



WHY IMPLEMENT THE CLAS STANDARDS?

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

The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements.

They are intended to advance health equity, improve quality, and help eliminate health care disparities for the implementation of culturally and linguistically appropriate services.

HEALTH DEFINITION

The state of complete
physical, mental, social
&
spiritual
well being!

CULTURE

- The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime.

Elements of culture include, but are not limited to, the following:

- ◉ Age
- ◉ Cognitive ability or limitations
- ◉ Country of origin
- ◉ Degree of acculturation
- ◉ Educational level attained
- ◉ Environment and surroundings
- ◉ Family and household composition
- ◉ Gender identity
- ◉ Generation
- ◉ Health practices, including use of traditional healer techniques such as Reiki and acupuncture.
- ◉ Linguistic characteristics, including language(s), spoken written, or signed; dialects or regional variants' literacy levels' and other related communication needs.
- ◉ Military affiliation

- ◉ Occupational groups
- ◉ Perceptions of family and community
- ◉ Perceptions of health and well-being and related practices
- ◉ Perceptions/beliefs regarding diet and nutrition
- ◉ Physical ability or limitations
- ◉ Political beliefs
- ◉ Racial and ethnic groups - including but not limited to - those defined by the U.S. Census Bureau
- ◉ Religious and spiritual characteristics, including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life.
- ◉ Residence (i.e., urban, rural, or suburban)
- ◉ Sex
- ◉ Sexual orientation
- ◉ Socioeconomic Status

The National CLAS Standards were first developed by the U.S. Department of Health and Human Services, Office of Minority Health, in 2000.

From 2010 - 2013, OMH launched an initiative to update the standards to reflect the growth in the field of cultural and linguistic competency and the increasing diversity in the nation. The Standards and the 191 page Blueprint for implementation were issued April 24, 2013.

These enhanced standards address new developments in national accreditation standards for professional licensure in the fields of medicine and nursing, demographic trends, and the Affordable Care Act.

They present a stronger framework for the provision of culturally and linguistically appropriate services.

CLAS & Federal Civil Rights Laws

Culturally and linguistically appropriate services are increasingly included in or referenced by local and national legislative, regulatory, and accreditation mandates.

Title VI of the Civil Rights Act, 1964

Organizations receiving federal funds must take reasonable steps to provide meaningful access to their programs, for individuals with limited English proficiency, and prohibits discrimination.

Title II of the Americans with Disabilities Act of 1990

Section 504 of the Rehabilitation Act of 1973

Discrimination is prohibited on the basis of disability, in both the delivery of services and employment.

State Legislation

As of 2012, six states have mandated some form of cultural and linguistic competency for either all or a component of its health care workforce.

Several states have legislated cultural and linguistic competency training in health care.

National Accreditation

The Joint Commission and the National Committee for Quality Assurance have established accreditation standards that target the improvement of communication, cultural competency, patient-centered care, and the provision of language assistance services.

CLAS

Best Practice - Standards of Care

- ⦿ National Committee Quality Assurances
- ⦿ Patient Centered Medical Home
- ⦿ Medical Care for Children with Special Health Needs
- ⦿ AMA American Medical Association
- ⦿ IOM Institute of Medicine
- ⦿ Joint Commission

The former 14 CLAS standards have increased to 15.

They all begin with an action word to emphasize how the goal should be achieved. All standards are equally important to achieve optimal health.

The Principal Standard frames the essential goals of all the standards.

- 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.*

All CLAS standards have been appropriated into 3 themes, which were updated to clarify intent, and broaden the scope of interpretation and application.

The former theme, *Culturally Competent Care*, was updated to: *Governance, Leadership & Workforce*, for systemic responsibility, endorsement, and investment of leadership.

2. *(new standard) 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.*

The second former theme, *Language Access Services*, was updated to *Communication & Language Assistance*.

This broadens the understanding and application to all communication needs.

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.*

The former third theme, *Organization Supports*, was *enhanced to,*

Engagement, Continuous Improvement and Accountability.

To be effective, demand action, accountability and continuous quality improvement!

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.*

A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Provides specific measurable strategies to implement the CLAS standards and a framework for health organizations to use to ensure all their underserved patients receives equitable and effective treatment.

