

Culturally and Linguistically Appropriate Services (CLAS): National Standards and Implementation Strategies

The complete *Blueprint for Advancing and Sustaining CLAS Policy and Practice* can be found at www.thinkculturalhealth.hhs.gov/index.asp.

Standard	Purpose	Strategies to Achieve Goal
<p align="center">PRINCIPLE STANDARD</p> <p>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.</p>	<ol style="list-style-type: none"> 1. 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. 2. To ensure that all individuals receiving health care and services experience culturally and linguistically appropriate encounters. 3. 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. 4. To eliminate discrimination and disparities. 	<p>If each of Standards 2 through 15 is implemented and maintained.</p>
<p>GOVERNANCE, LEADERSHIP, & WORKFORCE</p> <p>2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.</p>	<ol style="list-style-type: none"> 1. To ensure the provision of appropriate resources and accountability needed to support and sustain initiatives. 2. To model an appreciation and respect for diversity, inclusiveness, and all beliefs and practices. 3. To support a model of transparency and communication between the service setting and the populations that it serves. 	<p>From The National Quality Forum:</p> <ol style="list-style-type: none"> 1. Create and sustain an environment of cultural competency through establishing leadership structures and systems or embedding them into existing structures and systems. 2. Identify and develop informed and committed champions of cultural competency throughout the organization in order to focus efforts around providing culturally competent care. 3. 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. 4. 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. 5. 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. 6. Commit to cultural competency through system-wide approaches that are articulated through written policies,

		<p>practices, procedures, and programs.</p> <p>7. Actively seek strategies to improve the knowledge and skills that are needed to address cultural competency in the organization.</p> <p>From The Joint Commission:</p> <ol style="list-style-type: none"> 1. Provide for internal multidisciplinary dialogues about language and culture issues. 2. Create financial incentives to promote, develop, and maintain accessibility to qualified health care interpreters.
<p>GOVERNANCE, LEADERSHIP, & WORKFORCE</p> <p>3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.</p>	<ol style="list-style-type: none"> 1. To create an environment in which culturally diverse individuals feel welcomed and valued. 2. To promote trust and engagement with the communities and populations served. 3. To infuse multicultural perspectives into planning, design, and implementation of CLAS. 4. To ensure diverse viewpoints are represented in governance decisions. 5. To increase knowledge and experience related to culture and language among staff. 	<p>Recruitment:</p> <ol style="list-style-type: none"> 1. 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. 2. Develop relationships with local schools, training programs, and faith-based organizations to expand recruitment base. 3. Recruit at minority health fairs. 4. 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). 5. Assess the language and communication proficiency of staff to determine fluency and appropriateness for serving as interpreters. <p>Promotion and Support:</p> <ol style="list-style-type: none"> 1. Create a work environment that respects and accommodates the cultural diversity of the local

		<p>workforce.</p> <ol style="list-style-type: none"> 2. Develop, maintain, and promote continuing education and career development opportunities so all staff members may progress within the organization. 3. Cultivate relationships with organizations and institutions that offer health and human service career training to establish volunteer, work-study, and internship programs. <p>Other:</p> <ol style="list-style-type: none"> 1. Promote mentoring opportunities. 2. Conduct regular, explicit assessments of hiring and retention data, current workforce demographics, promotion demographics, and community demographics. 3. Monitor work assignments and hire sufficient personnel to ensure a manageable and appropriate workload for bilingual/bicultural staff members. 4. Use nonclinical support staff in cultural broker positions only after providing sufficient training and recognition (e.g., compensation, job title, or description). 5. 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. 6. 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.
<p>GOVERNANCE, LEADERSHIP, & WORKFORCE</p> <p>4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.</p>	<ol style="list-style-type: none"> 1. To prepare and support a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations. 2. To increase the capacity of staff to provide services that are culturally and linguistically appropriate. 3. To assess the progress of staff in developing cultural, linguistic, and health literacy competency. 4. To foster an individual’s right to respect and 	<ol style="list-style-type: none"> 1. Engage staff in dialogues about meeting the needs of diverse populations. 2. 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. 3. Take advantage of internal and external resources available to educate governance, leadership, and

