

Culturally and Linguistically Appropriate Services (CLAS)

Provider Cultural Responsiveness Education



Delivering the Next
Generation
of Health Care

Objectives of this Training

- Review of CLAS Standards.
- Describe the Importance of Cultural Responsiveness.
- Define the Role of the Provider.
- Illustrate how CLAS impacts healthcare.
 - Legal Requirements.
 - Local Needs.
 - Business Considerations.
 - Membership Diversity.
- Define Sexual Orientation/Gender Identity (SOGI).
- Explain how Language Access Services (LAS) are utilized.
- Provide Additional Training Resources.

CLAS Standards Overview

The CLAS Standards are national standards and guidelines established in 2000 (and enhanced in 2013) by the Department of Health and Human Services, Office of Minority Health to advance health equity, improve quality and help eliminate health disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate care.

Principle Standard:

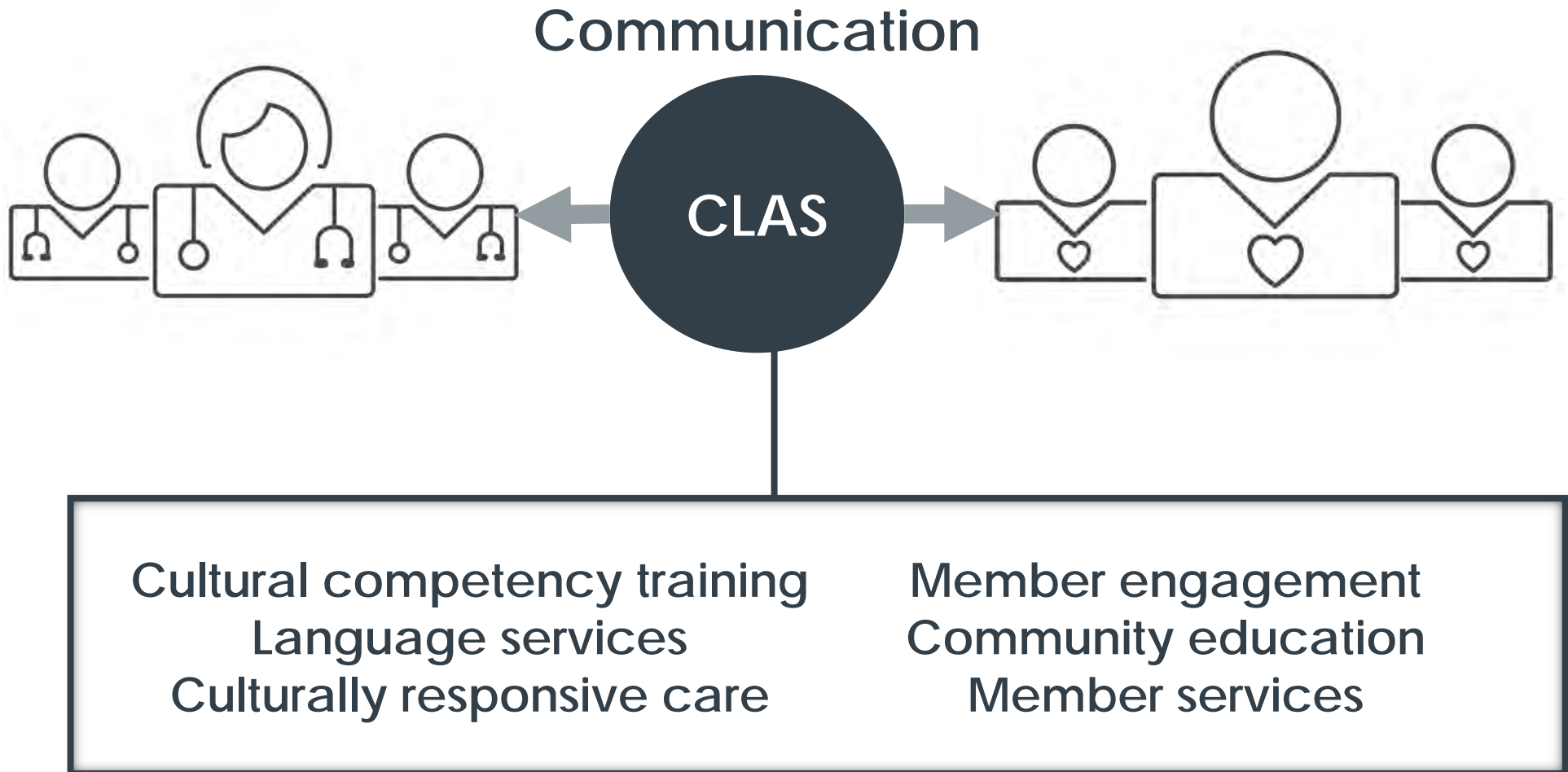
Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce:

Communication and Language Assistance:

Engagement, Continuous Improvement and Accountability:

What is CLAS?





What is Cultural Responsiveness?

Culture refers to patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, social and/or religious groups.

Competence is the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors and needs presented by people and their communities.

Cultural competence is a set of behaviors, attitudes and policies that enable positive interactions in cross-cultural situations.

Cultural responsiveness requires a set of knowledge and skills to provide services unique to each individual, designed to effectively meet the needs of individuals from diverse cultural backgrounds and experiences. It involves understanding not only the societal oppressions faced by various groups of people, but also respecting the strengths and assets inherent in different communities.

