

# Promoting Culturally and Linguistically Appropriate Services

A Toolkit for Utah Public Health Organizations



UTAH DEPARTMENT OF  
**HEALTH**

Office of Health Disparities

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## INTRODUCTION

### *Project Overview*

In 2013, the United States Department of Health and Human Services' Office of Minority Health released the enhanced *Culturally and Linguistically Appropriate Services* (CLAS) standards. The CLAS guidelines are intended to systematically advance health equity and ensure the delivery of culturally respectful and linguistically responsive health care and services.

Given the rapidly changing sociocultural, racial/ethnic, and linguistic demographics in Utah, enhanced promotion of CLAS standards in state and local health agencies is projected to be highly beneficial to Utah's health organizations, health care workforce, and residents. The objectives of this project were to obtain new knowledge of best practices and barriers to CLAS implementation and to compile a practical toolkit for health organizations to evaluate and improve institutional compliance with CLAS standards.

Online surveys and personal interviews were used to assess the knowledge of State (UDOH) and local health departments (LHDs). Preliminary analysis demonstrates that the great majority of health organizations in Utah are in need of assistance and lacking in resources to meaningfully implement CLAS policies and practices.

### *Background*

In the state of Utah, interest (and concern) regarding CLAS standards has been growing, especially among health agencies and health care organizations that receive federal funding and/or are seeking national accreditation. Professional best practices, industry trends, and legal statutes – such as Title VI of the Civil Rights Act of 1964 (see Appendix B) – have also prompted recent discussions and lines of questioning within health agencies that serve Utah-based communities. In response to a growing number of requests for information and CLAS-related assistance, the Utah Department of Health Office of Health Disparities (OHD) began compiling a practical CLAS implementation toolkit for UDOH and LHD agencies and programs.

Systemic inequities in health care delivery, and CLAS-related issues such as ineffective (or inaccessible) language assistance services, have long accounted for disproportionately high health care costs for underserved communities and the nation as a whole. The Joint Center for Political and Economic Studies<sup>1</sup> estimates that the barriers and inequities associated with racial and ethnic health disparities have created a cost burden of \$1.24 trillion in the U.S. In an attempt to address these costs – and in response to rapidly growing and diversifying populations – at least six states in the U.S. have passed specific legislative measures which promote CLAS standards.<sup>2</sup>

This seminal CLAS promotion project is both timely and significant given that CLAS-related legislation has not yet been proposed in the state of Utah, and that the status of CLAS compliance in most Utah health agencies is largely unknown.

## *CLAS Standards*

There are 15 CLAS standards that are intended to address cultural and linguistic considerations within three broad, interrelated themes: Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement, and Accountability (see Appendix A).

The principal standard states that the overall goal of the CLAS standards is to enable health care organizations to “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.” Standards 2, 3, and 4 encourage CLAS-based policies, practices, and personnel training, as well as the recruitment and maintenance of leaders and workforces that are “responsive to the population in the service area.” Standards 5 through 8 address Communication and Language Assistance, focusing on best practices such as offering free language assistance to limited English-proficient (LEP) individuals and utilizing qualified, trained language assistants. Standards 9 through 15 promote the integration of CLAS considerations into organizational goals, planning, and operations through measures such as community assessments and community partnerships within respective service areas.

CLAS standards are intended to be used by all federally-funded health programs and are highly encouraged to be adopted by all health organizations regardless of funding sources. The OHD is not a regulatory or compliance agency, and this CLAS implementation toolkit is solely intended for internal use by health agencies for developing, evaluating, and enhancing CLAS policies and practices.

## **METHODOLOGY**

In fall 2014, the Office of Health Disparities invited UDOH and LHD employees to participate in an online survey through email correspondences addressed to managers and staff from 36 programs/bureaus within the UDOH Division of Disease Control and Prevention, UDOH Division of Family Health and Preparedness, and five different LHDs. The survey consisted of 30 questions intended to evaluate respondents’ familiarity with CLAS, perceptions regarding CLAS compliance, and perceived areas of improvement. The survey was developed and preview-tested by Office of Health Disparities personnel prior to dissemination. Survey participation was anonymous, with the option of participating in a voluntary follow-up interview.

Follow-up interviews were conducted by Office of Health Disparities with voluntary participants to further discuss topics that were addressed in the online survey.

Interviews followed a standardized format conducted through open-ended questions based on each interviewee's responses to the online survey. Notes were compared and transcribed by interviewers to identify recurrent themes, important questions posed by interviewees, and salient observations regarding challenges to implementing CLAS standards.

