

The Facilitator's Guide

Companion to

A Physician's Practical Guide to Culturally Competent Care



United States Department of
HEALTH & HUMAN SERVICES
Office of Minority Health



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Part I

Introduction

Introduction

Increasingly diverse racial, ethnic, and socio-cultural backgrounds of patients, colleagues, and staff challenge physicians as they strive to deliver care to their patients. Cultural and language difference may engender misunderstanding, a lack of compliance, or other factors that negatively influence clinical situations and the health outcomes of our nation's diverse populations. A growing body of evidence about the existence of racial and ethnic disparities in health and health care has positioned cultural competence as a national health concern.

In response to the lack of comprehensive standards on the provision of culturally and linguistically appropriate services (CLAS) in health care, the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) undertook the development of national standards to provide a much-needed alternative to the patchwork of independently developed definitions, practices, and requirements concerning culturally and linguistically appropriate services (CLAS). The Office of Minority Health released the National Standards for Culturally and Linguistically Appropriate Services in Health Care (or CLAS Standards) in December 2000 to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients.

To assist health care organizations in the adoption of the CLAS Standards and to equip providers with the competencies that will enable them to better treat the increasingly diverse population, OMH followed up by funding the development of *A Physician's Practical Guide to Culturally Competent Care*. This educational program is a self-directed online Continuing Medical Education (CME) accredited curriculum with an optional DVD supplement. The development of *A Physician's Practical Guide to Culturally Competent Care* was a rigorous three-year process that involved a National Project Advisory Committee of experts in cultural competency and medical education and included national pilot and field testing to ensure its relevance and effectiveness for physicians.

The Centers for Medicare and Medicaid Services (CMS), in partnership with the Underserved Quality Improvement Organization Support Center (UQIOSC), commissioned the development of *The QIO Facilitator's Guide: Companion to A Physician's Practical Guide to Culturally Competent Care* to assist Medicare Quality Improvement Organizations (QIOs) in meeting the objectives under Task 1D2 of the Statement of Work for the 8th QIO Contract Cycle to improve the quality of care for Medicare beneficiaries. The goals of Task 1D2 are to:

- Reduce health disparities;
- Increase the adoption of CLAS standards in physician office practices; and
- Provide cultural competency training to individual physicians.

QSource assists CMS in its efforts to improve performance measurement results among underserved populations in three clinical areas: breast cancer, adult immunizations, and diabetes. The UQIOSC is a one-of-a-kind contract. The work under this contract supports CMS and QIOs across the country in reducing health care disparities among underserved populations. This Facilitator's Guide was developed specifically to support QIO personnel in their effort to promote cultural competency training. The materials in this Guide provide a bridge to enable

QIO staff to deliver *A Physician's Practical Guide to Culturally Competent Care* to groups of health care providers and to take advantage of a group educational format by facilitating meaningful discussion.

Additionally, this Guide includes materials to support a marketing presentation called *So, What Do I Do Now? A Quick Start Handbook to A Physician's Practical Guide to Culturally Competent Care*, which aims to increase health care providers' awareness about cultural competency and their comfort in using the online program on their own. Instructions and tips for facilitating group trainings and presentations, participant resources and handouts, and PowerPoint slides are available in the enclosed materials.

Credit Information

After attending a training session, participants must complete the Posttests at the course Test Center (<http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>). Participants are eligible to receive three credits for successfully completing each Theme. To receive credit, training participants must complete the registration form, complete the Pretests, score 70% or higher on the Theme Posttest, and submit the Theme Evaluation. Certificates and Statements of Participation are automatically generated by the computer upon completion of continuing education requirements.

Learning Objectives

After completing the entire training program, providers should be able to:

- Define issues related to cultural competency in medical practice;
- Identify strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors that may influence the clinical care they provide;
- Devise strategies to enhance skills toward the provision of care in culturally competent clinical practice; and
- Demonstrate the advantages of the adoption of CLAS standards as appropriate in their clinical practice.

The Facilitator's Roles and Responsibilities

Your primary role as the Facilitator is to guide a group of health care providers through *A Physician's Practical Guide to Culturally Competent Care*. Through the scripting and question probing provided in this Guide, you will be able to facilitate discussion about culturally competent care concepts and case studies and promote audience participation through interactive exercises that will enhance the self-directed online course.

Facilitators are not expected to be experts about cultural competency or this training program. You should have a general knowledge of cultural competency and why it is important, and you should be able to answer basic questions about the online program (e.g., how to register, describe the flow of the course, etc.). A review of the materials in this Guide and the DVD and experience logging onto and completing the program are sufficient preparation to facilitate a group training session.

Effective facilitation involves three sets of skills: (1) the ability to plan training sessions and select appropriate activities that will help achieve your learning objectives; (2) interpersonal skills that will help you engage the audience and create an atmosphere of respect for diversity of cultures and worldviews; and (3) the ability to present the content and lead discussions effectively. The Guide materials will help you enhance your facilitation skills by providing tips on planning and organizing training sessions, suggested learning activities, and engaging visual aids such as handouts and video case studies.

Facilitated Session Administration

Facilitators should conduct training sessions in a group setting with 6 to 12 people. A group this size has enough participants to engender a variety of ideas, but is not so large that some people do not have the opportunity to share their thoughts.

The training sessions are organized by Theme, and we recommend scheduling training for one Theme at a time. Ideally, the training facility should have ample computers with Internet access and an LCD projector. The Facilitator's computer should have preinstalled PowerPoint software to display the enclosed presentation slides and a CD-ROM drive.

We suggest having additional computers with Internet access available so that participants can complete the required online Pretests, Posttests, and registration onsite, if necessary. You may want to recommend that participants complete the online registration process and the appropriate Theme Pretests prior to attending the training session. Because participants will be covering the content during facilitated sessions, we recommend they register and complete the Theme Pretests at the program Test Center, which has a slightly different URL than the main program site: <https://cccm.thinkculturalhealth.hhs.gov/iDVDusers>. A user who goes to the Test Center site will follow these steps:

Step 1: Register to obtain a user name and password.

Step 2: Click the "Status" box under the heading "Curriculum Introduction" on the Progress Checklist, then hit "Submit" at the bottom of the page.

Step 3: The Theme Pretests will now be underlined on the Progress Checklist page. The user should complete the Pretests corresponding to the Theme of the training session he or she will attend.

Step 4: The user attends a live training session.

Step 5: After the user has participated in the live training session, he or she logs back into the Test Center with the user name and password.

Step 6: The user should check the "Status" boxes of all content in the Themes he or she attended and then go to the bottom of the page and click "Submit."

Step 7: The users should now complete the Theme Posttest. After a participant has completed the Theme Posttest with a score of 70% or above and completed the Theme Evaluation, the Test Center for that Theme will automatically generate a certificate.

The participant can complete the posttest after each Theme or all at one time. Participants in training sessions may complete Posttests immediately following the facilitated session on computers made available at the facility. If no computers are available at the training facility,

participants may complete the Posttests on their own time after the session on a personal computer.

We also recommend connecting a DVD player to a television so that the group can view the DVD vignettes. Directions for using the DVD are presented later in this document.

To facilitate group discussion and participation, you may want to use a flipchart, whiteboard, or chalkboard. The following is a checklist of the materials and supplies that should be on hand for each training session.

- Pens/pencils
- Pad of paper
- Flipchart/blackboard/whiteboard
- Markers
- Computer (with a CD ROM drive), Internet access, installed PowerPoint software, and an LCD projector to display presentation slides
- Facilitator's Guide CD-ROM
- Copy of DVD, *A Physician's Practical Guide to Culturally Competent Care*
- DVD player attached to a television
- Marketing materials (optional), such as business cards or postcards

How to Use the Facilitator's Guide

The next page provides a sample layout of the Facilitator's Guide and an explanation of the content on each page. Specifically, each page in this Guide contains the following sections:

- Opening discussion points;
- An image of the PowerPoint slide you will display to your audience;
- Directions for covering slide content, facilitating group activities, and playing the DVD vignettes;
- Key Talking Points; and
- "The Main Takeaway," which includes learning objectives.

The content presented in the Facilitator's Guide is intended to serve as an interactive framework for covering the material in *A Physician's Practical Guide to Culturally Competent Care* in a group setting. You are free to tailor the discussion points to fit your comfort level and personal experience with the topics presented. However, please keep in mind that the content presented on each page is designed to help providers pass the Posttests they will take after attending this learning session. Skipping portions of the content may affect the ability of your participants to pass the Posttests at the 70% level required for credit.

We recommend that you schedule at least two to three hours for each training session (Themes 1, 2, and 3). Theme 1 may take a bit longer because of the introduction and the registration process. The length of each training session may vary depending on the number of participants in each training session; how interactive the group discussion is; and how long it takes for participants to go online, register, and take the Pretests and Posttests.

SAMPLE LAYOUT

Slide Number and Title

Opening Discussion Points

- **SAY:** This section provides Talking Points and/or discussion questions you can use to set the stage for material covered on the slide.

PowerPoint Slide Content

- ◆ *The slides include information to share with your participants.*
- ◆ *You may make copies of the slides to distribute to your audience.*

1 <http://www.thinkculturalhealth.hhs.gov>

Directions:

This section of the page provides you with instructions for covering course material and directions for facilitating discussion and group exercises.

Information about playing DVD vignettes will appear in this area.

Key Talking Points:

- **SAY:** Key Talking Points are pieces of additional information you may share with your audience. These Talking Points expand on the information provided on the slide and give examples to reinforce understanding. We encourage you to add relevant Talking Points and examples that apply to the service area of the providers you are addressing.
- **ASK:** Discussion questions will help you facilitate audience participation. For more in-depth discussions, you may want to use a flipchart or blackboard to note the ideas developed by the group.
- **PROBES:** The header “Probes” denotes a list of potential questions you may use to further group discussion; probes also facilitate discussion of the case study vignettes. Depending on the time you have available and the participation level of your audience, you may want to ask just a few of the questions provided.
- **HANDOUT:** This header will signal a corresponding handout in the participant materials.
- **HINT:** This header will provide helpful information to assist you in presenting the information on the slide.

The Main Takeaway:

The Main Takeaway provides you with learning objectives for the content covered on the page. You are free to tailor the discussion points to your knowledge and comfort level with the

material. However, we strongly encourage you to maintain consistency between the material presented and the learning objectives provided on the page.

How to Use the DVD with the Facilitator’s Guide during your Group Training Sessions

The accompanying DVD includes nine video case studies (also referred to as “vignettes”), which you should play at various points during group training sessions. The Facilitator’s Guide instructs you when to play each vignette.

This section specifically focuses on how to access and use the resources on the DVD. Please be aware that the DVD contains additional resources beyond those required for group training sessions.

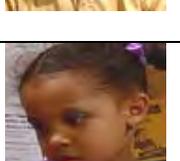
We recommend that you review this section while using the DVD to familiarize yourself with the DVD navigation **before you conduct any training**.

Case Studies

Introduction to Characters

Case studies depicting work scenarios involving diverse groups of patients are used throughout the training sessions and the online course. The following are the names and a brief description of the people who appear in the case studies:

Photo	Name	Description
	Dr. Michael Brown	Dr. Michael Brown is a 58-year-old family physician and is in practice with Dr. Rivera in a small town called Blue Creek.
	Dr. Carmen Rivera	Dr. Rivera is a 28-year-old Hispanic female who grew up in New York and is now in practice with Dr. Brown in Blue Creek.
	Dr. Aaron Johnson	Dr. Johnson is a 26-year-old African American, a resident in osteopathic medicine, and is on a 3-month training rotation.
	Linda Smith	Linda is a 60-year-old White female and a physician’s assistant in a rural practice, which is part of Dr. Brown and Dr. Rivera’s practice.

	Joan McBride	Joan is a 62-year-old White female and is a receptionist in Dr. Brown and Dr. Rivera's office.
	Rose Baker	Rose is a 46-year-old White female and a nurse who works in Dr. Brown and Dr. Rivera's office.
	Arturo Gonzalez	Arturo is a 14-year-old Mexican youth, hospitalized for an overdose of Amitriptyline. He is overweight and has complained of being bullied at school. He speaks English and Spanish. His mother qualifies for Medicaid benefits.
	Maria Gonzalez	Maria is a 33-year-old Mexican female, in seemingly good health, who speaks little English. She creates a scene at the hospital when her son is treated for an overdose. She works intermittently as a childcare provider but is currently out of work. She has Medicaid.
	Geraldine Williams	Geraldine is a 70-year-old Native American female who has been receiving traditional therapy for complications of diabetes and obesity. She has Medicare and Indian Health Service benefits.
	Nguyen Thi Lien	Nguyen, an 81-year-old Vietnamese female, appears to be in poor health and complains, through her granddaughter, of recurrent pain, likely a result of advanced cervical cancer. She speaks no English. She is covered under her daughter's insurance with moderate benefits.
	Gebru Gidada	Gebru, a 57-year-old male Ethiopian native, has lived in the United States for 15 years. After suffering a heart attack, he wants his community to learn more about heart health. He has moderate insurance benefits as a retiree from a manufacturing plant.
	Holly Ivey	Holly is a 4-year-old African American girl with asthma, who has not had immunizations. Her mother works but has no insurance.

Video Case Studies

Name	Video Case Study Details
Arturo Gonzalez: Attempted Suicide?	Location: Theme 1: Module 1.1 Duration: 3 minutes and 13 seconds
Geraldine Williams: Managed Diabetes versus Peace of Mind?	Location: Theme 1: Module 1.2 Duration: 3 minutes and 8 seconds
Dr. Brown: Making Progress?	Location: Theme 1: Module 1.3

	Duration: 11 minutes and 51 seconds
Nguyen Thi Lien: Dying from Embarrassment	Location: Theme 2: Module 2.1 Duration: 4 minutes and 34 seconds
Maria Gonzalez: Going Crazy?	Location: Theme 2: Module 2.2 Duration: 2 minutes and 58 seconds
Dr. Rivera: Improved Communication?	Location: Theme 2: Module 2.3 Duration: 4 minutes and 4 seconds
Gebru Gidada: Not Welcome?	Location: Theme 3: Module 3.1 Duration: 2 minutes and 54 seconds
Holly Ivey: One of Many?	Location: Theme 3: Module 3.2 Duration: 2 minutes and 56 seconds
The Whole Team: Developing a Partnership?	Location: Theme 3: Module 3.3 Duration: 3 minutes and 37 seconds

How to Use the DVD to Select an Initial Case Study

Step
Step 1: Insert the DVD into the DVD player and press the Play button.
Step 2: After a brief introduction the Main Menu will appear. Highlight and select the Curriculum section, which is the last selection in the list.
Step 3: Highlight and select the Theme of the video you want to view. Refer to Video Case Studies table for case study location.
Step 4: After selecting the Theme, highlight and select the Next Arrow on the bottom right hand corner of the screen twice. This will take you to the Theme Menu.
Step 5: Highlight and select the Module that has the video you want to view. Refer to Video Case Studies table for case study location.
Step 6: On the next screen, again highlight and select the Next Arrow on the bottom right hand corner of the screen. This will take you to the Module Menu.
Step 7: Highlight and select View the Video. The video should now play.

How to Use the DVD to Select Additional Case Studies

Step
Step 1: When a case study has completed playing you will be returned to the Module Screen.
Step 2a: If you want to play another case study in the same Theme, highlight and select the Theme Menu icon on the screen.
Step 2b: If you want to play another case study from a different Theme, highlight and select “Curriculum” from the menu.

Step

Step 3: If you choose a case study in the same Theme, pick the Module containing the video you would like to view and follow steps 6 and 7 above. If you chose a case study in a different Theme, pick the Theme and follow steps 4 through 7 above.

Conducting Your Sessions

Once you have reviewed the use of the DVD and the materials in the Guide that follows, you will be ready to conduct your small group sessions. The following pages are the Facilitator's Guide for each of the three courses in *A Physician's Practical Guide to Culturally Competent Care*.

Best of luck and enjoy the sessions!

Part II

The QIO Facilitator's Guide

Slide 1: Getting Started

Opening Discussion Points

SAY: Welcome to the Fundamentals of Culturally Competent Care Theme of *A Physician's Practical Guide to Culturally Competent Care*.

SAY: Before we start this session, all of you should have registered via the online site and have completed the Theme 1 Pretests. Computer stations are available for those of you who have not completed these activities.

A Physician's Practical Guide to Culturally Competent Care

- ◆ **Theme 1:**
Fundamentals of Culturally Competent Care
- ◆ **Theme 2:**
Speaking of Culturally Competent Care
- ◆ **Theme 3:**
Structuring Culturally Competent Care

1 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Ensure that all participants have registered and completed the Theme 1 Pretest. Provide Internet-enabled computers for those who need to complete these activities.
2. Show the slide.
3. Cover the Talking Points.

Key Talking Points

SAY: Fundamentals of Culturally Competent Care is the first of the three Themes in this educational program.

SAY: As you know, health care providers who bill to Medicare are being asked to complete Themes 1 and 2, which are clinic-based. Theme 3, which is community-based, can be completed by someone other than a Medicare provider—such as an office administrator—who can share the information with his or her colleagues. However, Theme 3 contains valuable information, and we encourage you to complete the content as you have an opportunity. You will be eligible to receive additional credit!

SAY: At the conclusion of this learning session, you will be prepared to complete the Theme Posttest for Theme 1 at the online Test Center for this program and receive your credit. When we are finished covering the material for this Theme, I will walk you through this process.

SAY: If you have any questions about what you are being asked to complete as part of this initiative, we can address those during the question and answer period at the end of this presentation.

The Main Takeaway

Participants should understand that the curriculum consists of three Themes, be aware of what Themes they are being asked to complete, and recognize that they will be able to complete a Theme Posttest at the end of the session that will qualify them for CME/CEU credit.

Slide 2: Theme 1 Roadmap

Opening Discussion Points

SAY: Each Theme consists of three lessons called Modules.

Theme 1: Fundamentals of Culturally Competent Care

- ◆ *Module 1.1: An Overview of Culturally Competent Care*
- ◆ *Module 1.2: Cultural Competency Development*
- ◆ *Module 1.3: Patient-Centered Care and Effective Communication*

2 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: These are the three Modules in Theme 1.

SAY: I will provide you with the learning objectives for each Module as we move forward.

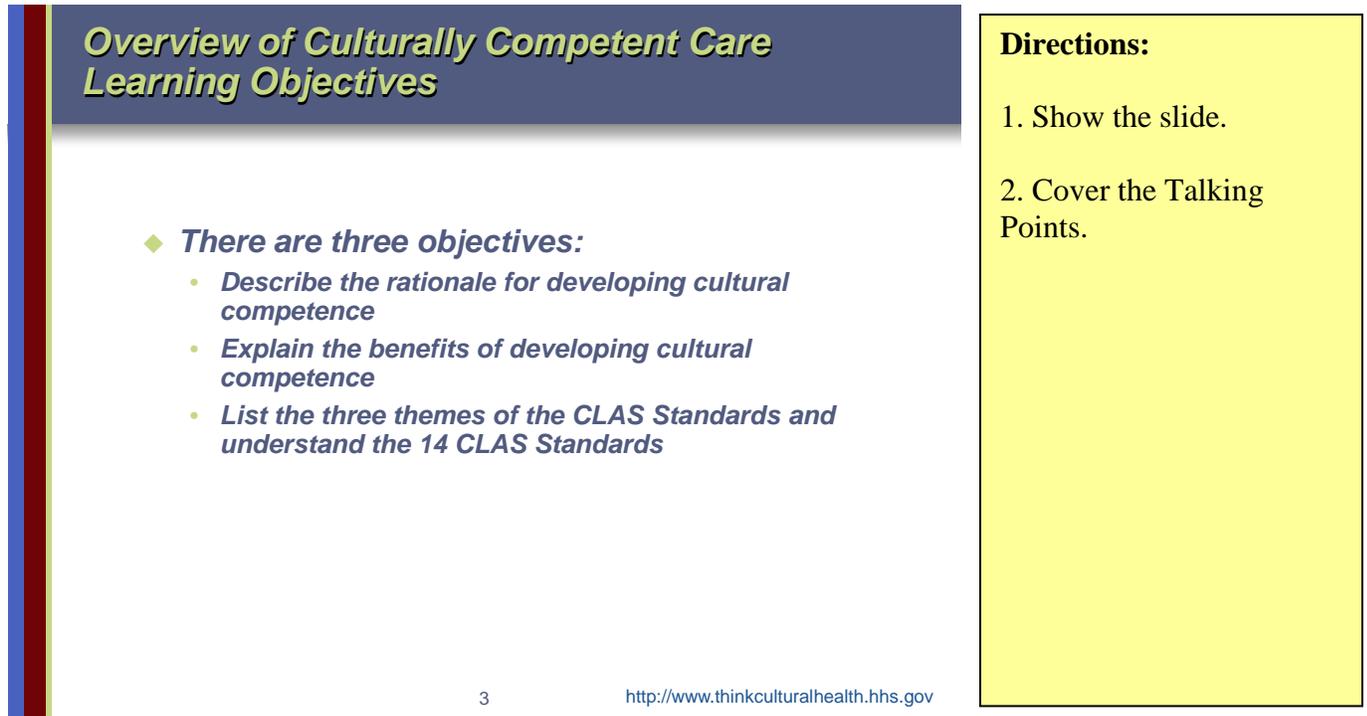
The Main Takeaway

Participants should understand that there are three Modules in each Theme, and should be able to articulate the components of Theme 1.

Slide 3: Module 1 Learning Objectives

Opening Discussion Points

SAY: There are three learning objectives in the first Module.



Directions:

1. Show the slide.
2. Cover the Talking Points.

Overview of Culturally Competent Care Learning Objectives

- ◆ **There are three objectives:**
 - *Describe the rationale for developing cultural competence*
 - *Explain the benefits of developing cultural competence*
 - *List the three themes of the CLAS Standards and understand the 14 CLAS Standards*

3 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: “CLAS Standards” is an acronym for the National Standards for Culturally and Linguistically Appropriate Services in Health Care. The Office of Minority Health (OMH) completed the development of these Standards in December 2000.

SAY: Later in this session, I will be reviewing the CLAS Standards and providing you with practical implementation strategies for each.

The Main Takeaway

Participants should be able to articulate the learning objectives for Module 1.1: Overview of Culturally Competent Care.

Slide 4: Setting the Stage

Opening Discussion Points

SAY: We are going to begin this section by watching a case study about a 14-year-old patient named Arturo Gonzalez. This case study will set the stage for our discussion throughout the course.

Setting the Stage: Case Study

- ◆ **Arturo Gonzalez:**
 - ◆ *Is a 14-year-old male Mexican youth, hospitalized for an overdose of Amitriptyline. He is overweight and has complained of being bullied at school. He speaks English and Spanish. He has Medicaid.*



4 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Show the DVD vignette *Arturo Gonzalez: Attempted Suicide?* (3 minutes and 13 seconds)
3. Cover the Talking Points.
4. Share “Other Perspectives” and use probes to gather participants’ reactions to the case study.

Key Talking Points

SAY: We would like to get your thoughts on this case study. Your insight as a provider is important feedback, and we have a section in the online curriculum where providers like you have shared their thoughts. This section is called “Other Perspectives.” Here are a few examples of how other providers responded to this case study:

- There are not only cultural issues but generational issues in terms of communication. The physician seems to have a "suck it up and go attitude" and is not sure how to deal with the non-English speaking mom.
- Arturo's medical issues are misconstrued by stereotypes or bias that Dr. Brown currently has. It was stated that per Dr. Brown, Arturo is a fat, Mexican teenager who is going through typical stuff for his age. Dr. Brown assumes he knows the situation without having detailed knowledge from Arturo about his perspective of what is going on in his life and his medical issues. Arturo has been prescribed Amitriptyline (**HINT:** Say phonetically, A – mi –TRIP – ti – leen), and clearly the dosage or how to take the medication was not communicated appropriately.

ASK: What reactions do you have to this case study?

PROBES:

- What is going on here? How are Arturo Gonzalez's medical issues clouded by cultural misunderstanding or miscommunication?
- How do you feel about the situation? What is your attitude toward Arturo Gonzalez and Dr. Brown?
- What troubles you the most?
- How would you handle this?
- Have you ever been in a similar situation? How did you handle it?

SAY: We are now going to take a few minutes to discuss the background and rationale for cultural competency.

The Main Takeaway

Watching and discussing this vignette will prepare participants for a discussion about the importance of cultural competency.

Slide 5: A National Health Concern

Opening Discussion Points

SAY: Health care providers in the U.S. are seeing an increase in the numbers of patients from different cultural backgrounds. The changing demographics of our country have created new challenges for the provision of care. Additionally, factors such as economic, geographic, social and cultural barriers affect access to health care. The growing body of research on health disparities has also positioned cultural competency as a national health concern.

<p><i>Cultural Competency: A National Health Concern</i></p> <p><i>A body of research documents the existence of racial and ethnic disparities in health.</i></p>  <p>5 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Major organizations and accrediting bodies such as the Joint Commission, NCQA, URAC, the AMA, AAFP, and ACP endorse cultural competency education.

