

## Million Hearts Learning Collaborative

December 13, 2023

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- Welcome and Introductions
- SNAP-Ed Update
- Culturally and Linguistically Appropriate Services
- General Program Updates, Grantee Q & A



**Lauren Marr, MPH**  
Nutrition Program Specialist  
[Lauren.marr@dc.gov](mailto:Lauren.marr@dc.gov)



**Kristina Ramos-Callan**  
Senior Consultant  
[kramoscallan@healthmanagement.com](mailto:kramoscallan@healthmanagement.com)

# DC snapEd Feedback Sessions



# What is SNAP-Ed?

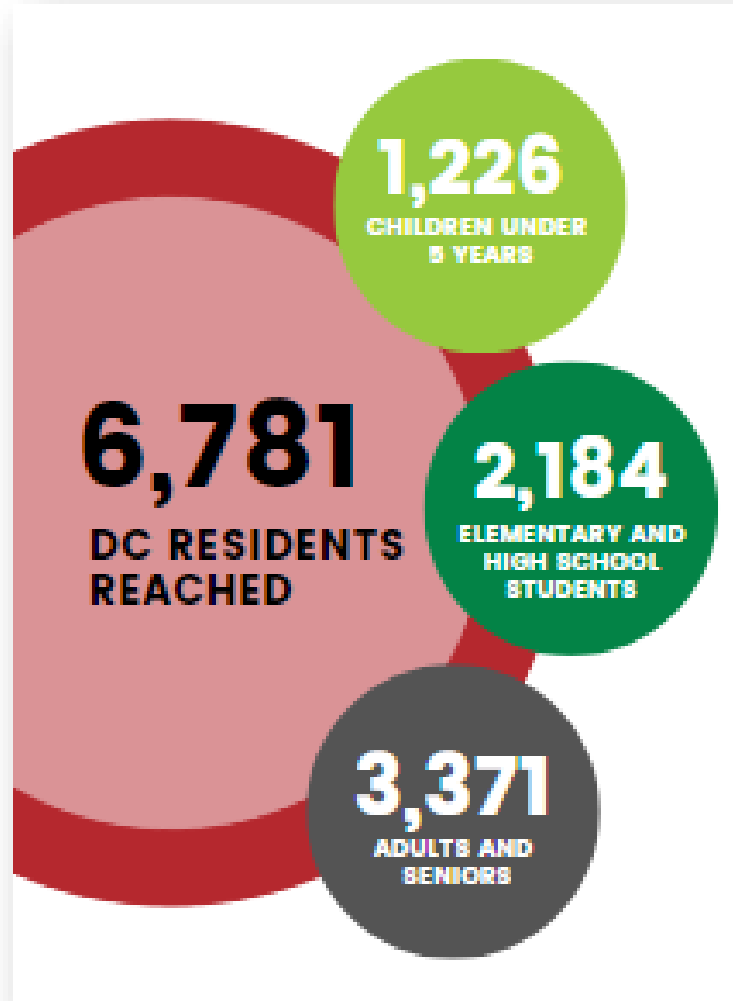
- SNAP-Ed helps individuals and families eligible for SNAP make diet and lifestyle choices to improve their health and prevent obesity.
- SNAP-Ed does this by:
  - Teaching participants how to shop for healthy foods within a limited budget
  - Demonstrating quick, easy, fun way to prepare healthy, delicious meals
  - Creating and sustaining environments that support healthy eating and physically active lifestyles



