The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (HHS OMH, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (WHO, 2012), such as socioeconomic status, education level, and the availability of health services (HHS ODPHP, 2010a). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most changeable factors is the lack of culturally and linguistically appropriate services.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion (LaVeist et al., 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode et al., 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

There are numerous ethical and practical reasons why providing culturally and linguistically appropriate services in health and health care is necessary. The following reasons have been identified by the National Center for Cultural Competence (Cohen & Goode, 1999, revised by Goode & Dunne, 2003):

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.

The motivations for implementing CLAS are as varied as the approaches different stakeholders are taking toward implementation, and depend upon the stakeholder's mission, goals, and sphere of influence (Betancourt, Green, Carrillo, & Park, 2005). The six reasons for the implementation of cultural competency as described by the National Center for Cultural Competence fall into two frequently cited overarching philosophies: one that pertains to social justice (e.g., Kumagai & Lypson, 2009; Sue, 2001) and the other that pertains to standards of business (Brach & Fraser, 2002). Specifically, reasons number one and number two are consistent with the social justice philosophy, which emphasizes diversity and the improvement of services to underserved populations. The remaining reasons are consistent with the standards of business philosophy, which focuses on strengthening business practices and business development.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (National Partnership for Action to End Health Disparities, 2011a), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are 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. Adoption of these Standards will help advance better health and health care in the United States.

The following sections expound upon the reasons why culturally and linguistically appropriate services in health and health care are necessary, as listed by the National Center for Cultural Competence.

Respond to Demographic Changes

It is projected that by 2050 the U.S. demographic makeup will be 47% non-Hispanic White, 29% Hispanic, 13% Black and 9% Asian (Passel & Cohn, 2008). According to the most recent data, approximately 20% of the U.S. population, or a little over 58 million people, speak a language other than English at home, and of that 20%, almost 9% (over 24 million people) have limited proficiency in English (Au, Taylor, & Gold, 2009; U.S. Census Bureau, 2010), which has implications for their proficiency in health and health care (The Joint Commission, 2010). Given the increasing cultural diversity over the last several decades (e.g., Genao, Bussey-Jones, Brady, Branch, & Corbie-Smith, 2003; Goode et al., 2006) and the rapidly changing landscape of health and health care in the United States (Chin, 2000), there is an increased need for health and health care professionals and organizations to provide effective, high-quality care that is responsive to the diverse cultural and linguistic needs of individuals served.

The need for culturally and linguistically appropriate care is particularly great since similar demographic changes have not occurred in the health and health care workforce (e.g., Genao et al., 2003; Institute of

Medicine [IOM], 2004; Sullivan & Mittman, 2010). Given the important role that culture plays in health and health behaviors (Kleinman, Eisenberg, & Good, 1978; Tseng & Streltzer, 2008), the lack of workforce diversity is significant since it widens the cultural gap that already exists between health and health care professionals and consumers, which subsequently contributes to the persistence of health disparities (Brach & Fraser, 2000; Genao et al., 2003). The provision of culturally and linguistically appropriate services can help to bridge this gap.

Eliminate Health Disparities

The prevalence of health disparities has been well-documented. For example, racial and ethnic minorities have disproportionately higher rates of chronic disease and disability, higher mortality rates, and lower quality of care, compared to non-Hispanic whites (e.g., Health Research & Educational Trust [HRET], 2011; IOM, 2003). In addition, even with expanded insurance coverage, racial minorities are less likely to receive needed behavioral health services comparable to non-Latino Whites (Alegria, Lin, Chen, Duan, Cook, & Meng, 2012). Health disparities exist beyond racial and ethnic groups; for example, individuals with lower incomes are more likely to experience preventable hospitalizations compared to individuals with higher incomes (HHS Centers for Disease Control and Prevention [CDC], 2011). In addition, lesbian women are less likely to receive preventative cancer screenings than their heterosexual counterparts (Buchmueller & Carpenter, 2010), and men who have sex with men are less likely to have access to health and behavioral health care than the general population of men (e.g., Alvy, McKirnan, DuBois, Ritchie, Fingerhut, & Jones, 2011; Buchmueller & Carpenter, 2010; McKirnan, DuBois, Alvy, & Jones, 2012).

