

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

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. **(Guideline)**
2. Health care organization 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 services area. **(Guideline)**
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 services delivery. **(Guideline)**
4. Health care organization 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. **(Mandate)**
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. **(Mandate)**
6. Health care organization must assure the competence of language assistance provided to limited English proficient patient/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer). **(Mandate)**
7. Health care organization must make available easily understood patient-related materials and post signage in the language of the commonly encountered groups and/or group represented in the service area. **(mandated)**
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. **(Guideline)**

## CLAS Continued

9. Healthcare organizations should conduct initial and ongoing organizational self-assessment of CLAS-related measures into their internal audits, performance improvement programs, patient satisfaction assessment , and outcome-based evaluations **(Recommendation)**
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 **(Guideline)**
11. Health care organization should maintain a current demographic, culturally, and epidemiological profile of the community as well as a needs assessment to accurately plan for the implement services that respond to the cultural and linguistic characteristics of the services area. **(Guideline)**
12. Health care organization should develop participatory, collaborative partnership with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CALS –relate activities. **(Guideline)**
13. Health care organizations should ensure that conflict and grievance resolution process are culturally and linguistically sensitive and capable of identifying, prevention, and resolving cross-cultural conflicts or co9mplaints by patients/consumers. **(Guideline)**
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. **(Recommendation)**

**National Standards for Culturally and Linguistically Appropriate Services in Health Care. Final Report. U.S. Department of Health and Human Services, Office of Minority Health. 2001.**