Strategies for Implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Document Purpose: This document is a compilation of activities or action steps from the "Blueprint" that can be done to implement each of the 15 National CLAS Standards. Use this document for ideas of different strategies that meet the needs of your organization or program. The standards are numbered below followed by bulleted lists of strategies for implementation for that standard.

Source: National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

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.
    - This standard is met when standards 2-15 are met.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
    - Create and sustain an environment of cultural competency through establishing leadership structures and systems or embedding them into existing structures and systems.
    - Identify and develop informed and committed champions of cultural competency throughout the organization to focus efforts around providing culturally competent care.
    - Ensure that a commitment to culturally competent care is reflected in the vision, goals, and mission of the organization and couple this with an actionable plan.
    - 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.
    - Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices in the organization are available.
    - Commit to cultural competency through system-wide approaches that are articulated through written policies, practices, procedures, and programs.
    - Actively seek strategies to improve the knowledge and skills that are needed to address cultural competency in the organization.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

   Recruitment:

   - Advertise job opportunities in targeted foreign language and minority health professional associations' job boards, publications, and other media (e.g., social media networks, professional organizations' email Listservs, etc.), and post information in multiple languages (QSource, 2005).
   - Develop relationships with local schools, training programs, and faith-based organizations to expand recruitment base (QSource, 2005).
   - Recruit at minority health fairs (QSource, 2005).
   - Collaborate with businesses, public school systems, and other stakeholders to build potential workforce capacities and recruit diverse staff. In particular linkages between academic and service settings can help identify potential recruits already in the educational "pipeline" and provide them with additional academic support and resources necessary to meet job requirements (The Sullivan Commission on Diversity in the Healthcare Workforce, 2004).
   - Assess the language and communication proficiency of staff to determine fluency and appropriateness for serving as interpreters.

   Promotion and Support:

   - Promote mentoring opportunities.
   - Conduct regular, explicit assessments of hiring and retention data, current workforce demographics, promotion demographics, and community demographics.
   - Monitor work assignments and hire sufficient personnel to ensure a manageable and appropriate workload for bilingual/bicultural staff members.
   - Use nonclinical support staff in cultural broker positions only after providing sufficient training and recognition (e.g., compensation, job title, or description).
   - Promote diverse staff members into administrative or managerial positions where their cultural and linguistic capabilities can make unique contributions to planning, policy, and decision-making.
   - Foster an environment in which differences are respected and that is responsive to the challenges a culturally and linguistically diverse staff brings into the workplace.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
   - Engage staff in dialogues about meeting the needs of diverse populations (Wilson-Stronks & Galvez, 2007).
   - Provide ongoing in-service training on ways to meet the unique needs of the population, including regular in-services on how and when to access language services for individuals with limited English proficiency (Wilson-Stronks & Galvez, 2007).
   - Take advantage of internal and external resources available to educate governance, leadership, and workforce on cultural beliefs they may encounter (Wilson-Stronks & Galvez, 2007).
   - Allocate resources to train current staff in cultural competency or as medical interpreters if they speak a second language, have completed language assessments, and show an interest in interpretation (QSource, 2005).
   - Incorporate cultural competency and CLAS into staff evaluations (QSource, 2005).

- Provide opportunities for CLAS training that include regular in-services, brown-bag lunch series, orientation materials for new staff, and annual update meetings (QSource, 2005).
- Encourage staff to volunteer in the community and to learn about community members and other cultures (QSource, 2005), and work with community leaders and cultural brokers to create opportunities for such interactions.
- Evaluate education and training (see Standard 10).
- Take advantage of live and Web-based health disparities and cultural competency continuing education programs for clinicians and practitioners (Like, 2011).

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.
    - 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-Stronks & Galvez, 2007).
    - Provide resources onsite to facilitate communication for individuals who experience impairment due to a changing medical condition or status (e.g., augmentative and alternative communication resources or auxiliary aids and services) as noted in Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals (The Joint Commission, 2010).

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

    The HHS Office of Minority Health's A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations (2005) identified the following strategies to effectively inform individuals of the availability of language assistance:

    - Determine the content and language of notices

        In determining the content and languages of the notices, organizations should consider the following:

        - Notification should describe what communication and language assistance is available, in what languages the assistance is available, and to whom they are available. It should clearly state that communication and language assistance is provided by the organization free of charge to individuals (HHS OMH, 2005).
        - Notification should be easy to understand at a low literacy level (HHS OMH, 2005).

