

Office of Minority Health's Recommended* National Standards for Culturally and Linguistically Appropriate Services in Health Care

The Fundamentals of Culturally Competent Care

1. Health care organizations should ensure that patients/consumers† receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in CLAS delivery.

Speaking of Culturally Competent Care

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with LEP at all points of contact and in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must ensure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Structuring Culturally Competent Care

8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide CLAS.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are

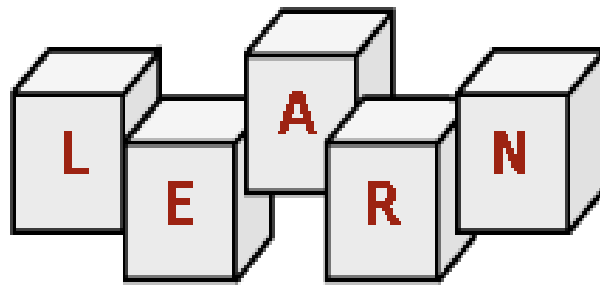
culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

14. Health care organizations are encouraged to make available regularly to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Handout 1.2

LEARN Model

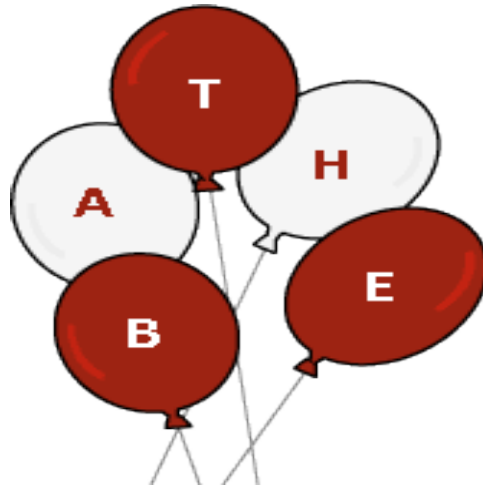
The LEARN model suggests a framework for listening, explaining, acknowledging, recommending, and negotiating health information and instructions (Berlin & Fowkes, 1983).



- **Listen** with sympathy and understanding to the patient's perception of the problem.
- **Explain** your perception of the problem.
- **Acknowledge** and discuss differences and similarities.
- **Recommend** treatment.
- **Negotiate** agreement.

BATHE Model

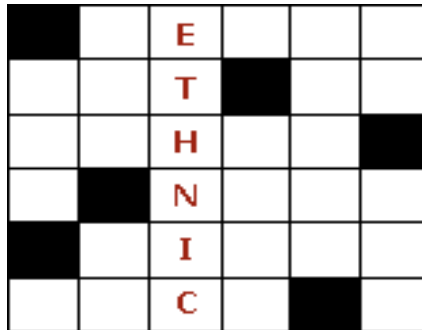
The BATHE model provides a useful mnemonic for eliciting the psychosocial context through asking simple questions about background, affect, trouble, handling, and empathy (Stuart & Lieberman, 1993).



- **Background:** The simple question “What is going on in your life?” elicits the context of the patient’s visit.
- **Affect:** Asking “How do you feel about what is going on?” or “What is your mood?” allows the patient to report and label the current feeling state.
- **Trouble:** “What about the situation troubles you the most?” helps the physician and patient focus and may bring out the symbolic significance of the illness or event.
- **Handling:** “How are you handling that?” gives an assessment of functioning and provides direction for an intervention.
- **Empathy:** “That must be very difficult for you” legitimizes the patient’s feelings and provides psychological support.

ETHNIC Model

ETHNIC, a model for culturally competent clinical practice, includes questions to elicit information about a patient's explanation of illness, treatment, and healers, along with negotiation, intervention, and collaboration about treatment (Levin, Like, & Gottlieb, 2000).



Explanation

- What do you think may be the reason that you have these symptoms?
- What do friends, family, or others say about these symptoms?
- Do you know anyone else who has had this kind of problem?
- Have you heard about, read about, or seen it on television, radio, or newspaper? (If patients cannot offer explanations, ask what most concerns them about their problems.)

Treatment

- What kinds of medicines, home remedies, or other treatments have you tried for this illness?
- Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy? Tell me about it.
- What kind of treatment are you seeking from me?

Healers

- Have you sought any advice from alternative/folk healers, friends, or other people (nondoctors) for help with your problems? Tell me about it.

Negotiation

- Negotiate options that will be mutually acceptable to you and your patient and that do not contradict but rather incorporate your patient's beliefs.
- Ask what are the most important results that your patient hopes to achieve from this intervention.

Intervention

- Determine an intervention with your patient. This intervention may include the incorporation of alternative treatments, spirituality, and healers as well as other cultural practices (e.g., foods eaten or avoided in general and when sick).

Collaboration

- Collaborate with the patient, his or her family members, other health care team members, healers, and community resources.