Santa Clara Family Health Plan™

Cultural competency and disability training

Toolkit to serve diverse populations

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Updated 04/22/2020
40383

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About this toolkit

Cultural and linguistic competencies are widely recognized as fundamental aspects of quality in health care to diverse population. Due to rapid changes in demographics in California and new requirements, health care providers are constantly presented with new challenges in delivering quality health care to their patients.

Santa Clara Family Health Plan (SCFHP) is committed to providing culturally and linguistically appropriate care to all patients. This toolkit was developed to assist health care providers and staff in providing high quality, effective and compassionate care to patients and meeting the challenging service requirements mandated by State and Federal regulatory agencies. Health care providers include, but are not limited to medical, behavioral health, long term support services, and pharmacy network providers. Staff includes, but is not limited to, SCFHP staff and provider offices' staff.

The toolkit is organized into four 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 overview of their contents.

- **Section 1: Resources to communicate across language barriers**

  Provides tips on working with interpreters, communicating with multi-ethnic groups, and documenting language assistance services.

- **Section 2: Resources to communicate with seniors and people with disabilities**

  Focuses on how to provide culturally sensitive services to seniors and people with disabilities.

- **Section 3: Resources to increase awareness of cultural diversity**

  Provides tips for providers and their clinical staff regarding patient interviews, literacy problems, and hiring clinical staff with an awareness of cultural diversity.

- **Section 4: Additional cultural competence web resources**

  Lists additional resources for cultural competence training and implementation, including online trainings, manuals, and tools for educational purposes. Inclusion in this list does not imply endorsement by SCFHP of the source organization. Additionally, these resources should not be interpreted as medical advice.

We consider this toolkit a work in progress. We encourage you to use what is helpful, disregard what is not, and to provide us with any feedback you may have. Contact us at C&Lworkgroup@scfhp.com.

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Section 1: Resources to communicate across language barriers

The following materials are available in this section:

A. Tips for working with LEP patients
B. Tips for communicating across language barriers
C. Guides to using interpreting services
D. Tips on using California Relay Service
E. Tips for working with interpreters
F. Tips for documenting interpretation services

A. Tips for working with LEP patients

Research indicates that non-English speaking, limited English proficient (LEP), and deaf 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 treatment and preventive services. This leads to poor health outcomes and longer hospital stays.

California law requires that health plans and insurers offer free interpreting services to LEP patients and health care providers. The interpreters provided must be professionally trained and versed in medical terminology and health care benefits.

The tools covered in this section are intended to assist health care providers in delivering appropriate and effective linguistic services and reduce linguistic barriers, 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

B. Tips for communicating across language barriers

Non-English speaking, limited English proficient (LEP) and deaf patients are faced with language barriers that undermine their ability to understand information given by healthcare providers. This includes understanding 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.

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Identifying an LEP patient over the phone or in-person

Look out for the following characteristics:

- 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 difficulty understanding what they are trying to communicate.
- Patient self identifies as LEP by requesting language assistance.

Identifying 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. "You can request this from SCFHP by contacting…"
- Post information about the availability of interpreter services.
- Make available and encourage patients to carry "I speak…" or "Language ID" cards.

Document patient language needs

- For all LEP patients, document preferred language in medical records.
- Post color stickers on the patients chart to flag when an interpreter is needed (e.g. orange = Spanish, yellow = Vietnamese, green = Russian)
- Document requests for, and refusals of, interpreter services in patient medical records.

Assessing which type of interpreter to use

- Telephone interpreting services should be used for brief or simple routine contacts, and for immediate, emergency interpreting needs.
- In-person interpreters provide the best communication for sensitive, legal, or long communications.
- Ensure all staff providing interpreting services are certified as interpreters including those that are native speakers.
- Discourage patients from using friends or relatives as interpreters. Friends and relatives, particularly children or minors, may not be equipped to communicate all essential information needed for accurate diagnosis and treatment of patients.
- Communicate all vital medical information contained in documents to patients in their preferred language.

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Overcoming language barriers

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

C. Tips on offering interpreter services

Offer interpreting services if the patient speaks no English and you are unable to discern the language. Examples on offering interpreting services include:

- "We need an interpreter to help us. Which language do you speak?"
- "May I put you on hold? I am going to connect us with an interpreter."

D. Tips for working with interpreting services

See the end of this document for SCFHP's Interpreting Services Reference Guide. We recommend printing this out and having accessible for all staff members in our office.

