



**Department  
of Health**

# **Addressing Health Disparities, Promoting Health Equity; Implementing the CLAS Standards**

**New York State Department of Health - Office of Minority Health & Health Disparities Prevention (OMH-HDP)  
DSRIP PPS Monthly Meeting**

**February 24, 2016**

# Health Disparities



# Health Disparities

Health disparities are defined by the New York State Department of Health as:

*“Differences in health among groups of people. These differences can include: how frequently a disease affects a group; how many people get sick; or how often the disease causes death.”*

# Reasons for Health Disparities and Inequities: Complex

The reasons for the differences in health and health status are complex. Many factors contribute to health disparities and inequities such as:

- individual behaviors;
- biological factors, and
- social determinants.

Health disparities/inequities often occur along the lines of:

- Race, ethnicity and language ability;
- Social, economic and political forces; and
- Geography, physical environment and
- Other structural determinants such as institutional policies.

Many of these contributing factors are modifiable by the health care delivery system and the individual, but many also lie beyond the control of any single individual or health care delivery entity.



# Health of Racial, Ethnic and Other Vulnerable Populations

When comparing the health and well being of the general population to racial, ethnic and other vulnerable populations significant differences are noted in:

- The overall rate of new and existing disease - rates of morbidity.
- The rate at which people die from disease – rates of mortality.
- The numbers of people who are able to survive them – life expectancy.

# Health Disparities/Inequalities Continue to be a Public Health Concern

- Directly affects the quality of life for all individuals in terms of morbidity, mortality, disabilities and productive lives lost.
- Adversely affects neighborhoods, communities and the broader society.
- Results in economic burden due to increased cost of morbidity and mortality and inadequate and/or inequitable care.
- Therefore, it is important to address disparities and inequities at all levels and look to strategies to decrease and eliminate them for all communities.

# Promoting Health Equity



# Health Equity

**Health equity is the attainment of the highest level of health for all people.**

- Achieving health equity requires valuing everyone equally with focused and on-going societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Source: U.S. Department of Health and Human Services, Healthy People 2020



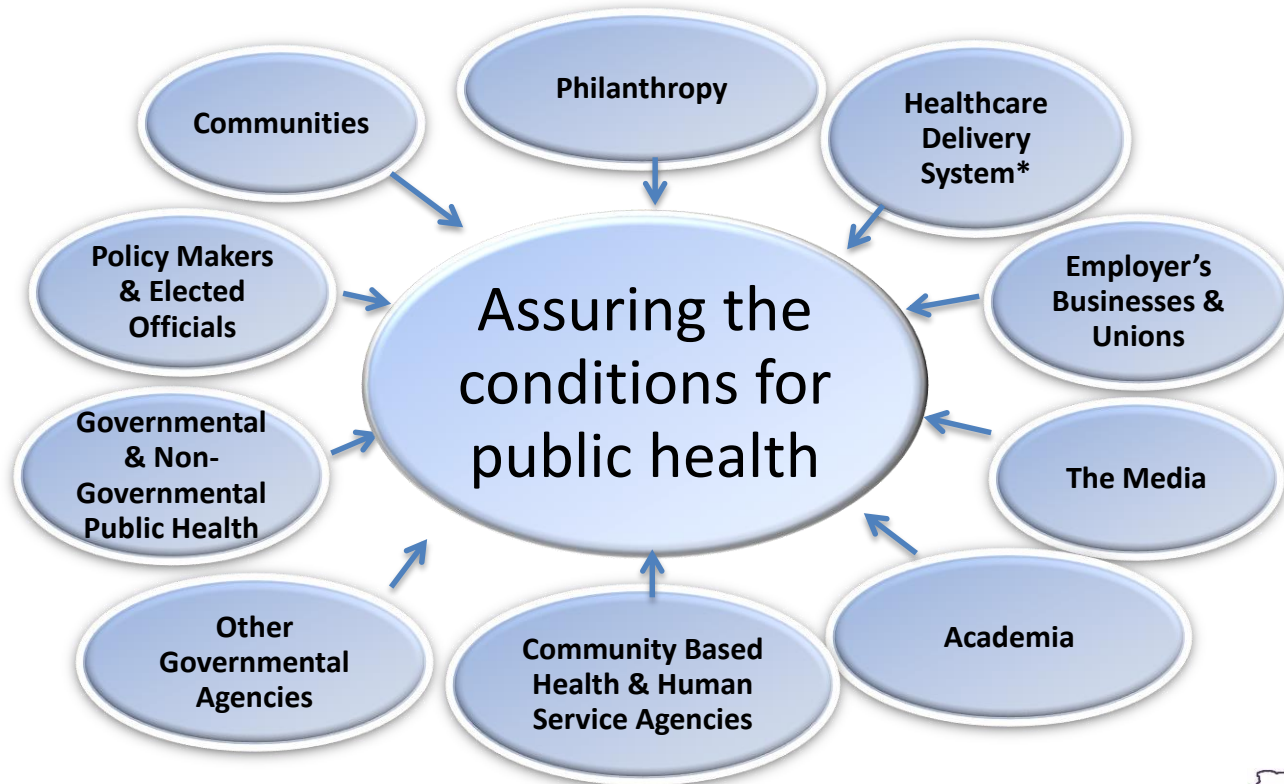
# Cultural Competence – key concept

- A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in *cross-cultural* situations.
- The ability to understand, appreciate, and interact with persons from ***cultures*** and/or belief systems other than one's own, based on various factors

# Cultural Lens

- Attaining cultural competency is a process in which knowledge about individuals and their communities is translated and integrated into specific practices and policies applied in culturally appropriate settings.
  
- Culturally competent individuals that can:
  - Establish positive helping relationships;
  - Engage families, cultural groups and/or their communities; and
  - Strive to improve the quality of services they provide.

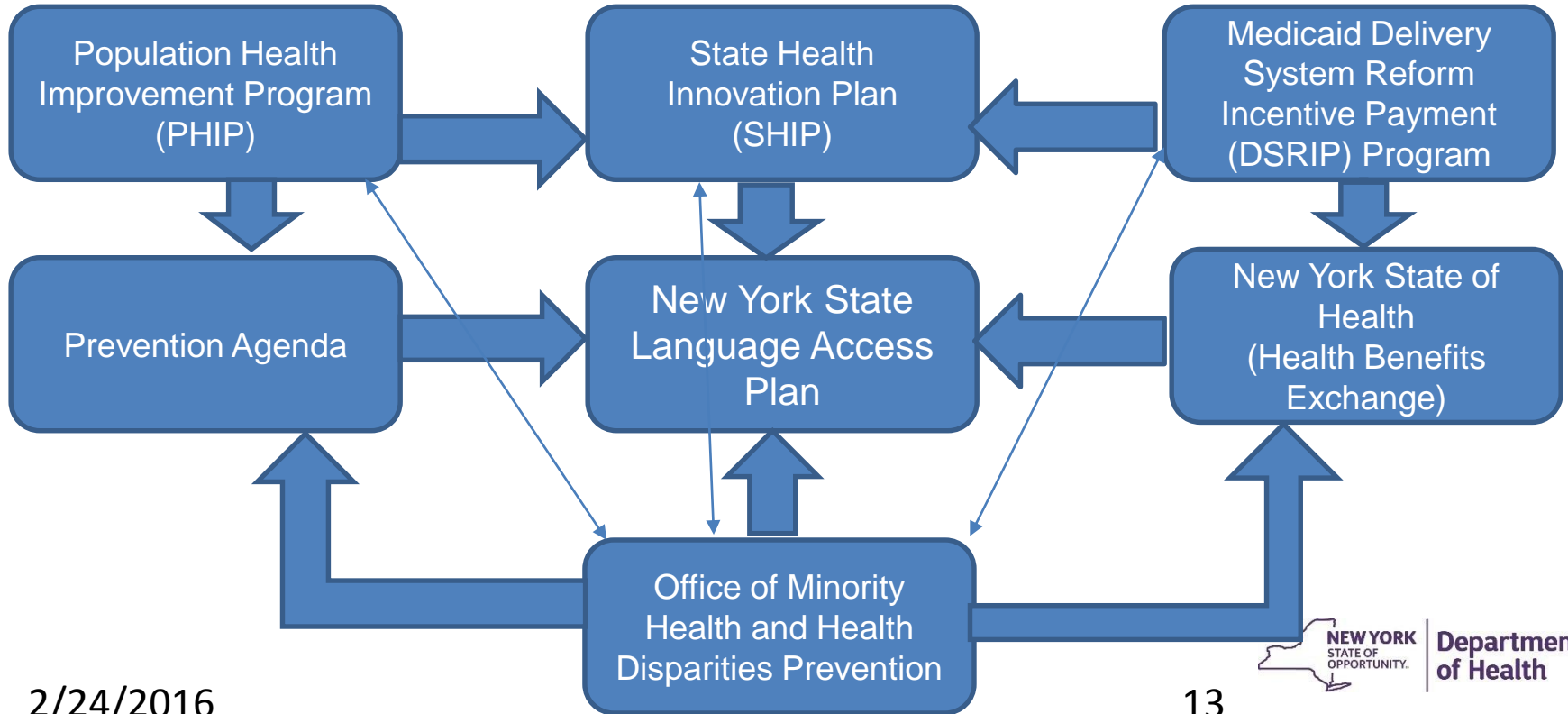
# Everyone Has a Role to Play in Achieving Health Equity



Adapted from : The Future of the Public's Health in the 21<sup>st</sup> Century. IOM 2003

# NEW YORK STATE - HEALTH EQUITY EFFORTS

# New York State Department of Health Efforts



# New York State Department of Health – Equity

## Efforts

### *MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM*

#### Key Themes:

- **Integrate Delivery – create Performing Provider Systems**
- **Performance-based payments**
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation and health system sustainability

### *POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)*

#### PHIP Objectives:

- Identify, share, disseminate, and help implement best practices and strategies to promote population health
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- **Serve as resources to DSRIP Performing Provider Systems (PPSs) upon request**



# New York State Department of Health – Equity Efforts

## ***PREVENTION AGENDA***

### **Priority Areas:**

- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote health women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine - preventable diseases, and health care associated infections

## ***HEALTH BENEFITS EXCHANGE***

- NY State of Health (New York State's ACA), the organized marketplace designed to help people shop for and enroll in health insurance coverage.
- The Marketplace allows consumers to compare insurance options, calculate costs and select coverage online, by phone, in person or by mail.



# New York State Department of Health Equity Efforts

## ***LANGUAGE ACCESS PLAN***

Pursuant to Executive Order No. 26 (Statewide Language Access Policy), NYSDOH has implemented a Language Access Plan that sets forth actions that the Department will take to ensure that persons with Limited English Proficiency (LEP) have meaningful access to agency services, programs and activities.

- 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.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.



# New York State Department of Health Equity Efforts

## ***OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES PREVENTION***

### ***Mission:***

To serve as a statewide resource for promoting health equity across all population groups by ensuring of ethnic or racial background or the community to which they belong, has access to the resources and services they need to be healthy.

### ***Goals:***

1. Work across the Department's programs to advance policies and support programs and initiatives that promote high quality, accessible, patient-centered, and culturally and linguistically appropriate care for all New Yorkers.
2. Partner with government systems, public and private agencies, and communities to identify and realize opportunities towards eliminating health disparities and achieving health equity.
3. Work with The Minority Health Council (MHC) to develop policies recommendations to the Commissioner to address the broader social and economic factors that lead to poor health.\*
4. Identification of "Section §240 Minority Areas" (service areas with non-white populations of 40% or more), and target resources to those areas.



# Culturally and Linguistically Appropriate Service (CLAS) Standards;

## Why they are important

## CHANGING “LANDSCAPE”- DEMOGRAPHIC PROFILE IN THE UNITED STATES

- It is projected that by 2050 the U.S. demographic makeup will be 47% non-Hispanic white; 29% Hispanic; 13% Black and 9% Asian.
- Racial and ethnic populations have disproportionately higher rates of chronic disease and disability; higher mortality rates; and lower quality of care compared to non-Hispanic whites.
- Culture influences health beliefs and practices as well as health seeking behaviors and attitudes.
- When health care professionals are aware of the influence of culture on health beliefs and practices, they can use this awareness to consider and address issues that improve access to and acceptability of services.



# THEREFORE:

- Culturally and linguistically appropriate services are increasingly recognized as an effective mechanism for improving the quality of care and services and helping to eliminate health inequalities.
- Though there are many contributing factors to health inequity, one of the most changeable factors is lack of culturally and linguistically appropriate services.

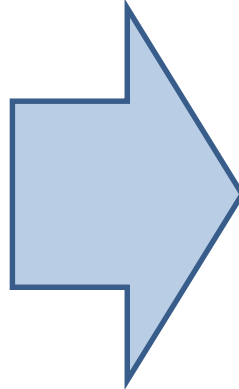
# Enhanced National CLAS Standards

## 2000 Themes

Culturally  
Competent Care

Language  
Access Services

Organizational  
Supports



## 2013 Themes

Principal Standard

Governance,  
Leadership, and  
Workforce

Communication  
and Language  
Assistance

Engagement,  
Continuous  
Improvement, and  
Accountability

Source: USDHHS-OMH National Standards for Culturally and Linguistically Appropriate Services



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# Standards - Components

## Principal Standard

1. **Provide effective, equitable, understandable and respectful quality care and services.**

## Government, Leadership and Workforce

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



# Standards - Components

## 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.
7. Ensure the competence of individuals providing language assistance.
8. Provide easy-to-understand materials and signage.

## 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.
11. Collect and maintain accurate and reliable demographic data.
12. Conduct regular assessments of community health and needs.
13. Partner with the community.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate.
15. Communicate the organization's progress in implementing and sustaining CLAS.



LANGUAGE ACCESS:  
REQUIREMENTS AND PERKS  
Or  
The Carrot and the Stick



# Provisions and Mandates

## Requirements and Mandates:

- The ACA contains several provisions including requiring entities receiving grants from health insurance exchanges to be culturally and linguistically appropriate.
- The Civil Rights Act of 1964 requires organizations receiving federal funds to take reasonable steps to provide meaningful access to patients with limited English proficiency. Joint Commission on Accreditation and National Committee for Quality Assurance have established standards around cultural competency.
- NYS Executive Order 26 “Statewide Language Access Policy”

## Also:

- The provision of culturally and linguistically appropriate services cultivates a loyal consumer base which in turn solidifies this market share.
- The likelihood of miscommunication, misunderstanding and medical errors related to providing services to culturally and linguistically diverse populations decreases with cultural competence.

# Benefits of Providing Culturally and Linguistically Appropriate Services (Perks)

- Responsive to current and projected demographic changes in the U.S.
- Aids in eliminating long standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds
- Can improve the quality of services and primary care outcomes.
- Enables meeting legislative, regulatory and accreditation mandates.
- Possibly gain a competitive edge in the marketplace.
- Decreases the likelihood of liability/malpractice claims due to greater risk for medical errors.

Adapted from: USDHHS, National Standards for CLAS in Health and Health Care, [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)



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# Improving LEP Health

To improve the health of Limited English Proficiency (LEP) patients, we need to:

- Remove the barriers that prevent their access to care; and
- Enhance communication between them and health care workers.

## “Clear Communication”

Focuses on achieving two key objectives of health literacy:

- Providing information in the form and with the content that is accessible to specific audiences based on cultural respect.
- Incorporating plain language approaches and new technologies.

# Health literacy

- The ability to understand and communicate health information — is dependent on culture, context, knowledge, key skills, and many other factors.
- Developing health information at the appropriate literacy level and targeted to the language and cultural norms of specific populations helps promote **health literacy**.

# Considerations - Providing Culturally and Linguistically Appropriate Services

## Culturally Competent Care:

1. Health care organizations should provide respectful, understandable and effective care compatible with cultural beliefs, practices and in clients preferred language.
2. Recruit and retain diverse staff and leadership.
3. Provide on-going education and training at all levels and across all disciplines in cultural and linguistic competency.

## Language Access Services:

1. Offer bi-lingual staff and Interpreter Services at no cost.
2. Provide easy to understand materials and post signage in languages of populations in the service area – Translation in key languages of community – NYS has eight languages in which communications are made available.

# Considerations - Providing Culturally and Linguistically Appropriate Services

## Organizational Supports:

- (1) Develop and promote a strategic plan outlining policies, plans and management accountability of culturally and linguistically appropriate services.
- (2) Conduct organizational self-assessment of CLAS related activities and integrate CLAS measures in audits, patient satisfaction outcomes, performance measurements and outcomes-based evaluations.
- (3) Develop collaborative partnerships with communities and use different mechanisms to facilitate community involvement in CLAS activities.
- (4) Implement a conflict resolution and grievance process to resolve cross-cultural conflicts.

# Short list of Resources

- U.S. Department of Health and Human Services
  - Office of Minority Health: *Think Cultural Health*
  - Health Resources and Services Administration: *Cultural Competency and Diversity 101*
- New York State Office of Mental Health Bureau of Cultural Competence
- University at Albany School of Public Health, State University of New York: *Advancing Cultural Competence in the Public Health and Health Care Workforce*
- Empire State Public Health Training Center: *Communications and Cultural Competency*
- Health Research and Educational Trust: *Disparities Toolkit*

# THANK YOU FOR YOUR ATTENTION

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