COMMUNITY HEALTH PLAN
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Culturally and Linguistically Appropriate Services (CLAS)

We serve a diverse member population

To deliver equitable, culturally responsive care, it's essential that we understand:

- Who our members are
- How they identify racially and ethnically
- What languages they speak
- Where cultural and access barriers may exist
- This data helps us:
- Inform program design
- Guide community partnerships
- Strengthen language access services
- Support member experience and outcomes
- The next slides will walk through our members' Race/Ethnicity and Language demographics.

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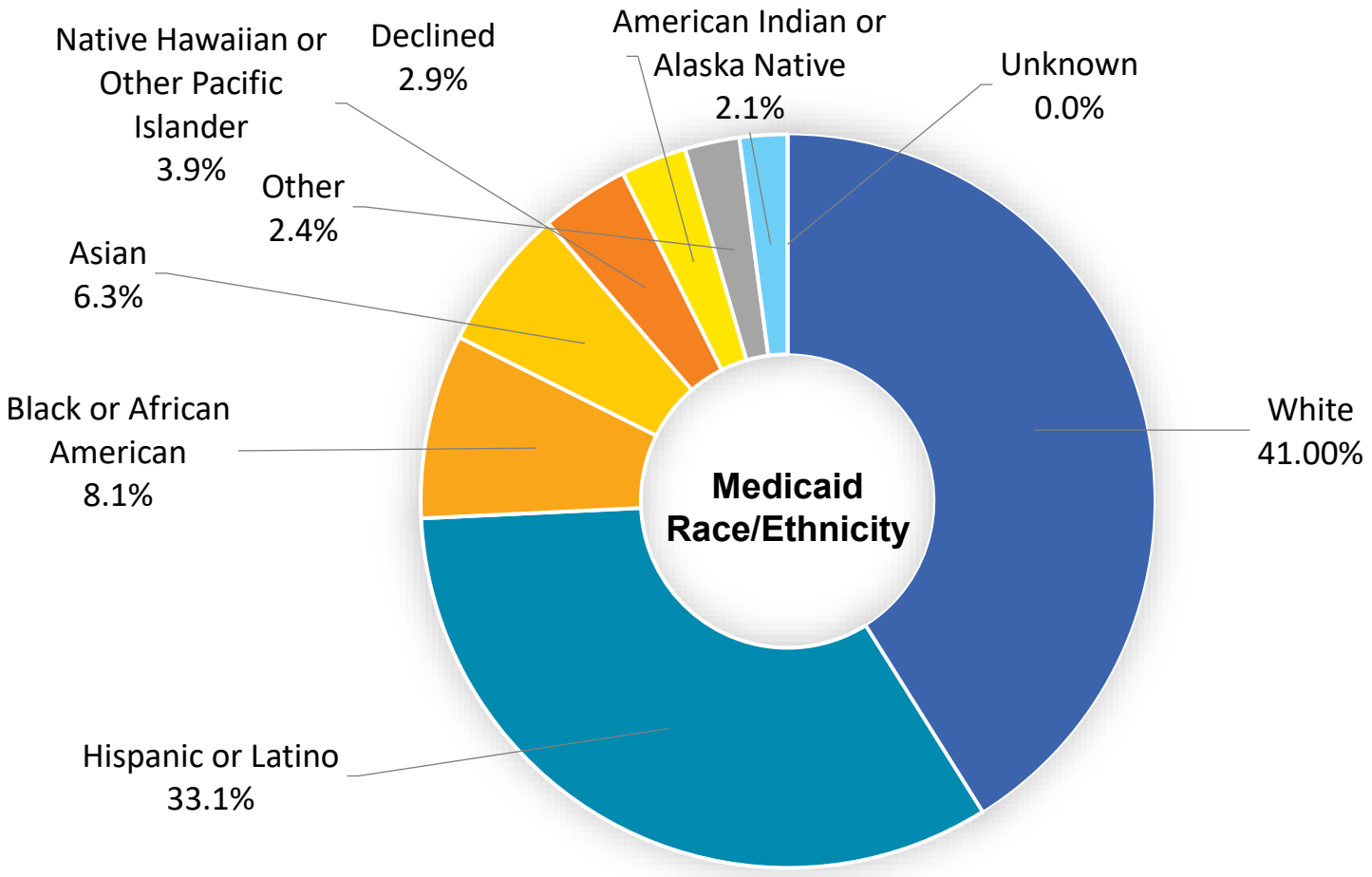
CHPW Member Race and Ethnicity

