Health Equity through Culturally & Linguistically Appropriate Service Standards Initiative

Vazaskia V.C. Caldwell, Health Equity and CLAS Manager
Mick Pettersen, J D, Health Equity Leadership
Today’s Topics

• Announcements
• Health Equity Strategies
• Health Equity Initiatives
• National Culturally and Linguistically Appropriate Services Standards (CLAS)
Announcement

• 1985 HHS Report of the Secretary’s Task Force on Black and Minority Health (Heckler Report)
  • The first comprehensive study on health status of racial and ethnic minorities conducted by the U.S. government
  • Driving force for monumental changes in research, data, legislation, policy and programs to advance health equity at the national, state, tribal, territorial and local levels
Vision

A healthier Washington
Mission

Provide high quality health care through innovative health policies and purchasing strategies.
Health Equity Strategy

HCA’s strategy consists of several initiatives.

Each initiative aligns with:

• The Affordable Care Act
• Results Washington
• Healthier Washington
Equity Initiatives

Issues
- Adverse Birth Outcome
- Diabetes

Initiatives
- Data Collection
- Community Collaboration
- Consumer and Family Engagement
- Practice Transformation Support
- Integration of Mental and Physical Health
- Culturally and Linguistically Appropriate Services Standards (CLAS)
The National CLAS in Health Care (CLAS Standards)

• First published by DHHS OMH in 2000
  – To provide a framework for Health Care Organizations to best serve the nation's diverse communities

• Under went and Enhancement Initiative from 2010-2013
  – Launched the Enhanced National CLAS Standards in April 2013
Why are the CLAS Standards significant?

- The intention of the CLAS Standards
  - Advance Health Equity
  - Improve Quality
  - Help Eliminate Health Care Disparities

- By establishing a blueprint for health and healthcare organizations to implement and provide CLAS

www.thinkculturalhealth.hhs.gov
• 15 Standards:
  – Principal Standard (1)
  – Theme 1: Governance, Leadership Workforce (2-4)
  – Theme 2: Communication and Language Assistance (5-8)
  – Theme 3: Engagement, Continuous Improvement, Accountability (9-15)

• Full collective are equally important
What are Culturally and Linguistically Appropriate Service?

- Services that are respectful and responsive to individuals
  - Cultural beliefs and practices
  - Preferred language
  - Health literacy level
  - Communication needs
- Employed by every member of an organization (regardless of size)
- At every point of contact
The Case for CLAS

- Changing demographics
- Legislation
- Accreditation
- Cost of Health and Health Care
- Medical Errors
- Hospital Readmissions
- Hospital Length of Stay
- Increase Market Share
HCA’s CLAS Strategy

• **Understand** the systems, policies, and practices that contribute to culturally and linguistically competent service delivery.

• **Evaluate** how well HCA meets national CLAS standards.

• **Identify** which actions are necessary to become more culturally and linguistically competent.

• **Create** a plan to improve and implement systems, policies, and practices to help HCA meet CLAS standards.
CLAS Accomplishments

March
- ELT Adopts CLAS Charter

April
- Division-wide CLAS Team Established
- CLAS language in Managed Care RFP

May-June
- CLAS Team Training & Strategy Development

July-September
- Org. Assessment:
  - Identified Tool
  - Collected Data
  - CLAS Priority in HCA Realignment

October
- Presented Organization Assessment findings to ELT
- CLAS Team Policy Training

Winter
- Two subgroups established:
  - CLAS Policy Development
  - CLAS Values Proposition
  - RPOI Training

Major Accomplishments
- CLAS Policy
- CLAS Standards in the Managed Care RFP
- CLAS Standards are express priorities for HCA
CLAS Path Forward

MAY
- Develop CLAS Strategic Work Plan
- CLAS procedures

JUNE
- Engage Stakeholders review of Work Plan

JULY
- CLAS Work Plan implementation
- Establish a periodic policy and practices review process

AUGUST
- Ongoing CLAS Work Plan implementation

SEPTEMBER
- Review our progress and report out to internal and external stakeholder

Projected Accomplishments
- CLAS Procedures
- CLAS Strategic Work Plan
- Stakeholder Engagement
- Progress Report
- MCO Report
The report presents a series of questions about how your organization is implementing culturally and linguistically appropriate services.
1. Why are you asking me questions?
2. What are you hoping to learn from my answers?
Purpose of the report

To determine how HCA can partner most effectively with managed care organizations to deliver culturally and linguistically appropriate services to our shared clients.

Increasing Equity – Eliminating Disparities
Subsection 10.2.2.1 obligates each managed care organization to educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis (CLAS Standard 4).

1. State the percentage of your staff that attended at least one CLAS-related training in 2015.
2. Attach:
   a. A copy of any CLAS-related training materials used in 2015.
   b. A copy of your CLAS or cultural competence policy that was in effect in 2015.
   c. Any other documents that show how you satisfied subsection 10.2.2.1 in 2015.
**Item 3**

**Subsection 10.2.2.2** obligates each managed care organization to 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 (CLAS Standard 5).

3. Identify:

   a. The number of clients to whom you provided no-cost language access services in 2015.

   b. Each type of language access service you provided in-house in 2015.

   c. Each contracted vendor who provided language access services on your behalf in 2015.
10.2.2.3 obligates each managed care organization to inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing (CLAS Standard 6).

4. Attach a copy of relevant written notices that were in use in 2015.
10.2.2.4 obligates each managed care organization to ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided (CLAS Standard 7).

5. Identify steps you took in 2015 to satisfy this requirement.
10.2.2.5 obligates each managed care organization to provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area (CLAS 8).

6. Attach a copy of CLAS-related materials and signs that were in use in 2015.
10.2.2.6 obligates each managed care organization to establish culturally and linguistically appropriate goals (CLAS Standard 9).

| 7. State three CLAS-related goals you have adopted in 2015. |
### Items 8 and 9

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<tr>
<th><strong>10.2.2.7</strong> obligates each managed care organization to conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities (CLAS Standard 10).</th>
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<td><strong>8.</strong> Identify each CLAS-related measure you integrated into your quality improvement activities in 2015.</td>
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<td><strong>9.</strong> Attach a blank copy of any CLAS-related assessment tool you used in 2015.</td>
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10.2.2.8 obligates each managed care organization to 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 (CLAS 11).

10. Attach:

   a. Any demographic data you collected in 2015 about your services population.

   b. Any outcomes data you collected in 2015 related to achieving health equity.
10.2.2.9 obligates each managed care organization to create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflict or complaints (CLAS 14).

11. Describe your conflict and grievance process as it existed in December 2015.

12. State:

   (a) The number of clients who began the conflict and grievance process in 2015.

   (b) The number of clients who completed the conflict and grievance process in 2015.
In other words

There will be a test.

We told you what will be on the test because we want you to perform as well as possible.

We know that with the right support, you will be able to share stories of success and innovation. We look forward to hearing them.
Questions?
MCO Health Disparities Initiatives

Amerigroup
Columbia United Providers
Coordinated Care Corporation
Community Health Plan of Washington
Molina Healthcare
United Healthcare
For more information

Vazaskia V. C. Caldwell, Health Equity and CLAS Manager
Division of Health Care Services
Vazaskia.Caldwell@hca.wa.gov

Mick Pettersen, JD, Health Equity Leadership
Division of Eligibility Policy and Service Delivery
Mick.Pettersen@hca.wa.gov