

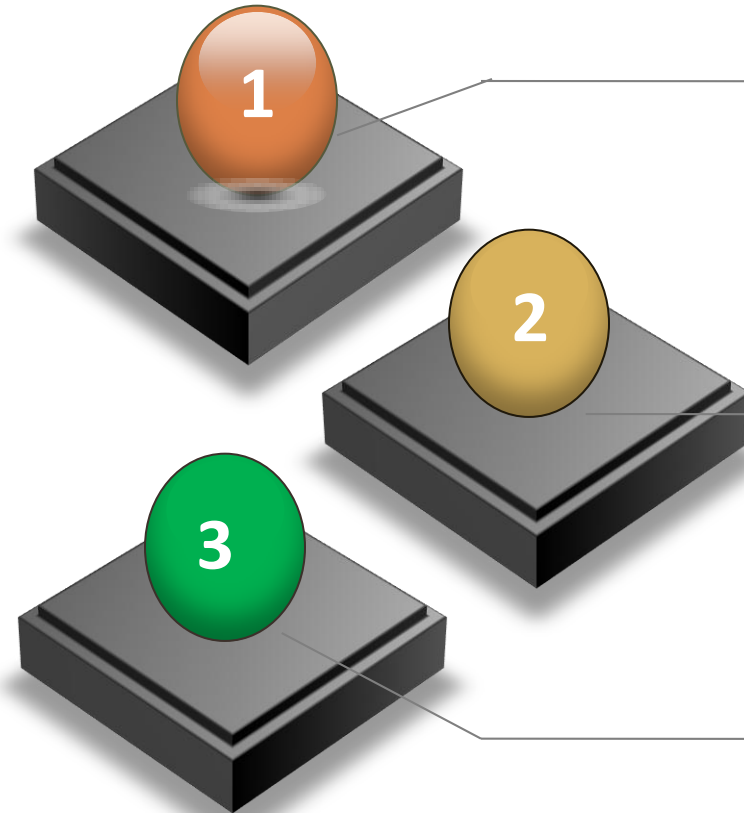
An abstract painting with vibrant, swirling colors including yellow, orange, red, blue, and green, set against a dark background. The brushstrokes are thick and expressive, creating a sense of movement and depth.

**ADVANCING HEALTH EQUITY:  
CULTURALLY AND LINGUISTICALLY  
APPROPRIATE SERVICES (CLAS)  
STANDARDS**

**SOUTH CAROLINA CULTURAL & LINGUISTIC  
COMPETENCY CONFERENCE**

Selena Webster-Bass, MPH – Voices Institute, LLC

# Learning Goals



## Objective 1

Describe the National Culturally and Linguistically Appropriate Services (CLAS) Standards

