

Better Communication, Better Care:

A Provider Toolkit for Serving Diverse Populations

LA0784 09/15

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What is the purpose of this tool kit? How can it help my practice?

Cultural and linguistic competence are widely recognized as fundamental aspects of equity and quality in health care and mental health care – particularly for diverse patient populations – and as essential strategies for reducing disparities by improving access, utilization, and quality of care. Because of changes in demography, in our awareness of differences in individual behavior, and new legal mandates, we are constantly presented with new challenges in our attempts to deliver quality health care. L.A. Care is committed to ensuring culturally and linguistically appropriate care is being provided to our patients. This tool kit was developed to assist you in providing high quality, effective, and compassionate care to your patients and to help you meet the changing service requirements as required by state and federal regulatory agencies.

The tool kit contents are organized into five sections which contain helpful information and tools that can be reproduced and used as needed. Below you will find a list of section topics and a small sample of their contents.

What You Need to Know: an overview of provider responsibilities and L.A. Care Health Plan cultural and linguistic programs and services.

Interaction With a Diverse Patient Base: encounter tips for providers and their clinical staff regarding patient interviews, literacy problems, and hiring clinical staff that have an awareness of diversity issues.

Crossing Barriers: Communication Across Language Barriers: tips for locating and working with interpreters, and language skill self-assessment tools.

Awareness of Cultural Background and Its Impact on Health Care Delivery: tips for talking with a wide range of people about a variety of health information across different cultural backgrounds.

References and Resources: some key legal requirements, a summary of the “Culturally and Linguistically Appropriate Service (CLAS) Standards,” which serve as a guide on how to meet legal requirements, a bibliography of print resources, and a list of internet resources.

We consider this tool kit a work in progress. Patient needs and the tools we use will continue to evolve. We encourage you to use what is helpful, disregard what is not, and provide us with any feedback you might have. We hope that the tools and resources provided help you communicate effectively with our diverse patient base, as well as serve as a reference guide for your office.

Acknowledgement

This tool kit was adapted from materials developed by and used with the permission of the **Industry Collaboration Effort (ICE) Cultural and Linguistics Workgroup**, a “volunteer, multi-disciplinary team of providers, health plans, associations, state and federal agencies and accrediting bodies working collaboratively to improve health care regulatory compliance through education of the public.” More information on the ICE Workgroup may be found on their website: www.iceforhealth.org

Section 1:

What You Need to Know

Excerpt from *Better Communication, Better Care: A Provider Toolkit for Serving Diverse Populations* © 2015 L.A. Care Health Plan

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What you need to know

The mission of L.A. Care Health Plan's Health Education, Cultural and Linguistic Services Department (HECLS) is to improve patient health status through the delivery of wellness and disease prevention programs and to ensure access to culturally and linguistically appropriate resources and health care. This is what you need to know in order to provide quality care to your patients and help you meet the changing service requirements.

Provider Responsibilities - How Can L.A. Care Help You?

Under Title IV of the Civil Rights Act of 1964, any agency, program, or activity that receives funding from the federal government may not discriminate on the basis of race, color or national origin. L.A. Care is committed to ensuring culturally and linguistically appropriate care is being provided to our patients.

Below is more information on what you are required to do and the various ways that we can help you better provide equal access and care for all patients.

Provider Network Linguistic Capabilities

L.A. Care providers are required to have a system in place to identify the language proficiency of all practitioners and staff who are bilingual and communicate with a patient in another language other than English. This includes maintaining documentation of their bilingual qualifications on file and this information must be updated at least annually.

Qualifications to be kept on file may include, but are not limited to:

- Documentation that demonstrates proficiency in another language
- Language capability self-assessment
- Resume or curriculum vitae which includes number of years worked as an interpreter

Furthermore, provider's offices are to submit updates regarding any changes to the Provider Network Operations Department. L.A. Care Health Plan monitors disclosure forms signed by bilingual providers and/or office staff, attesting to their fluency in languages other than English through the credentialing process and through the facility site review process. Submission of the language capabilities of your office staff is important as this information is included in the L.A. Care Health Plan provider directory which is distributed to patients and made available online at www.lacare.org.

Employee Language Skills Self-Assessment

L.A. Care along with Plan Partners and the I.C.E. Collaborative Team have joined forces to develop an Employee Language Skills Self-Assessment that can be used to document bilingual skills of providers and staff.

The attached self-assessment tool is provided as a resource to assist you in identifying language skills and resources existing in your health care setting.

This tool will provide a basic and subjective idea of the bilingual capabilities of your staff. Please complete the survey enclosed for each member of your staff, and ensure each language other than English spoken by that staff is documented. Use the evaluation guidelines on this form to determine the level of fluency for each language in the following areas: speaking, reading, and writing.

You may distribute the tool to **all your clinical and non-clinical employees using their non-English language skills in the workplace**. The information collected may be used as a first step to improve communication with your diverse patient base.

Qualifications of all bilingual staff should be attached to the document enclosed and kept on file. Once bilingual staff members have been identified, **they should be referred to professional language assessment agencies** to evaluate the level of proficiency. There are many sources that will help you assess the bilingual capacity of staff.

Depending on their level of confirmed fluency, your practice would be able to make use of qualified bilingual staff to help your practice better communicate with your patients in the client's language of preference

This survey will not affect your performance evaluation. It is just a way for us to improve our customer service and to make you part of such efforts.

Dear Physician:

The attached self-assessment tool was developed by health plans to help identify and document bilingual capabilities of practitioners and their staff. It also provides a way for providers and health plans to improve patient/member care and service in a collaborative manner.

It is important that all bilingual practitioners and their staff who speak with patients in a language other than English complete this form, and keep a copy on file along with additional qualifications.

Changes to the language capability of bilingual practitioners and their staff must be reported to their affiliated medical group(s)/health plan(s) as this information is shared with patients.

Practitioners and staff who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self-Assessment Key should not use their bilingual skills or serve as interpreters and/or translators.

Qualified interpreting services are available through your patients' health plans. This includes telephonic and face-to-face interpreting services, including American Sign Language. For immediate assistance, or to schedule interpreting services for a patient, call the patient's health plan.

For Medi-Cal members, please call the number listed next to the patient's health plan in the table below:

Health Net	1-800-675-6110	L.A. Care Health Plan	1-888-839-9909
Anthem Blue Cross	1-888-285-7801	Care1st Health Plan	1-800-605-2556
Molina Healthcare	1-888-665-4621		

Thank you for your assistance.

The Cultural & Linguistics Collaborative of Los Angeles County

Employee Language Skills Self-Assessment Key

The attached language self-assessment form is a tool to document the language capability of practitioners and their staff. It is important that a signed copy be kept on file for each bilingual employee. If there are any changes, please notify the medical group health plans with whom you're affiliated as this information is shared with members. Thank you.

Key	Spoken Language
(1)	Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.
(2)	Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.
(3)	Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care.
(4)	Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.
(5)	Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.

Key	Reading
(1)	No functional ability to read. Able to understand and read only a few key words.
(2)	Limited to simple vocabulary and sentence structure.
(3)	Understands conventional topics, non-technical terms and health care terms.
(4)	Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature.
(5)	Understands sophisticated materials, including those related to academic, medical and technical vocabulary.

Key	Writing
(1)	No functional ability to write the language and is only able to write single elementary words.
(2)	Able to write simple sentences. Requires major editing.
(3)	Writes on conventional and simple health care topics with few errors in spelling and structure. Requires minor editing.
(4)	Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling.
(5)	Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary.

Interpretation vs. Translation	<p>Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor.</p> <p>Translation: Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original.</p> <p><i>Source: University of Washington Medical Center</i></p>
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(Modifications from the approved I.C.E Collaborative document were made for this page only).

Approved on 03/17/2010 by the C&L Collaborative of Los Angeles

**EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT
TOOL**

(For Clinical and Non-Clinical Employees)

This self-assessment is intended for clinical and non-clinical employees who are bilingual and communicate with a patient in a language other than English.

