DHHS Office of Minority Health
State Partnership Grant Program to
Improve Minority Health

Providing Quality Health Care with CLAS:

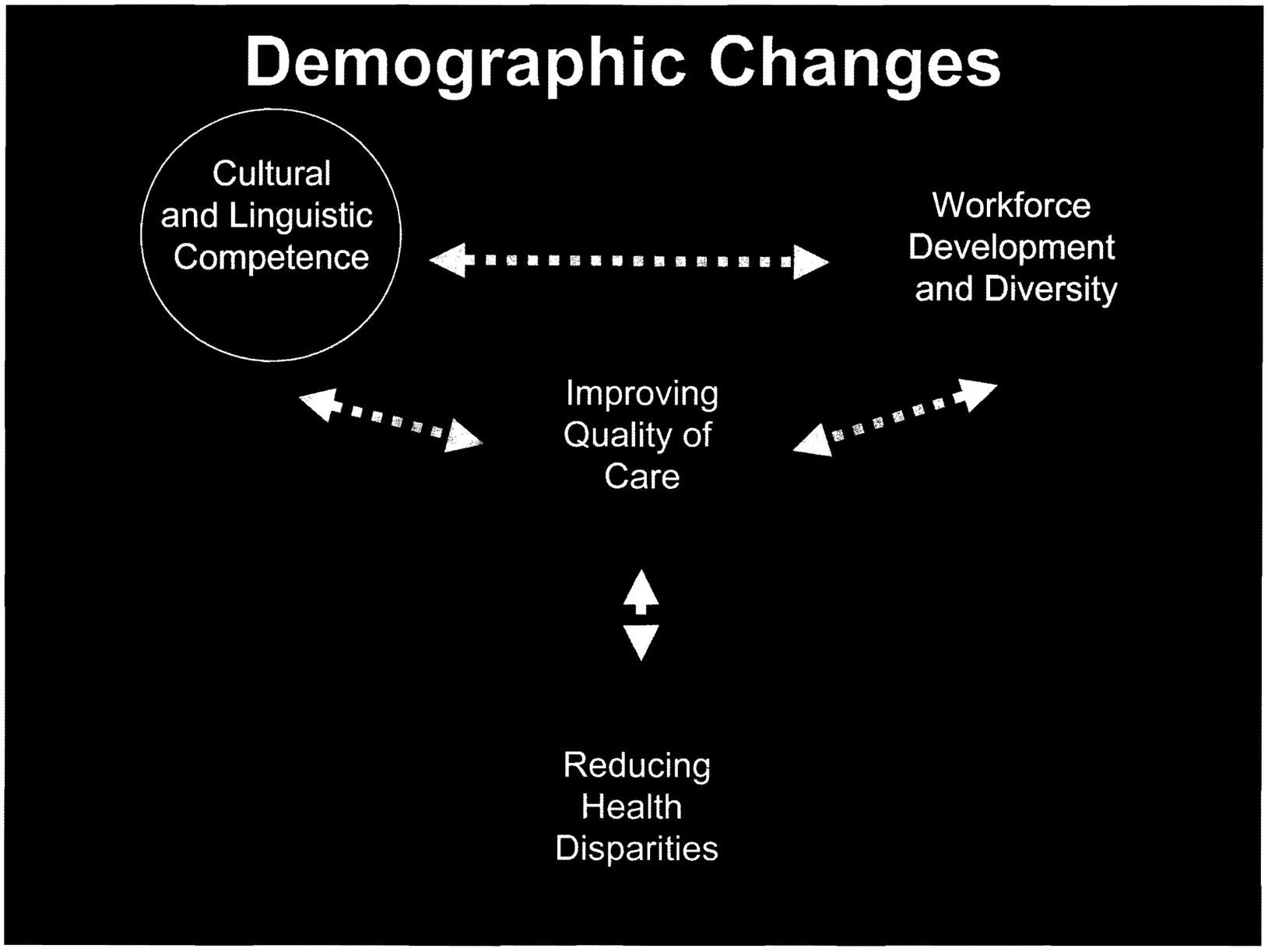
A Curriculum for Culturally and Linguistically Appropriate Services

A Partnership Between:

CDHS, Office of Multicultural Health
UCDHS Center for Reducing Health Disparities

