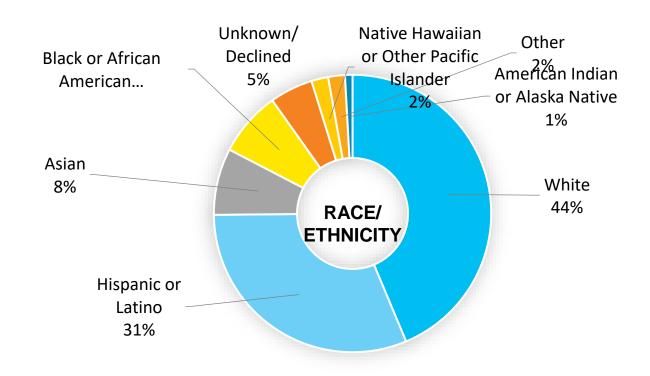
Demographic Changes • Cultural Humility • CLAS Standards • DIVERSE Conversations • Language Assistance • Resources

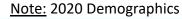
Culturally and Linguistically Appropriate Services (CLAS) Provider Resources





CHPW Member Race and Ethnicity (Combined)

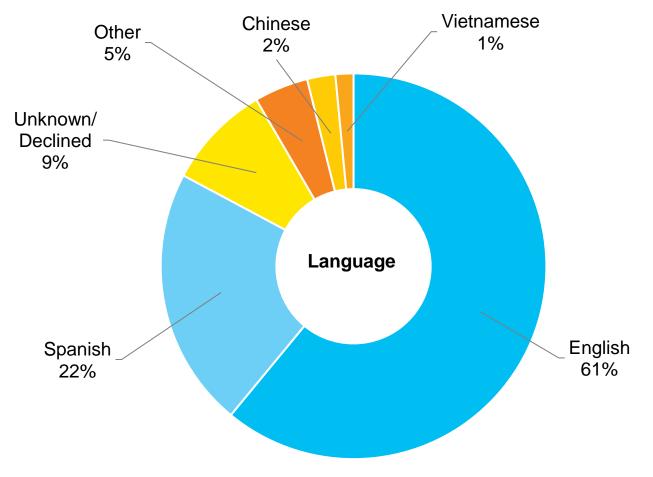








CHPW Language Preference Across **Medicare**



Top Languages

English

Spanish

Chinese*

Vietnamese

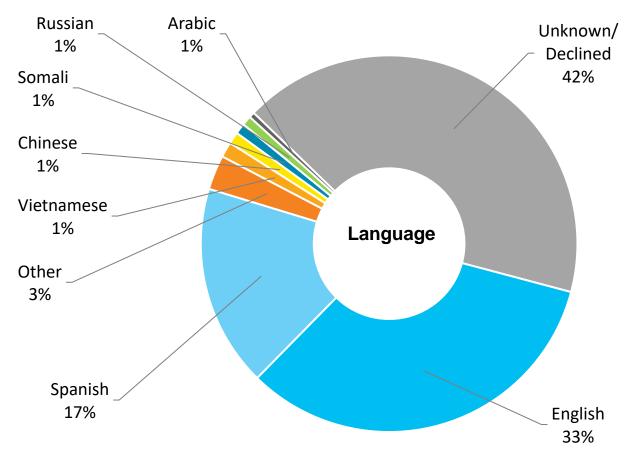
Note: 2020 Demographics

^{*}Chinese includes Mandarin and Cantonese languages combined.





CHPW Language Preference Across **Medicaid**



Note: 2020 Demographics

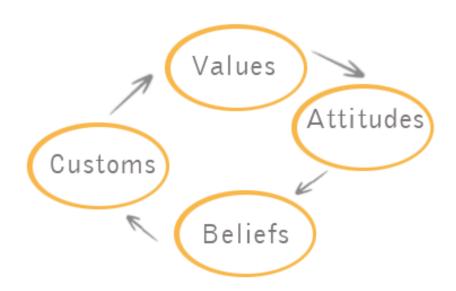
^{*}Chinese includes Mandarin and Cantonese languages combined.





