Culturally and Linguistically Appropriate Services (CLAS)

Provider Cultural Responsiveness Education
AmeriHealth Caritas Next

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Delivering the Next Generation of Health Care

Objectives

- Review 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.
- Training resources.

CLAS Standards

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CLAS Standards

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

Cultural competency training
Language services
Culturally responsive care

Member engagement
Community education
Member services

Cultural Responsiveness

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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 an 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.

Why is culturally responsive care important?

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 of Culturally Responsiveness Care

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Cultural Appropriateness

Considers cultural factors in the design and delivery of services, training, research, collaboration/partner ships, and community engagement.

Cultural Competency

A set of practice skills, knowledge and attitudes that must encompass elements of awareness, understanding, development, and the ability to apply cultural values and differences in the delivery of care.

Cultural Responsiveness

Cultural responsiveness involves continuous learning, self-exploration and reflection. It draws on a number of concepts, including cultural awareness, cultural sensitivity, cultural safety, and cultural competence.

From the Provider Manual

Embedded in all AmeriHealth Caritas Next efforts is a culturally and linguistically appropriate approach to the delivery of health care services. We foster cultural awareness both in our staff and in our provider networks.

AmeriHealth Caritas Next 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

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Role of the Provider

- The patient–physician relationship (PPR) is at the heart of medical care and is a key area health professionals can help tackle health disparities.
- The consultation is often the first point of contact a patient has with the medical profession and its aim should be 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 helps enable providers to work effectively with others, such as colleagues and patients, in cross-cultural situations.

How CLAS Impacts Healthcare

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Impact of CLAS on Healthcare

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

Legal Requirements: Federal

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…'"

Legal Requirements: Federal and State

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.

