

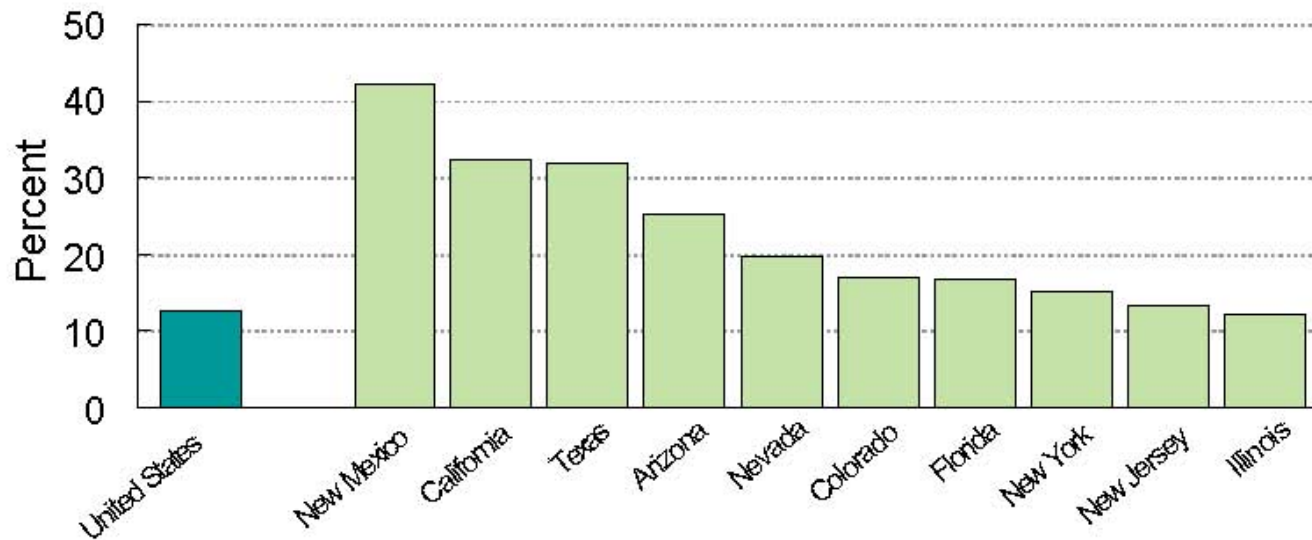
**Awareness of the National Standards for Culturally
and Linguistically Appropriate Services (CLAS) at
an Academic Health Center**

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Overview

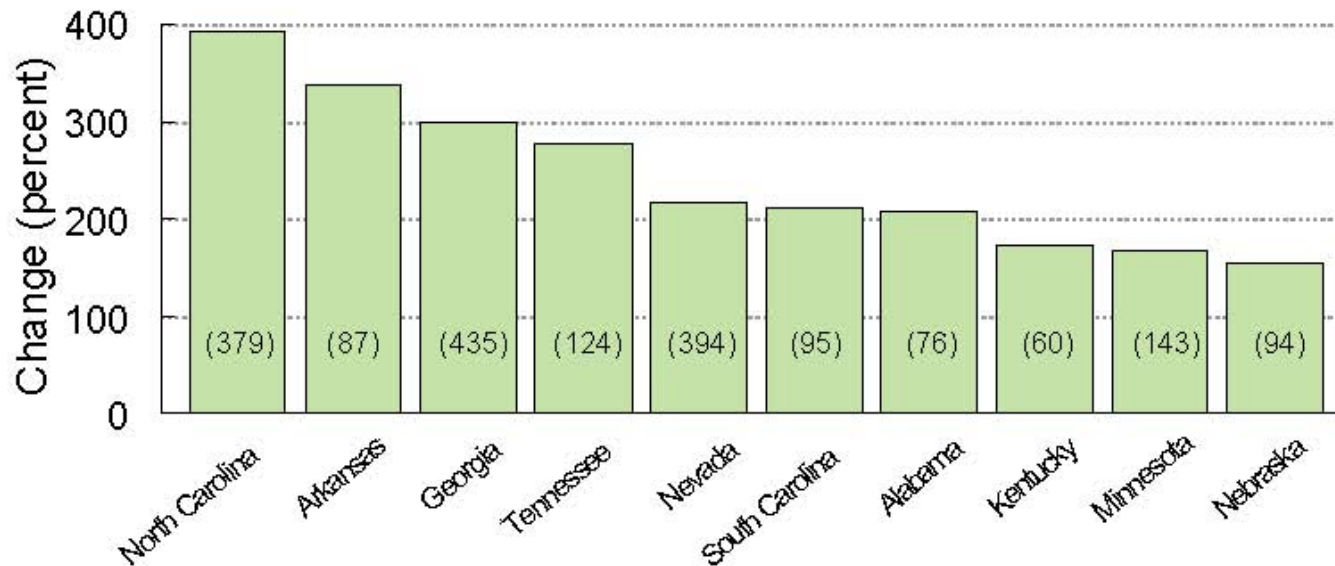
- Hispanics Demographics
- What are the National Standards for Culturally and Linguistic Appropriate Service (CLAS)?
- Description of the CLAS project
- Future directions

