

Application of the Cultural and Linguistic Appropriate Service (CLAS) Standards

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What are the CLAS Standards?

- The National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (CLAS) is a set of action steps that organizations can take to advance health equity.
- Developed by the Department of Health and Human Services (HHS), Office of Minority Health in 2000, and enhanced in 2013.
- The long-term vision for the implementation of CLAS Standards is to eliminate health care disparities by establishing a blueprint for health and health care in which organizations are able to evaluate and address health equity and cultural and structural competency.

Why are CLAS Standards important?

- Standards serve as guideposts for underscoring the importance of recognizing cultural differences (ex., race/ethnicity, community networks, literacy, employment status, cognitive ability, language proficiency and sexual orientation).
- Facilitate best practices in the provision of culturally and linguistically appropriate health services.

What Is Health Equity?

- According to the Department of Health and Human Services, Health Equity is the attainment of the highest level of health for all people.
- Currently, individuals from various cultural backgrounds across the United States are unable to attain their highest level of health.
- There are several reasons for these differences in health, including the social determinants, or those conditions in which individuals are born, grow, live, work, and age, such as socioeconomic status, education level, and the availability of health services.

What is the difference between Health Equality and Health Equity?



Equality is treating everyone the same and aims to promote fairness.

Equity is giving everyone what they need to be successful.

What is Cultural Health, and how is it achieved?

- 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.
- Differences in social and structural environment conditions as well as cultural context can result in vulnerability to social and health inequity across different group identities which, in turn, lead to poor cultural health or *health disparities*.

What are some examples of Cultural Differences?

A person's **cultural identity** is related to how they view themselves. It can take the form of a characteristic or a sense of belonging to a group by:

- Age
- Country of origin
- Ethnicity
- Gender
- Language
- Physical abilities
- Race
- Religion
- Sexual orientation
- Socio-economic status
- Spiritual beliefs

What influences Cultural Difference?

- Cognitive ability or limitations
- Community networks
- Degree of acculturation
- Economics
- Education
- Employment
- Family and/or household
- Generation
- Geographic location
- Knowledge, experience
- Language proficiency
- Immigration status
- Income
- Literacy
- Marital status
- Mental health
- Military experience
- Parental status
- Political context

What are “*Structural Factors*” and why do they matter to Cultural Differences?

- Social, economic, policy, and systems’ level factors that promote or impede individual health.
- Cultural differences are shaped by the context of the **structural** environment so we must practice cultural and *structural* competency.

What is Cultural and *Structural* Competency? (1)

- Cultural and structural competency recognizes that system-level factors (social, economic and institutional) encourage or impede individual health outcomes, and many of these factors are rooted in inequities of opportunity and resources.
- Cultural and structural competency aims to ensure that everyone is not only treated the same (equality) but that everyone is given what they need to be successful (equity).

What is Cultural and *Structural* Competency? (2)

- An approach to cultural competence through a social and structural determinants viewpoint.

Why this approach?

- The **cultural identity** of a person or group *exists within* and is *shaped by* social, economic, policy and system-level factors that either promote or impede individual health.

Being “*Culturally Competent*” means...

- **recognizing** that cultural factors and identity operate within a structural context and shape behavior and experiences.
- **developing** and **fostering** cultural and structural humility.
- **practicing** cultural and structural competence.

Cultural Competency begins with application of the CLAS Standards by being responsive to Structural level factors of inequity...



These images are credited to the City of Portland, Oregon, Office of Equity and Human Rights for their adaptation from the original graphic.
<http://www.portlandoregon.gov/oehr/article/449547>

Why implement CLAS Standards?

By implementing CLAS Standards, organizations may achieve health equity through CLAS by:

- 1) Responding to demographic changes
- 2) Eliminating long-standing disparities
- 3) Changing organizational culture
- 4) Improving quality of services and outcomes
- 5) Meeting legislative and accreditation mandates
- 6) Gaining a competitive edge in the marketplace
- 7) Decreasing likelihood of liability claims
- 8) Maintaining credibility

