A key component of the work underway related to transitioning Ohio’s community mental health and addiction service systems into Recovery-Oriented Systems of Care is the recognition of the need to promote the development of and ensure access to culturally and linguistically appropriate services. According to “National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice,” health equity is the attainment of the highest level of health for all people. Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health (those conditions in which individuals are born, live, learn, work, play, worship, and age), socioeconomic status, education level, and the availability of health services. Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern.

The purpose of the enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards is to provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities. The enhanced National CLAS Standards include 15 Standards, all of which are necessary to advance health equity, improve quality, and help eliminate health care disparities. As important as each individual Standard is, the exclusion of any standard diminishes health professionals’ and organizations’ ability to meet an individual’s health and health care needs in a culturally and linguistically appropriate manner. The Principle Standard is as follows: 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.

What is CLAS?
Culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

CLAS helps take into account:
- Cultural health beliefs
- Preferred languages
- Health literacy levels
- Communication needs

CLAS helps make services:
- Respectful
- Understandable
- Effective
- Equitable

National CLAS Standards
Improve Quality of Services and Care

Health and health care professionals and organizations strive to provide high quality services that meet the needs of all individuals they serve. High quality care and services are those provided respectfully and equitably to all populations served. A commitment to high quality services and care is often reflected in an organization's mission statement or core values.

The U.S. Department of Health and Human Services Office of Minority Health defines culture as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime.

Culture influences health beliefs and practices, as well as health seeking behavior and attitudes. When health and healthcare professionals are aware of culture’s influence on health benefits and practices, they can use this awareness to consider and address issues such as access to care. Cultural and linguistically appropriate services are increasingly recognized as effective in improving the quality of services, increasing patient safety, enhancing effectiveness, and underscoring patient-centeredness.

“Many Americans struggle to achieve good health because the health care and services that are available to them do not adequately address their needs. As our nation becomes increasingly diverse, improving cultural and linguistic competency across public health and our health care system can be one of our most powerful levers for advancing health equity.”

~ J. Nadine Gracia, MD, MSCE, Former Deputy Assistant Secretary for Minority Health

How do health organizations implement the National CLAS Standards?

Governance, Leadership, and Workforce
- Train staff in CLAS
- Recruit a workforce representative of community served
- Create and support a designated CLAS position

Communication and Language Assistance
- Offer comprehensive language assistance services
- Require interpreters’ skills to be certified or assessed
- Use advanced technology for interpretation services

Engagement, Continuous Improvement, and Accountability
- Improve collection of race, ethnicity, and language data
- Conduct organizational assessments
- Incorporate CLAS into mission, vision, and strategic plans

Why do health organizations implement the National CLAS Standards?

There are numerous ethical and practical reasons why providing culturally and linguistically appropriate services in health and health care is necessary, including the following, which have been identified by the National Center for Cultural Competence:
- 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.

Sources: Substance Abuse and Mental Health Services Administration US Department of Health and Human Services Office of Minority Health

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