



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Using the CLAS Standards to Enhance Cultural Competence in Integrated Care Disparity

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What are the CLAS Standards?

In 2001, the U.S. Department of Health and Human Services, Office of Minority Health, issued a national set of standards designed to:

- Advance health equity
- Improve the quality of health services
- Help eliminate health care disparities

HHS/OMH conducted an enhancement initiative from 2010-2013 to update the CLAS standards



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Differences between 2000 and 2013 Standards

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic, and linguistic groups	Add geographical, religious and spiritual, biological and sociological characteristics
Audience	Health core organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social, and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

CLAS Standards Organization

- Principal Standard (Standard 1): Provide effective, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability Standards (Standards 9-15)

https://www.thinkculturalhealth.hhs.gov/CLAS/Clas_Overview.asp

Key Values for Cultural Competence

Cultural competence:

- Embraces the principles of equal access and non-discriminatory practices in service delivery.
- Is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.
- Involves working in conjunction with natural, informal support and helping networks within culturally diverse communities.

Source: National Center for Cultural Competence, Foundations/Guiding Values and Principles <http://nccc.georgetown.edu/foundations/frameworks.html>

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Key Values for Linguistic Competence

Linguistic competence requires:

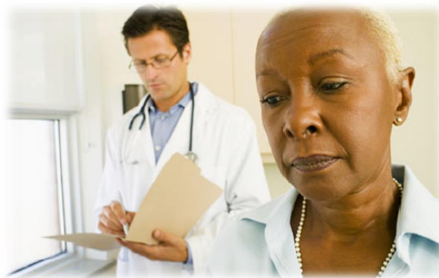
- Services and supports delivered in the preferred language and/or mode of delivery of the population served.
- Written materials translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served.
- Interpretation and translation services that comply with all relevant mandates governing language access.
- Consumers are engaged in evaluation of language access and other communication services to ensure for quality and satisfaction.

Source: National Center for Cultural Competence, Foundations/Guiding Values and Principles <http://nccc.georgetown.edu/foundations/frameworks.html>

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Barriers to Culturally and Linguistically Competent Care

- Systems of care poorly designed for diverse populations
- Poor cross-cultural communication between providers and patients
- Patient/client fears and distrust
- Cultural stigma
- Lack of diversity in health care leadership and workforce



Resources

- Think Cultural Health (OMH) www.thinkculturalhealth.hhs.gov
- AETC National Multicultural Center at Howard University www.aetcnmc.org
- Office of Minority Health www.omhrc.gov
- National Center for Cultural Competence <http://nccc.georgetown.edu/>
- Center for Multicultural Mental Health www.cmmh-cmtp.org
- National Minority Quality Forum www.nmqf.org/