“Think Cultural Health”

Cultural and Linguistically Appropriate Services (CLAS) a journey not a destination

November 5, 2016

James LaVelle Dickens, DNP, RN, FNP-BC, FAANP
CAPT, U. S. Public Health Service
Acting-Deputy Regional Health Administrator
Office of the Secretary for Health
Office of Minority Health

Please Stand

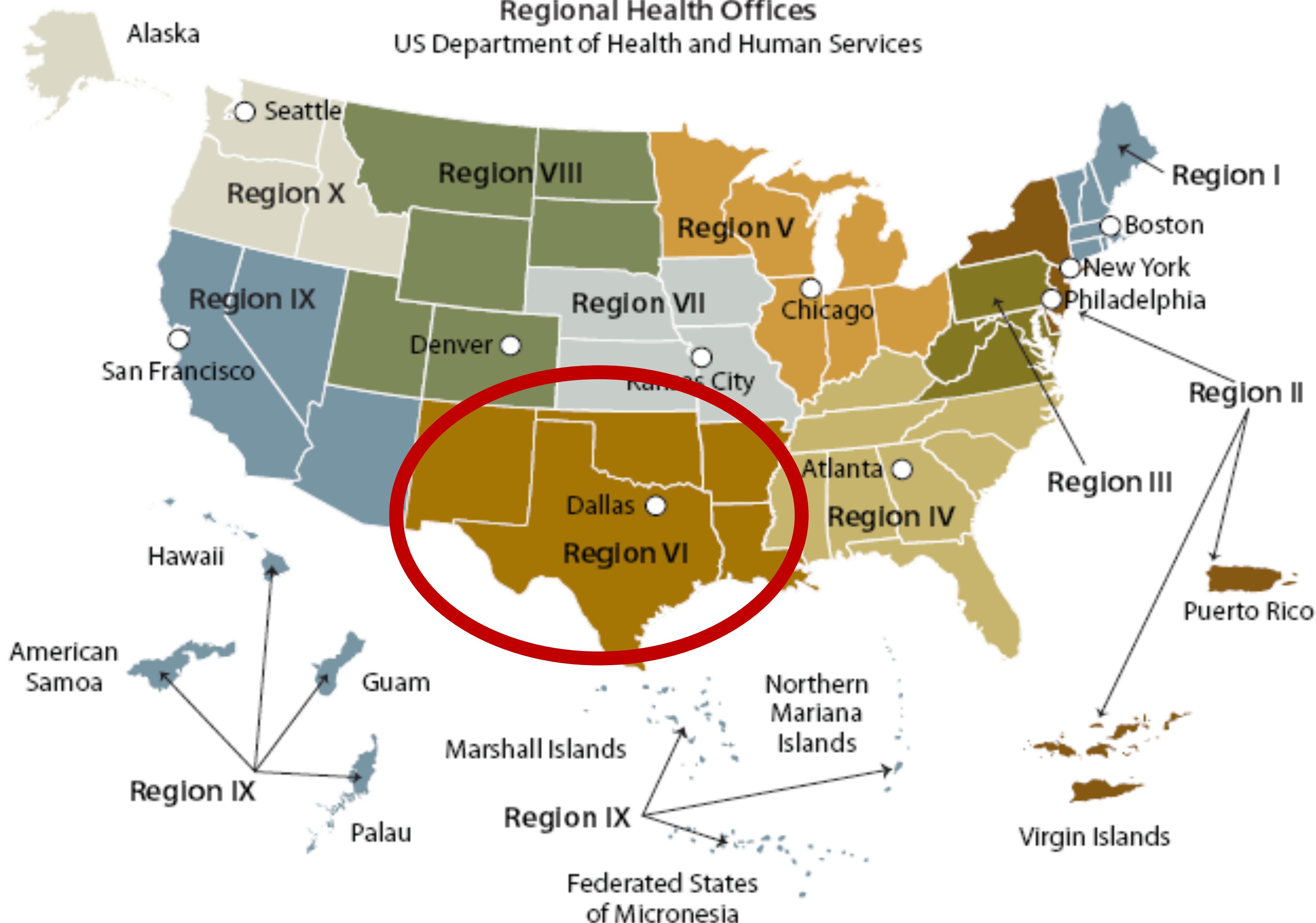
CLAS Concepts

* Cultural and linguistic competency is a journey, not a destination – an ever expanding capacity to learn and grow.

Office of the Assistant Secretary for Health

Oversees 14 core public health offices including:

* Office of Surgeon General
* U.S. Public Health Service Corps
* 10 regional health offices across the nation
* 10 Presidential and Secretarial Advisory Committees


Regional Health Offices
US Department of Health and Human Services
Alaska
Seattle
Region X
Region VIII
Region V
Region I
Boston
New York
Philadelphia
Region IX
San Francisco
Denver
Region VII
Chicago
Region II
Dallas
Region VI
Atlanta
Region IV
Region III
Hawaii
Puerto Rico
American Samoa
Guam
Region IX
Palau
Marshall Islands
Northern Mariana Islands
Region IX
Federated States of Micronesia
Virgin Islands
Regional Offices are located in the cities shown above.

HHS Office of Minority Health

Mission: To improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities

www.minorityhealth.hhs.gov

The Delta in Northeast Louisiana

Union
143
Sterlington
554
552
Downsville
134
15
139
Swartz
Claiborne
LOUISIANA
West Monroe
Monroe
Huenefeld
Airport
20
838
20
165
20
546
Bawcomville
Richwood
Ouachita
34
Eros
15
841
133
548
557
4
561
Caldwell

Rabia Balkha Hospital, Afghanistan

Commonwealth of the Northern Mariana Islands, Saipan

Luta
"World's Friendliest IsLand"

Tip of the spear for Global Health

Providing hope and care…

ERB-ALVAREZ

U.S. Department of Homeland Security
USPHS Monrovia Medical Unit Team 2

EXIT
EXIT
Tyvek
PUBLIC HEALTH SERVICE

(PORT.)
Sicily (IT.)
Gibraltar (U.K.)
Ceuta (SP.)
Oran
Algiers
Tunis
MALTA
Valletta
TUNISIA
Mediterranean Sea
Melilla (SP.)
MADEIRA ISLANDS (PORT.)
Casablanca
Rabat
Marrakech
Tripoli
Banghāzī
MOROCCO
CANARY ISLANDS (SP.)
ALGERIA
LIBYA
Laayoune (El Aaiún)
Western Sahara
MAURITANIA
Nouakchott
MALI
Tombouctou
NIGER
CHAD
CAPE VERDE
Praia
Dakar
SENEGAL
Banjul
THE GAMBIA
Bamako
BURKINA FASO
Niamey
Ouagadougou
Kano
N'Djamena
Bissau
GUINEA-BISSAU
GUINEA
BENIN
NIGERIA
Conakry
Freetown
SIERRA LEONE
CÔTE D'IVOIRE
Yamoussoukro
GHANA
TOGO
Abuja
Ogbomoso
Ibadan
Lagos
Lomé
CENTRAL AFRICAN REPUBLIC
Monrovia
LIBERIA
Abidjan
Accra
Porto-Novo
CAMEROON
Bangui
Douala
Malabo
Yaoundé
EQUATORIAL GUINEA
Gulf of Guinea
PENEDOS DE PEDRO E SÃO PAULO (BRAZIL)
SAO TOME AND PRINCIPE

CDC
Centers for Disease Control and Prevention
Guinea-Bissau
Mali
Guinea
Sierra Leone
Liberia
Côte d'Ivoire
Total Cases
0
1 - 5
6 - 20
21 - 100
101 - 500
501 - 4,000
Mauritania
Senegal
Mali
Burkina Faso
Guinea
Source: WHO: Ebola Response Roadmap
26 November 2014

Aerial view of the Monrovia Medical Unit

Refreshing…

Saturated with sweat…

AKS
ALASKA
Made in the

Secretary-General of the UN Ban Ki-Moon
Director General-WHO Margaret Chan

Gift from the Chinese Ambassador

The West Africa Ebola Response
A Tribute to the
U.S. Public Health Service Commissioned Corps and the National Institutes of Health

Containment Planning

Ebola Regional Case Map

"We...offer help, healing and hope"

beacon."

CAMP EASON
WELCOME TO
UNITED STATES PUBLIC HEALTH SERVICE
The West Africa Ebola Response
A Tribute to the
U.S. Public Health Service Commissioned Corps and the National Institutes of Health
Containment

TODAY I AM HEALED
TOMORROW I RETURN TO HEAL ANOTHER
THE LOVE OF LIBERTY - LIBERTY FROM EBOL - BROUGHT US
U.S.
Public Health
Service
Monrovia Medical Unit
Monrovia, Liberia
Team 2

Poll

How familiar are you with culturally and linguistically appropriate services (CLAS)?

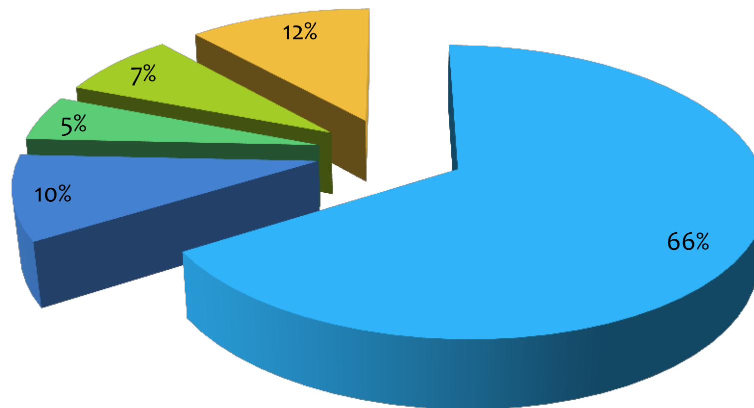
Poll

How familiar are you with the *National CLAS Standards*?

Region VI

Population In Millions

Texas Oklahoma New Mexico Arkansas Louisiana



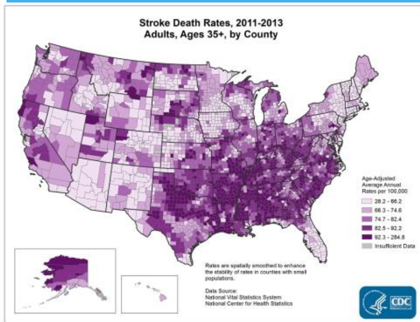
THINK CULTURAL HEALTH

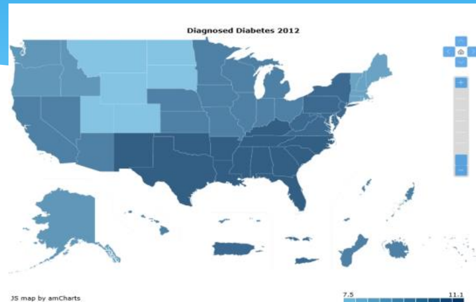
Leading Health Indicators

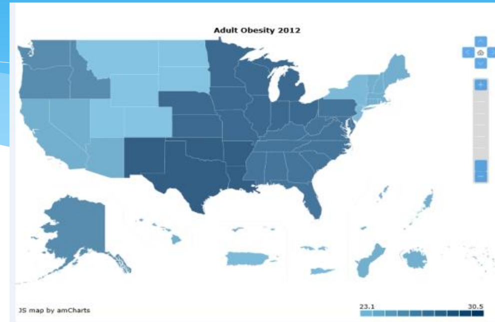
* Access to Health Services
* Clinical Preventive Services
* Environmental Quality
* Violence and Injury Prevention
* Maternal, Infant, and Child Health
* Mental Health
* Nutrition, Physical Activity, and Obesity
* Oral Health
* Reproductive and Sexual Health
* Social Determinants
* Substance Abuse
* Tobacco

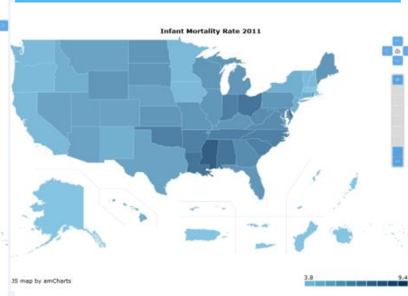
THINK CULTURAL HEALTH

Regions IV, VI, and VII



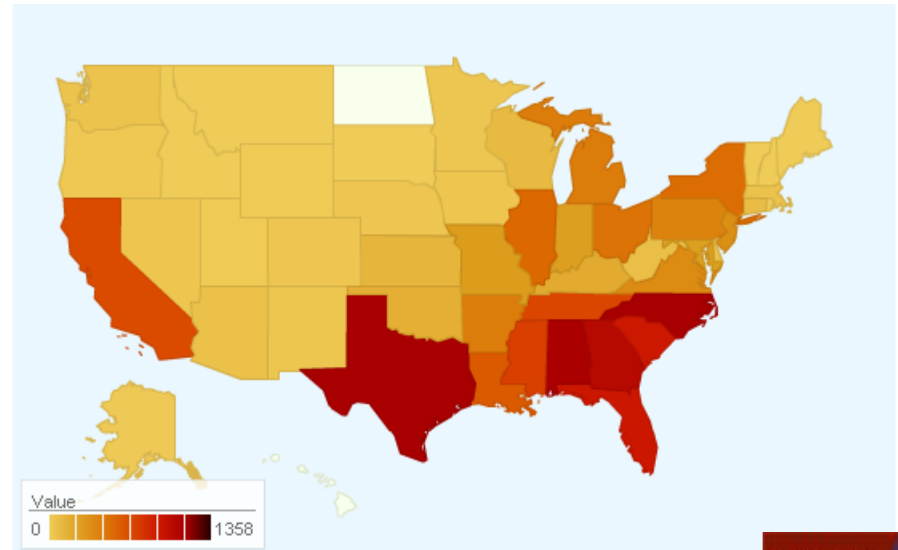






Stroke Belt **Diabetes Belt** **Obesity Belt** **Infant Mortality**

Together, these regions hold 45% of the total congregations in the United States; 64% of the Black protestant churches; and 56% of the evangelical protestant congregations.



