



Tackling Disparities through Partnerships.

Commit to your health.

Wyoming Office of Multicultural Health

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Changing Demographic – United States

- **Between now and the year 2050, almost 90% of the U.S. population growth will come from Asian, African, and Hispanic-Americans.**
- **Today, people of color make up the majority in 48 of the nation's 100 largest cities.**

Changing Demographic – United States

- Today, four states have “minority majorities.” They include: **California, Hawaii, New Mexico and Texas.**



- Six other states, Maryland, Mississippi, Georgia, New York, Florida and Arizona have non-white populations around 40%.

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

Health and Health
Care Disparities

Changing
Demographics

Policies and
Legislation

Enhanced
National CLAS Standards for
Health and Health Care

Improve Quality of
Services

Advance Health
Equity

Help Eliminate
Disparities

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



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

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

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 timely access to all health care and 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 minors 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.

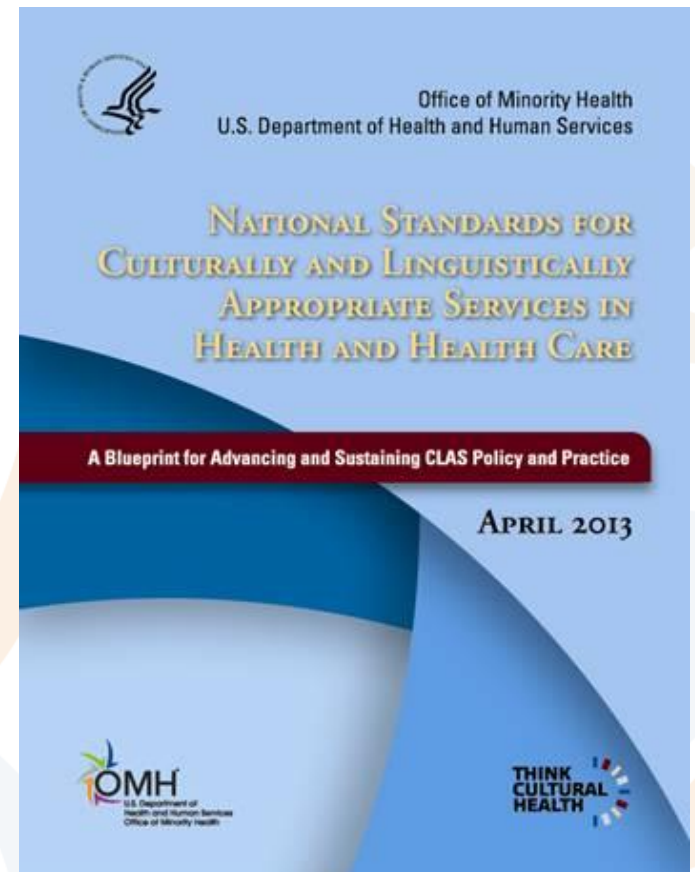
Engagement, Continuous Improvement, and Accountability:

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 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 stakeholders, constituents, and the general public.

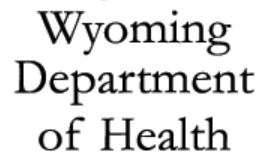
Where can you find more information about the National CLAS Standards?

National CLAS Standards:

A Blueprint for Advancing and Sustaining CLAS Policy and Practice

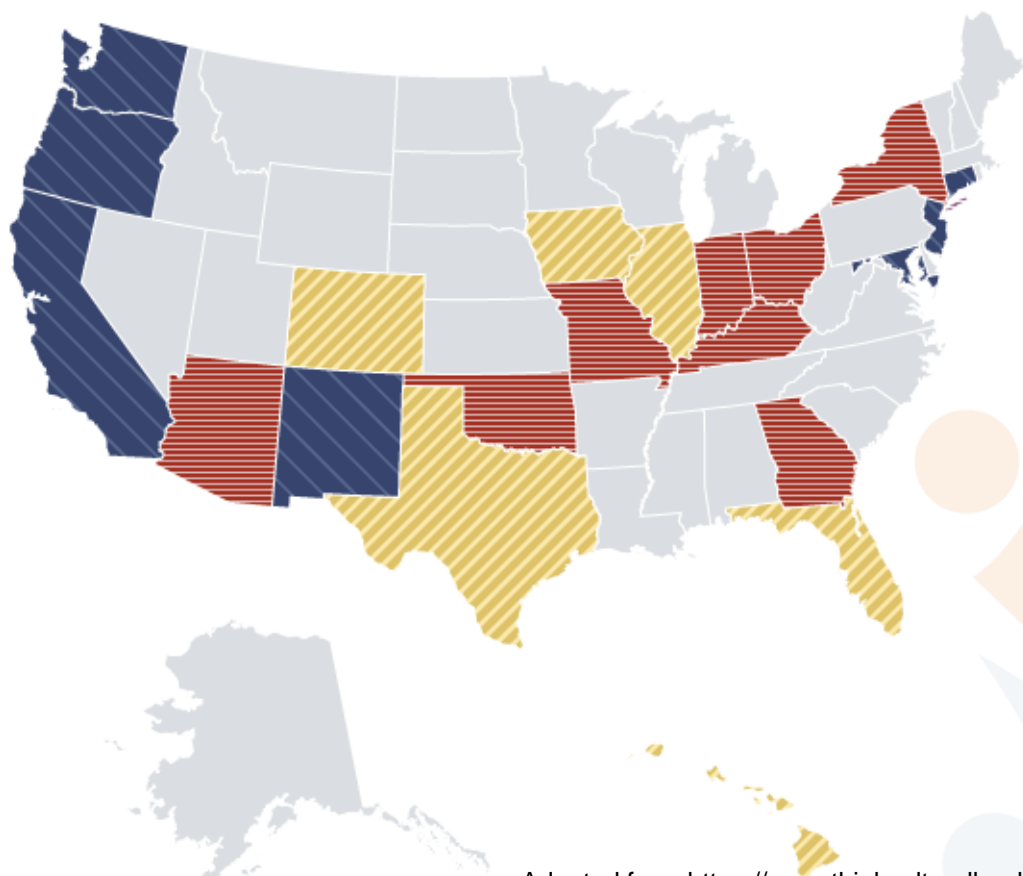


<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>



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CLAS Legislation Map

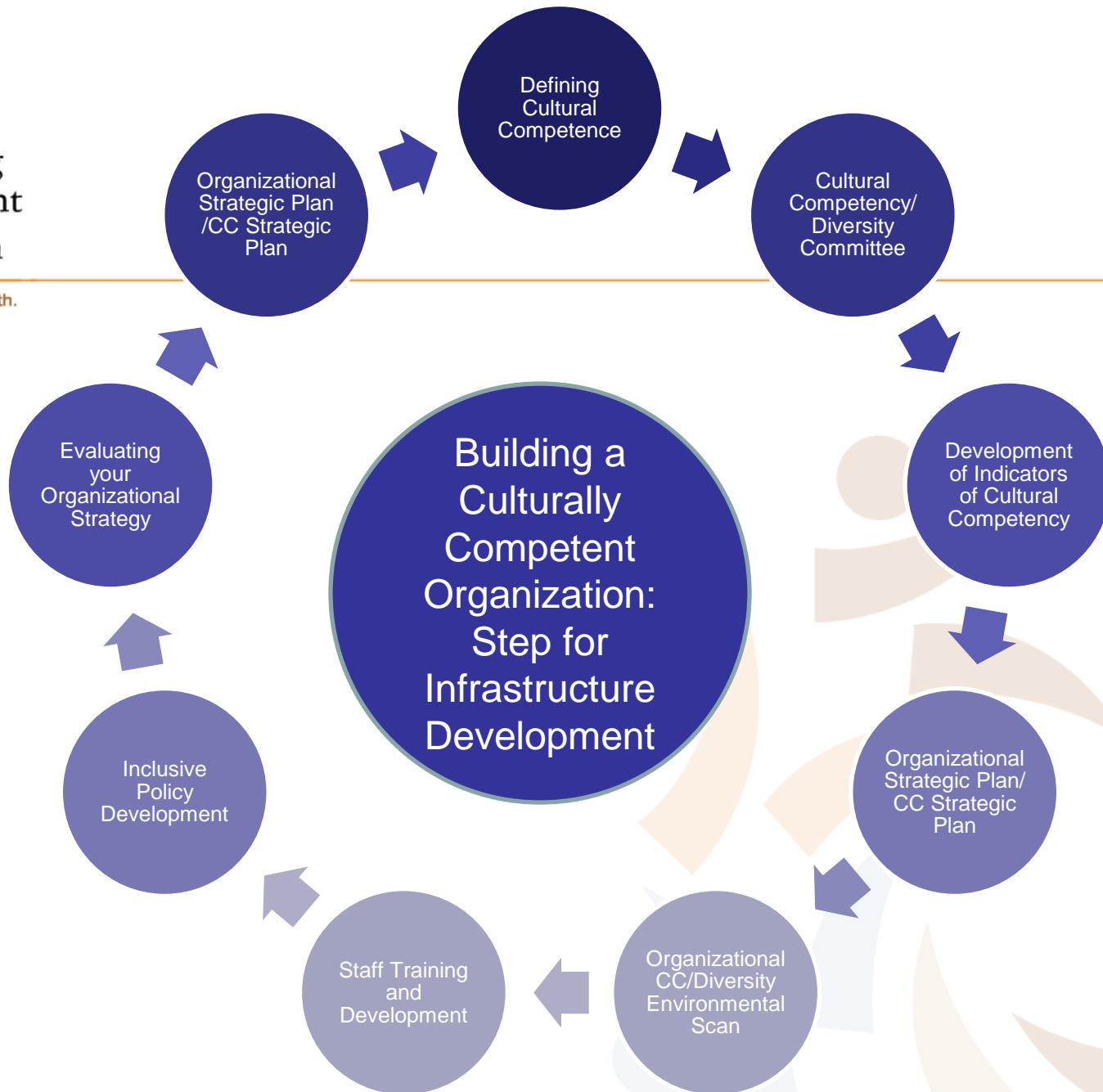


Dark Blue denotes legislation requiring (WA, CA, CT, NJ, NM) or strongly recommending (MD) cultural competence training that was signed into law.

Burgundy denotes legislation that was referred to committee and/or is currently under consideration.

Dark Yellow denotes legislation that died in committee or was vetoed.

Adapted from <https://www.thinkculturalhealth.hhs.gov/Content/LegislatingCLAS.asp>



CLAS in Action

- **Wyoming Department of Health – Public Health Division**
 - Strategic Plan - Health Equity
 - Accreditation – Cultural Appropriate Health Information (CAHI)
 - Cultural Competence Definition
 - Language Access Plan
 - Training and Education
 - Cultural Competency Council

Wind River Health Disparities Roundtable - Partnerships

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NATIONAL PARTNERSHIP FOR ACTION
to End Health Disparities



Cultural Competency Plan





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Promoting equal opportunities for all Wyomingites

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