



Cultural Awareness Training





Training Goals

1. Learn regulations and tips for working with patients with Limited English Proficiency (LEP)
2. Learn cross-cultural communication strategies
3. Learn strategies for addressing the needs of LGBTQ+ (lesbian, gay, bisexual, transgender, queer +) patients
4. Learn strategies for working with seniors and persons with disabilities



Linguistic Services Terms

- **Limited English Proficient (LEP)**-when an individual cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with clinical or non-clinical staff in a health care setting.
- **Language Access Services**- the collective name for any service that helps an LEP patient obtain the same access to and understanding of health care as an English speaker would have. This can include the use of bilingual staff and interpreters. It also includes the provision of translated documents.
- **Interpretation**-the process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account.
- **Translation**- the conversion of a written text into a corresponding written text in a different language.



Why is Linguistic Access Important?

Accurate communication between patient and health care staff is essential for proper diagnosis, treatment, and patient experience.

It also:

- ✓ Helps to reduce health disparities
- ✓ Helps improve quality of care and patient satisfaction
- ✓ Meets federal and state requirements





Linguistic Access Reduces Health Disparities

Patients with language barriers may experience:

- Poorer patient assessment
- Misdiagnosis and/or delayed treatment
- Incomplete understanding of patient condition and prescribed treatment
- Impaired confidence in services received
- Reliance on Google Translate and ad hoc, untrained interpreters (in spite of evidence highlighting the risks associated with such practice)

Source: de Moissac, D., & Bowen, S. (2019). Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada. Journal of Patient Experience, 6(1), 24–32.



For Your Reference

Regulations mandating use of interpreter services and bilingual staff for Limited English Proficiency (LEP) patients:

- **Federal**

- **42 U.S.C. §2000d**- United States Code Title 42, The Public Health and Welfare Chapter 21, Civil Rights Subchapter V. Federally Assisted Programs, Prohibition against exclusion from participation in, denial of benefits of, and discrimination under federally assisted programs on ground of race, color, or national origin

- **State**

- **DHCS/SFHP Contract Exhibit A, Attachment 9, Provision 14**- Access and Availability, Linguistic Services
- **DHCS All Plan Letter 14-008**- Standards for Determining Threshold Languages
- **DHCS All Plan Letter 99-03**- Year 2000 Readiness Certification and Business Continuation Plan
- **DHCS All Plan Letter 99-04**- New Laws from the 1997-98 Session of the California Legislature Affecting the Medi-Cal Program
- **22 CCR §53853(c-d)**- California Code of Regulations, Title 22. Social Security, Division 3. Health Care Services, Subdivision 1., California Medical Assistance Program, Chapter 4.1. Two-Plan Model Managed Care Program, Article 6. Operational Requirements, § 53853 Accessibility of Services
- **28 CCR §1300.68(b)(3)**, California Code of Regulations, Title 28. Managed Health Care, Division 1. , The Department of Managed Health Care, Chapter 2. Health Care Service Plans, Article 8. Self-Policing Procedures, §1300.68 Grievances and Appeals
- **HSC § 1367.04**- Health and Safety Code, § 1367.04 Knox Keene Act





Medi-Cal Requirements

- Interpreter services must be available 24/7 at **no charge** to patients
- Required to **document in patients' medical record**:
 - Patient's preferred language
 - Patient's refusal of interpreter services (if applicable)
- Providers should **discourage the use of friends, family patients, or minors as interpreters** (unless specifically requested by the patient)
- Patients have the **right to file grievances** or complaints if linguistic needs are not met
- Interpreters and bilingual staff should be assessed for language capacity (qualified)
- Providers and office staff must be knowledgeable about linguistic access and cultural awareness





Asking About Language Preference

How you ask a patient about their language will affect the response you get:



“You won’t need an interpreter, will you?”

- Asking the question this way discourages the patient, or the person who is making the appointment, from asking for the language assistance that he or she may need.



“What language do you speak at home?”

- This question will get you information about the patient's home language, but ignores the possibility that the patient may be bilingual in English as well.



“Will an interpreter be needed? In what language?”

- Patients may say no because they believe they have to either bring their own interpreter or have a family patient interpret.



“In what language do you prefer to receive your health care?”

