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Cultural and Linguistic Appropriate Services Resource Toolkit

In December 2000, the U.S. Department of Health and Human Services (HHS) office of Minority Health (OHM) developed national standards for Cultural and Linguistic Appropriate Services (CLAS) in health care. CLAS standards were a response to the need that all people receive equitable and effective healthcare treatment in a culturally and linguistically appropriate manner. CLAS standards are directed towards health care organizations but are also encouraged for individual health providers. There are 14 CLAS standards of which 4 are mandated (Standards 4, 5, 6, and 7) and 10 provide guidelines and recommendations (Standards 1, 2, 3, 8, 9, 10, 11, 12, 13, and 14). This toolkit provides resources and helpful links for healthcare organizations and providers when implementing CLAS standards.

CLAS Standard	Resources and Helpful Links
Culturally Competent Care	
1. Health care organizations should ensure that patients/ consumers receive from all staff members' effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.	Physician Toolkit and Curriculum: Resources to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners: http://www.minorityhealth.hhs.gov/assets/pdf/checked/1/toolkit.pdf <i>Caring For Diverse Populations- Better Communication, Better Care: A Toolkit for Physicians and Health Care Professionals:</i> http://www.anthem.com/ca/provider/f3/s1/t0/pw_b144192.pdf?refer=agent
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.	<i>Literature on Business Case for Healthcare Workforce Diversity:</i> http://www.oshpd.ca.gov/Reform/BusinessCafeForHealthWorkforceDiversity.pdf <i>Literature on Making the Case for Health Care Workforce Pipeline Programs:</i> http://www.oshpd.ca.gov/Reform/MakingTheCaseForHealthWorkforcePipelinePrograms.pdf <i>Educating a Diverse Healthcare Workforce: Recruitment and Retention Strategies:</i> http://tlcprojects.org/NEAT/Resources.pdf <i>Minority Recruitment for the 21st Century: An Environmental Scan:</i> http://partnersforrecovery.samhsa.gov/docs/Minority_Recruitment_Environmental_Scan.pdf

CLAS Standard	Resources and Helpful Links
	<p><i>Pipeline Programs to Improve Racial and Ethnic Diversity in the Health Professions:</i> http://bhpr.hrsa.gov/healthworkforce/reports/pipelineprogdiversity.pdf</p> <p><i>Moving Beyond the Numbers: How to Recruit, and Retain a Diverse Workforce:</i> http://www.multiculturaladvantage.com/recruit/staffing/Moving-Beyond-the-Numbers-How-to-Recruit-Retain-Diverse-Workforce.asp</p>
<p>3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.</p>	<p><i>A Curriculum for Developing Culturally and Linguistically Appropriate Services</i> California Department of Public Health and Department of Health Care Services. Facilitator Workbook: http://www.cdph.ca.gov/SiteCollectionDocuments/CLAS%20Facilitator%20for%20web.pdf</p> <p>Participant Workbook: http://www.cdph.ca.gov/SiteCollectionDocuments/Participant%20Workbook%20for%20Providing%20Quality%20Health%20Care%20with%20CLAS.pdf</p> <p><i>Office of Minority Health- Cultural Competency Continuing Education Courses:</i> https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp</p>
Language Access Services (Mandated)	
<p>4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.</p>	<p><i>A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations:</i> http://minorityhealth.hhs.gov/templates/content.aspx?ID=4375</p> <p><i>Office of Minority Health- Health Care Language Services Implementation Guide:</i> https://hclsig.thinkculturalhealth.hhs.gov/</p> <p><i>Sign Language Interpreter Services in California:</i> http://www.cdss.ca.gov/cdssweb/entres/pdf/ODA/SignInterpretingServiceInformation.pdf</p> <p><i>Medical Interpreter Listing:</i> http://jobs.spb.ca.gov/InterpreterListing/</p> <p><i>A Federal Interagency Website on Limited English Proficiency:</i> http://www.lep.gov/interp_translation/trans_interpret.html</p>

