

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Compendium of State-Sponsored
National CLAS Standards Implementation Activities



U.S. Department of
Health and Human Services
Office of Minority Health

This document was produced for the Office of Minority Health by Westat under contract number **HHSP23320095655WC**, order number **HHSP23337028T**. The contributing authors were Jennifer Nooney, Jessica Behm, Calvin Pierce, and Brenda Leath of Westat, and Stacey Williams of the Office of Minority Health. The views expressed in this article are those of the authors and do not necessarily represent those of the Office of Minority Health, U.S. Department of Health and Human Services.

Suggested citation: U.S. Department of Health and Human Services, Office of Minority Health. (2016). *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: Compendium of State-Sponsored National CLAS Standards Implementation Activities*. Washington, DC: U.S. Department of Health and Human Services.

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Executive Summary

In 2000, the U.S. Department of Health and Human Services, Office of Minority Health first published the National Standards for Culturally and Linguistically Appropriate Services in Health Care (National CLAS Standards). In the fall of 2010, the Office of Minority Health launched the National CLAS Standards Enhancement Initiative to update the National CLAS Standards to reflect the past decade's advancements, expand their scope, and improve their clarity to ensure understanding and implementation. This Compendium of State-Sponsored National CLAS Standards Implementation Activities presents a compilation of National CLAS Standards implementation efforts that have been undertaken by state agencies and described in publicly available sources on the Web since the initial release of the National CLAS Standards in 2000. Part 1 of the Compendium provides a brief introduction to the National CLAS Standards, discusses the methods used to identify National CLAS Standards implementation activities, summarizes the findings, and offers recommendations for enhancing state/territory-sponsored implementation of the National CLAS Standards. Part 2 of the Compendium presents the detailed findings for each state, serving as a resource on existing models of implementation.

National CLAS Standards implementation activities were identified through an environmental scan, conducted in late 2014 and early 2015, of resources available through major article databases and grey literature presented on the Web. The Compendium is intended to capture only those activities supported and undertaken by state government agencies. States and territories are included in the Compendium if material located on their websites provided evidence of concrete actions, as measured against inclusion criteria, taken by their governments to implement the National CLAS Standards. U.S. territories were reviewed for inclusion in the Compendium, but the territories did not have information online about their National CLAS Standards implementation activities at the time this research was conducted. The

Compendium includes a total of 32 states and describes a total of 172 activities meeting the inclusion criteria. These activities fell into three major categories. The most common category was Policies, Planning, and Collaboration, with 87 activities in 29 states identified, followed by Dissemination, with 45 activities in 24 states identified, and Training and Technical Assistance, with 40 activities in 24 states identified.

A significant number of states are actively implementing the National CLAS Standards. The most notable achievement of states, based on the information collected through this environmental scan, is the integration of the National CLAS Standards in strategic plans. In some states, integration occurred in multiple strategic plans across several governmental departments, divisions, and bureaus. However, opportunities remain for continued integration of the National CLAS Standards into strategic plans. Few states have enumerated a comprehensive set of strategies, goals, and action steps for implementation.

Many states incorporated assessments of their National CLAS Standards implementation activities, particularly assessments of process, such as the number of providers participating in training. There is a need for studies evaluating the impact of the National CLAS Standards. States and territories may be able to contribute to the evidence base for the National CLAS Standards, resources permitting, by building evaluations into their implementation activities. States and territories are also uniquely positioned to determine which implementation activities will best meet the needs of their unique populations at both the state and local levels. Some states reported conducting needs assessments as part of strategic planning or development of other National CLAS implementation activities. More frequent needs assessment would be helpful in forming a comprehensive understanding of state CLAS Standards implementation status and allow course-corrections if efforts fail to meet identified needs.

Some states addressed elements of the National CLAS Standards, such as language assistance services and cultural competency training, without referencing the National CLAS Standards themselves. Activities that do not indicate an explicit connection with the National CLAS Standards are not included in this Compendium. One emphasis of the enhanced National CLAS Standards is that they should be implemented comprehensively, with recognition that the National CLAS Standards together constitute a widely accepted framework for ensuring delivery of culturally and linguistically appropriate services. A few states had comprehensive National CLAS Standards websites that brought together a variety of resources and activities under the CLAS framework, but for most states the activities presented in this Compendium were located across several government websites. One mechanism for improving the awareness, adoption, and implementation of the National CLAS Standards across a state is investment in Web development that articulates to stakeholders the types of assistance and resources available and highlights the state government's commitment to National CLAS Standards implementation.

The following recommendations are offered to improve state and territorial government-based National CLAS Standards implementation efforts:

1. Increase the depth, clarity, and concrete action steps in strategic planning for National CLAS Standards implementation.
2. Make needs assessments a priority, use them to drive strategic planning and activities for National CLAS Standards implementation, and conduct them frequently enough to permit course-correction if activities are not meeting identified needs.
3. Incorporate evaluation of patient and population outcomes, in addition to evaluation of process measures, into National CLAS Standards implementation.
4. Assess the extent to which cultural and linguistic competency efforts are guided by the comprehensive framework of the National CLAS Standards.
5. Consider ways to streamline dissemination of National CLAS Standards implementation activities by using the National CLAS Standards as a framework for organizing all CLAS activities and developing a website that combines resources, reports, and strategic plans.

PART 1

Introduction, Methods, Summary of Findings, and Conclusions

Introduction and Background

In 2000, the U.S. Department of Health and Human Services, Office of Minority Health (OMH) first published the National Standards for Culturally and Linguistically Appropriate Services in Health Care (National CLAS Standards). The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to implement culturally and linguistically appropriate services. A growing number of institutions, states, and associations have committed to adopting the National CLAS Standards comprehensively,¹ and scholars have described opportunities to integrate them into various health professions.^{2,3} However, to date there has not been a systematic study of the variety of National CLAS Standards implementation activities underway across the country.⁴ This Compendium of State-Sponsored National CLAS Standards Implementation Activities is a step toward cataloging these activities and is intended to serve as a resource on existing models of National CLAS Standards implementation. It presents a compilation of National CLAS Standards implementation efforts that have been undertaken by state agencies and described in publicly available sources on the Web. U.S. territories were reviewed for inclusion in the Compendium, but the territories did not have information online about their National CLAS Standards implementation activities at the time this research was conducted.

The Compendium is intended as a companion to OMH's [CLAS Legislation Map](#),⁵ which describes state legislative activity related to the National CLAS Standards. Together, the resources provide a more comprehensive view of state government-based implementation activities. This section of the Compendium (Part 1) provides a brief introduction to the National CLAS Standards, including their content and history, and the federal resources available to states, territories, and organizations seeking to implement them. Also, it discusses the methods used to identify National CLAS Standards implementation activities and the criteria for deter-

mining whether to include activities in this Compendium. Finally, this section summarizes the findings and offers recommendations for enhancing state-sponsored implementation of the National CLAS Standards.

Part 2 of the Compendium presents the detailed findings for each state, with the activities described within three primary categories: 1) planning, policies, and collaboration; 2) training and technical assistance; and 3) dissemination. Each state with activities in one or more categories has a separate entry in Part 2, and activities are organized by the three primary categories. Links to available state-specific material are provided as well as more detailed references to assist users in locating source material.

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

In 2000, OMH released the National Standards for Culturally and Linguistically Appropriate Services in Health Care, a signature achievement representing the commitment of the U.S. Department of Health and Human Services (HHS) to addressing disparities in health care. In 2011, HHS released the [HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#),⁶ (HHS Disparities Action Plan), which is the most comprehensive federal commitment to date to reduce racial and ethnic disparities. The [National Stakeholder Strategy for Achieving Health Equity](#)⁷ was also released in 2011, a product of the OMH-led National Partnership for Action to End Health Disparities. These documents provide a coordinated framework to reduce health disparities and advance health equity, including clear action steps for HHS and other stakeholders to improve access to culturally and linguistically appropriate services.

The HHS Disparities Action Plan also called for a comprehensive review and update of the National CLAS Standards.

In fall of 2010, OMH launched the National CLAS Standards Enhancement Initiative in order to update the Standards to reflect the past decade's advancements, expand their scope, and improve their clarity to ensure understanding and implementation.⁸ The enhanced National CLAS Standards, published in 2013, are organized into one Principal Standard — to provide effective, equitable, understandable, respectful, and quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs — and 14 standards categorized into three themes: (1) governance, leadership, and workforce; (2) communication and language assistance; and (3) engagement, continuous improvement, and accountability

(see Figure 1). If these 14 standards are met, the Principal Standard will be achieved.

The enhanced National CLAS Standards adopt a more comprehensive conceptualization of health and therefore provide a more inclusive recognition of the professionals and organizations that deliver related care and services.⁹ The enhanced National CLAS Standards reference both health and health care organizations to acknowledge those working not only in health care, but also public health, behavioral health, human/social services, and community health. The enhanced National CLAS Standards also place new emphasis on the importance of CLAS implementation as a systemic responsibility, with integration occurring throughout an

Figure 1 The Enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal 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.

Governance, Leadership, and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

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

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
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.
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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

organization, requiring the investment of leadership, and providing appropriate training for all members of the organization. Furthermore, they present a broader understanding and application of communication needs to encompass not only interpretation and translation, but also health literacy levels, sign language, and braille. The enhanced National CLAS Standards adopt an expanded, broader definition of culture, including elements such as race, ethnicity, language, spirituality, disability status, geography, sexual orientation, and gender identity. Health is also defined explicitly to include physical, mental, social, and spiritual well-being. Whereas the original National CLAS Standards were divided into mandates, recommendations, and guidelines, the enhanced Standards contain no such distinctions. Instead, the enhanced National CLAS Standards promote collective adoption of all Standards to ensure optimal health and well-being of all individuals.

OMH supports the implementation of the National CLAS Standards in numerous ways.¹⁰ The [Think Cultural Health](#)¹¹ website offers a variety of resources, including information about the history of the National CLAS Standards, factsheets, a clearinghouse of resources on health disparities and cultural competency, journal articles examining the National CLAS Standards, a [self-assessment tool](#)¹² for local public health departments, e-learning programs that provide continuing education for health professionals, and [A Blueprint for Advancing and Sustaining CLAS Policy and Practice \(The Blueprint\)](#).¹³ The Blueprint discusses the process of updating the National CLAS Standards. It also lists specific implementation activities for each standard, providing a roadmap for organizations to follow in adopting the National CLAS Standards. For example, integrating CLAS into organizational missions and strategic plans signals that CLAS is a key priority for all levels of the organization. Other recommended implementation activities include ensuring that resources are available for activities around cultural competence; developing partnerships with academia, local businesses, and other community organi-

zations to promote CLAS; and identifying organizational “champions” for CLAS.

OMH has long recognized that state and territorial governments are critical to health disparities reduction efforts, as they are a locus of activity for local health departments and are aware of the unique population needs of their residents. To support states in disparities reduction efforts, OMH established the [State Partnership Grant Program to Improve Minority Health](#).¹⁴ The 2013 program included a program option of focusing on state and territorial efforts to implement the National CLAS Standards; a total of 22 awards were made under this program. Grantees proposed both new and continuing or expanded programs to build partnerships for promoting the National CLAS Standards, create and deliver National CLAS Standards training within state and territorial health departments, and assess rates of National CLAS Standards adoption and implementation throughout the state/territory. Many grantees set quantitative goals for success, such as a percentage increase in provider adoption of the National CLAS Standards.

The 2013 State Partnership Grant awardees’ proposed programs were completed in August 2015, and findings from the programs are not yet available on most state websites. Yet as documented here, a total of 32 states have information about state-sponsored National CLAS Standards implementation efforts available on the Web. This is a testament to the broad reach of the National CLAS Standards across the country and the commitment of states to move implementation forward with support from OMH grants or other funding sources. By highlighting the efforts of these 32 states, this Compendium provides basic information on the number and types of activities for federal planning purposes, and can serve as a resource to inform existing and promote additional National CLAS Standards implementation programs at state, territorial, tribal, local, and organizational levels.

Methodology

This compilation of information was done through a “low-touch” methodology, whereby information was derived solely from a search of resources available through major article databases and grey literature presented on the Web. The search was conducted in late 2014 and early 2015. The literature review included searches of 12 databases (see Figure 2). A total of 43 articles were identified for review, but upon close review of the abstracts and articles, most of the resources did not directly address National CLAS Standards implementation at the national level, and none fit this study’s criteria for inclusion within state implementation activities. A total of 11 resources from the article database search were

selected for inclusion in Part 1, primarily to support the introductory/background and conclusions/recommendations sections.

The majority of National CLAS Standards resources were identified through a search of the grey literature. Federal resources were identified through OMH’s website, while state and territory-sponsored resources and activities were identified through searches of the websites maintained by state and territorial governments. Some resources were found by searching the American Public Health Association’s website for references and conference sessions.

Figure 2 Literature Review Search Strategy

The literature review search strategy was designed to identify resources referring to the Culturally and Linguistically Appropriate Services Standards or CLAS. Search results were reviewed to identify articles and other documents focused on state and/or federally supported implementation activities. Date limitations were from 2000 (the year the original CLAS Standards were published) through early November 2014 (when the search was performed). A secondary search on the topic of cultural competence was limited to review articles published during the last 5 years (2009-2014).

Search terms

“Culturally and linguistically appropriate services”

CLAS

CLAS and (cultur* OR linguist* OR languag*)

“CLAS standards”

“Cultural competenc*” – limited to review articles

Note: An asterisk (*) denotes the term was searched for variant endings. For example, searching for cultur* could retrieve results with the terms culture, cultural, and culturally.