Percent of population that is Hispanic/Latino: United States and ten States with largest proportion of Hispanic/Latino residents, 2000



Source: Census 2000 Summary File 1, U.S. Bureau of the Census.

Change in proportion of Hispanic/Latino residents between 1990 and 2000: Ten States with largest change



Note: Figures in parentheses represent the number of Hispanic residents in thousands in 2000.
Source: Census 2000 Summary File 1, U.S. Bureau of the Census.

CLAS Standards

- In 2000, President William Clinton released an executive order to improve access to services for persons with Limited English Proficiency (LEP).
- The Office of Minority Health at the US Department of Health and Human Services (DHHS) to create 14 standards on culturally and linguistically appropriate services (CLAS) in health care in December of 2001.

CLAS Standards

- **14 National Recommended Standards: inform, guide, and facilitate implementation of CLAS.**
- **Three themes:**
 - **Culturally Competent Care (1-3);**
 - **Language Access Services(4-7); and**
 - **Organizational Supports for Cultural Competence (8-14).**

U.S. Department of Health and Human Services, POHS. Office of Minority Health.
National Standards for Culturally and Linguistically Appropriate Services in Health Care.
Executive Summary, Washington, D.C., March 2001.

Studies about language skills

- Mazor et al*
 - Training emergency department physicians in Spanish language skills and cultural competency
 - increased satisfaction with Spanish-speaking families and the health-care they receive at the facility.

Mazor Suzan S, et al. Teaching Spanish to pediatric emergency physicians: effects on patient satisfaction. Arch Pediatr Adolesc Med. 2002; Jul 156(7):638-40.

Objectives

- a) to determine the level of familiarity of faculty and students at MCG with the National Standards for Culturally and Linguistically Appropriate Services (CLAS);
- b) to identify faculty and students' interest and preferred method of learning Medical Spanish and,
- c) to determine their aptitude for working with medical interpreters

Methods

A survey was designed to examine:

- Self-perceived knowledge of the CLAS standards,
- Experience working with medical interpreters, and
- Willingness and prior experience with learning Spanish.

Methods

- We intentionally focused on Spanish since it represents the fastest growing non-English language
- The survey was developed in a multiple-choice format and Likert scale
 - to expedite answering the questions and,
 - to increase participation and completion.