Employee's Name: _____ **Department/Job Title:** _____

Work Days: Mon / Tues/ Wed/ Thurs/ Fri/ Sat/ Sun **Work Hours (Please Specify):** _____

- Directions:** (1) Write any/all language(s) or dialects you know.
 (2) Indicate how fluently you speak, read and/or write each language (See attached key).
 (3) Specify if you currently use the language regularly as a part of your job responsibilities.

Language	Dialect, region, or country	Fluency: see attached key (Circle)			As part of your job, do you use this language to speak with patients? (Circle)	As part of your job, do you read this language? (Circle)	As part of your job, do you write this language? (Circle)
		Speaking	Reading	Writing	Yes No	Yes No	Yes No
1.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
2.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
3.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
4.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No

Please check off additional qualifications/credentials that support language proficiency level, and attach them to this form. Note: Per state guideline, bilingual providers and staff who communicate with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

- Formal language assessment by qualified agency
- Native speaker with a higher education in language, which demonstrates sufficient accuracy and vocabulary in health care setting.
- Documentation of successful completion of a specific type of interpreter training
- Documentation of years employed as an interpreter and/or translator
- Other (Please specify): _____

Individuals who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self-Assessment Key, attached to this document, should not use their bilingual skills or serve as interpreters and/or translators. For assistance, please contact the patient's contracted health plan for immediate telephonic interpreter assistance.

TO BE SIGNED BY THE PERSON COMPLETING THIS FORM
 I, _____, attest that the information provided above is accurate. Date: _____

Interpreting Services

L.A. Care provides FREE professional interpreting services to all limited English proficient (LEP) patients. Services are not limited to the threshold languages for Los Angeles County. This includes:

- 24-Hour Telephonic Interpreting Services
 - Both members and providers have access to telephonic interpreting services 24 hours a day, 7 days a week, including holidays, in over 200 languages
- Face-to-face Interpreting Services
 - Interpreting Services are available for medical appointments in all languages and dialects for patients
- Assistance for the Deaf and Hard of Hearing
 - Deaf and hard of hearing patients can dial 711 for access to California Relay Services
 - American Sign Language (ASL) Interpreting services are also available for medical appointments

Interpreting services are available to all patients' at all key points of contact including primary care physician sites and ancillary sites.

L.A. Care Health Plan has developed a translated sign to inform all patients of their right to free interpreting services and how to access this service. Face-to-face interpreting is the most effective and recommended method to communicate with patients – plan ahead to ensure patients can make the best use of their appointment time with you!

It is a requirement that provider sites post this sign at all patient key points of contact. This includes reception area, waiting room, and exam room. This translated sign can be ordered through L.A. Care's website at: <https://external.lacare.org/HealthForm/>.

Patients also receive a Language Card which they can use to tell their doctor what language they speak. This card is available in 15 languages and is mailed directly to patients to identify their preferred language and request for an interpreter. They can use this card to ask for an interpreter when they make a doctor's appointment. They can also ask for an interpreter when they are at the doctor's office by showing this card. Ensure your front office staff is familiar with this card and know how to proceed to meet the patients' needs in their preferred language.

Accessing Interpreting Services

Provider offices are encouraged to access L.A. Care's telephonic, face-to-face, and ASL interpreting services for L.A. Care direct line of business patients.

24-Hour Telephonic Interpreting Services

Telephonic interpreting services are available 24 hours a day, seven days a week, in over 200 languages and can serve as a back-up to face-to-face interpreting. To access telephonic interpreting services call **(888) 930-3031**.

Please have the following information ready in order to receive services:

- Language needed
- L.A. Care member ID number
- Provider license number (for network practitioners)

L.A. Care has telephonic interpreting cards for providers that providers can keep on hand.

Call L.A. Care's Cultural & Linguistic Services Unit at **213-694-1250** extension **4523** to request one.

Face-to-face Interpreting Services

Face-to-face interpreting services, including American Sign Language, can be obtained through L.A. Care. Please call L.A. Care's Member Services Department at 1-888-839-9909 at least ten business days prior to the patient's appointment.

Have the following patient information ready:

- Provider name
- Language being requested (including American Sign Language)
- L.A. Care patient's name and ID number
- Date of birth
- Requestor name and contact number
- Date, time, and duration of appointment
- Location of appointment (i.e. address, suite #, major cross streets)
- Type of appointment (i.e. consultation, specialist, OB/GYN, etc.)
- Purpose of appointment (i.e. well visit, medical visit, follow-up, lab, etc.)
- Contact person at appointment site
- Other special instructions (i.e. gender of interpreter, patient has disabilities, driving directions, parking, etc.)

It is important that patients have access to after-hours interpreting services. At a minimum, provider sites are to ensure that their answering machine informs the patient on how to access interpreting services.

For Medi-Cal patients, please call the number listed next to the patient's corresponding health plan to request interpreting services:

Anthem Blue Cross	1-888-285-7801
Kaiser Permanente	1-800-464-4000
Care1st Health Plan	1-800-605-2556
L.A. Care	1-888-839-9909

Required Documentation

L.A. Care Health Plan providers must not require, or suggest to, LEP patients that they provide their own interpreter. Friends and family should not be used as interpreters. The use of minors as interpreters is discouraged except in extraordinary circumstances such as medical emergencies, and only if interpreter assistance cannot be provided. The use of friends and family members, particularly minors, may compromise the reliability of medical information.

Family members or friends may be used only if requested by the patient after being informed of the right to free interpreting services. Patient refusal of professional interpreting services and request to use a family member or friend is required to be documented in the medical chart. The patient's preferred spoken and written language must also be documented in their medical chart.

Methods that can be used to document request/refusal of interpreting services include:

- Intake form/registration
- Stamp
- Medical chart (use of colored labels)
- Request/refusal form

L.A. Care has several forms in place that can be used by your office. Please go on L.A. Care's website to download the forms at:

<http://www.lacare.org/providers/resources/downloadableforms>.

Assistance for the Deaf and Hard of Hearing

L.A. Care Health Plan ensures equal access to health care services for patients with hearing, speech and visual loss through the coordination of interpreting services and the provision of auxiliary aids during business- hours, after-hours and for emergency situations. This includes:

American Sign Language Interpreting (ASL):

- L.A. Care Health Plan provides 24-hour ASL services at no cost to patients. Just call 1-888-839-9909 and follow the directions listed in the Face-to-Face Interpreting Services section of this toolkit.

California Relay Service (CRS) - TTY

- The California Relay Service is an exchange service which enables a person using a teletypewriter (TTY) to communicate by phone with a person who does not use a TTY and vice-versa. There is no charge for this service. Network providers may utilize the CRS directly for patients with hearing or speech loss. The number for CRS is **711**.

Translation Services

Quality translation provides LEP patients with equal access to health information and helps providers deliver better healthcare to improve health outcomes. L.A. Care routinely sends written patient informing materials to patients in their preferred threshold language and/or alternative format.

Materials in Threshold Languages

Patient materials are available in threshold languages. Threshold languages are the primary languages spoken by LEP population groups meeting a numeric threshold.

- The Threshold Languages for Medi-Cal Managed Care and Cal MediConnect in Los Angeles County are determined by the Department of Health Care Services (DHCS) and were released in Medi-Cal Managed Care All Plan Letter 14-008. The numeric threshold as defined by the DHCS is 3,000 or five percent (5%), whichever is lower, of mandatory Medi-Cal beneficiaries residing in the service area who speak a language other than English.
- The Threshold Languages for L.A. Care Covered, Healthy Kids, and Personal Assistance Services Council and Service Employees International Union (PASC-SEIU) are determined by the Department of Managed Health Care (DMHC). The numeric threshold as defined by the DMHC is 3,000 or five percent (5%), whichever is lower, of enrollees who speak a language other than English.

Types of materials available to the patients include but are not limited to: evidence of coverage, complaint & grievance forms, notice of action letters (i.e., denial, modification, deferral, and termination), health education materials, health plan information, complaint & grievance forms, and other patient informing materials. Materials in non-threshold languages are available upon request. To request information in another language, please call L.A. Care at **1-888-839-9909**.

