Cultural and Linguistic Training
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Learning Objectives

Program participants will be able to:

• Define culture and cultural competence
• Identify the benefits of clear communication
• Understand the lesbian, gay, bisexual, and transgender (LGBT) communities
• Discuss health care for refugees and immigrants
• Utilize best practices for working with seniors and people with disabilities
• Understand process for providing interpreter and language assistance
Defining Culture and Cultural Competence

Culture

• Integrated patterns of human behavior that includes the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

• Identifies various concepts of health, perceptions, behaviors, and attitudes.

Cultural Competence

• Capacity of effectively dealing with people from different cultures and lifestyles.
Defining Culture and Cultural Competence

• Understanding a person’s culture is critical to reducing health disparities and improving access to high quality health care.

• Health care providers and staff must understand their own values and beliefs, as well as the differing cultures of the people they serve.

• It is important to not judge; but instead, seek to understand.
Culture and Health Care Expectations

Recognizing and acknowledging an individual’s culture is essential to meeting health care expectations; such as:

- Who provides treatment
- What is considered a health problem
- What type of treatment is required
- Where care is sought
- How symptoms are expressed
- How rights and protections are understood
Clear communication is the basis for providing culturally competent care and:

- Reduces risk of malpractice
- Improves safety and compliance
- Improves physician & patient satisfaction
- Improves office processes (saves times and money)
# Communication Best Practices

<table>
<thead>
<tr>
<th>Common Patient Concerns</th>
<th>What You Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>“When I leave your office, I often don’t know what to do next.”</td>
<td>Explain information clearly and ask individual to repeat instructions in their own words to ensure understanding.</td>
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<tr>
<td></td>
<td>Prompt and encourage questions:</td>
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<tr>
<td></td>
<td>• What is the main problem?</td>
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<td></td>
<td>• What concerns do you have?</td>
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<tr>
<td></td>
<td>• Do you understand the information or instructions?</td>
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<tr>
<td>“I don’t know what to ask and am hesitant to ask you.”</td>
<td></td>
</tr>
<tr>
<td>Common Patient Concerns</td>
<td>What You Can Do</td>
</tr>
<tr>
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<tr>
<td>“I did not take my medication because I did not understand the dosage.”</td>
<td>Use specific, plain language regarding prescription usage.</td>
</tr>
<tr>
<td>“I am confused about risk and information given in numbers such as percentages or ratios.”</td>
<td>Use qualitative plain language to describe risks and benefits, avoid using only numbers.</td>
</tr>
<tr>
<td>“My English is pretty good, but at times I need an interpreter.”</td>
<td>Office staff should confirm interpreter needs during scheduling.</td>
</tr>
</tbody>
</table>
## Communication Best Practices

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<th>Common Patient Concerns</th>
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<tr>
<td>“When I don’t seem to understand, talking louder intimidates me.”</td>
<td>Match the volume and speech of the patient’s speech.</td>
</tr>
<tr>
<td>“If I look surprised confused, or upset, I may have misinterpreted your nonverbal cues.”</td>
<td>Mirror body language and eye contact. Ask the patient if you are unsure.</td>
</tr>
<tr>
<td>“I am not able to make important decisions by myself.”</td>
<td>confirm decision making preferences.</td>
</tr>
</tbody>
</table>
Understanding LGBT Terminology

Sexual Orientation

• A person’s emotional, sexual, and/or relational attraction to others. Usually classified as heterosexual, bisexual, and homosexual (i.e. lesbian and gay).

Bisexual

• One whose sexual or romantic attractions and behaviors are directed at both sexes to a significant degree.

Transsexual

• Medical term for people who have used surgery or hormones to modify their bodies.
Understanding LGBT Terminology (continued)

MSM
- Men who have sex with men. Usually identify as gay.

WSW
- Women who have sex with women. Usually identify as lesbian.

Transgender
- Describes people whose gender identity (personal sense of gender) and/or expression is different from that typically associated with their assigned sex at birth.
Understanding LGBT Terminology (continued)

Gender-queer

• Describes people who see themselves as outside the usual binary man/woman definitions (having elements of many genders, androgynous or having no gender).

