

Culturally and Linguistically Appropriate Services (CLAS)

AmeriHealth Caritas North Carolina

Provider Cultural Competence Training



Delivering the Next
Generation
of Health Care

Cultural Competence Training

AmeriHealth Caritas North Carolina fosters cultural awareness both in our staff and in our provider community to bring attention, knowledge and skill building toward cultural competency. Providers must use their best judgment to try to meet the needs of their patients on an individual basis, and must take steps to communicate effectively with their patients — our members.

Developing culturally competent skills is an ongoing, dynamic process. Skill development occurs through continuous training. To meet this, AmeriHealth Caritas North Carolina offers ongoing and educational opportunities for our providers.

At the end of this presentation, we ask that you complete and submit the training attestation, this will count as your required annual cultural competence training.

Culturally Competency and Quality of Care

What is cultural competency in health care?

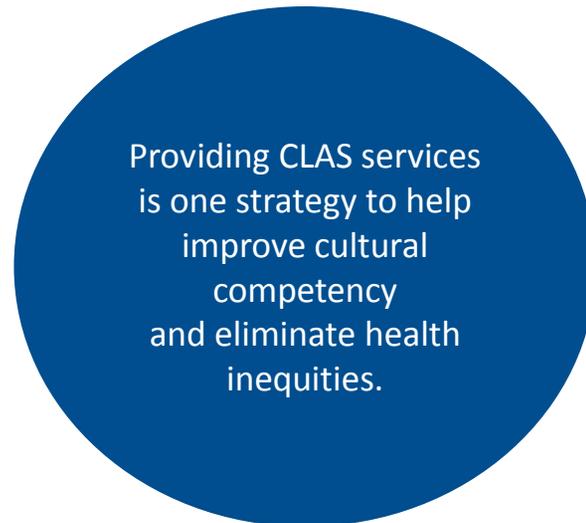
Cultural competence in health care is broadly defined as the ability of organizations and providers to effectively deliver health care services that meet the social, cultural, and linguistic needs of their patients. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, sexual orientation, gender identity, English proficiency or literacy.



Tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

Why are Cultural and Linguistically Appropriate Services (CLAS) important?

With the diversity of the United States' population, providers are likely to encounter situations that require the delivery of culturally competent care, access to a vast array of language services and supportive health care organizations.



Providing CLAS services is one strategy to help improve cultural competency and eliminate health inequities.

Source: <https://hpi.georgetown.edu/cultural>

Cultural Competency and Quality of Care

Lack of cultural competence may lead to patient dissatisfaction and misunderstandings.

Culturally competent care requires that clinicians be open and seek to understand the various dynamics that play into the patient-clinician encounter such as: 1) variation in the perception of illness; 2) diverse belief systems around health; 3) differences in help-seeking behaviors; and 4) preferences in approaches to health care.

Lower quality patient-provider interactions are associated with lower overall satisfaction with health care.