Black Protestant Churches

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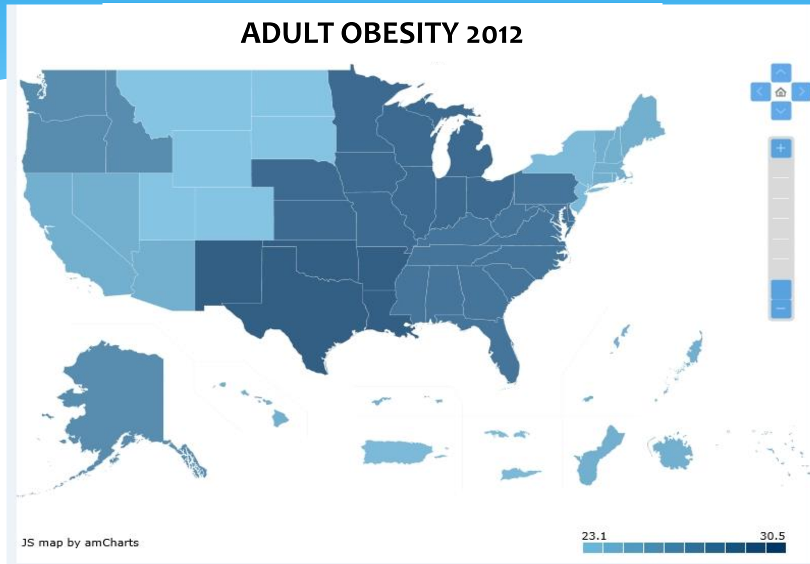
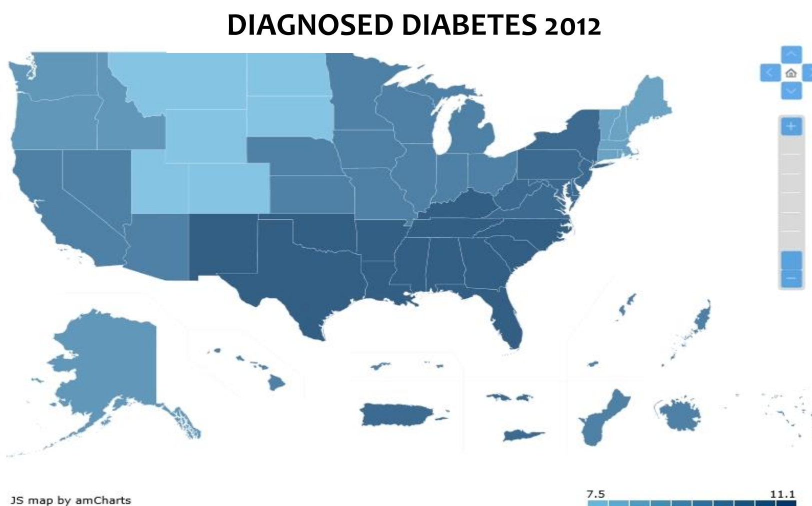
Regional Challenges





Highest obesity rate with *30.5%* of adults who are obese and have a BMI greater than *30*

Region VI ranks last in physical activity compared to all other federal regions

Region VI has the second highest rate of diagnosed cases of diabetes - *10.9% of adults*

CDC Sortable Risk Factors and Health Indicators, http://sortablestats.cdc.gov/index.html#/

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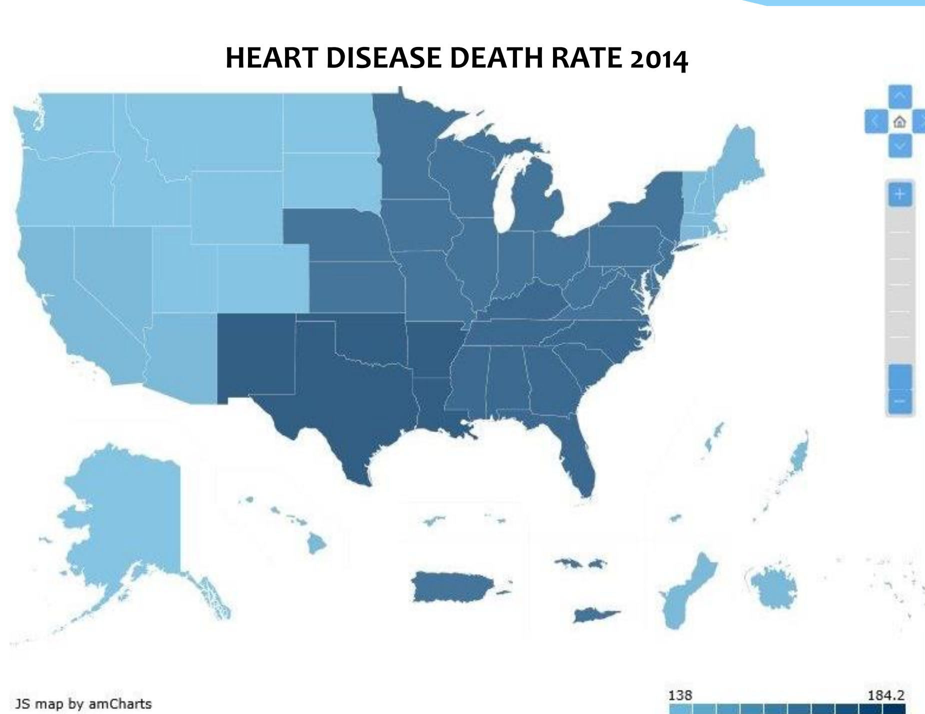
Regional Challenges

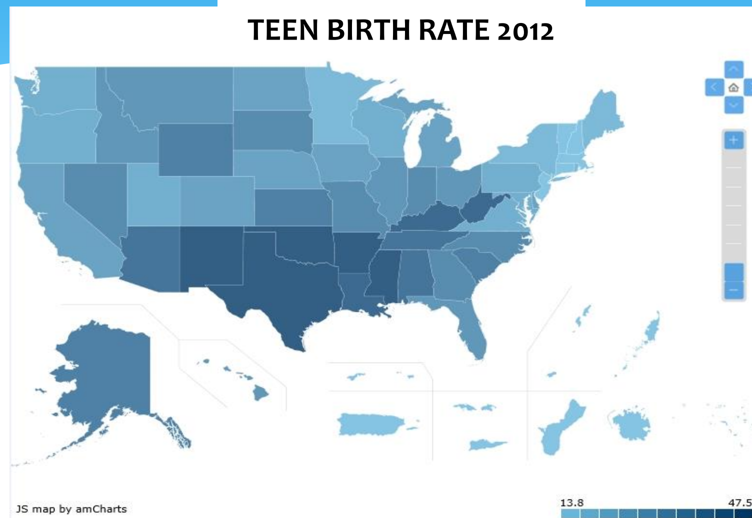


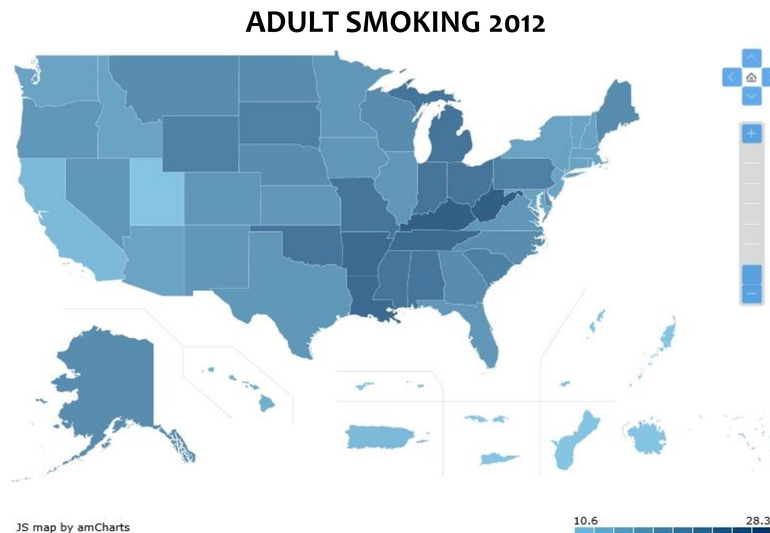
Tops all federal regions in cardiovascular disease and in stroke death