Databases Searched

Applied Social Sciences Index and Abstracts (ASSIA)

ArticleFirst

CINAHL

ECO

ERIC

GoogleScholar

PILOTS

PsycINFO

PubMed

Social Services Abstracts

Sociological Abstracts

WorldCat

However, most National CLAS Standards implementation activities were identified using state governments' website search functionality, which relied on various underlying search engines. The terms "CLAS," "CLAS Standards," and "culturally and linguistically appropriate services" were used to search state and territorial government websites, and all results were reviewed for evidence that a document described a National CLAS Standards implementation activity. Testing of the search terms revealed that state government website search engines sometimes did not report relevant documents that could be identified through a Google search. The research team therefore added a site-specific Google search so state and territorial government sites could be examined through a different search engine. In general, resources were identified on state department of health websites, including a prominent number of sources from state minority health entities such as Offices of Health Equity and Minority Health. Resources also were found on the websites of state departments of education, governor's offices, state departments of mental health, and other state agencies.

The Compendium is intended to capture only those activities supported and undertaken by agencies of state and territorial governments. States and territories are included in the Compendium if material on their state and territorial websites was located through the search described above that provided evidence of specific actions taken by state and territorial governments to implement the National CLAS Standards. This includes activities in one or more of the following categories:

- Integration of the National CLAS Standards into organizational plans and policies such that specific action steps are proposed for implementing them;
- Development of partnerships with a stated purpose of National CLAS Standards implementation;
- Training and technical assistance developed and delivered with specific reference to the National CLAS Standards and with a primary focus on their content; and
- Dissemination of the National CLAS Standards through conferences, presentations, and Web design that goes beyond linking to the OMH website or replication of the list of National CLAS Standards.

For inclusion in this Compendium, National CLAS Standards integration into organizational plans and policies must be accompanied by specific strategies or action steps for implementation. States and territories are included in the Compendium only if information about their National CLAS Standards implementation activities, including specific action steps, can be found through the search strategies described above. States and territories are likely to have activities underway that are missed by our search strategy. To standardize the method of identifying National CLAS Standards implementation activities, the Compendium is restricted to activities that have been documented on state and territorial government websites.

OMH provided the research team with information about State Partnership Grant Program awardees to assist in the search, but abstracts and proposals were not used as a sole source of information on National CLAS Standards implementation activities. Corroborating evidence that the proposed activities are underway or have been completed was required for inclusion in the Compendium. States included in the Compendium had the opportunity to review entries and notify OMH if any publicly available resources had been moved.

Summary of Findings

The number of activities having been completed or currently underway in the 32 states included in this Compendium is significant. As shown in Table 1, the research team identified 172 activities meeting study criteria for inclusion. These activities fell into three major categories.

The most common category, with 87 activities in 29 states, was Planning, Policies, and Collaboration. Within this category, the most common activity was the creation of strategic planning documents, followed by the establishment of partnerships.

Table 1 Number of National CLAS Standards Implementation Activities and States

	Number of Activities	Number of States
Strategic Plans	38	20
Partnerships/Task Forces	22	18
Needs Assessments	16	14
Policies, Procedures, and Regulations	11	9
Subtotal: Planning, Policies, Collaboration	87 Activities	29 States Represented in Category
Training	26	22
Technical Assistance	7	7
Provides grant funding	7	5
Subtotal: Training and Technical Assistance	40 Activities	24 States Represented in Category
Web development	19	17
Reports/toolkits	13	13
Newsletters/short pubs	10	9
Conferences/presentations	2	2
Videos/Non-print media	1	1
Subtotal: Dissemination	45 Activities	24 States Represented in Category
Grand Total	172 Activities	32 States Total

Notes: States may have more than one activity in each category and subcategory. The count of states in the right-hand column represents the unduplicated count of states with any activity listed in the category. Some activities fit into more than one category. If they appeared to have distinct steps relating to more than one activity, such as the creation of a partnership and subsequent production of a strategic planning document authored by the partnership, they are counted twice. The majority of activities were classifiable in one category.

Dissemination was the second most common category, with 45 activities in 24 states identified. The most common type of activity was promotion of the National CLAS Standards via websites hosting a variety of resources. States also created reports and toolkits, produced short factsheets and newsletters, and hosted or presented about the National CLAS Standards at conferences. The third largest category focused on Training and Technical Assistance, with 40 activities in 24 states identified. The most common activity in this category was the provision of training, typically to department of health and other state employees.

The first category, Policy, Planning, and Collaboration, includes a range of activities related to determining the implementation models that the state will select. Activities in this category include the creation of strategic planning documents as well as standard operating procedures and other types of policy documents. Some states built partnerships in the form of advisory councils, task forces, and committees, with their membership reaching across government agencies and departments to community providers and to academic and nonprofit organizations. In many cases, partnerships were developed as part of the strategic planning process to ensure maximum stakeholder representation.

These strategic plans and other policies ranged from stand-alone documents addressing cultural and linguistic competence to overall strategic plans for state departments of health. Some plans proposed general action steps, such as ensuring state department of health employees had adequate training on the National CLAS Standards. Other plans included detailed action steps addressing multiple facets of the National CLAS Standards, such as additional strategic planning related to the National CLAS Standards, the formation of specific partnerships, and the production of reports and other documents for disseminating the National CLAS Standards.

A few states also conducted needs assessments to determine the appropriate strategies for inclusion in their policy documents. These needs assessments ranged from conducting surveys of department employees to conducting focus groups with community stakeholders, with the common goal of determining what participants knew about the National CLAS Standards and the extent to which participants provided culturally and linguistically appropriate services. These needs assessments often drove the creation of specific training programs and other resources, and they supported ongoing strategic planning efforts.

In the area of dissemination, a wide variety of resources were identified. Most states tallied in this category had a webpage specifically devoted to the National CLAS Standards. These ranged from webpages that listed and explained the National CLAS Standards, to comprehensive systems of webpages providing access to databases, toolkits, and other resources on the National CLAS Standards. Some states produced reports and toolkits that summarized the National CLAS Standards, discussed their enhancement in 2013, suggested implementation models, and recommended specific assessment tools for organizations seeking to understand their readiness to implement the National CLAS Standards or to select their initial focus in implementation. Although less common, states also publicized the National CLAS Standards through short factsheets and newsletters that were disseminated through listservs as well as posted on the state's CLAS Standards or other website.

States commonly created trainings as part of their National CLAS Standards implementation activities. Most were focused on education of health department and other state government employees, but many were shared with community providers and the general public through special training sessions and the placement of training videos and materials on their websites. The trainings also varied in level of focus on the National CLAS Standards. Some included the National CLAS Standards as a module in a larger training on cultural competency, while others were focused primarily on examining the National CLAS Standards and helping trainees consider how they might be implemented in their everyday practice. Technical assistance also was common. As opposed to training, technical assistance involved helping other agencies, community partners, and providers to implement the National CLAS Standards in their organizations. This included "train the trainer" sessions for larger organizations, assistance with needs assessments, and advice on the creation of organization-specific materials for implementing the National CLAS Standards.

A few states awarded grants to community providers for National CLAS Standards implementation. These grants typically supported the development and delivery of cultural competency training that included National CLAS Standards training. Like technical assistance, the provision of financial support for National CLAS Standards implementation in the community extends the reach of state governments to the community for implementing the National CLAS Standards, and demonstrates the commitment of states to widespread adoption and implementation.

Conclusions and Recommendations

A significant number of states are actively implementing the National CLAS Standards through strategic planning, training and technical assistance, and dissemination of the National CLAS Standards. Importantly, this work is occurring through a variety of funding mechanisms, including line-item budgeting from state governments, grants from the federal government, and funding from national and community non-governmental organizations with an interest in ensuring the provision of culturally and linguistically appropriate services in health and health care.

Many National CLAS Standards implementation initiatives involved partnerships reaching across government agencies and between government and other organizations. Partnerships can leverage expertise, perspectives, and resources shared by multiple organizations to achieve goals that are difficult for a single organization to achieve on its own. They also provide a wider reach for the National CLAS Standards, allowing more effective dissemination to organizational stakeholders. Finally, they signal to other organizations the importance of implementing the National CLAS Standards and help to build a “critical mass” that can accelerate adoption among the state’s health care providers and facilities.

The most remarkable achievement of states, based on the information collected through this environmental scan, is the integration of the National CLAS Standards in strategic plans. In some states, integration of the National CLAS Standards occurred in multiple strategic plans across several governmental departments, divisions, and bureaus. This is a key recommendation of the Blueprint, as integration into strategic planning demonstrates the organization’s overall commitment to the National CLAS Standards and infuses them into the routine operations of the organization. It also signals support for National CLAS Standards adoption within the highest levels of organizational leadership, a new emphasis within the enhanced National CLAS Standards. However, opportunities remain for continued integration of

the National CLAS Standards into strategic plans. Few states have enumerated a comprehensive set of strategies, goals, and action steps for implementing the National CLAS Standards.

Many states incorporated assessments of their National CLAS Standards implementation activities, particularly assessments of process, such as the number of providers participating in training. There is a need for studies evaluating the impact of the National CLAS Standards on patient outcomes in order to build a robust evidence base.¹⁵ The National CLAS Standards may be expected to have an impact in areas such as patient experience, adherence to provider recommendations, and health outcomes. Recent comprehensive reviews of the evidence concluded that cultural competency training had positive effects on patient-provider communication, patient adherence, access to care, and utilization, but there was very limited evidence of impacts on the health status of patients.^{16, 17} States and territories may be able to contribute to the evidence base for the National CLAS Standards, resources permitting, by building evaluations into their implementation activities.

Recent research underscores the value of needs assessments for guiding implementation activities.¹⁸ States and territories are also uniquely positioned to determine which implementation activities will best meet the needs of their unique populations at the state, territorial, and local levels. Some states reported conducting needs assessments as part of strategic planning or development of other National CLAS Standards implementation activities. More frequent needs assessment would be helpful in forming a comprehensive understanding of state CLAS implementation status and allow course-corrections if efforts fail to meet identified needs.

Some states addressed elements of the National CLAS Standards, such as language access services and cultural competency training, without referencing the National

CLAS Standards themselves. Activities that do not indicate an explicit connection with the National CLAS Standards are not included in this Compendium, though they may contribute to the provision of culturally competent care. One emphasis of the enhanced National CLAS Standards is that they should be implemented comprehensively, with recognition that the National CLAS Standards together constitute a widely accepted framework for ensuring culturally and linguistically appropriate services. States and territories may want to consider reviewing their activities around cultural competency and whether they align with the National CLAS Standards as part of a comprehensive effort to improve the availability of culturally and linguistically appropriate services.

State-based National CLAS Standards websites that bring together the variety of resources and activities that a state is undertaking to implement the National CLAS Standards constitute clear evidence of state efforts to construct a comprehensive National CLAS Standards implementation program. A few states had comprehensive websites, but for most the activities presented in this Compendium were located across several government websites. One mechanism for enhancing awareness, adoption, and implementation of the National CLAS Standards across the state or territory is investment in Web development that more clearly articulates to stakeholders the types of assistance and resources available, and that discusses the value of the National CLAS Standards and the state or territorial government's commitment to their implementation.

With these conclusions in mind, the following recommendations are offered to enhance state and territorial government-based National CLAS Standards implementation efforts:

1. Increase the depth, clarity, and concrete action steps in strategic planning for National CLAS Standards implementation.
2. Make needs assessments a priority, use them to drive strategic planning and activities for National CLAS Standards implementation, and conduct them frequently enough to permit course-correction if activities are not meeting identified needs.
3. Incorporate evaluation of patient and population outcomes, in addition to evaluation of process measures, into National CLAS Standards implementation.
4. Assess the extent to which cultural and linguistic competency efforts are guided by the comprehensive framework of the National CLAS Standards.
5. Consider ways to streamline dissemination of National CLAS Standards implementation activities by using the National CLAS Standards as a framework for organizing all CLAS activities and developing a website that combines resources, reports, and strategic plans.

Although this Compendium focuses exclusively on state-sponsored National CLAS Standards implementation activities, it is appropriate to acknowledge the many efforts to implement the National CLAS Standards by hospitals, health systems, nonprofit organizations, and individual providers across the country. The breadth and scope of these activities would be difficult to chronicle given their volume, yet these activities make major contributions to the quality of health care for patients across the country. States and territories can and do collaborate with other organizations, sharing knowledge and strategies for National CLAS Standards implementation. Through a multi-sectoral effort including government, academic, nonprofit, and private organizations, the vision of National CLAS Standards implementation can be achieved.

Endnotes

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PART 2

Individual State Findings

Arizona



National CLAS Standards Planning, Policies, and Collaboration

The Arizona Department of Health Services has incorporated the National CLAS Standards in several of its policies and procedures. The department's Bureau of Health Systems Development developed a 2013 [Arizona Health Equity Stakeholder Strategies](#)¹ plan that outlines strategies for improving cultural and linguistic competency and the diversity of the health-related workforce based on the National CLAS Standards. In addition, the Division of Behavioral Health Services' annual [Cultural Competency Work Plans](#)² outline objectives and action steps to implement elements of the National CLAS Standards. The specific objectives include education and training on the National CLAS Standards; collaboration with community-based organizations to ensure cultural and linguistic appropriateness; implementation and analysis of organizational self-assessment; communication, marketing, and outreach to increase knowledge of services available to diverse populations; data collection and reporting to improve the number of culturally appropriate strategies and initiatives; and the development of policies, procedures, and regulations.

