NATIONAL STANDARDS FOR CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH & HEALTHCARE

IMPROVING CULTURAL COMPETENCE IN OUR PRACTICES

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LEARNING OBJECTIVES

- Define Cultural and Linguistic Competence
- Discuss the 15 National CLAS standards
- Understand the importance of family voice and choice at all levels
- Learn strategies for diminishing personal bias

WHAT IS CULTURAL COMPETENCE?

- This describes the ability of an individual or organization to interact effectively with people of different cultures.

- To produce positive change, prevention practitioners must understand the cultural context of their target community and have the willingness and skills to work within this context.

- This means drawing on community-based values, traditions, and customs, and working with knowledgeable persons of and from the community to plan, implement, and evaluate prevention activities.

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

WHAT IS LINGUISTIC COMPETENCE?

- This is the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities.

- All policy, structures, practices, procedures and dedicated resources support this capacity.

Goode, T.G., and Jones, W.A. (2003) Linguistic Competence in Service Delivery. National Center for Cultural Competence.

WHY DO WE NEED CLAS STANDARDS?

- 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.

- https://thinkculturalhealth.hhs.gov/clas

"Santeria and Voodoo are not delusions" – Lesson on Cultural Competency

WHAT ARE THE NATIONAL CLAS STANDARDS?

Principal Standard

1. Standards that were developed to ensure that 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.

CATEGORIES FOR THE CLAS:

- Governance, Leadership, and Workforce

- Communication, and Language Assistance

- Engagement, Continuous Improvement, and Accountability

CLAS STANDARDS FOR GOVERNANCE, LEADERSHIP, AND WORKFORCE

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

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

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

CLAS STANDARDS FOR COMMUNICATION AND LANGUAGE ASSISTANCE

5. 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.

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

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

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

"But I thought my son said he was acing all his classes..." – Lesson on Cultural Competency

CLAS STANDARDS FOR ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

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

11. 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.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

CLAS STANDARDS FOR ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY

CLAS Guidelines USDHHS. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

CLAS STANDARDS FOR ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY

14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

"Families have a voice!" – Lesson on Cultural Competency

WHEN IN DOUBT ABOUT A PERSON'S CULTURAL NORMS/PREFERENCES, WHAT SHOULD YOU DO?

A) Don't insult them by asking a lot of questions.

B) Treat them like everybody else.

C) Ask them about their culture.
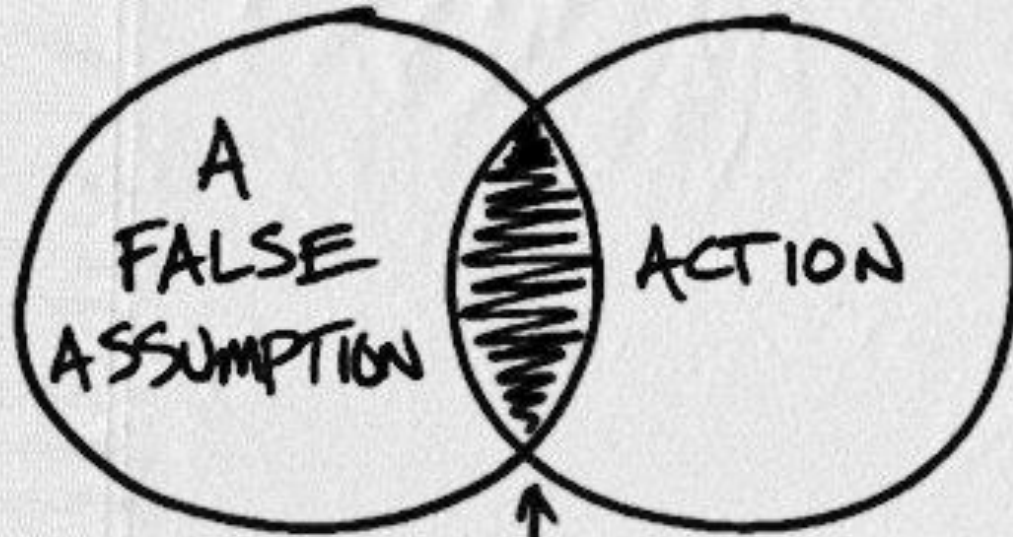
EXPLICIT BIAS VS. IMPLICIT/UNCONSCIOUS BIAS

EXPLICIT BIAS

- Consciously express statements or behave in a way that conveys an attitude, belief or stereotype about an individual or group.
- Individual is **aware** of his or her behavior and it is under conscious control.
- Individual's behavior is **intentional**.

