National Standards for Culturally and Linguistically Appropriate Services in Health Care: Ensuring Quality Health Care for All

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Institute for Diversity
National Leadership and Education Conference
June 6, 2012
Presentation Overview

• Culturally and Linguistically Appropriate Services
• National Standards for Culturally and Linguistically Appropriate Services in Health Care
• CLAS Awareness
• National CLAS Standards Enhancement Initiative
• Enhanced National CLAS Standards
• Think Cultural Health
What Are Culturally and Linguistically Appropriate Services?

• Culturally and linguistically appropriate health care and services are broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.
“Minorities and low income Americans are more likely to be sick and less likely to get the care they need.”

– Secretary Sebelius

“...of all the forms of injustice, inequality in healthcare is the most shocking and inhumane.”

-- Dr. Martin Luther King Jr.
National Standards for Culturally and Linguistically Appropriate Services in Health Care

• 14 Standards, published in 2000
• Provide the framework for all health organizations to best serve the nation’s diverse communities
• Inform practices related to cultural and linguistic competency in health care
National CLAS Standards, 2000

The CLAS Themes

- Culturally Competent Care Standards 1-3
- Language Access Services Standards 4-7
- Organizational Supports Standards 8-14
CLAS Awareness: 2000-2012

- Institute of Medicine report, *Unequal Treatment* - 2002
- National Committee on Quality Assurance-Standards & Guidelines in Multicultural Health Care Settings - 2010
- Affordable Care Act (19 references to cultural competency) - 2010
- The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals - 2010
- National Quality Forum Healthcare Disparities and Cultural Competency Consensus Standards project - 2011
• HHS Action Plan to Reduce Racial and Ethnic Health Disparities – 2011
  – Goal II – Strengthen the Nation’s Health and Human Services Infrastructure and Workforce
  • Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities.
    – Action II.A.2: Collaborate with individuals and health professional communities to make enhancements to the current National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)
CLAS Awareness: 2000-2012
State Level Cultural Competency Legislation

*Source: Think Cultural Health, 2011
A Case Study:

- Large increases in New Jersey physician participation in the cultural competency curriculum
- New Jersey physician participants

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<tr>
<td>1 year prior to the mandate</td>
<td>156</td>
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<tr>
<td>1 year following the mandate</td>
<td>9,078</td>
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*Source: Think Cultural Health, 2011*
Numbers of Publications and Citations

* Reported citations are approximated based on Web of Science® analysis reporting.
Goals of the Initiative:

• To examine the National CLAS Standards for their current relevance and applicability.

• To have the enhanced National CLAS Standards serve as the cornerstone for culturally and linguistically appropriate services in the United States.

• To launch new and innovative promotion and marketing initiatives, including via social media, for the National CLAS Standards.

• To coordinate the Standards with the Affordable Care Act and other cultural and linguistic competency provisions (e.g. Joint Commission, National Committee for Quality Assurance).
National CLAS Standards Enhancement Initiative: Timeline

Research: 2010
- Literature Review
- Public Comment
- Advisory Committee

Development: 2011
- Analysis
- Consultations
- Drafting

Launch: 2012
- Enhanced National CLAS Standards
Institutions and Associations

- American Medical Association
- American Nurses Association
- American Public Health Association
- Asian and Pacific Islander American Health Forum
- Association of Asian Pacific Community Health Organizations
- Blue Cross Blue Shield
- Institute for Diversity in Health Management
- Johns Hopkins University
- Joint Commission
- Kaiser Permanente
- Massachusetts Executive Office of Health and Human Services Medicaid Program
- National Business Group on Health
- National Center for Cultural Competence
- National Council of Asian Pacific Islander Physicians
- National Committee for Quality Assurance
- National Health Law Program (NHeLP)
- National Hispanic Medical Association
- National Medical Association

Institutions and Associations (con’t)

- National Public Health and Hospital Institute
- Southcentral Foundation
- Texas Health Institute
- University of Albany, SUNY
- University of California, Davis
- University of Medicine and Dentistry of New Jersey

Federal

- Administration for Children and Families
- Administration on Aging
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Office for Civil Rights
- Office of the Assistant Secretary for Legislation
- Office of Minority Health*
- Office on Women’s Health
- Substance Abuse and Mental Health Services Administration

*Convener
Comparison—2000 and 2012 National CLAS Standards

<table>
<thead>
<tr>
<th>2000 Standards</th>
<th>2012 Standards</th>
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<tr>
<td>Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate</td>
<td>Goal: to advance health equity, improve quality and help eliminate health and health care disparities.</td>
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<tr>
<td>“Culture”: racial, ethnic and linguistic groups</td>
<td>“Culture”: racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics</td>
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<tr>
<td>Audience: health care organizations</td>
<td>Audience: health and health care organizations</td>
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<tr>
<td>Implicit definition of health</td>
<td>Explicit definition of health to include physical, mental, social and spiritual well-being</td>
</tr>
<tr>
<td>Recipients: patients and consumers</td>
<td>Recipients: individuals and groups</td>
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</table>
• Expanded definition of “culture”

• More inclusive definition of “culture”; beyond racial and ethnic minorities
• Expanded definition of “health”:

Health is a state of physical, mental, social, and spiritual well-being.

