



State and Organizational Policy for Workforce Diversity and Inclusion in the Pacific Southwest Region

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The Role of CLAS Standards in Workforce Diversity & Inclusion Policy

Overview of CLC and National CLAS Standards

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). There are numerous ethical and practical reasons why providing culturally and linguistically appropriate services in health and health care is necessary (Cohen & Goode, 1999). These reasons fall into two frequently cited overarching philosophies: one pertains to social justice and the other pertains to standards of business. The social justice philosophy emphasizes diversity and improving services for underserved populations, while the standards of business philosophy focuses on strengthening business practices and business development (Diamond, Wilson-Stronks, & Jacobs, 2010; Joint Commission, 2010; Kairys & Like, 2006).

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) promote health equity. The CLAS standards serve as the guiding framework for this workforce diversity and inclusion policy assessment. The focus of this assessment is CLAS-driven, state-level legislation and federal mandates. Collectively, this legislation informs organizational workforce diversity and inclusion policies and practices in the Pacific Southwest region. Specifically, ***this assessment identifies efforts to advance and sustain organizational governance and leadership that promotes CLAS and health equity*** (CLAS Standard 2, Governance, Leadership and Workforce). These efforts are intended to:

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

Promoting CLAS and Health Equity Through Policy, Practices, and Allocated Resources

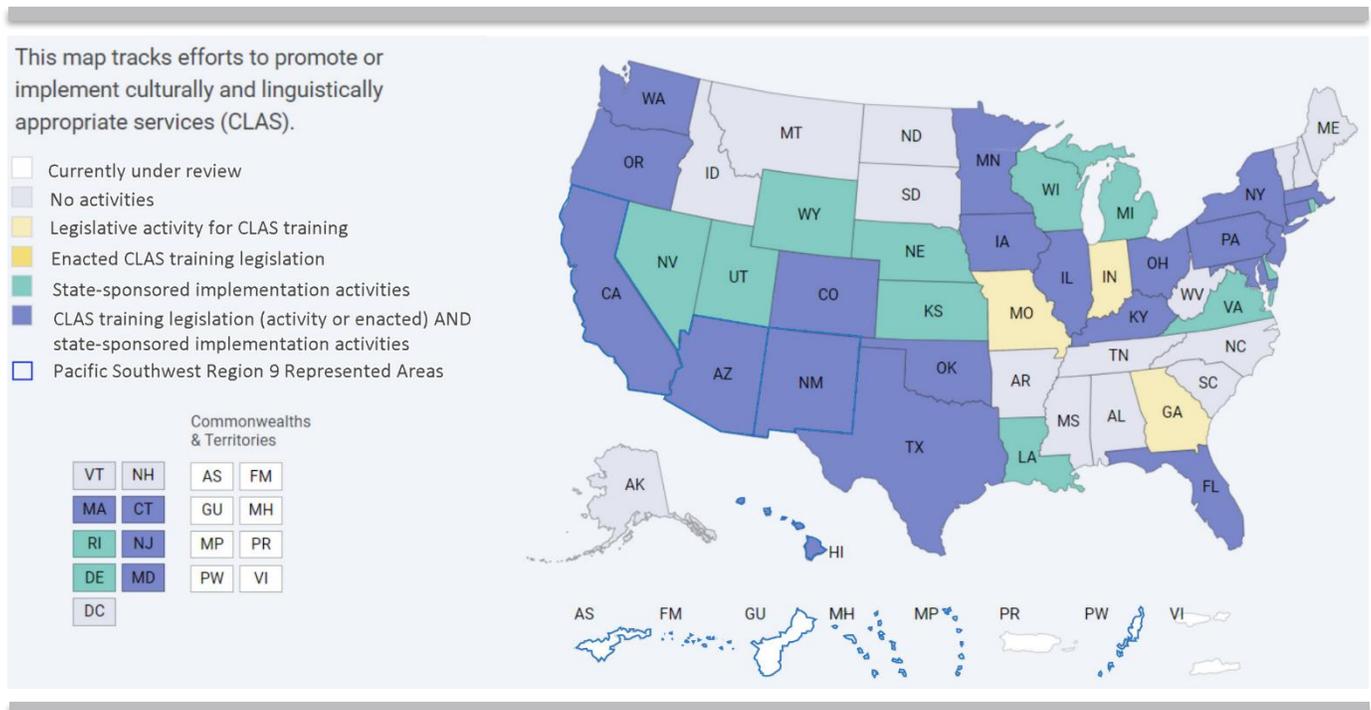
Workforce diversity and inclusion are important aspects of legislation and regulatory and accreditation mandates. They inform organizational-level decisions on how to develop and implement workplace policies and practices. Implementation of these policies results in services that are superior in quality and equity, and long-term reduced cost.

