

Culturally and Linguistically Appropriate Services (CLAS)

Next CLAS

01

Quality Care

02

CLAS

03

Requirements

04

Local Need

05

Resources

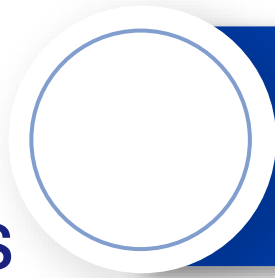
Culturally Responsive Quality Care

Why is CLAS Important?



A product of AmeriHealth Caritas Louisiana, Inc.

Cultural Awareness and Responsiveness



AmeriHealth Caritas Next

AmeriHealth Caritas Next Louisiana fosters cultural awareness and responsiveness both in our staff and in our provider community to bring knowledge, skill-building, and humility to our interactions with our members. AmeriHealth Caritas Next providers must use their best judgment and take steps to communicate effectively to meet the needs of their patients on an individual basis.

Developing culturally **responsive** skills is an ongoing, dynamic process. Skill development occurs through continuous training. To meet this, AmeriHealth Caritas Next offers ongoing educational opportunities for our providers.

Culturally Responsive Quality of Care

What is cultural responsiveness in health care?

Cultural responsiveness in health care is broadly defined as the ability to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

The goal of culturally responsive health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, sexual orientation, gender, English proficiency, or health literacy.

Why is CLAS important?

The United States is culturally and ethnically diverse, so it's important for providers to be responsive to the care of their patients, particularly with regard to their culture and language needs. CLAS standards are intended to advance health equity, improve quality, and help reduce health care disparities.

Tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

Providing CLAS services is one strategy to help improve cultural responsiveness and help reduce health inequities.

Culturally Responsive Quality of Care

Care that is culturally unresponsive may lead to patient dissatisfaction, poor patient outcomes, and misunderstandings.

Care delivered in a culturally responsive manner requires that clinicians be open and seek to understand the various dynamics that play into the patient-clinician encounter, including:

- ✓ ***Variation in the perception of illness***
- ✓ ***Diverse belief systems***
- ✓ ***Differences in help-seeking behaviors***
- ✓ ***Past experiences with social bias and discrimination***
- ✓ ***Preferences in approaches to health care.***

Culturally unresponsive care may lead to lower quality patient-provider interactions, which are associated with lower overall satisfaction with health care.

Understanding CLAS Services

Business
Consideration

CLAS Overview

Applicable Laws



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What Is CLAS?

CLAS is a way to improve the quality of services provided to all individuals, which ultimately helps reduce health disparities, advances health equity, and improves quality.



At its core, CLAS is about respect and responsiveness: Respect the individual, and respond to each individual's health needs and preferences.

CLAS Standards

- **The principal purpose of CLAS** is to 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.
- **The CLAS standards are national standards and guidelines** established in 2000 (and enhanced in 2013) by the U.S. Department of Health and Human Services, Office of Minority Health.
- There are **15 CLAS standards**, divided into three areas.

CLAS resources that are no cost to the member:

- Targeted interventions to help reduce health disparities
- Document translation
- Language translation services (telephonic, virtual, and face-to-face)
- Collection of self-reported demographic information by race, ethnicity, and language (REL) and sexual orientation and gender identity (SOGI) data
- Dedicated Health Equity and CLAS Program
- Collection of social determinants of health (SDOH) data
- Community partnerships and collaborations
- Provision of additional community services and resources
- Engagement with the community through committees and workgroups:
 - Member Advisory Committee
 - CLAS Committee
 - Disparity and project committees

How Does AmeriHealth Caritas Next Address CLAS?

CLAS Requirements

For more detail on CLAS, visit:
<https://thinkculturalhealth.hhs.gov/clas/standards>



Governing Laws



Business Consideration



Local Needs

Governing Laws

The Civil Rights Act of 1964, Title VI, 42 U.S.C., § 2000d et seq. and Section 1557 of the Affordable Care Act prohibit discrimination that form barriers to care. This includes linguistic responsiveness.