# Our DC SNAP-Ed Partners



# DC SNAP-Ed Impact



## FAST FACTS

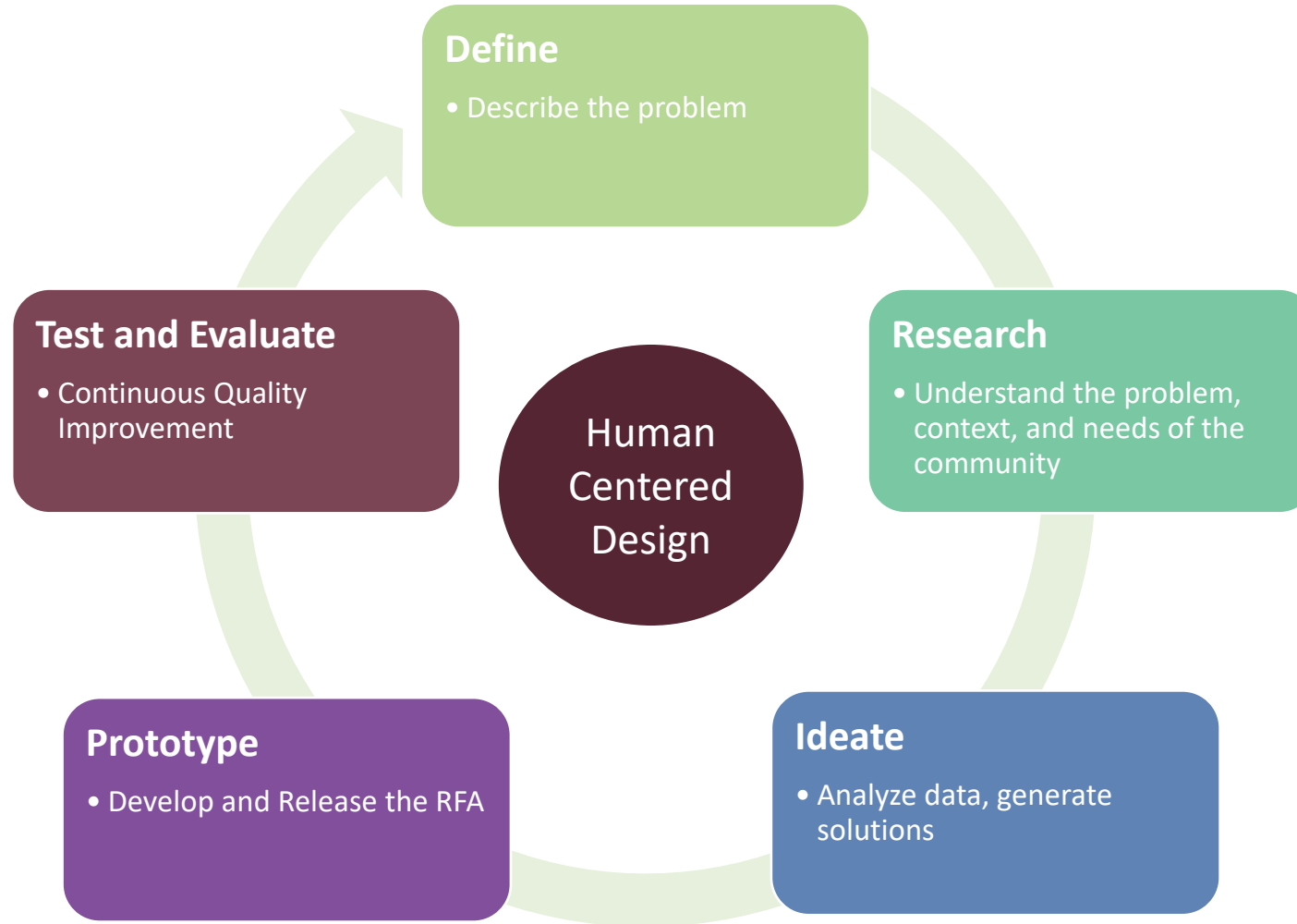


More than 93% of students in SNAP-Ed classes said they "Liked" or "Loved" fruit, dairy, and whole grains after trying them in class.

