



# **CULTURAL COMPETENCE AND NATIONAL CLAS STANDARDS**

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President, Midwest Center for Cultural Competence  
For the Great Lakes ATTC, June 13, 2018**

# What brings us here today?



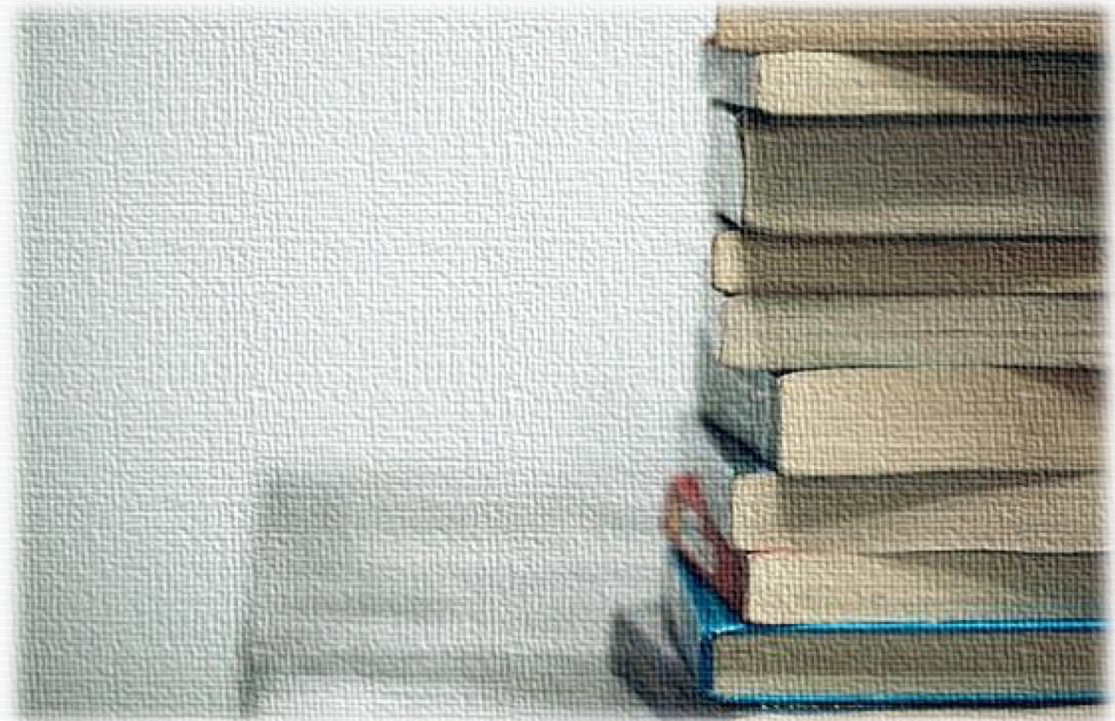
# What we'll learn . . . . .





# Why are we discussing cultural competence and CLAS?

- **Healthiest Wisconsin 2020**
- **Surgeon General's Report on Substance Use Disorder 2017**
- **Changing Demographics**
- **Health Disparities in Care and Treatment of SUD**

