What are Culturally and Linguistically Appropriate Services?

CLAS refers to healthcare services that are respectful of-and responsive to-the cultural and linguistic needs of your patients. Additionally, cultural and language difference may engender misunderstanding, lack of compliance or other factors that negatively includes clinical situations.

Why is it important to provide Culturally and Linguistically Appropriate Services?

Providing culturally and linguistically appropriate services helps address healthcare disparities.

As a provider, you provide essential information to all your patients. And as you know, not all patients are the same. Each comes to you with his or her own personal history, including family background, racial or ethnic identity, religious beliefs, and social support network. A patient’s gender, language, and abilities can also affect how that patient perceives you and the care you prescribe.

Being responsive to these differences can help you and your patients have meaningful discussions about their healthcare – and lead to a positive, trusting relationships and better health outcomes for your patients.

MHS is committed to ensuring the linguistic needs and cultural differences of our members are met and provide an array of services through internal sources and external partnerships.

- **Access to individuals who are trained, professional interpreters.** MHS offers face-to-face or telephonic interpreter services that may be arranged through Member Services. MHS requests a five-day prior notification for face-to-face services.
- **Language Line services are available 24/7.** In approximately 150 languages, to assist providers and members in communicating with each other when there are no other translators available for the language.
- **TDD access** is available to members who are hearing-impaired.
- **Culturalink** Provides MHS translation and interpreter services. Services must be scheduled through MHS.
- **MemberConnections** Helps MHS Members that need social services to facilitate successful medical treatment.
- **Family Education Network** Meets personally with MHS Members and teaches them about MHS programs and services (facilitated through our partnership with the Indiana Minority Health Coalition).
- **MHS Ombudsman** Helps advocate for MHS members that are having difficulty navigating MHS services.
- **Nurse phone line** 24/7 Nurse phone line that can assist members with medical questions and triage care.
- **LCP Transportation** Manages the transportation benefit for MHS.
Why Culturally Competent Care

With the increasing diversity of the United States’ population, physicians are more and more likely to encounter situations that require the delivery of culturally competent care, access to a vast array of language services, and supportive health care organizations.

Any health provider and healthcare organization addressing mental, social, spiritual and physical well-being can benefit from the adoption and implementation of the National CLAS Standards. The Standards aim to advance health equity, improve quality and help eliminate health care disparities by providing a framework for implementing culturally and linguistically (language) appropriate services throughout an organization.

The Standards outline 15 activities for:

- Improving the cultural and linguistic competency of an organization’s governance, leadership, and workforce.
- Instituting communication and language assistance.
- Promoting engagement, continuous improvement and accountability in a culturally and linguistically appropriate manner.

What kind of services will me and my practice need to provide to MHS members?

Documentation of cultural, interpreter, or linguistic needs of member should be documented in the patient’s record. Institutional providers, like hospitals, are obligated under federal law to have interpreter services available to patients.

Tips for working with Interpreters:

- Give the patient eye contact, even though it may seem natural to speak toward the interpreter.
- Address the patient. Use phrases like “How are you feeling today?” versus “Ask my patient how she feels.”
- Make sure to remind both the patient and the interpreter that discussions are confidential.
- Use language that facilitates the interpreter’s job. Speak slowly, use short sentences, and be mindful that humor rarely translates well.
- Make sure the interpreter knows that he or she can ask questions, especially if acronyms or jargons are common in your practice area.
- Don’t tell the interpreter something in front of the patient that you would not want the patient to hear. Don’t ask interpreters to “not” interpret something.

Why should I avoid using a family member as a language interpreter?

A patient’s family member is not trained to interpret. As such, they may interject their own feelings and beliefs into conversation or use imprecise or incorrect language.

A patient may also be embarrassed to discuss certain health concerns in front of other family members.

Having a patient’s child serve as an interpreter is particularly problematic as they may lack maturity to interpret for their parent. Using children may also upset the family dynamic at home.

Where can I learn more about CLAS standards?

MHS is happy to work with providers who want to learn more about CLAS standards. Visit mhsindiana.com’s provider helpful links page for links with more information. Or, you can call MHS Provider Relations for more information, or to schedule an office visit to discuss CLAS standards.

You can also visit:

- minorityhealth.hhs.gov
- in.gov/isdh
- imhc.org
- thinkculturalhealth.hhs.gov