AAPCHO

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CLAS STANDARDS AND ENABLING SERVICES IN ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER SERVING HEALTH CENTERS

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, developed by the Department of Health and Human Services, provide a robust framework for health care organizations to implement services that advance health equity, improve quality, and help eliminate health disparities. First published in 2000, and enhanced in 2013, the National CLAS Standards include 15 guiding action steps for health care organizations in meeting the cultural and language needs of their patients (see Appendix).

Health center program grantees receiving funds under section 330 of the Public Health Service Act from the Health Resources and Services Administration address some of the National CLAS Standards simply by meeting the program requirements (see Appendix). A major component of programming that strengthens health centers' ability to meet and exceed the CLAS standards is through the provision of enabling services. Enabling services are non-clinical services that aim to increase access to health care and improve health outcomes. Examples include interpretation, health education, case management, eligibility assistance, outreach and more. A hallmark of the health center program, these services are linked to the needs of the community served and ensure that underserved patients receive culturally and linguistically competent care.

This report provides a description of the enabling services landscape in AA&NHPI-serving health based on the 2015 Uniform Data System (UDS) dataset. UDS is a standardized reporting system that provides consistent information about health centers. Because all health centers are required to submit a UDS report annually, this dataset contains the most up-to-date data from which to examine enabling services. A better understanding of current enabling services staffing and practices will allow health centers, as well as regional, state and national partners that support health centers, to assess current ES programming and its relationship to meeting the national CLAS standards.

> AA&NHPI-serving health centers are defined as those that serve at least 5% or more AA&NHPIs, totaling at least 1,000 AA&NHPIs. Smaller health centers serving at least 25% of AA&NHPIs but did not reach the threshold of 1,000 are also included in the dataset. A total of 153 health centers were identified as AA&NHPI-serving health centers.

ES IN AA&NHPI-SERVING HEALTH CENTERS

Asian American, Native Hawaiian and Pacific Islander-serving health centers provide comprehensive quality primary and preventive care to medically underserved racial and ethnic minorities, many of whom experience linguistic and

cultural barriers to care. Currently, 21% of AA&NHPI-serving health center patients are Asian Americans, Native Hawaiian and other Pacific Islanders; more than 93% have income below 200 percent of the Federal poverty level; almost 32% are best served in a language other than English; about 21% are uninsured and 58% are covered under Medicaid/CHIP. [1] AA&NHPI-serving health center patients also experience multiple health disparities, including higher prevalence of Hepatitis B, asthma, and abnormal breast and cervical findings when compared to the average national health center patients. Thus, the provision of culturally and linguistically appropriate services is a critical strategy for AA&NHPI-serving health centers to increase access to care, improve health outcomes and reduce health disparities.

ES STAFFING

A variety of staffing roles provide enabling services in health center settings and health centers report on 7 major categories ES providers as defined and required for 2015 UDS reporting. They include: Case Managers, Patient/Community Education Specialists, Outreach Workers, Transportation Staff, Eligibility Assistance Workers, Interpretation Staff, and Other ES Staff. In 2015, a total of 153 health centers were identified as AA&NHPI-serving health centers, comprising 11% of all health centers. Together, they served a total of 4.5 million patients, including 735,00 AA&NHPIs, representing 70% of all AA&NHPI patients served by all health centers. AA&NHPI-serving health centers employed a total of 4322.76 ES full time equivalents (FTEs), representing almost 23% of the total ES FTEs (19,002.5) in all health centers (see figure 1). There are 28.44 total average ES FTEs in AA&NHPI-serving health centers, more than double the national total average of 13.82. The difference is particularly striking for the staffing categories of Case Manager, Patient Community Education Specialist and Interpretation (see figure 2). These ES providers are often bilingual and multilingual and provide services in the patient's preferred language. Although data is not currently available through UDS, AAPCHO's recent survey of AA&NHPI-serving health centers showed that 97% of respondents recruited and employ bilingual staff. [2]

