

# Culturally and Linguistically Appropriate Services (CLAS) Toolkit

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*Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.*

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## Welcome!

Welcome to the Culturally and Linguistically Appropriate Services (CLAS) Toolkit. No matter your familiarity with CLAS Standards or health equity (or anything else!), you are welcome here.

Many of you are already working to ensure your organization provides equitable care and services, and you may not refer to it as ‘culturally and linguistically appropriate services work.’ You might call it health equity or simply focus on finding ways to deliver respectful and responsive care to an individual’s needs. Many of you are already working to ensure your organization provides equitable care and services, and you may not refer to it as ‘culturally and linguistically appropriate services work.’ You might call it health equity or simply focus on finding ways to deliver respectful care that is responsive to an individual’s needs. We designed this toolkit to meet you where you are – whether you are advanced in your practice, have never heard of CLAS before, or anywhere in between.

Improving how your organization applies the national CLAS Standards or addressing health disparities can feel daunting to some. It can involve tough conversations and—sometimes—discomfort when you want to change ‘the way we’ve always done it’ or evolve engrained ways of thinking. And it likely involves change, which can be challenging.

**Don’t let that stop you.** One of the hardest things to do is start, and, given that you’re reading this, you’ve done that. You don’t have to do it alone (in fact, you shouldn’t). You don’t have to change everything at once. **Many valuable resources** are out there to support you, including this toolkit. Stay focused on your goals. Take it one conversation, question, policy, and experiment at a time, and **change will happen.**

## Overview

### What are Culturally and Linguistically Appropriate Services (CLAS)?

Culturally and linguistically appropriate services (CLAS) are health care services tailored to an individual’s culture and language preferences. Providing CLAS will help promote quality care for all individuals, ultimately reducing health disparities and achieving health equity.

CLAS are central to your work with patients/clients. All health care organizations need trusting relationships between staff, providers, and patients/clients to provide the best care. Trusting relationships with patients/clients require CLAS.

There are many ways to provide CLAS to your patients/clients. The U.S. Department of Health and Human Services has established fifteen CLAS Standards to guide your efforts. The first, the Principal Standard, is an umbrella standard that frames the remaining fourteen Standards. If Standards 2-15 are achieved, then Standard 1 is also. Standards 2-15 fall into three themes.

The fifteen CLAS Standards, which are divided into three themes, are found on the next page.

## The CLAS Standards

### Principal Standard

1. 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.

### Governance, Leadership, and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs at no cost to them to facilitate access to all health care services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minor as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. 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.
12. 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 needs diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all affected parties, constituents, and the public.

Applying the CLAS Standards can take many forms. Examples include:

- Providing translated materials and/or interpreter services;
- Incorporating health equity into your organization's mission, vision, and goals;
- Workforce development efforts focused on recruiting and retaining individuals who reflect the communities you serve in race, ethnicity, and/or language;
- Collecting and analyzing data on your clients' or patients' race, ethnicity, and language preferences;
- Engaging members of the communities your organization serves to better understand their needs and
- Anything else your organization does to better serve individuals across different cultural backgrounds and languages

### How ready is my organization to do this work?



To assess **organizational readiness**, consider the following:

- What are our goals and priorities around cultural competency development and health equity?
- What organizational resources (including staff time and funding) can we commit to this work?
- What other organizational priorities might compete with this work?
- How interested are our staff and board in training and strategic planning around this work?
- How willing will we be to measure our current cultural competency and future progress?

To assess **personal readiness**, consider the following:

- Why am I personally interested in this work?
- What are my goals and priorities regarding my personal development?
- How much time per month am I willing to commit to this work?
- How will I engage our staff and board in this work?
- How will I serve as a role model for staff and board members regarding culturally competent and inclusive practices?

Source: The Colorado Trust. (2013). Leadership lessons from listening tours: How community engagement and relationship-building can advance social change. [https://www.coloradotrust.org/wp-content/uploads/2015/03/CT\\_LeadershipBrief\\_FINALv.pdf](https://www.coloradotrust.org/wp-content/uploads/2015/03/CT_LeadershipBrief_FINALv.pdf)

### How to Approach CLAS Work

Providing CLAS is everybody's job. The CLAS Standards cannot be met by one individual's actions alone. Therefore, anyone spearheading efforts to implement or improve CLAS should generate support from others in the organization. While CLAS-related improvements might be led by one or two champions, they are not easily (or effectively) forced on others. **Involve others in your organization as you identify, plan, and implement CLAS-related activities, generating support as you go.**

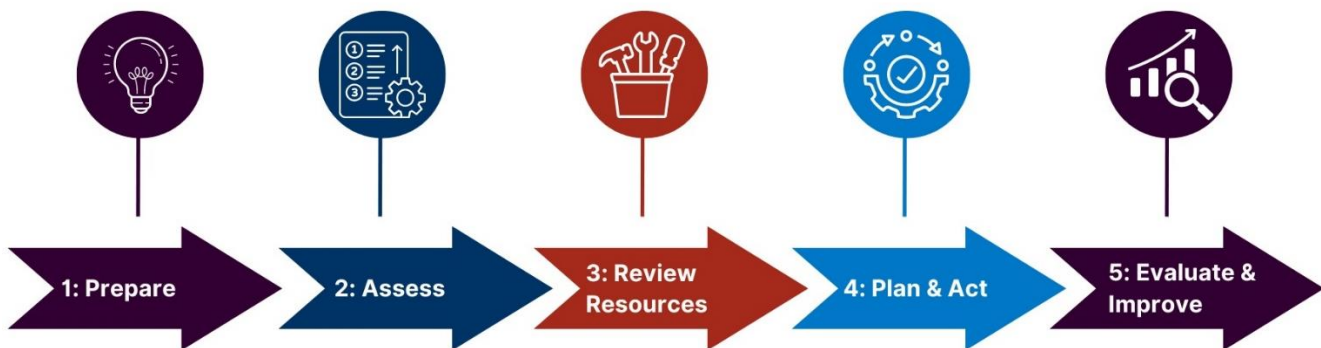
## Objectives of this Toolkit

This toolkit will help you:

1. **Understand the national CLAS Standards** and what they can help your organization accomplish.
2. **Assess** the extent to which your organization applies the CLAS Standards: where you are doing well and where there is room for improvement.
3. **Identify and prioritize** ways to improve your organization's ability to apply the CLAS Standards.
4. **Develop an action plan** to improve how your organization applies the CLAS Standards.
5. **Develop a plan to evaluate and continuously improve** your organization's delivery of CLAS.