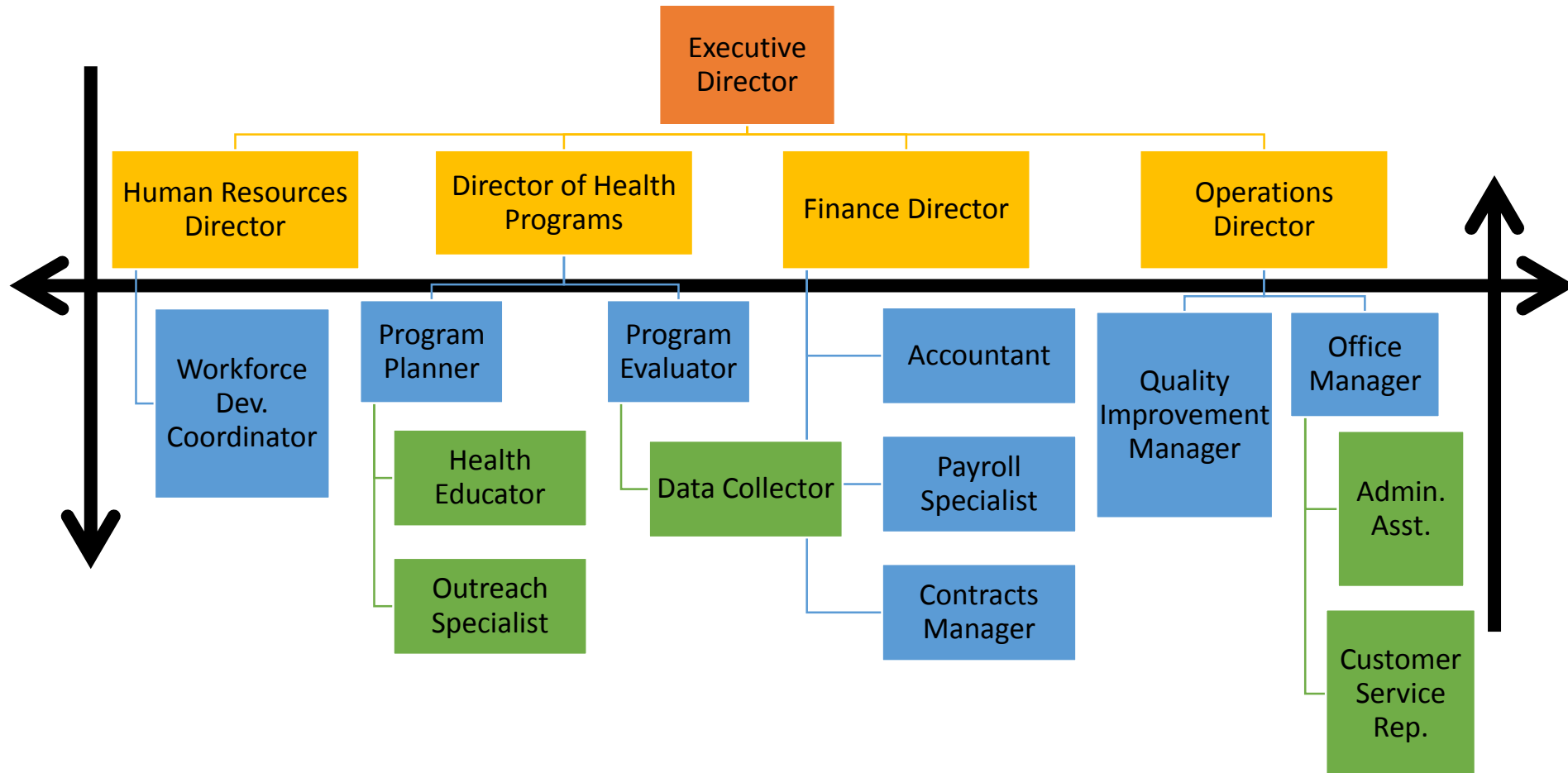
CLAS Standard 1: The Principal Standard

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.

Possible Application of CLAS Standard 1

- Establish an organizational commitment to cultural competence through an organizational mission or vision statement.
- Aim to improve the quality of care and services through implementation of cultural and structural competence.
- Establish accountability for agency-wide Cultural Competence through adding it as a responsibility and task for at least one staff within the agency.
- Develop an assessment of needs and a plan for addressing those needs through a cultural and structural competence approach, which details objectives and strategies that are responsive to cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- Dedicate funding to support planning and training in cultural competence among staff and management.

Example: Infuse Commitment for Cultural and Structural Competence throughout Workplace Culture



CLAS Standard 2-4: 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.

Possible Application of CLAS Standard 2-4

- Hire and retain culturally competent staff who are from or who may have experience working with prevalent cultural groups.
- Identify at least one management-level staff whose role and responsibilities can include promoting cultural and structural competence and CLAS.
- Develop a timetable and reporting mechanism for quality assurance and quality improvement related to competence planning and implementation.
- Ensure responsiveness to culturally and linguistically appropriate policies and practices through governance and leadership.

CLAS Standard 5-8: 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.

Possible Application of CLAS Standard 5-8

- Provide necessary accommodation to persons who have limited English Proficiency (LEP), visual or hearing impairments.
- Translate key documents and forms into the language of cultural groups and service users.
- Provide service descriptions and educational materials for persons with limited reading skills.
- Hire staff who speak the language of prevalent cultural groups and service users.

