The CLAS Booklet

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Table of Contents

Getting started with providing

Culturally and Linguistically Appropriate Services (CLAS)

What is CLAS?

Culturally and linguistically appropriate services (CLAS) ensure that the services you and your organization provide are respectful and responsive to each patient's culture and communication needs.

What are CLAS Standards?

The HHS Office of Minority Health published National CLAS Standards in 2000 and updated them in 2013 to advance health equity and improve quality of care.

The CLAS Standards provide health care organizations with 15 actionable steps for providing appropriate services.

Why is CLAS Important?

CLAS helps advance health equity to ensure that every person can "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

While many factors impact health equity, providing culturally and linguistically appropriate services can be effective at improving healthcare quality and outcomes.

What is CLAS's Impact on Patient Care?

Culture plays an important role in health beliefs, behaviors, and practices as well as communication styles and treatment adherence.

Language is central to communication, which is essential to patient care and safety.

Approximately 20 percent of people in the United States speak a language other than English, and a significant proportion of this population has limited English proficiency (LEP).

These patients face many disparities in care, including:

- longer hospital stays,
- greater risk of surgical infections, falls, pressure ulcers, and
- greater chance of readmissions.

Cultural competence can lead to improved patient communication, patient safety, fewer healthcare disparities, and decreased costs.

How Can We Get Started on Implementing CLAS?

Use the CLAS Assessment to develop an action plan on how best to improve CLAS implementation.

Contact our Quality Improvement Team at Qsource-QIDept@qsource.org for resources and assistance on moving forward with your individualized plan.

Resources on CLAS can also be found at: https://esrd.qsource.org/quality-improvement/health-equity/

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National Standards for Culturally and Linguistically Appropriate Services 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:

- 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:

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

- 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.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 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:

- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- 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.
- 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.
- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Adapted from the "National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice."

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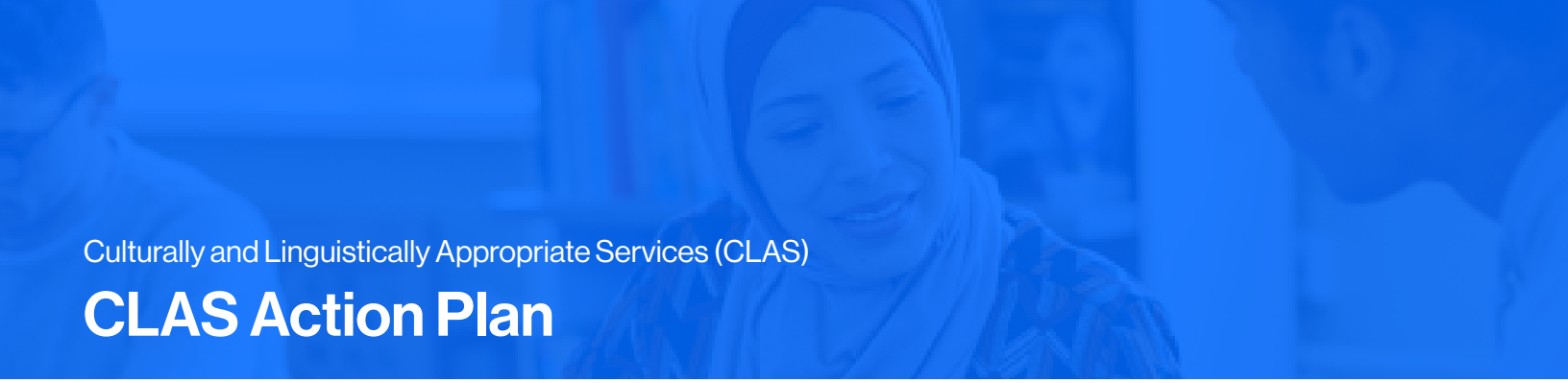

Culturally and Linguistically Appropriate Services (CLAS)

CLAS Action Plan

Primary Contact/Champion: _____

Role/Title: _____ Facility Name: _____

Organization: _____

Additional Improvement Team Members: _____

_____

_____

Standard(s) Your Organization Has Chosen to Focus On

CLAS Standard Theme: _____

CLAS Standard Practice: _____

Considerations (organizational objectives, challenges, resources, building on an existing plan, working with other external partners, etc.):

_____

_____

_____

Action Steps/Strategies:

1. _____
2. _____
3. _____

Recommended Resources:

_____

_____

Standard(s) Your Organization Has Chosen to Focus On

CLAS Standard Theme: _____

CLAS Standard Practice: _____

Considerations (organizational objectives, challenges, resources, building on an existing plan, working with other external partners, etc.):

_____

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Action Steps/Strategies:

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CLAS Standard Theme: _____

CLAS Standard Practice: _____

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Action Steps/Strategies:

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3. _____

Recommended Resources:

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The Case for Providing Culturally and Linguistically Appropriate Services (CLAS)

The Importance of CLAS

Culturally and linguistically appropriate services (CLAS) ensure that the services you and your organization provide are respectful and responsive to each patient's culture and communication needs.

CLAS Standards are Part of Your Organization's Health Equity Journey

The CLAS standards are a part of your organization's journey to achieving health equity and are embedded in CMS' priorities to advance health equity – without addressing language barriers, low health literacy, or cultural considerations, we cannot achieve health equity.

CMS Framework for Health Equity[1]

CMS' framework for health equity includes four priorities, one of which is to advance language access, health literacy, and the provision of culturally tailored services which the CLAS standards incorporate.

Priority 1: Expand Collection, Reporting, and Analysis of Standardized Data

Priority 2: Access Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage

The Business Case for CLAS[2]

In addition to the important focus of implementing CLAS standards to promote health equity, there is also a business case to be made for CLAS with the following benefits:

- Provides an approach on addressing disparities in care, and preferred language is an important way to stratify healthcare outcomes.
- Emphasizes patient-centered care that accounts for patients' needs and preferences which can help improve patient satisfaction.
- Highlights the organization's efforts to better serve its communities and populations by involving them in participatory efforts.
- Accounts for the changing demographics of the U.S. population with more than 20 percent of the population speaking a language other than English at home.
- Improves health care outcomes and contributes to patient safety efforts because communication is key to reducing medical errors, and it is important to communicate in a person's preferred language.
- Supports legislative (e.g., state legislation on cultural competency training), regulatory (e.g., Title VI of Civil Rights Act of 1964 on providing competent interpreter services) and accreditation mandates (e.g., The Joint Commission).

Case Studies Highlighting the Use of CLAS

The U.S. Department of Health and Human Services Office of Minority Health has highlighted several organizations that are implementing the CLAS Standards.[3] Below is a synthesis of the ways these organizations implemented CLAS Standards and the benefits they achieved from them:

- Provide advocacy staff to discuss patient rights, language services, and other concerns which has provided an avenue to get patient feedback on their care.
- Institute competency assessments for internal bilingual staff which has promoted reductions in length of stay and lower costs for interpreter services.
- Create signage in multiple languages and staff providing services in those languages which has become part of the organizational culture and promotes respect for the communities being served.
- Conduct a needs assessment on a roadmap to improve access and delivery of equitable care which includes consideration of cultural, linguistic, and health literacy needs, and ultimately promote health equity by building staff capacity, and engaging and collaborating with the community.

1 Centers for Medicare & Medicaid Services, CMS Framework for Health Equity 2022–2032 , accessed September 29, 2022, https://www.cms.gov/files/document/cms-framework-health-equity.pdf.

2 The Case for the Enhanced National CLAS Standards, accessed September 29, 2022, https://allianceforclas.org/wp-content/uploads/2011/05/CaseForEnhancedCLASStandards1.pdf.

3 Centers for Medicare & Medicaid Services and the U.S. Department of Health and Human Services Office of Minority Health, An Implementation Checklist for the National CLAS Standards, accessed September 29, 2022, https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf

CLAS, Cultural Competency, and Cultural Humility

You can improve your quality of care by understanding, respecting, and responding to a patient's experiences, values, beliefs, and preferences. Several concepts can help us understand how to do this: CLAS, cultural competency, and cultural humility.

Culturally and linguistically appropriate services (CLAS) refers to services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs. CLAS should be employed by all members of an organization (regardless of size) at every point of contact. CLAS helps you meet the six aims for improving health care quality: the delivery of care that is safe, effective, patient-centered, timely, efficient, and equitable.

At the provider level, providing CLAS means practicing cultural competency and cultural humility.