Methods

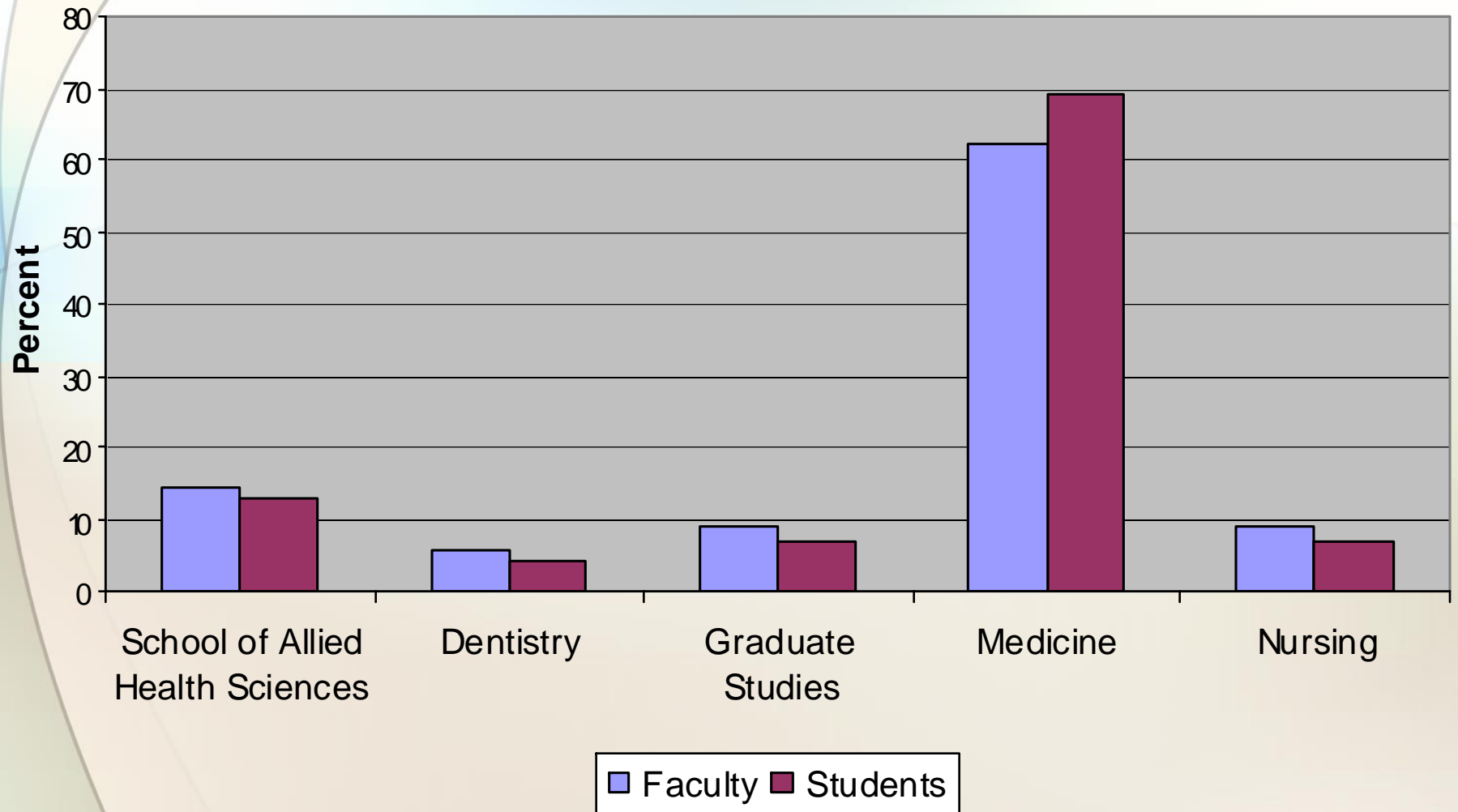
- A standard Web-based evaluation software program, One45*
- A pilot sample of a class of 40 physicians assistant students were used to provide feedback
- The survey was administered to all MCG faculty and students from the School of Allied Health Sciences, Nursing, Dentistry, and Medicine.