- Asking the question this way will provide you information on the language the patient feels he or she needs to speak in a health-related conversation.
- If the answer is a language other than English, you can plan to have language assistance available for the patient, and you should add this information to the record.



Avoid Family, Friends or Minors as Interpreters



- Family or friends of patients may withhold information from the patient because of embarrassment, protection, or emotional involvement
- Family or friends of patients may have their own agenda
- Family or friends of patients may not be familiar with medical vocabulary
- Using a patient's child as an interpreter may make the parent feel disempowerment and burden the child (role reversal)





Documenting Language Preference

It is important to record information on interpreter needs and language preference in the patient's electronic health record.



Patients indicate their preferred language when they sign up for Medi-Cal. If you learn that their preferred language is different, please note in the patient record.



- **Basic:** Add a color or letter code to the patient's chart, noting that they need an interpreter. Designate a code or color for each language.



- **Better:** Add the information under "Notes" in a patient's entry in your patient database, so that when a receptionist calls up the patient's record to make an appointment, the information about the need for an interpreter and the language can be noted as well.



- **BEST:** Add a question on your patient registration form or in your practice management system. Not only will you know when a patient is scheduled that they will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen.



Working with Interpreters: On-site



- Greet the patient first, not the interpreter.
- Face and talk to the patient directly.
- Speak at an even pace in relatively short sentences.
- Speak in standard English and avoid medical terminology and jargon.
- Ask one question at a time.
- Avoid interrupting the interpretation.
- Don't make assumptions about the patient's education level, an inability to speak English does not necessarily indicate a lack of education.





Working with Interpreters: By Phone



- When working with an interpreter over the phone, many of the principles of on-site interpreting apply, the only additional thing to remember is that the interpreter is “blind” to the visual cues in the room.
- When the interpreter comes onto the line, let the interpreter know who you are and what type of call it is.
- For example, *“Hello interpreter, this is James. I have Mrs. Dominguez on the phone who wishes to schedule an appointment as a new patient.”*
- Give the interpreter the opportunity to quickly introduce themselves to the patient.





What is Culture?

Culture is an umbrella term which encompasses the **social behavior** and **traditions** found in societies, as well as the **knowledge, beliefs, arts, laws, customs, capabilities and habits** of the individuals in these groups.