The provision of culturally and linguistically appropriate services is increasingly recognized as a key strategy to eliminating disparities in health and health care (e.g., Betancourt, 2004; 2006; Brach & Fraser, 2000; HRET, 2011). Among several other factors, lack of cultural competence and sensitivity among health and health care professionals has been associated with the perpetuation of health disparities (e.g., Geiger, 2001; Johnson, Saha, Arbelaez, Beach, & Cooper, 2004). This is often the result of miscommunication and incongruence between the patient or consumer's cultural and linguistic needs and the services the health or health care professional is providing (Zambrana, Molnar, Munoz, & Lopez, 2004). The provision of culturally and linguistically appropriate services can help address these issues by providing health and health care professionals with the knowledge and skills to manage the provider-level, individual-level, and system-level factors referenced in the Institute of Medicine's seminal report *Unequal Treatment* that intersect to perpetuate health disparities (IOM, 2003).

Improve Quality of Services and Care

Health and health care professionals and organizations strive to provide high quality services that meet the needs of all the individuals they serve. High quality care and services are those provided respectfully

and equitably to all populations served (American Medical Association [AMA], 2006; IOM, 2001). A commitment to high quality services and care is often reflected in organizations' mission statements or core values.

Culture influences health beliefs and practices, as well as health seeking behavior and attitudes (IOM, 2003). When health and health care professionals are aware of culture's influence on health beliefs and practices, they can use this awareness to consider and address issues such as access to care. This is just one example of how culturally and linguistically appropriate services can help improve health and health care quality (Betancourt, 2006). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of services (Beach et al., 2004; Goode et al., 2006), increasing patient safety (e.g., through preventing miscommunication, facilitating accurate assessment and diagnosis), enhancing effectiveness, and underscoring patient-centeredness (e.g., Betancourt, 2006; Brach & Fraser, 2000; Thom, Hall, & Pawlson, 2004).

Meet Legislative, Regulatory, and Accreditation Mandates

Culturally and linguistically appropriate services are increasingly included in or referenced by local and national legislative, regulatory, and accreditation mandates. For example, The Patient Protection and Affordable Care Act (The Affordable Care Act), Pub. L. No. 111-148 (2010), as amended by the Health Care and Education Reconciliation Act of 2012, Pub. L. No. 111-152 (2012), referred to collectively as the Affordable Care Act, contains several provisions related to culturally and linguistically appropriate services. Section 1311(i)(3)(E) of the Affordable Care Act requires that outreach and education efforts by Navigators – entities that receive grants from health insurance exchanges created under the Affordable Care Act to assist individuals in accessing and taking advantage of the exchanges – be culturally and linguistically appropriate. Furthermore, under sections 2715 and 2719 of the Public Health Service Act as amended by the Affordable Care Act, insurance companies are required to provide certain disclosures and notices in a culturally and linguistically appropriate manner.

