Culturally and Linguistically Appropriate Services (CLAS)

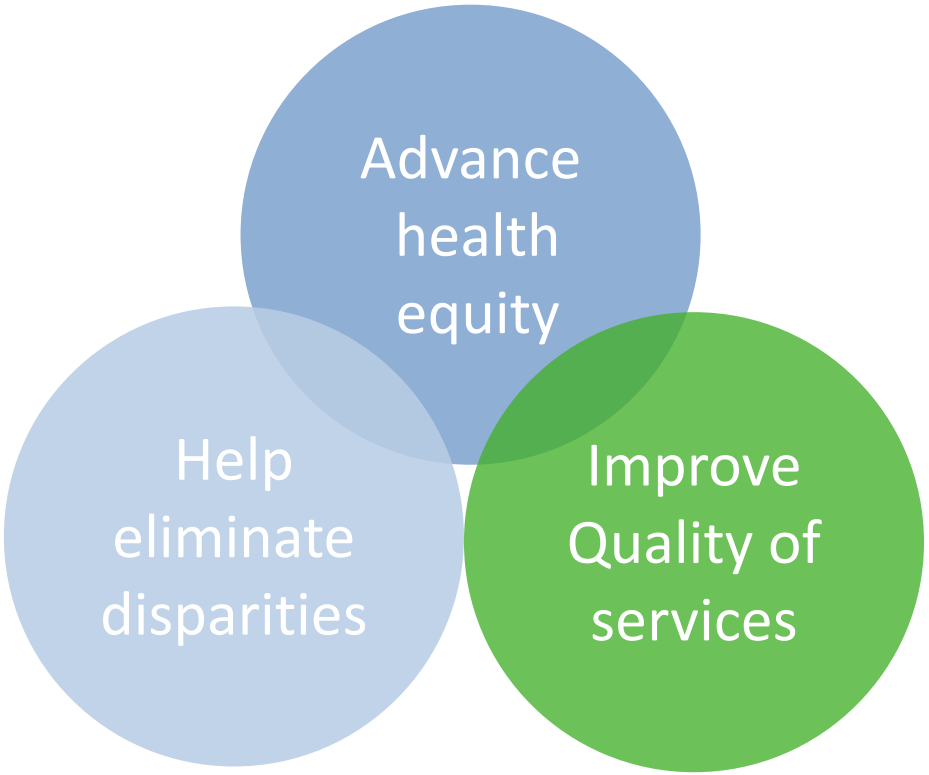
Provider Cultural Competency

CLAS Standards Overview

The National CLAS Standards are a group of 15 separate guidelines that establish a blueprint for health and health care organizations.

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."



The Goal: Health Equity

The Goal: Health equity, the attainment of the highest level of health for **all** people.

The Barriers: Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for many reasons. One of the most modifiable barriers to health equity is the lack of culturally and linguistically appropriate services (CLAS).

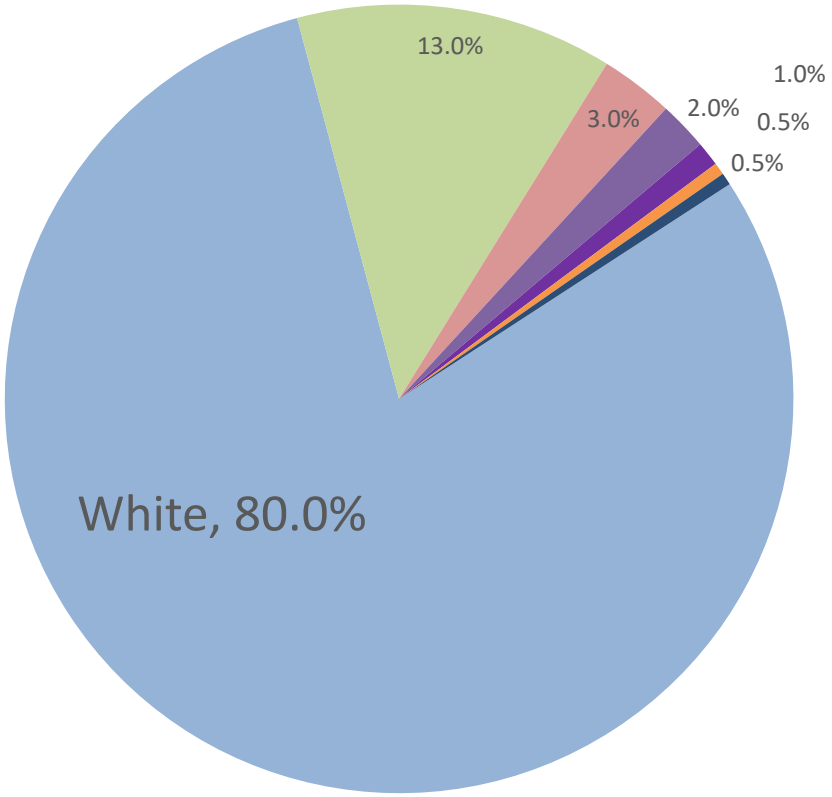
The Tools: Cultural Competency and Linguistic Competency

Tool 1: Cultural Competency

Cultural competency is a lifelong learning process of increasing awareness, knowledge and skills. Cultural competency involves:

- Valuing diversity;
- Learning about your own culture and other cultures;
- Avoiding stereotypes;
- Gaining cultural experiences;
- Engaging with your local communities; and
- Increasing your awareness of barriers to health equity

Barrier 1: Racial and Ethnic Minorities



Total Minority Population 20%

- Black/African American, (13%)
- Hispanic, (3%)
- Asian, (2%)
- Other, (1%)
- American Indian/Alaska Native, (.5%)
- Native Hawaiian/Pacific Islander, (.5%)

Ohio Population (2012-2016)

Source: Population and Housing Narrative Profile
2012-2016 American Community Survey 5-Year Estimates, U.S. Census Bureau

Barrier 2: Cultural Beliefs

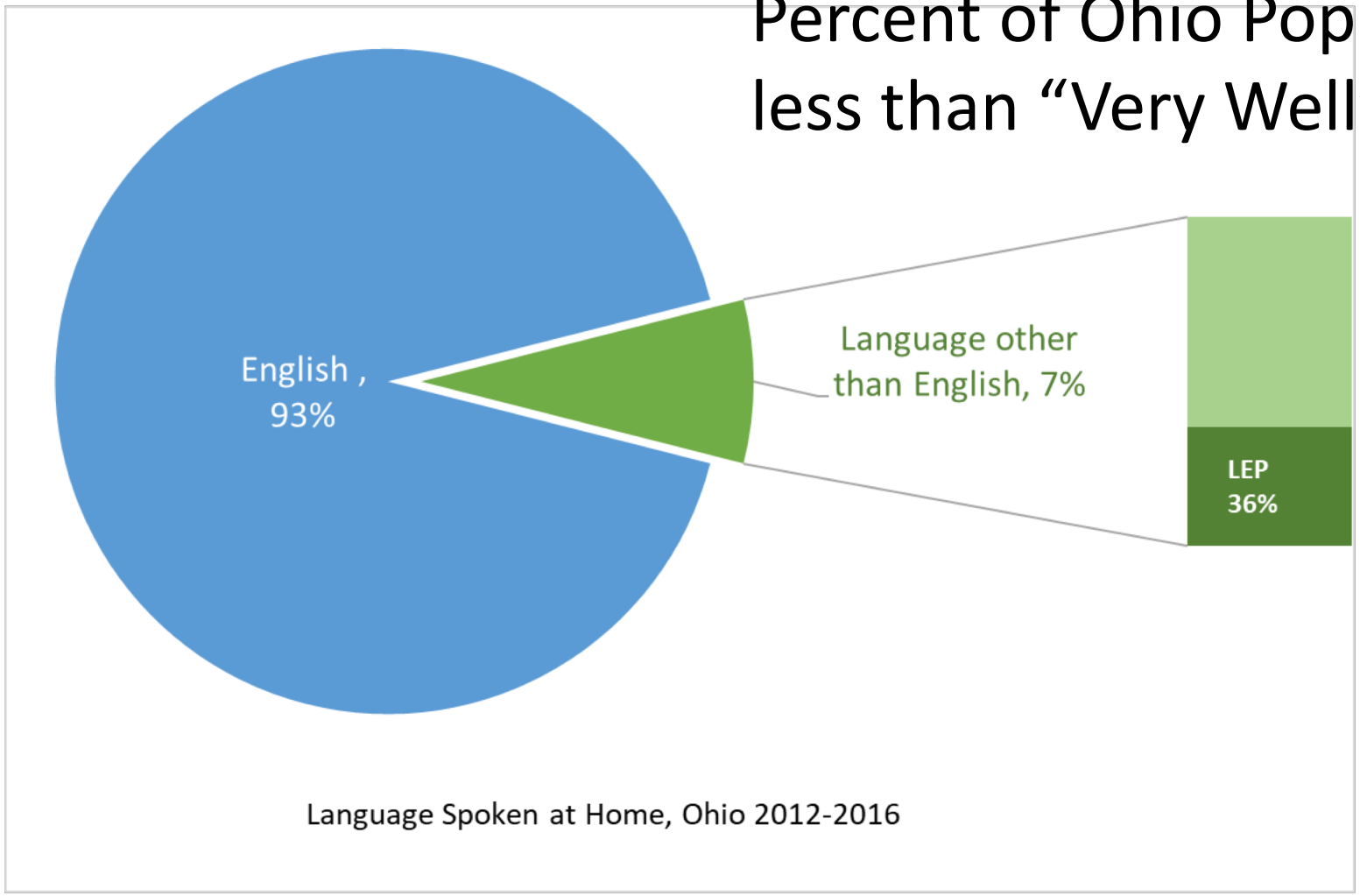
- **Examples of Cultural beliefs:**
  - In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur.
  - Among some Asian individuals, there is the belief that illness in the body needs to be drawn out, which may be achieved by vigorously rubbing the body with a coin or other metal object.

