

Culturally and Linguistically Appropriate Services (CLAS)

Provider Cultural Competency



CLAS Standards Overview

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.

- **Principal standard:**

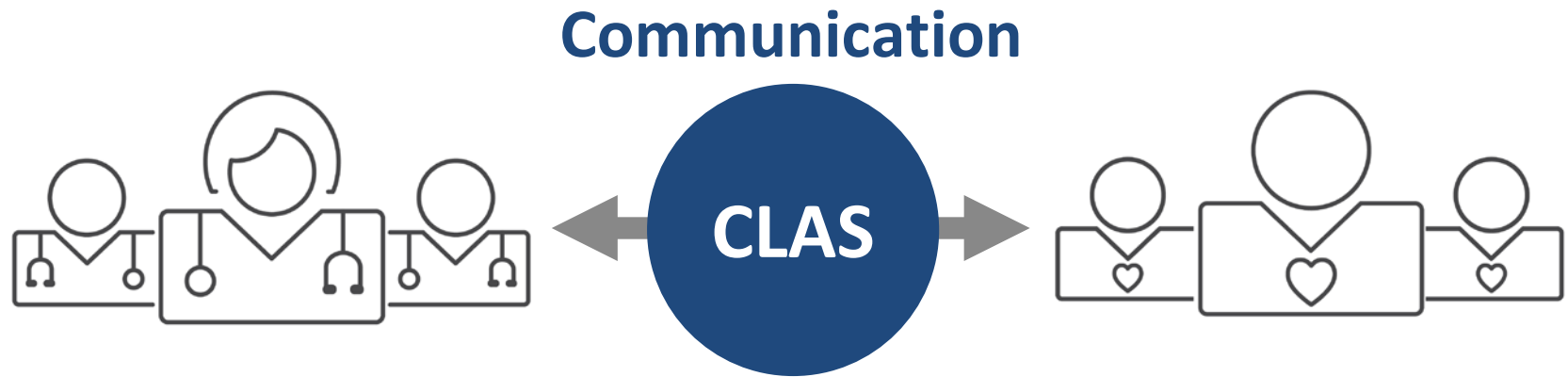
- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

- **Governance, leadership and workforce**

- **Communication and language assistance**

- **Engagement, continuous improvement and accountability**

What is CLAS?



Cultural competency training
Language services
Culturally competent care

Member engagement
Community education
Member services

Why CLAS?

Legal Requirements

Local Need

Business Consideration

Membership Diversity



Federal regulations

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

Training and education

- CLAS is a state-required annual cultural competency training



Local Need – Blue Cross Complete provider language demographics



55,000
Providers



98.9%
English only

1.1%

Second language

Top 5 non English languages:

Arabic, **645**

Spanish, **460**

Swahili, **94**

Somali, **77**

Chinese, **57**

Business Consideration

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



Decrease
liability



Meet
regulatory
standards



Gain
competitive
edge

The Cost of Health Disparities

- Lost wages
- Premature death
- Lost productivity
- Family leave
- Absenteeism



The Cost of Health Disparities

Indirect costs
associated with
premature death

\$1
trillion

Annual
direct
losses

\$230
billion

Annual excess
medical costs due
to health disparities

30%

We can do better.

Source: LaVeist, Thomas A, Darrell Gaskin, and Patrick Richard. "Estimating the Economic Burden of Racial Health Inequalities in the United States." *International Journal of Health Services* 41.2 (n.d.): 231-38. Web.