SAY: As you will learn in Theme 1, several states have implemented or are considering legislation requiring cultural competency training as part of licensure or relicensure. Other states are building requirements for cultural and linguistic competency into continuing education programs.

SAY: In 2002, the Institute of Medicine issued these findings in a groundbreaking report, *Unequal Treatment: Confronting Racial Disparities in Health Care*:

- Minorities receive lower quality of health care even when socioeconomic and access-related factors were controlled.
- Bias, stereotyping, prejudice, and clinical uncertainty may contribute to racial and ethnic disparities in health care.

The Main Takeaway

Participants should understand that health disparities are well documented and have received attention from states, professional organizations, and accrediting bodies.

Slide 6: The Big Picture

Opening Discussion Points

SAY: Not being aware of culturally competent care can reduce the effectiveness of your practice.

The Big Picture

Cultural and language differences may result in misunderstanding, lack of compliance, or other factors that can negatively influence clinical situations.



6 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Develop examples as a group.
4. Use probes as necessary to facilitate discussion.

Key Talking Points

ASK: What are some situations where cultural or language differences could affect the safety or effectiveness of care?

PROBES:

- What are the risks to you as a provider if you and your patient can't communicate?
- What are the implications if patients don't understand medication instructions?
- How does effective communication affect compliance with treatment?
- Can you think of a case where the patient may not have understood the written directions they were given but may have been too proud to admit it?

The Main Takeaway

Participants should recognize the negative impacts and risks of not understanding the impact of cultural and language differences.

Slide 7: The Payoff

Opening Discussion Points

SAY: Taking this into consideration, can anyone identify potential benefits of cultural competency?

Benefits of Cultural Competency	
<ul style="list-style-type: none">◆ <i>Reduce health disparities</i>◆ <i>Improve patient care and satisfaction</i>◆ <i>Decrease malpractice risks and insurance costs</i>◆ <i>Experience operational efficiency</i>◆ <i>Increase compliance with state and federal regulations</i>◆ <i>Increase compliance with the Joint Commission accreditation standards</i> 	Directions: <ol style="list-style-type: none">1. Ask the question before showing the slide.2. Develop examples as a group.3. Show the slide.4. Cover the Talking Points.

7 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: In addition, by providing more culturally competent care you can:

- Increase patient satisfaction;
- Reduce your malpractice risks (Some states offer malpractice insurance discounts for completion of this program);
- Increase administrative and operational efficiency;
- Achieve greater compliance with legal requirements; and
- Broaden your patient base.

SAY: If you take steps to ensure that patients understand instructions in their own words and language, treatment compliance will increase.

SAY: Culturally competent care can benefit providers as well as patients.

The Main Takeaway

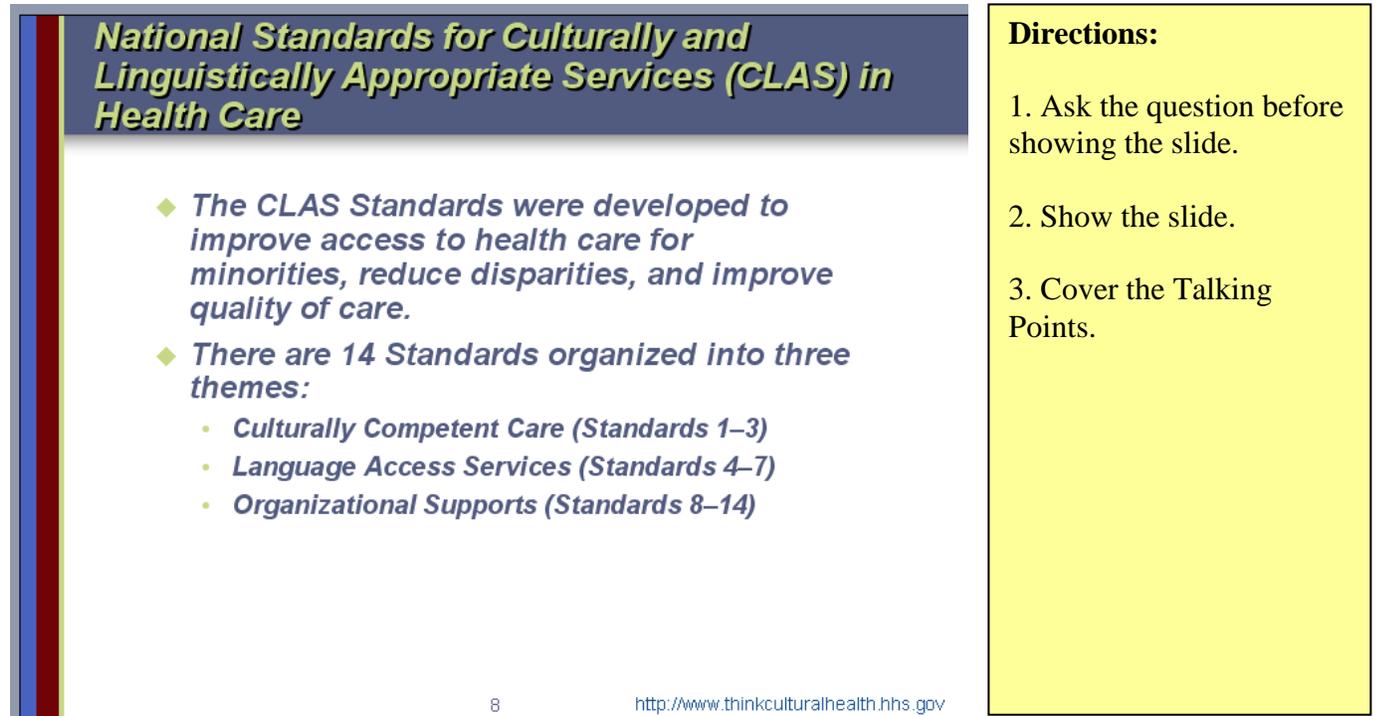
Participants should be able to articulate some of the benefits of cultural competency in their practice.

Slide 8: Overview of the CLAS Standards

Opening Discussion Points

SAY: The CLAS Standards were developed to help providers in health care settings. By increasing the cultural competence of their medical practice, providers can reduce risks to patients, increase access to care, and reduce disparities in care.

ASK: How many of you are familiar with the CLAS Standards?



National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- ◆ *The CLAS Standards were developed to improve access to health care for minorities, reduce disparities, and improve quality of care.*
- ◆ *There are 14 Standards organized into three themes:*
 - *Culturally Competent Care (Standards 1–3)*
 - *Language Access Services (Standards 4–7)*
 - *Organizational Supports (Standards 8–14)*

8 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Ask the question before showing the slide.
2. Show the slide.
3. Cover the Talking Points.

Key Talking Points

SAY: As you will see, this curriculum is organized in the same framework as the CLAS Standards.

SAY: We will now learn a bit more about the CLAS Standards and how they can be implemented.

The Main Takeaway

Participants should be able to demonstrate an awareness of the CLAS Standards.

Slide 9: The CLAS Standards Continued

Opening Discussion Points

SAY: The CLAS Standards were developed by the Office of Minority Health at the U.S. Department of Health and Human Services to promote culturally and linguistically appropriate health care services.

HANDOUT: You have a copy of the CLAS Standards in your handouts (Handout 1.1).

CLAS Standards

The CLAS Standards are part of a body of recommended guidelines, legislation, and policies about cultural and linguistic acceptance adopted over recent decades in the United States.

9 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Hold up the CLAS standards handout as a visual aid.
3. Cover the Talking Points.

Key Talking Points

SAY: The CLAS Standards are fundamental to the core values of achieving equity of care and will help you deliver culturally competent care.

SAY: There are three types of CLAS Standards with varying stringency. The first type is mandates, which are current requirements for all recipients of federal funds. The second type is guidelines, which are activities recommended by OMH for adoption as mandates by federal, state, and national accrediting agencies. The third type is recommendations, which are suggested by OMH for voluntary adoption by health care organizations.

SAY: I will now go over each standard and some strategies for successfully implementing them.

SAY: On the <https://www.thinkculturalhealth.hhs.gov> Web site, the left navigation menu provides an easy reference tool for the CLAS Standards.

The Main Takeaway

Participants should be able to articulate the background and purpose of the CLAS Standards.

Slide 10: Standard 1

Opening Discussion Points

SAY: Standards 1 through 3 deal with culturally competent care.

SAY: Standard 1 is the foundation on which other CLAS Standards are based—it is the overarching, comprehensive Standard.

<p>Culturally Competent Care Standards</p> <ul style="list-style-type: none">◆ Standard 1: Patients receive effective, understandable, and respectful health care◆ Strategies:<ul style="list-style-type: none">• Focus on behaviors of ALL staff<ul style="list-style-type: none">◆ <i>Periodic training and discussion at staff meetings</i>◆ <i>Include cultural competence information in new employee orientations</i>• Show your commitment<ul style="list-style-type: none">◆ <i>Incorporate skills and attitudes into regular performance reviews</i>◆ <i>Add cultural competency skills sets into job descriptions</i>  <p>10 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: The implementation of the other CLAS Standards will support the achievement of this Standard.

SAY:

- *Respectful* care includes taking into consideration the values, needs, and preferences of the patient.
- *Understandable* care involves assuring that patients fully understand questions, instructions, and explanations from staff. This relates both to populations with limited English proficiency (LEP) as well as English-speaking groups with low “health literacy.”
- *Effective* care results in positive outcomes for patients.

The Main Takeaway

Participants should understand that Standard 1 is the overarching framework for CLAS.

Slide 11: Standard 2

Opening Discussion Points

SAY: Standard 2—the recruitment, retention, and promotion of diverse staff and leadership—emphasizes a good faith effort rather than specific targets.



Culturally Competent Care Standards

- ◆ **Standard 2: Recruitment, retention, and promotion of diverse staff and leadership**
- ◆ **Strategies:**
 - *Incorporate diversity into mission statements and strategic plans/goals*
 - *Be proactive – build diverse workforce capacity*
 - ◆ *Mentoring programs*
 - ◆ *Community-based internships*
 - ◆ *Partnerships with local schools*
 - *Identify recruits “in the pipeline”*

11 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Even though we all see the diversity of our country increasing, the health care industry has not yet met the demands of recruiting and retaining bilingual and bicultural health professionals to serve the population.

SAY: It is important to examine the composition of your staff and see how this mirrors your organization’s service area. Staff with different cultural backgrounds can offer ideas that relate to the perceptions, motivations, and needs of diverse patients. These staff can help translate health needs into effective messages and services.

SAY: Having diverse and bilingual staff at all levels is a sign of your organization’s cultural and linguistic competence.

The Main Takeaway

Participants should be able to articulate strategies to promote a diverse office staff.

Slide 12: Standard 3

Opening Discussion Points

SAY: Standard 3 discusses the importance of cultural competency training for all staff.

<p>Culturally Competent Care Standards</p> <ul style="list-style-type: none">◆ Standard 3: All staff receive ongoing education and training in culturally and linguistically appropriate service delivery◆ Strategies:<ul style="list-style-type: none">• Pool resources with neighboring organizations to reduce cost• Locate CME or CEU accredited training• Use community-based organizations and hands-on experiences as opportunities to learn from patients• Conduct a needs assessment of staff• Publicly recognize staff for completing training—recognition plaques, certificates  <p>12 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Some states require that physicians complete cultural competency training as part of licensure and relicensure. And other states are instituting requirements for cultural and linguistic competency in continuing education programs.

SAY: Cultural competence education, assessment, and training should be ongoing.

SAY: Every staff member will encounter individuals whose cultural characteristics differ from their own.

The Main Takeaway

Participants should be able to identify approaches to support ongoing cultural competency training for practice staff.

Slide 13: Standard 4

Opening Discussion Points

SAY: The next three standards for language access services (LAS) are based on Title VI of the Civil Rights Act of 1964. Title VI requires all organizations receiving federal financial assistance to take steps to ensure that persons with limited English proficiency (LEP) have meaningful access to services.

Language Access Services Standards

- ◆ **Standard 4: Language assistance services must be offered at no cost to the patient**
- ◆ **Strategies:**
 - *Bilingual staff – most efficient and preferred approach*
 - *Professional interpreters – second best option*
 - *Staff or volunteer trained interpreters – “employee language banks”*
 - *Telephone interpretation*
 - ◆ *Can be used for simple communications: setting up appointments, giving lab results*
 - *Immigrant service agencies*
 - *Community organizations*

Directions:

1. Show the slide.
2. Cover the Talking Points.



13 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: The Office of Civil Rights (OCR) has released guidance to help recipients of federal funds assess their obligation to provide language access services. The OCR recommends that health care organizations balance four factors:

- The number or proportion of persons with limited English proficiency eligible to be served or likely to be encountered
- Frequency with which individuals with limited English proficiency come in contact with the program
- Importance or urgency of recipients health services
- Resources available to the recipient and costs

SAY: These factors will be explained in more depth in Theme 2, Speaking of Culturally Competent Care.

SAY: There are many different approaches health care organizations and providers can use to manage the linguistic needs of their patients. No one approach works for all health care settings, and multiple approaches may be needed.

- Telephone interpreter services are available through outside agencies. This approach should supplement telephone services in emergency situations where complex communication is required or there is a need to interpret a language that is encountered infrequently.

SAY: Language banks, where staff who speak other languages function as interpreters, have been around for quite some time, predominately in hospitals. Language banks should be used with caution. Although a language bank may make interpretation readily available, be aware of these problems:

- No formal evaluation of language skills has occurred.
- Few employees have received training in medical interpreting.
- Conflicts may arise when employee interpreters are pulled away from their regular duties.

The Main Takeaway

Participants should be aware of approaches and options for providing language access services to patients.

Slide 14: Standard 5

Opening Discussion Points

SAY: Health care organizations and providers need to learn about and offer tools and resources to their patients informing them of their right to language access services. Many providers have found that advertising the availability of bilingual services can increase enrollment from targeted communities.



Language Access Services Standards

- ◆ **Standard 5: Patients and consumers must be informed of their right to language access services**
- ◆ **Strategies:**
 - “I Speak” cards
 - Post signs in commonly encountered languages at all points of entry
 - Educate all staff on how and what services are provided
 - “Market” services in appropriate non-English brochures and materials routinely distributed to the public



14 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask participants if they are familiar with “I Speak” cards.

Key Talking Points

SAY: The “I Speak” card is one tool patients can use to ask for an interpreter and help health care staff immediately recognize the language spoken by the patient. The form includes over 30 languages—the patient marks the box associated with the language they speak. “I Speak” cards are available at the <http://www.thinkculturalhealth.hhs.gov> Web site.

HINT: Handouts of the “I Speak” cards are available in Theme 2 materials (Handout 2.1).

ASK: Is anyone familiar with this tool and how it is used?

SAY: Several community-based organizations publish bilingual wallet cards that inform the holder and any provider who receives it that the bearer of the card has limited English proficiency and is entitled to interpreter services under state and federal laws.

The Main Takeaway

Participants should be able to identify strategies for informing their patients about their right to language access services.

Slide 15: Standard 6

Opening Discussion Points

SAY: I would like to offer a word of caution in using patients' family and friends—especially children—as interpreters, as this practice is discouraged. There is concern about how well family members or friends translate medical terminology, and whether any other information is misinterpreted or omitted. In fact, some states are trying to pass legislation that prohibits family members from interpreting. You will see a case study vignette that demonstrates this issue in Theme 2.

Language Access Services Standards

- ◆ **Standard 6: Health organizations must assure the competence of language assistance provided by interpreters/bilingual staff**
- ◆ **Strategies:**
 - *Discourage use of family and friends*
 - *Seek certified interpreters*
 - *Assess knowledge of medical terminology of interpreter candidates*
 - *Send bilingual staff to interpreter training*



Directions:

1. Show the slide.
2. Ask the participants about their experiences with family/friend interpreters.
3. Cover the Talking Points.

15<http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

ASK: What experiences, both good and bad, have you had with using professional interpreters and/or family members serving as interpreters?

SAY: The best approach with patients who have brought a family member or friend to interpret is to stress that a trained staff interpreter is provided for their safety and confidentiality. If the patient would like to use their own interpreter, the staff interpreter will remain present to ensure that both the patient and clinician receive accurate information.

SAY: When language barriers exist, relying on staff who are not fully bilingual or lack interpreter training frequently leads to misunderstanding, dissatisfaction, omission of vital information, misdiagnoses, inappropriate treatment, and lack of compliance.

SAY: Bilingual clinicians and other staff who communicate directly with patients in their preferred language must demonstrate a command of both English and the target language that includes knowledge of the **medical terms and concepts** relevant to the type of encounter.

SAY: Research has shown that individuals with exposure to a second language, even those raised in bilingual homes, frequently overestimate their ability to communicate in that language.

The Main Takeaway

Participants should be aware of the importance of using competent, trained interpreters and the risks of not doing so.

Slide 16: Standard 7

Opening Discussion Points

SAY: In addition to spoken language, it is also important to ensure that written materials reinforce key messages and patients understand the written materials. Professionally trained translators must translate written documents, and the materials must be back-translated. Back-translation is a process in which one translator translates a document into a target language, and a second, independent translator translates the document back into English to check that the appropriate meaning has been conveyed.



Language Access Services Standards

- ◆ **Standard 7: Availability of easily understood patient materials and appropriate signage**
- ◆ **Strategies:**
 - **Materials**
 - ◆ **Administrative and legal documents**
 - ◆ **Clinical information**
 - ◆ **Patient education and health promotion materials**
 - **Quality Assurance**
 - ◆ **Translation by trained professional**
 - ◆ **Back-translation and review by target groups**
 - ◆ **Periodic updates**
 - ◆ **Grade 4–6 literacy level**
 - ◆ **Two-tiered testing—practitioners and community**

16 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask participants if their practice provides translated materials.
4. Hold up the universal health care symbols handout as a visual aid.

Key Talking Points

SAY: Examples of administrative and legal documents include:

- Waivers of rights,
- Living wills and advanced directives,
- ER release and discharge forms, and
- Documents establishing eligibility for services.

ASK: Do any of you have these documents translated in your practice? How was it done?

SAY: The OMH Resource Center (<http://minorityhealth.hhs.gov/>) can provide you with additional tips and tools.

SAY: I hope you can see the importance of these four language access standards, since there are hidden costs and risks when language barriers are not addressed. These include:

- Dealing with ethical and malpractice issues;
- Taking highly paid bilingual staff away from their job to interpret; and

- Contributing to undesired outcomes such as having to cancel surgeries because patients don't understand or adhere to pre-op instructions.

SAY: Written materials should never be used as a substitute for oral interpreters. However, some signage resources do exist to help limited English proficiency and low literacy patients navigate health care settings.

- In December 2005, a team led by Hablamos Juntos—an initiative of the Robert Wood Johnson Foundation—developed and tested 28 universal health care symbols.

HANDOUT: This information is included in your handouts (Handout 2.2).

The Main Takeaway

Participants should be able to articulate the importance of translated print materials and strategies for quality assurance of those materials.

Slide 17: Standard 8

Opening Discussion Points

SAY: The next seven Standards focus on the community aspect of the CLAS Standards and are practice policies that can foster an environment for culturally competent care in a health care organization. .

<p>Organizational Supports Standards</p> <ul style="list-style-type: none">◆ Standard 8: Written strategic plan with clear goals, policies, and accountability mechanisms◆ Strategies:<ul style="list-style-type: none">• <i>Create a cultural competency committee or identify a cultural competency champion to lay the groundwork of the plan</i>• <i>Involve community representatives</i><ul style="list-style-type: none">◆ <i>Ensure that services and goals meet the true needs of the community and are authentic</i>• <i>Set action item priorities over reasonable time periods</i>  <p>17 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Cultural competency needs to be fully integrated into the daily life and practices of an organization:

- It needs to be grounded in an organization's identity—how it recruits staff, how it treats customers, and how it conducts business.
- It needs to flow from both the top and bottom of the organization.

SAY: Try to be realistic in the goals you set and take one step at a time, assigning responsibilities and establishing clear measures of success.

The Main Takeaway

Participants should be able to devise strategies to incorporate cultural competency into strategic plans and goals.

Slide 18: Standard 9

Opening Discussion Points

SAY: Each health care organization should perform a baseline cultural competency needs assessment.

Organizational Supports Standards

- ◆ **Standard 9: Conduct initial and ongoing organizational self-assessment and include measures in overall activities**
- ◆ **Strategies:**
 - **Patient and community surveys**
 - ◆ *Add a question about self-identified ethnicity*
 - **Cultural audit using self-assessment tools**
 - **Explore and measure**
 - ◆ *Accessibility of interpreter services*
 - ◆ *Effectiveness of cultural competency training*
 - ◆ *Difference in service use among different groups*



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<http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Hold up assessment handout as a visual aid.
4. Ask audience if anyone has been involved in a cultural competency needs assessment.

Key Talking Points

SAY: The self-assessment should focus on capacities, strengths, and weaknesses of the organization in implementing the CLAS Standards.

SAY: Results should be reviewed and discussed to identify assets, weaknesses, and opportunities, and used to develop action plans that might include training and interpreter programs.

HANDOUT: There is an Office Environment Assessment Checklist in your handouts (Handout 3.1). This assessment does not replace the CLAS assessment tool required by the QIO contract.

SAY: In addition to a self-assessment, you can talk to your patients and the community to learn more about them and how you are doing in meeting their cultural competency needs.

ASK: Has anyone been involved with a cultural competency needs assessment? Can you talk about your experience and the findings?

The Main Takeaway

Participants should understand the importance of using assessments to identify areas needing improvement.

Slide 19: Standard 10

Opening Discussion Points

SAY: To meet the needs of your patients, you will first need to collect information that is essential to know in delivering care.



Organizational Supports Standards

- ◆ **Standard 10: Patient data collection, to include: race, ethnicity, and spoken and written language**
- ◆ **Strategies:**
 - **Adapt intake procedures to facilitate patient self-identification**
 - ◆ **Avoid use of observational/visual assessment methods**
 - ◆ **Enhance data by collecting information on self-identified country of origin**
 - **Collect data on preferred written and spoken language**
 - **Collect data on interpretation services**
 - **Inform patients about confidentiality and the purpose of collecting racial and ethnic data**

19 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Please keep in mind that it is important to distinguish between written and spoken communication. Although a patient may be able to speak English well enough without an interpreter, he or she may not be able to read English.

SAY: In collecting data on country of origin, you may learn critical information. For example, a patient who is a recent immigrant from Somalia may have very different needs from a third generation African American.

SAY: It is important to recognize that some patients may not be willing to provide this information. Some patients may hear the questions as discriminatory or think their answers could result in higher insurance premiums. Be sure to inform patients and reassure them about the reasons for collecting the information.

The Main Takeaway

Participants should be able to identify strategies to enhance patient data collection to capture information about race, ethnicity, and written and spoken language.

Slide 20: Standard 11

Opening Discussion Points

SAY: Studies suggest that health status is influenced not only by individual attributes such as genetics and health behaviors, but also by the physical, social, and cultural dimensions of a person's environment.



Organizational Supports Standards

- ◆ **Standard 11: Maintain current demographic, cultural, and epidemiological community profiles and conduct needs assessment of service area**
- ◆ **Strategies:**
 - ◆ Use census figures, state health status reports, school enrollment profiles, and data from community agencies and organizations
 - ◆ Conduct focus groups, interviews, and surveys
 - ◆ Learn from the community
 - ◆ Build trust and allay fears
 - ◆ Engage summer interns and students
 - ◆ Join with nearby providers to pool resources

20 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask participants if they have seen this type of community information before and if they can name populations in their community.

Key Talking Points

SAY: Health care organizations need to understand their communities and patient populations. Community associations, churches, school districts, or local city or county government may have information about the population composition of your area and know more about the perceived needs of the populations. Census data are also available, and the QIOs can provide some information for you.

ASK: Have any of you seen this type of community information? Is this information you routinely collect?

ASK: Can you name some of the populations in your community?

HINT: Theme 3 contains a Data Collection Resources handout that can assist you (Handout 3.2).

The Main Takeaway

Participants should be aware of practical strategies to maintain current community profiles of their service area.

Slide 21: Standard 12

Opening Discussion Points

SAY: Services that are designed and improved according to community needs and desires are more likely to be used by patients, and can lead to more acceptable, responsive, efficient, and effective care.



Organizational Supports Standards

- ◆ **Standard 12: Participatory, collaborative partnerships to facilitate community and patient involvement**
- ◆ **Strategies:**
 - *Participate in governing boards, community and ad hoc advisory groups*
 - *Hold community meetings, interviews, and focus groups*
 - *Many low-income working individuals feel their circumstances constrain their community participation. Offer:*
 - ◆ *Transportation assistance*
 - ◆ *Childcare*
 - ◆ *Meals at meetings*
 - ◆ *Participate in community health fairs*

21 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Mutual collaboration can help shape the direction and practices of your organizations.

SAY: Community feedback provides health care organizations with an opportunity to see themselves as they are seen from the outside, keep doing what is working well, and improve upon what is not.

The Main Takeaway

Participants should be able to identify strategies for promoting partnerships and community involvement.