Materials in Alternative Formats

L.A. Care also provides written patient informing materials in other formats, including:

- Large print - 18pt font (All threshold languages)
- Audio (English and Spanish)

Braille can also be made available upon request. Some L.A. Care materials are available on the L.A. Care website (**www.lacare.org**) in a text-only format with the ability to adjust the font size.

Referrals to Culturally and Linguistically Appropriate Community Services

L.A. Care Health Plan maintains a closed-loop system to refer and coordinate culturally and linguistically appropriate services for direct line of business patients. Extending beyond direct health care services, L.A. Care Health Plan's C&L Services Department assists patients and providers in coordinating the appropriate service using online databases, such as **www.healthycity.org**.

Health education, cultural and linguistic services referrals have never been easier! Just follow these three easy steps:

1. Go onto L.A. Care Health’s Plan’s Website and access the Health Education Provider Resources:
<http://www.lacare.org/providers/provider-resources/health-education-tools>.
2. Click on the “Refer L.A. Care patients to free Health Education, Cultural and Linguistic Services” link to open up the Health Education, Cultural and Linguistic Services Referral Form.
3. Complete and fax a hard copy of the Health Education, Cultural & Linguistic Services Referral form to the Health Education, Cultural and Linguistic Services Department. The fax information is on the form.

Class topics and services include:

Chronic Conditions	Health Education	Nutrition/Weight
<ul style="list-style-type: none"> • Arthritis • Asthma • Chronic Condition Support • COPD • Diabetes • Disability Support • Hypertension/ Hyperlipidemia 	<ul style="list-style-type: none"> • Cold or Flu? • Fitness for Older Adults • Pre-Diabetes • Stress & Anxiety Management • What To Do When Your Child Get Sick 	<ul style="list-style-type: none"> • Nutrition and Physical Activity for Ages 2-5 • Nutrition for Families • Weight Management
Medical Nutrition Therapy	Cultural & Linguistic Services	
<ul style="list-style-type: none"> • MNT 	<ul style="list-style-type: none"> • Ethnic Group Resources • Services for People with Disabilities • Services for Older Adults 	

Complaints and Grievances

Patients have the right to submit a complaint when their cultural or linguistic needs are not met. Provider offices must have a process in place for patients to submit a complaint when their cultural or linguistic needs are not met. Complaint forms are available in various languages and can be accessed on L.A. Care’s website at **<http://www.lacare.org/grievancelocalization>**.

Cultural Competency Trainings

Providers and office staff are encouraged to participate in cultural competency trainings. Providers who provide services to Cal MediConnect patients are required to complete cultural competency training annually. The following trainings are available through L.A Care:

- **Cultural Competency:** a 1-hour course for providers, front and back office staff. Learn how to provide care more effectively to culturally diverse patients. This course explores cultural awareness and assumptions, and examines the skills and steps to achieve cultural competency. Available on-site and online (<https://lacareuniversity.torchlms.com>). **Interpreting Services - How to Communicate Effectively with LEP Patients:** a 1-hour course for providers, front and back office staff. Examine rules and regulations surrounding language assistance services and the importance of using qualified interpreters. Learn how to access L.A. Care's interpreting services and work effectively with interpreters. Available on-site and online (<https://lacareuniversity.torchlms.com>).
- **Communicating through Healthcare Interpreters:** an online CME course is for physicians. Learn how to reduce doctor-patient language barriers and work effectively with in-person and telephonic interpreters. The first 25 physicians to register and complete the course will receive a \$100 stipend.
- **Annual Cultural Competence - Various topics:** L.A. Care collaborates with Plan Partners to offer trainings on various C&L topics to network providers and nurses throughout the year.

Flyers for these trainings will be distributed when they are available.

Information about upcoming trainings is available on the L.A. Care website at www.lacare.org or by contacting L.A. Care's Cultural & Linguistic Services Unit at CLStrainings@lacare.org.

Additional resources are available through various organizations. For a list of additional resources please refer to Section 5 of this toolkit.

For more information about any these services or resources call L.A. Care's Cultural & Linguistic Services Unit at **213-694-1250** extension **4523**.

Section 2:

Interaction With a Diverse Patient Base

Excerpt from *Better Communication, Better Care: A Provider Toolkit for Serving Diverse Populations* © 2015 L.A. Care Health Plan

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Interaction With a Diverse Patient Base

We recognize that every patient encounter is unique. Every patient is different in age, sex, ethnicity, religion or sexual preference and will bring to the medical encounter their unique perspectives and experiences. This factor will always impact communication, compliance and health care outcomes.

The suggestions presented here are intended to help build sensitivity to differences and styles, minimize patient-provider and patient-office staff miscommunication, and foster an environment that is non- threatening and comfortable to the patient.

This information may assist you to:

- Improve health care delivery and outcomes
- Decrease repeat visits
- Decrease unnecessary lab tests
- Increase adherence
- Avoid Civil Rights Act violations
- Identify opportunities to improve office staff cultural and linguistic competency

The following materials are available in this section:

Tips for Successful Patient Encounters with Diverse Patients

A one-page tip sheet designed to help providers enhance their patient communication skills.

Tips for Office Staff to Enhance Communication with Diverse Patients

A one-page tip sheet designed to help office staff enhance their patient communication skills.

Tips for Identifying and Addressing Health Literacy Issues

A handout elaborating on the signs of low health literacy and how to address them.

Tips for Successful Patient Encounters with Diverse Patients

To enhance patient/provider communication and to avoid being unintentionally insulting or patronizing, be aware of the following:

Styles of Speech

People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.

- Tolerate gaps between questions and answers; impatience can be seen as a sign of disrespect.
- Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.
- Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offense is intended when a patient interrupts you.
- Stay aware of your own pattern of interruptions, especially if the patient is older than you are.

Eye Contact

The way people interpret various types of eye contact is tied to cultural background and life experience.

- Most Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
- For many other cultures direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.
- If a patient seems uncomfortable with direct gazes, try sitting next to them instead of across from them.

Body Language

Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.

- Follow the patient's lead on physical distance and touching. If the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable, and ask permission to touch them.
- Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.
- Do not interpret a patient's feelings or level of pain just from facial expressions. The way that pain or fear is expressed is closely tied to a person's cultural and personal background.

Gently Guide Patient Conversation

English language predisposes us to a direct communication style; however, other languages and cultures differ.

- Initial greetings can set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their physician. If the patient's preference is not clear, ask how they would like to be addressed.
- Patients who speak non-English language or is from other cultural backgrounds may be less likely to ask questions and more likely to answer questions through narrative than with direct responses. Facilitate patient-centered communication by asking open-ended questions whenever possible.
- Avoid questions that can be answered with "yes" or "no." Research indicates that when patients, regardless of cultural background, are asked, "Do you understand," many will answer, "yes" even when they really do not understand. This tends to be more common in teens and older patients. In some cultures, "yes" is a gesture of "being respectful" not necessarily a sign of "agreeing."
- Steer the patient back to the topic by asking a question that clearly demonstrates that you are listening. Some patients can tell you more about their health through story telling than by answering direct questions.

Tips for Office Staff to Enhance Communication with Diverse Patients

Build rapport with the patient.

- Address patients by their last name. If the patient's preference is not clear, ask, "How would you like to be addressed?"
- Focus your attention on patients when addressing them.
- Learn basic words in your patient's primary language, like "hello" or "thank you."
- Recognize that patients from diverse backgrounds may have different communication needs.
- Explain to the patient the different roles performed by people who work in the office.

Make sure patients know what you do.

- Take a few moments to prepare a handout that explains office hours, how to contact the office when it is closed, and how the doctor arranges for care (when the doctor is the first point of contact and then refers to specialists).
- Have instructions translated by a professional translator and available in the common language(s) spoken by your patient base.
- It is not necessary to speak in a loud voice as the issue is language comprehension not deafness.

Keep patients' expectations realistic.

- Inform patients of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the patient to make a list of questions for the doctor, review health materials or view waiting room videos.

Work to build patients' trust in you.

- Inform patients of office procedures, such as when they can expect a call with lab results, how follow-up appointments are scheduled, and routine wait times.