	<p>nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care.</p>	<p>workforce on cultural beliefs they may encounter.</p> <ol style="list-style-type: none"> 4. 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. 5. Incorporate cultural competency and CLAS into staff evaluations. 6. Provide opportunities for CLAS training that include regular in-services, brown-bag lunch series, orientation materials for new staff, and annual update meetings. 7. Encourage staff to volunteer in the community and to learn about community members and other cultures, and work with community leaders and cultural brokers to create opportunities for such interactions. 8. Evaluate education and training (see Standard 10). 9. Take advantage of live and Web-based health disparities and cultural competency continuing education programs for clinicians and practitioners.
<p style="text-align: center;">COMMUNICATION & LANGUAGE ASSISTANCE</p> <p>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.</p>	<ol style="list-style-type: none"> 1. To ensure that individuals with limited English proficiency and/or other communication needs have equitable access to health services. 2. To help individuals understand their care and service options and participate in decisions regarding their health and health care. 3. To increase individuals' satisfaction and adherence to care and services. 4. To improve patient safety and reduce medical error related to miscommunication. 5. 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. 	<ol style="list-style-type: none"> 1. Ensure that staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures (see Standard 4). 2. 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. 3. 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. 4. Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting. 5. Use cultural brokers when an individual's cultural beliefs impact care communication. 6. 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

		<p>aids and services) as noted in Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals.</p>
<p style="text-align: center;">COMMUNICATION & LANGUAGE ASSISTANCE</p> <p>6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<ol style="list-style-type: none"> 1. To inform individuals with limited English proficiency, in their preferred language, that language services are readily available at no cost to them. 2. To facilitate access to language services. 3. 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. 	<ol style="list-style-type: none"> 1. Determine the content and language of notices. 2. Decide how to communicate or provide notice to individuals. 3. Decide where to provide notice to individuals about the availability of assistance. <p>In regards to content and languages of the notices:</p> <ol style="list-style-type: none"> 1. 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. 2. Notification should be easy to understand at a low literacy level. <p>In regards to communicating or providing notice to individuals about the availability of language services:</p> <ol style="list-style-type: none"> 1. <u>Signage, Materials, and Multimedia</u>: 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

		<p>using symbols or pictures.</p> <p>2. <u>Cultural Mediation</u>: 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 promotores de salud) that includes bilingual staff who train community members to share health and resource information with other community members.</p> <p>3. <u>Community Outreach</u>: 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.</p> <p>4. <u>Initial Point of Contact</u>: 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.</p> <p>5. <u>Non-English Media</u>: Organizations should publicize availability of language assistance services in local foreign language media, such as ethnic radio, newspapers, and television.</p>
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<p style="text-align: center;">COMMUNICATION & LANGUAGE ASSISTANCE</p> <p>7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p>	<ol style="list-style-type: none"> To provide accurate and effective communication between individuals and providers. To reduce misunderstanding, dissatisfaction, omission of vital information, misdiagnoses, inappropriate treatment, and patient safety issues due to reliance on staff or individuals that lack interpreter training. To empower individuals to negotiate and advocate, on their own behalf, for important services via effective and accurate communication with health and health care staff. 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. 	<p>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:</p> <ol style="list-style-type: none"> Assess the individual’s ability to provide language assistance. The American Translators Association upholds standards of practice for translation services. 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. 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

		<p>competence in providing language assistance.</p> <p>2. 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”. Under a multifaceted model, for example, telephonic interpreting will supplement the language assistance provided by bilingual staff to ensure that at all times, language assistance is being provided by competent individuals.</p>
<p style="text-align: center;">COMMUNICATION & LANGUAGE ASSISTANCE</p> <p>8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.</p>	<ol style="list-style-type: none"> 1. To ensure that readers of other languages and individuals with various health literacy levels are able to access care and services. 2. To provide access to health-related information and facilitate comprehension of, and adherence to, instructions and health plan requirements. 3. To enable all individuals to make informed decisions regarding their health and their care and services options. 4. To offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members. 5. 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. 	<ol style="list-style-type: none"> 1. Issue plain language guidance and create documents that demonstrate best practices in clear communication and information design. 2. Create forms that are easy to fill out, and offer assistance in completing forms. 3. Consult local librarians to help build an appropriate collection of health materials. 4. Train staff to develop and identify easy-to-understand materials, and establish processes for periodically re-evaluating and updating materials. 5. Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations. 6. 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. 7. 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

		<p>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.</p>
<p style="text-align: center;">ENGAGEMENT, CONTINUOUS IMPROVEMENT, & ACCOUNTABILITY</p> <p>9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.</p>	<ol style="list-style-type: none"> 1. To make CLAS central to the organization’s service, administrative, and supportive functions. 2. To integrate CLAS throughout the organization (including the mission) and highlight its importance through specific goals. 3. To link CLAS to other organizational activities, including policy, procedures, and decision-making related to outcomes accountability. 	<ol style="list-style-type: none"> 1. 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. 2. 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. 3. 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. 4. Hold organizational retreats to identify goals, objectives, and timelines to provide culturally and linguistically appropriate services. 5. Establish accountability mechanisms throughout the organization, including staff evaluations, individuals’ satisfaction measures, and quality improvement measures. 6. Utilize the data gathered based on Standards 10, 11, and 12 to guide plan development. 7. In accordance with Standard 13, involve the populations in the service area in the implementation of CLAS through the strategic plan.
<p style="text-align: center;">ENGAGEMENT, CONTINUOUS IMPROVEMENT, & ACCOUNTABILITY</p> <p>10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</p>	<ol style="list-style-type: none"> 1. To assess performance and monitor progress in implementing the National CLAS Standards. 2. To obtain information about the organization and the people it serves, which can be used to tailor and improve services. 3. To assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities. 	<ol style="list-style-type: none"> 1. 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. 2. Use results from assessments to identify assets (e.g.,

		<p>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).</p> <p>3. 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.</p> <p>The following are implementation strategies for integrating CLAS-related measures into measurement and continuous quality improvement activities:</p> <ol style="list-style-type: none"> 1. Implement ongoing organizational assessment of CLAS-related activities. 2. Provide individuals with CLAS-oriented feedback forms and include self-addressed, stamped envelopes to improve receipt of feedback. 3. Conduct focus groups with individuals to monitor progress and identify barriers to full-scale CLAS implementation. 4. Assess the standard of care provided for various chronic conditions to determine whether services are uniformly provided across cultural groups. 5. Add CLAS-related questions to staff orientation materials and yearly reviews. 6. Develop a system of reviewing and incorporating feedback and suggestions received and for monitoring their effect on CLAS implementation and outcomes. 7. Identify outcome goals, including metrics, regarding cultural and linguistic competency and assess at regular intervals.
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<p style="text-align: center;">ENGAGEMENT, CONTINUOUS IMPROVEMENT, & ACCOUNTABILITY</p> <p>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.</p>	<ol style="list-style-type: none"> 1. To accurately identify population groups within a service area. 2. To monitor individual needs, access, utilization, quality of care, and outcome patterns. 3. To ensure equal allocation of organizational resources. 4. To improve service planning to enhance access and coordination of care. 5. To assess and improve to what extent health care services are provided equitably. 	<p>When? Ask for data early — ideally, during admission or registration.</p> <hr/> <p>Who? Properly trained admissions or reception staff could collect data.</p> <hr/> <p>What will you tell individuals? Before obtaining information, develop a script to communicate that:</p> <ol style="list-style-type: none"> 1. This information is important. 2. It will be used to improve care and services and to prevent discrimination. 3. This information will be kept confidential. <p>In addition, address any concerns up front and clearly.</p> <hr/> <p>How? Individual self-report — select their own race, ethnicity, language, etc.</p> <hr/> <p>What information will you collect? (Individual Data)</p> <ul style="list-style-type: none"> o Race o Ethnicity o Nationality o Nativity o Ability to speak English o Language(s) other than English spoken o Preferred spoken/written languages or other mode of communication o Age o Gender o Sexual orientation
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<p style="text-align: center;">ENGAGEMENT, CONTINUOUS IMPROVEMENT, & ACCOUNTABILITY</p> <p>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.</p>	<ol style="list-style-type: none"> 1. To determine the service assets and needs of the populations in the service areas (needs assessment). 2. To identify all of the services available and not available to the populations in the service areas (resource inventory and gaps analysis). 3. To determine what services to provide and how to implement them, based on the results of the community assessment. 4. To ensure that health and health care organizations 	<ol style="list-style-type: none"> 1. Partner with other organizations to negotiate a data sharing agreement, which could facilitate the linking of different types of data. 2. Collaborate with other organizations and stakeholders in data collection, analysis, and reporting efforts to increase data reliability and validity. 3. Conduct focus groups with individuals in the community. 4. Review demographic data collected with local health