Culture

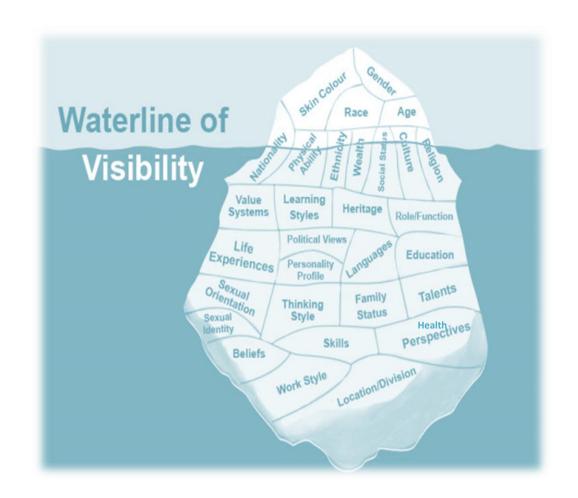
- Includes aspects of who we are, such as:
 - Race/ethnicity
 - Language
 - Gender
 - Age
 - Location
 - Religion
 - Education level
 - Socioeconomic status







Culture is Like an Iceberg







What is Cultural Humility?

Cultural humility is different from Cultural Competency because it requires the following things:

- Approaching another person with openness to learn,
- Asking questions rather than make assumptions, and
- Striving to understand rather than to inform.

How is this different for me?

- Commitment to lifelong learning,
- Continuous self-reflection on assumptions and practices
- Comfort with 'not knowing', and
- Recognition of power imbalances that exist.







Cultural Competence vs Cultural Humility

Cultural Competence:

 A collection of tools and knowledge gathered over time allowing you to engage and communicate with people who are different from you.

Cultural Humility:

 Having cultural competence tools as a possible resource but most importantly, learning from the individual people around us how to treat them.





Practicing DIVERSE Conversations

	Assess	Conversation Starters
D	Demographics: Explore origins, age, acculturation-level, or other factors.	Where were you born? Where was "home" before here?
	Ideas of health: Ask for their ideas or concepts of health and illness.	What keeps you healthy/makes you ill? What do you think causes your illness?
V	Views of care: Ask about their preferences for care practices.	Do you use traditional remedies? What kind of treatment do you think works?
Е	Expectations: Explore what their experiences and expectations are.	What do you hope to achieve today? Do you prefer a male/female provider?
R	Religion: Explore religious and spiritual beliefs that may impact their health.	Do you avoid particular foods? Does your diet change due to any traditions?
S	Speech*: Identify language needs including health literacy levels.	What is your preferred language? Do you need an interpreter?
E	Environment: Explore cultural or diversity aspects to the world they live.	What does your home life look like? Who are the biggest supports you have?

^{*} Avoid use of family members as interpreters





Culturally and Linguistically Appropriate Service (CLAS) Standards





CHPW's Health Equity Program – Advancing CLAS Standards

Principle Standard:

Ongoing commitment to equitable & effective care.

Governance, Leadership & Workforce

3 Standards

Communication & Language Assistance

4 Standards

Engagement,
Continuous
Improvement &
Accountability

7 Standards





Language Assistance Services

- Interpretation Services
 - Language Line Solution is CHPW's vendor
 - Members also have access to interpretation for healthcare encounters (talk your manager for details)
 - Providers can use our services or might have their own
- Translation (written) Services CQ Fluency
- "I Speak" Cards





Additional Resources

• CLAS Learning Series, register via Learning Connect

Behavioral Health Tribal Health

• Think Cultural Health website:

https://www.thinkculturalhealth.hhs.gov





Attestation Required

Thank you for completing the CLAS Training Program.

Please take a moment to submit the required Attestation,

by clicking the following link:

Attest Now!