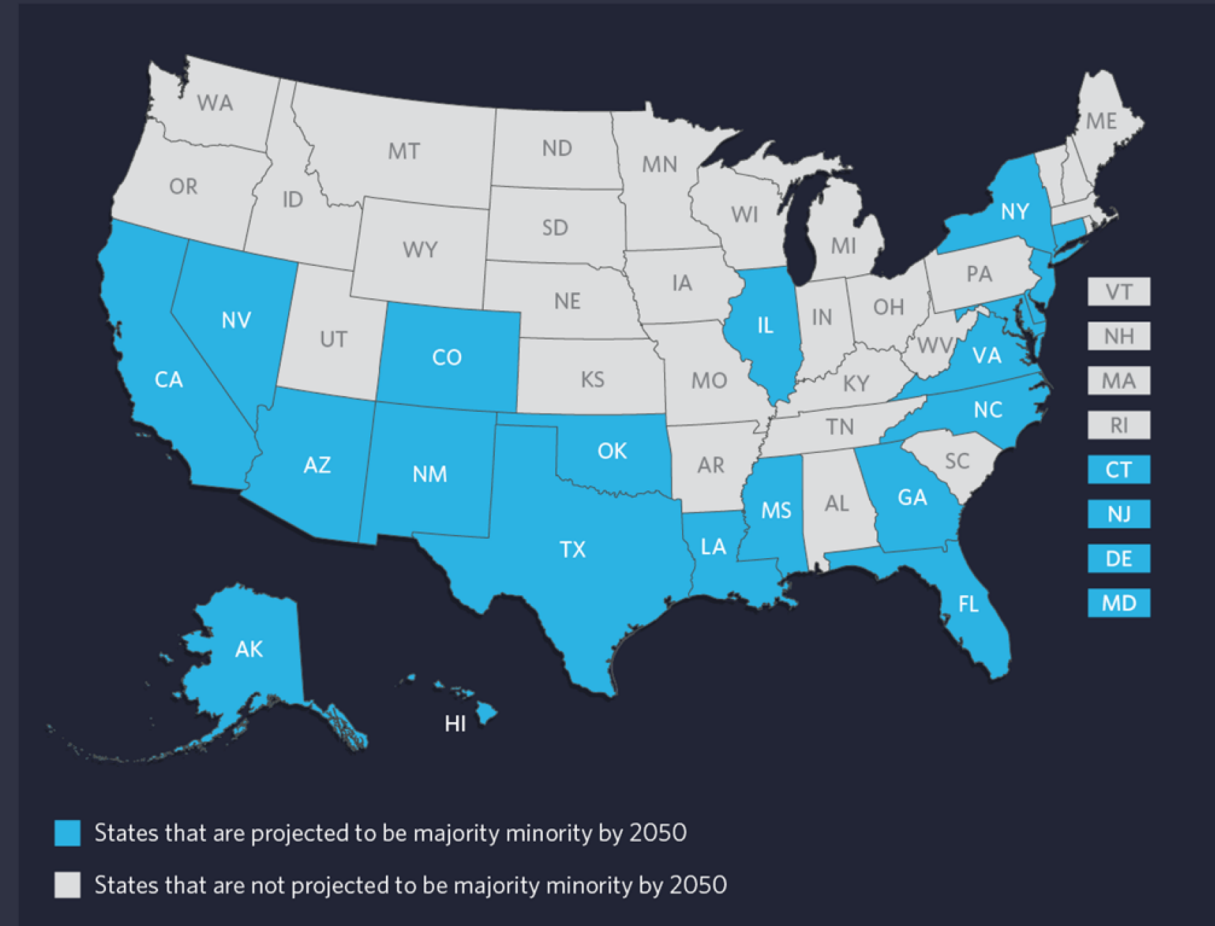




# Changing Demographics

## By 2050, 21 States Could Be Majority Minority

Demographers project that whites will become a minority in the U.S. around 2050. But that tipping point should come earlier for some states, and later in others.



Source: States of Change: The Demographic Evolution of the American Electorate, 1974-2060 from the Center for American Progress, the American Enterprise Institute, and William H. Frey from the Brookings Institution

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# Assumptions of Cultural Competence

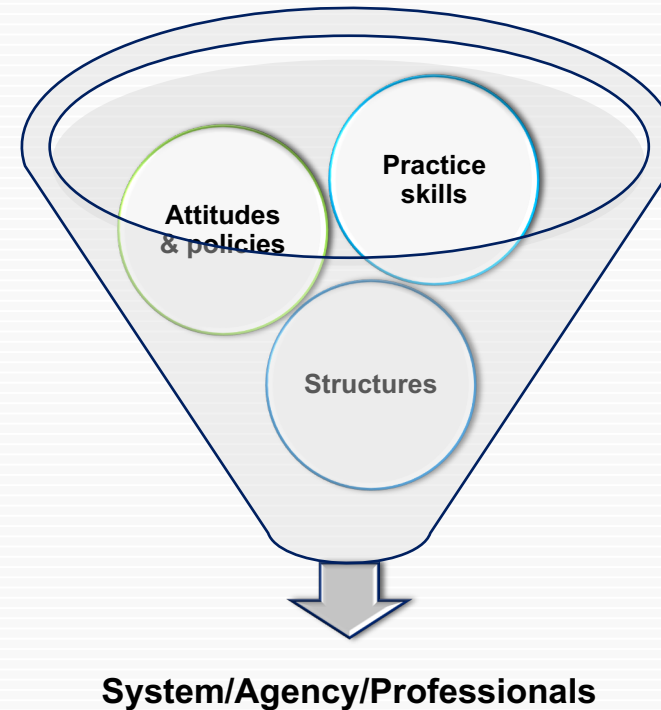
- **Empathy**
- **Compassion**
- **Self-compassion**
- **Mindfulness**
- **Relatedness**





