



# Making the Case for Implementing the National CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (National CLAS Standards) support many aspects of CMS' mission 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 support providers in making the case for implementing the National CLAS Standards in their respective settings by describing how the Standards can help providers improve cost-effectiveness, safety, efficiency, and the quality of care they provide.<sup>1</sup>



## COST EFFECTIVENESS

### Providing culturally and linguistically appropriate care is cost-effective.

- Low health literacy adds an additional \$106-238 billion in cost to the health care system.<sup>2</sup> Culturally and linguistically tailored care helps to improve health literacy.<sup>3</sup>
- Using live interpretation<sup>4</sup> and communication technologies<sup>5</sup> decreases the cost of care for people with limited English proficiency (LEP) and people with disabilities.
- Implementing culturally and linguistically appropriate care reduces the cost of hospital visits<sup>6</sup> by decreasing emergency department visits and readmissions as well as shortening lengths of stay.<sup>7</sup>



## SAFETY

### Providing culturally and linguistically appropriate care improves patient safety.

- Individuals with limited English proficiency (LEP) are more likely to be harmed during adverse events and more likely to experience adverse outcomes than English-proficient patients.<sup>8</sup>
- Failure to address culture, language, and health literacy can lead to a variety of adverse events affecting patient safety, including but not limited to missed screenings, diagnostic errors, and inappropriate care transitions.<sup>9</sup>
- Engaging patients as safety partners in care can help identify and rectify preventable adverse events.<sup>10</sup>



## EFFICIENCY

### Providing culturally and linguistically appropriate care improves health care efficiency by:

- Decreasing median Medicare lengths of stay at the hospital;<sup>11</sup>
- Increasing the efficient use of staff, facilities, and supplies;<sup>12</sup>
- Improving communications between providers and patients, allowing for co-creation of treatment plans that are more culturally appropriate and effective;<sup>13, 14</sup> and
- Increasing the likelihood that individuals will follow provider-recommended self-management plans.<sup>15, 16</sup>



## QUALITY

### Providing culturally and linguistically appropriate care improves quality of health care.

- Failing to address cultural differences between patients and providers leads to misunderstandings, value conflicts, and misaligned perceptions of health and illness, which contribute to poor health outcomes.<sup>17</sup>
- Hiring qualified interpreters for people with LEP and qualified auxiliary aids and services (such as readers and interpreters) for people with disabilities has been shown to improve communication (e.g., reduced errors, improved comprehension), utilization, and satisfaction with care.<sup>18</sup>
- Care provided in an individual's primary language increases their participation in mental health treatment interventions.<sup>19</sup>