Cultural competency is a developmental process in which one achieves increasing levels of awareness, knowledge, and skills along a continuum, improving one's capacity to work and communicate effectively in cross-cultural situations. Strategies for practicing cultural competency include:

- Learning about your own and others' cultural identities
- Combating bias and stereotypes
- Respecting others' beliefs, values, and communication preferences
- Adapting your services to each patient's unique needs
- Gaining new cultural experiences

Cultural humility is a 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. Strategies for practicing cultural humility include:

- Practicing self-reflection, including awareness of your beliefs, values, and implicit biases
- Recognizing what you don't know and being open to learning as much as you can
- Being open to other people's identities and empathizing with their life experiences
- Acknowledging that the patient is their own best authority, not you
- Learning and growing from people whose beliefs, values, and worldviews differ from yours

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Combating Implicit Bias and Stereotypes

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. An implicit bias can make us susceptible to unintentionally acting in ways that are inconsistent with our values. Although you do not choose to have an implicit bias, you can choose to be aware of it and combat its effects.

Two important first steps are to:

- Recognize that we all have implicit biases and that implicit bias can negatively affect clinical interactions and outcomes
- Accept the responsibility to identify and understand your implicit biases

The table below presents the next steps you can take to confront your implicit biases and reduce stereotypic thinking. Consistent and conscious use of these strategies can help you create a habit of nonbiased thinking.

Stereotype replacement	Become aware of the stereotypes you hold and create non-stereotypical alternatives to them
Counter-stereotypic imaging	Remember or imagine someone from a stereotyped group who does not fit the stereotype
Individuating	See each person as an individual, not a group member; pay attention to things about them besides the stereotypes of their group
Perspective-taking	Imagine the perspective of someone from a group different than your own (“Put yourself in the other person’s shoes.”)
Contact	Seek ways to get to know people from different social groups. Build your confidence in interacting with people who are different from you. Seek opportunities to engage in discussions in safe environments, spend time with people outside your usual social groups, or volunteer in a community different than your own.
Emotional regulation	Reflect on your “gut feelings” and negative reactions to people from different social groups. Be aware that positive emotions during a clinical encounter make stereotyping less likely.
Mindfulness	Keep your attention on the present moment so you can recognize a stereotypic thought before you act on it

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Communication Styles

The table below outlines different aspects of communication styles and how they tend to vary across cultures. Being aware of how communication styles tend to vary across cultures can help you avoid misunderstandings, but it is also important that you understand the unique cultural identity and individual preferences of those you serve in order to communicate with them effectively.

Communication Style	Cultural Differences	Examples
Tone, volume, and speed of speech	Culture can influence how loudly it is appropriate to talk, the tone and level of expressiveness in the voice, and the speed of speech. Loud, fast, and expressive speech is common in some cultures but could be considered rude or aggressive in others.	Loud and expressive speech is often more common in African American, Caribbean, Latin American, and Arab cultures. Some American Indian cultures, Alaskan native, and Latin American indigenous cultures favor softer tones of voice and less expressive speech, as do some East Asian cultures.
Eye contact	Culture can influence whether it is considered polite or rude to make eye contact when addressing someone, and whether eye contact is necessary to indicate that one is listening.	Direct eye contact is highly valued, both when speaking and listening, by many white Americans. Direct eye contact is considered rude in some Asian cultures.
Use of pauses and silence	Culture can influence whether pauses and silence are comfortable or uncomfortable.	Pauses and silence are uncomfortable for many people who identify with dominant U.S. cultural norms. Some American Indian cultures value silences and pauses as they provide time to process information and gather thoughts.
Facial expressiveness	Culture can influence whether low facial expressiveness is considered normal or interpreted as a lack of understanding, a lack of interest, or even resistance.	Many of the cultures that exhibit high verbal expressiveness also exhibit high facial expressiveness (for example, many cultures from Latin America and the Caribbean). Maintaining a neutral facial expression is more common among some American Indian and Asian cultures.