Telephone interpreting services

1. Tell the interpreter the purpose of your call.
2. Give the interpreter the opportunity to introduce himself or herself quickly to the patient.
3. Speak in short sentences.
4. Express one idea at a time.
5. Avoid the use of double negative, e.g., "If you don't appear in person, you won't get your benefits." Instead, "You must come in person in order to get your benefits."
6. Speak in the first person. Avoid the "he said/she said."
7. Use simple words.
8. Pause occasionally to ask the interpreter if (s)he understands the information that you are providing.

9. BE PATIENT with the interpreter, the patient and yourself!
10. Thank the interpreter for performing a difficult and valuable service.

In-person interpreting services

1. Greet the patient first, not the interpreter.
2. Position the interpreter off to the side and immediately *behind* the patient so that direct communication and eye contact between the provider and patient is maintained.
3. For American Sign Language (ASL) interpreting, it is best to position the interpreter **beside** the patient so the patient can capture the hand signals easily.
4. Be aware of possible gender conflicts that may arise between interpreters and patients. In some cultures, males should not be requested to interpret for females.
5. Be attentive to cultural biases in the form of preferences. For example, in some cultures, especially Asian cultures, “yes” may not always mean “yes.” Instead, “yes” might be a polite way of acknowledging a statement, or simply a polite way of declining to give a definite answer at that juncture.
6. Pause often to allow the interpreter to interpret.
7. Don’t say anything that you don’t want interpreted. It is the interpreter’s job to interpret everything.
8. Avoid interrupting the interpretation. Many concepts you express have no linguistic or conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use.
9. Acknowledge the interpreter as a professional in communication.
10. Respect the interpreter’s role.

E. Tips on using California Relay Service

California Relay Service is a telecommunications relay service, which provides full telephone accessibility to people who are deaf, hard of hearing, or speech disabled. Specially trained communication assistants (CAs) complete all calls and stay on-line to relay messages electronically over a text telephone (TT), called TTY for “teletype,” or to relay messages verbally to hearing parties.

How to MAKE a traditional VOICE relay call using standard telephone

1. Call California Relay Services directly at **1-800-735-2922** (English) or **1-800-855-3000** (Spanish)
2. Give the CA the area code and telephone number you wish to call and any further instructions
3. Talk to the CA as though you are speaking directly to the person you called, avoid saying “tell him” or “tell her”.
4. Say “go ahead” each time you have finished speaking.
5. Continue steps #3 and #4 throughout your call.
6. When you are done, say “GA to SK” (go ahead to stop keying), then hang up.

How to RECEIVE a traditional relay call

1. Your phone rings and you answer it. A CA says, “Hello, this is California Relay Services, Communication Assistant #XXX with a relay call for this number.”
2. You (or the staff member who answered the call) say “go ahead.”
3. The CA types your message to the TTY user and reads the reply to you.
4. Say “go ahead” each time you have finished speaking.
5. Continue steps #3 and #4 throughout your call. When you are done, says “GA to SK” (go ahead to stop keying), then hang up.

How to make a traditional relay call using the TTY text telephone

1. Dial California Relay Services directly at **1-800-735-2929** (English) or **1-800-855-3000** (Spanish) or dial 711.
2. Type the area code and telephone number you are calling.
3. The CA places your call and informs you of the call status: “ringing” or “busy.”
4. If the phone is answered, the CA relays the greeting s/he hears and then types “GA” for you to “Go ahead”.
5. The CA speaks what you have typed to the person you have called.
6. Continue with this process through the call. When you are ready to end your call, type “SK” for “stop keying” then hang up.

F. Tips for documenting interpretation services

It is imperative that you document the refusal of interpreting services in the patient’s medical record to protect you and your practice. It also ensures consistency when your medical records are monitored through site reviews/audits by SCFHP or other contracted health plans.

SCFHP asks providers to assist us in ensuring adequacy standards of the plan’s Language Assistance Program to all patients by doing the following:

- It is preferable to use professionally trained interpreters and to document the use of the interpreter in the patient’s medical record
- If the patient was offered an interpreter and refused the service, it is imperative to note that refusal in the medical record for that visit
- Although using a family member, minor, or friend to interpret should be discouraged, if the patient insists on using a family member, minor, or friend, it is vital to document this in the medical record, especially if the chosen interpreter is a minor

Smart practice tip: Consider offering a qualified telephonic interpreter in addition to the family member/friend to ensure accuracy of interpretation.