IMPLICIT/UNCONSCIOUS BIAS

- Also known as implicit social cognition, **implicit bias** refers to the attitudes or stereotypes that effect our understanding, actions, and decisions in an **unconscious manner**.
- These biases, which encompass both favorable and unfavorable assessments, are **activated involuntary** and without an individual's awareness or intentional control.

IMPLICIT ASSOCIATION TEST (IAT)

- Online test designed to detect the strengths of a person's automatic association between mental representations of objects(concepts) in memory.

- For example, the IAT measures the strength of associations between concepts, (e.g. African American people, gay or lesbian people, etc.) and evaluations, (e.g. good, Bad, etc.) or stereotypes, (e.g. athletic, clumsy, etc.)

- Tests on race, age, weight, sexual orientation, etc.

- A growing number of studies show a positive connection between one's "score" on the IAT and his or her explicit behavior and/ or attitudes.

- https://implicit.harvard.edu/implicit/takeatest.html

WHAT HELPS DIMINISH BIAS IN THE WORKPLACE?

Education:

- Understand the research.

- Increase conscious awareness of how subtle bias operates.

- Awareness of prevailing societal stereotypes.

Actions:

- Workshops for faculty staff and students.

- Workforce development.

- Ongoing review of departmental/organizational practices.
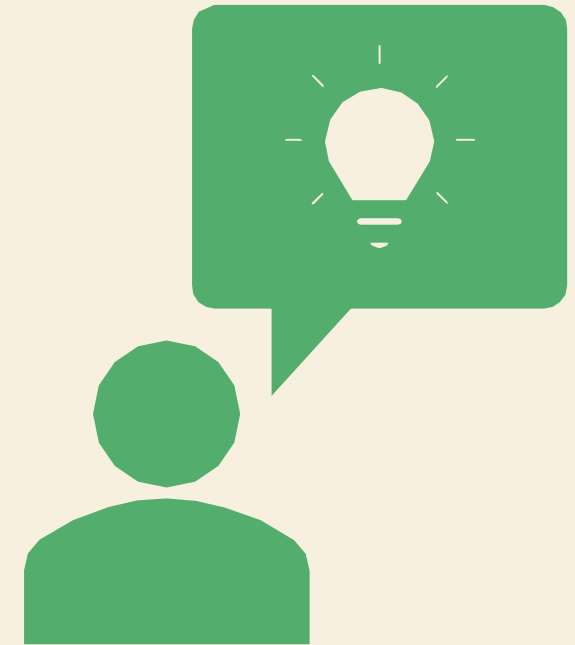
WHAT HELPS DIMINISH OUR OWN PERSONAL IMPLICIT BIAS?

- Take the IAT to develop insight into our own personal biases.

- Increase opportunities for significant engagement with individuals and communities that differ from your own.

- Create a 2-week journal of "assumptions and associations".

- Practice self reflection and awareness of personal dislikes, inclinations, tendencies, etc.

- Practice "D-3r" Detect, Reflect, Reject and Retrain.

TEST YOUR IMPLICIT BIAS

A father and son are in a horrible car crash that kills the dad. The son is rushed to the hospital; just as he's about to go under the knife, the surgeon says, "I can't operate—that boy is my son!"
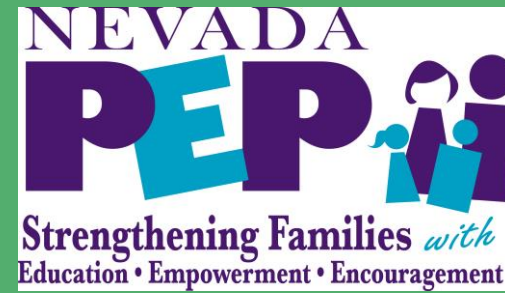
How could this be?

QUESTIONS?

THANK YOU!

"Other than the booing, I think they liked our presentation."

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