**100%** of Seniors Eating Well participants reported using at least two healthy shopping behaviors after attending the sessions

**27,115**  
WASHINGTONIANS  
REACHED THROUGH  
PSE SUPPORTS

# Why Are We Asking for Feedback?





# Our Ask

- Complete the survey
- Participate in Listening Session



## How will this information be used?

- All information will be kept confidential
- Data will be analyzed and compiled to inform FY25 Request for Applications (RFA)

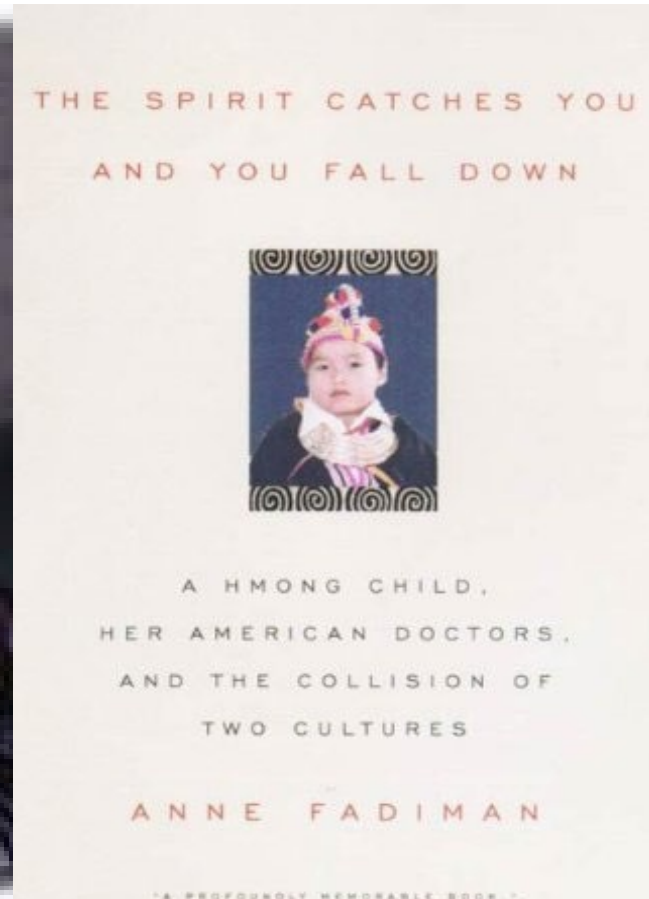


# Feedback Questions by group

1. What barriers do you face to connecting patients into nutrition education programs?
2. What are your patient needs for nutrition education? (e.g., referrals to programs, budgeting tips, resource information)
3. Do you currently partner with other organizations to provide nutrition education?
4. What is your ideal system for providing nutrition education across DC?
5. What additional resources beyond healthy eating would your participants find helpful? (e.g., physical activity, food resource management, etc.)

Culturally and  
Linguistically  
Appropriate Services  
(CLAS)  
Fundamentals and  
Strategies





Quality – Care and Services that are Responsive to the Diverse cultures in US communities

Equity – Reducing persistent health disparities experienced by racial, ethnic, linguistic, sexual and gender minorities

Respect and Responsiveness – Respect the whole individual and Respond to the individual's health needs and preferences.

- Reduce/Eliminate disparities or quality gaps
- Mitigate differences in outcomes by RELD/SOGIE/ other indicators
- Ensure services are accessible for all
- Understand whether the demographics of people served are consistent with the demographics of people who need services? Are some groups underrepresented? Overrepresented?
- Improve engagement and acceptance of care and treatment
- Apply methods and approaches to care that are concordant with a client's needs and values, to achieve accepted and sustainable care plans

- Distinctions (or lack thereof) between mental and physical health
- Symptom presentation, e.g. somatic vs cognitive
- Timeliness of Care/Acuity of need at time of presentation
- Shame, stigma, “loss of face,” fear of revisiting events
- Collective/Historical/Inter-generational trauma, includes mistrust of providers
- Differences in coping and resiliency
- Social constructs (i.e., gender, race, and ethnicity) impact individuals psychologically.
- Having multiple identities leads to an individual experience and may lead to unique types of oppression (code switching)
- Therapeutic alliances may be improved when staff/clinicians acknowledge and understand patient experiences and the impact of co-occurring characteristics of identity
- Cultural awareness will help staff and clinicians identify the most sustainable approach, modality, and engagement strategies for patients and their collateral supports