The Division of Behavioral Health Services also outlines policies regarding cultural competency and the National CLAS Standards in its [2014 Policy and Procedures Manual](#)³ (Section 1; Chapter 400; Policy 407). The division requires that entities providing services in Arizona's public health system adhere to all of the National CLAS Standards. This includes providing language access (i.e., assistance) services, culturally competent care, and organizational support for cultural and linguistic needs. These standards and objectives are reiterated in Section 3.23 of the division's [Provider Manual](#).⁴

In 2012, the Arizona Department of Health Services partnered with the Arizona Association of Community Health Centers, the Asian Pacific Community in Action,

and Health Through Action Arizona to conduct a Web-based survey of community health centers in Arizona. The goal of the survey was to determine opportunities for, and barriers to, language access services by assessing the language access knowledge, opinions, and needs of health care professionals. The survey measured elements such as the number of respondents who have received employer-sponsored training on the National CLAS Standards, the availability of interpretative services, and the types of translated written or printed materials available to populations with limited English proficiency. A [report](#)⁵ of the findings is available on the Arizona Health Disparities Center website.

National CLAS Standards Training and Technical Assistance

The Arizona Health Disparities Center of the Arizona Department of Health Services launched a National CLAS Standards online training in 2014 in partnership with the department's Bureau of Nutrition and Physical Activity. The purpose of the training is to bring awareness of the National CLAS Standards to people in health care settings. The 1-hour training includes five online modules with pre- and post-tests, leading to a certificate of completion. The Arizona Health Disparities Center has partnered with the Northern Area Health Education Center to provide continuing education credits for participants. More information about the online training and technical assistance can be found on the Arizona Health Disparities Center's [CLAS Standards](#)⁶ webpage.

In addition to National CLAS Standards training, the Division of Behavioral Health Services developed an [Organizational Self-Assessment of Cultural Competency Activities](#)⁷ survey. The tool helps an organization in evaluating how it functions in key areas of cultural competency. The goal of the assessment is to provide information that can be used to produce continuous service and management improve-

ments as well as to identify opportunities for education and training. It focuses on ten categories of activities that support and promote cultural competency and responsiveness. One of the categories, Standards and Contractual Requirements, specifically addresses “cultural competence and Cultural and Linguistically Appropriate Services (CLAS) and other reporting requirements” for an organization’s subcontractors.

National CLAS Standards Dissemination

The Arizona Health Disparities Center created [Implementing CLAS Standards and Improving Cultural Competency and Language Access: A Practical Toolkit](#).⁸ The purpose of the toolkit is to provide a practical guide and resources for organizations and agencies seeking to implement the National CLAS Standards. The toolkit provides an overview of the National CLAS Standards that includes the federal Office of Minority Health definition, a synopsis of the National CLAS Standards history and 2013 enhancements, and a full list of the 15 National CLAS Standards. An “Implementing CLAS Standards” section provides a list of tips for implementing the National CLAS Standards as well as the organizational benefits of doing so. A section of the toolkit that is dedicated to cultural competency and its relevance to CLAS provides links to cultural competency tools and resources such as self-assessment and

implementation guides. A similar section that is dedicated to language access provides links to resources developed by the Arizona Health Disparities Center’s Language Access Initiative such as *I Speak* Cards, factsheets, and assessment guides. The final section of the toolkit provides links to tools and resources specific to each National CLAS Standard.

The Arizona Health Disparities Center also has established a [National CLAS Standards](#)⁶ webpage to disseminate the National CLAS Standards and promote their implementation. The webpage provides a brief introduction to the National CLAS Standards and links to the federal Think Cultural Health website. The webpage also lists CLAS resources offered by the Arizona Department of Health Services, including links to the *Implementing CLAS Standards and Improving Cultural Competency and Language Access: A Practical Toolkit*, a flyer and registration form for the National CLAS Standards Online Training, and contact information for CLAS training and technical assistance. The Arizona Health Disparities Center also promotes the National CLAS Standards through articles in the [AHDConnection](#)⁹ newsletter and email network [weekly updates](#),¹⁰ both of which can be found on the center’s website.

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California



National CLAS Standards Planning, Policies, and Collaboration

The California Department of Public Health has incorporated the National CLAS Standards in state policies and procedures. In 2014, the Department's Office of Health Equity drafted [California's Statewide Plan to Promote Health and Mental Health Equity](#),¹ which outlined priorities and goals targeted for implementation through 2019. Widespread adoption of the National CLAS Standards is identified as a goal under "Strategic Priority C: Embed Equity into Institutional Policies and Practices across the Health Field." Initially, the Office of Health Equity strived to support the adoption of the National CLAS Standards through widespread assessment, technical assistance, and training.

The California Department of Public Health's 2014 [California Wellness Plan](#)² identifies the increase of culturally and linguistically appropriate services as a key strategy in achieving the goal of equity in health and well-being. The objectives outlined in the plan include incorporating the National CLAS Standards in chronic disease prevention programs, processes, and publications (by 2018); increasing the percentage of persons who report that their health care provider always listens carefully and explains things so they can understand them (by 2020); and creating a statewide training and certification program for patient navigators (by 2020).

The Department of Health Care Services mandates that each county's mental health department develop and annually update a [Cultural Competence Plan](#)³ to facilitate cultural competency at the county level, in accordance with the California Code of Regulations, Title 9 §1810.410 (9 CCR §1810.410). The goal of a Cultural Competence Plan is to ensure the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic, and other underserved populations and the development of the most

culturally and linguistically competent programs and services, to meet the needs of California's diverse racial, ethnic, and cultural communities in the mental health system of care. Cultural Competence Plan requirements (criteria 4–8) are based on the National CLAS Standards, with a focus on staff receiving ongoing education and training in culturally and linguistically appropriate service delivery. The criteria have been recently revised and incorporate the 2013 enhanced National CLAS Standards. They include the development of a Cultural Competence Committee; mandatory annual cultural competency training for staff; the recruitment, hiring, and retention of a multicultural workforce; the availability of language services; and assurance that clients/consumers receive effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language. Aside from culturally competent mental health service delivery, the mental health departments must demonstrate and outline effective outreach activities to unserved and previously underserved communities.

In the 2010–2012 Cultural Competency Quality Improvement Strategic Plan,⁴ the California Department of Alcohol and Drug Programs adopted a series of cultural competency goals and strategies. (The department's programs were transferred to the California Department of Health Care Services in 2013). The three overarching goals were to ensure that all business functions of the Department of Alcohol and Drug Programs supported culturally and linguistically appropriate service delivery; ensure that all of the department's business functions support linguistic competency in service delivery; and ensure that the department institutionalizes goals, policies, operational plans, and management accountability. Each goal is supported by a list of strategies that are based on the National CLAS Standards. In the 2011–2012 County Monitoring Annual Report,⁵ the department assessed to what extent each Standard had

been implemented by counties and service providers. The report found that providing language assistance services was the most successfully implemented Standard, and the most common barrier to implementing the National CLAS Standards was a lack of qualified bilingual staff.

Some divisions of the California Department of Public Health have established committees to help advance cultural competency and implementation of the National CLAS Standards. The [Advisory Committee](#)⁶ of the Office of Health Equity is integral in advancing the goals of the office and advises on the development and implementation of the office's strategic plan and the National CLAS Standards.^{7,8} The Mental Health Services Oversight and Accountability Commission's [Cultural and Linguistic Competence Committee](#)⁹ organizes and participates in activities to assess cultural and linguistic competency. This includes conducting an organizational self-assessment based on guidance from the National CLAS Standards, developing recommendations, and presenting findings to the Commission.

National CLAS Standards Dissemination

In 2011, the California Department of Public Health's Office of Multicultural Health created the "Providing Quality Health Care with CLAS Curriculum Tool Kit." (The Office of Multicultural Health became part of the newly established

Office of Health Equity in 2012.) The toolkit includes both a [Participant Workbook](#)¹⁰ and [Facilitator's Manual](#).¹¹ The toolkit program is designed to help organization leaders and program managers implement the National CLAS Standards by building upon existing infrastructure and mission values. It utilizes small-group, problem-based discussions to enhance creative problem-solving and develop higher-level understanding of CLAS topics.

The toolkit program has three parts. The first part involves an anonymous survey to assess participants' familiarity and comfort with the National CLAS Standards. In the second part of the program, participants attend four workshop sessions, each lasting 4 hours, in order to develop a quality improvement plan that incorporates one or more of the National CLAS Standards. After each session, participants are given assignments to complete before the next session. The third part of the program involves attending six monthly 1-hour follow-up sessions that help participants implement and maintain the CLAS quality improvement plan.

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Colorado



National CLAS Standards Planning, Policies, and Collaboration

Colorado has implemented the National CLAS Standards through its policies and strategic planning efforts, which include the 2015 release of [Healthy Colorado: Shaping a State of Health](#),¹ Colorado's 5-year plan for improving public health and the environment. The plan features a statewide goal to increase adoption and implementation of the National CLAS Standards within the Colorado Department of Public Health and Environment and across local public health agencies. Specific objectives under this goal include increasing department staff using centralized language services for interpretation; measuring language services and utilization rates, and using results to guide planning and resource allocation; and increasing local public health agency awareness and use of the National CLAS Standards through training and technical assistance.

Colorado's 2008 Public Health Act requires a public health improvement plan every 5 years. A requirement of the Act is that the state plans include a description of strategies to develop and promote culturally and linguistically appropriate services. In the first plan, [Colorado's Public Health Improvement Plan: From Act to Action](#)² (2009), the Colorado Board of Health proposed the adoption of quality standards to ensure effective delivery of core services. The

incorporation of the National CLAS Standards in public health standards was identified as an action step for achieving this goal.

In *Strong Minds, Strong Futures: Colorado's Trauma Informed System of Care Plan*,³ the Colorado Department of Human Services detailed approaches to improving and integrating services for children and youth with serious behavioral health challenges and their families. One goal of the plan is to make policy, administrative, and regulatory changes to increase the number of children receiving appropriate and integrated care in the community. An objective of this goal is to train current ombudsman programs on the National CLAS Standards to address cultural concerns.

In the [HIV Care and Treatment Program Standards of Care](#)⁴ issued by the Colorado Department of Public Health and Environment, providers of Ryan White Part B services in Colorado are required to provide services that are culturally and linguistically appropriate and that adhere to the National CLAS Standards. This includes developing, implementing, and promoting a written strategic plan to provide culturally and linguistically appropriate services; providing educational materials and required documentation in the native language of the populations served; and ensuring access to translation services for clients with limited English proficiency.

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Connecticut



National CLAS Standards Planning, Policies, and Collaboration

In 2008, the Connecticut Department of Public Health (DPH) established the [Connecticut Multicultural Health Partnership](#).¹ The partnership is a coalition of public and private partners working to develop and implement an action plan to identify and address health disparities and multicultural health issues through the collaboration of a diverse multidisciplinary group. The foundation of the Connecticut Multicultural Health Partnership's [Strategic Plan 2009–2010](#)² is implementation of the National CLAS Standards in Connecticut. It outlines goals, objectives, and activities for implementing each Standard, and provides information on how outcomes will be measured and about the committee appointed to implement the goals.

Adoption and implementation of the National CLAS Standards also are identified in [Healthy Connecticut 2020](#),³ the state's translation of the national Healthy People 2020 initiative. It provides a framework for health promotion and disease prevention, with overarching themes of health equity and social determinants of health. The [Healthy Connecticut 2020 State Health Improvement Plan](#)⁴ was created through a statewide collaborative planning process that engaged partners and organizations to develop, support, and implement the plan. Health equity is a central tenet of the plan, which was developed with a focus on disadvantaged and vulnerable populations. Implementation of the National CLAS Standards was identified as a key objective for facilitating access to relevant health information by providers and patients, and for enhancing informed decision-making among those involved in patient care. The plan lists strategies for achieving this objective, such as establishing training and quality control/testing standards for health and social service providers, researching and evaluating effective health literacy and the needs of the population, and exploring licensing for medical interpreters. The [Healthy Connecticut 2020 Perfor-](#)

[mance Dashboard](#)⁵ identifies three performance measures related to National CLAS Standards implementation.

In October 2014, the DPH Office of Health Equity completed a baseline assessment and report on the National CLAS Standards entitled [Connecticut Department of Public Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care \(CLAS Standards\) Baseline Assessment](#).⁶ This baseline assessment, which was conducted over a 12-month period, identifies eight distinct recommendations regarding implementation of the enhanced National CLAS Standards.

National CLAS Standards Training and Technical Assistance

In 2009, the Connecticut Multicultural Health Partnership released a [Report on Cultural Competency Training for Health Care Professionals in Connecticut](#).⁷ In order to capture what government and nonprofit agencies were doing to train their staff in cultural competency, the Connecticut Multicultural Health Partnership's Education and Training Committee conducted an extensive Internet-based search on cultural and linguistic training programs available in the state, as well as a series of focus groups with health and social service representatives. In addition to presenting the findings of these activities, the report provides a list of training recommendations for the state. The primary training recommendations are to disseminate a basic training in the National CLAS Standards across the state in multiple health and social service environments and to promote the use of continuous organizational self-assessment of CLAS-related activities. Objectives for achieving these goals include implementing a train-the-trainer model in the National CLAS Standards for a statewide group of trainers, selected competitively and in exchange for providing a specific number of trainings at sites chosen by the Connecticut Multicultural Health Partnership; having trainers implement a basic training in the National

CLAS Standards across the state and in multiple health and social service environments, reaching 100 professionals annually; and providing CLAS assessment tools on the virtual community network. To help users implement CLAS training and assessments, the report provides an extensive list of publicly available resources from federal and state organizations, such as CLAS organizational assessment tools and training opportunities.

