Video links

VOX: Slavery and Medical System https://www.youtube.com/watch?v=IfYRzxeMdGs
8:49

Interchangeable social determinants of health videos (does not include historical analysis

Animation explaining social determinants of health (1150) Social Determinants of Health – YouTube 7:06mins

Zip code and genetic code (1150) Addressing Social Determinants of Health in Minnesota (LONG Version) – YouTube 7:40mins

Why CLAS Think Health
https://www.youtube.com/watch?v=O6xOLto2t6w&feature=youtu.be 6:40

Implementing the National Culturally and Linguistically Appropriate Service (CLAS) Standards

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You're Invited!

LAND ACKNOWLEDGMENT

To be present
To question your objectivity
To consider alternative perspectives
To lean in to discomfort
To engage in active listening
To speak your truth
To engage in collective learning
To put into action what you learn
To be brave

Just text your zip code or your city and state (separated by a comma) to (907) 312-5085 to find out the Native Land you are on!

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Our Mission

TO IMPLEMENT CULTURAL COMPETENCE CONCEPTS AND TOOLS INTO POLICIES AND PROGRAMS ACROSS SYSTEMS.

Our Vision

WE ENVISION A SOCIETY WHERE DIVERSE POPULATIONS ACHIEVE EQUITABLE OUTCOMES.

Our Approach

AT MACC WE STRIVE TO CREATE A NETWORK OF PROFESSIONALS DEDICATED TO COLLECTIVE LEARNING, ADVOCACY, ACTIVISM, POWER SHARING AND MULTI-ETHNIC REPRESENTATION.

What to Expect

After this training, you will be able to:

- Understand the history of CLAS standards
- Understand Health Equity and social determinants of health
- Describe the imperatives for implementing CLAS in your organization
- Identify your organization's strengths and weaknesses relative to delivering cultural and linguistic appropriate services
- Examine and discuss possible strategies, resources and tools for implementing CLAS in your organization and/or behavioral health care setting
- Evaluate your organization's level of cultural and linguistic competence care to diverse patient/client base

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01 CLAS Presentation
    -Defining Health Equity
    -History of CLAS Standards
    -Overview of enhanced CLAS Standards

02 Break

03 Small Group Activity
    -Implementation Strategies

04 Large Group Activity
    -Implementation Strategy Report Out

05 Completion of Evaluations/Next Steps

Striving for Health Equity

The US Department of Health and Human Services defines Health Equity as:

"the attainment of the highest level of health for all people."

The definition continues stating that,

"achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices and the elimination of health and healthcare disparities"

Causes of Inequity in Health Outcomes

Social Determinants of Health

Employment
Food Insecurity
Housing Instability
Poverty

Access to Foods that Support
Healthy Eating Patterns
Crime and Violence
Environmental Conditions
Quality of Housing

Early Childhood Development
High School Diploma
Higher Education
Literacy

Civic Participation
Discrimination
Incarceration
Social Cohesion

Access to Health
CareAccess to Primary
CareHealth Literacy

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Health Disparities in COVID-19 Related Deaths

These are the documented, nationwide actual mortality impacts from COVID-19 data (aggregated from all U.S. states and the District of Columbia) for all race groups:

- **1 in 920** Black Americans has died (or 108.4 deaths per 100,000)
- **1 in 1,110** Indigenous Americans has died (or 90.0 deaths per 100,000)
- **1 in 1,360** Latino Americans has died (or 73.5 deaths per 100,000)
- **1 in 1,450** Pacific Islander Americans has died (or 68.9 deaths per 100,000).
- Note that this rate declined slightly from our prior update due to the new inclusion of data for the state of Hawaii, which was not previously available, in its calculation.
- **1 in 1,840** White Americans has died (or 54.4 deaths per 100,000)
- **1 in 2,200** Asian Americans has died (or 45.4 deaths per 100,000)

Racism is a Public Health Crisis!

State and local governments that have either passed or are considering declarations that racism is a public health crisis:

Goleta, CA	Akron, OH
San Bernardino County, CA	Cleveland
Denver	Columbus, OH
Indianapolis	Franklin County, OH
Marion County, IN	Summit County, OH
Baltimore	Kansas City, MO
Anne Arundel County, MD	Pittsburgh
Montgomery County, MD	Wisconsin
Somerville, MA	Appleton, WI
Michigan	Milwaukee, WI
Ingham County, MI	Milwaukee County, WI
Ohio	Madison, WI

Source: *Stateline* research

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https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/06/15/racism-is-a-public-health-crisis-say-cities-and-counties

Franklin County Board of Health Commitments

Equity and Justice

Identify specific activities, policies and procedures to embrace diversity and to incorporate antiracism principles across the agency, leadership, staffing and contracting.

Advocacy

Advocate for relevant policies that improve health in communities of color, and supports local, state, regional, and federal initiatives that advance efforts to dismantle systemic racism.

