

# Culturally and Linguistically Appropriate Services (CLAS)

Provider Cultural Competency  
and Patient Engagement



HEALTH PLAN

McLAREN *for* MICHIGAN

# What is CLAS?

Culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

Health inequities in our nation are well documented. Providing CLAS is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

The provision of health services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients can help close the gap in health outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.

<https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas>

# CLAS Standards Overview

The National CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

## Principal 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

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

# CLAS Standards Overview

## Communication and Language Assistance

- 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.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

# CLAS Standards Overview

## Engagement, Continuous Improvement and Accountability

- Establish cultural and linguistic appropriate goals, policies and management accountability and incorporate them in the organization's planning and operations.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes, improving service.
- Conduct regular assessments of community health assets and needs, using the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

<https://www.thinkculturalhealth.hhs.gov/clas/standards>

# CLAS Standards Overview

Because health care is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services.

# What is Culture?

The thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups. Culture refers to integrated patterns of human behavior that includes language, thoughts, action, customs, beliefs, values and institutions that unite a group of people.

## Culture defines how health care information is received:

- How rights and protections are exercised;
- What is considered to be a health problem;
- How symptoms and concerns about the problem are expressed;
- Who should provide treatment for the problem; and
- What type of treatment should be given.



In summary, because health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services treatment and preventive interventions. By understanding, valuing and incorporating the cultural differences of America's diverse population and examining one's own health-related values and beliefs, health care organizations, practitioners and others can support a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture (Katz, Michael. *Personal Communication*, November 1998).



# What Is Cultural Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities (*Adapted from Cross, 1989*).

## **Why is Cultural Competency important?**

**Cultural competency is one of the main ingredients in closing the disparities gap in health care.** It’s the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.



# What Is Cultural Competency?

## **Culture and language may influence:**

- Health, healing and wellness belief systems;
- How illness, disease and their causes are perceived, both by the patient/consumer;
- The behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers; and
- The delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.

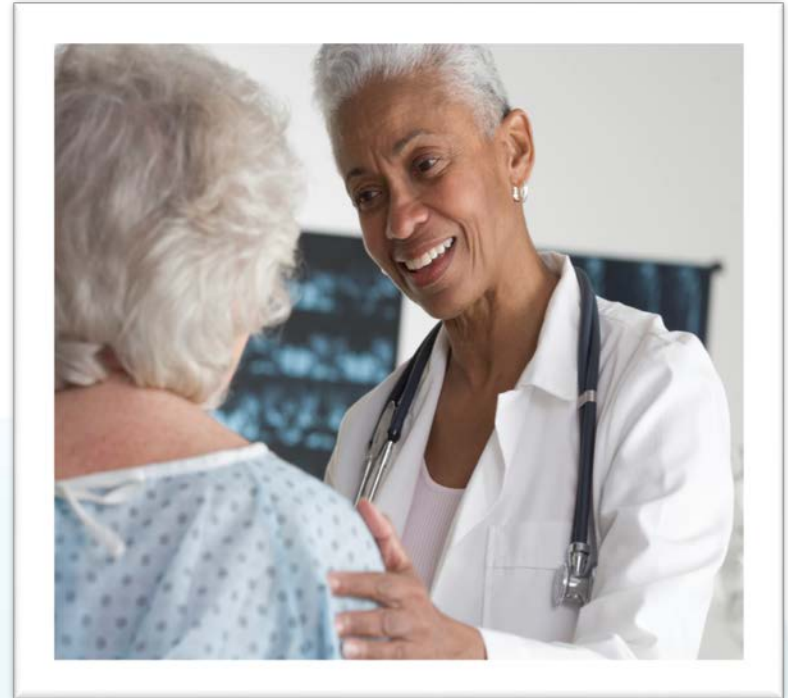
The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in this country. The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care.