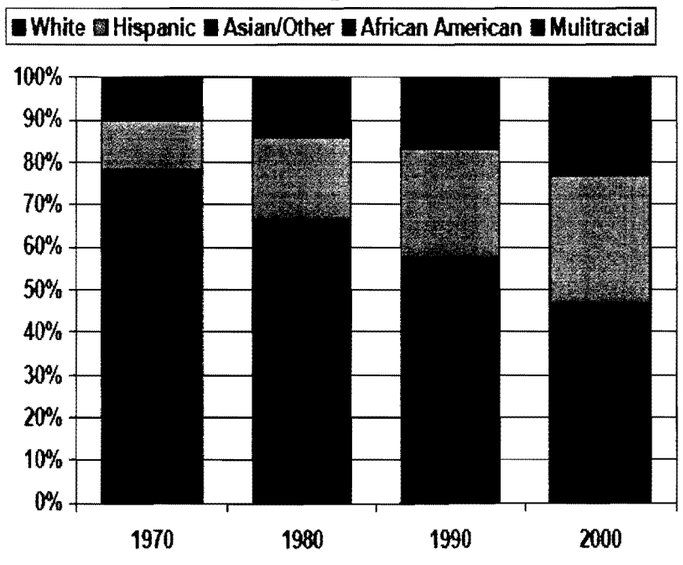
OMH Office of Multicultural Health
California Department of Health Services

UCDAVIS HEALTH SYSTEM


Demographic Changes
Cultural and Linguistic Competence
Workforce Development and Diversity
Improving Quality of Care
Reducing Health Disparities

California's Population by Race and Ethnicity

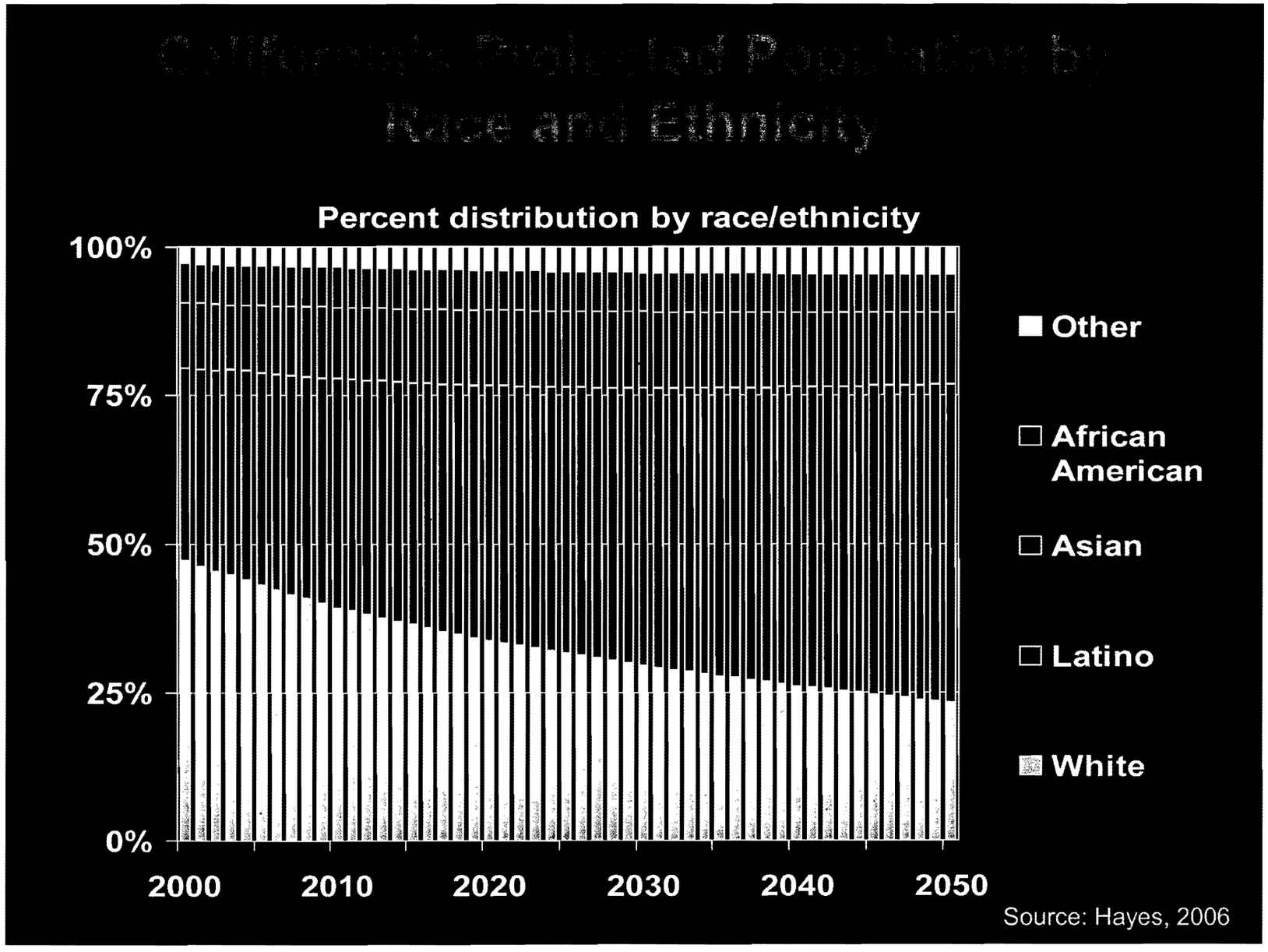
Figure 2
Racial/Ethnic Composition of
California's Population, 1970-2000