Culturally and linguistically appropriate services are increasingly included in or referenced by local and national legislative, regulatory, and accreditation mandates. For example, the Patient Protection and Affordable Care Act (the Affordable Care Act), contains several provisions related to culturally and linguistically appropriate services. Section 1311(i)(3)(E) of the Affordable Care Act requires that outreach and education efforts by Navigators – entities that receive grants from health insurance exchanges created under the Affordable Care Act to assist individuals in accessing and taking advantage of the exchanges – be culturally and linguistically appropriate. Furthermore, under the Public Health Service Act, as amended by the Affordable Care Act, insurance companies are required to provide certain disclosures and notices in a culturally and linguistically appropriate manner.

In the years since the launch of the original National CLAS Standards, several states have implemented legislation pertaining to culturally and linguistically appropriate services, including California, Arizona, and Hawaii in the Pacific Southwest region (Graves, Like, Kelly, & Hohensee, 2007; HHS OMM Think Cultural Health, 2012). For many health professionals and organizations, the original National CLAS Standards served as a driver or model for what state-level legislation could include.

Figure 1 from the U.S. Department of Health & Human Services *Think Cultural Health* and Table 1 below from the HHS Office of Minority Health 2016 *Compendium of State-Sponsored National CLAS Standards Implementation Activities* identifies states with current and pending legislation to promote or implement CLAS standards in the Pacific Southwest region. Table 1 focuses on CLAS laws and regulations proposed or implemented in 2017-2018. Additional foundational laws and regulations for each state are presented in the appendix. Each state in the table is also hyperlinked to a profile containing National CLAS Standards Planning, Policies, and Collaboration; National CLAS Standards Training and Technical Assistance; and the National CLAS Standards Dissemination activities as of 2016, the most recent data available. Notable is the difference between states and Pacific Islands in the availability of data.

Figure 1
CLAS Tracking



Source: Adapted from *Think Cultural Health*

Table 1. State level Legislative Action and Sponsored Implementation Activities

State	Sponsored Implementation Activities	Legislative Action
Arizona	CLAS training legislation (activity or enacted) AND state-sponsored implementation activities	SB1468 (referred to committee 2005)
American Samoa	Currently under review	Not Available
California	CLAS training legislation (activity or enacted) AND state-sponsored implementation activ.	SB131 (pending as of May 2016) AB496 Chapter 630, Passed: 2014 AB1195, Passed: 2005 AB801 Chapter 510, Passed: 2003
Commonwealth of the Northern Mariana Islands	Currently under review	Not Available
Federated States of Micronesia	Currently under review	Not Available
Guam	Currently under review	Not Available
Hawaii	CLAS training legislation (activity or enacted) AND state-sponsored implementation activ.	House Bill No. 264 Failed: 2013
Nevada	State-sponsored implementation activities	No current legislative activity
Palau	Currently under review	Not Available
Republic of the Marshall Islands	Currently under review	Not Available

Table 2. State level Workforce Development and Diversity Legislation (2016 2018)

