Public Health Administrators’ Perceptions of Community Diversity as Predictors to implement CLAS Standards (Culturally and Linguistically Appropriate Services) in Kentucky’s Local Health Departments

Maria L. Gomez, DrPH, MPH; Richard Charnigo, Ph.D.
University of Kentucky College of Nursing (1); University of Kentucky College of Public Health, Department of Biostatistics (2)
University of Kentucky, Lexington, KY

Background

• The Centers for Disease Control and Prevention (CDC) clearly states the evidence that race and ethnicity correlates with persistent health disparities and addressing these inequalities must become a national priority.

• Health disparities and the burden of disease and death rates are higher among African Americans, Hispanics or Latinos, American Indians/Alaska Natives, and Native Hawaiians and Other Pacific Islanders than the general United States population.

• The field of Cultural and Linguistic Competency in the public health system has gained national attention and has emerged as a strategy to eliminate racial and ethnic disparities by improving: access to and quality of health care, patient-provider communication, and health outcomes.

Research Objectives

1. To assess public health administrators’ perceptions of community diversity as predictors to implement CLAS services in Local Health Departments (LHDs) in Kentucky.

2. To provide policy recommendations for program development to address the needs of diverse communities.

Significance

• Strong evidence suggests that culturally competent care is the foundation to eliminate racial and ethnic health disparities (Brach & Fraser, 2000; Goode, et al., 2006; Betancourt, et al., 2006).

• Adherence to Public Health Accreditation Board (PHAB) standards for the delivery of quality services as related to culturally and linguistically relevant approaches in the public health system. (Public Health Accreditation Board, 2009).

Population Diversity

The growing population diversity in the US (2010 U.S. Census Bureau), poses major challenges in the provision of health care and public health services:

• The Hispanic and Asian populations grew fastest during the past decade in the U.S. (43% increase both).

• Hispanic population alone increased from 35.3 million in 2000 to 50.5 million in 2010.

• In Kentucky the Hispanic population grew more than 100%, during the past decade (from 60,000 to 133,000).

• Hence, it is imperative for Local Health Departments (LHDs) to respond to the needs of the community, by incorporating effective cultural and linguistic competency policies.

Research Question

Does the local health department administrator’s perception of community diversity predict the type of culturally and linguistically competent public health services?

Null Hypothesis Tested

Local health department administrators’ perception of community diversity does not predict the type of culturally and linguistically competent public health services.

Methodology

• Cross-sectional survey.

• Instrument: Self-Assessment Tool for CLAS Services in Local Public Health Agencies (USPHS).

• Study participants: Public health directors, Nurse Leaders, and Health Educators serving local health departments in Kentucky across 56 counties.

• Variables of interest: 1) Cultural competency training to staff; 2) Public health services offered to non-English Speaking clients.

• Community diversity examined: Hispanics, African Americans.

Data analysis:

• Public health administrators estimated the percentage of the diverse population they serve. Scores from 1 to 11 were given to estimated percentages (perceived diversity score).

• Logistic regression was used to assess whether a dichotomous outcome (example: a culturally and linguistically competent public health service being performed) was predicted by a numeric variable (example: perceived diversity score).

• Cross-tabulation and chi-square tests were used for bivariate analysis.

• Perceived Hispanic population was significant associated with the perception of the Hispanic population as follows, see Table 4:

Limitations of the Study

• Self-reported survey

• Assessment was conducted by interviewing solely LHDs administrators. Participation of the entire staff would improve results.

Results

• Public health administrators invited to participate: 159

• Survey Response Rate: 67%

• Total Participants: 106

• Public Health Directors: 35

• Nurse Leaders: 39

• Program Managers: 32

Hispanic population

• A statistically significant association was found between Hispanic perceived Hispanic population makeup and utilization or implementation of United States competency online training tools and web resources (p=.026).

See Table 2.

• Various CLAS Public health services related to serve the non-English speaking population were statistically significant associated with the perception of the Hispanic population as follows, see Table 3:

• Employing/contracting bilingual/bicultural staff (p=.024 public health directors; p=.017 nurses).

• Spanish translations services (p=.030 nurse leaders)

• Hiring interpreters (p=.009 public health directors, p=.007 nurses); and

• Ethnic media advertisements (p=.041 nurses).

African American population

• There is a trend toward a significant association between Program Manager-perceived African American population makeup and availability of materials in alternative format, with such materials more often available when program managers perceive African American population makeup was larger (p=.096). See Table 4.

Implications for Policy and Public Health Practice

• Public Health services should be delivered effectively based on the needs of culturally diverse groups, including but not limited to ethnic and racial minorities, persons with low-literacy skills, limited English proficiency (LEP) patients, and rural residents. In addition, special groups such as gays, lesbians, transgender, and persons with disabilities are to be considered.

• The implementation of CLAS practices would facilitate agencies to comply with federal regulations (Title VI of the Civil Rights Act).

• The practices of CLAS standards and the promotion of diversity in the public health workforce may allow state and local health departments to adhere to the National Public Health Accreditation Board (PHAB) for ensuring a culturally and linguistically competent public health system.

Conclusions

• Local health departments’ administrators across Kentucky have initiated and have implemented policies that comply with the CLAS Standards to address the need of the growing population diversity in the state.

• Nurses may be more likely to implement or rely on online training tools in response to a large Hispanic population makeup than Directors and Program Managers.

• The role of the Nurse in local health departments is more likely to impact and influence decision making regarding CLAS practices due to the various statistically significant results.

Acknowledgments: This study was supported by the Kentucky Department for Public Health Office of Health Equity.