Providing CLAS

Although a health care provider has medical expertise about treating a disease or condition, a patient is the expert of their own life and body. That's why it's so important to learn about a patient's social identities, life experiences, values, perceptions, communication needs, history, and more. Eliciting and listening to that information in a respectful and compassionate manner is key to providing high quality care.

You can do this by providing **culturally and linguistically appropriate services** (CLAS), which includes practicing cultural competency and cultural humility.

- **Cultural competency** refers to the developmental process in which one gains the awareness, knowledge, and skills to work and communicate effectively in cross-cultural situations
- **Cultural humility** refers to the reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them

The following strategies will help you provide culturally and linguistically appropriate services.

Effective communication

Culture influences how we communicate and how we interpret others' communication styles.

- Be aware of the **verbal, nonverbal, and written** aspects of communication
- Understand the relationship between communication and **cultural identity**
- **Adapt** your communication to each patient, making an effort to understand communication preferences and cues from the patient's perspective

Health literacy

Anyone may struggle to understand health information, so communicate health information to all patients in a way that almost anyone will understand.

- **Use plain, non-medical language**. Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen
- **Use the patient's words**. Take note of what words the patient uses to describe their illness, and use them in your conversation
- **Slow down**. Speak clearly and at a moderate pace
- **Limit and repeat messages**. Prioritize what needs to be discussed, and limit information to three to five key points and repeat them
- **Be specific and concrete**. Don't use vague and subjective terms that can be interpreted in different ways
- **Show graphics**. Draw pictures, use illustrations, or demonstrate with 3-D models. All pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy
- **Demonstrate how it's done**. Whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation

Teach Back method

To make sure your communication has been effective, check understanding using the Teach Back method.

1. **Share information** with the patient and their family in a clear and simple manner
2. **Confirm understanding** by asking them to explain in their own words what they need to know and do. Consider saying, "I want to be sure we are on the same page. Can you tell me …?" or "I want to make sure that I explained things clearly. Can you explain to me what we just talked about?"
3. If they tell you something that is not completely correct, respectfully and patiently **present the information again**, rephrasing it. Then ask them to tell it back to you in their own words again. Repeat this step until their response is complete and satisfactory

Language assistance services

To communicate effectively, you and your patient must have a shared language or use language assistance services to provide a common language. Ask all patients for their preferred language. If that language is not English, you must arrange for language assistance services.

- Oral language assistance: The provision of a qualified interpreter to facilitate any verbal communication between a provider and a patient. This obligation can be met by a qualified bilingual or multilingual staff member who provides interpreter services. Interpreter services need to be provided for patients with limited English proficiency, patients who are deaf or hard of hearing, and patients with any other characteristics that make it hard for them to understand oral English communication. Interpreter services may be offered in person, by video conferencing, or through telephone interpreter services or language lines. With the exception of emergency situations, you and your organization may not rely on a patient's minor child or adult relative to serve as an interpreter. This compromises effective communication and can create a culturally unsafe situation for the patient and/or relative.
- Written translation: The provision of translated written materials, translated by a qualified translator, for patients with limited English proficiency. Materials can include intake forms, consent forms, education materials, and assessment and diagnostic tests.

LEARN model

The LEARN model suggests a framework for listening, explaining, acknowledging, recommending, and negotiating health information and instructions.

- **Listen** with empathy for the patient's perception of the problem
- **Explain** your perception of the issue
- **Acknowledge** and discuss differences and similarities
- **Recommend** treatment. Suggest a treatment plan that is developed with the client's involvement, including culturally appropriate aspects
- **Negotiate** agreement. The final treatment plan should be determined as mutually agreeable by both the care provider and client

Strategies for listening and learning

Respectfully eliciting information and questions from the patient, and listening with compassion, will build the trust and give you the information necessary for a productive therapeutic relationship.

- Sit at the same level as the patient, look at them instead of the chart or screen, and **let them speak with few or no interruptions**
- **Acknowledge the patient's expertise** by saying, "You know your body better than I do" or "You're in the best position to judge." The patient knows more than you do about their own health as they experiences it
- **Ask questions to better understand how the patient views their health, health care needs, and priorities**. Borrowing from Arthur Kleinman's explanatory model, consider asking: What do you fear most? What are your chief complaints? What care do you think you should receive? What are the most important results you hope to receive from care?
- **Invite questions** from the patient. **Answer their questions fully, clearly, and respectfully**, without interrupting.
    - Use the Ask Me 3 method, in which you encourage patients to ask you three questions: What is my main problem? What do I need to do? Why is it important for me to do this?
    - Ask, "What questions do you have?" or "What would you like to know more about?" instead of "Do you have any questions?"

Partnership building and shared decision-making

Partnership building means framing the person-provider relationship as one between collaborating equals or as equal members of a team. Shared decision-making means treatment decisions are based on both the provider's and patient's expertise. The HHS Agency for Healthcare Research and Quality's 5 essential steps of shared decision-making are:

1. **Seek** your patient's participation
2. **Help** your patient explore and compare treatment options
3. **Assess** your patient's values and preferences
4. **Reach** a decision with your patient
5. **Evaluate** your patient's decision

Sources:

Agency for Healthcare Research and Quality. (2015, February*). Health literacy universal precautions toolkit, 2nd edition*. https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html
Agency for Healthcare Research and Quality. (n.d.). *Implementation quick start guide: Teach-back*. http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/TeachBack-QuickStartGuide.pdf
Berlin, E.A., & Fowkes, W.C. (1983). A teaching framework for cross-cultural health care: Application in family practice. *The Western Journal of Medicine, 12*(139), 93-98.
Culturally Connected. (n.d.). *Tools.* https://www.culturallyconnected.ca/#tools
Dreachslin, J. L., Gilbert, M. J., & Malone, B. (2013). *Diversity and cultural competence in health care a systems approach*. Jossey-Bass.
Epner, D., & Baile, W. (2012). Patient-centered care: the key to cultural competence. *Annals of Oncology*, *23*, iii33–iii42. doi: 10.1093/annonc/mds086
Section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18116 (2010), and its implementing regulation, U.S. Department of Health and Human Services, *Nondiscrimination in health and health education programs or activities, delegation of authority* (June 19, 2020), https://www.federalregister.gov/documents/2020/06/19/2020-11758/nondiscrimination-in-health-and-health-education-programs-or-activities-delegation-of-authority
White, A. A., & Stubblefield-Tave, B. (2016). Some advice for physicians and other clinicians treating minorities, women, and other patients at risk of receiving health care disparities. *Journal of Racial and Ethnic Health Disparities*, *4*(3), 472–479. doi: 10.1007/s40615-016-0248-6