



SAMHSA-HRSA Center for Integrated Health Solutions

Understanding the CLAS Standards

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Agenda

- The rationale and business case for the Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS);
- The components of the CLAS standards;
- Culturally appropriate interventions informed by CLAS standards;
- The organizational supports for cultural and linguistic competence.

Rationale for cultural and linguistic competence in health

- Eliminate long-standing health disparities
- Respond to current and projected demographic changes
- Improve quality of services and health outcomes
- Meet legislative, regulatory and accreditation mandates
- Gain a competitive edge in the market place
- Decrease risk of liability/malpractice

National Center for Cultural Competence, 1996

Business case within health care

- ✧ Increased market share among limited English proficient patients.
- ✧ Substantial reductions in outsourced language interpretation services and subsequent savings in related costs.
- ✧ Increased patient and provider satisfaction.
- ✧ More efficient use of staff time by reducing communication delays between patients and providers.
- ✧ Cost-savings resulting from shorter hospital stays and more prompt and efficient patient discharges.

Alliance of Community Health Plans Foundation (2007) Making the business case for culturally and linguistically appropriate services in health care: case studies from the field.

CLAS Guidelines

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

USDHHS. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

CLAS Guidelines

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.

USDHHS. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

CLAS Guidelines

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.

USDHHS. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

CLAS Guidelines

Engagement, Continuous Improvement and 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.

USDHHS. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

CLAS Guidelines

Engagement, Continuous Improvement and Accountability (cont'd)

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.

USDHHS. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

- The rationale and business case for the Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS);
- The components of the CLAS standards;
- **Culturally appropriate interventions informed by CLAS standards;**
- **The organizational supports for cultural and linguistic competence.**

Cultural Competence...

...describes the ability of an individual or organization to interact effectively with people of different cultures. To produce positive change, prevention practitioners must understand the cultural context of their target community, and have the willingness and skills to work within this context. This means drawing on community-based values, traditions, and customs, and working with knowledgeable persons of and from the community to plan, implement, and evaluate prevention activities.

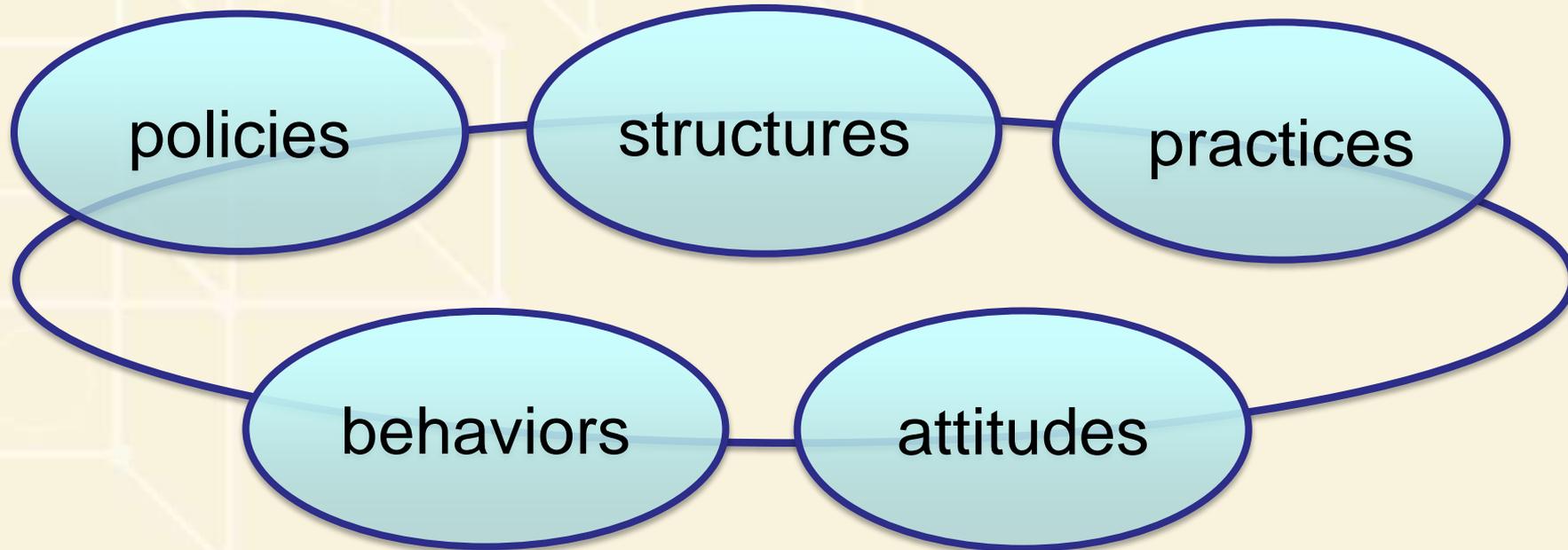
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Linguistic Competence...

...is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities policy, structures, practices, procedures and dedicated resources to support this capacity

Goode, T.G., and Jones, W.A. (2003) Linguistic Competence in Service Delivery. National Center for Cultural Competence.

Cultural Competence...



...requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

Cross, T. et al (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Culturally Competent Systems

Cultural competence must be manifested at every level of an organization including:

Policy making

Administrative functions

Service delivery

Consumer and family involvement

Community engagement

Cross, T. et al (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Presenter Contact Information

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Additional Questions?
Contact Emma Green, emmag@thenationalcouncil.org

Health Disparities Series

Understanding the Enhanced CLAS Standards

Webinar: July 10, 2015, 2-3 PM EDT

Follow-up Q&A Session: July 24, 2015, 2-3 PM EDT

Performance Indicators for Integration of Cultural and Linguistic Competence

Webinar: August 14, 2015, 2-3 PM EDT

Follow-up Q&A Session: August 28, 2015, 2-3 PM EDT