National CLAS Standards
Promoting Health Equity & Reducing Disparities

The Case for Culturally and Linguistically Appropriate Services

- Mission
- Access to Care
- Reducing Litigation
- Demographic Changes
- Accreditation
- Legislation
- Quality of Care
- CLAS
- Demographic Changes
Trends in Health Care

• The non-Hispanic white population is projected to peak by 2024, and unlike other race or ethnic groups, its population is expected to decrease.

• It is projected that the Hispanic population will more than double from 53.3 million in 2012 to 128.8 million in 2060. Therefore, 1 in 3 U.S. residents will be Hispanic.

• The Black population is expected to increase, as well as the Asian population. All in all, minorities are projected to comprise 57 percent of the population in 2060.

• One of the world’s largest minority groups will be those with a disability.

• According to the most recent data, approximately 20% of the U.S. population, or a little over 58 million people, speak a language other than English at home, and of that 20%, almost 9% (over 24 million people) have limited proficiency in English (Au, Taylor, & Gold, 2009; U.S. Census Bureau, 2010), which has implications for their proficiency in health and health care (The Joint Commission, 2010).
Trends in Health Care

- People and organizations are more connected regionally, nationally, and globally. The use of technology to communicate will continue to rise in the future.

- Healthcare consumers are becoming more knowledgeable and more demanding of health care organizations.

- The Healthcare system and health care organizations are expected to focus more on population health to reduce cost, and disparities.

- Many more Americans may become insured.

- HCOs will continue to join together in a variety of groups: Hospitals, medical groups, insurers, ambulatory clinics, etc.

- Payers and purchases have begun to hold HCOs more accountable for performance and value. In the future, payment to providers will be less on volume and more on value of services.
Reasons To Provide Culturally and Linguistically Appropriate Services in Health Care

1. To respond to current and projected demographic changes in the U.S.
2. To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds.
3. To improve the quality of services and primary care outcomes.
4. To meet legislative, regulatory and accreditation mandates
5. To gain competitive edge in the market place
6. To decrease the likelihood of liability and malpractice
**Definitions**

- **Bilingual** - An employee who is a proficient speaker of two languages and who may provide direct services in both languages but who, without training, is not qualified to serve as an interpreter.

- **Interpreting** - The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, and accurately.

- **Translation** - The conversion of a written test into a corresponding written test into a different language.

- **Vital documents** - Documents that are vital to programs or limited English proficiency populations (consent forms, notice of clients rights and responsibilities, compliant forms).

- **Language Assistance Services** - Mechanisms used to communicate with individuals who do not speak English, those who are limited English proficiency, and those who are deaf and hard of hearing. These services can include: in person interpreting, bilingual staff, telephone or video interpreting, also include processes in place.

- **Limited English Proficiency** - A concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without language assistance with respect to a particular type of service, benefit or encounter.
What is the purpose of the enhanced National CLAS Standards?

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services.

Source: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp
### What are the National CLAS Standards?

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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, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand 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 culturally relevant and linguistically appropriate public health strategies.
Purpose

- To create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care.

- To ensure that all individuals receiving health care and services experience culturally and linguistically appropriate encounters.

- To meet communication needs so that individuals understand the health care and services they are receiving, can participate effectively in their own care, and make informed decisions.

- To eliminate discrimination and disparities.
No person in the United States shall, on 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.
Language Access Laws

If your agency, company, or organization administers, oversees, or operates a federally assisted program or activity for the public, then Title VI of the Civil Rights Act of 1964 (Title VI) applies to your operations.

Title VI, 42 U.S.C. § 2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. ... Title VI itself prohibits intentional discrimination.

In 2000, President Clinton signed Executive Order 13166 to put “teeth” into Title VI. Required a plan to fully implement Title VI. Agencies that receive federal financial assistance, for even one program or service, are required to take “reasonable steps” to ensure equal access for all their services, activities, and programs.

Also asked to develop the LEP plan to describe how they will provide services to LEP clients.

2003 Revised guidance on Title VI published by the U.S. Department of Health and Human Services States are to take reasonable steps to ensure meaningful access to their programs and activities by LEP person.
Assessment of Four Factors

The resources available to the grantee/recipient and costs of interpretation/translation

The frequency with which LEP individuals come in contact with the program

The number or proportion of LEP Persons eligible to be served or likely to be encountered by the program or grantee

The nature and importance of the program activity or service provided by the program to its beneficiaries
Standard 1

Provide effective, equitable, understandable, and respectful quality services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communications needs.
Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address:

- avoidable inequalities,
- historical and contemporary injustices,
- the elimination of health and healthcare disparities.

(Healthy People 2020)
**EQUALITY VERSUS EQUITY**

1. In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

2. In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

3. In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.
Communication and Language Assistance

Standard 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.
The purposes of offering communication and language assistance are:

- To ensure that individuals with limited English proficiency and/or other communication needs have equitable access to health services
- To help individuals understand their care and service options and participate in decisions regarding their health and health care
- To increase individuals’ satisfaction and adherence to care and services
- To improve patient safety and reduce medical error related to miscommunication
- To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere
Language assistance services may be required by law for organizations that receive federal funds. In 2000, the President signed Executive Order 13166, which requires all federal agencies, as well as all recipients of federal financial assistance, to take reasonable steps to ensure meaningful access for limited English proficient persons to the services and care provided by their agency or organization (Executive Order no. 13,166, 2000). This legal requirement stems from the national origin nondiscrimination provisions of Title VI of the Civil Rights Act of 1964 and its implementing regulations (Executive Order no. 13,166, 2000).
Examples of Implementation

- Ensure that staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures (see Standard 4) (HHS OMH, 2005).

- Develop processes for identifying the language(s) an individual speaks (e.g., language identification flash cards or “I speak” cards) and for adding this information to that person’s health record (QSource, 2005).

- Use qualified and trained interpreters to facilitate communication (Wilson-Stronks & Galvez, 2007), including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters (Regenstein, Andres, & Wynia, in press).

- Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting (HHS OMH, 2005).

- Use cultural brokers when an individual’s cultural beliefs impact care communication (Wilson
I need assistance and have the right to receive assistance in my spoken language. Please provide me with an interpreter and note my spoken language in your permanent records. Thank you.

District law requires that agencies provide you with information and assistance in your language for free. If you do not receive help in your language, please call the DC Office of Human Rights at (202) 727-4559 and press 0.

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www.ohr.dc.gov
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Standard 7:

Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
Components of the Standards

- Ensure the competence of individuals providing language assistance.
- Use of untrained individuals or minors as interpreters should be avoided.
Skills Required Interpreter

- Intimate knowledge of their own native language
- Message conversion skills
- Familiarity with regionalism and slang in both languages
- Understanding of key concepts in healthcare to include patient’s rights, confidentiality, and informed consent.
- Command of vocabulary related to the provision of health care in both languages.
- Working knowledge of anatomy and physiology
Strategies for Implementation

- Assess the individual language ability
- Assess the individual ability to provide language assistance
- Employ a multifaceted model of language assistance
References


US Department of Health and Human Services National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.
https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf
Thank You

Contact Information:
Dr. Tanya Funchess
University of Southern Mississippi
Assistant Professor, Public Health
College of Nursing and School of Health Professions
118 College Drive #5122
Hattiesburg, Mississippi 39406-0001
Tanya.funchess@usm.edu
601-266-5932