- For all non-English speaking, LEP, and deaf patients, it is best practice to document the patient's preferred language in paper and/or electronic medical records (EMR) in the manner that best fits your practice flow
    - For a paper record, one way to do this is to post color stickers on the patient's chart to flag when an interpreter is needed. (For example: orange = Spanish, yellow = Vietnamese, green = Russian)
    - For EMRs, contact your IT department to determine the best method of advising all health care team members of a preferred spoken language

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Section 2: Resources to communicate with seniors and people with disabilities

Research has shown that people with disabilities have less access to health care services and therefore experience unmet health care needs. This section offers resources to help health care providers (1) be more aware of limitations of seniors and people with disabilities; and (2) know how to communicate with seniors and people with disabilities. Materials are made available by the Harris Family Center for Disability and Health Policy at Western University of Health Sciences.

The following materials are available in this section:

A. General tips on interacting with seniors and people with disabilities
B. Etiquette tips when providing services for seniors and people with disabilities
C. Video trainings for directors and managers in medical, customer service, and grievance and appeals
D. Language tips and preferred terms
E. Etiquette for augmentative and alternative communication (AAC)

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A. General tips on interacting with seniors and people with disabilities

A disability may be present from birth, or occur during a person's lifetime. A disability may be one or more of physical, cognitive, mental, sensory, emotional, or developmental condition. Below are general tips to communicate with seniors and people with disabilities.

- Focus on the person, not on the disability.
- Offer people with a disability the same dignity, consideration, respect, and rights you expect for yourself.
- Do not be afraid to make a mistake. Relax.
- Do not patronize people by patting them on the head or shoulder.
- Treat adults as adults. Address people with disabilities by their first names only when extending the same familiarity to all others present.
- Do not assume that a person with a disability needs assistance.
- Ask before acting. If you offer assistance, wait until the offer is accepted. Then wait for or ask for instructions. (Ex: “Do you need some help with opening the door?” [Patient responds yes] “Okay, should I prop it open like this?”)
- Respect the person's right to indicate the kind of help needed.
- Do not be offended if your help is not accepted. Many people do not need help.
- Insisting on helping a person is the same as taking control away from them.
- If the person with a disability is accompanied by a friend or family member, look at and speak directly to the person with the disability rather than to or through the other person.
- Do not assume that a person with a disability is more fragile than others. These feelings may make you reluctant to ask certain questions that should be asked.
- If service counters are too high for some users, such as people of short stature and people using wheelchairs, step around counters to provide service.
- Know the location of accessible routes including parking spaces, rest rooms, drinking fountains, dressing rooms, and telephones.
- Understand disability access issues and respond accurately, quickly and respectfully to requests for information, directions or assistance conveys true welcome. This goes for both providers and staff working in the office.
- Watch for and remove these common barriers:
    - ☐ Vehicles blocking ramps
    - ☐ Housekeeping and cleaning carts blocking hallways and restroom
    - ☐ Potted plants, benches, ashtrays, trash cans and other items blocking access to ramps, railings, and elevator call buttons
    - ☐ Parking personnel using an accessible parking space as waiting areas
    - ☐ Snow and ice on walkways, ramps and parking areas

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B. Etiquette tips when providing services for seniors and people with disabilities

Interacting with people with visual disabilities

- Having visual disabilities may mean a person has no vision or low vision, or requires large print.
- When offering help, identify yourself and gently touch the person's arm.
- When serving as a guide, ask "Would you like to take my arm?"
- Speak directly facing the person, and speak in a natural tone.
- Avoid pointing when giving directions. Be specific on directions such as "the restroom stall is about seven steps in front of you."
- When leading a person through a narrow space, put your arm that the person is holding onto behind your back as a signal for the person to walk directly behind you. Give verbal instructions as "We will be walking through a narrow row of chairs."

Interacting with people with cognitive, intellectual, or psychiatric disabilities

- A cognitive, intellectual, or psychiatric disability can affect a person's understanding, memory, language, judgment, learning and related information processing and communication functions.
- Offer information in a clear, concise, simple manner.
- Use common words and short simple sentences. Try to limit sentences to one idea per sentence.
- A slow response or lack of response does not necessarily mean the person is not aware of you or what you said. Allow time for people to process your words, to respond slowly and to respond in their own way.
- When offering help, wait until your offer is accepted before doing anything.
- Don't assume all people can read.. Use simple pictures or drawings to show instructions.