State	Legislation
Arizona	<p>AZ HB 2666 Authorizes the Arizona Department of Economic Security, the Department of Education, universities, and community colleges to support evaluation of the state’s workforce and education programs and to develop labor market information. Data must be kept confidential and have security safeguards in place (2018).</p> <p>AZ HB 2312 Amends existing law establishing the Advisory Council on Indian Health Care that assists tribes and urban Indian health organizations in shaping Medicaid and health care policies and laws that impact the populations they serve (2017).</p> <p>AZ SB 1238 Directs the Arizona Advisory Council on Indian Health Care to develop comprehensive medical and public health care delivery and financing systems to meet the needs of tribes, and in doing so, to, among other things, conduct and commission studies and research to further the purpose of the council to address identified Indian health care disparities in the state (2017).</p>

	<p>AZ SB 1335 Relates to behavior analysts instruction in ethics and open meeting requirements, licensure, and regulation (2017).</p>
<p>California</p>	<p>CA AB 2288: Requires the California Workforce Development Board and all local boards to ensure that federal Workforce Innovation and Opportunity Act (WIOA) funds awarded for specific pre-apprenticeship training programs in building and construction trades follow a shared curriculum and develop strategies to increase the representation of women in those programs (2018).</p> <p>CA SB 66: Requires the Department of Consumer Affairs to provide information to the Office of the Chancellor of the California Community Colleges about employment outcomes of students and to make recommendations for program improvements. Urges the chancellor of the community colleges to align any changes in program requirements with the federal Workforce Innovation and Opportunity Act (2018).</p> <p>CA S 830: Creates the Strong Workforce Program to expand industry driven career and technical education and workforce development courses, programs, pathways and credentials, at community colleges. Appropriates \$200 million for the program and directs the program to align with the state’s workforce development plan and regional workforce plans (2017).</p> <p>AB 59 Extends the operation of the Assisted Outpatient Treatment Demonstration Project Act of 2002. Requires that a county that chooses to provide assisted outpatient treatment services shall offer assisted outpatient treatment services including a service and delivery plan that contains evaluation strategies, which consider cultural, linguistic, gender, age, and special needs of minorities and those based on any characteristic listed or defined in Section 11135 of the Government Code in the target populations. Also requires that in the plan, provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services because of limited-English-speaking ability and cultural differences (2017).</p> <p>CA S 223 Requires a written notice of availability of interpretation services for health care services to be made available in the top number of languages spoken by limited English proficient individuals. Establishes qualifications for interpreters providing services to enrollees and insureds. Prohibits a health plan or insurer from requiring such an individual to provide their own interpreter. Requires a plan or insurer to notify enrollees or insureds of language assistance and nondiscrimination protections (2017).</p> <p>CA AB 2148 Requires the California Workforce Investment Board to develop an annual report or workforce metrics dashboard to measure the success of workforce programs, including adult education programs (2016).</p>
<p>Hawaii</p>	<p>HI H 2362: Updates the duties and membership of the state’s workforce development council to align with the federal Workforce Innovation and Opportunity Act (2018).</p> <p>HI H 694: Establishes the Health Analytics Program in the Med QUEST Division, requires the Program to develop, design, or implement databases, primarily an all claims, all payer database and center to collect and analyze healthcare data,</p>

	<p>establishes certain personnel positions, authorizes the Program to enter into certain contracts, requires the Department of Human Services to adopt administrative rules (2017).</p> <p>HR 143, SCR 143, and SR 79 2012- Requests that the Governor direct all state departments to comply with the United States Office of Management and Budget’s Statistical Policy Directive No. 15, “Race and Ethnic Standards for Federal Statistics and Administrative Reporting,” which separates the “Asian and Pacific Islander” category into two categories entitled “Asians” and “Native Hawaiians and Other Pacific Islanders (2016).”</p>
State	Legislation
Nevada	NV A 366 creates four behavioral health regions in this State and a regional behavioral health policy board for each region, authorizes each regional behavioral health policy board to request the drafting of not more than one legislative measure for each regular session of the Legislature (2017).