Alliances and Partnerships

Work to build alliances and partnerships with other organizations that are confronting racism and encourages other local, state, regional and national entities to recognize racism as a public health crisis.

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"The racial differences that we measure are the consequence of the centuries of policies, practices, and systems that have intentionally provided advantage to some while, simultaneously, intentionally subjecting others to disadvantage."

~ Dr. Arthur James, Board of Health Member, OSU Wexner Medical Center

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Unpacking Social Determinants of Health

Historical Perspectives Activity

Social and Community Context

Using the video, please provide an example of social and community contexts impact on healthcare disparities.

Health and Healthcare

Using the video, please provide an example of the impact of historical heallth and healthcare practices on today's healthcare disparities.

Neighborhood and Built Environment

Using the video, please provide an example of the Neighborhood and Built Environment's impact on healthcare disparities.

Economic Stability

Using the video, please provide an example of Economic Stability's impact on heatlhcare disparities.

Education

Using the video, please provide an example of education's mpact on healthcare disparities.

VOX The US medical system is still haunted by slavery: https://www.youtube.com/watch?v=IfYRzxeMdGs

Healthcare is a Cultural Construct

Healthcare 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.

Culture influences:

How healthcare information is received and what type of information should be given.

How rights and protections are exercised and who is given rights and protections.

What's considered to be a health problem and how symptoms & concerns about that problem are expressed.

Who should provide treatment and what type of treatment shall be given.

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Why should we strive for Cultural Competence?

Because Health Disparities Exist

Many people with marginalized identities are disproportionately impacted by disparate healthcare.

Changing Demographics

The United States racial population is becoming increasingly more diverse. in 2020 more than half the population are BIPOC.

Human Dignity

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human no matter their background or identity.
-WHO

To achieve Health Equity

Culturally responsive care creates higher patience adherence to care, improvements in health outcomes, and increases in agency morale.

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WHY SHOULD WE USE CLAS STANDARDS?
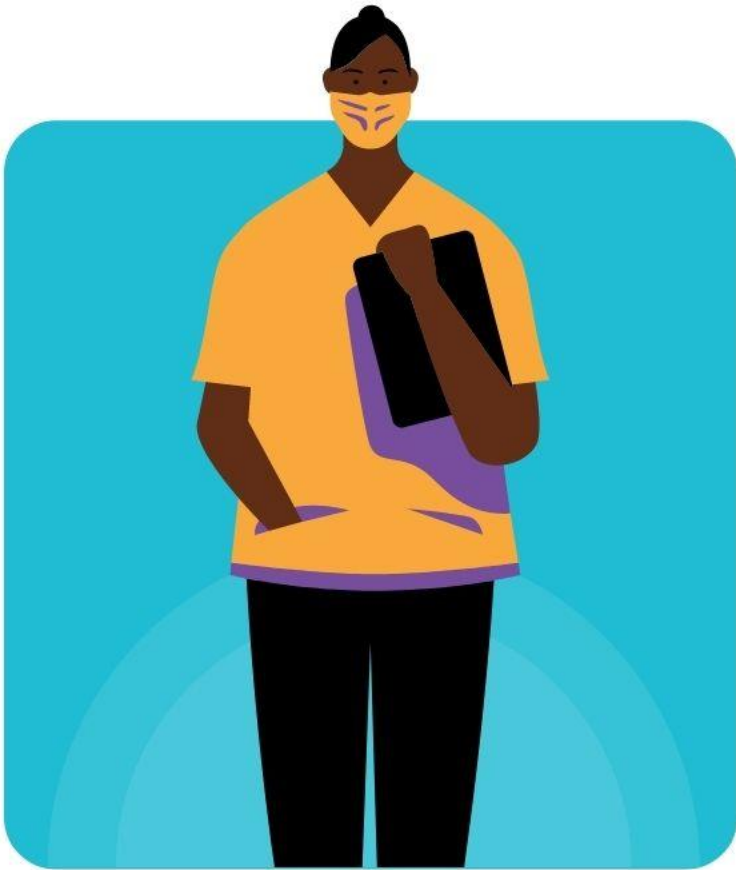
"CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences".

— Think Cultural Health

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Definitions

Culturally and linguistically appropriate health care and services (CLAS)

Broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals (Adapted from Cross, 1989)

Cultural Competence (Ohio)

Cultural Competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

CLAS Standards

"The collective set of CLAS mandates, guidelines, and recommendations issued by the HHS Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services".

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Definitions

Translation

Is the conversion of a message (usually written) from one language (the source language) into written form in another language (the target language)

Interpretation

Is the conversion of a message (usually oral) from one language (the source language) into oral form in another language (the target language).

Linguistic Competence

The capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities

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CLAS Standards

Mandates

required by current federal laws for all recipients of federal funds...these standards are the most critical level of stringency and are "mandated". This does not mean they are the highest standards or best practices.

