



# Making CLAS Happen

*Implementing Culturally and Linguistically  
Appropriate Services (CLAS)*

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# What is CLAS?

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## □ 15 Standards

- *Overarching Principle (Standard 1)*
- *Leadership/Workforce (Standards 2-4)*
- *Language/Communication (Standards 5-8)*
- *Accountability (Standards 9-15)*

## □ Federal guidelines for how to...

- *Provide health services*
- *Run your program*

...in a culturally-competent way

# Why CLAS?

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## What do these standards do?

- ❑ Contribute to the elimination of *health disparities*
- ❑ Help create *culturally-competent* organizations and systems
- ❑ Provide a *framework* for continuous quality improvement (PDSA model)

# Health Disparities: Definition

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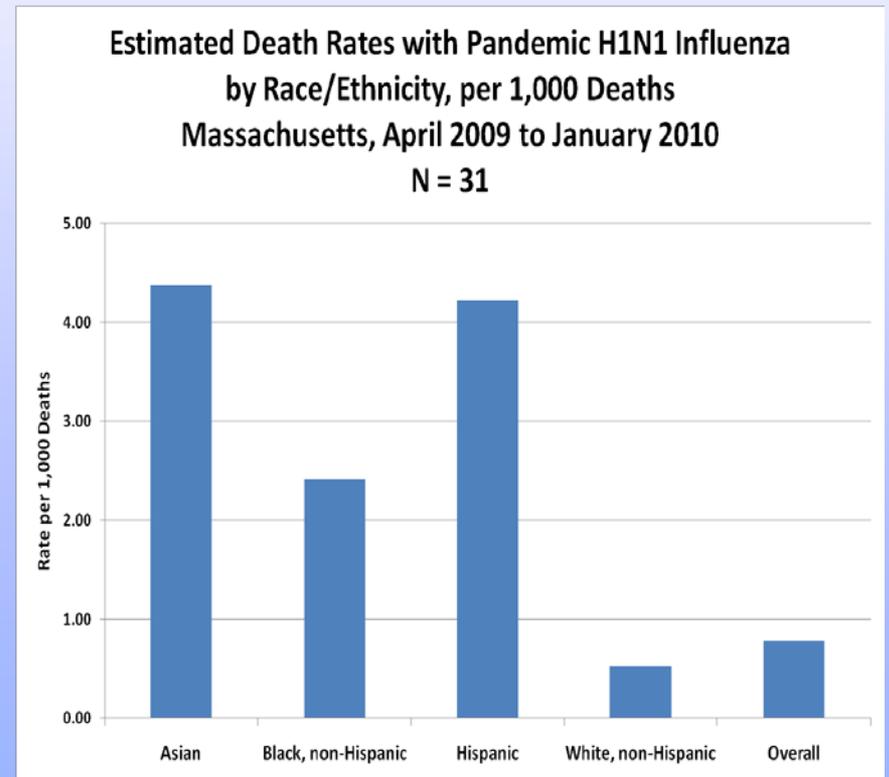
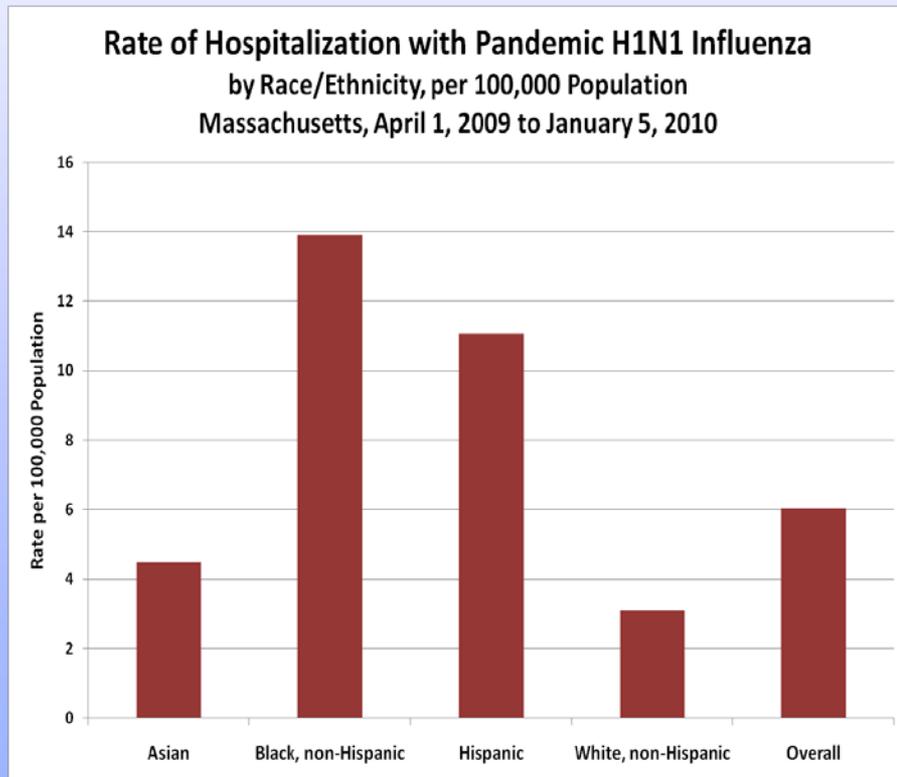
Differences between populations in:

- ❑ Rates of disease
- ❑ Access to health care
- ❑ Use of health care services
- ❑ Health outcomes

***“Health Inequities”*** implies that these differences are unjust and preventable

# Health Disparities: Example

## H1N1 Morbidity and Mortality:



# Health Disparities: Causes

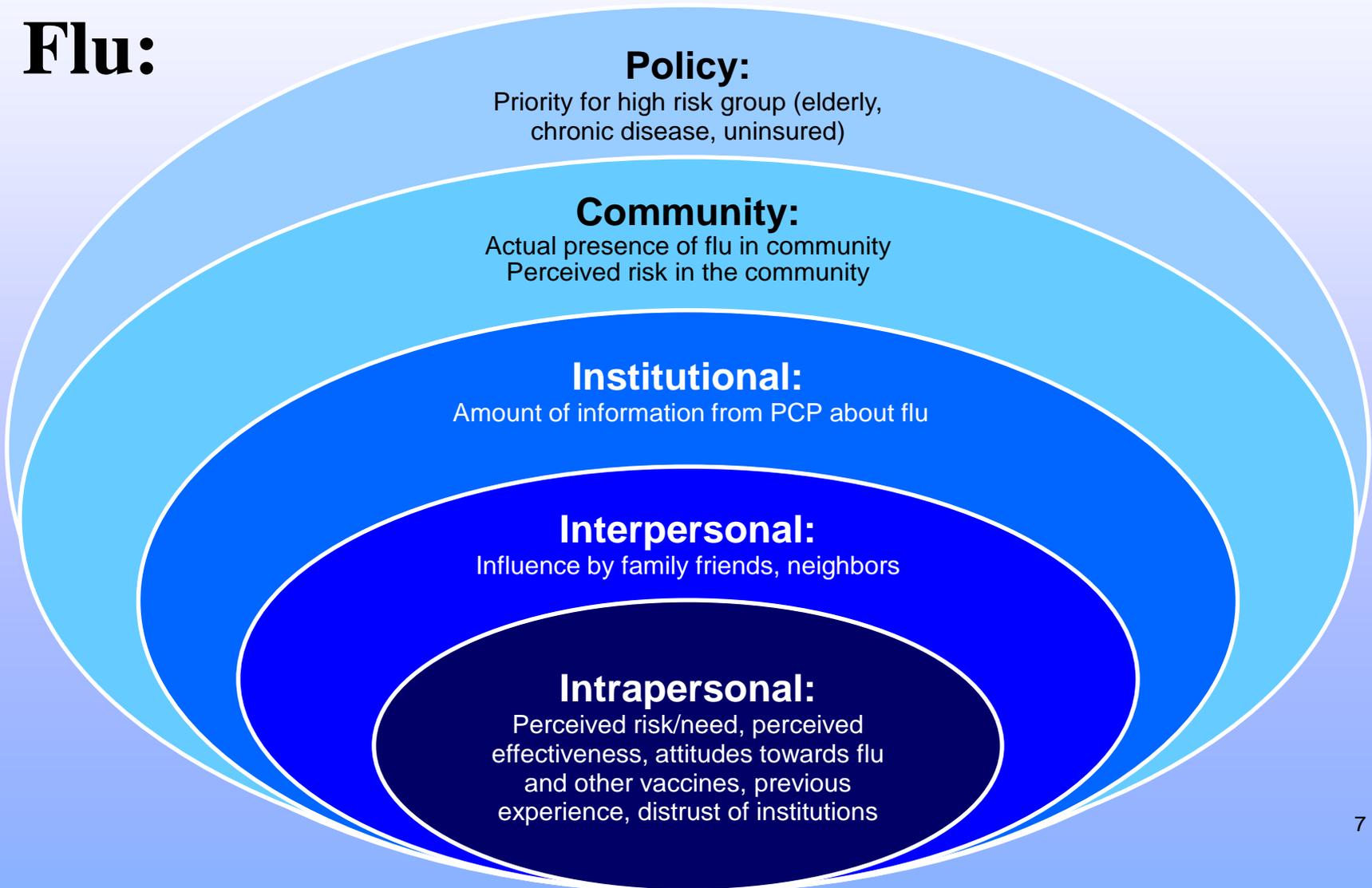
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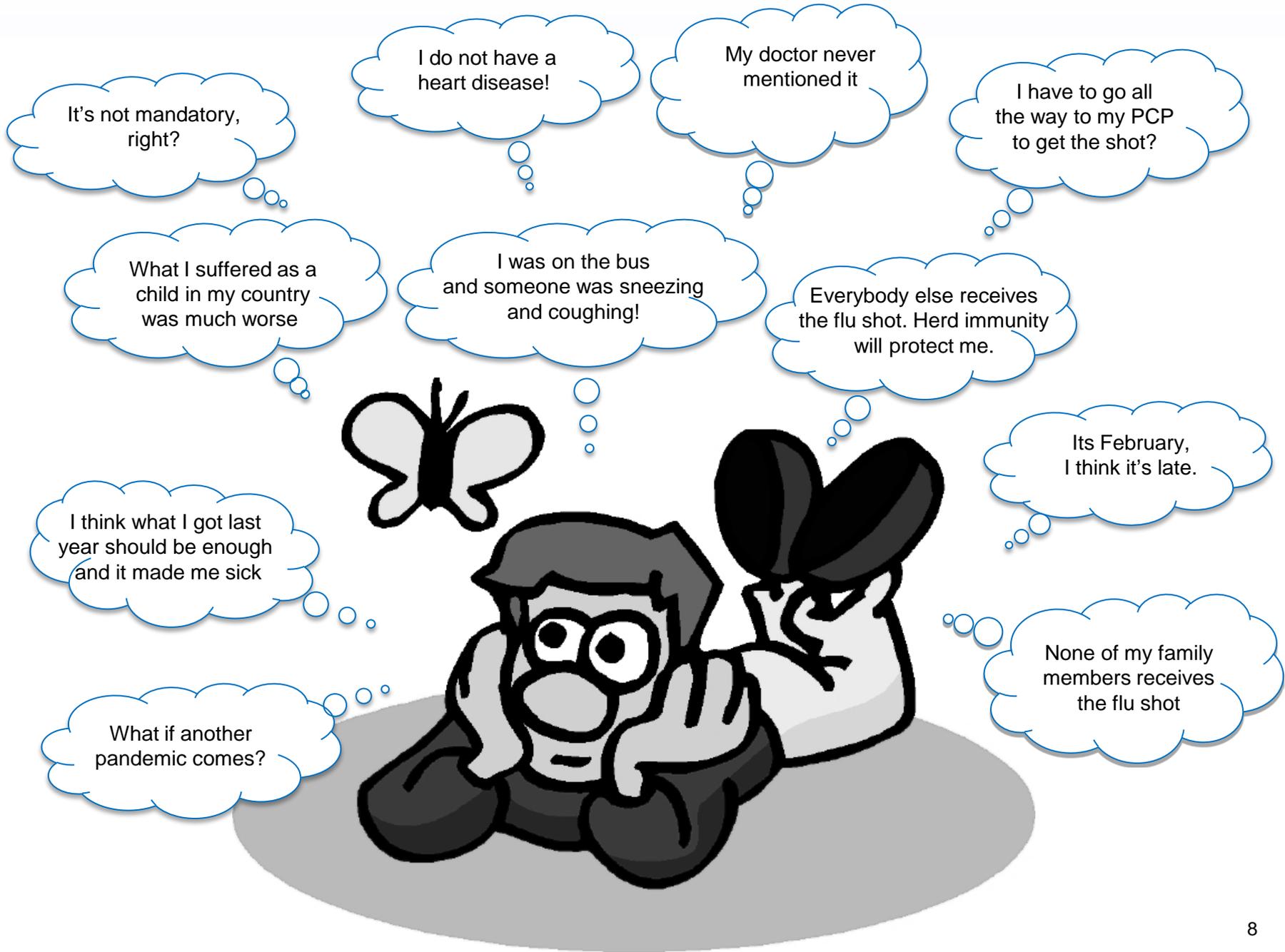
- Social, economic, and environmental factors
- Barriers to getting health care
- Differences in quality of health care
- Lack of health-related information/education
  - Beliefs
  - Lack of Demographic data
  - Language

# Social, economic and environmental Factors

Source: Kumar et al. (2012). *Health Education & Behavior*, 39(2), 229-243.