## **Online Survey**

### *Participation*

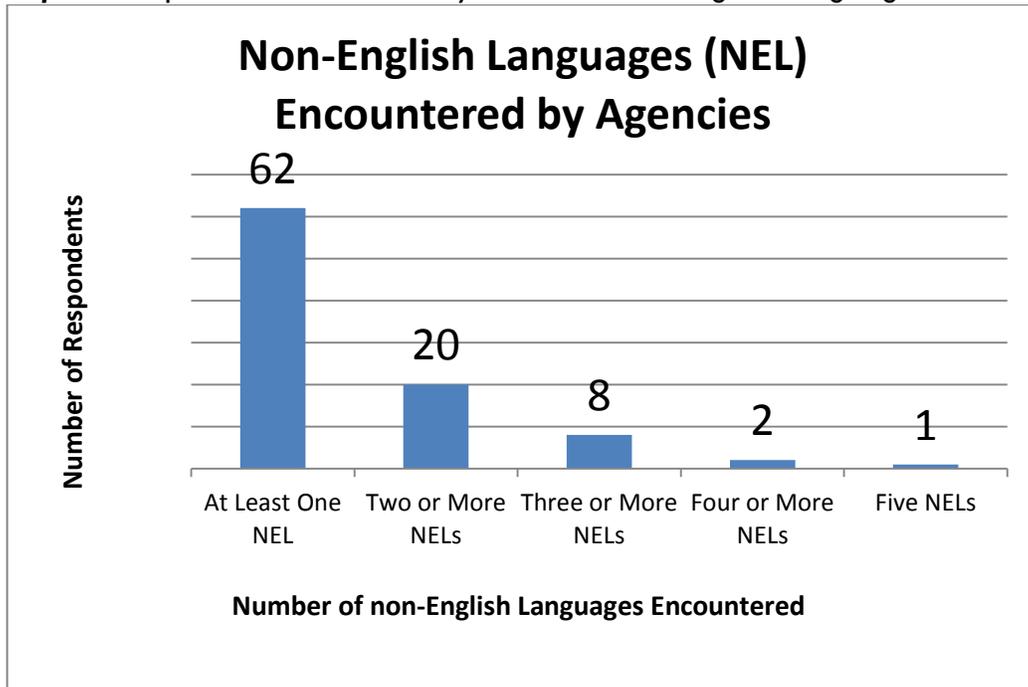
- Of the 65 online surveys that were completed, 36 (55%) were submitted by employees of the UDOH and 29 (45%) were received from LHD personnel.
- Participation was quite diverse in relation to professional roles/job titles, with 15 % of respondents working in “upper administration,” 35% in “middle management,” and 23% in “outreach” roles. The remaining 27% of surveys were completed by “other” personnel whose diverse roles ranged from health inspector and health program specialist to health care licenser and health educator.

### *Frequently Encountered Languages*

- The most commonly reported non-English language encountered by UDOH and LHD employees was Spanish, with only four respondents reporting that Spanish-speaking clients were not regularly encountered.
- Chinese was reported as “frequently encountered” in seven surveys, Samoan in five, and Tongan, American Indian, and Vietnamese languages received three responses each.
- Two surveys indicated frequent use of American Sign Language and/or braille within service populations.
- “Other” reported languages included Tagalog, Russian, Arabic, Urdu, Somali, and Rwandan.
- As shown in Graph 1, the vast majority (n = 62; 95%) of respondents work for agencies or programs that encounter speakers of at least one non-English language on a regular basis (Spanish in most cases).

A considerably fewer number of respondents (n = 20; 31%) indicated that their daily work involved two or more languages, with 12% (n = 8) reporting that they regularly encountered three or more languages. One respondent frequently encountered five languages (the highest number of languages addressed by any one agency represented in the survey sample).

