



# **Using the CLAS Standards to Enhance Cultural Competence in Integrated Care**

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At the completion of this session each participant will be able to:

- Relay the purpose and rationale for the National Standards for Culturally and Linguistically Appropriate Services
- Describe the CLAS Standards
- Identify at least one strategy for implementing each of the CLAS standards in an integrated care setting



## What are the CLAS Standards?

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In 2001, the U.S. Department of Health and Human Services, Office of Minority Health, issued a national set of standards designed to:

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

HHS/OMH conducted an enhancement initiative from 2010-2013 to update the CLAS standards



# Differences between 2000 and 2013 Standards

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Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic, and linguistic groups	Add geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social, and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

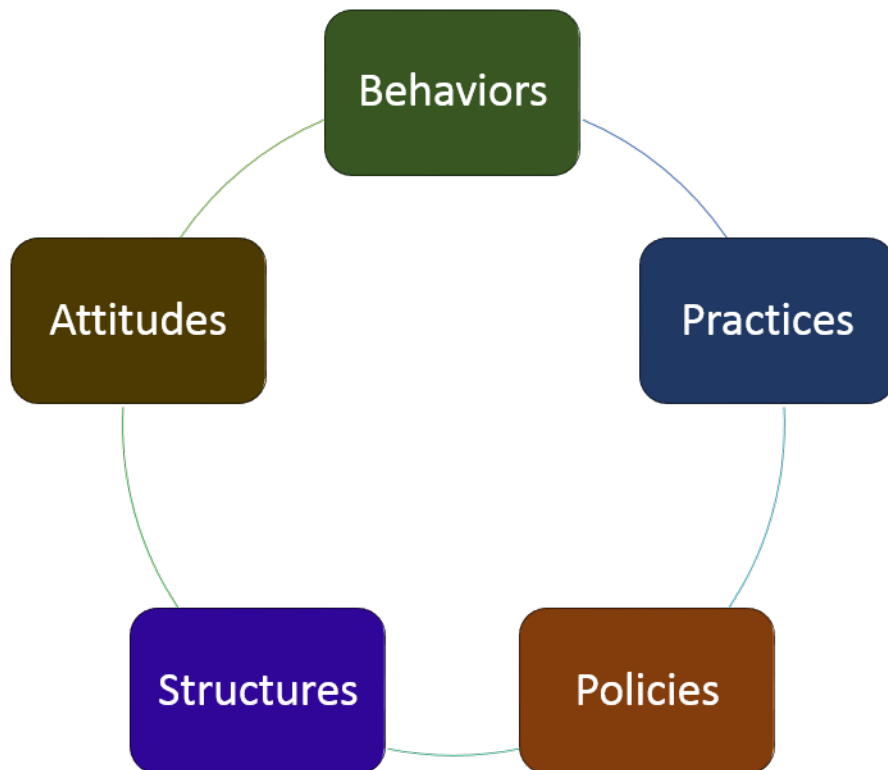


# CLAS Standards Organization

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- Principal Standard (Standard 1): Provide effective, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability Standards (Standards 9-15)

[https://www.thinkculturalhealth.hhs.gov/CLAS/Clas\\_Overview.asp](https://www.thinkculturalhealth.hhs.gov/CLAS/Clas_Overview.asp)



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

### Cultural competence:

- Embraces the principles of equal access and non-discriminatory practices in service delivery.
- Is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.
- Involves working in conjunction with natural, informal support and helping networks within culturally diverse communities.

Source: National Center for Cultural Competence, Foundations/Guiding Values and Principles

<http://nccc.georgetown.edu/foundations/frameworks.html>

## Linguistic competence requires:

- Services and supports delivered in the preferred language and/or mode of delivery of the population served.
- Written materials translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served.
- Interpretation and translation services that comply with all relevant mandates governing language access.
- Consumers are engaged in evaluation of language access and other communication services to ensure for quality and satisfaction.





## Barriers to Culturally and Linguistically Competent Care

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- Systems of care poorly designed for diverse populations
- Poor cross-cultural communication between providers and patients
- Patient/client fears and distrust
- Cultural stigma
- Lack of diversity in health care leadership and workforce



# Why should your organization implement the CLAS Standards?

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EVIDENCE  
INDICATES  
IMPROVEMENT

CARE

SERVICES

SUPPORTS

OUTCOMES

Access

Effectiveness

Acceptability

Satisfaction

Slide Source © 2011 - National Center for Cultural Competence



# Implementing CLAS will enable your staff to:

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- Gain knowledge about cultural values and beliefs of the patient and apply that knowledge in a health care context.
- Interact effectively with people whose cultures and belief systems are different than your own.
- Provide quality care that is respectful and nonjudgmental.
- Deliver health care, services, and supports in the primary languages spoken by patients/clients and their families
- Identify and respond effectively to the preferences and needs of populations served.



# CLAS Standard 1

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Provide effective, 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.