## How this Toolkit is Organized

This toolkit is organized into five sections, each describing the steps you will take to improve your organization's skills and practices regarding the CLAS Standards.



### Section 1: Prepare

The CLAS Standards are about improving care for all patients/clients and are rooted in equity. Achieving equitable outcomes requires equity in process. This means any activities to plan, design, or implement activities around the CLAS Standards must also be inclusive and equitable. Understanding the intent behind your organization's efforts to apply the CLAS Standards is an important way to prepare for the work ahead. This section helps you clarify the purpose and intended outcomes of your organization's efforts and ground activities.

### Section 2: Assess

The CLAS Standards are made up of several different skills and practices. Your organization is likely more equipped to apply some more than others. Section 2 focuses on assessing your organization's strengths and weaknesses concerning the fifteen CLAS Standards so you can decide where to begin your efforts. Complete the linked assessment and receive a tailored analysis, along with recommendations on where and how your organization can apply the Standards.

### Section 3: Review Resources

Once you know where to begin your efforts, review the curated resources provided to better understand what your organization can do to better provide CLAS. The resources provided offer various ways to develop your organization's practices to provide more equitable and effective care.

## Section 4: Plan and Act

Section 2 gives you a sense of where you can better practice CLAS. Section 3 helps you understand the skills and practices that will help you deliver CLAS, and Section 4 enables you to access resources to better understand actions you can take. In Section 4, you'll learn how to create an action plan and prioritize activities to implement.



The introduction to the [American Medical Association's 2024-2025 strategic plan](#) to advance health equity shared **five lessons** from their equity work to date:

- **We can mobilize and take action.** Many organizations across the health care ecosystem—health plans, health systems, research, and regulatory agencies—have committed to advancing equity, which creates an opportunity for mutual learning and true partnership.
- **Knowledge, capacity, and the will to do equity work are variable.** Progress is uneven across the health care ecosystem, and change is often unpredictable. Organizational leadership, especially from C-suite leaders, is crucial in championing equity work and building institutional capacity to support equity efforts. We have seen that we can all learn and grow if we create opportunities for development and growth.
- **The nature of institutional equity work goes beyond the technical.** At its core, equity work is about helping people to see and affirm the humanity of all and developing mental models that encourage curiosity and courage. We need to go beyond the technicalities of better data, metrics, structures, systems, and processes into the profound realities and psychology of the more challenging aspects of the work.
- **We must confront dominant/malignant narratives consistently.** The persistent expression of dominant and malignant narratives, including race as biology, individualism, and zero-sum game, retains its power in many aspects of medicine (for an in-depth discussion of these topics, see the AMA Prioritizing Equity webinar series). While opposition to equity work is evident in many parts of the health care ecosystem, equipping people with the history, knowledge, and skill to challenge these narratives is critical for building courage, confidence, and community in doing equity work.
- **We must remain committed to equity.** We cannot provide high-quality medical care without ensuring equitable care. We cannot promote the art and science of medicine and the betterment of public health without prioritizing equity. The AMA's efforts to be a powerful ally to physicians in patient care require us to embed equity throughout our work.

Excerpted from American Medical Association. (2024). Health equity strategic plan 2024-2025. <https://www.ama-assn.org/system/files/ama-equity-strategic-plan-2024-2025.pdf>

## Section 5: Evaluate and Improve

As with most healthcare practices, continuous improvement is essential. Understanding the extent to which you've achieved your goals and where you can do things differently is key. Section 5 will help you create an evaluation plan and target areas to improve as you go forward.

### Additional CLAS Toolkit Resources

- **Quickinars.** This [playlist](#) of five short “quickinar” videos can help you apply key sections of the Toolkit:
  - [Getting Started with the Toolkit](#) (5 minutes)
  - [CLAS Mindsets](#) (8 minutes)
  - [Using the Toolkit Assessment](#) (8 minutes)
  - [Setting Goals for your CLAS Work](#) (5 minutes)
  - [Creating a Workplan that Effectively Guides Your CLAS Work](#) (6 minutes)

- Interviews. This [playlist](#) includes six short interviews (5-10 mins max) with health leaders from across Minnesota working to apply the national CLAS Standards. In these conversations, you'll find insights and advice from leaders in the field.

Learn more about how to launch your CLAS journey with this short, recorded "Quickinar":  
[Getting Started with the Toolkit.](#)



## Section 1: Prepare

### Purpose and Intended Outcomes

Before planning ways to provide or enhance CLAS, it's valuable to ground the work in your **why** (purpose) and **what** (intended outcomes).

First, clarify your why, which is your organization's **purpose** around CLAS. Ask yourselves:

#### Why is our organization doing this work? How is it connected to our values and mission?

Work with your organization's leaders to develop a clear answer to this question. Write it down and remind yourselves of it as you engage. It will be a critical "North Star" when you are "stuck" or unsure what to do next. It'll help clarify your way forward.

Before you move forward, you must identify a clear and shared sense of why you are working to provide CLAS. Without a clear purpose, you will likely spin your wheels or take action that doesn't get you where you want to go.

Next, identify your organization's **intended outcomes**. Ask yourselves:

#### What do we hope to accomplish with our efforts to provide/better provide CLAS?

#### What outcomes do we seek?

#### What will success look like?

Considered together—your organization's purpose and intended outcomes—will provide significant clarity and direction as you begin to take action and help you troubleshoot any challenges.<sup>1</sup>

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<sup>1</sup> Based on *POP: Purpose, Outcomes and Process* from the Robert Gass Social Transformation Project and adapted by [Beth Zemsky](#) MAEd, LICSW.



Check out the short, recorded “Quickinar” accompanying this section: [CLAS Mindsets](#).



## Mindsets Essential to Applying the CLAS Standards<sup>2</sup>

CLAS Standards are about improving care for all patients/clients, which means focusing on respect and responsiveness. **Respect** the whole individual and be **responsive** to their individual health needs and preferences.

The CLAS Standards aim to help reduce disparities and improve equity. **If you want equity in outcomes, you need equity in the process.** Said another way, you can’t expect to improve health equity if you try to address it in inequitable ways.

### Involving Community Members

When you involve community members or others from outside your organization in an advisory group, kick off their involvement with an orientation meeting that focuses on understanding what they need to contribute their best. Listen to what they tell you.

You might offer a draft [advisory group charter](#) outlining the group’s objective(s), how decisions will be made, and roles and responsibilities, and ask for their feedback.