# Defining cultural competence

**Coming together to work effectively in cross-cultural situations:**



# Cultural Competence

- What is culture?
- What is competence?
- Practical definitions, relevance, and linguistics





# ***SELF-REFLECTION***

# **CULTURAL COMPETENCE CONTINUUM**

**Cultural destruction**

**Incapacity**

**Denial**

**Pre-competence**

**Cultural Competence**

**Cultural Proficiency**



# CULTURAL COMPETENCE CONTINUUM BEGINS WITH:

## **DESTRUCTIVENESS**



## **INCAPACITY**



# CULTURAL COMPETENCE CONTINUUM PROGRESSES TO:

## **BLINDNESS/DENIAL**



## **PRE-COMPETENCE**





# CULTURAL COMPETENCE CONTINUUM IS ONGOING

## COMPETENCE



## PROFICIENCY



# SELF KNOWLEDGE AND SELF ASSESSMENT

- 1. Be aware, explore, and identify own cultural heritage**
- 2. Become mindful of values, assumptions, and biases**
- 3. Understand how your culture and values shapes your perceptions**
- 4. Identify how it shapes perceptions of normality/abnormality within the counseling process**

## **Tools:**

- Goode's Self- Assessment Checklist...<https://nccc.georgetown.edu/documents/ChecklistEIEC.pdf>

# CULTURALLY RESPONSIVE TREATMENT ENVIRONMENTS CHECKLIST

- **Organizational Values**
- **Governance**
- **Planning**
- **Evaluation Monitoring**
- **Language Services**
- **Workforce and Staff Development**
- **Organizational Infrastructure**

**Important tasks**





# WHAT ARE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)?





**Why are CLAS standards important? “...of all the forms of injustice, inequality in healthcare is the most shocking and inhumane.” Dr. Martin Luther King, Jr.**



**BECAUSE “MINORITIES AND LOW INCOME AMERICANS ARE MORE LIKELY TO BE SICK AND LESS LIKELY TO GET THE CARE THEY NEED.”**

**HHS SECRETARY KATHLEEN SEBELIUS\***

# **2012 CLAS ENHANCEMENTS**

- **Expanded definition of “health”: a state of physical, mental, social, and spiritual well-being.**
- **Standards targeted to a more inclusive audience: Health and health care organizations; beyond health care organizations**
- **Individuals and groups: Beyond patients and consumers**