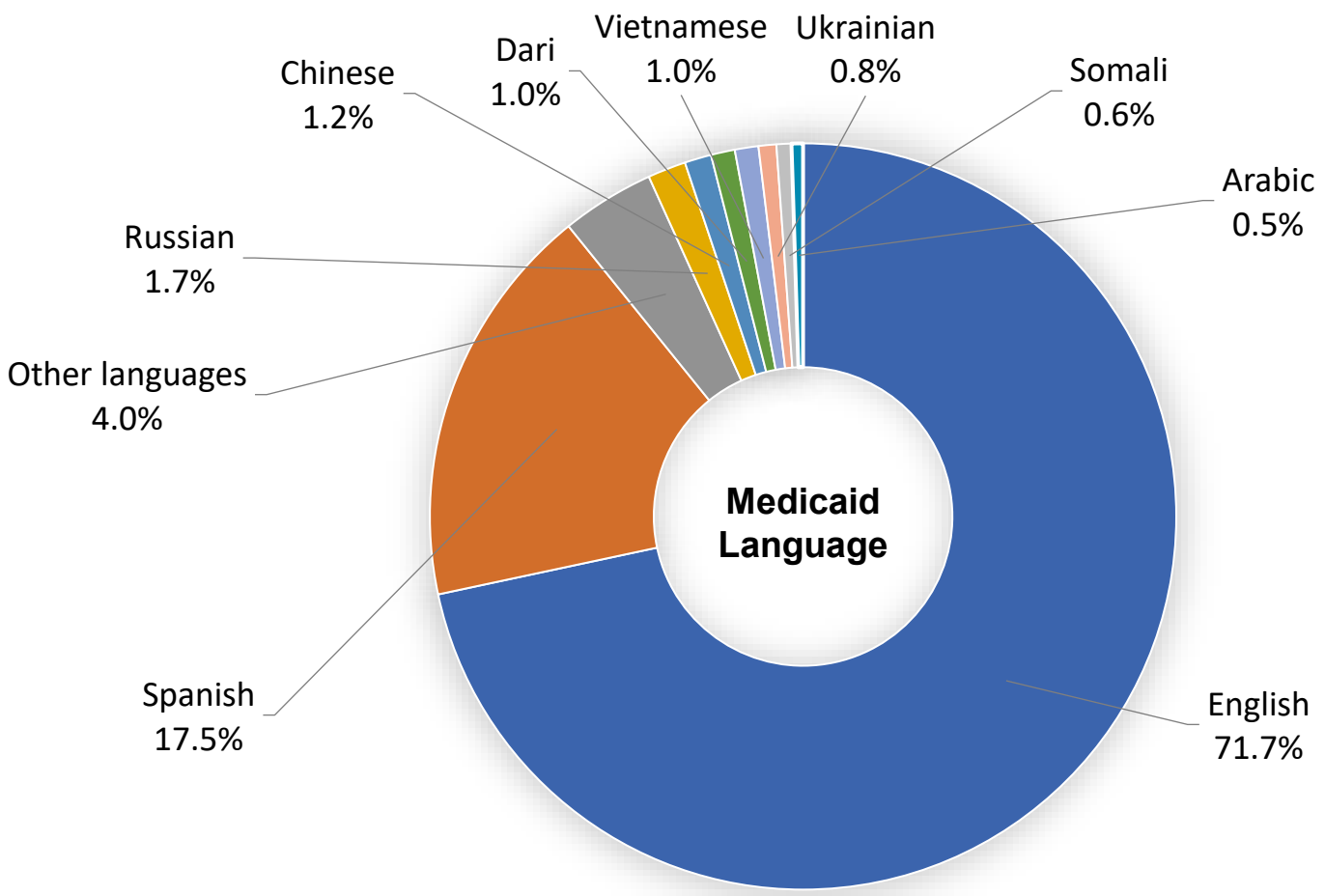
Medicaid Products 289,146



Enrollment as of January2025. Medicaid includes BHSO and AHE members.*

CHPW Member Language

Medicaid Products 289,146



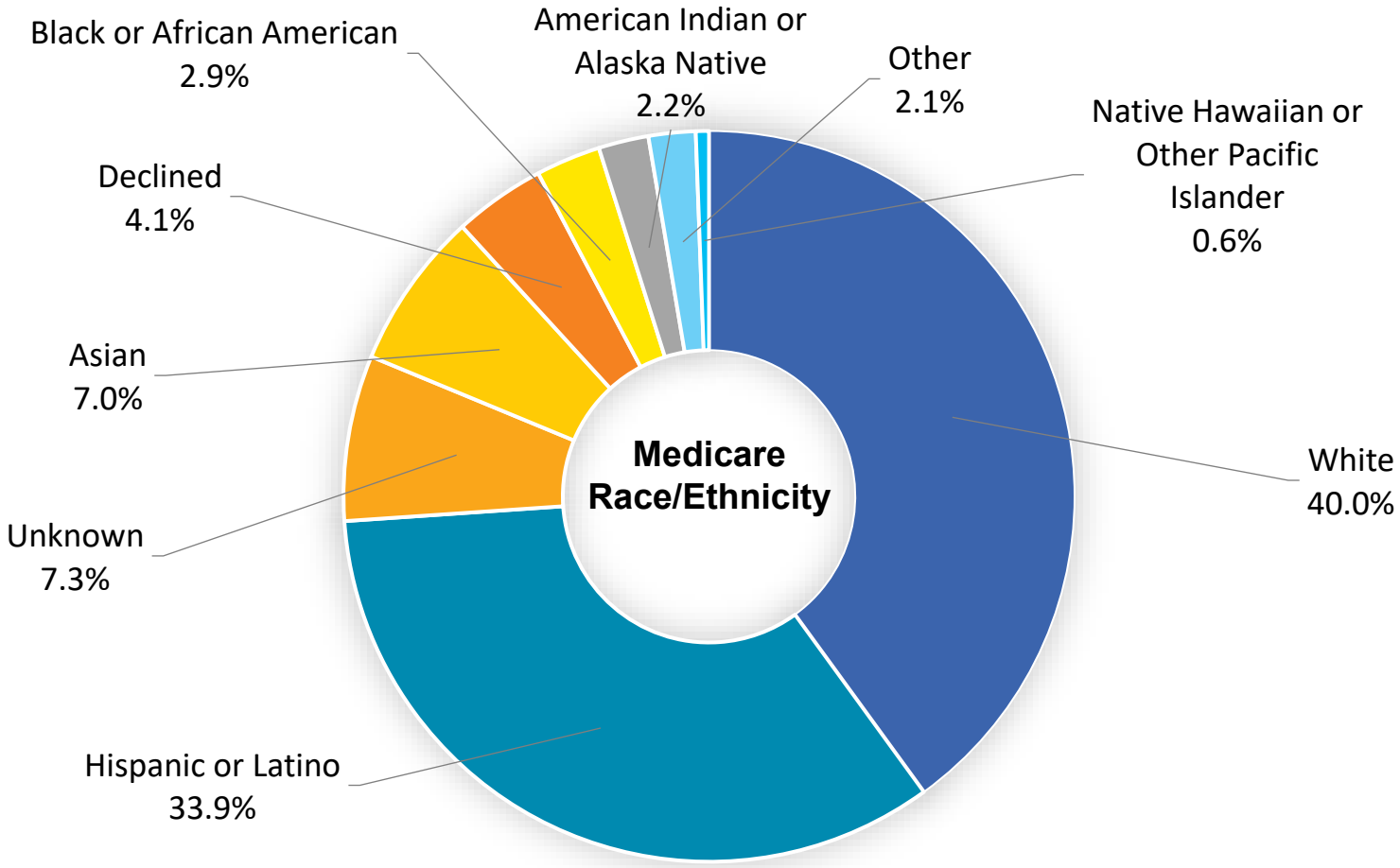
Total Languages: 97
Top Languages
English
Spanish
Russian
Chinese*
Dari
Vietnamese
Ukrainian
Somali
Arabic

Enrollment as of January 2025. Medicaid includes BHSO and AHE members.*
Note: Primary language is defaulted to English unless otherwise stated on both the Medicare and Medicaid enrollment forms. Language information is verified and updated during welcome calls

Chinese Language includes Cantonese, Chiu Chow, Mandarin and Toishanese dialects.

