

CLAS STANDARDS

The National Standards for Culturally and Linguistically Appropriate Services (CLAS)

- ▶ A set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.
- ▶ The National CLAS Standards were first developed by the HHS Office of Minority Health in 2000. Following 10 years of successful implementation, the Office of Minority Health launched an initiative to update the Standards to reflect the tremendous growth in the field of cultural and linguistic competency since 2000 and the increasing diversity of the nation.
- ▶ The Enhancement Initiative lasted from 2010 to 2013, and it had three major components: a public comment period, a systematic literature review, and ongoing consultations with an advisory committee comprised of leaders and experts from a variety of settings in the public and private sectors. (www.thinkculturalhealth.hhs.gov)

The Enhanced National CLAS Standards

- ▶ The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements.
- ▶ The enhanced National CLAS Standards have a broader reach to address the importance of cultural and linguistic competency at every point of contact throughout the health care and health services continuum. Specifically, the Standards' conceptualization of culture, audience, health, and recipients were expanded to improve the quality of services and primary care outcomes.
- ▶ Health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services.
- ▶ National accreditation standards for professional licensure and accreditation of health care centers such as Federally Qualified Health Centers, has helped accentuate the importance of cultural and linguistic competency as a part of high quality health care services. (www.thinkculturalhealth.hhs.gov)

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
CULTURE	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as 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

National CLAS Standards in California

- ▶ The California Department of Public Health has incorporated the National CLAS Standards in state policies and procedures.
- ▶ In 2014, the Department's Office of Health Equity drafted California's Statewide Plan to Promote Health and Mental Health Equity,¹ which outlined priorities and goals targeted for implementation through 2019.
- ▶ The Department of Health Care Services mandates that each county's mental health department develop and annually update a Cultural Competence Plan³ to facilitate cultural competency at the county level, in accordance with the California Code of Regulations, Title 9 §1810.410 (9 CCR §1810.410). The goal of a Cultural Competence Plan is to ensure the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic, and other underserved populations and the development of the most culturally and linguistically competent programs and services, to meet the needs of California's diverse racial, ethnic, and cultural communities in the mental health system of care.
(<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/CLASCompendium.pdf>)

Format of National CLAS Standards

- ▶ Principal Standard and Three Enhanced Themes with a total of 15 Standards
 - ▶ **Principal Standard (Standard 1):** it has been made the principal Standard to frame the essential goals of all the Standards.
 - ▶ **THEME1:Governance, Leadership, and Workforce (Standards 2-4)**
 - ▶ **THEME 2: Communication and Language Assistance (Standards 5-8)**
 - ▶ **THEME 3:Engagement, Continuous Improvement, and Accountability: (Standards 9-15)**

Principal Statement (Standard 1)

- ▶ 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.
- ▶ **Culture**: “The integrated patter of thoughts, communications, actions, customs, beliefs, values, and institutions associated wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature and individuals may identify with multiple cultures over the course of their lifetime.”
(<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>)
- ▶ Individuals do not experience their lives or their health through a single lens of identity (e.g., solely on race, gender, religion, or sexual orientation)

Principal Statement (Standard 1) Elements of Culture

- ▶ Age
- ▶ Gender, Gender Identity, Sexual Orientation
- ▶ cognitive ability or limitations
- ▶ Country of Origin
- ▶ Degree of Acculturation
- ▶ Educational level attained
- ▶ Environment and Surroundings
- ▶ Family and household composition
- ▶ Gender identity
- ▶ Health Practices (e.g., traditional healers, Reiki, Acupuncture, etc.)

Principal Statement (Standard 1)

Elements of Culture Continued

- ▶ Linguistic Characteristics, including language (s) spoken, written, or signed; dialects or regional variants; literacy levels; and other related communication needs.
- ▶ Military Affiliation
- ▶ Occupational Groups
- ▶ Perceptions/beliefs regarding diet and nutrition
- ▶ Physical Ability or limitations
- ▶ Political beliefs
- ▶ Racial and ethnic groups - including but not limited to - those defined by the U.S Census Bureau.
- ▶ Religious and Spiritual Characteristics including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life.

Principal Statement (Standard 1): Putting it all together

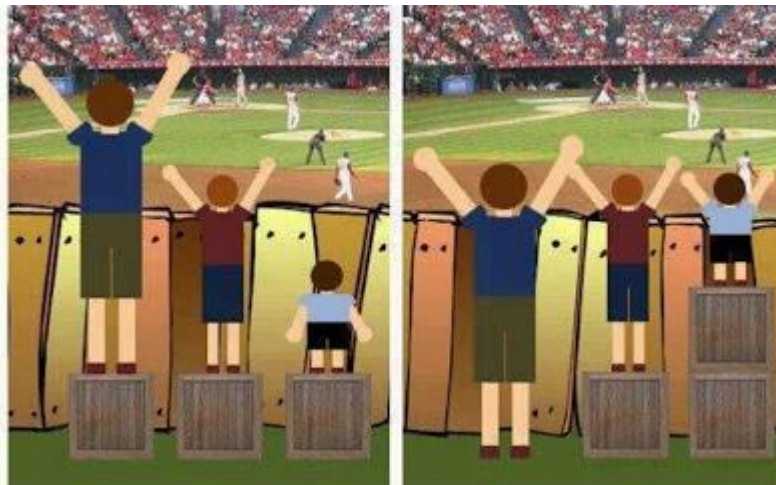
- ▶ Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
- ▶ What are Effective Care and Services?
- ▶ How does Equitable Care and Services look like?
- ▶ How can we provide Understandable Care and Services?
- ▶ How do we provide Respectful Care and Services?
- ▶ How do we integrate Cultural Beliefs and Practices in the Care & Services?
- ▶ What efforts are we making in providing Care & Services in the Preferred Language, Health Literacy Level, and Communication Needs of our clients?