*One45 Inc., Vancouver, BC

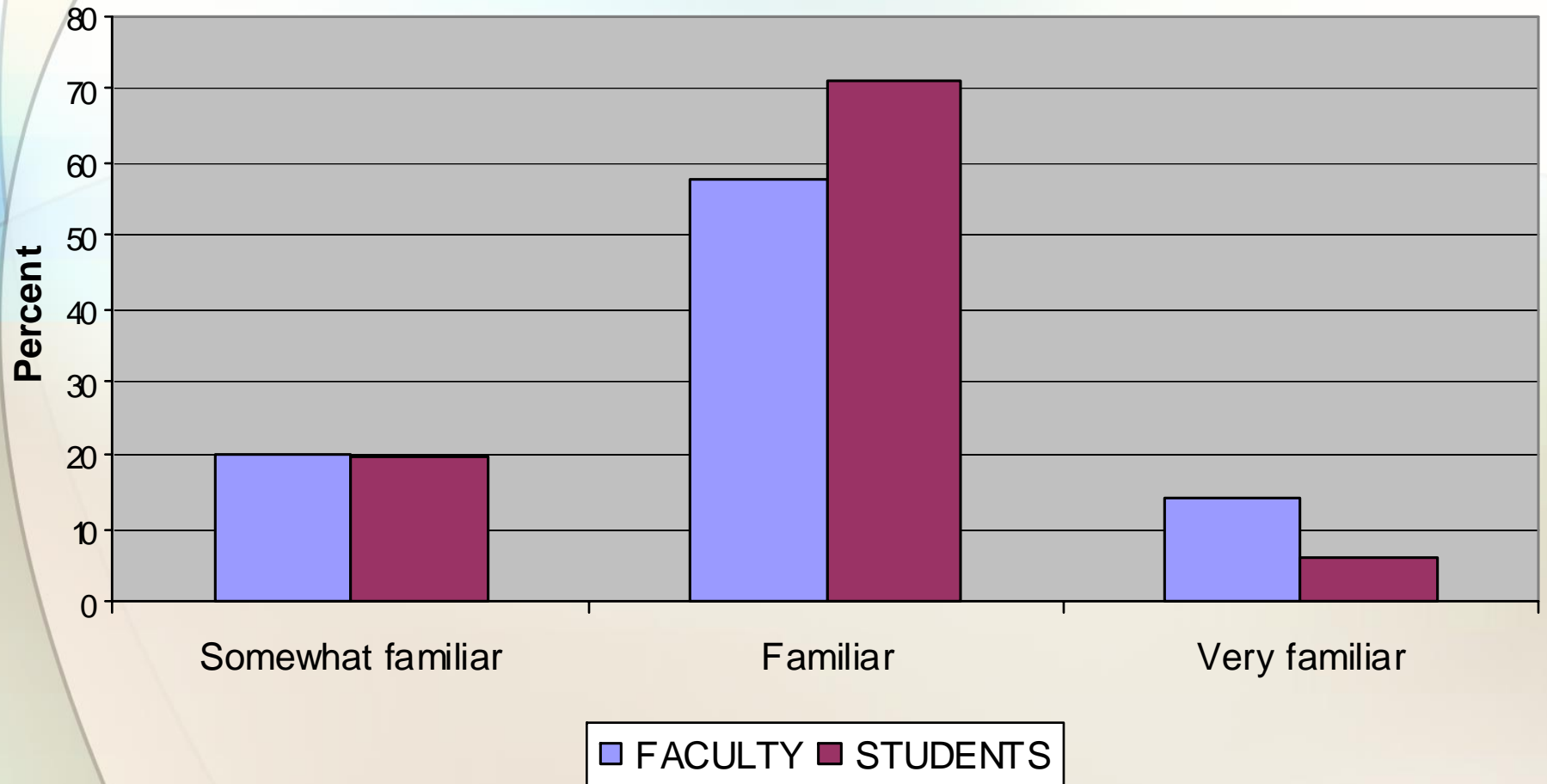
Results

- The total response rate was:
- 29% (300/1,025) from the faculty and 44% (871/1956) from students
- Medical students make up about 43% of the total MCG student population but accounted for 70% of the student responses

