



**DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH:
CULTURALLY AND LINGUISTICALLY
APPROPRIATE SERVICES (CLAS)**

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CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

Health is...



a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.*

And Public Health is...



what we as a society do collectively to assure the conditions in which people can be healthy.**

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

The enhanced National CLAS Standards are intended to:

- advance health equity,
- improve quality, and
- help eliminate health care disparities.

CLAS establishes a blueprint for individuals, as well as health and health care organizations, to implement culturally and linguistically appropriate services.

CLAS STANDARDS

CLAS standards are a comprehensive series of guidelines that **inform, guide, and facilitate** practices related to culturally and linguistically appropriate health services.

ENHANCED CLAS STANDARDS

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

NATIONAL CLAS STANDARDS STRUCTURE

- 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.
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability (Standards 9-15)

CLAS STANDARDS IMPLEMENTATION

- The Standards' implementation “on the ground” will vary from organization to organization.
- It is important for individuals and organizations to have a vision of what culturally and linguistically appropriate services will look like in practice and to identify available and required resources.

THE CASE FOR THE NATIONAL CLAS STANDARDS

National CLAS Standards were developed in response to:

- Health and health care disparities:
 - Institute of Medicine's publication of *Unequal Treatment* in 2003, and
 - culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities.
- Changing demographics:
 - rapid changes in demographic trends in the U.S. in the last decade.

THE CASE FOR THE NATIONAL CLAS STANDARDS (continued)

- Legal and accreditation requirements, which have helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services:
 - national accreditation standards for professional licensure in the fields of medicine and nursing, Public Health Accreditation Board (PHAB), and
 - health care policies, such as the Affordable Care Act.

THE CASE FOR THE NATIONAL CLAS STANDARDS (continued)

- According to *The Economic Burden of Health Inequalities in the United States*:
 - The cost of direct medical care related to disparities is \$229.4 billion.
 - Combined costs of health inequalities and premature death is \$1.24 trillion.

Source: *The Economic Burden of Health Inequalities in the United States* (Joint Center for Political and Economic Studies, 2009)

THE WISCONSIN CASE FOR THE NATIONAL CLAS STANDARDS

- Health disparities
- Cost of disparities
- Access to care
- Quality of care
- Federal and state requirements
- Risk management

THE WISCONSIN CASE FOR THE NATIONAL CLAS STANDARDS (continued)

- Minorities make up 17 percent of Wisconsin's population.
- Health disparities impact one in seven Wisconsin residents.
- Health of Wisconsin Report Cards (2007, 2013), University of Wisconsin Population Health:
 - B- for overall health of Wisconsin residents.
 - D for health disparities in Wisconsin.

ACCESS TO CARE IN WISCONSIN

The American Community Survey 5-year estimate of Wisconsin (2008-12) found that:

- 3.2 percent speak English less than “very well” ;
- 10.9 percent of all Wisconsin residents live with a disability; among those 65 and over, the number rises to 32.7 percent;
- 9.9 percent of those 25 and older have less than a high school education; and
- 8.4 percent of all families and 12.5 percent of all people in Wisconsin live below the poverty level.

QUALITY OF CARE

Culturally and linguistically appropriate services are increasingly recognized as effective in improving:

- the quality of services increasing patient safety (e.g., through preventing miscommunication, facilitating accurate assessment and diagnosis);
- enhancing effectiveness; and
- underscoring patient-centeredness.

Sources:

Beach et al., 2004; Goode et al., 2006.

Betancourt, 2006; Brach & Fraser, 2000; Thom, Hall, & Pawlson, 2004.

FEDERAL AND STATE REQUIREMENTS

- The Joint Commission Requirements (2012)
- National Committee on Quality Assurance HEDIS (2014)
- The Patient Protection and Affordable Care Act (2010)
- Americans with Disabilities Act (1990)
- Title VI of the Civil Rights Act (1964)
- Executive Order 13166 (2000)

RISK MANAGEMENT

- Lawsuit: Incorrect address translation sent medics to the wrong location:

<http://www.washingtontimes.com/news/2014/apr/15/lawsuit-bad-translation-sent-medics-to-wrong-spot/>

- Language, Culture and Medical Tragedy: The Case of Willie Ramirez:

<http://healthaffairs.org/blog/2008/11/19/language-culture-and-medical-tragedy-the-case-of-willie-ramirez/>

