

CLAS Implementation Log

Use your completed [CLAS Checklist](#) to log interventions that are implemented at your organization related to each of the National CLAS Standards.

Document Purpose: To act as a tracking tool that can be referenced by internal teams, leadership, auditors and more. This should be reviewed and updated per your organization’s expectation or policy reflecting on your organization’s [CLAS Action Plan](#). Upon review of the interventions utilize [quality improvement strategies](#) to increase the effectiveness of each intervention.

The Principal Standard		
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.		
Standard 1 is the Principal Standard because, conceptually, the ultimate aim in adopting the remaining Standards is to achieve Standard 1. Standards 2 through 15 represent the practices and policies intended to be the fundamental building blocks of culturally and linguistically appropriate services that are necessary to achieve the Principal Standard.		
In this section, mark which standards are currently adopted by your organization once you have logged all your interventions below.		
Theme 1: Governance Leadership & Workforce <input type="checkbox"/> Standard 2 <input type="checkbox"/> Standard 3 <input type="checkbox"/> Standard 4	Theme 2: Communication & Language Assistance <input type="checkbox"/> Standard 5 <input type="checkbox"/> Standard 6 <input type="checkbox"/> Standard 7 <input type="checkbox"/> Standard 8	Theme 3: Engagement, Continuous Improvement, and Accountability <input type="checkbox"/> Standard 9 <input type="checkbox"/> Standard 10 <input type="checkbox"/> Standard 11 <input type="checkbox"/> Standard 12 <input type="checkbox"/> Standard 13 <input type="checkbox"/> Standard 14 <input type="checkbox"/> Standard 15

Theme 1: Governance, Leadership & Workforce

Standard #2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Purpose: Helps to ensure that CLAS is embedded throughout every aspect of the organization, from the top down and from the bottom up. This standard is in place to ensure that appropriate resources and accountability needed to support and sustain initiatives are in place; to model an appreciation and respect for diversity, inclusiveness and all beliefs and practices; and to support a model of transparency and communication between the service setting and the populations that it serves.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- 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.

Intervention Implemented (What, where, when, how)	Resources Utilized (Be Specific)	Person Responsible Name	Indicators of Progress (Measures, data)	Timelines (dates)
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Theme 1: Governance, Leadership & Workforce

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.

Purpose: Helps organizations create an environment in which culturally diverse individuals feel welcome and valued; promotes trust and engagement with the communities and populations served; infuses multicultural perspectives into planning, designing and implementation of CLAS; ensures diverse viewpoints are represented in governance decisions; and increases knowledge and experience related to culture and language among staff.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Develop relationships with local schools, training programs, and faith-based organizations to expand recruitment base.
- Conduct regular, explicit assessments of hiring and retention data, current workforce demographics, promotion demographics, and community demographics.

Intervention Implemented (What, where, when, how)	Resources Utilized (Be Specific)	Person Responsible Name	Indicators of Progress (Measures, data)	Timelines (dates)
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Theme 1: Governance, Leadership & Workforce

Standard #4: Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Purpose: Helps to prepare and support a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations; to increase the capacity of staff to provide services that are culturally and linguistically appropriate; to assess the progress of staff in developing cultural, linguistic, and health literacy competency; to foster an individual's right to respect and nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- 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.
- Take advantage of live and Web-based health disparities and cultural competency continuing education programs for clinicians and practitioners

Intervention Implemented (What, where, when, how)	Resources Utilized (Be Specific)	Person Responsible Name	Indicators of Progress (Measures, data)	Timelines (dates)
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Theme 2: 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.

Purpose: Helps to ensure that individuals with limited English proficiency and/or other communication needs have equitable access to health services; helps individuals understand their care and service options and participate in decisions regarding their health and healthcare; increases individuals' satisfaction and adherence to care and services; improves patient safety and reduce medical errors related to miscommunication; helps 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.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Use qualified and trained interpreters to facilitate communication, including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters.
- 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.

Intervention Implemented (What, where, when, how)	Resources Utilized (Be Specific)	Person Responsible Name	Indicators of Progress (Measures, data)	Timelines (dates)
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Theme 2: Communication and Language Assistance

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

Purpose: Helps to inform individuals with limited English proficiency, in their preferred language, that language services are readily available at no cost to them; to facilitate access to language services; and helps 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.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Organizations should reflect the languages regularly encountered in the service area in their signs, materials, and multimedia resources. For those who may not be literate, information can be conveyed orally or through signage using symbols or pictures.
- Standardize procedures for staff members who serve as the initial point of contact for individuals. 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.