Slide 22: Standard 13

Opening Discussion Points

SAY: Health care organizations should not assume that a lack of complaints from patients means that cross-cultural conflict or discrimination is not occurring.

<p>Organizational Supports Standards</p> <ul style="list-style-type: none">◆ Standard 13: Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive◆ Strategies:<ul style="list-style-type: none">• Provide cultural competence training to staff who handle complaints and grievances• Provide notice in other languages about patient rights to file a grievance• Provide contact name and number of grievance disposition• Offer ombudsperson services  <p>22 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Patients may not recognize that they are being treated inappropriately. They may have fears or cultural beliefs that inhibit complaining or may not know they have the right to complain.

SAY: It is important that grievances be handled quickly and fairly and that patients feel comfortable sharing their complaints with providers in the health care organization.

The Main Takeaway

Participants should understand the importance of an environment where patients feel comfortable sharing their complaints.

Slide 23: Standard 14

Opening Discussion Points

SAY: Finally, informing the public about the steps your organization is taking to implement CLAS is a marketing tool that demonstrates your commitment to the community and can help to bridge cultural gaps.

<p>Organizational Supports Standards</p> <ul style="list-style-type: none">◆ Standard 14: Keep public informed about progress and successful innovations in implementing the CLAS Standards◆ Strategies:<ul style="list-style-type: none">• <i>Description of specific organizational changes or new programs</i>• <i>Publication of documents focused on cultural and linguistic competence</i>• <i>Newsletters</i>• <i>Local television or radio</i>• <i>Web site</i>• <i>Presence at town hall meetings</i> 	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.3. Ask participants if they are in an office that is implementing similar strategies.4. Invite participants to provide comments and questions.
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<http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: We just went over a great deal of information about the CLAS Standards.

SAY: One important takeaway from this part of the presentation is that each organization is different, and all are at varying levels of cultural competency awareness and skills. Trying to go back and implement all 14 Standards at one time is probably unrealistic. Instead, consider implementing one or a few Standards at a time, then move on to others that build upon your accomplishments.

ASK: Are any of you in a practice that is implementing similar strategies for any of the 14 Standards? Would anyone care to share any approaches they are taking to achieve culturally competent care?

ASK: At this time I would like to pause to collect any additional comments or questions you may have as we will be moving on to the next Module momentarily.

The Main Takeaway

Participants should be able to identify strategies for promoting their progress with the CLAS Standards, and should not expect to be able to implement all 14 Standards at once.

Slide 24: Moving On

Opening Discussion Points

SAY: We are now going to move on to the next Module, called Cultural Competency Development.

Cultural Competency Development Learning Objectives

- ◆ **There are three objectives:**
 - *Identify the need for balance between fact-centered and attitude/skill-centered care approaches*
 - *Understand that attaining cultural competency is a life-long journey – not a specific achievement*
 - *Explain frameworks for developing cultural competency*

24 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: There are three learning objectives in this Module. Please take a moment to review them.

SAY: It is critical to recognize that cultural competency is not a fixed goal. Many factors affect the attainment of cultural competence. No one can achieve this overnight, and each of us changes over time based on what occurs in our lives and the other factors that influence us and our behaviors.

The Main Takeaway

Participants should be able to articulate the learning objectives for Module 1.2: Cultural Competency Development.

Slide 25: Geraldine Williams – Managed Diabetes vs. Peace of Mind

Opening Discussion Points

SAY: To begin our discussion on cultural competency development, we will now watch another vignette.

<i>Setting the Stage: Case Study</i>	
<ul style="list-style-type: none">◆ Geraldine Williams:<ul style="list-style-type: none">• <i>Is a 70-year old Native American female who has been receiving traditional therapy for complications of diabetes and obesity. She has Medicare and Indian Health Services benefits.</i>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.3. Show the DVD vignette <i>Geraldine Williams: Managed Diabetes vs. Peace of Mind?</i> (3 minutes and 8 seconds)4. Use probes to gather participants' reactions about the case study.
	
25	http://www.thinkculturalhealth.hhs.gov

Key Talking Points

SAY: In this case study you are introduced to Geraldine Williams, a 70-year old Native American female who has been receiving traditional therapy for complications of diabetes and obesity. She has Medicare and Indian Health Service benefits.

PROBES:

- How well do you believe Dr. Brown handled the situation?
- How would you handle this? If Mrs. Williams were your patient, how would you work with her desire not to receive treatment? How would you try to learn about her perspective and beliefs?
- Have you ever been in a similar situation? If so, please describe it.

The Main Takeaway

Watching and discussing this video vignette will prepare participants to discuss cultural competency development.

Slide 26: Balancing Act

Opening Discussion Points

SAY: Developing cultural competence helps to ensure effective, understandable, and respectful care for all patients.

SAY: A goal of cultural competency development should be to balance learning specific cultural facts and information with acquiring sound skills of effective physician-patient interaction and communication in all encounters.

Cultural Competency Development

Balance fact-centered and attitude/skill-centered approaches.

The fact-centered approach teaches cultural information about specific ethnic groups.



The attitude/skill-centered approach enhances communication skills and emphasizes the sociocultural context of individuals

26<http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Fact-centered information could include culture-specific knowledge such as an ethnic group's historical context, cultural concepts of illness and disease, health-seeking behaviors, and disease patterns.

SAY: However, it is not possible for any health care provider to know all the cultural beliefs patients hold. It is more important to seek each patient's understanding of his or her illness and treatment by using attitude/skill-centered communication.

SAY: Attitude/skill-centered care starts with an examination of one's own beliefs in terms of culture and also understanding the different cultures in the community served.

The Main Takeaway

Participants should be able to articulate the difference between fact-centered and attitude/skill-centered approaches.

Slide 27: A Journey – Not a Goal

Opening Discussion Points

SAY: Have any of you examined your own cultural beliefs? What are some examples you could share with us?

Cultural Competency Development is...

- ◆ ***A journey – not a goal***
- ◆ ***A process of self-reflection***
 - *Understanding our own beliefs and biases*
 - *Knowing what we bring to a clinical encounter*



A black and white line drawing of a person standing next to a large, floor-length mirror. The person is looking at their reflection in the mirror.

27 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Ask participants if they have ever examined their own cultural beliefs.
2. Show the slide.
3. Cover the Talking Points.

Key Talking Points

SAY: Cultural competency is not a fixed goal that a person can attain within a designated period of time. It is a **developmental process** that involves a number of concepts.

- Understanding **your own beliefs and biases** and knowing what you bring to a clinical encounter
- Understanding that **all encounters are cross-cultural**
- Understanding that cultural competence is a **patient-centered approach**—patients bring with them their own understanding of illness and disease
- Understanding how you can **partner with your patient** to negotiate treatments that they are more likely to follow

SAY: There are a number of tools you and your office staff can use to start the journey to cultural competency.

- Cultural competency self assessments
- Communication models
- Organizational assessments

The Main Takeaway

Participants should understand that cultural competency is a developmental process that requires examination of personal beliefs and biases.

Slide 28: A Model of Culturally Competent Care

Opening Discussion Points

SAY: There are a number of published models and frameworks that illustrate the development and characteristics of culturally competent care.

**Campinha-Bacote's Model:
The Process of Cultural Competence in the Delivery of
Healthcare Services**

- ◆ *Helps health care professionals to see cultural competence as a process that focuses on:*
 - **Awareness** of your biases and the presence of racism and other "isms"
 - **Skills** to conduct a cultural assessment in a sensitive manner
 - **Knowledge** about different cultures' worldview and the field of biocultural ecology
 - **Encounters** and face-to-face interactions you have had with people from cultures different than yours
 - **Desire** to become culturally competent

From: Campinha-Bacote, 2002b, used with permission from Transcultural C.A.R.E. Associates

28 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: The model I will share with you today was developed by Dr. Campinha-Bacote, and describes cultural competence as a volcano. When the desire for cultural competence erupts, it results in:

- Longing to seek cultural competence through genuine cultural encounters;
- Obtaining cultural knowledge by conducting culturally sensitive assessment; and
- Being humble about the process.

SAY: The model helps health care professionals to see cultural competence as a process that focuses on:

- Awareness of your biases and the presence of racism and other "isms;"
- Skills to conduct a cultural assessment in a sensitive manner;
- Knowledge about different cultures' worldview and the field of biocultural ecology;
- Encounters, including face-to-face interactions and other encounters you have had with people from cultures different than yours; and
- Desire to become culturally competent.

• **SAY:** I hope this framework will serve as a tool for examining your own cultural beliefs.

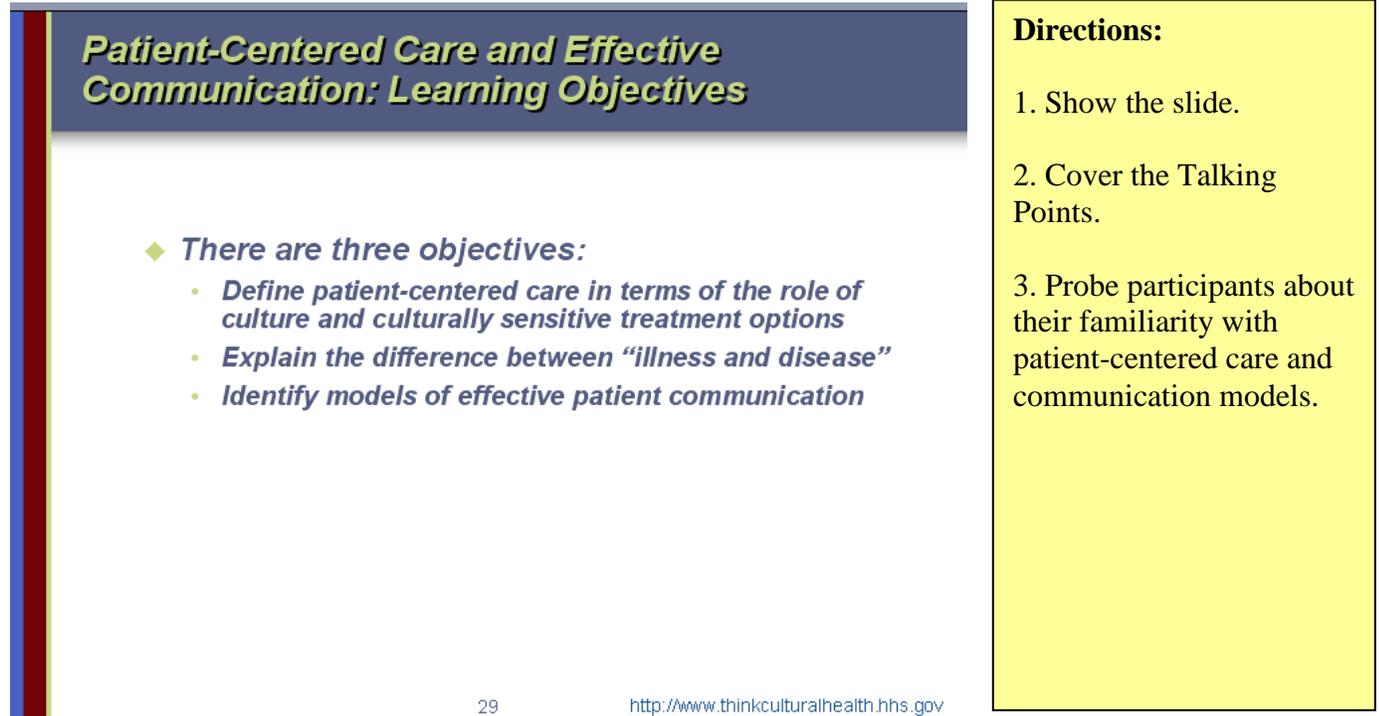
The Main Takeaway

Participants should understand that models and frameworks illustrating cultural competency development are available as self assessment tools.

Slide 29: Module 3 Learning Objectives

Opening Discussion Points

SAY: We are now moving on to the final Module in Theme 1. This Module is called Patient-Centered Care and Effective Communication.



Patient-Centered Care and Effective Communication: Learning Objectives

- ◆ **There are three objectives:**
 - *Define patient-centered care in terms of the role of culture and culturally sensitive treatment options*
 - *Explain the difference between “illness and disease”*
 - *Identify models of effective patient communication*

29 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Probe participants about their familiarity with patient-centered care and communication models.

Key Talking Points

ASK: Has anyone heard of patient-centered care? Can you describe it for us?

ASK: Is anyone familiar with models for effective patient communication? If so, which ones? Do you use them in your practice?

SAY: At the end of this Module we will revisit Dr. Brown and look at his progress in providing culturally competent care.

The Main Takeaway

Participants should be able to articulate the learning objectives for Module 1.3: Patient-Centered Care and Effective Communication.

Slide 30: Patient-Centered Care

Opening Discussion Points

SAY: A culturally competent physician must be adept at patient-centered care. Patient centeredness tends to follow a holistic approach and takes into account the cultural and social influences in a person's life.

Patient-Centered Care Involves...

- ◆ *Awareness of the role of 'culture' in health-seeking behavior*
- ◆ *Negotiating culturally sensitive treatment options*
- ◆ *Treating everyone with dignity*
- ◆ *Strengthening patients' sense of control*

30 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

ASK: Promoting patient-centered care can be accomplished when:

- Patients receive information in their language;
- Clinicians have an awareness of potential communication difficulties; and
- The patient is empowered to be the “expert” of his/her unique illness experience.

The Main Takeaway

Participants should be able identify some of the characteristics of patient-centered care.

Slide 31: Disease vs. Illness

Opening Discussion Points

SAY: I just mentioned empowering patients to be the “expert” of their illness. I would like you to think about the difference between disease and illness. It is important for health care providers to address a patient’s disease **and** his or her illness.

<p><i>Disease vs. Illness</i></p> <ul style="list-style-type: none">◆ <i>Disease = physiological and psychological process</i>◆ <i>Illness = perceived psychosocial meaning and experience</i><ul style="list-style-type: none">• <i>Illness has cultural, social and psychological influences and is subjective</i> <p> A culturally competent physician must address both a patient's disease and his or her illness.</p> <p>31 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Patient-centered care empowers the patient as an “expert” of his or her unique illness experience (Tervalon & Murray-Garcia, 1998).

SAY: Let’s look back to the case of Dr. Brown and Mrs. Williams. Dr. Brown views Mrs. Williams’ condition as a **disease**. He speaks of her diabetes only in terms of physiology and treatment: “We can get your insulin regulated and work on the right meal plan and medication . . . The fact that you’ve had so many symptoms—dizziness, possible vision impairment, a bladder infection, and pain and burning in your feet, not to mention your heart disease—is bad news.”

SAY: Mrs. Williams, on the other hand, has a different experience of her condition. She is not focused on the physiological aspects of diabetes, but rather on her experience of “feeling better” after gathering herbs and making tea, eating traditional food, spending time with her family, and praying. She feels “peace” from handling her **illness** in her own way and appears to prefer feeling peaceful to receiving treatment. Her past experience of her husband’s treatment, as well as her traditional health beliefs, leads her to conclude that entering the hospital will cause her death.

SAY: This case also demonstrates the importance of learning about a patient’s “truth” as formed by culture, language, experience, history, alternative sources of care, and power differentials.

SAY: Physicians have an especially important role in the power differential in health care encounters—they hold knowledge, ability, and access permissions, through prescriptions and referrals, to determine whether a patient receives necessary treatment in a timely manner.

The Main Takeaway

Participants should be able to distinguish between disease and illness.

Slide 32: A Patient's Explanatory Model

Opening Discussion Points

SAY: Effective medical interviewing elicits the patient's explanatory model of his or her sickness.

A Patient's Explanatory Model

- ◆ *A patient forms an explanatory model that encompasses his or her beliefs about the course of sickness, including its origin, severity, treatment, and expected recovery.*

32 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Kleinman (1981) suggests asking some of the following questions to elicit health beliefs, or explanatory models, in clinical encounters. (Note: You can list all or pick 5–6 of these from this list).

- What do you call your problem? What name does it have?
- What do you think caused your problem?
- Why do you think it started when it did?
- What does your sickness do to you? How does it work?
- How severe is it? Will it have a short or long course?
- What do you fear most about your disorder?
- What are the chief problems that your sickness has caused for you?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from the treatment?

The Main Takeaway

Participants should be able to identify medical interview questions that elicit a patient's explanatory model.

Slide 33: Why Models are Important

Opening Discussion Points

SAY: We will now spend the next few minutes reviewing other models that can be used as effective communication tools in cross-cultural encounters.

<p><i>Why are Models Important?</i></p> <ul style="list-style-type: none">◆ <i>Describe dimensions and processes of cultural competency</i>◆ <i>Provide tools for communicating with patients</i>◆ <i>Help provider to understand patient perspective</i>◆ <i>Put provider in mindset to provide CLAS</i> <p> How can using models contribute to communication?</p> <p>33 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.3. Hold up communication model handouts as a visual aid.
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Key Talking Points

HANDOUT: In your handouts you have copies of the following models:

- LEARN (Handout 1.2)
- BATHE (Handout 1.3)
- ETHNIC (Handout 1.4)

SAY: These are takeaway materials for you and your office staff. I will now go over each of these and explain how they can be used with your patients.

The Main Takeaway

Participants should be aware that these models are representative of the cross-cultural communication models available for their use.

Slide 34: LEARN

Opening Discussion Points

SAY: The LEARN model suggests a framework for: listening, explaining, acknowledging, recommending, and negotiating (Berlin & Fowkes, 1983).

The slide features a dark blue header with the word "LEARN" in yellow. Below the header, five bullet points are listed, each starting with a green diamond. The text of the slide is as follows:

- ◆ *LISTEN with sympathy to the patient's perception of the problem*
- ◆ *EXPLAIN your perceptions of the problem*
- ◆ *ACKNOWLEDGE and discuss differences and similarities*
- ◆ *RECOMMEND treatment*
- ◆ *NEGOTIATE agreement*

At the bottom right of the slide, it says "Berlin & Fowkes, 1983" and "http://www.thinkculturalhealth.hhs.gov". At the bottom left, the number "34" is visible. To the right of the slide content is a yellow box with a black border containing the following text:

Directions:

1. Show the slide.
2. Ask the audience if they are familiar with the LEARN model.

Key Talking Points

SAY: Has anyone used the LEARN model before?

- If yes: please describe.
- If no: can you think of a patient currently in your care for whom you could apply this model?

The Main Takeaway

Participants should be able to understand the components of the LEARN model.

Slide 35: BATHE

Opening Discussion Points

SAY: The BATHE model provides a useful mnemonic for eliciting the psychosocial context through asking simple questions about background, affect, trouble, handling, and empathy (Stuart & Lieberman, 1993).

BATHE

- ◆ **BACKGROUND:** “What is going on in your life?”
- ◆ **AFFECT:** “How do you feel about what is going on?”
- ◆ **TROUBLE:** “What about the situation troubles you the most?”
- ◆ **HANDLING:** “How are you handling that?”
- ◆ **EMPATHY:** “That must be very difficult for you.”

Stuart & Lieberman, 1993
<http://www.thinkculturalhealth.hhs.gov>

35

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY:

- **Background:** The simple question “What is going on in your life?” elicits the context of the patient’s visit.
- **Affect:** Asking “How do you feel about what is going on?” or “What is your mood?” allows the patient to report and label the current feeling state.
- **Trouble:** “What about the situation troubles you the most?” helps the physician and patient focus and may bring out the symbolic significance of the illness or event.
- **Handling:** “How are you handling that?” gives an assessment of functioning and provides direction for an intervention.
- **Empathy:** “That must be very difficult for you” legitimizes the patient’s feelings and provides psychological support.

SAY: You will see the BATHE model used in a vignette that I will play for you shortly.

The Main Takeaway

Participants should understand the components of the BATHE model.

Slide 36: ETHNIC

Opening Discussion Points

SAY: ETHNIC includes questions to elicit information about a patient's explanation of illness, treatment, use of healers, along with negotiation, intervention, and collaboration about treatment (Levin, Like, & Gottlieb, 2000).

ETHNIC	Directions:
<ul style="list-style-type: none">◆ EXPLANATION: <i>“What do you think may be the reason you have these symptoms?”</i>◆ TREATMENT: <i>“What kinds of medicines or home remedies have you tried? What kind of treatment are you seeking from me?”</i>◆ HEALERS: <i>“Have you sought any advice from alternative or folk healers? Tell me about it.”</i>◆ NEGOTIATION: <i>Negotiate options that are mutually acceptable to you and your patient. Incorporate your patient's beliefs and cultural practices.</i>◆ INTERVENTION: <i>Determine an intervention with the patient's input.</i>◆ COLLABORATION: <i>Work with the patient, his/her family members, other health care team members, and community resources.</i> <p style="text-align: right;"><small>Levin, Like, & Gottlieb, 2000 http://www.thinkculturalhealth.hhs.gov</small></p> <p style="text-align: center;"><small>36</small></p>	<ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.3. Ask participants about application of the ETHNIC model.

Key Talking Points

SAY: Let's review the components of the ETHNIC model.

SAY: Patients' traditional health beliefs, which are based on cultural beliefs and practices and explain illness, should be integrated with evidence-based medicine when possible.

ASK: Can you think of a time when this model could have been applied in your practice?

The Main Takeaway

Participants should understand the components of the ETHNIC model.

Slide 37: Winding Down

Opening Discussion Points

SAY: We are now going to look at the final vignette of this Theme, which is a staff meeting where Dr. Brown and his staff reflect on culturally competent care.

<p><i>Dr. Brown: Making Progress?</i></p> <ul style="list-style-type: none">◆ <i>What is this office learning about cultural competency?</i>◆ <i>How do you feel about this situation?</i>◆ <i>How would you handle this?</i>◆ <i>If Dr. Brown was your colleague, how would you have responded to his request for help?</i>  <p>37 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Play vignette, <i>Dr. Brown: Making Progress?</i> (11 minutes and 51 seconds).2. Use question probes on slide to facilitate discussion.3. Cover the Talking Points.4. Invite participants to provide summary comments and questions.
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Key Talking Points

SAY: Thank you all for your attention and participation in this session. We are now finished with Theme 1: Fundamentals of Culturally Competent Care.

SAY: Before we break, I would like to invite you to share any comments or questions you have about what we have gone over today.

SAY: Just as a final point, I will now cover some brief instructions for how to log onto the Test Center Web site to complete your CME/CEU requirements and get credit for the session you have participated in today.

The Main Takeaway

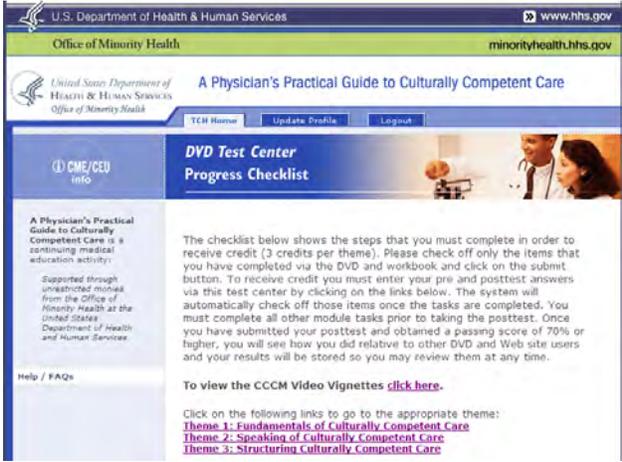
Participants should be able to use their learning from this Theme to discuss the case study.

Slide 38: How Do I Get MY CMEs or CEUs?

Opening Discussion Points

SAY: Since we have just completed the content for Theme 1, you can now go into the online Test Center to complete the CME/CEU tests.

Online Test Center
<http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>



38 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. (Optional) Launch the online Test Center as a demonstration of where to go for the Posttest.
4. (Optional) You may distribute the evaluation form to your audience.

Key Talking Points

SAY: To complete the requirements for your CMEs/CEUs, go to <http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>.

SAY: Mark the checkboxes next to the content sections and complete the Posttest for Theme 1. Once you have completed the Posttest with a score of 70% or above, and completed the Theme Evaluation, a CME/CEU certificate will automatically be generated for you.

SAY: Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program.