To learn more:

www.justice.gov/crt/fcs/TitleVI-Overview

www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html

Governing Laws

**Native American Religious Freedom Act, U.S. Code,
Title 42, Chapter 21, Subchapter I, §1996**

Protection and preservation of traditional religions of Native Americans

Since 1978, U.S. Policy has affirmed that Native Americans, including American Indians, Alaska natives, and native Hawaiians have the right to practice their traditional religions. This includes access to sacred places, the use of sacred objects, and the freedom to hold ceremonies and follow cultural rites.

To learn more <https://www.law.cornell.edu/uscode/text/42/1996>

Although the Act uses the terms “American Indian” and “Eskimo,” be aware that many people find these terms offensive. “American Indian” is often considered outdated, whereas “Eskimo” is widely seen as derogatory. Do not use these terms unless interacting with an individual who identifies as such.

²The IHS defines an urban Indian organization as “a nonprofit corporate body situated in an urban center governed by a board of directors of whom at least 51 percent are AI/ANs, for establishing and administering an urban Indian health program and related activities as described in Title V of the Indian Health Care Improvement Act.”* However, the term “Indian” in reference to people indigenous to the Americas is generally considered inaccurate and offensive. While it is acceptable to use when included in a proper noun, when referring to people, use the terms they use to identify themselves. If you do not know the correct term, “Native American,” and “Indigenous person/American” are acceptable. “Alaska Native” can be used for a member of a tribe or nation in Alaska.” “American Indian” should only be used if the person identifies as such.

*“About Urban Indian Organizations,” Indian Health Service, <https://www.ihs.gov/Urban/aboutus/about-urban-indian-organizations/>

Business Consideration: The Cost of Health Disparities

- Addressing disparities in health and health care is important not only from a social justice and equity standpoint, but also for improving the nation's overall health and economic prosperity.
 - Health inequities account for an estimated \$320 billion annually in avoidable costs, with potential to exceed \$1 trillion by 2040 (Deloitte Insight, 2024)
 - \$42 billion is lost in productivity per year, as well as additional economic losses due to premature deaths

Deloitte Insights. (2024). The economic cost of health disparities: Why addressing equity is not only a moral imperative but also a business one. Deloitte. <https://www.Deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities>.

Deloitte Health Equity Institute. (2024). Health Inequities account for roughly \$42 billion in lost productivity per year. In economic cost of health disparities.

Business Consideration: Profitability

Providers who administer health care services that are responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patient populations:



Decrease liability.



Meet regulatory standards.



Gain a competitive edge.

Local Community Needs

Top
Languages

Disparities



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Local Need

- AmeriHealth Caritas Next CLAS program establishes a planned approach to promote culturally and linguistically appropriate services to improve the collection and reporting of data, identify opportunities for improvement, and implement initiatives and activities.

The program focuses on:

- Continuous implementation and monitoring of CLAS services
- Collecting race, ethnicity, and language (REL) data
- Providing language services
- Evaluating practitioner network cultural responsiveness by collecting race, ethnicity, and language data
- Identifying and reducing health care disparities

Local Data



In 2025, the top languages spoken in Louisiana were:

- Spanish
- French
- Vietnamese
- Arabic
- Chinese

In 2025, the top race and ethnicities in Louisiana were:

- White 62.4%
- Black or African American 33%
- Asian 1.9%
- Two or more races 1.8%
- Non-Hispanic 94.4%
- Hispanic or Latino 5.6%

Data notes: Age adjusted death rate per 100,000 population. Groups included: Non-Hispanic White, Non-Hispanic Black, Hispanic (any race). Caution rates for Asian, Pacific Islander and American Indian/Alaska Native residents may be unstable due to small numbers.

Mortality Disparities

Based on aggregated data, Black residents of Louisiana experience the highest burden of mortality from heart disease, stroke, diabetes, and kidney disease. In contrast, Hispanic adults generally have lower mortality rates than both Black and White populations across these conditions.