Highest rate of diagnosed high cholesterol (*40.9%*) and the second highest rate of diagnosed hypertension (*32.8%*)

CDC Sortable Risk Factors and Health Indicators, http://sortablestats.cdc.gov/index.html#/

Regional Challenges





Highest teen birth rate in the Nation – *44.8 teen births per 1,000 girls aged 15-19*

High rate of infant mortality - *6.5 deaths per 1,000 live births*

20% of Adults (18+) currently smoke cigarettes

CDC Sortable Risk Factors and Health Indicators, http://sortablestats.cdc.gov/index.html#/

Leading causes of death

Region/State	Infant Mortality Rate 2013	Heart Disease Death Rate 2014	Stroke Death Rate 2014	Suicide Death Rate 2014	Homicide Death Rate 2014	Drug Poisoning Death Rate 2014
National						
National	6.00	167.00	36.50	13.00	5.10	14.70
Region 6						
Region 6	--	184.20	42.10	13.90	6.30	12.60
Arkansas	7.80	217.50	45.40	17.30	7.70	12.60
Louisiana	8.70	216.30	45.60	14.30	11.70	16.90
New Mexico	5.30	143.30	34.70	21.00	6.80	27.30
Oklahoma	6.70	228.10	43.00	19.10	6.60	20.30
Texas	5.80	169.90	41.60	12.20	5.20	9.70

Infant Mortality: per 1,000 live births
Others: per 100,000

CDC Sortable Risk Factors and Health Indicators, http://sortablestats.cdc.gov/index.html#/

Social Determinants of Health

Social determinants of health reflect social factors and the physical conditions in the environment in which people are born, live, learn, play, work and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning and quality of life outcomes.

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Examples of Social Determinants

* Availability of resources to meet daily needs
* Social norms and attitudes
* Exposure to crime, violence, and social disorder
* Social support and social interactions
* Socioeconomic conditions
* Quality schools
* Transportation options
* Public safety

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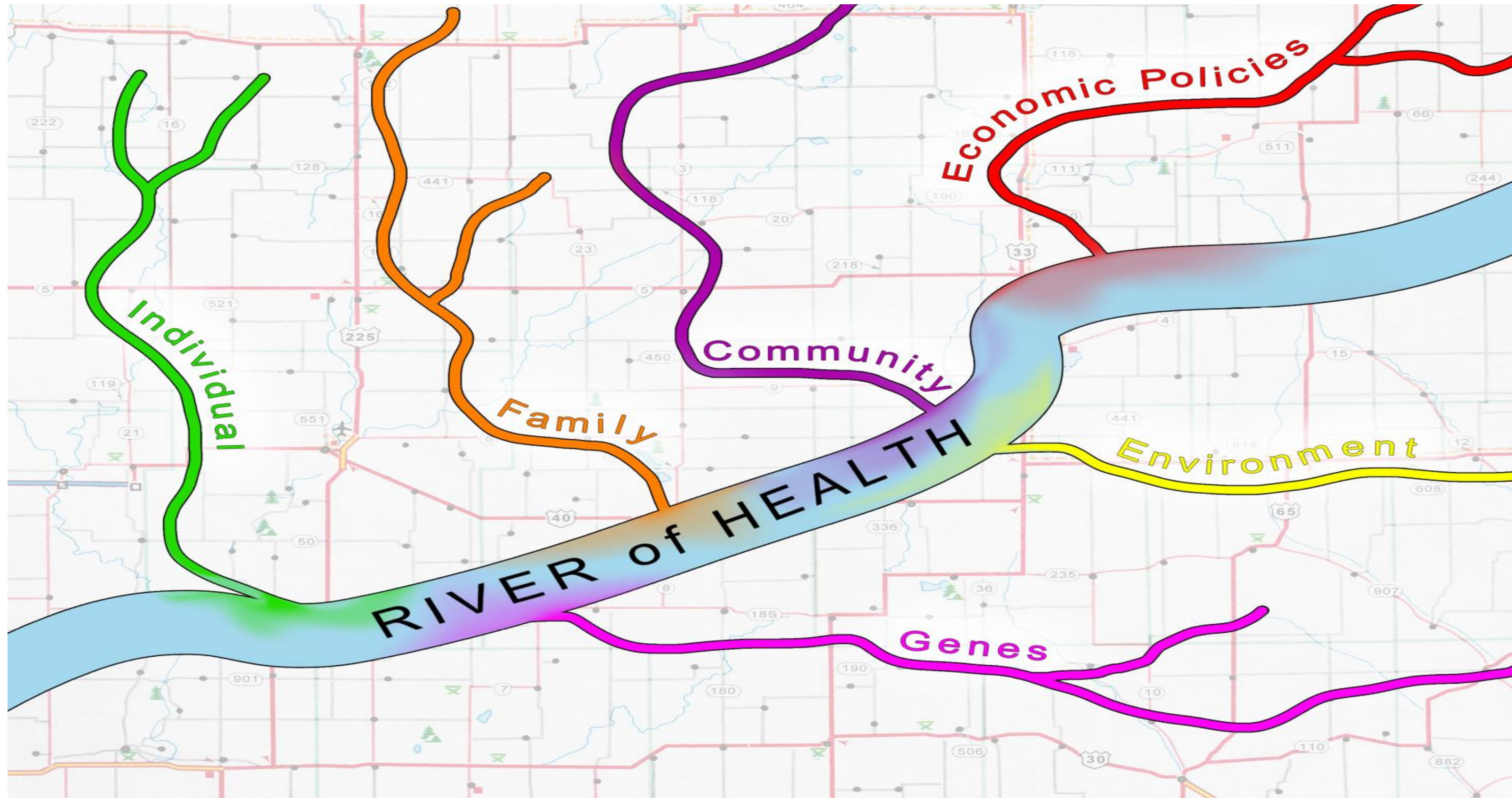
Social Determinants of Health



National Prevention Strategy

Tobacco Free Living
Preventing Drug Abuse and Excessive Alcohol Use
Healthy Eating
Active Living
Mental and Emotional Well-being
Reproductive and Sexual Health
Injury and Violence Free Living

Healthy & Safe Community Environments
Clinical & Community Preventive Services
Empowered People
Elimination of Health Disparities

Increase the number of Americans who are healthy at every stage of life.

Culturally and Linguistically Appropriate Services (CLAS)

Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.

What are CLAS Standards?