- Decide how to communicate or provide notice to individuals

In deciding how to communicate or provide notice to individuals about the availability of language services, organizations should consider the following:

  - **Signage, Materials, and Multimedia:** Organizations should reflect the languages regularly encountered in the service area in their signs, materials, and multimedia resources (Berger, 2005; HHS OCR, 2003). For those who may not be literate, information can be conveyed orally or through signage using symbols or pictures (HHS OMH, 2005; Kashiwagi, 2004).
  - Cultural Mediation: Another method for promoting quality communication is through the development of a cultural mediation program. A cultural mediator can act as a liaison between the culture of the organization and the culture of the individual. An additional strategy for notifying individuals of language services through mediation is by developing a health promotion program (e.g., community health workers and promotors de salud) that includes bilingual staff who train community members to share health and resource information with other community members (HHS OMH, 2005; Youdelman & Perkins, 2005;).
  - **Community Outreach:** Providing notification throughout the community is also important for reaching those who may be unaware of the organization or what services the organization may provide. In accordance with Standard 13, consider sending notification through local health departments, community-based organizations, faith-based organizations, schools, or any other stakeholders who would benefit from having information on health services (HHS OCR, 2003; HHS OMH, 2005).
  - **Initial Point of Contact:** It is recommended that organizations standardize procedures for staff members who serve as the initial point of contact for individuals, whether that is by telephone or in person. It may be appropriate to provide staff with a script to ensure that they inform individuals of the availability of language assistance and to inquire whether they will need to utilize any of the available services. Multilingual phone trees and voice mail should also be used to inform individuals of the available language assistance services and how to access them (HHS OCR, 2003; HHS OMH, 2005).
  - **Non-English Media:** Organizations should publicize availability of language assistance services in local foreign language media, such as ethnic radio, newspapers, and television (HHS OMH, 2005; Youdelman et al., 2007).

- Decide where to provide notice to individuals about the availability of assistance.

  In deciding where to provide notice to individuals about the availability of language services, organizations should consider the following:

  - Points of entry or intake, including:
    - Registration desks
    - Front desks
    - Waiting rooms
    - Financial screening rooms, where individuals may need to discuss and resolve billing issues.
    - Pharmacy reception, where individuals may pick up prescriptions (HHS OMH, 2005; Kashiwagi, 2004;)
  - Areas where clinical work is performed, such as triage and medical exam rooms (HHS OMH, 2005)

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

   Depending upon an organization's size, scope, and mission, its language assistance strategies will differ. Organizations may opt to provide interpretation services through in-person interpreters and bilingual staff and providers or through technological or electronic means, including telephonic or video remote interpreting. Translation may be conducted primarily internally or may be contracted to external organizations.

   The following are possible implementation strategies for ensuring the competence of individuals providing language assistance:

   - Assess the individual's language ability. There exist many options for testing an individual's ability to communicate in a foreign language. The following table summarizes two of the leading language proficiency scales, the American Council on the Teaching of Foreign Languages scale (ACTFL) and the Interagency Language Roundtable (ILR) scale (LinguaLinks Library, 1999):

IRL Scale	ACTFL Scale	Definition
5	Native	Able to speak like an educated native speaker
4+ 4	Distinguished	Able to speak with a great deal of fluency, grammatical accuracy, precision of vocabulary and idiomaticity.
3+ 3	Superior	Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations
2+	Advanced Plus	Able to satisfy most work requirements and show some ability to communicate on concrete topics
2	Advanced	Able to satisfy routine social demands and limited work requirements
1+	Intermediate – High	Able to satisfy most survival needs and limited social demands

1	Intermediate – Mid Intermediate – Low	Able to satisfy some survival needs and some limited social demands Able to satisfy basic survival needs and minimum courtesy requirements
0+	Novice - High	Able to satisfy immediate needs with learned utterances
0	Novice – Mid Novice – Low 0	Able to operate in only a very limited capacity Unable to function in the spoken language No ability whatsoever in the language

- Assess the individual's ability to provide language assistance. The American Translators Association upholds standards of practice for translation services (n.d.). Similarly, the National Council on Interpreting in Health Care has issued standards of practice that define expectations of performance and outcomes for health care interpreters (2005). In addition, the Certification Commission for Healthcare Interpreters and the National Board for Certification of Medical Interpreters provide national certification for interpreters.

