

CLAS STANDARDS TOOLKIT FOR LOCAL HEALTH DEPARTMENTS

Resources for Understanding and Implementing the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)

Introduction: What are the CLAS Standards?

[The CLAS Standards are a set of 15 standards](#) based in non-discrimination laws that promote cultural and linguistic access to health and health care. The CLAS Standards are “intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.”

History: In 2000, the U.S. Department of Health and Human Services’ Office of Minority Health (OMH) published the first version of the CLAS Standards, which provided a framework for all health care organizations to best serve the nation’s increasingly diverse communities. In 2013, enhanced and updated CLAS Standards were released. The enhanced CLAS Standards reflect recent advancements, expand the scope, and improve clarity of the Standards to assist with implementation and increase understanding.

Why Adopt and Implement the CLAS Standards?

According to National Center for Cultural Competence at Georgetown University, it is important to provide culturally and linguistically appropriate health and health care services to all persons for the following reasons:

- To respond to current and projected demographic changes in the United States.
- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds.
- To improve the quality of services and primary care outcomes.
- To meet legislative, regulatory and accreditation mandates.
- To gain a competitive edge in the market place.
- To decrease the likelihood of liability/malpractice claims.

CLAS Standards Toolkit for Local Health Departments

These reasons are often called the [social justice, legal, and business cases for adoption and implementation](#) of CLAS Standards in health and health care organizations.

To Whom do the CLAS Standards Apply?

The CLAS Standards are based in civil rights law (e.g., [Title VI of the Civil Rights Act of 1964](#)), and federal directives and acts (e.g., [Executive Order 13166 of 2010](#)). As such, [the CLAS Standards apply](#) to:

- All health or health care organizations receiving any amount of federal funding for its programs, services or activities;
- An entire health or health care organization, even if only one program or unit receives federal funding;
- The entire Connecticut Department of Public Health (DPH) and any human services provider who signs a contract with DPH, because there are nondiscrimination and cultural competence clauses in those contracts.

Providing Meaningful Access to Services and Programs

[CLAS Standards #5-8](#) reflect the legal requirements of federally-funded health care providers to provide “meaningful access” to services, programs and activities for persons with limited English proficiency (LEP).

[“Meaningful access”](#) means:

- Providing signage indicating that LEP persons have the right to language assistance—*at no cost to them*.
- Providing language assistance to people with LEP persons—*at no cost to them*.
- Use of trained/certified interpreters (or staff, or volunteers).
- Providing translation of vital documents.
- Not using children, friends, or family as interpreters.

CLAS Standards Toolkit for Local Health Departments

What are the Largest Language Groups in Connecticut?

Largest non-English Language Groups in Connecticut (top 16 of 38), 2010-2014*			
Language	Number who speak this language	Percentage of non-English speakers who speak this language	Rank in State
Spanish or Spanish Creole	377,238	51.4	1
Polish	37,100	5.1	2
Portuguese or Portuguese Creole	35,901	4.9	3
Italian	34,973	4.8	4
French (incl. Patois, Cajun)	32,963	4.5	5
Chinese	28,762	3.9	6
Other Asian languages	15,555	2.1	7
Other Indo-European languages	14,089	1.9	8
French Creole	14,087	1.9	9
Hindi	12,043	1.6	10
Other Indic languages	11,475	1.6	11
German	10,769	1.5	12
Russian	10,624	1.5	13
Arabic	10,102	1.4	14
Tagalog	9,146	1.3	15
African languages	8,994	1.2	16
Subtotal of these 16 groups**	663,821	90.4	
All Languages	734, 129	100	

CLAS Standards Toolkit for Local Health Departments

*Source: American Community Survey Table B16001: Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over--Universe: Population 5 years and over; 2010-2014 5 year estimates, with summary data, analysis, and comments added by Marijane Mitchell, MS, DPH Epidemiologist 3. Date created 12/8/2015.

** Note: the remaining 22 groups together comprise less than ten per cent of the non-English speakers. 21.6% of CT's population over age 4 speak a language other than English at home. Of the 734, 129 total non-English speakers, 39% or 283,088 persons spoke English less than very well. For persons who spoke English less than very well, both the numbers and percentages varied considerably among the 38 language groups. Ranges: 0 to 156,861 and 0% to 60.7%. Eighty-six percent (33 of the 38 language groups) had twenty percent or more of their group who spoke English less than very well.