Interacting with people with physical disabilities

- Mobility and physical disabilities can be mild or can cause significant limitations. Physical disabilities can limit movement, strength, and endurance.
- Avoid leaning or holding onto the person's wheelchair. Leaning onto a person's wheelchair is similar to leaning onto a person.
- When pushing people using a wheelchair, let them know that you are ready to push. Avoid sudden turns or speed changes and carefully watch for changes in levels and pavement cracks.
- Ask for permission before moving someone's cane, crutches, walker, and/or wheelchair.
- When giving directions, be specific about distance and barriers such as steps, stairs, ramp, and/or construction areas.
- People with limited hand use or who use prostheses can usually shake hands. If people have no arms, lightly touch their shoulder.

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Interacting with people with hearing disabilities

- Hearing loss falls along a continuum, from people who are totally deaf to people who are hard of hearing and may or may not use a sound amplification devices. Sometimes an individual's ability to speak is also affected.
- Ask people how they prefer to communicate.
- To get the attention of a person, lightly touch the individual or wave your hand.
- Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Not all people can lip-read. For those who do, be sensitive to their needs by positioning yourself facing them and the light source.
- Keep your hands and food away from your mouth when speaking.
- Avoid chewing gum and smoking while speaking.
- Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will be of no help.
- Slow your speaking rate if you tend to be a rapid speaker.
- Make sure you have good light on your face.
- Do not run your words together.
- Avoid complex and long sentences.
- Pause between sentences to make sure you are understood.
- If you are giving specific information such as time, place, addresses, or phone numbers, it is good practice to have the information repeated back to you in the manner you usually communicate (verbal, writing, etc.).
- If you cannot understand what is said, ask the person to repeat it or write it down. Do not act as if you understand unless you do.

Interacting with people with speech disabilities

There are people whose speech is difficult to understand. There are also people who are unable to speak so others can understand them. People unable to communicate using natural speech may use a variety of methods that allow them to communicate. Some people with limited speech also have difficulty understanding what people say to them because of their disability, age, a hearing loss, cognitive difficulties, and/or language differences.

- Do not guess what the person is trying to communicate. Try using paper and pen or ask the person to spell the message if you cannot communicate.
- Do not raise your voice. People with speech disabilities can hear you.
- Give individuals your full attention and take time to listen carefully.
- Always repeat what the person tells you to confirm that you understood.
- Ask questions one at a time.

- Give individuals extra time to respond.
- Take time to understand the message when a person is using a communication device such as a letter, a word board, or a device that produces speech.
- Pay attention to pointing, gestures, nods, sounds, eye gaze, and eye blinks.
    - Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
    - Teach and ask them the following commands:
        - "Show me how you say YES." Yes = move your left hand.
        - "Show me how you say NO." No = move your right hand.
        - "I don't know." = blink one time.
        - "Please repeat." = blink two times.
        - "I don't understand." = blink three times.

C. Video trainings for directors and managers in medical, customer service, and grievance and appeals

Use this series of video trainings as a tool for staff training. http://hfcdhp.org/long-disability-literacy/

D. Language tips and preferred terms

Language best practices

- Choose disability terms that describe diversity in accurate and respectful ways.
- Disability-specific language should be precise, objective, and neutral in order to avoid reinforcing negative values, biases, and stereotypes.
- Avoid referring to people by their disability e.g., "an epileptic." A person is not a condition. Rather, they are "people with epilepsy" or "people with disabilities."
- People are not "bound" or "confined" to wheelchairs. Wheelchairs are used to increase mobility and enhance freedom. It is more accurate to say "wheelchair user" or "person who uses a wheelchair."
- It is not necessary to avoid these expressions around people who are blind:
    - "Did you see that game?"
    - "See you later."

  Or around people who are deaf:
    - "Did you hear about John?"

  Or around people who use wheelchairs:

- "Let's walk to the store."
- "Run over to the dorm to pick it up."

Language tips

Examples of preferred terms regarding people with disabilities	
Acceptable – Neutral*	Unacceptable – Offensive
He had polio She has multiple sclerosis	He was **afflicted** with, **stricken** with, **suffers from**, **victim** of polio, multiple sclerosis, etc.
He has arthritis	He is arthritic
She has cerebral palsy	She is cerebral palsied, spastic
A person who has had a disability since birth A congenital disability	Birth defect
A person who uses a wheelchair A wheelchair user	Confined to a wheelchair/wheelchair bound
A person who has a speech disability A person who is hard of hearing A person who is deaf	**Dumb**, **deaf mute**, **dummy** (implies an intellectual disability occurs with a hearing loss or a speech disability)
A person who has a spinal curvature	A hunchback or a humpback
He has an emotional disability He has a psychiatric disability	He is chronically mentally ill, a nut, crazy, idiot, imbecile, moron
People of short stature	Midgets, dwarfs
A person who has a speech disability	Mute
A person without a disability as compared to a person with a disability	Normal person, whole person, healthy person, able-bodied person as compared to a disabled person
She lives with a disability	**Overcame** her disability
A person who has a developmental disability or intellectual disability	Retard, retardate, mentally retarded, feebleminded, idiot
Use only when a person is actually ill	Sick
Use only when a person is actively being seen or treated by a health care provider	Stroke **patient**, multiple sclerosis **patient**
Seizure	Fit
Older people with disabilities	Frail