Communication Style	Cultural Differences	Examples
Emotional expressiveness	Culture can influence how open people are in talking about their feelings. It's important to note that people from cultures that tend to be more emotionally expressive may still think that it is inappropriate to discuss emotions (particularly negative emotions) with people who are not close friends or family.	People from Western European cultures and white Americans are often relatively comfortable expressing that they "feel sad." In some other cultures, people may feel more comfortable showing different emotions, such as anger. In some cultures (for example, some East Asian cultures), expressing any strong emotions could be considered inappropriate. Gender, and how it intersects with cultural identity, can also play a big role in what emotions, if any, people are comfortable expressing.
Self disclosure	Culture can influence whether talking to others about difficult personal situations is accepted or considered inappropriate. Individuals from cultures where self-disclosure is generally viewed negatively may disclose little about themselves and feel uncomfortable when asked to open up about personal problems.	Self-disclosure may be particularly low for people from highly collectivist cultures (such as many East Asian cultures), especially if they believe it can bring shame on the family to admit to having a mental illness or substance use disorder. However, it's important to note that the level of trust also influences the degree of a community member's disclosure, meaning self-disclosure can be low for someone of any cultural group if there is not sufficient trust and rapport.

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Communication Style	Cultural Differences	Examples
Formality	Culture can influence whether personal warmth or respect and formality are more valued.	Many Latin American, African American, and white American individuals prefer a personal and warm style. Community members from these cultures may expect to make small talk and ask questions to get to know those who are providing them with disaster or emergency assistance. Other cultural groups (for example, some East Asian cultures) may expect a relationship with a disaster or emergency responder to be formal, particularly at the beginning.
Directness	Culture can influence whether verbal directness is valued or considered rude.	The dominant cultural norm in the U.S. is to be relatively direct compared to many other cultures. In many cultures (for example, many Asian cultures and Latin American cultures), certain things, particularly those that are negative or embarrassing, should not be said directly but treated with subtlety.

Communication Style	Cultural Differences	Examples
Orientation to self or others	Culture can influence how open people are in talking about their feelings. It's important to note that people from cultures that tend to be more emotionally expressive may still think that it is inappropriate to discuss emotions (particularly negative emotions) with people who are not close friends or family.	People from Western European cultures and white Americans are often relatively comfortable expressing that they "feel sad." In some other cultures, people may feel more comfortable showing different emotions, such as anger. In some cultures (for example, some East Asian cultures), expressing any strong emotions could be considered inappropriate. Gender, and how it intersects with cultural identity, can also play a big role in what emotions, if any, people are comfortable expressing.

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How to Better Understand Different Social Identities

Getting to know your client's social identities will help you understand the discrimination and oppression they have faced. It can also position you to help your client find ways to cultivate strengths and find inspiration. You can support your client in drawing strength from their intersecting social identities, finding a unique combination of qualities and capabilities that empower them. When seeking to better understand a client's social identities, consider the following factors.

Factor to Consider	Example
Key historical events	What lingering damage might American Indian communities face as a result of the history of compulsory boarding schools separating American Indian children from their families? How might a Hmong refugee be impacted by the long history of persecution and displacement faced by members of the Hmong ethnic group?
Sociopolitical issues	For a transgender client, what is the message sent with the passage of "Bathroom Bills"? How might a Latin American client be affected by current changes in immigration enforcement and plans to build a wall on the border with Mexico?
Basic values and beliefs	How might values of independence and individualism, common in dominant groups in the U.S., contrast with values of collectivism and family predominant in many Asian, African, and Latin American cultures? What misunderstandings could arise between groups that value straightforwardness, such as the dominant U.S. cultural group, and groups that value politeness, perhaps depending more on non-verbal cues to communicate?
Cultural practices	What cultural practices common among the dominant groups in the U.S. contrast with cultural practices of other groups? Take personal space, for example, which is important for many Americans. What impression would an insistence on personal space give a person from a Latin American or Mediterranean culture where people prefer to stand or sit very close to others while talking?

To explore cultural opportunities when engaging a client, try to link the conversation to what you know about the client's salient social identities. Even if your client does not say much in response, you have shown them that you are willing to explore cultural issues. As you build a strong therapeutic relationship, more discussions about cultural identity may take place.

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Effective Cross-Cultural Communication Skills

Improve Your Cultural and Linguistic Appropriateness

- Understand that improving cultural and linguistic appropriateness is an ongoing journey
- Understand the role that your culture plays in your interactions and delivery of care
- Understand the role culture plays in health beliefs and behaviors
- Become knowledgeable about the backgrounds of the individuals you serve
- Be aware of language differences, and offer language assistance services
- Build trust and rapport with the individuals you serve to facilitate learning about their needs, values, and preferences
- Be aware that some individuals may use various terms to describe medical issues (e.g., “sugar” for diabetes)
- Be aware of barriers that can arise when expressions, idioms, or multi-meaning words are used (even if you and your patient both speak the same language)
- Ask questions

Do Not Make Assumptions

- Use simple language. Avoid medical and healthcare jargon. Do not assume you know an individual’s literacy and health literacy levels
- Check understanding and encourage questions. Do not assume an individual understood what you communicated
- Adopt a positive, curious, nonjudgmental approach toward all individuals. Do not assign meaning to an individual’s nonverbal communication cues.