# WHAT IS HEALTH EQUITY?

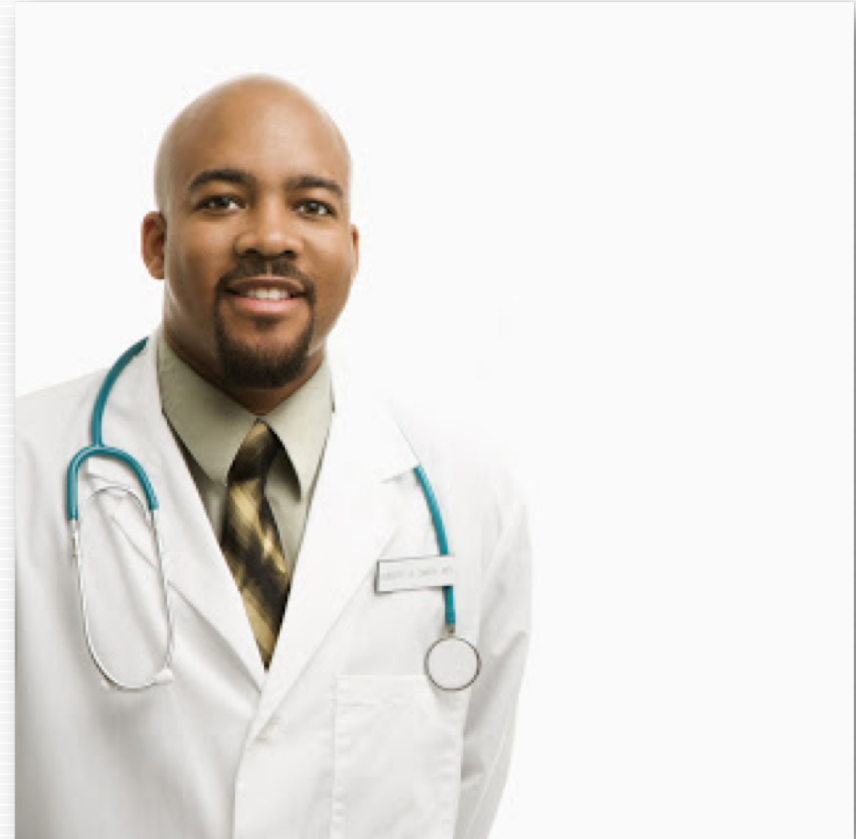
DPH Definition:

- *Ensuring that all people have the opportunity to attain their full health potential.*
- *Both process and outcome*
- *Address social determinants of health*
- *Social justice framework*



# NATIONAL CLAS STANDARDS AIM TO:

- *Advance health equity*
- *Improve quality*
- *Help eliminate health care disparities*
- *Help meet the nation's future health care*



# **BEHAVIORAL HEALTH WORKFORCE DEMOGRAPHICS—ETHNICITY:**

## **Direct Care Staff**

- **64% White**
- **19% Black or African American**
- **11% Hispanic or Latino**
- **3% American Indian/Alaska Native**

## **Clinical Directors**

- **86% White**
- **14% Hispanic/Latino**
- **10% Black or African American**
- **4% American Indian/Alaska Native**

OUR MISSION

# Advancing Health Equity at Every Point of Contact

LEARN MORE

THINK CULTURAL HEALTH



# NATIONAL CLAS STANDARDS: WHY?

**Diversity in health care  
management**

**Minority representation is  
weak**



# NATIONAL CLAS STANDARDS GOALS

- **Increase diversity in health care management**
- **Create a welcoming environment**
- **Promote trust and engagement**
- **Infuse multicultural perspectives**
- **Ensure diverse viewpoints**
- **Expand and create greater resources and experience**



# NATIONAL CLAS STANDARDS PROMOTE COMPETENCE

By providing guidance on implementing in the areas of:

- **Governance, leadership, and the workforce.**
- **Communication and language assistance.**
- **Engagement, continuous improvement, and accountability.**
- **A blueprint to provide effective, understandable, and respectful services.**



# NATIONAL CLAS STANDARDS ELIMINATE DISPARITIES

## Offer a *framework*

For individuals with respect and in accordance with their culture and language.

- Build rapport and develop a trusting relationship
- Personalize care
- Improve adherence
- Increase patient satisfaction
- These factors are critical to improving quality of services and helping to eliminate healthcare disparities

For addressing health and health care disparities





# **HEALTH DISPARITIES/INEQUITIES**

## **Health Inequities**

**Explains that these differences are unjust and preventable.**

**Definition: Differences between populations in:**

- **Rates of disease**
- **Access to health care**
- **Health outcomes**

## **Causes**

- **Social, economic, and environmental factors**
- **Barriers to getting health care**
- **Differences in quality of health care**



## DPH AND CLAS: BRIEF HISTORY



## DPH AND CLAS: RFR QUESTION

# NATIONAL CLAS STANDARDS: NEXT STEPS

- **Collaborate**
- **Establish accountability in institutions and communities**
- **Promote the case for CLAS**
- **Social justice lens**
- **Business case: the bottom line**



# SAMPLE CONTRACT

## Requirements for Implementation of National Culturally and Linguistically Appropriate Services (CLAS) Standards

The national *Culturally and Linguistically Appropriate Services* (CLAS) Standards were developed to help address many of the barriers that contribute to health disparities. In 2005, the Massachusetts Department of Public Health (DPH) Office of Health Equity was awarded a federal grant to develop guidance and facilitate the implementation of CLAS Standards throughout the Department and its funded programs.