Source: National Conference of State Legislatures, Health Innovations State Law Database; Scope of Practice Database; Occupational Licensing Database; Education Bill Tracking Database; Improving Access to Care in Rural and Underserved Communities: State Workforce Strategies

State and Organizational Implementation of Policies & Practices Informed by CLAS Standards

Recent data from annual reports from the National Conference of State Legislatures support conclusions from a review conducted by the US Department of HHS Office of Minority Health (2013), which reported that states are implementing policies and practices through strategic plans and other policies, ranging from stand-alone documents addressing cultural and linguistic competence to overall strategic plans for state departments of health. The most remarkable achievement of states is the integration of the National CLAS Standards in strategic plans. Some plans proposed general action steps, such as ensuring state department of health employees had adequate training on the National CLAS Standards. Other plans included detailed action steps addressing multiple facets of the National CLAS Standards, such as additional strategic planning related to the National CLAS Standards, the formation of specific partnerships, and the production of reports and other documents for disseminating the National CLAS Standards.

A few states also conducted needs assessments to determine the appropriate strategies for inclusion in their policy documents. These needs assessments ranged from conducting surveys of department employees to conducting focus groups with community stakeholders, with the common goal of determining what participants knew about the National CLAS Standards and the extent to which participants provided culturally and linguistically appropriate services. These needs assessments often drove the creation of specific training programs and other resources, and they supported ongoing strategic planning efforts.

Table 3. Implementation Policies and Practices by State¹

	# Activities	# States (U.S.)	# States (Region 9)
Strategic Plans	38	20	4 (AZ, CA, HI, NV)
Partnership ²	22	18	4 (AZ, CA, HI, NV)
Needs Assessments	16	14	2 (AZ, CA)
Policies, Procedures, Regulations	11	9	2 (AZ, CA)

Source: National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: Compendium of State-Sponsored National CLAS Standards Implementation Activities (HHS, 2016)

¹ Data collected by HHS OMH was limited to the states AZ, CA, HI, and NV; and did not include the Pacific Islands.

The 2015 Compendium of State-Sponsored National CLAS Standards Implementation Activities from the HSS Office of Minority Health underscores the value of needs assessments for guiding implementation activities. States and island regions are also uniquely positioned to determine which implementation activities will best meet the needs of their populations at the state, island, and local levels. Some states reported conducting needs assessments as part of strategic planning or development of other National CLAS Standards implementation activities. More frequent needs assessment would be helpful in forming a comprehensive understanding of state CLAS implementation status and allow course-corrections if efforts fail to meet identified needs.

The 2015 Compendium found that lack of resources and guidance on how to interpret and implement the National CLAS Standards is a common challenge. For this reason, the development of strategic plans, partnerships, needs assessments, and organizational policies and practices informed by the National CLAS Standards is critical to quality equitable services. Table 3 outlines recommendations for implementation of the NCS.

Challenges and Recommendations for Effective Implementation of Policies and Practices

Challenges. Lack of resources and guidance on how to interpret and implement the National CLAS Standards are challenges to implementing the Standards and CLAS. Activities such as hiring skilled interpreters; training staff; and collecting race, ethnicity, and language data are costly to organizations. However, it's costlier not to implement the Standards because of adverse patient outcomes and the financial burden of errors and inefficiencies that CLAS can reduce. Organizational changes resulting from implementation include increased cultural and linguistic responsiveness to populations served; improved cultural and linguistic competency of staff; increased organizational capacity to provide care; and improved patient experience.

Recommendations. The recommendations in the box to the right provide guidance to improve state and island government-based National CLAS Standards implementation efforts. They also offer examples of organization-level best practices for implementation.