## 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*

**Governance,  
Leadership, and  
Workforce (Standards  
2-4)**

**Communication and  
Language Assistance  
(Standards 5-8)**

**Engagement,  
Continuous  
Improvement, and  
Accountability  
(Standards 9-15)**



**STANDARD 2**

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

**STANDARD 3**

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

**STANDARD 4**

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

**STANDARD 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.

**STANDARD 6**

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

**STANDARD 7**

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

**STANDARD 8**

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

**STANDARD 9**

Infuse CLAS goals, policies, and management accountability, throughout the organization's planning and operations.

**STANDARD 10**

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

**STANDARD 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.

**STANDARD 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.

**STANDARD 13**

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

**STANDARD 14**

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

**STANDARD 15**

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

Administration and staff were not representative of the community and lacked diversity.

Apparent lack of culturally and linguistically competent personnel among certain staff, administrative, and other mental health providers created communications barriers between the health care center and the community

Physical setting felt intimidating rather than welcoming; felt institutional

No privacy for patients when checking in, during intake, or during clinical interviews.

No designated area(s) for children to occupy themselves with age-appropriate activities while waiting.

When seeking assistance, community members reported feeling disrespected and felt their cultural and linguistic needs are unmet.

Given the demographics of the community, there were clear inequities in access to services as well as institutional barriers in access to culturally and linguistically competent mental health services and social supports.