CHPW Member Race and Ethnicity

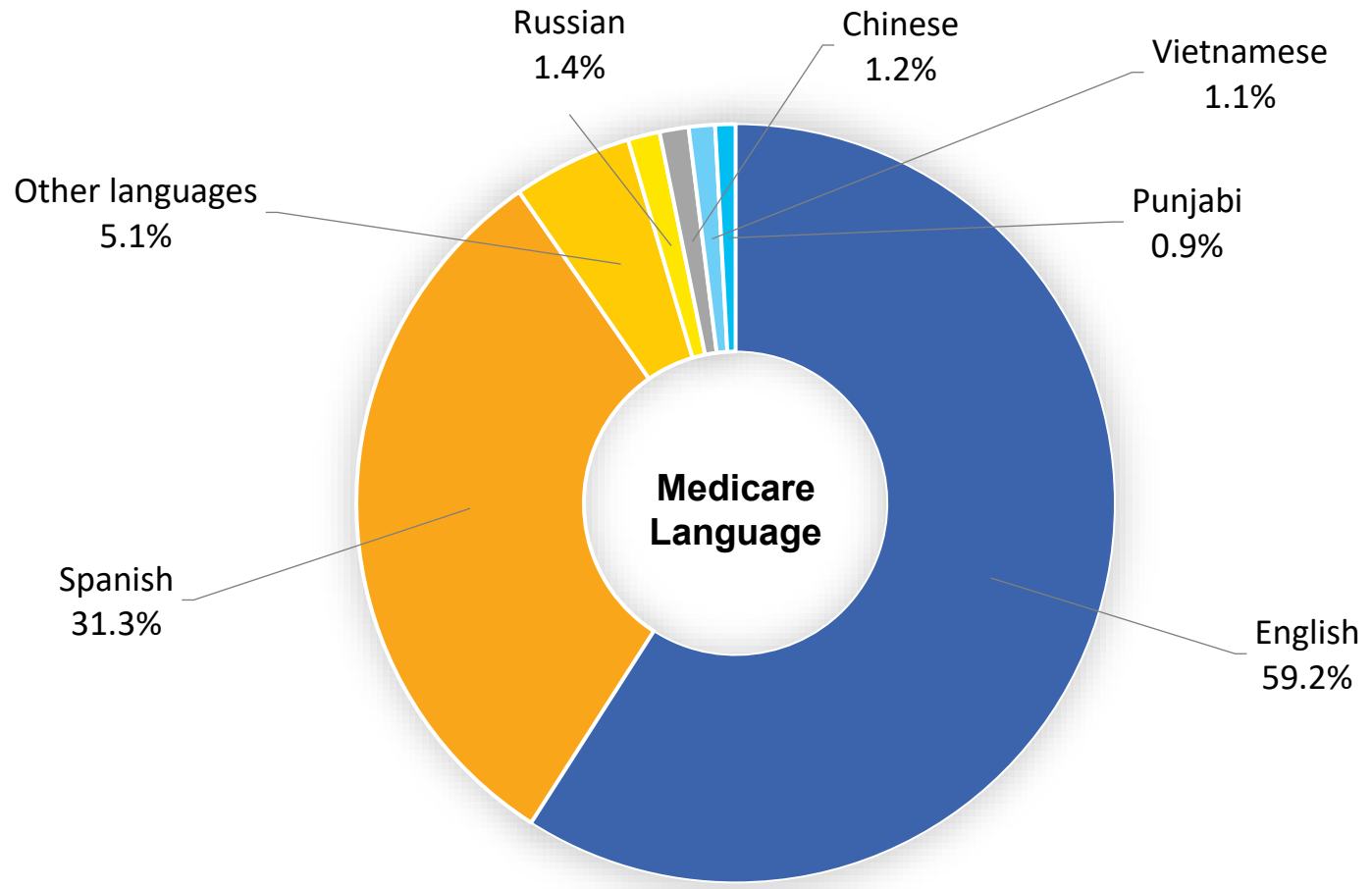
Medicare & DSNP 14,098



Enrollment as of January2025. Medicare includes SNP members*

CHPW Member Language

Medicare & DSNP 14,098



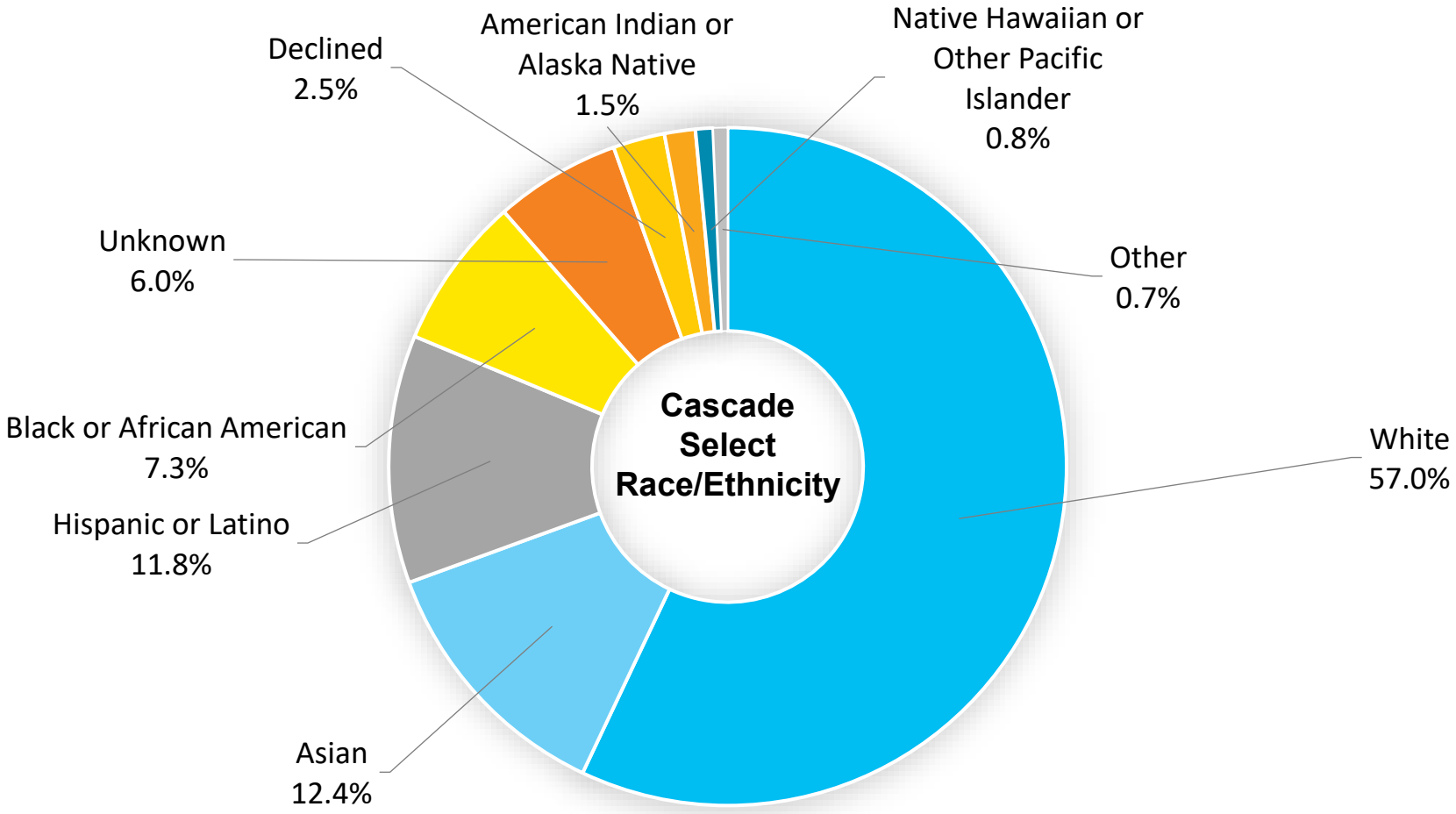
Total Languages: 47
Top Languages
English
Spanish
Russian
Chinese*
Vietnamese
Punjabi

