

Promoting Health Equity in Connecticut through the CLAS Standards

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and

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Connecticut Department of Public Health



*Monthly Meeting of the
Connecticut Commission
On Health Equity*

~

November 17, 2015

9:30 a.m.

Legislative Office Building (LOB) Room 1C



The CLAS Standards

The National Standards for Culturally & Linguistically Appropriate Services (CLAS) in Health & Health Care:

- ✓ National guidelines that inform and facilitate individual and facilitate institutional practices related to culturally and linguistically appropriate health and social services.
- ✓ Intended to advance principles of health equity, improve quality of care and services, and help eliminate health disparities.

Source: USDHHS. 2013. *National CLAS Standards Fact Sheet*.



Project Background

- ❖ Funded by the US Health & Human Services (HHS) Office of Minority Health (OMH) State Partnership Grant to Improve Minority Health, 2013-15.
- ❖ Structured as a cooperative agreement between USHHS and CT Department of Public Health (DPH).



Project Background

- ❖ DPH awarded the CT Multicultural Health Partnership (CMHP) a subcontract as part of this cooperative agreement.
- ❖ Focus – Promote and implement the CLAS Standards in selected health and social service settings across the state.



DPH Project Focus



- ❖ CLAS Standards Training Sessions for DPH and its Contractors including:
 - ✓ WIC Vendors
 - ✓ Cancer Program
 - ✓ Tobacco Prevention and Control
 - ✓ Asthma
 - ✓ CT HIV Planning Consortium
 - ✓ Local Health Departments
- ❖ Share project results with and support similar efforts in other key state agencies.

DPH Strategies



- ❖ Hire a CLAS Standards Coordinator – .20 FTE.
- ❖ Conduct a baseline assessment of current agency efforts (2014).
- ❖ Identify barriers to implementation.
- ❖ Take steps to remove barriers.
- ❖ Develop a CLAS Standards Curriculum (CLAS 101).
- ❖ Develop a variety of web-based training resources.
- ❖ Work with DPH Data Collection Committee re: inclusion of primary language in select databases.

DPH Accomplishments

9/1/14 – 8/31/15



- ✓ CLAS 101 Curriculum
- ✓ 627 people trained in CLAS Standards
 - 268 DPH staff
 - 151 LHD staff
 - 208 Contractors
- ✓ 6 distinct types of Contractors trained
- ✓ Web-based CLAS 101 Training on TRAIN-CT

Monday, November 02, 2015

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Course Details

Cultural and Linguistic Standards 101 - CLAS 101

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Course ID:	1058875
Format:	Web-based Training - Self-study (Online)
Clinical / Non-Clinical:	Non Clinical
Course Number:	
Cost (US\$):	0.00
Credit Type(s):	none
Certificate:	CLAS 101 Certificate

Course Description: Narrated by Dr. Alison Stratton of the Connecticut Department of Public Health
Course Length: 35-50 minutes.

During this course, you will be provided with an overview of:

- The concepts of Health Equity, Health Disparities and Social Determinants of Health
- The definition of the CLAS Standards and other key concepts
- The Social, Legal and Business basis for why we adopt the CLAS Standards
- The 15 Standards themselves
- Descriptions of how the CLAS Standards may be implemented in your area

Please note, this is not a cultural competency training course. The majority of the course will be spent discussing implications of the Language Access provisions of the CLAS standards.

Subject Area(s): Cultural Competence
General Public Health
Legal / Ethical
Workforce Development
Performance / Quality Improvement

DPH Accomplishments

9/1/14 – 8/31/15



- ✓ 135 Consumer Health Documents translated into 58 different languages
- ✓ Health Equity - CLAS Toolkits

Language Identification Chart



Unë flas shqip	Albanian	Mvuga Ikinyarwanda	Kinyarwanda
አማርኛ መናገር እንችላለሁ።	Amharic	저는 한국어를 구사합니다	Korean
أنا أتحدث العربية	Arabic	ຂ້າພະເຈົ້າເວົ້າພາສາລາວ	Laotian
Ես խոսում եմ հայերեն	Armenian	Nalobaka Lingala	Lingala
আমি বাংলা কথা বলতে	Bengali	Saya bicara bahasa Malay	Malay
Govorim bosanski	Bosnian	我說中文/我说普通话	Mandarin
ကျွန်ုပ်မြန်မာစကားပြောသည်	Burmese	म नेपाली बोल्छु	Nepali
我說粵語/我说广东话	Cantonese	زه پښتو خبری کوم	Pashto
Govorim hrvatski	Croatian	Mówię po polsku	Polish
من دری گپ میزنم	Dari	Falo Português	Portuguese
I speak English	English	ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਦੀ ਹਾਂ	Punjabi
من فارسی صحبت می کنم	Farsi	Я говорю по-русски	Russian
Je parle français	French	Ja говорим српски	Serbian
Ich spreche Deutsch	German	Govorim srpskohrvatski	Serbo-Croatian
Μιλάω Ελληνικά	Greek	Waxaan ku hadlaa Soomaali	Somali
હું ગા જરાતી બોલું છું	Gujarati	Hablo español	Spanish
Mwen pale Kreyòl Ayisyen	Haitian Creole	Nazungumza Kiswahili	Swahili
Na iya hausa	Hausa	Nagsasalita ako ng Tagalog	Tagalog
אני מדבר עברית	Hebrew	ฉันพูดภาษาไทย	Thai
मैं हिन्दी भाषा बोलता	Hindi	ངས་བོད་སྐད་ལོང་གྱི་ལོང་།	Tibetan
Kuv hais lus Hmoob	Hmong	ᠮᠠᠨᠤᠯᠠ ᠰᠢᠶᠢᠨ ᠵᠢᠨᠠᠨᠤᠯᠤᠰᠤ	Tigrinya
Beszélek magyarul	Hungarian	Türkçe konuşurum	Turkish
Ana m asụ Igbo	Igbo	Meka Twi	Twi
Saya bicara bahasa	Indonesian	Я розмовляю українською мовою	Ukrainian
Parlo Italiano	Italian	میں اردو بولتی ہوں	Urdu



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- +Student Internships
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- Everbridge

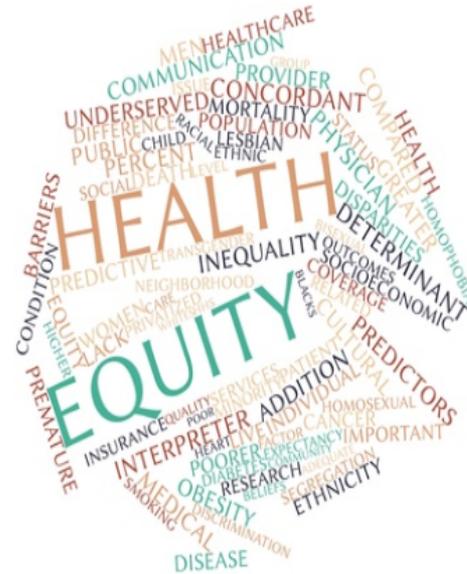


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DPH Health Equity Toolkit



The Office of Health Equity, in alignment with DPH’s mission and Strategic Plan, promotes health equity throughout DPH and local partners through trainings, presentations and other structural and systems initiatives. The Health Equity Toolkit is a collection of resources and practical tools to help you understand components of health equity, and include health equity in your work.

What’s included:



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+DPH Health Equity Toolkit

Definitions

Social Determinants of Health

CLAS Standards

Social Justice

Policies

Tools & Examples

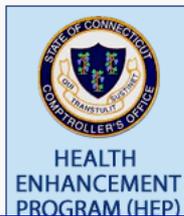
Publications and Resources

+Student Internships

+DPH Wellness & Recreation

+DPH Committees

Everbridge



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National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)

What are the CLAS Standards?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) are a set of 15 standards intended to “advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.”^[1]

In 2000, the US Department of Health and Human Services’ Office of Minority Health (OMH) published the first CLAS Standards, which provided a framework for all health care organizations to best serve the nation’s increasingly diverse communities. In fall of 2010, OMH launched the National CLAS Standards Enhancement Initiative in order to revise the CLAS Standards to reflect the past decade’s advancements, expand their scope, and improve their clarity to ensure understanding and implementation.^[2]

Why Adopt and Implement the CLAS Standards?

According to National Center for Cultural Competence, it is important to provide culturally and linguistically appropriate health and health care services to all persons for the following reasons:

1. To respond to current and projected demographic changes in the United States.
2. To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds.
3. To improve the quality of services and primary care outcomes.
4. To meet legislative, regulatory and accreditation mandates.
5. To gain a competitive edge in the market place.
6. To decrease the likelihood of liability/malpractice claims.

These reasons encompass what are often called the legal, business, and social justice cases for adoption and implementation of CLAS Standards in health and health care organizations.^[3]

To Whom do the CLAS Standards Apply?



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- Services & Programs
- Regulation & Licensure
- Vital Records
- News Room
- Topics A - Z
- Statistics & Research



Office of Health Equity

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The Office of Health Equity was established on October 1, 2014. It replaces the former Office of Multicultural Health.



Office of Health Equity Strategic Plan, 2015 - 2018

[Office of Health Equity Strategic Plan, 2015-2018](#)
[At a Glance - The Office of Health Equity Strategic Plan](#)

Vision:

Healthy People in Healthy, Equitable Connecticut Communities.

Guiding Principle:

"Equal enjoyment of the highest attainable standard of health is a human right and a priority of the state." (CGA Public Act No. 08-171)

Mission:

The responsibility of the Office of Health Equity is "to improve the health of all Connecticut residents by working to eliminate differences in disease, disability and death rates among ethnic, racial and other population groups that are known to have adverse health status or outcomes. Such population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness or geographic area of residence."

This name and mission statement were adopted by the Connecticut General Assembly as [Section 5](#) of Public Act 14-231 "An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes," which was signed into law by Governor Malloy on June 13, 2014.

Strategic Planning:

DPH Accomplishments

9/1/14 – 8/31/15



- ✓ DPH Language Access Policy (2015)
- ✓ Revised Data Collection Policy to include Language (2015)
- ✓ Annual State Agency Meetings focused on the CLAS Standards
- ✓ CLAS Measures on DPH Performance Dashboard



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- Services & Programs
- Regulation & Licensure
- Vital Records
- News Room
- Topics A - Z
- Statistics & Research

Free Summer Meals!
Kids and teens 18 and under

TRNConnecticut
Your Online Source for Learning Management

H.I.P.A.A NOTICE

HealthCare Reform

Check the Calendar

Receive Updates by E-mail
Sign-Up for E-alerts

Ebola Update
What You Need to Know about Ebola

Connecticut
still revolution

Healthy Connecticut

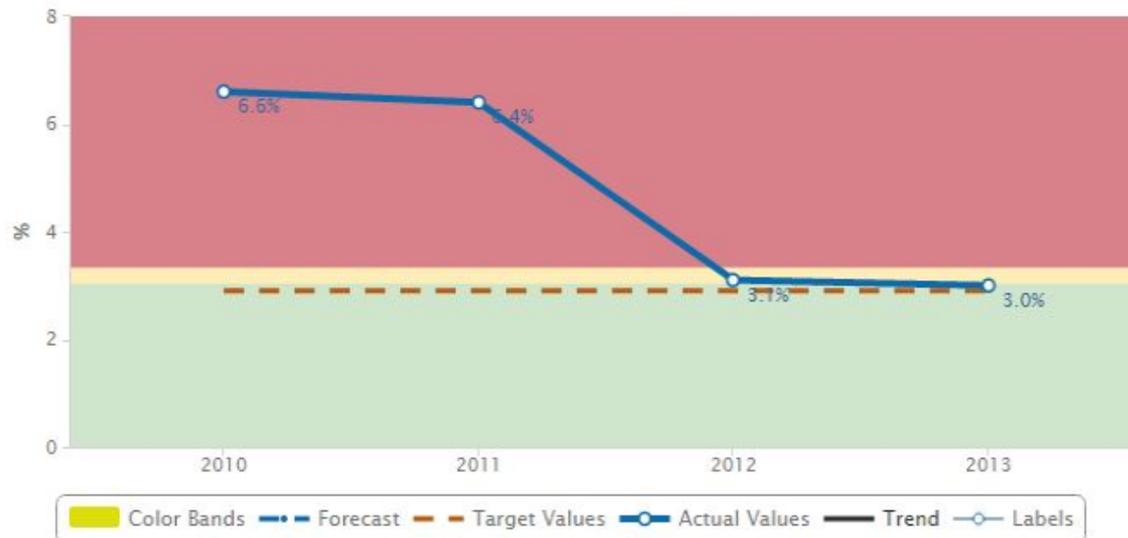
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Healthy Connecticut 2020 Performance Dashboard

Just as a car's dashboard provides the driver with a quick view of how the car is functioning, the **Healthy Connecticut 2020 Performance Dashboard** displays in a simple visual format, how the residents of Connecticut are faring in health improvement target areas such as heart disease, obesity, obtaining vaccinations, exposure to environmental risks, and many more as identified in [Healthy Connecticut 2020 State Health Improvement Plan](#).

Prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL). (HCT2020)

Data Source: CT DPH, Lead Surveillance System





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HEALTH SYSTEMS

Health Literacy, Cultural Competency, and Language Services



People in Connecticut Make Informed Health Care Decisions Based on Appropriate Health Communications.

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Number of Connecticut health and social service agencies that have taken steps to implement National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health & Health Care. (HCT2020)

CMHP Project Focus



- ❖ Implement the CLAS Standards within selected sites:
 - ✓ Home Health Agencies
 - ✓ DMHAS facilities
 - ✓ Health Profession Schools
 - ✓ Limited English Proficiency populations

- ❖ Share project results and support similar efforts of partner organizations.

CMHP Strategies



- ❖ Conduct a Baseline Assessment of Selected Sites

- ❖ Develop CLAS Standards Curricula including:
 - ✓ On-site workshops
 - ✓ Web-based course
 - ✓ Electronic resources

- ❖ Sponsor Public Awareness Campaign and Awards

Accomplishments ~ Research



❖ DMHAS-

- 77 of mental health and addiction service organizations surveyed (approximately 60%) completed the rapid needs assessment
- 16% of survey respondents, 18% of senior staff, and 13% of management reported having CLAS Standards training



Accomplishments ~ Research



❖ HHA-

- 32 home health care providers (approximately 40%) of those surveyed, completed the rapid needs assessment
- 73% reported having only “Fair” or “Poor” familiarity with CLAS Standards



Accomplishments ~ Education



❖ Education

- DMHAS and Home Health agencies
- “Community Conversations”
- Health professions students
- Other professional groups
- White Paper

Accomplishments ~ Education



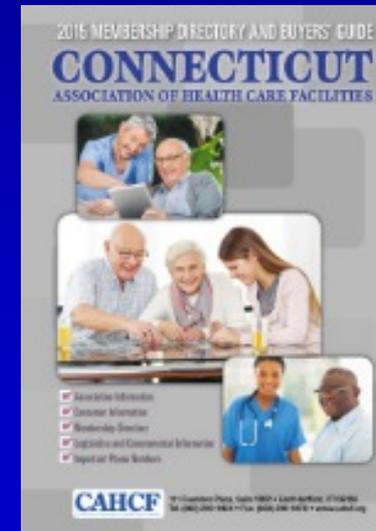
DMHAS

- ❖ N=200+ (and 21 members of the Leadership team)
- ❖ Additional train-the-trainer for 25 participants



HHA

- ❖ N=30
- ❖ (only 3 for full training)



Accomplishments ~ Education



❖ Community Conversations

- North Central Regional Mental Health Board
 - 2014
 - N=75
 - 2015
 - N=132 (67 completed post)
 - Pre= 35% somewhat familiar
 - Post= 71% understanding
- Awareness & Outreach Committee
 - 2014-2015
 - N=152
 - Pre= 22% somewhat unfamiliar
 - Post= 86% understanding



Accomplishments ~ Education



❖ Health Professions Students

- N= 215+

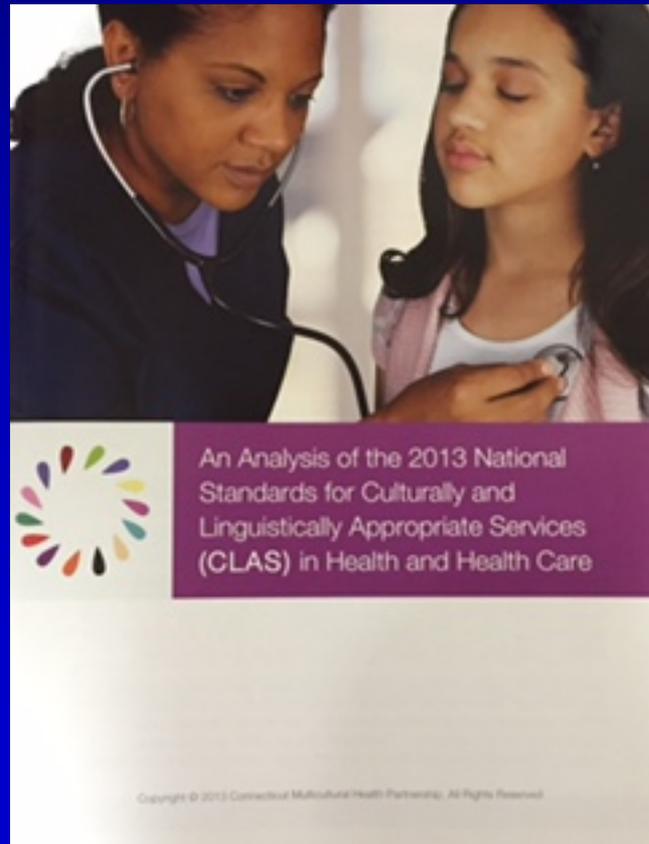
❖ Other Groups and Individuals



Accomplishments ~ Other



- White Paper
- <http://www.ctmhp.org/wp-content/uploads/2014/02/CMHP-CLAS-Standards-Analysis.pdf>

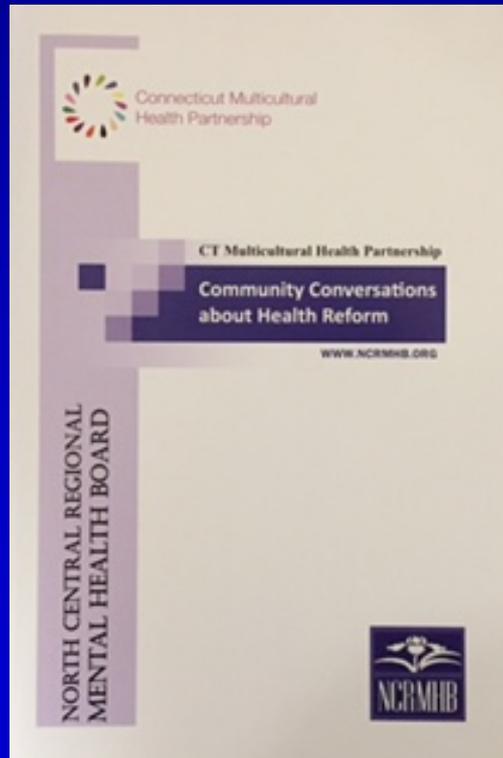


Accomplishments ~ Other

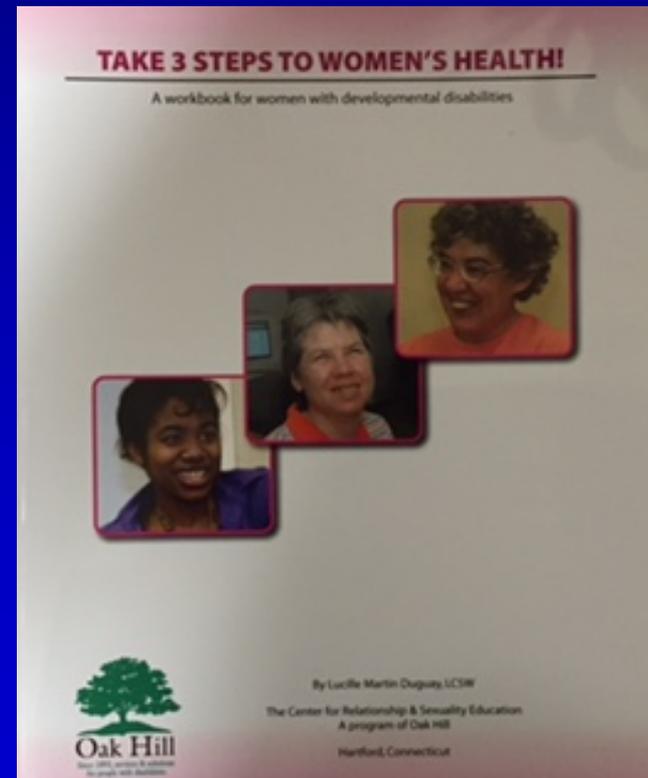


Translation of Materials

❖ North Central Regional
Mental Health Board



❖ Oak Hill



Accomplishments ~ Other



- Seventh Annual Meeting **Building A Movement**
- Social Determinants of Health Summit



Accomplishments ~ Other



- Social Media Efforts
 - 332 followers on Twitter. (52% male, 48% female. 29% 25-34, 24% 35-44, 29% 45-54 18% 55-64); up from 192 followers last year
 - 152 likes on Facebook; up from 62 likes last year
 - Klout score =35
 - September- 142 visits to the CMHP website
- Electronic Resources
 - CLAS Corner
 - CLAS Tutorial



DPH – CMHP Collaboration



Working for health equity in Connecticut”

Visit us on the web:

- ❖ www.ct.gov/dph/healthequity
- ❖ www.ctmhp.org/

Postscript

“The arc of history is long, but it bends toward justice.”

- Dr. Martin Luther King, Jr.