In 2013, the Connecticut Department of Public Health appointed a CLAS Standards Coordinator, who is responsible for National CLAS Standards training of, and technical assistance to, DPH staff and contractors. The CLAS Standards Coordinator has developed an introductory training for staff and contractors entitled [CLAS 101](#).⁸ Additional National CLAS Standards training resources are available via the public health training website [TRAIN-CT](#).⁹

National CLAS Standards Dissemination

The [Faces of Disparity Awareness Campaign](#)¹⁰ was created by the Connecticut Multicultural Health Partnership's Communication and Media Committee. It consists of two complementary media productions: The Faces of Disparity Exhibit, and the Faces of Disparity Video. The Faces of Disparity Exhibit is a portable display of nine freestanding panels that portray health disparities by means of personal stories. Each

story is followed by relevant public health data and by a CLAS Standard that, if implemented, would improve health care and health outcomes. The [Faces of Disparity Video](#)¹¹ is a 15-minute documentary that integrates personal stories of health care consumers with the perspectives of leading experts in health care and public health. The video defines health disparities, identifies contributing factors, and presents the National CLAS Standards as resources for change.

The Department of Public Health's Office of Health Equity also provides information on the National CLAS Standards on its [home page](#).¹² The Connecticut Multicultural Health Partnership [website](#) also provides resources on the National CLAS Standards, including a link to the federal Office of Minority Health website; a [CLAS brochure](#);¹³ lists of the National CLAS Standards translated into Spanish, Vietnamese, Tagalog, Mandarin, and Korean; and links to CLAS assessment tools and training opportunities developed by national organizations. The Connecticut Multicultural Health Partnership also developed and distributed [An Analysis of the 2013 National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#).¹⁴ The document discusses the history of the National CLAS Standards and includes a detailed analysis of the differences between the original National CLAS Standards and the 2013 enhanced National CLAS Standards.

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Delaware



National CLAS Standards Planning, Policies, and Collaboration

In its [2005 Infant Mortality Task Force \(IMTF\) Report](#),¹ the Healthy Mother and Infant Consortium of the Delaware Department of Health and Social Services, Division of Public Health recommended implementation of the National CLAS Standards as a necessary step to ensure equal access to care and improved patient participation in clinical decision-making. The Delaware Office of Minority Health collaborated with the Healthy Mother and Infant Consortium to develop a plan for implementation of the National CLAS Standards in Delaware. The consortium sought input from consumers and health care practitioners (nurses, nurse practitioners, physician assistants, and physicians) throughout the state to inform development of the plan and priority steps for implementation. In June 2010, the Healthy Mother and Infant Consortium presented the key findings in the [Delaware Standards for Culturally and Linguistically Appropriate Services in Health Care \(CLAS\) Initiative Final Report](#).² The consortium recommended four core components for the CLAS implementation plan: dissemination of the National CLAS Standards to key health services stake-

holders; provider education on culturally and linguistically appropriate care; development and sharing of CLAS resources; and, recognition of community-based CLAS implementation initiatives.

National CLAS Standards Training and Technical Assistance

The Delaware Division of Public Health convened an internal committee to design a culturally competent public education campaign for health care providers in Delaware. In 2009-2010, the Healthy Mother and Infant Consortium held five cultural competency trainings as well as a series of focus groups with providers to determine the best way to implement the National CLAS Standards.³

National CLAS Standards Dissemination

The Delaware Office of Minority Health disseminates information about the National CLAS Standards on the [Bureau of Health Equity](#)⁴ website. The site provides an overview of the National CLAS Standards and their connection to the elimination of health inequities. Links are provided to the federal Think Cultural Health website for more information.

Endnotes

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Florida



National CLAS Standards Planning, Policies, and Collaboration

Implementation of the National CLAS Standards is incorporated in the Florida Department of Health's [Florida State Health Improvement Plan 2012–2015](#).¹ The plan provides goals, strategies, and objectives for five strategic issue areas: health protection, chronic disease prevention, community redevelopment and partnerships, access to care, and health finance and infrastructure. The goal of providing equal access to culturally and linguistically competent care is identified as an objective under the issue areas of community redevelopment and partnerships, and access to care. A strategy for achieving this goal is the development, implementation, and promotion of strategic plans that outline mechanisms to provide culturally and linguistically appropriate services, conduct self-assessments of CLAS, and ensure that individual client records include information on race, ethnicity, and spoken and written languages.

A series of four action steps elaborated on how the strategy would be implemented: (1) the Department of Health and the Department of Children and Families planned to identify or include objectives in agency strategic plans that address providing culturally and linguistically appropriate services by September 30, 2015; (2) the Department of Health planned to facilitate development of a self-assessment of CLAS that can be used across many provider settings by June 30, 2013; (3) the Department of Health and other social

services agencies planned to distribute and implement the CLAS self-assessment tool by June 30, 2014; and, (4) the Department of Health planned to facilitate a multi-agency assessment of how data systems collect information on race, ethnicity, and spoken and written languages, and would develop a plan that addresses gaps in information gathering and reporting, by June 30, 2013. The goal and objectives are reiterated in the Department of Health's [Agency Strategic Plan Implementation Plan 2012–2015](#).²

National CLAS Standards Training and Technical Assistance

The Florida Department of Health's HIV/AIDS and Hepatitis Program — working in conjunction with the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention and the Center on AIDS and Community Health at the Academy for Educational Development — offers [training](#)³ on community and group-level HIV prevention interventions to community-based service providers and state and local health departments. The program provides training on cultural competency and the National CLAS Standards. Training participants learn how culture can affect routes of HIV transmission, what facets of culture can influence communication related to AIDS care and services, how culture can impede as well as strengthen strategic communications, and the role of dynamic interactions in HIV education and risk reduction interventions.

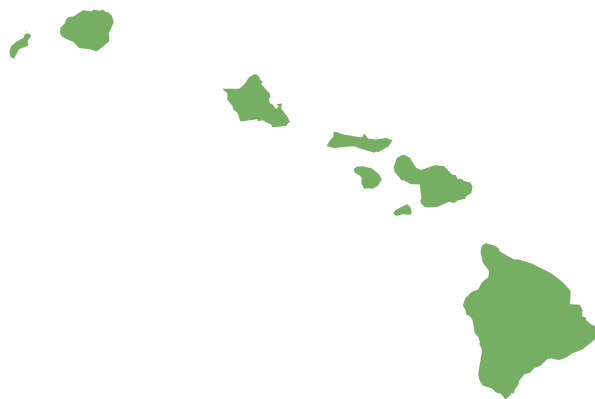
Endnotes

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Hawaii



National CLAS Standards Planning, Policies, and Collaboration

The Hawaii Department of Health incorporated the National CLAS Standards in its [2012 Work Plan](#),¹ which is a companion to the department's [Strategic Plan, FY 2011–2014](#).² It lays out goals and objectives the department will implement to achieve sustainable improvement in health status to improve outcomes and reduce long-term costs. As part of its goal to eliminate disparities and improve the health of all groups throughout Hawaii, the Department of Health will increase cultural- and community-oriented interventions by establishing the state Office of Health Equity and implementing a surveillance system on adoption of the National CLAS Standards.

National CLAS Standards Training and Technical Assistance

The Hawaii Office of Health Equity provides a free [online training](#)³ that focuses on cultural competency, diversity, and health equity, and provides an overview of the National CLAS Standards. Interested parties must obtain a password to review the online presentation, which is free to the public. Participants who pass a ten-question exam can obtain certification that can be used for accreditation entities that require annual training.

Endnotes

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Illinois



National CLAS Standards Training and Technical Assistance

The Illinois Governor's Office of New Americans Policy and Advocacy convened a group of subcontractors and vendors to develop linguistic and cultural competency guidelines. The [Best Practices Companion Manual to the Linguistic and Cultural Competence Guidelines for State of Illinois Subcontractors and Vendors](#)¹ was published in 2009. The manual recommends ten guidelines for improving accessibility and sensitivity in state-funded services delivered by private and nonprofit organizations that receive grants and contracts to serve residents of Illinois. Each guideline represents one or more of the National CLAS Standards and is presented with implementation information and tools. The manual also includes a list of local and national linguistic and cultural competency resources.

Endnote

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Iowa



National CLAS Standards Training and Technical Assistance

In 2014, the Office of Minority and Multicultural Health of the Iowa Department of Public Health — in partnership with the University of Iowa, the University of Northern Iowa Center on Health Disparities, and the Iowa Department of Human Services Systems of Care Project — conducted 6 National CLAS Standards trainings with more than 100 health professionals.¹

Endnote

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Kansas

National CLAS Standards Planning, Policies, and Collaboration

The [Kansas Oral Health Plan 2011–2014](#)¹ is a project of the Bureau of Oral Health in the Kansas Department of Health and Environment in collaboration with Oral Health Kansas, the state's oral health coalition. The plan contains broad strategies and specific activities for three areas of oral health care: education, advocacy, and workforce. As part of the objective to educate the public that good oral health is essential to overall wellness, the plan recommends increasing oral health literacy among all of the state's diverse populations. A key activity for achieving this goal is the promotion of the National CLAS Standards and their use in improving services to minority and underserved populations, through outreach to oral health providers, public health educators, community partners, and advocates.

National CLAS Standards Dissemination

The Kansas Department of Health and Environment created a [What is Cultural Competency?](#)² webpage to disseminate information on the guiding principles of cultural competency. One section provides an overview of the National CLAS Standards and their goals, and includes a link to the National CLAS Standards on the federal Office of Minority Health website.

The National CLAS Standards also have been disseminated through presentations at the Kansas Public Health Association's Annual Governor's Conference on Public Health. In 2012 the Kansas Department of Health and Environment offered a presentation on the National CLAS Standards.³ The presentation provided an overview of the National CLAS Standards and helped participants identify one action that can be undertaken in their home organizations that will support implementation of one of the National CLAS Standards as a quality improvement tool to increase the cultural competency of staff.

Endnotes

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Kentucky



National CLAS Standards Planning, Policies, and Collaboration

The Kentucky Department of Public Health addresses the National CLAS Standards in its [Plan for Coordinated Chronic Disease Prevention and Health Promotion 2012–2016](#).¹ The plan outlines initiatives and action items to achieve four strategic goals, including policy, systems, and environmental changes that support healthy choices; expanded access to evidence-based clinical screenings, clinical management, and chronic disease self-management; strong linkages among community networks; and the use of research data as a catalyst for change. A key initiative for achieving expanded access to care is improvement of health literacy among Kentuckians. An action item for achieving this initiative is promotion of the National CLAS Standards educational materials and explanations regarding health care services.

The Department of Public Health's Office of Health Equity conducted the [Kentucky Cultural and Linguistic Competency of Local Public Health Workforce to Create Healthier Communities in Kentucky Project](#)² in 2010. The goal of the project was to assess how well local health departments in Kentucky were adhering to the National CLAS Standards. The federal Office of Minority Health's *Self-Assessment Tool*

for Culturally and Linguistically Appropriate Services (CLAS) in Local Public Health Agencies (LPHAs) was administered to directors, senior nurse leaders, senior program managers, and health educators at local health departments. The results provided information on the most frequently used education and training tools, translation services, and printed materials. Based on the findings, the Office of Health Equity developed recommendations for improving implementation of the National CLAS Standards.

National CLAS Standards Training and Technical Assistance

The Kentucky Department of Public Health provides training on the National CLAS Standards using a 60-minute [online training module](#).³ The module begins with a brief introduction of health equity concepts, cultural and linguistic competency, health disparities, and social determinants of health. The course objectives include an overview of the National CLAS Standards, how they are organized and which of them are mandated, strategies for implementing the National CLAS Standards, and the impact they can have on a community. Participants can complete an assessment and evaluation to obtain a certificate of completion.

Endnotes

1 Kentucky Coordinated Chronic Disease Prevention and Health Promotion Program, Department for Public Health, Cabinet for Health and Family Services. (2013, November). *Unbridled Health: A Plan for Coordinated Chronic Disease Prevention and Health Promotion 2012–2016*. Retrieved December 24, 2014, from Kentucky Cabinet for Health and Family Services: <http://chfs.ky.gov/nr/rdonlyres/edc31b0e-d81e-4bb0-87cd-ec3cccc837f9/0/unbridledhealthplannovember2013.pdf>.

2 Kentucky Cabinet for Health and Family Services, Department of Public Health. (2010). *Kentucky Cultural and Linguistic Competency of Local Public Health Workforce to Create Healthier Communities in Kentucky Project*. Retrieved December 24, 2014, from Kentucky Cabinet for Health and Family Services: <http://chfs.ky.gov/NR/rdonlyres/7F7CE7AE-74A9-411A-9A72-C475C72C7605/0/2010culturalcompetencyassessment.doc>.

3 Kentucky Department of Public Health. (n.d.). *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care Online Module*. Retrieved December 24, 2014, from TRAIN Kentucky: <https://ky.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&courseid=1042689>.

Louisiana



National CLAS Standards Planning, Policies, and Collaboration

The Louisiana Department of Health and Hospitals, Bureau of Minority Health Access developed the [State of Health Equity in Louisiana Tactical Plan 2014–2016](#)¹ to outline a 5-year strategic plan to improve health equity and access for underserved populations. The plan will be implemented through a collaborative effort of the Bureau of Minority Health Access and its partners, including public, private, and nonprofit stakeholder organizations. One of the plan's five objectives is to advance awareness and application of the National CLAS Standards. The plan outlines six tactical actions for implementing this objective: conduct an initial assessment of the National CLAS Standards; train and educate a broad cross-section of stakeholders that need to be aware of the National CLAS Standards and how to apply them; include provisions related to the National CLAS Standards in contracts; include the National CLAS Standards in curricula; include the National CLAS Standards in professional development programs; and coordinate this objective with public and private organizations.

The Bureau of Minority Health Access also collaborates with a diverse group of professionals who are dedicated to reducing health inequities that challenge minorities and the underserved populations in Louisiana. In partnership with the Latino Health Commission, the Bureau works to address

Latino health care priorities through implementation of the National CLAS Standards, such as improving access and the quality of health care services for Latino communities, ensuring there are services provided in Spanish and that are respectful of the Latino culture, and increasing public health and preventive health information that is specific to Hispanics and Latinos. More information about the Bureau of Minority Health Access collaborations can be found in the [Minority Health Activities](#)² document on its website.