**TYING IT TOGETHER**

17.5 % People who  
speak a language  
other than English  
at home

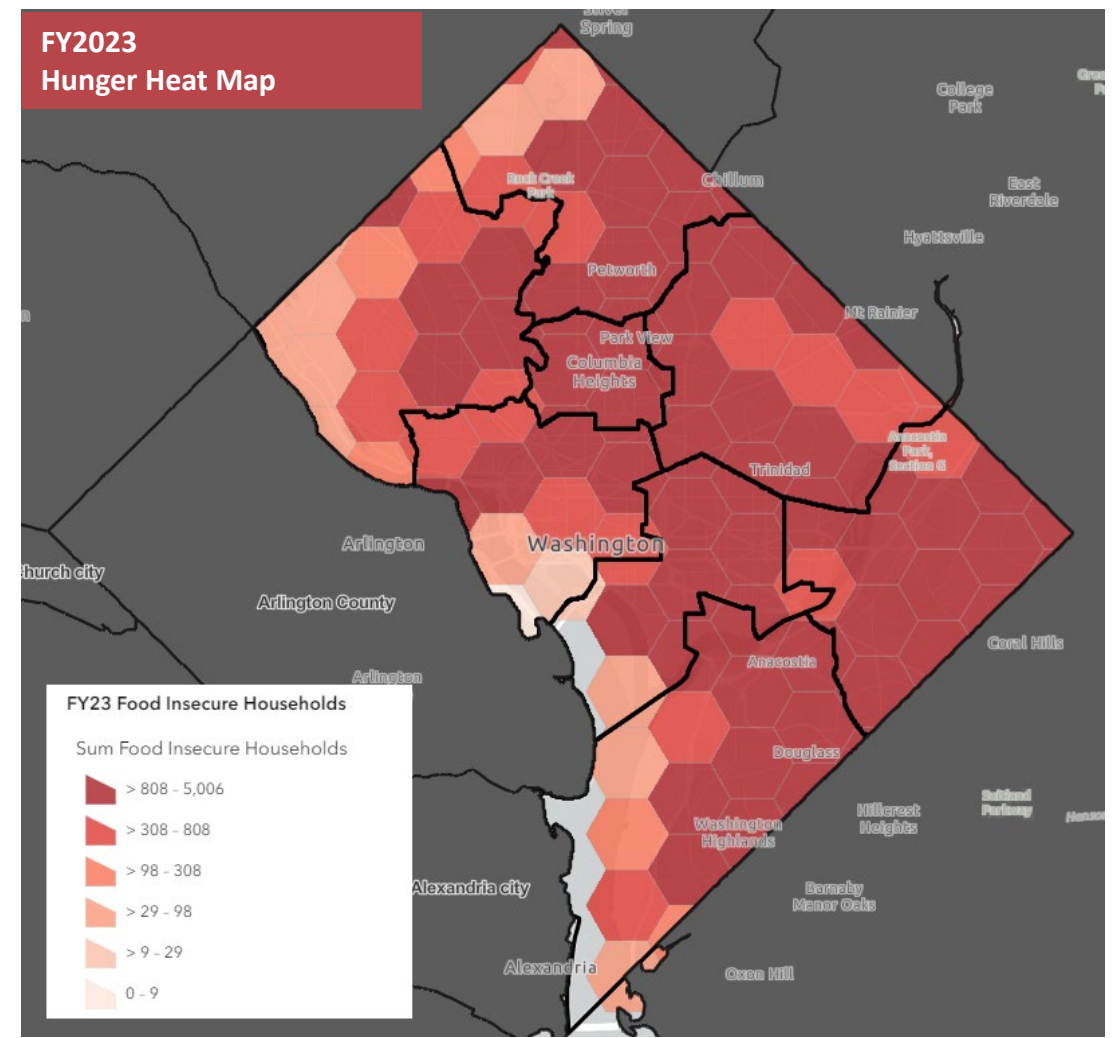
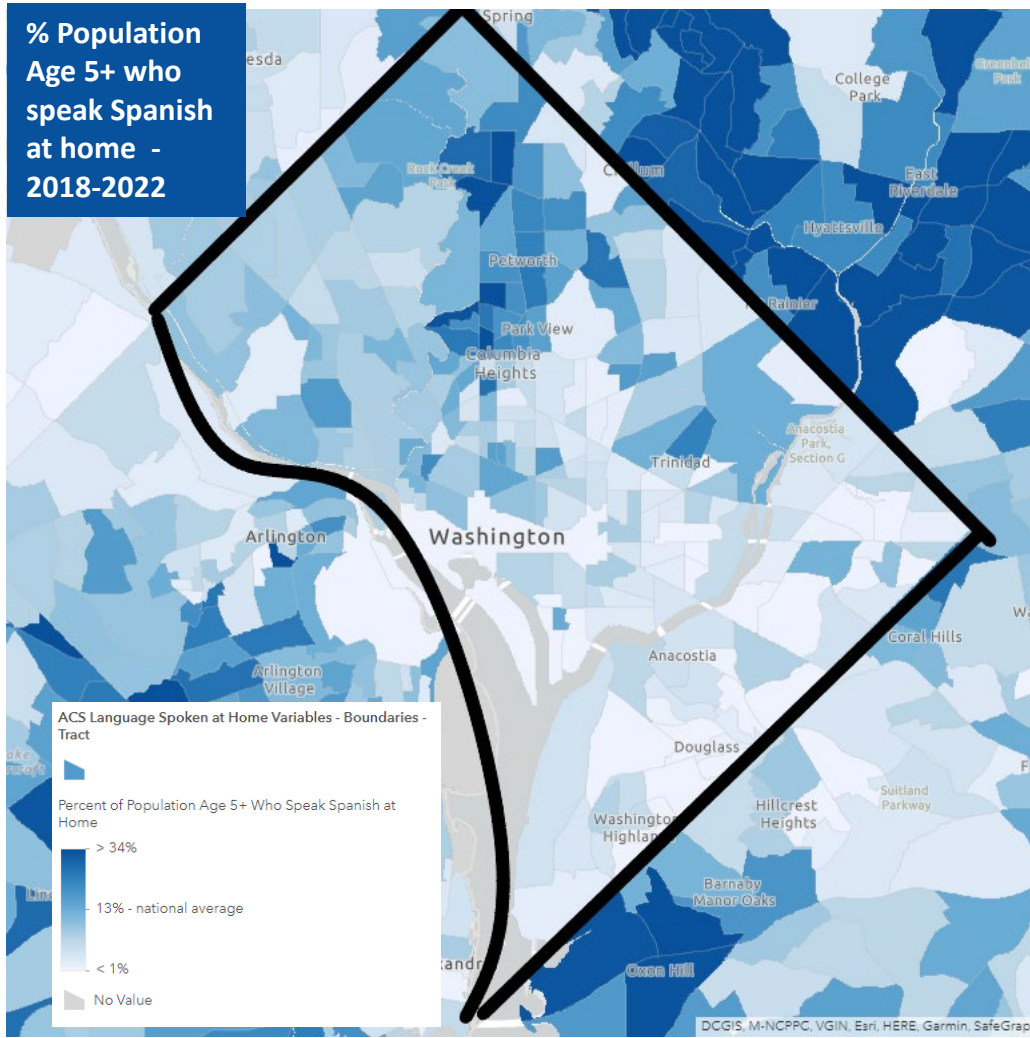
5.2% People who  
speak English less  
than very well