Principal Statement (Standard 1): Putting it all together

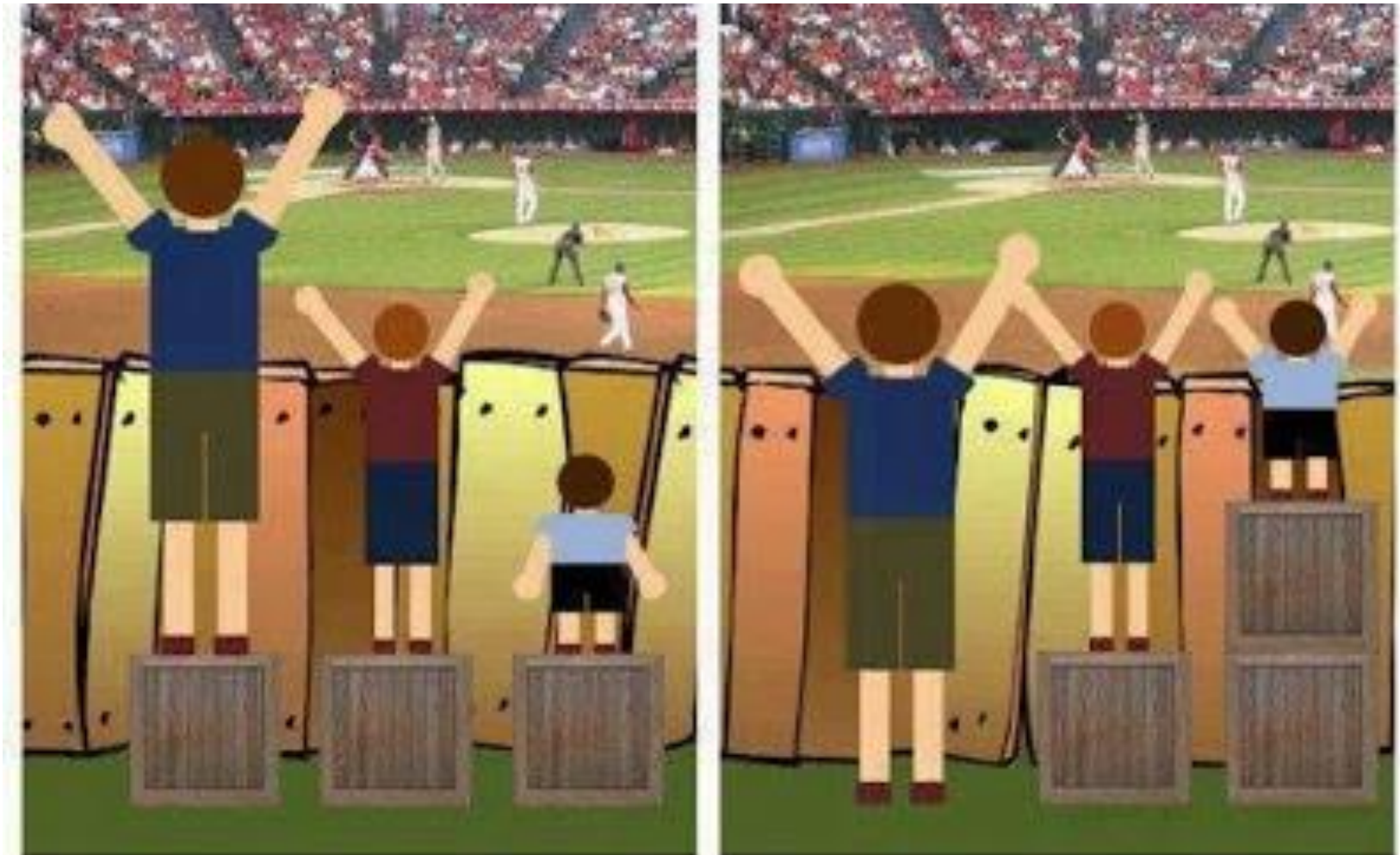
- ▶ EFFECTIVE CARE AND SERVICES:
- ▶ * Those that successfully restore an individual to his/her desired health status and help to protect his/her future health.
- ▶ * Ensuring that services are culturally and linguistically appropriate: **health promotions, disease prevention, diagnosis, treatment, supportive care, rehabilitation, palliative end-of-life care, mental & behavioral health, emergency care, and wellness and intervention.**
- ▶ * Imperative to providing effective care and services, service providers must understand the issue of illness, course of treatment or services for that individual or culture, and negotiate the solutions or treatment successfully with the individual.