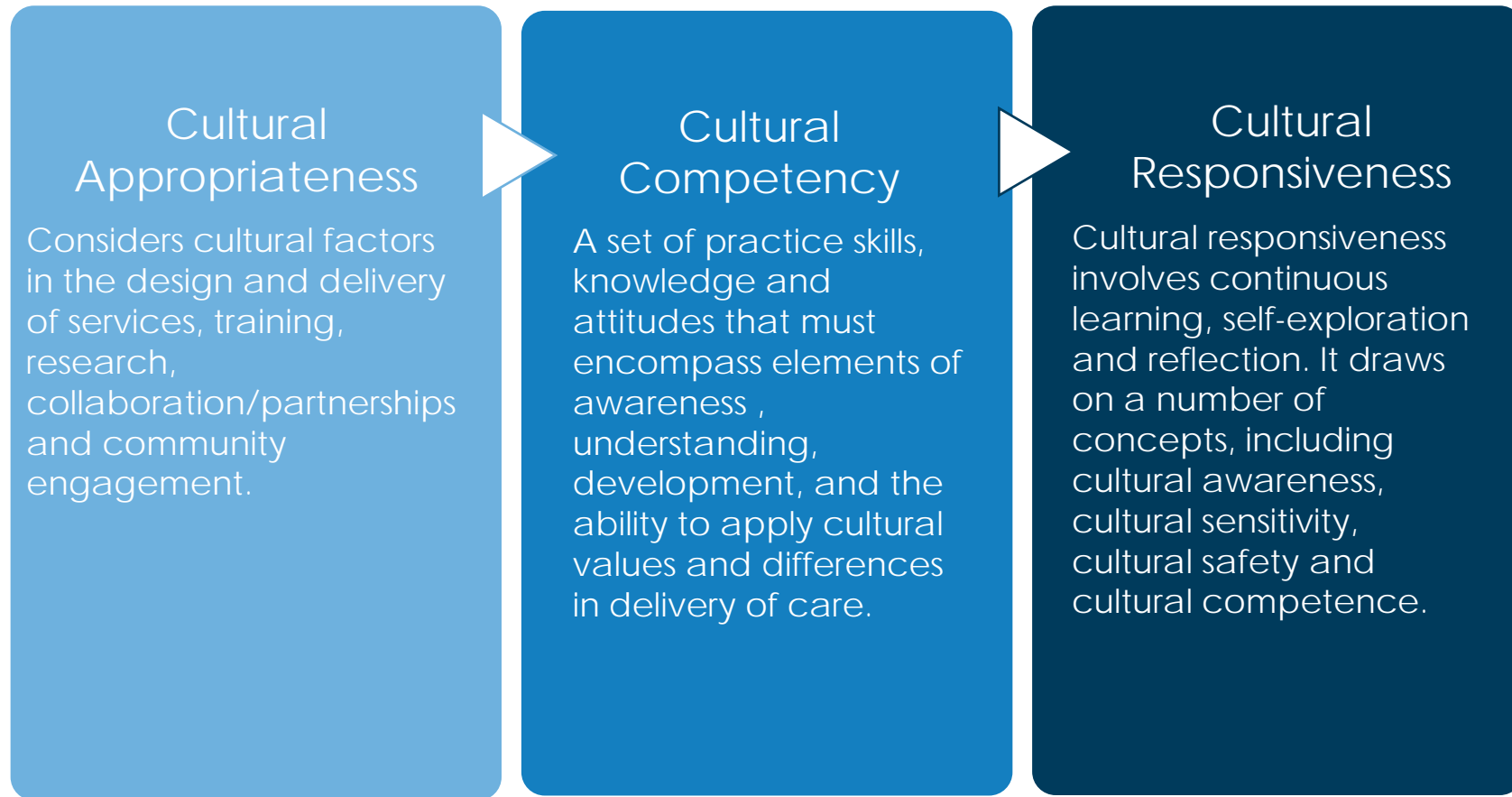


The Importance of Cultural Responsiveness Care

Culturally responsive care is an extension of patient centered-care that includes paying particular attention to social and cultural factors in managing medical encounters with patients from social and cultural backgrounds that may differ from your own. In practice this boils down to health care providers utilizing a set of tools – approaches and awareness – which they can incorporate into their interactions with patients from diverse cultural backgrounds.



Evolution to Cultural Responsiveness Care





From the Provider Manual (pg. 66)

“Cultural competence is an ongoing process and starts immediately when the member enters the physician office and/or has interaction with healthcare delivery in some way. For those taking care of our members, AmeriHealth Caritas Florida is dedicated to assisting our providers and staff to explore their own self-awareness and become much more aware of cultural and linguistically competent practice.

This can avoid:

- Misdiagnosis due to lack of sufficient information.
- Misunderstanding of the treatment plan by the member.
- Non-compliance with the treatment plan due to cultural sensitivity.
- Missed appointments.
- Increased complaints.

Role of the Provider

- The patient–physician relationship (PPR) is at the heart of medical practice, and is a key area where health professionals can tackle health disparities.
- The consultation is often the first point of contact a patient has with the medical profession and its aim is to support and guide a patient through the healthcare system.
- Medical literature [demonstrates](#) that [racial and ethnic minorities](#) and women are subject to less accurate [diagnoses](#), curtailed treatment options, less pain management and [clinical outcomes](#).
- Cultural responsiveness enables providers to work effectively with others, such as colleagues and patients, in cross-cultural situations.

Why CLAS?

- Legal Requirements
- Local Need
- Business Consideration
- Membership Diversity



Legal Requirements




AmeriHealth *Caritas*

Florida



Legal Requirements: Federal

What laws require interpreters in health care?

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, and the Title VI regulations

- “... 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.”

Section 601 of Title VI of the Civil Rights Act of 1964 states:

- “...discrimination on the basis of national origin covers program access for LEP persons. These protections are pursuant to Executive Order 13166 entitled, ‘Improving Access to Services by Persons with Limited English Proficiency...’”

Source: U.S. Department of Justice, Civil Rights Division and Healthcare.gov



Legal Requirements: Federal (continued)

Federal and state laws require health care interpreters and translators:

- For organization receiving Medicare, Medicaid, or any type of reimbursement from Federal Health Programs.
- For hard-of-hearing or deaf patients, health care facilities must provide an American Sign Language (ASL) interpreter.