**As part of this contract providers are now required to cooperate with this effort. Such cooperation may include the submission of data relative to the CLAS standards and the implementation of CLAS-related performance requirements. DPH will support and monitor its contracted vendors in their efforts to meet the CLAS standards, which are listed below.**

Further guidance is available at the Office of Health Equity's website: [www.mass.gov/dph/healthequity](http://www.mass.gov/dph/healthequity). One of the resources available at this website, *Making CLAS Happen*, is a guide to providing culturally and linguistically appropriate services in a variety of public health settings.

**We acknowledge the implementation of CLAS Standards and cooperate with this effort as part of the scope of this contract effective July 1, 2012.**

### Authorizing Signature for the Vendor

\_\_\_\_\_  
Authorized **Vendor** Signature and Date

\_\_\_\_\_  
Print Name and Title

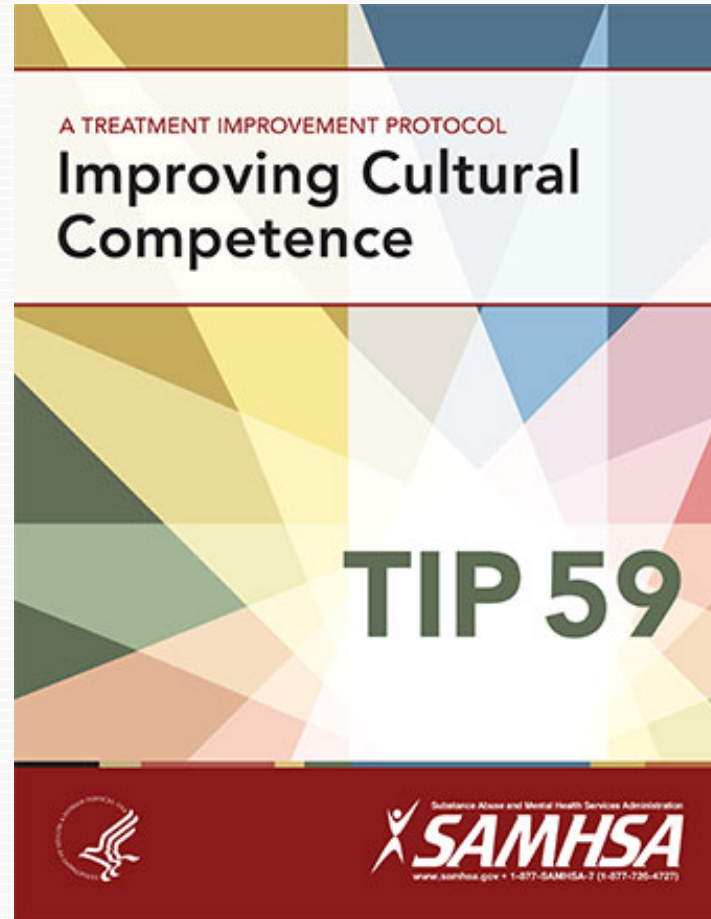
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# ACTION PLAN

- **Consider Self-Assessment Results**
- **Consider what is within your sphere of influence versus your sole discretion**



# RESOURCE



# **NEXT WEBINARS IN THE SERIES**

**July 11, 2018**

**11:00-12:00 CT**

**How to Implement Cultural Competence and the National Standards for Culturally and Linguistically Appropriate Services (CLAS)**

**August 8, 2018**

**11:00-12:00 CT**

**How to Sustain Cultural Competence at the Individual and Organizational Levels**

***Attend all 3 webinars in the series to earn NAADAC CEUs!***



# QUESTIONS? COMMENTS?

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