



*A United Voice for Multicultural Health Care*

Delivering **whole-person,**  
integrated care

## Culturally and Linguistically Appropriate Services

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# What is CLAS?

## Culturally and Linguistically Appropriate Services

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



- 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**

# CLAS requirements

CLAS has:

- Legal Requirements
- Business Consideration
- Local Needs

## 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



# Business Consideration: the cost of health disparities

Indirect costs  
associated with  
premature death

**\$1**  
trillion

Annual  
direct  
losses

**\$309**  
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.



# Business consideration: the cost of health disparities

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, and equates to \$309.3 billion annually lost to the economy. 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.



Source: Thomas A. LaVeist, Ph.D, Darrel J. Gaskin, Ph.D, Patrick Richard, Ph.D "The economic burden of health inequalities in the United States". Web- [www.jointcenter.org](http://www.jointcenter.org)

# Business consideration: profitability

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 Blue Cross Complete'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, and implementation of initiatives and activities. The program focuses on:

- Collection of Race, Ethnicity and Language data
- Providing Language services
- Evaluating practitioner network cultural responsiveness
- Identifying and reducing health care disparities



**55,000**

Blue Cross  
Complete Providers



**98.9%**

English only

**1.1%**

**Second language**

**Top 5 non English languages:**

Arabic, **645**

Spanish, **460**

Swahili, **94**

Somali, **77**

Chinese, **57**

# How do we address CLAS?

Blue Cross Complete provides several culturally and linguistically appropriate services, including:

- **Language services**
  - Telephonic
  - Virtual
  - Face to face
- **Translation of documents**
- **Collecting Race, Ethnicity and Language (REL) data**
  - Members
  - Providers

# How do we address CLAS? (cont.)

- **Collect social determinants of health (SDOH) data**
  - Provide additional community services and resources
    - Bill payments
    - Food and clothing pantries
- **Community Partnerships & Collaborations**
  - Matrix Community Center
  - Wayne Metro Health Fair
  - Peace Tree Gardens
- **Committees & Workgroups**
  - Member Advisory Committee
  - CLAS Committee
  - Disparity and project committees

# Your CLAS

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

# 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

- 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.

- **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](http://www.minorityhealth.hhs.gov) or [www.thinkculturalhealth.org](http://www.thinkculturalhealth.org) for more information on these programs and for more resources to bring cultural competency to your health care practice.

# CLAS training attestation

Please complete your attestation provided in your packet and drop it off at the registration table