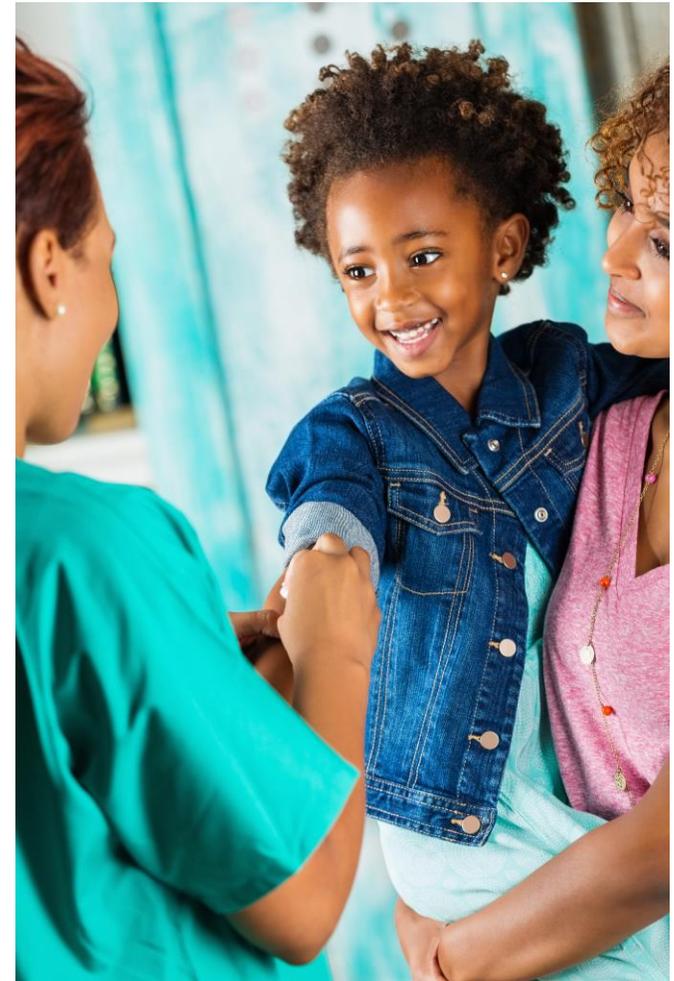


Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2719963>

What is CLAS?

CLAS is a way to improve the quality of services provided to all individuals, which ultimately helps 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.



Source: <https://www.thinkculturalhealth.hhs.gov/clas>

CLAS Standards Overview

The principal purpose of CLAS is to:

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.

There are **15 CLAS Standards**, which are divided into three areas:

- Governance, leadership and workforce
- Communication and language assistance
- Engagement, continuous improvement and accountability

The CLAS Standards are national standards and guidelines established in 2000 (and enhanced in 2013) by the U.S. Department of Health and Human Services, Office of Minority Health, to advance health equity, improve quality and help eliminate health disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate care.

How Does AmeriHealth Caritas North Carolina Address CLAS?

AmeriHealth Caritas North Carolina provides several culturally and linguistically appropriate services, including:

- **Language translation services at no cost to members**
 - Telephonic
 - Virtual
 - Face to face
- **Translation of documents at no cost to members**
- **Collection of self-reported demographic information by Race, Ethnicity and Language (REL) data**
 - Members
 - Providers
- **Collection of social determinants of health (SDOH) data**
- **Community partnerships and collaborations**
- **Provision of additional community services and resources**
- **Engagement with the community through committees and workgroups**
 - Member Advisory Committee
 - CLAS Committee
 - Disparity and project committees
- **Targeted interventions**

Requirement of CLAS Standards

This presentation highlights three areas:

1. Legal Requirements
2. Business Consideration
3. Local Needs

Legal Requirements

Civil Rights Act of 1964, Title VI, 42 U.S.C., § 2000d et seq.

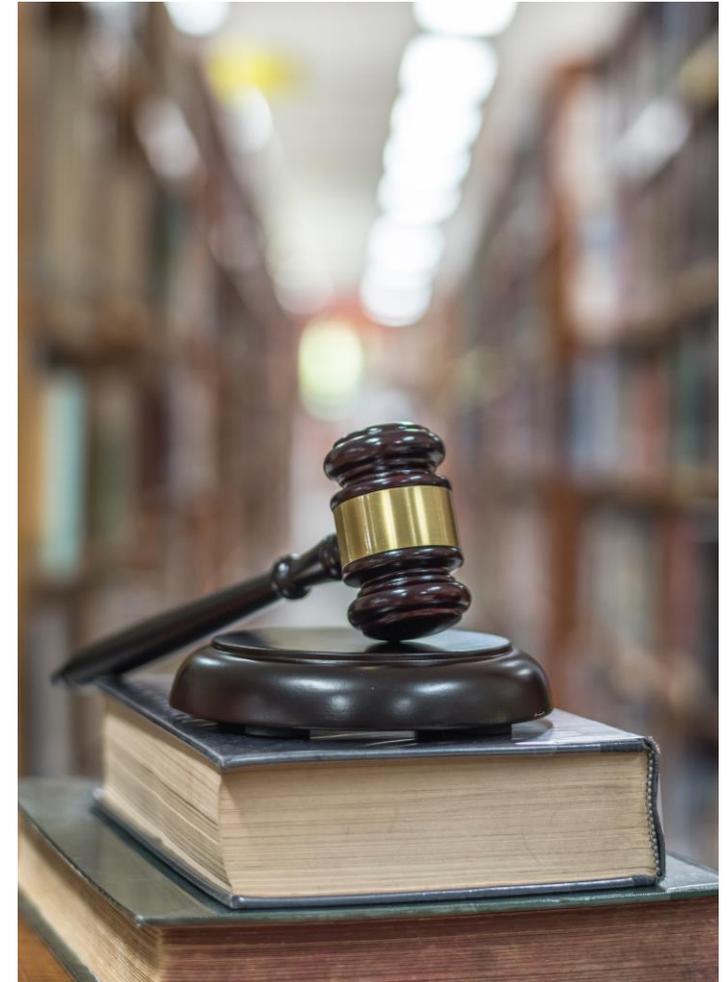
“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”²

