

Enhanced National CLAS Standards: Overview and Examples

Overview

The enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, known as the enhanced National CLAS Standards, from the Office of Minority Health at the U.S. Department of Health and Human Services are intended to advance health equity, improve quality, and help eliminate health care disparities by providing clear plans and strategies to guide collaborative efforts that address health disparities across the country. Adoption of these Standards will help advance better health and health care in the United States¹.

The original National CLAS Standards, developed in 2000 by the HHS Office of Minority Health, provided guidance on cultural and linguistic competency, with the ultimate goal of reducing racial and ethnic health care disparities¹. The HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012 to recognize the nation's increasing diversity, to reflect the tremendous growth in the fields of cultural and linguistic competency over the past decade, and to ensure relevance with new national policies and legislation, such as the Affordable Care Act¹.

The enhanced National CLAS Standards are comprised of 15 Standards that provide a blueprint for community-based organizations and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality and help eliminate health care disparities². *The Blueprint* is a new guidance document for the National CLAS Standards that discusses implementation strategies for each Standard. This resource and others relating to the National CLAS Standards, as well as support and guidance in the implementation and maintenance of the Standards, can be found on the Office of Minority Health's Think Cultural Health website at www.ThinkCulturalHealth.hhs.gov.

The enhanced National CLAS Standards

The enhanced National CLAS Standards are organized into one Principal Standard and 14 standards which if adopted, implemented and maintained will achieve the Principal Standard. The 14 standards are organized under three themes:

- Theme 1: Governance, Leadership and Workforce – emphasizes the importance of CLAS implementation as a systemic responsibility, requiring the endorsement and investment of leadership, and the support and training of all individuals within an organization.

- Theme 2: Communication and Language Assistance – includes all communication needs and services, e.g., sign language, Braille, oral interpretation and written translation.
- Theme 3: Engagement, Continuous Improvement, and Accountability – underscores the importance of establishing individual responsibility for ensuring that SLAS is supported, while maintaining that effective delivery of CLAS demands action across 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.

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.

How the enhanced National CLAS Standards help reduce health disparities

Many health care stakeholders are developing initiatives in cultural competence focusing on health care policy, practice and education³. Cultural competence has emerged as an important issue for three practical reasons. First, as the United States becomes more diverse, health care practitioners will increasingly see people with a broad range of perspectives regarding health, often influenced by their social or cultural backgrounds. Second, research has shown that provider-patient communication is linked to health outcomes. For example, a recent Medicaid study suggests that language and cultural competence practices are positively related to childhood asthma outcomes⁴. And third, two landmark Institute of Medicine (IOM) reports – *Crossing the Quality Chasm* and *Unequal Treatment* – highlight the importance of patient-centered care and cultural competence in improving quality and eliminating health disparities⁵.

One of the most modifiable factors contributing to health inequities is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals². Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality and effectiveness of care and services and in reducing health disparities². One of the most promising strategies to emerge is the application of a quality improvement (QI) framework to promote measurable improvement on persistent patterns of unequal treatment⁶. QI involves the use of evidence-based guidelines, or standards, in an efficient and sustainable approach⁶. The CLAS standards and what they call for could lead the way in the challenge of clarifying what high-quality health care for diverse populations really means⁶.



The enhanced National CLAS Standards apply to all members of the health and health care community, not only those in health care settings but also those who provide services such as behavioral health, mental health and community health, and to consumers, workforce, and federal, state, tribal and local governments². Thus the Standards incorporate broad definitions of culture and health to ensure that every individual has the opportunity to receive culturally and linguistically appropriate health care and services².

The Blueprint for the enhanced National CLAS Standards includes specific implementation strategies to establish or expand culturally and linguistically appropriate services. Implementation of the enhanced CLAS Standards will vary from organization to organization. Organizations should identify the best implementation methods appropriate to their size, mission, scope, and type of service. It is also important to develop measures to examine the effectiveness of the programs being implemented, and to identify areas for improvement and next steps².

The enhanced National CLAS Standards will help advance better health and health care in the United States by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services⁷.

Some approaches to using the enhanced National CLAS Standards

State-level Examples

1. The State of Maryland Office of Minority Health and Health Disparities, with funding from the U.S. Department of Health and Human Services' Office of Minority Health, has created a pair of toolkits to assist with the implementation of CLAS Standards throughout the state of Maryland. Each toolkit contains a facilitator guide and supporting resources to implement the CLAS standards in organizations, to educate others about CLAS implementation and to advocate for CLAS implementation in Maryland's health and health care settings. (See Additional Resources, below for a link to these resources.)
 - a. The Toolkit for Health Care Delivery Organizations is aimed at assisting healthcare agencies such as hospitals, clinics, local health departments and physicians' offices in implementing the CLAS standards in their organizations.
 - b. The Toolkit for Community-Based Organizations and Outreach Workers is aimed at helping community-based organizations and outreach workers to advocate for CLAS implementation for clients they serve. The Toolkit also gives community-based organizations the information needed to implement CLAS in their own agencies.



2. The State of Mississippi requires all its substance abuse prevention and treatment grantees to implement and assess the implementation of the CLAS Standards. This requirement includes three components:
 - a. Training – Extensive training in cultural competence and the CLAS Standards is provided and grantees are convened periodically to discuss how they are addressing and implementing the Standards, to share resources and to receive technical assistance.
 - b. Policy and Protocol Development – The Mississippi Department of Mental Health developed a Health Disparities Statement, and grant applications and proposals are assessed on how well they address health disparities based on this policy statement during scoring/grading.
 - c. Program Evaluation – Cultural competence is assessed and reported as part of process and outcome evaluation procedures, and quality improvement plans are required to address any disparities identified so that equity can be restored.

The State of Mississippi further encourages communities to emulate their example at the community level by developing their own health disparities statements and including these as appendices to grant proposals.

Community-level Example

A community coalition funded by the Minnesota Department of Human Services to address underage drinking in Deer River, Minnesota understood that they needed to initially build relationships in order to engage the community in this issue. They identified that nearly half of their student population were Native American and recognized that Native American leaders needed to be at the table. They assessed existing relationships with these leaders and considered new relationships that could be formed.

The coalition realized that building relationships, although not particularly complicated, takes time and attention to cultural competency principles, e.g., respect and responsiveness. They began by sitting together over cups of coffee and talking about their hopes for their community. Out of these experiences came invitations to Native American leaders to sit at the coalition table and to non-Natives to be present at gatherings of Native American cultural and community events. Over time, these conversations and relationships developed into mutual partnership. The community and the Tribe have been able to work together on their respective grants to address underage drinking.

The coalition was guided in its efforts by this well-known quote from Lily Walker, “If you are here to help me, then you are wasting your time. But, if you have come because your liberation is tied up in mine, then let us begin.”



The coalition employed culturally competent procedures to pilot test their assessment and evaluation processes, their plans and interventions, and the images, messages and materials they developed with both Native American and non-Native students to ensure cultural relevance for all students. This valuable information provided continuous quality improvement, guided mind-course corrections and ensured cultural competency.

Additional Resources

Maryland Department of Health and Mental Hygiene. (2015). *Toolkit for Health Care Delivery Organizations and Toolkit for Community-Based Organizations and Outreach Workers*. Retrieved from <http://dhmh.maryland.gov/mhhd/SitePages/CLAS-Standards-Toolkits.aspx> .

Massachusetts Department of public Health, Office of Health Equity. (2013). *Making CLAS Happen: A Guide to Culturally and Linguistically Appropriate Services*. Retrieved from <http://www.mass.gov/eohhs/docs/dph/health-equity/clas-manual-lit-review.pdf> .

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5. Betancourt, J.R., Green, A.R., Carillo, J.E., and Park, E.R. Cultural Competence and Health Care Disparities: Key Perspectives and Trends. *Health Affairs*, 24, no.2 (2005):499-505.
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7. The Case for the Enhanced National CLAS Standards. (n.d.). U.S. Department of Health and Human Services, Office of Minority Health. Retrieved from <https://www.thinkculturalhealth.hhs.gov/Content/clasvid.asp> 10/05/15.