This Workforce Policy Assessment is intended as a companion to the [Workforce Diversity Assessment Tool](#), which serves as a guide for the development and implementation of organizational CLAS-informed goals for policies and practices,

Recommendations to Improve State and Island Government-based National CLAS Standards

Implementation Policies

- Increase the depth, clarity, and concrete action steps in strategic planning for National CLAS Standards implementation.
- Make needs assessments a priority, use them to drive strategic planning and activities for National CLAS Standards implementation, and conduct them frequently enough to permit course-correction if activities are not meeting identified needs.
- Incorporate evaluation of patient and population outcomes, in addition to evaluation of process measures, into National CLAS Standards implementation.
- Assess the extent to which cultural and linguistic competency efforts are guided by the comprehensive framework of the National CLAS Standards.
- Consider ways to streamline dissemination of National CLAS Standards implementation activities by using the National CLAS Standards as a framework for organizing all CLAS activities and developing a website that combines resources, reports, and strategic plans.

Implementation Practices

- Providing comprehensive language assistance services to populations
- Offering specialized training to workforce
- Completing organizational self-assessments to inform needs and gaps in the provision of CLAS
- Providing compensation to workforce to complete external training in CLAS-related issues
- Creating webpages specifically dedicated to an Office of Health Equity or Office of Health Disparities
- Offering wayfinding signage in languages other than English
- Referencing the availability of CLAS-related educational opportunities in organizational document

including: Leadership and Governance; Recruitment; Onboarding, Orientation, and Ongoing Training; Retention and Professional Development; Communication; and Partnerships and Community. Together, these resources provide a more comprehensive review of state- and organization-based implementation strategies.

Additional Resources

The table below contains available national and state-specific resources on workforce policies and practices. Notable is the limited availability of data and resources for the Pacific Islands in the Southwest Pacific Region. For states and islands looking to develop or improve workforce diversity policy and practices, the 2018 *Evaluation of the National CLAS Standards: Tips and Resources* guide from the US Department of Health and Human Services Office of Minority Health outlines in detail the following steps:

1. Assess Organizational and Community Needs
2. Set Goals and Objectives
3. Develop a Logic Model
4. Identify Evaluation Research Questions
5. Choose Measures
6. Design Evaluation and Collect Data
7. Share Findings and Make Changes as Part of CQI

The resources in this table include self-assessments and exemplary plans from states in the Pacific Southwest region to serve as a guide for those looking to act to address identified gaps in existing policies and practices.

National and State Specific Resources on Workforce Policies and Practices		
Resource	Description	Source
National		
CLAS Tracking Map	State legislative activity related to the National CLAS Standards	Office of Minority Health
HHS Action Plan to Reduce Racial and Ethnic Health Disparities	Comprehensive federal commitment to reduce racial and ethnic disparities	U.S. Department of Health and Human Services
National Stakeholder Strategy for Achieving Health Equity	Includes clear action steps for HHS and other stakeholders to improve access to culturally and linguistically appropriate services.	National Partnership for Action to End Health Disparities
Developing a Self-Assessment Tool for Culturally and Linguistically Appropriate Services in Local Public Health Agencies	Self-assessment tool for local public health departments, e-learning programs that provide continuing education for health professionals	Office of Minority Health
Blueprint for Advancing and Sustaining CLAS Policy and Practice	An implementation guide to help you advance and sustain culturally and linguistically appropriate services within your organization	Office of Minority Health