Guidelines

recommended for adoption as mandates by federal, state and accrediting agencies...these standards are the "guidelines" currently recommended for adoption as mandates by federal, state and accreditation bodies.

Suggestions

recommended for voluntary adoption by health care organizations...these standards are "suggestions" recommended for voluntary adoption by health care organizations.

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The History of the National CLAS Stadards

The National Standards for Culturally and Linguistically Appropriate Services in Health Care was first established in 2000 with 14 published standards. These standards provoide the framework for all health organzations to be best serve the nation's diverse comunities.

In fall of 2013, the Office of Minority Health launched the National CLAS Standards Enhancement Initiative in order to revise the Standards to reflect the past decade's advancements, expand their scope, and improve their clarity to ensure understanding and implementation.

With the enhancement initiative, the National CLAS Standards will continue into the next decade as the cornerstone for advancing health equity through culturally and linguistically appropriate services.

2000 Standards vs 2013 Standards

2000 Standards

The Goal
To decrease health care disparities and make practices more culturally and linguistically appropriate

Culture
Racial, ethnic and linguistic groups

Audience
Healthcare Organizations

Recipients
Patients and Consumers

Heatlh
Implicit definition of health

2013 Standards

The Goal
To advance health equity, improve quality and help eliminate health and health care disparities.

Culture
Racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics

Audience
Healthcare and Health Organizations

Recipients
Individuals and groups

Heatlh
Explicit definition of health to include physical, mental, social and spiritual well-being

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CLAS Standards

Principal Standard

Frames
the essential goal of all
of the Standards.
If all Standards are
adopted, implemented,
and maintained, then
the
Principal Standard will
be achieved.

**Theme 1:
Governance,
Leadership, and
Workforce**

Provides guidance on
developing leadership
capacity in health
care organizations for
promoting and
sustaining CLAS

**Theme 2:
Communication and Language
Assistance**

Provides recommendations to
health care organizations for
addressing language and other
communication barriers to
adequately meet the needs of
people with limited English
proficiency

**Theme 3: Engagement,
Continuous
Improvement, and
Accountability**

Provides a
blueprint for establishing
community engagement and
includes recommendations on
conducting community
assessments

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Principal Standard

Standard 1

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.

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Theme 1: <u>Governance</u>, <u>Leadership</u> <u>& Workforce</u>

Standards 2-4

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Provides guidance on developing leadership capacity in health care organizations for promoting and sustaining CLAS.

Governance, Leadership, and Workforce

Standard 2

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

Standard 3

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

Standard 4

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
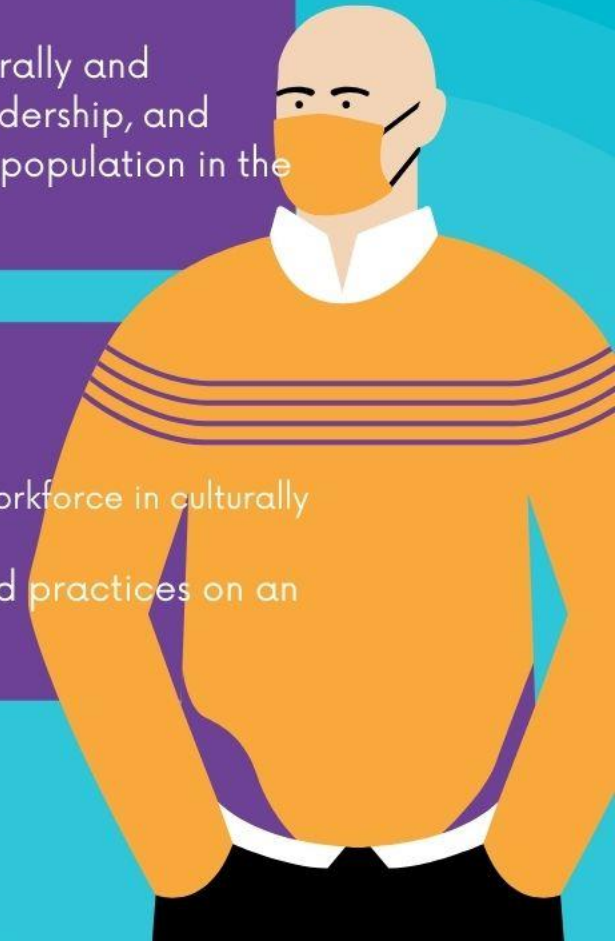
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Theme 2: Communication and Language Assistance

Mandated Standards 5-8

Broadens the understanding and application of appropriate services to include all communication needs and services, e.g., sign language, braille, oral interpretation, and written translation.

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Communication and Language Assistance

Standard 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.