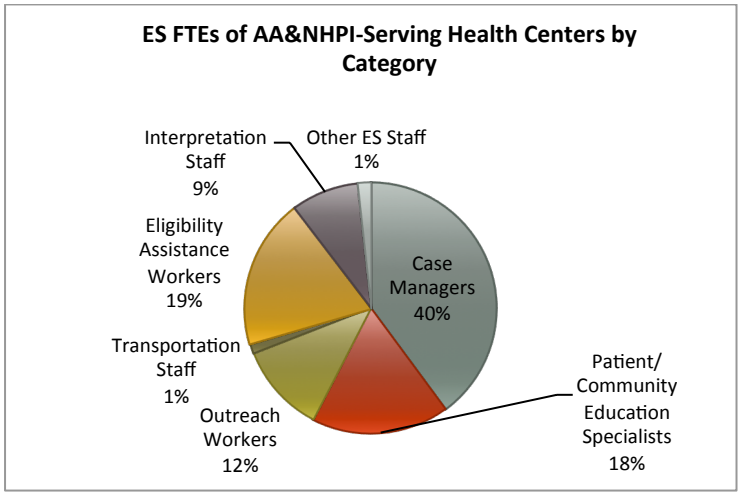


Figure 1. ES FTE spread

[1] AAPCHO. *The Health of AA&NHPIs Served at Health Centers: UDS 2015.* March 2017.
[2] AAPCHO. ***Cultural and Language Access Standards in American, Native Hawaiian and Pacific Islander Serving Health Centers: 2016 Survey Report.*** March 2017

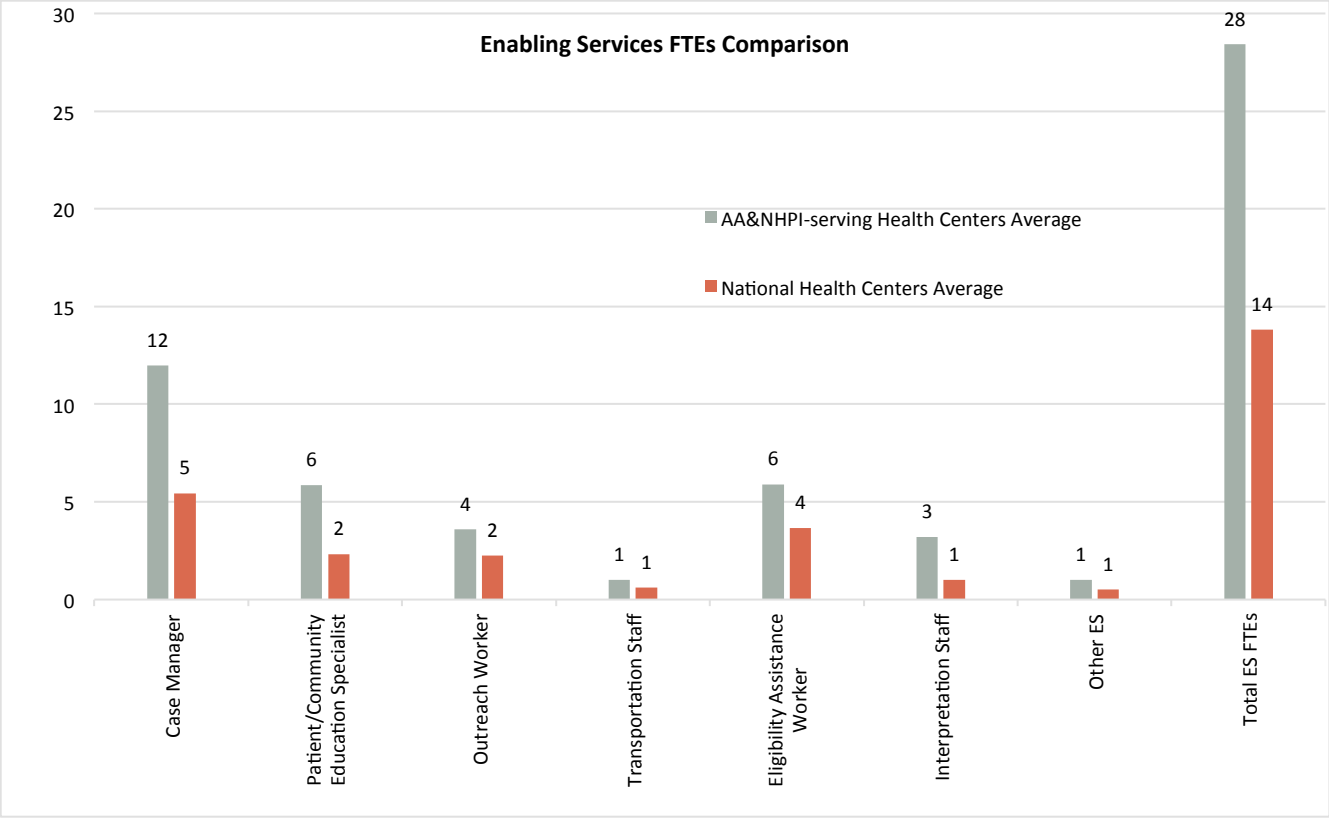
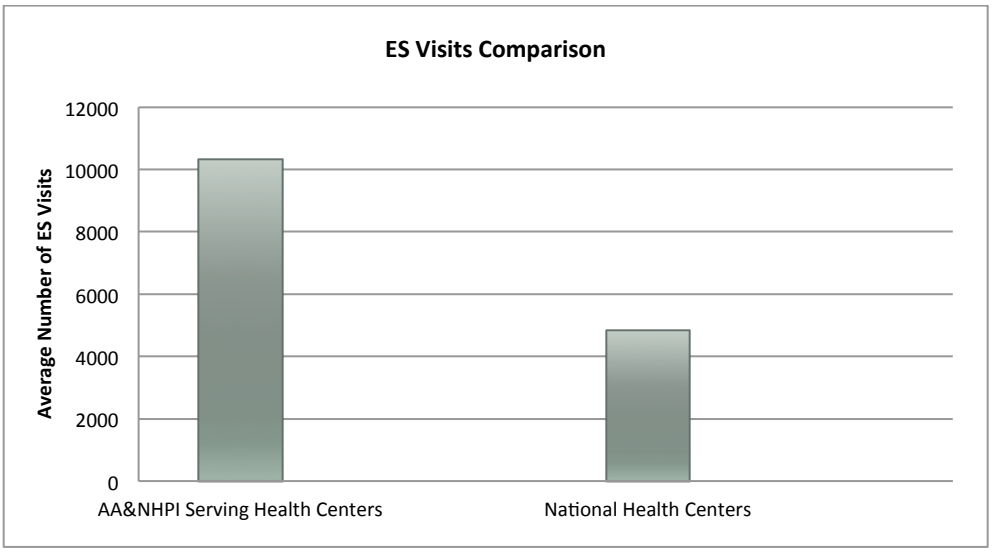


