

# Culturally and Linguistically Appropriate Services (CLAS)

*Provider Training  
2022*

# Objectives of This Training

- Describe the importance of interpretation and translation services.
- Best practices for Communication and Language Assistance.
- Identify the difference between interpretation and translation.
- Review key terms in language communication.
- Demonstrate the importance of utilizing language access services in-practice.
- Identify Provider Requirements and Patient Rights.
- Illustrate the processes of requesting language access services.
- Offer best practices when communicating through an interpreter and use of translation services.
- Provide useful tips and considerations for providers.

# What is CLAS?

- CLAS is services that are **respectful of and responsive to each person's culture and communication** needs.
- CLAS helps you take into account:
  - Cultural health beliefs
  - Preferred languages
  - Health literacy levels
  - Communication needs
- CLAS helps make your services:
  - Respectful
  - Understandable
  - Effective
  - Equitable

. How

# National Standards

- The Office of Minority Health developed the Standards in 2013
- 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
  - Principal Standard
    - 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.

*“Many Americans struggle to achieve good health because the health care and services that are available to them do not adequately address their needs. As our nation becomes increasingly diverse, improving cultural and linguistic competency across public health and our health care system can be one of our most powerful levers for advancing health equity.”*

J. Nadine Gracia, MD, MSCE  
Former Deputy Assistant Secretary for Minority Health

## Reducing Disparities through Culturally Competent Health Care



Research shows that a failure of the health care system to keep pace with the diverse cultural and linguistic preferences and needs of patients has contributed to widening disparities leading to increased medical errors, prolonged lengths of stay, avoidable hospitalizations, and over- and under-utilization of procedures.

*U.S. Department of Health & Human Services , National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*

# Benefits of Translation & Interpretation Services

- Reduce risk of communication and clinical errors.
- Increase patient self-management of care, including medication adherence.
- Improve patient satisfaction.
- Provide care that is more patient-centered.
- Create a more positive clinical experience.
- Foster equitable patient care.

# Guidelines for working with Interpreters

- Before selecting an interpreter, know the country your patient comes from and the language(s) they speak
- Allow extra time: a 1 hour appointment with an English-speaking patient, becomes 1.5 hrs when an interpreter is required
- Speak with the interpreter in advance of the appointment to be sure they understand the nature and basic content of the discussion
- Be mindful of any religious or cultural preferences of patient or family

