



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



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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

Introduction

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.ⁱ

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.

ⁱ Massachusetts Department of Public Health. 2007. *Racial and Ethnic Health Disparities by EOHHS Regions in Massachusetts*. (http://www.mass.gov/Eoohhs2/docs/dph/research_epi/disparity_report.pdf).

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

Topic	2013 Enhanced CLAS Standards	2000 CLAS Standards
Culturally competent care and services	<ul style="list-style-type: none"> ■ Effective, equitable, understandable, respectful ■ Responsive to cultural health beliefs and practices ■ In preferred languages, health literacy levels; other communication needs 	<ul style="list-style-type: none"> ■ Effective, understandable, respectful ■ Responsive to cultural health beliefs and practices ■ In preferred languages
Governance, leadership and workforce	<ul style="list-style-type: none"> ■ 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 	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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 	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ Establish CLAS goals, policies, and management accountability and infuse in planning and operations ■ Ongoing assessments ■ Integrate CLAS measures into measurement and quality improvement 	<ul style="list-style-type: none"> ■ Implement and promote CLAS plans (goals, policies, operational plans, management accountability) ■ Ongoing assessments ■ Integrate CLAS measures into audits, performance improvement, surveys, evaluations
Data Collection	<ul style="list-style-type: none"> ■ 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 	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ Partner to design, implement and evaluate policies, practices & services ■ Communicate progress to stakeholders, constituents, public 	<ul style="list-style-type: none"> ■ Participatory, collaborative partnerships ■ Facilitate community and patient involvement in designing CLAS activities ■ Public notices of progress

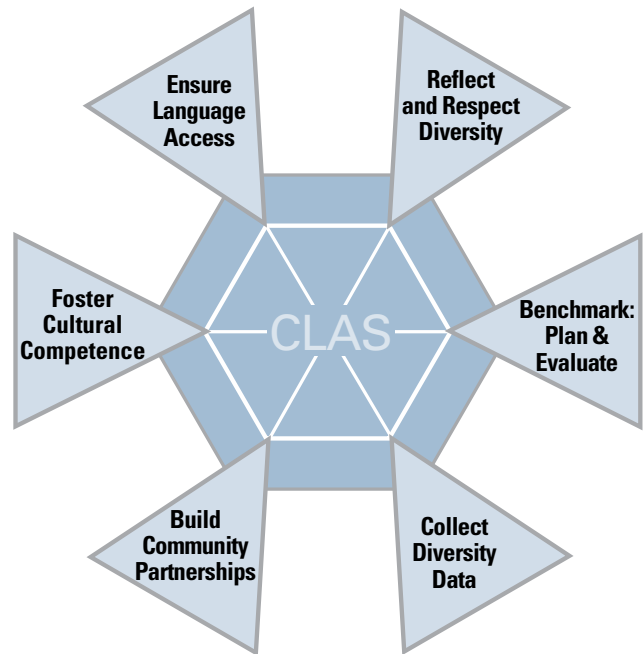
MAKING CLAS HAPPEN

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.



Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data
Standards 1, 4	Standards 13, 15	Standards 11, 12

Benchmark: Plan and Evaluate	Reflect and Respect Diversity	Ensure Language Access
Standards 9, 10	Standards 2, 3, 14	Standards 5, 6, 7, 8

Making the Best Use of this Manual

To quickly find information, look for the following common elements, and their icons, in each chapter:



Laws
State and federal laws and guidelines for culturally competent services



Tools
Templates, helpful links and resources; found at the end of each chapter



Guide
A step-by-step approach to improving cultural competence in each area of action



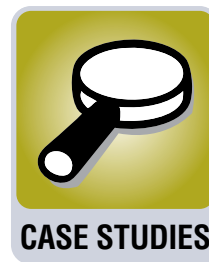
Budget
Strategies to meet growing CLAS requirements with limited resources



Checklist
Suggested ways to meet CLAS-related Request for Response (RFR) and contract requirements



Field Lessons
Ideas and best practices in culturally competent services from Massachusetts public health professionals



Case Studies
Highlights of practical applications of CLAS standards by Massachusetts agencies

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.

CLAS: Questions and Answers

This chart sums up common questions about culturally and linguistically appropriate services. Questions are matched with content and tools found in this guidance manual.