Understand and Recognize Differences in Communication Styles

- Appreciate how your communication preferences and style may differ from others’
- Understand how communication styles (e.g., nonverbal communication cues) and norms (e.g., the role of various family members) differ across cultures
- Tailor your communication so that your patients can better understand you

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Working Effectively with an Interpreter

Before a visit with a patient or client who needs an interpreter:

- Use a trained interpreter. Interpreters should be trained and certified in medical interpreting, especially when working in a clinical setting
- Treat the interpreter as a respected healthcare professional
- Allow extra time for the visit. Everything will be communicated at least twice (once by the speaker and once by the interpreter), unless using simultaneous interpretation
- Ensure that there are no (or minimal) distractions, such as noises that may interrupt your full engagement with the patient
- Give the interpreter a brief summary of the individual, goals, and/or procedures for the session
- Document the name of the interpreter

During a visit:

- Introduce yourself and have others in the room introduce themselves directly to the patient upon entering the room, allowing the interpreter to interpret the greeting. Do not address your introductions to the interpreter. Introductions help set the tone and establish you as the one directing the interaction.
- Use first person, and ask the interpreter to do the same.
- Face and speak directly to the patient. Even if the patient maintains eye contact with the interpreter, you should maintain eye contact with the patient, not the interpreter.
- Observe and monitor your and your patient's nonverbal communication.
- Speak clearly, being careful not to raise your voice or shout.
- Use simple language and avoid medical or healthcare jargon.
- Use sentence-by-sentence interpretation. Multiple sentences may lead to information being left out.

During a Visit (cont'd):

- Allow the interpreter to ask open-ended questions, if needed, to clarify what an individual says.
- Observe what is going on before interrupting the interpreter. Interruption may be warranted, for example, if the interpreter is taking a long time to interpret a simple sentence, or if the interpreter is having a conversation with the patient outside their role.
- Ask the interpreter if they are filling in details for the patient. The interpreter may have interpreted for the patient before and be familiar with their history, or the interpreter may be filling in based on assumptions. It is important that the interpreter maintains professionalism, and that you obtain an accurate and current history each time the patient is seen.

Near the end of the visit:

- Use the "teach back" method to rephrase and confirm that the patient understands your directions and recommendations.
- Allow time for the patient to ask questions and seek clarifications.

Remember:

- Some individuals who require an interpreter may understand English well. Comments you make to others might be understood by the patient.
- If your patient declines language assistance services, ask them to sign a form that says they understand that language assistance is available and choose to decline these services.
    - This form must be available and signed in their primary language, or completed orally if they are unable to read in their primary language.
    - Document that the individual has been notified of these rights, as well as the patient's preferences in utilizing language access services.
    - These are precautions in case of issues regarding whether certain information was provided to and understood by the patient.

Sources

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Qsource® ESRD Networks

Health Literacy and End-Stage Renal Disease

What Is Health Literacy? Personal health literacy refers to an individual's capacity to find, understand, and use information and services to inform health-related decisions and actions for themselves and others[1].

About 25% of chronic kidney disease patients experience limited health literacy [2]

What Does That Mean for ESRD Patients?

Examples of health literacy include understanding instructions (e.g., how to wash vascular access) and dialysis procedures (e.g., cannulation), reading educational materials, understanding disease processes and laboratory values, filling out forms, and the ability to navigate the complex healthcare system that is required for chronic kidney disease care. ESRD patients need to know where to get reliable information (e.g. Qsource ESRD Networks, ESRD NCC) and be able to understand it. Yet, patients often don't recognize that they lack the skills, complicated by stigma associated with it and may ask fewer questions[3].

Vulnerable populations include elderly patients, people with lower socioeconomic status or education, people with limited English proficiency

Who Is Affected by Limited Health Literacy Skills?

Nearly 90 million adults in the U.S. struggle with health literacy. Even people with high literacy skills may have low health literacy skills in certain situations.