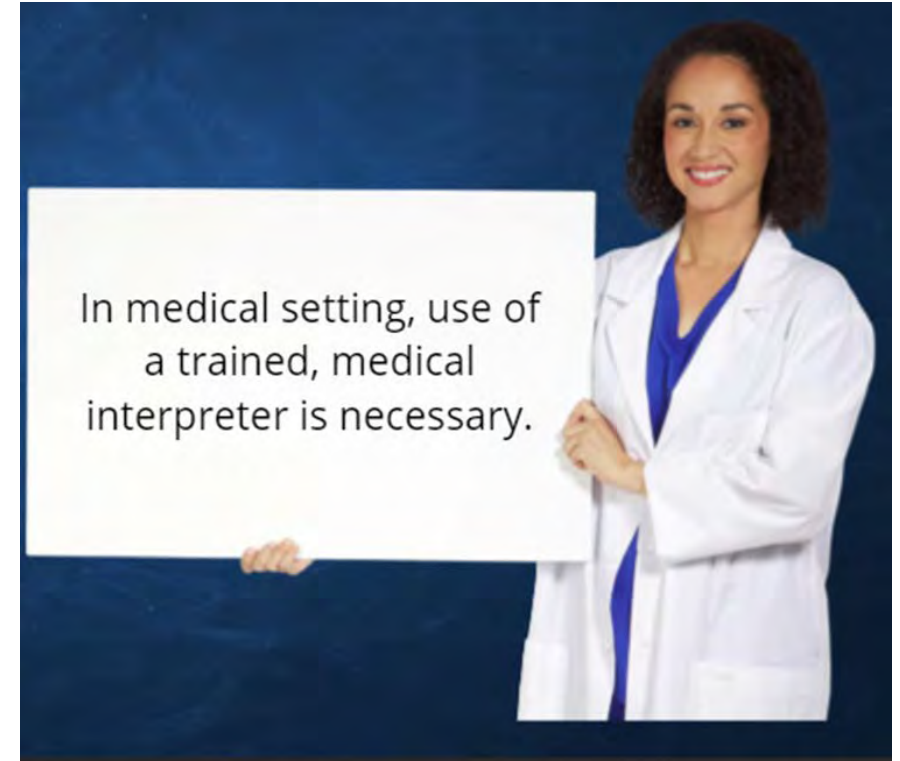
# Using an Interpreter

- Introduce yourself to the interpreter
- Speak to the patient – not the interpreter
- Speak at an even pace, pausing often to allow the interpreter time to interpret when required
- Maintain cultural awareness of eye contact, personal space and touch
- Do not leave the interpreter alone with the patient. It may place the interpreter in a difficult position, if, for example, a patient chooses to divulge information to the interpreter they don't want shared



# Working with Interpreters

- Avoid use of family or non-medically trained staff to interpret
- Keep a list of available interpreters & schedule patients accordingly
- Introduce yourself to the interpreter & patient; explain the ground rules of interpretation and confidentiality



- Language Distribution

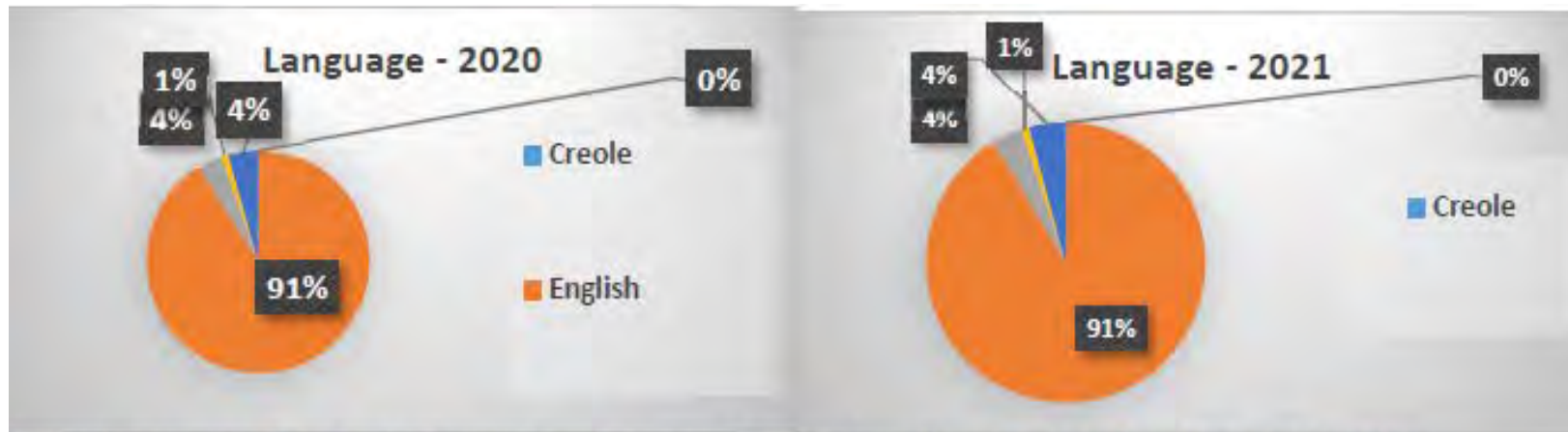


Figure 11 Language Distribution. Source: Facets, Jiva and Care Analyzer (January 2020 through December 2021)

**Language Distribution Analysis**

The most prevalent language in the AmeriHealth Caritas DE membership is English (91%) in followed by Spanish language (4%) in both 2021 and 2020, and Not provided/unknown language Groups. Other languages reported at 1% in both 2021 and 2020, and Creole was reported at less than 1% in 2021 and 2020.