Determine if the patient needs an interpreter for the visit.

- Document the patient's preferred language in the patient chart.
- Have an interpreter access plan. Use of interpreters with a medical background is strongly encouraged, rather than family, minors or friends of the patient.
- Assess your bilingual clinical staff for interpreter abilities.
- Possible resources for interpreting services are available from health plans, the state health department, and the Internet. L.A. Care offers free interpreting services to our direct line of business patients.

Give patients the information they need.

- Have topic-specific health education materials in languages that reflect your patient base.
- Offer handouts such as immunization guidelines for adults and children, screening guidelines, and culturally relevant dietary guidelines for diabetes or weight loss.

Make sure patients know what to do.

- Review any follow-up procedures with the patient and family before they leave your office.
- Verify call back numbers, the locations for follow-up services such as labs, X-ray or screening tests, and whether or not a follow-up appointment is necessary.
- Develop pre-printed simple handouts of frequently used instructions, and translate the handouts into the common language(s) spoken by your patient base.

Tips for Identifying and Addressing Health Literacy Issues

Low health literacy can prevent patients from understanding their health care services. Health Literacy is defined by the National Health Education Standards (*) as “the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing.” This includes the ability to understand written instructions on prescription drug bottles, appointment slips, medical education brochures, doctor’s directions and consent forms, and the ability to negotiate complex health care systems. Health literacy is not the same as the ability to read and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.

Barriers to Health Literacy

- The ability to read and comprehend health information is impacted by a range of factors including age, socioeconomic background, education and culture.
- Example: Some seniors may not have had the same educational opportunities afforded to them.
- A patient’s culture and life experience may have an effect on their health literacy.
- Example: A patient’s background culture may stress verbal, not written, communication styles.
- An accent, or a lack of an accent, can be misread as an indicator of a person’s ability to read English.
- Example: A patient, who has learned to speak English with very little accent, may not be able to read instructions on a prescription bottle.
- Different family dynamics can play a role in how a patient receives and processes information.
- In some cultures it is inappropriate for people to discuss certain body parts or functions leaving some with a very poor vocabulary for discussing health issues.
- In adults, reading skills in a second language may take 6 -12 years to develop.

Possible Signs of Low Health Literacy

Your patients’ may frequently say:

- I forgot my glasses.
- My eyes are tired.
- I’ll take this home for my family to read.
- What does this say? I don’t understand this.

Your patients’ behavior may include:

- Not getting their prescriptions filled, or not taking their medications as prescribed.
- Consistently arriving late to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments to clarify instructions.

Tips for Dealing with Low Health Literacy

- Use simple words and avoid jargon.
- Never use acronyms.
- Avoid technical language (if possible).
- Repeat important information – a patient’s logic may be different from yours.
- Ask patients to repeat back to you important information.
- Ask open-ended questions.
- Use medically trained interpreters familiar with cultural nuances.
- Give information in small chunks.
- Articulate words.
- “Read” written instructions out loud.
- Speak slowly (don’t shout).
- Use body language to support what you are saying.
- Draw pictures, use posters, models or physical demonstrations.
- Use video and audio media as an alternative to written communications.

Section 3:

Crossing Barriers: Communication Across Language Barriers

Excerpt from *Better Communication, Better Care: A Provider Toolkit for Serving Diverse Populations* © 2015 L.A. Care Health Plan

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Crossing Barriers: Communication Across Language Barriers

This section offers resources to help health care providers identify the linguistic needs of their Limited English Proficient (LEP) patients and strategies to meet their communication needs.

Research indicates that LEP patients face linguistic barriers when accessing health care services. These barriers have a negative impact on patient satisfaction and knowledge of diagnosis and treatment. Patients with linguistic barriers are less likely to seek timely treatment and preventive services. This leads to much more severe condition on presentation, poor health outcomes and longer hospital stays.

This section contains useful tips and ready-to-use tools to help remove the linguistic barriers and improve the linguistic competence of health care providers. The tools are intended to assist health care providers in delivering appropriate and effective linguistic services, which leads to:

- Increased patient health knowledge and compliance with treatment
- Decreased problems with patient-provider encounters and increased patient satisfaction
- Increased appropriate utilization of health care services by patients
- Potential reduction in liability from medical errors

The following materials are available in this section:

Tips for Working with Limited English Proficient (LEP) Patients

Suggestions to help service LEP patients.

Tips for Communicating Across Language Barriers

Suggestions to help identify and document patients' language needs.

10 Tips for Working Effectively with Interpreters

Suggestions to maximize the effectiveness of an interpreter.

Communicating with Deaf or Hard of Hearing Persons

Myths and tips for communicating with Deaf or Hard of Hearing Persons

Tips for Working with Limited English Proficient (LEP) Members

California law requires that health plans and insurers offer free interpreting services to both LEP patients and health care providers and also ensure that the interpreters are professionally trained and are versed in medical and health care terminology.

Who is a LEP patient?

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, may be considered limited English proficient (LEP).

How to identify a LEP patient over the phone

- Patient is quiet or does not respond to questions
- Patient simply says yes or no, or gives inappropriate or inconsistent answers to your questions
- Patient may have trouble communicating in English or you may have a very difficult time understanding what they are trying to communicate
- Patient self identifies as LEP by requesting language assistance.

Tips for working with LEP patients and how to offer interpreting services

- 1) Patient speaks no English and you are unable to discern the language
 - Connect with contracted telephonic interpreting services vendor to identify language needed.
- 2) Patient speaks some English:
 - Speak slowly and clearly. Do not speak loudly or shout. Use simple words and short sentences.
 - How to offer interpreting services:
“I think I am having trouble with explaining this to you, and I really want to make sure you understand. Would you mind if we connected with an interpreter to help us? Which language do you speak?”
Or
“May I put you on hold? I am going to connect us with an interpreter.” (If you are having a difficult time communicating with the patient)

Best practice to capture language preference

For LEP patients it is a best practice to capture the patients preferred language and record it in the plan's patient data system.

“In order for me (or Health Plan) to be able to communicate most effectively with you, may I ask what your preferred spoken and written language is?”

For more information on how to access interpreting services through L.A. Care or resources that will help you identify a patient's preferred language, please refer to Section 5 of this tool kit.

Tips for Communicating Across Language Barriers

Limited English Proficient (LEP) patients are faced with language barriers that undermine their ability to understand information given by healthcare providers as well as instructions on prescriptions and medication bottles, appointment slips, medical education brochures, doctor's directions, and consent forms. They experience more difficulty (than other patients) processing information necessary to care for themselves and others.

Tips to Identify a Patient's Preferred Language

- Ask the patient for their preferred spoken and written language.
- Display a poster of common languages spoken by patients; ask them to point to their language of preference.
- Post information relative to the availability of interpreting services.
- Make available and encourage patients to carry "I speak...." or "Language ID" cards.

Tips to Document Patient Language Needs

- For all Limited English Proficient (LEP) patients, document preferred language in paper and/or electronic medical records.
- Post color stickers on the patient's chart to flag when an interpreter is needed. (E.g. Orange =Spanish, Yellow=Vietnamese, Green=Russian).

Tips to Assessing which Type of Interpreter to Use

- Telephone interpreting services are easily accessed and available for short conversations or unusual language requests.
- Face-to-face interpreters provide the best communication for medical appointment, sensitive, legal or long communications.
- Trained bilingual staff provides consistent patient interactions for a large number of patients.
- For reliable patient communication, avoid using minors and family patients.

Tips to Overcome Language Barriers

- Use simple words; avoid jargon and acronyms.
- Limit/avoid technical language.
- Speak slowly (don't shout).
- Articulate words completely.
- Repeat important information.
- Provide educational material in the languages your patients read.
- Use pictures, demonstrations, video or audiotapes to increase understanding.
- Give information in small chunks and verify comprehension before going on.
- Always confirm your patient's understanding of the information - patient's logic may be different from yours.

10 Tips for Working with Interpreters

1. *Request an interpreter who meets the needs of the patient, considering age, sex and background.*

A patient might be reluctant to disclose personal and sensitive information, for example, in front of an interpreter of a different sex.

2. *Hold a brief introductory discussion with the interpreter.*

Have a quick briefing with the interpreter before the meeting or call with the patient. Inform the interpreter on the nature of the appointment or call and agree on basic interpreting protocols. Let the interpreter brief the patient on the interpreter's role.

3. *Allow enough time for the interpreted appointments and calls.*

Remember that an interpreted conversation requires more time. The original message is conveyed twice: once in English and then again in the patients' language and vice versa. What can be said in a few words in one language may require a lengthy paraphrase in another.

4. *Speak in a normal voice, clearly, and not too fast or too loudly.*

It is usually easier for the interpreter to understand speech produced at normal speed and with normal rhythms, than artificially slow speech.

5. *Avoid acronyms, jargon, and technical terms.*

Avoid idioms, technical words, or cultural references that might be difficult to interpret. Some concepts may be easy for the interpreter to understand but extremely difficult to interpret (i.e. positive test results).

6. *Face the patient and talk to the patient directly. Be brief, explicit and basic.*

Remember that you are communicating with the patient through an interpreter. Instead of saying "Please ask her how she is feeling," just say "How are you feeling?" Pause after a short full thought for an accurate and complete interpreting. If your sentence is too long, the interpreter may not remember and miss what was said.

7. *Don't ask or say anything that you don't want the patient to hear.*

The interpreter's job is to interpret everything said accurately and completely. Refrain from saying anything that you don't want the patient to hear.

8. *Be patient and avoid interrupting during interpretation.*

Allow the interpreter as much time as necessary to ask questions, for repeats, and for clarification. Be prepared to repeat yourself in different words if your message is not understood. Also remember that English is a direct language, and may need to be relayed into a different communication pattern.

9. *Be sensitive to different communication styles.*

Different cultures have different protocols to discuss sensitive topics and to address physicians. Many ideas and concepts taken for granted in the States do not exist in the patient's culture and may need detailed explanation in another language. Take advantage of your interpreter's insight and let the interpreter be your "Cultural Broker."

10. *Read body language in the cultural context.*

Watch the patient's eyes, facial expression, or body language when you speak and when the interpreter speaks. Look for signs of comprehension, confusion, agreement, or

disagreement.

Communicating with Deaf or Hard of Hearing Persons

Based on statistics from the US Census 2000 and the National Center for Health Statistics:

- There are approximately 25 million Americans with hearing loss. Over 2.2 million are considered deaf.
- There are approximately 3 million deaf and hard of hearing in California alone.
- Greater Los Angeles County is home to over 800,000 deaf and hard of hearing people.

Myths About Deaf or Hard of Hearing Persons

- All hearing losses are the same.
- All deaf people are mutes.
- All deaf people use hearing aids.
- Hearing aids restore hearing.
- All deaf people use sign language.
- Sign language is universal.
- All deaf people can read lips.
- Deaf people are less intelligent.

Issues to be aware of

- Some Deaf individuals have very limited English language skills, as it is their second language, and will require an interpreter to ensure comprehension of the message.
- There are literacy levels and language use differences among deaf individuals and groups of deaf individuals.
- Problems with the varying quality, experience and knowledge of interpreters in these critical settings.
- Words like “right” or “silent” have contextual meanings, are abstract, and when signed by different interpreters, could result in completely different meanings.
- Regardless of educational level, many individuals who are deaf have not been exposed to mainstream culture through mass media based on sound. Media exposure is the source for the general public for its information.

Hints for Communicating with Deaf or Hard of Hearing Persons

- Face the deaf person and maintain eye contact. Deaf individuals often rely on visual cues to determine your message as much as your words. Give the deaf person as many visual cues as possible.
- Speak directly to the Deaf or Hard of Hearing Person. Focus your attention on the deaf person, not the interpreter. Avoid using phrases such as “Tell him/her” or “Can he/she read lips?”
- Speak clearly and at your normal, natural pace. The interpreter will let you know if you are speaking too fast. Enunciate your words. Do not exaggerate.
- Remember, talking louder does not help the deaf person understand better.
- Avoid asking the interpreter for his/her opinion. You are speaking with the Deaf or Hard of Hearing Person.
- Consider your choice of words. Some words are easier to lip-read than others.
- If the deaf person does not understand, re-phrase instead of repeating the same words.
- Apply “10 Tips for Working Effectively with Interpreters” when working with sign

language interpreters.

Section 4:

Awareness of Cultural Background and Its Impact on Health Care Delivery

Excerpt from *Better Communication, Better Care: A Provider Toolkit for Serving Diverse Populations* © 2015 L.A. Care Health Plan

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Awareness of Cultural Background and Its Impact on Health Care Delivery

Everyone approaches illness as a result of their own experiences, including education, social conditions, economic factors, cultural background, and spiritual traditions, among others. In our increasingly diverse society, patients may experience illness in ways that are different from their health professional's experience. Sensitivity to a patient's view of the world enhances the ability to seek and reach mutually desirable outcomes. If these differences are ignored, unintended outcomes could result, such as misunderstanding instructions and poor compliance.

The following tools are intended to help you review and consider important factors that may have an impact on health care. Always remember that even within a specific tradition, local and personal variations in belief and behavior exist. Unconscious stereotyping and untested generalizations can lead to disparities in access to service and quality of care. The bottom line is: if you don't know your patient well, ask respectful questions. Most people will appreciate your openness and respond in kind. And most patients respect and find comfort in their provider's willingness to learn and show interest in their cultures.

The following materials are available in this section:

Cultural Background: Information on Special Topics

Points of reference to become familiar with diverse cultural backgrounds.

Let's Talk About Sex

A guide to help you understand and discuss gender roles, modesty, and privacy preferences that vary widely among different people when taking sexual health history information.

Pain Management Across Cultures

A guide to help you understand the ways people may use to describe pain and approach to treatment options.

Cultural Background: Information on Special Topics

Use of Alternative or Herbal Medications

- People who have lived in poverty, or come from places where medical treatment is difficult to get, will often come to the doctor only after trying many traditional or home treatments. Usually patients are very willing to share what has been used if asked in an accepting, nonjudgmental way. This information is important for the accuracy of the clinical assessment.
- Many of these treatments are effective for treating the symptoms of illnesses. However, some patients may not be aware of the difference between treating symptoms and treating the disease.
- Some treatments and “medicines” that are considered “folk” medicine or “herbal” medications in the United States are part of standard medical care in other countries. Asking about the use of medicines that are “hard to find” or that are purchased “at special stores” may get you a more accurate understanding of what people are using than asking about “alternative,” “traditional,” “folk,” or “herbal” medicine.

Pregnancy and Breastfeeding

- Preferred and acceptable ages for a first pregnancy vary from culture to culture. Latinos are more accepting of teen pregnancy; in fact it is quite common in many of the countries of origin. Russians tend to prefer to have children when they are older. It is important to understand the cultural context of any particular pregnancy. Determine the level of social support for the pregnant women, which may not be a function of age.
- Acceptance of pregnancy outside of marriage also varies from culture to culture and from family to family. In many Asian cultures there is often a profound stigma associated with pregnancy outside of marriage. However, it is important to avoid making assumptions about how welcome any pregnancy may be.
- Some Vietnamese and Latino women believe that colostrum is not good for a baby. An explanation from the doctor about why the milk changes can be the best tool to counter any negative traditional beliefs.
- The belief that breastfeeding works as a form of birth control is very strongly held by many new immigrants. It is important to explain to them that breastfeeding does not work as well for birth control if the mother gets plenty of good food, as they are more able to do here than in other parts of the world.

Weight

- In many poor countries, and among people who come from them, “chubby” children are viewed as healthy children because historically they have been better able to survive childhood diseases. Remind parents that sanitary conditions and medical treatment here protect children better than extra weight.
- In many of the countries that immigrants come from, weight is seen as a sign of wealth and prosperity. It has the same cultural value as extreme thinness has in our culture – treat it as a cultural as well as a medical issue for better success.

Infant Health

- It is very important to avoid making too many positive comments about a baby’s general health.
 - Among traditional Hmong, saying a baby is “pretty” or “cute” may be seen as a threat because of fears that spirits will be attracted to the child and take it away
 - Some traditional Latinos will avoid praise to avoid attracting the “evil eye”
 - Some Vietnamese consider profuse praise as mockery
- It is often better to focus on the quality of the mother’s care – “the baby looks like you take care

of him well.”

- Talking about a new baby is an excellent time to introduce the idea that preventive medicine should be a regular part of the new child's experience. Well-baby visits may be an entirely new concept to some new mothers from other countries. Protective immunizations are often the most accepted form of preventive medicine. It may be helpful to explain well-baby visits and check-ups as a kind of extension of the immunization process.

Substance Abuse

- When asking question regarding issues of substance (or physical) abuse, concerns about family honor and privacy may come into play. For example, in Vietnamese and Chinese cultures family loyalty, hierarchy, and filial piety are of the utmost importance and may therefore have a direct effect on how a patient responds to questioning, especially if family members are in the same room. Separating family members, even if there is some resistance to the idea, may be the only way to accurately assess some of these problems.
- Gender roles are often expressed in the use or avoidance of many substances, especially alcohol and cigarettes. When discussing and treating these issues the social component of the abuse needs to be considered in the context of the patient's culture.
- Alcohol is considered part of the meal in many societies, and should be discussed together with eating and other dietary issues.
- In some Southeast Asian communities, binge drinking at family and friend gathering is considered a bonding ritual. In assessing the issue, avoid judging the practice but rather explore negative consequences that occur after each event.

Physical Abuse

- Ideas about acceptable forms of discipline vary from culture to culture. In particular, various forms of corporal punishment are accepted in many places. Emphasis must be placed on what is acceptable here, and what may cause physical harm.
- Women may have been raised with different standards of personal control and autonomy than we expect in the United States. They may be accepting physical abuse not because of feelings of low self-esteem, but because it is socially accepted among their peers, or because they have nobody they can go to with their concerns. It is important to treat these cases as social rather than psychological problems.
- Immigrants learn quickly that abuse is reported and will lead to intervention by police and social workers. Even victims may not trust doctors, social workers, or police. It may take time and repeated visits to win the trust of patients. Remind patients that they do not have to answer questions (silence may tell you more than misleading answers). Using depersonalized conversational methods will increase success in reaching reluctant patients.
- Families may have members with conflicting values and rules for acceptable behavior that may result in conflicting reports about suspected physical abuse. This does not necessarily mean that anyone is being deceptive, just seeing things differently. This may cause special difficulties for teens that may have adopted new cultural values common to Western society, but must live in families that have different standards and behaviors.
- Behavioral indicators of abuse are different in different cultures. Many people are not very emotionally and physically expressive of physical and mental pain. Learn about the cultural norms of your patient populations to avoid overlooking or misinterpreting unknown signs of trauma.
- Do not confuse physical evidence of traditional treatments with physical abuse. Acceptable traditional treatments, such as coin rubbing (coining) or cupping, may leave marks on the skin, which look like physical abuse. Always consider this possibility if you know the family uses traditional home remedies.

Communicating with the Elderly

- Always address older patients using formal terms of address unless you are directly told that you may use personal names. Also remind staff that they should do the same.
- Stay aware of how the physical setting may be affecting the patient. Background noise, glaring or reflecting light, and small print forms are examples of things that may interfere with communication. The patients may not say anything, or even be aware that something physical is interfering with their understanding.
- Stay aware that many people believe that giving a patient a terminal prognosis is unlucky or will bring death sooner and families may not want the patient to know exactly what is expected to happen. If the family has strong beliefs along these lines the patient probably shares them. Follow ethical and legal requirements, but stay cognizant of the patient's cultural perspective. Offer the opportunity to learn the truth, at whatever level of detail desired by the patient.
- It is important to explain the specific needs for having an advance directive before talking about the treatment choices and instructions. This will help alleviate concerns that an advance directive is for the benefit of the medical staff rather than the patient.
- Elderly, low-literacy patients may be very skilled at disguising their lack of reading skills and may feel stigmatized by their inability to read. If you suspect this is the case you should not draw attention to this issue but seek out other methods of communication.

Serving People with Disabilities

- Use "people first" language. Certain terms, such as "handicapped" or "retarded" may be considered offensive. Certain phrases, such as "He is autistic" or "She is crippled" can also label and stigmatize people. These words and phrases focus on disabilities, not on the person. That is why we want to use "people first language," such as "She has a disability" or "he has autism." By using "has" rather than "is," this avoids labeling the individual and instead makes the disability just another aspect of the person. A more recent acceptable term would be 'living with', such as "She is living with a mental illness" rather than "She is mentally ill" or "She is living with an addiction" rather than "She is an addict", etc. By focusing on the person first and any disabilities or conditions second, this recognizes and respect them as individuals.
- Don't make assumptions. People who have the same disability may not have the same experiences. Get feedback from patients directly on what they are going through. People with disabilities are the best judge of what they can or cannot do and any limitations they might have. Avoid making decisions for them, but instead involve them in the decision making process.
- Ask before you help. Just because someone has a disability, don't assume the person needs help. If the setting is accessible, people with disabilities can usually get around fine. Adults with disabilities want to be treated as independent people.
- Honor people with disabilities' expressed choice for reasonable accommodations. The (Americans with Disabilities Act (ADA) requires the expressed choice of the individual with the disability, who is in the best position to know their needs should be given primary consideration in determining which communication aid to provide. Respect these choices.
- Speak directly to a person with disability. If the patient has brought a caregiver or aid, always speak directly to the person with a disability, unless otherwise instructed by the patient.

Let's Talk About Sex

Consider the following strategies when navigating the cultural issues surrounding the collection of sexual health histories. Some areas of cultural variation points to consider are:

Gender roles

- Gender roles vary and change as the person ages (i.e. women may have much more freedom to openly discuss sexual issues as they age).
- A patient may not be permitted to visit providers of the opposite sex unaccompanied (i.e. a woman's husband or mother-in-law will accompany her to an appointment with a male provider).
- Some cultures prohibit the use of sexual terms in front of someone of the opposite sex or an older person.
- Several family members may accompany an older patient to a medical appointment as a sign of respect and family support.
- Before entering the exam room, tell the patient and their companion exactly what the examination will include and what needs to be discussed. Offer the option of calling the companion(s) back into the exam room immediately following the physical exam.
- As you invite the companion or guardian to leave the exam room, have a health professional of the same gender as the patient standing by and re-assure the companion or guardian that the person will be in the room at all times.
- Use same sex non-family members as interpreters only as the last resort; it is always best to utilize professional interpreters, especially when dealing with sensitive issue in the patient's perspective.

Sexual health and patient cultural background

- If a sexual history is requested during a non-related illness appointment, patients may conclude that the two issues – for example, blood pressure and sexual healthcare are related.
- In many health belief systems there are connections between sexual performance and physical health that are different from the Western tradition. Example: Chinese males may discuss sexual performance problems in terms of a "weak liver."
- Printed materials on topics of sexual health may be considered inappropriate reading materials.
- Do not ask for their sexual orientation but rather explore their sexual practices/experiences including those with the people of the opposite sex as well as same sex.
- Explain to the patient why you are requesting sexually related information at that time.
- For young adults, clarify the need for collecting sexual history information and consider explaining how you will protect the confidentiality of their information.
- Offer sexual health education verbally. Whenever possible, provide sexual health education by a health care professional who is the same gender as the patient.

Confidentiality preferences

- Patients may not tell you about their preferences and customs surrounding the discussion of sexual issues. You must watch their body language for signals of discomfort, or ask directly how they would like to proceed.
- A patient may be required to bring family members to their appointment as companions or guardians. Printed materials on topics of sexual health may be considered inappropriate reading materials.
- Be attentive to a patient's body language or comments that may indicate that they are uncomfortable discussing sexual health with a companion or guardian in the room.
- It may help to apologize for the need to ask sexual or personal questions. Apologize and explain the necessity.
- Try to offer the patient a culturally acceptable way to have a confidential conversation. Example: "To provide complete care, I prefer one-on-one discussions with my patients. However, if you prefer, you may speak with a female/male nurse to complete the initial information."
- Inform the patient and the accompanying companion(s) of any applicable legal requirements

regarding the collection and protection of personal health information.

