CLAS Training
Facilitator’s Guide
Session One

Time: 90 minutes

Ideal Audience size: 12-30 participants

Materials:

- PowerPoint presentation
- Flip charts and markers or white boards
- National Standards for Culturally and Linguistically Appropriate Services, hand-out of 15 standards (1 per participant)
- Definition poster (2) and matching note cards (2)
- Handout: Common Definitions
- Activity directions – Definitions Matching Game
- Paper and pens

Learning objectives:

- Understand the historical context of CLAS
- Differentiate between equality and equity
- Recognize at least five cultural differences that humans experience
- Explain the value of implementing CLAS

Example commentary for select slides – Adapt to audience

[INTRODUCTION]

Ice breaker: How familiar are you with the CLAS Standards? Rate yourself on a scale from 1-5 with 5 = expert.

About this training: This training is brought to you by the Governor’s Interagency Council on Health Disparities. The council was established by the Washington State Legislature in 2006. They are charged with creating a state policy action plan to eliminate health disparities by race/ethnicity and gender

[SLIDE 2]

Activity: Follow directions on Definitions Matching Game.
Common definitions and differences between equality and equity.

Imagine that there is a baseball game on the other side of the fence. These three boys—of different heights—all have a crate to stand on. This is equality. They all have one crate. But even with this, the smallest boy can’t see the game.

This is equity. Simply put, each boy has what he needs to see the game. The tallest boy didn’t need a crate, and the smallest boy needed two. The crate distribution is equitable.

Historical context of CLAS. This law grew out of the civil rights movement of the 50s and 60s. It was one of the hardest fought pieces of legislation ever to pass Congress. This law did a lot: it started to clarify voting rights; ended segregation in schools, restaurants, hotels, and buses; and it banned discrimination based on national origin. Title VI says: **No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.**

Title VI is the foundation of cultural competency and language access.

National origin has been interpreted in several courts cases to mean a person’s preferred language.

Since the Civil Right Act (CRA), there has been a number of legislative, regulatory, and accreditation mandates to reinforce people’s rights under the CRA.

The Department of Justice is responsible for the enforcement of the CRA. It has taken several years to understand the impact of this law and there have been 50 years of court cases clarifying its scope.

In 2000 - President Clinton approved Executive Order 13166, which has been in effect ever since. This order directs agencies that receive federal funds to take reasonable steps to provide meaningful access to their programs for individuals with Limited English Proficiency.

The CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and healthcare organizations.

Failure to provide language access in a healthcare setting can have dire consequences. However, CLAS is really about cultural competency and about human rights. We know that all the places we work, live, and play impact our health. The work of every organization impacts people’s health and their participation in civic life.

Any recipient of federal funding has to comply with the Civil Rights Act, including Title VI that prohibits national origin discrimination. This applies to the whole agency, not just the funded program, and applies even if a state declares English as its official language. It also includes local agencies and
organizations who receive federal funds from other agencies. While the CLAS standards were written for
health and healthcare, it is a great framework for any agency serving the public to thoughtfully and
intentionally meet their requirement to provide meaningful access to services.

[SLIDES 8-9]

There are many types of cultural differences. All of these differences make up our unique perspectives—
the way we see ourselves, the way we see others, the way we communicate and the way we prefer to
be communicated with.

[SLIDE 10]

Activity: We’re going to take five minutes to think about which aspects of cultural difference influence
us the most personally. Grab a piece of paper and pen at your table. Draw a tree with a root system.
Choose at least five types of cultural difference you have that greatly influence the way you are and
communicate.

[SLIDES 11-12]

Understanding our own cultural differences helps us better understand all the different perspectives out
there. There’s a lot of cultural and linguistic diversity in Washington State.

[SLIDE 13]

Imagine someone who was born in the U.S. and speaks English as their first language. I someone else
with that same background creates a [example: brochure, poster, form, webpage, etc.], it will be more
likely to reach them and be understandable to them because it is both culturally and linguistically
appropriate. But if someone who moved here recently from Jamaica saw that same [insert example],
they would understand the language in the [insert example], but it might not make sense due to cultural
differences. And someone from Cameroon, who speaks a different language and comes from a very
different culture, may not be reached at all.

[SLIDE 14]

When we make our services and information culturally and linguistically appropriate, we are taking a big
step towards ensuring that everyone we serve has the same opportunity to achieve good health
outcomes.