The Main Takeaway

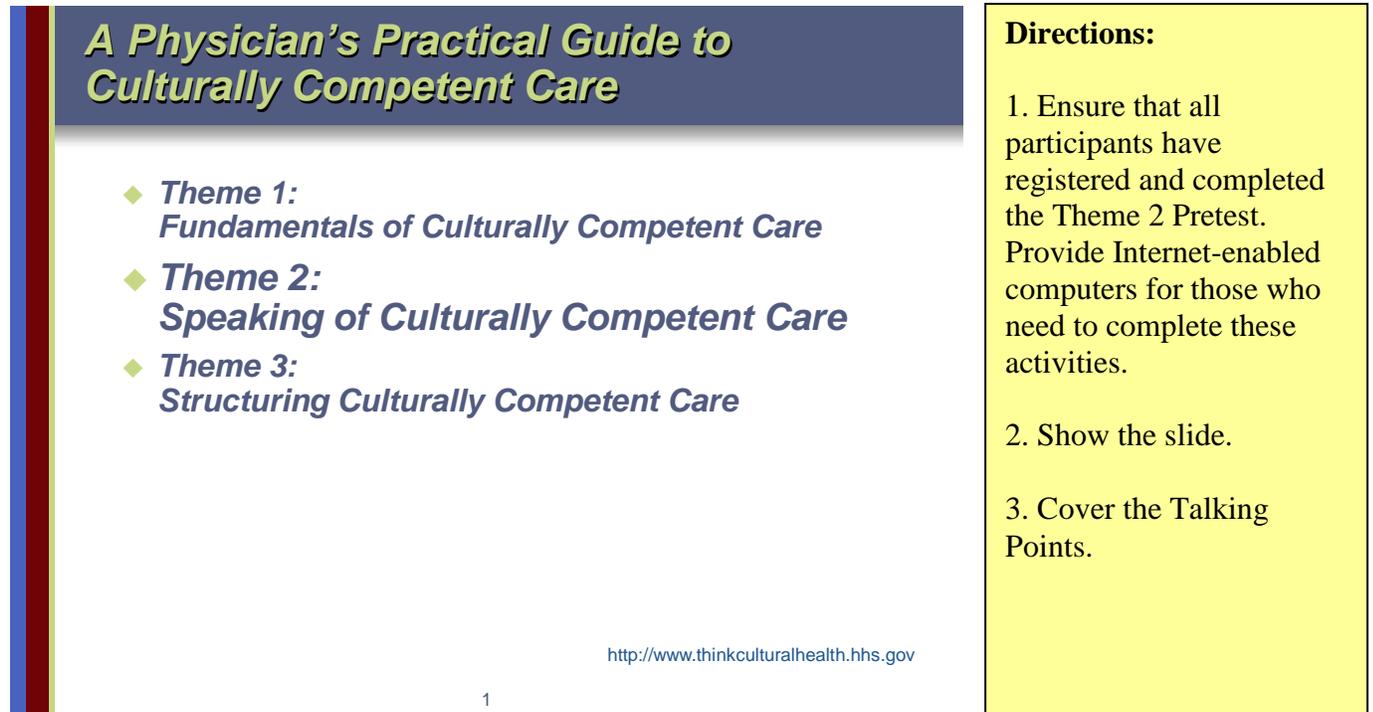
Participants should understand how to enter the online Test Center to complete CME/CEU requirements.

Slide 1: Theme 2 Beginnings

Opening Discussion Points

SAY: Welcome to the Speaking of Culturally Competent Care Theme of *A Physician's Practical Guide to Culturally Competent Care*.

SAY: Before we start this session, all of you should have registered via the online site and have completed the Theme 2 Pretest. If you have not completed these activities, computer stations are available for you to do so.



The slide features a dark blue header with the title "A Physician's Practical Guide to Culturally Competent Care" in yellow. Below the header, three themes are listed with diamond bullet points: Theme 1: Fundamentals of Culturally Competent Care, Theme 2: Speaking of Culturally Competent Care, and Theme 3: Structuring Culturally Competent Care. A URL is provided at the bottom right of the slide content. To the right of the slide content is a yellow box with black text containing directions for the activity.

A Physician's Practical Guide to Culturally Competent Care

- ◆ **Theme 1:**
Fundamentals of Culturally Competent Care
- ◆ **Theme 2:**
Speaking of Culturally Competent Care
- ◆ **Theme 3:**
Structuring Culturally Competent Care

<http://www.thinkculturalhealth.hhs.gov>

1

Directions:

1. Ensure that all participants have registered and completed the Theme 2 Pretest. Provide Internet-enabled computers for those who need to complete these activities.
2. Show the slide.
3. Cover the Talking Points.

Key Talking Points

SAY: Speaking of Culturally Competent Care is the second of the three Themes in this program.

SAY: Under the 8th Statement of Work, which is a Medicare Quality Improvement Organization (QIO) initiative, QIOs are tasked with recruiting physicians to complete Themes 1 and 2, which are clinic-based and focus on the direct aspects of patient-centered culturally competent care. Theme 3, Structuring Culturally Competent Care, is community-based and can be completed by someone other than a Medicare provider—such as an office administrator—who can share the information with office colleagues.

SAY: Although providers are not required to complete Theme T3 under the QIO initiative, you may want to complete it to learn more about promoting cultural competence in your practice. In addition to receiving three more CMEs when you complete this Theme, you gain valuable information about organizational assessments and planning, data collection, and community partnerships. You may also gain a better understanding of how to engage your entire staff in culturally competent care strategies. If you have the opportunity, I encourage you to complete Theme 3 also.

SAY: If you have any questions about what you are being asked to complete as part of this initiative, there will be a question and answer period at the end of this presentation.

The Main Takeaway

Participants should understand that the curriculum consists of three Themes and that Speaking of Culturally Competent Care is the second of three Themes.

Slide 2: Theme 2 Roadmap

Opening Discussion Points

SAY: Each curriculum Theme consists of three lessons, called Modules.

The slide features a dark blue header with the title 'Theme 2: Speaking of Culturally Competent Care' in yellow and white text. Below the header, three bullet points with diamond markers list the modules. At the bottom right, a URL is provided. The slide is presented within a yellow-bordered box that also contains directions for the presenter.

Theme 2: Speaking of Culturally Competent Care

- ◆ *Module 2.1: Importance of Language Access Services*
- ◆ *Module 2.2: Models to Provide Language Access Services*
- ◆ *Module 2.3: Working Effectively with an Interpreter*

<http://www.thinkculturalhealth.hhs.gov>

2

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: I will provide you with the learning objectives for each Module as we move forward.

The Main Takeaway

Participants should understand there are three Modules in each Theme and should be able to articulate the components of Theme 2.

Slide 3: Module 1 Learning Objectives

Opening Discussion Points

SAY: There are three learning objectives in the first Module: The Importance of Language Access Services (LAS).

Speaking of Culturally Competent Care Learning Objectives

- ◆ **There are three objectives:**
 - *Describe the importance of the role of language in patient-provider communications*
 - *Identify the legal and policy requirements for providing language access services*
 - *Describe the business practice issues related to providing language access services and the costs of not doing so*

<http://www.thinkculturalhealth.hhs.gov>

3

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: This Module emphasizes the importance of language in cross-cultural medical practice and the legal requirements associated with being a recipient of federal assistance from the Department of Health and Human Services (HHS), which we will discuss shortly in greater detail.

The Main Takeaway

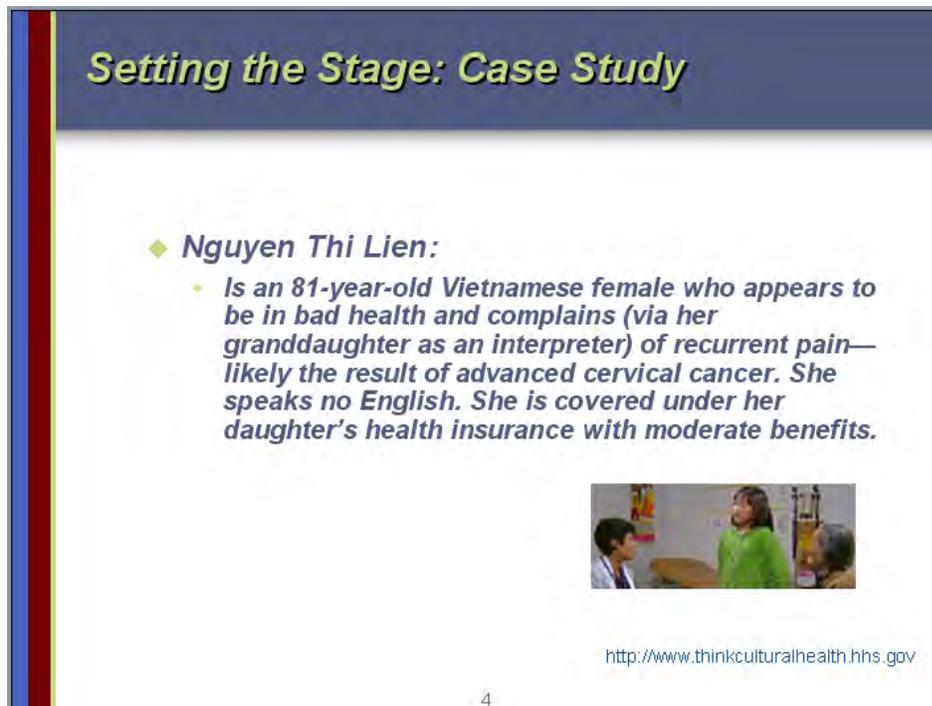
Participants should be able to articulate the learning objectives for Module 2.1: Importance of Language Access Services.

Slide 4: Setting the Stage

Opening Discussion Points

SAY: We are going to begin this section by watching a case study about an 81-year-old Vietnamese female and the issues that arise when the patient and physician are not able to communicate in a common language.

HINT: Every word in the Vietnamese language is a single syllable. The correct way to pronounce “Nguyen” is “Winn.”



Setting the Stage: Case Study

- ◆ **Nguyen Thi Lien:**
 - ◆ *Is an 81-year-old Vietnamese female who appears to be in bad health and complains (via her granddaughter as an interpreter) of recurrent pain—likely the result of advanced cervical cancer. She speaks no English. She is covered under her daughter's health insurance with moderate benefits.*



<http://www.thinkculturalhealth.hhs.gov>

4

Directions:

1. Cover the Talking Points.
2. Show the slide.
3. Show the DVD vignette *Nguyen ThiLien: Dying from Embarrassment?* (4 minutes and 34 seconds).
4. Use probes to gather participants' reactions about the case study.

Key Talking Points

PROBES: (You may use any or all of the following questions).

- What is going on here? What are the difficulties that Lisa Nguyen, Mrs. Lien, and Dr. Rivera each face in the case?
- What troubles you the most? Who is having the most difficult time in this case scenario: Lisa Nguyen, Mrs. Lien, or Dr. Rivera?
- How would you handle this? If the neighbor were interpreting for one of your patients, how would you have handled the session?
- What problems do you see in using a family member, specifically, a minor as an interpreter?

SAY: Later on in this Theme, we will discuss strategies for improving communication in this type of situation.

The Main Takeaway

Watching and discussing this vignette will prepare participants for a discussion about the importance of providing appropriate language access services in medical practice.

Slide 5: Good Medical Practice

Opening Discussion Points

SAY: A mutual understanding between health care providers and patients results in effective medical encounters.

SAY: In the case study we just discussed, a number of troubling issues arose because Mrs. Lien and Dr. Rivera could not communicate effectively.

Providing LAS is Good Medical Practice

◆ *Effective medical care requires that patient and provider develop an understanding about disease and its treatment*



<http://www.thinkculturalhealth.hhs.gov>

5

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: The physicians who helped develop this curriculum generally agreed that providing language access services is a critical component of good medical practice.

SAY: The inability of a health care provider to communicate effectively about disease and treatment or of a patient to describe an experience or illness means that the patient and provider cannot develop an understanding of how to negotiate appropriate care.

SAY: A common language does not necessarily ensure cultural understanding, but speaking different languages in a health care encounter leads to confusion and affects quality of care, treatment decisions, understanding, and compliance.

SAY: Addressing language barriers can reduce the harm that comes from critical health care information not being communicated correctly, and it contributes to greater patient satisfaction and adherence to treatment.

The Main Takeaway

Participants should understand that the provision of language access services is part of good medical practice.

Slide 6: LAS CLAS Standards

Opening Discussion Points

SAY: The four language access services Standards outlined in the CLAS Standards are mandated for all health care organizations that receive federal funds, and are based on Title VI of the Office of Civil Rights as they pertain to language access services.

SAY: Please note that we have synthesized these Standards somewhat to cover the key points during this session.

HANDOUT: You can refer to your CLAS Standards handout to see the full version of each Standard (Handout 1.1).

Language Access Services Standards

- ◆ **Standard 4:** *Language access services must be offered at no cost to the patient.*
- ◆ **Standard 5:** *Patients and consumers must be informed of their right to language access services.*
- ◆ **Standard 6:** *Health care organizations must assure the competence of language assistance provided by interpreters/bilingual staff.*
- ◆ **Standard 7:** *Availability of easily understood patient materials and appropriate signage.*

<http://www.thinkculturalhealth.hhs.gov>

6

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Show the CLAS Standards handout as a visual aid.

Key Talking Points

SAY:

- The language access services CLAS Standards seek to reduce language barriers and improve care.
- Language access services requirements are based on Title VI of the Civil Rights Act of 1964 (Title VI) with respect to services for people with limited English proficiency.

The Main Takeaway

Participants should be able to identify the four CLAS Standards associated with language access services.

Slide 7: Civil Rights Act of 1964

Opening Discussion Points

SAY: In 2003, the U.S. Department of Health and Human Services (HHS) revised its guidance on providing services for people with limited English proficiency (LEP) (OCR/HHS, 2003). Essentially, the guidance states that “the failure of a recipient of federal financial assistance from HHS to take reasonable steps to provide persons with limited English proficiency with meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI [of the Civil Rights Act of 1964] and HHS’s implementing regulations.”

HHS Guidance

- ◆ *“The failure of a recipient of Federal financial assistance from HHS to take reasonable steps to provide limited English proficient (LEP) persons with meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI and HHS’s implementing regulations.”*

<http://www.thinkculturalhealth.hhs.gov>

7

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Let me clarify what this means by giving you a few more specifics: all recipients of federal financial assistance from HHS (recipients) are required to provide to persons with limited English proficiency meaningful access to their programs and activities. This includes:

- Those who receive money from federal grants must provide language access services.
- Those who receive training, use of equipment, donations or surplus property, and other assistance must provide language access services. Sub-recipients, when federal funds are passed through one recipient to another, are also covered under the guidance.
- Health care providers who only receive Medicare Part B payments are specifically *excluded* from the guidance.
- Coverage extends to a recipient’s entire program or activity, even if only one part of the recipient’s program or activity is receiving the federal financial assistance.
- Because federal funding of health care is pervasive, the requirement to provide language access services applies to many health care providers.

The Main Takeaway

Participants should be able to articulate language access services requirements.

Slide 8: Meaningful Access

Opening Discussion Points

SAY: I mentioned the term “meaningful access.” This is important because the new Office of Civil Rights (OCR) Guidance states there are four factors to balance when assessing the obligation to provide language access services.

SAY: The intent is “to suggest a balance that ensures meaningful access by patients with limited English proficiency to critical services, while not imposing undue burdens on small businesses, small nonprofits, etc.” This means that as a starting point, you can consider these four factors in determining the amount and type of services you provide.

<p><i>Factors to Balance in LEP Services</i></p> <ul style="list-style-type: none">◆ <i>Number of LEP persons you may serve</i>◆ <i>Frequency with which LEP persons come into the program</i>◆ <i>Nature and importance of your services to people’s lives</i>◆ <i>Resources available to the program and the costs</i>  <p>http://www.thinkculturalhealth.hhs.gov</p> <p>8</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Applying this four-factor “test” to the services that you already provide may help you determine that you need different or additional language access measures or that you have already taken the reasonable steps necessary to provide appropriate language access services.

The Main Takeaway

Participants should understand how to determine whether they have taken the reasonable steps required to ensure meaningful access to their services by patients with limited English proficiency.

Slide 9: Developing a Plan for Providing LAS

Opening Discussion Points

SAY: Once you have completed your four factor analysis you can develop a plan for providing language access services to your patients.

Steps to Take

- ◆ *Identify LEP individuals who need language assistance*
- ◆ *Determine how language assistance will be provided*
- ◆ *Identify staff who need to be trained, develop a process for training them, and identify outcomes of the training*
- ◆ *Describe the process to notify LEP persons of available services*
- ◆ *Document a process for monitoring and updating the plan*



<http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Useful steps for developing the plan may include the following:

- Identifying individuals with limited English proficiency who need language access;
- Determining how language assistance will be provided;
- Identifying staff who need to be trained, developing a process for training them, and identifying outcomes of the training;
- Describing the process to notify patients with limited English proficiency of available services; and
- Documenting a process for monitoring and updating the plan.

SAY: CLAS Standards 4–7, which focus on language access services, will provide you with additional information about undertaking these steps. I will cover these in more detail on the next slide.

The Main Takeaway

Participants should be able to identify elements of an organizational plan to deliver language access services.

Slide 10: Roles and Responsibilities

Opening Discussion Points

SAY: Let's think back to the language access services CLAS Standards we discussed a few moments ago.

Responsibilities Under LAS CLAS Standards

- ◆ *Provide interpreter services at no cost to LEP patients*
- ◆ *Inform patients of their rights to receive LAS*
- ◆ *Ensure competency of interpreters and provide translated materials*

Health care providers who only receive Medicare Part B payments are excluded from LAS requirements

<http://www.thinkculturalhealth.hhs.gov>

10

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: As a reminder, let's review the language access services CLAS Standards for health care organizations that receive federal funds:

- Offer and provide language access services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation (Standard 4).
- Provide to patients, in their preferred language, both verbal offers and written notices informing them of their right to receive language assistive services (Standard 5).
- Ensure the competence of language assistance provided to patients with limited English proficiency by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient) (Standard 6).
- Make easily understood patient-related materials available and post signage in the languages of commonly encountered and/or represented groups in the service area (Standard 7).

The Main Takeaway

Participants should understand their obligations for language access services under the CLAS standards.

Slide 11: What States Are Doing

Opening Discussion Points

SAY: At least 18 states have enacted laws that make English the official state language. Because of these state English-only laws, many organizations that receive federal funding may not realize that they are still required to provide language access services for non-English speakers.

State Activities to Promote LAS

- ◆ **States are becoming more involved in LAS and are:**
 - *Passing legislation requiring language access services for LEP patients*
 - *Including statutes and common law rules governing professional malpractice that define liabilities of inadequate communication with patients*



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Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask what participants have done regarding LAS.

Key Talking Points

SAY: A few states have passed comprehensive language access laws to ensure communication with patients with limited English proficiency.

- Some of these laws, in California, Massachusetts, and New York, for example, include specific guidelines for what providers must do.
- Many more states have tied language access laws to specific categories of health services.

SAY: State statutes and common law rules governing professional malpractice define liabilities of inadequate communication with patients. Some examples include:

- Providers may be liable for damages resulting from treatment in the absence of informed consent.
- Providers may face claims that their failure to bridge communication gaps breaches professional standards of care.
- A provider's violation of language access laws may raise a presumption of negligence.

ASK: What, if anything, have you done to provide language access services to your patients?

The Main Takeaway

Participants should be able to articulate what some states are doing to promote language access services in medical practice.

Slide 12: Talking Strategy

Opening Discussion Points

SAY: Providing language access services may have financial benefits for health care organizations and may help accrue good will with immigrant and minority communities. There are some lessons learned from organizations that have benefited by implementing language access services strategies.

<p><i>Strategies for Providing LAS</i></p> <ul style="list-style-type: none">◆ <i>Employ bilingual staff who have other responsibilities but may help with interpretation</i>◆ <i>Use staff or volunteer interpreters whose sole responsibility is interpretation</i>◆ <i>Use contract interpreters who are normally managed through an agency</i>◆ <i>Contact community interpreter services to provide interpretation in a variety of languages</i>◆ <i>Arrange services with universities, immigrant services agencies, health departments, community clinics, or other organizations</i>◆ See http://www.diversityrx.org/html/models.htm for more <p><small>http://www.thinkculturalhealth.hhs.gov</small></p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Bilingual staff is the first preference for providing language access services to patients with limited English proficiency, followed by face-to-face interpretation, then telephone interpretation.

SAY: HIPAA does not specifically address the privacy issues inherent in using interpreters for patients with limited English proficiency. In addition, HIPAA does not prohibit collecting individually identifiable health information, but does provide guidance on using data.

SAY: There are hidden costs associated with not offering language access services:

- Taking ethical and malpractice risks;
- Taking highly paid bilingual professionals away from clinical work to provide interpreter services;
- Canceling scheduled surgical procedures because a patient did not understand the preoperative instructions; and
- Caring for sicker individuals in the emergency room because patients were unable to communicate with their primary care providers.

SAY: For example, Cook County Hospital saw requests for interpreter services rise from 13,000 in 1992 to more than 25,000 in 1995. The hospital determined that it was cost effective and reduced liability to hire and train its own interpreters, instead of using volunteers or external

staff. The hospital also found that providing in-house interpretation services created good will with the hospital among immigrant and refugee communities (Heartland Alliance, 1998).

SAY: In summary, providing language access services is not only good medical practice, but also a legal requirement for recipients of federal financial assistance. Language access services help to ensure mutual understanding of illness and treatment, increases patient satisfaction, and improves the quality of medical care for patients with limited English proficiency.

The Main Takeaway

Participants should be able to identify strategies for providing language access services.

Slide 13: Moving On – Module 2

Opening Discussion Points

SAY: In the next section of this presentation, we are going to talk about some best practices for interpersonal communication, the importance of using interpreters, and guidance for providing language access services—both oral and written.

Models to Provide Language Access Services Learning Objectives

- ◆ **There are four objectives:**
 - *List components of effective interpersonal communication with LEP individuals*
 - *Describe the roles of an interpreter*
 - *Understand characteristics/qualifications for assessing interpreter/translator competency*
 - *Identify effective language access services regarding written materials*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: There are four learning objectives in this Module.

The Main Takeaway

Participants should be able to articulate the learning objectives for Module 2.2: Models to Provide Language Access Services.

Slide 14: Maria Gonzalez – Going Crazy?

Opening Discussion Points

SAY: To set the stage for further discussion of language access services models, I am now going to play a case study involving Maria Gonzalez. You were introduced to her son Arturo in Theme 1, where he suffered from an overdose of Amitriptyline (**HINT:** Say phonetically, A – mi – TRIP – ti - leen), possibly because his mother did not understand dosing instructions.

Setting the Stage: Case Study

◆ **Maria Gonzalez:**

- ◆ *Maria is a 33-year-old Mexican female, in seemingly good health, who speaks little English. She is the mother of Arturo, who overdosed on a handful of Amitriptyline. She works intermittently providing childcare but is currently out of work. She is a recipient of Medicaid benefits.*



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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: (You may want to use any or all of the following questions).

- What are your initial thoughts about this vignette?
- What effect does each of the office staff (including the physicians) have on the potential for a patient to receive appropriate care?
- How would you handle this?
- How would you approach Mrs. Gonzalez if she were your patient?
- How would you respond to Mrs. McBride's statement that Mrs. Gonzalez "should speak English"?
- How would you talk with Dr. Brown about his statement regarding "high-strung Hispanic women"?
- What is the patient's perspective? How might Mrs. Gonzalez feel as she is standing at the front desk trying to see the doctor?

The Main Takeaway

Watching and discussing this video vignette will prepare participants to discuss models that can be used to provide language access services.

Slide 15: Best Practices for Interpersonal Communication

Opening Discussion Points

ASK: Are you familiar with any recommended best practices in interpersonal communication?

Interpersonal Communication Best Practices: A Few Examples

- ◆ *Do not assume that LEP, culturally related behaviors, body language, or other factors mean limited understanding or intelligence.*
- ◆ *Ask the patient how he/she wants to be addressed; for example, some people may be uncomfortable using first names.*
- ◆ *Invite the patient to call you by the name you prefer.*
- ◆ *Do not make assumptions about a patient's health beliefs, attitudes, or behaviors.*



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Directions:

1. Ask participants about their familiarity with interpersonal communication best practices.
2. Show the slide.
3. Cover the Talking Points.

Key Talking Points

SAY: Some best practices include:

- Understand that patients—especially older persons or persons of the opposite sex—may have different levels of comfort than you do with formality, silence, physical distance, eye contact, or touching.
- Learn the preferences of your patients and their communities.
- Be conservative in your body language until you understand what is appropriate within a specific cultural group.
- Listen and observe what is appropriate and comfortable for individual patients and act accordingly to show that you understand it.
- Do not discount the effect of beliefs about the supernatural on health.
- Learn basic words or phrases from your patient's language to be able to greet them, for example, or to ask how they are feeling.
- Do not share bad news or complications until you know whether and how the patient wants to hear what you have to say. For example, some cultures prefer that family members, not patients, learn of serious illnesses or conditions first. Know your patients' preferences. You may want to ask beforehand (i.e., before tests are done) so that you don't feel awkward or uncomfortable when results are available.

The Main Takeaway

Participants should be aware of several best practices for interpersonal communication in medical encounters.

Slide 16: Interpreter Roles

Opening Discussion Points

SAY: I'm now going to spend the next few minutes talking about the use of interpreters in medical practice.

ASK: May I see, by a show of hands, how many of you have ever used an interpreter before in a clinical encounter?

SAY: I hope that during the remainder of this session I can provide you with information about interpretation that should make this process easier and more comfortable for you in your own practice.

Three Main Roles of an Interpreter

- ◆ **Conduit**
- ◆ **Clarifier**
- ◆ **Culture Broker**



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Directions:

1. Ask for a show of hands of how many providers have used interpreters in their practice.
2. Show the slide.
3. Cover the Talking Points.

Key Talking Points

SAY: There are three roles of an interpreter. The preferred role is that of **CONDUIT**. When an interpreter is acting as a conduit, they are rendering literally in one language what has been said in the other—no additions, no admissions, and no editing or polishing.

SAY: The other roles are:

- **CLARIFIER:** An interpreter explains or makes word pictures of terms that have no linguistic equivalent (or whose linguistic equivalent will not be understood by the patient) and checks for understanding.
- **CULTURE BROKER:** An interpreter provides a necessary cultural framework for understanding the message being interpreted.

SAY: Another activity categorized by the Massachusetts Medical Interpreter Association (MMIA) is “cultural interface.” Cultural interface addresses recognizing and communicating the ways that culturally based beliefs affect the presentation, course, and outcomes of illness, as well as perceptions of illness and treatment.

The Main Takeaway

Participants should be able to identify the three roles of interpreters, and understand that the preferred role is that of a conduit.

Slide 17: Guidance for Using Interpreters

Opening Discussion Points

SAY: I will now offer a few points of guidance related to the use of interpreters.

Guidance for Using Interpreters

- ◆ *Federal funds recipients should make LEP persons aware they have the option of having a provider offer an interpreter free of charge.*
- ◆ *Information about interpreter services is available from many sources.*
- ◆ *The National Council on Interpreting in Health Care (NCIHC) developed 32 standards to provide guidance on the qualifications, practice, and roles of the interpreter.*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: We have already discussed the federal guidance for providing language access services to patients with limited English proficiency.

SAY: The best approach with patients who bring their own interpreter is to stress that a trained staff interpreter is provided for their safety and confidentiality. If they would still like to use their own interpreter, the provider should offer that the staff interpreter remain present to ensure that both the patient and clinician are receiving accurate information (OMH, 2001).

SAY: Extra caution should be exercised when a patient with limited English proficiency chooses a minor as an interpreter. Think back to our case study with Mrs. Lien and her granddaughter Lisa who was acting as her interpreter. Lisa was clearly an inappropriate choice for this role; she was too young to understand the situation, and too young to take on the responsibility of interpretation.

SAY: In fact, some states like California are working to pass legislation prohibiting the use of minors as interpreters.

SAY: Additional information on interpreter services can be found at many state health departments, the National Council on Interpreting in Health Care, the American Translation Association, Diversityrx.com, Web sites of ethnic and cultural groups, and even your local business telephone directory.

The Main Takeaway

Participants should be aware of concerns related to the use of interpreters and HHS guidance for federal funds recipients.

Slide 18: The Written Word

Opening Discussion Points

SAY: Language access services apply not only to oral communication, but also to written documents and materials. Note however, that translated written materials are not a substitute for oral interpretation.

Translation of Written Materials

- ◆ **Providing LAS includes ensuring appropriate written materials, not just oral interpretation, for LEP patients.**
- ◆ **Translated written materials could include:**
 - Signage in the office
 - Applications
 - Consent forms
 - Medical treatment instructions
- ◆ **Translated materials**



Wong-Baker FACES Pain Rating Scale

<http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Show the universal health care symbols and “I Speak” cards handouts as visual aids.
4. Probe the audience for additional examples of translated materials.

Key Talking Points

SAY: As you think about providing written materials in your office, do not assume that your patients can read written language. Moreover, patients’ reading level may be lower than the level of these materials.

SAY: Graphic-based materials can be useful tools in these situations and include:

- “I Speak” cards,
- Wong-Baker FACES Pain Rating Scale, and
- Newly released universal health care symbols, developed by Hablamos Juntos, a Robert Wood Johnson Foundation program.

HANDOUTS: The universal health care symbols (Handout 2.2) and “I Speak” cards (Handout 2.1) are included as handouts in your materials.

ASK: Other than the examples listed on the slide, what materials should be translated and made available to your patient population?

HINT:

- Notice of patients' rights, including the right to receive language access services free of charge
- Availability of conflict and grievance resolution processes
- Hospital menus
- Mission statement (including commitment to providing culturally competent services)

The Main Takeaway

Participants should be able to articulate examples of translated written materials that should be provided in their practice.

Slide 19: Interpretation vs. Translation

Opening Discussion Points

SAY: Oftentimes, there is confusion between interpretation and translation.

Interpretation vs. Translation

INTERPRETATION: *listening to something in one language (source language) and interpreting by means of oral translation into another language (target language)*

TRANSLATION: *the replacement of text from one language (source language) into an equivalent written text in another language (target language)*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: When dealing with translated written documents, a best practice is back-translation. Back-translation is a process where one translator translates a document into a target language, and a second, independent translator translates the document back into English to check that the appropriate meaning has been conveyed.

SAY: Whether the document is in English or has been translated into another language, you should also consider some additional aspects of written materials:

- Writing in plain language;
- Addressing low literacy levels; and
- Using graphics/pictures.

The Main Takeaway

Participants should be able to articulate the difference between interpretation and translation and be able to describe back-translation.

Slide 20: The Importance of Interpreter Qualifications

Opening Discussion Points

SAY: So far, we have talked about the importance of using interpreters and translated materials in your practice. I would now like to emphasize the importance of using qualified professionals for these activities. As I mentioned previously, some new standards have been published with regard to interpreters.

<p><i>Guidance for Assessing Interpreter Competency</i></p> <p><i>Take reasonable steps to assess whether interpreters:</i></p> <ul style="list-style-type: none">◆ <i>Demonstrate proficiency in and ability to communicate information accurately in both languages</i>◆ <i>Have knowledge in both languages of any specialized terms or concepts and of any particular vocabulary or phraseology used by the LEP person</i>◆ <i>Understand and follow confidentiality/impartiality rules</i>◆ <i>Understand regionalisms or differences in language usage</i>◆ <i>Understand and adhere to their role as interpreter without deviating into other roles where such deviation would be inappropriate</i>◆ <i>Can provide these services in a timely manner</i> <p>http://www.thinkculturalhealth.hhs.gov</p> <p>20</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: One example of a role that may be inappropriate for an interpreter is acting as a counselor or legal advisor.

SAY: In reference to the last point on the slide, “timely” does not have a specific definition, but you do not want to delay the benefits due to a patient. For example, in a routine medical appointment, the practice should offer to provide interpreter services. In a life or death emergency, it may not benefit the patient to delay services until interpreter services can be obtained.

SAY: Research has shown that individuals with exposure to a second language, even those raised in bilingual homes, frequently overestimate their ability to communicate in that language. Keep this in mind as you select interpreters and translators to provide language access services in your practice.

The Main Takeaway

Participants should be able to identify dimensions for assessing the competency of interpreters.

Slide 21: The Importance of Translator Qualifications

Opening Discussion Points

SAY: So far, we have talked about the importance of using interpreters and translated materials in your practice. I would now like to emphasize the importance of using qualified professionals for these activities.

Guidance for Assessing Translator Competency

- ◆ *Many of the same considerations apply for translators as for interpreters*
- ◆ *Translators should:*
 - *Demonstrate competency in both languages*
 - *Understand the expected reading level of the audience*
 - *Have fundamental knowledge of target group's vocabulary and phraseology*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

HINT: Phraseology is a set of expressions used by a particular person or group.

SAY: A best practice to assess the competence of translators is to use back-translation, which I described a few moments ago.

SAY: Another strategy to assess the accuracy of translated materials is to use community members to review translated materials to ensure that materials:

- Meet community needs;
- Reflect differences in dialect and cultural nuances; and
- Are appropriate for the acculturation, education, and literacy levels of the community.

SAY: We are about to move on to the final Module in the Speaking of Culturally Competent Care Theme. First, I'd like to briefly summarize what we've just discussed in this Module.

- Keep in mind that attention to interpersonal communication is a critical aspect of culturally competent care. Interpretation, with qualified interpreters, should be used with patients with limited English proficiency, and written materials should be translated into the languages most common in the patient population.

The Main Takeaway

Participants should be able to identify dimensions for assessing the competency of translators.

Slide 22: Module 3 Roadmap

Opening Discussion Points

SAY: In the final Module of this Theme, we will highlight specific strategies for working effectively with interpreters.

SAY: Specifically, we are going to talk about the triadic interview process.

Working Effectively with an Interpreter Learning Objectives

- ◆ **There are two objectives:**
 - *Describe the components of the triadic interview process*
 - *List the factors necessary for providers to work effectively with interpreters*

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Directions:

1. Show the slide.
2. Ask the audience if they are familiar with the triadic interview process.
3. Ask participants about their experience using interpreters in clinical encounters.

Key Talking Points

ASK: Before we get started, I would like to ask how many of you are familiar with the triadic interview process?

ASK: What types of experiences do you have working with interpreters in your practice? Can you share some of these with us?

The Main Takeaway

Participants should be prepared to discuss the use of interpreters in medical practice.

Slide 23: Introduction to the Triadic Interview

Opening Discussion Points

SAY: Although there are many variations of medical encounters using an interpreter, most share the format of the triadic interview. In this technique:

- The provider, patient, and interpreter all participate.
- Beyond creating mutual understanding between the doctor and patient, the triadic interview should also engender trust and ensure confidentiality.

The Triadic Interview

- ◆ *Has three segments:*
 - *A pre-session*
 - *An interview*
 - *A debriefing*
- ◆ *Involves the patient, provider, and interpreter*
- ◆ *Assures that the provider speaks directly to the patient*
- ◆ *Calls for sentence-by-sentence interpretation*
- ◆ *Allows no sidebar conversations*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: The triadic interview begins with a brief meeting or pre-session with the interpreter. This allows you to establish ground rules with the interpreter, clarify the purpose of the visit, and set goals for the session.

SAY: In some cases, for example, during discussions about death and dying or the sharing of bad news, a post interview meeting can determine next steps, clarify the interpreter's view of the meeting, and validate the interpreter's role.

SAY: Next, we will look at this technique more closely.

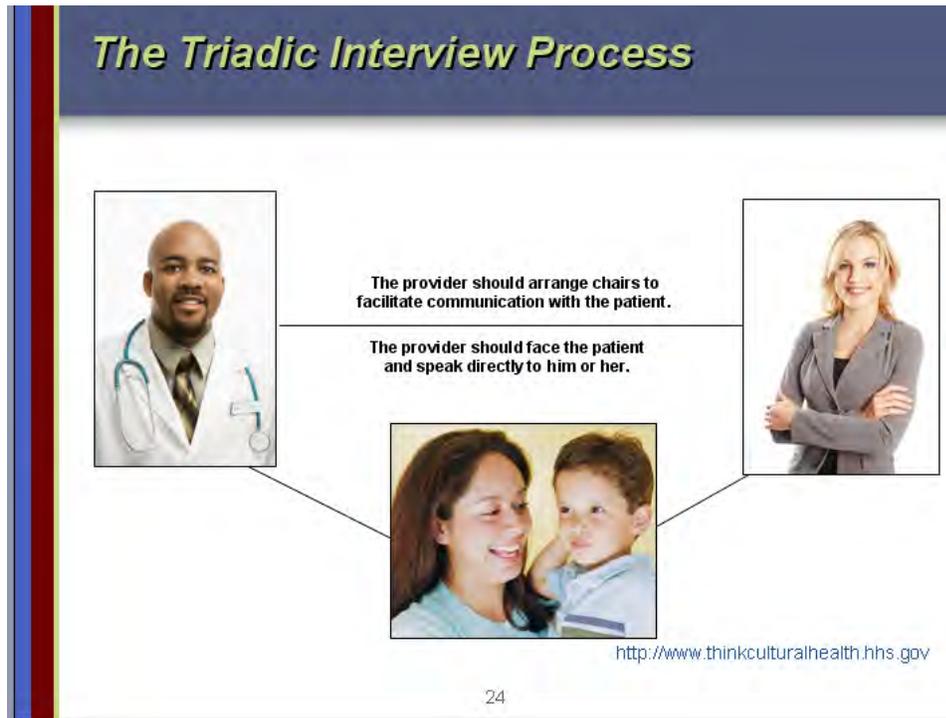
The Main Takeaway

Participants should be able to identify the basic components of the triadic interview process.

Slide 24: Take a Closer Look

Opening Discussion Points

SAY: In a triadic interview, the provider should maintain control of the interview; the patient should interact directly with the provider, and the interpreter should manage the cross-cultural and cross-message language flow.



Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Show the triadic interview process handout as a visual aid.

Key Talking Points

SAY: Transparency is maintained when everything said by any party, including the interpreter, is interpreted in a language that others can understand. All comments, including any sidebar conversations that may occur, should be interpreted to ensure transparency.

HANDOUT: A handout in your materials depicts the triadic interview process (Handout 2.4).

The Main Takeaway

Participants should be aware of the roles and responsibilities of the participants in the triadic interview.

Slide 25: Interpreted Interview Checklist

Opening Discussion Points

SAY: An interview checklist can help you prepare for a triadic interview and working effectively with an interpreter.

HANDOUT: This checklist is provided in your handouts (Handout 2.3).

Triadic Interview Checklist

Use the following checklist to help prepare for a triadic interview and work effectively with an interpreter.

Before the Interview

- Arrange extra time for the interview.
- Arrange for a trained interpreter.
- Make sure the interpreter and patient speak the same language and dialect.
- Have a brief meeting with the interpreter.
- Give the interpreter a brief summary of the patient.
- Establish with the interpreter goals for the session.
- Establish ground rules.
- Explain that the interpreter is not to answer for the patient.
- Invite the interpreter to interrupt or intervene as necessary to ensure understanding.
- Clarify the purpose of the visit.
- Document the name of the interpreter in the progress notes.
- Ask the interpreter to teach you to correctly pronounce the patient's name.

During the Interview

- Remember that you, as the health care provider, not the interpreter, are responsible for the interview.
- Talk to the patient, not the interpreter.
- Speak slowly and clearly; use simple and straightforward language and avoid idioms, jargon and slang.
- Clearly explain medical terminology.
- Observe and decide when to stop or rephrase; interrupting the interpreter.
- Allow the interpreter to ask open-ended questions to clarify what the patient says.
- Ask the patient to repeat instructions.
- Be aware of your own attitudes and assumptions.

After the Interview

- If necessary (for example, in situations of death and dying) or giving bad news, hold a post-interview meeting with the interpreter.
- Examine your procedures in the interview and determine how you might improve them for future triadic interviews.
- Examine your own attitudes in the interview and determine how you might change them for future triadic interviews.

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Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Show the checklist handout as a visual aid and review a few items of your choosing under each heading.

Key Talking Points

SAY: Here are a few helpful reminders for this technique:

- Be prepared that triadic interviews take extra time because of the pre-session and the fact that everything has to be said twice. Also, the interpreter needs time to introduce him or herself to the patient, explain his or her role as an interpreter, and assure the patient of confidentiality.
- During the interview, interpreters should interpret sentence by sentence.
- The provider should speak slowly and clearly and avoid jargon as the interpreter will interpret all of the words he or she says.
- Patients should answer for themselves even if the interpreter is familiar with the patient in the case.

The Main Takeaway

Participants should be able to understand how to prepare for a triadic interview and how to use an interpreter appropriately in their clinical interventions.

Slide 26: Closing Time

Opening Discussion Points

SAY: We are now at the end of this Theme. We are going to conclude by viewing a vignette where members of an office practice convene a staff meeting to discuss providing better language access services to their patients with limited English proficiency.

Dr. Rivera: Improved Communication?

- ◆ *What are the office staff members learning about LAS? What are they learning about behavior change?*
- ◆ *How do you feel about the situation?*
- ◆ *How would you handle this if you were Dr. Brown and this was your staff?*



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Directions:

1. Show the slide.
2. Show the DVD vignette *Dr. Rivera: Improved Communication?* (4 minutes and 4 seconds).
3. Use probes to gather participants' reactions about the case study.

Key Talking Points

SAY: Thank you for all of your attention and participation in this session. We are now finished with Theme 2: Speaking of Culturally Competent Care

SAY: Before we break, I would like to invite you to share what you found to be the most significant learning points from this session.

ASK: Do you plan to implement any of these strategies into your practice?

The Main Takeaway

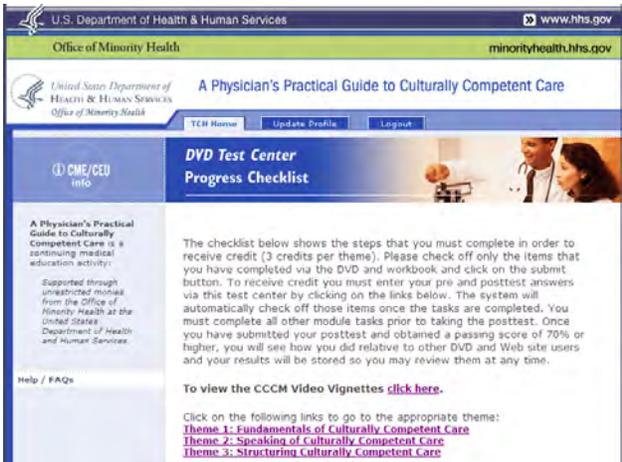
Participants should be able to use their learning from this Theme to discuss the case study.

Slide 27: How Do I Get My CMEs or CEUs?

Opening Discussion Points

SAY: Since we have just completed the content for Theme 2, you can now go into the online Test Center to complete the CME/CEU tests.

Online Test Center
<http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>



<http://www.thinkculturalhealth.hhs.gov>

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Directions:

1. Show the slide.
2. Cover the Talking Points.
3. (Optional) Launch the online Test Center as a demonstration.
4. (Optional) You may distribute the evaluation form to your audience.

Key Talking Points

SAY: To complete the requirements for your CMEs/CEUs, go to <http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>.

SAY: Enter your username and password from your registration.

SAY: Mark the checkboxes next to the content sections and complete the Posttest for Theme 2. Once you have completed the Theme Posttest with a score of 70% or above, and completed the Theme 2

Evaluation, a CME/CEU certificate will automatically be generated for you.

SAY: Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program. I look forward to seeing you at the next training session for Theme 3!

The Main Takeaway

Participants should understand how to enter the online Test Center to complete CME/CEU requirements.

Slide 1: Let's Get Started

Opening Discussion Points

SAY: Welcome to the Structuring Culturally Competent Care Theme of *A Physician's Practical Guide to Culturally Competent Care*.

SAY: Before we start this session, all of you should have registered via the online Test Center and have completed the Theme 3 Pretests. If you have not completed these activities, computer stations are available for you to do so.

A Physician's Practical Guide to Culturally Competent Care

- ◆ **Theme 1:**
Fundamentals of Culturally Competent Care
- ◆ **Theme 2:**
Speaking of Culturally Competent Care
- ◆ **Theme 3:**
Structuring Culturally Competent Care

Directions:

1. Ensure that all participants have registered and completed the Theme 3 Pretest. Provide Internet-enabled computers for those who need to complete these activities.
2. Show the slide.
3. Cover the Talking Points.

1 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: Structuring Culturally Competent Care is the last of the three Themes in this program.

SAY: The “CLAS Standards” is an acronym for the National Standards for Culturally and Linguistically Appropriate Services in Health Care. The Office of Minority Health (OMH) completed the development of these Standards in December 2000. CLAS Standards 8–14 provide a framework for organizations to become more culturally competent, and I will be discussing these in more detail during this session.

SAY: You are asked to have at least one individual in your practice complete this Theme as part of the QIO initiative. This person does not have to be a Medicare provider, but can be a clinic administrator. Clinical staff are asked to complete Theme 1 and Theme 2.

SAY: Although the entire clinic staff is not required to complete Themes 1 and 2 under the QIO initiative, completing these components of the curriculum will provide you with additional information and strategies for promoting cultural competence in your organization. Additionally, by completing these sections of the course, you may gain a better understanding of what clinical

staff are doing to implement culturally competent care strategies. If you have an opportunity, we encourage all of your health care team to complete this curriculum.

SAY: If you have any questions about what you are being asked to complete as part of this initiative, we can address those during the question and answer period at the end of this presentation.

The Main Takeaway

Participants should understand that the curriculum consists of three Themes and that Structuring Culturally Competent Care is the third of three Themes.

Slide 2: Module 1 Roadmap

Opening Discussion Points

SAY: Each Theme consists of three lessons called Modules.

Theme 3: Structuring Culturally Competent Care

- ◆ *Module 3.1: Importance of Environment/Climate*
- ◆ *Module 3.2: Assessing your Community*
- ◆ *Module 3.3: Building Community Partnerships*

2

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: I will provide you with the learning objectives for each Module as we move forward.

The Main Takeaway

Participants should understand that there are three Modules in each Theme and should be able to articulate the components of Theme 3.

Slide 3: Module 1 Learning Objectives

Opening Discussion Points

SAY: There are three learning objectives in the first Module: The Importance of Environment/Climate.

Importance of Environment/Climate Learning Objectives

- ◆ **There are three objectives:**
 - *Describe aspects of the office environment that support cultural competence*
 - *Determine strategies that will assist with an assessment of their organization's cultural competence*
 - *List resources for strategic planning processes that support cultural competency*

3 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: The office environment is a critical element of providing culturally competent medical services.

SAY: Culturally competent care is the responsibility of all health care personnel, not just physicians. It is important to understand and assess your organization according to the principles of providing culturally competent care. This will help you develop specific strategies to improve the clinical environment that serves the patients in your community.

SAY: This is not to say that your office staff does not treat patients appropriately. Instead, we are saying that it is everyone's responsibility to recognize situations that can be handled in a more culturally competent manner.

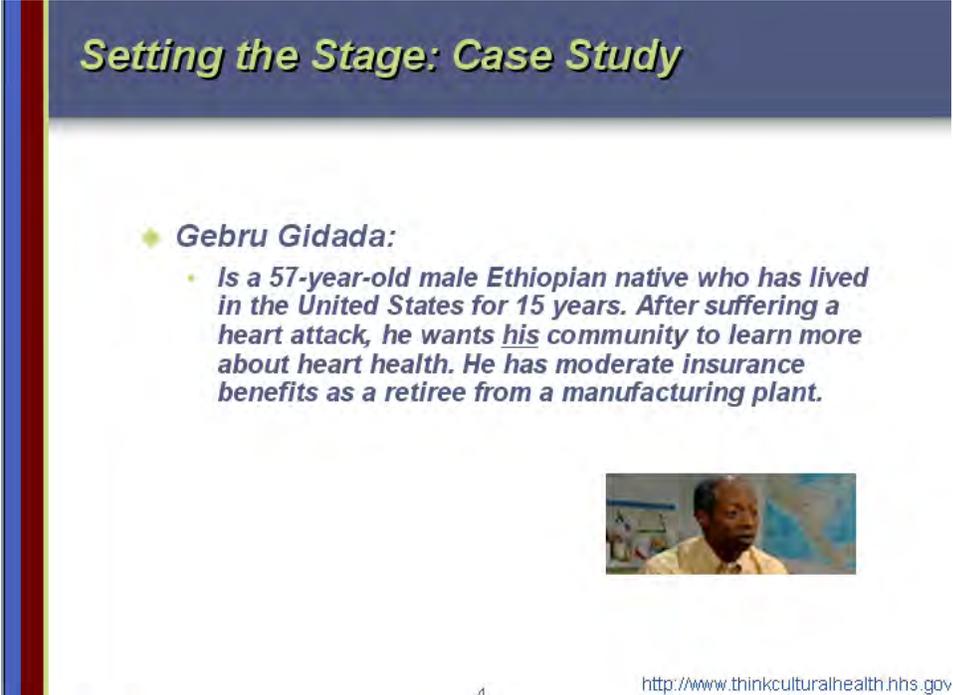
The Main Takeaway

Participants should be able to articulate the learning objectives for Module 3.1: Importance of Environment/Climate.

Slide 4: Setting the Stage

Opening Discussion Points

SAY: We are going to begin this section by watching a case study about Gebru Gidada (**HINT:** say phonetically, Geh-brew Gih-dah-dah) an Ethiopian immigrant who recently experienced a heart attack. He is coming to the office to get assistance with health education for his community.



Setting the Stage: Case Study

◆ **Gebru Gidada:**

- ◆ *Is a 57-year-old male Ethiopian native who has lived in the United States for 15 years. After suffering a heart attack, he wants his community to learn more about heart health. He has moderate insurance benefits as a retiree from a manufacturing plant.*



4 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Show the DVD vignette *Gebru Gidada: Not Welcome?* (2 minutes and 54 seconds).
3. Use probes to gather participants' reactions about the case study.
4. Cover the Talking Points.

Key Talking Points

PROBES: (You may use any or all of these questions).

- What is going on here? Why is Mr. Gidada interested in Dr. Johnson's help? What assumption is Mr. Gidada making about Dr. Johnson based on race?
- How do you feel about the situation? What struck you most about Mr. Gidada's discussion with Dr. Johnson?
- What troubles you the most? What difficulty does Mr. Gidada's conversation present for Dr. Johnson? What problems does the office present for the Ethiopian community?
- How would you handle this? If you were Dr. Johnson, how would you respond to Mr. Gidada?

SAY: Later on in this Theme, we will discuss strategies for assessing community health needs and building capacity to respond to these needs with culturally appropriate community health services.