Example: Skills and qualifications of interpreters and translators

Interpreters	Translators
Knowledge of subject area, relevant vocabulary	
Active listening	Expert in written communication
Message conversion	Good research skills
Familiarity with regionalisms and slang	Intimate knowledge of native language
Can identify difference in meaning due to dialects	Able to write in idiomatic and natural patterns
Knows varying levels of formality	Continues education
Understands idioms	Knowledge of professional limits
Understands key concepts like informed consent	Can translate documents like informed consent forms

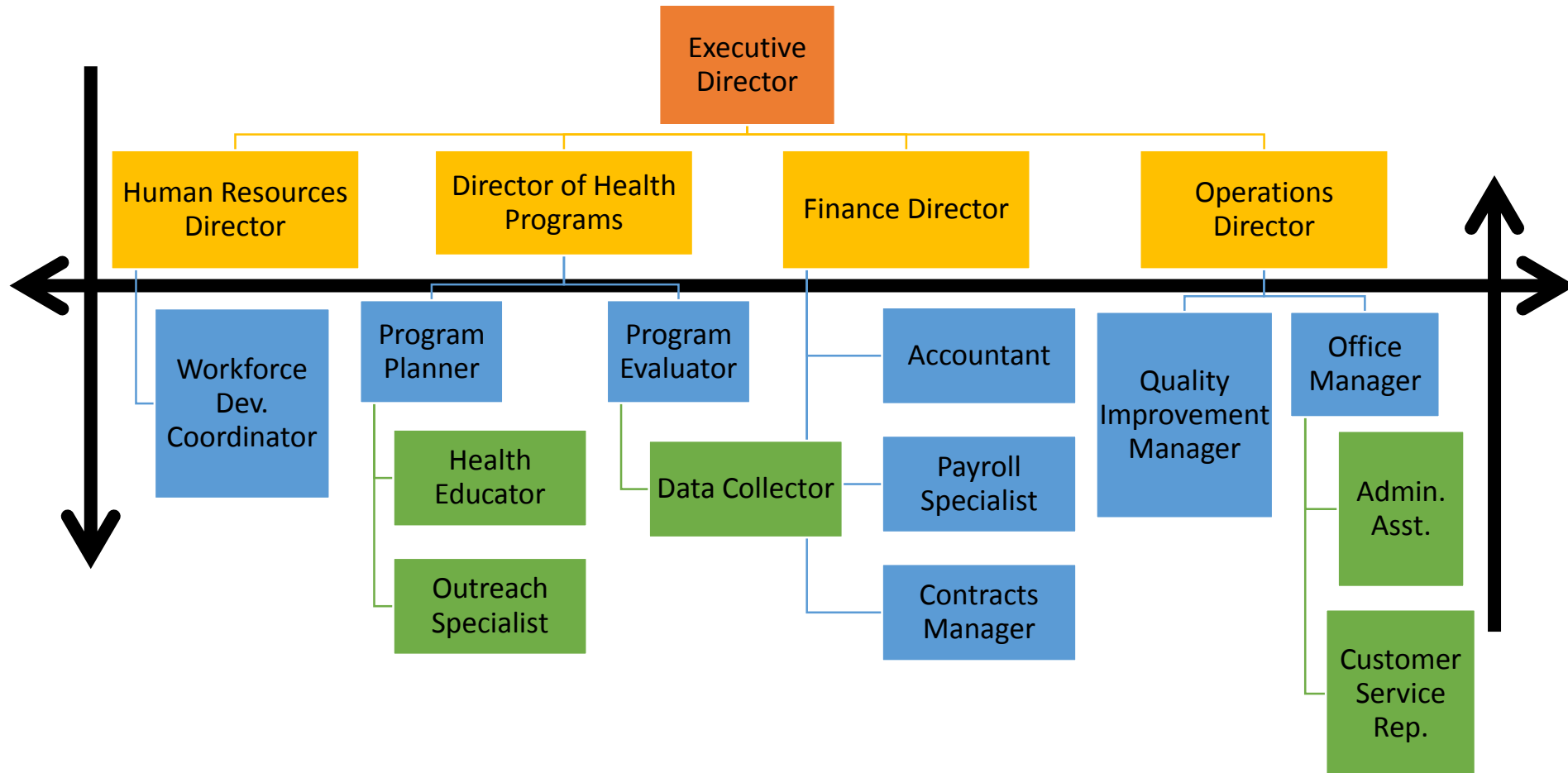
CLAS Standard 9-12: Engagement, Continuous Improvement & Accountability

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment 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.

Possible Application of CLAS Standard 9-12

- Obtain information and current data on cultural groups and service users in order to identify cultural and linguistic needs.
- Develop and evaluate CLAS-related measures to inform service delivery and assess the impact of cultural and linguistic planning and policies.
- Establish a Cultural Competency Committee within the agency to ensure integration of cultural and structural competence within the agency is advanced.
- Address issues related to cultural and structural competency in agency committees, boards or advisory groups.

Example: Infuse Commitment for Cultural and Structural Competence throughout Workplace Culture



CLAS Standard 13-15: Engagement, Continuous Improvement & Accountability, continued

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

Possible Application of CLAS Standard 13-15

- Ensure that policies, practices and services are meeting the needs of cultural and linguistic appropriateness by soliciting feedback from staff who are from, or who have had experience working with different cultural groups.
- Create internal mechanisms and processes for grievances and conflict resolution that are sensitive and culturally responsive to the needs of both staff and service users.
- Solicit and incorporate feedback and recommendations received from community members, service users and staff into planning and implementation of services.

Resource

Centers for Medicare and Medicaid Service, Office of Minority Health. (2016). Building an Organizational Response to Health Disparities, A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities. Retrieved from:

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>

Thank you!