Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards

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:

- 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 services, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 8. Provide easy-to-read 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.'

For an overview of 2013 enhancements to the CLAS Standards, see: "What's New in the National CLAS Standards?"

http://www.youtube.com/ watch?v=FzGwNUyBEgQ

2013 and 2000 CLAS Standards: A Side-by-Side Compairison

| Topic | 2013 Enhanced CLAS Standards | 2000 CLAS Standards |
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| Culturally competent care and services | Effective, equitable, understandable, respectful Responsive to cultural health beliefs and practices | Effective, understandable, respectful Responsive to cultural health beliefs and practices In preferred languages |
| | ■ In preferred languages, health literacy levels; other communication needs | - III preierred languages |
| Governance, | Recruit, promote and support | Recruit, retain and promote at all levels |
| leadership and workforce | ■ Diverse governance , leadership and workforce reflect the service area | Staff and leadership reflect demographic characteristics of population served |
| | ■ Governance and leadership promotes health equity through policy, practices and resources | Ongoing education and training on CLAS delivery |
| | ■ Educate and train governance, leadership and workforce | |
| Language assistance services (LAS) and communication | ■ Timely, no cost to client | ■ Timely, no cost to client |
| | ■ Inform of available LAS clearly and in | ■ Notices of available LAS |
| | preferred language Individuals with limited English | ■ Patient/consumer with limited English proficiency (LEP) |
| | proficiency and other communication | ■ Train bilingual staff/interpreters |
| | needs Ensure LAS provider competence | ■ Don't use family/friends to interpret |
| | Avoid use of untrained individuals/ | (unless patient requests) Signs informing of LAS in key |
| | minors | languages of service area |
| | Easy-to-understand print and multimedia materials and signage in languages commonly used | ■ Easily understood printed materials and signage in primary languages |
| Planning, assessment, accountability | ■ Establish CLAS goals, policies, and management accountability and infuse in planning and operations | Implement and promote CLAS plans (goals, policies, operational plans, management accountability) |
| | Ongoing assessments | Ongoing assessments |
| | ■ Integrate CLAS measures into measurement and quality improvement | Integrate CLAS measures into audits, performance improvement, surveys, evaluations |
| Data Collection | Accurate, reliable demographic data | ■ Race, ethnicity and language (REL) data |
| | Use data to monitor and evaluate impact of CLAS on health equity and outcomes | Current demographic, cultural and epidemiological community profile and community needs assessments to plan and implement services that respond to |
| | Regular assessments of community health assets to plan and implement services that respond to cultural and linguistic diversity of area | cultural and linguistic characteristics of service area |
| Community Partnerships | Partner to design, implement and evaluate policies, practices & services Communicate progress to stakeholders, constituents, public | ■ Participatory, collaborative partnerships |
| | | ■ Facilitate community and patient involvement in designing CLAS |
| | constituents, public | activities Public notices of progress |
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