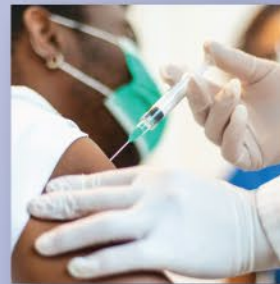


Utilizing National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health Care for Underserved Communities



Johns Hopkins Medicine's Approach to the National CLAS Standards during the COVID-19 Pandemic

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OBJECTIVES

- Learn how an academic–community partnership developed a health equity focus to address the three domains of the National Culturally and Linguistically Appropriate Services (CLAS) Standards during the COVID-19 pandemic



Our Mission and Vision

Our Mission

- To provide content expertise and programmatic support to institutional leadership and HR to recruit, promote, retain and engage those underrepresented in medicine, science, nursing and health care administration so that we can achieve health equity for the most vulnerable populations.

Our Vision

- We envision a Johns Hopkins Medicine where diversity, equity and inclusion are in our DNA, and where together we commit to:
 - **Embracing** and celebrating our differences
 - **Educating** and developing our staff and learners
 - **Engaging** in equitable health care delivery and workforce practices



The work of Johns Hopkins Medicine Office of Diversity, Inclusion, and Health Equity extends the legacy of **Dr. Levi Watkins**, pioneering cardiac surgeon and civil rights activist.



Visit the [Office of Diversity, Inclusion and Health Equity](#) website.

National CLAS Standards

The National CLAS Standards

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

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

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.

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 assessment 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.



minorityhealth.hhs.gov | info@minorityhealth.hhs.gov

Principal Standard

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.



COVID-19 Institutional Health Equity Support Strategy Workgroup (Office of Diversity, Inclusion, and Health Equity) (ODIHE)

Staff and Community Support and Engagement

JHM HR Leadership Team

JHM Office of Wellbeing

JHU/JHM COVID19 Anchor Strategy Workgroup

Medical-Religious Partnerships Medicine for the Greater Good

Accessible COVID-19 Communication

JHM Human Resources Communication

JHM Marketing & Communications

Golden et al, *Academic Medicine*, 2021

Policy to Support Health Equity Patient Care and Clinical Operations

Scarce Resource Allocation Workgroup

Language Services

COVID-19 Call Center

Baltimore Public-Private Partnership



Staff and Community Support and Engagement, Slide 1 of 2

JHM Human Resources Leadership Team, Office of Wellbeing, and Food Services

- ODIHE collaborated to start emergency food pantry program for staff (12)

Medicine for the Greater Good and Medical-Religious Partnership

- ODIHE participation in community briefings and COVID-19 health disparities educational webinars (13)
 - Local and regional community organizations
 - National minority-serving organizations and universities
- Legislative Briefings
 - Maryland Legislative Black, Latino, and Asian Pacific Islander Caucuses and their Town Halls
 - Joint COVID Response Legislative Workgroup
 - House and Government Operations Committee, Maryland House of Delegates



Staff and Community Support and Engagement, Slide 2 of 2

[JHU/JHM Anchor Strategy Workgroup \(13\)](#)

[CentroSOL \(Center for Health and Opportunities for Latinxs\) \(13\)](#)



Diverse Media Collaboration

Urban One Radio, AFRO News, El Tiempo

COVID-19 REOPENING THE BLACK COMMUNITY

PRESENTED BY **JOHNS HOPKINS MEDICINE**

HOSTED BY **CHERYL JACKSON**

WATCH LIVE ON FACEBOOK, YOUTUBE AND PRAISEBALTIMORE.COM

TUESDAY JUNE 22ND | 6-7PM

FEATURING:

- PASTOR KEITH BATTLE, ZION CHURCH, LANSDOWNE, MD
- DR. REV. HOWARD JOHN WESLEY, ALFRED STREET BAPTIST CHURCH, ROCKFORD, VA
- DR. HENRY P. DAVIS III, FIRST BAPTIST CHURCH OF HIGHLAND PARK, LANSDOWNE, MD
- ANTHONY BROWN, R&B RECORDING ARTIST
- DR. SHERITA HILL GOLDEN, VICE PRESIDENT, CHIEF OF GENOMICS, JOHNS HOPKINS MEDICINE
- DR. PANAGIS GALLATSATOS, CHIEF OF GENOMICS, JOHNS HOPKINS MEDICINE



You're now watching a live video

Praise 106.1 Baltimore is live now.