Provides the framework for all health care organizations to best serve the nation's increasingly diverse communities

Collective set of recommendations intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services

Culturally Competent Care, Language Access Services and Organizational Supports

The National CLAS Standards

- National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards)

- The National CLAS Standards are intended to **advance health equity, improve quality, and help eliminate health care disparities** by establishing a blueprint for health and health care organizations

National CLAS Standards

Designed for an interdisciplinary audience, including:

- Hospitals/Clinics
- Public health organizations
- Community- and faith-based organizations
- Institutions of higher education

The CLAS Standards

All federal programs and those receiving assistance from the federal government must take **reasonable** steps to ensure that persons who are limited English proficient have meaningful access to the programs, services, and information that those entities provide

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CLAS Standards

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**.“- Title VI of the Civil Rights Act of 1964

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2010 – Present
National CLAS Standards Enhancement Initiative

Goals of the Initiative:

- To examine the National CLAS Standards for their current relevance and applicability

- To have the enhanced National CLAS Standards serve as the cornerstone for culturally and linguistically appropriate services in the United States

Health Equity and CLAS

* CLAS is one strategy to eliminate health inequities

* By tailoring services to an individual's culture and language preference, health professionals can help bring about **positive health outcomes** for diverse populations

Fundamentals of the National CLAS Standards

Culturally and Linguistically Appropriate Services (CLAS)

Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.

OMH THINK CULTURAL HEALTH

The Case for Culturally and Linguistically Appropriate Services

OMH THINK CULTURAL HEALTH

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*

- Published by the HHS Office of Minority Health: 2000
- Enhancement Initiative: 2010-2013
- Re-published: 2013

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The Purpose of the *National CLAS Standards*

Improve quality of services

Help eliminate disparities

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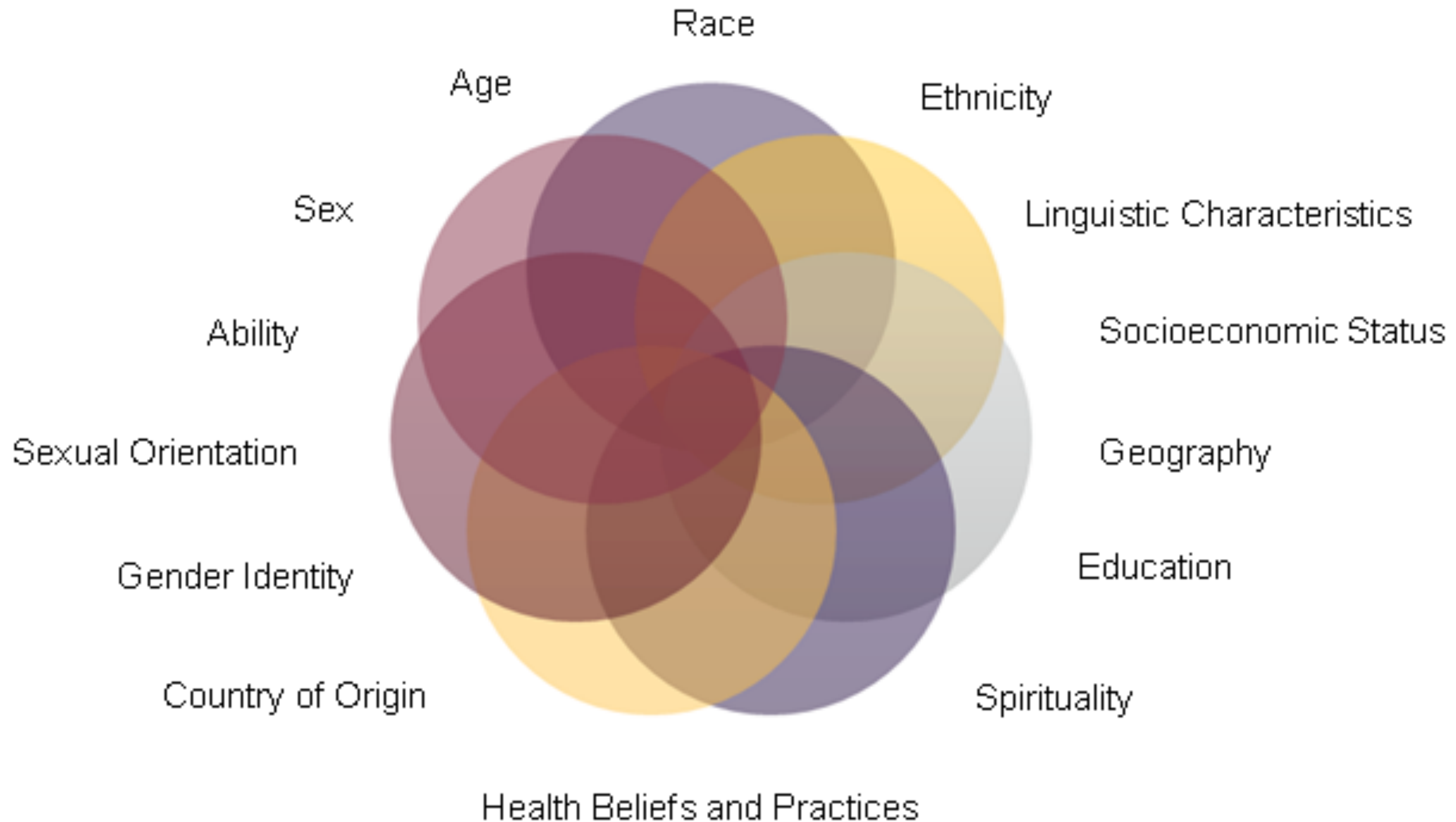
Snapshot of Elements of Culture



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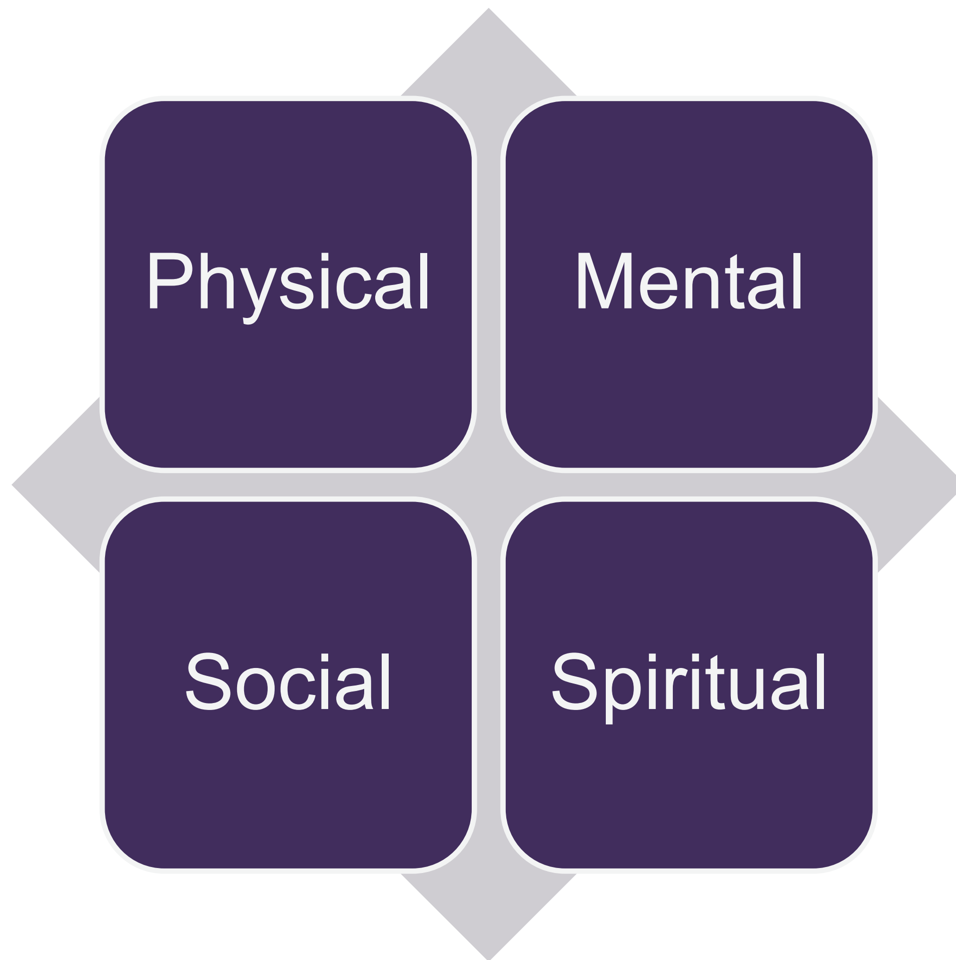
Health