## Flu:





It's not mandatory, right?

I do not have a heart disease!

My doctor never mentioned it

I have to go all the way to my PCP to get the shot?

What I suffered as a child in my country was much worse

I was on the bus and someone was sneezing and coughing!

Everybody else receives the flu shot. Herd immunity will protect me.

I think what I got last year should be enough and it made me sick

Its February, I think it's late.

What if another pandemic comes?

None of my family members receives the flu shot

# Cultural Competence

*(Adapted from Cross, 1989)*

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**Culture:** patterns of human behavior that include the language, thoughts, customs, beliefs, values of racial, ethnic, religious, or social groups. Cultures are fluid, always changing

**Competence:** capacity to function effectively. Competence has a range, can be seen as levels, stages.

**Cultural competence:** a set of behaviors, attitudes, and policies that come together to enable effective work across cultures

# How is CLAS integrated?

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## Over time...

- CLAS is not a checklist—it is a *framework* for continuous quality improvement (PDSA)
- Implementation of CLAS Standards should be ongoing...integral part of systems
- Most programs are already doing CLAS-related things, such as using interpreters, even if they don't call it CLAS

# Where do you start?

## *Self Assessment Tool*

### *(handout #2)*

1: *CLAS Champion*

2: *The questions*

3: *The workplan*



#### CLAS Self Assessment Tool

The following questions are designed to help programs identify needs and develop a work plan with concrete tasks to address the basic elements of the 14 National CLAS Standards. DPH considers CLAS work to be an ongoing improvement project. Your contract manager will help support your efforts to implement CLAS as part of your contractual expectations, and will monitor continuous improvement based on your program's self assessment and proposed work plan.

Organization Name:  Organization

Address:

City: , State:  Zip:

#### Contact Person for CLAS Implementation

First Name:  Last Name:

Title:

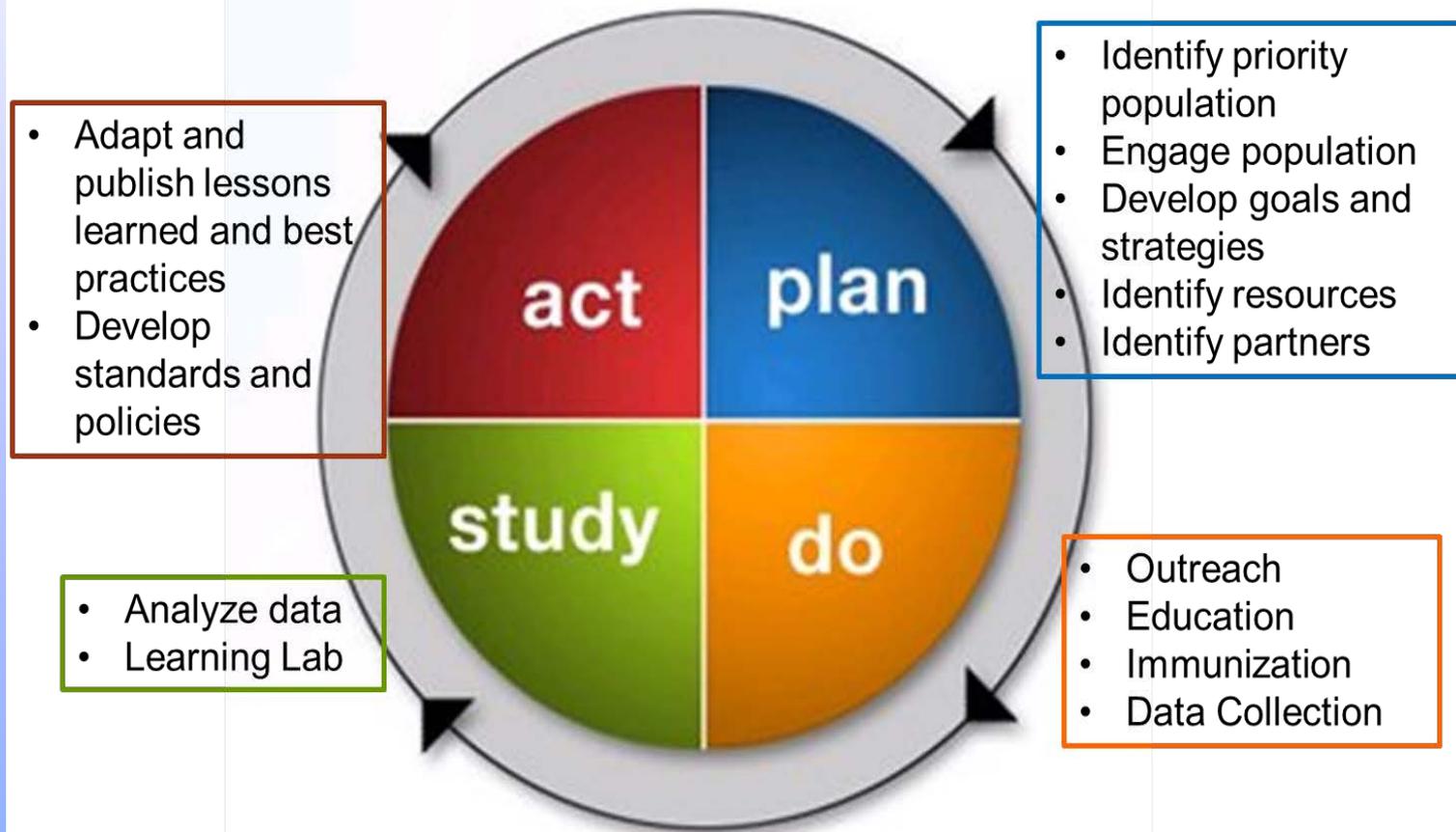
Telephone: (  )  -  E-Mail:

#### Culturally Competent Care

1. Does your program collect client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery? (CLAS Standard 1) Check one.  
 Always  
 Sometimes  
 Our program does not currently collect client satisfaction data to inform CLAS delivery.
2. Does your program recruit, retain, and promote staff that reflects the cultural diversity of the community? (CLAS Standard 2 part A) Check one.  
 Our staff fully reflects the cultural diversity of our community.  
 Our staff partially reflects the cultural diversity of our community.  
 Our program staff does not currently reflect the cultural diversity of our community.
3. Does your program have written policies and procedures that support recruitment, retention, training and promotion practices? (CLAS Standard 2 part B) Check one.  
 All Our staff are aware of / universally trained on them.  
 Not all our staff are aware of / universally trained on them.  
 Our program does not currently have written policies and procedures that support these diversity practices.
4. Do program staff members at all levels and disciplines receive training in culturally and linguistically appropriate service delivery? (CLAS Standard 3) Check ALL that apply.  
 Training is provided to staff as standard part of orientation for new hires at all levels and disciplines.  
 Training is provided at least once a year to staff at all levels and disciplines.  
 Training is provided, but not in a standardized / routine manner.  
 Our program does not currently provide this training.

# Framework: Plan-Do-Study-Act

## Continuous Quality Improvement – PDSA Cycle



# Immunization Equity TA to BoHs

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- Collaboration between DPH's
  - *Bureau of Infectious Disease, Immunization Program*
  - *Office of Planning and Emergency Preparedness*
  - *Office of Health Equity*
  - *Part-time consultant (0.25 FTE)*
- Offers free TA, support and resources to Boards of Health (BoHs) interested in reducing immunization disparities in their communities
- 10 BoHs have volunteered for this project
- Using PDSA and *Flu Vaccine for Everyone!* Guide

# *Flu Vaccine for Everyone! Guide*

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- ❑ Designed to help BoHs and CBOs reach communities that *need flu vaccine the most*
- ❑ Input and case studies from BoHs and CBOs
- ❑ **Past:** focus on seniors and people with chronic health conditions
- ❑ **Today:** recommended for *anyone* over 6 months of age

# *Flu Vaccine for Everyone! Guide*

(cont'd)

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- **New challenge:** to get flu vaccines to *groups traditionally hard to reach...*
  - *racial, ethnic and linguistic (REL) and homeless populations are often isolated with limited access to health information*
  - *the changing diversity of communities—new arrivals, etc.*
  - *understanding where people live and how they receive services*

# *Flu Vaccine for Everyone! Guide*



## Flu Vaccine for Everyone!

A Guide to Reaching and Engaging Diverse Communities

Massachusetts Department of Public Health—Office of Health Equity



September 2011

1. Background
2. Planning Your Outreach Campaign
3. Engaging Your Community:
  - *Faith-Based*
  - *Schools*
  - *Workplaces*
  - *Homeless Populations*
  - *CBOs / Ethnic Groups*
4. Flu Education: Beliefs and Perceptions
5. Spreading Your Message
6. Language and Translation
7. Toolbox

Available through the MA Clearinghouse and on [mass.gov](http://mass.gov)

# Technical Assistance and Support:

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