About 44% of End-Stage Renal Disease (ESRD) patients age 65 or above*

Around 65,000 ESRD patients (14%) currently live in the top 10% of socioeconomic disadvantaged areas*

Why Is Health Literacy Important in Kidney Disease Care?

People with limited health literacy skills are more likely to have worse health outcomes in a variety of chronic conditions(4), including increased mortality in ESRD(5). Low health literacy could lead to:

- Mismanaging medication
- Needing emergency and hospital services more often, and longer stay

Greater health literacy about kidney disease (e.g., understanding of terminology) could lead to better access to care, thus often resulting in better health outcomes.

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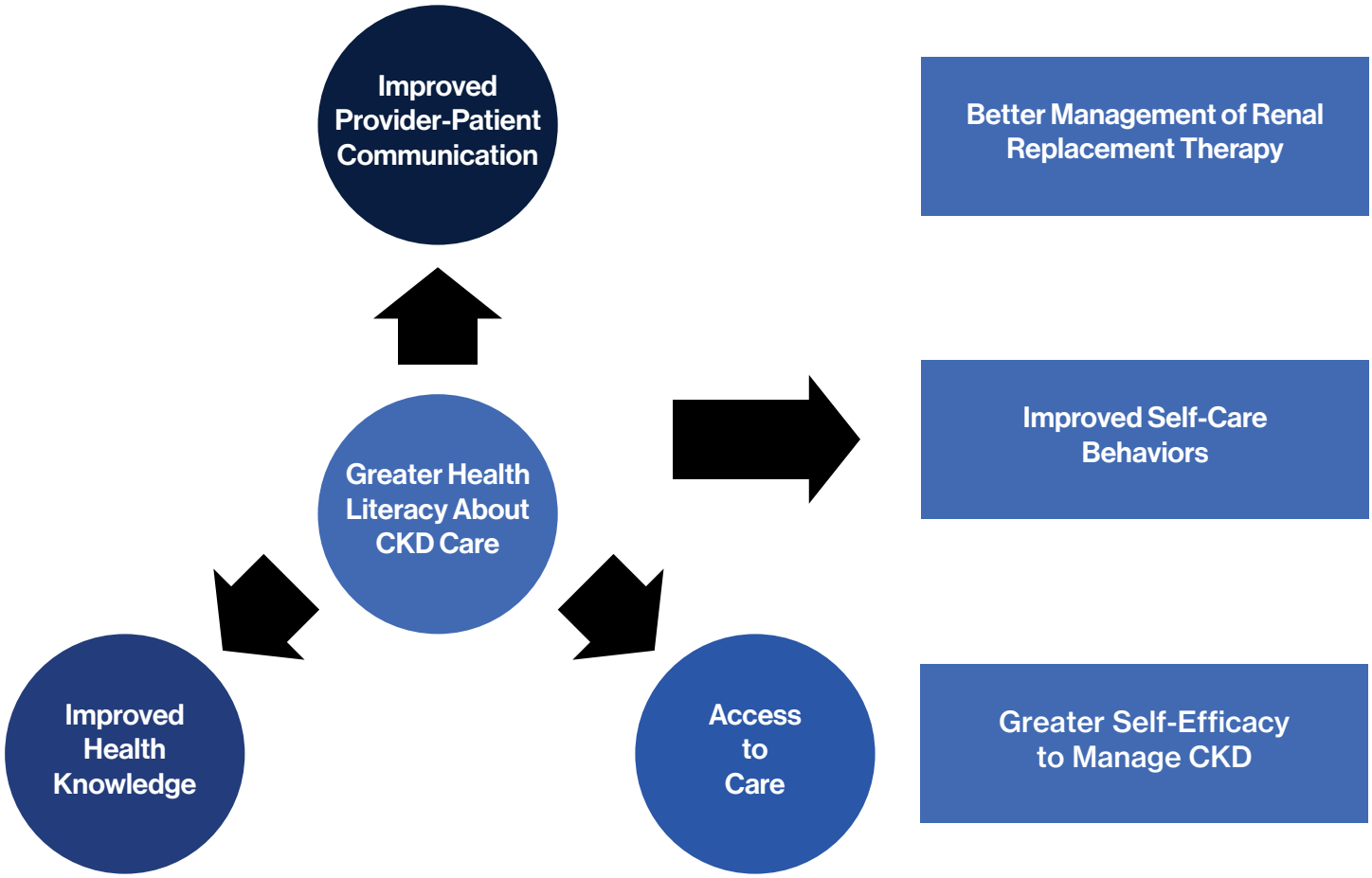

Note. Concept adapted from Devraj & Gordon[6]; CKD, chronic kidney disease

Strategies to Improve Health Literacy

There is a need to assess and enhance organizational health literacy within care settings and share health literacy best practices. Examples include: Avoiding jargon, encouraging questions-asking, providing materials in other languages, using teach-back, and tailoring patient information to the individual's experience and cultural background.