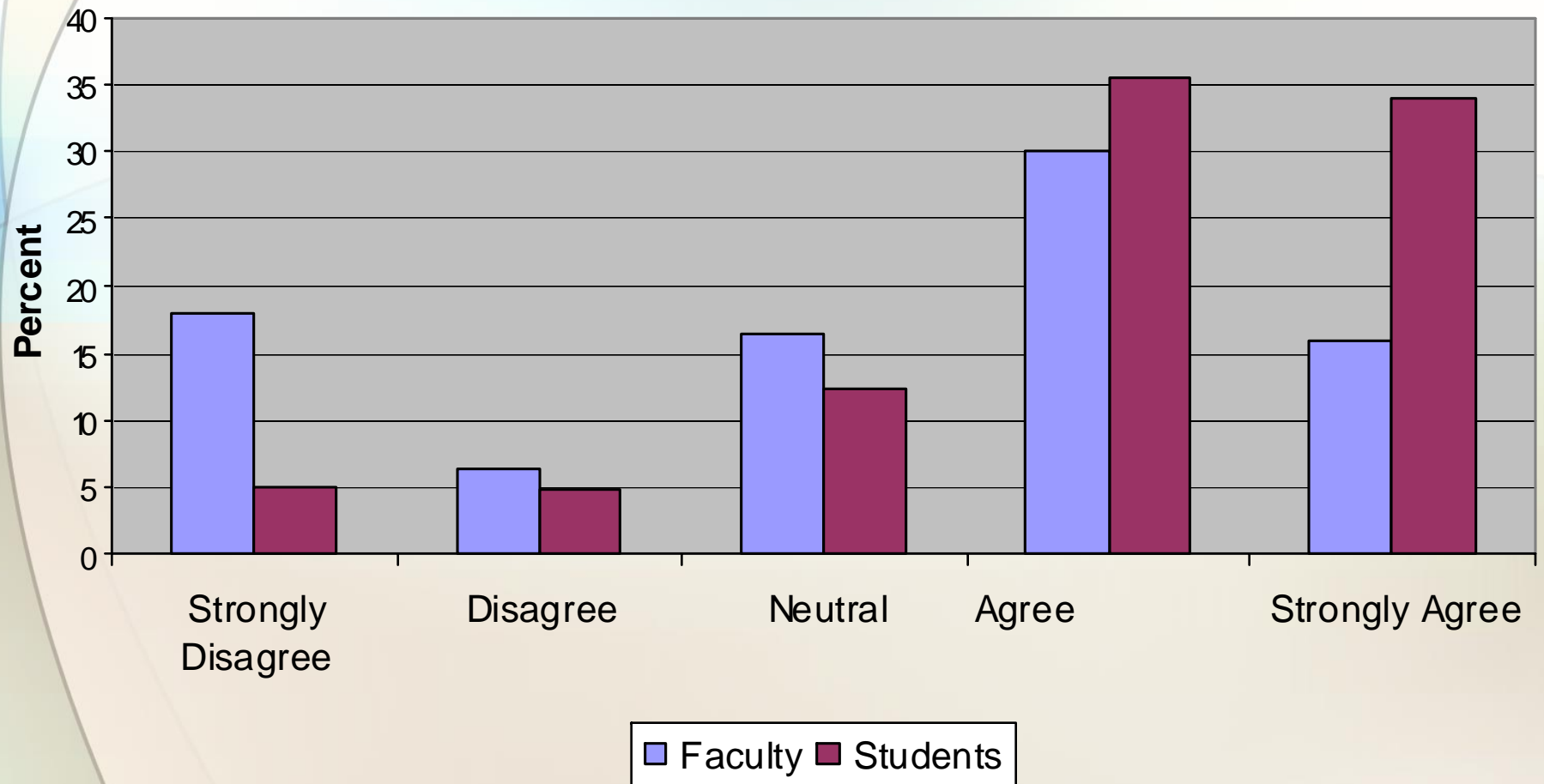
Survey Responses by MCG Schools, 2006