**Graph 1:** Respondents Who Usually Encounter non-English Languages at Work

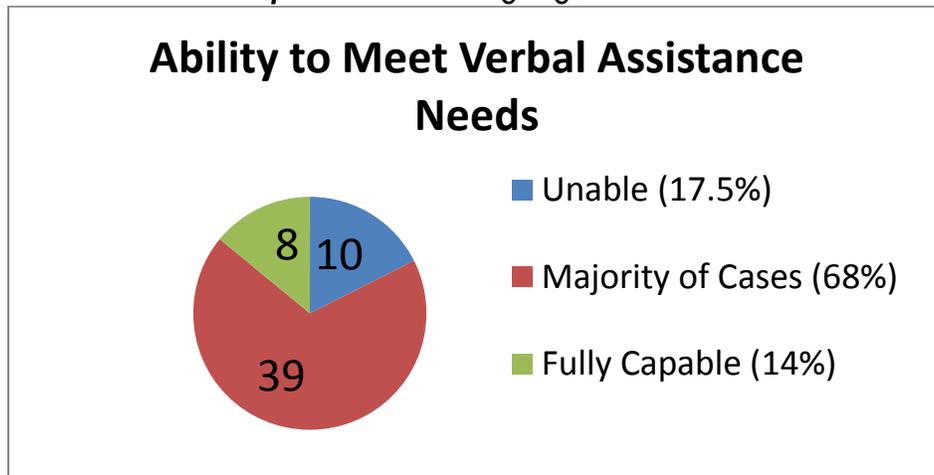


### Verbal Language Assistance

- When asked about their organization’s capacity to address the verbal language needs of their clients, only 14% indicated that their organization was “fully capable” of providing adequate verbal language assistance. A slightly larger proportion (17.5%) reported that they felt that their organizations were “unable” address their clients’ verbal language assistance needs.
- Nearly 70% of those surveyed worked for organizations/programs that they felt were able to address “the majority” of their clients with verbal language assistance needs.



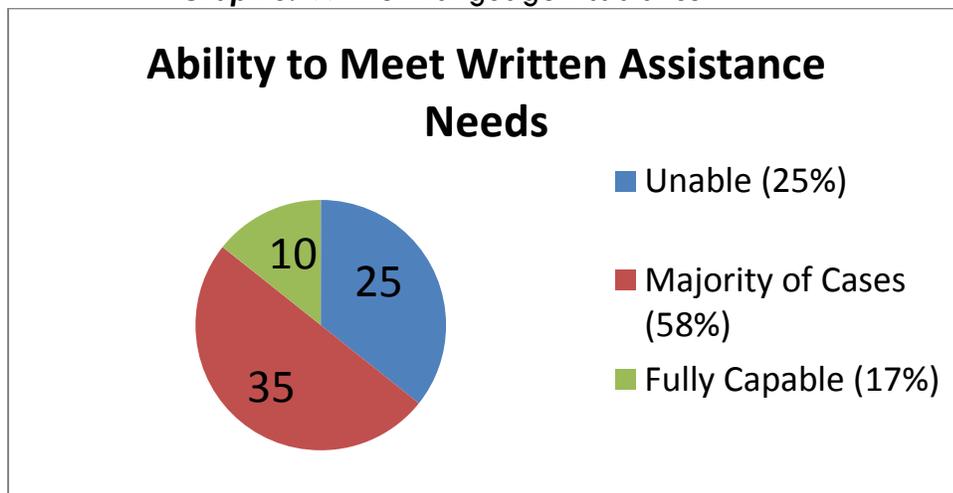
Graph 2: Verbal Language Assistance



### Written Language Assistance

- When surveyed about organizational capacity to provide for written language assistance, 17% indicated that their organization was “fully capable” of assisting “all clients” with written language assistance.
- 25% reported that their organizations were “unable” – in most cases – to provide clients with written language assistance, while the remaining 58% believed that their organizations could provide adequate written language assistance.

Graph 3: Written Language Assistance



## Cultural Competence Training

- 67% reported that their organizations did not provide “ongoing cultural competency training for administration and employees.” When asked why trainings were not offered, the most common responses were “lack of resources to provide adequate training” (11 responses) and “lack of interest by administration” (nine responses). Six respondents indicated that training was not provided due to “lack of interest by employees,” and a further five suggested that cultural competency training is not promoted because such trainings may not actually produce “better outcomes for our clients.”
- 33% reported that their organizations did provide cultural competency training.

**Graph 4:** Cultural Competency Training



## Health Equity Policies

- When asked how their organizations “promote health equity through its policies and practices,” 75% said they were unaware of any specific policy that was relevant to health equity.
- 25% indicated that they were aware of at least one existing policy that addressed health equity.

## *Workforce Diversity*

- 23% responded that the leadership of their organization accurately reflected the sociodemographic, cultural, and linguistic profile of their service population.
- 46% indicated that their organizational leadership did not reflect the demographics of their service population.
- 31% of those surveyed chose not to respond to this question.

## **In-person Interviews**

### *Familiarity with CLAS*

- Ten interviews were conducted with employees from five UDOH programs and three LHDs to obtain further information regarding the online survey. These interviews confirmed that while the majority of interviewees had little to no previous knowledge of CLAS standards, all interviewees were able to identify areas where improved CLAS compliance would facilitate daily work for themselves and others in their programs.
- One interviewee had responded to the survey indicating that they were very familiar with the enhanced CLAS standards and that they were used daily. This individual worked for a program that specifically serves underrepresented communities and underserved populations. According to this person, while CLAS-related policies potentially increased costs and time demands (required, for example, to develop and publish non-English language resources), the quality of the program's outcomes and the increased reach of the program's projects are well worth the investment.