Covid-19: Reopening The Black Community - Presented by John...

Join us on Tuesday, June 22nd at 6pm for an all-star lineup of area faith leaders and medical experts...

19 Comments 5 Shares

Comments:

- Jasina Barber Wise: ALLIES ON THE INSIDE- Exactly Dr. Golden!!!
- Betty A Campbell Shaw: Dr. Gallatsatos, would you address the relevance of the mutation rate differences between Covid-19 and the Influenza virus as it relates to infection probability and vaccine effectiveness. (Covid-19 mutating approx. 60% less than Influenza. In othe...

Reach: 23,311 listeners
Washington, DC, Baltimore, and Maryland

SAVE THE DATE

Relax! Tru Facts on the Vax

A light discussion dispelling vaccine misinformation with music and live "man on the street" interviews

Tuesday July 13th 6 PM via **f LIVE** @AfroAmericanNews

Hosted by **AFRO** Presented by **PRIORITY PARTNERS** **JOHNS HOPKINS MEDICINE**

Panelists: Dana G MPECKABLE Peck, Jay Brooks, Dr. Kyodo Williams, Dr. Panagis Gallatsatos, Dr. Sherita Hill Golden



Reach: 21,356 listeners across Baltimore and Maryland (mostly ages 18-54)

RELAX! TRU FACTS ON THE VAX

presented by **AFRO**

Facebook Live EN VIVO
MIÉRCOLES | 15 de Sep | 5 pm

CONVERSACIONES sobre Covid-19

JOHNS HOPKINS MEDICINE

CON RICARDO SÁNCHEZ SILVA
 DIRECTOR WEB ETL | @ricardodolice



El Tiempo Latino
Reach: >130K
listeners across Maryland (mostly ages 18-54)

LIVE 4:12

Panelists: Ricardo Sánchez Silva, Inez Stewart, Sara Suarez, Kathleen Page, Médico, Johns Hopkins



CentroSOL

A Multi-Pronged Latinx Community Anchor Strategy Support Program

- Expanded language and technology services
- Providing access to over 220 translated COVID documents
- Established *Juntos* (Together) – A team of volunteer bilingual clinicians to facilitate complex communications with patients and families (performed over 200 consults)
- Supporting Baltimore City Health Department with bilingual contact tracing support, ED testing follow-up, meal delivery
- Dr. Kathleen Page doing weekly bilingual “Ask Your Doctor” Facebook live sessions

Juntos Consultation Service

In response to an unprecedented volume of Spanish-speaking patients with limited English proficiency admitted with COVID-19 in 2020, 19 bilingual volunteers (63% Latino, 73% MDs) were deployed to facilitate:

- Language-congruent care
- Culturally appropriate care
- Identify barriers to discharge
- Provide resources available to uninsured patients (e.g. linkage to community resources and The Access Partnership)

Alvarez-Arango S et al. *Health Equity*, 2021

Accessible COVID-19 Communication

JHM Human Resources and Marketing and Communications

- Ensuring crucial information is communicated in various formats and at different levels for all staff (developed literacy-adapted infographics) (8)
- COVID-19 information resource page on internal and public-facing website (8)

JHU/JHM Anchor Strategy Workgroup

- Developed website for community resources, including in multiple languages (8)
- ODIHE participation in community briefings (13)



Literacy-Adapted COVID-19 Employee and Patient Infographic

UNDERSTANDING COVID-19

A novel coronavirus has caused an outbreak of respiratory illness that the World Health Organization named COVID-19 in February 2020. The disease has led to millions of cases around the world.

COVID-19 is spread by CLOSE PERSON-TO-PERSON CONTACT through respiratory droplets from speaking, coughing or sneezing.