Sources

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Arthur Kleinman's Eight Questions

Understanding your client's explanatory model helps you provide patient-centered care. The explanatory model includes the client's beliefs about their illness, the personal and social meaning they attach to their disorder, expectations about what will happen to them and what the provider will do, and their own therapeutic goals.

The concept of the explanatory model was first proposed by Arthur Kleinman, who developed a set of eight questions a provider can ask a client to learn more about their explanatory model. These questions are below. Note that they are meant to be asked in order.

Arthur Kleinman's Eight Questions

I know different people have different ways of understanding illness - please help me understand how you see things.

1. What do you call your problem? What name does it have?
2. What do you think caused your problem?
3. Why do you think it started when it did?
4. What does your sickness do to you? How does it work?
5. How severe is it? Will it have a short or long course?
6. What do you fear most about your disorder?
7. What are the chief problems that your sickness has caused for you?
8. What kind of treatment do you think you should receive? What are the most important results you hope to receive from treatment?

Source:

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Annals of internal medicine, 88(2), 251-258.

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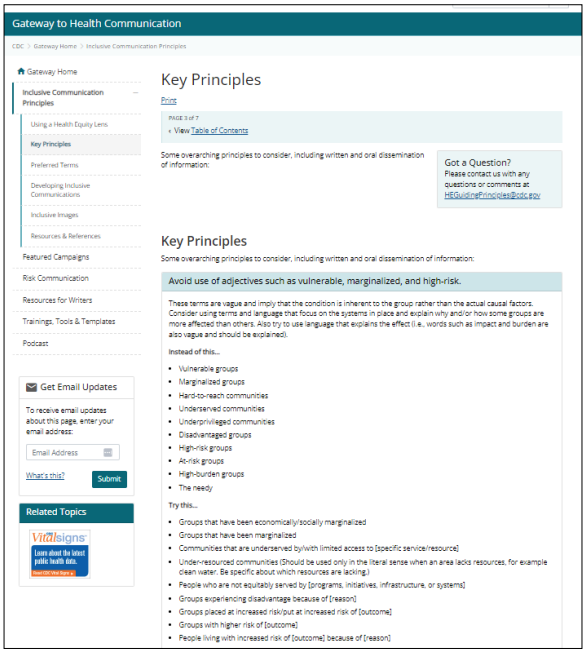
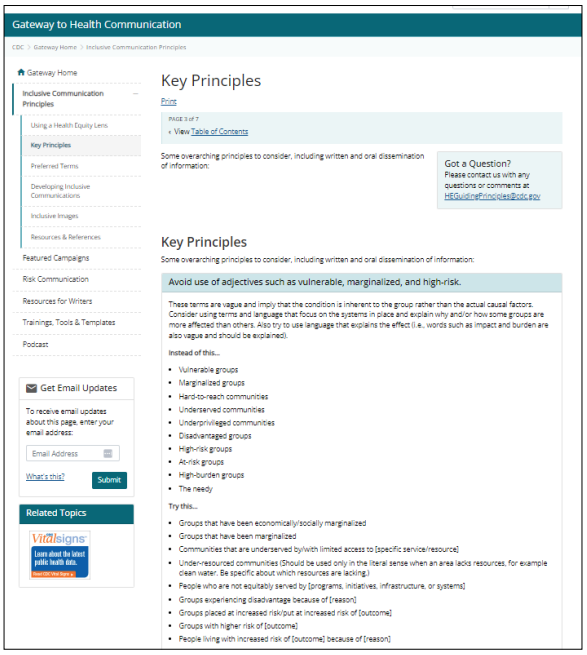
Other Resources:

Key Principles of the Gateway to Health Communication



ESRD National Coordinating Center Health Literacy Dictionary

Think Cultural Health Resource Library



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