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A Local Health Department's Use of CLAS to Advance Health Equity

Ericka Burroughs, MA, MPH, Yolanda G. Martinez, EdPhD, PhD

ABSTRACT

Health Equity is the idea that everyone has the opportunity to achieve optimal health regardless of race/ethnicity, educational attainment, sexual orientation, income, religious affiliation, residence, or ability. In 2014, the Florida Department of Health in Orange County (DOH-Orange) deemed health equity one of its three agency priorities. Though there are a number of determinants that influence health outcomes, such as genetics, individual behavior choices, and access to health services, the social determinants tend to be the most complex and influential on quality of life and well-being. The DOH-Orange has implemented the Culturally Linguistically and Appropriate Services standards for Healthcare (CLAS) which offer a framework for healthcare providers to advance health equity by addressing the cultural and linguistic needs of populations that traditionally have received unequal access to healthcare services. Achieving health equity is a challenging process that will likely take at least a generation. However, only by achieving healthy equity can we ensure that health disparities are eliminated and the influence of social determinants of health are negligible.

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BACKGROUND

Health Equity is the idea that everyone has the opportunity to achieve optimal health regardless of race/ethnicity, educational attainment, sexual orientation, income, religious affiliation, residence, or ability (CDC – Division of Community Health, 2013). In 2014, the Florida Department of Health in Orange County (DOH-Orange) deemed health equity one of its three agency priorities. DOH-Orange senior leaders contend that health equity is not a program or initiative; rather, it is a philosophy born from the American ideal of equality first espoused centuries ago in *The Declaration of Independence*. Just as everyone has an equal right to life, liberty and the pursuit of happiness, they are equally entitled to resources that will enable them to live healthy, productive lives.

There are several reasons why health equity is a priority for the agency. First, Orange County is home to some 1.2 million residents, 40% of whom represent racial/ethnic minority populations (Healthy Measures of East Central Florida, 2014). The county is challenged with health disparities that primarily affect these minority populations. Further, at the heart of DOH-Orange's consumer base are population groups that have traditionally experienced inequities in income and health as well as social injustice. In order to provide quality care to its consumers and cultivate a healthy Orange County, DOH-Orange must have health equity at its foundation. This means that even as the agency is working to treat people impacted by health disparities, it is addressing the causes, or determinants, of these health inequities.

Though there are a number of determinants that influence health outcomes, such as genetics, individual behavior choices, and access to health services (CDC), the *social* determinants tend to be the most complex and influential on quality of life and well-being. Social determinants of health, including educational attainment, income, neighborhood resources, discrimination, and others, are not really new. In fact, in *How the Other Half Lives*, first published in 1890, Danish immigrant and police photojournalist Jacob Riis documented how immigrant residents living in the rundown, rat infested tenements of Manhattan's Lower Eastside had limited English proficiency (LEP), had limited access to fresh food, and earned desperately low wages. Riis contended that these social conditions drove residents to abuse alcohol excessively, to be aggressively violent, and to die prematurely. Only when these social determinants are marginalized can health equity be achieved (CDC – Division of Community Health, 2013). Therefore, special attention must be attributed to mitigating the influence of social determinants on health outcomes.

Culturally and Linguistically Appropriate Services Standards

In building its foundation of health equity, the DOH-Orange Executive Management Team (EMT) decided to implement the Culturally and Linguistically Appropriate Services standards for Healthcare (CLAS) developed by the Department of Health and Human Services Office of Minority Health (2001). CLAS offers a framework for healthcare providers to advance health equity by addressing the cultural and linguistic needs of populations that traditionally have received unequal access to healthcare services. CLAS contains 14 standards. Standards 4, 5, 6, and 7 ensure provisions are made for LEP consumers; they are mandated for healthcare agencies receiving federal funds because they address Title VI of the Civil Rights Act. The remaining 10 standards, while not mandated, are encouraged for adoption by healthcare agencies. Because health equity is an agency priority, DOH-Orange will implement all 14 standards. Implementing CLAS also strengthens DOH-Orange as an accredited public health department.

Preparing for CLAS implementation

To prepare staff for implementation, the Health Equity Coordinator started introducing the concept of health equity at staff meetings in 2013. Furthermore, the agency intranet has served as a useful outlet to share information systematically. For example, updates were issued to remind staff what health equity is, the fact that it is an agency priority, and that CLAS implementation was on the horizon. Then, DOH-Orange chartered the Health Equity Workgroup (HEW) in 2014. The HEW is diverse in race/ethnicity, age, gender, agency divisions and management levels. The HEW even includes representation from the community. It is the only workgroup that includes non-agency staff. However, because health equity cannot be achieved within the agency only, nor because it cannot be achieved in silos, this workgroup engages the community.