As a provider of health care services who receives federal financial payment through the Medicaid program, you are responsible to make arrangements for language services for patients, upon request, who are either limited English proficient (LEP) or low literacy proficient (LLP), to facilitate the provision of health care services to such patients.

Plan providers are obligated to offer translation services to LEP and LLP patients upon request and to make reasonable efforts to accommodate patients with other sensory impairments.

Local Needs





Local Needs



8,097

Providers

18%

Other
Languages

Top 5 languages:

Spanish, 1,025

Haitian Creole, 101*

French, 67

Hindi, 38

Arabic, 32



226

Providers
Speak
English only

*includes both Creole and Haitian Creole speaking Providers

Business Consideration



Business Consideration



Decrease liability



Meet regulatory standards



Gain competitive edge

The Cost of Health Disparities

- Lost wages
- Premature death
- Lost productivity
- Family leave
- Absenteeism



**“Of all forms of inequality, injustice in healthcare is the most shocking and inhumane” -
Martin Luther King, Jr.**



The Cost of Health Disparities

Indirect costs
associated with
premature death

\$1
trillion

Annual direct
losses

\$230
billion

Annual excess
medical costs
due to health
disparities

30%

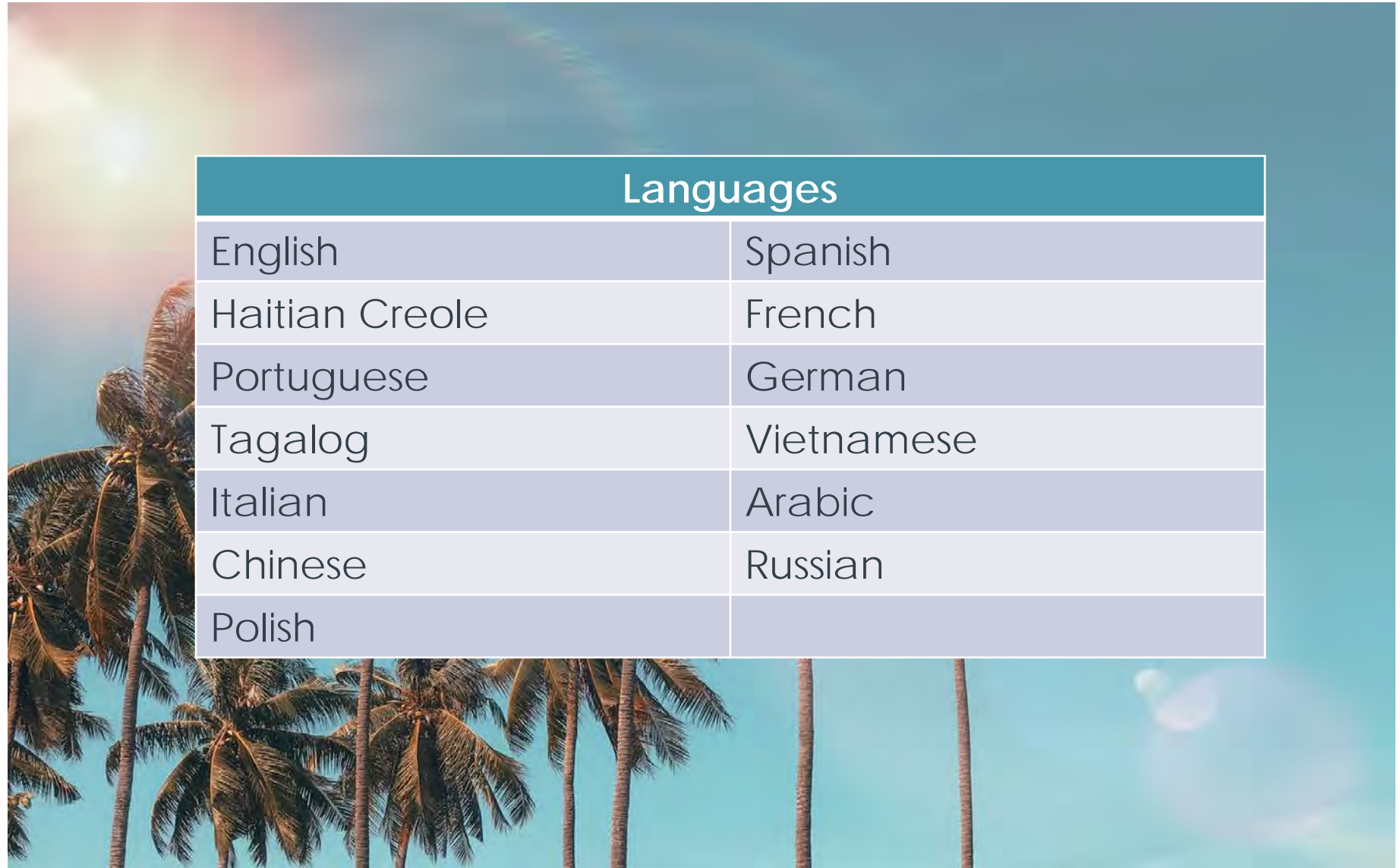
We can do better.