Standard 6

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

Standard 7

Ensure the Competence of Individuals Providing Language Assistance.
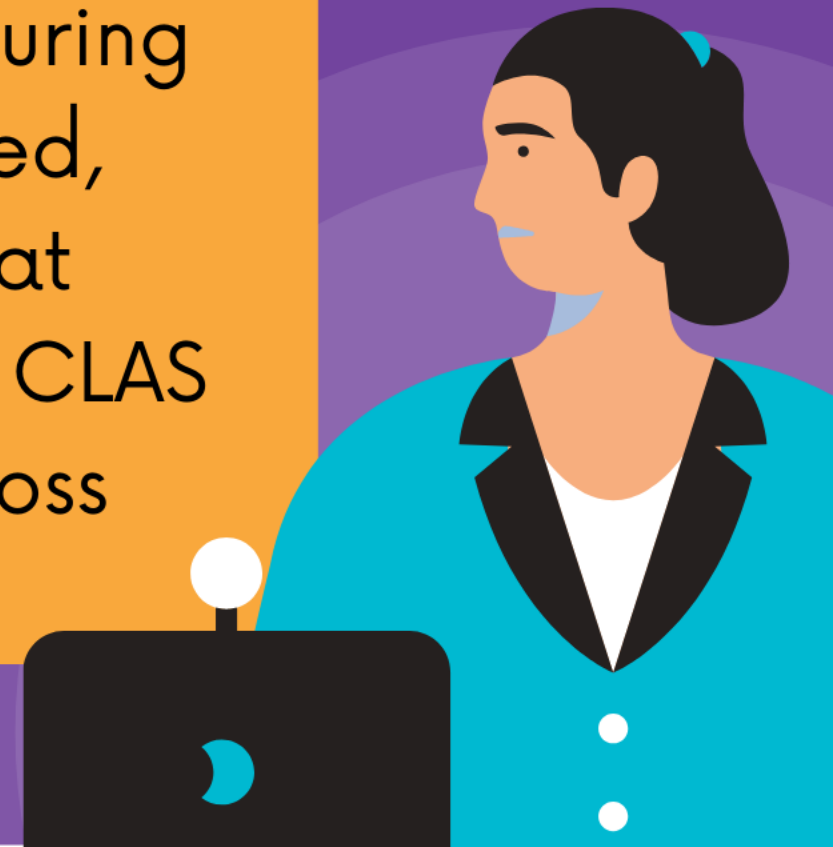
Standard 8

Provide Easy-to-Understand Materials and Signage.

Theme 3: Engagement, Continuous Improvement, and Accountability

Standards 9-15

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Underscores the importance of establishing individual responsibility for ensuring that CLAS is supported, while maintaining that effective delivery of CLAS demands action across organizations.

Engagement, Continuous Improvement, and Accountability

Standard 9

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

Standard 10

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

Standard 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.

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Engagement, Continuous Improvement, and Accountability

Standard 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.

Standard 13

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

Standard 14

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

Standard 15

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

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BE BACK IN 10 MINS

Break Time

Self Care is an important component of Health

UP NEXT:

CLAS STANDARDS
GROUP IMPLEMENTATION
STRATEGIES ACTIVITY

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Theme 1: Governance, Leadership, and Workforce (Standards 2-4)

Provides guidance on developing leadership capacity in health care organizations for promoting and sustaining CLAS.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 2 in your organization.

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- Create and sustain an environment of cultural competency through establishing leadership structures.
- Identify and develop informed and committed champions of cultural competency throughout the organization.
- Ensure that a commitment to culturally competent care ireflected in the vision, goals, and mission of the organization and couple this with an actionable plan.
- Implement strategies to recruit, retain, and promote at all levels of the organization a diverse leadership that reflects the demographic characteristics of the populations in the service area.
- Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices in the organization are available.

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Theme 1: Governance, Leadership, and Workforce (Standards 2-4)

Provides guidance on developing leadership capacity in health care organizations for promoting and sustaining CLAS.
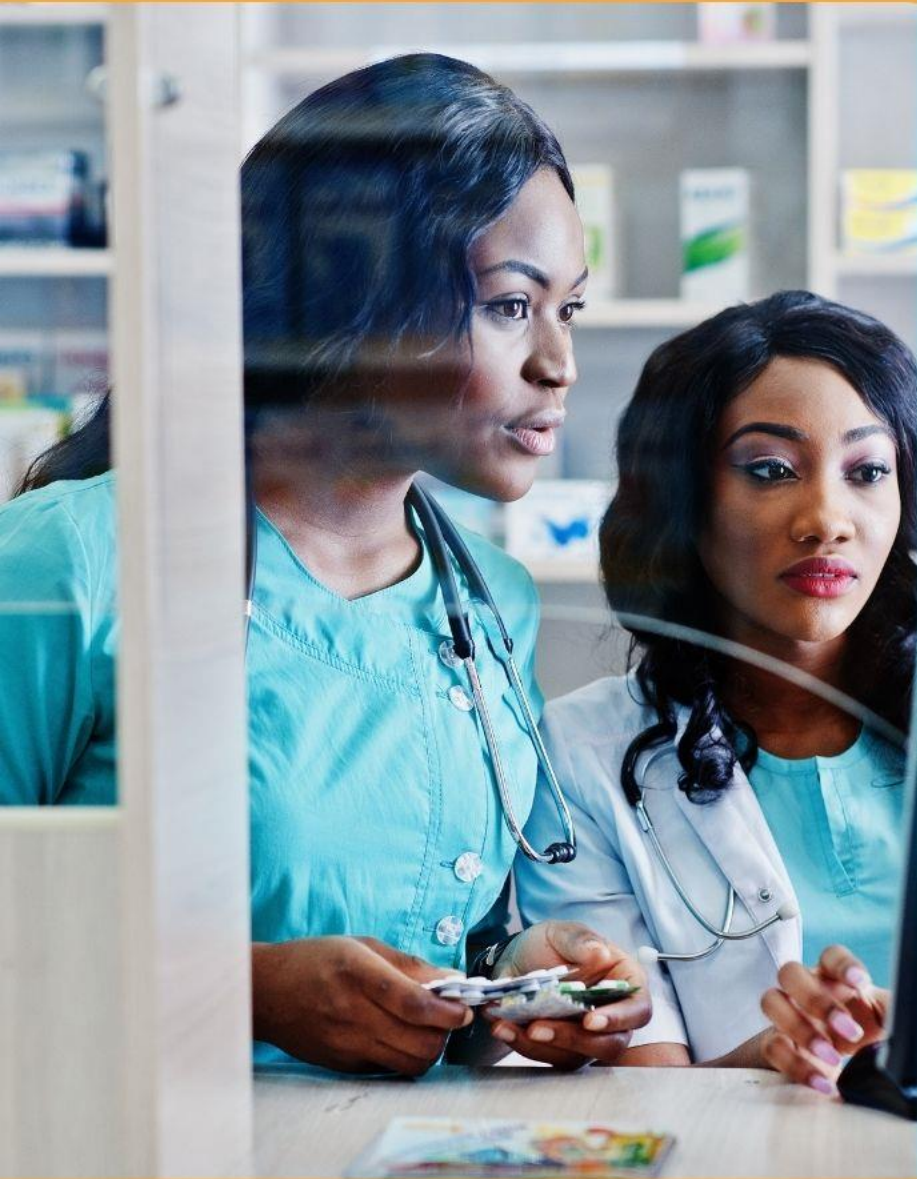
Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 3 in your organization.

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- Advertise job opportunities in targeted foreign language and minority health professional associations' job boards, publications, and other media (e.g., social media networks, professional organizations' email Listservs, etc.), and post information in multiple languages.
- Develop relationships with local schools, training programs, and faith-based organizations to expand recruitment base.
- Create a work environment that respects and accommodates the cultural diversity of the local workforce.
- Develop, maintain, and promote continuing education and career development opportunities so all staff members may progress within the organization.
- Conduct regular, explicit assessments of hiring and retention data, current workforce demographics, promotion demographics, and community demographics.

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Theme 1: Governance, Leadership, and Workforce (Standards 2-4)

Provides guidance on developing leadership capacity in health care organizations for promoting and sustaining CLAS.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 4 in your organization.

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- Engage staff in dialogues about meeting the needs of diverse populations.
- Provide ongoing in-service training on ways to meet the unique needs of the population, including regular in-services on how and when to access language services for individuals with limited English proficiency.
- Allocate resources to train current staff in cultural competency or as medical interpreters if they speak a second language, have completed language assessments, and show an interest in interpretation.
- Incorporate cultural competency and CLAS into staff evaluations.

Theme 2: Communication and Language Assistance (Standards 5-8)

Broadens the understanding and application of appropriate services to include all communication needs and services, e.g., sign language, braille, oral interpretation, and written translation.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 5 in your organization.

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- Ensure that staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures.
- Develop processes for identifying the language(s) an individual speaks (e.g., language identification flash cards or "I speak" cards) and for adding this information to that person's health record.
- Use qualified and trained interpreters to facilitate communication, including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters.

Theme 2: Communication and Language Assistance (Standards 5-8)

Broadens the understanding and application of appropriate services to include all communication needs and services, e.g., sign language, braille, oral interpretation, and written translation.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 6 in your organization.

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- Determine the content and language of notices.
- Decide how to communicate or provide notice to individuals.
- Decide where to provide notice to individuals about the availability of assistance.
- Notification should be easy to understand at a low literacy level.

ENTRANCE

Theme 2: Communication and Language Assistance (Standards 5-8)

Broadens the understanding and application of appropriate services to include all communication needs and services, e.g., sign language, braille, oral interpretation, and written translation.
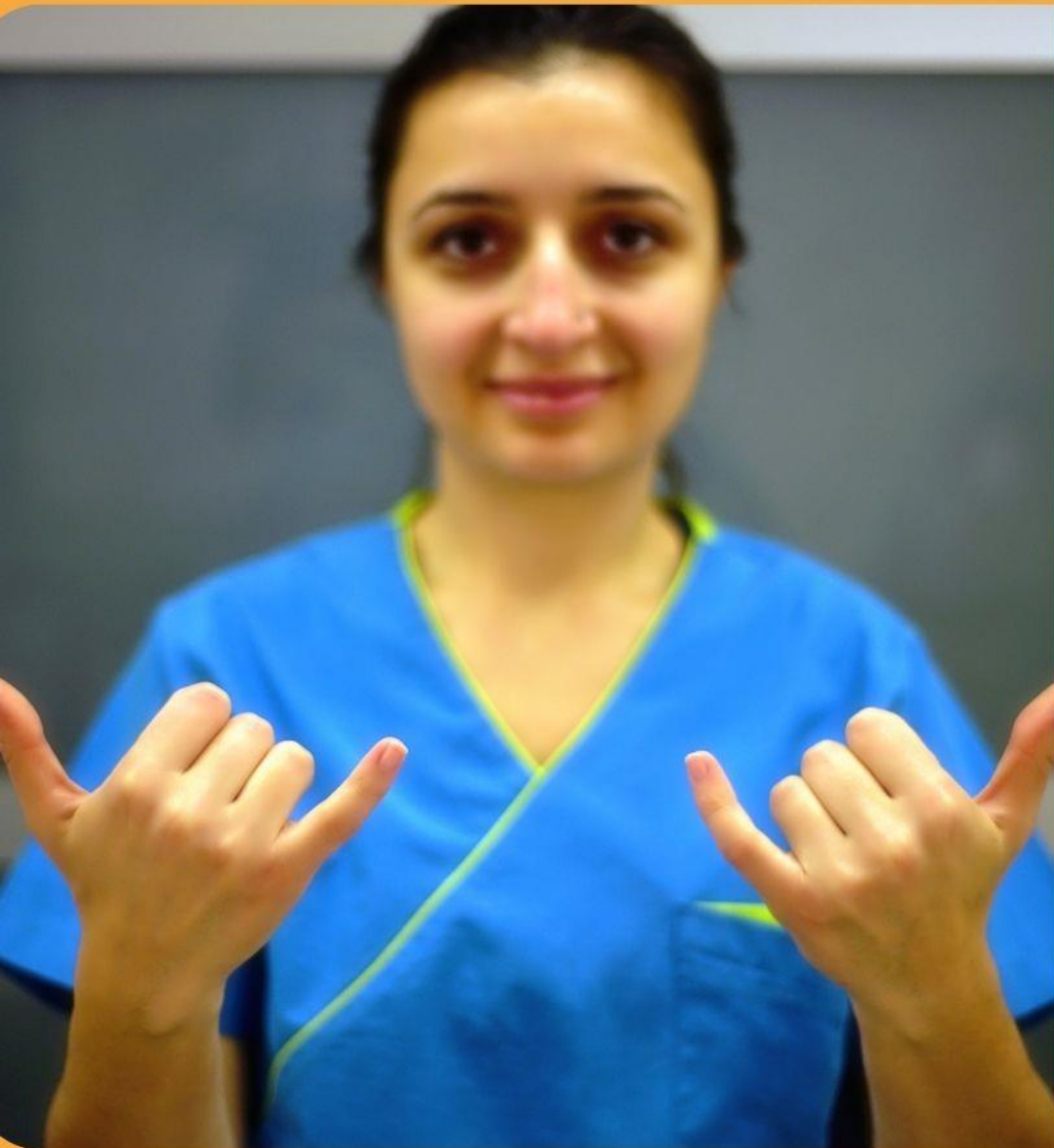
Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 7 in your organization.

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- Assess the individual's language ability.
- Assess the individual's ability to provide language assistance.
- Employ a "multifaceted model" of language assistance.

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Theme 2: Communication and Language Assistance (Standards 5-8)

Broadens the understanding and application of appropriate services to include all communication needs and services, e.g., sign language, braille, oral interpretation, and written translation.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 8 in your organization.

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- Identify sources for signage and patient educational resources and materials in different languages.
- Post language specific directional and welcome signs in offices/agencies.
- Identify and place low literacy, bilingual, and language specific educational brochures in offices/agencies.
- Partner with Interpreters to identify the greatest needs.
- Create multi-language documents and educational materials based on a facility's greatest needs (i.e., patient groups most often encountered).
- Institute reading- to- the blind program that may be adapted to minority populations.

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Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

Underscores the importance of establishing individual responsibility for ensuring that CLAS is supported, while maintaining that effective delivery of CLAS demands action across organizations.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 9 in your organization.