### *Current Status of CLAS Implementation*

- None of the interviewees were aware of any specific CLAS-related written policy within their organization. Two interviewees recalled office discussions and/or staff meeting dialogue regarding either verbal or written language assistance (for example, the need to hire more Spanish-speaking staff or the need to contract a translation agency).
- None of the interviewees felt comfortable with the minimal training that they had received in relation to cultural competency, diversity, transcultural communication, etc. Four of the ten interviewees recalled attending at least one in-person training on one of the aforementioned topics, and only one felt that the training they had received was "helpful." None reported having received training through video, multimedia, or online mediums.

- Since most of the interviewees were unfamiliar with the CLAS standards, most reported very low self-efficacy in being able to identify either best practices or areas of improvement regarding their organizations' compliance (or non-compliance) with CLAS standards.

### Perceived Effectiveness of CLAS Policies

- All ten interviewees agreed that CLAS standards implementation would increase the reach of their programs and/or improve the quality of services made available to the public. Although they agreed with the rationale behind implementing CLAS policies, two interviewees felt that there was very little incentive for investing in large-scale program policy changes because their service populations were reportedly almost exclusively U.S.-born, English-speaking individuals.
- One interviewee who reportedly used CLAS-based practices on a daily basis mentioned that their specific program (with a limited number of employees) was the only program within its respective bureau that consistently acknowledged culturally and linguistically appropriate messaging and outreach. This individual felt that there might be significant barriers to mandating CLAS-related policies that applied to the entire bureau or division due to the diversity of programs and personnel roles within the broader organization.
- Most of the interviewees had never previously worked in any health organizations that operated in accordance with specific CLAS-based policies or practices, and were therefore reluctant to speculate whether or not CLAS policies and practices had noticeable, real-world impacts on their work and the clients they served.

## SUMMARY OF FINDINGS

Overall it was observed that most of the employees who participated in this survey were unfamiliar with the existing CLAS standards. Online survey results confirmed that 73.9% of respondents who worked for UDOH or LHDs had either “not heard of CLAS” prior to being surveyed (44.6%), or indicated that they had heard of the term CLAS before, but didn’t “know what it entails” (29.3%). Only two respondents indicated that they were “very familiar” with CLAS standards and integrated them into their daily course of work. Survey results also indicated that UDOH and LHD employees were equally as likely to be unaware of CLAS standards, suggestive of the likelihood that CLAS issues have not been institutionally promoted in either sector.

The need for practical CLAS implementation tools was also demonstrated by the observation that 64.7% of managers/administrators indicated that they had never heard of CLAS or had no appreciable knowledge of CLAS standards. Only about one-third of respondents in management or administrative roles replied that they had at least a basic understanding of what CLAS standards entail.

## *Recommendations*

- Engage community members in advisory capacities to provide insight into the cultural and linguistic diversity of your program's service areas.
- Conduct formal or informal community assessments to provide important information about language needs and sociocultural barriers that may exist in your service population.
- Some individuals have misinterpreted Utah's declaration of English as the official state language as a reason to reject CLAS implementation efforts. You may not be successful in changing apathetic or unfavorable attitudes toward CLAS standards, but you can help all employees understand that providing non-English language assistance is legally permissible under Utah Title 63G-1, which declares English as Utah's official language, but authorizes agencies to utilize non-English languages when directed by "federal law," or for purposes of "public health."<sup>3,4</sup> It is important for all public health personnel to understand that CLAS standards align with UDOH and LHDs mission to protect and promote the health of ALL Utahns.
- When conducting trainings for cultural competency, transcultural communication, diversity, etc., confer with other agencies that have had positive experiences for recommendations and referrals. Provide the trainer with adequate background information on your organization, personnel, and programming prior to the training and provide the trainer with specific requests, questions, or scenarios that are relevant to your program's real-world needs.
- Conduct meaningful evaluations, based on your expectations of the training, to assess whether or not employees were able to see how increased cultural responsiveness can facilitate their work, and whether or not the training increased employees' awareness, self-efficacy, and likelihood of applying learned concepts in their daily work.
- Conduct an internal CLAS assessment to review existing protocols and policies relating to public outreach/interaction with the purpose of identifying practices or procedures that would be enhanced by aligning with CLAS standards. Employees' performance plans or job descriptions may also be assessed and updated to reflect CLAS compliant tasks and policies.
- Regularly set aside time to discuss one or more of the Enhanced CLAS standards during staff meetings, community advisory committees, governance boards, etc., to increase familiarity with CLAS and continually promote its relevance and benefits.