## REFERENCES

- <sup>1</sup> U.S. Department of Health and Human Services: Think Cultural Health. "National Culturally and Linguistically Appropriate Services Standards." (n.d.). <https://thinkculturalhealth.hhs.gov/clas/standards>.
- <sup>2</sup> Vernon, John A, Antonio Trujillo, Sara J Rosenbaum, and Barbara DeBuono. "Low Health Literacy: Implications for National Health Policy." Washington, D.C.: Department of Health Policy, School of Public Health and Health Services, October 2007. [https://hsrg.himmelfarb.gwu.edu/sphhs\\_policy\\_facpubs/172/](https://hsrg.himmelfarb.gwu.edu/sphhs_policy_facpubs/172/).
- <sup>3</sup> Andrulis, Dennis P., and Cindy Brach. "Integrating Literacy, Culture, and Language to Improve Health Care Quality for Diverse Populations." *American Journal of Health Behavior* 31, no. Suppl 1 (2007): S122–33. doi: 10.5555/ajhb.2007.31.supp.S122.
- <sup>4</sup> Jacobs, Elizabeth A., Donald S. Shepard, Jose A. Suaya, and Esta-Lee Stone. "Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services." *American Journal of Public Health* 94, no. 5 (May 2004): 866–69.
- <sup>5</sup> Masland, Mary C., Christine Lou, and Lonnie Snowden. "Use of Communication Technologies to Cost-Effectively Increase the Availability of Interpretation Services in Healthcare Settings." *Telemedicine and E-Health* 16, no. 6 (July 2010): 739–45. <https://doi.org/10.1089/tmj.2009.0186>.
- <sup>6</sup> "Making the Business Case for Cultural and Linguistically Appropriate Services in Health Care: Case Studies from the Field." Alliance of Community Health Plans Foundation, 2007. [https://www.geneticcounselingtoolkit.com/pdf\\_files/CLAS%20Business%20Case.pdf](https://www.geneticcounselingtoolkit.com/pdf_files/CLAS%20Business%20Case.pdf).
- <sup>7</sup> Schiaffino, Melody K, Melissa Ruiz, Melissa Yakuta, Alejandro Contreras, Setareh Akhavan, Britney Prince, and Robert Weech-Maldonado. "Culturally and Linguistically Appropriate Hospital Services Reduce Medicare Length of Stay." *Ethnicity & Disease* 30, no. 4 (September 24, 2020): 603–10. doi: 10.18865/ed.30.4.603.
- <sup>8</sup> Divi, Chandrika, Richard G. Koss, Stephen P. Schmaltz, and Jerod M. Loeb. "Language Proficiency and Adverse Events in US Hospitals: A Pilot Study." *International Journal for Quality in Health Care: Journal of the International Society for Quality in Health Care* 19, no. 2 (April 2007): 60–67. <https://doi.org/10.1093/intqhc/mzl069>.
- <sup>9</sup> Brach, Cindy, Kendall K. Hall, and Eleanor Fitall. "Cultural Competence and Patient Safety." *Patient Safety Net Perspectives*, December 27, 2019. <https://psnet.ahrq.gov/perspective/cultural-competence-and-patient-safety>.
- <sup>10</sup> Forbat, Liz, Sandi Cayless, Kate Knighting, Jocelyn Cornwell, and Nora Kearney. "Engaging Patients in Health Care: An Empirical Study of the Role of Engagement on Attitudes and Action." *Patient Education and Counseling* 74, no. 1 (January 2009): 84–90. <https://doi.org/10.1016/j.pec.2008.07.055>.
- <sup>11</sup> Schiaffino, Melody K, Melissa Ruiz, Melissa Yakuta, Alejandro Contreras, Setareh Akhavan, Britney Prince, and Robert Weech-Maldonado. "Culturally and Linguistically Appropriate Hospital Services Reduce Medicare Length of Stay." *Ethnicity & Disease* 30, no. 4 (September 24, 2020): 603–10. <https://doi.org/10.18865/ed.30.4.603>.
- <sup>12</sup> "Making the Business Case for Culturally and Linguistically Appropriate Services in Health Care: Case Studies from the Field." Alliance of Community Health Plans Foundation, 2007. [https://www.geneticcounselingtoolkit.com/pdf\\_files/CLAS%20Business%20Case.pdf](https://www.geneticcounselingtoolkit.com/pdf_files/CLAS%20Business%20Case.pdf).
- <sup>13</sup> Forbat, Liz, Sandi Cayless, Kate Knighting, Jocelyn Cornwell, and Nora Kearney. "Engaging Patients in Health Care: An Empirical Study of the Role of Engagement on Attitudes and Action." *Patient Education and Counseling* 74, no. 1 (January 2009): 84–90. <https://doi.org/10.1016/j.pec.2008.07.055>.
- <sup>14</sup> Tucker, Carolyn M., Michael Marsiske, Kenneth G. Rice, Jessica D. Jones, and Keith C. Herman. "Patient-Centered Culturally Sensitive Health Care: Model Testing and Refinement." *Health Psychology* 30, no. 3 (May 2011): 342–50. <https://doi.org/10.1037/a0022967>.
- <sup>15</sup> *Ibid.*
- <sup>16</sup> Dragomanovich, Hannah M., and Jay H. Shubrook. "Improving Cultural Humility and Competency in Diabetes Care for Primary Care Providers | Clinical Diabetes | American Diabetes Association." *Clinical Diabetes* 39, no. 2 (April 1, 2021): 220–24. <https://doi.org/10.2337/cd20-0063>.
- <sup>17</sup> Lie, Désirée, Olivia Carter-Pokras, Bonnie Braun, and Cliff Coleman. "What Do Health Literacy and Cultural Competence Have in Common? Calling for a Collaborative Health Professional Pedagogy." *Journal of Health Communication* 17 Suppl 3, no. 0 3 (2012): 13–22. <https://doi.org/10.1080/10810730.2012.712625>.
- <sup>18</sup> Karliner, Leah S., Elizabeth A. Jacobs, Alice Hm Chen, and Sunita Mutha. "Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature - PMC." *Health Services Research* 42, no. 2 (August 31, 2006): 727–54. <https://doi.org/10.1111/j.1475-6773.2006.00629.x>.
- <sup>19</sup> Aviera, A. "'Dichos' Therapy Group: A Therapeutic Use of Spanish Language Proverbs with Hospitalized Spanish-Speaking Psychiatric Patients." *Cultural Diversity and Mental Health* 2, no. 2 (1996): 73–87.