a CU Cultural Competency Series

Framework for Cross-Cultural Health Care

Tip:

A suggested framework for cross-cultural patient-clinician interactions can be remembered with the simple mnemonic LEARN.

Listen to what patients say with sympathy and understanding. Listen to the patient's perception of the problem without imposing values that my conflict or be inconsistent with those of other cultures or ethnic groups. Arthur Kleinman's explanatory model for illness can serve as a guide:

- 1. What do you call your problem? What name does it have?
- 2. What do you think has 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? Do you think your problem will be here for a short time or a long time?
- 6. What do you fear most about your sickness?
- 7. What are the chief problems 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?

Explain your perceptions of the problem and Empathize by understanding that the perception of illness and disease and its causes varies by culture.

Acknowledge and discuss the differences and similarities and recognize that culture influences help-seeking behaviors and attitudes toward health care providers.

Recommend treatments that **respect individual preferences** and are based on an **integrated approach** to care.

Negotiate agreement and Navigate through complicated health care delivery systems with and on behalf of patients.

NOTE: LEARN only works when you are able to communicate with the patient. Federal law stipulates the critical importance of accommodating persons with limited English proficiency in health care settings. You may need to learn to work with an interpreter. Accurate communication is the foundation of proper diagnosis and treatment.

References and Resources

- Berlin, E.A. and Fowkes, W.C., A Teaching Framework for Cross-Cultural Health Care. The Western Journal of Medicine 1983, 139:934–938.
- Cross Cultural Health Care Program, Seattle WA, (206) 621-4479; <u>www.xculture.org</u>.
- Galanti, Geri-Ann, Caring for Patients from Different Cultures: Case Studies from American Hospitals. University of Pennsylvania Press, 2nd edition, 1997.
- Geissler, Elaine, Mosby's Pocket Guide Series: Cultural Assessment. 2nd Ed., St. Louis, 1998.
- Kleinman, A. (1988). The Illness Narratives: Suffering, Healing and the Human Condition (This must be included as the 8 questions under "Listen" of the LEARN mnemonic are from this source).
- · National Alliance for Hispanic Health has many resources at www.hispanichealth.org.
- National Center for Cultural Competence, Policy Brief 2: Linguistic Competence in Primary Health Care Delivery Systems: Implications for Policy Makers, 2003 and other resources at www.georgetown.edu/research/gucdc/nccc/products.html.
- Office of Minority Health Clearinghouse, National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care. Office of Minority Health, 2000. Contact (800) 444-6472 or <u>www.omhrc.gov/clas</u>.
- Perkins, J., Youdelman, M., Wong, D. (2003) Ensuring Linguistic Access in Health Care Settings: Legal Rights & Responsibilities. <u>www.healthlaw.org</u>



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- ACU currently has an established constituency of 50,000 clinicians and over 1,000 organizations making up a unique cadre of health professionals, advocacy organizations, geographic regions, practice models, and patient populations. ACU's members and its constituency are united by their common dedication towards improving access to high quality medical, behavioral, oral and pharmaceutical health care for our Nation's underserved communities.
- If you are a clinician serving underserved patients or are personally committed to improving the health of communities that lack access to comprehensive health care and preventive services, we encourage you to join.

All Care Unconditionally