

Culturally and Linguistically Appropriate Services

Presented by Jessica Loney, RN, MSN
April 30, 2014

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Objectives

- Introduce the CLAS Standards
- Discuss the need for CLAS Standards
- Review the CLAS Standards
- Discuss how the CLAS standards are applied

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Culturally and Linguistically Appropriate Services CLAS

Services that are respectful of and responsive to:

- Individual cultural health beliefs and practices
- Preferred languages
- Health literacy levels and communication needs

Provided by all members of an organization
(regardless of size) at every point of contact.

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Background

2000 Published by Office of Minority Health

2010–2013 Reviewed and enhanced

April 24, 2013 (Re) Launched

Provide a framework for organizations to best serve the nation's diverse communities

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The Need for Culturally and Linguistically Appropriate Services

- By 2040, nearly half the U.S. population is projected to be made up of racial and ethnic minorities.
- The cost of health inequalities and premature death in the U.S. is \$1.24 trillion.
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by \$229.4 billion in 2003–2006.

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The Need for Culturally and Linguistically Appropriate Services

- Federal Legislation: Affordable Care Act, Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Plain Language Act of 2010
- State Legislation: New Jersey, California, Washington
- Accreditation: Public Health, Magnet, NCQA Joint Commission

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The Need for Culturally and Linguistically Appropriate Services

Individuals with communication barriers may not be able to communicate effectively with their service providers and are at greater risk for poor outcomes from avoidable errors.

- Limited English Proficient (LEP)
- Limited Literacy
- Deaf and Hard of Hearing
- Cognitive Impairment-aphasia
- Blind

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Purpose of CLAS Standards

The National CLAS Standards are intended to:

- advance health equity
- improve quality
- help eliminate health care disparities

By establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services

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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.

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Standards 2–4

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.

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Standards 5–8

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.

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Standards 9–11

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.

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Standards 12–15

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.

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Discussion

- Describe the use of CLAS Standards your organization:
- Describe the use of CLAS Standards in other organizations:
- Discuss how this knowledge will inform your work going forward:

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Summary

The National CLAS Standards are intended to:

- advance health equity
- improve quality
- help eliminate health care disparities

By establishing a blueprint for health and health care organizations to:

- 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.

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Resources:

- National Office of Minority Health
www.minorityhealth.hhs.gov
- Think Cultural Health
www.thinkculturalhealth.gov
- State of Maine Office of Health Equity
www.maine.gov/dhhs/mecdc/health-equity

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