Implementing CLAS Standards and Improving Cultural Competency and Language Access

A PRACTICAL TOOLKIT

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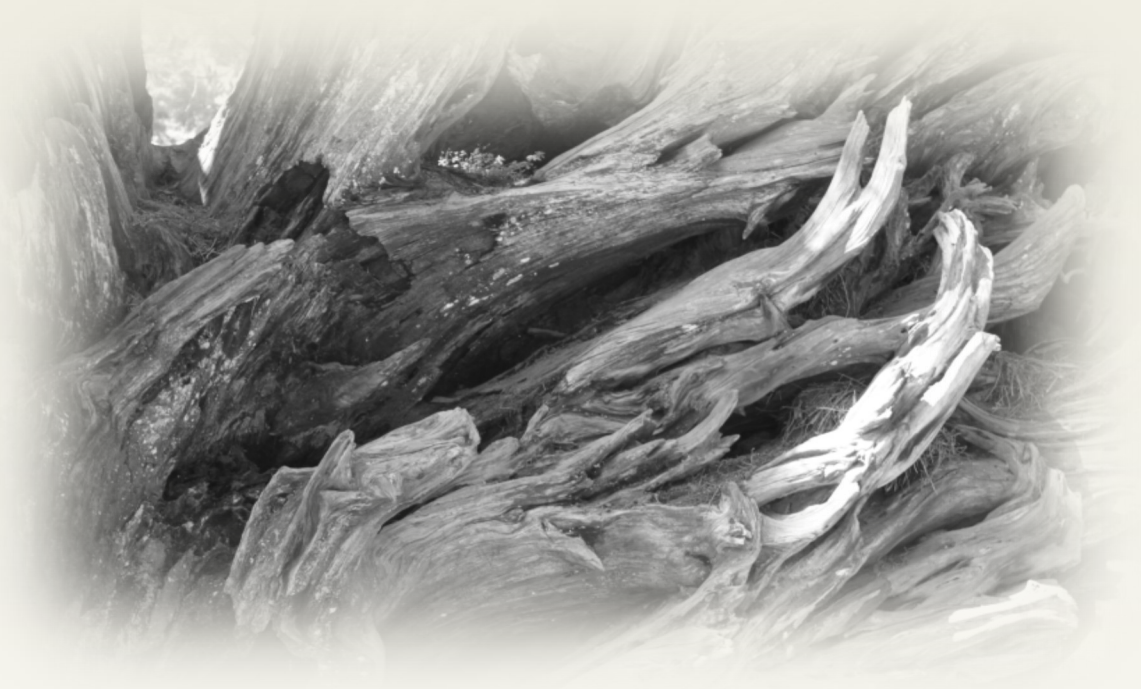


Introduction

Purpose:

The purpose of this toolkit is to provide a practical guide and resources to organizations and agencies looking to implement the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). This toolkit provides a basic overview of CLAS Standards, Cultural Competency and Language Access and includes links to tools and resources for implementation.

Arizona Health Disparities Center (AHDC):

This toolkit is a publication of the Arizona Health Disparities Center (AHDC). The Center is part of the Arizona Department of Health Services within the Bureau of Health Systems Development and is the Federal designee for the State. AHDC serves as Arizona's central source of information and resources related to minority health and health disparities. The Center provides leadership by building networks and community capacity to reduce health disparities. Health disparities are avoidable differences in the incidence, prevalence, mortality and burden of disease within specific population groups.

Arizona Health Disparities Center
Promoting Health Equity

AHDC Mission:

To promote and protect the health and wellbeing of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities.

AHDC Vision:

Health Equity for All

We envision a state where each person has equal opportunity to prevent and overcome disease and live a longer, healthier life.

For more information, please visit www.azminorityhealth.gov

Rationale:

- In Arizona, approximately 41.2% of residents belong to a racial or ethnic minority group. Hispanics comprise 29.4%, Native Americans 4.7%, African Americans 4.1%, and Asian/Pacific Islanders 3.0% of the state's population.[1]
- 13.8% of Arizona's population is foreign-born.[2]
- Of Arizonans aged five and older, 26.9% speak a language other than English, and 10.5% speak English less than "very well."[2]
- Arizona is one of the states with the highest refugee resettlement numbers in the United States.
- Fifty-three (53) languages are spoken by the refugees who resettle in Arizona.[3]

CLAS Standards

What are CLAS Standards?

