Implementing the National CLAS Standards for Communication and Language Assistance Services

Lessons from the Field

Introduction

Effective communication is key to providing high quality care.[1] Today, health care providers are more likely to encounter patients from different cultural backgrounds with diverse communication and language needs.[2] Individuals with limited English proficiency (LEP) are more likely to experience patient safety events, such as diagnostic errors, poor treatment adherence, inappropriate care transitions, and health care-associated infections.[3]

This resource compiles lessons from the field, gathered from a review of over 200 relevant resources and two roundtable discussions focused on communication and language assistance and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (National CLAS Standards).[4] While the National CLAS Standards are not themselves legal requirements, they support many aspects of

CMS' mission, are a critical part of the CMS Framework for Health Equity, and provide a blueprint for health care organizations to provide effective, equitable, understandable, and respectful quality care and services. The purpose of this resource is to share lessons learned and highlight innovative methods hospitals and other health care organizations have used to meet the communication and language assistance needs of those they serve.

Four of the National CLAS Standards (Standards 5-8) relate specifically to communication and language assistance. These standards focus on ensuring that all individuals, particularly those with LEP or other communication needs, have access to meaningful and effective communication within health care settings. As described in the following table, services focused on communication and language assistance improve safety, quality, cost effectiveness, and efficiency of health care for patients.

SAFETY

Culturally and linguistically appropriate care, such as use of professionally trained medical interpreters,[5] can reduce the likelihood of adverse events for individuals with LEP[6] and people with disabilities.

QUALITY

Professionally trained medical interpreters increase patient satisfaction, comprehension, and adherence.[7]

COST EFFECTIVENESS

Implementing communication technologies in health care settings can decrease the cost of care for individuals with LEP and those with disabilities.[8]

EFFICIENCY

The use of assistive communication devices and trained interpreters leads to more accurate diagnoses and better patient outcomes, increasing overall health care efficiency.[9]

To inform the development of this resource, roundtable participants represented leaders and staff with expertise in implementing communication and/or language assistance programs, including program managers and staff working on language services; Americans with Disabilities Act compliance; interpretation services; and others from across health care organizations, particularly hospital systems. Together, the roundtables and review of relevant resources offered valuable insights into best practices and strategies to improve communication and language assistance in health care organizations.

LESSONS FROM THE FIELD

The diversity of patient populations and the complexity of communication and language needs present multiple challenges to effective communication and language assistance. Ongoing efforts are needed to incorporate a culturally appropriate approach to all aspects of such assistance provided to individuals.

The Communication and Language Assistance theme of the National CLAS Standards is designed to guide health care organizations through four key components: offering assistance (Standard 5), informing individuals of the availability of language assistance services (Standard 6), ensuring competence of individuals providing language assistance (Standard 7), and translating materials that are linguistically appropriate and easy to understand (Standard 8). While the National CLAS Standards are not legal requirements, in this section, we present lessons from the field for standards 5 through 8 to share the strategies that some health care organizations have used to improve the communication and language assistance they provide. These examples can help inform other organizations that may be interested in bolstering efforts related to communication and language assistance in their respective settings.

OFFERING COMMUNICATION AND LANGUAGE ASSISTANCE

Standard 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.

Develop and implement a comprehensive communication and language assistance plan.[11]
A communication and language assistance plan can help ensure that an organization provides high quality and appropriate language services. For example, having a plan in place can help ensure that an organization's staff members are aware of what to do when an individual with limited English proficiency needs assistance, that providers have mechanisms for assessing their programs to ensure persons with limited English proficiency have meaningful access to their programs, and the privacy and the independent decision-making ability of the individual with limited English proficiency is protected.

Plans often include a needs assessment, description of services, and policies and procedures for disseminating information about services, training, and evaluation.[8] Comprehensive plans should address the varied needs of different individuals, such as providing interpretation and translation services for spoken and signed languages, using braille materials, and accommodating those who are low vision or blind or hard of hearing or deaf, or have speech disabilities or who are intellectually or developmentally disabled.

Consider multiple methods for interpretation services. Qualified in-person interpreters provide accurate and detailed communication. Organizations can consider other methods like video, remote, and phone interpreting[12] to offer a wider range of communication and language assistance. When offering the different types of assistance, staff should consider the preferences and needs of the individual. For example, some individuals may prefer a telephonic interpreter for privacy, while others may prefer a video interpreter for sign language.[13]

Allocate sufficient time and resources for individuals with complex needs. Individuals with complex communication and language assistance needs may

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Spotlight

LESSONS FROM THE FIELD: Communication and Language Assistance Needs Assessment[10]

Needs assessments can help organizations effectively identify and address the language needs of their patient population when developing a communication and language assistance plan, especially when accompanied by baseline data and established priorities for future action to address any areas needing improvement. Key factors that the assessment may address:

- **Determining** the number of individuals with limited English proficiency (LEP), as well as those who have disabilities, encountered by the organization.

- **Identifying** the languages spoken or signed in the community.

- **Assessing** how often those who need communication and language assistance interact with the health services.

