



Maternal and Child Health Title V : Culturally Linguistically Appropriate Services (CLAS)

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Welcome and Webinar housekeeping

**Thank you for joining us today –
we really appreciate it!**

- If there is more than one person participating at your site, please enter everyone's name and affiliation in the chat box.
- Please type your questions into the chat box, or hold them until the presentation is over. We have build plenty of time in for questions.
- Please do not put your phone on hold or take a call on another line during the webinar! Hang up and rejoin if necessary.

Poll question

What type of organization do you represent?

- Local health department
- Tribe
- Community-based agency
- Coordinated Care Organization
- State agency

Today's goals

- Overview of CLAS Standards
- Examples of strategies/activities for the CLAS priority area
- Discuss how grantees are already incorporating these standards into their work

Oregon's 2016-2020 Title V Priority Areas

Oregon's selected national priority areas

- Well woman care
- Breastfeeding
- Children's physical activity
- Adolescent well visit
- Oral health
- Smoking
- Medical home for children/youth with special health needs *
- Transition for children/youth with special health needs*

State-specific priority areas:

- Toxic stress, trauma and Adverse childhood experiences (ACEs)
- Food insecurity
- Culturally and linguistically responsive MCH services

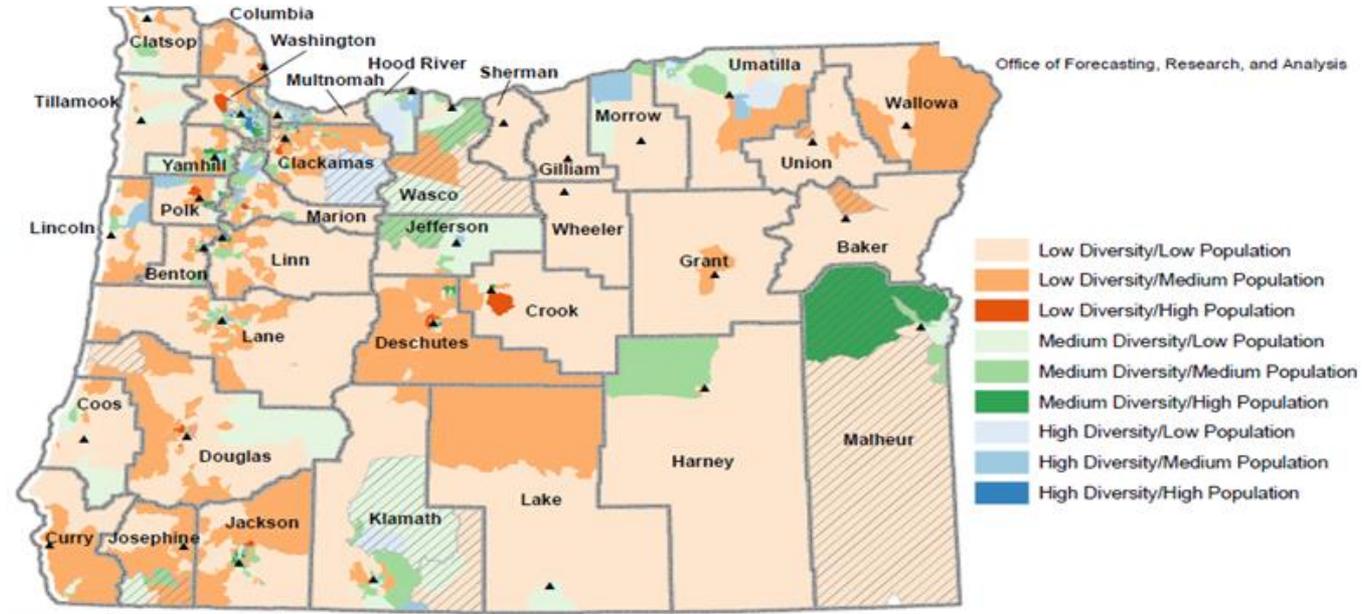
**THINK
CULTURAL
HEALTH**

*Advancing Health Equity at
Every Point of Contact*

An Institute of Medicine report found minorities with equal access to health care as non-minorities receive a lower quality of care. Some reasons for the disparities were:

- Differences in health care seeking behaviors.
- Poor cultural match between patients and providers contributing to mistrust
- Misunderstanding of provider's instructions
- Gaps in knowledge of how to use services.
- Language Barriers.
- Organizations lack of knowledge or priority to providing CLAS services to reconcile inequities.