Evaluation of the National CLAS Standards: Tips and Resources	Guides the efforts of HCOs to evaluate the implementation of the NCS across four settings: ambulatory care, behavioral health, hospitals, and public health	Office of Minority Health
Arizona		
2013 Arizona Health Equity Stakeholder Strategies	Strategies for improving CLC and the diversity of the health-related workforce based on the National CLAS Standards	Arizona Department of Health Services, Bureau of Health Systems Development
Cultural Competency Work Plans	Objectives and action steps to implement CLAS Standards, including policies, procedures, and regulations	Arizona Department of Health Services, Division of Behavioral Health Services
2014 Policy and Procedures Manual	Outlines policies regarding cultural competency and the National CLAS Standards (Section 1; Chapter 400; Policy 407)	Arizona Department of Health Services, Division of Behavioral Health Services
Organizational Self-Assessment of Cultural Competency Activities	Helps an organization in evaluating how it functions in key areas of cultural competency, including reporting requirements for an organization's subcontractors	Arizona Department of Health Services, Division of Behavioral Health Services
California		
2014 California Statewide Plan to Promote Health and Mental Health Equity	Outlines priorities and goals targeted for implementation, including "Strategic Priority C: Embed Equity into Institutional Policies and Practices across the Health Field"	California Department of Public Health, Office of Health Equity
Cultural Competence Plan	Facilitates cultural competency at the county level, in accordance with the California Code of Regulations, Title 9 §1810.410 (9 CCR §1810.410)	Department of Health Care Services
Hawai'i		
2012 Work Plan, Strategic Plan	Goals and objectives the Department will implement to achieve sustainable improvement in health status to improve outcomes and reduce long-term costs.	Hawai'i Department of Health
Nevada		
Biennial Report	Recommends that schools of medicine and other health programs to include cultural competency and the National CLAS Standards as part of their training curricula	Nevada Office of Minority Health; Southern Nevada Area Health Education Center

Appendix 1: CLAS Legislation by State

Arizona

Ariz. Rev. Stat. §15-1643- Establishes the Arizona health education system in the college of medicine at the University of Arizona. One of the purposes of the system is to develop programs to recruit and retain minority students in health professions.

Ariz. Rev. Stat. § 15-1721 et. seq.- Establishes a medical student loan fund for students agreeing to practice in medically underserved areas and/or with medically underserved populations.

Ariz. Rev. Stat. § 15-1751- Provides that the University of Arizona school of medicine shall give priority consideration to applicants who demonstrate a willingness to practice in medically underserved areas of the state.

Ariz. Rev. Stat. § 36-2172- Creates the primary care provider loan repayment program in the department to pay off portions of education loans taken out by licensed physicians, dentists and mid-level providers who contract with the department of health services to practice in a federally designated health professional shortage area.

California

CA Business & Professional Code § 852- Establishes the Task Force on Culturally and Linguistically Competent Physicians and Dentists to develop continuing education programs that include foreign language training for physicians and dentists. The task force will also assess the need for voluntary cultural and linguistic competency certification standards.

CA Government Code § 8310.5 Requires any state agency, board, or commission which directly or by contract collects demographic data as to the ancestry or ethnic origin of Californians to use separate collection categories and tabulations for each major Asian and Pacific Islander group as set forth in this section.

CA Government Code § 8310.7 Requires the Departments of Industrial Relations and Fair Employment and Housing to collect and publish the demographic data established in § 8310.5 on the web site of the agency on or before July 1, 2012, and annually thereafter.

CA Health & Safety Code § 124174.6- The department will establish a grant program within the Public School Health Center Support Program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers, and the development of new school health centers. The department shall give preference for funding to the following schools: schools in medically underserved areas, schools with a high percentage of low-income and uninsured children and youth, and schools with large numbers of limited English proficient (LEP) children and youth.

CA Insurance Code § 10133.8- Requires insurance providers to provide appropriate access to translated materials and language assistance. The regulations include an assessment of the needs of the insured group and surveying the language preferences and needs of the insured. The insurer is required to translate vital documents; the number of languages required depend on the size of the population. The insurer is required to inform limited-English-proficient insured of the availability of interpreter services.

CA Health & Safety Code § 128330 et. seq.- The Office of Statewide Health and Planning shall establish the Health Professions Education Foundation. The members may include representatives of minority groups that are underrepresented in the health professions and health professionals. One of the goals is to offer scholarship or loans to African-American, Native American, Hispanic-American students and other students from underrepresented groups accepted to or enrolled in schools of medicine, dentistry, nursing, or other health professions.