Figure 2. Total average ES FTE comparison

ES VISITS

On average, ES providers at AA&NHPI serving health centers provided more services to more patients. The total average number of ES visits or encounters for AA&NHPI-serving health centers are more than twice the national average, 10,305 compared to 4,825 (see figure 3). Each ES FTE also provided 32 more ES encounters and had 4 more ES patients when compared to the national average per ES FTE.



Visits Definition

Visits or encounter data is available for 2 ES job category: Case Manager & Patient/Community Education Specialist. UDS defines encounter as documented, face-to-face contact between a patient and licensed or credentialed provider in the health center or at an approved site or location.

Figure 3. Total average ES visits comparison

DISCUSSION

The provision of enabling services ensures that medically underserved patients receive care that meets and exceeds the criteria set forth by the National Standard for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Previous studies have shown that investment in ES is associated with better health outcomes; AAPCHO's analysis demonstrates that AA&NHPI-serving health centers invest heavily in ES staffing and services.[3] [4] Despite its comprehensiveness, UDS data contains limited data on enabling services. AAPCHO in partnership with its member health centers developed a uniform ES data collection protocol. The protocol captures details not found on UDS dataset such as the specific types of services provided by ES and other types providers, the length of time the service was provided, the setting of the service (face to face, in-home, phone/email or off-site encounters), and whether the service was provided in a language other than English. Health centers are able to document and track services as well as the patients utilizing them. This more comprehensive ES data allows health centers to effectively demonstrate the value of these services in meeting patient needs, improving health disparities and seek adequate reimbursement.

RECOMMENDATIONS

AAPCHO recommends AA&NHPI-serving health centers to focus on the following recommendations as priority areas:

1. Continue investments in enabling services and other culturally and linguistically appropriate services,
2. Collect disaggregated data on AA&NHPIs to better identify needs and priorities,
3. Adopt nationally recognized standards on enabling services and social determinants of health data collection to:
    a. better identify cultural and linguistic barriers to care
    b. target and prioritize interventions to address those barriers
    c. demonstrate the value of culturally and linguistically appropriate services
    d. seek adequate and sustainable reimbursement for these services

For more information on the uniform Enabling Services Data Collection Protocol (also known as ESAP), please visit: enablingservices.aapcho.org

For more information on the uniform Social Determinants of Health Data Collection Protocol (also known as PRAPARE), please visit: nachc.org/prapare

For correspondence related to this report, please contact: TUYEN TRAN, TTRAN@AAPCHO.ORG

[3] AAPCHO. *Health Center Investments in Enabling Services Associated with Better Health Outcomes*. June 2017.
[4] Weir, R.C. & Song, H. *Enabling Services at Community Health Centers – A Critical Component in Building Sustainable Health Care Homes*. September 2010.