Enrollment as of January2025. Medicare includes SNP members*
Note: Primary language is typically defaulted to English unless otherwise stated on the Medicare enrollment forms. Language information is verified during welcome calls.

Chinese Language includes Cantonese, Chiu Chow, Mandarin and Toishanese dialects.

CHPW Member Race and Ethnicity

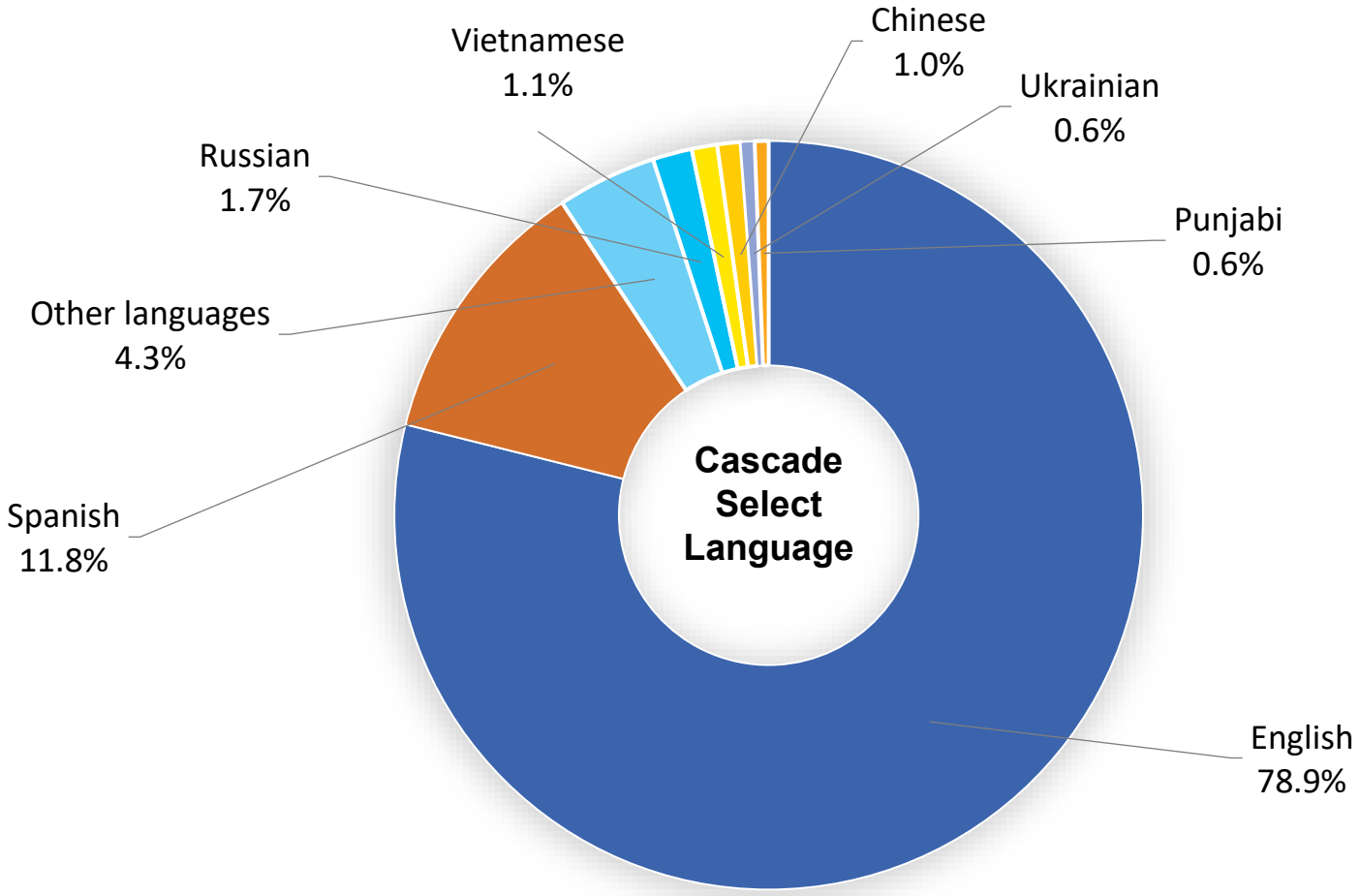
Cascade Select	34,427



*Enrollment as of January2025. Medicare**

CHPW Member Language

Cascade Select	34,427



Total Languages: 64
Top Languages
English
Spanish
Russian
Vietnamese
Chinese*
Ukrainian
Punjabi

Enrollment as of January2025

Chinese Language includes Cantonese, Chiu Chow, Mandarin and Toishanese dialects.