* Always subject to change and continuing debate

Other words to avoid because they are negative, reinforce stereotypes and evoke pity include:
Abnormal, invalid, misshapen, burden, lame, spaz, disfigured, maimed, unfortunate

Excerpted from: Kailes, J., Language is More Than a Trivial Concern, Edition 10, 2010: KAILES Publications, Revised 1984-2010. http://www.jik.com, jik@pacbell.net.

E. Etiquette for augmentative and alternative communication (AAC)

Augmentative and alternative communication (AAC) includes all the ways people share their ideas and feelings without talking. Unaided AAC systems include hand or facial gestures, body language, or sign language. Aided AAC systems use some sort of tool or device, such as pen and paper, or pointing to letters on a board or computer screen.

Communicating using an augmentative and alternative communication (AAC) system is often significantly slower than communicating through natural speech. This significant difference in rate can alter the basic flow of conversations. The gaps of silence or pauses in the conversation that occur as the communicator who is using AAC composes their messages can feel very awkward and this provides more opportunity for others to be unintentionally impolite.

It can therefore be helpful to keep a few tips in mind about how you can politely accommodate this difference in your interactions with people who use AAC. As you look at this list of conversational tips, you might realize that these tips relate to being polite when talking with anyone, but they are particularly helpful to keep in mind when talking with someone who communicates slowly using AAC.

- **Conversational foul #1**
  Never talk about someone who is present during a conversation. Talk to them.
- **Conversational foul #2**
  Don't "hog" the conversation. Be sure to provide adequate time for the person to respond, even if it means giving extra pauses and time for them to take their conversational turn.
- **Conversational foul #3**
  Don't fire quick questions during conversations and avoid presenting bunches of questions that can be answered just by "yes" or "no". Give the person time to answer your question and consider using open-ended questions.
- **Conversational foul #4**
  Always check with the person before you start finishing their sentences and guessing what they are going to say. Though these strategies may be well intended, some people just don't like it and it can get the conversation off track if you guess wrong.

- **Conversational foul #5**
  Be honest. Let the person know when you don't understand what they were trying to communicate. You might think you are being nice by just nodding your head politely, but it is really disrespectful. It suggests that what the person is communicating is not important and it also does not lead to finding out what they were really trying to say.

- **Conversational foul #6**
  Don't make assumptions and judgments about others based on appearances. Avoid talking "down" to others or talking unnecessarily loudly. Not everyone who has a speech impairment or who is in a wheelchair has problems hearing or understanding what you are saying.

- **Conversational foul #7**
  Always respect the personal space of others. Keep in mind that items such as wheelchairs and trays, AAC devices, and other adaptations are part of the personal space of people who use them. It is always polite to check in with people prior to touching or even assisting with their wheelchairs, AAC devices, etc.

- **Conversational foul #8**
  People who use AAC often must plan ahead for situations where there is a lot to communicate in a short time frame, such as giving a presentation during a staff meeting. Fortunately, today's AAC devices offer the option of preparing messages needed in advance of situations. With that in mind, it is extremely helpful for people who use AAC devices to know as far in advance as possible what topics, questions, or other communication expectations are coming up, allowing them to be as prepared as possible for these situations.

Any time you are a good listener in a conversation, you are demonstrating respect and confirming that what others are communicating is important to you. Patient, respectful listening is never more important than when you are talking with someone who uses an AAC system. Hopefully these tips and strategies will help you avoid being a conversational klutz!

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Section 3: Resources to increase awareness of cultural diversity

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. These factors 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.

The following materials are available in this section:

A. Tips for successful encounters with diverse patients
B. Tips for identifying and addressing health literacy issues
C. Gender roles in health care
D. Interview guide for hiring office/clinic staff with diversity awareness
E. Cultural background: information on special topics

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A. Tips for successful 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.

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. Instead, ask the patient to rate the level of pain on a scale from 1-10, 10 being the most painful ever experienced.

Gently guide patient conversation

English 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 from other language or 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.
- 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.

B. Tips for identifying and addressing health literacy issues

Health literacy is the ability of a person to obtain, interpret, and understand basic health information and services. 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. Low health literacy can prevent people from understanding basic health care services. This section provides tips to 1) identify barriers to health literacy; and 2) address low health literacy issues.

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: All 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 oral, 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.

C. Gender roles in health care

- Gender roles vary and change as a 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.

D. Lesbian, gay, bisexual, or transgender (LGBT)

Communities are made up of many diverse cultures, sexual orientations, and gender identities. Individuals who identify as lesbian, gay, bisexual or transgender (LGBT) may have unmet health and health care needs resulting in health disparities. In fact, the LGBT community is subject to a disproportionate number of health disparities and is at higher risk for poor health outcomes.

Do not use any gender or sexual orientation terms to identify your patient without verifying how they specifically self-identify.

Psychosocial considerations

- LGBT youth are two to three times more likely to attempt suicide and are more likely to be homeless.
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use.
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers. (Healthy People 2020)

E. Interview guide for hiring office/clinic staff with diversity awareness

The following sets of questions are meant to help you determine whether a job candidate will be sensitive to the cultural and linguistic needs of your patient population. By integrating some or all of these questions into your interview process, you will be more likely to hire staff that will help you create an office/clinic atmosphere of openness, affirmation, and trust between patients and staff. Remember that bias and discrimination can be obvious and flagrant or small and subtle. Hiring practices should reflect this understanding.

Interview questions

Q. What experience do you have in working with people of diverse backgrounds, cultures, and ethnicities? The experiences can be in or out of a health care environment.

The interviewee should demonstrate understanding and willingness to serve diverse communities.

Q: Please share any particular challenges or successes you have experienced in working with people from diverse backgrounds.

You will want to get a sense that the interviewee has an appreciation for working with people from diverse backgrounds and understands the accompanying complexities and needs in an office setting.

Q. In the health care field we come across patients of different ages, language preference, sexual orientation, religions, cultures, genders, immigration status, etc., all with different needs. What skills from your past customer service or community/healthcare work do you think are relevant to this job?

This question should allow a better understanding of the interviewee's approach to customer service across the spectrum of diversity, their previous experience, and if their skills are transferable to the position in question. Look for examples that demonstrate an understanding of varying needs. Answers should demonstrate listening and clear communication skills.

Q. What would you do to make all patients feel respected? For example, some Medicaid or Medicare recipients may be concerned about receiving substandard care because they lack private insurance.

The answer should demonstrate an understanding of the behaviors that facilitate respect and the type of prejudices and bias that can result in substandard service and care.

F. Cultural background: information on special topics

The following section provides information on how to become familiar with diverse cultural backgrounds. Information include basic understanding of (1) the use of alternative or herbal medications, (2) weight perception, (3) infant health traditions, (4) substance abuse, (5) physical abuse, and (5) communication tips to the elderly.

Use of alternative or herbal medications

- People who have lived in poverty, or who 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, non-judgmental 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.

Weight

- In many poor countries, and among people who come from these countries, “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

- 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 good care of him.”
- 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. Read more about preventive care for children on our website: https://bit.ly/mc-preventive-child

Substance abuse

- When asking questions 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.

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 who 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 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.
- Alcohol is considered part of the meal in many societies, and should be discussed together with eating and other dietary issues.

Communicating with the elderly

- Always address older patients using formal terms of address (Mr., Mrs.) unless you are told directly that you may use personal names. Remind staff to 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. Printed materials should appear no smaller than 12 point font. It's also considered best practice to use larger font, such as using at least size 18 on materials for patients who may be visually impaired. Elderly 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.

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Section 4: Additional cultural competence web resources

The following online trainings and resources are provided for educational purposes, and are not intended as a particular endorsement of any organization. Additionally, these resources should not be interpreted as medical advice.

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

The following materials are available in this section:

A. Americans with Disabilities Act (ADA) and disability awareness
B. Aging
C. African American
D. Asian American/Pacific Islander
E. Hispanic/Latino American
F. Children and youth with special health care needs
G. Free patient health education materials – Low literacy and other languages
H. Generic cultural competence
I. Mental health/substance abuse
J. References

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A. Americans with Disabilities Act (ADA) and disability awareness

The following resources include information on: 1) ADA requirements, 2) working with people with disabilities, 3) providing reasonable accommodations, 4) communicating effectively, 5) best practices, 6) awareness and competency training, and 7) regulatory guidelines.