9.2% people who  
speak Spanish at  
Home

- Limited English Proficiency is associated with social vulnerability.
- Language use and nativity are sometimes indicators for risk of food insecurity
- 20-year US study of Hispanic households found foreign-born Hispanic adults who speak mostly Spanish or both English and Spanish w/higher odds for food insecurity
- Strong language access laws are predictors of improved SNAP access
- Cultural and linguistic awareness of patient circumstances can help providers connect people to appropriate resources

*Source: Lopez MA, Fuster M, Fleckman JM, George A, Chaparro MP. The association between language use and food insecurity among Hispanic adults residing in the USA depends on nativity. Public Health Nutr. 2023 Sep;26(9):1887-1895. doi: 10.1017/S1368980023000885. Epub 2023 May 30. PMID: 37248038; PMCID: PMC10478063.*

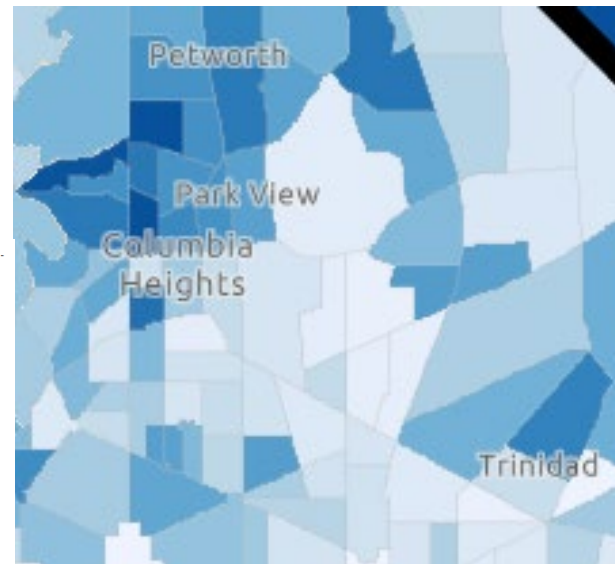
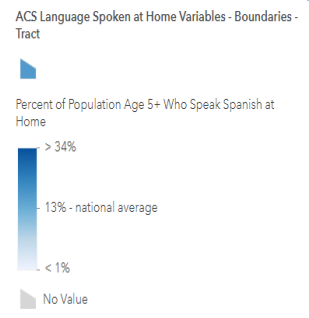