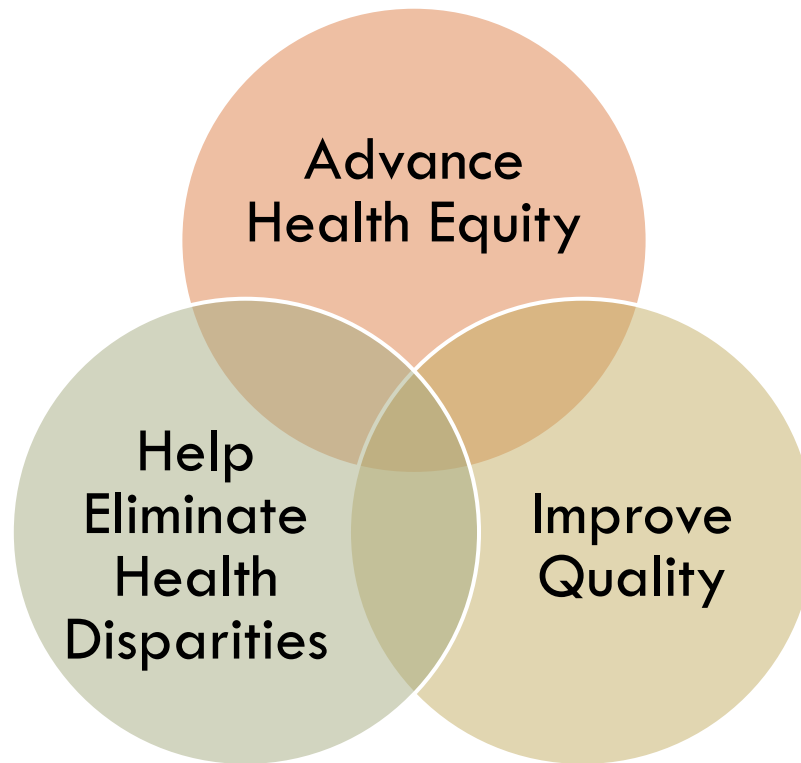
## Objective 2

Provide examples of the operationalization of CLAS Standards

## Objective 3

Identify at least three systematic ways to implement CLAS Standards within respective organizations