Membership Diversity

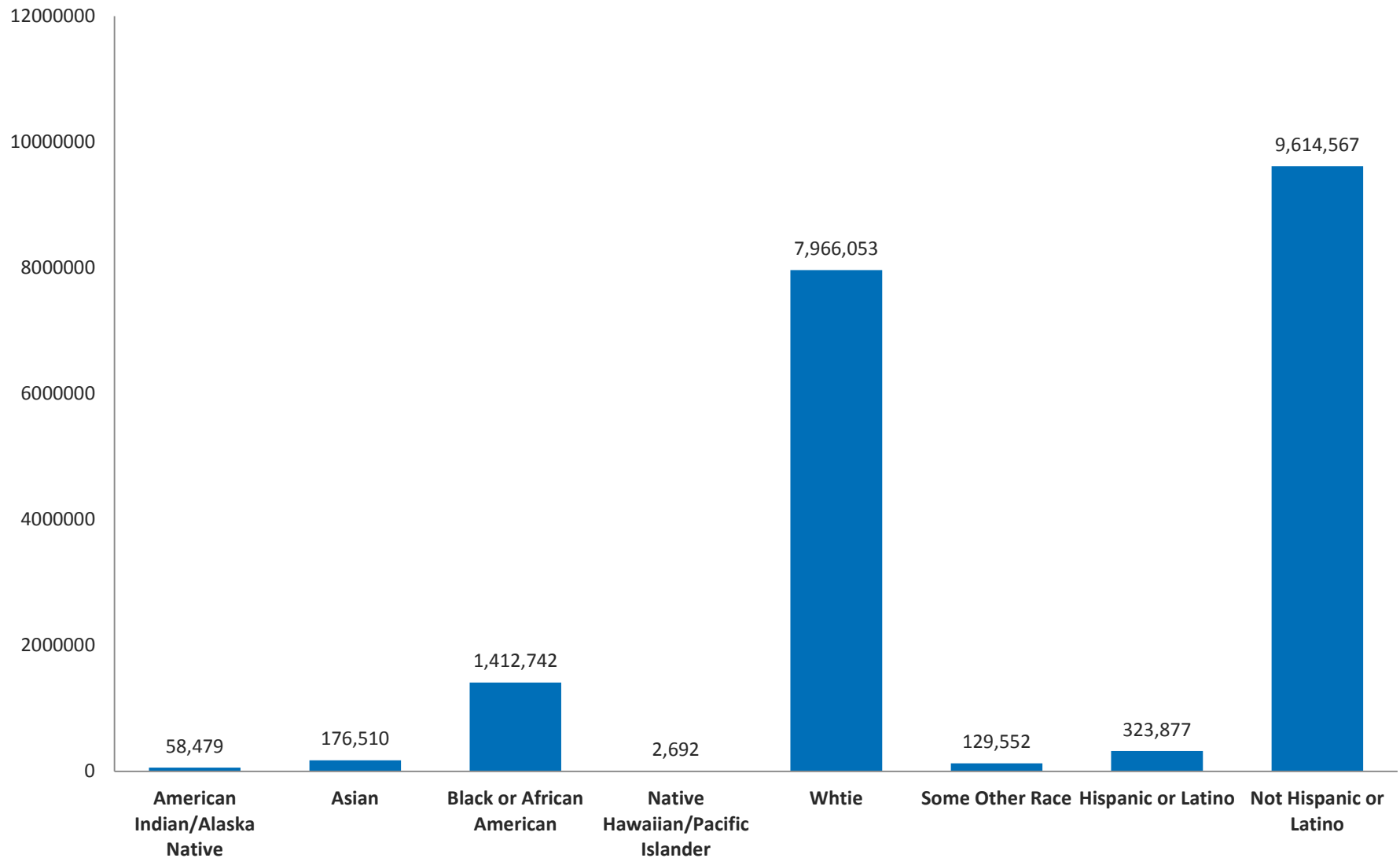


Michigan's Historic Cultural Landscape

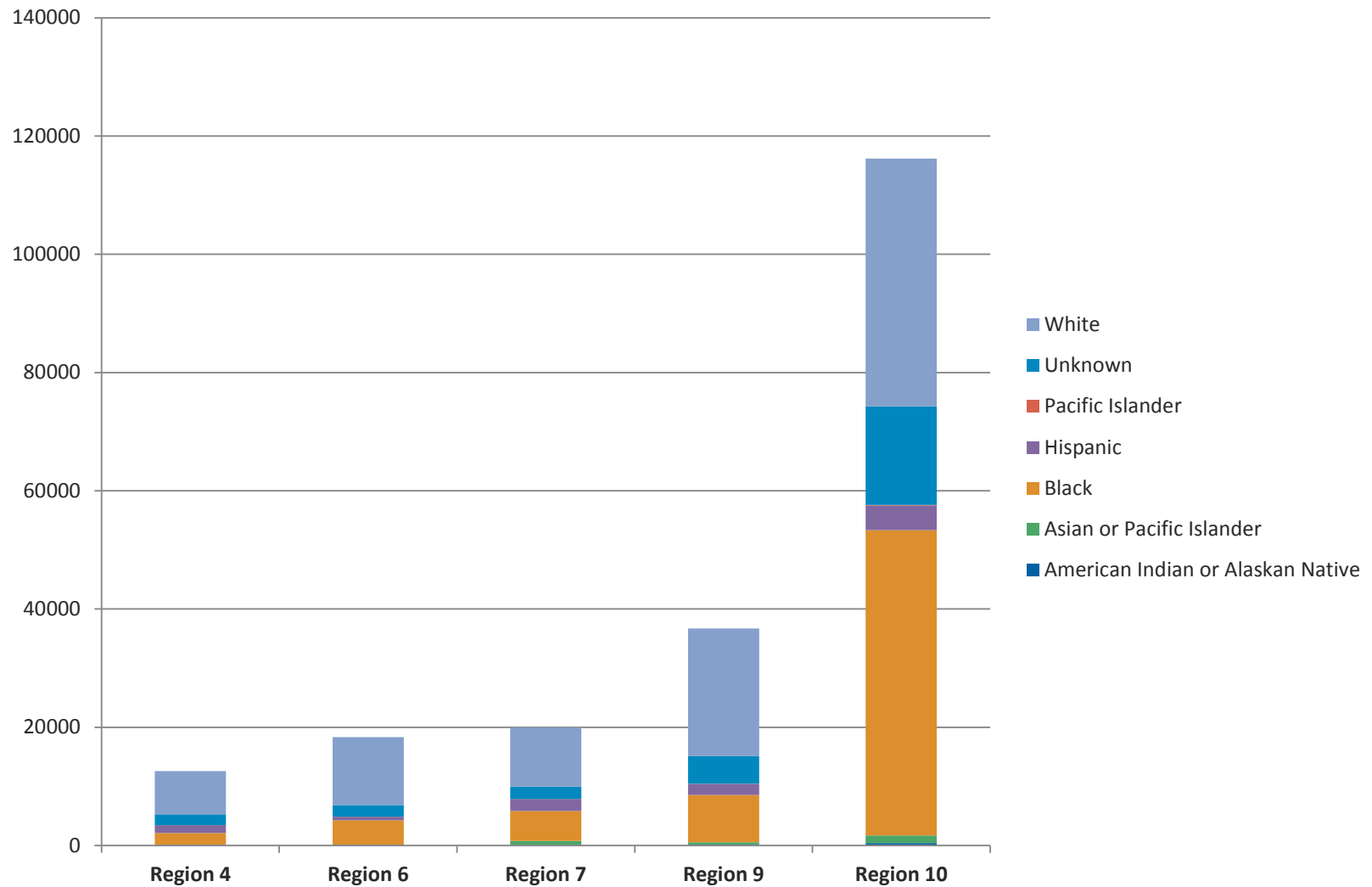
- Canadian
- English
- French
- Native American
 - Eight indigenous tribes that were present