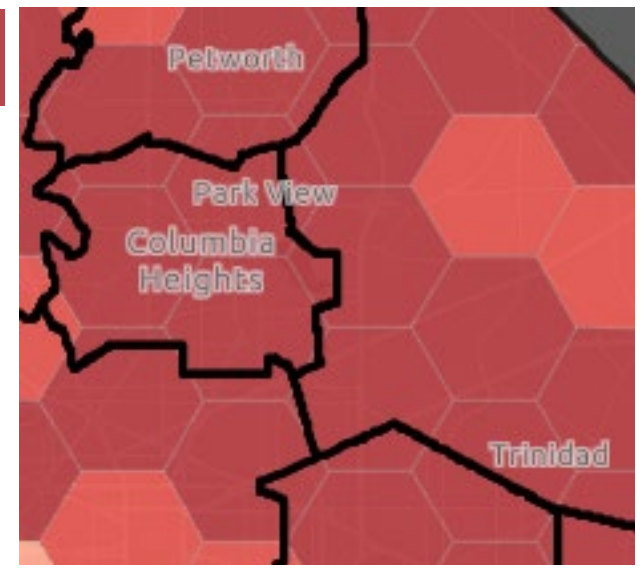
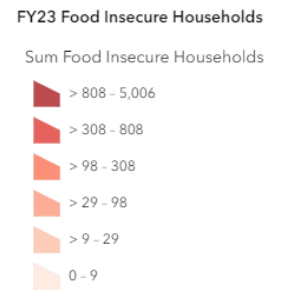
Source: US Census American Community Survey - 5 year estimates, as visualized by ESRI/ArcGIS  
<https://www.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=527ea2b5ba814c8ca1c34a2945e1b751>

Source: Capital Area Food Bank visualization DCGIS, M-NCPPC, VGIN, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA | U.S. Census Bureau, Esri | Office of Planning <https://experience.arcgis.com/experience/569a1baab09f419293a9db0978302a62/page/Map/>

## % Population Age 5+ who speak Spanish at home - 2018-2022



## FY2023 Hunger Heat Map



Source: US Census American Community Survey - 5 year estimates, as visualized by ESRI/ArcGIS  
<https://www.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=527ea2b5ba814c8ca1c34a2945e1b751>

Source: Capital Area Food Bank visualization DCGIS, M-NCPPC, VGIN, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA | U.S. Census Bureau, Esri | Office of Planning <https://experience.arcgis.com/experience/569a1baab09f419293a9db0978302a62/page/Map/>

## What are some ways that health centers tailor their communication for patients?

1. What strategies does your health center use to address patients or consumers who need cultural or language access accommodations?
2. How do you engage with community organizations that provide culturally and linguistically accessible downstream supports?
3. What barriers or challenges do you face when sustaining these relationships and how do you overcome them?
4. Do you anticipate changes to your engagement with community supports with new and/or more routine use of online referral platforms?

# QUESTIONS/DISCUSSION



- 1. To what extent did the session meet the stated objectives?**  
*(1 - not at all to 5 - met all objectives)*
- 2. How would you rate the session overall?**  
*(1 - poor to 5 - excellent)*



We are here to help you !

- ✓ For 1:1 site specific coaching, contact an HMA team member.
- ✓ To access previously recorded sessions and tools, visit <https://livingwell.dc.gov/page/million-hearts-providers> or see the technical assistance inventory document sent via email.



HEALTH  
MANAGEMENT  
ASSOCIATES

# APPENDIX

# PRINCIPAL STANDARD

» Standard 1: Provide effective, equitable, understandable, and respectful quality care and services

» Purpose

1. To create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care
2. To ensure that all individuals who receive health care and services have culturally and linguistically appropriate encounters
3. To meet communication needs so that individuals can understand the health care and services they are receiving, participate effectively in their own care, and make informed decision



# GOVERNANCE, LEADERSHIP, AND WORKFORCE (STANDARDS 2-4)

## **Standard #2.**

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

- » Ensure the provision of appropriate resources and accountability needed to support and sustain initiatives
- » Model an appreciation and respect for diversity, inclusiveness, and all beliefs and practices
- » Support a model of transparency and communication between your organization and the populations you serve
- » Engage state- and local-level leadership to promote and support the National CLAS Standards at an institutional and community level.
- » Develop and implement a sustainability plan that includes annual evaluation of CLAS competencies and related policies and practices.
- » Establish regularly scheduled CLC trainings, and identify and leverage funding opportunities for CLC professional development.
- » Post the National CLAS Standards in public areas to inform clients of their rights and the center's intent to provide culturally and linguistically competent services.