Oregon has diversity and it is growing!



Office of Forecasting, Research, and Analysis

	Diversity Categories	Population Categories
Low	0.03 - 0.23	0 - 1,207
Medium	0.24 - 0.46	1,208 - 2,936
High	0.47 - 0.75	2,937 - 5,414

-  >25% of Census Tract Population at or Below 100% FPL
-  County Seats
-  County Boundaries

Diversity categories are based on the calculated Diversity Index for each census block group. The Diversity Index is on a scale from 0 to 1 based on the number of categories (race/ethnicity)

Data from 2010 U.S. Census: Demographic information for census block groups and tracts. (FPL = Federal Poverty Level)

US Census Data 2010

Examples of Inequity Amongst Racial Groups

Developmental

NON-LATINO

African American/Black 22.6%

American Indian/Alaskan Native 17.1%

Asian American 22.8%

Hawaiian/Pacific Islander 26.6%

White 22.0%

Unknown/missing race 21.2%

ALL RACES

Hispanic/Latino 18.7%

Unknown/missing ethnicity 17.1%

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

Well Child Visit First 15 months of Life

NON-LATINO

African American/Black 60.7%

American Indian/Alaskan Native 47.8%

Asian American 80.2%

Hawaiian/Pacific Islander 59.8%

White 65.0%

Unknown/missing race 66.7%

ALL RACES

Hispanic/Latino 77.2%

Unknown/missing ethnicity~

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

How were the strategy lists developed?

Think Cultural Health

- A roadmap of practices to develop health equity at every point of contact.

Making CLAS Happen

- Massachusetts plan of providing culturally and linguistically appropriate services in a variety of public health settings

Oregon Title V Grantees

- State Title V Strategy Survey
- February Grantee Meeting

Principal Standard

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.

1. Principle Standard

2-4: Governance, Leadership and Workforce

5-8: Communication and Language Assistance

9-15: Engagement, Continuous Improvement, and Accountability

1. Principle Standard

2-4: Governance, Leadership and Workforce

5-8: Communication and Language Assistance

9-15: Engagement, Continuous Improvement, and Accountability

(INSTITUTIONAL) GOVERNANCE, LEADERSHIP AND WORKFORCE

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

Activities to impact this strategy:

- Use standardized assessment tool to gather a baseline assessment that can be compared at the conclusion of the grant
- Commitment to culturally competent care is reflected in the vision, goals, and mission of the agency, as well as through written policies and employees work plans.

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

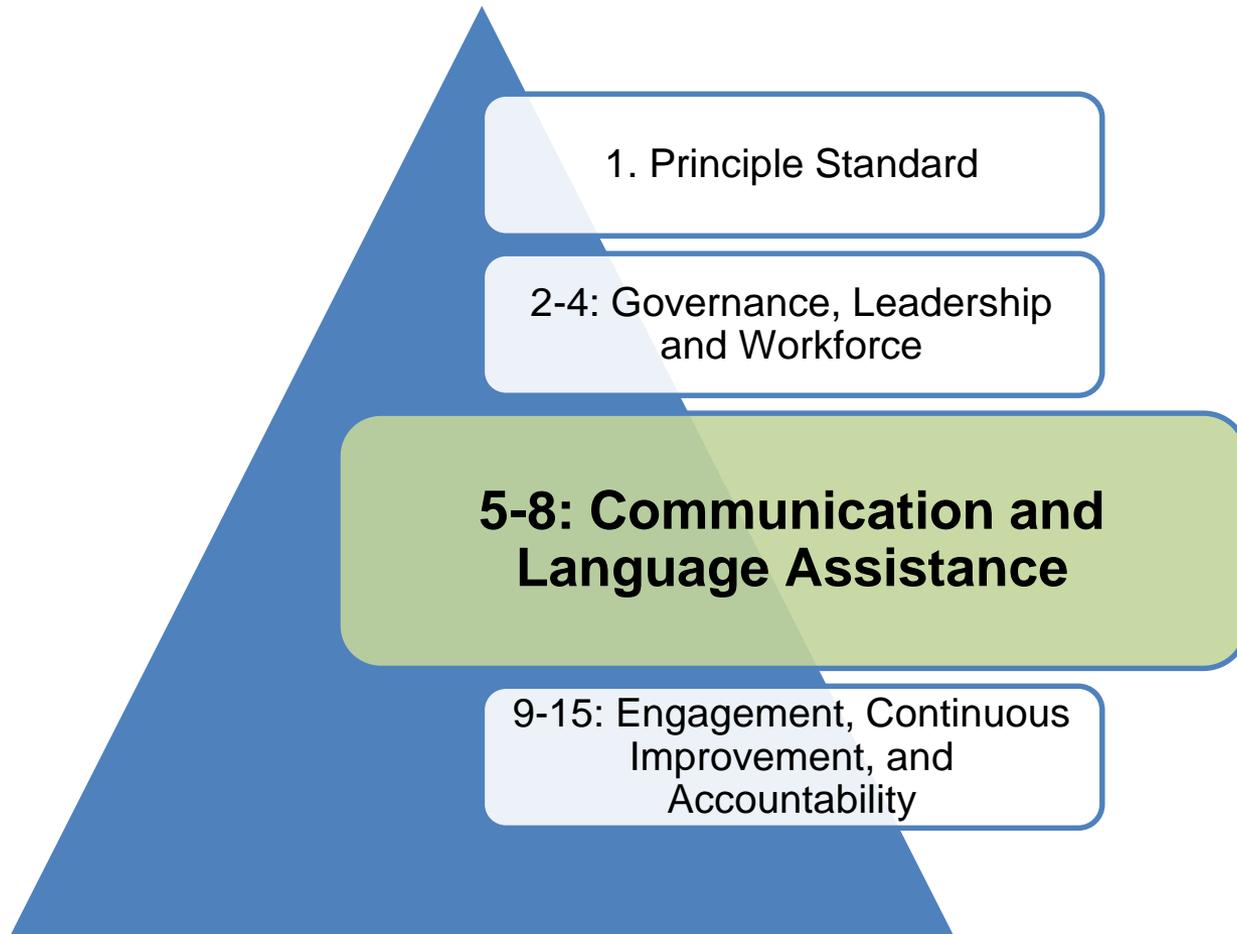
Activities to impact this strategy:

- Advertise job opportunities in targeted foreign language and minority health media
- Collaborate with businesses, public school systems, and other stakeholders to build capacities and recruit diverse staff.
- Work with organizations that offer health and human service training to establish volunteer, work-study, and internship programs
- Promote diverse staff members into positions where their perspective and background can enhance organizations planning, policy making, and decision-making.

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Activities to impact this strategy:

- Mandatory training for all agency employees and volunteers around diversity awareness and cultural competency
- Ongoing training for all staff members on ways to meet the unique needs of various populations like how to access language services for individuals with LEP



(INDIVIDUAL) COMMUNICATION AND LANGUAGE ASSISTANCE

Offer language assistance to clients with limited English proficiency and/or other communication needs, at no cost to them and ensure the competence of individuals providing assistance

Activities to impact this strategy:

- Use qualified and trained interpreters to facilitate communication
 - In Person
 - Via Phone
 - Video Remote Services
- Assess the competency of multilingual staff and medical interpreters in a standardized manner.

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

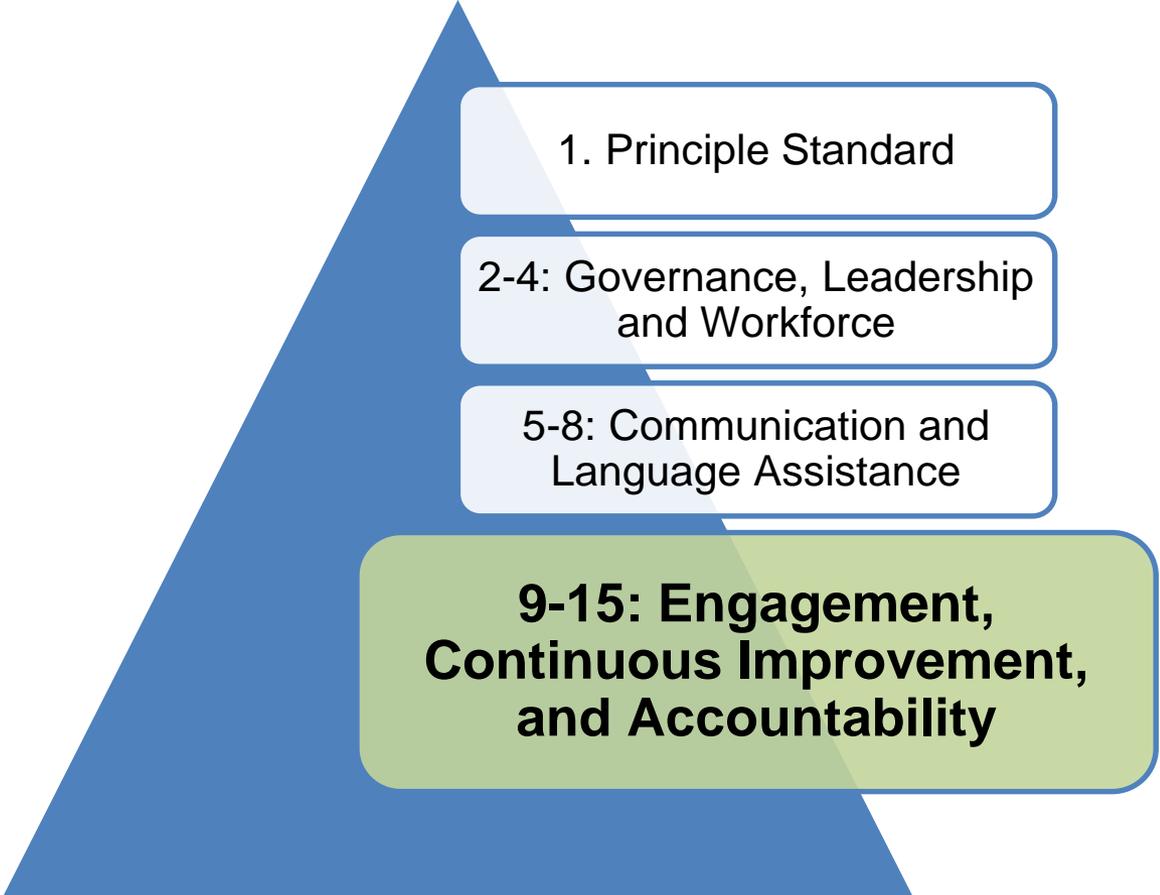
Activities to impact this strategy:

- Provide standardized script to inform and identify individuals of the availability and need for language assistance services
- Develop processes of identifying the language(s) an individual speaks (e.g., language identification flash cards or “I speak” cards)
- Provide notification of languages that language assistance is available, and to whom they are available. It should state the service is provided by the organization free of charges.

Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area

Activities to impact this strategy:

Communicate or provide notice to individuals about the availability of language services



1. Principle Standard

2-4: Governance, Leadership
and Workforce

5-8: Communication and
Language Assistance

**9-15: Engagement,
Continuous Improvement,
and Accountability**

(COMMUNITY) ENGAGEMENT, CONTINUOUS IMPROVEMENT & ACCOUNTABILITY

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

Activities to impact this strategy:

