Culturally and Linguistically Appropriate Services (CLAS) Toolkit

CLAS Toolkit Contents:
Department of Health CLAS Assessment Recommendations
List of the 14 CLAS Standards
Definition of Terms
Implementation of Language Access Service Strategies
Resources and Helpful Links

New Mexico Department of Health
Division of Policy and Performance
Office of Health Equity
The Culturally and Linguistically Appropriate Services (CLAS) Assessment was administered by the Division of Policy and Performance (DPP) in the Fall of 2008 to the Department of Health’s Public Health Offices and Facilities. The survey was well received and had a response rate of 86%. The complete results of the Assessment sorted by Public Health Region and Facilities are available on this website or you may email LouAnn Sanchez at LouAnn.Sanchez@state.nm.us.

An internal CLAS Work Group reviewed the survey results and identified many strengths and processes already in place to address the CLAS standards in these locations. They also identified some areas of growth and technical assistance to better address the needs of the Department’s limited English proficient clientele.

From these results, the CLAS Work Group made the recommendation to focus the Department's initial efforts on meeting the *federal compliance requirements* for the four mandated Language Access Services (4-7 on the following page). These recommendations include:

1. Supply DOH Public Health Offices and Facilities with a CLAS toolkit.
2. Develop permanent signage that addresses the availability of interpreter services. Make the signage available in the languages of the most commonly encountered groups represented in the state.
3. Work with Public Health Offices and Facilities to create one standard DOH *Notice of Patient’s Rights* that includes the right to receive language assistance services.
4. Offer medical interpreter training to staff that provide direct client services.

The Department of Health endeavors to ensure fair and equitable treatment of all patients/clients by providing support, training and resources for its staff. On the following pages, you will find a CLAS toolkit, developed by DPP, to provide implementation strategies and resources both statewide & regionally to address the four mandated Language Access Services Standards. Please note that some strategies may be applicable to multiple standards even if they only appear once on the document.
The 14 CLAS Standards are guidelines established by the federal Health and Human Services Department, Office of Minority Health. These standards are mandated for all health care organizations receiving federal funds.

### 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.
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.
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.

### Language Access Services (Mandated)
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.
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.
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).
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.

### Organizational Supports for Cultural Competence
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.
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.
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.
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.
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.
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.
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.
**DEFINITION OF TERMS**

**In order to begin a discussion on CLAS, it is important to develop a shared understanding of the relevant terminology. Cultural and Linguistic Competence is important because it leads to better health outcomes; in addition, a culturally and linguistically competent health care provider is able to acquire more detailed information from a patient when providing care.**

**Definition of Terms:**

**CLAS Standards:** The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH), ensure all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.

**Culture:** The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

**Cultural Awareness:** Developing sensitivity and understanding of diverse groups involving internal changes in terms of attitudes and values.

**Cultural Knowledge:** Familiarization with cultural characteristics, history, values, belief systems, and behaviors of another ethnic group.

**Cultural Skill:** A skill set to access an individual’s background and formulate a culturally relevant treatment plan.

**Cultural Sensitivity:** Knowing cultural differences and similarities exist, without assigning them values, ie., better or worse, right or wrong.

**Interpretation:** Facilitating oral communication between individuals who do not speak the same language and may not share the same culture.

**Language Access Services:** The key to providing meaningful access to care for limited English proficient (LEP) persons is to ensure effective communication between the provider/organization and the LEP person. An LEP person cannot speak, read, or understand the English language at a level that permits effective interaction with clinical or nonclinical staff at a healthcare organization. Language assistance services must be made available to each person with LEP who seeks services and are to be provided by bilingual staff that can communicate directly with patients/consumers in their preferred language.

**Limited English Proficiency (LEP):** Individuals who do not speak English as their native language and have a limited ability to read, speak, or understand English.