# Intercultural Sensitivity

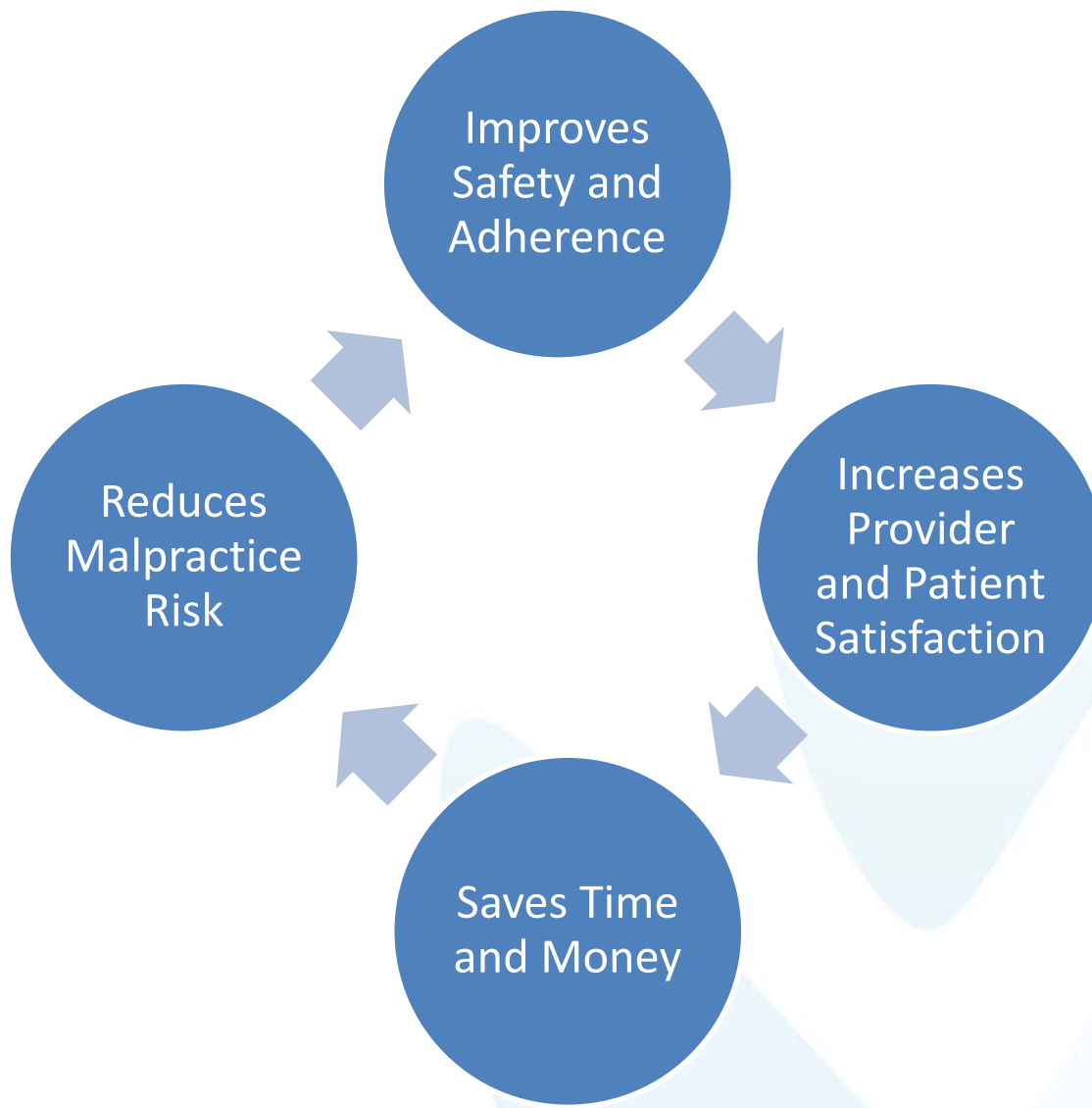
**Intercultural sensitivity** and **cultural competence** are characterized by sensitivity to differences among and effectiveness in communicating and working with, people from different cultural backgrounds. People are similar or different to varying degrees across all dimensions of diversity. Research shows that people who are substantially alike tend more easily to communicate with and to understand each other. People who are very different tend to confront more obstacles to effective communication and mutual understanding. **Research also shows that people consistently overestimate their intercultural competence.**

# Clear Communication: The Foundation of Culturally Competent Care

- 20% of people living in the U.S. speak a language other than English at home.
- The Hispanic population has grown by 43% in the U.S. between 2000 and 2010.
- 17% of the foreign born population in the U.S. are classified as newly arrived (arriving in 2005 or later).
- 50% of adult patients have a hard time understanding basic health information.
- The average physician interrupts a patient within the first 20 seconds.