SYMPTOMS MAY APPEAR 2 TO 14 DAYS AFTER EXPOSURE TO THE VIRUS THAT CAUSES COVID-19. A person does not have to have symptoms to spread the virus.

COVID-19 CAN ONLY BE DIAGNOSED with a laboratory test.

SYMPTOMS OF COVID-19 INCLUDE

HEADACHE COUGH SORE THROAT FEVER OR CHILLS SHORTNESS OF BREATH OR DIFFICULTY BREATHING NEW LOSS OF TASTE OR SMELL DIARRHEA MUSCLE OR BODY ACHES

In rare cases, it can lead to severe respiratory problems, kidney failure or death.

THE BEST WAY TO PROTECT YOURSELF

HAND-WASHING Frequently wash your hands with soap and water or use a hand sanitizer with at least 60% alcohol.

WEAR A CLOTH FACE MASK when in public to help prevent the spread of the virus.

COUGH OR SNEEZE into a tissue or bent elbow. Throw the tissue in the trash.

PHYSICAL DISTANCING Stay 6 feet away from others.

IF YOU FEEL SICK Stay home and call your health care provider.


DO NOT TOUCH YOUR FACE without washing your hands first.

CLEAN AND DISINFECT frequently touched objects and surfaces.

WHEN TO SEEK MEDICAL ATTENTION

Call 911 if you have an emergency. | If you feel sick, stay home and call your medical provider. | Call your health care provider if you have been near someone with COVID-19.

For more information, please visit hopkinsmedicine.org/coronavirus.



- Videos showing types of PPE for various clinical and non-clinical activities
- Posters with key messaging in work areas for frontline staff without regular computer access

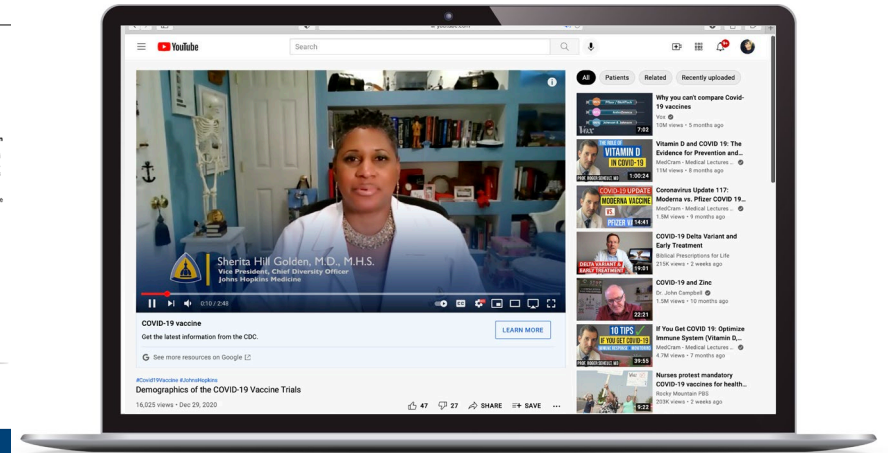
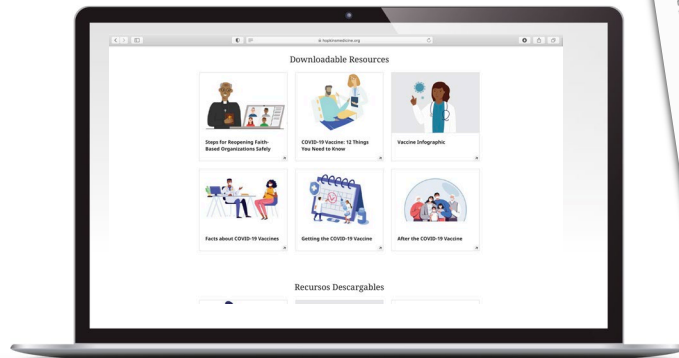
Educational Outreach

Development of a Website, Community Education Materials & Toolkit

The Equity for COVID-19 Vaccines and Care website was developed to educate staff members and the public about the work Johns Hopkins Medicine has been doing with the community to address the devastating health disparities exacerbated by the coronavirus pandemic. It included the creation of several educational materials and a community education toolkit.

