What are the National CLAS Standards?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the *National CLAS Standards*) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice (The Blueprint) is an implementation guide to help you advance and sustain culturally and linguistically appropriate services within your organization. *The Blueprint* dedicates one chapter to each 15 Standards, with a review of the Standard's purpose, components, and strategies for implementation. In addition, each chapter provides a list of resources that offer additional information and guidance on that Standard.

Health Equity & Culturally and Linguistically Appropriate Services (CLAS): How Are They Connected?

Health inequities in our nation are well documented, and the provision of culturally and linguistically appropriate services (CLAS) is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preference, health professionals can help bring about positive health outcomes for diverse populations. The provision of health care services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients can help close the gap in health care outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.

What is the history of the National CLAS Standards?

In 2000, the Office of Minority Health published the first *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (National CLAS Standards), which provided a framework for all health care organizations to best serve the nation’s increasingly diverse communities. In fall of 2010, the Office of Minority Health launched the National CLAS Standards Enhancement Initiative in order to revise the Standards to reflect the past decade’s advancements, expand their scope, and improve their clarity to ensure understanding and implementation. With the enhancement initiative, the National CLAS Standards will continue

into the next decade as the cornerstone for advancing health equity through culturally and linguistically appropriate services.

Legislating CLAS

State agencies have embraced the importance of cultural and linguistic competency in the decade since the initial publication of the National CLAS Standards. A number of states have proposed or passed legislation pertaining to cultural competency training for one or more segments of their state's health professionals. At least six states have moved to mandate some form of cultural and linguistic competency for either all or a component of its health care workforce.

Culturally and Linguistically Appropriate Services (CLAS) Standards

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.