Meeting the National CLAS Standards: A Crosswalk For Health Centers

To meet the needs of increasingly diverse patient populations, health centers must continually work on providing culturally and linguistically appropriate services. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards), developed by the Department of Health and Human Services (HHS), provide a robust framework for health care organizations to implement services that advance health equity, improve quality, and help eliminate health disparities. The National CLAS Standards were first published in 2000, and then revised in 2013.

Health centers that are funded by the Health Resources and Services Administration (HRSA) as Health Center Program grantees already address some of the National CLAS Standards simply by meeting the program requirements. Many health centers are additionally working towards National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) certification. The NCQA standards also require health care practices to address the cultural and linguistic needs of their patients.

The purpose of this table is to help health centers better understand how and where the Health Center Program and NCQA PCMH Standards align with National CLAS Standards. This crosswalk can help health centers identify where they may already be meeting, or working towards meeting, some of the National CLAS Standards, and where they should prioritize future efforts in providing more culturally and linguistically appropriate services.

The 15 National CLAS Standards are listed in the first column. In the next two columns are the Health Center Program Statute and Regulations, and PCMH Standards and Guidelines that correspond to or support that National CLAS Standard.

Note: This table does not include information from HRSA's Policy Information Notices (PINs) and Program Assistance Letters (PALs), which are issued on an ongoing basis, and may contain additional requirements and recommendations for health center program grantees.

National CLAS STANDARDS	HEALTH CENTER PROGRAM STATUE & REGULATIONS	NCQA PCMH STANDARDS & GUIDELINES
Principle Standard		
National CLAS Standard 1: Provide Effective, Equitable, Understandable, and Respectful Quality Care and Services *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.*	**A health center must provide services that are available and accessible promptly, as appropriate, and in a manner which will assure continuity of service to the residents of the center's catchment area. The center must be operated in a manner calculated to preserve human dignity and to maximize acceptability and effective utilization of services.** *42 CFR Part 51c.303(a)(m)* **In the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals.** *Section 330(k)(3)(K) of the PHS Act* **Requirements of title VI of the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973 apply, which prohibit discrimination on the grounds of race, color, national origin, age, sex, creed, marital status, or handicap.** *42 CFR Part 51c.109*	**Goals for PCMH and Beyond:** **· Primary care clinicians will deliver safe, effective and efficient care that is well coordinated across the medical neighborhood and optimizes the patient experience.** **· Primary care will be the foundation of a high-value health care system that provides whole-person care at the first contact. Everyone in primary care practices—from physicians and advanced practice nurses to medical assistants and frontline staff—should practice to the highest level of their training and license in teams, to support better access, self-care and care coordination.** **· PCMHs will show the entire health care system what patient-centered care looks like: care that is "respectful of and responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions." Individuals and families get help to be actively engaged in their own healthy behaviors and health care, and in decisions about their care.** **· PCMHs will revitalize the "joy of practice" in primary care, making it more appealing and satisfying.** *PCMH Standards and Guidelines Front Matter*
Governance, Leadership and Workforce		
National CLAS Standard 2: Advance and Sustain Governance and Leadership that Promotes CLAS And Health Equity *Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practice, and allocated resources.*	**The health center governing board is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center. The board meets at least once a month, selects the services to be provided by the center, schedules the hours during which such services will be provided, approves the center's annual budget, approves the selection of a director for the center, and, except in the case of a governing board of a public center, establishes general policies for the center.** *Section 330(k)(3)(H) of the PHS Act*	**N/A**