# GOVERNANCE, LEADERSHIP, AND WORKFORCE (STANDARDS 2-4)

## **Standard #3.**

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

- Create an environment in which culturally diverse individuals feel welcomed and valued
- Promote trust and engagement with the communities and populations you serve
- Infuse multicultural perspectives into planning, design, and implementation of CLAS
- Ensure diverse viewpoints are represented in governance decisions
- Increase knowledge and experience related to culture and language among staff

# GOVERNANCE, LEADERSHIP, AND WORKFORCE (STANDARDS 2-4)

## **Standard #4.**

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

- » Prepare and support a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations
- » Increase the capacity of staff to provide services that are culturally and linguistically appropriate
- » Assess the progress of staff in developing cultural, linguistic, and health literacy competency
- » Foster an individual's right to respect and nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care

# COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

## Standard #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.**

- Ensure that consumers with LEP or other communication needs receive equitable access to services
- Help individuals understand their health care and service options and participate in decisions regarding their health and health care
- Increase satisfaction and adherence to care and services
- Improve patient safety and reduce medical error related miscommunication
- Help organizations comply with requirements of Civil Rights Act, Americans with Disabilities Act, and other relevant requirements

# COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

## Standard #6

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

- Inform individuals with LEP in their preferred language that language services are readily available at no cost to them.
- Facilitate access to language services.
- Help organizations comply with requirements of Civil Rights Act, Americans with Disabilities Act, and other relevant requirements

# COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

## Standard #7.

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

- Provide accurate and effective communication between individuals and providers
- Reduce misunderstanding, dissatisfaction, omission of vital information, misdiagnoses, inappropriate treatment, and patient safety issues because of reliance on staff or individuals that lack interpreter training
- Empower individuals to negotiate and advocate on their own behalf for important services via effective and accurate communication with health and health care staff

# COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

## Standard #8.

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

- Ensure that readers of other languages and individuals with various health literacy levels are able to access care and services
- Provide access to health-related information and facilitate comprehension of and adherence to instructions and health plan requirements
- Enable all individuals to make informed decisions regarding their health, health care, and service options
- Offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members.

# ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

## Standard #9.

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

- Make CLAS central to your organization's service, administrative, and supportive functions
- Integrate CLAS throughout your organization (including the mission) and highlight its importance through specific goals
- Link CLAS to other organizational activities, including policy, procedures, and decision-making related to outcomes accountability.



# ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

## Standard #10.

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

- Assess and improve the extent to which health care services are provided equitably
- Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities
- Ensure equal allocation of organizational resources
- Improve service planning to enhance access and coordination of care.

# ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

## Standard #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.

- Assess performance and monitor progress in implementing the Standards
- Accurately identify population groups within a service area
- Tailor and improve services based on the people you serve
- Monitor individual needs, access, use, quality of care, and outcome patterns.

# ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

## Standard #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.

- Make CLAS central to your organization's service, administrative, and supportive functions
- Integrate CLAS throughout your organization (including the mission) and highlight its importance through specific goals
- Link CLAS to other organizational activities, including policy, procedures, and
- Decision-making related to outcomes accountability.

# ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

## Standard #13.

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

- Provide responsive and appropriate service delivery to a community
- Ensure that services are informed and guided by community interests, expertise, and needs
- Increase use of services by engaging individuals and groups in the community in the design and improvement of services to meet their needs and desires
- Create an organizational culture that leads to more-responsive, efficient, and effective services and accountability to the community
- Empower members of the community to become active participants in the health and health care process.

# ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

## Standard #14.

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

- Facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations
- Anticipate, identify, and respond to cross-cultural needs
- Meet federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures.

# ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

## Standard #15.

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

- Convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards
- Learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards
- Build and sustain communication on CLAS priorities and foster trust between the community and your organization
- Meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups.