

December 20, 2010

Secretary Kathleen Sebelius
United States Department of Health and Human Services
c/o Office of Minority Health
1101 Wootton Parkway, Suite 600
Rockville, Maryland 20852

Re: Comments on Existing National Standards for the Culturally and Linguistically Appropriate Services in Health Care

Dear Secretary Sebelius:

The National Asian Pacific American Women's Forum (NAPAWF) is the only national, multi-issue Asian/Pacific Islander (API) women's organization in the country. Our mission is to build a movement to advance social justice and human rights for API women and girls. NAPAWF thanks the Office of Minority Health, Department of Health and Human Services for the opportunity to comment on the Culturally and Linguistically Appropriate Services (CLAS) enhancement initiative. The CLAS enhancement initiative will impact the health care that API community members receive by focusing on the cultural and linguistic barriers to care and addressing health care disparities.

More than one-third of API women struggle with English, which can cause significant communication difficulties in health care settings. According to the Office of Minority Health, the percentage of persons 5 years or older who do not speak English at home varies among Asian subgroups, 62% of Vietnamese, 50% of Chinese, 24% of South Asians. Many API women forgo critical preventive health care: 29.2% have not had a mammogram for the past two years and 24.1% have not had a pap test in three years. Asian Americans also suffer from disproportionately high rates of hepatitis B, HIV/AIDS, smoking, tuberculosis, and liver disease. Affordability and insurance coverage are two other obstacles that members of the API community face. 16% of the API population over the age of 64 lives below the poverty level and one in six Asian Americans are uninsured.

The three themes around which the standards are organized: Culturally Competent Care, Language Access Services, and Organizational Supports for Cultural Competence are crucial in helping API women and girls access health care. We strongly support the CLAS enhancement initiative and its emphasis on addressing disparities in care. In addition, we urge OMH to consider the following additions and modifications to existing CLAS Standards.

NAPAWF recommends the following additions and modifications to Culturally Competent Care:

- Standard 1:
 - Health care organizations should explicitly prohibit discrimination on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

- Health care organizations should involve the patient in making decisions about his or her care, treatment or services.
- Health care organizations should include family members in health care decisions, when requested by the patient.
- Health care organizations should establish partnerships with community organizations in order to determine what cultural health beliefs exist in the community and how the health care organization can best address them.
- Standard 2:
 - Health care organizations should build relationships and collaborate with health professions education institutions, universities, colleges and high schools to support racially, ethnically, and culturally diverse students to enter into the health professions.
- Standard 3:
 - Health care organizations should incorporate cultural and linguistic competency into training and professional development requirements, including continuing education on the nondiscrimination requirements under Title VI of the Civil Rights Act of 1964, for all health care providers and health care administration staff.
 - Health care organizations should partner with community groups in determining the curriculum for training

NAPAWF recommends the following additions and modifications to Language Access Services:

- Standard 4:
 - Health care organizations should maintain sufficient resources for communicating with patients in their primary written and spoken languages through qualified/competent interpreter resources, or multilingual staff, staff interpreters, contracted interpreters from outside agencies, or remote interpreting services to ensure timely and high-quality communication.
 - Health care organizations should ensure patient information is tailored to a person's age and ability to understand.
 - Health care organizations should ensure patient confidentiality during the translation of services.
- Standard 5:
 - Health care organizations should provide both verbal offers and written notices informing patients of their right to receive language assistance services free of charge as soon as they enter the facility.
- Standard 6:
 - Health care organizations should define staff qualifications for language assistance staff through language proficiency assessment, education training, and experience.
 - Health care organizations should use the availability of trained and certified interpreters as a quality improvement indicator.

- Health care organizations should provide language training for interested staff.
- Standard 7:
 - Health care organizations should conduct a “needs assessment” for each patient, including the patient’s cultural and religious beliefs, barriers to communication and physical or cognitive limitations.
 - Health care organizations should explore, evaluate and consider the use of multimedia approaches and health information technology to enable the provision of health care services that are patient- and family-centered and culturally tailored to the patient.