  The standards of practice identified by these professional organizations may offer promising practices in the provision of linguistically appropriate services. Keeping these standards at the core of hiring, training, and evaluating individuals will help ensure their competence in providing language assistance.

- Employ a "multifaceted model" of language assistance. Organizations may provide language assistance according to a variety of models, including bilingual staff or dedicated language assistance (e.g., a contract interpreter or video remote interpreting). A combination of models, or a multifaceted model, offers the organization a "comprehensive and flexible system [for] facilitating communication" (National Council on Interpreting in Health Care, 2002, p. 4). Under a multifaceted model, for example, telephonic interpreting will supplement the language assistance provided by bilingual staff to always ensure that language assistance is being provided by competent individuals.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
   - Issue plain language guidance and create documents that demonstrate best practices in clear communication and information design (HHS ODPHP, 2010).
   - Create forms that are easy to fill out, and offer assistance in completing forms (AHRQ, 2010).
   - Consult local librarians to help build an appropriate collection of health materials (HHS ODPHP, 2010)

- Train staff to develop and identify easy-to-understand materials and establish processes for periodically re-evaluating and updating materials (AHRQ, 2010).
- Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations (Wilson-Stronks & Galvez, 2007).
- Develop materials in alternative formats for individuals with communication needs, including those with sensory, developmental, and/or cognitive impairments as noted in Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals (The Joint Commission, 2010).
- Test materials with target audiences. For example, focus group discussions with members of the target population can identify content in the material that might be embarrassing or offensive, suggest cultural practices that provide more appropriate examples, and assess whether graphics reflect the diversity of the target community. Organizations should consider providing financial compensation or in-kind services to community members who help translate and review materials (HHS OMH, 2001).

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.
    - Engage the support of governance and leadership and encourage the allocation of resources to support the development, implementation, and maintenance of culturally and linguistically appropriate services.
    - Encourage governance and leadership to establish education and training requirements relating to culturally and linguistically appropriate services for all individuals in the organization, including themselves.
    - Identify champions within and outside the organization to advocate for CLAS, to emphasize the business case and rationale for CLAS, and encourage full-scale implementation.
    - Hold organizational retreats to identify goals, objectives, and timelines to provide culturally and linguistically appropriate services.
    - Establish accountability mechanisms throughout the organization, including staff evaluations, individuals' satisfaction measures, and quality improvement measures (QSource, 2005).
    - Utilize the data gathered based on Standards 10, 11, and 12 to guide plan development.
    - In accordance with Standard 13, involve the populations in the service area in the implementation of CLAS through the strategic plan.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

    The following are possible implementation strategies for conducting organizational assessments:

    - Conduct an organizational assessment or a cultural audit using existing cultural and linguistic competency assessment tools to inventory structural policies, procedures, and practices. These tools can provide guidance to determine whether the core structures and processes (e.g., management, governance, delivery systems, and customer relation functions) necessary for providing CLAS are in place.

- Use results from assessments to identify assets (e.g., bilingual staff members who could be used as interpreters, existing relationships with community-based ethnic organizations), weaknesses (e.g., no translated signage or cultural competency training), and opportunities to improve the organization's structural framework and capacity to address cultural and linguistic competence in care (e.g., revise mission statement, recruit people from diverse cultures into policy and management positions).
- Following the assessment, prepare adequate plans for developing CLAS (see Standard 9). Subsequent ongoing assessment helps organizations to monitor their progress in implementing the enhanced National CLAS Standards and to refine their strategic plans.

The following are implementation strategies for integrating CLAS-related measures into measurement and continuous quality improvement activities (QSource, 2005):

- Implement ongoing organizational assessment of CLAS-related activities
- Provide individuals with CLAS-oriented feedback forms and include self-addressed, stamped envelopes to improve receipt of feedback o Conduct focus groups with individuals to monitor progress and identify barriers to full-scale CLAS implementation
- Assess the standard of care provided for various chronic conditions to determine whether services are uniformly provided across cultural groups
- Add CLAS-related questions to staff orientation materials and yearly reviews
- Develop a system of reviewing and incorporating feedback and suggestions received and for monitoring their effect on CLAS implementation and outcomes
- Identify outcome goals, including metrics, regarding cultural and linguistic competency and assess at regular intervals

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.

