

Culturally and Linguistically Appropriate Services (CLAS) in Health Care



Monday, April 28, 12-1pm

Rochester, New York

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The CLAS Standards

- 14 CLAS Standards to make systems responsive to the unequal access to health care experienced by racial, ethnic, and LEP populations.
- Three Themes
 1. Culturally Competent Care
 2. Language Access Services (Title VI)
 3. Organizational Supports
- Guidelines, mandates, recommendations

Terms

- Culture
- Competence
- Cultural and Linguistic Competence
- Cultural Competency
- Limited English Proficient (LEP)
- Language Access Services (LAS)

Title VI

- **Title VI of the Civil Rights Act of 1964-**
“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”
- **Executive Order 13166 (2000)-** Prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to LEP individuals.
- **2003 HHS LEP Guidance-** Applies to all healthcare institutions and programs that receive federal financial assistance.

Theme 1: Culturally Competent

- Cultural Competence- the process in which healthcare professionals continually strives to achieve the ability and availability to effectively work within the cultural context of a client
- Cultural competence is a series of succeeding levels or stages of development, not a specific achievement
- Developing culture competence helps to ensure that consumers receive effective, understandable, and respectful care

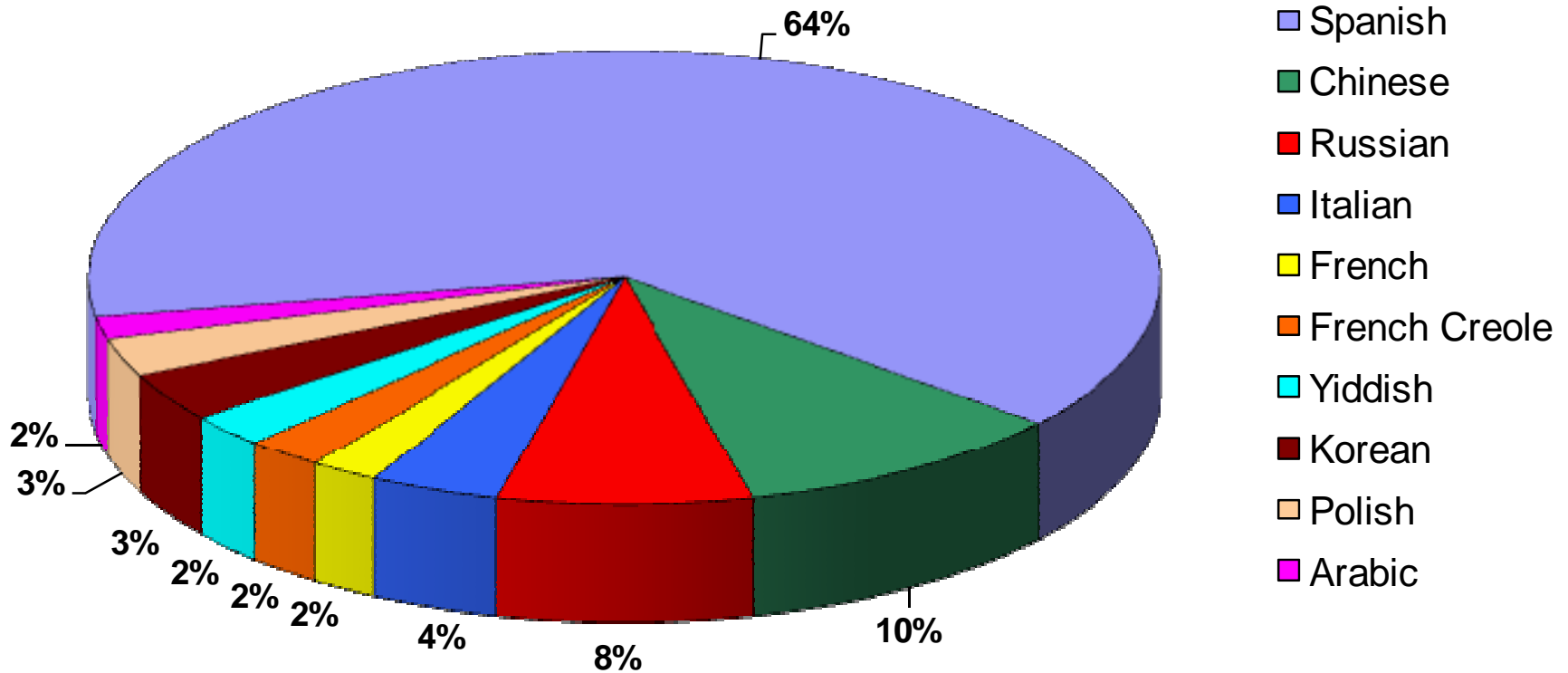
Theme 1: Goals and Development

- The goal of cultural competency development is balancing two approaches
 - Fact Centered
 - Attitude/Skill Centered
- Culture Competency Development Framework
 1. intercultural concepts
 2. intercultural knowledge
 3. intercultural skills, and
 4. intercultural attitudes

Theme 1: A Model of Competent Care

- **Culturally Competent Model of Care** - Have you '**ASKED**' the right questions
 - Cultural **A**wareness – self-examine biases
 - Cultural **S**kill – collect cultural data
 - Cultural **K**nowledge – obtain information
 - Cultural **E**ncounter – engage in interactions
 - Cultural **D**esire – the want to engage

Top 10 LEP Languages in NY



Monroe County and the City of Rochester

Monroe County

Top LEP Languages Spoken in Monroe County			Ability to Speak English	
	Total	Percent	“well” or “very well”	“not well” or “not at all”
Spanish	31,955	4.64%	26,500	5,455
Italian	9,895	1.43%	8,700	1,195
German	3,970	0.57%	3,780	190
French	3,555	0.51%	3,240	315
Ukrainian	3,260	0.47%	2,420	840
Chinese	2,985	0.43%	2,600	385
Russian	2,405	0.34%	1,835	570
Total	58,025		49,075	8,950

Data taken from the MLA Language Map, based on 2000 U.S. Census Data, Available at this address: <http://tinyurl.com/yb4dm5>

Rochester LEP

Language	Total
English	166,645
Total LEP	36,083