Member Diversity





Florida's Historical Cultural Landscape



Languages	
English	Spanish
Haitian Creole	French
Portuguese	German
Tagalog	Vietnamese
Italian	Arabic
Chinese	Russian
Polish	



Enrollee Data Language

State Reported

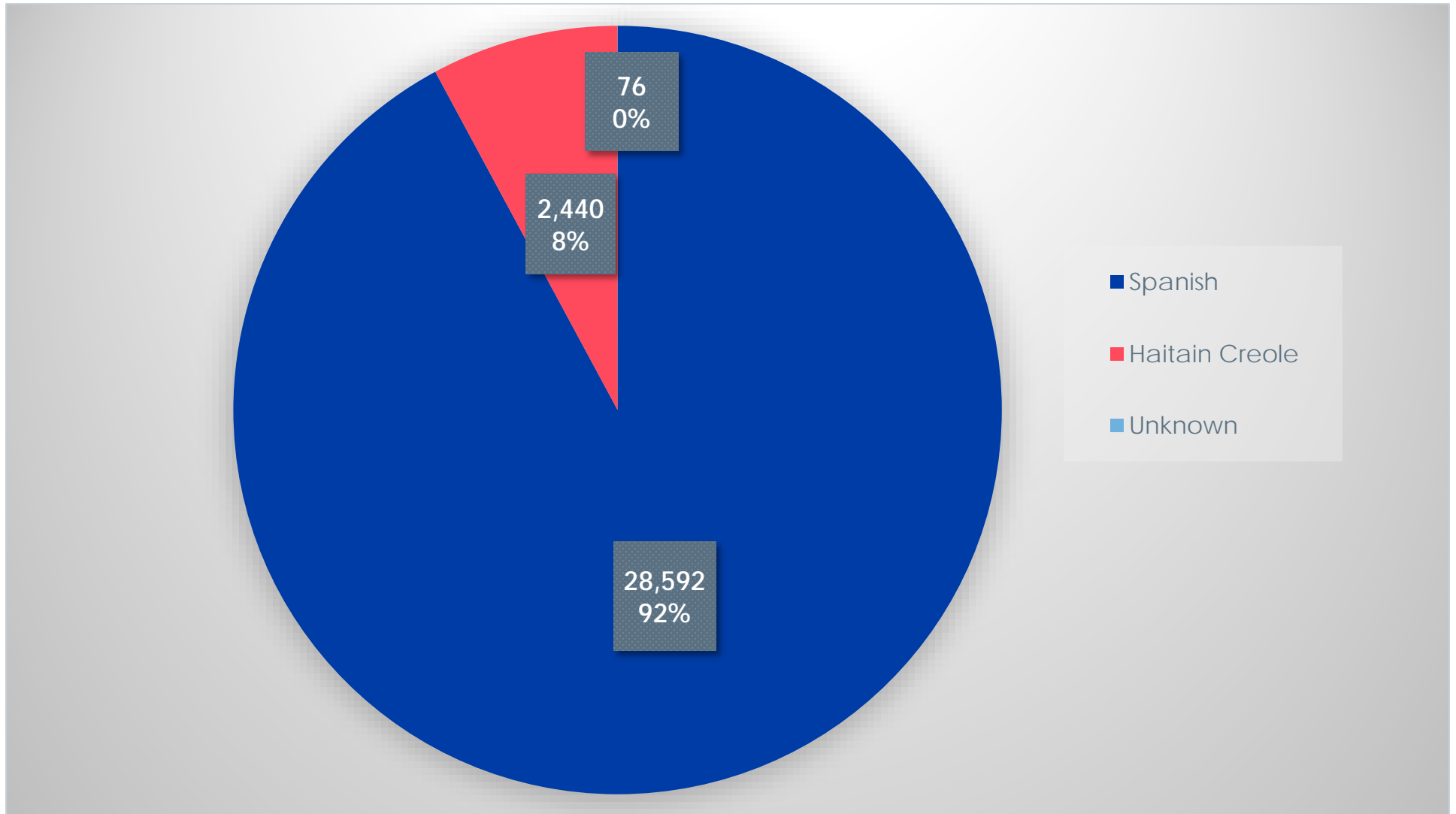
Language-STATE REPORTED	# Members	% Total
English	77,114	70.71%
Haitian Creole	2,523	2.31%
Spanish	28,981	26.57%
Not provided/Unknown	69	.06%
Unknown	367	.34%

Self Reported

Language- SELF REPORTED	# Members	% Total
English	77,085	70.81%
Spanish	28,975	26.62%
Haitian Creole	2,523	2.32%
Not Provided/Unknown	276	.25%



Enrollee Languages Non-English





Enrollee Data

Gender, Race, and Age Group

Category	Count
Overall	109,054
Female	60,108
Male	48,946
Children	70,191
Adults	38,863
Black	29,871
White	19,335
Unknown	6,699
Other	11,327

Age Group	Percent	Total
0-5	25.53%	19,419
6-14	28.76%	21,875
15-18	10.55%	8,028
19-29	12.98%	9,870
30-39	10.73%	8,159
40-49	5.33%	4,060
50-64	4.32%	3,292
65+	1.80%	1,366





Florida has Two Federally Recognized Tribes

Seminole Tribe-The Seminole Tribe of Florida has more non-contiguous reservations than any tribe in North America. The reservations are located in Tampa, Immokalee, Hollywood, Big Cypress, Fort Pierce, and Brighton.



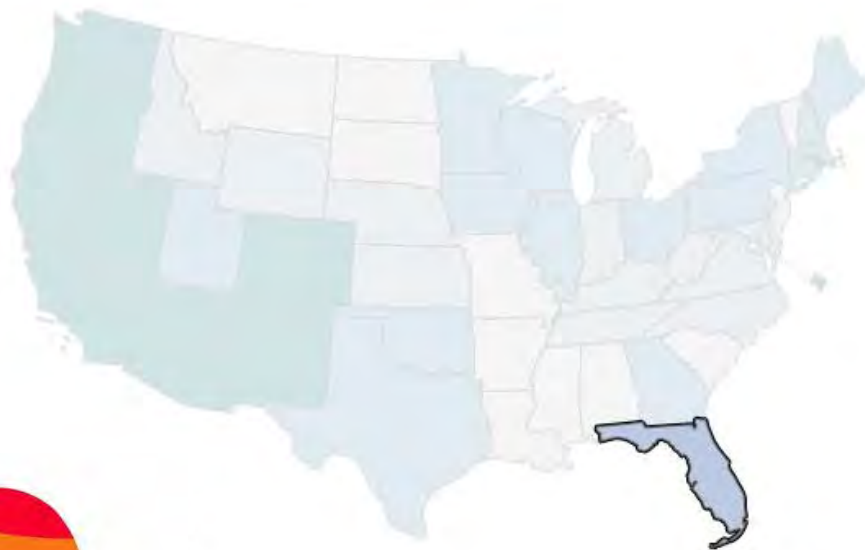
Miccosukee Tribe

The tribe has four reservation areas in the state of Florida: Tamiami Trail, Alligator Alley, Krome Avenue, and US 41.