National Minority Health Month presented yet another opportunity for the agency to promote health equity. The 2014 theme, *Prevention is Power: Taking Action for Health Equity*, presented an ideal segue to apply health equity to agency and community events. The month culminated with DOH-Orange's release of a newsletter summarizing the month's activities and promoting the upcoming CLAS implementation activities.

The HEW is guiding the agency through CLAS implementation at DOH-Orange. Implementation is occurring in three primary phases: self-assessment, organizational assessment, and executing a plan of action. The HEW is also referencing the National Center for Cultural Competence's *Cultural and Linguistic Competence Policy Assessment Instrument* (CLCPA) (2006) for guidance in choosing appropriate assessment methodology.

Self-Assessment Phase

The self-assessment phase allowed staff to consider how their own individual practices and cultural beliefs may influence the quality of care and services they provide. As a part of this phase, the EMT required that all staff watch the first episode of *Unnatural Causes* (Scott, Williams, Anderson, & Schneider, 2008). This first episode entitled "In Sickness and In Wealth" exposed staff to the link between social determinants of health and health outcomes. The DOH-Orange Health Equity Coordinator developed a discussion guide for the episode that included a slide show and script. Each supervisor was then asked to engage their team in a discussion about the episode and their role in promoting health equity.

Additionally, the EMT requested that staff voluntarily complete a web-based survey designed for staff to consider the degree to which the agency is infusing health equity in its customer service, program development, and staff development. For example, one of the Likert scale statements reads: "The agency encourages staff to draw on the expertise of people of different cultural backgrounds in providing services to clients of those backgrounds." The response choices ranged from "strongly disagree" to "strongly agree" without a neutral option, thereby requiring respondents to thoroughly deliberate each statement and express an opinion. The survey's return rate of 41% is considered above average for a non-incentivized web-based survey (University of Texas at Austin, 2007). The HEW is making recommendations to EMT for appropriate staff development training based on the survey results. While, specific survey results will be shared in another manuscript currently in preparation for a peer review journal submission, general results implicate the need for additional training to increase health equity competence among staff. However, survey respondents felt relatively comfortable that the cultural diversity among staff is reflective of the agency's consumer base.

Organizational Assessment Phase

The organizational assessment phase is next. Similar to that of the self-assessment phase, the goal of this phase is to determine the extent to which the agency is infusing health equity in customer service, but in this phase, consumers evaluate the agency.

Phase two also includes an assessment of DOH-Orange clinical practices and physical environment, such as signage and clinical setting. Lastly, this phase addresses the quality of services being provided as mandated by the four CLAS standards related to Title VI of the Civil Rights Act.

The HEW has recommended EMT interviews, staff focus groups, consumer surveys, and direct observation of clinical practices for this assessment. To encourage participation and maximize objectivity, the HEW has recommended partnering with an outside entity, such as a local university, to conduct and analyze interviews and focus groups. The agency would then receive de-identified, aggregated data from which to draw conclusions. The HEW will use the surveys provided in the CLCPA as a framework for the development of interview and focus group questions.

Plan of Action Phase

The final phase calls for execution of a plan of action. The HEW has adopted the term "plan of action," which emphasizes *action* as opposed to "action plan," which simply emphasizes a *plan*. The plan of action will indeed demand action. It will require that DOH-Orange modify clinical practices and strengthen community partnerships to effectively implement CLAS's 14 standards. Standard 9 requires organizations to conduct on-going self-assessments of CLAS-related activities. The HEW has already recommended that the organizational assessment phase be repeated periodically, perhaps every five years when accreditation review occurs. Lastly, the plan of action will contain recommendations for the continued sharing of health equity advancements within the agency and community. This is important because it is critical that staff comprehend that health equity is not an initiative but a concept that will forever be infused in clinical practices and community engagement processes.

CONCLUSION

In summary, achieving health equity is a challenging process that will likely take at least a generation. However, only by achieving healthy equity can we ensure that health disparities are eliminated and the influence of social determinants of health are negligible. As ambassadors of the public's health, DOH-Orange readily accepts this challenge to begin leading the process. First, we recognize that change begins with us, hence the implementation of CLAS. We then accept the responsibility of engaging the community to cultivate an Orange County in which everyone has the opportunity to attain optimal health.

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