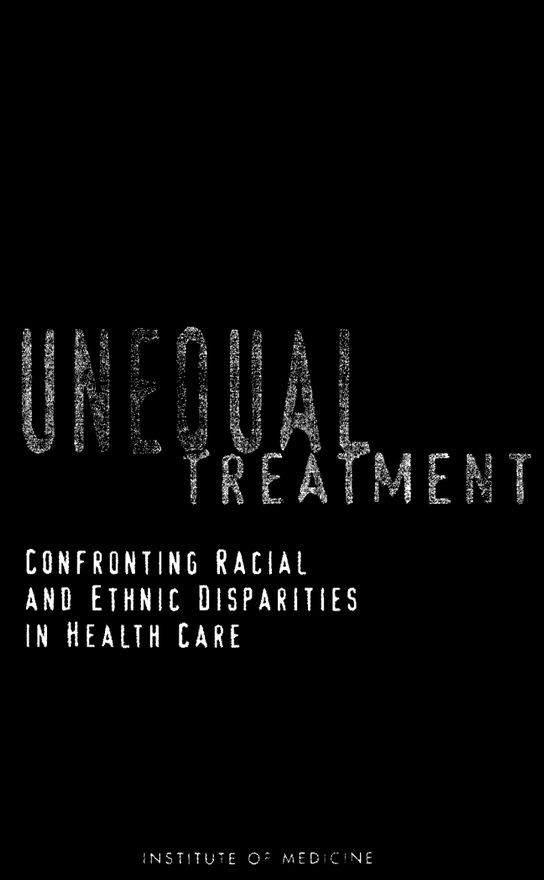
Source: Decennial censuses

- California leads the nation in diversity.
- As such, the state is challenged with a substantial leadership role in designing and maintaining services that achieve cultural and linguistic competency.

Source: Johnson, California's Demographic Future, Public Policy Institute of California, 2003


California Projected Population by Race and Ethnicity
Percent distribution by race/ethnicity
100%
75%
50%
25%
0%
2000
2010
2020
2030
2040
2050
Other
African American
Asian
Latino
White
Source: Hayes, 2006

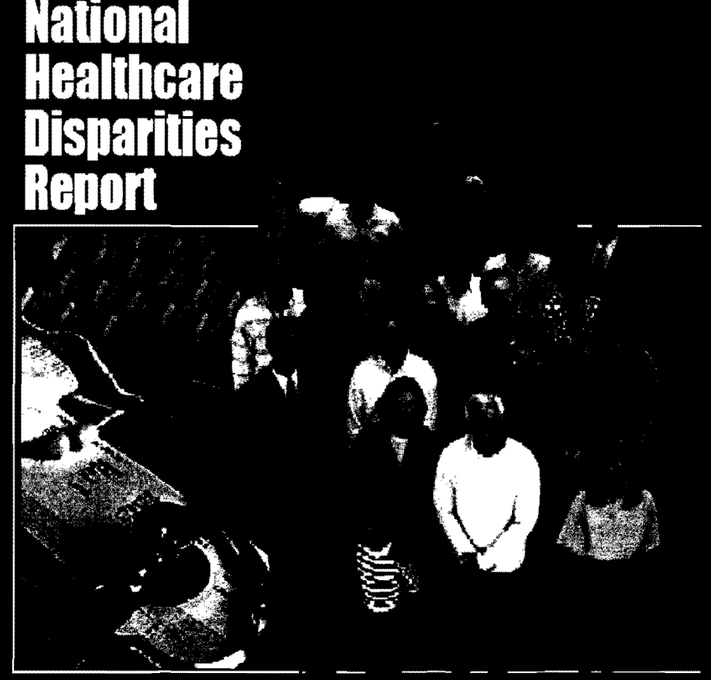
Health Disparities: Findings



- Racial and ethnic disparities exist across a wide range of
  - disease areas
  - clinical services
  - clinical settings
- Minorities receive lower-quality health care
- Associated with higher mortality among minorities

Source: "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care", IOM, 2002

The National Healthcare Disparities 2006 Report



Access to Care:

- Most disparities in access to care experienced by AA (3/5), Asians (3/5), and AI/ANs (4/5) **were improving;**

- Most disparities experienced by Hispanics (4/5) and by poor people (3/5)

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Recommendations from the IOM's Unequal Treatment

- Increase awareness of racial/ethnic disparities in health care;
- Collect patient data by race/ethnicity;
- Include measures of racial and ethnic disparities in performance measurement;
- Promote the use of interpretation services;
- Increase diversity of the health care workforce;
- Integrate cross-cultural education into the training of all current and future health professionals.

Source: Smedley, Stith, & Nelson, Eds. (2002). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Washington: National Academies Press.

Rationale for Culturally and Linguistically Competent Health Care

- Responding to demographic changes;
- Eliminating disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds;
- Improving the quality of services and outcomes;
- Meeting legislative, regulatory, and accreditation mandates;
- Gaining a competitive edge in the marketplace;
- Decreasing the likelihood of liability/malpractice claims.

Source: Cohen E, Goode T. Policy Brief 1: Rationale for cultural competence in primary health care. Georgetown University Child Development Center, The National Center for Cultural Competence. Washington, D.C., 1999.

Legislation

California: "Continuing education: cultural and linguistic competency"
AB 1195—California Business and Professions Code. Ch. 5, Article 10, § 2190.1 (2005), effective July 1, 2006
www.healthlaw.org/library.cfm?fa=download&resourceID=78947&print -

New Jersey: "Requires Physician Cultural Competency Training as a Condition of Licensure"
Senate Bill 144, signed into law March 23, 2005
http://www.njleg.state.nj.us

Washington State: "Requiring Multicultural Education for Health Professionals"
2006 Senate Bill 6194S, signed into law March 27 , 2006
http://www.washingtonvotes.org/2006-SB-6194

How Can A Program/Agency Become Culturally Competent

- Eight essential elements contribute to a health system or agency's ability to become more culturally competent;

- Each of these elements must function at every level of the system, i.e., policy, administration, practices and advocacy.

Source: Cohen & Goode, National Center for Cultural Competence, 1999

How Can a Program/Agency Become Culturally Competent

The System/Agency:

1. Should conduct needs assessments for service planning purposes;
2. Must value diversity;
3. Should have the capacity for cultural self-assessment;
4. Should be conscious of the dynamics inherent when cultures interact;

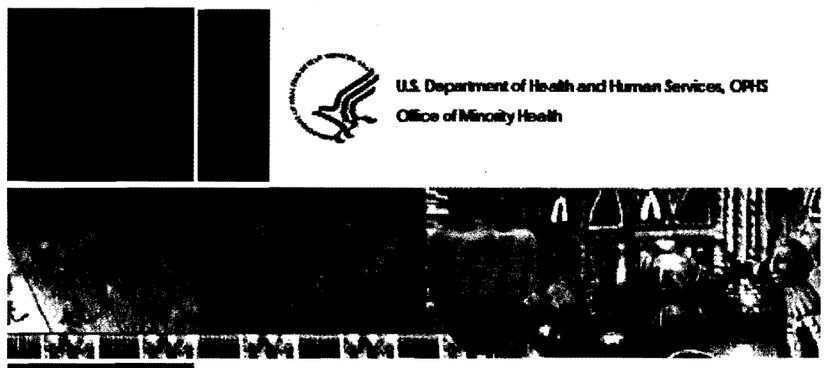
Source: Cross, TL, Bazron, BJ Dennis, KW and Isaacs MR, Towards a Culturally Competent System of Care, Child andAdolescent Service System program (CASSP) Technical Assistance Center, Georgetown University Child Development Center, Washington, D.C., 1989.

How Can A Program/Agency Become Culturally Competent

The System/Agency:

5. Should institutionalize cultural knowledge;
6. Should develop adaptations to diversity when necessary;
7. Should separate the effects of poverty and geographic location from cultural values;
8. Should be on guard against the creation of stereotypes in its efforts to be culturally competent.

Source: Cross, TL, Bazron, BJ Dennis, KW and Isaacs MR, Towards a Culturally Competent System of Care, Child andAdolescent Service System program (CASSP) Technical Assistance Center, Georgetown University Child Development Center, Washington, D.C., 1989.



National Standards for Culturally and Linguistically Appropriate Services in Health Care

FINAL REPORT

March 2001
Washington, D.C.

Source: Federal Register: December 22, 2000, Volume 65, Number 247, pages 80865-80879
www.omhrc.gov/CLAS

Culturally and Linguistically Appropriate Services (CLAS) Standards

- A response to public and private providers, organizations, and government agencies for culturally and linguistically appropriate standards in the provision of health care;
- Emphasizes the importance of cultural and linguistic competence in health care;
- Developed 14 standards which define key concepts and issues, and discussion of critical implementation issues.

Source: Office of Minority Health, U.S. Department of Health and Human Services. (2000).National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. Federal Register, 65(247), 80865-80879. http://www.omhrc.gov/clas/finalcultural1a.htm

CLAS Standards Themes

The 14 Standards are organized by three themes:

- Culturally Competent Care
  - Standards 1-3
- Language Access Services
  - Standards 4-7
- Organizational Supports
  - Standards 8-14

Funded Project:
OMH State Partnership Grant Program
to Improve Minority Health

Purpose:

- A national strategy to facilitate the improvement of minority health and elimination of health disparities through the development of partnerships with established state and territorial offices of minority health.

A Partnership between:

- CDHS, Office of Multicultural Health
- UCDHS Center for Reducing Health Disparities

CLAS Standards Project
Organizational Chart

Cultural and Linguistic Competence Content Advisory Task Force

1. Matthew Mock
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9. DJ Ida
10. Rachel Guerrero
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Evaluator

Marbella Sala
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Operations Manager

Daniel Steinhart
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CLAS Project Coordinator

Cultural Competency Toolkit/ Curriculum Development Project

Goals:

- Develop, implement, and evaluate a training curriculum for health service agencies and organizations based on the *Culturally and Linguistically Appropriate Services* (CLAS) *standards.*

- Disseminate and provide technical assistance in an effort to improve health service outcomes for minority populations .

CLAS Implementation

Mission Statement:

To implement, integrate and evaluate cultural and language competence across health systems to:

- Create a culturally and linguistically competent organization;
- Improve access to care;
- Enhance quality of care and outcomes;
- Maximize patient satisfaction and retention;
- Reduce health disparities.

Curriculum Approach

- Participant-centered, strength-based;
- Emphasizes collaborative effort;
- Facilitates deeper understanding and creative solutions;
- Allows for integration of CLAS standards into the organization's infrastructure, mission, and values.

Participants

- 15-20 individuals in leadership positions;
- Commitment to design and implement projects incorporating CLAS standards
- Take ownership and lead the organization to full integration of the CLAS standards

Leadership Support

- Endorsement of CLAS as operational philosophy—a way of doing business
- System-wide marketing of CLAS Project
- Support for participation
- Attendance by leadership

Four Modules

1. Overview and Foundation
2. CLAS in Context; Project Development
3. System Change and CLAS
4. Project Evaluation and Implementation

Sustaining Momentum

- Hold monthly meetings
- Develop plan
- Identify and solve challenges
- Share successful strategies
- Ownership of the CLAS Project

CLAS Implementation Evaluation Model

Benchmarks

- Participant:
  - Knowledge, Skills, Attitudes regarding health disparities and CLAS
- Organizational:
  - Level of implementation of each of the 14 Standards

Outcomes

- Participant:
  - Knowledge, Skills, Attitudes regarding health disparities and CLAS
  - Ability to develop and implement CLAS-based improvement projects
- Organizational:

  Level of implementation of each of the 14 Standards

Summary

- Working knowledge of CLAS standards;
- Practical plan for implementation of CLAS standards;
- Effective coordination for maximal effect.

Evaluation

Course Evaluation

- Overall Quality of Curriculum 3.5 out of 4
- 11 out of 14 participants would recommend curriculum to colleagues

Response Rate: 78%

Evaluation: Knowledge

Improvements in Knowledge (self reported)

- Can better describe CLAS standards (100%)
- More familiar with strategies for implementation (91%)
- Greater awareness of CLAS based projects in system (100%)

Response Rate: 61%

Evaluation: Attitudes

After course, participants strongly agreed that:	Improvement
CLAS standards are important to healthcare	2.5x
CLAS standards are possible to implement	1.7x
Implementing CLAS standards can reduce health disparities	2.7x

Evaluation: Skills and Strategies

Case Study