# Clear Communication Results



# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- I tell you I forgot my glasses because I am ashamed to admit I don't read very well.
- I don't know what to ask and I'm hesitant to ask you.
- When I leave your office, I often don't know what I should do next.

## Here's What Your Team Can Do:

- Use a variety of instruction methods.
- Encourage questions and use *Ask Me 3*.
- Use *Teach Back*.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- I put medication into my ear instead of my mouth to treat an ear infection.
- I am confused about risk and information given in numbers like percentages or ratios. How do I decide what I should do?

## Here's What Your Team Can Do:

- Use specific, plain language on prescriptions.
- Use qualitative plain language to describe risks and benefits, avoid using just numbers.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- My English is pretty good, but at times I need an interpreter.
- When I don't seem to understand, talking louder in English intimidates me.
- If I look surprised, confused or upset, I may have misinterpreted non-verbal cues.

## Here's What Your Team Can Do:

- Office staff should confirm interpreter needs during scheduling.
- Match the volume and speed of the patient's speech.
- Mirror body language, position, eye contact.
- Ask the patient if you are unsure.



# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- I am not able to make important decisions by myself.
- I am more comfortable with a female doctor.
- It is important for me to have a relationship with my doctor.
- I use botanicals and home remedies but don't think to tell you.

## Here's What Your Team Can Do:

- Confirm decision making preferences.
- Office staff should confirm preferences during scheduling.
- Spend a few minutes building rapport.
- Ask about the use of home remedies and healers.

# Cultural Competence

As healthcare disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations.



# Cultural Competence: Refugees and Immigrants

## Refugees and Immigrants may:

- Not be familiar with the U.S. health care system.
- Experience illness related to life changes.
- Practice spiritual and botanical healing or treatments before seeking U.S. medical advice.

## Benefits of Open Communication for Refugees and Immigrants:

- Builds trust.
- Results in fuller disclosure of patient knowledge and behavior.



# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- My expectations do not align with U.S. managed care.
- I'm bewildered by requirements to visit multiple doctors.
- I wonder why I have diagnostic testing before a prescription is written.

## Here's What Your Team Can Do:

- Inform patients they may need follow up care.
- Explain why a patient may need to be seen by another doctor.
- Emphasize the importance of medication adherence.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- I have different expectations about time.
- I prefer to have someone of the same gender.
- I'm going to bring friends or family. They want to help make decisions.

## Here's What Your Team Can Do:

- Upon arrival, inform patient about the wait time.
- Accommodate requests for a doctor or interpreter of same gender.
- Confirm decision makers at each visit.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- I've had different experiences in refugee camps.
- My experiences have caused me to be suspicious.
- I fear my health information will be released to the community.

## Here's What Your Team Can Do:

- Explain confidentiality.
- Ensure that staff adhere to your policies.
- Make HIPAA forms easy to understand, in preferred languages.

# Interpreter Tips

- Inform the interpreter of specific patient needs.
- Hold a brief introductory discussion.
  - Your name, organization and nature of the call/visit.
  - Reassure the patient about confidentiality.
- Allow enough time for the interpreted sessions.
- Avoid interrupting during interpretation.





# Interpreter Tips

- ✓ Speak in the *first* person.
- ✓ Speak in a normal voice. Try not to speak fast or too loudly.
- ✓ Speak in short sentences.
- ✓ Avoid acronyms, medical jargon and technical terms.
- ✓ Face and talk to the patient directly.
- ✓ Be aware of body language in the cultural context.



