Making CLAS Happen (Enhanced)

Six Areas for Action

A Guide to Providing Culturally and Linguistically Appropriate Services (CLAS) in a Variety of Public Health Settings

Massachusetts Department of Public Health—Office of Health Equity

June 2009 (Enhanced in 2013)
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**Pilot Testing Agencies**
Caring Health Center
Great Brook Valley Health Center
Heywood Hospital
Independence House
Lynn Community Health Center
Martha's Vineyard Community Services
Mystic Valley Elder Services
Old Colony Elder Services
Tapestry Health
Tufts Medical Center
Womansplace Crisis Center
This manual was designed in response to the growing health-related needs of diverse communities in our state.

Our goal is to help agencies increase their ability to meet the needs of persons of diverse cultural, religious, racial, and linguistic backgrounds, disability status, socioeconomic status, gender, and sexual orientation.

In so doing, organizations will see a number of benefits, including: improving client health and satisfaction, increasing staff competence and confidence, becoming more viable for grants and contracts, reducing costs and preparing to meet federal and state requirements.

Culture and language influence the way persons approach and understand health--one size does not fit all.

The diversity of the Massachusetts population is constantly changing. With increasing diversity comes the need to make health services more accessible to people with different cultures, health beliefs and expectations.

This need is clearly apparent in the data, which show that, though Massachusetts ranks among the best performing states in the nation for many health indicators, racially and ethnically diverse groups have far worse health than other Massachusetts residents.¹

Public health professionals can help bridge this gap by taking action to ensure that all have access to health services--regardless of race, culture, creed, income level, and personal characteristics.

Federal and state entities have issued a number of guidelines to this end. Primary among them are the Culturally and Linguistically Appropriate Services (CLAS) standards, issued in 2001 and enhanced in 2013 by the U.S. Department of Health and Human Services' Office of Minority Health.

The CLAS standards:

- Advocate equitable care for all individuals regardless of cultural identity
- Contribute to the reduction of health disparities
- Emphasize the need for CLAS-promoting governance, leadership and policies
- Call for services that are responsive to the individual needs, health beliefs and communication needs of clients
- Require communication assistance for persons with limited English proficiency, disabilities, sensory impairments, low health literacy, and other communication needs
- Promote respectful, non-discriminatory and accessible health environments

The Massachusetts Department of Public Health (MDPH) is committed to implementing these standards, both internally and through its contracted agencies. Making CLAS Happen: Six Areas for Action offers resources and guidance to public health agencies of all sizes as they put CLAS standards into action.

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:

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 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 Comparison

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

Six Areas for Action

This manual aims to offer a comprehensive and organized approach to make culturally and linguistically appropriate services (CLAS) “happen” in your organization. Clear guidelines, tools and references can enable agencies to move toward cultural competence.

In this manual, the Culturally and Linguistically Appropriate Services Standards are grouped into six areas for action. These six areas (outlined below) offer a model for developing a strategic cultural competence plan.

Though chapters are presented in a certain order, this manual is designed to be used as a hands-on reference guide. Users can begin with any chapter, according to their needs. As the pinwheel model suggests, cultural competence is an ongoing process—there is no single place to start. The Questions and Answers chart and chapter guides can be helpful starting points to quickly find content and tools.

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<td>State and federal laws and guidelines for culturally competent services</td>
<td>Templates, helpful links and resources; found at the end of each chapter</td>
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**Questions and Answers chart**
To help users quickly find information, this chart links Frequently Asked Questions to specific tools and content.

**Appendices A, B and C**
Appendix A provides valuable guidance for responding to MDPH Requests for Response (RFR); Appendix B offers an overview of laws governing CLAS guidelines; and Appendix C offers guidelines for accessible print documents.
This chart sums up common questions about culturally and linguistically appropriate services. Questions are matched with content and tools found in this guidance manual.

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Why CLAS?
Preparing for Diversity Makes Sense

The Culturally and Linguistically Appropriate Services (CLAS) standards were developed to provide guidance on how to improve service delivery to clients who may not have sufficient access to care based on race, ethnicity, linguistic capacity or cultural background. And while the ultimate goal is to benefit the client, there are also great benefits for your organization.

CLAS makes sense—from a service perspective, a financial perspective and a legal perspective. The following summary shows how CLAS can benefit your organization and your clients.

Have Healthier, More Satisfied Clients

By offering services that engage clients from racially, ethnically and linguistically diverse backgrounds, you can improve both their health and satisfaction levels. Clients who understand and feel understood, and see positive changes in their health may be more satisfied, better prepared to follow up, and more likely to use your services again.

Delivering culturally competent services can improve client care and satisfaction by:

- **Increasing communication through cultural awareness.** Improved communication between health professionals and clients is linked to more efficient treatment and better client care. Understanding cultural beliefs can significantly improve communication.

- **Reflecting cultural backgrounds.** According to one study, when health professionals and patients share the same racial or ethnic background, patient satisfaction and self-rated quality of care are higher.

- **Improving client understanding and consent.** Health providers who understand the culture and language of their clients are better able to gauge the client's understanding of treatment plans and obtain informed consent for treatment.

- **Providing improved primary and preventive care.** Shorter treatment times can result in higher client adherence to treatment plans.

Increase Competency and Satisfaction Levels of Staff

Training staff in cultural competence can not only increase their cultural competence, it can also increase their overall skill level. As this occurs, your organization will be better prepared to respond to the range of all clients represented. Further, as staff become more competent, their satisfaction levels also tend to increase.

Improve Business

Offering culturally and linguistically appropriate services can result in a number of economic benefits, such as cost savings, higher employee morale and retention, client loyalty and retention, and an increased market share.