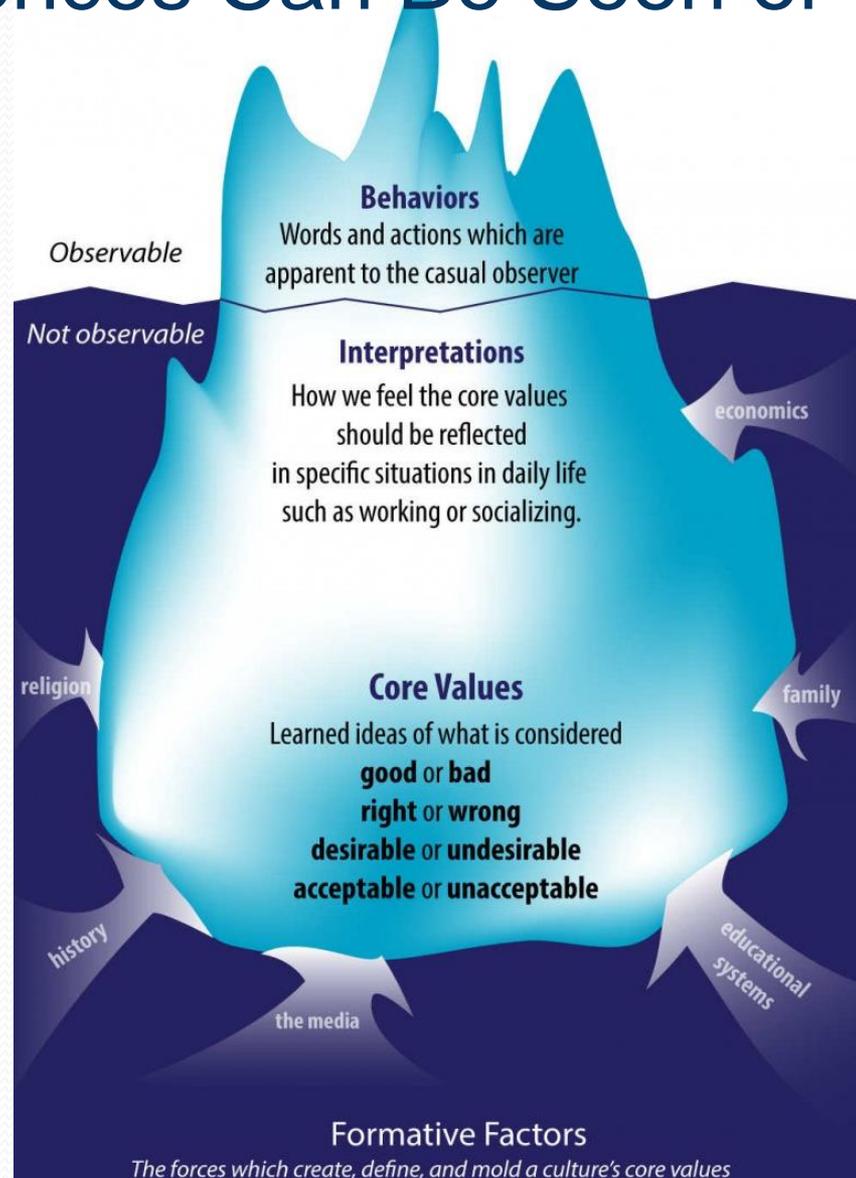


Terminology

- **Cultural awareness** is being cognizant, observant, and conscious of similarities and differences among and between cultural groups.
- **Cultural and linguistic competence** is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that **enables effective work** in cross-cultural situations.
- **Cultural humility** is a commitment and active engagement in a **lifelong process** that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.



Cultural Influences Can Be Seen or Unseen





What is Cultural Competence in Health Care?

- Cultural competency in health care describes the **ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery** to meet patients' social, cultural and linguistic needs.
- A culturally competent health care system is one that **acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services** to meet culturally unique needs.
- In health care systems and public health research cultural competency is recognized as an essential means of reducing racial and ethnic disparities in health care.



Source: American Hospital Association



Tips for Cross Cultural Communication

Understand Differences

Be sensitive of customs and values that can lead to tension

Understand your biases and your own cultural perspectives

Learn about others and their cultural perspectives

Value Diversity

Recognize what you have in common

Be inclusive of different customs, values, perspectives

Avoid stereotypes and assumptions

Communicate Clearly

Speak simply and enunciate. Address limited literacy skills.

Use interpreter services when needed

Ask questions to confirm information was understood.



Caring for LGBTQ+ Communities

- LGBTQ+- people who may identify as lesbian, gay, bisexual, transgender, queer, or may not identify as heterosexual. The “+” is a denotation of everything on the gender and sexuality spectrum that words may not yet describe.
- SFHP’s patients have diverse sexual orientations
 - Identify your own LGBTQ+ perceptions and biases as a first step in providing the best quality care.
 - Many LGBTQ+ people do not disclose their sexual orientation or gender identity because they don’t feel comfortable or they fear receiving substandard care.
- SFHP’s patients have diverse gender identities, which may include but are not limited to:
 - Cisgender- A person whose gender identity matches the sex they were assigned at birth.
 - Transgender- A wide-ranging term for people whose gender identity or gender expression differs from the biological sex they were assigned at birth (it is important to note that people may or may not choose to alter their bodies hormonally and/or surgically).
 - Non-binary- A person who identifies as neither male nor female and sees themselves outside the gender binary.



Tips for Working with Transgender patients



1. Treat transgender people as you would want to be treated.
2. Always refer to transgender people by their name when possible.
3. Don't assume someone's gender identity, ask:
 - *"Which pronouns do you use?"*
 - *"Do you have a chosen name I should use?"*
4. Focus on excellent customer services rather than indulging in questions out of curiosity.
 - Do not ask about a transgender person's genital status if it is unrelated to providing them with excellent customer service.
5. Never disclose a person's transgender identity to anyone who does not explicitly need this information to provide excellent care or service to the patient.





