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# Introduction to the National Enhanced CLAS Standards: Understanding Disparities and Building Health Equity (Culturally and Linguistically Appropriate Services)

## Session 2

Presenter:

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In collaboration with The Central East Addiction Technology Transfer Center (ATTC)



CLAS Matters! Helping People  
Achieve Their Full Health Potential





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# Module 2: Self Assessments



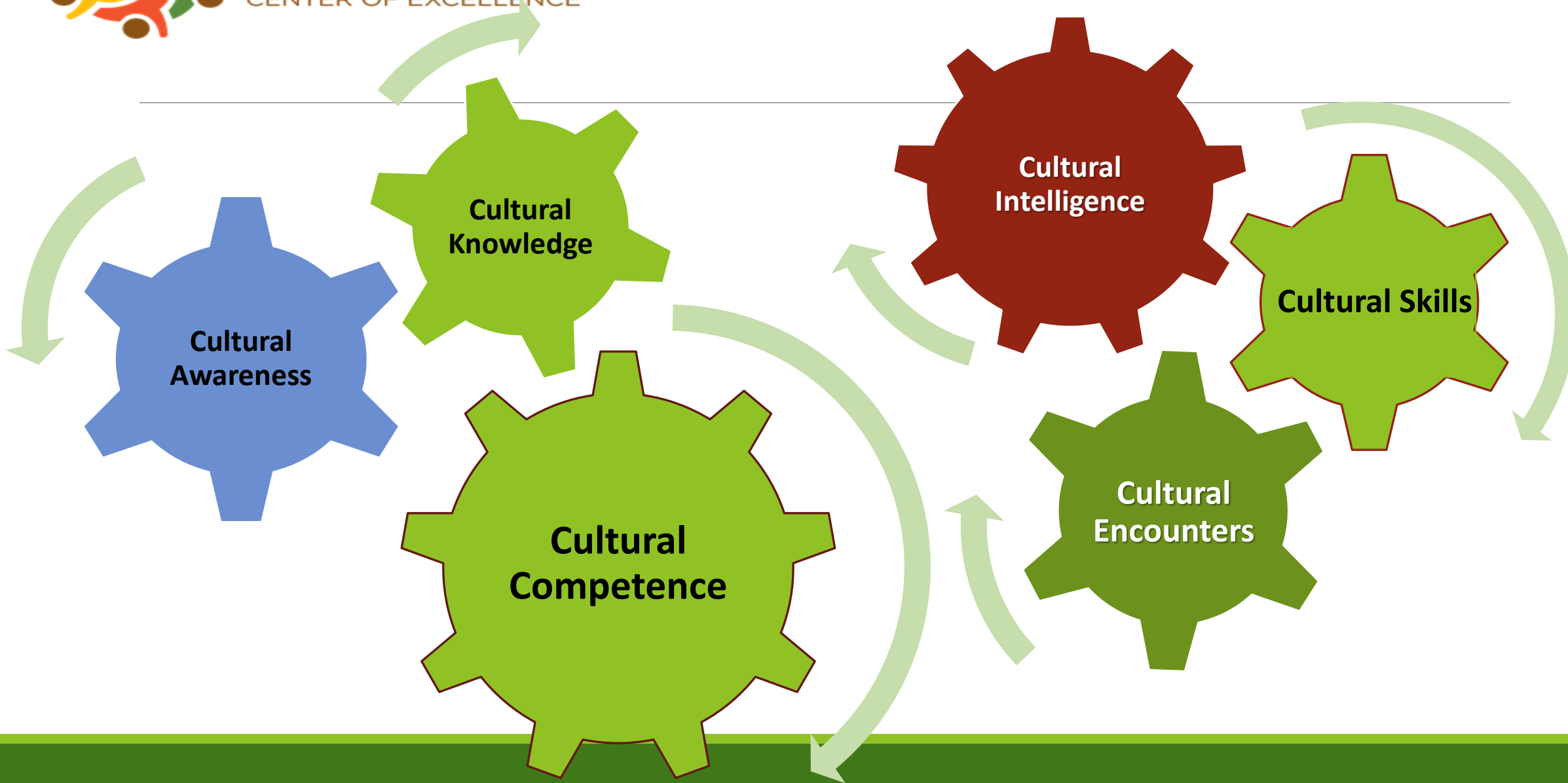
# Objectives

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1. Identify self-assessments and introspection among providers as pivotal in culturally responsive services
2. Define relevant terms related to culture, and culturally responsive services
3. Discuss behavioral health bias
4. Identify and address implicit bias