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The *National CLAS Standards*

Principal Standard
Standard 1
Governance, Leadership, and Workforce
Standards 2-4
Communication and Language Assistance
Standards 5-8
Engagement, Continuous Improvement, and Accountability
Standards 9-15

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Principal Standard

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.

Theme 1: Governance, Leadership, and Workforce

governance | leadership | workforce

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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 culturally and linguistically 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.

Theme 2: Communication and Language Assistance

Communication & Language Assistance

multimedia | spoken | signed | written

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Standards on 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.

Theme 3: Engagement, Continuous Improvement, and Accountability

engagement | continuous improvement | accountability

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Standards on 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.

Standards on Engagement, Continuous Improvement, and Accountability

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.

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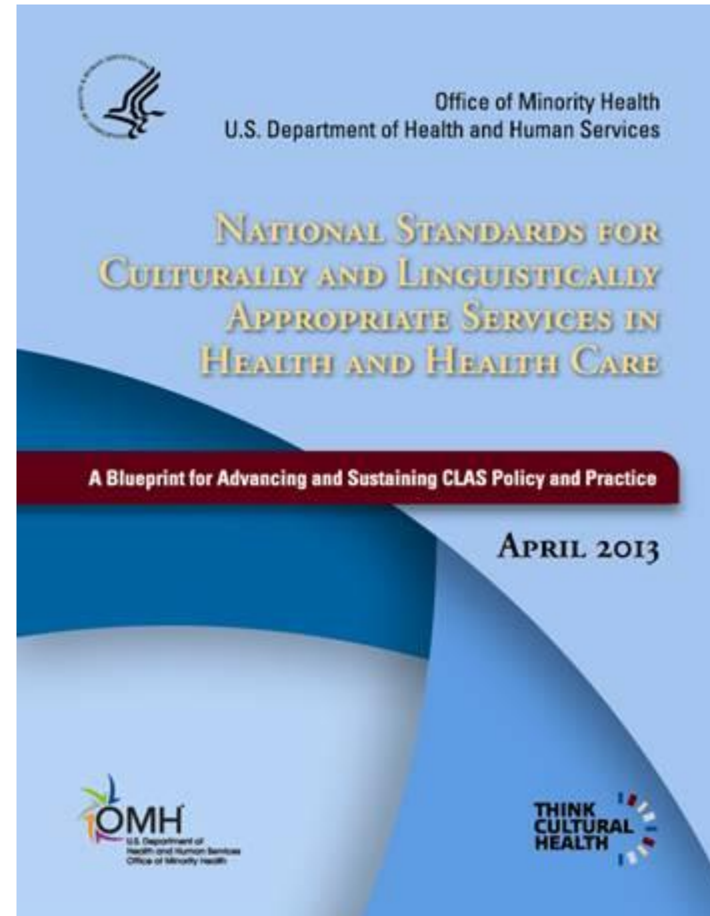
The Blueprint

National CLAS Standards: A Blueprint for Advancing and Sustaining CLAS Policy and Practice



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Think Cultural Health

www.ThinkCulturalHealth.hhs.gov

Search

Advancing Health Equity at Every Point of Contact

JOIN THE CLCCHC

About | Register | Log in

Home | About TCH | CLAS & the CLAS Standards | Continuing Education | Communication Tools | CLAS Clearinghouse

SHARE |

Join The CLCCHC

Become a member of the Center for Linguistic and Cultural Competency in Health Care (CLCCHC -"click" to our friends)!

By joining the CLCCHC, you will gain access to exclusive resources and be the first to hear about the latest initiatives from OMH and Think Cultural Health team!

Log in or Register

Think Cultural Health Continuing Education Resources

E-Learning Programs

- A Physician's Practical Guide to Culturally Competent Care*
- Culturally Competent Nursing Care: A Cornerstone of Caring*
- Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*
- Cultural Competency Program for Oral Health Professionals*
- Promoting Healthy Choices and Community Changes

*Accredited

OMH THINK CULTURAL HEALTH

- Communication and Language Assistance Guide
- CLAS Clearinghouse
- Legislation Map
- Quarterly E-newsletter

Poll

What do you see as the **challenges** to implementing the *National CLAS Standards* at your organization?

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Webinar 2:

The Case for the National CLAS Standards

Webinar 3:

Implementing the National CLAS Standards

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HHS Office of Minority Health
Email Updates and Newsletters

www.minorityhealth.hhs.gov

Think Cultural Health E-Newsletter

www.ThinkCulturalHealth.hhs.gov

"Join the CLCCHC" on the right side

Where can you find more information?

For *The Blueprint* and Additional Resources:
www.ThinkCulturalHealth.hhs.gov

To send questions about the *National CLAS Standards*, or to share your ideas and stories of implementation:
AdvancingCLAS@ThinkCulturalHealth.hhs.gov

Section 1557
of the Affordable Care Act

Overview of the Final Rule

Content provided by the U.S. Department of Health and Human Services, Office for Civil Rights

June 2016

BACKGROUND

In May 2016, the U.S. Department of Health and Human Services (HHS) took an important step to advance equity and reduce health disparities across the U.S. health care system.

- HHS Office for Civil Rights (OCR) issued the final rule under Section 1557 of the Affordable Care Act of 2010, the nondiscrimination provision of the law.
- Section 1557 ***prohibits discrimination based on race, color, national origin, sex, age or disability*** in certain health programs and activities.
- The issuance of the final rule aims to educate consumers about their rights and to help covered entities understand their obligations under the law.

AFFORDABLE CARE ACT OF 2010

President Obama signed the Affordable Care Act on March 23, 2010.

- Consumer protections: Creates stronger consumer protections against insurance company abuses.
- Health insurance affordability: Makes health insurance more affordable for those with coverage and brings greater transparency to insurance rates.
- Medicare: Strengthens the Medicare Program.
- Access to care & prevention: Makes it easier for Americans to get the care they need, especially primary care and preventive services.
- New options for coverage: Provides better, more affordable coverage options for small businesses and families.
- Delivery system reform: Improves how care is delivered, making it more efficient and coordinated.
- Cuts the deficit: All of these provisions work together to reduce health care costs and reduce the deficit.