The site contains a **Toolkit for Community Organizations** (in English and Spanish) with printable PDF files on the following topics:

- [COVID-19 Vaccine: 12 Things You Need to Know](#)
- [Vaccine Infographic](#)
- [Facts about COVID-19 Vaccines](#)
- [Getting the COVID-19 Vaccine](#)
- [After the COVID-19 Vaccine](#)
- [Safe Church Reopening](#)



The site includes videos discussing COVID-19 disparities, the COVID-19 vaccines, and demographics of the COVID-19 vaccine trials



Policy to Support Health Equity Patient Care and Clinical Operations, Slide 1 of 2

Allocation of scarce resource guidance document workgroup

- Chief diversity officer was team member to help craft a framework with minimal bias against disadvantaged and disabled populations (2, 9)
- Office of Diversity, Inclusion, and Health Equity (ODIHE) conducting unconscious bias training for triage and secondary review teams (4)
- ODIHE membership on secondary review team (2)

Protecting the Vulnerable: Health Equity and Scarce Resources

- Specific anti-discrimination language re: social characteristics
- Removed age from scoring criteria
- Disability-specific principles
 - Avoiding reallocation of ventilators for individuals with disabilities who are chronically vent-dependent
 - Allowing caregiver support in hospital to assist with communication
- Literacy adapted patient handouts for various triage and review scenarios—translation into Spanish, Chinese, Korean, Russian, and Arabic



Policy to Support Health Equity Patient Care and Clinical Operations, Slide 2 of 2

Johns Hopkins Medicine Language Services

- Provision of interpretation services for variety of settings—in-person, over-the-phone, video remote (5, 7)
- Collaboration with ODIHE and Centro Sol to develop provider support service for primary care teams of limited English proficiency patients using qualified bilingual and culturally competent clinical staff (5, 7)
- Translation of COVID-19 patient education materials into our 5 most common languages (Spanish, Russian, Arabic, Mandarin Chinese, Korean) (8)
- Ensuring COVID-19 information accessible to disability community (8) JHM allocation of scarce resource framework work group
- Incorporation of health equity and literacy-adapted talking points for providers with patients and families (8)
- Literacy adaptation of patient handouts in collaboration with Patient Education Department (8)



Data Collection, Monitoring, and Evaluation

JHM COVID-19 Call Center

- ODIHE conducting training in proper collection of race, ethnicity, and language (REaL) data (4)
 - ODIHE “Collecting Patient Sociodemographic Data” training
 - From 4/30/20-6/2/20 17 2-hour live trainings via Zoom for COVID-19 Call Center, Patient Access, and Johns Hopkins Community Physicians Call Center staff
 - Language Services completed 22 training sessions for Emergency Department registration staff for all Johns Hopkins Health System hospitals through Fall 2020

Baltimore Public-Private Partnership

- ODIHE advocating for regional data collection, monitoring, and evaluation around questions of COVID-19 health equity (11)



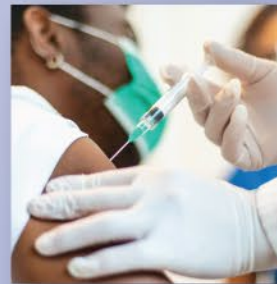
References and Resources

- Article: SH Golden, P Galiatsatos, C Wilson, KR Page, V Jones, T Tolson, A Lugo, N McCann, A Wilson, F Hill-Briggs. "Approaching the COVID-19 Pandemic Response with a Health Equity Lens: A Framework for Academic Health Systems." *Academic Medicine*, 2021;96: 1546-1552. Doi: 10.1097/ACM.00000000000003999
- Equity for COVID-19 Vaccines and Care website: <https://www.hopkinsmedicine.org/coronavirus/equity/index.html>



Transforming Care for Underserved Communities by Delivering Highly Personalized Care with VIP Service + Focus on Quality Metrics