Reasons and Benefits to Implement the CLAS Standards

- ◉ Healthier and More Satisfied Consumers.
- ◉ Increased and Improved Communication between Health Professionals and Consumers.
- ◉ Reflection of Cultural Backgrounds.
- ◉ Improved Consumer Understanding and Consent.
- ◉ Provision of Improved Primary & Preventive Care.
- ◉ Increased Competency and Satisfaction Levels of Staff.
- ◉ Cost Savings by:
 - Using Funds Efficiently.
 - Reducing Errors and Decreasing Costs.
 - Improving the Effectiveness of Treatment Plans and Creating more Timely Recovery.
 - Avoiding Legal and Regulatory Risks.
- ◉ Higher Employee Morale and Retention.
- ◉ Improved Consumer Loyalty and Retention.
- ◉ Increased Market Share.
- ◉ More Viable when Responding to RFP's.

WHAT ARE YOU DOING?



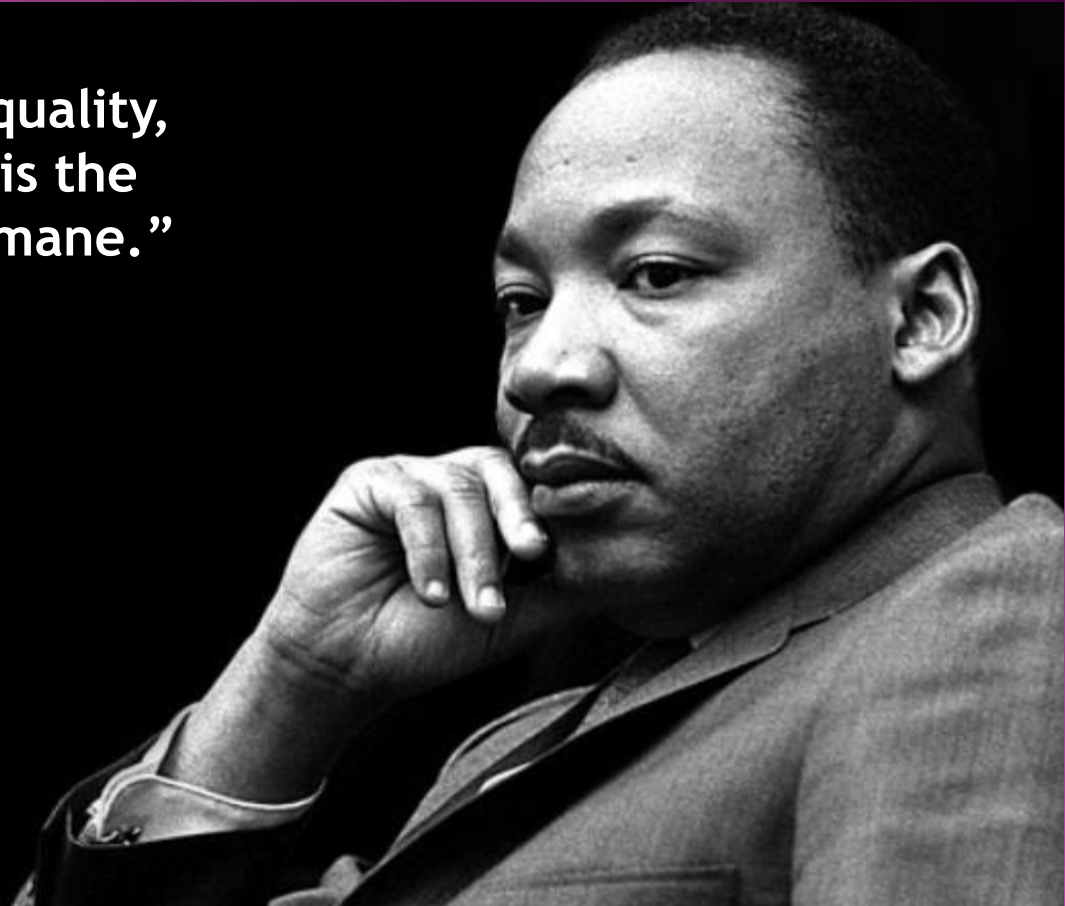
OR WHAT WILL YOU BEGIN TO DO TO IMPLEMENT CLAS?

C·L·A·S

Culturally & Linguistically Appropriate Services

“Of all the forms of inequality,
injustice in health care is the
most shocking and inhumane.”

Martin Luther King Jr.
March 25, 1966



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