

Awareness, Knowledge, Adoption, and Implementation of the National CLAS Standards in Health and Health Care Organizations Evaluation Project

Summary of Key Findings



Overview of Evaluation Project

The purpose of this evaluation project was to understand how health and health care organizations become aware of, gain knowledge about, decide to adopt, and ultimately implement the National CLAS Standards.

Overview of CLAS and the National CLAS Standards

Culturally and linguistically appropriate services (CLAS) are those services that are respectful of and responsive to the cultural and linguistic needs of all individuals. Given the increasing cultural and linguistic diversity of the United States, CLAS is an important way health and health care organizations can improve their provision of services to all individuals, regardless of race, ethnicity, language, socioeconomic status, and other cultural characteristics.

The National CLAS Standards offers organizations a framework for providing CLAS. They were developed by the Office of Minority Health at the U.S. Department of Health and Human Services, who in 2015 sponsored an evaluation project that sought to better understand how organizations use the National CLAS Standards.

Evaluation Methodology & Design

A mixed-methods, case study approach was used to obtain a more in-depth understanding of how health and health care organizations use the National CLAS Standards. The evaluation project consisted of two phases.

	PHASE 1	PHASE 2
Purpose	Describe how health and health care organizations should become aware of, gain knowledge about, and implement the National CLAS Standards	Describe the actual processes of awareness, knowledge acquisition, adoption, and implementation of the National CLAS Standards
Sample	39 CLAS & NCS stakeholders	13 health and health care organizations (6 public health departments, 4 hospitals, 2 ambulatory care centers, and 1 clinic)
Data collection	39 interviews with CLAS and National CLAS Standards stakeholders	43 interviews with leadership at participating health and health care organizations 1,202 staff surveys collected 13 websites reviewed 4 sites visited and observed 30 documents reviewed

Summary of Findings

Phase 1 Findings from NCS and CLAS Stakeholders

- Organizations become **aware** of the National CLAS Standards from government agencies and individuals within organizations tasked with ensuring compliance.
- Leadership support and CLAS champions can **facilitate** the implementation of the National CLAS Standards.
- Lack of resources and guidance on how to interpret and implement the National CLAS Standards are **challenges** to implementing the Standards.
- CLAS activities such as hiring skilled interpreters; training staff; and collecting race, ethnicity, and language data are **costly** to organizations.
- However, it's more **costly not to implement the Standards** because of adverse patient outcomes and the financial burden of errors and inefficiencies that CLAS can reduce.
- Implementing the National CLAS Standards aligns **quality with equity**.

Phase 2 Findings from Participating Organizations

- Staff view the National CLAS Standards positively.
- Most of the staff and leadership who had heard of the National CLAS Standards learned about them from their current place of employment.
- Leadership support is a key factor in an organization's **decision to adopt** the National CLAS Standards.
- Health and health care organizations **implement** the National CLAS Standards by:
 - Providing comprehensive language assistance services to populations
 - Offering specialized training to workforce
 - Completing organizational self-assessments to inform needs and gaps in the provision of CLAS
 - Providing compensation to workforce to complete external training in CLAS-related issues
 - Creating webpages specifically dedicated to an Office of Health Equity or Office of Health Disparities
 - Offering wayfinding signage in languages other than English
 - Referencing the availability of CLAS-related educational opportunities in organizational documents
- Implementation **challenges** include a lack of resources such as time, staffing, and funding.
- Implementation **facilitators** include leadership support, CLAS champions, and a supportive organizational culture.
- Organizational **changes** resulting from implementation include:
 - Increased cultural and linguistic responsiveness to populations served
 - Improved cultural and linguistic competency of staff
 - Increased organizational capacity to provide care
 - Improved patient experience

Outputs

In addition to reports on the Phase I and Phase II findings, the evaluation project resulted in a literature review, a set of actionable implementation recommendations, and 13 organizational summary reports.

A literature review on CLAS and the National CLAS Standards

- The team conducted three literature searches examining the organizational challenges, applicability, and policy implications related to the National CLAS Standards or CLAS, and selected 55 articles for inclusion in the review.
- The [literature review](#) highlights a number of challenges in implementing the National CLAS Standards and/or providing CLAS, including issues related to the communication within health care organizations and the inconsistency of accountability measures.

A set of actionable recommendations for organizational implementation

- The team developed a set of actionable recommendations to help guide organizations in their implementation of the National CLAS Standards.
- The recommendations were developed from the literature review, [the Blueprint](#), and Phase I interview data.

National CLAS Standards summary reports for participating organizations

- The 13 participating organizations each received an individual report that described the organization's activities related to CLAS and the National CLAS Standards and provide a tailored list of actionable recommendations.
- To validate the findings and recommendations, the team followed up with four organizations two months after the organization received its report. Overall, the majority of organizations described the recommendations as useful and had plans to implement several of them.

Conclusion

As a result of this evaluation project, we learned that health and health care organizations provide culturally and linguistically appropriate services and implement the National CLAS Standards in a variety of ways.

Specifically, among the participating organizations we found that:

- The ambulatory care centers invest in the implementation of the Standards by offering interpreters at no cost to the individual and providing training on culturally and linguistically appropriate services.
- The clinic engages their local community in outreach activities and advocates for resources to support implementation.
- The hospitals promote a workforce that is representative of the communities they serve by employing pipeline programs to facilitate diversity recruitment and retention and employing advocates for patient rights.
- The public health departments promote the Standards internally and externally by creating and instituting CLAS-specific organizational plans, providing CLAS-related training opportunities for staff, and publishing community health needs assessments and diversity reports online.

We hope that the findings from this evaluation project are useful to advancing CLAS and the National CLAS Standards implementation efforts as we continue to learn more about how health and health care organizations become aware, learn more about, decide to use, and ultimately implement the National CLAS Standards.

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