Florida's LGBTQ Adult Population



Percent

-  9.0 or greater
-  8.0 to 8.9
-  7.0 to 7.9
-  6.9 or less



Florida
Percent LGBT: **7.6% (+/- 0.8%)**



Best Practices for Providing Culturally Competent Care within the Florida Population

To provide culturally competent care, it is necessary to first understand the populations you treat and have specific knowledge about different cultures.

Understanding the patient's beliefs, goals, and concerns will **help the provider to develop a plan in partnership with the patient.**

Encouraging studies have shown that providers who use patient-centered communication can create a good relationship with the patient, regardless of race and ethnicity.¹¹ Patient-centered communication is characterized by physician open-ended communication, relationship building, and more psychosocial content.

Best Practices for Providing Cultural Competent Care within the Florida Population (continued)

Communicating Across Cultures:

To support the patient in adhering to treatment, asking the questions below, called the **ETHNIC mnemonic** can be a helpful tool in patient-centered communication.

E-Explanation-actively listen to the patient to explain their sickness or problem (symptoms, duration, frequency, etc.)

T- Treatment-allow the patient to describe medicine(s) or treatment(s) they have received and/or tried. Provide space for the patient to express their concerns for the medicine or treatment.

H-Healers- have you sought any advice from healers, friends, or others?

N-Negotiate-negotiate options that do not contradict, but incorporate your patient's experience.

I-Intervention-determine an intervention with your patient.

C-Collaboration-collaborate with the patient, family members, other health care team members, and community resources.

How does bias impact delivery of healthcare services?

Bias (also referred to as “implicit bias”) is defined as:

The unaware assumptions humans make about others they perceive as being in some way different from themselves.

Bias impacts healthcare delivery in four key areas:

- Member/Provider interactions and experience
- Treatment decisions
- Treatment adherence
- Health outcomes

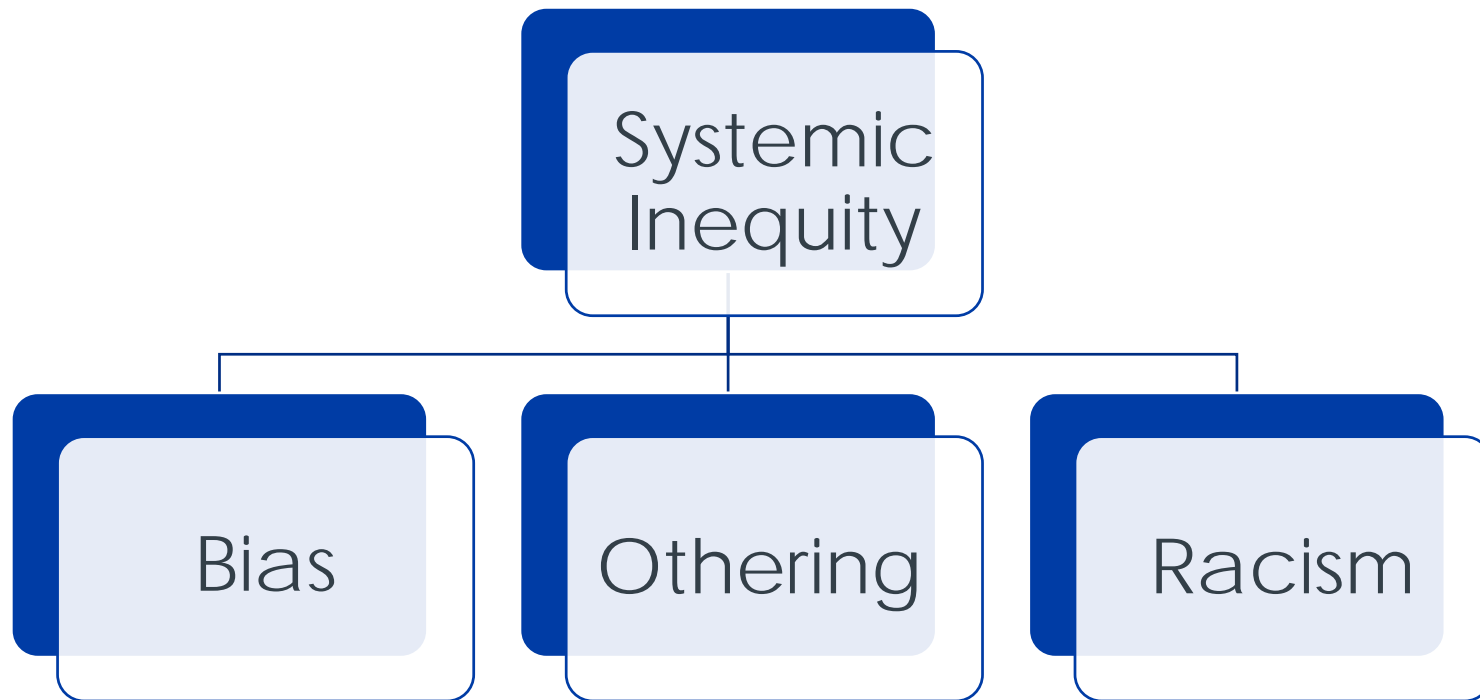
Patients are often able to pick up on bias, resulting in:

- Reporting a poor experience
- Feeling discouraged to engage with care directives
- Reduced trust in the healthcare system



How does bias impact delivery of healthcare services?