CA Health & Safety Code § 124174 et. seq.- Establishes rules regarding and some funding for public school health centers. This law recognizes the role of student health centers in reducing health disparities.

CA Health & Safety Code § 1568.15 et. seq.- Alters the composition of the Alzheimer's Disease and Related Disorders Advisory Committee and requires a review of state policies related to the disease. It recognizes the need to serve non-English speakers and ethnically diverse populations. Cal. ACR 114 (Risk Factors and Commission) Establishes a Task Force on Diabetes and Obesity to study factors contributing to the high rates of diabetes and obesity in Latinos, African-Americans, Asian Pacific Islanders, and Native Americans.

CA Code § 1300.67.04- Requires health insurance plans to provide language assistance to enrollees. The law requires service plans to provide translations for vital documents. The number of languages documents must be translated into depends on the enrollment size of the plan and linguistic makeup of the enrollees.

CA Bus. & Prof. Code § 2190.1- Requires cultural competency training to be a part of the continuing education requirements for licensure of physicians and surgeons.

CA Health & Saf. Code § 150 et. seq.- Establishes the Office of Multicultural Health within the State Department of Public Health. The office will work towards closing health status gaps among racial and ethnic minorities. Responsibilities of the office include developing a strategic minority health plan, providing cultural and linguistic competency training to health professionals, and providing assistance to help other public and private entities locate funding sources for multicultural health initiatives.

CA Health & Safety Code § 106000 et. seq.- Established the Urban Community Health Institute: Centers to Eliminate Health Disparities at the Charles R. Drew University of Medicine and Science to address the problem of disparate health care in the Los Angeles County Service Planning Area (SPA 6) and other multicultural communities

CA Health & Safety Code § 127875 et. seq.- Creates the Health Professions Career Opportunity Program designed to increase the number of ethnic minorities in health professional training and increase the number of minority health professionals practicing in medically underserved areas.

Hawaii

Hawaii Rev. Stat. § 321-1.5 Establishes within the Department of Health a Primary Health Care Incentive Program that will investigate and analyze the extent, location, and characteristics of medically underserved areas, and the numbers, location, and characteristics of medically underserved persons in Hawaii, and develop a strategy for meeting the health needs of those populations based upon the findings.

Hawaii Rev. Stat. § 371-34 Requires state-funded entities to provide free language services.

Hawaii Rev. Stat. § 321-1.5 Establishes a primary health care incentive program within the department of health to study the adequacy, accessibility, and availability of primary health care with regard to medically underserved persons in the State of Hawaii and to develop a strategy for meeting the health needs of those populations.

Nevada

NV Rev. Stat. § 232.467 et. seq.- Establishes an Office of Minority Health within the Department of Health and Human Services and outlines powers and duties.

NV Rev. Stat. § 396.907- Establishes the Area Health Education Center Program within the University of Nevada School of Medicine to support education and training programs for students studying to become practitioners, or residents or practitioners who will provide or are providing health care services in medically underserved areas in this state, including urban and rural areas.

NV Rev. Stat. § 439.362- Requires that the District Board of Health in counties whose population is 400,000 or more contain two representatives who are physicians licensed to practice medicine in this State, one of whom is selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations.

NV Rev. Stat. § 439.491 et. seq.- Establishes the Advisory Committee for the Prevention and Treatment of Stroke and Heart Disease and outlines the powers and duties of the committee. The committee is to make recommendations to the Health Division for the establishment of a comprehensive plan for the prevention of stroke, heart disease and other vascular disease in this State which includes, but is not limited to: recommendations to eliminate disparities in vascular health among populations that are disproportionately affected by stroke, heart disease and other vascular disease

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Pacific Southwest (HHS Region 9)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Contact the Pacific Southwest MHTTC Team for more information.

Email: MHTTCPacSWinfo@cars-rp.org

Phone: (844) 856-1749

Website: www.MHTTCnetwork.org