

## National Standards for Culturally and Linguistically Appropriate Services in Health Care C.L.A.S.



The California Mental Health Services  
Oversight and Accountability Commission (MHSOAC)  
and the  
MHSOAC - Cultural and Linguistic Competence Committee (CLCC)  
in collaboration with  
The Office of Minority Health Resource Center (OMHRC)

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## Learning Objectives:

At the end of this workshop participants should be able to:

- State and explain the ultimate goal of the CLAS Standards
- Explain the difference between Mandates, Guidelines and Recommendation
- Define Culture
- Define Cultural and Linguistic Competence
- Assess their own institutions against the 14 CLAS Standards
- Begin to incorporate the (missing) CLAS elements into their institutional and health practices
- Enumerate at least three steps towards cultural competence
- Enumerate at least three users of the CLAS Standards

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## Genesis of CLAS-I

- Lack of clear guidance
- Several independent standards
- Some were too general, too vague, too narrow

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## Genesis of CLAS-II

- 1997 USDHHS/ OMH first steps
- 1999 first draft developed
- CLAS standards –  
Federal Register 12-99
- Regional Meetings (3) –  
San Francisco, Baltimore, Chicago

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## Genesis of CLAS-III

- 413 organizations/ individuals;  
hospitals; health professionals;  
managed care; health agencies
- Culturally and linguistically appropriate  
services (CLAS) January 2000

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## CLAS Standards

The 14 national standards issued by the US Department of Health and Human Services (HHS) Office of Minority Health are intended to:

- Ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner
- Be inclusive of all cultures
- Contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans

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## Definition/Classification of CLAS Standards

Three types of standards of varying stringency:

- Mandates...**
- Guidelines...**
- Recommendations...**

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## “CLAS MANDATES”

Are current federal requirements for all recipients of federal funds...

Standards 4, 5, 6 and 7

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## “CLAS GUIDELINES”

Are activities recommended by OMH for adoption by Federal, State, and national accrediting agencies...

Standards 1,2,3,8,9,10,11,12 and 13

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## “CLAS RECOMMENDATIONS”

Are activities suggested by OMH for  
voluntary adoption by health care  
organizations...

Standard 14

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## “USERS” OF CLAS STANDARDS

- Policy makers
- Accreditation agencies
- Purchasers
- Patients
- Advocates
- Educators
- Health care communities

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## DEFINITIONS OF TERMS

- Culture
  - Competence
    - Cultural and linguistic competence

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## “Culture”

Culture represents the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies and practices “peculiar” to a particular group of people and which provides them with (1) a general design for living, and (2) patterns for interpreting reality. (Nobles)

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## “Competence”

### Cultural Competence IS:

- Conducting one’s professional work and personal life in the way that members of another cultural group recognize as appropriate. (Adapted from Green, 1982)
- Interacting with others in a manner that does not disrespect, demean, or otherwise diminish their group, heritage, traditions, beliefs, etc. (Hudson, 1993)
- A continuing process of growth in knowledge, experience and understanding –it is never perfect or permanent.
- One’s ability to successfully coexist as human beings. (Mohamed, 1995)

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## “Competence”

### Cultural Competence is NOT:

- Simply a function of knowledge about different groups
- Based only on transient experience with other groups, (e.g. some of my friends are...)
- Trying to become a member of another culture by adopting that group’s values; beliefs; customs or manners of speaking, dress, or behavior. Such behavior is not a form of respect, and is generally “manipulative and patronizing.” (Lynch & Hanson, 1992; Green, 1982).
- A Destination, but a Journey.

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### “Linguistic Competence”

#### Linguistic Competence:

- The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.
- Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served.
- The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity.

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### Cultural Mapping

Organizations must know the populations they serve, more than just what languages they speak. Language may be the starting point. Cultural mapping will open the door to developing appropriate programs and services.

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### Cultural Mapping (continued)

- What are the health, nutrition and communicable diseases prevalent in each target population seen by the organization?
- What are the values and belief systems for each culture served by the organization?
- How are these (values and belief systems) related to health, wellness, mental health, oral health, drugs and alcohol and other areas linked to services the organization provides?

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## Cultural Mapping (continued)

- How does spirituality and religiosity influence perceptions of health and wellness?
- What are the cultural perspectives on illness and disability?
- What are the health protective factors influenced by cultural practices?
- How does culture influence the health care decision making for individuals and families?

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## Cultural Mapping (continued)

- What are the cultural strengths and resiliency factors within the population?
- Will using interpreters be an appropriate option for the culture?
- Are there terms, phrases, etc. that are preferred to discuss health issues?
- What is the range of holistic traditional practices used by communities served?

