# Integration of NCLAS in Health Services Delivery

*Highlights & Key Concepts*

**Presenter:** Suganya Sockalingam, PhD, and Scott van Loo, MA, Change Matrix LLC and Pacific Southwest MHTTC

**Summary Ideas:**

**Culture is a powerful social system based on a group's values, norms, and expectations.**

- Culture guides a group's way of thinking, feeling, communicating, and interacting
- Culture informs how a group perceives health, wellness, disease, health care, and prevention
- Everyone and all organizations have culture
- Moving beyond our limitations creates belonging

**National Culturally and Linguistically Appropriate Services (NCLAS) Standards**

- Makes room for cultural wealth and alternative strategies
- Are intended to advance health equity, help eliminate health disparities, and improve quality
- Are organized around these themes: Governance, Leadership and Workforce Development; Communication and Language Assistance; Continuous Quality Improvement and Accountability

**Questions & Responses:**

**Q1** ***You both have a lot of experience and passion for training on these topics. How did you come to focus on culture and equity, specifically in your work?***

**A1** Dr. Sockalingam: When I was 13, my country went through a civil war and overnight, many of us from different population groups became second class citizens. We lost opportunities for higher education, opportunities for good jobs, for a good living, and really to have a meaningful life. And I think that was the impetus for me at least, to think about social justice and to think about equity.

Scott van Loo: I have a similar experience regarding growing up in a multicultural household. My mother's family is Lebanese and Lebanese American, my father's family is Dutch. My own personal experience of finding my own identity is very germane to the work that I do as well as early experiences working with youth. My early career as a public-school special education teacher led me to many key questions around equity. I was always questioning why the disparities and why certain groups were performing at a different level than other groups, and those early questions really shaped my exploration.

**Q2** ***Was there a moment in your career that illustrated the need for the CLAS Standards in service delivery?***

Scott van Loo: for me, it's my education, background, public education. There are many, many languages in our schools: at some schools in our Denver area there are upwards of

**A2** 20-plus different languages spoken in any one school. We're talking about basic rights with the CLAS standards. We're talking about access and creating at least the conditions for folks to be successful in whatever area and to help co-create their own idea of what they want or need within those different containers, whether it's school or health or otherwise. I had a student I was teaching in a bilingual school from El Salvador who got very ill and had to be rushed from the hospital in the mountains of Colorado down to metro Denver. Her mother was unable to go with her because of financial reasons and needed to work the next day and was the caretaker for other kids. So, this was probably a seven-year-old, and she had to take this ambulance ride by herself. There were no bilingual people in the ambulance. And this was only two years ago—so, well-meaning services and well-meaning people but in this instance, we missed the mark. We really missed the mark.

Dr. Sockalingam: For me, I think the focus on the CLAS standards began when I was the Director of Multicultural Health for the Oregon Health Division. It was in the late '80s when we began talking about the importance of culture in terms of how we access services, in terms of how we utilize services, in terms of how services are provided. And it really started with social welfare workers who recognized that none of the services were meaningful to the children who came from different cultures. I think that at the desire to provide culturally appropriate services became very apparent. The Office of Minority Health developed a series of standards and then later they enhanced the standards, resulting in the existing standards. And the purpose behind all those standards is to really ensure that we are providing services that are culturally appropriate and really meet the needs of the people we serve.

**Q3** ***What inspires you to keep teaching people in the mental health field to put together a practice that strives for equity?***

Dr. Sockalingam: I think of health as a basic right. It's important for people to be able to access services, to be able to use utilize services that really meet their needs. That's what inspires me to do this work. I keep telling people I've been doing this work for a very, very long time. And it first started off as providing cross-cultural health, then providing culturally competent health and then we included cultural humility. And now we talk about doing anti-racism work because we know that our systems have been built on colonial structures and so we need to really think about do those structures serve us now, where we are today and do they serve us in an equitable way. And I think that those questions are the ones that

**A3** really keep me thinking and keep me focused on this work.

Scott van Loo: For me, what keeps me motivated, especially in the mental health field is the universality of the need. There is not a community, there is not a culture that's not affected by mental health needs within their community. My personal belief is that we're all connected and to solve these very complex issues, many of which have been created through years and years and years of systemic inequalities, we have to approach them with very complex answers and solutions, and very creative answers and solutions. And some of these pieces are our basic access issues for connecting our common humanity. And yet, there's a need to go beyond that, to really heal.

**Q4** ***Can you speak about building cultural resilience and capital as a means to promote, strengthen, and increase culturally responsive recovery, holistic wellness and restoration?***

Scott van Loo: Building cultural skills within organizations is of the utmost importance to me. Because otherwise it's a one-way kind of action, right? As in, we're going to provide materials or we're going to provide interpreters. Cultural skills help us deepen our interaction. Because it's not just access, but it's also we miss out on some of the intimacy of relationship, if we don't also teach the skills to folks. If you think about your interaction with a mental health care provider, your interaction with a doctor: if you have access to that through language, or through cultural understanding, you're able to create a more intimate experience for yourself.

**A4** Dr. Sockalingam: I love this question, in terms of building cultural resilience and capital as a means to promote strengthening, increasing recovery, wellness, and restoration. And I think that we are making that shift very slowly. But when you think back to Native American communities, where they were stripped of their culture; and to immigrants who chose to leave behind all of their culture, because they wanted to be a part of this new American society, people gave up so much of their cultural strengths, the cultural practices and beliefs that sustained them, and helped to create wellness and restoration for them. And I think that one of the things that we need to do is go back and think about that. Are we asking questions in our organizations to promote that? Are we asking questions like, tell me a little bit more about what you would do in your culture, to take care of yourself? How would this be treated within your own culture? Putting it within the foundation of their culture is one way of recognizing, respecting, and honoring culture.

**Q5** ***Can you recommend ways to change an organizational culture which is traditionally not diverse or inclusive?***

**A5** Dr. Sockalingam: I think that one of the things is to really be able to communicate with leadership and governance the value and importance of diversity and inclusivity in our organization. When I was in Washington State Department of Health, we had a director who had a clear vision around making these kinds of changes and was very supportive of it. But one of the things that she would say is that support for these changes became even stronger when staff who at the provider level would bring up this notion of providing services that are that were more appropriate that were more culturally appropriate to integrate culture into the way we provide service. So, bottom-up as well as top-down. Part of this is having the conversation within your organization, bringing it up and talking about it. So you could be that catalyst, you could be that change agent, to say, you know, this is something that we as a country is talking about. I think that that's the role that all of us can play.

**Q6** ***Diversity, equity, inclusion (DEI) initiatives have become part of the "culture wars" and are now viewed through politicized lenses that leave many people wary about their value, even fearing the possibility of them creating negative outcomes. Can you advise?***

Dr. Sockalingam: We just had that conversation within our network around building health equity and cultural responsiveness. It is very difficult in some places to even begin to have

**A6** this conversation. One of the things that we are thinking about is how do we support states and how we support organizations that are continuing to try and do this work. My philosophy is we go back to the fundamental thing that we want to do—the fundamental outcome we want to achieve is to ensure that the people we serve get services that meet their needs in whatever form that takes. We don't have to use the word equity, we don't have to use the word diversity, we don't have to talk about race. We can say that we want to provide services that are appropriate for this particular client, with person-centered and individual-centered care. If we use that terminology, then we are going to be able to continue to do the work without actually using some of these contentious terms. I think we have to be really thoughtful about this, and really stay true to what it is that we want to achieve. But we are struggling with this and trying to find out how we can support our constituents around this work.

## Resources:

- National Culturally and Linguistically Appropriate Services Standards (NCLAS Standards)
- CLAS Implementation Guide
- CLAS Self-Assessment Tool
- Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
- Integration of NCLAS in Health Services Delivery from the Northwest MHTTC
- Cultural and Linguistic Responsiveness in Telehealth Brief from the South Southwest MHTTC
- Recorded Webinar: Delivering Mental Health Services Through a Cultural Lens: What Can We ALL Do? from the Pacific Southwest MHTTC
- Recorded Webinar: Integrating Cultural and Linguistic Competence: Leading From Where You Are from the Pacific Southwest MHTTC
- Compilation of products and resources on cultural responsiveness, racial equity and cultural diversity for the mental health workforce, curated by the MHTTC Cultural Responsiveness Working Group
- Compilation of products and resources on health equity and inclusion from the Addiction Technology Transfer Center Network
- Compilation of products and resources on health equity and inclusion from the Prevention Technology Transfer Center Network