Executive Order 13166

“...each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries...”³

Training and education

CLAS is a **state-required** annual cultural competency training.



²42 U.S.C. §2000d - 2000d-7 TITLE 42 - The Public Health and Welfare Subchapter V - Federally Assisted Programs, U.S. Department of Justice, July 2, 1964, <https://www.justice.gov/crt/title-vi-1964-civil-rights-act> (accessed July 12, 2018) ³Executive Order 13166, U.S. Department of Justice, <https://www.justice.gov/crt/executive-order-13166> (accessed July 12, 2018)

Legal Requirements Continued.

Native American Religious Freedom Act, U.S. Code,

Title 42, Chapter 21, Subchapter I, §1996“Protection and preservation of traditional religions of Native Americans On and after August 11, 1978,it shall be the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express, and exercise the traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites.”

Sen James Abourezk, “American Indian Religious Freedom Act”, Public Law 95-341, 95th Congress, August 11, 1978, <https://www.govtrack.us/congress/bills/95/sjres102> (accessed July 12, 2018).rship.”

Business Consideration: The Cost of Health Disparities

Health Disparities are costly, both from the public health standpoint and at the practice-level.

Indirect costs
associated with
premature death

**\$1
Trillion**

In 2014, the Centers for Disease Control, Division for Heart Disease and Stroke, estimated the economic burden of racial health inequalities in the United States annual direct loss is \$230 billion, \$1 trillion annual costs associated with premature death, absenteeism, lost productivity, family leave and lost wages

Annual
direct losses

**\$230
Billion**

Source: Thomas A LaVeist, Darrell Gaskin, and Patrick Richard. "Estimating the Economic Burden of Racial Health Inequalities in the United States."

International Journal of Health Services, pp. 231 – 238.

Centers for Disease Control, Division for Heart Disease and Stroke Prevention, "Healthy People 2020", March 13, 2014 <https://www.cdc.gov/dhdsp/hp2020.htm> (accessed July 12, 2018)

Business Consideration: The cost of health disparities

According to the Joint Center for Political and Economic Studies, the combined \$1.24 trillion direct and indirect cost of health inequalities in the United States is more than the gross domestic product of India, the world's 12th-largest economy in 2008.

The large number of premature deaths represents a substantial loss of human potential, a loss of talent and productivity that might otherwise have contributed to the betterment of society.

By exacting a substantial burden on the economy, health inequalities visit further suffering on society.



Business Consideration: Profitability

Providers who administer health care services that are responsive to the health beliefs, practices and cultural and linguistic needs of diverse patient populations:



Decrease liability



Meet regulatory standards



Gain competitive edge

Local Need

AmeriHealth Caritas North Carolina's CLAS program establishes a planned approach to promote culturally and linguistically appropriate services to improve the collection and reporting of data, to identify opportunities for improvement, to implement initiatives and activities.

The program focuses on:

- Collecting Race, Ethnicity and Language (REL) data
- Providing language services
- Evaluating practitioner network cultural responsiveness
- Identifying and reducing health care disparities



Local Need

In 2017, the top non-English languages spoken in North Carolina were:

- Spanish
- French
- German
- Vietnamese
- Chinese

In 2017, the top race and ethnicities in North Carolina were:

- White: 69.01%
- Black or African American: 21.48%
- Other race: 3.09%
- Asian: 2.68%
- Two or more races: 2.5%
- Native American: 1.17%
- Native Hawaiian or Pacific Islander: 0.06%



Tribal Landscape

AmeriHealth Caritas' philosophy of culturally sensitive and linguistically appropriate care, ensures that at each touchpoint, all members are served in a way that is responsive to their cultural and linguistic needs.

There are eight tribes recognized by North Carolina:

- Coharie
- Lumbee
- Haliwa-Saponi
- Sappony
- Meherrin
- Occaneechi Band of Saponi Nation
- Waccamaw-Siouan
- Eastern Band of Cherokee Indians

Only the **Eastern Band of Cherokee Indians (EBCI)** is federally recognized.



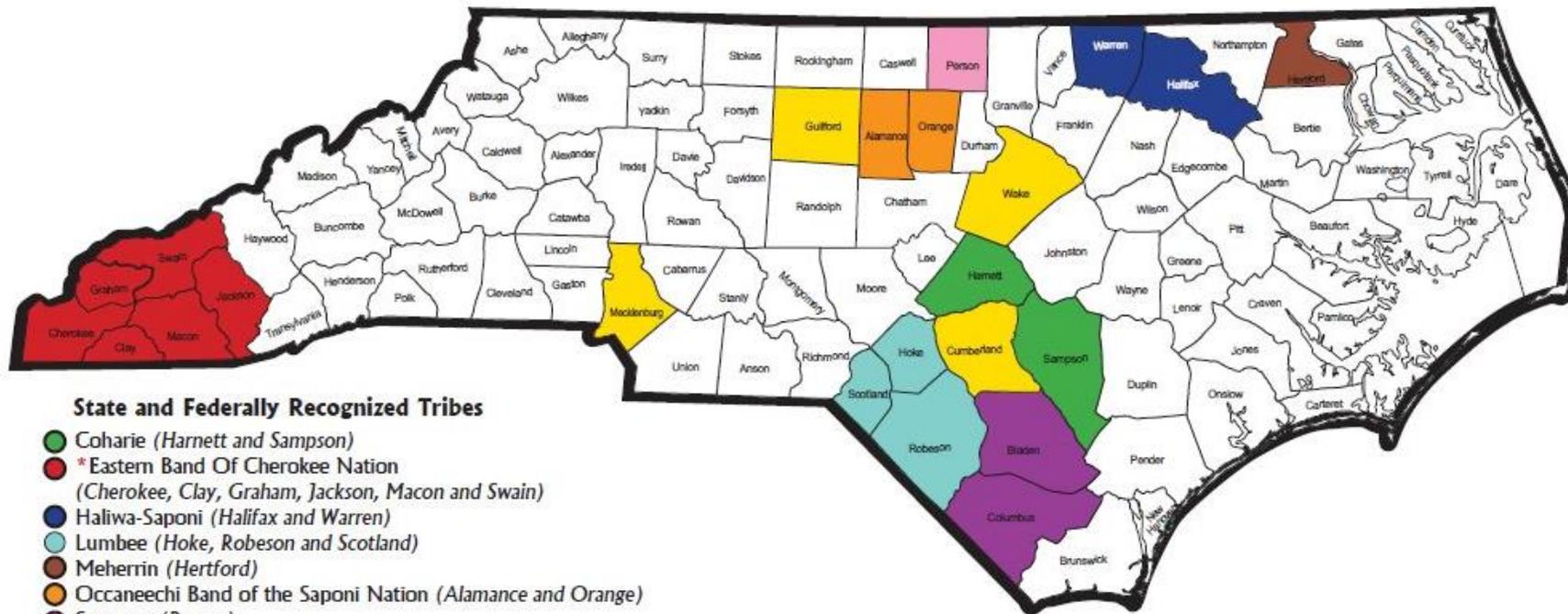
Source: <https://www.ncpedia.org/tribes>

Seal of the Eastern band of Cherokee Indians logo (1889). Retrieved from <https://ebci.com/government/>

North Carolina Tribal and Urban Communities

N.C. COMMISSION OF INDIAN AFFAIRS

N.C. TRIBAL AND URBAN COMMUNITIES



State and Federally Recognized Tribes

- Coharie (*Harnett and Sampson*)
- * Eastern Band Of Cherokee Nation (*Cherokee, Clay, Graham, Jackson, Macon and Swain*)
- Haliwa-Saponi (*Halifax and Warren*)
- Lumbee (*Hoke, Robeson and Scotland*)
- Meherrin (*Hertford*)
- Occaneechi Band of the Saponi Nation (*Alamance and Orange*)
- Sappony (*Person*)
- Waccamaw Siouan (*Bladen and Columbus*)
- * Federally Recognized

- **Urban Indian Organizations**
(Holding membership on the NC Commission of Indian Affairs):
 Cumberland County Association for Indian People
 Guilford Native American Association
 Metrolina Native American Association
 Triangle Native American Society

Areas in Color indicate counties where the eight Recognized Tribes of North Carolina reside.

Counties in yellow (Mecklenburg, Guilford, Cumberland and Wake)
 Location of American Indian Associations

Map published by the North Carolina Commission of Indian Affairs.

2015

Tribal Awareness

Even though we use the term “cultural competency” in this presentation, Native Americans believe that unless you were born a native, you will never be competent in their culture. We can, however, have cultural sensitivity, awareness and humility.



World View and Cultural Norms

Below is a general look at Native American cultural norms, world views and values. These may differ among those living and not living within the Native American community, and even within the Native American community itself.

- Believe listening is the best way to learn
- Understand the power of words, so they speak carefully and believe it unwise to speak before completely formulating their thoughts
- Patience is very important – time should be given to make decisions
- Responsibility for one's actions
- Consider the good of the whole – they are not individualistic
- Respect the unique individual difference among people
- Women have always had equal power with men

- Great value on sharing and service
- Interrupting a Native American is considered rude and a sign of ignorance
- Quietness or silence is valued and is a form of etiquette
- Present needs tend to take precedence over vague future rewards
- Practical-minded — understand concrete educational program/materials and approaches rather than abstract or vague concepts
- Spirituality is considered and a part of everything

Source: <https://www.ruralhealth.va.gov/docs/webinars/richardson-cultural-sensitivity-062712>

Worldview and Cultural Norms -continued

Family structure can be matriarchal or patriarchal, depending on the tribe. However, decision making also includes a responsibility to the community, family, and tribe.

Concepts of time are more present-moment, flexible, and relative to the activity at hand than the future-oriented concepts of European Americans.

Many Native Americans are very spiritual, and value a connection between people, nature, and the Creator or Creators. The natural and the supernatural worlds can work in tandem.

Native Americans may have traditional religions they follow, though they often describe themselves as Christian as well. Historically, Native Americans interacted with many missionaries converting tribes to Christianity. However, instead of adopting it completely, many Native American communities integrated Christian values into their traditional religious beliefs and concepts.

Other important concepts in Native American cultures are cooperation (instead of competition), patience, and generosity.

Graves, Kathleen PhD, MSW, "Health and Health Care of Alaska Native Older Adults", http://geriatrics.stanford.edu/wp-content/uploads/downloads/ethnomed/alaskan/downloads/alaska_native.pdf, 2010 (accessed August 15, 2018).

Handzo, Rev. George, "A Dictionary of Patients' Spiritual & Cultural Values for Health Care Professionals", 2009, <https://www.healthcarechaplancy.org/userimages/doc/Cultural%20Dictionary.pdf>, (accessed August 15, 2018).

Conceptions of Health Care and Medicine

- **Alcoholism is more common among Native Americans; accidents and cirrhosis related to drinking is the third-leading cause of death among Native Americans.**
- **Mental illness may be seen as related to ghosts, taboos, or disharmony with the environment.**
- **The role of a person who is sick is to be quiet and stoic.**
- **In many Native American cultures, there is an “interconnectedness” between people, nature and “God” (or concepts of a Creator or Creators). These spiritual beliefs mean that communities are often involved in healing, and it is highly connected with the spirit world. saying a deceased person’s name can be taboo.**

Tribal Beliefs and Seeking Care

- Focus on a holistic approach to health care and healing (mind, body and spirit).
- Medicine people are highly valued in the Cherokee culture, especially by the elders or older generation.
- Some Native Americans may use folk remedies in combination with Western medicine.
- Wide range of thoughts on seeking health care:
 - Some only see medicine people for both physical and mental health.
 - Some only see traditional medical doctors and health care systems.
 - Some use a combination of both.



