Enhanced CLAS Standards Checklist

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Adapted from the U.S. Office of Minority Health, Standards for
Culturally and Linguistically Appropriate Services

Principle 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.

Purpose of Standard 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

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

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

- To eliminate discrimination and disparities

Governance, Leadership, and Workforce
(Enhanced CLAS Standards 2-4)

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

Purpose of Standard 2

- To ensure the provision of appropriate resources and accountability needed to support and sustain initiatives

- To model an appreciation and respect for diversity, inclusiveness, and all beliefs and practices

- To support a model of transparency and communication between the service setting and the populations that it serves

The Health Research and Educational Trust, an affiliate of the American Hospital Association, poses two key questions for organizational leadership in regard to prioritizing cultural competency (HRET, 2011):

1. Has your board set goals on improving organizational diversity, providing culturally competent care, and eliminating disparities in care as part of your strategic plan?

2. Is diversity awareness and cultural competency training mandatory for all senior leadership, management, staff, and volunteers?

Examples of criteria met for Standard 2

- *Mission Statement* – Should include inclusive language and promote CLAS and health equity; and speak to the agencies' mission, vision, and/or core values

- *Cultural Competency Committee/Stakeholders* – Should include administrators, staff, practitioners, clinicians, and community members; and the relationships within the respective committees must be egalitarian

- *Commitment to Care/Action Plan* – Create an action plan which promotes internal multidisciplinary dialogue about language and culture issues (Wilson-Stronks & Galvez, 2007)

- CLAS Code of Conduct

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 of Standard 3

- To create an environment in which culturally diverse individuals feel welcomed and valued

- To promote trust and engagement with the communities and populations served

- To infuse multicultural perspectives into planning, design, and implementation of CLAS

- To ensure diverse viewpoints are represented in governance decisions

- To increase knowledge and experience related to culture and language among staff

Diversity should be present throughout every level of the organization, from front office personnel to the senior leadership. Organizations and their staff should understand that diversity in governance, leadership, and the workforce is about ensuring that individuals holding any organizational position possess the necessary skills and qualifications to perform required duties. In addition, it should be recognized that simply hiring and retaining a culturally diverse governance, leadership, and workforce is not, by itself, sufficient to achieving culturally and linguistically

appropriate services; all members of the organization must be appropriately trained and versed in basic cultural competency skills (Rose, 2011; Whealin & Ruzek, 2008).

Examples of criteria met for Standard 3

- Advertising job opportunities/job announcements in targeted preferred 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.

- Develop relationships with local schools, colleges and universities, training programs, and faith-based organizations to expand recruitment base

- Cultural Brokerage

- Recruit at minority health fairs

- *Welcoming, inclusive therapeutic environment* – Trauma Informed Care approach: muted paint colors, soft furniture, warm lighting, neutral scents, etc.; inclusive and culturally-responsive media (posters, brochures, paperwork, gender-inclusive bathrooms, etc.)

Standard 4

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

Purpose of Standard 4

- 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

Education and training should be based on sound educational principles (e.g., adult learning), including pre- and post-training assessments, and be conducted by appropriately qualified individuals. For training, a knowledge-based, skill-based, or attitude-based approach should be adopted, based upon the needs and weaknesses of the organization, with the goal of ensuring the success of the training (Rose, 2011).

Examples of criteria met for Standard 4

- Incorporate cultural competency and CLAS into staff evaluations (QSource, 2005).

- Inclusive Employee Policy and Procedure

- 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).

- *Mandatory Trainings for ALL staff and administrators*
  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).

Communication and Language Assistance
(Enhanced CLAS Standards 5-8)

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 of Standard 5

- To ensure that individuals with limited English proficiency and/or other communication needs have equitable access to health services

- To help individuals understand their care and service options and participate in decisions regarding their health and health care

- To increase individuals' satisfaction and adherence to care and services

- To improve patient safety and reduce medical error related to miscommunication

- To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere

Language assistance services are mechanisms used to facilitate communication with individuals who do not speak English, those who have limited English proficiency, and those who are deaf or hard of hearing. As noted in The Joint Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals, *these services can include in-person interpreters, bilingual staff, or remote interpreting, as well the translation of written materials or signage, sign language, or braille materials (The Joint Commission, 2010).*

Language assistance services facilitate the effective and accurate exchange of information between an individual with language and communication needs and his/her provider. By facilitating conversations regarding prevention, symptoms, diagnosis, treatment, and other issues, language assistance improves the quality of services and patient safety.