National CLAS Standards Dissemination

The Louisiana Bureau of Minority Health Access created [Cultural Competence](#)³ website that provides an overview of the National CLAS Standards, the enhancement initiative, CLAS legislation, and a link to the federal Think Cultural Health webpage. The website also offers a [Multicultural Competency Assessment for Organizations](#)⁴ tool. The tool was designed to assess staff and client perceptions about how well an organization provides culturally competent HIV prevention services for people with different backgrounds. It serves as a group discussion guide to identify and discuss areas in which an organization is culturally competent and areas in which improvements can be made.

Endnotes

- 1 Louisiana Department of Health and Hospitals, Bureau of Minority Health Access. (n.d.). *The State of Health Equity in Louisiana Tactical Plan 2014–2016*. Retrieved December 17, 2014, from Louisiana Department of Health and Hospitals: http://www.dhh.louisiana.gov/assets/docs/GovCouncil/MinHealth/LA-HE_Tactical.pdf.
- 2 Louisiana Department of Health and Hospitals. (n.d.). *Bureau of Minority Health Access Activities*. Retrieved December 17, 2014, from Louisiana Department of Health and Hospitals: http://www.dhh.state.la.us/assets/docs/GovCouncil/MinHealth/BMHA_Activities.pdf.

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Maryland



National CLAS Standards Planning, Policies, and Collaboration

Maryland has incorporated the National CLAS Standards in several of its policies and plans. The [Maryland Health Improvement and Disparities Reduction Act of 2012](#)¹ required the Maryland Health Quality and Cost Council to form the [Cultural Competency Workgroup](#)² to develop recommendations on how the state could increase the cultural, linguistic, and health literacy competency of health providers and health care delivery organizations throughout Maryland. There were three legislative charges: develop recommendations for cultural competency standards and tiered reimbursement for medical and behavioral service settings; recommend standards for multicultural health in patient-centered medical homes and other health care settings; and propose standards for continuing education in cultural competency for health care providers. The workgroup's 2013 [report](#)³ recommends adoption of the National CLAS Standards as a component of efforts to establish multicultural health care equity and assessment programs for patient-centered medical homes and other health care settings in Maryland.

The Maryland Department of Health and Mental Hygiene developed the [Maryland Comprehensive Cancer Control Plan](#)⁴ to serve as a resource and guide for health professionals who are involved in cancer control research in Maryland. The plan provides a list of goals and objectives related to cancer care delivery, including public and professional education, service delivery, health insurance issues, research, and data collection. The Department of Health and Mental Hygiene identifies implementation of the National CLAS Standards and interpretation services as a key strategy for achieving the objective of implementing health care programs designed to reduce cancer disparities among targeted populations in Maryland.

The Maryland General Assembly in 2007 enacted House Bill 524, which required the formation of the Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals. The workgroup was tasked with assessing barriers to accessing appropriate and culturally competent mental health services, initiatives used by other states to facilitate licensure or certification of foreign-trained mental health professionals, mental health workforce shortages and strategies to use foreign-trained mental health professionals to alleviate shortages, and options for enhancing the cultural competency of licensed and certified mental health professionals. Among the recommendations in its [final report](#)⁵, the workgroup recommended making cultural competency training based on the National CLAS Standards a requirement for licensure and certification of professionals and interpreters.

National CLAS Standards Training and Technical Assistance

The Maryland Office of Minority Health and Health Disparities was a 2005, 2010, and 2013 recipient of funding from the State Partnership Grant Program to Improve Minority Health, which is administered by the federal Office of Minority Health. As part of the 2013 program, the Maryland Office of Minority Health and Health Disparities worked with partners to implement the [Maryland Culturally and Linguistically Appropriate Services \(CLAS\) Standards Training Project](#).⁶ The goal of the project was to provide training and promote adoption of the enhanced National CLAS Standards for health care delivery organizations in Maryland, including hospitals, patient-centered medical homes, federally qualified health centers, and organizations in Health Enterprise Zones. The training highlights how specific strategies within the National CLAS Standards can help health care delivery organizations achieve key quality improvement and performance objectives.

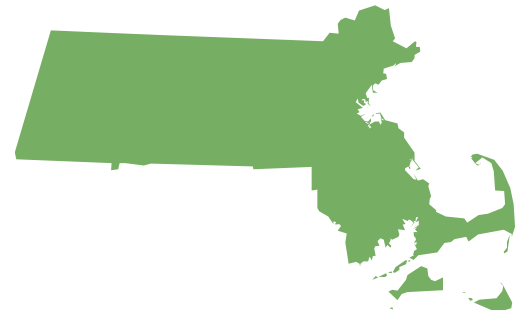
National CLAS Standards Dissemination

The Maryland Office of Minority Health and Health Disparities has disseminated the National CLAS Standards through its Cultural and Linguistic Competency and Health Literacy webpage.⁶ The site provides links to the National CLAS Standards section on the federal Think Cultural Health website. The office also created [CLAS Standards for Individual Providers](#),⁷ a document that provides an overview of the enhanced National CLAS Standards as well as suggestions and resources for practitioners as they champion implementation of the National CLAS Standards in their organizations.

Endnotes

- 1 Maryland Department of Health and Mental Hygiene, Minority Health and Health Disparities. (n.d.). *Maryland Health Improvement and Disparities Reduction Act of 2012 (SB 234)*. Retrieved March 8, 2016, from Maryland Department of Health and Mental Hygiene, Minority Health and Health Disparities: <http://dhmh.maryland.gov/mhhd/Pages/Legislation.aspx>.
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- 3 Maryland Department of Health and Mental Hygiene. (2013, December 6). *Maryland Cultural, Linguistic and Health Literacy Competency Strategies: A Policy Framework for 2013–2020*. Retrieved December 30, 2014, from Maryland Department of Health and Mental Hygiene, Maryland Health Quality and Cost Council: <http://dhmh.maryland.gov/mhqcc/SiteAssets/SitePages/meetings/Cult%20Comp%20Full%20Report%2012.13.pdf>.
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- 5 Maryland Department of Health and Mental Hygiene, Mental Health Transformation Office. (2007). *Cultural Competency and Workforce Development for Mental Health Professionals*. Retrieved December 31, 2014, from Maryland Department of Health and Mental Hygiene: <http://www.dhmh.maryland.gov/mha/Documents/Final%20Report%20Cultural%20Competency%20Workforce.pdf>.
- 6 Maryland Department of Health and Mental Hygiene, Minority Health and Health Disparities. (n.d.). *Cultural and Linguistic Competency & Health Literacy*. Retrieved December 30, 2014, from Maryland Department of Health and Mental Hygiene, Minority Health and Health Disparities: <http://dhmh.maryland.gov/mhhd/Pages/Cultural-And-Linguistic-Competency.aspx>.
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Massachusetts



National CLAS Standards Planning, Policies, and Collaboration

The Massachusetts Department of Public Health, Office of Health Equity is implementing a CLAS initiative in three phases. CLAS I (2005–2010) developed strategies and tools for adoption of the National CLAS Standards in Massachusetts. CLAS II (2010–2013) focused on implementation and piloting of CLAS efforts and tools by the department and in the health and human services provider community. CLAS III (2013–2015) focuses on the sustainability and evaluation of CLAS efforts.

In an effort to identify gaps, priorities, and opportunities to implement the National CLAS Standards internally, the Department of Public Health completed an internal [CLAS Standards self-assessment](#)¹ in 2008 and 2011. Program managers representing every bureau in the department reported data. The findings and recommendations were presented to department executives, and follow-up meetings were held with several bureaus to identify priorities, goals, and strategies. A third internal assessment is targeted for implementation during CLAS III. The Department of Public Health also has required agencies that apply for direct service contracts to complete a [self-assessment](#)² form. Initially, agencies rated their CLAS implementation progress using a five-point scale, but this was changed in CLAS II to a multiple-choice format that gives agencies more specific guidance. The self-assessment tool also requires that agencies detail how they plan to work on a CLAS-specific goal during the contract period. A separate staff demographics table provides the department with the racial breakdown and language capacity of agency staff.

During CLAS I, the Office of Health Equity established eight [CLAS Initiative Committees](#)³ to help move its work forward in the elimination of health disparities. The committees focused on internal assessment, guidance

manual, internal policy, training, communications, community participation, procurement, evaluation, and coordination. Subsequently, as part of the [CLAS Coordinating Committee](#),⁴ working groups have been established as needed to carry out specific tasks and projects. The CLAS Coordinating Committee provides leadership for the CLAS initiative and ensures that the initiative meets its objectives. The committee engages in strategic planning, identifies strategic alliances, and oversees implementation of work plans and evaluations of the initiative. The committee also developed a strategic sustainability plan that laid out areas for seamless integration of CLAS policies into all work by the Department of Public Health.

National CLAS Standards Training and Technical Assistance

The Massachusetts Office of Health Equity has developed CLAS trainings and presentations for internal and external groups and organizations. The CLAS Training Series⁵ provides information to various audiences (department staff, contracted vendors, community groups) on how to improve the quality of the services they provide to diverse members of the community. The video, “Culturally and Linguistically Appropriate Services Standards: An Overview,” is available on the Office of Health Equity website. Interested individuals can contact CLAS@state.ma.us for information about other trainings in the series.

National CLAS Standards Dissemination

The Massachusetts Office of Health Equity developed [Making CLAS Happen: Six Areas for Action](#),⁶ a manual on providing culturally and linguistically appropriate services in public health settings. The purpose of the manual is to help organizations with implementing the National CLAS Standards. It also serves as the main tool for the CLAS

training efforts. It offers innovative and practical approaches for organizations to incorporate the CLAS principles and practices in all activities. It includes six chapters covering the 15 National CLAS Standards:

- Foster cultural competence;
- Build community partnerships;
- Collect and share diversity data;
- Benchmark: plan and evaluate;
- Reflect and respect diversity; and
- Ensure language access.

Each chapter includes hands-on tools, resource lists, and case studies from public health and social service providers across Massachusetts. The guide also includes a glossary of terms and acronyms, as well as a CLAS self-assessment tool to help programs identify needs and develop a work plan to implement the National CLAS Standards.

The Office of Health Equity also established a [CLAS Initiative website](#)⁷ to disseminate the National CLAS Standards and promote activities related to the CLAS initiative. The website provides an overview of the National CLAS Standards; information about the CLAS Coordinating Committee; contact information for the CLAS initiative coordinator; and links to the Making CLAS Happen guide, CLAS Training Series, CLAS Agency Self-Assessment forms, and the Massachusetts Department of Public Health's Language Access Plan.

Endnotes

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Michigan



National CLAS Standards Planning, Policies, and Collaboration

In 2010, the Health Disparities Reduction and Minority Health Section published the [Michigan Health Equity Roadmap](#),¹ which outlines a vision and plan to reverse negative health trends among racial and ethnic minority populations. The roadmap includes five recommendations to eliminate racial and ethnic health disparities by fostering health equity. As part of the recommendation to ensure equitable access to quality health care, the Health Disparities Reduction and Minority Health Section outlines strategies that emphasize implementation of the National CLAS Standards. These strategies include enforcing department-wide standards for CLAS services; providing cultural competency education and training as part of the training of all health professionals; and increasing resources and implementing recruitment, training, and retention strategies to increase the number of underrepresented racial and ethnic minorities in health and social services professions, including agency staff and leadership positions.

National CLAS Standards Training and Technical Assistance

In 2014, the Michigan Health Disparities Reduction and Minority Health Section offered a workshop on [Applying a Health Equity Framework to the Enhanced CLAS Standards](#).² The 2-day workshop was designed to help participants apply a health equity/social justice lens to implementation of the National CLAS Standards, learn about a framework for cultural competency development, and apply it to personal, organizational, and community change. A similar training, [Developing Culturally and Linguistically Appropriate Services \(CLAS\) Through the Lens of Health Equity](#),³ is planned for 2015.

In 2007, the Michigan Department of Community Health [HIV/AIDS Prevention and Intervention Section](#)⁴ (HAPIS)

adopted the National CLAS Standards framework, required all service providers of the Michigan Department of Community Health's HIV continuum of care services to adhere to the National CLAS Standards, and incorporated the National CLAS Standards in service provider monitoring practices. The National CLAS Standards were made specific to HIV/AIDS support services in order to better meet the needs of racial, ethnic, and sexual minorities living with HIV. CLAS measures,⁵ including a subrecipient monitoring tool and training materials, were developed to ensure that agencies were providing services appropriate to the target populations in their geographic areas. Training also was provided to subrecipients and HAPIS staff. The goal of the National CLAS Standards training was to ensure that HIV/AIDS Prevention and Intervention Section staff and subrecipients were trained and prepared to meet the service needs of all individuals living with HIV/AIDS regardless of geographic location, race, ethnicity, sexual orientation, gender identity, language, spirituality, or disability. Additionally, participation in the 2-day workshop on [Applying a Health Equity Framework to the Enhanced CLAS Standards](#)² serves as the annual National CLAS Standards update, a requirement for all HAPIS service providers.

National CLAS Standards Dissemination

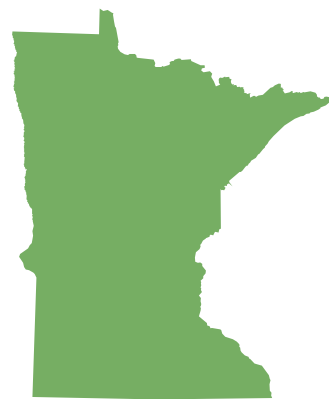
The Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services developed [Transforming Cultural and Linguistic Theory into Action: A Toolkit for Communities](#)⁶ to provide cultural competency guidance to health care professionals. The toolkit contains information on core elements and implementation principles of cultural competency, as well as three self-assessment tools that address elements of the National CLAS Standards, such as the development of a strategic plan to implement culturally and linguistically appropriate services and ongoing staff education and training.