There are several values and principles that can help guide equity work. The four mindsets below are especially relevant in applying the CLAS Standards:



Mindset 1: Seek Collaboration



Mindset 2: Practice Self-Awareness



Mindset 3: Build Relational Trust



Mindset 4: Take Action to Learn



### Mindset 1: Seek Collaboration

Power dynamics are the relationships between people, specifically, how authority and power to make decisions are distributed among them. When applying the CLAS Standards, pay close attention to the relationship between those designing the services and those you are trying to serve with those services; design “with” your patients/clients instead of “for” your patients/clients. The people you are trying to serve are best situated to identify ways your organization can better respect them as whole individuals and be responsive to their individual health needs and preferences.

Ways to Seek Collaboration:

- Actively seek diverse identities, roles, and skill sets in building a CLAS design team.
- Acknowledge and build from team members’ strengths, stories, and skills.
- Define specific conditions for collective learning, risk-taking, and action (i.e., what conditions will help ensure we can best learn together/take risks together/take action together, etc.).
- When framing the question, “How might we...?” ensure that the “we” is diverse and inclusive.

<sup>2</sup> The four mindsets highlighted in this toolkit, and some of the practices associated with each, are from [Liberatory Design](#). Liberatory Design is the result of a collaboration between Tania Anaissie, David Clifford, Susie Wise, and the National Equity Project [Victor Cary and Tom Malarkey]. Attribution-NonCommercial-ShareAlike 3.0 Unported (CC BY-NC-SA 3.0).

- When inviting people from outside the organization to engage, support their participation, for example, through childcare or transportation, and/or compensate them for their time, for instance, with gift cards or small stipends.

### Case Study: Seek Collaboration

An alcohol and drug treatment clinic in northern Minnesota wanted to identify ways to better serve clients, mainly clients from historically marginalized communities. They put together a Client Advisory Panel (CAP) that they could turn to for feedback and advice. Staff put together a draft charter for the group that laid out the group's scope of work, how decisions would be made, and the expectations of group members. They saw the draft as simply a starting point for discussion. Staff then invited current and former clients to join the group, focusing on inviting Black, Latino, and Hispanic clients that reflected the demographics of that area.

The group's draft charter was shared in the recruitment process, and staff invited feedback, asking, *"How could we set this group up to best support your participation?"* One former client suggested supporting group members by providing childcare during meetings and offering transportation to/from meetings, and the clinic agreed. Another client suggested the group allow time at each meeting for members to get to know one another a bit; the clinic added a set of group norms to the charter, which included ensuring there was time to build relationships at every meeting. Another client suggested avoiding jargon and ensuring everyone followed any discussions; this was also included in the group norms.

In establishing the group, the focus was on inviting diverse perspectives and understanding how it could be set up to support their full participation. Starting ideas were offered and then refined based on group member preferences.



### Mindset 2: Practice Self-Awareness

Applying the CLAS Standards will require an awareness of biases—the biases we are aware of, and those we don't even know exist. Practicing self-awareness helps us explore what we think, why, and the impact that has on how we react to and engage with others with greater humility, empathy, and courage.

Ways to Practice Self-Awareness:

- Acknowledge and challenge our assumptions.
- To surface what we don't know, ask: "What is unfamiliar to me in this situation? Why?"
- Ask: "How does my identity—my race, class, gender, or another—intersect with privilege and oppression?"
- Ask: "How might my identity impact people and the process?"
- Seek out new knowledge to expand our awareness and understanding of equity.
- Take the 10-question Implicit Bias Self-Assessment to better understand ways you can mitigate bias in your work.

### Case Study: Practice Self-Awareness

Professionals leading equity work need to understand race and privilege. Workshops, books, podcasts, lectures, and more offer ways to begin practicing self-awareness.

The following is an excerpt from a blog<sup>3</sup> written by one leader, reflecting on a racial equity training she completed that opened her mind in important ways:

“What do you like about being White?”

It was a question I'd never heard asked before. Nor had the few dozen people sitting around me at a North Carolina church.

I attended a two-day workshop facilitated by the North Carolina-based [Racial Equity Institute](#). My workshop participants were a mix of races and professions, with many teachers, police officers, church members, and social change professionals in the room.

Our responses to the question varied. Some answers were mundane – ‘My hair is easier to manage.’ Others were about the fundamentals of race in our society. Power. Authority. Safety. The most common answer was almost an inverse of the question: ‘I like that I don't have to think about it.’

If you don't think much about your race, it's because you're White. Some of the people of color in my workshop were incredulous because they think about race all the time. The privilege of being White and part of the dominant culture is that your experience is considered the norm, which allows you the option of ignoring culture and race. That's not true for everyone.”

While this sort of reflection may not be your first step, find ways to uncover your assumptions and biases. This will help ensure you design services and care that are more respectful and responsive to the cultural and linguistic needs of your patients/clients.



### Mindset 3: Build Relational Trust

Trust is critical among those applying the CLAS Standards, including staff, leadership, patients/clients, and others from your community. Trust is critical among those applying the CLAS Standards, including staff, leadership, patients/clients, and others from your community. Without trusting relationships, your organization's efforts to apply the CLAS Standards will not succeed.

When working across difference on complex challenges, people must invest in each other to develop trust, share openly, and collaborate authentically. All too often, we approach collaboration as “all business,” putting unreasonable time demands on partners and boundaries on our collective work. Ensure your partnerships value—and make space for—things like listening, story sharing, and making sense of things together.

Ways to Build Relational Trust:

- Facilitate personal connection by inviting people to share what matters to them.
- Dedicate time and space for people to bring forward their whole selves and identities.
- Demonstrate the importance of nonjudgmental listening.
- Create space for the community to reflect, express, and process thoughts and emotions.
- Cultivate a culture that invites dialogue and collective sense-making.

<sup>3</sup> Net Impact. (n.d.). *What do you like about being white? Reflections on racial equity*. Net Impact. Retrieved December 4, 2024, from <https://www.netimpact.org/blog/what-do-you-like-about-being-white-reflections-on-racial-equity>

### Case Study: Build Relational Trust

A primary care clinic in the Twin Cities, looking to improve how they served their culturally and linguistically diverse patients, created a 3-year plan with ambitious goals. Johan, the staff member in charge of developing and implementing the work plans to achieve the goals, believed that relationships should be at the center of the work.

While he wanted to run full steam ahead so change could happen now, Johan also believed in the adage that 'change moves at the speed of trust.' He focused on building trust, one conversation at a time, so the changes were well-designed, impactful, and sustainable.