• Standards targeted to a more inclusive audience:
  – Health and health care organizations; beyond health care organizations
  – Individuals and groups; beyond patients and consumers
Comparison—2000 and 2012 National CLAS Standards

**2000 Themes**
- Culturally Competent Care
- Language Access Services
- Organizational Supports

**2012 Themes**
- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability
All National CLAS Standards are of equal importance:

- The enhanced National CLAS Standards promote collective adoption of all Standards to most effectively affect the health and well-being of all Americans.
- Each of the 15 Standards is equally important to an organization’s ability to advance health equity, improve quality, and help eliminate health care disparities.

In the original National 2000 CLAS Standards, each Standard was designated as a recommendation, mandate, or guideline.
The National CLAS Standards aim to:

- Advance health equity
- Improve quality
- Help eliminate health care disparities

CLAS will help meet the nation’s future health care needs by ensuring that all people entering the health care system receive equitable and effective treatment.
• **Diversity in health care management:** Minority representation is weak

• A national survey conducted in 2011 showed that*:
  – 25% of respondents agree that minority executives are well-represented in their organizations’ management team
  – 25% reported that the diversity of their management teams reflects patient demographics.
  – 13% reported that healthcare organizations have closed the racial and ethnic leadership gap in the past 5 years
  – “This issue is a shame nationally that in 2011 we still do not have more diverse leaders of healthcare organizations.”

*Witt/Kieffer, 2011
CLAS helps to **increase diversity in health care management** by calling on health organizations to recruit, retain, and promote a diverse staff and leadership.

A diverse governance and leadership helps to:
- Create an environment in which culturally diverse individuals feel welcomed and valued
- Promote trust and engagement with the communities served
- Infuse multicultural perspectives into planning, design, and implementation of CLAS
- Ensure diverse viewpoints are represented in governance decisions
- Expand and create greater resources and experience related to culture and language among staff
• CLAS helps to **promote cultural and linguistic competency** by providing health organizations and professionals with guidance on implementing culturally and linguistically appropriate services in the areas of:
  – Governance, leadership, and the workforce
  – Communication and language assistance
  – Engagement, continuous improvement, and accountability

• CLAS provides a blueprint with which health organizations and professionals may provide effective, understandable, and respectful services.
Health and healthcare disparities:

- African American adults were twice as likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician. American Indian/Alaska Native adults were 2.1 times as likely as white adults to be diagnosed with diabetes. In Hawaii, Native Hawaiians are more than 5.7 times as likely as Whites living in Hawaii to die from diabetes.*

- In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion.**

*HHS NIH, 2011
**LaVeist, Gaskin, & Richard, 2009
National CLAS Standards

• CLAS helps to eliminate disparities by offering a framework for treating individuals with respect and in accordance with their culture and language, which helps to:
  – Build rapport and develop a trusting relationship
  – Personalize care
  – Improve adherence
  – Increase patient satisfaction

• These factors are critical to improving quality of services and helping to eliminate healthcare disparities.
National CLAS Standards: Next Steps

• Departmental Briefings at the U.S. Department of Health and Human Services
• Communications Roll Out – the Office of Minority Health plans to promote the Standards to all health care delivery sectors for adoption
• Publication of the enhanced National CLAS Standards in the Federal Register in fall 2012
• Publication of a guidance document, *The National CLAS Standards: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*
National CLAS Standards: Next Steps

- Collaborate with key stakeholder organizations in the field for joint and effective action toward increasing diversity in healthcare management, promoting cultural and linguistic competency, and eliminating disparities.
  - Establish accountability in institutions and communities

- Promote the case for CLAS
  - Aforementioned social justice lens
  - Business case (“the bottom line”)*: to gain a competitive edge; to decrease likelihood of liability and malpractice claims; to meet legislative, and, regulatory accreditation mandates

*NCCC, 2003
National CLAS Standards: Next Steps

• What Web resources could we offer to support you and your organization’s efforts to understand and implement the National CLAS Standards?

• How can we make the National CLAS Standards “come alive” to you and your community?

• What partnerships, communication channels, networks, etc. do you recommend for spreading the word?
Think Cultural Health

- An HHS Office of Minority Health initiative
- Advancing health equity at every point of contact
- http://www.thinkculturalhealth.hhs.gov
Think Cultural Health (TCH): Cultural Competency Clearinghouse

Advancing health equity at every point of contact

- National CLAS Standards
- E-learning programs
- Communication Tools
- CLAS Clearinghouse

http://www.ThinkCulturalHealth.hhs.gov
The Utility of CLAS: Think Cultural Health

• Continuing education programs that equip health professionals with awareness, knowledge, and skills to serve diverse patients

• Up-to-date information on issues related to cultural competency and health disparities

• Tracking of cultural competency legislation around the country

• “Join the CLCCHC”: e-newsletter and other resources
E-learning programs based on the National CLAS Standards:

- **A Physician’s Practical Guide to Culturally Competent Care**
  - Launched in 2004; 225,000 credits awarded

- **Culturally Competent Nursing Care: A Cornerstone of Caring**
  - Launched in 2007; 210,000 credits awarded

- **Cultural Competency Curriculum for Disaster Preparedness and Crisis Response**
  - Launched in 2009; 9,000 credits awarded

- **Cultural Competency in Oral Health** – *In Development*

- **Promotores** – *In Development*
For More Information:

www.ThinkCulturalHealth.hhs.gov

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