Pain Management Across Cultures

Your ability to provide adequate pain management to some patients can be improved with a better understanding of the differences in the way people deal with pain. Here is some important information about the cultural variations you may encounter when you treat patients for pain management. These tips are generalizations only. It is important to remember that each patient should be treated as an individual.

Reaction to pain and expression of pain

- Cultures vary in what is considered acceptable expression of pain. As a result, expression of pain will vary from stoic to extremely expressive for the same level of pain.
- Some men may not verbalize or express pain because they believe their masculinity will be questioned.
- Do not mistake lack of verbal or facial expression for lack of pain. Under-treatment of pain is a problem in populations where stoicism is a cultural norm.
- Because the expression of pain varies, ask the patient what level, or how much, pain relief they think they need.
- Do not be judgmental about the way someone is expressing their pain, even if it seems excessive or inappropriate to you. The way a person in pain behaves is socially learned.

Spiritual and religious beliefs about using pain medication

- Patients of several faiths will not take pain relief medications on religious fast days, such as Yom Kippur or daylight hours of Ramadan. For these patients, religious observance may be more important than pain relief.
- Other religious traditions forbid the use of narcotics.
- Spiritual or religious traditions may affect a patient's preference for the form of medication delivery, oral, IV, or IM.
- Consultation with the family and Spiritual Counselor will help you assess what is appropriate and acceptable. Variation from standard treatment regimens may be necessary to accommodate religious practices.
- Accommodating religious preferences, when possible, will improve the effectiveness of the pain relief treatment.
- Offer a choice of medication delivery. If the choice is less than optimal, ask why the patient has that preference and negotiate treatment for best results.

Beliefs about drug addiction

- Recent research has shown that people from different genetic backgrounds react to pain medication differently. Family history and community tradition may contain evidence about specific medication effects in the population.
- Past negative experience with pain medication shapes current community beliefs, even if the medications and doses have changed.
- Be aware of potential differences in the way medication acts in different populations. A patient's belief that they are more easily addicted may have a basis in fact.
- Explain how the determination of type and amount of medication is made. Explain changes from past practices.
- Assure your patient you are watching their particular case.

Use of alternative pain relief treatment

- Your patient may be using traditional pain relief treatment, such as herbal compresses or teas, massage, acupuncture or breathing exercises.
- Respectfully inquire about all of the ways the patient is treating their pain.
- Use indirect questions about community or family traditions for pain management to provide hints about what the patient may be using. There may be some reluctance to tell you about alternative therapies until they feel it is “safe” to talk about them.
- Accommodate or integrate your treatments with alternative treatments when possible.

Methods needed to assess pain

- Most patients are able to describe their pain using a progressive scale, but others are not comfortable using a numerical scale, and the scale of facial expressions (smile to grimace) may be more useful.
- Ask the patient specifically how they can best describe their pain.
- Use multiple methods of assessing pain—scales and analogies, if you feel the assessment of pain is producing ambiguous or incorrect results.
- Once the severity of the pain can be assessed, explain in detail the expected result of the use of the pain medication in terms of whatever descriptive tools the patient has used. Check comprehension with teach-back techniques.
- Instead of using scales, which might not be known to the patient, asking for comparative analogies, such as “like a burn from a stove,” “cutting with a knife,” or “stepping on a stone,” may produce a more accurate description.

Section 5:

References and Resources

Excerpt from *Better Communication, Better Care: A Provider Toolkit for Serving Diverse Populations* © 2015 L.A. Care Health Plan

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References and Resources

Cultural and linguistic services have been mandated for federally funded program recipients in response to the growing evidence of health care disparities and as partial compliance with Title VI of the Civil Rights Act of 1964. The major requirements for the provision of cultural and linguistic services for patients in federally funded programs are included in this section.

This section includes:

- Current cultural and linguistic requirements for federally funded programs.
- Guidelines for cultural and linguistic services.
- Web based resources for more information related diversity and the delivery of cultural and linguistic services.

The following materials are available in this section.

Title VI of the Civil Rights Act of 1964

The Civil Rights Act of 1964 text.

Standards to Provide Culturally and Linguistically Appropriate Services (CLAS)

A summary of the fifteen CLAS standards.

Americans with Disabilities Act of 1990 (ADA)

A summary of the ADA.

Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters

An overview of important California Department of Health Care Services' communications containing information or interpretation of changes in policy or procedure at the Federal or State levels.

Executive Order 13166, August 2000

The text of the Executive Order signed in August 2000 that mandated language services for Limited English Proficient (LEP) patients enrolled in federally funded programs.

Cultural Competence Web Resources

A listing of internet resources related to diversity and the delivery of cultural and linguistic services.

Title VI of the Civil Rights Act of 1964

“No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Under Title IV, any agency, program, or activity that receives funding from the federal government may not discriminate on the basis of race, color or national origin. This is the oldest and most basic of the many federal and state laws requiring “meaningful access” to healthcare, and “equal care” for all patients. Other federal and state legislation protecting the right to “equal care” outline how this principle will be operationalized.

State and Federal courts have been interpreting Title VI, and the legislation that it generated, ever since 1964. The nature and degree of enforcement of the equal access laws has varied from place to place and from time to time. Recently, however, both the Office of Civil Rights and the Office of Minority Health have become more active in interpreting and enforcing Title VI.

Additionally, in August 2000, the U.S. Department of Health and Human Services Office of Civil Rights issued “Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons with Limited English Proficiency.” This policy established ‘national origin’ as applying to limited English- speaking recipients of federally funded programs.

Standards to Provide Culturally and Linguistically Appropriate Services (CLAS)

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

Principal Standard

- 1) 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

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

Communication and Language Assistance

- 5) 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.**
- 6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.**
- 7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.**
- 8) 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

- 9) Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.**
- 10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.**
- 11) 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.**

- 12) 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.
- 13) Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Americans with Disabilities Act of 1990

The Americans with Disabilities Act (ADA) of 1990 is a law that protects people with disabilities from being treated unfairly. A disability is a physical or mental condition that totally or seriously limits a person's ability in at least one major life activity. This law protects people who:

- Are any age, including seniors (65 years of age or older), who have disabilities
- Have disabilities such as hearing, speech or vision loss, developmental disabilities and other types of disabilities
- May not look like they have a disability or had a disability in the past.

The ADA law makes sure there are equal chances for people with disabilities in employment and in state and local government services, including health care. The ADA requires public entities to take appropriate steps to ensure effective communication with individuals with disabilities, including the provision of auxiliary aids and services.

Contact the following telephone number for help if you want more information about the Americans with Disabilities Act (ADA):

ADA Information Line:

1-800-514-0301 (Voice) or
1-800-514-0383 (TTY/TDD)

Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters

Medi-Cal Managed Care communicates with Medi-Cal managed care contractors and Duals Plans participating in the Dual-Eligible Demonstration Project, by means of All Plan, Policy, and Duals Plan Letters.

- All Plan Letters (APLs) are the means by which MMCD conveys information or interpretation of changes in policy or procedure at the Federal or State levels, and provides instruction to contractors, if applicable, on how to implement these changes on an operational basis.
- Policy Letters (PLs) provide instruction to contractors about changes in Federal or State law and Regulation that affect the way in which they operate, or deliver services to Medi-Cal beneficiaries.
- The Dual Plan Letters (DPLs) convey information or interpretation of changes in policy or procedure at the Federal or State levels, and about changes in Federal or State law and Regulations. DPLs provide instruction to Dual Plans, if applicable on how to implement these changes on an operational basis, and about how Federal or State law affect the way in which they operate, or deliver services to dual-eligible beneficiaries.