He invited people into the work, meeting with clinic staff and patients one-on-one and in small groups to talk about what they were experiencing and how plans could be improved. He was open to others' perspectives and joined community groups to build bridges between the clinic and community. He held 'office hours' with open invitations for anyone to stop in or call to discuss their thoughts. He was transparent, keeping people updated on the status of the work. And, importantly, Johan was responsive, adjusting plans based on what he heard where he could

Johan found that small experiments often offered reassurance. When he encountered internal resistance to an idea, he often asked, "Under what conditions, if any, could we try this?" Responses to that question would often frame a pilot project, identify questions that needed to be answered or outline a way to build in evaluation and accountability.

Johan built trust in big and small ways, inviting people in and listening to them. Trust grew, and the work was better for it.



### Mindset 4: Take Action to Learn

You might fear making mistakes when designing ways to apply the CLAS Standards. The truth is that this work is complex, and mistakes are inevitable. Don't let that reality paralyze you. Design your way forward through small, low-risk experiments. If you're paying attention, you'll undoubtedly learn something from anything you try, making your next attempt even better.

For example, instead of launching an interpreter program across your organization, pilot it with a small set of providers or a smaller team and then scale it up from there. If you build some sense-making and evaluation into the pilot, you'll learn things from that experience that will make the broader launch all the more successful and effective.

Ways to Take Action to Learn:

- Co-create experiments (with an inclusive "we") designed with learning as the goal.
- Build trust using safe-to-fail experimentation that increases in scale or risk over time.
- Balance quick action with thoughtful reflection.
- Develop a direction or an approach rather than decide on a solution.

### Case Study: Build Relational Trust

A mid-size health clinic in Western Minnesota was experiencing an increase in its Spanish-speaking patient population and realized it needed to offer language services and translated materials. As the Executive Director, Jody, sat down to take the first steps, she was overwhelmed. She had so many questions. What materials should be translated? Who would do the translations? Did medical interpreters differ from other kinds of interpreters? Were there medical interpreters in the community? How would she know if the translations or interpretations were good? It was enough to paralyze even the most determined leader.

Jody decided to make a list of her questions and start finding answers to them, one by one. Within a few weeks, she knew which documents to translate first. She discovered another clinic that had recently translated materials and scheduled a meeting. She found a few people fluent in Spanish who offered to review draft translations for quality.

Slowly but surely, it started to come together. The initial list of to-dos and unknowns was long, but Jody didn't let it overwhelm her. By getting started and taking action, she learned as she went and kept the work moving forward. The moral of the story is all you have to do is start and keep going day by day.

Check out the short, recorded “Quickinar” accompanying this section: [Using the Toolkit Assessment](#).



## Section 2: Assess

Your organization is likely applying the CLAS Standards in some respects. The question is, **where is your organization doing well regarding your CLAS services, and where is there room to improve?** It would be almost impossible for your organization to effectively implement all 15 Standards simultaneously. Assessing and prioritizing your activities will help you focus appropriately and set your organization up for success.

The assessment linked below allows you to:

1. Assess the extent to which your organization applies the CLAS Standards: where you are doing well and where there is room for improvement, and
2. Identify and prioritize ways to improve your organization's ability to apply the CLAS Standards.

Before you submit your results, you'll be asked whether you want to opt in to receive a copy. If you want to see or use the (anonymous) responses of others within your organization or team, respondents must opt-in to receive a copy, as that will be **the only record of responses**.

Once you complete the assessment, you'll be directed to curated resources to help explore your organization's CLAS priorities and develop a focused plan to take action.

[Take the Assessment](#) (Opens in a new window)

### Assessment Tips

If you want to understand the perceptions across your organization or team, instruct those who take the assessment to opt-in to receive a copy of their results. Ask them to:

- Provide a copy of their (anonymous) results to a designated contact who will identify patterns across the team or organization or
- When prompted to opt-in to receive their results, **enter the email of the person reviewing everyone's responses** so they will be sent the (anonymous) copy.

To gauge progress over time, have people retake the assessment after you've done some work to improve your services to see if/how the recommendations shift. Once assessment responses are submitted, they cannot be changed.



## Section 3: Resources

### Making a Case for CLAS

This section guides those interested in taking action to apply the CLAS Standards. Sometimes, before investments can be made or action is taken, a case must be made to generate sufficient support. The U.S. Department of Health and Human Services' [Blueprint for Advancing and Sustaining CLAS Policy and Practice](#) (starting on page 44) provides purpose statements for each national CLAS Standard to contextualize their importance and intent.

### Resources

There are fifteen national CLAS Standards. The first, the Principal Standard, is an umbrella standard, framing the remaining fourteen Standards. If Standards 2-15 are achieved, then Standard 1 is also. Standards 2-15 fall into three themes:

- Theme 1: Governance, Leadership and Workforce (Standards 2-4)
- Theme 2: Communication and Language Assistance (Standards 5-8)
- Theme 3: Engagement, Continuous Improvement and Accountability (Standards 9-15)

#### Principal Standard (1)

Provide equitable, effective, 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.

#### Resources to support Principal Standard 1:

- [See Additional CLAS Resources](#)
- [Health Literacy Universal Precautions Toolkit: Consider Culture](#): A tool from the Agency for Healthcare Research and Quality (2024) that provides tips, actions, and resources on providing care and services that respect an individual's culture.

#### Theme 1: Governance, Leadership and Workforce

Three Standards fall within Theme 1:

**Standard 2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

#### Strategies for Action:

- As part of your strategic plan, set goals to improve organizational diversity, provide culturally competent care, and eliminate disparities in care. (Resource: Institute for Healthcare Improvement (2019), [Improving Health Equity: Make Health Equity a Strategic Priority](#), a guide that describes strategies and lessons learned from eight health care organizations that made health equity a strategic priority.)
- Ensure that the organization's commitment to culturally competent care is reflected in its vision, goals, and mission and couple this with clear goals and an actionable plan for achieving them. (Resource: This short health equity toolkit from the Association of Immunization Managers (2023) shares mission statements from several health organizations focused on advancing health equity.)

- Identify and develop informed and committed champions of cultural competency throughout the organization to focus on providing culturally competent care.

#### How to Identify a CLAS Champion

Champions are allies of CLAS. They do not need to represent a particular culture or speak a specific language.

- Champions will often self-identify with a passion for culturally competent care.
- Seek out those who you think would be good champions.
- Ensure their time is protected.
- Recognize their efforts and give them the support they need to succeed.