“Invisible” Barriers





How does bias impact delivery of healthcare services? (continued)

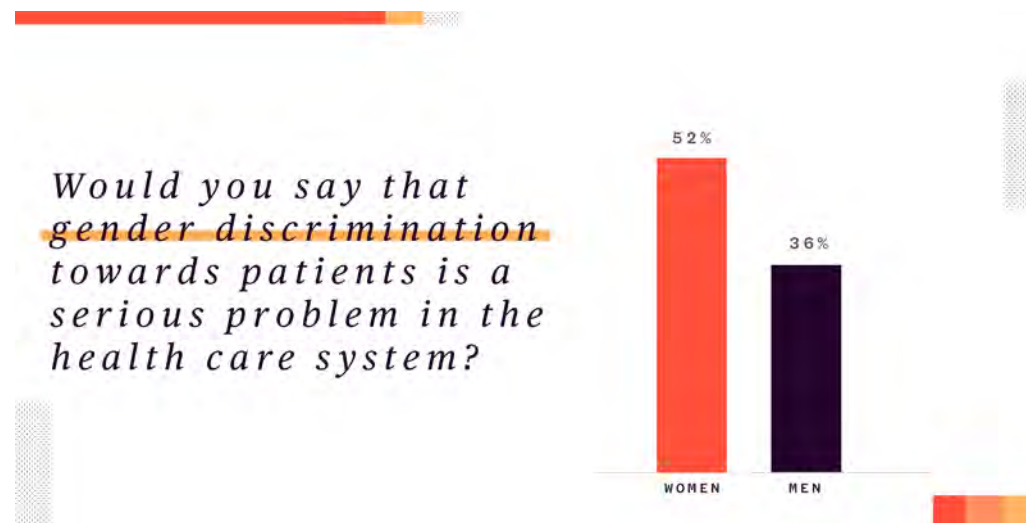
Systemic Inequity

Structural inequities- the personal, interpersonal, institutional, and systemic drivers—such as, racism, sexism, classism, able-ism, xenophobia, and homophobia—that make those identities salient to the fair distribution of health opportunities and outcomes.

The effect of interpersonal, institutional, and systemic biases in policies and practices (structural inequities) is the “sorting” of people into resource-rich or resource-poor neighborhoods and K–12 schools (education itself being a key determinant of health ([Woolf et al., 2007](#)) largely on the basis of race and socioeconomic status. Because the quality of neighborhoods and schools significantly shapes the life trajectory and the health of the adults and children, race- and class-differentiated access to clean, safe, resource-rich neighborhoods and schools is an important factor in producing health inequity. Such structural inequities give rise to large and preventable differences in health metrics such as life expectancy, with research indicating that one's zip code is more important to health than one's genetic code ([RWJF, 2009](#)).

How does bias impact delivery of healthcare services? (continued)

Identify the roles that implicit bias and structural racism create and perpetuate health care disparities



Identify gender biases in the health care system:

For example: **Though women are twice as likely to suffer from chronic pain as men, studies show women's reports of pain are more likely to be dismissed.**

How does bias impact delivery of healthcare services? (continued)

Negative views about age, specifically older age, can bring unnecessary stigma that weakens the healthcare system's capability to treat patients. **Ageism** among medical providers is either done obviously or unconsciously and causes real damage to the patient.

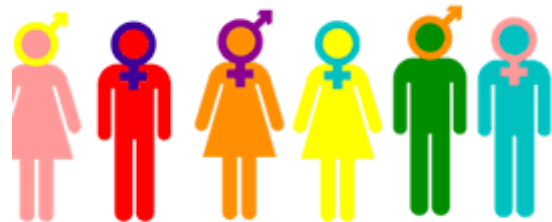


CAHPS Survey

Table 1: How Well Doctors Communicate (% Always or Usually)

Adult CAHPS Survey Questions			
Race and Ethnicity	CY	Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? (Always + Usually)	Q15. In the last 6 months, how often did your personal doctor spend enough time with you? (Always + Usually)
Black or African-American	2020	90.2%	92.5%
	2021	97.7% ↑	95.5% ↑
White	2020	87.7%	86.3%
	2021	89.6% ↑	84.4% ↓
Other	2020	100%	83.3%
	2021	80% ↓	90.0% ↑
Hispanic	2020	95.5%	90.9%
	2021	91.2% ↓	87.7% ↓
Non-Hispanic	2020	88.9%	88.8%
	2021	90.4% ↑	88.0% ↓

Sexual Orientation/Gender Identity (SOGI)





Sexual Orientation

LGBTQ is an umbrella term that describes both gender identity (GI) and sexual orientation (SO).

Sexual orientation is how a person characterizes their emotional and sexual attraction to others:

- **Lesbian** – a sexual orientation that describes a woman who is primarily emotionally and physically attracted to other women.
- **Gay** – A sexual orientation describing people who are primarily emotionally and physically attracted to people of the same sex and/or gender as themselves. Commonly used to describe men who are primarily attracted to men, but can also describe women attracted to women.
- **Bisexual** – A sexual orientation that describes a person who is emotionally and physically attracted to women/females and men/males. Some people define bisexuality as attraction to all genders.

Sexual Orientation (continued)

- **Transgender** – Describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.
- **Queer** – An umbrella term describing people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Although queer was historically used as a slur, it has been reclaimed by many as a term of empowerment. Nonetheless, some still find the term offensive.

Gender Identity

Gender identity

A person's inner sense of being:

- a girl/woman/female.
- boy/man/male.
- something else, or having no gender.



Provider CLAS Tools

Sexual Orientation/Gender Identity

Terms to use	Terms to avoid
Gay, lesbian, bisexual, or LGBTQ	Homosexual
Transgender	Transvestite; Transgendered; Transsexual
Sexual orientation	Sexual preference; lifestyle choice

Language Access Services (LAS)




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Florida

Key Terms to Know



- **Plain language** — communication your audience can understand the first time they read or hear it.
- **Proficient** – the ‘proficient’ label can refer to someone who is very skilled in the use of a language but who uses the language less easily and at a less-advanced level than a native or fluent speaker.
- **Limited English proficient (LEP)** — this term describes persons or individuals who do not speak English as their **primary language** and who have a limited ability to read, speak, write, or understand English.