Heart Disease

- **Highest mortality: Non-Hispanic Black adults**
- **Rates for Black adults are often 1.5 to 2x higher than non-Hispanic White adults**
- **Hispanic adults generally have lower mortality rates**

Stroke

- **Highest mortality: Non-Hispanic Black adults.**
- **Marked disparity compared with White and Hispanic groups**
- **Louisiana lies in what's referred to as the southern stroke belt of elevated risk**

Diabetes

- **Highest mortality: Non-Hispanic Black adults**
- **Consistently higher than White and Hispanic populations**
- **Contribute substantially to premature mortality gaps**

Kidney Disease

- **Highest mortality: Non-Hispanic Black adults**
- **Driven by higher prevalence of chronic kidney disease and limited access to therapies**

Source: Centers for Disease Control Wonder (underlying Cause of Death 1999-2023), NCHS Louisiana Dept. of Health reports

CLAS Tools and Resources

Interpreter
Services

Training

Attestation

Translation
Assistance



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Interpretation Tips

Encourage the use of a professional interpreter. Using a medically trained interpreter can help improve the quality of care for patients with limited English proficiency (LEP).

During interaction

- Address the patient not the interpreter. Use first person instead of “he,” “she,” or “they.”
- **Speak plainly:**
 - Avoid overly technical speak. Instead, speak simple words, which are more likely to be easy for the interpreter to translate in a way that the patient understands.
 - Avoid idioms, generalizations, or culturally centered speak that the patient may not understand.
- **Remain cognizant of cultural communication variances.**
 - Some English concepts may not have a viable equivalent in other languages. If you have something you need to communicate that could lead to a cultural misunderstanding, an interpreter will often let you know and help you frame the information in a more effective way. Be mindful of cultural competency practices, which are all about effective communication in spite of cultural differences.
- **Assume everything you say will be interpreted.**
 - When working with an interpreter, regardless of the interpretation mode being used, assume every word you speak will be interpreted.

Translation and Language Assistance

1-833-282-2252

AmeriHealth Caritas Next members whose primary language may not be English, who have limited English proficiency, or who have low literacy proficiency have access to translation and language assistance services. Providers are encouraged to use these services to help ensure all information is accurately communicated to members.

- **Interpretation and translation services:**

- Telephonic interpretation
- Virtual
- On-site interpretation
 - American Sign Language
- Materials translation
 - Letters
 - Notifications
 - Member materials

Health care providers who are unable to arrange for interpretation services for members with limited English proficiency, low literacy proficiency, or sensory impairments should contact Member Services **1-833-282-2252**.

CLAS Is Continuous

Because the needs of your patient population are always changing, continual improvement is an important part of AmeriHealth Caritas Next Cultural Awareness/Responsiveness CLAS program.

Your ongoing education should include but is not limited to:

- Continuously reviewing your patient population to understand their needs
- Educating staff and providers regularly
- Creating a process for reviewing, monitoring, and addressing grievances
- Keeping detailed notes in each patient's chart about preferences

Additional Training Resources



The Office of Minority Health's culturally competent care programs

Providers can take the first step in serving diverse populations by completing accredited **continuing education programs** offered by The Office of Minority Health, part of the U.S. Department of Health and Human Services:

- **A Physician's Guide to Culturally Competent Care**
(accredited for physicians, nurses, nurse practitioners, and pharmacists)
- **Culturally Competent Nursing Care: A Cornerstone of Caring**
(accredited for nurses and social workers)

Both programs are accredited for continuing education credits and available online at no cost to participants.

Visit <http://www.minorityhealth.hhs.gov/> or <http://www.thinkculturalhealth.org/> for more information.

Additional Training Resources



Additional online cultural responsiveness resources for your practice:

- **The Georgetown University National Center for Cultural Competence (NCCC)** provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education, and advocacy:
<https://nccc.georgetown.edu/about/>
- **John Hopkins Center for Health Equity** provides online CME-available classes on health equity that can be filtered to the needs of you or your practice: <https://publichealth.jhu.edu/center-for-health-equity>
- “Gateway to Health Communication,” U.S. Centers for Disease Control and Prevention
https://www.cdc.gov/health-communication/php/?CDC_Aref_Val=https://www.cdc.gov/healthcommunication/, (accessed July 25, 2025).



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Thank you for your commitment to equitable care. By implementing CLAS standards, you help ensure every member, regardless of background, receives respectful, responsive, quality care. Let's keep advancing health equity together.

For questions, contact 1-833-315-2252