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

Business Consideration

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Decrease liability

Meet regulatory standards

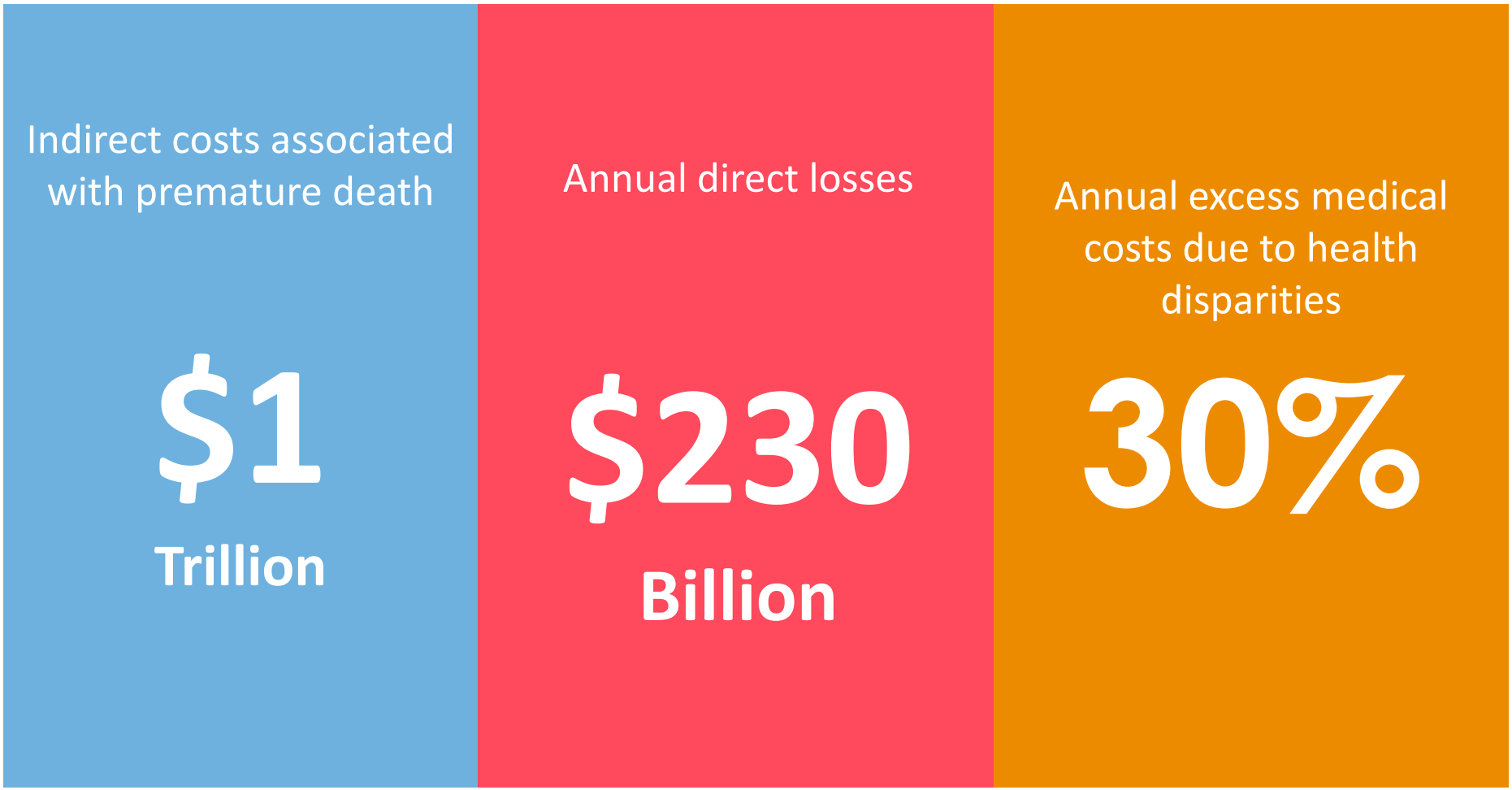
Gain competitive edge

The Cost of Health Disparities

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

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

The Cost of Health Disparities



We can do better

Member Diversity

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AmeriHealth Caritas Family of Companies
Linguistic Landscape

Most Common Languages	
English	Spanish
Haitian Creole	Arabic
Portuguese	German
Mandarin Chinese	Vietnamese
French	Arabic
Nepali	Russian
Polish	

AmeriHealth Caritas Demographic Landscape

AmeriHealth Caritas Next captures demographic data that is representative of our full population.

AmeriHealth Caritas Next collects demographic data in order to support better health equity. Through your practice, it is recommended that you collect standardized demographic data in order to better understand the communities you service and monitor any health disparities within the population.

Racial Categories

AmeriHealth Caritas Next follows the Office of Management and Budget (OMB) race and ethnicity categorization:

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Ethnic Categories

Ethnic Categories : Hispanic or Latino : A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Best Practices for Providing Culturally Responsive Care

To provide culturally competent and responsive 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 develop a plan in partnership with the patient.

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

Best Practices - ETHNIC mnemonic

To encourage patient's adherence with prescribed treatment, asking the questions below, referred to as 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 non-traditional health advisors, friends, or others?

N-Negotiate: Options that do not contradict but rather incorporate your patient's experience.

I-Intervention: Determine an intervention with your patient.

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

How does bias impact the 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.

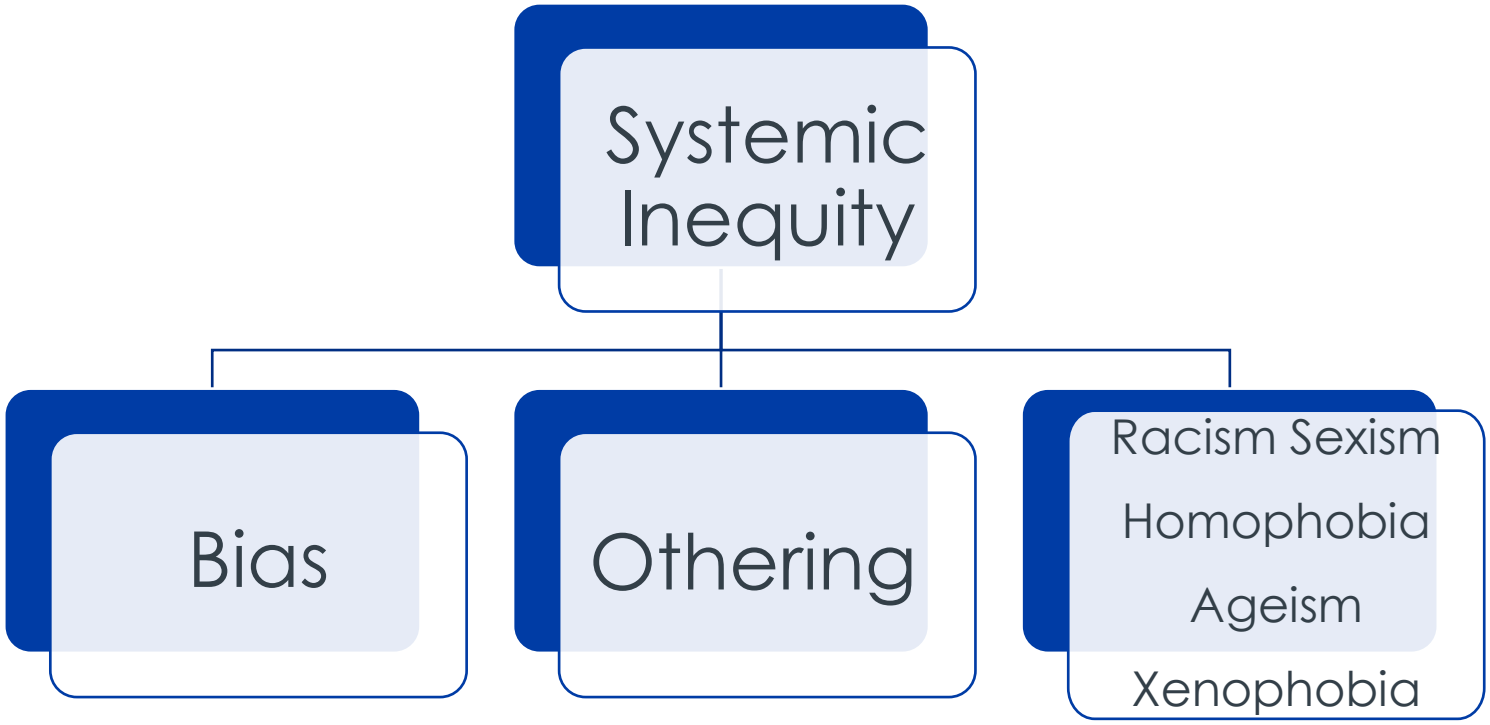
Bias impacts healthcare delivery in four key areas:

- 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

Systemic Barriers



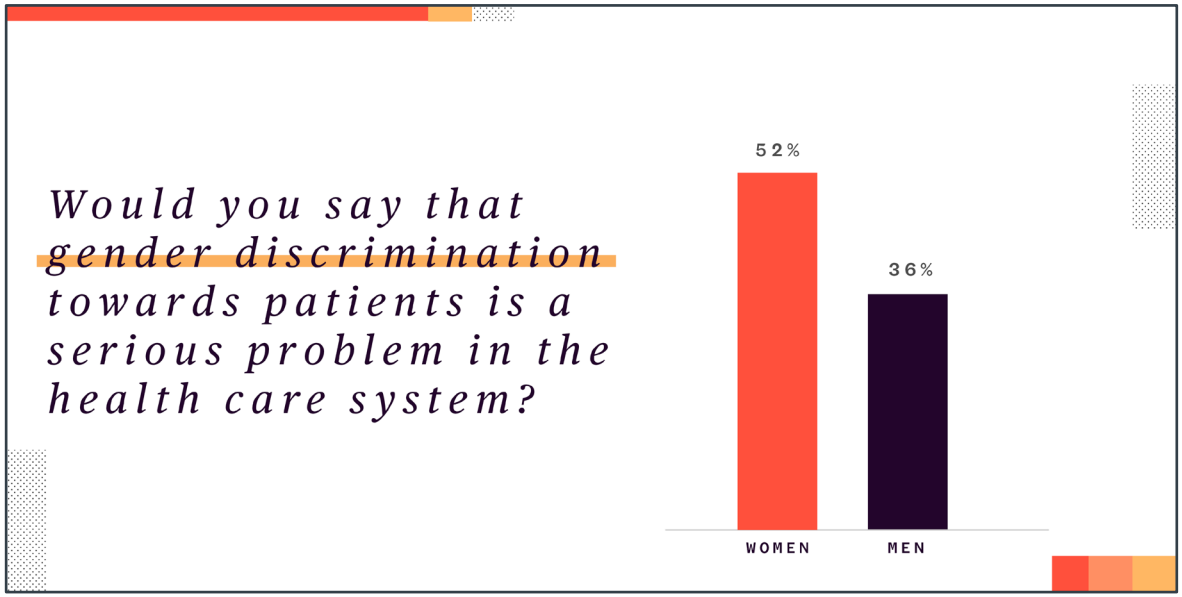
Systemic Inequity

Structural inequities- 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).

Gender Bias

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

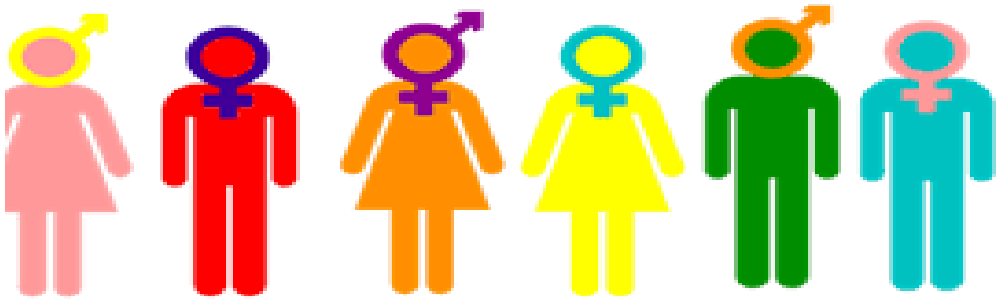


Example: Identifying gender bias in the US health care system: Though women are twice as likely to suffer from chronic pain as men, studies show women's reports of pain are more likely to be dismissed.