Continued on next page >

Endnotes

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Minnesota



National CLAS Standards Planning, Policies, and Collaboration

In 2014, the Minnesota Department of Health delivered the [Advancing Health Equity in Minnesota: Report to the Legislature](#).¹ The purpose of the report was to provide an overview of Minnesota's health disparities and health inequities, to identify the inequitable conditions that produce health disparities, and to make recommendations to advance health equity in Minnesota. A key recommendation was to enhance knowledge of health disparities and structural inequities across all divisions and programs within the department. To achieve this goal, the department plans to train staff on the National CLAS Standards to improve the department's working climate and the way staff engage with the communities that their programs serve.

The Department of Health, Office of Rural Health and Primary Care conducted a study on [Language Access Services in Critical Access Hospitals for Patients with Limited English Proficiency in Rural Minnesota](#).² The study used a mail questionnaire to examine how well critical access hospitals were meeting the needs of patients with limited English

proficiency in rural Minnesota. Questionnaire items were based on the language access services portion of the National CLAS Standards. The survey tool addressed a wide range of issues, including staff resources devoted to language access services, the level of demand for language access services, as well as the availability, quality, and cost of such services. Based on the findings, the Department of Health provided recommendations regarding CLAS compliance issues, rural hospital staff development issues, statewide policy development, and statewide coordination of resources.

National CLAS Standards Dissemination

The Minnesota Department of Health provides a description of the National CLAS Standards and a link to the National CLAS Standards on the [Information and Resources for Providers](#)³ webpage. The Office of Rural Health and Primary Care also has disseminated the National CLAS Standards through a [Health Care Interpreters in Minnesota](#)⁴ factsheet.

Endnotes

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- 2 Minnesota Department of Health, Office of Rural Health and Primary Care. (2008, March). *Language Access Services in Critical Access Hospitals for Patients with Limited English Proficiency in Rural Minnesota*. Retrieved November 6, 2014, from Minnesota Department of Health: <http://www.health.state.mn.us/divs/orhpc/pubs/cah.pdf>.
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Nebraska



National CLAS Standards Planning, Policies, and Collaboration

The Nebraska Office of Health Disparities and Health Equity first prioritized National CLAS Standards implementation as part of its [2006 Strategic Plan](#),¹ including recommended actions to offer National CLAS Standards training to targeted public health providers; promote National CLAS Standards training throughout the Nebraska Department of Health and Human Services; collaborate with public health stakeholders on strategies to implement the National CLAS Standards statewide; and evaluate and make recommendations on National CLAS Standards compliance among targeted public health providers. To support these objectives, the Office of Health Disparities and Health Equity collected data on awareness of and compliance with the National CLAS Standards. More than 200 health care providers and other stakeholders attending a minority health conference completed a 2005 [assessment](#).²

In 2007, a series of focus groups were conducted to assess minority health education needs. The [Reaching Racial/Ethnic Minorities with Health Education Needs Assessment Report](#)³ reviews the findings and offers strategies for strengthening partnerships to improve minority health education. The report cites strategies for promoting National CLAS Standards implementation as key to improving minority health education and discusses methods for strengthening partnerships between the Office of Health Disparities and Health Equity and providers to address barriers to implementing the National CLAS Standards. To further address these issues, the Office of Minority Health and Health Equity conducted a survey throughout the state of health care clients with limited English proficiency. The objective of the survey was to ascertain the quality of culturally and linguistically appropriate services and the standard of care received by respondents. The [report](#)⁴ from the survey provides recommendations for public health stakeholders and health care providers to improve language access in Nebraska.

The Nebraska Department of Health and Human Services integrated the National CLAS Standards into its [System of Care Strategic Planning Project](#)⁵ for children with emotional and behavioral health needs. The System of Care Leadership Team action items included developing budget allocations to include resources for CLAS implementation, developing a CLAS component to the communications plan, and developing policies, rules, and procedures that support CLAS implementation. One Core Strategy Team was dedicated to identifying and developing strategies to apply CLAS principles, practices, and standards.

[Region V Systems](#),⁶ a System of Care component covering 16 counties in Southeast Nebraska, has been particularly active in National CLAS Standards implementation. In 2003, Region V created a CLAS Coalition and funded a bilingual/bicultural service coordinator position in partnership with Lutheran Family Services and The Hispanic Center (now El Centro de las Américas). The Coalition included network providers, other behavioral health providers, providers of interpretation and translation services, educational institutions, Nebraska DHHS and other state agencies, human services organizations, and cultural community representatives. These efforts led to Region V Services partnering with the Office of Health Disparities and Health Equity to sponsor and organize a series of conferences to address and encourage exploration of the National CLAS Standards.⁷

Nebraska Partners in Prevention collaborated with the Nebraska Governor's Office to draft a [Substance Abuse Strategic Plan](#).⁸ A Cultural Competence Subcommittee was established to ensure that all products would be inclusive, appropriate, and culturally response to Nebraska's diverse populations, with the National CLAS Standards as the guiding framework. The subcommittee also was charged with the creation of assessment and monitoring systems to ensure continuous improvement in the National CLAS Standards core competencies at the state, regional, and community prevention system levels.

The Office of Women's Health of the Nebraska Department of Health and Human Services, in collaboration with the Office of Family Health and the Office of Health Disparities and Health Equity, also established a [Strategic Plan](#)⁹ integrating the National CLAS Standards. With the broad objective of educating providers about the cultural dimensions of health care and encouraging implementation of the National CLAS Standards, action steps included identification of funding streams and experts who may serve as collaborative partners, and development of tools for use by providers to improve the care delivered to cultural minorities.

National CLAS Standards Training and Technical Assistance

The Nebraska Office of Health Disparities and Health Equity offers a training titled [People are People are People: Increasing Your CQ](#)¹⁰ that includes exploration of the National CLAS Standards. Led by staff of the Office of Health Disparities and Health Equity, this in-person, 2-day seminar is offered free of charge and presented at a location chosen by the requesting organization. The training has been presented to local public health departments, behavioral health regions, law enforcement, undergraduate and graduate student groups, hospitals, refugee resettlement agencies, home visiting nurses, community and cultural centers, and human services organizations.

The Nebraska Office of Health Disparities and Health Equity administers \$1.58 million in tobacco master settlement funding to counties across the state with minority populations of at least 5 percent of the total county population. Projects are required to be culturally and linguistically appropriate and must assess and address the National CLAS Standards.¹¹ During the first year of the current project period (2013-2015), the Minority Health Initiative projects served 20,084 people with activities including health education and screenings. Also included were interpretation services, which were provided in Spanish, Arabic, Vietnamese, Karen/Burmese, French, and other languages.

Region V Systems hosted a 2002 workshop on CLAS issues in behavioral health that had participation from over 80 behavioral health providers, administrators, and staff. Region V also developed an annual cycle of CLAS grants to allow agencies to address CLAS issues in behavioral health, such as the provision of CLAS training to behavioral health providers.¹²

National CLAS Standards Dissemination

The Nebraska Office of Health Disparities and Health Equity maintains a [webpage](#)¹³ dedicated to the National CLAS Standards. The page discusses the goals and content of the National CLAS Standards and provides links to the federal National CLAS Standards and fact sheet. The page also features links to the Think Cultural Health website and other resources. Also included is a link to a survey visitors may complete regarding their organization's compliance with the National CLAS Standards. People who complete the survey are contacted and offered training and technical assistance on implementing the enhanced National CLAS Standards.

Endnotes

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- 5 Nebraska Department of Health and Human Services, Division of Behavioral Health. (2014, July). *Nebraska System of Care Strategic Planning Project*. Retrieved January 10, 2015 from Nebraska Department of Health and Human Services: http://dhhs.ne.gov/behavioral_health/System%20of%20Care/SOCStratPlanFinalwith%20Summary.pdf.
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- 10 Nebraska Department of Health and Human Services, Office of Health Disparities and Health Equity. (n.d.). *People are People are People: Increasing your CQ*. Retrieved January 10, 2015 from Nebraska Department of Health and Human Services: <http://dhhs.ne.gov/publichealth/Documents/P3%20brochure%20July%202013.pdf>.
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Nevada



National CLAS Standards Planning, Policies, and Collaboration

In its 2011 [biennial report](#),¹ the Nevada Office of Minority Health reported coordinating a 2009 cultural and linguistic competency strategic planning session in conjunction with the Southern Nevada Area Health Education Center. The planning meeting included preparation and review of materials about the National CLAS Standards. The biennial report also recommended that the Nevada Office of Minority Health encourage schools of medicine and other health programs to include cultural competency and the National CLAS Standards as part of their training curricula.

National CLAS Standards Training and Technical Assistance

The Nevada Office of Minority Health reported providing four National CLAS Standards trainings to 97 medical and social service providers in 2008, and conducting National CLAS Standards and cultural competency trainings with 125 providers in 2009.¹ Plans for the future included developing and implementing an accredited cultural competency and CLAS training statewide.¹

National CLAS Standards Dissemination

The Nevada Office of Minority Health reported developing a National CLAS Standards and Civil Rights pamphlet in English and Spanish for distribution throughout all Women, Infants and Children (WIC) clinics in the state.¹

Endnote

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New Jersey



National CLAS Standards Planning, Policies, and Collaboration

The New Jersey Department of Health, in collaboration with more than 130 state, community, and private-sector agencies, created the [New Jersey Statewide Network for Cultural Competence](#)¹ in 2002. The network's mission is to strengthen culturally competent services in New Jersey for people with diverse needs, and to facilitate access to these services by individuals, families, providers, and other professionals. Specific goals include identification of human resources on specific cultures and services for people with diverse needs, and promotion of promising or best practices in culturally and linguistically competent service delivery. In 2004, the New Jersey Statewide Network for Cultural Competence met with the Department of Health's Office of Minority and Multicultural Health to discuss collaborative efforts, and in 2005 the network formalized its structure and launched its website, which includes resources on the National CLAS Standards.

Strategic planning in two disease and population-specific health care services areas has incorporated the National CLAS Standards. In the area of HIV/AIDS services, a Select Member Cultural Competency Task Force including Department of Health, university, and nonprofit representatives convened to adapt the National CLAS Standards for use in HIV/AIDS care. In 2003 the task force released the [New Jersey Culturally and Linguistically Appropriate Services Standards for HIV/AIDS Services Implementation Guide](#),² which describes disease-specific standards, links them to the National CLAS Standards, and provides suggested implementation activities for providers.

In the area of children's health, Essex County's 2014 [Strategic Plan](#)³ for the New Jersey Project Linking Actions for Unmet Needs in Children's Health integrates alignment with the enhanced National CLAS Standards as a strategy for many of

its goals. The action steps associated with the National CLAS Standards alignment include ensuring cultural competency training for providers, assessing communication and language assistance needs, and developing low-literacy and translated screening tools and questionnaires.

National CLAS Standards Training and Technical Assistance

The New Jersey Office of Minority and Multicultural Health has a CLAS Standards [self-assessment tool](#)⁴ on its website to help providers determine their compliance with the National CLAS Standards. The tool describes each of the National CLAS Standards, provides examples, and prompts organizations to consider whether they are compliant and how to improve compliance.

The Department of Health's Communicable Disease Service conducted 2-day workshops for professional medical interpreters, sponsored by the Refugee Health Program and the International Institute of New Jersey, that included information about cultural practices, cultural diversity and sensitivity, and the National CLAS Standards.⁵

National CLAS Standards Dissemination

The New Jersey Office of Minority and Multicultural Health released a condensed version of the National CLAS Standards Blueprint to help community partners understand and implement the enhanced National CLAS Standards. The office's 2014 report, [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care: A Condensed Blueprint for Advancing and Sustaining CLAS Policy and Practice](#),⁶ is organized in a table format highlighting each standard, the purpose of the standard, and strategies for implementing it. The office's [home page](#)⁷ includes a link to the report.

The [website](#)⁸ of the New Jersey Statewide Network for Cultural Competence features a database of individuals and agencies with specific skills in working with diverse populations, links to national resources including the National CLAS Standards, and a brochure about the network's activities that includes information about the National CLAS Standards.

Endnotes

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- 2 New Jersey Department of Health, Division of AIDS Prevention and Control. (2003, June). *New Jersey Culturally and Linguistically Appropriate Services Standards for HIV/AIDS Services Implementation Guide*. Retrieved January 12, 2015 from New Jersey Department of Health: http://www.state.nj.us/health/aids/documents/njclas_implementation_guide.pdf.
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- 8 New Jersey Statewide Network for Cultural Competence website accessed January 12, 2015 at: <http://nj.gov/njsncc/index.shtml>.

New Mexico



National CLAS Standards Planning, Policies, and Collaboration

The New Mexico Department of Health, Office of Policy and Accountability Office of Health Equity conducted a CLAS assessment in 2008 to guide the department's implementation of the National CLAS Standards. A survey was distributed to the department's public health offices and facilities, and an internal CLAS Work Group was convened to review the survey results and make recommendations for implementation efforts. The CLAS Work Group concluded that initial efforts should focus on language assistance, development of a toolkit, and training related to the National CLAS Standards.¹

In 2014, the Department of Health conducted a follow-up assessment of the department's cultural and linguistic competency status. The report, [New Mexico Department of Health Cultural and Linguistic Competence Policy Assessment](#),² noted that the assessment resulted from a 2010 policy that institutionalized the use of the National CLAS Standards throughout the department. The assessment was intended to inform the department's planning, implementation, quality

of services, and resource allocation. The results showed that many employees were knowledgeable about cultural competency, but the department could improve its dissemination of CLAS-related policies and procedures. Recommendations resulting from the study included creating a self-assessment work group to support ongoing tracking, employing diverse strategies to cultivate leadership and obtain buy-in from the organization on a shared vision of CLAS, incorporating assessment results in general planning, and incorporating CLAS concepts in policy development.

National CLAS Standards Dissemination

In accordance with the recommendations from its first self-assessment, the New Mexico Office of Health Equity developed a [CLAS Toolkit](#).³ The toolkit provides an overview of the National CLAS Standards, implementation activities, and resources focused on language access services. The toolkit and other state and national resources related to language access and CLAS are available from the [New Mexico Cultural Competence Information and Education Center](#).⁴

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4 New Mexico Cultural Competence Information and Education Center website, accessed January 12, 2015 at <http://www.nmdohcc.org>.

New York



National CLAS Standards Planning, Policies, and Collaboration

The New York State Department of Health included implementation of the National CLAS Standards as part of its long-range planning in [Prevention Agenda 2013-2017: New York State's Health Improvement Plan](#).¹ In the area of HIV/STDs, vaccine-preventable disease, and health care-associated infections, the Department of Health [plans](#)² to ensure cultural competency training for providers, including gender identity and disability issues, in line with the National CLAS Standards. In the area of women, infants, and children, the department's [action plan](#)³ includes promoting adoption and integration of the National CLAS Standards in clinical practices and other community service organizations to increase accessibility and effectiveness.

New York also has integrated the National CLAS Standards into its assessment and planning of managed long-term care plans. According to an [interim report](#)⁴ to the governor and legislature, managed long-term care plans are required to develop a cultural competency plan that meets the National CLAS Standards.

With funding from the Department of Health, a team led by researchers from the University at Albany, State University of New York, surveyed interpreters about [core competencies in interpretation](#)⁵ that training should cover. The survey

included items assessing the importance of National CLAS Standards awareness and understanding the enforcement of mandatory standards. The results showed that many respondents felt that National CLAS Standards awareness was a critical competency for beginner interpreters.

National CLAS Standards Training and Technical Assistance

The New York State Cancer Services Program [reported](#)⁶ offering full-day training on cultural competency for contractors throughout the state. Between 2009 and 2011, 235 individuals received the training, which included a videoconference on the National CLAS Standards.

The New York State Department of Health has provided grant funding that can be used for National CLAS Standards implementation activities. The Division of Health Facilities Planning funded the [2014–2015 Health Workforce Retraining Initiative](#)⁷ to support projects that enhance the public health workforce's ability to meet all National CLAS Standards. The Bureau of Maternal and Child Health provided funding for [Comprehensive Family Planning and Reproductive Health Care Services](#)⁸ to support services that strengthen cultural competency through training and technical assistance, using the National CLAS Standards as a framework.

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- 7 New York State Department of Health, Division of Health Facilities Planning. (2013, September). *Request for Applications: Health Workforce Retraining Initiative 2014–2015*. Retrieved January 14, 2015 from New York State Department of Health: <http://www.health.ny.gov/funding/rfa/inactive/1308090430/1308090430.pdf>.
- 8 New York State Department of Health, Bureau of Maternal and Child Health. (2010, September). *Request for Applications: Comprehensive Family Planning and Reproductive Health Care Services*. Retrieved January 14, 2015 from New York State Department of Health: <http://www.health.ny.gov/funding/rfa/inactive/0909151050/0909151050.pdf>.

Ohio



National CLAS Standards Planning, Policies, and Collaboration

The Ohio Department of Health, Division of Family and Community Health Services, Bureau of Child and Family Health Services, Child and Family Health Services Program requires all funded agencies to complete and submit a [CLAS Strategic Plan](#)¹ and annual report. The plan and report should describe the agency's overall progress toward cultural competency, including results to date and comparison of actual accomplishments with proposed goals, any problems or favorable or unusual developments, and future work to be performed. In addition to developing a strategic plan, all staff funded through the Child and Family Health Services Program must receive ongoing training in cultural competency; an agency must have mechanisms in place to review and address cultural competency issues that arise while working with clients; and local agencies should have the capacity to provide services to persons with limited English proficiency.

In the [Sickle Cell Services Program Standards and Criteria](#),² the Department of Health outlines requirements for facilities that are requesting consideration by the Sickle Cell Services Program to become a state-funded Regional Sickle Cell Project, including implementation of the National CLAS Standards.

The Dayton Council on Health Equity, a division of Public Health Dayton and the local Office of Minority Health, developed the [Dayton/Montgomery County Health Disparity Reduction Plan](#)³ in 2011. The council provides

strategies to examine how health programs provide health education, health promotion, or health care to the minority community. An action step involves determining whether programs are culturally competent and ensuring that they use the National CLAS Standards.

In its [Goals and Strategies for Fiscal Years 2012-2015](#),⁴ the Ohio Commission on Minority Health outlines plans to promote the use of the National CLAS Standards in health care delivery.

National CLAS Standards Training and Technical Assistance

The Ohio Department of Health created a [Self-Assessment of Culturally and Linguistically Appropriate Services](#)⁵ based on the National CLAS Standards. The tool provides a description of each Standard and a series of questions that organizations can use to assess compliance. The tool also includes tips for improving the caregiver/patient relationship across cultures, and a list of resources and references.

National CLAS Standards Dissemination

The Ohio Department of Health created a [Cultural Competency](#)⁶ factsheet to educate health care professionals on cultural and linguistic competency. The handout provides definitions of cultural and linguistic competency, descriptions of each National CLAS Standard, and information on the Cultural Competency Program for Oral Health Professionals at the federal Think Cultural Health website.

Endnotes

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Oklahoma



National CLAS Standards Dissemination

The Oklahoma Department of Health has consistently provided public presentations on the National CLAS Standards and technical support to local communities involving requests for information and policy support related to health disparities among minority populations.^{1, 2, 3}

Endnotes

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Oregon



National CLAS Standards Planning, Policies, and Collaboration

The Oregon Senate Bill 21 Service Equity Subcommittee was charged with developing policy and program recommendations related to long-term services and supports for culturally underserved older adults and people with disabilities. In its [Program and Policy Strategies](#)¹ report, the subcommittee recommended that relevant offices and service partners (including the Oregon Health Authority, coordinated care organizations, centers for independent living, addictions and mental health, area agency on aging and disabilities, and state Medicaid offices) collaborate to create a seamless long-term service and support delivery system that is culturally and linguistically responsive. A proposed strategy for achieving this recommendation was to encourage service partners to adopt the National CLAS Standards, which the report included as an attachment.

In 2008, the Oregon Public Health Division's Women's and Reproductive Health section began work to help its provider agencies meet the CLAS guidelines for health care. The Women's and Reproductive Health section and its provider agencies conducted CLAS self-assessments and used the findings to develop strategies for improving performance.² In 2013, the Oregon Legislative Assembly passed a law that allows health care professional boards to adopt rules that may require persons authorized to practice professions regulated by those boards to receive cultural competence continuing education approved by the Oregon Health Authority.

The Oregon Health Authority's [2015–2018 Statewide Behavioral Health Strategic Plan](#)³ integrates the National CLAS Standards as a guiding principle, and identifies the development of goals, policies, and benchmarks that are directly linked to the National CLAS Standards as one of the measures of success for achieving health equity within the state's behavioral health system. In order to ensure that people in all regions of Oregon have access to a full continuum of

behavioral health services, one of the goals in the strategic plan is to increase equitable access to culturally and linguistically appropriate prevention, treatment, and recovery services and supports in underserved areas of the state.

National CLAS Standards Training and Technical Assistance

The Oregon Health Authority's Office of Health Equity and Inclusion created the [Developing Equity Leadership through Training and Action Training Project](#).⁴ The project provides training, coaching, and consultation to key health, community, and policy leaders in Oregon. Training and educational sessions address health equity topics, including the National CLAS Standards;⁵ diversity in recruitment, hiring, and retention; race, ethnicity, and language data and health equity; effective community engagement; health literacy and language access; and health equity leadership and strategic planning.

The Oregon Health Authority's Reproductive Health Program provides technical assistance and training for staff, including help in implementing the National CLAS Standards.⁶

National CLAS Standards Dissemination

The Oregon Health Authority's Cultural Competence Continuing Education Committee developed the Recommendations for [Advancing Cultural Competence Continuing Education for Health Professionals in Oregon](#)⁷ report. The report provides recommendations for cultural competency continuing education and for advancing cultural competency for health professionals and organizations in Oregon. The report's list of cultural competency continuing education resources includes information on National CLAS Standards training.

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Endnotes

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Pennsylvania



National CLAS Standards Planning, Policies, and Collaboration

The Pennsylvania Department of Health's Office of Health Equity participates in a department-wide Cultural Competency Taskforce. As described in the office's Winter 2014 Newsletter,¹ the Cultural Competency Taskforce was formed to integrate evidence-based cultural and linguistic competency practices into department policies and strategic plans in order to improve understanding of diversity, inclusion, and cultural differences and to improve public health outcomes for all citizens.

National CLAS Standards Training and Technical Assistance

The Office of Health Equity's 2014 [Health Equity Conference](#)² featured a preconference workshop³ on applying the National CLAS Standards. The workshop explained the purpose and structure of the National CLAS Standards, discussed their history, included small group exercises on applying the standards, and explained their relationship to leadership.

The Cultural Competency Taskforce plans to develop a training curriculum that creates awareness and understanding of cultural competency and the National CLAS Standards among Department of Health staff. Department employees will be encouraged to attend face-to-face trainings. Online trainings are planned for managers and those who do not have direct interaction with the public, as well as department-affiliated partners, contractors, grantees, and stakeholders.

In 2013, the Office of Health Equity supported two mini-grant programs for work to implement the National CLAS Standards: one from the Minority Health Program,⁴ and one from the [Refugee Health Program](#).⁵ The awards of up to \$6,000 are intended for projects such as National CLAS Standards training sessions for providers and volunteers, and CLAS-specific data collection and research.

National CLAS Standards Dissemination

The Office of Health Equity [website](#)⁶ includes information about the National CLAS Standards and cultural competency.⁷ The Office of Health Equity also includes discussion of the National CLAS Standards in some of its quarterly newsletters.⁸

Endnotes

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Rhode Island



National CLAS Standards Planning, Policies, and Collaboration

The Rhode Island Department of Health, Division of Community, Family Health, and Equity launched a [CLAS Initiative](#)¹ in an effort to reduce health disparities and better serve the state's limited English proficiency communities. The Department of Health develops policies, guidance, and tools to implement the National CLAS Standards. It also collaborates with health care partners to improve access to language assistance services, promote culturally competent care, and implement organizational supports. Accomplishments include incorporating language in all contracts and other procurement documents to require entities that receive Department of Health funding to adhere to the National CLAS Standards; developing and distributing I Speak brochures; and investigating language access complaints filed against hospitals, private health care facilities, and health centers.

The [Rhode Island Plan for Healthy Eating and Active Living 2006–2012](#)² outlines objectives and strategies to help prevent and reduce obesity and related chronic diseases, including implementation of the National CLAS Standards. Strategies include advocating for medical and allied health schools and continuing medical education to include the National CLAS Standards in training on obesity assessment, counseling, and treatment; providing training for health care providers regarding referral guidelines, best practices, and the National CLAS Standards; and using the National CLAS Standards in developing training recommendations for educational institutions and certifying recommendations for accrediting organizations.

In the [Rhode Island Diabetes State Plan](#)³ for 2010–2015, the Department of Health and the Rhode Island Diabetes Prevention and Control Program established that all Rhode Island Chronic Care Collaborative sites will have written policies and oversight mechanisms to bring them into compliance with the mandatory National CLAS Standards.

Activities for achieving this goal include disseminating the National CLAS Standards to all sites, monitoring progress, and identifying sites not in compliance.

National CLAS Standards Training and Technical Assistance

The Rhode Island Oral Health Commission provides annual mini-residency programs that provide continuing education to oral health professionals on the National CLAS Standards.⁴ In the Rhode Island Department of Health's Division of Community, Family Health, and Equity, the Chronic Care and Disease Management Team has supported National CLAS Standards training for registration clerks at hospitals.⁵

National CLAS Standards Dissemination

The Rhode Island Department of Health created a [CLAS Standards Crosswalk](#)⁶ in collaboration with the Hospital Association of Rhode Island to address the National CLAS Standards and language access between health care providers and patients. The document lists regulations, laws, and credentials for federal, state, and accreditation bodies that address the National CLAS Standards and language access.

The Department of Health's Refugee Health Program created the [Rhode Island Refugee Health Program Providers' Manual](#)⁷ as a resource for health care and social service providers who serve refugees. The chapter on linguistically appropriate services for refugees provides information on the National CLAS Standards and their importance for facilitating health care for culturally diverse populations.

Several teams of the Division of Community, Family Health, and Equity have disseminated the National CLAS Standards through CLAS Initiative activities. The Health Disparities and Access to Care Team launched a 2011 Language Access

Campaign to inform Rhode Island residents with limited English proficiency of their rights and responsibilities related to accessing interpreters and translated information in health care settings. The team also worked with hospitals, private providers, and other health care delivery organizations to establish policies and operational systems that ensure access to interpreters and translated health information for persons with limited English proficiency. The Perinatal and Early Childhood Health Team has supported the use of the National CLAS Standards for all maternal and child health home visitors.⁵

Endnotes

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Texas



National CLAS Standards Planning, Policies, and Collaboration

The Texas Health and Human Services Commission's Center for Elimination of Disproportionality and Disparities, Office of Minority Health and Health Equity collaborated with Texas Medicaid to add six items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set to all four of the Texas Medicaid biennial CAHPS surveys: STAR Child, CHIP, STAR Adult, and STAR+PLUS.¹ These items examine language interpretation, health literacy, and patients' perceptions of fair and just treatment. The office has also developed a survey tool to evaluate the cultural competency plans and policies of all 21 Texas Medicaid Managed Care Organizations (MCOs) for CLAS implementation efforts; suggestions for improvement are provided to all MCOs. A blueprint based on the federal Blueprint for the National CLAS Standards has been developed for cultural competency plans and policies that Texas Medicaid will disseminate to all Texas Medicaid MCOs.