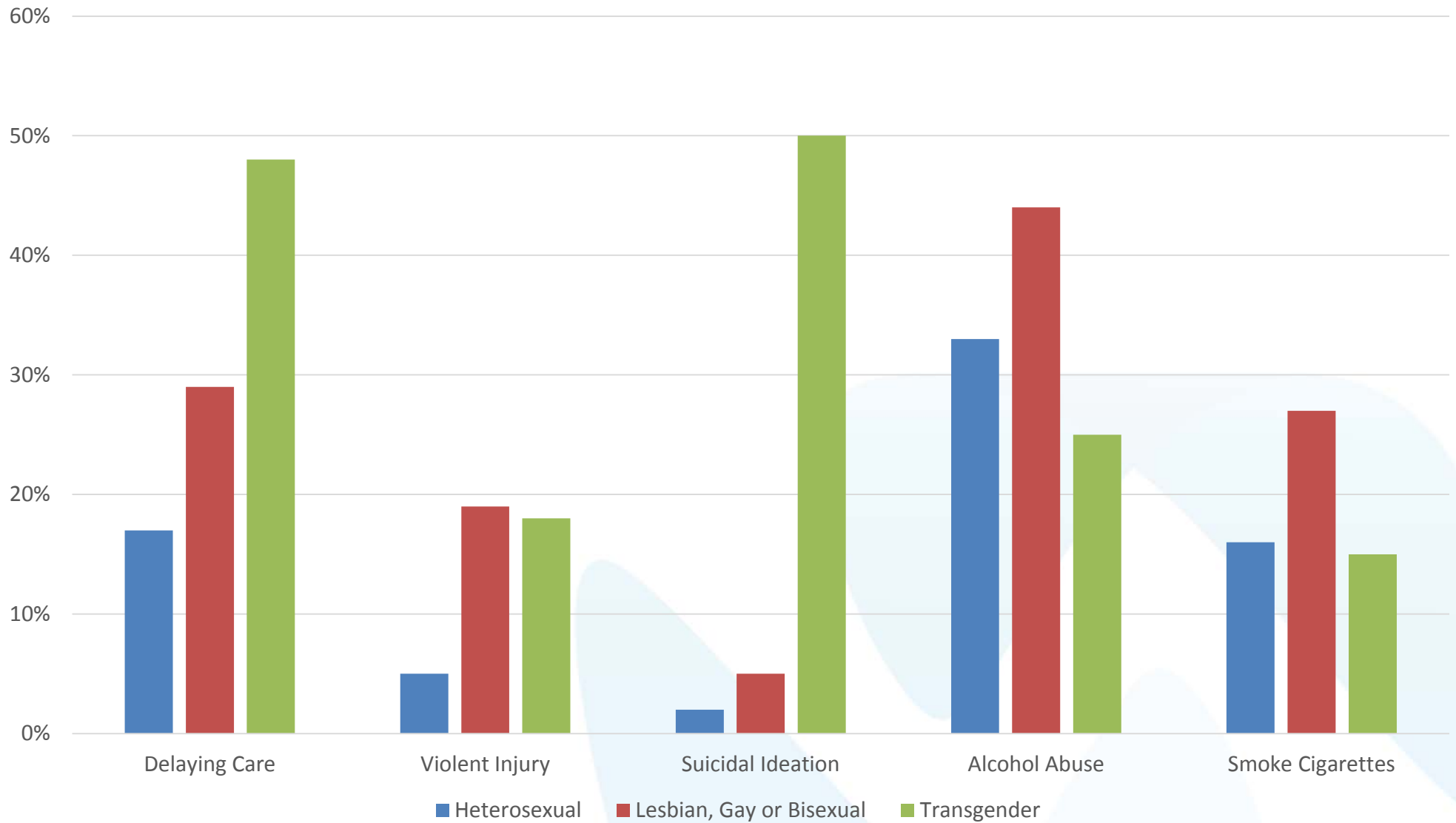
# Competence:

## Lesbian, Gay, Bisexual and Transgender (LGBT)

**Sexual Orientation:** A person's emotional, sexual and/or relational **attraction** to others. Sexual orientation is usually classified as heterosexual, bisexual or homosexual (i.e., lesbian and gay).

