMemorial Community Healthlink A

Uses facts to illustrate points

Very straightforward

Applies logic

Appears to display little or no emotion regardless of the situation

Speaks in phrases

Stops in mid-sentence, thinking others obviously know

Very abstract in speaking — uses metaphors and musical words

Asks questions that lead to other questions: Why?

How the Brain Communicates

Speaks in complete sentences and paragraphs

Processes sequentially

Very concrete in speaking

Asks questions that have answers: Who? When? How? What? Where?

Face is animated – eyes flash, etc.

Uses extensive nonverbal gestures

Uses stories to illustrate points

Talks out loud or to self to learn

E

 Leveraging differences makes us a whole.

• Inclusion includes everybody.





Thank you! Questions... Comments

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