The Main Takeaway

Watching and discussing this vignette will prepare participants for a discussion about the importance of office environment and office climate in providing culturally competent care.

Slide 5: CLAS Standards 8 and 9

Opening Discussion Points

SAY: Cultural competency needs to be fully integrated into the daily life and practice of an organization.

- It needs to be grounded in an organization's identity—how it recruits staff, how it treats customers, and how it conducts business.
- It needs to flow throughout an organization, from the top and the bottom.

CLAS Standards 8 and 9

- ◆ ***Standard 8: Develop, implement, and promote a written strategic plan with clear goals, policies, and accountability mechanisms***
- ◆ ***Standard 9: Conduct initial and ongoing organizational self-assessment and include measures in overall activities***



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5

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: CLAS Standards 8 and 9 can help an organization integrate aspects of cultural competency into daily practice.

SAY: Try to be realistic in the goals you set and take one step at a time, assigning responsibilities and establishing clear measures of success.

SAY: Each health care organization should perform a baseline cultural competency needs assessment.

SAY: The self-assessment should focus on capacities, strengths, and weaknesses of the organization in implementing the CLAS standards. Results should be reviewed and discussed to identify assets, weaknesses, and opportunities, and used to develop action plans that might include training and interpreter programs.

The Main Takeaway

Participants should understand the importance of strategic planning and assessments in promoting a culturally competent organization.

Slide 6: The Office Environment

Opening Discussion Points

SAY: All staff must be trained and educated in various aspects of cultural competency. Front desk staff are the first point of contact with patients—miscommunications encountered here will carry over into the office visit.

The slide features a dark blue header with the title "The Office Environment" in yellow. Below the header, four blue diamond-shaped bullet points list key actions. To the right of the main content is a yellow box with a black border containing the word "Directions:" followed by two numbered steps. At the bottom of the slide, the number "6" and the URL "http://www.thinkculturalhealth.hhs.gov" are visible.

The Office Environment

- ◆ *Develop training to assist staff in becoming culturally sensitive and raise awareness*
- ◆ *Perform self-audits and assess how staff think they are handling cultural and individual differences*
- ◆ *Ask staff to assist with designing ways to provide a supportive and encouraging environment for patients*
- ◆ *Provide staff with knowledge and experiences about the role of cultural and individual diversity in professional practices*

Directions:

1. Show the slide.
2. Cover the Talking Points.

6 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: As soon as patients enter the office environment, they may encounter attitudes and behaviors that are not congruent with their perception of respectful health care. Situations that result may include:

- Delays in appointments due to miscommunication;
- Loss of patients and income to other professionals because families do not feel welcome at the front desk;
- Loss of referrals and reputation when families report to others their negative experiences at the office; and/or
- Possible filing by families of a grievance or report of discrimination based on treatment by the clinic staff.

SAY: The first bullet on this slide mentions cultural sensitivity training for all staff. Although there is no standard curriculum for this topic, the Office of Minority Health at HHS offers some suggestions about important issues for discussion.

- Effects of differences in the cultures of staff and patients during clinical and other workforce encounters, including effects of the culture of American medicine and clinical training
- Elements of effective communication among staff and patients with different cultures and languages; aspects include how to work with interpreters and telephone language services

- Strategies and techniques for the resolution of racial, ethnic, or cultural conflicts between staff and patients
- Health care organizations' complaint/grievance procedures (i.e., how are they handled?)

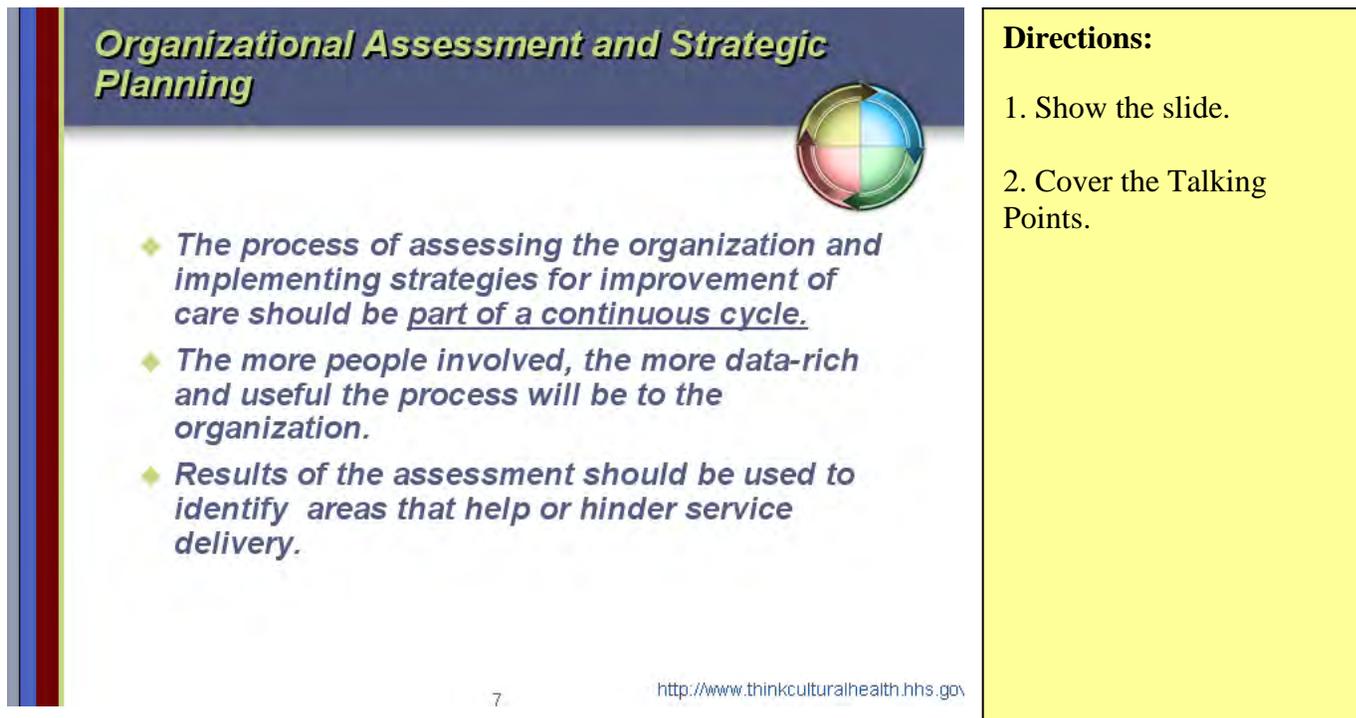
The Main Takeaway

Participants should be aware of strategies to promote a more culturally competent office environment.

Slide 7: Assessment and Planning

Opening Discussion Points

SAY: Developing cultural competency in an organization is a long-term task with many activities. Developing a strategic plan that can be implemented over several years, with interim measurements and evaluations of results can help make the task manageable.



Organizational Assessment and Strategic Planning

- ◆ *The process of assessing the organization and implementing strategies for improvement of care should be part of a continuous cycle.*
- ◆ *The more people involved, the more data-rich and useful the process will be to the organization.*
- ◆ *Results of the assessment should be used to identify areas that help or hinder service delivery.*

7 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Information obtained from the organizational assessment should be analyzed to identify areas for improvement. The information can be used for strategic planning to address weaknesses and develop cultural competency throughout the organization.

- The purpose of strategic planning is to help an organization define and structure goals, activities, and resources to achieve stated objectives.
- Developing cultural competency and providing culturally and linguistically appropriate services should be included as an integral objective in all health care organization's strategic plans.
- Planning should be coupled with evaluation in a continual process to ensure strategic success and continual improvement.
- Successful planning also includes other principles, such as customer/community input and involvement in the planning and evaluation process, and ongoing assessment that ensures continual reevaluation of results directed toward further improvements.

SAY: Although the CLAS Standards provide guidance about strategic planning, they do not suggest a connection between compensation and culturally competent care.

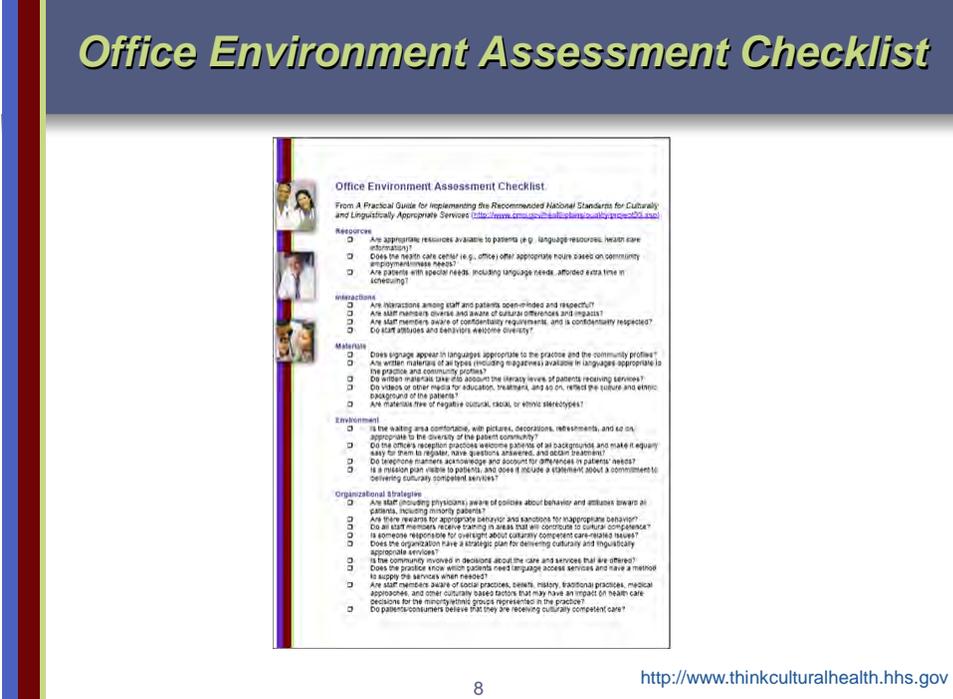
The Main Takeaway

Participants should be able to articulate components of organizational assessment and strategic planning as key components of a culturally competent organization.

Slide 8: Some Homework

Opening Discussion Points

HANDOUT: In your handouts, you have an Office Environment Assessment Checklist that will help you consider your organization in terms of culturally competent practice (Handout 3.1).



The image shows a slide titled "Office Environment Assessment Checklist" with a background of a blue and yellow gradient. The checklist itself is a document with a white background and a purple border. It is titled "Office Environment Assessment Checklist" and includes a URL: "From A Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services (http://www.dhs.gov/xlibrary/assets/cultural_2005.pdf)". The checklist is organized into several sections: "Resources", "Interactions", "Materials", "Environment", and "Organizational Strategies". Each section contains a list of questions with checkboxes. The questions cover topics such as language resources, staff awareness of cultural differences, staff attitudes, signage, waiting areas, patient reception, and organizational policies. At the bottom of the slide, the number "8" and the URL "http://www.thinkculturalhealth.hhs.gov" are displayed.

Directions:

1. Show handout.
2. Show the slide.
3. Cover the Talking Points.
4. Choose one element covered in the checklist and ask participants to share their answers to the questions on the checklist (probes for “materials” are provided below).

Key Talking Points

SAY: Let’s take just a moment to reflect on some of the Themes that are covered in this checklist. Take a look at the questions under the “materials” header.

ASK:

- Does your office post signage in languages appropriate to your practice and the community profile?
- Do videos or other media for education and treatment reflect the culture and ethnic background of your patients?
- Does anyone have a successful technique for developing patient “materials” that you’d like to share?

SAY: We have now completed the first Module which covered the importance of office environment/climate in promoting culturally competent care. We talked about some strategies and assessment tools that will help you evaluate how your practice is doing.

The Main Takeaway

Participants should be able to answer assessment questions that will help them evaluate how well their practice is promoting a culturally competent environment/climate.

Slide 9: Module 2 Roadmap

Opening Discussion Points

SAY: In the next section of this presentation, we are going to highlight some approaches to assessing your community.

Assessing Your Community Learning Objectives

- ◆ **There are three objectives:**
 - *Describe the importance of data collection and analysis in providing culturally competent care*
 - *Identify resources to collect, use, and manage data to create community and practice profiles and needs assessments*
 - *Describe challenges to data collection and ways to mitigate them*

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask for a show of hands of how many participants are currently collecting some type of community data.

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Key Talking Points

SAY: This Module discusses the importance of data collection and analysis and strategies for using and managing data.

ASK: By a show of hands, how many of you are currently collecting some form of data about your community and practice area?

The Main Takeaway

Participants should be able to articulate the learning objectives for Module 3.2: Assessing Your Community.

Slide 10: Holly Ivey – One of Many?

Opening Discussion Points

SAY: To set the stage for discussing community assessment and achieving a greater understanding of health trends and issues in your practice area, we are going to view a case study featuring a 4-year-old named Holly Ivey.

Setting the Stage: Case Study

- ◆ **Holly Ivey:**
 - ◆ *Holly is a 4-year-old African American girl with asthma, who has not had immunizations. Her mother works, but has no health insurance.*



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Directions:

1. Show the slide.
2. Show the DVD vignette *Holly Ivey: One of Many?* (2 minutes and 56 seconds).
3. Use probes to gather participants' reactions about the case study.

Key Talking Points

PROBES: (You may want to ask some or all of the following questions).

- What is going on here? Why is it important for Mrs. Smith to be aware of data trends in the clinic population? What effect does Holly Ivey's living situation have on her illness?
- What troubles you the most? How can Holly Ivey and her mother address Holly's health concerns, given the challenges of their current environment and financial situation?
- How would you handle this? If you were Holly's doctor, how would you help her?
- What is the patient's perspective? How might Holly feel when her asthma flares up? How might her mother feel, knowing that their living situation has a negative impact on Holly's health?

The Main Takeaway

Watching and discussing this video vignette will prepare participants to discuss the rationale for completing a community assessment.

Slide 11: Collecting Data

Opening Discussion Points

SAY: Collecting data on the use of and access to health care helps providers increase their understanding of existing disparities and develop strategies to combat them.

Why Is Data Collection and Analysis Important?

- ◆ Identifies population groups within a service area
- ◆ Builds an epidemiological profile of the community—demographics, morbidity by racial and ethnic groups, gender, etc.
- ◆ Helps identify community partners to assist with outreach and service delivery to different ethnic groups

Table 1. Population by Race and Hispanic Origin: 2000 and 2003
(Numbers in thousands)

Race and Hispanic origin	April 1, 2000		July 1, 2003		Change 2000 to 2003	
	Total	Percent	Total	Percent	Number	Percent
Total population	391,429.3	100.0	396,809.9	100.0	5,380.6	1.4
White	277,426.4	71.0	286,912.2	72.3	9,485.8	3.4
Black or African American	95,243.2	24.3	97,598.0	24.6	2,354.8	2.5
American Indian and Alaska Native	2,683.0	0.7	2,780.7	0.7	97.7	3.6
Hispanic	15,076.7	3.9	19,518.0	4.9	4,441.3	29.5
Other	4,201.7	1.1	4,996.0	1.3	794.3	19.0
High school graduate or more	319,434.7	81.6	327,864.4	82.6	8,429.7	2.7
High school graduate or more	97,154.4	24.8	100,749.0	25.4	3,594.6	3.7
Population aged 18 and over	4,225.1	1.1	4,264.2	1.1	39.1	0.9
Population aged 18 and over	12,206.7	3.1	13,252.0	3.3	1,045.3	8.6
Population aged 18 and over	906.6	0.2	926.9	0.2	20.3	2.2
Population aged 18 and over	422.2	0.1	426.3	0.1	4.1	1.0
Population aged 18 and over	3,827.7	1.0	4,307.8	1.1	480.1	12.5

11 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask participants for other ideas of why data collection and analysis is important in their practice.
4. Show handout as a visual aid.

Key Talking Points

ASK: These are just a few reasons why data collection and analysis are so important. Can you think of any others?

SAY: You might want to begin with developing a community profile to gain insights on the demographics of the community you serve.

HANDOUT: In your materials you have a handout called Data Collection Resources to help get you started (Handout 3.2). This information can assist you in developing individual practice profiles and needs assessments for the populations you serve.

SAY: CLAS Standards 10 and 11 provide direction on data collection and analysis; on the next slide we will cover these in more detail.

The Main Takeaway

Participants should be able to articulate the importance of data collection and analysis in their practice.

Slide 12: CLAS Standards

Opening Discussion Points

SAY: We talked about collecting data to develop a community profile. A needs assessment goes hand in hand with data collection.

Community Assessment CLAS Standards

- ◆ **Standard 10:** Patient data collection, to include: race, ethnicity, and spoken and written language
- ◆ **Standard 11:** Maintain current demographic, cultural, and epidemiological community profiles and conduct needs assessment of service area



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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Needs assessments include summary profiles of health care conditions and needs and identify issues or concerns that require special resources or attention.

SAY: For example, individual data about language needs, such as a patient's need for an interpreter, should be made available to those who can arrange for interpreter services.

SAY: Your office should have an intake and registration process that includes patients' self-identified race and ethnicity, country of origin, and language spoken. This information should be integrated into the organization's information management systems.

SAY: Community members should be involved in designing and implementing data reports, such as community profiles and needs assessments. Community profiles include demographic information such as income levels and employment of the population.

The Main Takeaway

Participants should be able to articulate strategies for applying CLAS Standards 10 and 11 in their practice.

Slide 13: What Do We Need to Do About Language Access?

Opening Discussion Points

SAY: Information about language access services is thoroughly covered in Theme 2. However, I would like to highlight a few points about organizational assessment in terms of providing oral and written language services.

SAY: As a reminder, LEP stands for limited English proficiency.

Does My Practice Need to Provide Language Services?

- ◆ **You can use data to apply a four-factor test to assess the:**
 - *Number or proportion of LEP persons from a particular language group you serve or may encounter in the service population*
 - *Frequency with which your practice has had contact with LEP individuals from different language groups seeking assistance*
 - *Importance or urgency of your health services*
 - *Level of resources and costs required to provide language access services*

Directions:

1. Show the slide.
2. Cover the Talking Points.

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Key Talking Points

SAY: It is critical to remember that individuals with limited English proficiency (LEP) are protected by the 2003 Office of Civil Rights decree, which states that any group who accepts assistance from HHS must take reasonable steps to provide meaningful opportunity for individuals with limited English proficiency to participate in HHS-funded programs. We recommend a four-factor organizational assessment to determine if your organization is taking the appropriate steps.

SAY: The intent of assessing these four factors is to offer a balance that ensures meaningful access to critical services for persons with limited English proficiency, while not imposing undue burdens on small businesses, local governments, or nonprofit organizations.

The Main Takeaway

Participants should be able to identify four organizational factors that will help them balance requirements for providing language access services.

Slide 14: Using and Managing Data – HIPAA Considerations

Opening Discussion Points

SAY: It is important when we collect data to protect patients' rights to privacy.

Using and Managing Data

Patients' rights to privacy include the following:

- ◆ *Data collection follows appropriate federal regulations, guidelines, and requirements for privacy and confidentiality.*
- ◆ *Patients must be informed about the purposes of any data collection and be assured of confidentiality.*
- ◆ *Data should never be used for any discriminatory purposes.*
- ◆ *Patients may choose not to provide data.*
- ◆ *Patients must provide permission in advance if their protected health information is to be shared.*
- ◆ *Data collection must adhere to standard procedures and to racial and ethnic categories specified by the U.S. Office of Management and Budget (OMB).*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: We can't mention patients' rights to privacy without automatically thinking of HIPAA regulations.

SAY: HIPAA was designed to assure that an individual's health information is properly protected, while allowing the flow of health information needed to promote high quality health care and to protect the public's health and wellbeing.

The Main Takeaway

Participants should be able to identify patients' rights to privacy as they relate to using and managing data.

Slide 15: More on HIPAA

Opening Discussion Points

SAY: HIPAA does not preclude collecting patient data, but does provide guidance on using the data.

HIPAA Guidance

- ◆ *There are no restrictions on using “de-identified” health information*
- ◆ *HIPAA permits health care operations to use protected health care information for quality assessment and improvement activities – cultural competency activities qualify*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: De-identified information is information from which common identifiers have been removed. Common identifiers include: Name, birth date, and Social Security Number.

SAY: Summary statistics that are developed using only de-identified health information are often very useful to health care organizations and do not violate HIPAA requirements.

SAY: It is important that your office staff receives training so that they understand privacy procedures and keep patient records secure if they contain identifiable health information.

The Main Takeaway

Participants should understand how to use patient data without violating HIPAA requirements.

Slide 16: How Do I Make This Easier?

Opening Discussion Points

SAY: Careful planning can create efficiencies and reduce data collection costs, especially in smaller practice settings.

The slide is titled "How Can I Establish Efficient Data Collection Procedures?" and is divided into two main sections: a list of strategies and a set of directions for the activity. The strategies are listed in a blue box with a dark blue header, and the directions are in a yellow box with a black border. The slide number "16" and a URL are at the bottom.

How Can I Establish Efficient Data Collection Procedures?

- ◆ **Gather patient demographic data when patients:**
 - *Make an appointment*
 - *Register at the front desk*
 - *Meet with a health care provider*
- ◆ **Add questions about primary language or racial and ethnic background to registration forms**
- ◆ **Ask a brief series of interview questions during an office visit**
- ◆ **Find out if any local public health organization in your area collects data that can be shared in summary format**

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask participants about data collection procedures used in their practice setting.

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Key Talking Points

ASK: What data collection procedures have been implemented in your office? Has this been beneficial? Would you recommend it to other practices?

SAY: Other sources for collecting targeted data from individual patients include: interviews, surveys, and focus groups.

SAY: We have now finished material for the second Module, and will move onto the last Module in this Theme, Building Community Partnerships.

The Main Takeaway

Participants should be aware of strategies to streamline data collection and reduce potential costs of this activity.

Slide 17: Module 3 Roadmap

Opening Discussion Points

SAY: This Module provides information about forming partnerships in the community to assist in developing cultural competency and providing culturally and linguistically appropriate services.

***Building Community Partnerships
Learning Objectives***

- ◆ ***There are three objectives:***
 - *Describe the importance of developing health-related partnerships with the community*
 - *Identify components of forming community health partnerships, and list the characteristics of successful community partnerships*
 - *Describe the benefits of including minority community members in health partnerships*

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Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Ask participants if their practices are part of community health partnerships.

Key Talking Points

ASK: By a show of hands, how many of you are in practices that are involved in community health partnerships? Can you describe them?

The Main Takeaway

Participants should be able to articulate the learning objectives for Module 3.3: Building Community Partnerships.

Slide 18: Why Should We Do This?

Opening Discussion Points

SAY: Community health partnerships are relationships between two or more organizations to achieve common public health goals.

<p><i>Why Is It Important to Develop Community Partnerships?</i></p> <ul style="list-style-type: none">◆ <i>To foster a mutual exchange of expertise that helps shape the direction and practices of the health care organization</i>◆ <i>To solve public health problems that extend beyond the reach and resources of a single organization</i>◆ <i>To help agencies and organizations share financial burdens and create shared communities</i>  <p>18</p> <p>http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.
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Key Talking Points

SAY: Health care providers and organizations who work together can achieve common public health goals. It is crucial that members of minority communities fully participate in giving input to strategic planning and community interventions and participate in other community health partnerships.

The Main Takeaway

Participants should be able to articulate the rationale for community health partnerships.

Slide 19: Who Can I Partner With?

Opening Discussion Points

SAY: There are many different potential partners in your community. This slide highlights some who you may want to contact.

Who Can We Partner With In Our Community?

- ◆ *Other health care providers*
- ◆ *Community health organizations, such as hospitals and clinics*
- ◆ *Local, state, and federal agencies*
- ◆ *Voluntary health organizations*
- ◆ *Community interest groups*
- ◆ *Civic organizations*
- ◆ *Professional organizations*

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Directions:

1. Show the slide.
2. Cover the Talking Points.

Key Talking Points

SAY: Because each partner organization has its own expectations for the partnership, the partnering must benefit each of the member organizations.

- Partners need to articulate the benefits they hope to achieve for their organization.
- Partners should design the relationship so that each member organization benefits from the partnership.
- Partners should seek other partners that have a vested interest in the specific public health problem being addressed.

The Main Takeaway

Participants should be able to identify potential partnerships in their community.

Slide 20: Keys to Success

Opening Discussion Points

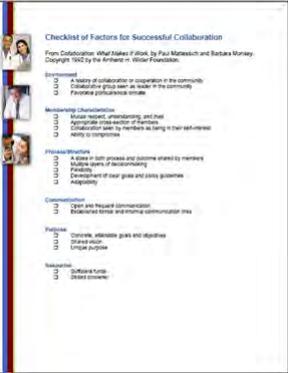
SAY: The real work of creating partnerships requires not just capitalizing on each organization's strengths, but also mitigating weaknesses. For example, keep the number of partners manageable, assign tasks to small groups, and streamline administrative processes.

Factors for Successful Partnerships

- ◆ *A shared vision*
- ◆ *Agreement on mission, goals, and outcomes*
- ◆ *Mutual trust, respect, and commitment*
- ◆ *Identified strengths and assets*
- ◆ *Clear and accessible communication*
- ◆ *The ability to evolve, using feedback from all partners*
- ◆ *Processes based on input and agreement of all partners*

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Show handout as a visual aid.



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Key Talking Points

HANDOUT: In your materials, you have a handout that lists factors for successful collaboration (Handout 3.3).

The Main Takeaway

Participants should be able to identify factors for successful collaboration.

Slide 21: Benefits of Including Minority Communities

Opening Discussion Points

SAY: Partnerships with minority community members can assist providers in delivering appropriate services in a more cost- and time-effective way.

- Building community relationships can provide valuable resources for language services or education about chronic diseases and other conditions for non-English speaking patients.
- Without help from the community, it may be time consuming for an individual physician's office to identify and track demographic and epidemiological information.

Benefits of Including Minority Communities in Health Partnerships

- ◆ *Helps to identify resources and expertise on the community's language, cultural beliefs, or demographic information that can assist providers in offering culturally competent care*
- ◆ *Can assist health care providers to educate community members about specific diseases, risk factors, health behaviors, and prevention*

Directions:

1. Show the slide.
2. Cover the Talking Points.

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Key Talking Points

SAY: We are almost done with this last Module. I'd like to summarize the content we just discussed in this Theme:

- Health care providers and organizations must work together with the community to achieve shared public health goals. Partnerships involve both soliciting input and demonstrating outreach behaviors, and a partnership should be structured to meet the needs of individual partners and to achieve the partnership's goals. It is especially important that members of minority communities have full access to provide input and participate in community health partnerships.

The Main Takeaway

Participants should be able to state the benefits of including minority communities in health partnerships.

Slide 22: Winding Down

Opening Discussion Points

SAY: We are going to conclude this Theme by watching a vignette where the members of an office practice make progress toward assessing their service area and reaching out to their community.

The Whole Team: Developing a Partnership?

- ◆ *Is the office staff being realistic in their shared belief that they can make a difference in the larger community?*
- ◆ *How would you handle this? If you worked for this practice, how would you react to the presentations that Dr. Johnson and Mrs. Smith made?*



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Directions:

1. Cover the Talking Points.
2. Play the vignette *The Whole Team: Developing a Partnership?* (3 minutes 37 seconds).
3. Ask probes on slide.
4. Invite participants to provide comments or ask questions.

Key Talking Points

SAY: I hope this case study provided you with some ideas for ways to approach community assessment and partnerships in your office setting.

ASK: We are now finished with the third Theme. Before we break, I would like to invite you to share any insights or plans you have for implementing these types of strategies in your organization. Are there any questions about the material or the QIO initiative?

The Main Takeaway

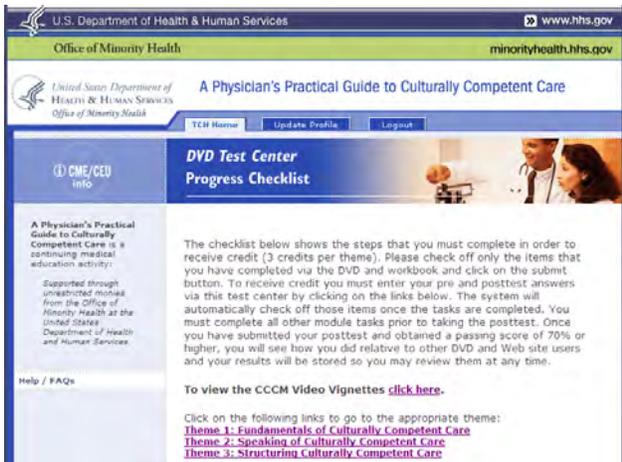
Participants should be able to use the learning points from this Theme to discuss the case study.

Slide 23: How do I Get My CMEs or CEUs

Opening Discussion Points

SAY: Since we have just completed the content for Theme 3, you can now go into the online Test Center to complete the CME/CEU Posttest.

Online Test Center
<http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>



23 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. (Optional) Launch the online Test Center as a demonstration.
4. (Optional) You may distribute the evaluation form to your audience.

Key Talking Points

SAY: To complete the requirements for your CMEs/CEUs, go to <http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>.

SAY: Enter your username and password from registration.

SAY: Mark the checkboxes next to the content sections and complete the Posttest for Theme Three. Once you have completed the Posttest with a score of 70% or above, and completed the Theme 3

Evaluation, a CME/CEU certificate will automatically be generated for you.

SAY: Thank you for your participation today! Please contact me if you have any questions about what we covered today or the online program.

The Main Takeaway

Participants should understand how to enter the online Test Center to complete CME/CEU requirements.

Part III

So, What Do I Do Now?

A Quick Start Handbook for Promoting A Physician's Practical Guide to Culturally Competent Care

Introduction to So, What Do I Do Now? A Quick Start Handbook for Promoting A Physician's Practical Guide to Culturally Competent Care

Welcome to *So, What Do I Do Now? A Quick Start Handbook for Promoting A Physician's Practical Guide to Culturally Competent Care*. This Handbook provides all the materials you will need to deliver a one-hour interactive marketing presentation to health care providers you are recruiting to participate in Task 1D2 as part of the 8th Statement of Work.

This presentation is designed to promote the curriculum to providers who will complete the cultural competency curriculum on their own, via the Web-based program, or with the optional DVD supplement. During this session, participants will:

- Increase their awareness about the importance of cultural competency;
- Receive an overview of the Office of Minority Health (OMH) cultural competency online program, including information on how to register as part of the Quality Improvement Organization (QIO) initiative;
- Learn more about the program features of *A Physician's Practical Guide to Culturally Competent Care*, including requirements for obtaining CMEs or CEUs; and
- Discover where to find additional cultural competency tools and resources and where to go for program support.

This Handbook has the same layout and structure as the complete QIO Facilitator's Guide. Each page provides you with a PowerPoint slide, discussion points, directions for group activities, question probes to facilitate discussion among participants, and a learning objective, which is called "The Main Takeaway." For your convenience, a number of question probes have been provided. However, you are free to substitute your own questions to tailor the presentation and discussion to issues specific to the practice or providers you are addressing.

Delivery of this interactive marketing presentation requires only the capability to display PowerPoint slides to your audience. If an Internet connection is available to you during the presentation, we have included optional directions for demonstrating aspects of the program to your audience. You may also want to consider using a flipchart or blackboard for the group brainstorming exercises. We recommend that you provide writing utensils and a few sheets of paper, so your audience can note the program Web site address and other information for later reference.

Keep in mind that this product is an optional supplement to support your QIO's efforts to meet the goals under Task 1D2. If your QIO is undertaking additional activities as part of this initiative, you are welcome to include this information to customize the marketing session to your provider network.

Materials and Supplies Checklist

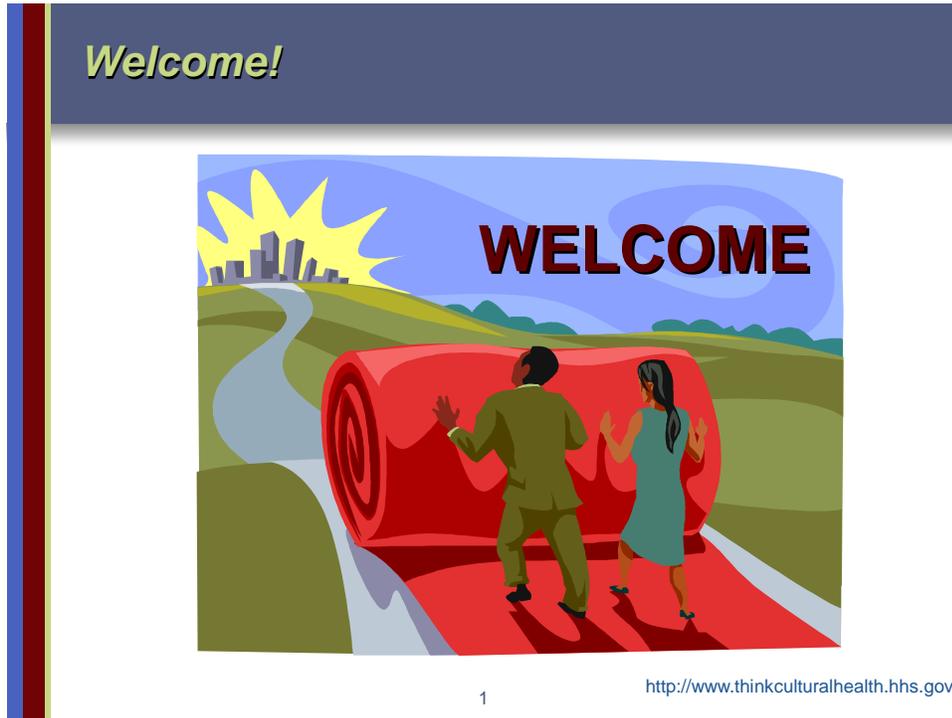
We are providing a checklist to make sure you have all the materials and supplies needed to conduct this one-hour marketing presentation.

- Pens/pencils
- Pad of paper
- Flipchart/blackboard/whiteboard
- Markers
- Computer with CD-ROM drive and LCD projector to display presentation slides
- Facilitator's Guide CD-ROM
- Internet access to demonstrate the <http://www.thinkculturalhealth.hhs.gov> site (if not available, print out PowerPoint slides as handouts from the CD-ROM section *So, What Do I Do Now? A Quick Start Handbook for Promoting a Physician's Practical Guide to Culturally Competent Care*)
- Copy of DVD, *A Physician's Practical Guide to Culturally Competent Care*
- Marketing materials (optional), such as business cards or postcards

Slide 1: Welcome!

Opening Discussion Points

SAY: First, I want to thank you for coming today to learn more about cultural competency—I am excited to be here to introduce you to this topic and let you know about the Centers for Medicare & Medicaid’s initiative to support it.



Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Allow 3–4 minutes for Welcome and Icebreaker on next slide.

Key Talking Points

SAY: I would like this to be as interactive as possible, so I will be relying on you to share your thoughts, insights, and questions as we go along.

SAY: I hope that by the end of this session, you will walk away with increased awareness about cultural competency, understand how to take an online course that will give you additional tools, and know where to go for help and additional resources.

The Main Takeaway

Participants should understand that this session will provide an overview of cultural competency and be aware that they are expected to participate actively.

Slide 2: Icebreaker

Opening Discussion Points

SAY: We are going to start off today with an icebreaker to get us warmed up.

SAY: Please grab a pen or pencil and a piece of paper to write on. Now, I would like you to make two words from the letters displayed on the screen.



The slide features a dark blue header with the word "Icebreaker" in a light green, italicized font. Below the header is a large, light gray crumpled paper ball. Overlaid on the paper ball are the letters "WWSDTOOR" in a bold, dark red, sans-serif font. At the bottom left of the slide is a small number "2", and at the bottom right is the URL "http://www.thinkculturalhealth.hhs.gov".

Directions:

1. Display the slide.
2. Ask participants to make two words from what they see on the screen.
3. Allow 1-2 minutes to do exercise.
4. When participants look up from their paper, ask them what they wrote.

Key Talking Points

ASK: What did you write? Would anyone like to come up and put their answer on the flipchart/whiteboard/blackboard? Did anyone write “two words?”

ASK: What did this exercise have to do with cultural competency?

SAY: A key component of cultural competency—our topic for today—is listening and other aspects of communication.

SAY: In the next hour, I will be giving you a preview of a curriculum called *A Physician’s Practical Guide to Culturally Competent Care* and will discuss the importance of cultural competency.

The Main Takeaway

Participants should feel prepared to discuss cultural competency and understand that this session will enable them to log on and complete the online program easily.

Slide 3: Warming Up

Opening Discussion Points

SAY: Before I go over the agenda, I'd like to ask you to share a little about your practice.

A Few Opening Questions

- ◆ *How long have you been in practice?*
- ◆ *What is your current patient demographic mix?*
- ◆ *Have you seen a change in the patient mix in the last few years?*
- ◆ *What, if anything, does cultural competence mean to you?*



3 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Ask the questions on the slide.
2. Allow for 5–10 minutes of discussion.
3. Use probes if needed to facilitate discussion.

Key Talking Points

PROBES:

- What type of experience, if any, do you have using interpreters?
- Has anyone encountered cultural health beliefs or traditional remedies in your practice that were unfamiliar to you? Can you take a moment to share some of those with us?

The Main Takeaway

- Participants should feel comfortable talking about their practice with other participants.
- Participants should feel that they had the opportunity to speak.

Slide 4: Session Overview

Opening Discussion Points

SAY: Let's move on and take a minute to go over what we will be doing in the next hour.

Today's Agenda

- ◆ *Introduction to cultural competency*
 - *What it is, its benefits, and trends*
- ◆ *Training program overview*
 - *Registration, features, and earning continuing education credits*
- ◆ *Help and resources*



<http://www.thinkculturalhealth.hhs.gov>

4

Directions:

1. Show slide.
2. Cover the Talking Points.
3. Allow 1 minute for discussion.

Key Talking Points

SAY: Just a reminder that since we only have one hour, I will be keeping an eye on the clock.

The Main Takeaway

Participants should understand the roadmap for the one-hour session, that the session will be interactive, and what they should take away from the session.

Slide 5: The U.S. is Growing More Diverse

Opening Discussion Points

SAY: As some of you mentioned experiencing a change in your patient mix, you probably won't find these statistics too surprising.

Growing Diversity

- ◆ *Nearly 1 in 5 Americans speaks a language other than English in the home.*
- ◆ *12% of people in the U.S. are foreign-born.*
- ◆ *By 2050, the non-Hispanic White population will decline to 53%.*

✓ ***The U.S. is becoming more diverse.***



*Sources:
<http://www.census.gov/Press-Release/www/releases/archives/population/001720.html>;
<http://www.census.gov/prod/2003pubs/c3kbr-29.pdf>; <http://www.census.gov/prod/2004pubs/p20-561.pdf>;
www.census.gov/Press-Release/www/releases/language3.pdf.

5 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show slide.
2. Cover the Talking Points.
3. Ask participants about their awareness of these statistics and how this demographic shift may affect their practice.
4. Allow 2–3 minutes for discussion.

Key Talking Points

ASK: Is this something you've heard before?

SAY: The Kaiser Family Foundation also reports that the demographics of Medicare beneficiaries are shifting in a similar way.

ASK: What kind of effect might this have on your practice in the years to come?

SAY: Having the increased knowledge of cultural competency and tools to practice culturally competent care can help you become equipped to meet the needs of changing populations in your practice.

The Main Takeaway

Participants should understand that the United States is becoming more diverse, and that this will affect their practice.

Slide 6: What is Cultural Competence?

Opening Discussion Points

ASK: Can anyone define cultural competence?

Brainstorm

What is cultural competence?



6 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Group brainstorm: Can anyone define cultural competence?
2. Probe: Break it down to “culture” and “competency.”
3. Offer “official” definitions.
4. Cover the Talking Points.
5. Allow 2–3 minutes to make notes on flipchart.

Key Talking Points

SAY: Researchers, educators, and federal agencies have offered these definitions for cultural competence:

- “A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.” (Cross, Bazron, Dennis, and Issacs, 1989); and
- “The level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group.”(HRSA)

SAY: Cultural competency enables health care providers to work effectively with others—both colleagues and patients in cross-cultural situations.

The Main Takeaway

Participants are not expected to memorize a definition. At this stage, participants should begin to feel more comfortable with the basic concepts behind cultural competency.

Slide 7: The Big Picture

Opening Discussion Points

SAY: A lack of awareness of culturally competent care can diminish the effectiveness of your practice.

The Big Picture

Cultural and language differences may result in misunderstanding, lack of compliance, or other factors that can negatively influence clinical situations.

7

<http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Develop examples as a group.
3. Use probes as necessary to facilitate discussion.
4. Allow 2–3 minutes for discussion.

Key Talking Points

ASK: What are some situations where cultural or language differences could affect the safety or effectiveness of care?

PROBES:

- What are the risks to you as a provider if you and your patient can't communicate?
- What if patients don't understand dosage instructions (limited English proficiency patients (LEP) or low health literacy)? What are the implications?
- How does effective communication affect compliance with treatment?
- Can you think of a case in which the patient may not have understood written directions but was too proud to admit it?

The Main Takeaway

Participants should recognize the negative consequences and risks of not recognizing the impact of cultural and language differences.

Slide 8: The Payoff

Opening Discussion Points

ASK: Taking this into consideration, can anyone identify potential benefits of cultural competency?

Benefits of Cultural Competency

- ◆ *Reduce health disparities*
- ◆ *Improve patient care and satisfaction*
- ◆ *Decrease malpractice risks and insurance costs*
- ◆ *Experience operational efficiency*
- ◆ *Increase compliance with state and federal regulations*
- ◆ *Increase compliance with the Joint Commission accreditation standards*

8 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Ask question before showing slide.
2. Develop examples as a group.
3. Cover the Talking Points.
4. Allow 3–4 minutes for discussion.

Key Talking Points

SAY: Health disparities and foreign-born populations are increasing across the United States and will significantly affect the health care system.

SAY: By providing more culturally competent care you can:

- Increase patient satisfaction;
- Reduce your malpractice risks and insurance costs;
 - Some states offer malpractice insurance discounts for completion of this program
- Enhance administrative and operational efficiencies;
- Achieve greater compliance with legal requirements; and
- Broaden your patient base.

Example 1: Treatment compliance will increase if patients understand—in their own words and language—what they have to do.

SAY: Culturally competent care can benefit providers as well as patients.

The Main Takeaway

Participants should be able to articulate some of the benefits of cultural competency in their practices.

Slide 9: A National Health Concern

Opening Discussion Points

SAY: Health care providers in the United States are seeing an increasing number of patients with diverse cultural backgrounds. The changing demographics of our country have created new challenges for the provision of care, and the growing body of research on health disparities has positioned cultural competency as a national health concern.

<p><i>A National Health Concern</i></p> <p><i>A body of research documents the existence of racial and ethnic disparities in health.</i></p>  <p>9 http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.3. Allow 2–3 minutes for discussion.
---	--

Key Talking Points

SAY: Major organizations and accrediting bodies such as the Joint Commission, NCQA, URAC, the AMA, AAFP, and ACP endorse cultural competency education.

SAY: Several states have implemented or are considering legislation requiring cultural competency training as part of licensure or relicensure. Other states are building requirements for cultural and linguistic competency into continuing education programs.

SAY: In 2002, the Institute of Medicine issued these findings in a groundbreaking report, *Unequal Treatment: Confronting Racial Disparities in Health Care*.

- Minorities receive lower quality of health care even when socioeconomic and access-related factors were controlled.
- Bias, stereotyping, prejudice, and clinical uncertainty may contribute to racial and ethnic disparities in health care.

The Main Takeaway

Participants should understand that health disparities are well documented and have received attention from states, professional organizations, and accrediting bodies.

Slide 10: Cultural Competency Training and Your Staff

Opening Discussion Points

SAY: Cultural competency training can help you and your staff better understand the impact of cultural and language barriers and how to counter them.

Training Can Help You and Your Staff

- ◆ *Make more accurate diagnoses*
- ◆ *Meet informed consent requirements*
- ◆ *Provide more appropriate health education and awareness efforts*
- ◆ *Work with LEP patients to help them comply with treatment regimens they understand*
- ◆ *Understand the community you serve and learn more about their needs*

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Allow 1 minute for discussion.

10 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: The training program I will preview momentarily has both clinical and organizational content.

SAY: I will provide you with a brief overview of how to get started on this educational activity and what you need to do to get your CMEs or CEUs.

The Main Takeaway

Participants should understand the benefits that can accrue to their staff and practice when they complete cultural competency training.

Slide 11: The First Step

Opening Discussion Points

SAY: I am now going to give you a nuts-and-bolts overview of Medicare’s “Program of Choice” for cultural competency training and get you ready to log on and take the program on your own.

SAY: Before I move on, does anyone have any questions about what we’ve covered so far?

<http://www.thinkculturalhealth.hhs.gov>

U.S. Department of Health & Human Services
Office of Minority Health
minorityhealth.hhs.gov

United States Department of HEALTH & HUMAN SERVICES
Office of Minority Health

Think Cultural Health: Bridging the Health Care Gap through Cultural Competency Continuing Education Programs

Home Who can earn CE credits? Contact Us Small Group Instruction

CLCCHC Login
Login

About Our Programs
A Physician's Practical Guide to Culturally Competent Care
Culturally Competent Nursing Care: A Cornerstone of Caring
Cultural Competency Curriculum for Disaster Preparedness and Crisis Response
Health Care Language Services Implementation Guide
Resources and Materials

Welcome to Think Cultural Health

We're moving to .GOV!
Update your bookmarks with our new URL.
<https://www.ThinkCulturalHealth.hhs.gov>

Join the CLCCHC
Become a CLCCHC/Think Cultural Health member and gain access to exclusive resources
Learn more about the CLCCHC

Physicians & Physician Assistants
Go to the CCM CME Website! Click here

Nurses

11 <http://www.hinkculturalhealth.hhs.gov>

Directions:

1. Show the slide and walk participants through the steps.
2. (Optional) Launch the Internet and give a live demonstration of how to access the registration form.
3. Allow 2–3 minutes for demonstration.
4. Recommend “bookmarking” the site.

Key Talking Points

SAY: The training program you will be taking is called *A Physician’s Practical Guide to Culturally Competent Care*. It is available through <http://www.thinkculturalhealth.hhs.gov>. This program was funded by the Office of Minority Health at the U.S. Department of Health and Human Services.

SAY: The only equipment you will need is a computer with an Internet connection and the free Adobe Acrobat Reader that you can easily download if it is not currently installed on your computer.

SAY: To start the program, go to <http://www.thinkculturalhealth.hhs.gov> and click on the Physicians and Physician Assistants link in the purple box. This will launch the online CME program. Click the Register button to register and create a username and password. Write these down in a safe place; you will need them to log back into the course. The program does offer a “Forgot Your Password” function, in case you lose this information.

SAY: You can take the course at any time, at your own pace, from anywhere that you have an Internet connection available.

The Main Takeaway

Participants should understand how to enter the site and begin the registration process.

Slide 12: Are We There Yet?

Opening Discussion Points

SAY: The registration process is a straightforward set of free text fields and drop down menus. We encourage you to complete the registration form as completely and accurately as possible to ensure that you get credit for your efforts.

12

Directions:

1. Show the slide and walk participants through the steps.
2. (Optional) Launch the Internet and give a live demonstration of how to access the registration form.
3. You may want to sign into the Registration page ahead of time.
4. Allow for 2–3 minutes for discussion.

Key Talking Points

SAY: The registration process generally takes 3–4 minutes to complete.

SAY: About half way down the registration form, you will see the question: “Are you registering as part of the CMS Medicare Quality Improvement Organization (QIO) Initiative?” Answer yes to this question and continue completing the form. When you are finished, click “submit.”

SAY: Because you answered “yes” to the QIO question, you will be directed to a QIO-specific registration page that will allow you to specify your QIO, UPIN, or select a category if you don’t have a UPIN.

SAY: Be sure to enter your UPIN correctly. This is very important to make sure you get credit for the CMS QIO initiative.

The Main Takeaway

Participants should understand how to designate their QIO affiliation and the importance of entering their UPIN.

Slide 13: To DVD or Not to DVD?

Opening Discussion Points

SAY: Once you have registered, you may order a free DVD supplement to the program.

The slide features a dark blue header with the title "To DVD or Not to DVD?" in yellow. The main content area is white with a blue and red vertical bar on the left. It contains a list of bullet points and a checkmark statement. A yellow box on the right contains the directions for the activity. At the bottom, there is a page number and a URL.

To DVD or Not to DVD?

- ◆ *Once you register, you are able to order a free DVD supplement to the course*
- ◆ *You may want a DVD if:*
 - *You have a slow Internet connection*
 - *You want to watch the case studies in a group*
 - *You want to play it on your personal DVD player*

✓ ***The DVD is NOT a stand-alone product***

13 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. (Optional) Hold up a DVD as a visual aid.
4. Allow 1–2 minutes for discussion.

Key Talking Points

SAY: The DVD is a supplement to the online program; it is not a stand-alone product.

SAY: The DVD will let you view the video case studies on a computer DVD player or a DVD player and television monitor.

SAY: If you have a slow or unreliable Internet connection, or you want to watch the vignettes in a group setting, the DVD may be a good option for you.

SAY: However, we recommend using the Web-based curriculum, as this is the most straightforward path through the course content and exercises.

The Main Takeaway

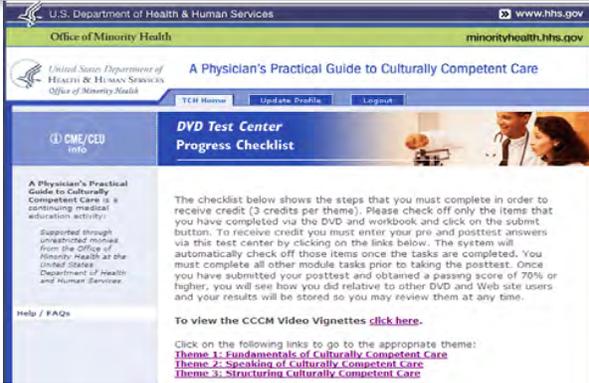
Participants should understand that a DVD supplement is available and know when it may appropriate to use it.