According to the U.S. Dept. of Health and Human Services, Office of Minority Health (OMH):

> *The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (*CLAS Standards*) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

History of the CLAS Standards

The first CLAS Standards were published by the OMH in 2000. They provided a framework for all health care organizations to best serve the nation's increasingly diverse communities. From 2010 to 2013, the CLAS Standards underwent an Enhancement Initiative to incorporate the past decade's advancements, expand their scope, and improve their clarity to ensure understanding and implementation. The revisions made to the CLAS Standards through the enhancement initiative will ensure that they continue as the cornerstone for advancing health equity through culturally and linguistically appropriate services with a stronger focus on the culture, audience, health and recipients.

See Appendix A for a detailed comparison of the first CLAS Standards versus the enhanced CLAS Standards.

Enhanced CLAS Standards

The enhanced CLAS Standards were launched April 24, 2013 and are composed of 15 Standards that provide individuals and organizations with a guide for successfully implementing and maintaining culturally and linguistically appropriate services. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, are increasingly seen as essential to reducing disparities and improving health care quality.

All 15 Standards are necessary to advance health equity, improve quality, and help eliminate health care disparities. Each individual Standard is important and the exclusion of any Standard diminishes an organizations' ability to provide health care in a culturally and linguistically appropriate manner. Thus, it is strongly recommended that each of the 15 Standards be implemented.

A comprehensive Blueprint has been developed by the OMH to help advance and sustain CLAS Standards policy and practice.

A copy of the 15 enhanced Standards is provided on the following page.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care[4]

The National CLAS Standards 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.

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

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 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.

Cultural Competence

What is Cultural Competence?

There are numerous definitions of Cultural Competence. The U.S. Department of Health and Human Services, Office of Minority Health defines cultural competence as:

> A set of congruent behaviors, attitudes and policies that come together in a syster agency, or among professionals which enables that system, agency or those professiona to work effectively in cross-cultural situations. “Culture” refers to integrated patterns human behavior that include the language, thoughts, communications, actions, custom beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competenc implies having the capacity to function effectively as an individual and an organizatic within the context of the cultural beliefs, behaviors, and needs presented by behavior health recipients and their communities (adapted from Cross et al, 1989).

Cultural Competence & CLAS

The enhanced CLAS Standards emphasize cultural identity as a key attribute that encompasses and exceeds race, ethnicity or languages spoken. Offering culturally competent care essentially means providing client-centered care. This can be achieved by meeting diversity or disparity needs stemming from education, health literacy, age, gender, income, sexual orientation, religion, disability status, socioeconomic class and access to care, among others.

The CLAS Standards with the enhanced emphasis on cultural competence provide an excellent framework for improving cultural competence.

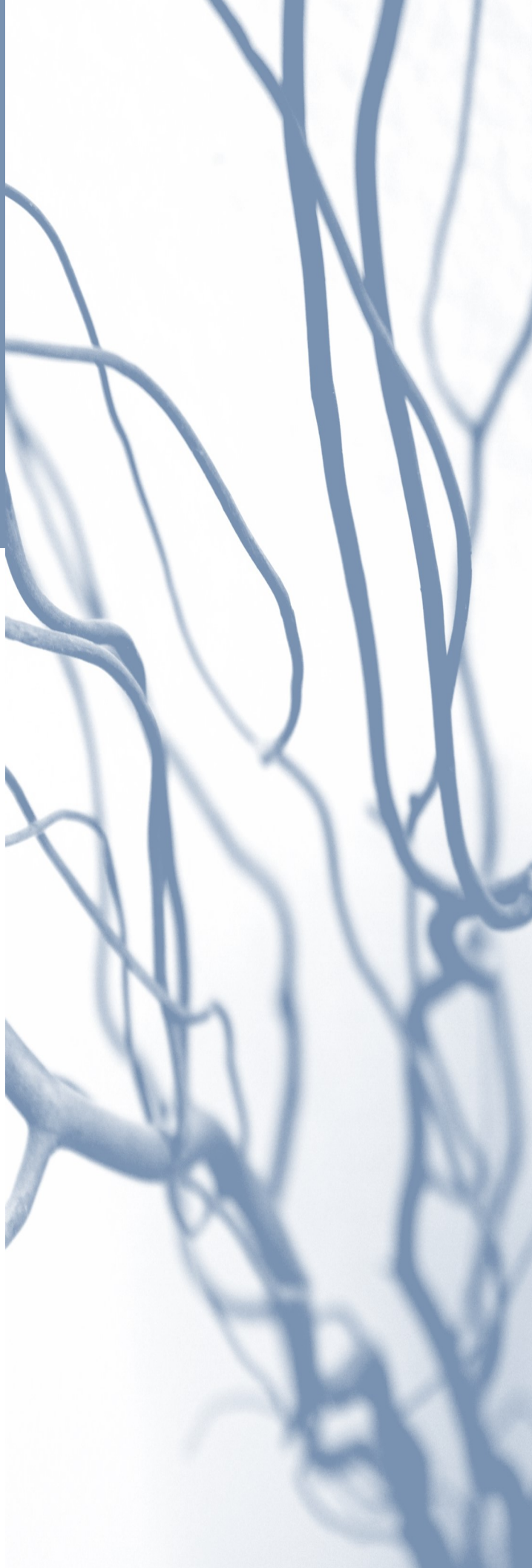
Three Critical Steps in Gaining Cultural Competence[6]

