A Crosswalk of the

National Standards for Culturally and Linguistically Appropriate

Services (CLAS) in Health and Health Care

to

The Communication Climate Assessment Toolkit

Prepared By:

The University of Colorado Anschutz Medical Campus

Center for Bioethics & Humanities

May 2013

Crosswalk: *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*

to the Communication Climate Assessment Toolkit

This crosswalk compares the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to the Communication Climate Assessment Toolkit. The document presents each of the 15 *National CLAS Standards* alongside the relevant C-CAT measurement domains.

The *National CLAS Standards* are a set of action steps intended to help your health or health care organization improve its provision of culturally and linguistically appropriate services and therefore better meet the needs of all individuals, regardless of cultural background and/or communication needs. The *National CLAS Standards*, developed by the Office of Minority Health at the U.S. Department of Health and Human Services, ultimately aim to advance health equity, improve quality, and help eliminate health care disparities. For more information on the *National CLAS Standards*, please visit https://www.thinkculturalhealth.hhs.gov/Content/clas.asp.

The Communication Climate Assessment Toolkit (C-CAT™) contains a set of validated organizational performance metrics to verify that your hospital or clinic is meeting the communication needs of diverse patient populations and provide structured guidance on how to improve. The assessment metrics in the C-CAT have been validated in hospitals and clinics nationwide and seven of the 9 reported C-CAT measures have been endorsed by the National Quality Forum. The C-CAT tools were originally developed by the American Medical Association and are now administered by the University of Colorado Anschutz Medical Campus Center for Bioethics & Humanities. For more information on the C-CAT, please visit http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BioethicsHumanities/academicactivities/P ages/C-CAT.aspx.

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. Relevant C-CAT measurement domains All C-CAT domains: Leadership Support, Data Collection, Community Engagement, Workforce Development, Individual Engagement, Cross-Cultural Communication, Language Services, Health Literacy, Performance Evaluations

National CLAS Standard Governance, Leadership, and Workforce	Relevant C-CAT measurement domain(s)	C-CAT item(s) that measure concept
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	Leadership Support	Patient: Does the [hospital/clinic/practice] communicate well with patients? Staff: [Have] senior leaders taken steps to promote a more patient-centered environment? Staff: [Have] senior leaders made effective communication with diverse populations a priority? Policy: Do [hospital/clinic/practice] policies make effective communication a high priority? Policy: Do [hospital/clinic/practice] leaders receive regular reports on how well the organization meets its goals for communicating with patients?

Governance,	CLAS Standard Leadership, and rkforce	Relevant C-CAT measurement domain(s)	C-CAT item(s) that measure concept
governance, lea workforce that a	nguistically diverse	Leadership Support, Workforce Development	Patient: Do [hospital/clinic/practice] staff come from your community? Staff: [Have] senior leaders worked to recruit employees that reflect the patient community? Policy: Does the [hospital/clinic/practice] set goals for recruiting staff from the patient community?
4. Educate and tra leadership, and culturally and lin appropriate polic on an ongoing b	workforce in nguistically cies and practices	Leadership Support, Workforce Development	Patient: Did doctors at the [hospital/clinic/practice] try to understand your culture? Staff: Have you ever received specific and adequate training on interacting with patients from diverse cultural and spiritual backgrounds? Staff: Have you ever received specific and adequate training on how to ask patients about their health care values and beliefs? Policy: Does the [hospital/clinic/practice] effectively train employees to serve patients who speak little or no English? Policy: Does the [hospital/clinic/practice] effectively train employees to serve patients from diverse cultural and ethnic groups?

National CLAS Standard Communication and Language Access	Relevant C-CAT measurement domain(s)	C-CAT item(s) that measure concept
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.	Language Services	Patient: Does this [hospital/clinic/practice] charge patients for using interpreters? Staff: Were patients charged for using interpreters? Policy: Does the [hospital/clinic/practice] post signs informing patients that free language interpretation is available?
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Language Services	Patient: Has someone from the [hospital/clinic/practice] asked if you need an interpreter? Staff: [Were] patients who needed an interpreter offered one? Policy: Is it [hospital/clinic/practice] policy to have staff ask patients if they need an interpreter? Policy: Does the [hospital/clinic/practice] post signs information patients that free language interpretation is available?
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Workforce Development, Language Services	Patient: Did the [hospital/clinic/practice]'s interpreters understand everything you said? Patient: Who usually interprets for you at the [hospital/clinic/practice]? Staff: Overall, how would you rate the [hospital/clinic/practice]'s interpretation services? Staff: [Do you agree that a] patient's family member or friend can usually interpret as effectively as a trained medical interpreter? Policy: Are employees who wish to communicate with patients in a language other than English trained and tested? Policy: Does the [hospital/clinic/practice] track how often interpretation is done by untrained interpreters (e.g., staff members or patients' family or friends)?