before the arrival of Europeans, include:
 - Ojibwa
 - Menominee
 - Miami
 - Ottawa
 - Potawatomi
 - Wyandot
 - Fox and Sauk
 - Kickapoo



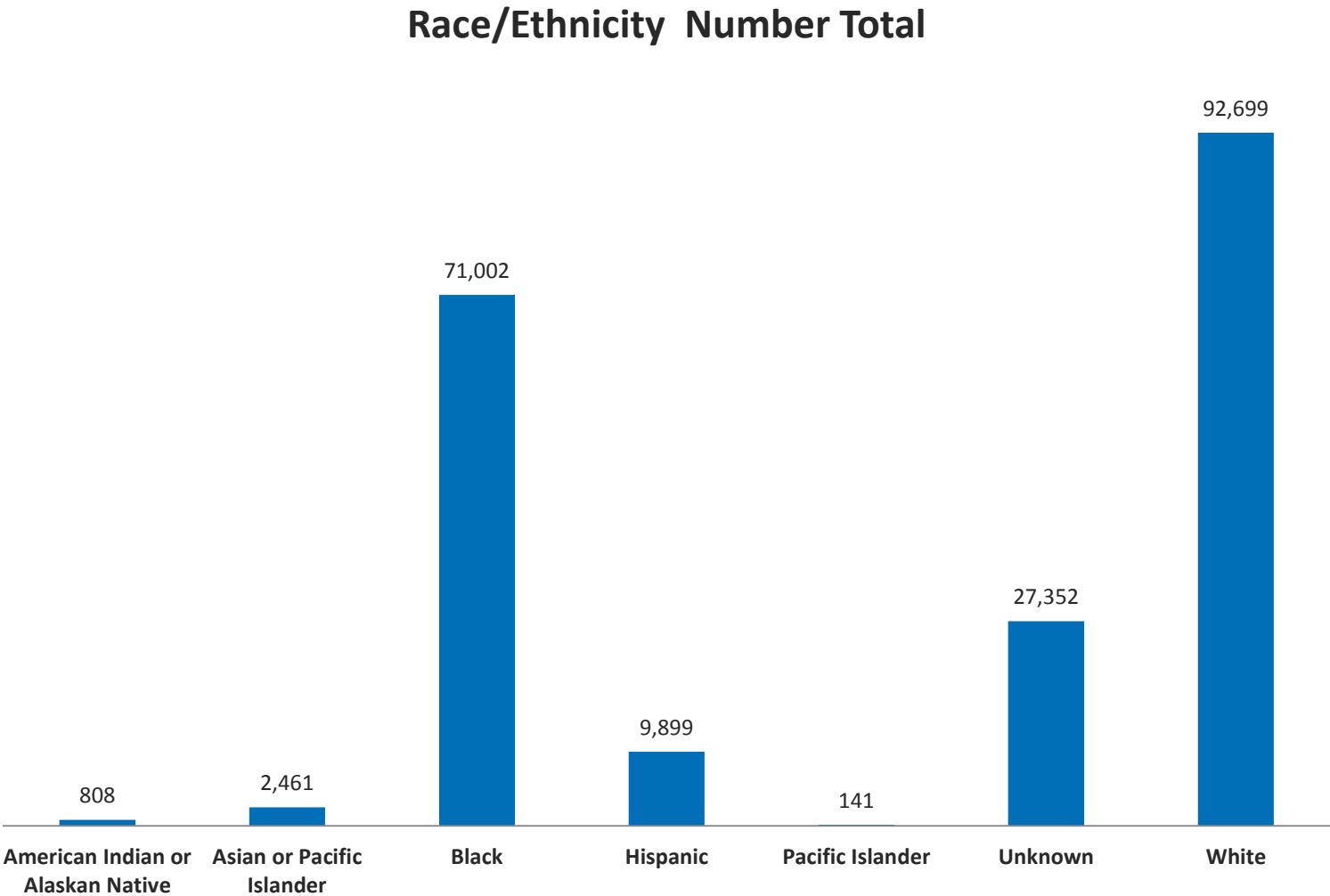
Race and Ethnicity — Michigan Census State Information