Dr. Alexandria Beranger
National Director Quality & Patient Experience
ChenMed





AGENDA

- How we transform care
- Results matter to patients
- Injustice of healthcare disparities
- PCP-led Care Teams
- Mission-Focused & Diverse Providers
- Best-In-Class Provider Environment

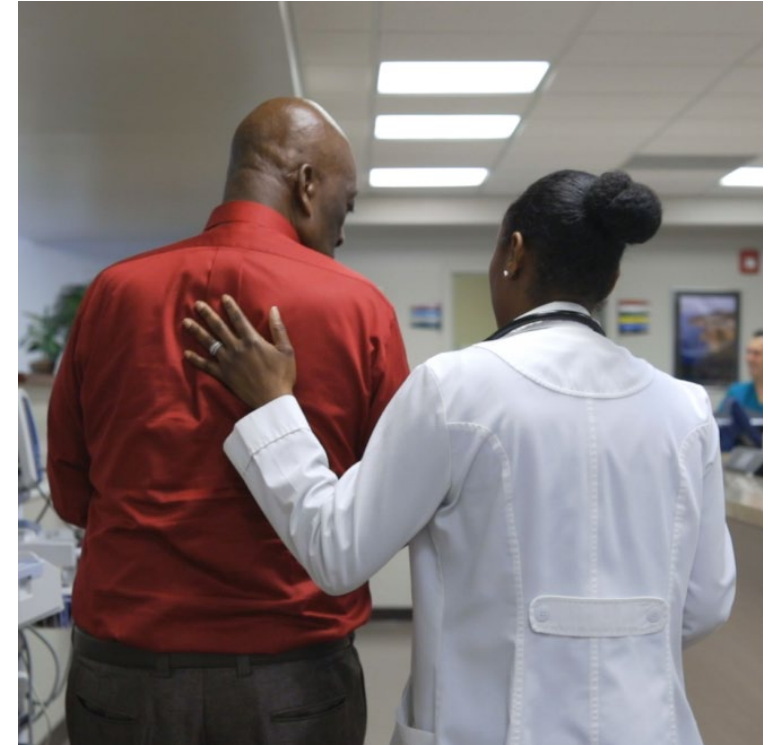
Transforming care starts & ends with TRUST

Trust Continuum

- Frequent + Highly Personalized Visits
- Intimate vs. Overwhelming Panel Size
- Shattering the 80/20 rule
- Honoring with affordable VIP care

Trust measured in outcomes:

- 50% fewer hospitalizations
- 35% fewer emergency room visits.



Dr. Hermena Cerphy escorting her patient.



Results Matter to Patients: Outcomes

ANOTHER SUPERPOWER OF PRIMARY CARE.

Surviving cancer. Longer.

On average, our established patients have **double the chance** of surviving the next year after a cancer diagnosis.* We believe that having a high-touch primary care doctor focused on keeping patients healthy is what makes all the difference.

 A recent statistical study of 10 years of internal ChenMed patient data demonstrated that patients diagnosed with cancer with 6 months or more tenure with us had double the chance of surviving the next 6 months, vs. patients that had not established our brand of care (<6 months tenure). One year mortality of tenured patients=18%, vs. 33% for non-tenured patients.



Limb-saving health outcomes:

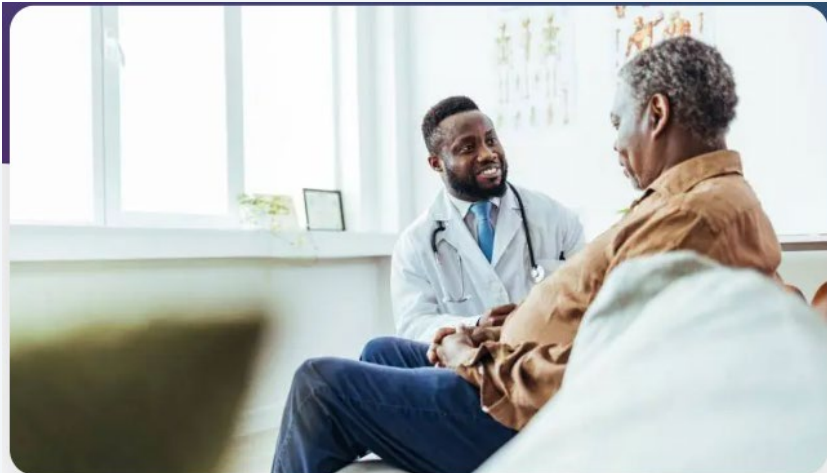
- 54% increase in detection of ulcers
- 23% reduction in major limb amputations
- 15% increase in detection of PAD