1. Unlearning: identifying and correcting learned biases
2. Learning: gaining new information, knowledge and wisdom
3. Diversification: increased collective capacity of organizations

Culturally Competent Organizations

A culturally competent organization has the capacity to bring into its system many different behaviors, attitudes, and policies and work effectively in cross-cultural settings to produce better outcomes.

The essence of cultural competence is individualized care in the sense that it enhances an organization's ability to provide care that is appropriate for the client's culture. An organization that is actively pursuing cultural competence, will increase its ability to serve all diverse communities.[7]



Cultural Competency Tools & Resources

Cultural Competence Guides

- Becoming a Culturally Competent Health Care Organization
- Building a Culturally Competent Organization: The Quest for Equity in Health Care
- Building Culturally Competent Organizations
- Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches
- Cultural Competence Resources
- Developing Cultural Competence in a Multicultural World
- Guidelines for Culturally Competent Organizations
- Transforming the Face of Health Professions through Cultural and Linguistic Competence Education

Cultural Competence Self-Assessments

- Conducting a Cultural Competence Self Assessment
- Indicators of Cultural Competence in Health Care Delivery Organizations
- Self Assessments—National Center for Cultural

Language Access

What is Language Access?

According to the Global Justice Initiative:

> "Language Access refers to ensuring that persons who have limited or no English langua proficiency (LEP) are able to access information, programs and services at a level equal English proficient individuals."

Language-access services including professional oral interpretation and written translation should be provided language access at no cost to the individual receiving services. Family members, friends and minors should not be used to provide language services.

The lack of language access services in a health care setting can create communication challenges and barriers to quality health care. Often this leads to a lower quality of overall health care and higher health costs for these patients.

Language Access & CLAS[8]

Individuals who have limited English proficiency (LEP) and/or other communication needs have language access rights under the law. Individuals do not need to be U.S. citizens to have language access rights under U.S. law.

- The National CLAS Standards mandate the provision of language access rights for individuals who have LEP and/or other communication needs.
- On the federal level, both Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act provide language access rights to LEP and disabled individuals.
- On the state level, all 50 states now have language access laws. Language access rights also figure prominently under the new Joint Commission cultural competence accreditation standards.

Arizona Health Disparities Center (AHDC) Language Access Initiative

The AHDC is actively working to improve Language Access throughout Arizona. They have developed several resources and formed a language access alliance to address the needs of LEP populations in Arizona.

Resources:

- I Speak Cards
- Know Your Language Rights Factsheets
- Language Access Assessment Among Community Health Centers in Arizona

Arizona Health Alliance for Language Access Rights:

- About
- Goals & Objectives
- Get Involved

Implementing CLAS Standards

Organization-wide Integration of CLAS Standards

having well-developed CLAS goals and policies along with delivery of CLAS activities requires careful and thoughtful planning. Cultural competence should be thoroughly integrated into the core of an organization and not be limited to just policies, rules, and strategies that address culturally and linguistically appropriate services. The following are some general tips and rationale for integrating CLAS Standards into your organization.

Tips

- Train leadership and key personnel on CLAS Standards
- Obtain the buy-in and support of the organization's board of directors and top management to implement CLAS Standards
- Form a CLAS integration workgroup comprised of key leaders within your organization
- Incorporate CLAS activities and values into your organization's mission statement and vision
- Conduct an assessment of CLAS Standards implementation/integration throughout the organization
- Develop a clear action plan to address any needs or areas of improvement relating to the implementation of CLAS Standards
- Create achievable goals and SMAART (Specific, Measurable, Achievable, Action Oriented, Results Oriented and Time Phased) objectives specific to the CLAS Standards integration and implementation
- Evaluate progress of CLAS Standards organization-wide implementation on a recurrent basis
- Share lessons learned and successes with other health and health care organizations

Why Should You Implement CLAS Standards?[5]