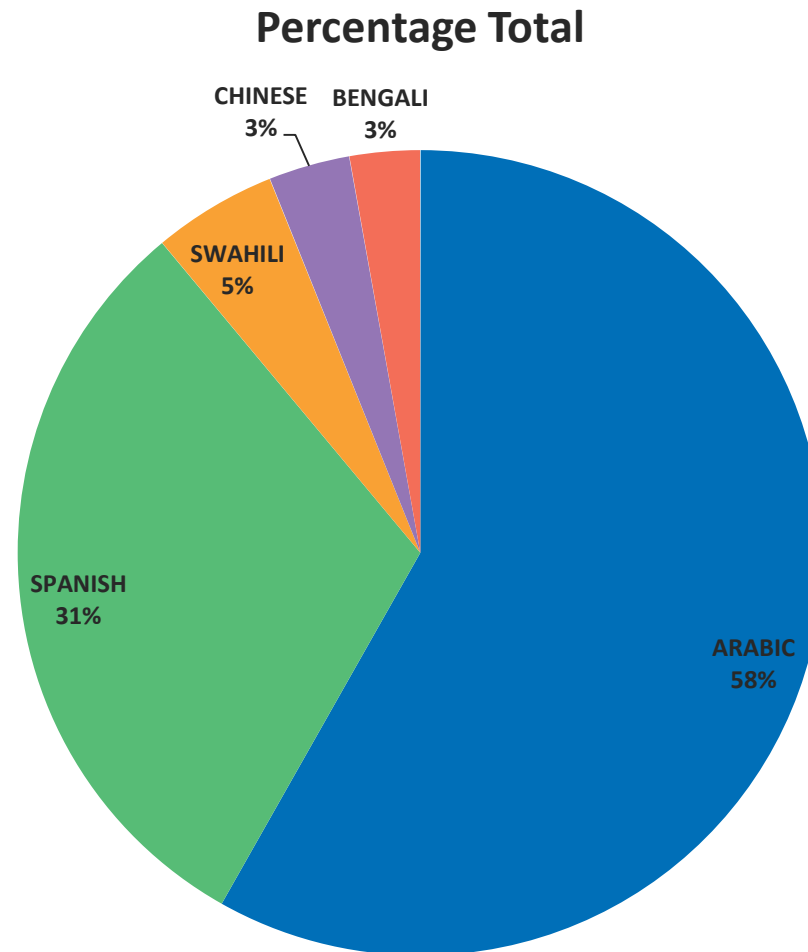
Race and Ethnicity — Regional Membership