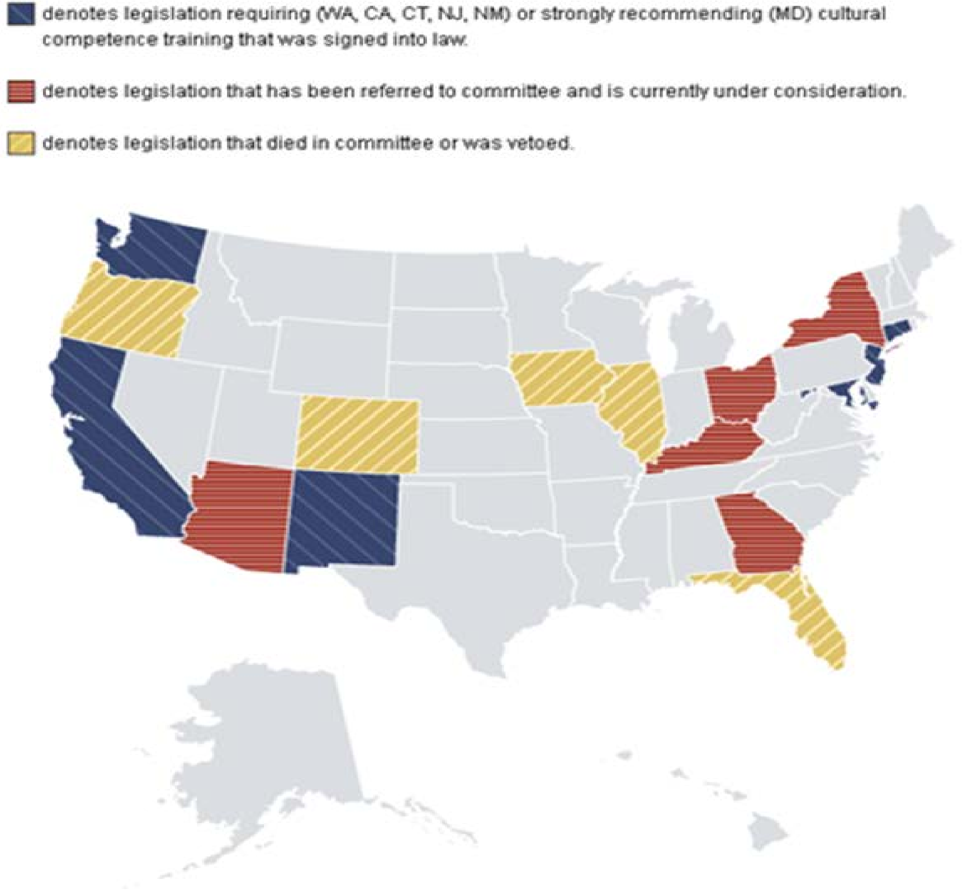

Figure 1: State Legislation

In addition, under Title VI of the Civil Rights Act of 1964, as implemented by Executive Order 13166, organizations receiving federal funds must take reasonable steps to provide meaningful access to their programs for individuals with limited English proficiency (Executive Order no. 13,166, 2000). Furthermore, several states have recognized the importance of cultural and linguistic competency by legislating cultural and linguistic competency training in health care. These mandates help state health agencies incorporate cultural and linguistic competency into the health services they provide. As of 2012, six states have moved to mandate some form of cultural and linguistic competency for either all or a component of its health care workforce (see Figure 1) (HHS OMH Think Cultural Health, 2012).

Accrediting bodies such as The Joint Commission and the National Committee for Quality Assurance have established accreditation standards that target the improvement of communication, cultural competency, patient-centered care, and the provision of language assistance services (Briefer French, Schiff, Han, & Weinick, 2008; Wilson-Stronks & Galvez, 2007).

Gain a Competitive Edge in the Market Place

Culturally and linguistically appropriate services can also help health and health care professionals and organizations gain a competitive edge in the market place. Although the implementation of culturally and linguistically appropriate services certainly requires resources, there are numerous business-related advantages to investing these resources. By implementing culturally and linguistically appropriate services – including the provision of communication and language assistance, as well as partnerships with the community – an organization can develop a positive reputation in the service area and therefore expand its market share. The provision of effective, equitable, understandable, and respectful quality care and services helps cultivate a loyal consumer base, which then solidifies this market share (AMA, 2006).

As the American Medical Association notes, "a loyal consumer base helps organizations avoid costly problems, such as high turnover, low utilization rates, and unused capacity" (AMA, 2006, p. 112). In addition, culturally and linguistically appropriate services, such as assessments of community health assets and needs, help organizations tailor their services, making the services more cost-effective (e.g., Hornberger, Itakura, & Wilson, 1997).

Overall, culturally and linguistically competent practices can help organizations gain a competitive edge in the market place, as illustrated in the following examples (Alliance of Community Health Plans Foundation, 2007):

- Holy Cross Hospital in Maryland increased its market share among individuals with limited English proficiency by creating 68 individual maternity suites with a substantial cultural competency component in their design. Deliveries at the maternity suites increased from 7,300 to 9,300 annually.
- Contra Costa Health Services in California implemented a Remote Video/Voice Medical Interpretation Project, which increased the overall effectiveness of interpretation services. With the addition of this service, the hospital serves twice the number of patients it did before the service was available, and for significantly lower costs.

Decrease the Risk of Liability

The literature illustrates the vital role communication plays in avoiding cases of malpractice due to diagnostic and treatment errors (Goode et al., 2006). When communicating with culturally and linguistically diverse populations, the opportunity for miscommunication and misunderstanding increases, which subsequently increases the likelihood of errors (Youdelman & Perkins, 2005). These errors, in turn, can cost millions of dollars in liability or malpractice claims. Culturally and linguistically appropriate services can reduce the possibility of such errors. For example, a first responder in Florida misinterpreted a single Spanish word, "intoxicado," to mean "intoxicated" rather than its intended meaning of "feeling

sick to the stomach." This led to a delay in diagnosis, which resulted in a potentially preventable case of quadriplegia, and ultimately, a $71 million malpractice settlement (Flores, 2006).

The HHS Health Resources and Services Administration [HRSA] found that health professionals who lack cultural and linguistic competency can be found liable under tort principles in several areas (2005). For instance, providers may be presumed negligent if an individual is unable to follow guidelines because they conflict with his/her beliefs and the provider neglected to identify and try to accommodate the beliefs (HRSA, 2005). Additionally, if a provider proceeds with treatment or an intervention based on miscommunication due to poor quality language assistance, he/she and his/her organization may face increased civil liability exposure (DeCola, 2010). Thus, culturally and linguistically appropriate communication is essential to minimize the likelihood of liability and malpractice claims.