National CLAS Standard 3: Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce *Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.*	**In the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has identified an individual on its staff who is fluent in both that language and in English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.** *Section 330(k)(3)(K) of the PHS Act* **The health center governing board is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center.** *Section 330(k)(3)(H) of the PHS Act*	**N/A**
National CLAS Standard 4: Educate and Train Governance, Leadership, and Workforce In CLAS *Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.*	**N/A**	**Care team members are trained on effective communication with all segments of the patient population, but particularly the vulnerable populations. Training may include information on health literacy or other approaches to addressing communication needs.** *Standard 2, Team-Based Care* • *2D (Practice team)* ○ *2D7 (Training in managing patient populations)*
Communication and Language Assistance		
National CLAS Standard 5: Offer Communication and Language Assistance *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.*	**"Required primary health services" includes services that enable individuals to use the services of the health center including, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals.** *Section 330(A)(2)(b)(1)(A)(iv) of the PHS Act*	**The practice assesses and documents individual and population language needs, and provides third-party interpretation services or multilingual staff to meet those language needs. Communication needs (other than language) and health literacy are also assessed and taken into consideration in comprehensive health assessments and medication management. Health education programs and resources are available in languages other than English, or are available by referral.** *Standard 2, Team-Based Care* • *2C (Culturally and linguistically appropriate services)* ○ *2C3 (Provide interpretation or bilingual services)* *Standard 3, Population Health Management* • *3A (Electronic system to record patient information)* ○ *3A5 (Preferred language)* • *3C (Comprehensive health assessment)* ○ *3C10 (Assessment of health literacy)* *Standard 4, Care Management and Support* • *4C (Medication management)* ○ *4C4 (Assess understanding of medications)* • *4E (Support self-care and shared decision making)* ○ *4E2 (Educational programs and resources for patients)*

National CLAS Standard 6: Inform Individuals of the Availability of Language Assistance *Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.*	**N/A**	**N/A**
National CLAS Standard 7: Ensure the Competence of Individuals Providing Language Assistance *Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*	**"Required primary health services" includes services that enable individuals to use the services of the health center including, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals.** *Section 330(A)(2)(b)(1)(A)(iv) of the PHS Act*	**The practice provides third-party interpretation services or multilingual staff to meet the language needs of its population. Asking a friend or family member to interpret for a patient does not meet the intent of the standard, as patients may be less forthcoming with family members present, and family members may not be familiar with medical terminology.** *Standard 2, Team-Based Care* • *2C (Culturally and linguistically appropriate services)* ○ *2C3 (Provide interpretation or bilingual services)*
National CLAS Standard 8: Provide Easy-to-Understand Materials and Signage *Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.*	**N/A**	**The practice identifies languages spoken by at least 5 percent of its patient population and makes materials available in those languages. Written language preferences are noted in patient health information. Patients with limited English proficiency are provided forms in their native language. Health literacy is assessed and taken into consideration. Health education resources in languages other than English are available. The practice is encouraged to provide information on the role and responsibilities of the medical home in multiple formats to accommodate patient language needs.** *Standard 2, Team-Based Care* • *2B (Informing patient/family of medical home responsibilities)* • *2C (Culturally and linguistically appropriate services)* ○ *2C4 (Printed materials in languages of population)* *Standard 3, Population Health Management* • *3A (Electronic system to record patient information)* ○ *3A5 (Preferred language)* • *3C (Comprehensive health assessment)* ○ *3C10 (Assessment of health literacy)* *Standard 4, Care Management and Support* • *4B (Care planning and self-care support)* ○ *4B5 (Plan provided in writing to patient/family/caregiver)* • *4C (Medication management)* • *4E (Support self-care and shared decision making)* ○ *4E2 (Educational programs and resources for patients)*
Engagement, Continuous Improvement and Accountability		

National CLAS Standard 9: Infuse CLAS Goals, Policies, and Management Accountability Throughout the Organization's Planning and Operations *Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.*	**In the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals.** *Section 330(k)(3)(K) of the PHS Act*	**The practice has policies to assess the cultural and linguistic needs of patients/families, and to provide language access services. Accountability is promoted through the use of various performance measures that can inform service improvement. Performance results are made public.** *Standard 2, Team-Based Care* • *2C (Culturally and linguistically appropriate services)* *Standard 6, Measure Clinical Quality Performance* • *6E (Demonstrate continuous quality improvement)* • *6F (Report performance)*
National CLAS Standard 10: Conduct Organizational Assessments *Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.*	**N/A**	**The practice measures patient/family experiences, and specifically obtains feedback from vulnerable population groups. Clinical quality performance data is stratified for vulnerable populations to assess disparities in care. The practice uses an ongoing quality improvement process to work on and achieve improvements on patient experience measures and care/service disparities.** *Standard 6, Measure Clinical Quality Performance* • *6A (Measure clinical quality performance)* • *6C (Measure patient/family experience)* • *6D (Implement Continuous Quality Improvement)* • *6E (Demonstrate Continuous Quality Improvement)*
National CLAS Standard 11: Collect and Maintain Demographic Data *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.*	**N/A**	**The practice collects patient information on race, ethnicity, language preferences, and other aspects of diversity, and uses this information to assess and improve service delivery.** *Standard 2, Team-Based Care* • *2C (Culturally and linguistically appropriate services)* ○ *2C1 (Assess diversity of population)* ○ *2C2 (Assess language needs of population)* *Standard 3, Population Health Management* • *3A (Electronic system to record patient information)* ○ *3A3 (Race)* ○ *3A4 (Ethnicity)* ○ *3A5 (Preferred language)*
National CLAS Standard 12: Conduct Assessments of Community Health Assets and Needs *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.*	**The health center demonstrates and documents the needs of its target population, updating its service area, when appropriate.** *Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act*	**The practice assesses the diversity and language needs of its population by collecting data directly from patients or from the larger community served by the practice. The practice maintains a current community resource list specific to the needs of the practice's population (such as nutrition, falls prevention, and child care).** *Standard 2, Team-Based Care* • *2C (Culturally and linguistically appropriate services)* ○ *2C1 (Assess diversity of population)* ○ *2C2 (Assess language needs of population)* *Standard 4, Care Management and Support* • *4E (Support self-care and shared decision making)* ○ *4E6 (Current resource list on five topics or community service areas important to patient population)*

