



Implementing CLAS Standards - Improving Cultural Competency, Cultural Humility and Language Access

A Supplemental Toolkit

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Purpose

The purpose of this toolkit is to provide a practical guide, tools and resources for organizations implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. This toolkit aligns with the training available through [Tracorp](#) and provides a basic overview of CLAS Standards, cultural competence, cultural humility, and language access. This toolkit was updated and adapted from the original publication created by the Arizona Health Disparities Center (2014).

About the Office of Health Equity

The mission of the Office of Health Equity is to support and strengthen the internal capacity of ADHS to operationalize health equity and to work with communities to reduce health disparities. Our work starts by adopting and promoting recognized best practices, such as the national CLAS Standards.

Aligning with the [Ten Essential Public Health Services](#) and the [ADHS Health Equity Policy](#), the Office of Health Equity develops toolkits and training which actively promote “systems and services that enable good health and seek to remove obstacles and systemic and structural barriers.”

For resources, including a list of diverse community partners, or additional information, contact the Office of Health Equity at healthequity@azdhs.gov.

History of the CLAS Standards

According to the U.S. Department of Health and Human Services, Office of Minority Health (OMH), CLAS Standards are intended to:

- Advance health equity
- Improve quality of services
- Help eliminate health disparities

The first CLAS Standards were published by 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 enhancement also ensured the standards continue as the cornerstone for advancing health equity through culturally and linguistically appropriate services with a stronger focus on culture, audience, health, and recipients.

The CLAS Standards are composed of 15 standards that provide individuals and organizations with a guide for successfully implementing and maintaining culturally and linguistically appropriate services. By providing care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, health disparities are reduced and health care quality is improved.

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 all of the 15 standards be implemented.

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

[Printable version](#)

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.

The principle standard serves as the foundation of all the other standards. By adopting, implementing, and maintaining standards 2 through 14, the principle standard is met.

Governance, Leadership and Workforce

Standards 2 to 4 focus on systematically implementing CLAS within an entire system or organization. This must include the endorsement and investment of leadership and the resources to support implementation and maintenance. This also includes supporting and training all individuals within an organization on CLAS.

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.

Resources:

[ADHS CLAS Training](#)

[Providing CLAS](#)

Communication and Language Assistance

Standards 5 through 8 refer to the necessary language services which ensures those with limited English proficiency have meaningful access to services.

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.

Resources:

[ADHS Language Access Toolkit](#)

[Limited English Proficiency](#)

[U.S. Department of Health and Human Services LEP Guidance](#)

[National Council on Interpreting in Health Care \(NCIHC\)](#)

[“I Speak” Cards & Language Rights](#)

Engagement, Continuous Improvement, and Accountability

Standards 9 through 15 address the importance of individual responsibility to ensure CLAS is integrated and supported. It also highlights the need to stay relevant to the demographics of the community served and stay connected to the community.

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.

Resources:

[National Vital Statistics System](#)

[Conducting Needs Assessment Surveys](#)

[CDC Community Health Improvement](#)

Why Should You Implement CLAS Standards?

The U.S. is becoming increasingly diverse, yet the health workforce is not diversifying as quickly. Health disparities are persistent and widespread across the nation. CLAS Standards provide an opportunity to better respond to demographic changes in our communities and improve quality in care and services to all individuals.

[Census](#) data confirms that Arizona is rich in diversity, culture, and language. Arizona is home to 22 federally recognized tribes. It is estimated that by 2023, twenty-three percent of our population will be 65 or over. As our state continues to grow, most residents under age 18 belong to one or more racial or ethnic groups. At least a quarter of Arizonans, age 5 and older, speak a language other than English. Arizona is one of the states with the highest refugee resettlement numbers in the U.S. In order to keep all Arizonans healthy and to ensure equitable access to care, it is important that we follow the national CLAS Standards.

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

- Compliance with the Federal Anti-Discrimination Law [Title VI of the Civil Rights Act of 1964](#)
- Any organization receiving federal funds must comply with the CLAS Standards per [Executive Order 13166](#)
- CLAS supports our national accreditation status
- Healthier, more satisfied clients
 - Increases communication through cultural awareness
 - Reflects cultural backgrounds
 - Improves client understanding and consent
 - Provides improved primary and preventative care
- Improves business outcomes
 - Ensures funds are used effectively
 - Reduces errors and potentially decreases costs
 - Improves effectiveness of treatment plans and supports more timely recovery
- Avoids legal and regulatory risks
 - Increases staff competence and customer satisfaction
 - Results in higher employee morale and retention
 - Improves client loyalty and retention

Resources:

[Video - Why CLAS matters](#)

Implementing CLAS Standards

Having well-developed CLAS goals and policies along with delivery of CLAS activities requires careful and thoughtful planning. Cultural competence and humility should be thoroughly integrated into the core of an agency and not be limited to just policies, rules, and strategies.

The following are some general tips for integrating CLAS Standards into your agency:

- 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 or 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

Resources:

[An Implementation Checklist for the National CLAS Standards](#)

[A Blueprint for Advancing and Sustaining CLAS Policy and Procedures](#)

Cultural Competency, Cultural Humility, and CLAS

What is cultural competency?

The Office of Minority Health defines [cultural competency](#) as a developmental process in which one achieves increasing levels of awareness, knowledge, and skills along a continuum, improving one's capacity to work and communicate effectively in cross-cultural situations.

Strategies for practicing cultural competence include:

- Learning about your own and others' cultural identities
- Combating bias and stereotypes
- Respecting others' beliefs, values, and communication preferences
- Adapting your services to each client's unique needs
- Gaining new cultural experiences

Cultural Competency and 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 identity, 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.

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.

Resources:

[Building Culturally Competent Organizations](#)

What is cultural humility?

[Cultural humility](#) is a life-long reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.

Strategies for practicing cultural humility include:

- Practicing self-reflection, including awareness of your beliefs, values, and implicit biases
- Recognizing what you don't know and being open to learning as much as you can
- Being open to other people's identities and empathizing with their life experiences
- Acknowledging that the client is their own best authority, not you
- Learning and growing from people whose beliefs, values, and worldviews differ from yours

A client having health beliefs or cultural beliefs that are different from the provider's beliefs is a perfect opportunity to use "cultural competency and cultural humility."

The [three dimensions of cultural humility](#) are:

1. Lifelong learning and critical self-reflection.
 - Understanding that each of us is a complex human being.

- Being flexible and humble enough to let go of the false sense of security that stereotyping brings.
- Being aware of your own unintentional and intentional biases.

2. Recognize and challenge the power imbalances between providers and clients.

- Identifying and relinquishing the power imbalance between the provider and client by practicing client focused communication.
- Allowing the client to take the lead on asking questions and explaining their issue. Creating an atmosphere that enables a client to tell their story.
- Realizing the client is uniquely qualified to help the provider understand his/her/their intersection of race, ethnicity, religion, class, etc.

3. Institutional accountability

- Developing mutually beneficial, non-paternalistic and respectful working relationships with community members and organizations.
- Ensuring the agency is composed of members from diverse backgrounds, provides multicultural training to staff, supports inclusive and respectful discussions.
- Holding the agency publicly accountable for practicing cultural competence and humility.

Resources

[Providing Patient Centered Care](#)

Language Access

What is language access?

According to the Department of Justice, [language access](#) refers to “oral and written language services needed to assist limited English proficiency (LEP) individuals to communicate effectively with staff, and to provide LEP individuals with meaningful access to, and an equal opportunity to participate fully in, the services, activities, or other programs” administered by an organization.

Language access services, including professional oral interpretation and written translation, should be provided at no cost to the client. 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 clients.

Language Access and CLAS

Individuals who have limited English proficiency (LEP) and/or other communication needs have language access rights under both state and

[federal](#) law. Individuals do not need to be U.S. citizens to have language access rights under U.S. law.

CLAS Standards mandate language access rights for individuals who have LEP and/or other communication needs. Language access rights are also part of the Joint Commission cultural competence accreditation standards.

Resources

[ADHS Language Access Toolkit](#)

Glossary

Cross-cultural communication or intercultural communication is the study of communication, 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 is when a health outcome is seen to a greater or lesser extent between populations. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

Health equity is when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” 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 reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. They are 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.

Non-paternalistic is when a physician or other healthcare professional makes decisions for a patient with the explicit consent of the patient

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 are 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. It is important to recognize the impact that social determinants have on health outcomes of specific populations.

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.