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WWW.AAPCHO.ORG

Headquarters
101 Callan Avenue, Suite 400
San Leandro, CA 94577
T (510) 272-9536
F (510) 272-0817

Washington, D.C. Office
1400 Eye Street N.W., Suite 910
Washington, D.C. 20005
T (202) 331-4607
F (202) 296-3526

APPENDIX: CROSSWALK OF CLAS STANDARDS & HEALTH CENTER PROGRAM REQUIREMENTS

CLAS STANDARDS	HEALTH CENTER PROGRAM STATUE & REGULATIONS
CLAS Standard 1: Provide Effective, Equitable, Understandable, and Respectful Quality Care and Services *Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.*	**A health center must provide services that are available and accessible promptly, as appropriate, and in a manner which will assure continuity of service to the residents of the center's catchment area. The center must be operated in a manner calculated to preserve human dignity and to maximize acceptability and effective utilization of services.** *42 CFR Part 51c.303(a)(m)* **In the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals.** *Section 330(k)(3)(K) of the PHS Act* **Requirements of title VI of the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973 apply, which prohibit discrimination on the grounds of race, color, national origin, age, sex, creed, marital status, or handicap.** *42 CFR Part 51c.109*
CLAS Standard 2: Advance and Sustain Governance and Leadership that Promotes CLAS And Health Equity *Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practice, and allocated resources.*	**The health center governing board is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center. The board meets at least once a month, selects the services to be provided by the center, schedules the hours during which such services will be provided, approves the center's annual budget, approves the selection of a director for the center, and, except in the case of a governing board of a public center, establishes general policies for the center.** *Section 330(k)(3)(H) of the PHS Act*

CLAS Standard 3: Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce *Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.*	**In the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has identified an individual on its staff who is fluent in both that language and in English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.** *Section 330(k)(3)(K) of the PHS Act* **The health center governing board is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center.** *Section 330(k)(3)(H) of the PHS Act*
CLAS Standard 4: Educate and Train Governance, Leadership, and Workforce In CLAS *Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.*	**N/A**
CLAS Standard 5: Offer Communication and Language Assistance *Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.*	**"Required primary health services" includes services that enable individuals to use the services of the health center including, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals.** *Section 330(A)(2)(b)(1)(A)(iv) of the PHS Act*
CLAS Standard 6: Inform Individuals of the Availability of Language Assistance *Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.*	**N/A**
CLAS Standard 7: Ensure the Competence of Individuals Providing Language Assistance *Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*	**"Required primary health services" includes services that enable individuals to use the services of the health center including, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals.** *Section 330(A)(2)(b)(1)(A)(iv) of the PHS Act*

CLAS Standard 8: Provide Easy-to-Understand Materials and Signage *Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.*	**N/A**
CLAS Standard 9: Infuse CLAS Goals, Policies, and Management Accountability Throughout the Organization's Planning and Operations *Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.*	**In the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals.** *Section 330(k)(3)(K) of the PHS Act*
CLAS Standard 10: Conduct Organizational Assessments *Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.*	**N/A**
CLAS Standard 11: Collect and Maintain Demographic Data *Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.*	**N/A**
CLAS Standard 12: Conduct Assessments of Community Health Assets and Needs *Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.*	**The health center demonstrates and documents the needs of its target population, updating its service area, when appropriate.** *Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act*

CLAS Standard 13: Partner with the Community *Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*	**The health center governing board is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center. The board selects the services to be provided by the center, schedules the hours during which such services will be provided, approves the center's annual budget, approves the selection of a director for the center, and establishes general policies for the center.** *Section 330(k)(3)(H) of the PHS Act*
CLAS Standard 14: Create conflict and grievance resolution processes *Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.*	**The governing board is responsible for development of a process for hearing and resolving patient grievances.** *42 CFR Part 51c.304(d)(3)(iv)*
CLAS Standard 15: Communicate the Organization's Progress in Implementing and Sustaining CLAS *Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.*	**N/A**