National CLAS Standards Training and Technical Assistance

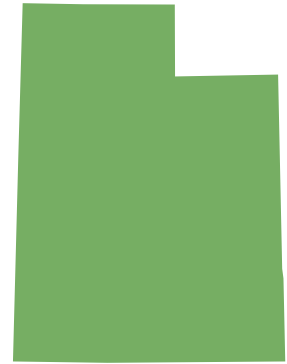
The Texas Health and Human Services Commission's Center for Elimination of Disproportionality and Disparities provides [training](#) on the National CLAS Standards.² The Texas Health and Human Services Commission, Advisory Committee on Qualifications for Health Care Translators and Interpreters recommends training on the National CLAS Standards for health care translators and interpreters.³ The Texas Health and Human Services Commission's Center for Elimination of Disproportionality and Disparities Office of Minority Health and Health Equity provides training for physicians and other health care professionals with practical guidance about how to advance health equity by adopting and implementing the National CLAS Standards. The training module, "Advancing Health Equity in Texas through Culturally Responsive Care (CLAS)" was developed in collaboration with the Texas Department of State Health Services and will be hosted for 3 years on the department's nationally recognized, award-winning Texas Health Steps website. Upon taking the online training, physicians, nurses, social workers, community health workers, and other professionals are eligible for free 1.5 continuing education hours.¹

Endnotes

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Utah



National CLAS Standards Planning, Policies, and Collaboration

The Utah Department of Health's Office of Health Disparities Reduction has made the improvement of cultural and linguistic competency and diversity of the health-related workforce a primary goal in its strategic plans. National CLAS Standards implementation activities are identified as key strategies for achieving this goal. In its 2011–2013¹ plan, the Office of Health Disparities Reduction described plans to help public health clinics and other clinics with assessment and implementation of the National CLAS Standards. In its 2013–2015² plan, the office expanded its CLAS implementation activities to include production of an educational video and toolkit promoting the National CLAS Standards to health care providers and public health professionals.

The National CLAS Standards were incorporated in the Department of Health's Center for Multicultural Health's [Action Plan to Eliminate Racial/Ethnic Health Disparities in the State of Utah](#).³ In the document, the center outlines plans to offer local health department clinics the opportunity to assess compliance with the National CLAS Standards. Center for Multicultural Health staff will do assessments of the National CLAS Standards implementation to help local health department clinics improve their services to the racial and ethnic minority community, and to help the clinics to improve their compliance. In an effort to increase collaboration among statewide stakeholders, the Center for Multicultural Health will facilitate working groups that meet at least quarterly to focus on the National CLAS Standards, research, policy, and other topics in conjunction with the action plan.

The Center for Multicultural Health also developed a CLAS committee.⁴ The committee's goals and activities include providing CLAS training to help organizations implement the National CLAS Standards, promoting free trainings for interpreters through the Department of Health

and other public services, and promoting CLAS trainings to facilities serving non-English-speaking or limited English proficiency individuals.

National CLAS Standards Training and Technical Assistance

The Utah Office of Health Disparities Reduction created a 15-minute video titled [A Class about CLAS](#).⁵ The video provides an introduction to the National CLAS Standards and tips on how organizations can personalize their practices to provide the best services possible to the community. An accompanying [discussion guide](#)⁶ is provided to promote conversation about the video and how to implement the National CLAS Standards.

National CLAS Standards Dissemination

The Utah Office of Health Disparities Reduction created [Promoting Culturally and Linguistically Appropriate Services: A Toolkit for Utah Public Health Organizations](#).⁷ The Office of Health Disparities Reduction conducted an online survey and in-person interviews to assess the knowledge of state and local health departments regarding the National CLAS Standards. Based on the findings, the office provided recommendations that state and local health departments can use to implement the National CLAS Standards. The toolkit includes a summary of the survey and interview findings; tips for implementing CLAS-related training, assessing policies and service populations, and addressing CLAS in the workplace; and examples of CLAS policies and procedures that state and local health departments can use in their programs. The toolkit and additional National CLAS Standards resources are available on the [Cultural Competence](#)⁸ webpage of the Office of Health Disparities Reduction.

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Endnotes

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Virginia



National CLAS Standards Planning, Policies, and Collaboration

The Virginia Department of Health's Office of Minority Health and Health Equity has documented in its [Strategic Plan](#)¹ activities to achieve the goal of culturally and linguistically appropriate health care for Virginians. Most of the activities are led by the office's CLAS Act Specialist, whose chief responsibility is implementing the National CLAS Standards. The plan calls for periodic assessment of language needs, coordination of cultural training, and development of partnerships with internal and external stakeholders.

In 2010, the Office of Minority Health and Health Equity released a [Language Needs Assessment Report](#)² that details the limited English proficiency status of residents of the state's 35 health districts. The report describes the need for language assistance as measured by the percentage of the population speaking English "less than well," and provides information about the prevalence of languages spoken so services can be tailored to the population's linguistic needs.

The Office of Minority Health and Health Equity staffs the [Advisory Council on Health Disparity and Health Equity](#),³ which includes representatives from local and state public health agencies as well as universities, other state organizations, private health care providers, and consumers. The Advisory Council advocates for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in Virginia. The Advisory Council also identifies limitations associated with existing laws, regulations, and services; reviews health promotion and disease prevention strategies; and makes recommendations to the Commissioner of the Virginia Department of Health.

The Office of Minority Health and Health Equity also participates in the [Virginia Medical Interpreting Collaborative Network](#),⁴ an effort to build partnerships across organizations and with individuals to increase language access and to support quality medical interpretation.

National CLAS Standards Training and Technical Assistance

As described on the [CLAS initiatives website](#)⁵ of the Office of Minority Health and Health Equity, the Virginia Department of Health has developed a curriculum for its employees that provides training on cultural awareness, cultural knowledge, cultural skill, and cultural encounters in public health settings. The curriculum, developed in collaboration with ten Virginia institutions of higher education, was designed in response to the findings of a 2007 cultural sensitivity needs assessment.

The Office of Minority Health and Health Equity also awards mini-grants supporting health equity and cultural competency activities at the health district level. For example, [awardees in 2013](#)⁶ used funds for cultural competency training, portable translators, medical interpretation training, and other activities.

National CLAS Standards Dissemination

[CLAS Act Virginia](#)⁷ is a comprehensive website and database containing national and state-specific information on cultural and linguistic competency, assessment, and events. It won a 2007 Vision Award as an outstanding and creative state health program from the Association of State and Territorial Health Officials. The website features:

- An interface for accessing national, state, and regional resources for developing cultural competency, including relevant legislation and regulations;

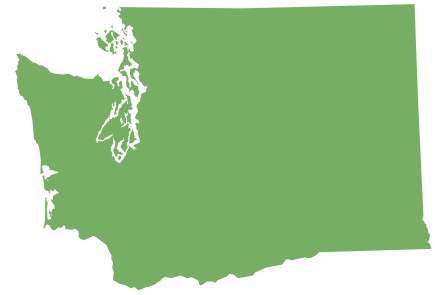
- An interface for accessing national and state information about language barriers to access, translations of key emergency and clinical terms, and a database of translators in Virginia;
- Research resources to help organizations assess their readiness for delivering CLAS and collecting data on CLAS, along with Virginia-specific studies and reports; and
- A calendar of CLAS events.

The Office of Minority Health and Health Equity created an online resource on language access that links users to information on the enhanced National CLAS Standards, cultural information, translated materials, and research and training resources. The [Virginia Medical Interpreter Database](#)⁸ also assists health care providers to connect with local language assistance providers.

The CLAS initiatives website of the Virginia Office of Minority Health and Health Equity features [Navigating Through the U.S. Health Care System for Immigrants, Refugees and Migrants](#),⁹ a set of books to help non-English-speaking newcomers to the United States learn about the U.S. health care system. The “Newcomer’s Guide” explains the U.S. health care system, and the “Resource Guide” is a directory of health care facilities and information in Virginia. The books are published in English, Spanish, Arabic, Vietnamese, and Russian. The website also provides a video and a curriculum advising community groups working with immigrant populations on how to present the materials. Health care providers may use a [Language Identification Poster](#)¹⁰ to help determine the language needs of specific patients.

Endnotes

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Washington

National CLAS Standards Planning, Policies, and Collaboration

In 2006, the Washington State Board of Health created the [Governor's Interagency Council on Health Disparities](#).¹ The council includes representatives from 14 state agencies, boards, and commissions and is charged with collecting information and making recommendations to improve the availability of culturally and linguistically appropriate services in public and private agencies. The council adopted National CLAS Standards implementation as a priority, and member agencies have been working to raise awareness of the National CLAS Standards and obtain agency support to implement supportive policies and practices.²

The Washington State Health Care Authority created the [Health Equity: Culturally and Linguistically Appropriate Services Initiative](#).² The initiative workgroup developed a charter and began work to create an agency CLAS policy, conducted an organizational self-assessment, implemented CLAS practices in every division, and educated staff and partners on the importance of cultural competency and language services.

In accord with the initiative, Washington State agencies are taking different approaches to incorporating the National CLAS Standards into their programs and policies. For example, some are reviewing existing plans, policies, and practices, and finding ways to incorporate the National CLAS Standards into those activities. Others have developed workgroups with representatives from all agency divisions to develop specific work plans. One agency is incorporating the National CLAS Standards into its agency-wide strategic plan, has completed an organizational self-assessment, and is developing a work plan to promote supportive strategies. One important lesson learned is the need to engage agency leadership so they understand the importance of the National CLAS Standards and can facilitate effective adoption and implementation.

National CLAS Standards Training and Technical Assistance

The Governor's Interagency Council on Health Disparities is raising awareness about the National CLAS Standards and providing training and technical assistance to state agencies and other organizations. The council worked with health educators at the Department of Health to create a [CLAS training curriculum](#)³ that provides an in-depth understanding of the 15 National CLAS Standards, including adoption and implementation strategies. The curriculum consists of five 1.5-hour modules, each addressing a specific National CLAS Standards learning objective. Module 1 provides an introduction to the National CLAS Standards and the value of implementing them. Module 2 explains the importance of engaging leadership in National CLAS Standards implementation and provides strategies for developing a diverse workforce. Module 3 focuses on communication and language assistance, such as barriers for limited English proficiency populations and the benefits of ensuring competence for translation and interpretation. Module 4 addresses performance measurement and ways to partner with and engage communities. Finally, Module 5 discusses integration of the National CLAS Standards into policy and practice.

National CLAS Standards Dissemination

The Governor's Interagency Council on Health Disparities disseminates information on the National CLAS Standards through a webpage dedicated to the [Implementing CLAS Standards in Washington State](#)⁴ project, which is funded through a federal Office of Minority Health State Partnership Grant. The webpage provides a synopsis of the project, a link to the project [information sheet](#),⁵ and links to state and federal National CLAS Standards resources.

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Endnotes

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Wisconsin



National CLAS Standards Planning, Policies, and Collaboration

In an effort to promote and advance the adoption of the National CLAS Standards by the Wisconsin Department of Health Services and the community, the department's Minority Health Program developed a [CLAS Standards Pledge](#).¹ Department programs that sign the pledge agree to adopt, promote, and implement the National CLAS Standards; raise awareness of health disparities and promote health equity; and help develop, plan, and implement efforts to advance health equity, improve quality, and eliminate health care disparities. Programs also select one or more of the 15 National CLAS Standards that best align with their strategic plans.

National CLAS Standards Training and Technical Assistance

The Wisconsin Department of Health Services offers four [CLAS training modules](#).² through the Public Health Foundation TrainingFinder Real-time Affiliate Integrated Network. The modules discuss the legal basis for the National CLAS Standards, and describe how compliance can improve quality of services and strengthen business practices. The four modules include:

Module 1:

[CLAS: Intro to Federal Requirements and Enforcement Trends](#)³

Module 2:

[CLAS Standards: Cultural Competence and the Law](#)⁴

Module 3:

[CLAS Standards: Lessons Learned – Case Study](#)⁵

Module 4:

[CLAS Standards: Ask the Expert](#)⁶

National CLAS Standards Dissemination

The Wisconsin Department of Health Services, Minority Health Program created a [National CLAS Standards](#)² webpage to disseminate information on the National CLAS Standards and communicate the program's progress in implementing them. Visitors to the webpage can access the Minority Health Program's CLAS Standards Pledge, and can view a list of state and community partners that have pledged to adopt the National CLAS Standards. The site provides links to internal and external resources including informational tools, continuing education and training opportunities, cultural competency information, and language access plans. Visitors also can find CLAS resources by type (research, policy, tools), audience (clinical and mental health, public health, patients), topic (population-based, quality improvement, health literacy), and National CLAS Standards themes (governance, leadership, and workforce, communication and language assistance, engagement, continuous improvement, and accountability).

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Endnotes

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Wyoming



National CLAS Standards Dissemination

The Wyoming Department of Health, Office of Multicultural Health created a [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\)](#)¹ webpage. The webpage provides links to external CLAS resources, including documents and introductory videos from the federal Office of Minority Health; an online training and toolkit created by the New Mexico Department of Health; and the website of the University of Illinois at Urbana-Champaign Early Childhood Research Institute on Culturally and Linguistically Appropriate Services. The Office of Multicultural Health also disseminates information about the National CLAS Standards in its monthly newsletter.²

Endnotes

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