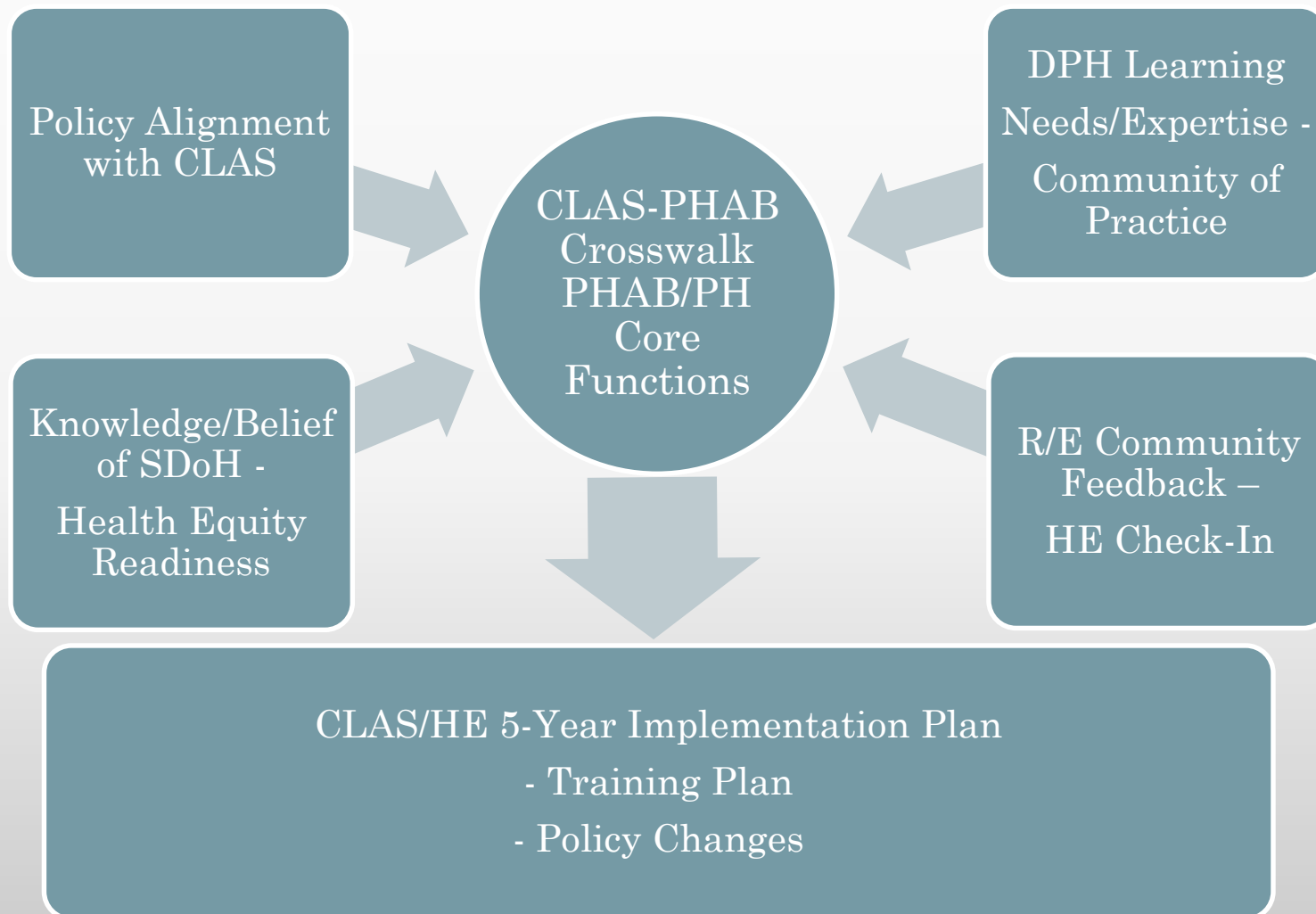
HEALTH LITERACY

- Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- Health systems in the U.S. differ from those in developing countries or in specific immigrant communities.
- Health concepts in the U.S. are different from those in immigrants' country of origin.

ADOPTING THE CLAS STANDARDS

- DPH has officially pledged to adopt and implement the CLAS standards:
 - Commitment to Health Equity
 - Quality Improvement
 - Accreditation Readiness
 - Alignment/Legal Compliance
- Next Steps:
 - Five-Year Strategic Plan for Implementing CLAS

DPH CLAS IMPLEMENTATION PLAN



Questions? Questions? Questions?

Resources: WMHP CLAS PAGE