While the primary purpose of the CLAS standards is to benefit the client or patient population being served, there are also enormous benefits to the implementing organization. CLAS can benefit your organization in the following ways:

- **It's the Law**
  - ⇒ Comply with Federal Anti-Discrimination Law Title VI of the Civil Rights Act of 1964
  - ⇒ Any organization receiving federal funds must comply with the CLAS Standards
- **Healthier, More Satisfied Clients**
  - ⇒ Increase Communication through Cultural Awareness
  - ⇒ Reflect Cultural Backgrounds
  - ⇒ Improve Client Understanding and Consent
  - ⇒ Provide Improved Primary and Preventative Care
- **Improve Business**
  - ⇒ Use Funds Effectively
  - ⇒ Reduce Errors and Decrease Cost
  - ⇒ Improve Effectiveness of Treatment Plans and Create more Timely Recovery
  - ⇒ Avoid Legal and Regulatory Risks
  - ⇒ Increase Competency and Satisfaction Levels of Staff
  - ⇒ Have Higher Employee Morale and Retention
  - ⇒ Improve Client Loyalty and Retention

Tools and Resources for each CLAS Standard

The following tools and resources are provided to help support the implementation of CLAS Standards and improve cultural competence and language access within health and health care organizations.

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.*
   - CLAS Standards Implementation Tips
   - Developing a Self-Assessment Tool for CLAS in Local Public Health Agencies
   - Implementing Multicultural Health Care Standards: Ideals and Examples
   - Making CLAS Happen: Six Areas for Action
   - Providing Quality Health Care with CLAS: A Curriculum for Developing Culturally and Linguistically Appropriate Services (California)
   - The National CLAS Standards Blueprint

Governance, Leadership, and Workforce:

2. *Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.*
   - Cultural Competence in Governance
   - Preparing and Supporting Diverse Culturally Competent Leaders

3. *Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.*
   - Develop a Culturally Competent Health Care Workforce
   - Ensuring a Culturally Competent Workforce
   - Institute of Medicine Report: Ensuring Diversity in the Health Care Workforce

4. *Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.*
   - Arizona Health Disparities Center—Free Online CLAS Training
   - Cultural Competency Training Resources
   - Cultural Competency Training Template

Tools and Resources for each CLAS Standard, Cont.

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.*
   - Hablamos Juntos
   - Language Access Plan Template
   - Language Access Policies and Procedures Template
   - Limited English Proficiency.gov
   - U.S. Department of Health and Human Services LEP Resources & Tools

6. *Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.*
   - National Health Law Program - Language Access

7. *Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*
   - American Translators Association
   - Arizona Translators and Interpreters
   - Certification Commission for Healthcare Interpreters
   - International Medical Interpreters Association
   - National Council on Interpreting in Health Care (NCIHC)

8. *Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.*
   - Arizona Health Disparities Center "I Speak" Cards & Language Rights
   - Consumer Health Information in Many Languages
   - Women's Health Information in Foreign Languages

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.*
   - An Organizational Journey to Cultural Competence
   - Sample Cultural Competency Plan
   - Sample Cultural Competency Strategic Plan
   - Sample CLAS Standards Strategic Plan

Tools and Resources for each CLAS Standard, Cont.

Engagement, Continuous Improvement, and Accountability, Cont:

10. *Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.*
    - CLAS Self-Assessment Tool
    - CLAS Standards Assessment Tool

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.*
    - Data Collection and Reporting for Health Disparities
    - Health Research and Educational Trust Toolkit
    - National Vital Statistics System

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.*
    - CHANGE Tool
    - Needs Assessment Overview
    - Resources for Implementing Community Health Needs Assessments
    - Using Data to Address Health Disparities

13. *Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*
    - Planning, Implementing and Evaluating Culturally Competent Prevention Programs
    - Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems in Primary Health Care Settings

14. *Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.*
    - Cross-Cultural Conflict Resolution
    - Resolving Conflict in a Multicultural Environment
    - Role of Faith in Cross-Cultural Conflict Resolution

15. *Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.*
    - Communicating Organizational Change
    - Communicating Workplace Change

References

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4) U.S. Department of Health and Human Services, Office of Minority Health. *Enhanced National CLAS Standards. (*2014). [cited 2014 August 3]. Available from https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf.
5) Massachusetts Department of Public Health. *Making CLAS Happen (Enhanced): 6 Areas for Action.* 2013 August. [cited 2014 August 10] .Available from http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html.
6) Robinson-Alvarez. Moving Along the Cultural Competence Continuum. (2000).
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8) Minnesota Department of Labor and Industry. *Language Access and the Law in Health Care: An Overview*. [cited 2014 August 11]. Available from https://www.dli.mn.gov/WC/PDF/interp_2_2.pdf.