CLAS Standard	Resources and Helpful Links
<p>5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.</p>	<p><i>Medical Interpreter Listing:</i> http://jobs.spb.ca.gov/InterpreterListing/</p> <p><i>I Speak Cards:</i> http://www.cdss.ca.gov/civilrights/PG584.htm</p> <p><i>Language Assistance California Law:</i> http://www.dmhc.ca.gov/healthplans/gen/gen_langassist.aspx</p>
<p>6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).</p>	<p><i>Interpreter Training Programs in California:</i> http://www.oshpd.ca.gov/Reform/InterTrainProgCali.pdf</p> <p><i>Guidelines for Use of Medical Interpreter Services:</i> https://www.aamc.org/students/download/70338/data/interpreterguidepdf.pdf</p>
<p>7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.</p>	<p><i>Hospital Signage in Multiple Languages:</i> https://www.healthinfotranslations.org/topic/hospital_signage/481789/</p> <p><i>Translated Health Forms and Documents:</i> http://www.healthynh.com/fhc/resources/translatreddocuments.php</p> <p><i>U.S. National Library of Medicine: Health Information in Multiple Languages:</i> http://www.nlm.nih.gov/medlineplus/languages/languages.html</p> <p><i>Sign Language Interpreter Services in California:</i> http://www.cdss.ca.gov/cdssweb/entres/pdf/ODA/SignInterpretingServiceInformation.pdf</p> <p><i>Directory of Medical Interpreter and Document Translation Services:</i> http://www.massmed.org/AM/Template.cfm?Section=Home6&CONTENTID=17553&TEMP_LATE=/CM/ContentDisplay.cfm</p>

CLAS Standard	Resources and Helpful Links
Organizational Supports for Cultural Competence	
<p>8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.</p>	<p><i>CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care:</i> http://minorityhealth.hhs.gov/assets/pdf/checked/CLAS_a2z.pdf</p> <p><i>Planning Culturally and Linguistically Appropriate Services:</i> http://www.ahrq.gov/populations/planclas.htm</p>
<p>9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.</p>	<p><i>Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile:</i> http://www.hrsa.gov/culturalcompetence/healthdlvr.pdf</p> <p><i>Culturally and Linguistic Appropriate Services Standards Assessment Tool:</i> http://www.healthjusticect.org/wp-content/uploads/2011/07/CLAS-Standards-Assessment-Tools.pdf</p>
<p>10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.</p>	<p><i>Collecting and Using Race, Ethnicity and Language Data in Ambulatory Settings:</i> http://www.ama-assn.org/resources/doc/public-health/cehcd-redata.pdf</p> <p><i>Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement:</i> http://www.ahrq.gov/research/iomracereport/reldata5.htm</p>
<p>11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.</p>	<p><i>US Census California Demographics Data:</i> http://quickfacts.census.gov/qfd/states/06000.html</p> <p><i>California Demographics Reports:</i> http://www.dof.ca.gov/research/demographic/reports/view.php#objCollapsiblePanelProjectionsAnchor</p> <p><i>California Health Interview Survey</i> http://www.askchis.com/main/default.asp</p>

CLAS Standard	Resources and Helpful Links
<p>12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS related activities.</p>	<p>Strategies for public Health: Community Engagement: http://www.health.state.mn.us/strategies/engagement.pdf</p>
<p>13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.</p>	<p><i>National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report- March 2001, U.S. Department of Health and Human Service, Office of Minority Health. Grievance and Resolution Process pg. 19 and 106-108.</i> http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf</p>
<p>14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.</p>	<p>Best Practices in Public Reporting No.1: How to Effectively Present Health Care Performance Data to Customers: http://www.ahrq.gov/qual/pubrptguide1.htm</p>

Additional CLAS Implementation Resources

National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report March 2001, U.S. Department of Health and Human Serviced, Office of Minority Health
<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

Magellan Cultural Competency Resource Kit

<http://www.magellanofaz.com/media/3092/resourcekit.pdf>

Reflections on the CLAS Standards: Best Practices, Innovations and Horizons:

<http://minorityhealth.hhs.gov/assets/pdf/checked/reflections.pdf>

A Physicians Practical Guide to Culturally Competent Care:

<http://www.medicalleadership.org/downloads/Family-Physicians-Guide.pdf>

https://www.thinkculturalhealth.hhs.gov/pdfs/Physicians_QIO_Facilitator_GuideMEDQIC.pdf

California Office of Multi-cultural Health:

<http://www.cdph.ca.gov/programs/omh/Pages/default.aspx>

Office of Minority Health: Center for Linguistic and Cultural Competence in Health Care

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3>