- Measure patient satisfaction/experience in a manner that is inclusive of diverse populations.
- Conduct assessments or audits using existing CLAS tools to inventory structural policies, procedures, and practices.

Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes.

Activities to impact this strategy:

- Collect data directly from clients served and measure against indirect data
- Stratify patient satisfaction/experience data by race, ethnicity, and language

Conduct regular assessments of community health assets and needs for planning and implementing services that respond to the cultural and linguistic diversity of the service area.

Activities to impact this strategy:

- Use results from organizational assessments to identify assets, weaknesses and opportunities to improve the organization's structural framework and capacity to address cultural and linguistic competence in care .

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

Activities to impact this strategy:

- Conduct focus groups with individuals to monitor progress and identify barriers.
- Build coalitions with community partners to increase reach and impact in identifying and creating solutions
- Convene town hall meetings, hold community forums, and/or conduct focus groups
- Develop opportunities for capacity building, action research, engagement of community in service development to empower the community

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

Activities to impact this strategy:

- Develop a process to address instances of conflict and complaints. To include a plan to communicate the process to clients.
- Provide cross-cultural communication training to include working with an interpreter, and conflict resolution training to appropriate staff

Discussion question

What are your ideas for strategies that can improve CLAS?

Questions/Discussion

Ideas? Questions?

Culturally Linguistically Appropriate Services:

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General Title V questions:

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- Cate Wilcox, Title V Director cate.s.wilcox@state.or.us
- MCH Title V website: <http://Healthoregon.org/titlev>

Webinar Evaluation

- How well did this webinar accomplish its purpose?
 1. Not at all
 2. A little
 3. Somewhat
 4. Well
 5. Very well
- What went well with this webinar?
- What should we do differently for the upcoming webinars?
- Any other comments?