Cost savings

Adopting culturally competent care plans can help save money by:

- **Using funds efficiently.** Keeping track of population data and needs can help you use funds for real (rather than assumed) needs.

- **Reducing errors** and decreasing costs. Offering effective care can help you avoid lower adherence to therapies, poorer health outcomes, and unnecessary diagnostic services. Tailoring services to client needs and ensuring accurate information is collected can also result in cost savings.

- **Improving the effectiveness of treatment plans and creating more timely recovery.** Language barriers can cause treatments to take 25-50% longer for limited English proficient patients.

- **Avoiding legal and regulatory risks.** Complying with CLAS can help agencies avoid lawsuits related to inadequate informed consent and violations of federal laws (e.g., MCAD lawsuits, Title VI and the Americans with Disabilities Act).

Higher employee morale and retention

Culturally competent workplaces tend to be environments where employees feel comfortable. Adopting a strong vision can increase workforce unity and strengthen leadership. A commitment to offer advancement opportunities and training to diverse employees can also result in higher employee retention.
Improved client loyalty and retention
Because clients seek treatment where they feel understood and comfortable, adapting services to their cultural context makes economic sense.

Increased market share
Higher client satisfaction can lead to word-of-mouth referrals. Clients who have a good experience with your services are likely to recommend your agency to others in their community.

Make Your Agency More Viable when Responding to RFRs
As part of an ongoing effort to implement CLAS standards in Massachusetts, applicants responding to the Massachusetts Department of Public Health’s (MDPH) Requests for Response (RFRs) are asked to assess their agencies’ abilities to implement the CLAS standards.

The RFRs specifically state that, “Providers will be required to cooperate with [the implementation of CLAS standards]. Such cooperation may include the submission of data relative to the CLAS standards and the implementation of CLAS-related performance requirements.”

The RFR also includes a standard CLAS-related question. Bidders are asked to describe their client population and strategies used to ensure the delivery of culturally competent and linguistically appropriate services.

Most RFRs award points for an agency’s plan to serve diverse clients. Any documented efforts of providing culturally competent services can help you win points. Outreach in the community, contracting minority- or women-owned vendors, offering interpreter services, or collecting data about clients’ ethnic backgrounds are a few of many activities that can give you an advantage in winning MDPH contracts.

As you make cultural competence part of the way you deliver services, you will be better prepared with documented proof of your CLAS efforts for RFR responses and contracts.

It’s The Law
Comply With Federal Anti-Discrimination Law Title VI
Title VI of the Civil Rights Act of 1964 prohibits any program receiving federal financial assistance from discriminating on the basis of race, color or national origin (now also interpreted to include discrimination on the basis of limited English proficiency). On a practical level, this requires that agencies receiving federal funding take measures to ensure their services are accessible. Guidelines to accomplish this are outlined in the CLAS standards.

Protect Your Organization from Liability
Abiding by the CLAS standards not only helps you better serve your clients, it can also protect your agency from discrimination suits.

---

See Appendix A: Responding to MDPH RFRs: Cultural and Linguistic Competence Guidelines.

See the CLAS Checklists at the end of each chapter.
Sincere efforts to meet the CLAS standards can offer a “safe harbor” from Title VI discrimination claims.‡

Individuals have the right to file their own lawsuits against your agency, which is called the “private right of action” under Title VI. By applying the CLAS standards to your agency’s policies, you may protect your agency from complaints by clients who feel unwelcome or misunderstood.

The Massachusetts Commission Against Discrimination (MCAD) is the state agency responsible for enforcing state civil rights law for the Commonwealth. Areas covered include employment, education, housing, lending, and public accommodations.

Public accommodations law is another area in which the CLAS standards are supported on the state level. Massachusetts laws outline the civil right of individuals to the “full and equal accommodations, advantages, facilities and privileges” available in places of public accommodation.ƒ

Health care providers are considered public accommodations.” This includes hospitals, clinics, treatment centers, or other health and human service providers such as those funded by MDPH, substance abuse, rape crisis centers, mammography centers, WIC offices, etc.

**Protect Your Agency’s Federal Funding**

The U.S. Department of Health and Human Services’ (HHS) Office for Civil Rights (OCR) investigates claims of discrimination against federally funded programs. When OCR determines that programs are intentionally discriminating, it has the power to order the removal of federal funding from such programs. It also has the power to move cases of intentional discrimination into the courts.

The OCR has issued guidance that explains the benefit of policies that address the needs of limited English proficient clients. These policies are covered under CLAS Standards 4-7.††

**Ensure Continued State Funding: Keep Your Agency Attentive to the State’s Agenda**

Consistent with federal policy, in 2007 Governor Patrick released two Executive Orders providing state-level support for cultural competence, Executive Order no. 478: Order Regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action (2007) and Executive Order no. 503: Integrating Immigrants and Refugees into the Commonwealth (2008). Together they reiterate the state’s commitment to decreasing disparities based on race, ethnicity, national origin, limited English proficiency, and citizenship status. These executive orders apply to any program that receives state funding.

**CLAS Makes Sense**

A number of compelling reasons exist for your agency to make culturally and linguistically appropriate services (CLAS) standards part of the way you do business. It makes sense for your organization, your employees and your clients. As you commit to serving people with different racial, ethnic and linguistic backgrounds, you will:

- have healthier, more satisfied clients;
- increase staff competency and satisfaction;
- improve business;
- become more marketable when responding to RFRs;
- comply with anti-discrimination laws;
- protect your organization from liability;
- protect your federal funding; and
- improve your ability to secure funding.

See: Appendix B: Overview of Laws and Guidelines for more about laws governing the CLAS standards.
“Why CLAS?” References


4. See 1.


12. See 1.