Questions	Where to Find Answers
Awareness/Understanding of CLAS	
How can I increase awareness of CLAS and the need for culturally competent services?	<ul style="list-style-type: none"> ■ Chapter 1 (p. 1)
How can I address lack of interest and awareness of CLAS at the management and staff level?	<ul style="list-style-type: none"> ■ Chapter 1: Getting Senior Management on Board ■ Chapter 5: Field Lessons: Diverse Boards (p. 113) ■ Why CLAS? (p. xi)
Increasing Cultural Competence	
CLAS is new to our organization. How do we get started?	<ul style="list-style-type: none"> ■ Tool 1.1: Getting Started with CLAS (p. 18) ■ Tool 1.6: Cultural Competence Resources (p. 23) ■ Field Lessons ■ Case Studies
What are some general ways to offer culturally appropriate services to new populations?	<ul style="list-style-type: none"> ■ Case Study 1 (p. 12) ■ Tool 1.2: Respectful Care (p. 19) ■ Tool 1.3: Improving Access (p. 20)
How can I meet CLAS requirements on a limited budget?	<ul style="list-style-type: none"> ■ Chapter 2: Seek Joint Funding (p. 33) ■ Tools (templates, free/low cost resources)

Questions	Where to Find Answers
Increasing Cultural Competence (cont.)	
How can I keep track of CLAS requirements in contracts and RFRs?	<ul style="list-style-type: none"> ■ Checklists (pp. 14, 41, 70, 99, 125, 155) ■ Appendix A: CLAS Self-Assessment Tool (p. 176)
What topics should I cover in cultural competence training?	<ul style="list-style-type: none"> ■ Chapter 1: Step 3 (p. 8) ■ Tool 1.4: Key Cultural Competence Skills (p. 21) ■ Tool 1.5: Topics for Cultural Competency Training (p. 22)
Where do I find cultural competence training materials and resources?	<ul style="list-style-type: none"> ■ Tool 1.7: Training Programs and Resources (p. 27) ■ Chapter 1: Promising Practices (p. 11)
Collaborating with Community Partners	
How do I increase community participation?	<ul style="list-style-type: none"> ■ Chapter 2: Step 3 (p. 35) ■ Tool 2.1: Attracting Clients from Diverse Populations (p. 44)
Where can I find ideas and resources to build strong partnerships?	<ul style="list-style-type: none"> ■ Chapter 2: Step 1 (p. 32) ■ Chapter 2: Community Health Network Associations (p. 32) ■ Case Study 2 (p. 39)
Data Collection	
How can we make sure data is collected regularly and efficiently?	<ul style="list-style-type: none"> ■ Chapter 3: Step 2 (p. 59) ■ Case Study 3 (p. 68) ■ Tool 3.1: Explaining the Data Collection Process (p. 73)
How do we anticipate demographic trends? What sources can we use to identify new populations?	<ul style="list-style-type: none"> ■ Chapter 3: Step 1 (p. 58) ■ Tool 3.4: Data Sources (p. 80)
Is there guidance on the kind of data agencies should collect?	<ul style="list-style-type: none"> ■ Chapter 3: Step 2 (p. 59) ■ Tool 3.2: MDPH Detailed Ethnicity Categories (p. 76) ■ Tool 3.3: MDPH REL Preference Data Collection Instrument (p. 79)
We need to update data collection systems. Are there any low-cost training opportunities, services or resources to help?	<ul style="list-style-type: none"> ■ Tool 3.5: Low-Cost Data Collection Tools (p. 82)