Tribal Sensitivity Suggestions for Interaction

Acknowledge differences

- Societal differences will affect a Native American's behavior, beliefs and values.
- Work to incorporate these differences into individual care plans, health care assessments, diagnoses and treatments.

Elders

Respect the input and opinion of the elders.

Build Rapport / Relationships

Build trust by taking time to understand their culture and respect their styles of communication.

- Native American's may be distrustful of outside entities.
- Ask about their tribe and family history.
- Ask about their thoughts or ideas on healthcare, especially when creating a care plan.
- Understand that if he/she may have had a bad experience with other "government agencies" he/she may transfer that experience/feeling to AmeriHealth North Carolina.

Tribal Sensitivity Techniques- Communication

Suggestions for Communicating:

- Greeting should be a light-touch handshake, and respect may be communicated by avoiding eye contact.
- Adapt tone of voice, volume and speed of speech to match a Native American members tone. It will most likely be slower. Expressing urgency and loudness is associated with aggression, so try to speak calmly, clearly, and not too loudly.
- It is important not to interrupt a speaker. Listening and silence are often highly valued so do not try to fill the silence.
- Let a story be finished. Native American's are storytellers by design, and not all will be able to give a brief, succinct response to a question. Respect narrative style of communication; it is how many traditions and beliefs are passed from one generation to the next.
- Criticism may be communicated indirectly, or by withdrawing from the situation. Requests may also be more indirect.

Your CLAS

Provider Tools



Interpretation Tips

- ✓ Speak directly to the patient, not the interpreter
- ✓ Appreciate differences in cultures: Some communicate with facts, others with emotions
- ✓ Do not assume that because a person is from a certain country that they will behave in a certain way
- ✓ Be patient and don't rush
- ✓ Pause every sentence or two for interpretation and repeat and explain numbers
- ✓ Use plain language and encourage questions
- ✓ Clarify misconceptions and correct misunderstandings before you introduce new information.
- ✓ Avoid slang and sayings
- ✓ Jokes don't always translate well
- ✓ Check understanding occasionally by asking the patient to repeat back what you said This is better than asking "Do you understand?"

Source: Provider Training Resources, Community Health Partnership of southeastern Michigan. "Culturally Competent Communication Tools and Techniques" 2008. Washtenaw County, MI 23 January 2010.

B

Body Language

Pay attention to the patient's body language when they interact with you. Try to mirror or match the patient's body language.

E

Ears/Eyes

Listen to the patient's tone of voice and use your observation.

E

Empathy

Try to understand and share the patient's feelings.

T

Translation

Use AmeriHealth Caritas North Carolina's free interpretation service, when necessary.

Translation and Language Assistance

AmeriHealth Caritas North Carolina members whose primary language may not be English, who have limited English proficiency or low literacy proficiency have access to translation and language assistance services. Providers are encouraged to use these services to ensure all information is accurately communicated to members.

Interpretation and translation services:

- Telephonic interpretation
- On-site interpretation
 - American Sign Language
- Materials translation
 - Letters
 - Notifications
 - Member materials