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- Engage the support of governance and leadership, and encourage the allocation of resources to support the development, implementation, and maintenance of culturally and linguistically appropriate services.
- Encourage governance and leadership to establish education and training requirements relating to culturally and linguistically appropriate services for all individuals in the organization, including themselves.
- Identify champions within and outside the organization to advocate for CLAS, to emphasize the business case and rationale for CLAS, and encourage full-scale implementation.
- Hold organizational retreats to identify goals, objectives, and timelines to provide culturally and linguistically appropriate services.
- Establish accountability mechanisms throughout the organization, including staff evaluations, individuals' satisfaction measures, and quality improvement measures.

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Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

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Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 10 in your organization.

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- Conduct an organizational assessment or a cultural audit.
- Use results from assessments to identify assets.
- Following the assessment, prepare adequate plans for developing CLAS.

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Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

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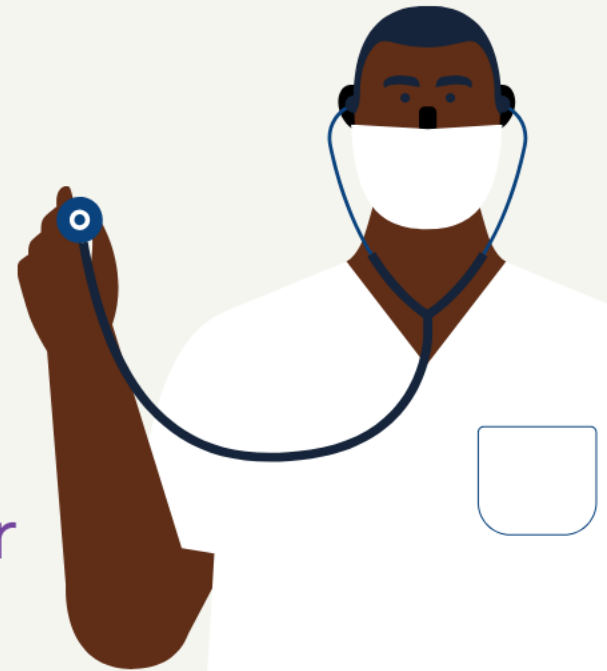
Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 11 in your organization.

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- Ask for data early — ideally, during admission or registration.
- Before obtaining information, develop a script to communicate that this information is important.
- Explain how it will be used to improve care and services and to prevent discrimination.
  - Ths information will be kept confidential.
  - In addition, address any concerns up front and clearly.
- Individual self-report — select their own race, ethnicity, language, etc.

Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

Underscores the importance of establishing individual responsibility for ensuring that CLAS is supported, while maintaining that effective delivery of CLAS demands action across organizations.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 12 in your organization.

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- Partner with other organizations to negotiate a data sharing agreement, which could facilitate the linking of different types of data.
- Collaborate with other organizations and stakeholders in data collection, analysis, and reporting efforts to increase data reliability and validity.
- Conduct focus groups with individuals in the community.
- Review demographic data collected with local health and behavioral health care organizations .
- Use multiple sources in the community to collect data, including faith-based organizations, social workers, and managed care organizations

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Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

Underscores the importance of establishing individual responsibility for ensuring that CLAS is supported, while maintaining that effective delivery of CLAS demands action across organizations.

Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 13 in your organization.

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- Partner with local culturally diverse media.
- Build coalitions with community partners.
- Convene town hall meetings, hold community forums, and/or conduct focus groups.
- Develop opportunities for capacity building initiatives.
- Utilize cultural brokers.

Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

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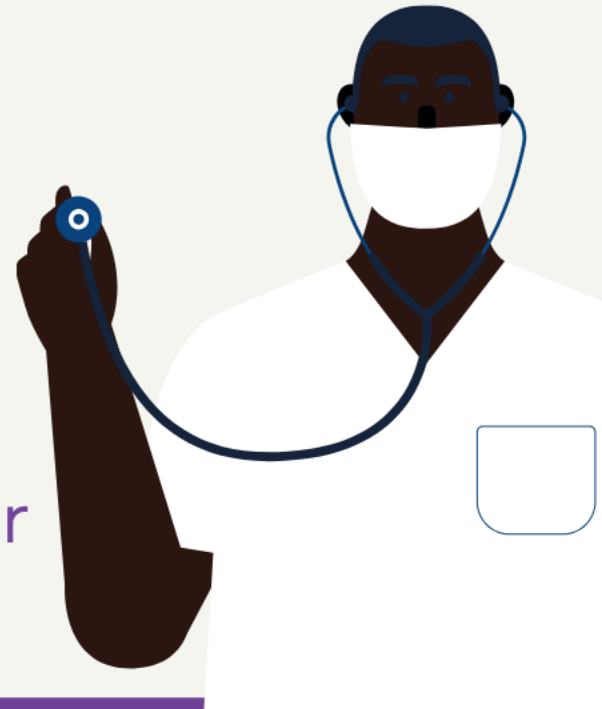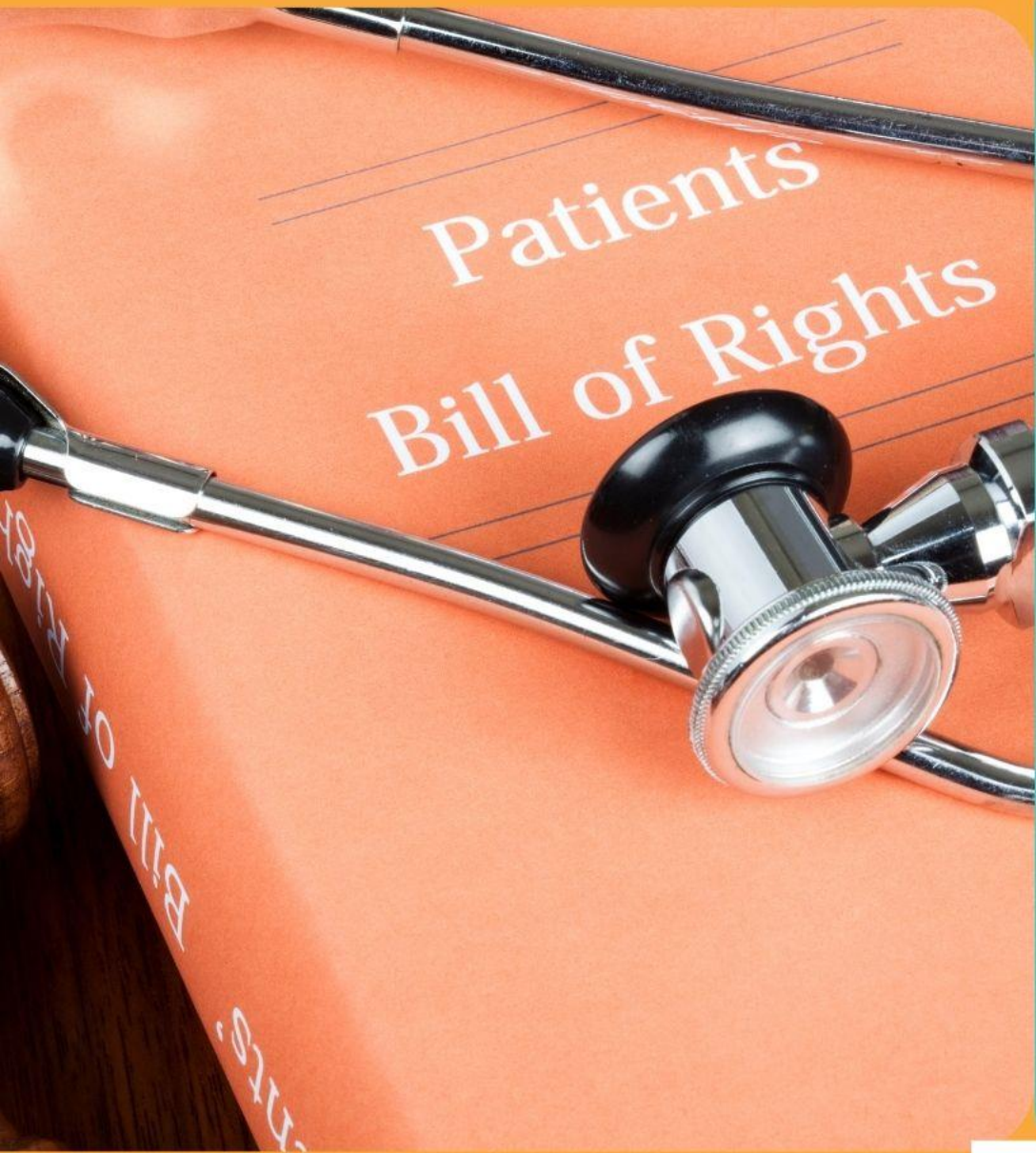
Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 14 in your organization.

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- Provide cross-cultural communication training.
- Provide notice in signage, translated materials, and other media about individual rights.
- Obtain feedback from the community.
- Hire patient advocates or ombudspersons.

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Theme 3: Engagement, Continuous Improvement, and Accountability (Standards 9-15)

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Small Group Activity

Be prepared to report out.

Identify THREE strategies that can be implemented for Standard 15 in your organization.

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- Draft and distribute materials that demonstrate efforts to be culturally and linguistically responsive.
- Partner with community organizations to lead discussions about the services provided and progress made.
- Create advisory boards to consult with community partners on issues affecting diverse populations and how best to serve and reach them.
- Engage community-based workers to help craft and deliver messages and implications of data.

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Large Group Activity

1. Chosing one CLAS standard to focus on, identify a strategy for implementation.
2. Brainstorm 2 potential barriers to implementing the strategy.
3. Brainstorm 2 potential successes after implementing the strategy.

Action Planning

Declare Racism as a Public Health Crisis!

Join MACC, Franklin County Board of Health and many other cities in states in declaring racism as a public health crisis. Share the resource page and advocacy letter with your contacts. Visit MACC's website for more information.

Questions or comments?

Thank You!

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