AFTER A YEAR WITH US, OUR SENIORS ARE **22%** LESS LIKELY TO HAVE A STROKE IN THE NEXT THREE YEARS.

According to a recent study, with nearly **60,000 patients**, seniors who had been **ChenMed patients for over a year had a 22% lower incidence of stroke** than our newest patients.

Results Matter to Patients: Experience

- Patient Experience Ratings
 - Patients report ease in scheduling appointments for Primary Care Visits
 - Doctors remain informed about the care patients receive outside our centers

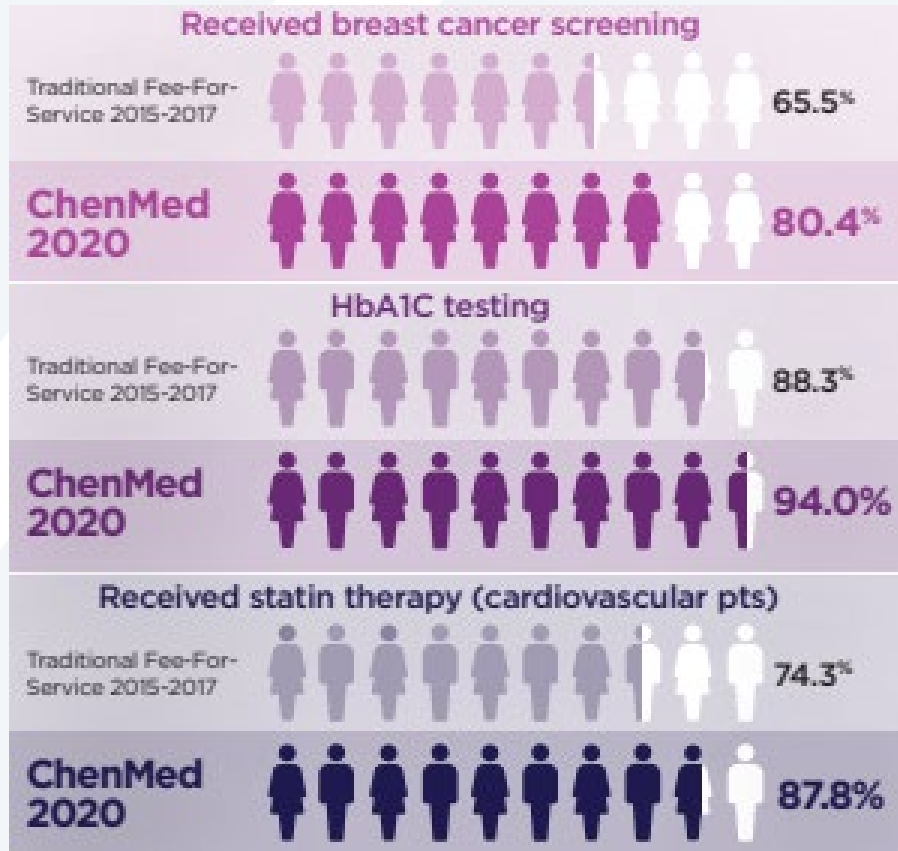


When Language Matters Most



Source: ChenMed survey conducted by Medallia between August 13 and October 4, 2021 (N = 6,616)

Results Matter to Patients: Quality



■ 2022 Quality Care

- Breast Cancer Screening: **83.2%**
- Controlled A1c: **85.3%**
- Received Statin Therapy: **90.4%**

The injustice of healthcare disparities

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.” Martin Luther King, Jr.