Slide 14: How Does the DVD Work?

Opening Discussion Points

SAY: The DVD functions by guiding you through the curriculum steps. An application called “DVD@ccess” (**HINT:** pronounce as DVD access), which is available on the DVD disc will allow you to toggle between the DVD, PDF, and Internet to complete the course.

How does the DVD Work?



- ◆ Follow prompts to move between the DVD and PDF
- ◆ Complete the tests via the DVD Test Center
- ◆ Mark the Progress Checklist as you move forward

14 <http://www.hinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Allow 1–2 minutes for discussion.
4. (Optional) Launch the Test Center site on the Internet.

Key Talking Points

SAY: If you choose to use the DVD supplement, please note that you will still need to complete your Pre- and Posttests via the online Test Center.

SAY: As you move through the course, check the boxes next to the curriculum components you have finished on the Progress Checklist and click submit at the bottom of the page.

SAY: Once you have completed the required material and passed the Posttests with 70% or above, a certificate will automatically be generated.

The Main Takeaway

Participants should understand the basic flow of the DVD program.

Slide 15: Course Content

Opening Discussion Points

SAY: The training program has three Themes, and each Theme is broken down into three Modules.

A Physician's Practical Guide to Culturally Competent Care

- ◆ **Theme 1:**
Fundamentals of Culturally Competent Care
- ◆ **Theme 2:**
Speaking of Culturally Competent Care
- ◆ **Theme 3:**
Structuring Culturally Competent Care

15 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Allow 1 minute for discussion.

Key Talking Points

SAY: You can take the Themes in any order. Each Theme is comprised of 3 Modules. However, before you start any Theme, you must complete the Curriculum Introduction.

SAY: After completing the Introduction, you will start with a short Pretest for each Theme. You will also complete a Posttest after you have covered the material in each Theme.

SAY: Providers are asked to complete the clinically based Themes 1 and 2. Theme 3 can be completed by someone other than a Medicare provider—such as an office administrator—who can share the information with colleagues. However, Theme 3 contains valuable information, and we encourage you to complete this content if you have an opportunity. You will be eligible to receive an additional 3 CMEs or CEUs!

The Main Takeaway

Participants should have a “big picture” understanding of how the course is organized.

Slide 16: The Carrot

Opening Discussion Points

SAY: This course is accredited for 9 CMEs by the American Medical Association and the American Academy of Family Physicians.

SAY: If you are a part of a different professional organization, you may submit your certificate of participation to your accrediting body to apply for credit.

Earning CMEs and CEUs

- ◆ *Earn 3 continuing education credits per Theme*
- ◆ *Complete all material*
- ◆ *Pass the posttest with 70% or above*
- ◆ *Complete the Theme Evaluation*
- ◆ *Print an automatically generated certificate*

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Allow 1–2 minutes for discussion.

16 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: Earning CMEs and CEUs via this program is straightforward. Each Theme is worth 3 CME credits, so you can choose to earn 3, 6, or 9 credits total.

SAY: To earn credit for a Theme, you must complete all three Modules in the Theme, the Pre- and Posttest and the Theme Evaluation.

SAY: When you have met the criteria, a printable certificate is automatically generated—there's no need to wait for anything to be mailed to you!

The Main Takeaway

Participants should be able to articulate the criteria for earning CMEs and CEUs.

Slide 17: Program Features

Opening Discussion Points

SAY: This course has several interactive and user-friendly features for your convenience.

Program Features

- ◆ *Video-based case studies*
- ◆ *Automatic bookmarking*
- ◆ *Progress tracking*
- ◆ *Continuous updates with new resources*
- ◆ *Option for customized e-mail reminders*
- ◆ *Capability to share reactions and comments with other participants*

17 <http://www.thinkculturalhealth.hhs.gov>

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Allow 1–2 minutes for discussion.

Key Talking Points

SAY: Since you obtain a username and password when you register, you can enter and exit the course as many times as you need to. When you leave the course, the site will automatically bookmark the page where you stopped.

SAY: The course features instant online grading and certificate issuance, so there's nothing to mail.

SAY: You can also read the responses of other providers to survey questions and case study questions to see how your colleagues are responding.

The Main Takeaway

Participants should feel comfortable with the features of the online program.

Slide 18: Where Can I Go For Help?

Opening Discussion Points

SAY: If you have any questions as you move through the curriculum, there are a number of resources you can turn to for answers.

The slide is titled "Available Resources" in a dark blue header. It lists four resources: QIO Facilitator, QSource (with URL), Help/FAQ site (with URL), and Email at cccm@thinkculturalhealth.hhs.gov. A yellow box on the right contains directions: 1. Show the slide, 2. Cover the Talking Points, 3. Allow 1-2 minutes for discussion. The slide number 18 and the URL http://www.thinkculturalhealth.hhs.gov are at the bottom.

Available Resources

- ◆ **QIO Facilitator**
- ◆ **QSource**
(<http://www.qsource.org/uqiosc/>)
- ◆ **Help/FAQ site**
(https://cccm.thinkculturalhealth.hhs.gov/GUIs/GUI_Help.asp)
- ◆ **Email at cccm@thinkculturalhealth.hhs.gov**

Directions:

1. Show the slide.
2. Cover the Talking Points.
3. Allow 1–2 minutes for discussion.

18 <http://www.thinkculturalhealth.hhs.gov>

Key Talking Points

SAY: I or my colleagues at the QIO are available to help you navigate the program. Also, a Frequently Asked Questions (FAQ) site is available via the left hand navigation on every page of the online curriculum. (http://cccm.thinkculturalhealth.hhs.gov/GUIs/GUI_Help.asp)

SAY: If you are unable to find an answer in these resources, you may also e-mail questions to: CCCM@ThinkCulturalHealth.hhs.gov. Please allow 24 to 48 hours for a response.

The Main Takeaway

Participants should recognize resources available for additional help or information.

Slide 19: Summary

Opening Discussion Points

SAY: We've covered a lot during this hour. I'd like to take a moment to review what we've talked about.

<p>Summary</p> <ul style="list-style-type: none">◆ <i>Overview and rationale for cultural competency</i>◆ <i>How to register and log on to A Physician's Practical Guide to Culturally Competent Care</i>◆ <i>Where to go for help and resources</i>◆ <i>Questions?</i> <p>19</p> <p>http://www.thinkculturalhealth.hhs.gov</p>	<p>Directions:</p> <ol style="list-style-type: none">1. Show the slide.2. Cover the Talking Points.3. Open the floor to questions and comments.4. Provide contact information.
--	--

Key Talking Points

SAY: We discussed that health disparities are a significant issue and that when not recognized, language and cultural barriers may affect the quality of care you provide to your patients.

SAY: I described for you a cultural competency training tool that is Medicare's "Program of Choice." It is available at <http://www.thinkculturalhealth.hhs.gov>.

ASK: I've been talking a lot for the past several minutes. Would anyone in the group like to offer a reflection on what we've discussed today?

ASK: Are there any questions or concerns before we break?

SAY: My e-mail address is _____ and I can be reached by phone at _____. Please call me if you have any questions and thank you for your time today!

The Main Takeaway

Participants have an understanding of what was covered, and have an opportunity to share their reactions with the group.

Part IV

Handouts

Office of Minority Health's Recommended* National Standards for Culturally and Linguistically Appropriate Services in Health Care

The Fundamentals of Culturally Competent Care

1. Health care organizations should ensure that patients/consumers† receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in CLAS delivery.

Speaking of Culturally Competent Care

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with LEP at all points of contact and in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must ensure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Structuring Culturally Competent Care

8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide CLAS.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are

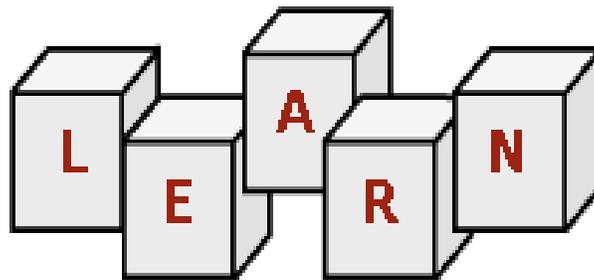
culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

14. Health care organizations are encouraged to make available regularly to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Handout 1.2

LEARN Model

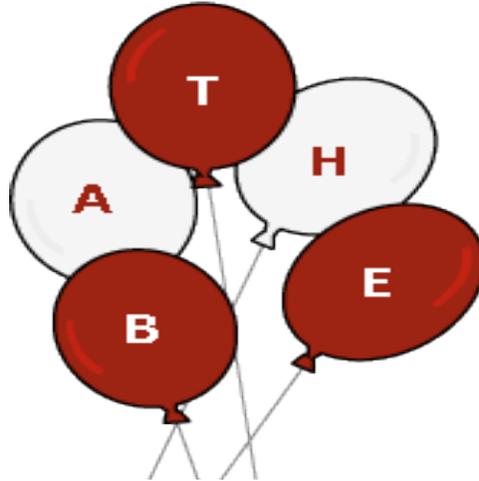
The LEARN model suggests a framework for listening, explaining, acknowledging, recommending, and negotiating health information and instructions (Berlin & Fowkes, 1983).



- **Listen** with sympathy and understanding to the patient's perception of the problem.
- **Explain** your perception of the problem.
- **Acknowledge** and discuss differences and similarities.
- **Recommend** treatment.
- **Negotiate** agreement.

BATHE Model

The BATHE model provides a useful mnemonic for eliciting the psychosocial context through asking simple questions about background, affect, trouble, handling, and empathy (Stuart & Lieberman, 1993).



- **Background:** The simple question “What is going on in your life?” elicits the context of the patient’s visit.
- **Affect:** Asking “How do you feel about what is going on?” or “What is your mood?” allows the patient to report and label the current feeling state.
- **Trouble:** “What about the situation troubles you the most?” helps the physician and patient focus and may bring out the symbolic significance of the illness or event.
- **Handling:** “How are you handling that?” gives an assessment of functioning and provides direction for an intervention.
- **Empathy:** “That must be very difficult for you” legitimizes the patient’s feelings and provides psychological support.

ETHNIC Model

ETHNIC, a model for culturally competent clinical practice, includes questions to elicit information about a patient's explanation of illness, treatment, and healers, along with negotiation, intervention, and collaboration about treatment (Levin, Like, & Gottlieb, 2000).

		E			
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		I			
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Explanation

- What do you think may be the reason that you have these symptoms?
- What do friends, family, or others say about these symptoms?
- Do you know anyone else who has had this kind of problem?
- Have you heard about, read about, or seen it on television, radio, or newspaper? (If patients cannot offer explanations, ask what most concerns them about their problems.)

Treatment

- What kinds of medicines, home remedies, or other treatments have you tried for this illness?
- Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy? Tell me about it.
- What kind of treatment are you seeking from me?

Healers

- Have you sought any advice from alternative/folk healers, friends, or other people (nondoctors) for help with your problems? Tell me about it.

Negotiation

- Negotiate options that will be mutually acceptable to you and your patient and that do not contradict but rather incorporate your patient's beliefs.
- Ask what are the most important results that your patient hopes to achieve from this intervention.

Intervention

- Determine an intervention with your patient. This intervention may include the incorporation of alternative treatments, spirituality, and healers as well as other cultural practices (e.g., foods eaten or avoided in general and when sick).

Collaboration

- Collaborate with the patient, his or her family members, other health care team members, healers, and community resources.

I Speak Cards

2004 Census Test		United States Census 2010
LANGUAGE IDENTIFICATION FLASHCARD		
<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Խնդրում ենք նշում կատարել այս բառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មួចញាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/>	Motka i kakhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/>	如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/>	如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/>	Mark this box if you read or speak English.	11. English
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بنزید.	12. Farsi

DB-3309

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

- | | | |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> | Make kazye sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian
Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet. | 19. Hungarian |
| <input type="checkbox"/> | Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | 20. Ilocano |
| <input type="checkbox"/> | Marchi questa casella se legge o parla italiano. | 21. Italian |
| <input type="checkbox"/> | 日本語を読んだり、話せる場合はここに印を付けてください。 | 22. Japanese |
| <input type="checkbox"/> | 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 23. Korean |
| <input type="checkbox"/> | ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືຢາກພາສາລາວ. | 24. Laotian |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish |

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português. | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această căsuță dacă citiți sau vorbiți românește. | 27. Romanian |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски. | 28. Russian |
| <input type="checkbox"/> | Обележите овај квадратик уколико читате или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | 30. Slovak |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español. | 31. Spanish |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> | ให้กาเครื่องหมายลงในช่องสี่เหลี่ยมถ้าท่านอ่านหรือพูดภาษาไทย. | 33. Thai |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | 35. Ukrainian |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | 36. Urdu |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 37. Vietnamese |
| <input type="checkbox"/> | באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. | 38. Yiddish |

Symbols for Use in Health Care



Ambulance Entrance
Ingreso de
Ambulancias



Billing Department
Departamento de
Facturación



Cardiology
Cardiología



Care Staff Area
Área del Personal
de Cuidado



Chapel
Capilla



Diabetes (Education)
Diabetes (Educación)



Emergency
Emergencia



Family Practice Clinic
Clínica de Práctica
Familiar



Immunizations
Inmunizaciones



Infectious Disease
Enfermedades
Infecciosas



Intensive Care
Cuidado Intensivo



Internal Medicine
Medicina Interna



Interpretive Services
Servicios
Interpretación



Laboratory
Laboratorio



Mammography
Mamografía



Medical Records
Archivos Médicos



OB Clinic
Clínica de Obstetricia



OB/GYN
Obstetricia/
Ginecología



Oncology
Oncología



Outpatient
Paciente Ambulatorio



Pediatrics
Pediatria



Pharmacy
Farmacia



Physical Therapy
Terapia Física



Radiology
Radiología



Registration
Registro



Social Services
Servicios Sociales



Surgery
Cirugía



Waiting Area
Área de Espera

Symbols for Use in Health Care

Hablamos Juntos, an initiative of The Robert Wood Johnson Foundation, was launched to eliminate language barriers and improve the quality of health care for people with Limited English Proficiency (LEP). In a research endeavor with JRC Design, they examined the history and usage of visual symbols as communication tools in health care settings throughout the world.

The research showed that symbols can be an effective communications tool, particularly for LEP individuals. Further, a thoughtful, well-designed symbol system could assist English speakers as well as LEP people of many languages and cultures.

The symbols shown on this poster are the results of rigorous design and testing. It is a system with broad aesthetic, as well as practical, appeal.

Symbols are not the panacea for a poor signage system, nor will they solve wayfinding issues. But they can be part of a viable and dynamic system that can assist all people, regardless of their reading skill level, to feel more comfortable and confident within a health care facility.



Copyright (c) 2005 The Robert Wood Johnson Foundation
All symbols are copyright registered to protect the image. The symbols may be used free of charge in health care facility signage systems, wayfinding programs and supportive materials such as documents for information and directional purposes, and health care facility department identification.

Triadic Interview Checklist

Before the Interview

- Arrange for extra time for the interview.
- Arrange for a trained interpreter.
- Make sure the interpreter and patient speak the same language and dialect.
- Hold a brief meeting with the interpreter.
- Give the interpreter a brief summary of the patient.
- Establish, with the interpreter, goals for the session.
- Establish ground rules.
- Insist on sentence-by-sentence interpretation.
- Explain that the interpreter is not to answer for the patient.
- Invite the interpreter to interrupt or intervene as necessary to ensure understanding.
- Clarify the purpose of the visit.
- Document the name of the interpreter in the progress notes.
- Ask the interpreter to teach you to correctly pronounce the patient's name.

During the Interview

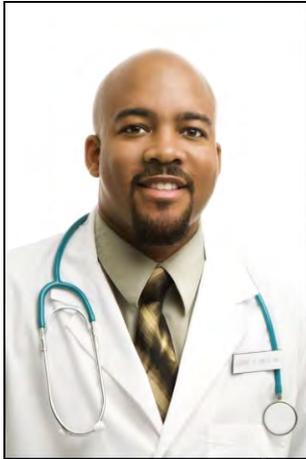
- Remember that you, as the health care provider, not the interpreter, are responsible for the interview.
- Watch the patient, not the interpreter.
- Speak slowly and clearly use simple and straightforward language, and avoid metaphors, jargon and slang.
- Clearly explain medical terminology.
- Observe and evaluate what is going on before interrupting the interpreter.
- Allow the interpreter to ask open-ended questions to clarify what the patient says.
- Allow the patient time for questions and clarifications.
- Ask the patient to repeat instructions.
- Be aware of your own attitudes and shortcomings.

After the Interview

- If necessary (for example, in situations of death or dying or giving bad news), hold a post interview meeting with the interpreter.
- Examine your procedures in the interview and determine how you might improve them for future triadic interviews.
- Examine your own attitudes in the interview and determine how you might change them for future triadic interviews.

Triadic Interview Process

Summarized from Language Access Services: Domains, strategies, and implications for medical education (Putsch, 2002).



The provider should arrange chairs to facilitate communication with the patient.

The provider should face the patient and speak directly to him or her.



Office Environment Assessment Checklist

From *A Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services* (<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>).

Resources

- Are appropriate resources available to patients (e.g., language resources, health care information)?
- Does the health care center (e.g., office) offer appropriate hours based on community employment/illness needs?
- Are patients with special needs, including language needs, afforded extra time in scheduling?

Interactions

- Are interactions among staff and patients open-minded and respectful?
- Are staff members diverse and aware of cultural differences and effects?
- Are staff members aware of confidentiality requirements, and is confidentiality respected?
- Do staff attitudes and behaviors welcome diversity?

Materials

- Does signage appear in languages appropriate to the practice and the community profiles?
- Are written materials of all types (including magazines) available in languages appropriate to the practice and community profiles?
- Do written materials take into account the literacy levels of patients receiving services?
- Do videos or other media for education, treatment, and so on, reflect the culture and ethnic background of the patients?
- Are materials free of negative cultural, racial, or ethnic stereotypes?

Environment

- Is the waiting area comfortable, with pictures, decorations, refreshments, and so on, appropriate to the diversity of the patient community?
- Do the office's reception practices welcome patients of all backgrounds and make it equally easy for them to register, have questions answered, and obtain treatment?
- Do telephone manners acknowledge and account for differences in patients' needs?
- Is a mission plan visible to patients, and does it include a statement about a commitment to delivering culturally competent services?

Organizational Strategies

- Are staff (including physicians) aware of policies about behavior and attitudes toward all patients, including minority patients?
- Are there rewards for appropriate behavior and sanctions for inappropriate behavior?
- Do all staff members receive training in areas that will contribute to cultural competence?
- Is someone responsible for oversight about culturally competent care-related issues?
- Does the organization have a strategic plan for delivering culturally and linguistically appropriate services?
- Is the community involved in decisions about the care and services that are offered?
- Does the practice know which patients need language access services and have a method to supply the services when needed?
- Are staff members aware of social practices, beliefs, history, traditional practices, medical approaches, and other culturally based factors that may have an impact on health care decisions for the minority/ethnic groups represented in the practice?
- Do patients/consumers believe that they are receiving culturally competent care?

Data Collection Resources

Many Web-based resources are available to obtain demographic information for creating community profiles.

Resources	Data on Demographics and Statistics	Processes for Data Collection
<p>Census Bureau Web site: http://www.census.gov</p>	<ul style="list-style-type: none"> • Useful resource for learning about communities served and the different groups who live there. • This site provides information about local resources and workshops to learn how to use the data. • Census 2000 data includes race and ethnicity changes between 1990 and 2000; changes over time; and demographic data on race, age, sex, income, poverty level, and more. Data are available by state, county, urban area, school district, and ZIP code. • Reports are in PDF format, and can be printed easily. 	<ul style="list-style-type: none"> • On the Web site’s home page go to the left navigation bar and select Data Tools. • Choose an option from the Data Access Tools menu
<p>Centers for Disease Control and Prevention Web site: http://www.cdc.gov</p>	<ul style="list-style-type: none"> • This site provides a variety of links about which diseases affect specific populations. • Users can find a variety of tools to help analyze the diseases most common to groups in a community • This site also provides access to literature about health-related issues. 	<ul style="list-style-type: none"> • On the Web site’s home page go to the left navigation bar and select Data and Statistics. • On the Web site’s home page go to Publications and Products
<p>Morbidity and Mortality Weekly Report: http://www.cdc.gov/mmwr</p>	<ul style="list-style-type: none"> • This CDC site offers a variety of reports, guidelines, and public health data such as the <i>Morbidity and Mortality Weekly Report</i> (MMWR). • Users can search numerous CDC data sets at once. 	<ul style="list-style-type: none"> • On the Web site’s home page go to, the left navigation bar and select a menu item(s).
<p>Youth Risk Behavior Surveillance</p>	<ul style="list-style-type: none"> • This CDC site provides 	<ul style="list-style-type: none"> • On the Web site’s

Resources	Data on Demographics and Statistics	Processes for Data Collection
<p>Survey (YRBS): http://www.cdc.gov/nccdphp/dash/yrbs/index.htm</p>	<p>information about risk behaviors of adolescents by nation, state, and territory, and selected localities. All data can be summarized by racial and ethnic background.</p> <ul style="list-style-type: none"> • Risk behavior areas covered include the following: <ul style="list-style-type: none"> ○ Unintentional and intentional injuries ○ Alcohol and other drug use ○ Tobacco use ○ Sexual behaviors that contribute to unintended pregnancy or sexually transmitted disease ○ Unhealthy dietary behaviors ○ Physical activity 	<p>home page select desired options.</p>
<p>National Center for Health Statistics (NCHS): http://www.cdc.gov/nchs</p>	<ul style="list-style-type: none"> • This CDC site provides a variety of health data resources that can be selected by age, sex, race, and ethnicity. • One section gives trends in racial and ethnic specific rates for health status indicators. 	<ul style="list-style-type: none"> • On the Web site's home page select desired options.
<p>Kaiser Family Foundation, State Health Facts Online: http://www.kff.org</p>	<ul style="list-style-type: none"> • This site gives access to health policy information for all 50 states. • Users can easily view information by state, or www.statehealthfacts.kff.org compare and rank data across all 50 states and or the nation. • U.S. information on more than 230 topics is displayed in tables and color-coded maps and may be downloaded for custom 	<ul style="list-style-type: none"> • On the Web site's home page select desired options.

Resources	Data on Demographics and Statistics	Processes for Data Collection
	analyses.	

Checklist of Factors for Successful Collaboration

From Collaborations: What Makes IT Work, by Paul Mattessich and Barbara Monsey. Copyright 1992 by the Amherst H. Wilder Foundation.

Environment

- A history of collaboration or cooperation in the community
- Collaborative group seen as leader in the community
- Favorable political/social climate

Membership Characteristics

- Mutual respect, understanding, and trust
- Appropriate cross-section of members
- Collaboration seen by members as being in their self-interest
- Ability to compromise

Process/Structure

- A stake in both process and outcome shared by members
- Multiple layers of decision-making
- Flexibility
- Development of clear goals and policy guidelines
- Adaptability

Communication

- Open and frequent communication
- Established formal and informal communication links

Purpose

- Concrete, attainable goals and objectives
- Shared vision
- Unique purpose

Resources

- Sufficient funds
- Skilled convener

Evaluation Form
for
A Physician's Practical Guide to Culturally Competent Care

Title/Theme of Training _____

Date of Training _____

Name of Facilitator _____

In order to assist us with continuing to provide training that meets your needs, please complete the following sections. Thank you in advance for your input.

Section I: Participant Information (Optional)

Name/Title _____

Street Address _____

Email Address _____

Section II: Evaluation

Circle the number that indicates your evaluation of the following items.

Facilitator

		Unsatisfactory	Poor	Average	Good	Excellent
1.	Knowledge of subject	1	2	3	4	5
2.	Rapport with participants	1	2	3	4	5
3.	Organization of presentation/training	1	2	3	4	5
4.	Listening skills	1	2	3	4	5
5.	Enthusiasm	1	2	3	4	5
6.	Ability to answer questions	1	2	3	4	5
7.	Presentation skills	1	2	3	4	5
8.	Effectiveness in using equipment and supplemental materials throughout the presentation	1	2	3	4	5

Additional comments about the presenter:

Content

		Unsatisfactory	Poor	Average	Good	Excellent
9.	Quality of content	1	2	3	4	5
10.	Value to my job	1	2	3	4	5
11.	Handouts	1	2	3	4	5
12.	Amount of time spent on activities	1	2	3	4	5
13.	Relevance to my practice	1	2	3	4	5

Additional comments about the content:

Overall

		Unsatisfactory	Poor	Average	Good	Excellent
14.	Overall, how would you rate this training?	1	2	3	4	5

Section III: Impact

15. What did you like most about the training? _____

16. What did you like least about the training? _____

17. Would you recommend this training to your peers? Yes ____ No ____

Why or why not? _____