Principal Statement (Standard 1): Putting it all together

- ▶ EQUITABLE CARE AND SERVICES: (Difference between EQUALITY & EQUITY?)
- ▶ * Must apply to all individuals and groups regardless of their cultural identity.
- ▶ * Equitable care and services are influenced by a number of factors, including but not limited to: **Race, education, health literacy, age, sexual orientation, ethnicity, religion, physical or mental disability, language, gender, gender expressions, gender identity, income, class, and access to care** (California Pan-Ethnic Health Network, 2010; National Partnership for Action and Health Disparities, 2011)
<http://www.cpehn.org/pdfs/Building%20Quality%20and%20Equitable%20Health%20Care%20Systems%2010-10.pdf>



EQUALITY AND EQUITY (JUSTICE)



Principal Statement (Standard 1): Putting it all together

▶ UNDERSTANDABLE CARE AND SERVICES:

- ▶ * Clear exchange of information between those providing care and services and those receiving them.
- ▶ * Individuals should be able to fully **comprehend** how to access care and services. What their treatment options are, and what they need to get and stay well.
- ▶ * Particularly important to those who have limited English proficiency, are deaf or hard of hearing, or may have difficulty comprehending the health care system and terminology.
- ▶ * It is estimated that 90% of adults have difficulty using everyday health information routinely found in health care facilities, retail outlets, media, and communities.
- ▶ * Limited health literacy is associated with poorer health outcomes and higher health care costs (HHS ODPHPO, 2012) (<http://www.health.gov/communication/literacy>)

Principal Statement (Standard 1): Putting it all together

▶ RESPECTFUL CARE AND SERVICES

- ▶ * Important to fostering an environment in which individuals from diverse backgrounds will feel comfortable discussing their needs with any service provider.
- ▶ * The U.S Department of Health and Human Services Agency for Health Care Research and Quality states on the Consumer Bill of Rights and Responsibilities that consumers “have the right to considerate, respectful care from all members of the health care system at all times and under all circumstances.”
(<https://archive.ahrq.gov/hcqual/cborr/chap5.html>)
- ▶ * All members of the health care team should provide individuals with assurances that disrespect and discrimination or any kind is intolerable and provide individuals with reasonable assistance to overcome language, cultural, physical, or communication barriers.
(<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>)

Principal Statement (Standard 1): Putting it all together

► CULTURAL HEALTH BELIEFS AND PRACTICES:

*Thoughts, communications, actions, beliefs, values, and institutions associated with one's cultural identity forms how individuals perceive illness, its cause, its treatment, and what wellness may look like (http://support.mchtraining.net/national_ccce/case0/concepts.html#4)

- Providers should inquire and try to understand traditional/cultural healing practices (e.g., curanderos, sobadores, acupuncture, cupping), used by consumers they serve and integrate these treatment approaches into treatment when appropriate.
- It is imperative that service providers and staff members engage in self-examination and honest self-assessment in order to understand how their own cultural beliefs and practices impact their own lives and professional activities.
- * It is equality important to not stereotype or overgeneralize any culture, in its beliefs or practices.

Principal Statement (Standard 1): Putting it all together

► PREFERRED LANGUAGES:

- According to the 2010 US Census, in the US about 8.7% of the population speaks “less than very well” English and should be considered limited English proficient for health and health care purposes according to the TJC *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals* (2010).
- Health and medical health terminology and discussions in English may be hard to comprehend for individuals who are conversant in English. Health Service providers should determine the communication and language barriers and assistance needed including interpreters, translators, materials, signage, etc.
- Communication should reflect appropriate health literacy level of the patients
- Just because someone speaks English does not mean they can read it (TJC, 2010)

Principal Statement (Standard 1): Putting it all together

- ▶ **HEALTH LITERACY:** The degree to which an individual has the capacity to obtain, process, and understand basic health information and services needed to make informed decision about their health (HHS ODPHP, 2000).
- About 12% of adults have proficient health literacy. Translates to nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease (Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483). Washington, DC: National Center for Education Statistics.)
- Adults with limited literacy skills are less likely to manage their chronic diseases and more likely to be hospitalized that adults with stronger literacy skills. This leads to poorer health outcomes and higher health care costs (<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>)

A better match between appropriate health literacy level provided to the population, patient or family being served, the greater the adherence to treatment, ability to engage in self-care, improved health status, and greater efficiency and costs to the health system. (http://www.health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf)

Principal Statement (Standard 1): Putting it all together

COMMUNICATION NEEDS:

- Individuals commonly report that health professionals are not meeting their communication needs.
- Racial and ethnic minorities, individuals and families with limited English proficiency, and those with less education are more likely to have communication difficulties and to rate health care communication poorly.
- The communication needs of some individuals, culture or populations may be easier to identify than others.
- * Include the use of interpreters, translated materials, signage and wayfinding, augmentative and alternative communication resources, and auxiliary aids and services (<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>)