(March 25, 1966; Chicago press conference before his speech at the second convention of the Medical Committee for Human Rights)

- Our average patient age: **71**
- Average number of Chronic Conditions: **5**
- Average number of PCP visits per year: **8**



Chen Senior
Medical Center

Dedicated Senior
Medical Center

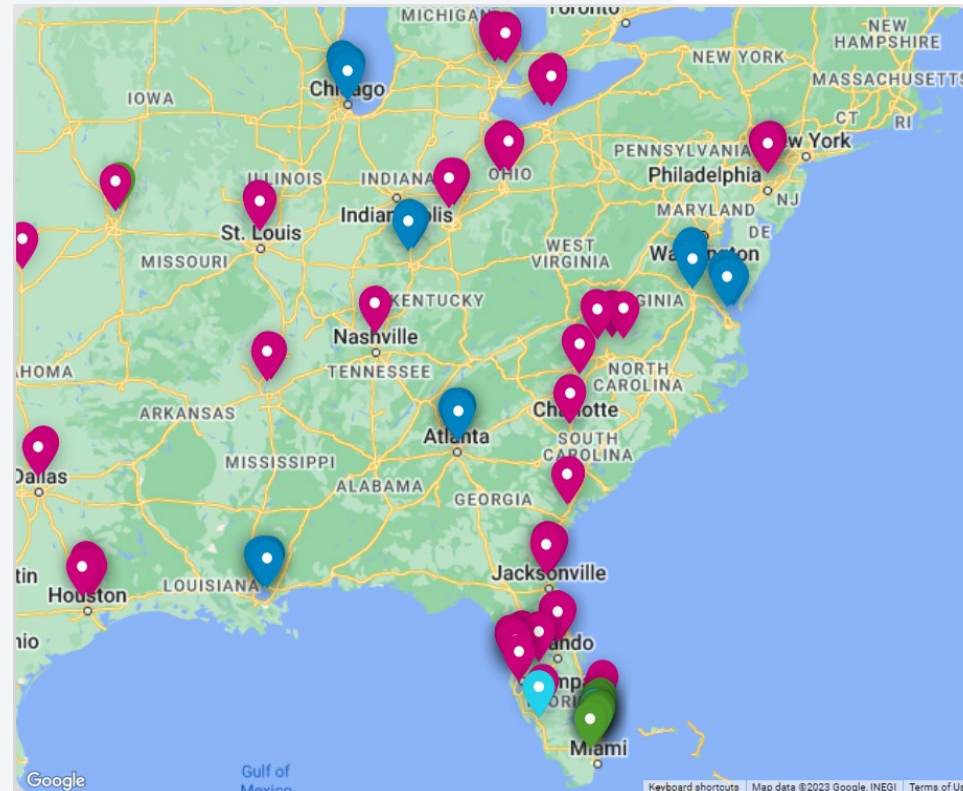
JenCare Senior
Medical Center

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Giving the Gift of Better Health

- 33 new center openings in 2022
- 36% increase in underserved neighborhoods over one year
- More than 120 centers
- In 15 states



Better than Concierge Care

- Where needs are greatest
- Door to door transportation
- Medications in-house
- Point of Care testing
- 24/7 access for patient questions



Game-Changing Outcomes through...

- **80%** fewer patients than typical primary care = **More time** with patients.
- Quarterbacking care during daily huddles
- PCP Led Care Teams
 - Dedicated office staff
 - Patient Advocate
 - Specialists

A Winning Formula: Why Transformative Primary Care Requires a Team Approach

4.12.22 • Nehal Gheewala, DO



2022 National & Regional Awards

NATIONAL AWARDS

A collection of national award logos and medals. The top row includes: 'BEST AND BRIGHTEST COMPANIES TO WORK FOR IN THE NATION WINNER 2022', 'Great Place To Work Certified USA MAR 2022-MAR 2023', 'FORTUNE BEST WORKPLACES IN HEALTH CARE 2022', 'Newsweek AMERICA'S MOST LOVED WORKPLACES 2021', 'TOP WORK PLACES 2022 USA', and 'COMPUTERWORLD BEST PLACES to Work in IT 2023'. The bottom row features five gold medals with blue ribbons: 'Best Company for DIVERSITY', 'Best Company for CAREER GROWTH', 'Best Company for HAPPINESS', 'Best CEOs for WOMEN', and 'Best Company for WOMEN'.