Barrier 3: Religious beliefs

- **Examples of Religious faith and spiritual beliefs:**
  - Among many individuals from Central America, the Mediterranean, parts of Asia, the Middle East and parts of Africa, there is the belief that illness is caused by an evil eye or curse, usually issued by someone who is envious of the cursed individual.
  - Among some American Muslims, there is the belief that God controls illness and healing and that healing is achieved through religious activity (e.g., prayer, religious rituals, etc.).

Barrier 4: Limited English Proficiency

Percent of Ohio Population speaking English less than “Very Well”, 2012-2016



Of those speaking a language other than English at home, **36 percent** reported that they did not speak English "very well."

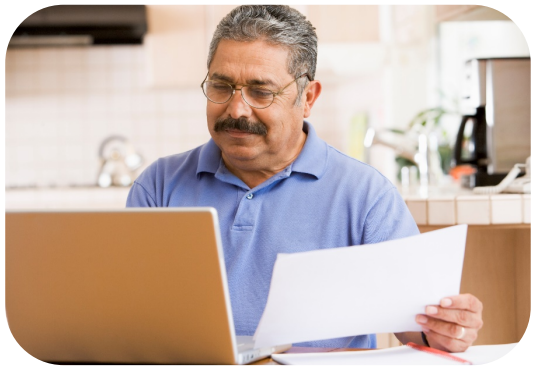
The term **Limited English Proficient (LEP)** refers to any person age 5 and older who reported speaking English “less than very well,” as classified by the U.S. Census Bureau.

Source: Population and Housing Narrative Profile
2012-2016 American Community Survey 5-Year Estimates, U.S. Census Bureau

Barrier 5: Low Health Literacy

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Without adequate health literacy, a patient may have trouble with the following tasks:

Scheduling an Appointment



Understanding written information and forms

Understanding follow up care and instructions

Considering the risks and benefits of a dental procedure

Tool 2: Linguistic Competency

- **Linguistic competency** is the ability to communicate effectively with patients at every point of contact. Effective communication includes providing information, whether verbal, non verbal or written, in a way that individuals from culturally diverse groups can easily understand.

Verbal Communication

By asking the patient what is meant by terms that she uses and checking in to make sure terms you use are understood...

You can help the patient communicate openly with you and react honestly to the information you provide...

And provide a higher quality care that leaves your patient satisfied.

Non Verbal Communication

- **Eye contact or physical touch:** May be expected in some cultures and inappropriate or offensive in others.
- **Communication Style:** Loud speech with facial expressions or gesturing may be expected or may be perceived as impolite.
- **Personal Space**: Individuals may stand very close when speaking or interpret this as being aggressive.

Written Communication

- **Written Material and Forms:**
  Communication through written language is just as important as verbal and nonverbal communication since it is one of the ways that critical information is shared and reinforced.

Language Assistance

- An interpreter communicates a message, either spoken or signed in one language, into a second language, and abides by a code of professional ethics.
- Interpreters bridge the communication gap between you and your patients who do not share a common language.
- Using untrained individuals or minors (children interpreting for their parents) is discouraged.
- Speak directly to the patient, not the interpreter.
- Don’t rush. Pause every sentence or two for interpretation.

Want to know more?

- “Cultural Competency for Oral Health Providers.” Think Cultural Health, Hhs.gov, www.thinkculturalhealth.hhs.gov/education/oral-health-providers.

- Ohio Commission on Minority Health: http://mih.ohio.gov/

Governance, Leadership and Workforce Standards

governance | leadership | workforce

Guidance for promoting CLAS through policy, practices, and allocated resources.

Governance, Leadership and Workforce Standards

1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

2. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance Standards

4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

5. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

6. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

7. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability Standards

8. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

9. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

10. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.