The following are possible implementation strategies for collecting and maintaining demographic data:

When?	Ask for data early – ideally, during admission or registration
Who?	Properly trained admissions or reception staff could collect data
What will you tell individuals?	Before obtaining information, develop a script to communicate that: • This information is important • It will be used to improve care and services and to prevent discrimination • This information will be kept confidential In addition, address any concerns up front and clearly.
How?	Individual self-report – select their own race, ethnicity, language, etc.

What information will you collect? (Individual Data)	• Race • Ethnicity • Nationality • Nativity • Ability to speak English • Language(s) other than English spoken • Preferred spoken/written languages or other mode of communication • Age • Gender • Sexual orientation • Gender identity • Income • Education • Informed of right to interpreter services • Request for, and/or use of, interpreter services • Treatment history • Medical history • Outcome data (service type, utilization, length of stay • Client satisfaction See also aforementioned HHS Data Collection Standards
What information will you collect? (Staff data)	• Race • Ethnicity • Nationality • Nativity • Primary/preferred language • Gender • Records of cultural and linguistic competency training participation and evaluation
Tools to collect and store data	Use standard collection instruments. Store data in a standard electronic format
Training	Provide ongoing data training and evaluation to staff

(Massachusetts Department of Public Health, Office of Health Equity, 2009) Adapted from the Health Research and Evaluation Trust Health Disparities Toolkit (Hasnain-Wynia et al., 2007)

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.

The following are possible implementation strategies for assessing community health assets and needs.

- Partner with other organizations to negotiate a data sharing agreement, which could facilitate the linking of different types of data.
- Collaborate with other organizations and stakeholders in data collection, analysis, and reporting efforts to increase data reliability and validity.
- Conduct focus groups with individuals in the community (QSource, 2005).
- Review demographic data collected with local health and health care organizations (QSource, 2005).
- Use multiple sources in the community to collect data, including faith-based organizations, social workers, and managed care organizations (QSource, 2005).

The HHS Administration for Children and Families' Head Start initiative recommends the following Outline for Assessing Community Needs and Resources (HHS Administration for Children and Families, 2008; University of Kansas, n.d.):

1. Describe the makeup and history of the community to provide a context within which to collect data on its current concerns.
    a. Comment on the types of information that best describe the community (e.g., demographic, historical, political, civic participation, key leaders, past concerns, geographic, assets)
    b. Describe the sources of information used (e.g., public records, local people, Internet, maps, phone book, library, newspaper)
    c. Comment on whether there are sufficient resources available to collect this information (e.g., time, personnel, resources)
    d. Describe the methods used to collect descriptive information (e.g., public forums, listening sessions, focus groups, interviews, surveys, observation)
    e. Assess the quality of the information
    f. Describe the strengths and difficulties identified
2. Describe what matters to people in the community, including a description of:
    a. Issues that people in the community care about (e.g., safety, education, housing, health)
    b. How important these issues are to the community (e.g., perceived importance, consequences for the community)
    c. Methods the organization will (did) use to listen to the community (e.g., listening sessions, public forums, interviews, concerns surveys, focus groups)
3. Describe what matters to key stakeholders, including:
    a. Who else cares about the issue (the stakeholders) and what they care about
    b. What stakeholders want to know about the situation (e.g., who is affected, how many, what factors contribute to the problem)
    c. Prioritized populations and subgroups to whom stakeholders are targeting benefits
    d. Methods used to gather information (e.g., surveys, interviews)
4. (For each identified problem/goal) Describe the evidence indicating whether the problem/goal should be a priority issue, including:
    a. The community-level indicators related to the issue (e.g., rate of infant deaths or vehicle crashes)
    b. How frequently the problem (or related behavior) occurs (e.g., number of youth reporting alcohol use in the past 30 days)
    c. How many people are affected by the problem and the severity of its effects
    d. How feasible it is to address the issue
    e. Possible impact and/or consequences of addressing the problem/goal

