STARK COUNTY
Mental Health & Addiction Recovery

Cultural and Linguistic Competence Business Case

IMPROVING STARKMHAR'S INTERNAL AND EXTERNAL DIVERSITY, EQUITY, AND INCLUSION THROUGH THE CLAS STANDARDS

Content originally created by Isaac Baez MPH, CDE
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OVERVIEW:

The principals of Cultural and Linguistic Competency (CLC) are an important key in improving StarkMHAR's diversity, equity, and inclusion work. StarkMHAR is committed to establishing a system that promotes access, health equity, and ensures trauma informed care in all aspects of service delivery. Additionally, StarkMHAR is committed to listening to consumers, staff, and any citizen of Stark County to move these efforts forward more effectively in this vital area.

Vision:

Hope, wellness, and recovery for everyone

Mission:

To Support Mental Health and Substance Use Resiliency and Recovery

Value:

Equity and Inclusion – We engage with diverse partners to reflect consumer voice and community needs with cultural and linguistic competence

StarkMHAR will be looking into several items that can be done as low hanging fruits, as well as initiatives we can implement during the upcoming years. This process will have items completed in stages. We are looking from internal to external facing factors that are working towards addressing behavioral health disparities to workforce development. We will be using the National Standards for Culturally and Linguistically Appropriate Services (CLAS) as a blueprint for the work throughout our behavioral health system. These standards will help StarkMHAR, our providers, and system partners to become a diverse, equitable, and inclusive place for all Stark County communities. We are committed to work that aims for equity, outcomes for all, while recognizing that efforts around access to services for underserved and disadvantaged populations need to be prioritized.

UNDERSTANDING DIVERSITY, EQUITY, AND INCLUSION:

When it comes to understanding why diversity, equity, and inclusion (DEI) matter, we must understand what Cultural and Linguistic Competency (CLC) means how they are a tool to improve DEI. Cultural and Linguistic competency over the years has demonstrated to be such an important topic, tool, resource, and training that many agencies have started to use and implement within their organizations to improve services for all communities, especially for underserved populations. Though we have started the work, there is still much more we need to do for us to have incorporated CLC fully within our behavioral health system.

Let us first start by looking into the definition and understanding of what being culturally competent means. Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, key stakeholders, and communities.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum. (Cross et al., 1989)(Foundations, n.d.)

Through our second part we move towards Linguistic Competence. This is the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competence requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. Here are the guiding values and principles for language access:

- Services and supports are delivered in the preferred language and/or mode of delivery of the population served.
- Written materials are translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served.
- Interpretation and translation services comply with all relevant Federal, state, and local mandates governing language access.

Consumers are engaged in evaluation of language access and other communication services to ensure for quality and satisfaction. (Goode, T., & Jones, W.,2003) (Foundations, n.d.)

When we look at these two DEI foundations meaning and place them together, Cultural and Linguistic Competence definition is: The ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by the patient to the health care encounter. (Fortier, Julia Puebla, et al., 1999) With this we can have a deeper meaning when it comes to serving our communities, especially those who are underserved due to the many barriers that exist for them. These tools are one of the many used to help understand and improve the work of Diversity, Equity, and Inclusion.

Before we move on to why it matter, let us investigate what Diversity, Equity, and Inclusion mean and how they will be the change of not only on how we service our communities, but improving our workforce development. Diversity efforts usually focus on increasing the representation of under-represented groups and understanding sociocultural differences. The emphasis is frequently on recruitment, hiring, promotion, and retention. Diversity initiatives generally seek to ensure that the organization reflects the larger community of which it is part and that people understand and value differences. Inclusion speaks to a sense of belonging and feeling valued, respected, and empowered. Equity refers to fairness, ending systemic discrimination, ensuring access, and creating equivalent outcomes. It attends to differences in power and privilege and seeks to address those inequities. All three of these components are necessary to create a truly fair, multicultural environment. (Goodman, 2020)