# Cultural Terms





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# Culture

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Integrated patterns of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group

National Center on Cultural Competence, (NCCC) Bridging the cultural Divide in Health Care Settings

[https://nccc.georgetown.edu/culturalbroker/8\\_Definitions/index.html](https://nccc.georgetown.edu/culturalbroker/8_Definitions/index.html)



# Cultural Responsiveness

## For Organizations...

**Culturally Responsive** services are those that are *respectful of, and relevant to, the beliefs, practices, culture and linguistic needs* of diverse consumer/client populations and communities.

**Culturally Responsive** services comprehensively address power relationships throughout the organization, on different levels of intervention: systemic, organizational, professional and individual.



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# Cultural Humility - Lifelong Process

## For Organizations and Professionals...

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- A continuous process of self-reflection examining one's biases and stereotypes.
- An openness to learning more about client's cultures, perspectives, beliefs, values, and worldview.
- Prioritizing the client's culture, perspective, beliefs, values, and worldview.
- Acknowledging one's limitations.



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# How We Believe We Treat Patients and Clients

- Non-biased
- Non-Judgmental
- As they come
- As we want to be treated
- The same

*How do you think patients and clients think they are treated?*





# Cultural Bias and Well-Meaning People

Institute of Medicine's landmark study: *"it's the practitioner's expression of bias that contributes to health care disparities"*

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Social science research indicates that our values and beliefs may be inconsistent with our behaviors, and typically, we are unaware of it.

Most people are not aware that the brain both consciously and unconsciously processes information **very rapidly** and causes an action for a particular situation that can lead to assumptions.