Caring for Seniors and Persons with Disabilities (SPDs)

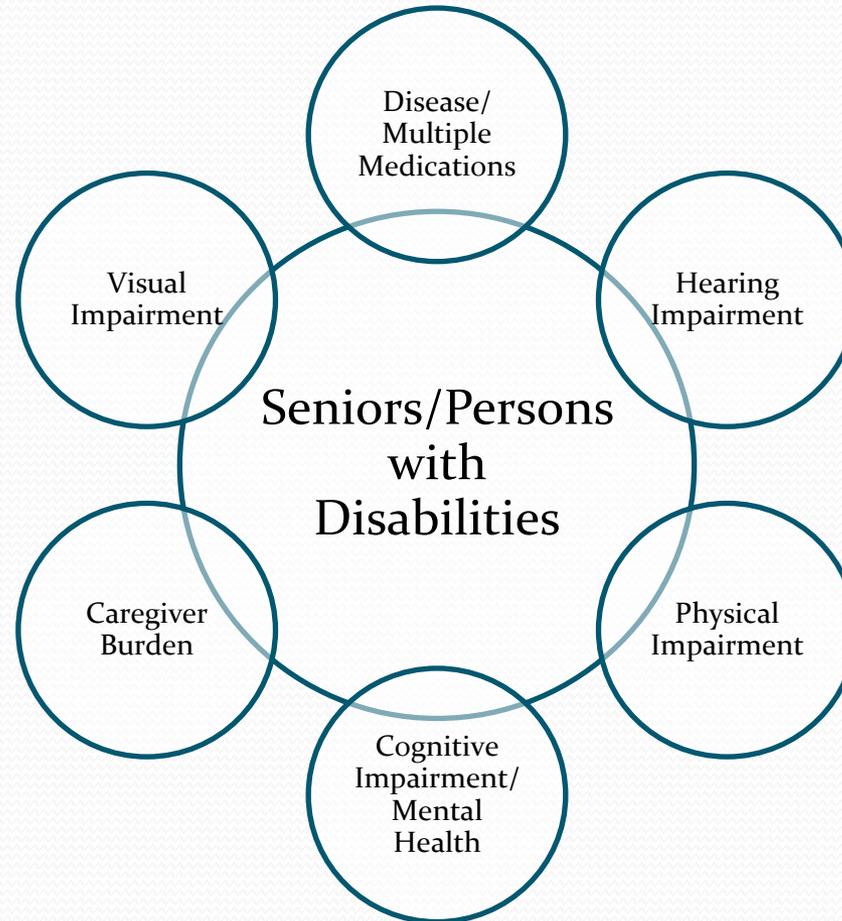
- Accommodating the needs of SPDs ensures the following:
 - Appropriate and effective care
 - Compliance with the Federal Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act
 - The ADA and Section 504 require that healthcare services provide certain accommodations that ensure equitable and non-discriminatory access to care

SFHP's Seniors and Persons with Disabilities (SPDs)

- 70% with 2+ chronic conditions
- 25% have 4+ chronic conditions
- 30% receive treatment for mental health conditions



Dimensions of Disability



Source: US Dept of Health and Human Services, 2007

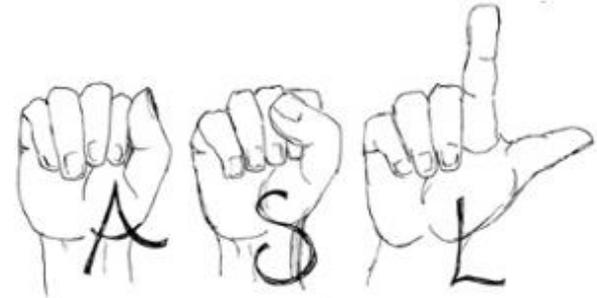


Making Accommodations for Seniors and Persons with Disabilities (SPDs)



What patients may need:

- Physical accessibility
- Effective communication
- Sign language interpreters, assistive listening devices, print materials in accessible formats
- Policy modification (for example, to allow more time for an office visit)
- Accessible medical equipment





Examples of Preferred Terms



Acceptable	Offensive
He had polio	He was stricken with or a victim of polio
A person who uses a wheelchair	Confined to a wheelchair, wheelchair-bound
She has a disability	She is crippled
A person with a spinal curvature	Hunchback, humpback



Interacting with Senior patients

- Don't assume limitations exist just based on age.
- Offer information in a clear, direct, and simple manner.
- Recognize the senior as the expert in their own life.