Key Terms to Know (continued)

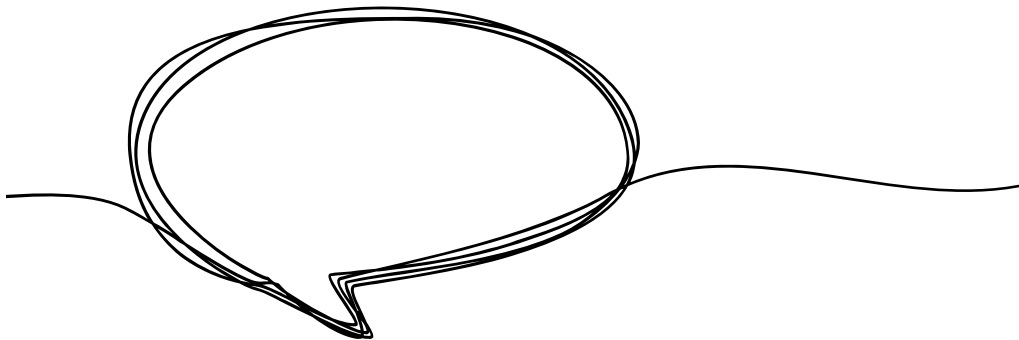
- **Primary language** — the language in which an individual most effectively communicates.
- **Preferred language** — the language a patient finds most comfortable when discussing health care concerns or reading medical or health care instructions.



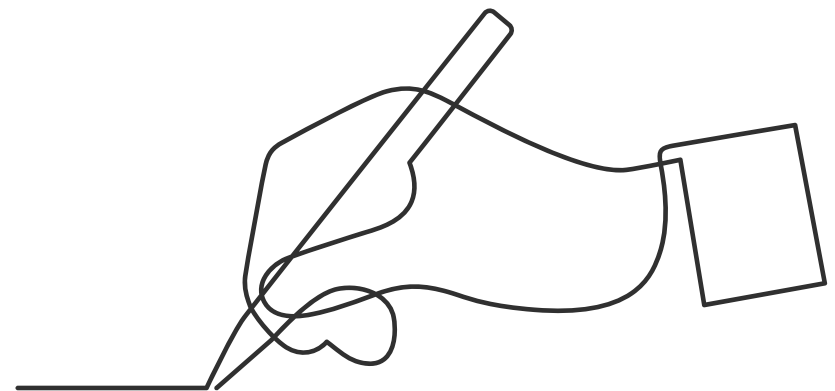
Key Terms to Know (continued)

- **Interpretation** — the act of explaining, reframing, or otherwise showing your own understanding of something.
- **Translation** — the process of translating words or text from one language to another.
- The only difference between **interpretation** and **translation** is the medium. An interpreter translates orally, while a translator interprets written text.

An interpreter works with spoken words



A translator works with written words





Benefits of Language Access Services

Improved communication between providers and patients:

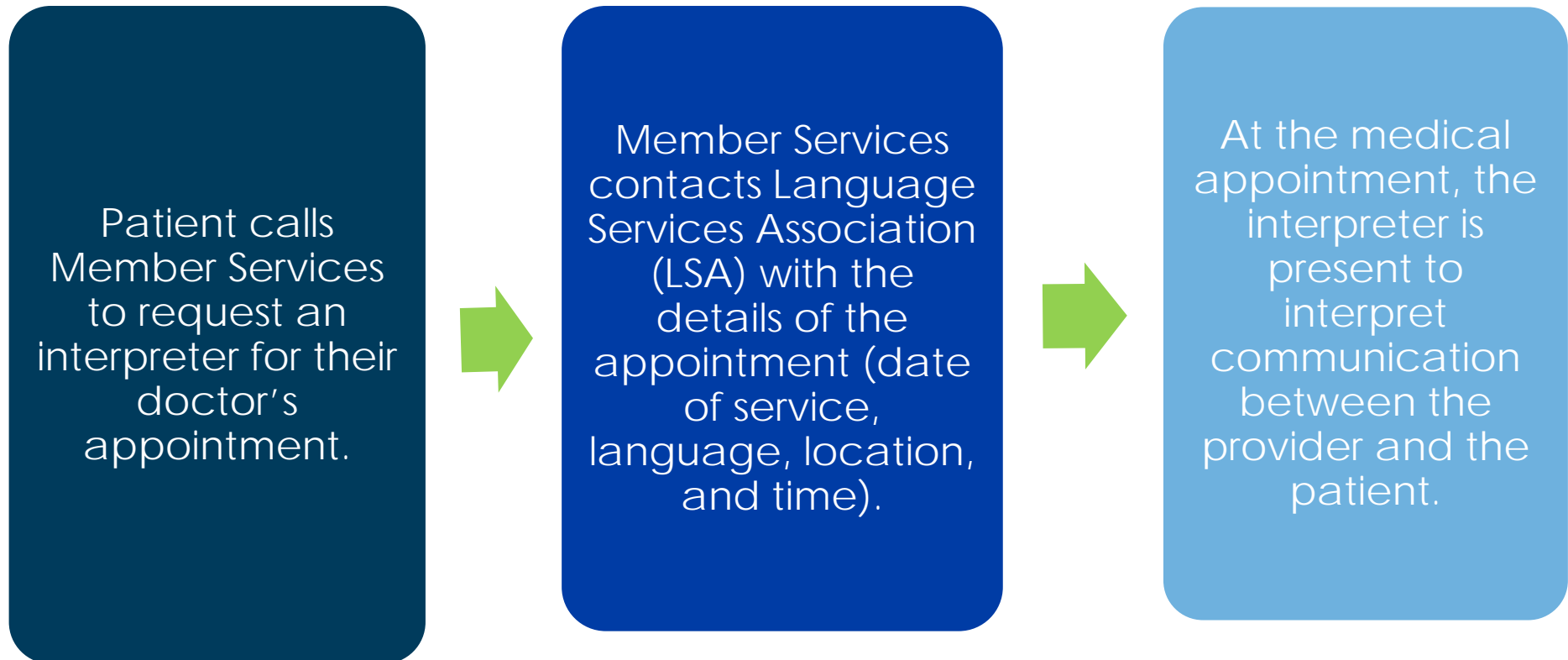
- More effective diagnosis and treatment.
- Reduced fears and confusion about medical treatment.
- Greater comfort and trust within the medical institution.