- Describes how people locate themselves on the spectrum of attraction and identity.
- It is distinct from gender identity or gender expression.
- Transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual.

# Health Disparities of LGBT Populations



Source: Industry Collaboration Effort (ICE)

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- A general understanding of the terms used by us for orientation/identification.

## Here's What Your Team Can Do:

- Listen to how the patient refers to themselves and loved ones (pronouns, names).
- Use the same language they use.
- If you're unsure, ask questions.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- We come to you with an extra layer of anxiety.
- Verbally or physically abused.
- Rejected by families due to our sexual orientation/identity.
- Discriminated against within the health care setting.

## Here's What Your Team Can Do:

- A little warmth can make all the difference!
- Signage or intake form verbiage that is safe, judgment-free and non-discriminatory.
- Policies indicating non-discrimination for sexual orientation/identity displayed in common areas.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- The heteronormative assumptions and attitudes dissuade our future care-seeking.
- Discrimination in health care may delay or defer treatment.

## Here's What Your Team Can Do:

- Anticipate that all patients are not heterosexual.
- Use “partner” instead of “spouse” or “boy/girlfriend”.
- Replace marital status with relationship status on forms.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- We feel our HIPAA rights to privacy are not honored.
- Amazingly, some personnel...
  - Openly discuss our orientation/identity with co-workers.
  - Don't realize or care that we can see or hear them making fun of us with co-workers.

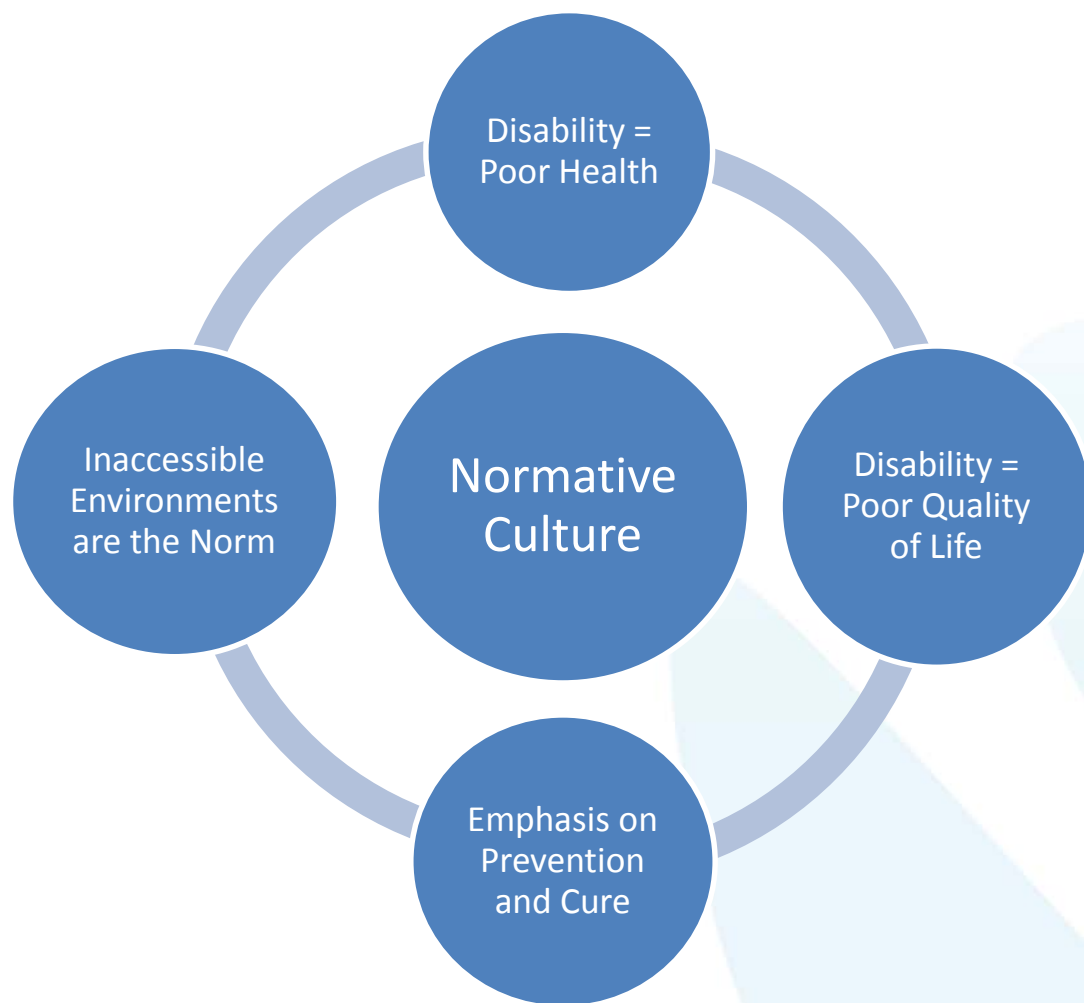
## Here's What Your Team Can Do:

- Protect the patient's rights.
- Sharing personal health information, including sexual orientation, is a violation of HIPAA.
- Confirm that the patient's rights are protected under the HIPAA Privacy Rule.



# Cultural Competence: Seniors and Persons with Disabilities

*“I always say, ‘Look, you’re not going to cure us. So don’t try! Make us function,’ (quote from person with a disability).*



A cultural competence framework is useful as a teaching tool for enabling health professionals to get beyond “Golden Rule Thinking” and providing care in a way that shows a true appreciation for the values and perspective of the individual with a disability.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

Neuro-cognitive processing ability impaired

- Pain
- Stroke
- Hypertension, Diabetes
- UTI, Pneumonia

Medications can affect cognition

- Pain medication
- Anti-depressants
- Interactions

## Here's What Your Team Can Do:

- Be aware
  - Slow down
  - Speak clearly
  - Use plain language
  - Recommend assistive listening devices
- Obtain thorough health history

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

Caregivers report more stress, higher likelihood of depression

- 12% of active caregivers may have their own limitations.
- 16% of working seniors are also caregivers.

## Here's What Your Team Can Do:

- Ask about caregiver responsibilities and stress levels.
- Offer caregiver support services.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- Patients with dementia may need a caregiver.
- Older adults suffer more losses.
- May be less willing to discuss feelings.
- High suicide rates for 65+.

## Here's What Your Team Can Do:

- Communicate with patient and caregiver.
- Assess for depression, dementia/cognitive ability.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

- Age-related hearing loss, or presbycusis, is the slow loss of hearing that occurs as people get older.
- Consonant sounds are high frequency.
- Word distinction difficulty.
- Speaking louder does not help.

## Here's What Your Team Can Do:

- Face patient at all times.
- Offer listening devices.
- Speak slowly and enunciate clearly.
- Do not use contractions.
- Reduce background noise: Air conditioner, TV, hallway noise, etc.
- Do not cover your mouth.
- Rephrase if necessary.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew:

Pain and reduced mobility is common due to:

- Osteoarthritis
- Changes in feet, ligaments and cushioning
- Osteoporosis
- Stroke

## Here's What Your Team Can Do:

- Lower exam tables
- Add grab bars/railings
- Offer assistance – transfers, opening sample bottles, etc.
- Recommend in home accessibility assessment
- Use exam rooms nearest waiting area
- Keep hallways clear

# Thank You for Participating!

McLaren Health Plan values our providers.  
Thank you for the excellent care you provide our members.

Please sign the Training Attestation on the following page.  
Fax signed form (one per office location) to: (810) 213-0209

*The Civil Rights Act of 1964 is a landmark civil rights and US labor law in the United States that outlaws discrimination based on race, color, religion, sex or national origin.*





# CLAS Training Attestation

After your office has completed the CLAS training module, please read, sign and fax this Attestation (one per office location) to: (810) 213-0209

I acknowledge that I have completed the Annual CLAS/Provider Cultural Competency and Patient Engagement requirement. I understand that I am responsible for knowing the information.

Office Name: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Group NPI#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

Provider Name: \_\_\_\_\_

NPI#: \_\_\_\_\_

Provider Name: \_\_\_\_\_

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