

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





Sources

- Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). Towards a culturally competent system of care volume I: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, DC: Georgetown University Child Development Center, Child and Adolescent Service System Program Technical Assistance Center.
- Hook, J. N., Davis, D., Owen, J., & DeBlaere, C. (2017). Cultural humility: Engaging diverse identities in therapy. American Psychological Association.
- McGee-Avila, J. (2018, June 21). Practicing cultural humility to transform health care. Robert Wood Johnson Foundation Culture of Health Blog. https://www.rwjf.org/en/blog/2018/06/ practicing-cultural-humility-to-transform-healthcare.html
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility vs cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Healthcare for the Poor and Underserved, (9)2, 117-125.