**Standard 3:** Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

#### Strategies for Action:

- Build your talent pipeline. (Resource: An article from the American Hospital Association (2023), [4 Ways to Build your Talent Pipeline](#), offers advice and examples of innovative practices.)
- Assess worker well-being and address healthcare worker burnout. (Resource: The American Hospital Association's (2024) publication, [Building A Systemic Well-Being Program: A 5-Step Blueprint](#), can help guide your efforts.)
- Create a mentor program focusing on supporting staff that reflects the community(s) your organization serves. (Resource: [This research article](#) from 2023 outlines a six-step approach to creating a mentorship program.)

**Standard 4:** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

#### Strategies for Action:

- Make diversity awareness and cultural competency training mandatory for all areas of the organization, from new hires to senior leadership, management, staff, and volunteers.

#### Resources to Support Theme 1 Action:

- [Advancing health equity: Key questions for assessing policy, processes, and assumptions:](#) A list of key questions from the Minnesota Department of Health (2018), the answers to which reveal where and how systems and structures perpetuate injustice and opportunities for change.
- [Equity & empowerment lens:](#) A quality improvement tool designed by Multnomah County, Washington (2018), used to improve planning, decision-making, and resource allocation to produce racially equitable policies and programs.
- [Health Equity Leadership:](#) A white paper from The Colorado Trust (2013) that shares strategies and lessons learned from The Colorado Trust's Equality in Health initiative as they developed their organizational cultural competency.
- [Strengthening the Health Care Workforce Toolkit:](#) highlighting strategies and resources to navigate workforce challenges and opportunities.

- [4 Steps to Diversity Your Workforce](#): A 2024 article from the American Hospital Association offers four ways hospitals can diversify their workforces; several recommendations on additional resources are also provided.
- [Podcast: Health Care Transformation Begins With Its People](#): An Advancing Health podcast featuring Kaiser Permanente and Mass General Brigham leaders discussing how their organizations are using innovative workforce approaches used by their organizations (24 minutes).
- [Building a Movement, Transforming Institutions](#): A Guide for Public Health Professionals: A web-based guide from PolicyLink (featuring tools developed after 2010) was developed to support leaders seeking to transform public health institutions by embedding health equity into organizational practices to solve systemic challenges in their neighborhoods and regions.
- [Governance and Leadership Diversity](#): Resources on diversity in governance and leadership from the AHA's Institute for Diversity and Health Equity.
- [Health Equity Transformation Model Literature Overview](#): A document that outlines literature supporting the AHA's Health Equity Transformation Model and its Six Levers of Transformation component. (November 2021)
- [4 Ways to Build Your Talent Pipeline](#): An article from the American Hospital Association (2023), this article offers advice and examples of innovative practices.
- [Leveraging Career Pathway Programs: State Strategies to Combat Health Care Workforce Shortages](#): A 2023 report from the National Conference of State Legislatures that provides information and examples outlining how states are creating a sustainable pipeline of health professionals by highlighting efforts in three types of programs: K-12 programs, community college, and undergraduate programs.

## Theme 2: Communication and Language Assistance

Four Standards fall within Theme 2:

**Standard 5:** 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.

### Strategies for Action:

- Develop a Language Access Plan to ensure staff know what to do when assisting an individual with limited English proficiency. (Resource: Centers for Medicare & Medicaid Services' [Guide to Developing a Language Access Plan](#) offers ways health care providers can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access to their programs.)



**Common Elements of a Language Access Plan**



**Needs Assessment**

- Number of individuals with limited English proficiency
- Points of contact
- Level of interaction
- Engagement of relevant parties



**Language Services**

- Develop policies and procedures
- Interpretation services
- Translation services



**Notices**

- “I speak” cards
- Patient rights
- Taglines
- Signage



**Train**

- Frontline staff
- Providers
- Leadership



**Evaluate**

- Monitor complaints or suggestions
- Keep current on community demographics
- Track utilization

Source: Adapted from CMS Guide to Developing a Language Access Plan

**Standard 6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

**Strategies for Action:**

- Regularly review your organization’s methods of providing notice of language assistance to individuals with limited English proficiency to ensure they are effective.
- Ensure language assistance notices are easy-to-understand below the 8th grade level levels and describe:
  - what communication and language assistance is available,
  - in what languages the assistance is available,
  - to whom they are available and
  - that assistance is provided free of charge to patients/clients.
- Ensure language assistance notices are provided at all points of entry (front desks, waiting rooms, patient portals, etc.).

**Standard 7:** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

**Strategies for Action:**

- Assess the language ability of translators or interpreters deployed in your organization using resources from reputable sources, such as the National Council on Interpreting in Health Care. Consider using role-play scripts to demonstrate proficiency in interpreting.
- Require interpreters to have national certifications, like those offered by the Certification Commission for Healthcare Interpreters and the National Board for Certification of Medical Interpreters.

- Encourage certification for bilingual staff who serve as interpreters by allowing training during work hours, offering pay for off-hours spent in training, providing differential pay for certified staff, or providing financial assistance for training.

The Minnesota Department of Health maintains a [roster of licensed medical interpreters](#). (If you download the roster, you'll be able to see interpreter information such as services provided, availability, service area, and contact information.)



**Standard 8:** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### Strategies for Action:

- Use plain and accessible language and easy-to-fill-out forms.
- Formalize processes for identifying materials needing translation, translating them, and evaluating the quality of the translation with target audiences.

### Resources to Support Theme 2 Action:

- [Language Access Services Assessment and Planning Tool](#): A planning template created by the National Center for Farmworker Health (2020) to help health providers evaluate their current needs for language access services, identify potential resources, and explore implementation options.
- [Plain Language Words](#): A listing of plain words from the Agency on Healthcare Research and Quality's (2024) Health Literacy Universal Precautions toolkit.
- [Guide to Developing a Language Access Plan](#): A resource from the Centers for Medicare & Medicaid Services (2023) that offers ways health care providers can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access.
- [Health Literacy Universal Precautions Toolkit](#): The third edition of this toolkit, published by the Agency for Healthcare Research and Quality (2024), provides evidence-based guidance on how to “make health information easier to understand and act on, make healthcare easier to navigate, and increase support for patients of all health literacy levels.” (A [Quick Start Guide](#) is available)
- [Inventory of resources for standardized demographic and language data collection](#): An inventory of resources, provided by the Center for Medicare and Medicaid Studies (2024), that help health care leaders gain an understanding of the minimum standards for data collection, best practices in implementing standardized data collection; staff training tools and webinars on data collection; and sentinel articles and books that provide in-depth discussion of issues, challenges, recommendations, and best practices in standardized data collection.
- [Language Access Toolkit](#): A toolkit created by Yamhill Community Care (2021) that helps make the case that meaningful language access is essential to increasing health equity and overall health outcomes and serves as a guide to best practices and other information on language assistance services.

- Racial and Ethnicity Data Improvement Toolkit: A toolkit from the Agency for Healthcare Research and Quality (2016) that offers practical tools and guidance to health care leaders interested in improving the quality of their patient race, ethnicity, and primary language (REL) data collection efforts. The following toolkit sections may be of relevance:
  - [The Case for Improving Racial, Equity, and Language Data](#)
  - [Data Improvement Through Education and Training of Hospital Staff](#)
  - [Data Improvement through Data Linkages and Data Validation](#)
- [Advancing Health Equity: A Guide to Language, Narrative, and Concepts](#): This guide from the American Medical Association (2021) offers guidance on language for promoting health equity, how narratives and words (and the power behind them) matter, and key terms, defining key concepts, and—whenever possible—acknowledging debates over definitions and usage.

### Theme 3: Engagement, Continuous Improvement, and Accountability

Seven Standards fall within Theme 3:

**Standard 9:** Establish culturally and linguistically appropriate goals, policies, and management accountability and infuse them throughout the organization's planning and operations.

#### Strategies for Action:

- Set clear and measurable goals for your organization around applying CLAS Standards. (Resource: Section 3 of Health Leads' (2021) [Bringing Light & Heat: A Health Equity Guide for Healthcare Transformation & Accountability](#) shares sample practices that embody the strategic goals that healthcare organizations could pursue.)
- Establish shared accountability mechanisms throughout the organization, [including staff evaluations](#), individuals' satisfaction measures, and quality improvement measures. (Resource: HealthBegins' blog (2022) on [5 Ways to Hold Institutions Accountable for Health Equity](#) offers five mechanisms for health equity accountability.)

**Standard 10:** Establish culturally and linguistically appropriate goals, policies, and management accountability and infuse them throughout the organization's planning and operations.

#### Strategies for Action:

- Build CLAS into your organization's key performance indicators and share progress regularly
- Conduct a staff assessment, including leadership, to determine what's working well and what could be improved (Use [the assessment from this toolkit!](#))
- Host focus groups or conversations with staff and/or patients/clients to better understand assessment results.

**Standard 11:** 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.

**Strategies for Action:**

- Collect—and apply—data on race, ethnicity, and language (REaL). (Resource: The American Hospital Association’s resource, [Addressing Health Care Disparities through Race, Ethnicity, and Language \(REaL\) Data](#), can help guide your data collection efforts, whether beginning or deepening your collection efforts.)
- Ensure key staff are trained in best practices for data storage, analysis (including checks for reliability and validity), and evaluation principles. (Resource: The American Hospital Association’s Institute for Diversity and Health Equity’s (2019) [Collecting the Data: The Nuts and Bolts](#) offers links to relevant publications and details on who should collect data, where, how, and which categories to use.)
- Here is an opportunity to learn more about managing up-to-date demographic data: [Reporting Inclusion Enrollment Data](#) (Resource: The National Institutes of Health-NIH Office of Research on Women’s Health)
- Additional Resources include [We Ask Because We Care Posters/Tent Cards](#) (Resource: Robert Wood Johnson Foundation, Aligning Forces for Quality)

**Standard 12:** 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.

**Strategies for Action:**

- Conduct a community services assessment that identifies community needs, inventories resources available to meet those needs, and spotlights any gaps. This Center for Community Health and Development outline at the University of Kansas can help.
- Partner with a local not-for-profit hospital as part of their Community Health Needs Assessment (CHNA), or—if you’re a hospital leader—reach out to organizations in your community as you begin your CHNA efforts. Under the Affordable Care Act (ACA), not-for-profit hospitals must conduct a CHNA at least once every three years. Hospitals develop and execute an implementation strategy based on the needs revealed by the CHNA, along with a set of performance metrics.

**Standard 13:** Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

**Strategies for Action:**

- Build coalitions with community partners to increase reach and impact in identifying and creating solutions. For example, work on joint steering committees and coalitions; sponsor or participate in health fairs, cultural festivals, and celebrations; and/or offer education and training opportunities.

- Host town hall meetings, community forums, and/or focus groups to better understand community needs and perspectives and learn how to improve the application of the CLAS Standards in your organization.

**Standard 14:** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

**Strategies for Action:**

- Develop a transparent process to address instances of conflict and grievance, which includes follow-up and ensures that the individuals involved are contacted with a resolution and next steps. Ensure the process is shared in multiple languages with patients/clients.
- Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to staff who handle conflicts, complaints, and feedback.
- Obtain feedback via focus groups, community council or town hall meetings, meetings with community leaders, suggestion and comment systems, open houses, and/or listening sessions.

**Standard 15:** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

**Strategies for Action:**

- Host a regular meeting to share the state of your organization's CLAS. Partner with trusted community organizations to plan and host the event. (If possible, offer small stipends to compensate community partners for their time and contributions.) At the meeting, share what you are doing—including any progress made—and ask for feedback from diverse communities on improving it.
- Create advisory boards to consult with community partners on issues affecting diverse populations and how best to serve and reach them.

**Resources to Support Theme 3 Action:**

- **Community Tool Box:** A free online resource that offers tools, examples, and practical resources for those working to improve the health of their community. Of relevance to Theme 3:
  - [Assessing Community Needs & Resources](#): this link offers tools to assess community needs, including an outline of activities, online resources, and case studies.
  - [Transforming Conflicts in Diverse Communities](#): information and resources on how to resolve conflict and use it to build the capacity of groups and alliances working towards health equity.
- [Coalition Building and Partnerships for Health Equity](#): A printable listing of health equity resources related to building health equity coalitions and partnerships from PolicyLink.
- [Guide for Developing a Community-Based Patient Safety Council](#) (2008): A step-by-step guide and resources for developing patient advisory councils.
- [HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status](#): Guidance from the U.S. Department of Health and Human

Services on implementing the Data Collection Standards found in Section 4302 of the Affordable Care Act.

- [Addressing Health Care Disparities through Race, Ethnicity, and Language \(REaL\) Data](#): This guide from the AHA’s Institute for Diversity and Health Equity (2020) provides an FAQ on REaL data and an appendix with linked resources.
- [AHA Disparities Toolkit](#) (2015): This toolkit is designed to educate and inform healthcare staff about the importance of data collection, how to implement a framework to collect race, ethnicity, and primary language data, and ultimately how to use REaL data to improve quality of care for all populations.
- [Think Cultural Health](#): A website sponsored by the Office of Minority Health features information, continuing education opportunities, resources, and more for health and health care professionals to learn about culturally and linguistically appropriate services, or CLAS.

### Additional CLAS Resources

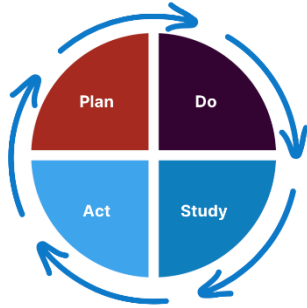
- [National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care Compendium of State-Sponsored National CLAS Standards Implementation Activities](#): A report from the Office of Minority Health (part of the U.S. Department of Health and Human Services) that compiles examples of CLAS Standards implementation efforts undertaken by state agencies.
- [Quality Improvement Basics](#): An online course from Stratis Health course designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities.
- [Culture Care Connection](#): An online learning and resource center developed by Stratis Health, aimed at supporting health care clinicians, staff, and leaders in their ongoing efforts to address health care disparities.
- [A Blueprint for Advancing and Sustaining CLAS Policy and Practice](#): A comprehensive CLAS guide from the Office of Minority Health, U.S. Department of Health and Human Services, released in 2013, detailing the National CLAS Standards and providing rationale, strategies for action and resources by Standards.
  - [CLAS Implementation Tips](#): A subset of strategies from the ‘Blueprint’ (cited above) that apply the CLAS Standards released by the Great Plain Quality Improvement Network.
- [Health Equity Resources](#): A listing of health equity resources from PolicyLink.
- [Health Equity Guide](#): Developed by Human Impact Partners and updated in 2024, the Health Equity Guide is a comprehensive resource for public health departments and practitioners to plan and implement health equity and racial justice work. It offers 15 strategic practices, organized using a cyclical gardening framework, to illustrate how each mutually supports health equity goals.
- [Achieving Health Equity: A Guide for Health Care Organizations](#): A white paper from the Institute for Healthcare Improvement (2016) that presents a framework for health care organizations to improve health equity in the communities they serve, guidance for measuring health equity, a case study, and a self-assessment tool.
- [CHW Introduction to CLAS Standards](#) (2022-24): An online course from the University of North Texas: Health Science Center at Fort Worth that introduces the CLAS Standards.

Check out the short, recorded “Quickinar” accompanying this section: [Setting Goals for Your CLAS Work](#).



## Section 4: Develop a Plan and Take Action

By now, you should know where your organization can improve its application of the CLAS Standards (Section 2) and ideas of how you might do that (Section 3). The next step is to set some goals for your CLAS work and take action.



As you go about your CLAS activities, you might consider the **Plan-Do-Study-Act (PDSA)** cycle as a guide for your work. PDSA helps teams help teams plan, conduct, analyze, and monitor the progress of an effort. Used primarily in quality improvement (QI) activities, PDSA can guide any effort—including your organization’s CLAS activities—where you are trying new things that you want to monitor and improve as you go.

### Why do we need to plan?

As the saying goes, “If you fail to plan, you plan to fail.” Planning helps leaders align around intentions and agree on action steps, ensuring role clarity, clear lines of responsibility, and sufficient resources to get the work done well.

### How do we plan?

The first step is to understand what sort of impact you are after. Three questions can guide your initial planning:

#### 1. What is your goal?

Develop a set of goals around your efforts to apply the CLAS standards. (We recommend three, but no more than five. In determining how many goals to have, consider the bandwidth of staff. (And be honest in your assessment!) While it’s challenging to **balance urgency and patience** in applying the CLAS standards, if you have too many goals or spread resources (time, money, energy, etc.) too thin, you risk falling short on all of them. Focusing your resources ensures the best chance of success.

[Worksheet 1](#) serves as a guide to creating well-constructed SMARTIE goals. SMARTIE stands for specific, measurable, attainable, relevant, time-bound, inclusive, and equitable. SMARTIE goals help clarify key elements of your approach to guide the work effectively.

#### 2. What impact do you want to have?

Know what you are trying to accomplish and ensure that understanding is shared by those involved. Your organization’s CLAS assessment results from Section II might help to articulate your desired impact.

For example, imagine an organization’s goal is to create a forum to share CLAS-related progress and stay accountable to the community so they begin hosting an annual community fair. As the planning unfolds, there are likely to be several “good ideas” offered to include as part of the fair.

Keeping the goal front and center provides a check on those ideas—in this case, “Does this help us share our progress and stay accountable on our CLAS-related progress?”—so activities can stay focused and drive towards your goals.

The SMARTIE format prompts you to identify the specific impact you are trying to achieve.

### 3. What measures or data will help you assess the extent to which you are on target to have your desired impact?

As you begin your work, you want to know which data or metrics can help you see if you're having the impact you want to have.

Oftentimes, there is baseline data you will want to collect so you can monitor any shifts. For example, suppose your goal is to have a staff that better represents your patient population. In that case, you need to know both the starting racial and cultural composition of your staff and your patients so you can see how those measures are impacted (or not) by your activities.

Data to inform CLAS-related measures might include:

- Patient or staff demographic data
- Patient or staff survey or focus group results (these don't have to be large-scale or formal; even small-scale surveys, focus groups, or information conversations can yield valuable insights)
- Hiring data
- Number of translated materials
- Number of patient visits with an interpreter present
- Number of CLAS-related training
- Measures of cultural responsiveness (i.e., [Intercultural Development Inventory](#) results, etc.)

Other ideas for measures can be found in the [National CLAS Standards Toolkit](#) (2018) from the Office of Minority Health, which shares a comprehensive framework and resources for evaluating CLAS efforts.

In some situations, the impact you want to have will take time to fully realize. For example, say an organization aims to increase the number of staff from the local Hispanic or Latino/Latina community by 10% over five years.

As you assemble your CLAS workgroup, include people skilled at building relationships and connecting authentically with others. They are vital to the work.



Leaders in that organization don't have to wait five years to know if they achieved their goal. There are short-term measures that can help them gauge whether they are on the right track. Imagine the clinic hosts quarterly job fairs in select neighborhoods, and the feedback from those in attendance is that the job fairs are done well. Applications from Hispanic or Latino/Latina candidates might even increase. Those things would be early indicators that the clinic is on the right track, even though the percentage of Hispanic or Latino/Latina staff doesn't immediately shift.