Spanish or Spanish Creole	22,336

Data taken from the MLA Language Map, based on 2000 U.S. Census Data , Available at this address <http://tinyurl.com/yew8v2>

Theme 2: LAS and LEP

- **Language access-** refers to the right of Limited English Proficient (LEP) and Sensory Impaired (SI) individuals to receive meaningful access to federally funded “recipient” programs
- **Meaningful Access-** language assistance that results in accurate, timely, and effective communication at no cost to the LEP/SI individual
- **Four Factor Test**
 1. The Number or Proportion of LEP Individuals
 2. Frequency of Contact with the Program
 3. Nature and Importance of the Program
 4. Resources Available

Theme 2: HHS LEP Guidance

- The HHS Guidance
 - Hiring of bilingual staff
 - Use of oral interpreters
 - Translation of materials, “vital documents”
- Language Access Plans (LAP)
 - Notice of LAS, “I Speak” Cards (pg.16)
 - Staff training
 - Monitoring and updating the LAP
- HIPPA and Interpreters

Theme 2: Medicaid Managed Care

- Required to make written information available in each prevalent non-English language
- Oral interpretation must be available free of charge for “any language” and written information translated into prevalent languages along with how to access those services.
- Must provide detailed information specifying the telephone numbers of, and non-English language spoken by current providers

Theme 3: Organizational Supports

- Organizational supports are necessary to foster health care staff capacity, facilitate change, and enhance cultural competence
- **The office environment is a critical element**
 - Recruit, retain, and promote at all levels a diverse staff and leadership representing the community
 - Require staff receive training and education to ensure a culturally and linguistically competent office
 - Analyze and assess data to identify areas of improvement, plan for improvement, and continuously assess results
- **Practical Guide to Implement CLAS Standards**

Theme 3: Data Collection/Analysis

- Collect data about use and access to health care services by consumers according to
 - Race
 - Ethnicity
 - Socioeconomic Status
 - Primary Language
- Begin data collection process by developing a community profile, a baseline measure of the community
- Use internet resources to obtain demographic data, combined with other available data

Theme 3: Community Partnerships

- Work with the community to foster mutual exchange of expertise
 - Involve community members in planning
 - Hire members of the minority community
- Address health concerns by working with
 - Community health organizations
 - Educators and academic institutions
 - Civic organizations
- To improve cultural competence, include input of minority communities

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