# National Culturally and Linguistically Appropriate Services (CLAS) Standards

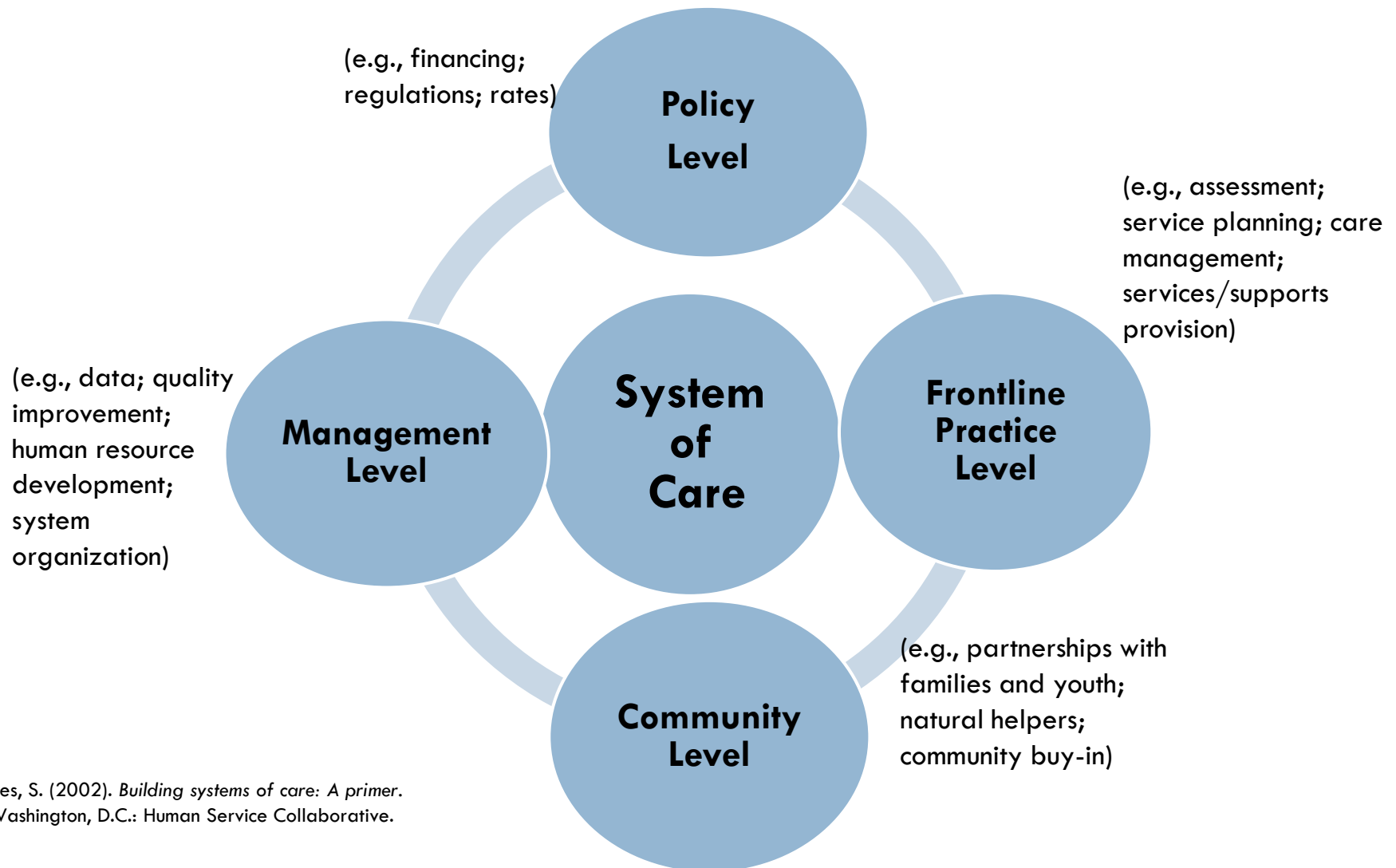


# The Benefits of Implementing CLAS

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- ❑ Ensuring that all have access to health services
- ❑ Improving client behavioral health satisfaction
- ❑ Increasing staff competence and confidence
- ❑ Reducing costs
- ❑ Preparing to meet federal and state requirements
- ❑ Increasing emphasis on cultural identity, that (which) encompasses and exceeds race, ethnicity or language
- ❑ Increasing cultural and linguistic competence
- ❑ Becoming more viable for grants and contracts

# CLAS Standards Implementation Integrated into System of Care at All Levels



# Family, Youth and Community Partnerships

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CLAS principles and activities should be integrated throughout an organization and system of care and undertaken in partnership with the families, youth and communities being served.



# National CLAS Standards Themes

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Governance,  
Leadership and  
Workforce  
Development



Communication  
and Language  
Assistance



Continuous  
Quality  
Improvement and  
Accountability

Culturally and Linguistically Appropriate Practices

# Foundation for CLAS Standards

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# Principal Standard

10

To provide effective, equitable, understandable, respectful quality care and services that are responsive to the diverse cultural beliefs and practices, preferred languages, health literacy and other communication needs

Enhanced 2013 National CLAS

US Department of Health and Human Services - Office  
of Minority Health

# Principal CLAS Standard

- <https://www.youtube.com/watch?v=geJepm7tjwY>

# CLAS Standards Theme 1

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Governance

Leadership

Workforce Development

# Theme 1:

## Implementation Activities

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- Ensure cultural and linguistic competency is infused within the mission, vision, core values and strategic plans of organizations
- Identify and develop cultural competency champions throughout the organization
- Implement strategies to recruit, retain, and promote at all levels of the organization a diverse leadership that reflects the demographic characteristics of the populations in the service area.
- Commit to cultural competency through inclusion in written policies, processes and structures
- Create spaces for internal multicultural and multidisciplinary dialogues about cultural issues
- Ensure necessary resources to sustain cultural and linguistic competency activities i.e. professional development, linguistic services

# CLAS Standards Theme 2

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Communication

Language Assistance

Health Literacy

# Communication

- <https://www.youtube.com/watch?v=DvJfbIXFxiMVideo>

# Theme 2:

## Implementation Activities

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- Ensure mechanisms in place to facilitate the exchange of information with individuals that do not speak English, people with limited English proficiency and deaf or hard of hearing.
- Ensure staff is trained in language assistance services, policies, procedures and Title VI of the Civil Rights Act of 1964.
- Identify processes to identify the language an individual speaks through “I speak cards” and including in care plan/health records.
- Establish language assistance contracts for in-person interpreters, bilingual staff, telephonic/video remote interpreting systems.
- Use qualified trained interpreters to facilitate communication.
- Ensure written materials are translated for people with LEP.
- Using health literacy principles, ensure materials/signage are written at the appropriate grade level for low literacy populations, avoiding medical terminology and “chunking information.”

# CLAS Standards Theme 3

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Engagement

Continuous Quality Improvement

Accountability



# Theme 3:

## Implementation Activities

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- Conduct community assets/needs assessments and use data to understand community demographics, beliefs and determinants
- Conduct organizational assessments and use data to improve service delivery
- Collect and maintain outcomes data by demographic variables and review improve service delivery
- Review satisfaction scores and consult with youth and families to adapt services
- Partner with community stakeholders for cultural resources, to disseminate information and to consult about health needs
- Create conflict and grievance processes

# Example:

## Broward County- OCP2

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### GOAL:

#### Operationalize CLAS Standards 2, 9 and 10

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
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 improvement activities.