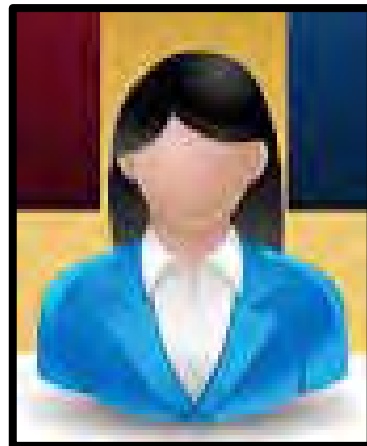
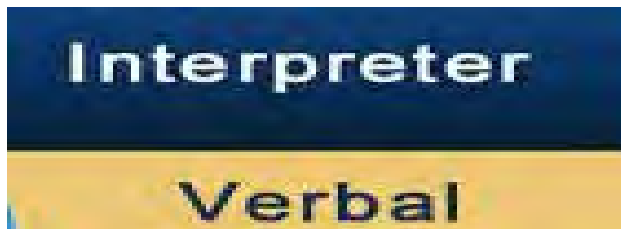
# Key Terms to Know

- **Plain language** — communication your audience can understand the first time they read or hear it.
- **Proficient** — the ‘proficient’ label can refer to someone who is very skilled in the use of a language but who uses the language less easily and at a less-advanced level than a native or fluent speaker.
- **Limited English proficient (LEP)** — this term describes persons or individuals who do not speak English as their **primary language** and who have a limited ability to read, speak, write, or understand English.
- **Primary language** — the language in which an individual most effectively communicates.
- **Preferred language** — the language a patient finds most comfortable when discussing health care concerns or reading medical or health care instructions.

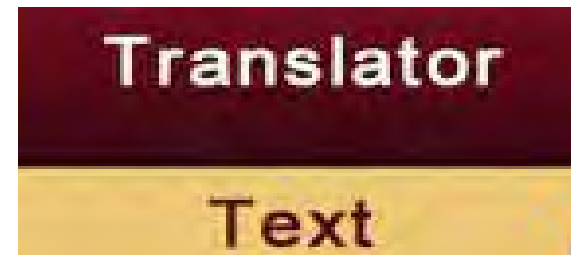
# Interpretation vs Translation

- **Interpretation** — the act of explaining, reframing, or otherwise showing your own understanding of something.
- **Translation** — the process of translating words or text from one language to another.
  - The only difference between **interpretation** and **translation** is the medium. An interpreter translates orally, while a translator interprets written text.

Spoken words



Written words



# ACDE Member Handbook

- *AmeriHealth Caritas Delaware provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.*
- *Interpretation and translation services and services for the hearing and visually impaired are free to AmeriHealth Caritas Delaware patients (or members)."*

# ACDE Provider Manual

- Offer written and verbal language access at no cost to Plan members with limited English proficiency or other special communication needs, at all points of contact and during all hours of operation. Language access includes the provision of competent interpreters, as necessary.
- Post and offer easy-to-read member signage and materials in the languages of the common cultural groups in the provider's service area. Vital documents, such as patient information forms and treatment consent forms, must be made available in other languages and formats.

- Discourage patients (or members) from using family or friends as oral interpreters.
- Advise patients (or members) that language services are available through AmeriHealth Caritas Delaware, if the provider is not able to obtain necessary language services for a member.
- Offer patients (or members) verbal or written notice (in their preferred language or format) about their right to receive free language services assistance.

# Accessing Interpretation Services



Although a patient (or member) requests interpretation services from Member Services, the provider may request an interpreter.

# Accessing Translation Services

Member requests materials to be translated by contacting Member Services



Member Services or the Plan contacts Mendoza with the materials to be translated



Mendoza translates the material for provider and patient



# Questions





AmeriHealth Caritas

Delaware