Bi-gender

• Describes people whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.
Understanding LGBT Terminology (continued)

MtF

• Male-to-female; a person who was assigned the male sex at birth, but identifies and lives as a female.
• MtF persons will still need to have prostate exams according to standard guidelines.

FtM

• Female-to-male; a person who was assigned the female sex at birth, but identifies and lives as a male.
• FtM persons will still need to have breast exams and Pap tests according to standard guidelines.
### Cultural Competence & LGBT Communities

<table>
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<th>LGBT Patient Concerns</th>
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<tbody>
<tr>
<td>“I come to you with an extra layer of anxiety (verbally or physically abused, rejection, discrimination).”</td>
<td>Interact with patient in a friendly way that is safe, judgement-free, and non-discriminatory.</td>
</tr>
<tr>
<td>“I feel my HIPAA rights to privacy are not honored (people openly discuss or make fun of my sexual orientation or gender identity).”</td>
<td>Always protect the patient’s rights. Sharing personal health information, including sexual orientation or gender identity is a violation of HIPAA.</td>
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### Cultural Competence & LGBT Communities

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<tr>
<td>“I may be dissuaded from seeking future care due to</td>
<td>Do not assume that all patients are heterosexual. Use “partner” instead of</td>
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<tr>
<td>heteronormative assumptions and attitudes.”</td>
<td>“spouse or boy/girlfriend”. Replace “marital status” with “relationship status”</td>
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<tr>
<td></td>
<td>on forms.</td>
</tr>
<tr>
<td>“I prefer to be called by a specific pronoun and/or name.”</td>
<td>Listen to how patients refer to themselves and loved ones (pronouns, names).</td>
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<tr>
<td></td>
<td>Use the same language they use; if unsure, ask.</td>
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<td>----------------------</td>
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</tr>
<tr>
<td>“I often do not disclose my sexual orientation or gender identity because I don’t feel comfortable or fear that I may receive substandard care.”</td>
<td>Identify your own LGBT perceptions and biases as a first step in providing the best quality care. Practice some helpful phrases:</td>
</tr>
<tr>
<td></td>
<td>• Do you have sex with men, women, or both?</td>
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<tr>
<td></td>
<td>• What pronoun do you prefer I use when referring to you?</td>
</tr>
<tr>
<td></td>
<td>• I’m glad you shared that with me. Is there anything else in connection with your health care that I should know about?</td>
</tr>
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Cultural Competence & LGBT Communities

The California Department of public maintains a list of very helpful LGBT-related resources for:

- Affordable Care Act
- Census and LGBT Demographic Studies
- Drug and Alcohol Abuse
- Gender Identity
- Health Disparities
- HIV/AIDS
- Homelessness
- LGBT Health Resources
- LGBT Health Organizations
- LGBT Curriculum in Schools
- Mental Health
- Legal
- Teen Health

Cultural Competence & Refugees and Immigrants

Refugees and Immigrants may:

• Not be familiar with the U.S. health care system
• Experience illness related to life changes
• Practice spiritual and botanic healing or treatments before seeking U.S. medical advice

Open communication with refugees and immigrants:

• Builds trust
• Results in increased disclosure of patient knowledge and behavior
## Understanding Refugees and Immigrants

### Common Patient Concerns

- “I do not understand the requirements to visit multiple doctors”
- “I am going to bring family and friends to help make decisions.”
- “My expectations do not align with U.S. managed care.”

### What You Can Do

- Explain why a patient may need to be seen by another doctor.
- Confirm decision makers at each visit.
- Ask questions to understand what the patient’s expectations are and inform patients they may need follow-up care.
### Understanding Refugees and Immigrants

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<td>“I fear my health information will be released to the community.”</td>
<td>Explain confidentiality and ensure HIPAA forms are easy to understand, in their preferred language.</td>
</tr>
<tr>
<td>“I wonder why I have diagnostic testing before a prescription is written.”</td>
<td>Clarify the need for testing and explain the process for ordering prescriptions. Emphasize medication adherence.</td>
</tr>
</tbody>
</table>
Cultural Competence & Disabilities

According to the American Disability Act (ADA), a person with a disability is any individual with:

- A physical or mental impairment that substantially limits one or more major life activities of such individual*
- A record of such an impairment
- Being regarded as having such an impairment