Crosswalk: *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*

National CLAS Standard Communication and Language Access	Relevant C-CAT measurement domain(s)	C-CAT item(s) that measure concept
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Health Literacy, Language Services, Individual Engagement	Patient: Were educational materials easy to understand? Patient: Were forms written in your language? Staff: Overall, how would you rate the cultural appropriateness of the [hospital/clinic/practice]'s education materials? Staff: Overall, how would you rate the understandability of the [hospital/clinic/practice]'s patient education materials? Staff: Overall, how would you rate the availability of translated documents and forms at the [hospital/clinic/practice]? Staff: Overall, how would you rate the signs and maps at the [hospital/clinic/practice]? Policy: Does the [hospital/clinic/practice] have copies of important documents in languages other than English? Policy: Does the [hospital/clinic/practice] assess whether patients can understand signs and maps?

Crosswalk: *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*

National CLAS Standard Engagement, Continuous Improvement, and Accountability	Relevant C-CAT measurement domain(s)	C-CAT item(s) that measure concept
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	Leadership Commitment, Workforce Development	Policy: Does the [hospital/clinic/practice] perform a learning needs assessment on each patient which considers the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, or barriers to communication? Policy: Does the [hospital/clinic/practice] evaluate how well it meets written goals for effective communication?
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Performance Evaluation, Leadership Commitment	Staff: [Have your] direct supervisors used [your] feedback to improve communication within the [hospital/clinic/practice]? Policy: Does the [hospital/clinic/practice]'s performance evaluation system allow managers to assess how well individual staff members communicate with patients? Policy: Does the [hospital/clinic/practice]'s assess whether patients can understand important documents, educational materials, and surveys? Policy: Do [hospital/clinic/practice] leaders receive regular reports on how well the organization meets its goals for communicating with patients?

National CLAS Standard Engagement, Continuous Improvement, and Accountability	Relevant C-CAT measurement domain(s)	C-CAT item(s) that measure concept
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.	Data Collection	Patient: Did a [hospital/clinic/practice] staff member ask your race and ethnicity? Patient: Has someone from the [hospital/clinic/practice] asked you what language you speak? Staff: How often did relevant [hospital/clinic/practice] staff collect race and ethnicity information from patients? Staff: How often did relevant [hospital/clinic/practice] staff ask patients what language they prefer using, when patients registered or scheduled appointments? Policy: Is it [hospital/clinic/practice] policy to ask patients their race and ethnicity? Policy: Is it [hospital/clinic/practice] policy to document a patient's race and ethnicity? Policy: Is it [hospital/clinic/practice] policy to have staff ask patients their preferred language? Policy: Is it [hospital/clinic/practice] policy to document a patient's preferred language?
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.	Community Engagement, Performance Evaluation	Policy: Does the [hospital/clinic/practice] work with local community and advocacy groups to collect information about new and emerging populations? Policy: Does the [hospital/clinic/practice] track the literacy and education levels of its community? Policy: Does the [hospital/clinic/practice] track the languages spoken by its patient community?

National CLAS Standard Engagement, Continuous Improvement, and Accountability	Relevant C-CAT measurement domain(s)	C-CAT item(s) that measure concept
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	Community Engagement, Cross-Cultural Communication	Policy: Does the [hospital/clinic/practice] have a written plan for developing relationships with the patient communities it serves? Policy: Does the [hospital/clinic/practice] have an individual or committee charged with outreach and maintaining ties to community partners? Policy: Does the [hospital/clinic/practice] work with community partners to promote health literacy? Policy: Does the [hospital/clinic/practice] involve community representatives in its planning processes?
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	Cross-Cultural Communication	Patient: When leaving the [hospital/clinic/practice], did you know whom to call if you wanted to complain? Staff: [Have your] direct supervisors intervened if staff were not respectful toward patients? Policy: Does the [hospital/clinic/practice] have a point-of-contact (person or office) for community members to provide complaints and feedback? Policy: Does the [hospital/clinic/practice] track communication-related complaints?
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	Community Engagement, Performance Evaluation	Policy: Does the [hospital/clinic/practice] inform staff about resources for patients that are available in the community?