Reduced patient risk:

- Miscommunication between the provider and the patient may increase the risk of misdiagnosis or the risk of not following the right course of treatment.
- If a patient's medical history from another country is not translated accurately, he/she may receive a potentially dangerous diagnosis or treatment.

Communication — whether written, verbal, or in other sensory modalities — is the first step in the establishment of the patient/health care provider relationship. The key to ensuring equal access to benefits and services for LEP and sensory-impaired patients is to ensure that you, our network provider, can effectively communicate with these patients.

Member Process to Access Interpretation Services



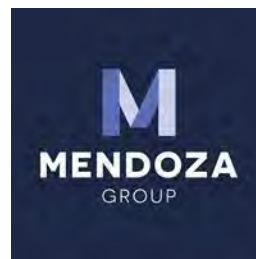
Although a patient (or member) requests interpretation services from Member Services, **the provider may also request an interpreter.**

[See Provider Flow Chart for Accessing no-cost Interpretation Service.](#)

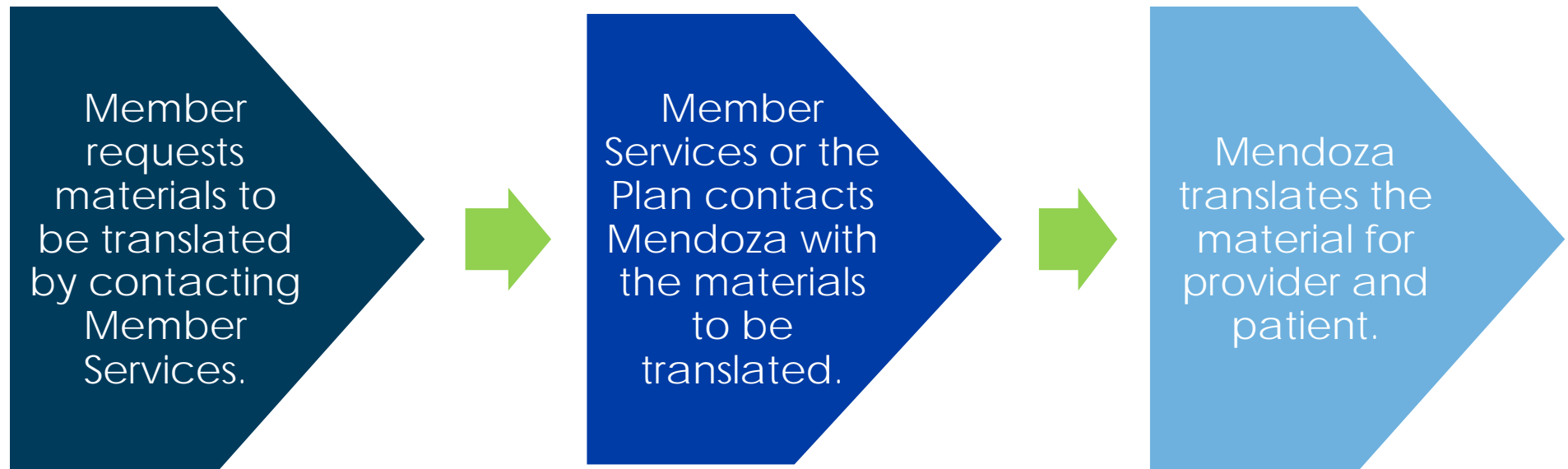


Language Utilization Services

- Telephonic/Video interpretation-**Language Services Association (LSA)**
- Material translations-**Mendoza**
- Face to Face-**LSA**, Sign language interpretation and sign language interpreting services remotely through
- Virtual Interpreting Services-**Access Interpreting**



Member Process to Access Translation Services



Best Practices for Communicating Through an Interpreter

- **Allow time for a pre-session with the interpreter.** When working with a professional face-to-face interpreter to facilitate communication with a **limited English proficient (LEP)** patient, a pre-session can be helpful to both the healthcare Provider and the interpreter.
- During the medical interview, **speak directly to the patient**, not to the interpreter.
- **Speak more slowly** rather than more loudly.
- Ask the patient to **repeat back** important information that you want to make sure is understood.
- **Encourage the interpreter** to ask questions and to alert you about potential cultural misunderstandings that may come up. Respect an interpreter's judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter's help in eliciting the information in a more appropriate way.
- **Speak at an even pace in relatively short segments.** Pause so the interpreter can interpret.

Additional Training Resources

The Office of Minority Health culturally competent care programs

Providers can take the first step in serving diverse populations by completing accredited **continuing education programs** offered by The Office of Minority Health, part of the U.S. Department of Health and Human Services:

- **A Physician's guide to Culturally Competent Care:** accredited for physicians, nurses, nurse practitioners and pharmacists
- **Culturally Competent Nursing Care: A Cornerstone of Caring:** accredited for nurses and social workers

Both programs are accredited for **continuing education credits** and available online at no cost to participants. Visit www.minorityhealth.hhs.gov or www.thinkculturalhealth.hhs.gov for more information on this programs and for more resources to bring cultural competency to your health care practice.

The Fenway Institute, National LGBT Health Education Center

- "LGBT People: An Overview." doaskdotell.org/ehr/lgbtpeople/.

Thank you!

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