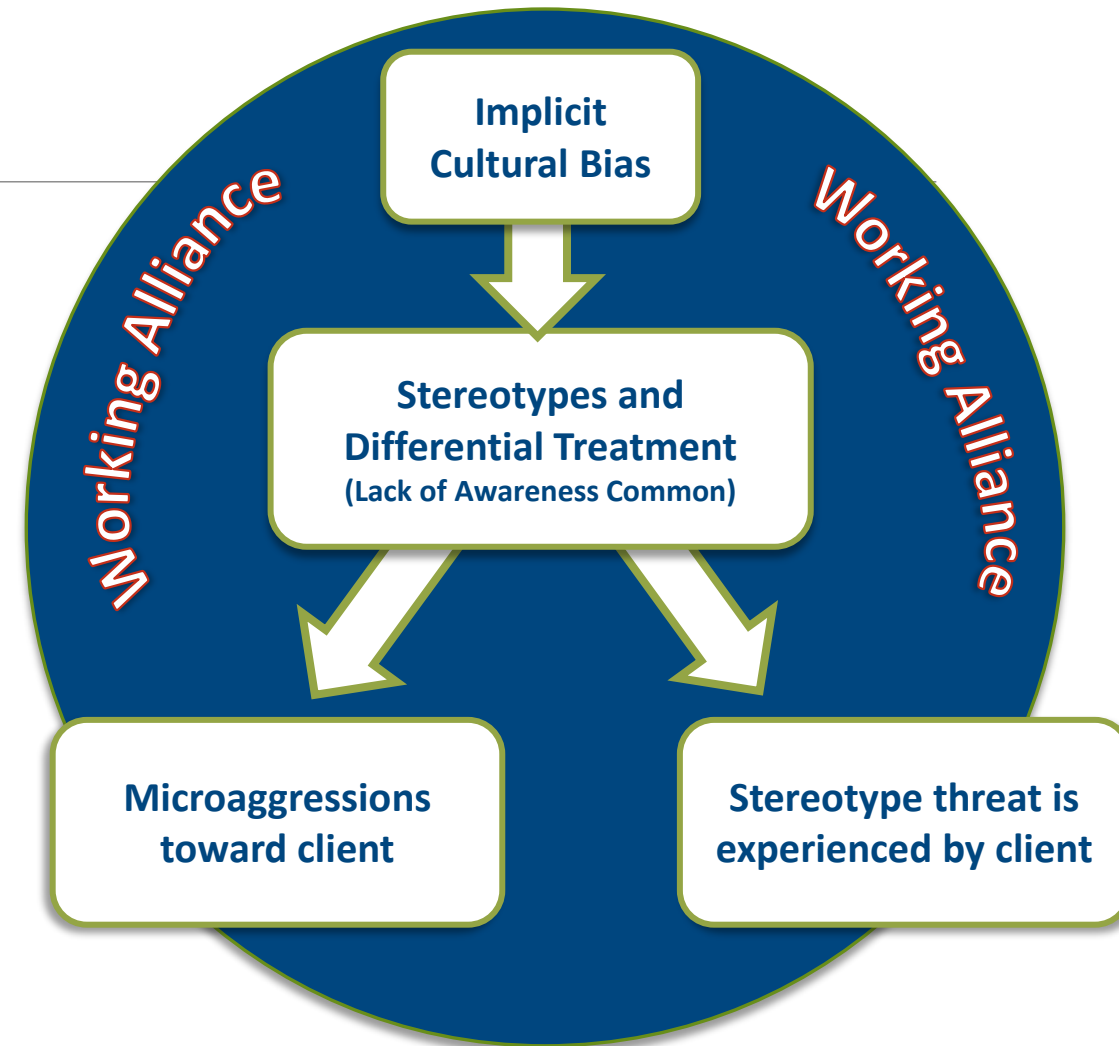
**Turn off the 'automatic pilot'!**

# Behavioral Health Bias

## Study findings:

Mental Health and Substance Use Disorder professionals were more likely to judge and agree to disciplinary actions toward clients referred as, 'substance abusers,' as oppose to a person with a substance use disorder.

Mental Health practitioners were less likely to believe that clients deserved treatment when referred to as a 'substance abuser.'



Kelly JF, Westerhoff CM. Does it matter how we refer to individuals with substance-related conditions? a randomized study of two commonly used terms. *Int J Drug Policy*. 2010;21(3):202-207

# Implicit Bias Underlying Health Disparities

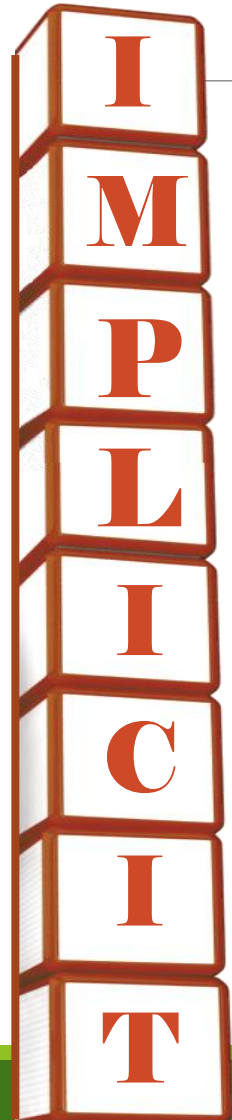
- White male physicians are less likely to prescribe pain medication to black patients than to white patients.
- Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.
- Women presenting with cardiac heart disease (CHD) symptoms are significantly less likely than men to receive diagnosis, referral and treatment, due to misdiagnosis of stress/anxiety.



# Implicit Bias

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- **Recognize** that implicit bias is in you through a lifetime of conditioning
  - **Know** that implicit bias adversely affects decision making
  - **Take measures** to identify and assess for your own implicit bias

# Identify and Address **IMPLICIT** Bias



I Introspection

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M Mindfulness

P Perspective-taking

L Learn to slow down

I Individuation

C Check your messaging

I Institutionalize fairness

T Take Two

# Cultural Competence Core Elements

## Awareness

Differences of culture and one's own



Value diversity

## Attitude

Aware of own biases, values, and belief systems



Acknowledgement and respect for cultural differences

## Knowledge

Use of appropriate inherent cultural trends of population



Culturally conducive engagement  
Current research on approaches effective practice



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Fellow CLAS champions speak about why culturally and linguistically appropriate services (CLAS) matter

## Think Cultural Health

**CLAS Matters!!**



U.S. Department of Health & Human Services, [Think Cultural Health](#), In Your Words.