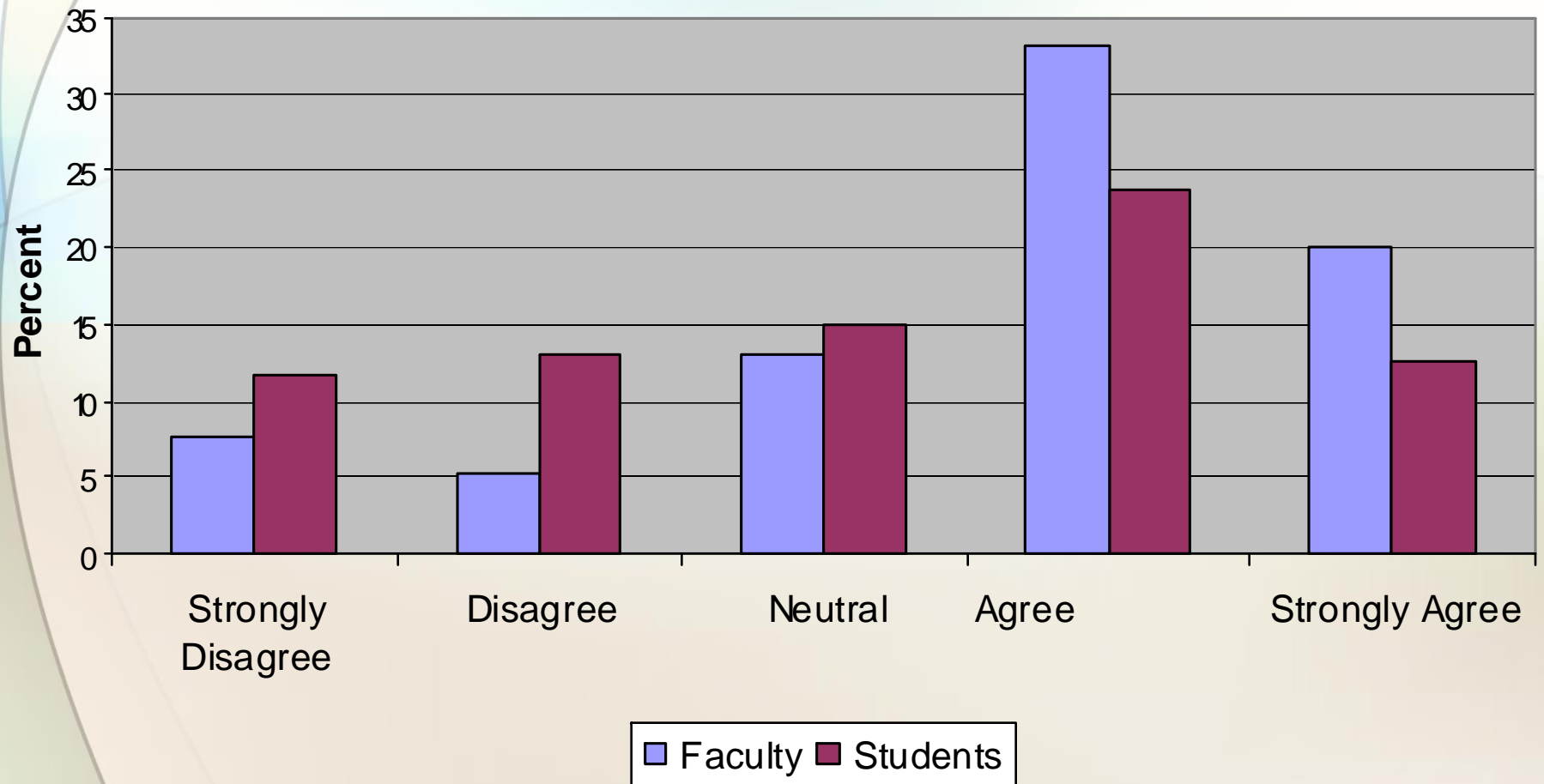
Responses from: How familiar are you with the National CLAS Standards



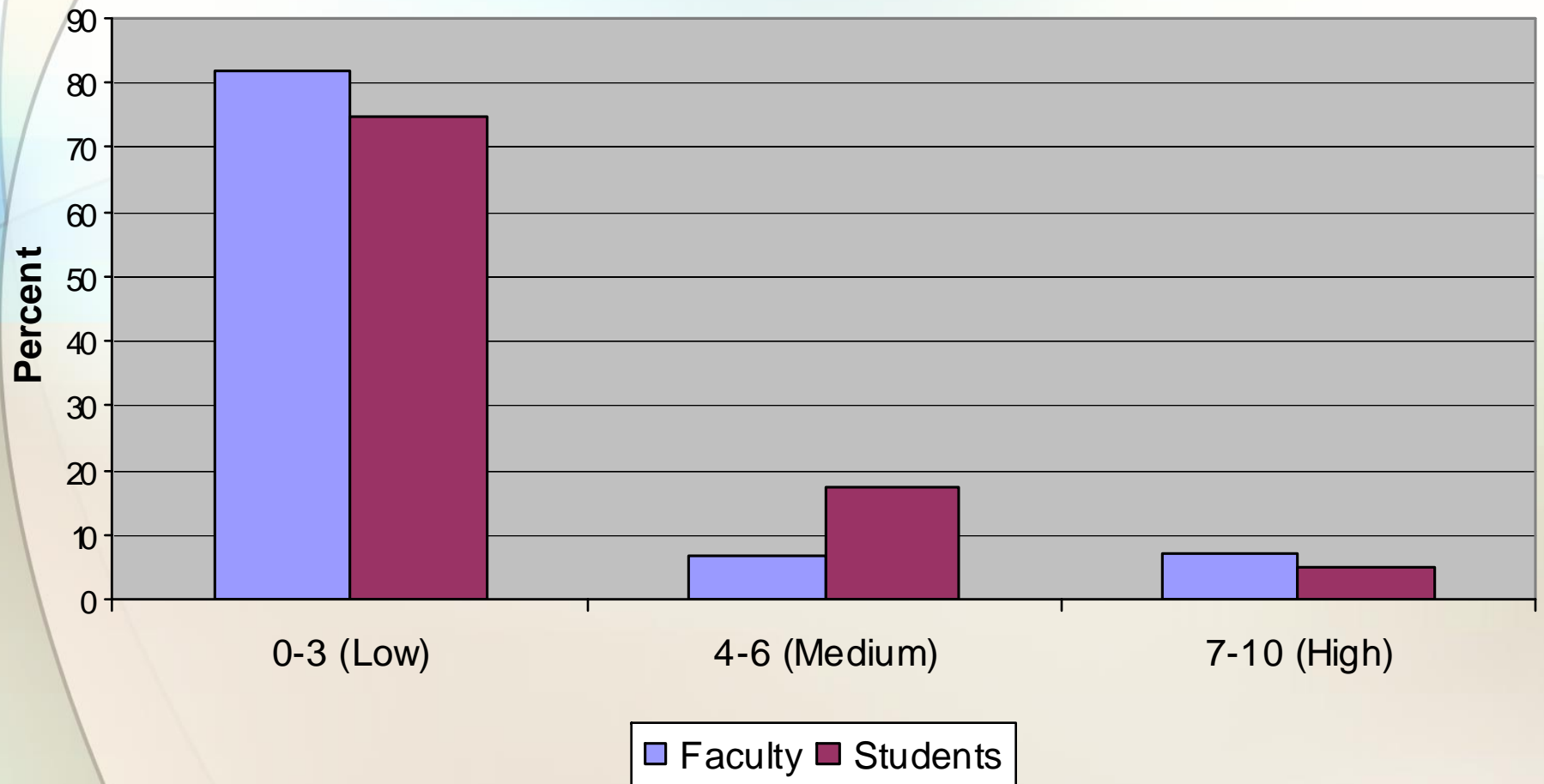
Responses from: I am willing to spend time learning Spanish



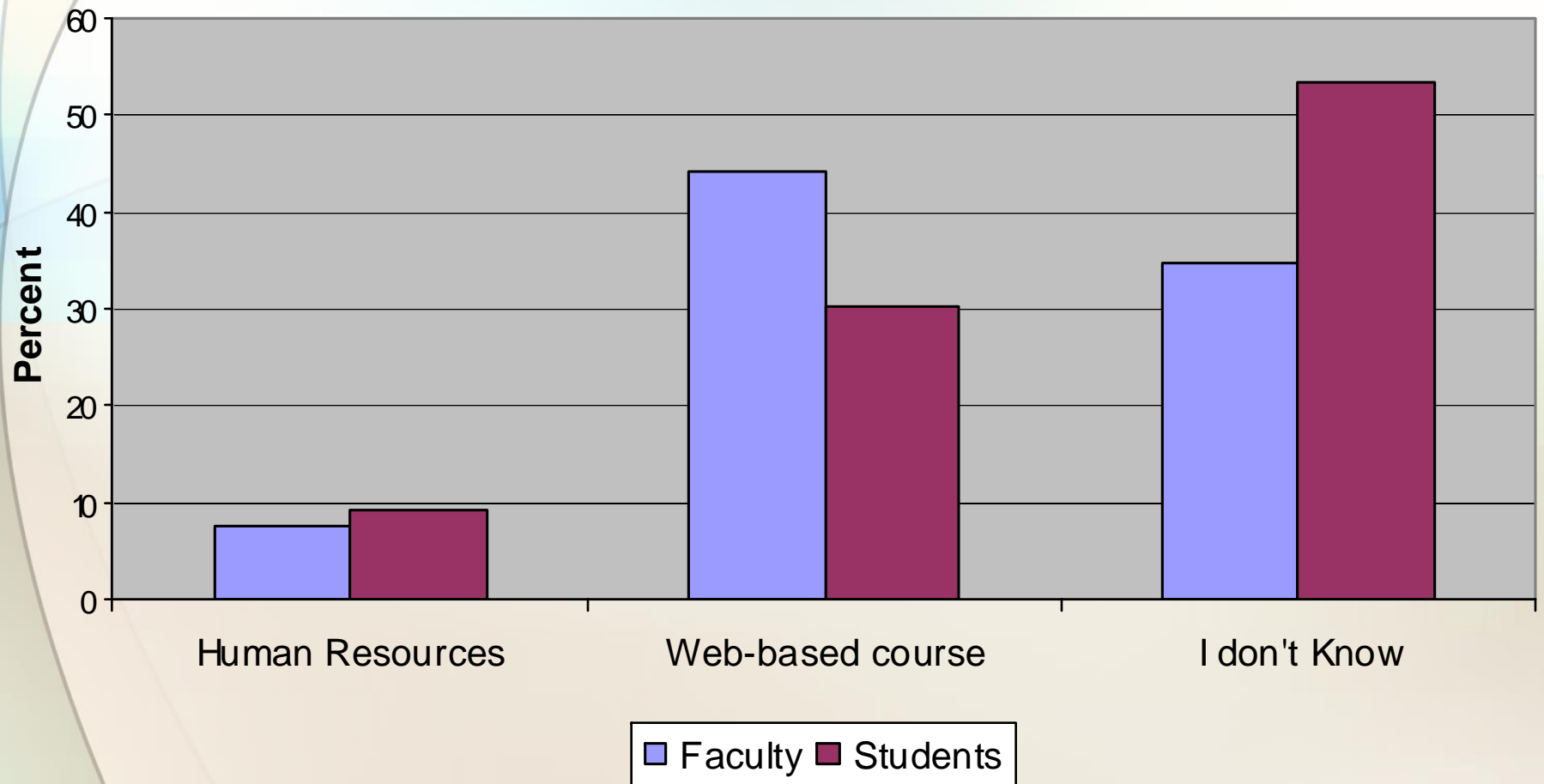
Responses from: I Know how to work with medical interpreters



Responses from: Rate your Spanish-speaking ability



Responses from: How would you like to be educated about the National CLAS Standards



Limitations of the study

Among the our study faced was:

- The limited number of faculty answering the questionnaire,
- Depth of questions,
- Lack of open-ended questions ability to easily ignore the questionnaire and,
- No clear partitioning for the medical departments

Many health-care professionals ask themselves:

“Do I have any legal obligations to my non-English-speaking patients or if languages barriers affect the quality of care I offer to patients?”



Healthcare Risk Management's

Legal Review & Commentary[™]

A Monthly Supplement

**Without proper language interpretation,
sight is lost in Oregon and a \$350,000 verdict is reached**

By Edward J. Carbone, Esq., Jan J. Gorrie, Esq.,
and Richard Oliver, Esq.
Buchanan Ingersoll Professional Corp.
Tampa, FL

May 2003/ Supplement to Healthcare Risk Management

Conclusions

- Faculty and students are interested in learning Medical Spanish
- Educating the healthcare workforce about mandatory CLAS Standards and cultural and linguistic competency, improvements can be seen in patient outcomes as well achieving cost-effectiveness