Appendix A1: 2013 & 2000 CLAS Standards—A Side-by-Side Comparison

Expanded Standards	2013 Enhanced CLAS Standards	2000 CLAS Standards
Culture	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics	Defined in terms of racial, ethnic and linguistic groups
Audience	Health and health care organizations	Health care organizations
Health	Explicit definition of health to include physical, mental, social and spiritual well-being	Definition of health was implicit
Recipients	Individuals and groups	Patients and consumers

Appendix A2: 2013 & 2000 CLAS Standards—A Side-by-Side Comparison[5]

Topic	2013 Enhanced CLAS Standards	2000 CLAS Standards
Culturally competent care and services	• Effective, **equitable**, understandable, respectful • Responsive to cultural health beliefs and practices • In preferred languages, **health literacy levels, other communication needs**	• Effective, understandable, respectful • Compatible with cultural health beliefs and practices • In preferred language
Governance, leadership and workforce	• Recruit, promote and **support** • Diverse **governance, leadership** and workforce reflect the service area • **Governance and leadership** promotes health equity through **policy, practices and resources** • **Educate and train** governance, leadership and workforce	• Recruit, retain and promote at all levels • Staff and leadership reflect demographic characteristics of populations served • Ongoing education and training on CLAS delivery
Language assistance services (LAS) and communication	• Timely, no cost to client • Inform of available LAS **clearly and in preferred language** • Individuals with limited English proficiency and **other communication needs** • Ensure LAS provider competence • **Avoid** use of untrained individuals/**minors** • Easy-to-understand print and **multimedia** materials and signage in languages commonly used	• Timely, no cost to client • Notices of available LAS • Patient/consumer with limited English proficiency (LEP) • Train bilingual staff/interpreters • Don't use family/friends to interpret (unless patient requests) • Signs informing of LAS in key languages of service area • Easily understood printed materials and signage in primary languages
Planning, assessment, accountability	• **Establish** CLAS goals, policies, and management accountability and **infuse** in planning and operations • Ongoing assessments • Integrate CLAS measures into measurement and quality improvement	• Implement and promote CLAS plans (goals, policies, operational plans, management accountability) • Ongoing assessments • Integrate CLAS measures into audits, performance improvement, surveys, evaluations
Data Collection	• **Accurate, reliable demographic data** • Use data to monitor and **evaluate impact of CLAS on health equity and outcomes** • Regular assessments of community health assets to plan and implement services that respond to cultural and linguistic diversity of area	• Race, ethnicity and language (REL) data • Current demographic, cultural and epidemiological community profile and community needs assessments to plan and implement services that respond to cultural and linguistic characteristics of service area
Community Partnerships	• Partner to **design, implement and evaluate policies, practices & services** • Communicate progress to **stakeholders, constituents, public**	• Participatory, collaborative partnerships • Facilitate community and patient involvement in designing CLAS activities • Public notices of progress

Appendix B: Glossary

- **Cross-Cultural Communication**, also known as intercultural communication, is defined as communication, and the study of it, among peoples of different cultural, ethnic and tribal backgrounds. Because of the inherent differences between the message sender/encoder and the message receiver/decoder, the risk of misunderstanding is particularly high in intercultural situations.
- **Health** is a state of complete physical, mental, and social well-being and not just the absence of sickness or frailty.
- **Health Disparities: "**Although the term 'disparities' often is interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen in a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations."
- **Health Equity** is the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."
- **Health Inequality** is differences, variations, and disparities in the health achievements of individuals and groups of people.
- **Health Inequity** is a difference or disparity in health outcomes that is systematic, avoidable, and unjust.
- **Health Literacy** is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."
- **Interpretation** is the process of understanding and analyzing a **spoken or signed message** and re-expressing that message faithfully, accurately and objectively in another language.
- **Limited English Proficiency** or **LEP refers to** individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.
- **Primary Language** refers to the language in which an individual is most proficient and uses most frequently to communicate with others inside or outside the family system.
- **Social Determinants of Health:** The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.
- **Socioeconomic Status** is a composite measure that typically incorporates economic, social, and work status. Economic status is measured by income. Social status is measured by education, and work status is measured by occupation. Each status is considered an indicator. These three indicators are related but do not overlap.
- **Translation** is the conversion of a ***written text*** into a different language.

Appendix B: Glossary, Cont.

Glossary References:

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