WHY WAS SECTION 1557 INCLUDED IN THE ACA?

- Section 1557 is integral to achieving the ACA's goals of expanding access to health coverage and health care, and reducing health disparities.
- Section 1557 builds on long-standing and familiar Federal civil rights laws:
  - **Title VI of the Civil Rights Act of 1964**
  - Title IX of the Education Amendments of 1972
  - Section 504 of the Rehabilitation Act of 1973
  - Age Discrimination Act of 1975
- Section 1557 assists some of the populations that have been most vulnerable to discrimination in health care and health coverage, including:
  - Women
  - **Members of the LGBT community**
  - Individuals with disabilities
  - **Individuals with limited English proficiency**

SECTION 1557 HIGHLIGHTS

- Section 1557 is the ***FIRST*** Federal civil rights law to broadly prohibit sex discrimination in health programs and activities.
- Under Section 1557, sex discrimination includes discrimination based on an individual's ***sex, including gender identity and sex stereotypes***.
- Section 1557 prohibits discriminatory marketing practices and benefit designs in health insurance and other health care coverage.
- Section 1557 applies to health programs and activities that receive Federal funds, including issuers that participate in the Marketplaces; the Health Insurance Marketplaces; and health programs conducted by HHS.

WHO MUST COMPLY WITH SECTION 1557?

- All health programs and activities that receive Federal financial assistance (FFA) from HHS
  - Examples include hospitals, health clinics, physicians' practices, community health centers, nursing homes, State Medicaid agencies, etc. FFA includes grants, property, Medicaid, Medicare Parts A, C and D payments, and tax credits and cost-sharing subsidies under Title I of the ACA.
- All health programs and activities administered by Title I entities (State-based and Federally-facilitated Health Insurance Marketplaces)
- All health programs and activities administered by HHS (e.g., Centers for Medicare & Medicaid Services, Health Resources and Services Administration, etc.)

NOTE: Where an entity is principally engaged in health services or health coverage, all of the entity's operations are considered part of the health program or activity, and must be in compliance with Section 1557.

RACE, COLOR & NATIONAL ORIGIN

Under Section 1557, a covered entity may not:

- Segregate, delay or deny services or benefits based on an individual's race, color or national origin.
- Deny, cancel, limit, or refuse to issue or renew an insurance policy; deny or limit coverage of a claim; impose additional cost sharing or other limitations or restrictions; or employ marketing practices or benefit designs that discriminate on the basis of race, color or national origin.
- **Delay or deny effective language assistance services to individuals with limited English proficiency (LEP) based on their national origin.**

RACE, COLOR & NATIONAL ORIGIN (cont.)

- Under Section 1557, a covered entity must:
  - **Take reasonable steps to provide meaningful access for individuals with LEP**
  - Post a notice of individuals' rights providing information about communication assistance for individuals with LEP, among other information.
  - Post taglines in the top 15 languages spoken by individuals with LEP in the relevant state that indicate the availability of language assistance.
- While not a requirement under Section 1557, covered entities are encouraged to develop and implement a language access plan to ensure they are prepared to take reasonable steps to provide meaningful access to each individual with LEP who may require assistance.

DISABILITY

Under Section 1557, covered entities must:

- Make all health programs and activities provided through electronic and information technology accessible to individuals with disabilities.
- Make reasonable changes to policies, practices and procedures where necessary to provide equal access for individuals with disabilities.
- Ensure newly constructed and altered facilities are physically accessible to individuals with disabilities.
- Provide appropriate auxiliary aids and services, including sign language interpreters.
- Post a notice of individuals' rights providing information about communication assistance for individuals with disabilities.

DISABILITY (cont.)

Under Section 1557, covered entities may not on the basis of a disability:

- Exclude, delay or deny services or benefits.
- Deny, cancel, limit or refuse to issue or renew an insurance policy.
- Deny or limit coverage of a claim or impose additional cost sharing or other limitations or restrictions.
- Employ marketing practices or benefit designs that discriminate against individuals with disabilities.

SEX

- Under Section 1557, covered entities must:
  - Provide equal access to health care and insurance coverage regardless of an individual's sex, including gender identity and sex stereotypes.
  - Treat individuals consistent with their gender identity, including with respect to access to facilities.
- Covered entities may not deny, cancel, limit or refuse to issue or renew an insurance policy; deny or limit coverage of a claim; impose additional cost sharing or other limitations or restrictions; or employ marketing practices or benefit designs that discriminate on the basis of sex.

SEX (cont.)

- Under Section 1557, discrimination on the basis of sex includes:
  - Denials or limitations of necessary medical services because an individual who is seeking such services identifies as belonging to a different gender than the gender for which the services are ordinarily available.
  - Categorical exclusions or limitations in coverage for all health care services related to gender transition.
- Sex-specific health programs are allowed only where the programs are substantially related to an important health-related or scientific objective.

HealthCare.gov

November 1, 2016: Open Enrollment starts — first day you can enroll, re-enroll, or change a 2017 insurance plan through the Health Insurance Marketplace. **December 15, 2016:** Last day to enroll in or change plans for coverage to start January 1, 2017.

January 1, 2017: 2017 coverage starts for those who enroll or change plans by December 15.

January 31, 2017: Last day to enroll in or change a 2017 health plan. After this date, you can enroll or change plans only if you qualify for a Special Enrollment Period.

Questions: 1-800-318-2596
(TTY: 1-855-889-4325)

OCR CASE EXAMPLES

On the basis of race, color and national origin:

- A physician at a hospital's emergency department denied a mother with limited English proficiency a Spanish interpreter when she requested language assistance. Instead, the physician used the mother's 13-year-old son as the interpreter, while he was being treated for a dog bite. The hospital also failed to translate or orally explain the discharge instructions in Spanish.
- A nurse was hostile to an African-American female, who needed medical attention, and made her wait in the lobby for close to an hour. While she was waiting, a Caucasian male arrived for his appointment with the same health provider. Although he did not have a health emergency, he waited less than five minutes before the nurse called him for a patient room. Computer records verified that the woman had arrived 15 minutes early for her appointment and that her appointment was scheduled before his. Additionally, the clinic did not have a legitimate, nondiscriminatory reason for treating the Caucasian male first.

OCR CASE EXAMPLES

On the basis of disability:

- A woman who is blind was denied her requests for consent forms and prescription information in an accessible electronic format.
- A hospital provided individuals who are deaf or hard of hearing with sign language interpreters through an ineffective video relay interpreting device. The hospital operated the device through an unreliable internet connection, which produced irregular pauses and blurry images during the individuals' medical appointments.

OCR CASE EXAMPLES

On the basis of sex:

- Staff at a hospital were hostile to a transgender woman because she was transgender. She was also required to share a room with a male patient.
- A pharmacist would not provide a flu vaccine to a woman and questioned her disrespectfully because of her non-gender-conforming clothing and hairstyle.
- Staff at a hospital's emergency department made rude comments to a male patient who arrived after sustaining injuries in a domestic incident. Staff did not evaluate him under a domestic violence protocol because he was a male victim of domestic violence.