- Council for Disability Awareness https://disabilitycanhappen.org/resources-info/
- US Department of Health and Human Services, Office for Civil Rights https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf
- US Department of Justice https://www.ada.gov/cguide.htm
- Harris Family Center for Disability and Health Policy http://hfcdhp.org/training/

B. Aging

These resources include information on: 1) challenges of aging, 2) understanding barriers, 3) methods to achieve cultural competence in target populations, and 4) resources to serve the target populations.

- Center on an Aging Society http://ihcrp.georgetown.edu/agingsociety
- Sourcewise (Formerly Council on Aging) http://www.mysourcewise.com
- U.S. Department of Health and Human Services, Health Resources and Services Administration http://www.hrsa.gov/CulturalCompetence/age.html
- On Lok Lifeways https://www.onlok.org/
- National Institute on Aging http://www.nia.nih.gov/health

C. African American

This section includes information on effective models to serve African Americans.

- Howard University, National Minority AIDS Education and Training Center http://www.aetcnmc.org/documents/BESAFE_AfrAmr.pdf

D. Asian American/Pacific Islander

This section includes information on how to: 1) increase awareness about concepts and preferences, 2) understand cultural differences, and 3) effectively communicate with Asian patients.

- University of Washington Medical Center http://depts.washington.edu/pfes/CultureClues.htm
- Vietnamese Reach for Health Coalition http://viethealthcoalition.org/index.html
- Diversity RX http://diversityrx.org/resources/our-stories-our-health

E. Hispanic/Latino American

These resources provide overviews of Hispanic culture including 1) basic understanding about the culture, 2) how to outreach to Hispanic population, and 3) how to provide competent care services.

- National Alliance for Hispanic Health http://hispanichealth.org
- National Hispanic Council on Aging http://www.nhcoa.org
- US Department of Health and Human Services, Health Resources and Services Administration https://www.hrsa.gov/sites/default/files/culturalcompetence/servicesforhispanics.pdf

F. Children and youth with special health care needs

- National Center for Cultural Competence https://nccc.georgetown.edu/

G. Free patient health education materials – Low literacy and other languages

This section includes basic information on low literacy and how it affects people in making health care decisions.

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

H. General cultural competence

- Resources for cross-cultural health care http://www.diversityrx.org
- Definitions of cultural competence https://nccc.georgetown.edu/curricula/culturalcompetence.html
- National Council on Interpreting in Health Care http://www.ncihc.org
- Office of Minority Health – “A Physician’s Practical Guide to Culturally Competent Care” http://www.thinkculturalhealth.org/
- The Cross Cultural Health Care Program http://www.xculture.org/

I. Mental health/substance abuse

This section focuses on: 1) understanding of mental health stigma, 2) skills to develop cultural competency, 3) how to communicate, 4) how to conduct cultural sensitivity assessment, 5) how to building bridges with families, and 6) effective outreach methods.

- Temple University Collaborative: Cultural Competence in Mental Health http://www.tucollaborative.org/sdm_downloads/cultural-competence-in-mental-health/

J. References

- Center on an Aging Society https://hpi.georgetown.edu/archive/agingsociety/
- Sourcewise (Formerly Council on Aging) http://www.mysourcewise.com
- Culture, language, and health literacy https://www.hrsa.gov/cultural-competence/index.html
- Definitions of cultural competence https://nccc.georgetown.edu/curricula/culturalcompetence.html
- Department of Health Care Services: Medi-Cal Managed Care Division https://www.dhcs.ca.gov/individuals/Pages/PersonswithDisability.aspx
- Diversity RX http://diversityrx.org/resources/our-stories-our-health
- Industry Collaboration Effort: (ICE) Cultural and Linguistics Workgroup https://www.iceforhealth.org/library.asp?sf=&scid=1284#scid1284
- National Center for Cultural Competence https://nccc.georgetown.edu/
- National Institutes of Health – Health information in English/Spanish https://www.nih.gov/health-information
- National Alliance for Hispanic Health, http://www.hispanichealth.org
- National Network of Libraries of Medicine – Easy to read health brochures in other languages, https://nnlm.gov/consumer-health-information-many-languages-resources
- National Council on Interpreting in Health Care, https://www.ncihc.org/
- National Hispanic Council on Aging, http://www.nhcoa.org
- Office of Minority Health – “A Physician’s Practical Guide to Culturally Competent Care”, http://www.thinkculturalhealth.org/
- On Lok Lifeways https://www.onlok.org/
- Resources for Cross-Cultural Health Care, http://www.diversityrx.org
- The Harris Family Center for Disability and Health Policy Western University of Health Sciences, http://www.hfcdhp.org/links.html.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/CulturalCompetence/age.html
- University of Washington Medical Center, http://depts.washington.edu/pfes/CultureClues.htm