- **Identifying** which materials need translation and into which languages and formats the materials should be translated.

- **Evaluating** the available resources and their associated costs.

- **Addressing** each factor systematically allows organizations to ensure their services are linguistically accessible and culturally appropriate, enhancing patient care and safety.

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face additional barriers to understanding and accessing health care, which can negatively affect their health and safety. Ensuring tailored support and extra time during encounters helps provide equitable and effective care for all patients.[14]

Recognize that individuals with disabilities may need diffe ent services than individuals with LEP. Effective

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communication assistance for persons with disabilities may include offering auxiliary aids and services such as American Sign Language (ASL) interpreters, telecommunication devices for the deaf (TDD) in public areas, assistive listening devices, volume control and hearing aid adaptable telephones, closed captioning services, Braille materials, and sound and/or visual alerts (e.g., a flashing light to indicate a knock on the door). In addition, health care organizations can use augmentative and alternative communication (AAC) resources such as writing pads, communication boards, visual pain scales, and speech generating devices and adaptive nurse call systems, as well as assistive communication devices.[15,16]

INFORMING ALL INDIVIDUALS

Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Use multiple methods to inform patients about communication and language assistance. Health care organizations can use several approaches to inform individuals about the availability of language assistance services and appropriate auxiliary aids services. Approaches may include digital signage, brochures, videos, websites, mobile apps, and badge notations. Using a variety of approaches helps reach more people and ensures that all individuals can get the help they need.

> # Patients may not recognize their need for an interpreter.

Be creative in how patients are informed about services. A one-size-fits-all approach is unlikely to be effective with diverse patient groups; for this reason, health care organizations should explore innovative outreach methods. For instance, some organizations shared that they adopted "rounds" to inform patients about interpretation services. In this approach, hospital

interpreters, when not attending appointments, actively engage with patients to introduce their services. Organizations report that such personal interaction enhances awareness and fosters rapport with patients, encouraging greater use of interpreter services.

Use culturally and linguistically appropriate phrasing when asking whether patients need an interpreter. Patients may not recognize their need for an interpreter. Standard questions—such as asking about patients' preferred language or if they require an interpreter— may not be effective in clarifying when assistance is necessary. Some organizations shared that asking patients which language they need to communicate in to best understand their doctors and nurses can improve the uptake of communication and language assistance.

Spotlight

**LESSONS FROM THE FIELD:
Creative Patient Outreach**

Innovative outreach can significantly enhance awareness and use of communication and language assistance. Examples of creative outreach methods include:

- **Creating** brochures and language cards in the most common languages used, encouraging individuals to contact the language interpreter upon arrival.

- **Using** patient portals to deliver messages in the patient's preferred language, to notify patients about available communication and language assistance.

- **Allowing** patients to schedule interpreters electronically before a visit—using patient portals, websites, or mobile applications—to support seamless communication.

- **Noting** on staff badges whether someone is a qualified interpreter and which languages they speak.

- **Implementing** rounds where interpreters engage with patients outside of appointments, to let them know about available services.

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ENSURING COMPETENCE

Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Spotlight

LESSONS FROM THE FIELD:
Cultural Considerations

Taking cultural context into account is key to making sure that communication and language assistance is accurate and respectful.

A participant shared an example from their community. Health care professionals were not aware that county educational materials were using a Vietnamese dialect that was highly stigmatized and traumatizing for many post-war refugees. As a result, the materials discouraged individuals from using available translation and interpretation assistance.

Recognizing this issue, a mental health professional notified the county and developed culturally tailored resources. They researched regional language variations in Vietnam and considered age demographics to ensure the materials were culturally appropriate for the community.

Except in emergency situations, use only qualified individuals for interpretation who have completed certifications. An interpreter is trained to interpret spoken or signed communication between languages in real-time, facilitating understanding between speakers of different languages. Qualified individuals facilitate understanding across multiple communication and language needs, including spoken and signed language. A bilingual person can speak two languages, but they may not have the specific knowledge and skills to be an interpreter. For this reason, health care staff should not assume that a bilingual person can serve as an interpreter. Staff should also refrain from assuming that minors or other family members can serve as interpreters.

Provide training programs for staff about interpretation. A structured training program can raise awareness about interpretation and enhance staff skills. Courses can vary from beginner (highlighting the value of interpretation and the distinction from being bilingual) to full certification (ranging from 60–100 hours) to prepare staff for national exams.

Support ongoing professional development for interpreters. Just as clinicians maintain and update their knowledge and skills, interpreters also keep their skills current and update their certifications. Health care organizations can support ongoing professional development by offering regular workshops, webinars, and mentorship programs, as well as highlighting the career growth associated with becoming a certified interpreter.

Ensure that translations are linguistically correct and culturally appropriate. Translations involve more than accurate language conversion. They also require ensuring that the cultural context and nuances are accurately conveyed, such as respecting the cultural beliefs, values, and sensitivities of the individuals involved. Consider having an expert conduct a cultural context review and/or solicit feedback from native speakers. This approach helps to mitigate misunderstandings and enhances effective communication and rapport between health care providers and patients from diverse cultural backgrounds.