## SCENARIOS FOR DISCUSSION

### *CLAS-related Training*

A program manager would like to increase employees' awareness of increasing diversity in the service population by hosting a cultural competency training.

*How can a manager ensure that the training will benefit employees?*

*How can a manager evaluate the effectiveness of the training?*

Trainers and trainings should only be arranged after careful consideration which should include reviews of previous trainings conducted and/or curriculum(s) used, as well as professional referrals from other agencies. The manager should gain an understanding of issues, questions, and concerns that employees may have regarding CLAS topics and discuss these concerns with the trainer in advance, and make specific topic requests for the trainer to address. Pre- and post-training quizzes are a popular way to gauge what employees may have learned from a training, but it is perhaps more important to follow-up with employees to determine whether or not they feel empowered and capable of implementing newly learned concepts into their daily work routines. This can be done through post-training surveys, but perhaps more effectively through regular performance reviews, staff meetings, project update meetings, etc.

### *Assessing Policies*

An administrator would like to find out what, if any, CLAS-related policies and practices exist in a particular program in order to increase alignment with CLAS standards.

*How can an administrator initiate a policy review?*

*How can an administrator demonstrate the value of modifying policies to align with CLAS standards?*

Administrators can discuss the policy review with management and employees to explain the rationale behind the assessment and to emphasize that CLAS standards are intended to enhance program outcomes and facilitate workplace effectiveness. All personnel should be encouraged to contribute by openly sharing any challenges, perceived gaps, and potential barriers that they may have experienced during the course of their daily work. By including employees in the process of identifying policy areas of improvement, the administrator can work with employees in improving policies that will enhance the program's capacity to better serve its service population.

### *Addressing CLAS at Work*

A project coordinator perceives that general awareness of the Enhanced CLAS standards is low and would like to increase employees' familiarity with CLAS.

*How can a coordinator introduce CLAS-related topics to employees?*

*How can a coordinator ensure that employees are considering CLAS standards while executing their work duties?*

Staff meetings and project update meetings are great opportunities to educate employees about CLAS standards and to demonstrate their impact on everyday work tasks and ongoing projects. During staff meetings, coordinators can lead brief discussions centered around a specific CLAS standard in order to gauge familiarity, clarify doubts, enhance policies, and inform employees in a group setting that does not single out employees who may not be as familiar with CLAS. More direct CLAS-related discussions can also take place during individual performance evaluations or provided as feedback to employees' monthly progress reports. Coordinators may encourage employees to be more proactive in taking CLAS into account by requesting that employees evaluate ongoing projects and programs and include notes about how CLAS standards are being integrated.

### *Service Population Assessment*

An employee has been tasked with developing a community outreach campaign to encourage residents of adjacent neighborhoods to attend health promotion classes at a local resource center.

*How can an employee utilize CLAS standards to maximize outreach impact?*

*How can an employee gain meaningful insight into the service population?*

The list of Enhanced CLAS standards can be used directly as a metric tool to assess whether or not the outreach campaign takes culturally and linguistically appropriate approaches into consideration. By applying CLAS concepts to both the outreach approach and the curriculum of the health promotion classes, an employee may further enhance their reach and effectiveness. The list of CLAS standards may also offer unique ideas that were not previously considered. No one knows a community better than the members of that community, so it is crucial that an employee gain a general understanding of the demographics and general characteristics of the population intended to be served. Identifying and working with allies within the service population – such as local community-based organizations, cultural specialists, faith-based leaders, and health advocates – is highly recommended as a reliable way to gain credibility and become informed about social dynamics and linguistic, cultural, and spiritual considerations that should be addressed when working with specific service populations.

## EXAMPLES OF CLAS POLICIES AND PROCEDURES

*CLAS Category: Governance, Leadership and Workforce*

Workforce Diversity (Standards 2, 3, 4)	
<p><b>Policy Recommendation:</b> Administrators tasked with recruiting, hiring, and training outreach personnel shall employ due diligence and adequate effort in conducting recruiting and hiring processes that are inclusive of candidates who reflect the demographics and needs of the specific target communities to be served.</p>	
Sample Procedures	Examples of Application
<p>(1) Ensure that job descriptions encourage diverse applicants. (2) Ensure that job descriptions are posted through venues and outlets that are frequented by and accessible to diverse candidates. (3) Solicit guidance from community members and organizations to increase awareness of job openings among diverse communities.</p>	<p>(A) In order to encourage a diverse applicant pool, the Office of Health Disparities disseminates job listings annually for its Outreach Team through multicultural student offices at local colleges, community-based organizations that work with underserved communities, as well as the State of Utah employment website. (B) In 2011, when enlisted to conduct a survey of Pacific Islanders in Utah, the UDOH Survey Center worked with Pacific Islander community members to identify, refer, and screen potential surveyors who were hired to conduct surveys in Samoan and Tongan languages, which greatly enhanced the success of the study.</p>