REGIONAL AWARDS

A collection of regional award logos. The top row features 'TOP WORK PLACES 2022' banners from: Commercial Appeal, courier journal, Detroit Free Press, HOUSTON CHRONICLE, Orlando Sentinel, Richland News Dispatch, SunSentinel, THE LEE NEWS POST-ORANGE, and The State (Plymouth). The bottom row shows 'BEST PLACES TO WORK' logos from Memphis Business Journal, South Florida Business Journal, and St. Louis Business Journal, followed by 'HEALTHIEST EMPLOYERS FINALIST' logos for Atlanta, Kentucky, Ohio, Orlando, South Florida, St. Louis, and Texas.

Attracting & Retaining Talent

- Recruiting Mission-Focused Providers
 - Serving Seniors and
 - Underserved communities
 - 24% are internally referred
- Collaborative team environment
- Passion for preventative health
- Focusing on the Who rather than RVU
- Wellness programs for Providers
- Pathways for career development
- Incentive program that rewards on health outcomes rather than volume



Fostering Connection for PCPs

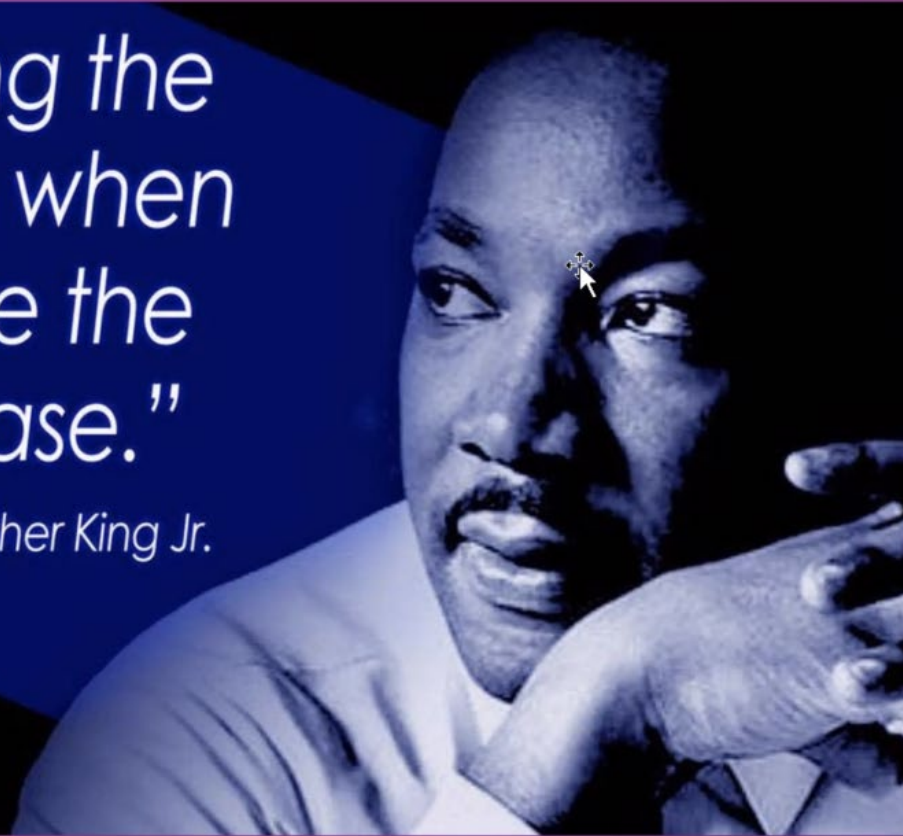
- Robust orientation
- Preceptorship program
- Mentorship program
- Peer to Peer program
- Physician led committees



The importance of taking that 1st step...

“ Faith is taking the first step even when you don’t see the whole staircase.”

Martin Luther King Jr.



Martin Luther King, Jr. (September 12, 1962; speech in New York City)