[Language Map for the United States](#) (LEP.gov): The Language Map App is an interactive mapping tool that helps users find out the concentration of and languages spoken by LEP individuals in a community (to county level).

[Connecticut State Department of Education: English Language Learners Data Bulletin \(August 2015\)](#)

[CT.gov: Connecticut Open Data: Dominant Languages by School and English Learner \(EL Status\)](#): This spreadsheet is organized alphabetically by school district name with a row appearance for each language represented in the school's survey. This dataset contains the dominant languages reported by Local Education Agencies for students and English Learners during the 2014-15 school year by school.



CLAS Standards Toolkit for Local Health Departments

Legal Background, Federal Legal Guidance for CLAS Standards

[Title VI of the Civil Rights Act of 1964](#)

[Executive Order 13166 of 2000](#)

[Federal Government's Renewed Commitment to Language Access Obligations Under Executive Order 13166](#)

[US DOJ: Common Language Questions, Technical Assistance, and Guidance for Federally Conducted and Federally Assisted Programs](#)

[The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond](#)

[Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#) (Provides guidance on "four factors" analysis)

[Office of Civil Rights: Recent Civil Rights Resolution Agreements & Compliance Reviews](#)

CLAS Standards Resources – Connecticut DPH

[DPH Language Access Policy \(2015\)](#)

[DPH CLAS Standards Baseline Assessment \(10/2014\)](#)

[DPH Policy on Collecting Sociodemographic Data \(9/2008\)](#)

[DPH Health Equity Strategic Plan \(2015\)](#)

[DPH Purchase of Service \(POS\) Contract Language: Cultural Competence and Language Access](#)

[DPH Health Disparities web page](#)

[DPH Office of Health Equity](#)

[Language Needs and Services of Local Health Districts and Community Health Centers: CT Multicultural Health Partnership](#)



CLAS Standards Toolkit for Local Health Departments

CLAS Standards Resources – National

[Enhanced National CLAS Standards](#) (15 Standards and Case for CLAS Standards)

[Think Cultural Health](#) (US DHHS OMH website)

CLAS Standards Training, Guides

[TRAIN-CT: Cultural and Linguistic Standards 101: CLAS 101 \(Course ID: 1058875\)](#)

[TRAIN-CT: Beyond the Right Thing to Do: The Legal Case for CLAS Implementation \(Course ID: 1050761\)](#)

[Guide to Providing Effective Communication and Language Assistance Services \(US DHHS OMH\)](#) Two tracks of the Guide are available: One is tailored to health care administrators; the other is tailored to health care providers (or those providing direct care and services).

[Making CLAS Happen: Six Areas for Action \(MA Department of Health and Human Services\)](#) (see Chapter 6 for Language Access)

[The Cultural and Linguistic Competence Assessment for Disability Organizations \(CLCADO\)](#)

Interpretation Resources: State of Connecticut

[Interpreting Services for Deaf and Hard of Hearing Persons: Department of Rehabilitative Service \(DORS\)](#)

[In-Person Interpretation and Document Translation: State-Approved Vendors \(exp. 4/30/2020\)](#)

[Telephonic Interpretation: State approved Vendors \(exp. 5/31/2020\)](#)

[Video Remote Interpreting \(VRI\) Services and Limited English Proficient \(LEP\) Interpreting Services \(exp. 7/15/2017\)](#)



CLAS Standards Toolkit for Local Health Departments

Language Access Plans

[Federal Agency LEP/Language Access Plans](#)

[US DHHS Language Access Plan](#)

[US CMS: Strategic Language Access Plan \(LAP\) to Improve Access to CMS Federally Conducted Activities By Persons With Limited English Proficiency \(LEP\)](#)

[Language Access Plan, City of Norwalk, CT](#)

Health Literacy Resources

[AHRQ Health Literacy Universal Precautions Toolkit, 2nd edition](#)

[CDC Health Literacy Web Site](#)