One important tool that will help tie in all the DEI work together is the National Culturally and Linguistically Appropriate Services (CLAS) Standard. This was developed by the US department of Health and Human Service through their Office of Minority Health. The CLAS standards have been created for all systems that work within health and human services to use a blueprint. It is an implementation guide to help you advance and sustain CLAS within your organization. It offers concise, practical information on how to use the National Standards for CLAS in Health and Health Care at your organization. (U.S. Department of Health & Human Services, 2013)

WHY IT MATTERS:

The CLAS standards 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. Health inequities in our nation are well documented. Providing CLAS is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations. The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few. (U.S. Department of Health & Human Services, 2013)

Kimberlé Crenshaw, a legal scholar, created a term to describe our multiple identities: intersectionality. Crenshaw explains that our identities are like traffic flowing at an intersection – one identity may flow in one direction while another identity is flowing in a different direction (Crenshaw, 1989). Crenshaw's work initially focused on the experiences of black women and how they faced discrimination because of the cumulative effects of their race and gender. Since then, the study of intersectionality has grown to include all our intersections and identities. In 2013, The Oxford Dictionary of Social Work and Social Care broadened Crenshaw's conceptualization of the term, defining it as the combined effects of one's multiple identities, which includes identities such as race, gender, sexual orientation, religion, and employee status. (Flowers, 2019)

For the past few years our diversity, equity, and inclusion efforts have taken place through several formats: Cultural and linguistic competency/organizational self-assessment, Cultural and Linguistic and Humility Training, and creation of language access and diversity plans. These are all just part of the recommendations that have helped us follow the national CLAS standards. These recommendations have been a great application to look at an organization through all its levels and making sure that it is also accountable. We are still wanting to look at a more holistic approach of applying the CLAS standards to our diversity, equity, and inclusion efforts, to show that we addressing our communities needs through a more intersectionality lens. Our marginalized communities, even through the recent pandemic of Covid-19 have been hit harder because of the barriers they already face.

RACISM AS A PUBLIC HEALTH CRISIS?

In previous years there have been many conversations about addressing racism and its effects on Black, Indigenous, and Person of Color (BIPOC) communities in the behavioral health field. Throughout recent events, our efforts have taken a turn into addressing racism in a more holistic approach. This starts with understanding that race is a social construct. This means that race is not based on scientific fact, but rather, that this concept describes the social meanings ascribed to racial categories. Race is a category that groups together people who share biological traits that a society believes to be socially significant (from genetics to phenotypic characteristics). It is not that biological differences do not exist that makes race a social construction, but rather that people's understanding of these differences is shaped by the culture they live in. (Zevallos, 2017).

The United States Department of Health and Human Services has currently released their updated Healthy People 2030, which are the public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. (About healthy people 2030, 2020). One of the objectives by topic in Health People 2030 is Social Determinants of Health (SDOH), which have a major impact on people's health, well-being, and quality of life. One of the many examples of SDOH include: Racism, discrimination, and violence. (Social Determinants of Health, 2020). BIPOC communities, particularly those with other intersecting areas of marginalization, are more likely to experience poor health outcomes because of SODH— stemming from economic stability, education, physical environment, inadequate food, and access to health care systems, including mental health and addiction. The current COVID-19 pandemic has highlighted and further exacerbated these health inequities.

The past president of the American Public Health Association (APHA) from 2015-2016, Dr. Camara Phyllis Jones published a paper on "Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism". The first task was to name racism. Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources. By acknowledging that racism saps the strength of the whole society, we recognize that we all have "skin" in the game to dismantle this system and put in its place a system in which all people can know and develop to their full potentials. (Jones, C. P., 2018)

Once we can see racism at a systemic or structural level, we can then start to think about our behavioral health systems and how this has not been addressed in a holistic approach. Many of our BIPOC communities' members are still unable to utilize services to their full capacity, workforce development has been able to improve, disparities continue to increase, and we have not been able serve in an equitable format.

WHAT ARE THE *NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (*CLAS)?

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS): 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 to implement culturally and linguistically appropriate services. (U.S. Department of Health & Human Services, 2013)		
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
Governance, 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 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.
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.
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.
	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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