NAPAWF recommends the following additions and modifications to Organizational Supports:

- Standard 8:
 - Health care organizations should ensure that the necessary resources to support and improve culturally competent policies and practices in the organization are available.
 - Health care organizations should ensure that funding for culturally and linguistically appropriate services is available.
- Standard 9:
 - Any surveys created or conducted by the health care organization must collect race, ethnicity, and primary written and spoken language. Analysis and survey results must be stratified by race, ethnicity, and primary written and spoken language.
 - Health care organizations should monitor the availability, accessibility, and consumer satisfaction with the quality of interpretation services.
 - Health care organizations should partner with community organizations in determining the best way to access utilization of culturally appropriate and linguistic services.
- Standard 10:
 - Health care organizations should collect data on race, ethnicity, and spoken and written language in a systematic and uniform manner.
 - Self-reported patient surveys and forms should include an open-ended choice of “Other, please specify: ___” for ethnicity or language categories not listed in the survey or form.
 - Health care organizations should collect data on an individual’s assessment of his/her level of English proficiency and on the preferred spoken language needed for effective communication with health care providers. For health care purposes, a rating of spoken English language proficiency of less than very well is considered limited English proficiency.
- Standard 11:
 - Health care organizations should use indirect methods of data collection for service planning and conducting targeted interventions, where direct methods to collect race and ethnicity are not available. Indirect data

- should be distinguished from self-reported data and never be placed in the patient's medical record or used in individual clinical decision making.
- Health care organizations should utilize data available from the Census in helping to determine the make up the community.
 - Health care organizations should engage community members in the needs assessment process
 - Health care organizations should also collect data on the language spoken by a patient at home and the language in which the patient prefers to receive written documents.
- Standard 12:
 - Health care organizations should collaborate with the community to implement programs outreach components to address culturally diverse populations, health disparities, and equity in the community.
 - Health care organizations should work with community organizations to create programs that promote healthy behavior and encourage utilization of the health care system for preventive care services.
 - Standard 13:
 - Health care organizations should have staff that is multi-lingual and familiar with cultural norms of community members who oversee the conflict and grievance resolution process
 - Standard 14:
 - Health care organizations should provide public notice in libraries, community centers, and local businesses about their progress in implementing CLAS standards.

Additionally, OMH should develop a comprehensive approach to promoting CLAS standards to ensure public knowledge and use.

- Inform providers of the existence of CLAS standards: Consistent with the Department of Health and Human Services, Office of Inspector General Guidance and Standards on Language and Access Services: Medicare Providers (OIG Guidance on Language Access), OMH should collaborate with the Office of Civil Rights (OCR) as part of OCR's interactions with Medicare providers to increase provider awareness and understanding of how CLAS can be used to promote patient-centered care.
- Conduct outreach: Consistent with the OIG Guidance on Language Access, OMH should conduct outreach to promote utilization of CLAS standards and be "proactive" in letting providers and organizations know of the existence of these standards in formats in addition to existing online resources.
- Develop model written materials for providers: Consistent with the OIG Guidance on Language Access, OMH should work with CMS to develop standard language and translations for frequently used written materials in Medicare (as

well as other CMS programs like Medicaid and the Children's Health Insurance Program), in common languages, to increase compliance with CLAS and lessen the financial burden on providers. OMH should also collaborate with other HHS operating divisions such as HRSA, SAMHSA and CDC to develop culturally and linguistically appropriate materials, including translations in common languages, and disseminate them to providers and patients. The www.cuidadodesalud.gov website is an example of the type of multilingual information that all HHS operating divisions should be providing. We strongly encourage that these translations go beyond Spanish and include at least the most common Asian languages.

- Require all HHS operating divisions to adopt CLAS standards: All HHS operating divisions (especially CMS, HRSA, SAMHSA and CDC) should adopt CLAS standards as requirements in their respective grants and contracts. For example, the Office of Consumer Information and Insurance Oversight (OCIO), as part of the grant process for the Consumer Assistance Program under the Affordable Care Act requires grantees demonstrate their ability to provide assistance that is culturally and linguistically appropriate to the needs of the population served, including their ability to communicate effectively and provide interpreter services for consumers with limited English proficiency.

In conclusion, NAPAWF appreciates the opportunity to comment on the CLAS enhancement initiative. NAPAWF believes the CLAS standards will continue to have the potential to reduce health care disparities and promote more patient-centered and equitable care.

Respectfully,

Miriam Yeung

Cc: Dr. Garth N. Graham, Deputy Assistant Secretary for Minority Health