5. Describe the barriers and resources for addressing the identified issue(s), including:
    a. Barriers or resistance to solving the problem or achieving the goal (e.g., denial or discounting of the problem) and how they can be minimized (e.g., reframing the issue)
    b. What resources and assets are available and how the organization can tap into those resources to address the issue
    c. Community context or situation that might make it easier or more difficult to address this issue
6. (Based on the assessment) Select and state the priority issue (or issues) to be addressed by the organization.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
    - Partner with local culturally diverse media to promote better understanding of available care and services and of appropriate routes for accessing services among all community members (Wilson-Stronks & Galvez, 2007).
    - Build coalitions with community partners to increase reach and impact in identifying and creating solutions. For example:
        - Work on joint steering committees and coalitions.
        - Sponsor or participate in health fairs, cultural festivals, and celebrations.
        - Offer education and training opportunities.
    - Convene town hall meetings, hold community forums, and/or conduct focus groups (Prevention by Design, 2006).
    - Develop opportunities for capacity building initiatives, action research, involvement in service development, and other activities to empower the community (Equality and Human Rights Commission, 2009).
    - Collaborate to reach more people, to share information and learn, and to improve services. Work with partners to advertise job openings, identify interpreting resources, and organize health promotion activities. Successful partnerships benefit all.

    In addition, the following professionals and volunteers may facilitate communication between an organization and the community it serves:

    - Cultural brokers are individuals from the community who can serve as a bridge between an organization and people of different cultural backgrounds. Cultural brokers should be familiar with the health system and with the community in which they live and/or from where they originated. They can become a valuable source of cultural information and serve as mediators in conflicts and as agents for change (Massachusetts Department of Public Health, 2009).
    - Promotors de salud/community health workers are volunteer community members and paid front-line public health workers who are trusted members of the community served or have an unusually close understanding of that community. They generally share the ethnicity, language, socio-economic status, and life experiences of the community members. These social attributes and trusting relationships enable community health workers to serve as liaisons, links, or intermediaries between health and social services and the community to facilitate access to and enrollment in services and improve the quality and cultural competency of services (HHS OMH, 2011).

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
    - Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to staff who handle conflicts, complaints, and feedback.

- Provide notice in signage, translated materials, and other media about the right of each individual to provide feedback, including the right to file a complaint or grievance.
- Develop a clear process to address instances of conflict and grievance that includes follow-up and ensures that the individual is contacted with a resolution and next steps (QSource, 2005).
- Obtain feedback via focus groups, community council or town hall meetings, meetings with community leaders, suggestion and comment systems, open houses, and/or listening sessions.
- Hire patient advocates or ombudspersons (QSource, 2005).
- Include oversight of conflict and grievance resolution processes to ensure their cultural and linguistic appropriateness as part of the organization's overall quality assurance program.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.

    Items on which to report may include (HHS OMH, 2001):

    - Demographic data about the populations
    - Utilization and availability statistics related to interpreters and translated materials
    - Level of staff training in cultural and linguistic competency
    - CLAS-related expenditures and cost-benefit data
    - Assessment results based on activities suggested from Standard 10, community data collected in accordance with Standard 12, and the number of complaints and their resolution as collected pursuant to Standard 14
    - Results from performance measures, satisfaction ratings, quality improvement and clinical outcome data analyses, and cost-effectiveness analyses

    Strategies for presenting CLAS-related progress include:

    - Draft and distribute materials that demonstrate efforts to be culturally and linguistically responsive (QSource, 2005). The materials should be easy to understand and in accordance with Standard 8.
    - Partner with community organizations to lead discussions about the services provided and progress made (QSource, 2005); see also Standard 13.
    - Create advisory boards to consult with community partners on issues affecting diverse populations and how best to serve and reach them (National Consensus Panel on Emergency Preparedness and Cultural Diversity, 2011).
    - Engage community-based workers to help craft and deliver messages and implications of data. Community outreach that is culturally and linguistically tailored and provided by trusted messengers is central to ensuring messages are received, understood, and adhered to by local members of the community. Community-based workers are seen as trusted sources of health information and can help with reaching and educating communities (National Consensus Panel on Emergency Preparedness and Cultural Diversity, 2011).
    - Convene educational forums. Agencies may consider partnering with well-respected and trusted community-based organizations to host regional educational forums, inviting local community representatives to participate. Educational forums are intended to provide education, materials, and information on topics of most concern to communities — whether regarding public health, public safety, or primary care. At the

same time, they include feedback sessions, where community partners and representatives can assess and evaluate the validity and application of recommendations, resources, and materials to their communities' cultural, social, and economic circumstances (National Consensus Panel on Emergency Preparedness and Cultural Diversity, 2011).

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