National CLAS Standard 13: Partner with the Community *Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*	**The health center governing board is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center. The board selects the services to be provided by the center, schedules the hours during which such services will be provided, approves the center's annual budget, approves the selection of a director for the center, and establishes general policies for the center.** *Section 330(k)(3)(H) of the PHS Act*	**The practice involves patients/families/caregivers in quality improvement activities, and requests feedback from patients/families/caregivers on whether community referrals are sufficient and appropriate.** *Standard 2, Team-Based Care* • *2D (Practice team)* ○ *2D10 (Involve patients/families/caregivers in QI improvement activities or advisory council)* *Standard 4, Care Management and Support* • *4E (Support self-care and shared decision making)* ○ *4E7 (Assess usefulness of identified resources)*
National CLAS Standard 14: Create conflict and grievance resolution processes *Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.*	**The governing board is responsible for development of a process for hearing and resolving patient grievances.** *42 CFR Part 51c.304(d)(3)(iv)*	**N/A**
National CLAS Standard 15: Communicate the Organization's Progress in Implementing and Sustaining CLAS *Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.*	**N/A**	**The practice produces performance data reports on the patient/family experience, including data specifically on vulnerable populations, and shares the results with patients and the general public.** *Standard 6, Measure Clinical Quality Performance* • *6F (Report Performance)* ○ *6F3 (Share clinician and practice performance results publicly)* ○ *6F4 (Share clinician and practice performance results with patients)*

Conclusion

By having met Health Center Program Requirements, health centers are already demonstrating some level of providing culturally and linguistically appropriate services. Those that are additionally working towards, or have already fulfilled, PCMH Standards, are even closer to meeting the National CLAS Standards.

The comparison above shows that the Health Center Program Requirements and the PCMH Standards supports the National CLAS Standards. However, one notable area where both Health Center Program Requirements and PCMH Standards lack guidance is in clearly informing individuals of the availability of language assistance (National CLAS Standard 6). Health centers and PCMHs should work towards ensuring that all individuals are informed of the availability of language assistance services clearly and in their preferred language, verbally and in writing in order to be aligned with the National CLAS Standards.

It is important to note that while Health Center Program Requirements and PCMH Standards are set criteria for compliance and recognition, the National CLAS Standards are meant to serve more as guidelines and an adaptable framework. Health centers that may similarly meet CLAS standards, may implement their services differently to cater to the patients and communities they serve, as mandated by Health Center Program and PCMH requirements. For example, National CLAS Standard 3 states that health centers should "recruit, promote, and support a diverse governance, leadership, and workforce". A health center that has met Health Center Program Requirements may vary in application of this standard as Health Center Program Requirements state that, "In the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has identified an individual on its staff who is fluent in both that language and in English".

For some health centers, with a small number of patients who speak one language other than English, having one bilingual staff person may be enough to fulfill the National CLAS Standard 3. But for a health center serving large populations from multiple language groups, meeting this Health Center Program Requirement may only be the first step to building a diverse workforce. This is just one example of the flexibility that the National CLAS Standards provides for health centers.

As health centers look towards developing more culturally and linguistically appropriate services, they should use the National CLAS Standards as a framework for best practices and to complement the work they are already doing to achieve and maintain PCMH recognition.