Community Advisory Boards (Standards 2, 4, 9, 13)
<p><b>Policy Recommendation:</b> Programs that work with diverse and underserved populations shall consult at least one Community Advisory Board (CAB) to obtain insight and guidance regarding initiatives, projects, and campaigns that are currently and/or will be implemented among diverse target populations.</p>



Sample Procedures	Examples of Application
<p>(1) A CAB may consist of between three and fifteen individuals who are members of, or intimately affiliated with, the diverse communities to be served.</p> <p>(2) CAB members should meet as frequently as is feasible and necessary to provide meaningful feedback to program personnel.</p> <p>(3) Existing CABs – such as the UDOH Health Disparities Advisory Council, the Utah Multicultural Commission Health Subcommittee, or OHD Advisory Boards – are intended to serve in advisory roles to enhance program/project planning.</p>	<p>(A) The UDOH Health Disparities Advisory Council (HCAC) was convened in 2012 as an advisory body charged with assisting the UDOH in assessing community health needs and collaborating to eliminate health disparities.</p> <p>(B) In order to maximize the reach and effectiveness of research and intervention projects in African American communities, the Office of Health Disparities partnered with local stakeholders to convene an African American Birth Outcomes Task Force to provide guidance and insight into how best to reach and work with African American communities in Utah.</p>

*CLAS Category: Communication and Language Assistance*

Media and Health Promotion (Standards 5, 8)
<p><b>Policy Recommendation:</b> All materials, resources and media (including video, radio, visual, website, print, and social media) intended for diverse target populations shall be developed to accurately reflect the racial, ethnic, cultural, and linguistic characteristics of the target population.</p>

Sample Procedures	Examples of Application
<p>(1) Community members should be involved in the planning and development of materials and media intended for diverse populations to ensure that messaging is accurate and appropriate.</p> <p>(2) UDOH resources, such as the OHD Translation Toolkit, should be consulted when developing materials for diverse communities and LEP audiences.<sup>1</sup></p>	<p>(A) A Utah County Health Department employee tasked with compiling an educational resource for Pacific Islander communities sought out local Pacific Islander advocacy groups to consult on the booklet’s content, design and dissemination. Special attention was given to include visual elements and photographs that reflected Pacific Islander motifs and individuals.</p>



<sup>1</sup> OHD Translation Toolkit is available at <http://health.utah.gov/disparities/language/TranslationToolkit.pdf>

<p>(3) Any media materials involving visual aids should include depictions, photographs, and graphic motifs that reflect the cultures and peoples of the target community(ies).</p>	<p>(B) The UDOH Tobacco Prevention and Control Program has linked community-based organizations with advertising agencies to develop strategic outreach campaigns intended to be culturally relevant by integrating phrases and photographs that reflected the target populations and would be more likely to resonate than a generic message.</p>
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<p><b>Language Assistance (Standards 5, 7)</b></p>
<p><b>Policy Recommendation:</b> Each program shall ensure that program personnel receive adequate support and assistance in providing language assistance to members of the public with limited English proficiency (LEP).</p>

<p><b>Sample Procedures</b></p>	<p><b>Examples of Application</b></p>
<p>(1) Employees should be aware of language assistance resources and how to access language assistance service providers; (2) Administrators should allocate adequate funding and time to support the language assistance needs of the program.</p>	<p>(A) The Health Clinics of Utah in Salt Lake City proactively increased its ability to offer language assistance by recruiting a bilingual provider and medical assistant in order to better serve the language needs of the adjacent communities of Rose Park and Glendale. (B) In order to respond to the language needs of local communities, most of the LHDs employ bilingual/multicultural staff in their clinics. (C) With the assistance of community members, translators, and interpreters, the UDOH Office of Health Disparities developed the “For Me, For Us” health awareness video in English, Spanish, Samoan, and Tongan languages.</p>



**Communication Needs Assessment (Standards 5, 6, 11)**

**Policy Recommendation:**

Programs shall collect data that indicate the preferred language(s) of clients, participants, and patients that are served.

Sample Procedures	Examples of Application
<p>(1) Projects and campaigns intended to reach diverse communities should include some form of data collection to gauge the language preferences of participants, such as a demographic profile, sign-in sheet, or online survey.</p> <p>(2) Project-specific language data should be compared to Census and other data sources to assess language assistance needs.</p> <p>(3) Language assistance needs data should be used to inform project modifications and outreach approaches to ensure that LEP populations are being adequately served.</p>	<p>(A) The <i>Bridging Communities and Clinics</i> outreach program developed by the UDOH Office of Health Disparities asks the preferred language of all participants, and is available in English and Spanish.</p> <p>(B) The Utah Tobacco Quit Line provides Utah residents with free tobacco cessation coaching in English and Spanish any time over the phone or online, and interpretation services can also be provided in over 100 other languages upon request.</p>

**Frontline LEP Encounter Protocol (Standards 5, 6)**

**Policy Recommendation:**

Programs shall establish formal protocols to be followed by frontline employees in order to determine the needs and provide adequate assistance to members of the public with LEP.

Sample Procedures	Examples of Application
<p>(1) Protocol should include guidance on how to determine the specific language need of the caller/visitor and how and where to refer LEP clients in a timely manner.</p> <p>(2) Protocol should provide frontline employees with phone numbers to transfer LEP clients to an interpretation service provider or other appropriate language assistance provider.</p>	<p>(A) The Utah WIC Local Agency Policy and Procedures Manual contains provisions regarding LEP, including “Training of staff in the use of resources available to serve LEP individuals.” According to one WIC employee, if unable to identify the language of a caller, employees should try to obtain the person’s name and phone number in order to call back with a telephone</p>

<p>(3) Frontline protocol trainings and refresher sessions should take place regularly; language assistance provider contact information and contractor lists should be verified and updated regularly.</p>	<p>interpreting service that can assist with determining the caller’s language, or call back to find out if anyone else in the household can inform the employee which language the caller speaks.                  (B) Most hospital facilities in Utah have posters, brochures, or language identification cards (“I Speak” cards) readily available for employees to utilize when it is unclear what language an LEP individual requires assistance in.</p>
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*CLAS Category: Engagement, Continuous Improvement and Workforce*

<p><b>Demonstration of CLAS Competence by Grantees (Standards 10, 11, 13)</b></p>
<p><b>Policy Recommendation:</b>                  Programs that provide grants or contract sub-contractors shall ensure that grantees and contractors can adequately demonstrate ability to deliver culturally and linguistically appropriate services to diverse communities.</p>

<b>Sample Procedures</b>	<b>Examples of Application</b>
<p>(1) Requests for proposals should take into consideration the demonstrated ability of potential contractors and grantees to provide culturally and linguistically competent services, including,                  (2) Descriptions of previous experience working with diverse communities, and                  (3) Descriptions of language assistance capabilities and CLAS-related trainings received by employees.</p>	<p>(A) U.S. Health &amp; Human Services and US Office of Minority Health recommend that grant proposals for working with diverse communities include a “Background and Experience” section that describes the applicant’s “qualifications, experience, and history ... relative to the provision and coordination of healthcare, social services, disease management, and/or support services for the targeted populations within their respective communities.”</p>



**Community Engagement in Grant/Project Review (Standards 10, 13)**

**Policy Recommendation:**

Programs that provide grants or contract sub-contractors to work with targeted populations shall ensure that representatives of diverse communities are involved in the evaluation and selection of potential grantees.

Sample Procedures	Examples of Application
<p>(1) Qualified individuals from diverse communities should be enlisted to review potential grantees during request for proposal processes.</p> <p>(2) Reviewers from diverse communities should be utilized to gain insight into cultural and linguistic considerations in order to select grantees and contractors with the best qualifications.</p>	<p>(A) The UDOH Office of Health Disparities utilized community-based reviewers to evaluate grant proposals and assist in selecting organizations to serve as satellite sites for outreach to underserved populations.</p> <p>(B) Members of target communities that were served by grantees or contractors can be engaged to provide evaluative insights into the grantee’s effectiveness in working with the target population.</p>

**Ongoing CLAS Reporting (Standards 10, 11, 15)**

**Policy Recommendation:**

All summary reports or publications of program outcomes or progress shall provide meaningful assessment of CLAS-related information.