Social Drivers of Health for CHPW Members

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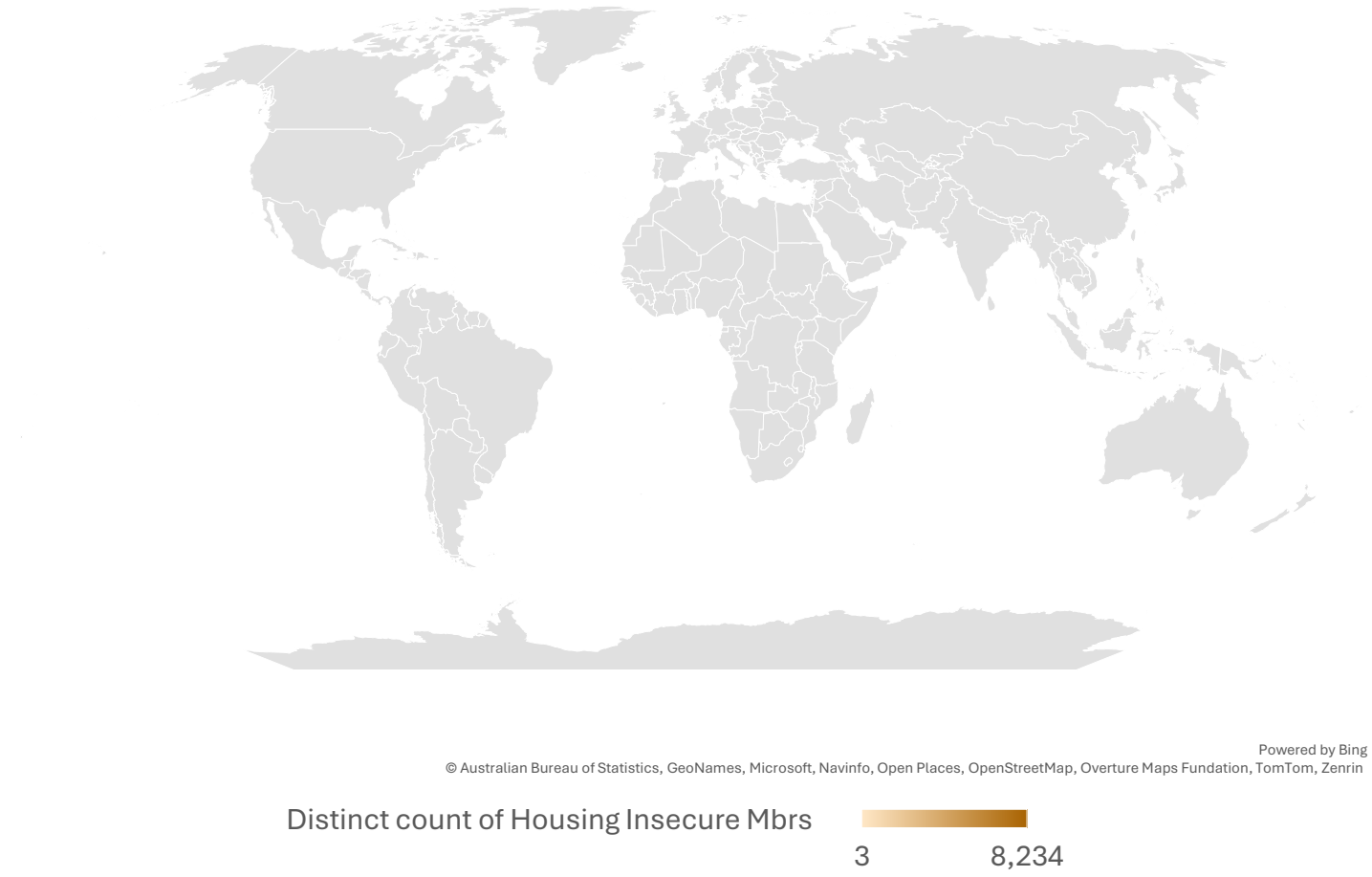
COMMUNITY HEALTH PLAN of Washington™

Members Experiencing Housing Insecurity

The first social driver we track is the number of members experiencing houselessness (those without a stable physical address). This information helps us tailor support, including housing navigation, shelter access, food, clothing, and employment resources.
King County has the most significant number of unhoused individuals, followed by Yakima, Spokane, Snohomish, Pierce, and Clark counties. This generally aligns with county population size.



SDOH includes only reported data.
Enrollment as of January 2025

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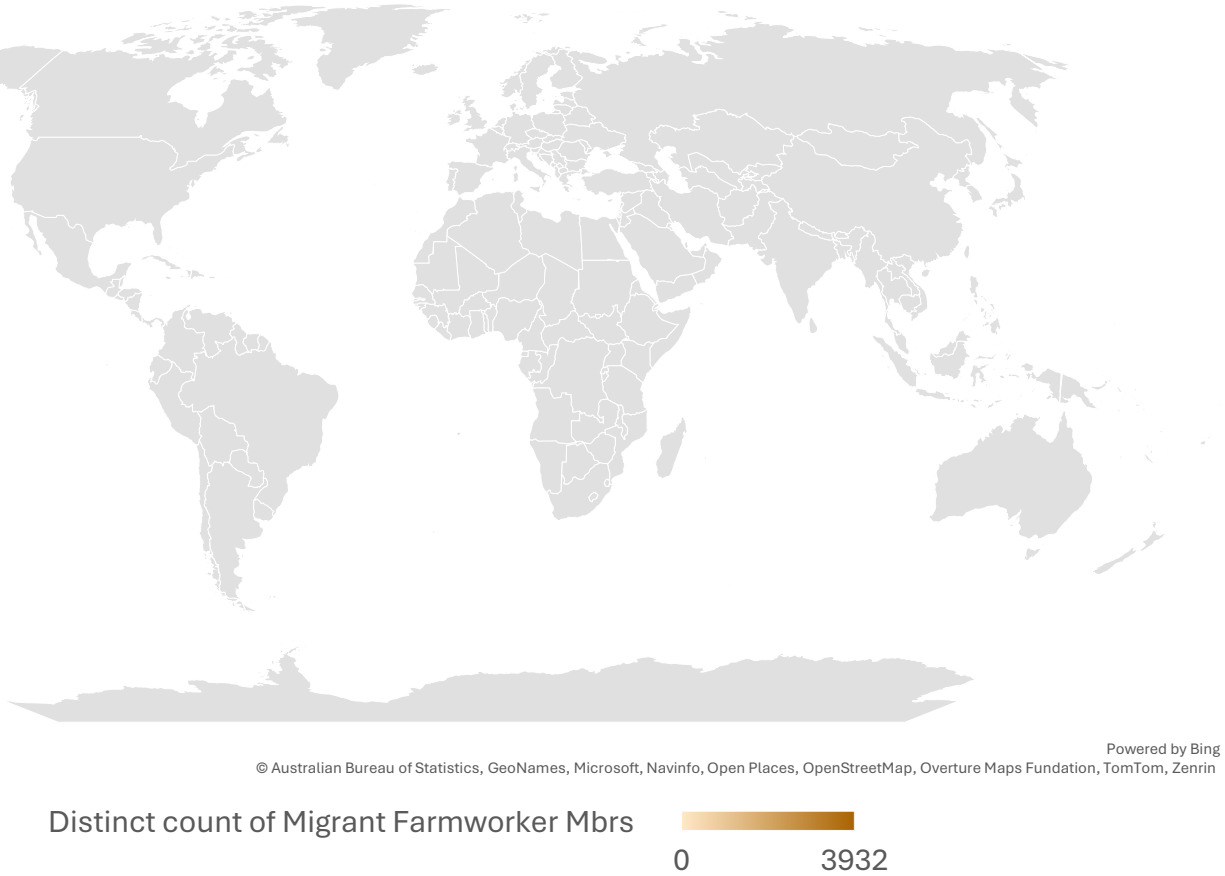
Members who are Migrant Farm Workers

