

Providing Cultural and Linguistic Appropriate Services



As Virginia diversifies, its behavioral and developmental health care services system must be ready to provide culturally and linguistically competent care. This requires incorporating skills, attitudes, and policies to ensure the system effectively addresses the needs of those with diverse values, beliefs, sexual orientations, and backgrounds that vary by race, ethnicity, religion, and language. The Department of Behavioral Health and Developmental Services (DBHDS) advocates that all stakeholders be trained to reflect cultural and linguistic diversity as a basic civil right (USDOJ, 1964).

DBHDS' vision for competent care is:

- Care given with respect for individuals' health-related beliefs and cultural values;
- Staff that respect health-related beliefs, interpersonal styles, attitudes and behaviors of the individuals and communities they serve; and
- A culturally and linguistically competent leadership and workforce resulting from effective administrative, management and clinical operations, including individualized assessments.

Why is Cultural and Linguistic Competence Important?

Individual and organizational cultural and linguistic competence ensures equal access to services, higher quality of services, and better outcomes for everyone in the community regardless of cultural background or language.



National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

CLAS standards are guidelines established by the U.S. Health and Human Services Department, Office of Minority Health (OMH). These 14 standards apply to all health care organizations receiving federal funds.



The 14 standards are organized by themes:

- Culturally Competent Care (*standards 1-3*);
- Language Access Services, implementation is **mandatory** (*standards 4-7*); and
- Organizational Supports for Cultural Competence (*standards 8-14*).

Within this framework, there are three types of standards - **mandates**, **guidelines**, and **recommendations**, as follows:

- 1) CLAS **mandates** are current federal requirements for all recipients of federal funds.
- 2) CLAS **guidelines** are activities recommended by OMH for adoption as mandates by federal, state, and national accrediting agencies.
- 3) CLAS **recommendations** are suggested by OMH for voluntary adoption by health care organizations.

Cultural Diversity:

The differences between people based on a shared ideology and valued set of beliefs, norms, customs, and meanings evidenced in a way of life (American Nurses Association, 1986).

Cultural Sensitivity:

Knowing cultural differences and similarities exist, without assigning them values, i.e., better or worse, right or wrong (National Maternal and Child Health Center on Cultural Competency 1997).

Linguistic Competence:

The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those with low literacy skills or who are not literate, and those with disabilities (Cross et al., 1989).

Cultural Competency:

The acceptance and respect for difference, continuing self assessment about one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility to work towards better meeting the needs of diverse populations (Cross et al., 1989).