* A major life activity includes, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, learning, reading, concentrating, thinking, communicating, and working.
Seniors and Persons with Disabilities

Seniors or persons with disabilities may experience one or more of the following:

- Disease/Multiple Medications
- Caregiver Burden/Burnout
- Cognitive Impairment/Mental Health
- Physical Impairment
- Hearing Impairment
- Visual Impairment
# Seniors and Persons with Disabilities

## Disease/Multiple Medications

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<th>Common Patient Concern</th>
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<tbody>
<tr>
<td>Medication affecting cognition; neuro-cognitive processing ability impaired.</td>
<td>Be aware, slow down, speak clearly, and use plain language; obtain thorough health history.</td>
</tr>
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</table>

## Caregiver Burden/Burnout

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<tbody>
<tr>
<td>Caregiver often has own limitations; high stress; higher Likelihood of depression.</td>
<td>Ask about caregiver responsibilities and stress levels. Offer caregiver support services.</td>
</tr>
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</table>
## Seniors and Persons with Disabilities

### Cognitive Impairment/Mental Health

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<tr>
<td>Dementia; older adult suffering more losses; need for a caregiver</td>
<td>Communicate with patient and caregiver. Assess for depression and dementia/cognitive ability.</td>
</tr>
</tbody>
</table>

### Physical Impairment

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<tbody>
<tr>
<td>Pain/reduced mobility often due to osteoporosis, changes in feet, ligaments and cushioning, osteoporosis, and stroke.</td>
<td>Keep hallways clear; lower exam tables; use exam rooms nearest waiting rooms; offer assistance; recommend in home accessibility assessment.</td>
</tr>
</tbody>
</table>
## Seniors and Persons with Disabilities

### Hearing Impairment

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<tr>
<td>Presbycusis; gradual, bilateral, high-frequency hearing loss. Sounds are high frequency; difficulty distinguishing words.</td>
<td>Face patient at all times; speak slow, enunciate; rephrase; reduce noise; offer listening devices. Speaking loudly does not help.</td>
</tr>
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### Visual Impairment

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<tr>
<td>Problems with reading, depth perception, contrast, glare, loss of independence.</td>
<td>Decrease glare; use bright, indirect lighting; use bright, contrasting colors; use large, non-serif fonts.</td>
</tr>
</tbody>
</table>
Interacting with Persons with Disabilities

Unacceptable Terminology

“She has a birth defect.”

“She is disabled; handicapped; crippled.”

“He is afflicted/stricken with; suffers from; a victim of.”

“She is retarded; slow.”

Acceptable Terminology

“She has a congenital disability.”

“She has a disability; she is a person with a disability.”

“He has cerebral palsy.”

“She has a developmental disability; intellectual disability.”
Language Assistance Requirements

Primary Care Associates of California (PCAC) provides its own interpreter services through certified staff.

Should resources be unavailable, PCAC, LIPA, AIPA, SMIPA, BIPA and FVIPA will utilize health plan or external resources for appropriate interpreting services.

Members must be informed that minors do not interpret for adults.
Interpreter Best Practices

When interpreting services are requested, IPA staff should adhere to the following best practices:

• Inform the interpreter of specific patient needs
• Hold a brief introductory discussion
  • Your name, organization, and nature of the call/visit
  • Reassure the patient about confidentiality
• Allow enough time for the interpreted sessions
• Avoid interrupting during interpretation
• Speak in the first person
• Speak in normal voice, not fast or too loudly
• Speak in short sentences
• Avoid acronyms, medical jargon, and technical terms
• Face and talk to the patient directly
• Be aware of body language in the cultural context
Language Assistance Resources

Alignment (Citizens Choice)
• (866) 634-2247
Aetna
• (800) 624-0756
Blue Cross of California
• (888) 230-7338
Blue Shield
• (800) 541-6652
Blue Shield of California Promise
• (800) 544-0088
Brand New Day
• (866) 255-4795
Central Health Plan
• (866) 314-2427
Cigna
• (800) 882-4462
Easy Choice
• (866) 999-3945
Health Net
• (800) 641-7761
Humana
• (800) 457-4708
SCAN
• (800) 559-3500
UHC Secure Horizons
• (800) 950-9355