Agesim

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 can cause real damage to the patient.

Sexual Orientation/Gender Identity (SOGI)



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Sexual Orientation and Gender Identity

Lesbian, gay, bisexual, transgender and queer (LGBTQ+) is an inclusive umbrella term that describes both gender identity (GI) and sexual orientation (SO).

The term LGBTQ is evolving as the culture of acceptance and inclusion grows, you may also see “I”, “A”, or a “+“ sign after the LGBTQ acronym.

The “+” sign indicates members of the community who identify with a sexual orientation or gender identity that isn’t included the LGBTQ acronym.

Sexual orientation

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

- **Lesbian –** sexual orientation that describes a woman who is primarily emotionally and physically attracted to other women.
- **Gay –** 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 –** 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.
- **Queer** – describes 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.

Sexual Orientation

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.

Intersex – Describes a group of congenital conditions in which the reproductive organs, genitals, and/or other sexual anatomy do not develop according to traditional expectations for females or males. Intersex can also be used as an identity term for someone with one of these conditions. The medical community sometimes uses the term differences of sex development (DSD) to describe intersex conditions; however, the term intersex is recommended by several intersex community members and groups.

Asexual - Describes a person who experiences little or no sexual attraction to others. Asexual people may still engage in sexual activity

FenwayNational LGBTQIA + Health Education Center https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/02/Glossary-2022.02.22-1.pdf . Accessed 092922

Pronouns

Gender identity refers to a person's inner sense of being:

- Girl/woman/female.
- Boy/man/male.
- Something else or having no gender.

Examples of Terms

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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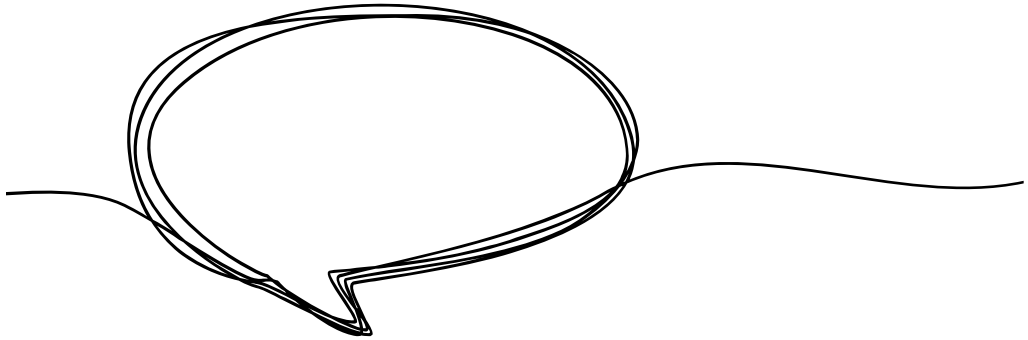
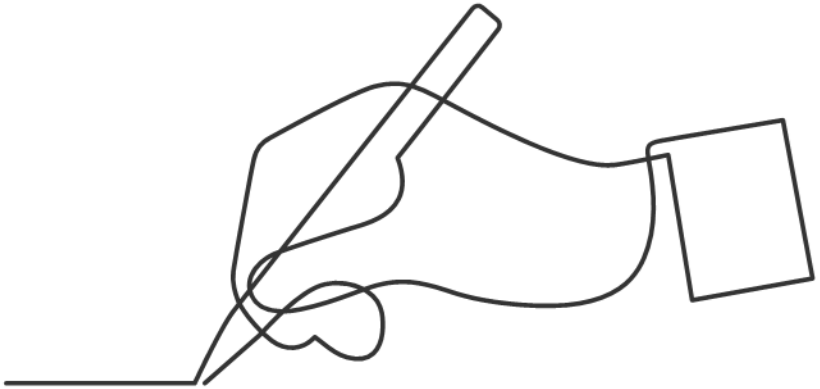
LAS – Key Terms

- **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.
- **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



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

Providers may also request interpreter services on behalf of the member

See Provider Flow Chart for Accessing no-cost Interpretation Service

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.

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

Member Process to Access Translation Services

Resources

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Additional Training Resources

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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/.