- Vietnamese Reach for Health Coalition http://viethealthcoalition.org/index.html
- World Health Organization, https://www.who.int/en/news-room/fact-sheets/detail/disability-and-health

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Interpreter Services Reference Guide

Quality Improvement
Email: Quality@scfhp.com

SCFHP provides foreign language and American Sign Language interpreters to members for any covered service — at no cost to members or providers.

Telephone interpreting services (24 hours a day, 7 days a week)

LanguageLine Interpreting Services

Phone: **1-888-898-1364**

How to use LanguageLine:

1. Call LanguageLine at **1-888-898-1364**.
2. Press 1 for Spanish or press 2 for other languages. If you are requesting another language, clearly say the name of the language the member speaks. Press 0 if you don't know the name of the language you need.
3. An agent will come on the line. Take note of the agent's ID number and provide the agent with:
    a. Provider's office name
    b. Your first and last name
    c. Member's first and last name
    d. Member's date of birth
    e. Member's ID number

California Relay Services - Available in English and Spanish for members with hearing difficulties.

TTY: **Dial 711**

In-person interpreting services (72 hours advance notice preferred)

Customer Service

Medi-Cal:	**1-800-260-2055** Monday – Friday 8:30 a.m. – 5:00 p.m.	Cal MediConnect:	**1-877-723-4795** Monday – Friday 8:00 a.m. – 5:00 p.m.

How to request in-person interpreting services:

1. Call SCFHP Customer Service at **1-800-260-2055** (Medi-Cal) or **1-877-723-4795** (Cal MediConnect). Request interpreting services from the Customer Service Representative.
2. Provide the following information to schedule an appointment with an interpreter:
    a. Member's name and date of birth
    b. Provider's name and address
    c. Language needed (If unknown, allow the member to identify the language using the **Language Identification Guide**. To request a copy of the guide, please email Quality@scfhp.com.)
    d. Appointment date, time, and location
    e. Type of appointment (doctor's checkup, surgery, consultation, etc.)
    f. Onsite contact information for appointment (representative name, department location, phone number)
    g. Gender preference of interpreter

If you have any issues with telephone or in-person interpreters (no-show interpreters, etc.), please email Quality@scfhp.com. Include what service was used and the interpreter's ID number in the email.

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Interpreting quality standard requirements for bilingual/multilingual staff

Requirement	Potential evidence	Provider office to note documentation of qualification
Office has a documented policy to offer interpreting support to limited English proficient (LEP) patients	☐ Local office written policy; or ☐ Local office policy that defers and adheres to the policy distributed by medical group Note: Policy includes documentation of patient language needs in medical record.	Written policy available for viewing by an auditor Policy title:
Providers/staff adhere to National Standards of Practice for Interpreter in Health Care, including confidentiality	Signed attestation of understanding of interpreting ethics and patient confidentiality. Must include a review of National Standards of Practice for Interpreters in Health Care published at: https://tinyurl.com/y3hdcvu7	Signed attestations are available: ☐ Yes ☐ No
Has demonstrated proficiency in speaking and understanding spoken English and at least one other spoken language	☐ Formal assessment of proficiency; or ☐ Annual job performance evaluations that document proficiency in speaking and communicating in English and one other language	☐ Yes, assessment results are available for viewing; or ☐ Yes, documentation from an annual job performance evaluation for proficiency in speaking and communicating in English and one other language is available ☐ No
Is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary terminology and phraseology	☐ Formal assessment of proficiency; or ☐ Annual performance evaluation document ☐ Ability to interpret effectively ☐ Ability to interpret accurately ☐ Ability to interpret impartially ☐ Ability to interpret receptively and expressly ☐ Ability to interpret to and from English and another language using any necessary specialized vocabulary, terminology, and phraseology Note: See NCIHC National Standards of Practice for Interpreter in Health Care for description above.	☐ Yes, assessment results are available for viewing; or ☐ Yes, documentation from an annual job performance evaluation for proficiency in speaking and communicating in English and one other language is available ☐ No