Sample Procedures	Examples of Application
<p>Program summaries or outcomes reports should:</p> <p>(1) Describe how CLAS considerations were integrated into the project,</p> <p>(2) Highlight considerations given to language needs and cultural considerations, and</p> <p>(3) Outline collaborations with community-based partners such as interpreters, cultural experts, community advisory boards, faith-based communities, etc.</p>	<p>(A) Special attention was given to acknowledging the importance of all community stakeholders and partners who provided cultural and linguistic contributions to the Utah Pacific Islander Health Study 2011, including community members, interpreters, and cultural advisers.</p> <p>(B) The UDOH Office of Health Disparities seeks to regularly inform the public of CLAS-related efforts through its website and blog, press media, social media, and public events and presentations such as training workshops and partnership summits.</p>

**Self-Assessment and Evaluation (Standard 10)**

**Policy Recommendation:**

Programs shall regularly review CLAS policies and procedures in order to assess effectiveness and identify areas of improvement.

Sample Procedures	Examples of Application
<p>(1) Administrators and employees should regularly discuss CLAS-related policies and procedures, their effectiveness, and their impact on daily work duties and program outcomes.</p> <p>(2) Programs should use the 2013 <i>HHS Blueprint for Advancing and Sustaining CLAS Policy and Practice</i> to inform policy evaluation.<sup>2</sup></p> <p>(3) Programs will be able to utilize the ongoing CLAS Assessment Guide (<i>forthcoming publication by the UDOH Office of Health Disparities</i>).</p>	<p>(A) Davis County Health Department has collaborated with the UDOH Office of Health Disparities to conduct a comprehensive assessment of CLAS compliance and policies.</p> <p>(B) Community health centers and local non-profit health care providers have conducted special staff meetings to familiarize employees with CLAS standards and to encourage open dialogue about perceptions and barriers related to cultural and linguistic concerns that have been experienced by employees and patients.</p>

**ACKNOWLEDGMENTS**

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<sup>2</sup> <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>

## REFERENCES

1. Joint Center for Political and Economic Studies. (2009). *The economic burden of health inequalities in the United States*. Washington DC: JCPES
2. United States Department of Health and Human Services. (2014). *CLAS legislation map*. Retrieved from <https://www.thinkculturalhealth.hhs.gov/Content/LegislatingCLAS.asp>
3. US Department of Justice. (2002). Guidance to Federal Financial Recipients regarding Title VI prohibition against national origin discrimination affecting limited English proficient persons. *Federal Register*, 67(117), 41455-41472.
4. Utah Code Title § 63G-1-201, Official State Language. (2011). Utah State Legislature.
5. United States Department of Health and Human Services. (2013). National standards for Culturally and Linguistically Appropriate Services in health and health care. Washington DC: Office of Minority Health.
6. US Census Bureau. (2014). *State and county quick facts*. Retrieved from <http://quickfacts.census.gov/qfd/states/49000.html>
7. COSMOS. (2003). *Developing a self-assessment tool for Culturally and Linguistically Appropriate Services in local public health agencies*. Washington DC: US HHS.

## APPENDIX A

### 2013 Enhanced CLAS Standards<sup>5</sup>

#### 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.



## APPENDIX B

### Title VI of the Civil Rights Act of 1964



**OFFICE  
FOR  
CIVIL RIGHTS**

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U.S. Department of Health  
and Human Services  
200 Independence Avenue, SW.  
H.H.H. Building, Room 509-F  
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## KNOW THE RIGHTS THAT PROTECT US FROM DISCRIMINATION BASED ON RACE, COLOR OR NATIONAL ORIGIN

### What is Title VI?

Title VI of the Civil Rights Act of 1964 (Title VI) is a Federal law that protects persons from discrimination based on their race, color or national origin in programs and activities that receive Federal financial assistance. For example, if you are eligible for Medicaid or other health or human services provided by agencies or organizations that receive Federal government funding, those entities cannot deny you access to their programs or activities because of your race, color or national origin.

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) ensures that entities that receive Federal financial assistance comply with Title VI as well as other civil rights laws.

### Some of the institutions or programs that may receive Federal assistance and be covered by Title VI are:

- Hospitals and health clinics
- Medicaid and Medicare agencies
- Alcohol and drug treatment centers
- Extended care facilities
- Public assistance programs
- Nursing homes
- Adoption agencies
- Day care, mental health and senior citizen centers

### Forms of illegal discrimination

#### A recipient of Federal financial assistance may not, based on race, color or national origin:

- Deny services, financial aid or other benefits provided as a part of health or human services programs.
- Provide a different service, financial aid or other benefit, or provide them in a different manner from those provided to others under the program.
- Segregate or separately treat individuals in any matter related to the receipt of any service, financial aid or other benefit.
- Fail to take reasonable steps to ensure meaningful access by limited English proficient (LEP) persons to the recipient's programs or activities.