# Example:

## Broward County- OCP2

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### Process to Operationalize

1. Collect data
2. Create assessment based on CLAS Standards- “CLAS Tool”
3. Evaluate provider CLC Plans using CLAS Tool
4. Report findings
5. Provide feedback to providers
6. Provide technical assistance to providers

# Example:

## Broward County- OCP2

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Process to Operationalize

*CLC Tool Sheet 1*

The two reviewers evaluated the CLC plans to determine whether these plans were in compliance with the CLAS Standards. After reading all 30 plans, an Excel sheet was developed to document the findings. The results are shown in Table 1. This table presents the percentage of plans did not mention or include each of the specific standards. Table 2 presents the results by agency, indicating what percentage of the 15 standards each agency included in their plans, and also indicating what standards were missed.

**Table 1. CLAS Standard Omission Rates**

CLAS Standards	Rater 1	Rater 2	Average
CLAS 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.	10.00%	56.70%	33.35%
CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.	26.70%	43.30%	35.00%
CLAS Standard 3: Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	76.70%	83.30%	80.00%
CLAS Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practice on an ongoing basis.	90.00%	90.00%	90.00%
CLAS Standard 5: Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.	80.00%	76.70%	78.35%
CLAS Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	70.00%	63.30%	66.65%
CLAS Standard 7: Ensure the competence of all individuals providing language assistance	44.70%	40.00%	42.35%

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CLC Plans. The table then lists the standards both raters identified as missing. In Appendix A, evaluators provide detailed results for each agency. These results will enable agencies to see what specific standards and tasks/goals were met or missed.

**Table 2. CLAS Standards Compliance Rates**

Agency	Rater 1	Rater 2	Common standards that were not included in the CLC plan identified by 2 raters
1. Agency 1	80%	73%	1, 9, 11
2. Agency 2	93%	93%	1
3. Agency 3	67%	80%	1, 2, 7
4. Agency 4	80%	93%	2
5. Agency 5	67%	80%	13, 14
6. Agency 6	80%	87%	2
7. Agency 7	33%	47%	1, 2, 3, 10, 11, 12, 13, 15
8. Agency 8	40%	53%	1, 2, 9, 11, 12, 14, and 15
9. Agency 9	53%	87%	10, 15
10. Agency 10	27%	33%	2, 5, 6, 7, 8, 10, 12, 13, 14, 15
11. Agency 11	27%	13%	1, 2, 3, 6, 9, 10, 11, 12, 13, 14, 15
12. Agency 12	40%	53%	5, 6, 7, 8, 11, 12, 13
13. Agency 13	100%	100%	None
14. Agency 14	47%	53%	2,3,8,12,13,14,15
15. Agency 15	80%	100%	1, 12, 14 ( by rater 1)
16. Agency 16	40%	27%	1, 2, 9, 10, 11, 12, 13, 14, 15
17. Agency 17	0%	7%	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
18. Agency 18	87%	100%	1 and 2 ( by rater 1)
19. Agency 19	33%	40%	2, 5, 6, 7, 8, 12, 13, 14, 15

# Example:

## Broward County- OCP2

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How does this process improve equity and reduce disparities?

1. Concrete plans that are operationalized improve access.

Example of Language Access

2. Improved access means underserved populations receive effective services, outcomes improve and disparities are reduced.

# Reflective Questions

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- How has your organization implemented CLAS Standards?
- What are some of your organization's successes and barriers? Solutions?
- What are two things you will initiate or implement within your organization as a result of this session?



# Resources

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University of South Florida – College of Behavioral and Community Sciences  
Cultural and Linguistic Competency Resource Library for Eliminating Health  
Disparities <http://cfs.cbcs.usf.edu/projects-research/detail.cfm?id=488>

CLAS Specific resources

[http://cfs.cbcs.usf.edu/projects-research/CLC\\_CLAS.cfm](http://cfs.cbcs.usf.edu/projects-research/CLC_CLAS.cfm)

National Standards for Culturally and Linguistically Appropriate Services  
Standards – National Compendium of State-Sponsored Implementation  
Activities <https://www.thinkculturalhealth.hhs.gov/pdfs/CLASCompendium>.

*Think Cultural Health*, Department of Health and Human Services – Office of  
Minority Health

<https://www.thinkculturalhealth.hhs.gov>

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