Below is a list of Cultural and Linguistic notices:

- PL 99-001 – Community Advisory Committee (CAC)
- APL 99-005 – Cultural Competency in Health Care - Meeting the Needs of a Culturally and Linguistically Diverse Population
- APL 02-003 – Cultural and Linguistic Contractual Requirements: Threshold and Concentration Standard – Languages Update
- APL 14-008 – Cultural and Linguistic Contractual Requirements: Threshold and Concentration Standard Languages Update
- PL 10-012 – Health Education and Cultural and Linguistic Group Needs Assessment (GNA)
- PL 99-002 – Health Education and Cultural and Linguistic Group Needs Assessment
- PL 99-003 – Linguistic Services
- PL 99-004 – Translation of Written Informing Materials

These are available for download on the California Department of Health Care Services (DHCS) website:

<http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDAPLPLSubjectListing.aspx>

If you have questions concerning a specific All Plan, Policy, or Duals Plan Letter, please call **(916) 449-5000**.

Executive Order 13166, August 2000

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to improve access to federally conducted and federally assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency (LEP), it is hereby ordered as follows:

Section 1. Goals.

The Federal Government provides and funds an array of services that can be made accessible to otherwise eligible persons who are not proficient in the English language. The Federal Government is committed to improving the accessibility of these services to eligible LEP persons, a goal that reinforces its equally important commitment to promoting programs and activities designed to help individuals learn English. To this end, each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries. To assist the agencies with this endeavor, the Department of Justice has today issued a general guidance document (LEP Guidance), which sets forth the compliance standards that recipients must follow to ensure that the programs and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. As described in the LEP Guidance, recipients must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

Sec. 2. Federally Conducted Programs and Activities.

Each Federal agency shall prepare a plan to improve access to its federally conducted programs and activities by eligible LEP persons. Each plan shall be consistent with the standards set forth in the LEP Guidance, and shall include the steps the agency will take to ensure that eligible LEP persons can meaningfully access the agency's programs and activities. Agencies shall develop and begin to implement these plans within 120 days of the date of this order, and shall send copies of their plans to the Department of Justice, which shall serve as the central repository of the agencies' plans.

Sec. 3. Federally Assisted Programs and Activities.

Each agency providing Federal financial assistance shall draft title VI guidance specifically tailored to its recipients that is consistent with the LEP Guidance issued by the Department of Justice. This agency-specific guidance shall detail how the general standards established in the LEP Guidance will be applied to the agency's recipients. The agency-specific guidance shall take into account the types of services provided by the recipients, the individuals served by the recipients, and other factors set out in the LEP Guidance. Agencies that already have developed title VI guidance that the Department of Justice determines is consistent with the LEP Guidance shall examine their existing guidance, as well as their programs and activities, to determine if additional guidance is necessary to comply with this order. The Department of Justice shall consult with the agencies in creating their guidance and, within 120 days of the date of this order, each agency shall submit its specific guidance to the Department of Justice for review and approval. Following approval by the Department of Justice, each agency shall publish its guidance document in the Federal Register for public comment.

Sec. 4. Consultations.

In carrying out this order, agencies shall ensure that stakeholders, such as LEP persons and their representative organizations, recipients, and other appropriate individuals or entities, have an adequate opportunity to provide input. Agencies will evaluate the particular needs of the LEP persons they and their recipients serve and the burdens of compliance on the agency and its recipients. This input from stakeholders will assist the agencies in developing an approach to ensuring meaningful access by LEP persons that is practical and effective, fiscally responsible, responsive to the particular circumstances of each agency, and can be readily implemented.

Sec. 5. Judicial Review.

This order is intended only to improve the internal management of the executive branch and does not create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers or employees, or any person.

WILLIAM J. CLINTON
THE WHITE HOUSE
Office of the Press Secretary
(Aboard Air Force One)

For Immediate Release August 11, 2000

Reference: <http://www.usdoj.gov/crt/cor/Pubs/eolep.htm>

Cultural Competence Web Resources

General Cultural Competence

- Resources for Cross-Cultural Health Care <http://www.diversityrx.org>
- DHHS Health Resources and Services Administration <http://www.hrsa.gov/healthliteracy/>
- Culture, Health and Literacy: A Guide to Health Education for Adults with Limited Literacy Skills <http://www.worlded.org/us/health/docs/culture/>
- National Academy Press <http://books.nap.edu/books/0309071542/html/index.html>
- National Center For Cultural Competence, Georgetown University <http://www11.georgetown.edu/research/gucchd/nccc/>
- National Council on Interpreting in Health Care <http://www.ncihc.org>
- Department of Justice - Office of Civil Rights <http://www.usdoj.gov/crt/cor/13166.htm>
- The State of Literacy in America <http://www.nifl.gov/readers/reder.htm>
- Office of Minority Health <http://www.omhrc.gov/>
- Office of Minority Health - "A Physician's Practical Guide to Culturally Competent Care" <https://cccm.thinkculturalhealth.org/>
- DHHS Office of Civil Rights <http://www.hhs.gov/ocr/>
- The Cross Cultural Health Care Program <http://www.xculture.org/>
- The Plain Language Association International <http://www.plainlanguagenetwork.org/>
- Kaiser Family Foundation Minority Health <http://www.kff.org/minorityhealth/index.cfm>
- Yale University Cultural Competence Resources <http://www.med.yale.edu/library/education/culturalcomp>
- Agency for Healthcare Research and Policy: "Providing Care To Diverse Populations" <http://www.ahrp.gov/news/ulp/ulpcultr.htm>
- AMSA Diversity in Medicine <http://www.amsa.org/div>
- Center for Cross Cultural Health <http://www.crosshealth.com>
- Institute of Medicine: Unequal Treatment <http://www.iom.edu/CMS/3740/4475.aspx>
- Robert Wood Johnson Foundation: Aligning Forces for Quality <http://www.rwjf.org/newsroom/product.jsp?id=30951>
- Wall Street Journal, June 5, 2008: Health Care Has Racial, State Disparities http://online.wsj.com/article/SB121263635211447647.html?mod=dist_smartbrief
- AskMe3 Brochures - Partnership for Clear Health Communication <http://www.npsf.org/askme3/>

Aging

- Center on an Aging Society <http://ihcrp.georgetown.edu/agingsociety/>
- AARP Aging and Minorities <http://www.research.aarp.org/general/portmino.html>

African American

- National Association of Black Cardiologists <http://www.abcardio.org/>
- National Black Nurses Association <http://www.nbna.org/>

American Indian/Alaskan Native

- Association of American Indian Physicians <http://www.aaip.com/>
- Native American Cancer Research <http://natamcancer.org/>
- National Indian Council on Aging <http://www.nicoa.org>
- National Indian Health Board <http://www.nihb.org/>
- National Resource Center on Native American Aging
<http://ruralhealth.und.edu/projects/nrcnaa/>

Asian American/Pacific Islander American

- Asian & Pacific Islander American Health Forum <http://www.apiahf.org/>
- Chinese American Medical Society <http://www.camsociety.org/>
- National Asian Pacific Center on Aging <http://www.napca.org>
- National Asian Women's Health Organization <http://www.nawho.org/>

Hispanic/Latino American

- National Alliance for Hispanic Health <http://www.hispanichealth.org/>
- National Council of La Raza <http://www.nclr.org>
- National Hispanic Council on Aging <http://www.nhcoa.org>
- National Hispanic Medical Association <http://home.earthlink.net/~nhma/>

Free Patient Health Education Materials – Low Literacy and Other Languages

- National Institutes of Health – Health Information in English/Spanish
<http://www.health.nih.gov>
- National Network of Libraries of Medicine – Easy to Read Health Brochures in Other Languages
<http://nnlm.gov/outreach/consumer/multi.html>

Remember, web pages can expire often. If the web address provided does not work, use a search engine and search under the organization's name.

This information is intended for educational purposes only, and should not be interpreted as medical advice. Please consult your doctor for advice about changes that may affect your health.

Linkage to the websites listed is for educational purposes only and is not intended as a particular endorsement of any organization.

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Please refer to the "Web Resources" pages of this toolkit to find the internet resources that informed the work of the Committee.

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