## CLAS Standard 1: Implementation Strategies

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- Acquire knowledge about the cultures and languages spoken by your patients.
- Collect data on cultural beliefs and practices and the language of choice of your patients.
- Collect data periodically on patient experience of care and the extent to which it addresses culture and language. Consider focus groups, short surveys, web-based applications, and feedback from patient navigators.



# CLAS Standard 1: Implementation Strategies

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- Collaborate with patients and their advocates to develop or update:
  - Glossary of terms that providers are likely to encounter
  - Directory of services offered by the agency/organization
  - Directory of community-based services that patients/clients can access.

Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources





## CLAS Standard 2: Implementation Strategies

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- Ensure that commitment to culturally competent care is reflected in the vision/goals/mission of the organization.
- Identify and develop informed committed champions of cultural and linguistic competency throughout the organization
- Develop and actively promote a Culture and Linguistic Competence (CLC) plan





## CLAS Standard 3

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Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

- Obtain patient feedback on preference for patient-provider concordance (e.g., race, ethnicity, language, sexual orientation, gender identity)
- Assess the degree to which staff demographics match patient preferences
- Post notices of job announcements in varied forums, venues, and languages to increase the likelihood of attracting diverse applicants.
- Collaborate with other stakeholders to build potential workforce capacities and recruit diverse staff (e.g., academic institutions).

- Include benchmarks for diverse representation on organizational boards of directors.
- Promote diverse staff members into administrative and managerial positions where their cultural and linguistic capabilities can make unique contributions to planning, policy, and decision-making
- Promote continuing education opportunities (i.e., HIV certification) for individuals from diverse groups.



## CLAS Standard 4

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Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.



## CLAS Standard 4: Implementation Strategies

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- Periodically query staff about their perceived learning needs in the area of cultural and linguistic competence.
- Designate interested and knowledgeable staff the responsibility of coordinating in-service training/professional development.
- Provide cross- and discipline-specific training in cultural and linguistic competency.
- Utilize internal and external (e.g., HIV TAC) resources to educate governance, leadership, and workforce on cultural beliefs of clients in target population
- Incorporate cultural competency and CLAS into staff evaluations.
- Address cultural and linguistic competency as a routine component of staff meetings and retreats.



## CLAS Standard 5

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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 services.



# CLAS Standard 5: Implementation Strategies

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- Conduct an annual assessment of languages spoken within the target community, include data on people who are deaf/hard of hearing.
- Update the organization's language access plan on an annual basis, ensuring adequate resources for the provision of professional language access services.
- Ensure that language access services include sign language interpretation.
- Use language identification cards or "I speak" cards to identify language spoken by client/patient – include information in health record
- Ensure that medical orders, patient education, and health/mental health promotion resources are translated into the languages spoken by the patient population, including Braille.



## CLAS Standard 6

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Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.





## CLAS Standard 6: Implementation Strategies

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- Post signage in prominent locations stating patients' rights to receive language access services (at no cost) in the health center.
- Ensure that staff provide both verbal and written notification of patients' rights to receive language access services at no cost, including the types of services available.
- Develop a health promotion program (i.e., community health workers, promotores) that includes bilingual staff to train community members to share resources

Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.



## CLAS Standard 7: Implementation Strategies

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- Use professional medical interpreters or trained and qualified bilingual/multilingual staff or volunteers.
- Use telephone or video interpreting technology as an alternative to on-site interpretation, especially for low incidence languages.
- Develop relationships with local universities to engage language students as potential interpreters/translators.

Establish policy and specific procedures to assess the competency of staff/consultants/volunteers/partners providing language access services.

- English and foreign language proficiency.
- Knowledge of health terminology and key terms for HIV/AIDS (e.g. terms for sexual practices and behaviors, medical procedures, medications).
- Awareness of colloquialisms used by cultural groups (e.g. slang, street terms).

Establish policy and specific procedures to assess the quality of language access services:

- Assess patient and provider satisfaction with the accuracy and quality of interpretation services received.
- Analyze patient and provider satisfaction data to inform quality improvement efforts.
- Inform patients and staff how data will be used to improve services and supports.
- Ensure that the organization's contracts for interpreters and translators have quality provisions.



## CLAS Standard 8

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Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.



## CLAS Standard 8: Implementation Strategies

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- Develop and/or adapt patient materials and resources that address the literacy and health literacy of the populations served, and test with clients.
- Design alternative approaches to provide information to those patients who may neither be literate in English nor their language of origin.
- Provide training to staff in the use of literacy and health literacy tools and strategies (e.g. REALM-SF, SAHLSA-50, “Teach Back,” “Ask Me 3,” & “Plain Language”) to assess and respond to patient needs.

Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.





## CLAS Standard 9: Implementation Strategies

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- Integrate implementation of the CLAS standards for integrated HIV/AIDS care and treatment into the organization's strategic plan.
- Involve consumers across demographic groups, their families, and advocates in the development of the strategic plan.
- Ensure that the plan includes establishment of a work group or team responsible for the provision of culturally and linguistically competent, care, treatment, and related services to all patients/clients, including those with HIV/AIDS and their families.



## CLAS Standard 10

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Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

- Establish a structure and dedicate resources (personnel and fiscal) to plan and conduct CLAS-related self-assessment activities.
- Identify and select instruments, tools, data sources, and processes for self-assessment of CLAS-related activities. Embed measures for cultural and linguistic competence in the organizations internal auditing, evaluation, and quality improvement processes.



## CLAS Standard 10: Implementation Strategies

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- Collect and analyze data from multiple sources, including partners.
- Assess the standard of care provided across multiple departments to determine whether services are uniformly appropriate
- Share findings with staff, patients/clients, board members, and partners; and discuss their implications for policy, practice, and community engagement.

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.

Include fields in client records (electronic or paper) to collect data on race, ethnicity, and language, including the following:

- Clients' primary language (written, spoken, & sign), and preferred language for service delivery.
- Need for an interpreter.
- English language ability (i.e. ability to speak, read, and understand English).
- Literacy and health literacy levels.



## CLAS Standard 11: Implementation Strategies

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- Communicate (in writing and verbally) the organization's policy and practices for confidentiality to all patients.
- Inform patients that they have the option to share or not share racial, ethnic, and language data, and that their choice will not in any way affect their ability to receive services.
- Advise patients that data collected will be used to improve services and reduce disparities in health and health care based on race, ethnicity, and language.



## CLAS Standard 12

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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.



- Ensure that policies, procedures, and practices are in place to monitor:
  - current and emerging demographic trends in the geographic area served (e.g. race, ethnicity, languages spoken, age, immigrant and refugee data).
  - incidence, prevalence, and future projections for HIV/AIDS in the service area. (e.g. age, gender, gender identify, sexual orientation, race, ethnicity, country of origin).
- Analyze these data to determine their implications for planning, delivering, and evaluating culturally and linguistically competent services and supports. Update periodically.



## CLAS Standard 12: Implementation Strategies

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- Ensure data sharing agreements with partner agencies (including the HD) include cultural and linguistic data
- Conduct focus groups with individuals in the community
- Conduct surveys/focus groups with partner organizations on community assets/needs
- Consult the National Minority Quality Forum website for current epidemiological data based on zip code

<http://www.nmqf.org>



## CLAS Standard 13

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Partner with the community to design implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.



# CLAS Standard 13: Implementation Strategies

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- Incorporate community and consumer participation in planning, implementing, and evaluating services and supports for people impacted by HIV/AIDS.
- Develop/revise policy, procedures, and practices that support community engagement in languages other than English.
- Identify and collaborate with informal networks within culturally diverse communities to enhance services and supports to people impacted by HIV/AIDS.
- Ensure patient voice and choice to plan, implement, and evaluate collaborative efforts (e.g. community engagement, public education, health fairs, representation on boards, media campaigns, training/professional development, HIV clinical trials and participation in research).
- Partner with local culturally diverse media to promote better understanding of available care and routes for accessing services

Data Source: Goode, T. (2001). Policy Brief 4 – Engaging Diverse Communities: Culturally Competent Approaches. National Center for Cultural Competence. Retrieved from <http://nccc.georgetown.edu/documents/ncccpolicy4.pdf>



## CLAS Standard 14

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Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflict or complaints.

- Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to all staff
- Obtain patient and staff input to craft/review the grievance policy and process
- Create a policy and process that is responsive, inclusive, and equitable and that leads to prompt resolution of grievances in a culturally and linguistically responsive manner.
- Ensure that the organization's data system has the capacity to document and track complaints, their status, and resolution for both patients and staff.



## CLAS Standard 14: Implementation Strategies

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- Consider using an ombudsperson who is knowledgeable of the cultural and linguistic contexts in which services are delivered and the population served in the resolution of grievances where appropriate.
- Provide notice to patients/clients in a prominent location on how to file a grievance; include assurances that patients/clients have the right to file grievances without fear of recriminations.
- Obtain feedback/input via focus groups, meetings with community leaders, and/or listening sessions.



## CLAS Standard 15

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



- Disseminate progress toward implementing CLAS to diverse constituents on at least an annual basis. Dissemination may include a variety of formats and audiences including:
  - reports tailored for staff, patients/clients, board members, or community partners
  - presentations for community meetings/forums;
  - multimedia displays in waiting areas;
  - website/social media postings, and
  - use of ethnic media such as radio and newspapers.

- Conduct joint community forums/town hall meetings with partner agencies to discuss services provided and progress made
- Engage CHWs and promotores to help craft and deliver messages and implications of data.
- Deliver presentations at local/national meetings on CLAS-related activities and progress made

Think Cultural Health (OMH)

<http://www.thinkculturalhealth.hhs.gov>

AETC National Multicultural Center Web site

<http://www.aetcnmc.org>

Office of Minority Health

<http://www.omhrc.gov>

National Center for Cultural Competence

<http://nccc.georgetown.edu>

National Minority Quality Forum

<http://www.nmqf.org>



## Additional Questions

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Additional Comments?

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