**Title VI of the Civil Rights Act of 1964:** Since 1964, Title VI of the Federal Civil Rights Act has required that: **“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”**

**Translation:** Changing written documents from one language into another.
**Implementation Strategies** | **New Mexico State Resources** | **Regional Resources**
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Schedule bilingual staff to participate in medical interpreter training. | Bilingual Advantage: http://bilingualadvantageinc.com/ | |
Provide interpreter services from established and credible persons/ agencies to patients who need this assistance. | New Mexico Translators & Interpreters: http://internet.cybermesa.com/~nmtia/ | Pacific Interpreters: http://www.pacificinterpreters.com/
Set up chart flagging system to identify the patients that need interpreter services. | | Hablamos Juntos: http://hablamosjuntos.org/

**Standard 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 LEP at all points of contact and in a timely manner during all hours of operation.
## LANGUAGE ACCESS SERVICES

### Standard 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 services.

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### Standard 6

Health care organizations must ensure 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).

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| Use accredited linguistic services to assist in medical interpreting training. | New Mexico Department of Health-Office of Health Equity– Medical Interpreting Training:  
http://www.nmdohhcc.org/  
Paul V. Romero (505) 827-2056                                       | Pacific Interpreters  
http://www.pacificinterpreters.com/  
Hablamos Juntos  
http://hablamosjuntos.org/                                           |
| Assess staff on their skills and comfort level when interpreting medical information. | Cultural Competence Assessment:  
http://www11.georgetown.edu/research/gucchd/NCCC/Foundations/assessment.html | Think Cultural Health:  
https://www.thinkculturalhealth.org/                                    |
| Ensure competence of language assistance provided by interpreter/bilingual staff. | Guidelines for Use of Medical Interpreter Services:  
http://www.aamc.org/students/medstudents/interpreterguide.htm             | International Medical Interpreters Association:  
http://www.imiaweb.org/default.asp                                             |
| Utilize the recommendation/guidelines for effective use of medical interpreters. | Standards for Medical Interpreters:  
http://www.commonwealthfund.org/content/innovations/tools/2005/nov/national-standards-for-
medical-interpreters.aspx                                             | National Standards for Medical Interpreters:  
http://www.cmwf.org/tools/tools_show.htm?doc_id=318839  
*Office of Civil Rights website:  
www.hhs.gov/ocr/lep                                                      |
### Standard 7
Health care organizations must make available easily understood patient related materials and post signage in the language of the commonly encountered groups and/or groups represented in the service area.

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<td>Utilize the NM-DOH translator: Request English-Spanish translation of documents and educational materials.</td>
<td>NM-DOH Translator (English to Spanish): <a href="mailto:Lilia.Whitener@state.nm.us">Lilia.Whitener@state.nm.us</a> (505) 476-3656</td>
<td>Translated Health Forms and Documents in Multiple Languages: <a href="http://www.healthynh.com/fhc/resources/translateddocuments.php">http://www.healthynh.com/fhc/resources/translateddocuments.php</a></td>
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The following are links to websites that you may find useful. If you would like to recommend a resource, please email your suggestion to LouAnn.Sanchez@state.nm.us. You will receive a response to your request. Thank you.

Data on Health Disparities, CDC-Office of Minority Health & Health Disparities:
http://www.cdc.gov/omh/reportspubs.htm

Detail on CLAS Standards and the Framework for Implementing the CLAS Standards:
http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf
https://www.thinkculturalhealth.org/documents/CLAS_Standards.pdf

Department of Health, Division of Policy and Performance Website:
http://www.nmhealth.org/dpp/

Free, 24 Hour, Practical Answers to Health Questions from DOH’s 24-hour Nurse Advise Line:
877-725-2552

http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf

Free online CLAS and Cultural Competency Training New Mexico Department of Health-Cultural Competency Information and Education Center:
www.nmdochcc.org

A-Z Listing of All Health Related Resources in New Mexico, NM-Department of Health Resources:
http://www.nmhealth.org/topicA_Z.shtml
http://www.health.state.nm.us/nm-resources.html
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