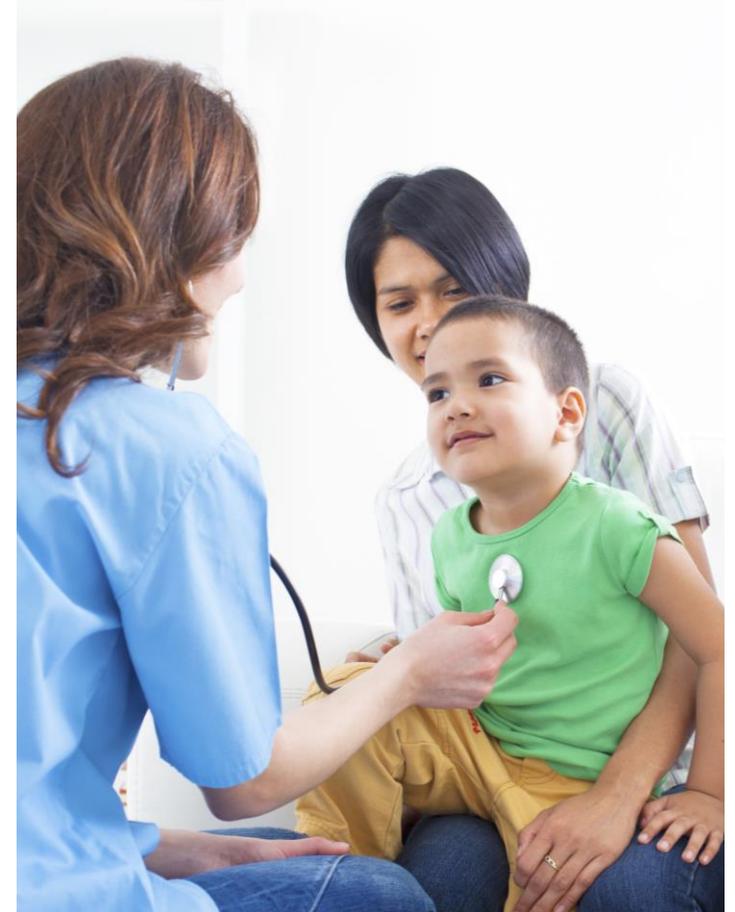
Health care providers who are unable to arrange for interpretation services for members with limited English proficiency, low literacy proficiency or who have sensory impairment should contact Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

CLAS Is Continuous

Because the needs of your patient population are ever changing, continual improvement is an important part of AmeriHealth Caritas North Carolina's Cultural Competency/CLAS program.

Ongoing education should include:

- Continuously reviewing your patient population to understand their needs
- Educating staff and providers regularly
- Creating a process for reviewing and improving grievances
- Keeping detailed notes in each patient's chart to inform on preferences



The Office of Minority Health culturally competent care programs

Providers can take the first step in serving diverse populations by completing accredited **continuing education programs** offered by The Office of Minority Health, part of the U.S. Department of Health and Human Services:

- **A Physician's Guide to Culturally Competent Care**
(accredited for physicians, nurses, nurse practitioners and pharmacists)
- **Culturally Competent Nursing Care: A Cornerstone of Caring**
(accredited for nurses and social workers)

Both programs are accredited for continuing education credits and available online at no cost to participants.

Visit <http://www.minorityhealth.hhs.gov/> or <http://www.thinkculturalhealth.org/> for more information on these programs and for more resources to bring cultural competency to your health care practice.

Additional Training Resources continued

Additional online programs and resources to bring cultural competency to your health care practice:

CDC: Health Literacy Training

Services: Links resources, and training materials for health professionals to find out more about the topic and earn CE credits in the process:

- Learn etiquette by country
- How culture influences health beliefs

Teach - Back – Use this technique to get patients involved. Learn more about this method and download training materials at the Agency for Healthcare Research and Quality website at **www.ahrq.gov**.

U.S. Centers for Disease Control and Prevention, <http://www.cdc.gov/healthcommunication>, (accessed August 15, 2018).

5. Kwintessential Translation House, "Country Guides & Profiles", <http://www.kwintessential.co.uk/resources/guides>, (accessed August 15, 2018).

6. Mc Laughlin, L., & Braun, K., "How Culture Influences Health Beliefs", EuroMed Info, 2008, <http://www.euromedinfo.eu/how-cultureinfluences-health-beliefs.html>, (accessed August 15, 2018).

Provider Attestation

If you have already completed cultural competency training(s) please forward those documents to AmeriHealth Caritas North Carolina we will update our records. If you have not completed Cultural Competency training during his calendar year, please click the link below.

By completing the attestation, you attest that you have completed the required AmeriHealth Caritas North Carolina Annual *Culturally and Linguistically Appropriate Services (CLAS)* training for the calendar year.

[Training Attestation](#)

If you have any questions please contact:

Danielle Brooks, Director of Health Equity

1-484-497-1690

dbrooks@amerihealthcaritas.com

Your feedback is important to us.

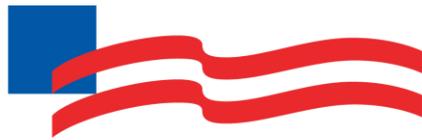
Please take a few moments to complete the survey by clicking
the link below.

[Training Survey](#)



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