



## **Cultural Competence Program**

### **What is Cultural Competency?**

The Office of Minority Health (OMH) of the U.S Department of Health and Human Services provides the following definition:

*Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).*

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11>

Cultural competence can also be defined as a combination of knowledge, clinical skills and behaviors that lead to positive outcomes with culturally diverse populations.

### **Why is Cultural Competence important?**

Studies have shown that consideration of individual cultures, preferences and needs in the provision of health care services may reduce noncompliance in patients, increase patient satisfaction and retention, and improve health outcomes. In addition, we know that culture has a profound impact on how people respond to preventive intervention and health services, as well as in how they experience illness, how they access care and the process of getting well. Improving patient compliance and overall disease outcomes is critical. According to OMH, over 23.6 million people in this country suffer from diabetes. On average, African Americans are twice as likely to have diabetes as whites and they are more likely to suffer complications from the disease. African American children have a 60% higher prevalence of asthma than white children. The death rate from asthma, albeit rare, for Puerto Ricans was 400% higher than the non-Hispanic White population in 2003. While the incidence of heart disease is lower in African Americans than in Whites (10% vs. 12%), African American men are 30% more likely to die from heart disease than whites.

### **The CLAS Standards**

DPCI adopts the “National Standards on Culturally and Linguistically Appropriate Services (CLAS)” written by the Office of Minority Health (OMH) of the U.S Department of Health and Human Services. These standards were written as a guide for

health plans to make sure that members receive culturally and linguistically appropriate care and services.

**Standard 1**

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

**Standard 2**

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

**Standard 3**

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

**Standard 4**

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

**Standard 5**

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

**Standard 6**

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

**Standard 7**

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

**Standard 8**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

**Standard 9**

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

**Standard 10**

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

**Standard 11**

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

**Standard 12**

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

**Standard 13**

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

**Standard 14**

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

For more information, visit:

- [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\) in Health Care \(Final Report\)](#)
- [National Standards for Culturally and Linguistically Appropriate Services in Health Care \(Executive Summary\)](#)
- [Normas nacionales para servicios cultural y lingüísticamente apropiados en la atención sanitaria \(Resumen ejecutivo\)](#)
- [Cultural Competency Site](#)

The Health Plan has a comprehensive program for meeting cultural and linguistic competence requirements. As part of that program, DPCI provides over the phone interpretive services twenty four hours a day in over 140 languages at no cost to the Member or provider. In addition, if a Member is hearing impaired, a TTY number is available or sign language interpreters can be scheduled statewide to accompany a Member to an appointment.

- To schedule *sign language interpreters*, call Member Services at (866) 543-2167
- To access DPCI's *TTY number or Language Line Services*:

Call Member Services – (866) 543-2167

TTY (AT&T Relay) - (800) 232-5460

Language Line Client ID# 244116

Member ID - Give the Member's ID #

Group or Provider Name - Give your full name or group name

For more detailed information on cultural competence including FREE continuing medical education courses and other educational material, please visit the DPCI Web site at [www.DelawarePhysiciansCare.com](http://www.DelawarePhysiciansCare.com) and check the "Providers" page.