

What Do the CLAS Standards Mean for Individual Providers?

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In April 2013, the U.S. Department of Health and Human Services, Office of Minority Health released the much anticipated “National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care”. The National CLAS Standards were originally released in 2000. The relaunched CLAS Standards signify progress in the state-of-the-art in theory and practice of cultural competency guidelines for health organizations to address health care disparities and enhance health equity.

The overarching theme of the National CLAS Standards is to present a blueprint for health care organizations to “provide, 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”.

However, the National CLAS Standards hold significance not only for health care organizations, but also for individual licensed health care professionals in Maryland and around the country.

How Can I Translate the National CLAS Standards to Address My Own Care and Service Delivery Practices?

A clear role for individual health care professionals in implementing the National CLAS Standards is to serve as an advocate for patients and clients within the health care organizations where you work. Both individual and collective advocacy for the health equity and cultural competency principles promoted by the CLAS Standards are necessary in order to adequately address disparities in health care.

Outlined below are several adapted CLAS Standards which provide suggestions for individual practitioners as they champion implementation of the Standards within their organizations.

Governance, Leadership, and Workforce:

- Using formal channels of communication within your organization, provide recommendations to your organization’s decision-makers about the following:
 - Implementation of organizational policies, practices, and resources to promote health equity and delivery of culturally and linguistically appropriate services to patients/clients; and,
 - Recruitment, promotion and support of a culturally and linguistically diverse workforce that reflects and is responsive to the communities being served by the organization.
- Be an active participant in cultural competency training opportunities offered within your organization, and actively seek out additional training opportunities sponsored by other organizations.

Communication and Language Assistance:

- Always use the assistance of trained medical interpreters (in-person or via a telephonic language assistance service) during encounters with patients/clients who have limited English proficiency or other communication needs. (*Refrain from using minors and untrained individuals as interpreters.*)
- Inform patients/clients that language assistance is provided to them at no cost.

- Ensure that signage and frequently used health education materials in your office, or station where you provide services, are easy to understand and available in the primary languages used in the surrounding community.

Engagement, Continuous Improvement, and Accountability:

- Stay informed about your organization's CLAS-related goals and policies, offer suggestions for improving them, and be mindful of how to implement them during individual patient/client encounters.
- Be accountable for quality improvement efforts and recommend ways to incorporate CLAS-related measures into your organization's continuous quality improvement activities.
- Inform all patients/clients about opportunities for them to contribute to your organization's continuous quality improvement process through participation in community needs assessments, focus groups, and similar activities.
- Inquire and stay informed about community resources (formal and informal) that may be helpful as supports to patients/clients self-managing their care.

Other General Suggestions to Keep In Mind ...

- ✓ Regularly engage in personal reflection regarding one's own biases, cultural values, beliefs and philosophies (both personal and professional) and how they may influence interactions with patients/clients and ultimately affect their response to the care management plan.
- ✓ Seek opportunities, both within your organization and in the community, to learn about the diverse cultural experiences of members of the community being served.
- ✓ Be cognizant of the provider-patient power imbalance and actively develop strategies to listen and communicate with patients/clients in a respectful manner that is non-shaming and non-judgmental.
- ✓ Consider patients/clients and their families as full partners in the decision-making process.
- ✓ As best as possible, tailor services and care delivery to the unique needs of your individual patients/clients.
- ✓ Offer assistance with completing forms, and assume that all patients/clients will have difficulty understanding health information—this is the universal precautions approach to health literacy.

Further information about the National CLAS Standards is available at the following Website: <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>. The Website also hosts several online continuing education modules on cultural competency.

Additional training modules and resources also can be found in the Cultural Competency and Health Literacy Primer published in March 2013 by the Maryland Office of Minority Health and Health Disparities (MHHD) and the University of Maryland School of Public Health. The Primer and other resources can be accessed on the MHHD Website: <http://dhmh.maryland.gov/mhhd/SitePages/Home.aspx>

References:

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