



Developing A Better Understanding



RECOVERY IS BEAUTIFUL: CULTURAL COMPETENCY WITHIN A RECOVERY-ORIENTED SYSTEM OF CARE

As Ohio transitions to a Recovery-Oriented System of Care (ROSC), the Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards, providers, peer professionals, and other community stakeholders must be committed to ensuring a culturally and linguistically competent mental health and addiction service system. Research has shown that communities who are culturally and linguistically competent effectively understand, respect, and respond to the many facets of a person's culture (e.g., *language; communications; thoughts; actions; customs; beliefs; values; and institutions of racial, ethnic, religious, or social groups*), improving health outcomes and the quality of services. When staff and other community stakeholders are trained in cultural and linguistic competence, there is an improvement in their ability to:

- Understand the central role of culture in health care;
- Recognize common barriers to care due to cultural and linguistic factors;
- Assess and respond to differences in the health values, beliefs, and behaviors among diverse populations;
- Demonstrate a higher commitment to culturally and linguistically appropriate services; and
- Work more effectively with diverse staff.

Communities also see a reduction in health inequalities. Health disparities can have an adverse effect on communities and the broader society, making the issue not only an individual concern but also a public health concern. In fact, the Joint Center for Political and Economic Studies concluded, *“in the United States, it is estimated that the combined cost of health disparities and subsequent deaths due inadequate and/or inequitable care is \$1.24 trillion”*. (LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Washington, D.C.: Joint Center for Political and Economic Studies.)

Defining Cultural and Linguistic Competence

Cultural Competence

“Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum.”

Cross, Terry L., Barbara J. Bazron, Karl W. Dennis, and Mareasa R. Isaacs. 1989. Toward a culturally competent system of care. Vol. 1. Washington, DC: Georgetown Univ. Child Development Center.

Linguistic Competence

“The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.”

Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962).

The National Standards for Culturally and Linguistically Appropriate Services (CLAS)

In 2000, the Office of Minority Health published the National Standards for **Culturally and Linguistically Appropriate Services in Health Care** (National CLAS Standards), providing a framework for individuals, health services, and health care organizations to best serve the nation's diverse communities. In 2013, the Office of Minority Health released the enhanced National CLAS Standards, broadening the terms of *culture* and *health* to include not just race and ethnic background, but also geographical, religious and spiritual, biological, and sociological characteristics. The National CLAS Standards contain a number of standards that are organized into the following themes:

Principal Standard:

1. 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.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. 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.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. 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.

12. 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.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.