Migrant farm workers face significant health inequities driven by social and structural factors. Their average life expectancy is 49 years, compared to 73 years in the general U.S. population (Centers for Disease Control and Prevention(CDC). Limited access to healthcare exacerbates these disparities.

CHPW works to connect migrant farm workers with culturally responsive care and support services.

This map highlights that Yakima County has the highest number of CHPW members who are migrant farm workers.



SDOH includes only reported data. Grey regions represent areas without reported data.
Enrollment as of January 2025.

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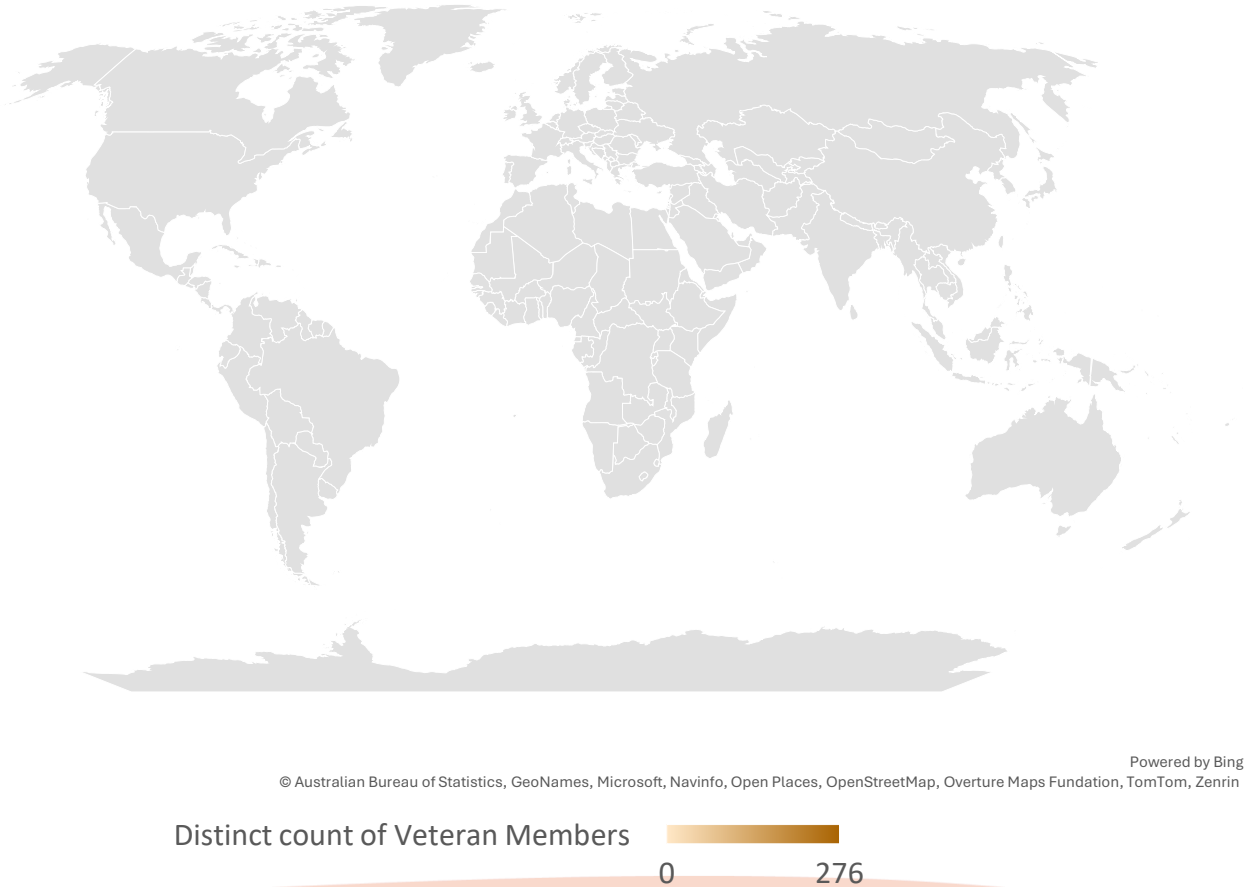
Members who are Veterans

Lastly, veterans represent another vulnerable population. Lack of access to healthcare and integrated services leads to a higher risk for mental and physical health problems. CHPW works to ensure veterans can access health care providers to receive the care they need.

This map indicates that King and Yakima counties have the highest number of veteran members.



SDOH includes only reported data.
Enrollment as of January 2025

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Importance of culture and how to explore it

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Culture is multi-dimensional.