Race and Ethnicity — Membership Portrait



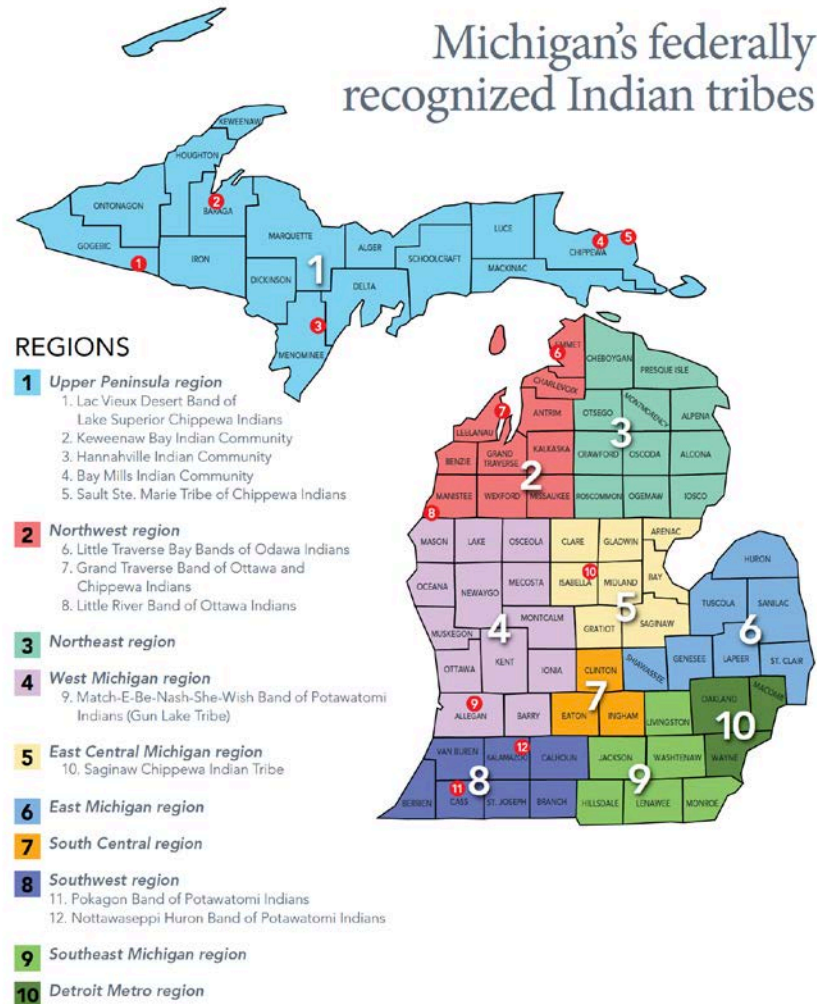
Member Languages — Top Five Non-English Languages



There are 12 federally recognized tribes of Michigan:

- Bay Mills Chippewa Indian Community
- Grand Traverse Bay Band of Ottawa and Chippewa Indians
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Little River Band of Ottawa Indians
- Little Travers Bay Bands of Odawa Indians
- Match-e-be-nash-she-wish Band of Potawatomi Indians of Michigan (Gun Lake)
- Nottawaseppi Huron Band of the Potawatomi Indians
- Pokagon Band of Potawatomi Indians
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians

Tribal Awareness — Michigan Map



Source: www.michiganbusiness.org/cm/files/tribal_business_development/tribes_map.pdf

Your CLAS

Provider tips for assisting non-English and limited-English speaking patients



Provider CLAS Tools — Blue Cross Complete interpretation tips

- Speak directly to the patient, not the interpreter
- Don't rush. Pause every sentence or two for interpretation
- Use plain language. 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 E E T

Body language

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

Eyes

Use your observation

Ears

Listen to the patient's tone of voice

Translation

Utilize Blue Cross Complete's free interpretation and translation service when necessary

Translation and Language Assistance — Free of Charge

Certified translation services are available to all Blue Cross Complete providers and to eligible Blue Cross Complete members whose primary language may not be English or who have limited English proficiency or low literacy proficiency. 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

Translation and interpretive services are available in over 200 languages. Providers and members can call 1-800-228-8554.

Notice of need for interpretation

I speak Spanish and need an interpreter for health care services. Blue Cross Complete of Michigan has free telephonic language services. Please call the number below to connect to an interpreter.

Member Services (Servicios Miembros): 1-800-228-8554

Podemos hablar? Si podemos. Servicios gratuitos de idiomas para los miembros de Blue Cross Complete of Michigan. Por favor mostrar estos a su medico o farmaceutico para hacerles saber que necesita un interprete. **Can we talk? Yes we can.** Free language services for Blue Cross Complete members. Please show this to your doctor or pharmacy to let them know you need an interpreter.

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

Please complete your attestation using the link below:

<https://www.surveymonkey.com/r/BluecrosscompleteCLASattestation>

If you have any questions contact Janise Plata:

jplata1@mibluecrosscomplete.com

Thank you!



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