Intervention Implemented (What, where, when, how)	Resources Utilized (Be Specific)	Person Responsible Name	Indicators of Progress (Measures, data)	Timelines (dates)
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Theme 2: Communication and Language Assistance

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.

Purpose: Helps to provide accurate and effective communication between individuals and providers; reduces misunderstanding, dissatisfaction, omission of vital information, misdiagnoses, inappropriate treatment, and patient safety issues due to reliance on staff or individuals that lack interpreter training; empowers individuals to negotiate and advocate, on their own behalf, for important services via effective and accurate communication with health and health care staff; helps organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other federal, state, and local requirements to which they may need to adhere.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Assess the individual’s ability to provide 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).

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Theme 2: Communication and Language Assistance

Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Purpose: Helps to ensure that readers of other languages and individuals with various health literacy levels are able to access care and services; provides access to health-related information and facilitate comprehension of, and adherence to, instructions and health plan requirements; enables all individuals to make informed decisions regarding their health and their care and services options; offers an effective way to communicate with large number of people and supplement information provided orally by staff members; helps organizations comply with the 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.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Train staff to develop and identify easy-to-understand materials and establish processes for periodically re-evaluating and updating materials.
- 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

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Theme 3: Engagement, Continuous Improvement, and Accountability

Standard #9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

Purpose: Makes CLAS central to the organization's service, administrative, and supportive functions; to integrate CLAS throughout the organization (including the mission) and highlight its importance through specific goals; to link CLAS to other organizational activities, including policy, procedures, and decision-making related to outcomes accountability.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- 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.

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Theme 3: Engagement, Continuous Improvement, and Accountability

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

Purpose: Helps to assess performance and monitor progress implementing the National CLAS Standards; obtain information about the organization and the people it serves, which can be used to tailor and improve services; assess the value of CLAS-related activities to the fulfillment of governance, leadership, and workforce responsibilities.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Following an organizational 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.
- Assess the standard of care provided for various chronic conditions to determine whether services are uniformly provided across cultural group

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Theme 3: Engagement, Continuous Improvement, and Accountability

Standard 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.

Purpose: Helps to accurately identify population groups within a service area; to monitor individual needs, access, utilization, quality of care, and outcome patterns; ensures equal allocation of organizational resources; improves service planning to enhance access and coordination of care; to assess and improve to what extent health care services are provided equitably.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Create a process for collecting demographic data

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Theme 3: Engagement, Continuous Improvement, and Accountability

Standard 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.

Purpose: Helps to determine the services assets and needs of the populations in the service areas (needs assessment); To identify all of the services available and not available to the populations in the service areas (resources inventory and gaps analysis); To determine what services to provide and how to implement them, based on the results of the community assessment; To ensure that health and health care organizations obtain demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative) and update the data regularly to better understand the populations in their services area.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Collaborate with other organizations and stakeholders in data collection, analysis, and reporting efforts to increase data reliability and validity.
- Review demographic data collected with local health and health care organizations.

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Theme 3: Engagement, Continuous Improvement, and Accountability

Standard 13: Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

Purpose | Standard 13 helps to provide responsive and appropriate service delivery to a community; ensures that services are informed and guided by community interests, expertise, and needs; increases use of services by engaging individuals and groups in the community in the design and improvement of services to meet their needs and desires; to create an organizational culture that leads to more responsive, efficient, and effective services and accountability to the community; empowers members of the community in becoming active participants in the health and health care process.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- 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.
- Utilize community health workers who 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.

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Theme 3: Engagement, Continuous Improvement, and Accountability

Standard 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

Purpose: Helps to facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations; works to anticipate, identify, and respond to cross-cultural needs; helps to meet federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to staff who handle conflicts, complaints, and feedback.
- 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.

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Theme 3: Engagement, Continuous Improvement, and Accountability

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

Purpose: Standard 15 helps to convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards; learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards; build and sustain communication on CLAS priorities and foster trust between the community and the service setting; meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups.

Strategy examples: (more can be found in [The Blueprint for Advancing and Sustaining CLAS Policy and Practice](#))

- Draft and distribute materials that demonstrate efforts to be culturally and linguistically responsive. 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, see also Standard 13.

Intervention Implemented (What, where, when, how)	Resources Utilized (Be Specific)	Person Responsible Name	Indicators of Progress (Measures, data)	Timelines (dates)
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Review Log		
Review Date	Reviewer	Revisions/Comments: