

ATTACHMENT E

CLAS STANDARD 5

GUIDELINE

Contractor must offer language assistance to individuals who have limited English proficiency and/or other communication needs including individuals who use American Sign Language, at no cost to them, to facilitate timely access to health and human services.

CHECKLIST

- 5.1. Language and communication assistance are offered at all points of service contact and with all levels of direct service staff (**required**)
- 5.2. Language and communication assistance are offered in a timely manner during all hours of operation (**required**)
- 5.3. Language assistance services are offered at no cost to each client (**required**)
- 5.4. Your organization may use a well-established firm to provide professional interpretation services.
- 5.5. Policies and procedures prioritize the use of bi/multilingual staff over interpreters and the use of in-person interpreters over phone interpretation services
- 5.6. Staff understand the pros and cons of different types of interpretation methods
- 5.7. Staff are trained to use the language access system, including how to ask about language preference, and how to work with interpreters

CLAS STANDARD 6

GUIDELINE

Contractor must inform clients/consumers in their preferred language or disability-related communication mode, verbally and in written notices, of their right to receive language/communication assistance.

CHECKLIST

- 6.1. Policies and procedures are in place to train staff to inform clients of their rights (**required**)
- 6.2. Signage on offering language/communication assistance in the County's top languages should be visible in client service areas (**required**)
- 6.3. Organizations must check annually with their contract monitor on the local top languages (**required**)
- 6.4. There is systematic recording of the preferred language of each client in their profile (**required**)
- 6.5. Your organization may use a well-established firm to provide professional translation services.

CLAS STANDARD 7

GUIDELINE

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

CHECKLIST

- 7.1. Do not use family and friends to provide interpretation, except when requested by a client who has been informed of the risks of this choice, and that a trained, confidential interpreter can be provided without cost (**required**)
- 7.2. Interpreters are qualified to work in the health and human services field and have no conflicts of interest with the client (**required**)
- 7.3. Your organization may use a well-established firm to provide professional interpretation services.
- 7.4. Providers can educate and counsel clients on when and how to use an interpreter
- 7.5. Providers can educate and counsel clients on confidentiality issues and reassure clients who are not comfortable with interpreters
- 7.6. Staff receive regular trainings on how to effectively use an interpreter

CLAS STANDARD 8

GUIDELINE

Contractor must provide easy to understand print, multimedia materials, and signage in the languages commonly used by individuals in the community.

CHECKLIST

- 8.1. Organizations must check annually with their contract monitor on the local top languages **(required)**
- 8.2. Main documents that are used to educate, inform, and communicate information related to your organization's services/program are translated in the top languages **(required)**
- 8.3 Your organization may use a well-established firm to provide professional translation services.
- 8.4. Age appropriateness and level of literacy are considered in the development of written materials
- 8.5. Signage about services provided is visible in local top languages and is compliant with ADA regulations

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

The National CLAS Standards 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.

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.



The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.¹ Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,² such as socioeconomic status, education level, and the availability of health services.³

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors 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 individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

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