Examples of criteria met for Standard 5

- *Language Lines/Certified Interpreters/Bilingual Staff* :
  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).

- Collaboration with other organizations demonstrating the ability to provide comprehensive services in consumer's preferred language (Plan B)

- *Process for identifying individuals who speak a preferred language*:
  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).

Standard 6

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

Purpose of Standard 6

- To inform individuals with limited English proficiency, in their preferred language, that language services are readily available at <u>no cost to them</u>

- To facilitate access to language services

- 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

The provision of language assistance services is critical to ensuring quality, safety, satisfaction, and improved outcomes and informing individuals that such services are available helps ensure their use. Organizations should take the appropriate steps to notify individuals of the availability of language assistance services and that they are available free of cost. Individuals in need of communication and language assistance may not know such services are available to them upon request. Commonly reported barriers to services among individuals who are limited English proficient include the lack of availability of language services or the lack of awareness that such services exist (Barr & Wanat, 2005; Flores, 2006).

Examples of criteria met for Standard 6

- Signage in threshold languages/ Information is Publicly Accessible/Plain Sight

- Easy-to-read/Comprehend (sixth-grade literacy level)

- *"Cultural Mediator"* - act as a liaison between the culture of the organization and the culture of the individual.

- *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.

- *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).

- "I speak" cards

- Website advertising language assistance services

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 of Standard 7

- 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 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

Before one can be considered qualified to interpret, translate, or provide other communication assistance, he/she must be assessed to determine his/her competence. Language ability alone does not qualify an individual to provide language assistance. Leading organizations in the field of language assistance, as reported by the National Health Law Program (2010), have identified the requisite skills and qualifications of interpreters as follows:

- Active Listening Skills

- Message conversion skills

- Clear and understandable speech delivery

- Familiarity with regionalisms and slang in both languages

- Ability to identify differences in meaning due to dialects or regionalisms to ensure effective and accurate message conversion

- Ability to communicate in all registers and at varying levels of formality

- Understanding of colloquialisms and idiomatic expressions in all working languages

- Working knowledge of anatomy and physiology

- Extensive knowledge of the vocabulary and terminology related to diagnosis, prevention, treatment, and management of illness and disease

- Understanding of key concepts in health care, such as confidentiality, informed consent, and patients' rights

- Command of the vocabulary related to the provision of health care in both languages

A similar list of requisite skills and qualifications has also been compiled by the National Health Law Program (2010) for translators and is as follows:

- Intimate knowledge of their own native language

- Ability to write in the idiomatic and natural patterns of their native language

- Knowledge of the variety of fields in the health care system and of medical terminology; a basic knowledge of diseases, procedures, and medications; and knowledge of how the health care system, as a whole, functions

- Knowledge of their professional limits — especially, before agreeing to translate a document, being confident that they are qualified to translate it and can make an accurate assessment of the time it will take to complete the translation

- Good research skills and access to appropriate reference materials

- Expertise in various forms of written communication, from handwritten notes to digital

- Ability to translate medicolegal documents, such as informed consent forms and provisions of the Health Insurance Portability and Accountability Act

- Regular reading of professional literature in health care fields to maintain currency of information

- Continuous honing of translation skills through professional development training

Examples of criteria met for Standard 7

- Certification of Interpreters – Research Resources

- Provide Multi-Faceted Model of Language Assistance

- Train Bilingual Staff/Provide Differential Pay

- Assess providers' ability to provide specific services

- Procedure for identifying individuals who speak a preferred language

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 of Standard 8

- To ensure that readers of other languages and individuals with various health literacy levels are able to access care and services

- To provide access to health-related information and facilitate comprehension of, and adherence to, instructions and health plan requirements

- To enable all individuals to make informed decisions regarding their health and their care and services options

- To offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members

- 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

Examples of criteria met for Standard 8

- Issue plain language guidance and create documents that demonstrate best practices in clear communication and information design (HHS ODPHP, 2010).

- 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).

- Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations (Wilson-Stronks & Galvez, 2007).

- Written Materials/Location of materials

- Complaint/Grievance Policies/Clients' Rights Notifications

It is also important to translate materials that are essential to individual's accessing and making educated decisions about health care, including materials on the internet. Examples of releveant material include:

- *Administrative and legal documents* – materials requiring informed consent, obligation, or acknowledgement of certain legal or financial rights and responsibilities; waiver of rights; living wills and advance directives; emergency room release and discharge forms; marketing materials; documents establishing and maintaining eligibility for services; explanations of benefit coverage packages; evidence of coverage cards; and notices of noncoverage

- *Clinical information* – prevention and treatment instructions, including how to prevent transmission of a communicable disease; what to do before, during, and after a procedure or treatment (e.g., surgery, chemotherapy); how to take medicine; and how to perform routing self-care or self-monitoring

- *Education, health prevention and promotion, and outreach materials* – brochures, fact sheets, pamphlets, promotional flyers and posters, health advisories, and other materials that support treatment programs (e.g., for chronic disease or mental health) and prevention activities (e.g., cancer or high blood pressure screenings)

Engagement, Continuous Improvement, and Accountability
(Enhanced CLAS Standards 9-15)

Standard 9

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

Purpose of Standard 9

- To make 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

Culturally and linguistically appropriate services should be embedded throughout all levels of the organization—from the top down and from the bottom up. The entire health or health care organization affects quality of services and health outcomes of individuals; therefore, the entire

organization should fully integrate CLAS- and health equity-related concepts and ideals. Different departments, policies, and roles should coordinate with and complement each other to this end.

Examples of criteria met for Standard 9

- Demonstration of Allocation of Resources

- Welcoming Process (Aspects of TIC)

- Satisfaction Client Surveys

- Annual/Semi-Annual Review

- Collaboration with other organizations

- Conflict/Grievance Resolution Process

- LGBTQ-inclusive Sexual Harassment Policy

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 of Standard 10

- To assess performance and monitor progress in implementing the National CLAS Standards

- To obtain information about the organization and the people it serves, which can be used to tailor and improve services

- To assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities

Examples of criteria met for Standard 10

- Incorporate CLAS in Quality Assurance Policy

- Cultural Audit

- Review Results of Internal Staff and Client Evaluations/Organizational Checklists

- Allocation of resources

A cultural audit is an assessment strategy to examine, among other factors, an organization's values, symbols, and routines and identify problems that affect the organization's ability to provide services (Rice, 2005, 2008).

CLAS-related measures in performance improvement and outcomes assessments include but are not limited to:

- *Accessibility of interpreter services*

- *Effectiveness of cultural and linguistic competency training for providers and nonclinical staff*

- *Differences in the use of services among diverse populations*

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 of Standard 11

- To accurately identify population groups within a service area

- To monitor individual needs, access, utilization, quality of care, and outcome patterns

- To ensure equal allocation of organizational resources

- To improve service planning to enhance access and coordination of care

- To assess and improve to what extent health care services are provided equitably

The availability of demographic data, particularly race and ethnicity, is the first step in being able to demonstrate the effectiveness of CLAS in the delivery of quality, equitable care and, ultimately, in reducing disparities (Hasnain-Wynia & Baker, 2006; Nerenz, 2005; HHS, 2011b).

Examples of criteria met for Standard 11

- Cal OMS

- Surveys/Intake Forms/Evaluations

- Contact Person for Monitoring and Assessing

- Use assessment tools to measure Strengths/ "Opportunities for Improvement"/Adjustments

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 of Standard 12

- To determine the service 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 (resource 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 service areas

Conducting a community needs assessment should be just the first step in a comprehensive effort to engage local communities in organizational planning and operations (see Standard 13). Data and information collected from regular community assessments can be used to develop a comprehensive profile of the populations in the service area, which could have significant demographic and epidemiological value. Such a profile would help organizations, providers, and policymakers develop appropriate services and evaluate access to and utilization of those services over time. In addition, data from this profile could be used to generate more specific profiles (e.g., linguistic or geographic profiles) that could be used to inform targeted service development and service delivery plans.

Examples of criteria met for Standard 12

- Update Referral Information/Community Resources

- Collect data from multiple community sources

- Needs Assessment/Focus Groups

- Gaps Analysis

Standard 13

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

Purpose of Standard 13

- To provide responsive and appropriate service delivery to a community

- To ensure that services are informed and guided by community interests, expertise, and needs

- To increase 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

- To empower members of the community in becoming active participants in the health and health care process

Community partnerships are an essential component in the provision of cultural and linguistic competency. Only through meaningful community partnerships can an organization truly understand the individual needs of the diverse population it serves, appropriately allocate resources, and develop an accountable system that provides equitable culturally and linguistically appropriate care and services (Douglas et al., 2009; Wu & Martinez, 2006).

In addition, community engagement has been found to be strongly correlated with higher patient-reported quality of care and trust (Wynia et al., 2010).

Examples of criteria met for Standard 13

- Monthly Provider Meetings

- PSA/Radio Access/Community Outreach

- Working with Various Organizations

- Focus Groups

- Cultural Brokers

Standard 14

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

Purpose of Standard 14

- To facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations

- To anticipate, identify, and respond to cross-cultural needs

- To meet federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures

Individuals from diverse backgrounds may encounter situations in which their needs and preferences are not accommodated or respected by the organization or its staff. These situations may range from differences related to informed consent and advance directives, to difficulty in accessing services or denial of services, to discriminatory treatment (HHS OMH, 2001).

While personal preferences for care should be accommodated as much as possible and equitable nondiscriminatory treatment should be guaranteed, it is inevitable that individuals will have conflicts and grievances. To address this, organizations should ensure that all staff members are trained to recognize and prevent these potential conflicts and must develop a method through which individuals can provide feedback. All individuals must then be informed about, and have access to, these feedback procedures that cover all aspects of their interaction with the organization (HHS OMH, 2001).

Organizations should anticipate and be responsive to the differences that arise between individuals and the organization and its staff. This responsiveness may be achieved by integrating principles of cultural sensitivity into existing feedback procedures, as well as into policies, programs, and committees charged with responsibility for patient relations and legal or ethical issues. When existing structures are inadequate, new approaches may need to be developed.

Examples of criteria met for Standard 14

- CLAS-Infused Complaint and Grievance Policies

- Language Assistance

- Cross-cultural Communication Training

- LGBTQ-inclusive Sexual Harassment Policy

Standard 15

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

Purpose of Standard 15

- To convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards

- To learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards

- To build and sustain communication on CLAS priorities and foster trust between the community and the service setting

- To meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups

Organizations may exercise latitude in the information they make available and the means by which they report it to their stakeholders, constituents, and the general public. Examples of possible strategies are described in the following section. An organization that wishes to provide information can report one or more of the following: the results of organizational assessments (Standard 10), data collected and communities served (Standard 11), results of the assessments of the community health assets and needs (Standard 12), or the various partnerships that have been formed with other organizations from the community (Standard 13).

Being accountable to the public supports the continuous quality improvement process by documenting publicly the organization's ability to provide quality care and services in a culturally and linguistically appropriate manner. It also informs the organization and community of the areas needing improvement.

Communication about CLAS may serve to actively engage the community in assessing an organization's serve, noting need for improvements, identifying programs that would match its needs, and charting related progress. Accountability is also important in situations in which an organization is using public funds to serve the community. Information provided to the public should be relevant, useful, and understandable to the community. An organization may also communicate CLAS implementation progress as part of its community benefits and other reporting or accountability requirements.

Examples of criteria met for Standard 15

- Annual Reports (Capacity Building)

- Strengths, Weaknesses, Opportunities (for Improvement/Adjustments), and Threats (to proposed changes)

- CLAS – related Cost-Benefit Analysis

- Collaboration with other agencies

- 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

Ideas to Consider Adding to the Checklist

Additional Questions for Standards 2-4

1. Is diversity training mandatory for senior leadership, management, staff, and volunteers?
2. Is diversity awareness and cultural competency training mandatory for all senior leadership, management, staff, and volunteers?
3. Are there 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.
4. Would culturally diverse individuals feel welcomed and valued upon entering the agency?
5. Is the assessment protocol culturally-responsive and all-inclusive?
6. Is there tool to assess the progress of staff in developing cultural, linguistic, and health literacy competency
7. What are your scheduled brown bag session topics? When are they scheduled?

Additional Questions for Standards 5-8

1. Has there been job announcements created and posted requesting an individual's expertise in the threshold languages and/or preferred languages of the populations served?
2. What are the threshold languages within your county?
3. Does the program provide certification opportunities for their bilingual staff?
4. Is differential pay offered?

Additional Questions for Standards 9-15

1. Does the program collaborate with any local PSA affiliates?
2. Does the program have a connection with the local radio stations in the area?
3. Are the program's services publicized in the local media?
4. What is the program's community outreach protocol?

Suggestions:

Overall, a great beginning! The "Purpose" for each group of standards located at the top of the page is very thorough, it speaks to increased transparency as the Enhanced CLAS Standards recommend. The criteria for Standards 5-8 is appropriate, while the criteria for Standards 8, 12, 13, 14 need more development (zero criteria for Standards 12, 13and 14; one criterion for Standard 3 and 8). To ensure that each standard is articulated throughout the checklist, I suggest placing the respective standard in parentheses next to the question on the form. Lastly, I recommend putting a "Target Date" column on the checklist.

References

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