The SMARTIE format prompts you to consider appropriate measures, including interim ones, when establishing your goal.



Check out the short, recorded “Quickinar” accompanying this section: [Creating a Workplan That Effectively Guides Your CLAS Work](#).



### Who should be involved in planning?

Section One highlighted the importance of embedding equity in your process. **If you want equity in outcomes, you need equity in the process.**

One of the most important ways to build equity into your process is to **include the voices of those impacted by your work**. Applying the CLAS standards often means engaging diverse staff and patient/client perspectives and acting on what they tell you.

You could, for example, include patients in your CLAS workgroup or host focus groups to find out what patients and staff think. The idea is to cultivate relationships with the people impacted by your work so you can **understand what works for them and what doesn’t and then act on what you learn**.

This might take time. Improving your organization’s application of CLAS standards and addressing health equity requires being in trusting relationships with people who have been historically marginalized and may have experiences different from your own.



#### The value of small experiments

As you plan your work, consider small, low-risk experiments. These might be pilot projects. Ask, “Could we try this for three months and then evaluate our experience?” Try something organization-wide right out of the gate, and test it with one workgroup or division. Small experiments can often persuade those hesitant to try something new.

### Taking Action

Once you have identified a set of goals aimed at helping your organization apply the CLAS standards, you need to decide how you’ll bring those goals to life – the activities and tasks that will help you achieve what you’ve set out to do.

[Worksheet 2](#) provides a work plan template for your goals that highlights the following:

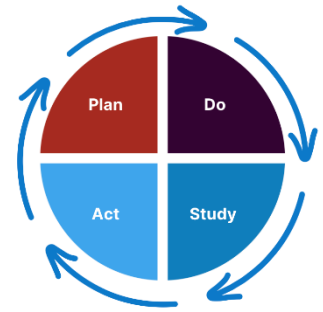
- The activities to be completed
- Who is accountable for and who is assigned each activity
- Due dates
- Additional resources needed
- The status of each activity
- Evaluation plans.

## Section 5: Evaluate and Improve

Once you have set some goals and taken action, you'll want to see how things are going and adjust your approach as needed.

In CLAS-related efforts, the “Study” and “Act” steps of the PDSA cycle prompt leaders to:

- Reflect on what's been done to date and, if appropriate, analyze the data
- Explore new patterns, surprises, successes, and failures
- Determine if the activities or initiative resulted in the expected outcome (or are, at least, headed in that direction)
- Identify and respond to any lessons learned



If a grant funds your activities, the funder may have specific evaluation requirements, so watch for those. In addition, suitable evaluation measures can help you demonstrate your impact, which can help with your case for additional funding or help your organization stay accountable to key partners (e.g., sharing measures at a community health fair).

### How can we evaluate and improve our activities?

Evaluating your efforts to apply the CLAS standards doesn't have to be resource-intensive. They can simply be conversations among staff that explore questions like:

- In general, what do we notice about this effort?
- What, if anything, has surprised us?
- What is the same as when we started, and what is different?
- What do we wonder, or what questions do we hold about this work?
- Given this, what changes might we consider to improve our chances for positive impact?

If you have data to aid in your reflection, analyze it to see what, if any, patterns emerge and what insight it can lend to changes that might be needed. If you are new to data collection, the [Stratis Health Quality Improvement \(QI\) Basics](#) Data to Support QI training module shares information on data basics, collection, monitoring, and analysis. In addition, the [Evaluation of the National CLAS Standards Toolkit](#) is a comprehensive guide from the Office of Minority Health (2018) that helps health organizations across various care settings evaluate the application of the CLAS Standards.

### How often should we evaluate our approach?

How often you evaluate your activities will depend on the context of what you are doing. If you are trying something new, which may carry more risk or require significant investment (i.e., staff time, money, etc.), or are unsure if your beginning assumptions were correct, more frequent evaluation may be warranted.

For example, suppose you are implementing a new quality or certification program for translators. In that case, you may want to check results with patients early on, perhaps by asking them if the new standards result in better translations supporting their health. In this case, if you waited a year before checking the quality of the translations only to find they were of poor quality, you'd have a bigger fix on your hands.

**Additional Quality Improvement Resources**

- [Quality Improvement \(QI\) Basics](#): Free tools and training modules from Stratis Health that can be reviewed sequentially or individually to equip health care professionals with the knowledge and tools to start quality improvement projects.
- [Basics of Quality Improvement](#): A webpage hosted by the American Academy of Family Physicians that provides QI basics and links to additional resources.
- [Ways to Improve the Quality Improvement Process](#): A chapter in the Ambulatory Care Improvement Guide (2017) from the Agency on Healthcare Research and Quality provides an overview of QI and shares well-known models, tools, and techniques.
- [Quality Improvement Essentials Toolkit](#): A downloadable quality improvement toolkit from the Institute for Healthcare Improvement that provides ten QI tools to launch and manage QI projects, each with instructions, examples, and templates.

**Case Study: Goal Setting and Evaluation**

Michelle is the social worker at a mental health counseling center in a mid-size city in southwest Minnesota. Recently, many individuals from Latin American countries have moved to the city. Michelle feels unprepared to serve these individuals in a culturally and linguistically appropriate way.

What language(s) do they speak? What experiences do they bring? How do they think about mental health? Are we set up to meet their needs? She wants to learn more about the changing demographics in the area, and the clinic will need additional training to serve this newer population well.

Michelle seeks support from the center’s Executive Director, Richard, asking him if, as a first step, he would support a small needs assessment focused on the city’s newest arrivals. Richard agrees and recruits representatives from the local hospital, city health department, county human services, and local nonprofits to join a small, cross-organizational planning team. **The group agrees on the following goal:**

**By December of 2026, host a culturally respectful health fair that hosts at least 30 of the city’s newest residents from Latin America to better understand their health care needs, preferences, and perspectives and invite their questions.**

This goal prompted the following evaluation measures and methods:

Measure	How data will be collected
1. Number of health fair participants from Latin American countries	Sign-in sheet at health fair welcome table
2. Number of participants who reported they felt welcome at the health fair, found the information easy to understand, learned something helpful	Survey (translated) at the closing of the health fair asking those three questions
3. Number of participant questions fielded during or following the session	Staff/interpreter estimate of the number of questions they were asked during the fair

This project is funded by the Minnesota Department of Human Services.