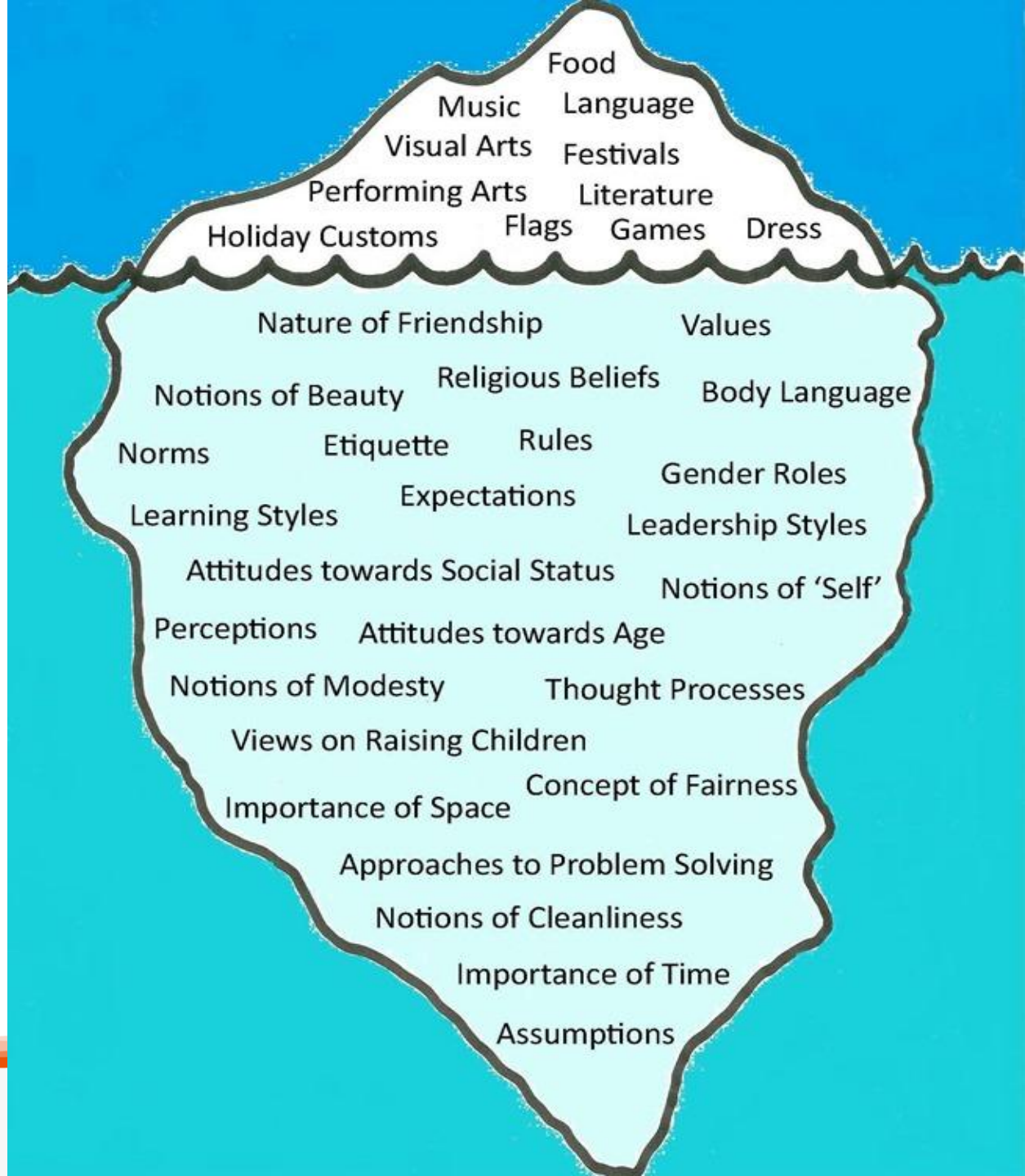
It is more than race or ethnicity, it includes:

- Values
- Community connections
- Stories and history
- Language
- Traditions and rituals
- Skills and practices
- Tools and objects
- Arts and expression
- Food and drink
- Key point: Culture shapes how people see the world, make decisions, and experience care. Understanding these dimensions helps us provide respectful, person-centered support.

Culture is like an iceberg

- The iceberg illustrates that only a small part of culture is visible, things like food, music, festivals, and language.
  Most of culture is beneath the surface, including values, beliefs, communication styles, roles, assumptions, and ways of thinking.

- **Key Point:**
  To truly understand and support people, we cannot rely only on what we see. We must also recognize the unspoken, deeper cultural factors that shape behavior, relationships, and decision-making.



Miguel's story

Let's consider a hypothetical patient named Miguel, a first-generation Mexican-American adolescent, visiting the doctor with his mother, Lupe. Lupe immigrated to Washington state as an undocumented immigrant before Miguel was born with his three older siblings, but his father has been unable to leave Mexico. Lupe works at a local motel and struggles to provide for her four children. Upon entering high school, Miguel started exhibiting increased anger levels and emotional distancing from his family. He has been having trouble sleeping and concentrating in school and has become disruptive in class. Miguel's school social worker has asked that Lupe take Miguel to see a doctor to discuss his behavior problems. When Miguel and his mother visit the doctor, the doctor greets them and then asks Lupe to describe Miguel's problem. Lupe states that Miguel has "nervios" – a Spanish term meaning fear, anxiety, and anger brought on by stressful life circumstances.

Miguel’s story

Scenario 1:
The doctor tells Miguel that there is no reason to be nervous. The doctor reminds Miguel to get plenty of exercise, sleep, and to eat well, and come back if Miguel's symptoms get worse.

Scenario 2:
The doctor recognizes the use of “nervios” and applies prior training about depression. The doctor quickly explains the diagnosis and prescribes an antidepressant.

Scenario 3:
The doctor recognizes the use of “nervios;” after hearing about the family situation and Miguel’s behavior at school, the doctor suspects that Miguel may be suffering from depression. The doctor asks Lupe and Miguel what treatment they think would work best for their family. Lupe explains that medication worries her and that they would like to try counseling first. Miguel agrees.

Which Scenario Demonstrates Culturally Responsive Care?

Scenario 3 is the most culturally responsive approach.

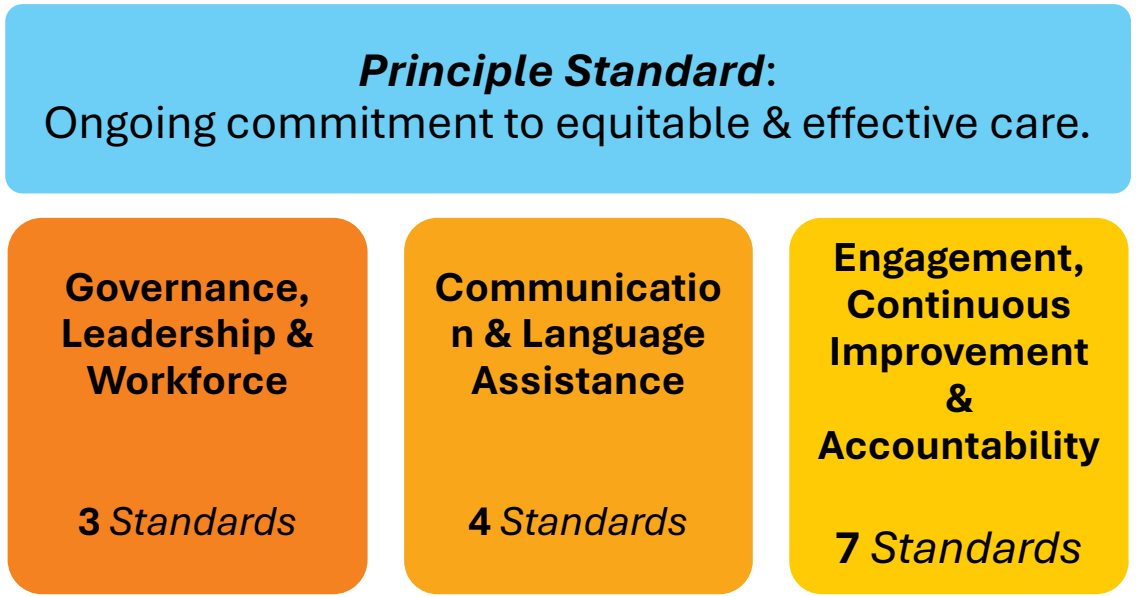
- The doctor **listens** to both Miguel and his mother, Lupe.
- The doctor recognizes **“nervios”** as a culturally meaningful way of expressing distress.
- The provider takes time to understand the **family context** and Miguel’s experiences.
- The doctor **partners** with the family in deciding the treatment approach.
- The care plan reflects the family’s **preferences** and builds **trust**.

Key Takeaway:
Culturally responsive care centers the member’s lived experience, language, values, and family voice, leading to more effective and respectful care.

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?
I	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?
E	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?

CHPW's Health Equity Program – Advancing CLAS Standards



This slide summarizes how CHPW advances **CLAS Standards** (Culturally and Linguistically Appropriate Services) as part of our Health Equity Program.

The Principle Standard at the top is our foundation:

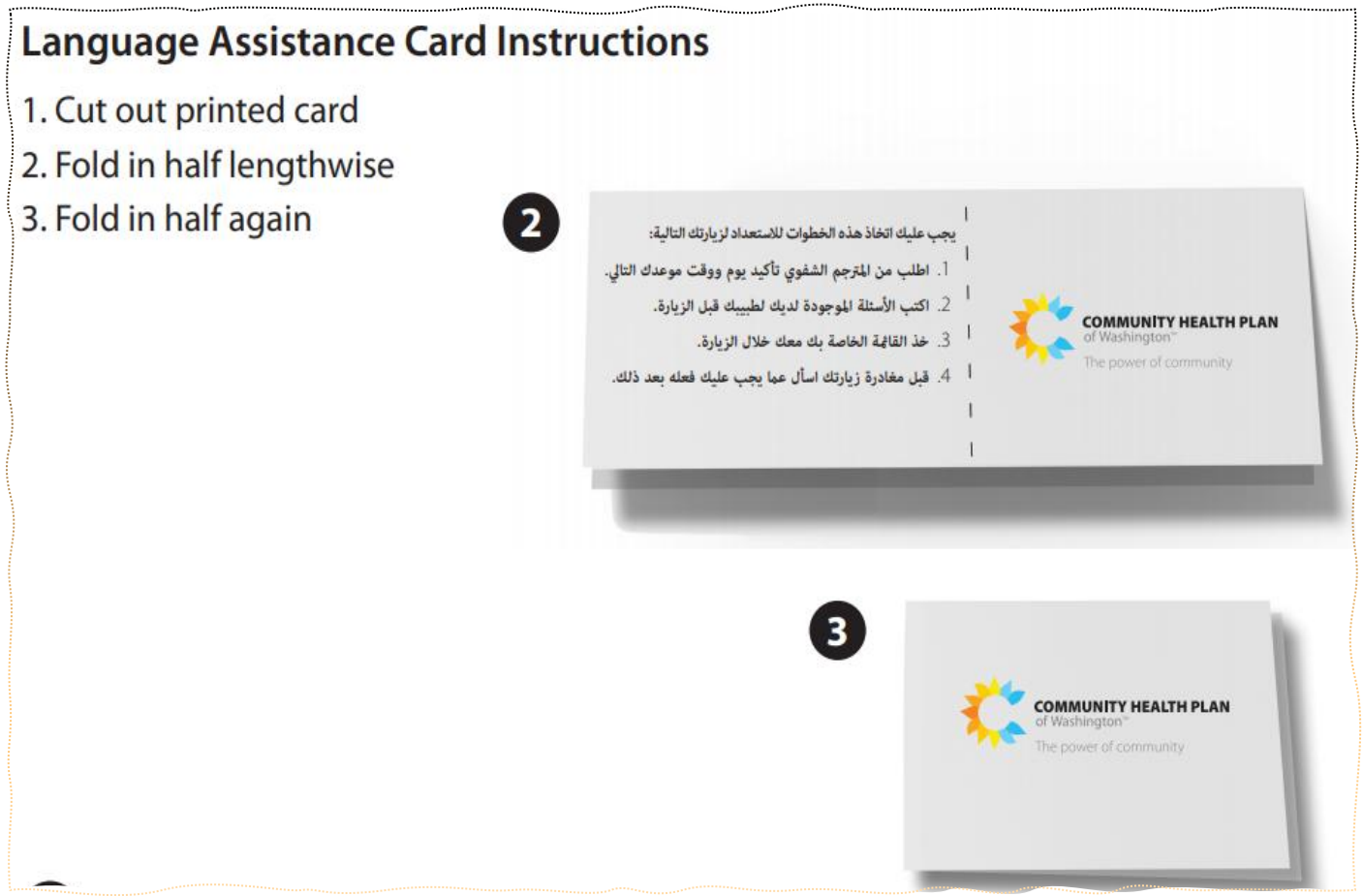
We are committed to delivering equitable, respectful, and effective care for every member.

The CLAS Standards are organized into **three focus areas:**

- **Governance, Leadership & Workforce** *(3 standards)*
  Ensuring our policies, leadership, and workforce reflect and support the communities we serve.
- **Communication & Language Assistance** *(4 standards)*
  Providing accessible, high-quality language support so members can understand their care.
- **Engagement, Continuous Improvement & Accountability** *(7 standards)*
  Partnering with communities, monitoring progress, and continually improving our equity work.

Language Assistance Services

- Interpretation Services
- Translation (written) Services – CQ Fluency
- “I Speak” Cards



Additional Resources

Below are helpful resources for your reference.

Think Cultural Health website:
https://www.thinkculturalhealth.hhs.gov

Clinical Practice Training and Resources
https://www.chpw.org/provider-center/provider-training-and-resources/clinical-practice-trainings/

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Training Attestation Required

To receive credit for completing this training program, please complete and submit your training attestation by clicking on the hyperlink below.

Thank you for completing the CLAS Training Program. Please take a moment to complete and submit the required Attestation.

Training Attestation Form