“As Seniors we know our capabilities and energy are diminishing, but want to retain the right to limit ourselves when the time comes, and not have young people put those limitations on us, to make them feel better.”

- Senior Activist



Interacting with Physically Impaired Patients



- Mobility and physical disabilities range from mild to significant limitations.
- Shake hands if appropriate. People with limited hand use or who use a prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.
- When speaking to a person using a wheelchair or scooter, try to find a seat or kneel so you are at the same eye level.
- Ask permission before moving someone's cane, crutches, walker, or wheelchair.





Interacting with Patients with Speech Impairments



- Some people with limited speech have difficulty understanding due to disability, age, hearing loss, cognitive difficulties, and/or language differences.
- Don't raise your voice, people with speech disabilities can hear you.
- Always repeat what the person tells you to confirm that you understood.
- Ask one question at a time and give individuals extra time to respond.
- Pay attention to pointing, gestures, nods, sounds, eye gaze, and blinks.
- If you have trouble understanding a person's speech, it's ok to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.

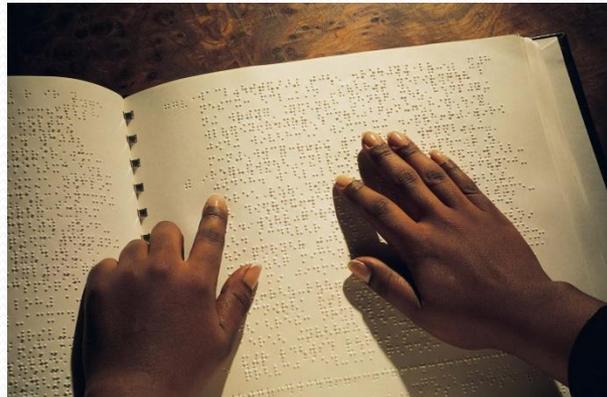




Interacting with Visually Impaired Patients



- Gain the person's attention by speaking first
- Ask if guidance or support is required. Gain permission from person before touching.
- Introduce yourself and what you do
- Always talk to the person directly
- In a group conversation, always make it clear who you are and who you are speaking to
- Use verbal responses, avoid nods and head shakes
- Verbalize your actions
- Inform people when you are moving away from them or leaving the room
- Remember if someone is blind, it doesn't always mean they have no sight at all
- Provide information in an alternative/accessible format- audio, large print, or braille.





Interacting with Hearing Impaired Patients

Even when a patient with a hearing impairment utilizes hearing aids and active listening strategies, it is critical that all people involved in a conversation put in their best effort for successful communication.

Helpful tips to remember:

- **Speak normally**, not too fast or too slowly. Use short, simple sentences.
- **Do not exaggerate** your speech or lip movements.
- If the patient can sign, **use an interpreter**.
- **Be prepared** to write down any questions or answers, and give the person with a hearing impairment the opportunity to do the same if necessary.
- **Write down important information**, e.g. health education or instructions, to give to the patient.
- **Make sure the room has enough lighting**. People with hearing loss often rely upon lip reading, facial expressions, body language and gestures to improve communication.
- **Minimize background noise**.
- **Make it easy to see everyone's faces**. If you will be in a group setting, choose a location where the person with hearing loss will have visual access to everyone's faces.
- People tend to agree with their health care workers, sometimes without understanding what has been said to them. After every important point or message, ask the patient if they understood you and, if necessary, ask them to repeat the message or instructions back to you (especially important if the patient is unaccompanied).



Interacting with Patients with Cognitive Impairments or Mental Health Challenges



A cognitive or psychiatric disability can affect a patient's understanding, memory, language, judgment, and learning. These disabilities include patients with intellectual disabilities, head injury, strokes, autism, Alzheimer's disease, and emotional disabilities.

- Offer information in a clear, concise, concrete, and simple manner.
- If you are not being understood, modify your method of communicating. Use common words and simple sentences.
- Allow time for people to process your words, respond slowly, or in their own way.
- Make sure the person understands your message.



Questions?

Need more information?

- Contact HealthEducation@sfhp.org