	<p>obtain demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative) and update the data regularly to better understand the populations in their service areas.</p>	<p>and health care organizations.</p> <p>5. Use multiple sources in the community to collect data, including faith-based organizations, social workers, and managed care organizations.</p> <p>From the HHS Administration for Children and Families' Head Start initiative:</p> <ol style="list-style-type: none"> 1. Describe the makeup and history of the community to provide a context within which to collect data on its current concerns. <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Who else cares about the issue (the stakeholders) and what they care about.
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<p>ENGAGEMENT, CONTINUOUS IMPROVEMENT, & ACCOUNTABILITY</p> <p>13. Partner with the community to design, implement, and evaluate policies, practices,</p>	<p>1. To provide responsive and appropriate service delivery to a community.</p> <p>2. To ensure that services are informed and guided by community interests, expertise, and needs.</p> <p>3. To increase use of services by engaging individuals and</p>	<p>1. 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.</p> <p>2. Build coalitions with community partners to increase</p>

<p>and services to ensure cultural and linguistic appropriateness.</p>	<p>groups in the community in the design and improvement of services to meet their needs and desires.</p> <p>4. To create an organizational culture that leads to more responsive, efficient, and effective services and accountability to the community.</p> <p>5. To empower members of the community in becoming active participants in the health and health care process.</p>	<p>reach and impact in identifying and creating solutions. For example:</p> <ul style="list-style-type: none"> a. Work on joint steering committees and coalitions. b. Sponsor or participate in health fairs, cultural festivals, and celebrations. c. Offer education and training opportunities. <p>3. Convene town hall meetings, hold community forums, and/or conduct focus groups.</p> <p>4. Develop opportunities for capacity building initiatives, action research, involvement in service development, and other activities to empower the community.</p> <p>5. 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.</p> <p>In addition, the following professionals and volunteers may facilitate communication between an organization and the community it serves:</p> <p>1. 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.</p> <p>2. Promotores 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</p>
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		<p>the community to facilitate access to and enrollment in services and improve the quality and cultural competency of services.</p>
<p style="text-align: center;">ENGAGEMENT, CONTINUOUS IMPROVEMENT, & ACCOUNTABILITY</p> <p>14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.</p>	<ol style="list-style-type: none"> 1. To facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations. 2. To anticipate, identify, and respond to cross-cultural needs. 3. To meet federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures. 	<ol style="list-style-type: none"> 1. Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to staff who handle conflicts, complaints, and feedback. 2. 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. 3. 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. 4. 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. 5. Hire patient advocates or ombudspersons. 6. 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.
<p style="text-align: center;">ENGAGEMENT, CONTINUOUS IMPROVEMENT, & ACCOUNTABILITY</p> <p>15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.</p>	<ol style="list-style-type: none"> 1. To convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards. 2. To learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards. 3. To build and sustain communication on CLAS priorities and foster trust between the community and the service setting. 4. To meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups. 	<p>Items on which to report may include:</p> <ol style="list-style-type: none"> 1. Demographic data about the populations. 2. Utilization and availability statistics related to interpreters and translated materials. 3. Level of staff training in cultural and linguistic competency. 4. CLAS-related expenditures and cost-benefit data. 5. 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. 6. Results from performance measures, satisfaction ratings, quality improvement and clinical outcome data analyses, and cost-effectiveness analyses.

		<p>Strategies for presenting CLAS-related progress include (National Consensus Panel on Emergency Preparedness and Cultural Diversity and QSource):</p> <ol style="list-style-type: none"> 1. 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. 2. Partner with community organizations to lead discussions about the services provided and progress made; see also Standard 13. 3. Create advisory boards to consult with community partners on issues affecting diverse populations and how best to serve and reach them. 4. 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. 5. 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.
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