Questions	Where to Find Answers
Benchmarking	
Where can I learn more about MDPH's goals and objectives for addressing health disparities?	<ul style="list-style-type: none"> ■ Chapter 4: Vision. Mission. Values (p. 90)
Is there a guide to developing a cultural competence mission and strategic plan?	<ul style="list-style-type: none"> ■ Tool 4.1: Developing a Cultural Competence Mission (p. 102) ■ Tool 4.2: Cultural Competence Planning Worksheet (p. 103)
Where do I learn more about using performance measures and best practices to improve programs for diverse clients?	<ul style="list-style-type: none"> ■ Chapter 4: Benchmarking (p. 85) ■ CLAS Checklists (pp. 14, 41, 70, 99, 125, 155) ■ Field Lessons (for best practices)
How do I identify cultural barriers and conduct service needs assessments?	<ul style="list-style-type: none"> ■ Chapter 4: Step 2 (p. 89) ■ Tool 4.3: Planning and Assessment Tools (p. 107)
Reflecting and Respecting Diversity	
What strategies and resources can our agency use to diversify its board of directors?	<ul style="list-style-type: none"> ■ Chapter 5: Diversifying Leadership (p. 113) ■ Tool 5.6: Leadership and Diversity Resources (p. 139)
Retaining diverse staff is a challenge in public health settings. What can I do to attract and retain qualified multicultural, multilingual staff?	<ul style="list-style-type: none"> ■ Chapter 5: Step 3 (p. 117) ■ Case Study 5 (p. 123)
How can I incorporate culturally sensitive elements into our grievance policy?	<ul style="list-style-type: none"> ■ Chapter 5: Step 4 (p. 119) ■ Tool 5.4: Sample Grievance Protocol (p. 135) ■ Tool 5.5: Sample Grievance Policy and Forms (p. 136)
Language Access: Interpreting and Translation	
How do I meet interpreting/translation competency requirements?	<ul style="list-style-type: none"> ■ Chapter 6: Ensure Language Access (p. 140) ■ Tool 6.1: Elements of Successful Language Access Programs (p. 158) ■ Tool 6.2: Interpreter Competencies and Screening Questions (p. 159)
How can we develop materials in other languages with limited resources?	<ul style="list-style-type: none"> ■ Tool 6.5: Language Access Resources (p. 165) ■ Case Study 6 (p. 153)
What materials should agencies translate?	<ul style="list-style-type: none"> ■ Chapter 6: What materials should we translate? (p. 148)

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.¹ Understanding cultural beliefs can significantly improve communication.²
- **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.³
- **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.⁴
- **Providing improved primary and preventive care.**⁵ Shorter treatment times can result in higher client adherence to treatment plans.⁶

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 errors⁷ and decreasing costs.⁸** Offering effective care can help you avoid lower adherence to therapies, poorer health outcomes, and unnecessary diagnostic services.⁹ 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.¹⁰
- **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.¹¹ A commitment to offer advancement opportunities and training to diverse employees can also result in higher employee retention.

Improved client loyalty and retention¹²

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 1964ⁱ 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).¹³ 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.

^{*} Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, et seq. ("Title VI"). "No person in the United States shall, in the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

[†] Includes organizations providing services to Medicare, Medicaid and State Children's Health Insurance Program (SCHIP) enrollees. Ethical Force Consensus Report, American Medical Association. Also includes most Department of Public Health vendors and grantees, as many of the grants provided through DPH are redistributions of block grants provided by the federal government.

[‡] See Office of Civil Rights Guidance, pages 52762 and 52767.

^j M.G.L.A. 272 § 98: "Whoever makes any distinction, discrimination or restriction on account of race, color, religious creed, national origin, sex, sexual orientation...or any physical or mental disability or ancestry relative to the admission of any person to, or his treatment in any place of public accommodation...shall be punished by a fine of not more than twenty-five hundred dollars or by imprisonment for not more than one year, or both...All persons shall have the right to the full and equal accommodations, advantages, facilities and privileges of any place of public accommodation...subject only to the conditions and limitations established by law and applicable to all persons. This right is recognized and declared to be a civil right."

^{**} M.G.L.A. 272 § 92A: "...A place of public accommodation...within the meaning hereof shall be defined as and shall be deemed to include any place, whether licensed or unlicensed, which is open to and accepts or solicits the patronage of the general public and, without limiting the generality of this definition, whether or not it be...a hospital, dispensary or clinic operating for profit..."

^{††} "The development and maintenance of a periodically updated written plan on language access for limited English proficient persons for use by a recipient's employees who serve or interact with the public could be an appropriate and cost-effective means of documenting compliance with Title VI and providing a framework for the provision of timely and reasonable language assistance."



TOOLS

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



CHECKLIST

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.^f

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

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13. The Ethical Force Program. 2004. *Ensuring Fairness in Health Care Coverage Decisions*. Chicago IL: American Medical Association.