Check vendors regularly to ensure the quality of interpretation and translation services. To ensure the competence of vendors, health care organizations can implement quality assurance processes, such as random audits of interpreted sessions or translated documents, to ensure adherence to standards. They can also establish mechanisms for health care staff and patients to provide feedback on interpretation and translation services and use such feedback to identify areas for improvement.

PROVIDING PRINT, MULTIMEDIA, AND SIGNAGE MATERIALS

Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Translate a wide range of printed materials. Health care organizations are recommended to make important information available in different languages and formats. This includes materials such as consent forms, care instructions, medication details, financial information, complaint letters, and content like newsletters. Translations should consider cultural and regional differences to ensure they are clear and relevant for everyone. Printed materials should also work with screen-reading software and braille displays.

Incorporate multimedia materials and video recordings. Patients have varied degrees of literacy and visual acuity. In addition to having documents translated, create audio and video recordings of interpreters reading and explaining the translated documents. Video recordings can also include sign language.

Use design techniques to make educational materials more accessible. How you design materials can make them more usable for people with disabilities. This includes using clear and high-contrast visuals, adding captions to videos, and providing information in both text and audio formats. Ensuring that layouts are simple and that fonts are large and readable can also help. For those who are deaf or hard of hearing, incorporating sign language and visual aids can aid effective communication, and for those with low vision, using screen reader-compatible formats and braille can improve accessibility.

Develop appropriate policies and procedures regarding the use of artificial intelligence (AI). Artificial intelligence can help with translation; however, human translators should verify linguistic and cultural accuracy. If AI is used to translate materials, policies and procedures must be in place to ensure oversight.[17]

Spotlight

LESSONS FROM THE FIELD:
Universal Signage

Signage affects patient care by facilitating easy navigation, reducing stress and confusion, and ensuring safety by communicating essential information. Universal signage in airports provides several valuable lessons for enhancing communication and language assistance for health care organizations. One health care organization noted that they were modeling their new building signage after airport signage. For example, they discussed using simple and easy-to-understand symbols and consistent formats that were easily accessible. This approach aims to create a more navigable and inclusive environment for all individuals, improving their overall experience and their access to services.

CONCLUSION

Effective communication and language assistance can improve patient safety and quality of care, while helping hospitals and other health care organizations provide efficient and cost-effective care. By aligning such assistance with patients' cultural beliefs, practices, preferred languages, and communication needs, health care organizations can advance health equity across diverse patient populations.[18] This resource provides strategies and best practices that align with the four standards under the National CLAS Standards Communication and Language Theme, which is a guide for organizations providing communication and language assistance. Implementing the strategies can help organizations address key challenges related to awareness, language complexities, and cultural sensitivity to improve the delivery of communication and language assistance.

ENDNOTES

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2 Dietrich S., Hernandez E. Language Use in the United States: 2019. American Community Survey Reports. ACS-50. U.S. Census Bureau. 2022. https://www.census.gov/content/dam/Census/library/publications/2022/acs/acs-50.pdf

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4 The National CLAS standards are not themselves legal requirements. However, health care organizations are also subject to numerous legal requirements, not discussed herein, that may overlap with lessons or recommendations related to the National CLAS standards in some cases. For example, health care entities may be subject to Section 1557, the Rehabilitation Act, the Americans with Disabilities Act, and Title VI, as well as their implementing regulations. This document is not intended to provide guidance on complying with these legal requirements.

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11 For information about legal requirements regarding language access in health programs and activities, please refer to: Language Access Provisions of the Final Rule Implementing Section 1557 of the Affordable Care Act.

12 For information about legal requirements regarding language access in health programs and activities, please refer to: Language Access Provisions of the Final Rule Implementing Section 1557 of the Affordable Care Act.

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16 McKee M, James TG, Helm KVT, et al. Reframing Our Health Care System for Patients with Hearing Loss. J Speech Lang Hear Res. 2022;65(10):3633-3645. doi:10.1044/2022_JSLHR-22-00052

17 HHS, in alignment with the federal government's commitment to efforts designed to ensure appropriate policies and procedures related to AI, established the HHS Office of the Chief Artificial Intelligence Officer (OCAIO) in 2021 to facilitate effective collaboration on AI efforts across HHS agencies and offices. For more information, refer to the HHS AI strategy, the Trustworthy AI Playbook, the HHS response to the Office of Management and Budget (OMB) Memo 21-06 (Guidance for Regulation of AI Applications), and the HHS compliance plan for OMB Memo M-24-10 (Advancing Governance, Innovation, and Risk Management for Agency Use of AI). For information about legal requirements regarding language access in health programs and activities, including legal requirements regarding machine translation, please refer to: Language Access Provisions of the Final Rule Implementing Section 1557 of the Affordable Care Act.

18 U.S. Department of Health and Human Services (HHS), Office of Minority Health. National standards for culturally and linguistically appropriate services in health and health care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. HHS. 2013. https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLAS-StandardsBlueprint.pdf .

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