

INCORPORATING CLAS STANDARDS INTO COMMUNITY-BASED PROGRAMMING: A PRACTICAL APPROACH

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INTRODUCTION




THE PLAN...


- Strategic Prevention Framework (SPF)
- Equality vs. Equity
- Culturally & Linguistically Appropriate Services (CLAS) Standards
- Integration of SPF & CLAS Standards
- Put your knowledge to the test! – Case study examples and discussion
- Next steps

STRATEGIC PREVENTION FRAMEWORK

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THE STRATEGIC PREVENTION FRAMEWORK



- Assessment
- Capacity
- Planning
- Implementation
- Evaluation
- Sustainability
- Cultural Competence

EQUALITY VS EQUITY

SPF: CULTURAL COMPETENCY



- Appropriately addressing health inequities via cultural competency has been identified as a normative value in health care (including prevention).
- Research has shown that the importance of patient/client-centered care regarding health factors, including cultural competence and communication is linked to adherence to health care instructions and outcomes, improving the overall quality of care and eliminating health **inequities**.

CULTURAL COMPETENCY: ADDRESSING HEALTH DISPARITIES

- Desire to have a greater impact throughout their entire community
- Frustration or disappointment for not being able to engage various subpopulations (e.g., racial/ethnic minorities, refugees, urban vs. rural/frontier, young adults not in college, etc.)
- When asked to describe how they were effectively addressing health disparities and/or behavioral health disparities through their prevention efforts:
 - "our events are open to everyone"
 - "our program is available community-wide"
 - "we don't discriminate, anyone can utilize our services"

WHAT IS THE DIFFERENCE?

If a program or service is offered equally, why is it not effective or why is it effective in one subpopulation but not another?

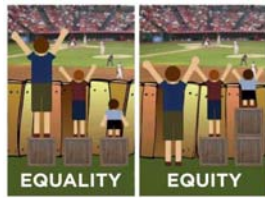
Equality:

- "the state of being equal, especially in status, rights, or opportunities"
- "a symbolic expression of the fact that two quantities are equal"
- "connot[ing] sameness in treatment by asserting the fundamental or natural equality of all persons"
- **exact same (100%) treatment**

Equity:

- "the quality of being fair and impartial"
- "means of social justice or fairness; it is an ethical concept, grounded in principles of distributive justice"
- "the absence of systematic disparities in health (or in other major social determinants of health) between groups with different levels of underlying social advantage/disadvantage – that is, wealth, power, [access] or prestige"
- **similar treatment to bring about equal (fair) results**

WHAT IS THE DIFFERENCE?




WHY DOES THIS MATTER?

- Offering programs and/or services equally may not provide fair access or results due to populations not having the same needs and/or levels of social advantages and disadvantages
- *Why is health equity important?*
 - Health has value for individuals because it is essential to our livelihood. To be of poor health indicates the potential to not fully participate in society.
 - Health is important to society as a whole because "a nation's prosperity depends on the entire population's health."⁽⁹⁾⁽¹⁰⁾ as a healthy society has more individuals contributing to and participating in the workforce and economy.
 - It is also seen as a basic human right, in that "all people should be valued equally."

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) STANDARDS

CLAS STANDARDS

- Research has shown that "disparities are the result of many factors and that cultural competence alone [can]not address the problem."⁹⁶⁽⁵⁰⁾
 - Out of this research came recommendations to effectively address cultural competency and health disparities/inequities by utilizing the Culturally and Linguistically Appropriate Services (CLAS) Standards.
- Developed by the Office of Minority Health in 2000, CLAS Standards were created as an effort to eliminate or reduce health disparities. (UPDATED in 2010)
- Two aims:
 - Advance health equity by reducing health disparities
 - Improve service quality for diverse populations
- One principle standard, followed by 14 related standards divided into 3 themes



CLAS STANDARDS

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

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

CLAS STANDARDS

- **Communication and Language Assistance**
 5. 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.
 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- **Engagement, Continuous Improvement, and Accountability**
 9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
 11. 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.
 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

INTEGRATION OF SPF AND CLAS

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Phase of the SPF	Corresponding CLAS standards
Assessment	10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
	12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
Capacity	13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
	4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

INTEGRATION OF SPF AND CLAS	
Phase of the SPF	Corresponding CLAS standards
Planning	<p>7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p> <p>13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>
Implementation	<p>1. 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.</p> <p>13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>
Evaluation	<p>11. 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.</p> <p>13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>

CASE STUDY/EXAMPLES

CASE STUDY

The Coalition for a Healthy Community (CHC):

- Serves a predominantly white, non-Hispanic, urban county in Nebraska where the largest city is resettlement for refugees and has a growing Hispanic population
- Focus is underage drinking prevention by addressing family management and parenting skills through parenting classes
- The CHC has partnered with schools and probation to find families to participate in their programs
- They serve anyone who wants to join the program
- All of their programs are conducted in English by white, non-Hispanic women, once per week at a central location in the city

Current situation

- Has anecdotally heard from stakeholders that certain populations within their community are experiencing difficulties
 - children of refugees are drinking underage, and parents are not sure how to handle to problem.
- They have reached out to community leaders to inform them about the parenting programs and encouraged them to have families participate.
- They identified the concerns, such as poor family management (through their needs assessment), and are addressing it with the program.

DISCUSS SITUATION 1

YES, I DID TELL YOU TO HANG THE FIRE EXTINGUISHER WHERE IT WOULD BE EASY TO REACH, BUT...

I REMEMBER YOU SAID THAT!

SITUATION 1 RECOMMENDATIONS

Below are some steps that the CHC could take to provide equitable access to their parenting workshops. These steps are examples of the SPF stages of Assessment and Capacity, which also connect with CLAS Standards 10, 12, and 4.

- Advertise in places where parents from these communities are more likely to see the ad. This includes, but is not limited to, churches, cultural centers, on media stations that target these demographics, and at venues where events for these populations take place.
- Ensure the advertising and the program are provided in the language of the target audience. Having advertisements in both their native language and English will have the greatest reach.
- Ensure that the advertisements are at or below a fifth-grade reading level, regardless of the language they are in, to ensure full understanding of the messaging.
- Collaborate with other organizations that provide services for parents and families within these communities.
- Work with leaders in these communities who have passion around the subject matter, and ask them to advise the group and/or become a champion for the program.
- Provide classes targeted at Hispanic parents on the weekends or during the day when they are more available. Also find a venue(s) that is easily accessed by the targeted populations, such as a church or community center that is near areas where many families from these communities reside. They may need to find various locations for the differing populations.

DISCUSS SITUATION 2

WHY CAN'T I STAY UP LATELY YOU GUYS CAN?

IT'S NOT FAIR!

THE ANSWER ISN'T FAIR, CALVIN.

I KNOW, BUT WHY ISN'T IT EVER, BEING IN MY FAVOR?!

SITUATION 2 RECOMMENDATIONS

Below are some steps that the CHC could take to solicit input from the targeted community. These steps are examples of the SPF stages of Planning and Implementation, which also connect with CLAS Standards 7, 9, and 13.

- Invite multiple leaders in the target community to become members of their organizational board, as well as participate in the community efforts of the organization. They should be considered partners in making the final decisions, and their voice should be valued. Tokenizing persons in target populations can be a problem, and can alienate those who would otherwise be willing to champion the organization's efforts.
- Establish goals and policies related to cultural competency for the coalition that are connected to planning processes.
- Have the flyer translated by someone with education in translation. Have several native speakers review it to ensure that the language makes sense and the instructions are clear.
- Have the translator and reviewers ensure that the advertisement is culturally appropriate for the audience, and that the graphics make sense. Changing the skin color of persons in the advertisements is not enough.
- Look for partners who are part of organizations who target the same group and may have additional knowledge about or access to the targeted population.



DISCUSS SITUATION 3


SITUATION 3 RECOMMENDATIONS

Below are some steps that the CHC could take to appropriately adapt their programming to work toward fidelity and cultural competency. These steps are examples of the SPF stages of Implementation, Evaluation, and Cultural Competency, which also connect with CLAS Standards 8, 11, and 13.

- Contact the developer of the curriculum and consult them about making adaptations. Ask them if the program has been previously offered in Spanish, and request any adapted slides that were used.
- Do not rely on instructors to translate materials unless they are educated in transcription services. Pay to have all materials translated by individuals with this type of training, having community leaders (and the instructors) review for clarity prior to implementation.
- Allow instructors to make appropriate adaptations to the examples used, the idioms that do not translate, cultural references, and graphics to ensure they are relevant to the audience. Document the changes made and provide them to the developer, who will likely be interested in the changes.
- Evaluate the program to measure fidelity. Provide evaluation surveys in the native languages of the audience to ensure quality data collection. Review data to see if the adaptations are impacting the overall outcomes of the program in comparison to the evidence-based results. Work with developer to make adjustments, as necessary. If program is determined to be unsuitable due to the amount of adaptations needed, repeat planning process to identify a more culturally relevant program.

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NEXT STEPS



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WILL THIS ELIMINATE HEALTH DISPARITIES?

Equality




The assumption is that everyone benefits from the same supports. This is equal treatment.

Equity



Everyone gets the supports they need. This is the concept of "affirmative action", thus producing equity.

Justice



All 3 can see the game without supports or accommodations because the cause(s) of the inequality was addressed. The systemic barrier has been removed.

- Short answer: No.
- Longer answer: It's a start.
- Next big hurdle is working toward social justice and changing social norms

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THANK YOU FOR COMING!

- *Questions?*
- *Comments?*
- *Concerns?*

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