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- Section 1557: Nondiscrimination
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Section 1557

Civil Rights Provision of the Affordable Care Act

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- Read about civil rights and HIPAA laws
- Download factsheets
- Access sample policies and resources in English and other languages
- File a complaint
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U.S. Department of Health and Human Services
Office for Civil Rights

200 Independence Avenue, SW

Room 509F, HHH Building
Washington, D.C. 20201

1557@hhs.gov

www.hhs.gov/ocr

Toll Free: (800) 368-1019
TDD toll-free: (800) 537-769

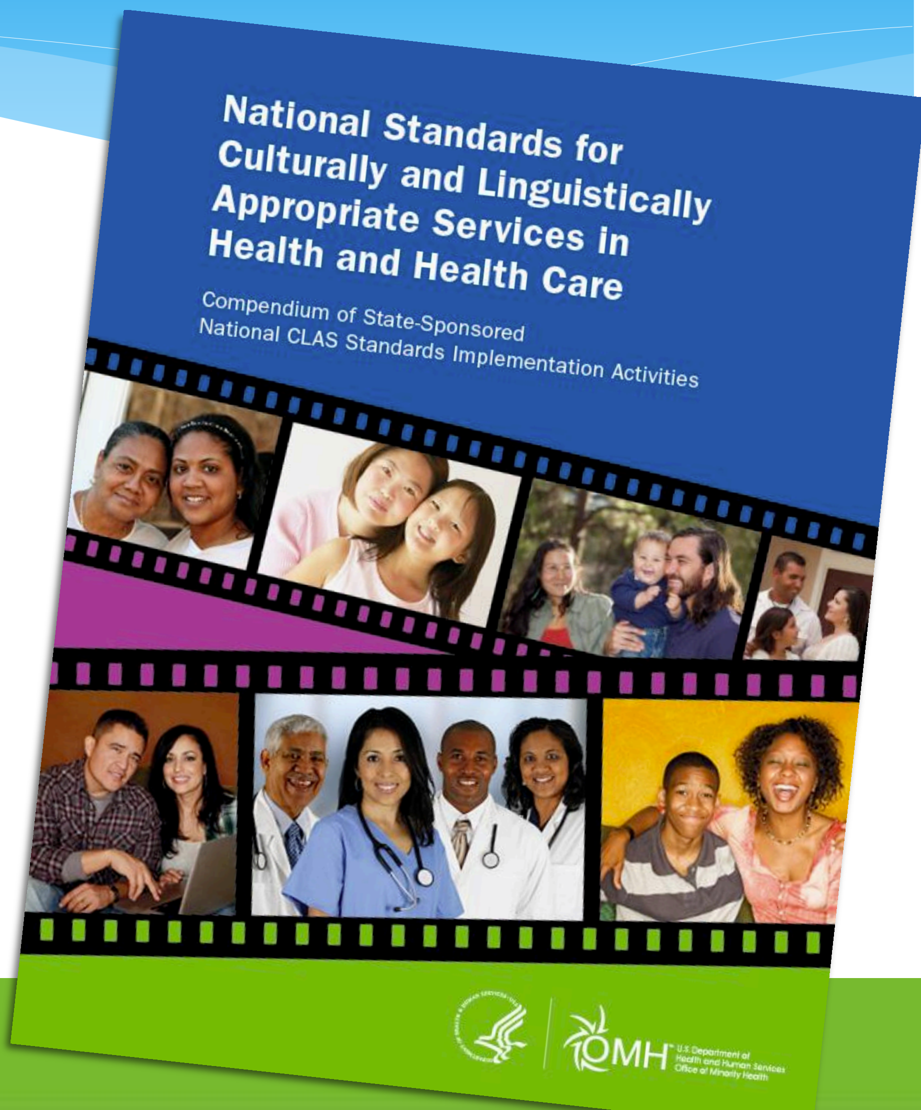
Equality doesn't mean Justice

This is Equality

This is Justice

Compendium of State-Sponsored National CLAS Standards Implementation Activities

Presented to the Regional Health Equity Councils and State Offices of Minority Health



OMH U.S. Department of Health and Human Services Office of Minority Health

Westat

CLAS Compendium Findings

* Significant number of states implementing the National CLAS Standards through variety of approaches and funding mechanisms
* Partnerships – across areas of government, with other public and private organizations participating – are critical to implementation
* Integration into strategic plans and other "action" documents was prevalent across states
* Some states incorporated needs assessments as part of implementation

CLAS Compendium Recommendations

- Increase the depth, clarity, and concrete action steps in strategic planning for National CLAS Standards implementation.
- Make needs assessments a priority, use them to drive strategic planning and activities for National CLAS Standards implementation, and conduct them frequently enough to permit course-correction if activities are not meeting identified needs.
- Incorporate evaluation of patient and population outcomes, in addition to evaluation of process measures, into National CLAS Standards implementation.

CLAS Compendium Recommendations

* Assess the extent to which cultural and linguistic competency efforts are guided by the comprehensive framework of the National CLAS Standards.
* Consider ways to streamline dissemination of National CLAS Standards implementation activities by using the National CLAS Standards as a framework for organizing all CLAS activities and developing a website that combines resources, reports, and strategic plans.

References

2011 U.S. Population Estimate
http://www.census.gov/popest/estimates.html

2011 Behavioral Risk Factor Surveillance System
http://www.cdc.gov/brfss/

2010 NCHS National Vital Statistics System
http://www.cdc.gov/nchs/nvss.htm

National Prevention Strategy
http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html

HHS Office of Minority Health (OMH)

An HHS Office of Minority Health initiative:

* *Advancing health equity at every point of contact*
* http://www.thinkculturalhealth.hhs.gov

OMH Technical Assistance

* Continuing education programs that equip health professionals with awareness, knowledge, and skills to serve diverse patients

* Up-to-date information on issues related to cultural competency and health disparities

OMH Technical Assistance

- Tracking of cultural competency legislation around the country

- “Join the Center for Linguistic and Cultural Competency in Health Care (CLCCHC)”: e-newsletter and other resources

For More Information:

To stay up-to-date on the CLAS Standards Enhancement Initiative, please visit

www.ThinkCulturalHealth.hhs.gov

and sign up for a monthly update

Social Determinants of Health Resources

Unnatural Causes, *Place Matters*

http://www.unnaturalcauses.org/episode_descriptions.php?page=5

Determinants of Health

http://www.healthypeople.gov/2020/about/DOHAbout.aspx

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane…"

— Dr. Martin Luther King, Jr.

HealthCare.gov

November 1, 2016: Open Enrollment starts — first day you can enroll, re-enroll, or change a 2017 insurance plan through the Health Insurance Marketplace. **December 15, 2016:** Last day to enroll in or change plans for coverage to start January 1, 2017.

January 1, 2017: 2017 coverage starts for those who enroll or change plans by December 15.

January 31, 2017: Last day to enroll in or change a 2017 health plan. After this date, you can enroll or change plans only if you qualify for a Special Enrollment Period.

Questions: 1-800-318-2596
(TTY: 1-855-889-4325)

In Conclusion

I’m Dr. James LaVelle Dickens, Nurse Practitioner and I approved this message☺