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## Steps to Cultural Competence

- **Step 1** : Recognize and accept that all types of cultures have a profound influence on our lives.
- **Step 2**: Be aware that oppression is pervasive in our society; that is part of our history and that it affects our relationships.
- **Step 3**: Understand that cultural differences exist and learn to accept and respect what we may not always understand.
- **Step 4**: Accept that we cannot know everything about other cultures, and never will.
- **Step 5**: Commit to pursue what we need to know about the groups with whom we work in every way available to us.
- **Step 6**: Identify and confront personal resistance, anger and especially fears as we seek to gain insight and knowledge about a group.

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### **CLAS Mandate**

**“Language Access Services”**

#### **Standard 4**

HealthCare Organizations Must 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

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### **CLAS Mandate**

**“Language Access Services”**

#### **Standard 5**

Health Care Organizations Must Provide to Patients/ Consumers in Their Preferred Language Both Verbal Offers and Written Notices Informing Them of Their Right to Receive Language Assistance Services

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### **CLAS Mandate**

**“Language Access Services”**

#### **Standard 6**

Health Care Organizations Must Assure the Competence of Language Assistance Provided to Limited English Proficient Patients/Consumers by Interpreters and Bilingual Staff. Family and Friends Should Not Be Used to Provide Interpretation Services (Except on Request by the Patient/ Consumer)

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## **CLAS Mandate**

**“Language Access Services”**

### **Standard 7**

Health Care Organizations Must Make Available Easily Understood Patient-Related Materials and Post Signage in the Languages of the Commonly Encountered Groups and/or Groups Represented in the Service Area

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## **CLAS Guideline**

**“Culturally Competent Care”**

### **Standard 1**

Health Care Organizations Should Ensure That Patients/Consumers Receive From All Staff Members Effective, Understandable, and Respectful Care That Is Provided in a Manner Compatible With Their Cultural Health Beliefs and Practices and Preferred Language



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## **CLAS Guideline**

**“Culturally Competent Care”**

### **Standard 2**

Health Care Organizations Should Implement Strategies To Recruit, Retain, and Promote at All Levels of the Organization a Diverse Staff and Leadership That Are Representative of the Demographic Characteristics of the Service Area



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**CLAS Guideline**

**“Culturally Competent Care”**

**Standard 3**

Health Care Organizations Should Ensure That Staff at All Levels and Across All Disciplines Receive Ongoing Education and Training in Culturally and Linguistically Appropriate Service Delivery



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**CLAS Guideline**

**“Organizational Support to Cultural Competence”**

**Standard 8**

Health Care Organizations Should Develop, Implement, and Promote a Written Strategic Plan That Outlines Clear Goals, Policies, Operational Plans, and Management Accountability/ Oversight Mechanisms To Provide Culturally and Linguistically Appropriate Services



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**CLAS Guideline**

**“Organizational Support to Cultural Competence”**

**Standard 9**

Health Care Organizations Should Conduct Initial and Ongoing Organizational Self-Assessments of CLAS-Related Activities and Are Encouraged To Integrate Cultural and Linguistic Competence-Related Measures Into Their Internal Audits, Performance Improvement Programs, Patient Satisfaction Assessments, and Outcomes-Based Evaluations



Please refer to the Organization Assessment in the Appendix for more information

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**CLAS Guideline**

**“Organizational Support to Cultural Competence”**



**Standard 10**

Health Care Organizations Should Ensure That Data on the Individual Patient's / Consumer's Race, Ethnicity, and Spoken and Written Language Are Collected in Health Records, Integrated Into the Organization's Management Information Systems, and Periodically Updated

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**CLAS Guideline**

**“Organizational Support to Cultural Competence”**



**Standard 11**

Health Care Organizations Should Maintain a Current Demographic, Cultural, and Epidemiological Profile of the Community as Well as a Needs Assessment to Accurately Plan for and Implement Services That Respond to the Cultural and Linguistic Characteristics of the Service Area

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**CLAS Guideline**

**“Organizational Support to Cultural Competence”**



**Standard 12**

Health Care Organizations Should Develop Participatory, Collaborative Partnerships With Communities and Utilize a Variety of Formal and Informal Mechanisms to Facilitate Community and Patient/ Consumer Involvement in Designing and Implementing CLAS--Related Activities

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**CLAS Guideline**

**“Organizational Support to Cultural Competence”**



**Standard 13**

Health Care Organizations Should Ensure That Conflict and Grievance Resolution Processes Are Culturally and Linguistically Sensitive and Capable of Identifying, Preventing, and Resolving Cross-Cultural Conflicts or Complaints by Patients/Consumers

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**CLAS Recommendation**

**“Organizational Support to Cultural Competence”**



**Standard 14**

Health Care Organizations Are Encouraged to Regularly Make Available to the Public Information About Their Progress and Successful Innovations in Implementing the CLAS Standards and To Provide Public Notice in Their Communities About the Availability of This Information

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**Thank You Very Much for Your Attention!!!**

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## Appendix

- Cultural Competence: It All Starts at the Front Desk
- Organizational Assessment
- Tips for Communicating Effectively with Clients
- Definitions
- Bibliography: Cultural Competency and CLAS Standards
- Resources

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