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Cultural & Linguistic

Competency and Sensitivity Training

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Definition

- **Competence – the quality of being adequately or well qualified physically and intellectually**
- **Linguistics – the scientific study of language**

Linguistic competence – a speaker's implicit, internalized knowledge of the rules of their language.

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Diverse Member Population

Prospect Medical's membership population is very diverse. Members who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.

We provide face to face oral and sign language interpretation for medical appointments, telephonic interpretation, translated written communication, braille materials and more.

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

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How to identify LEP Member

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

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Working with LEP members

Depending on the nature of communication LEP Members might require an interpreter and/or translation services.

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Interpretation vs translation

Interpretation	Translation
Language interpretation, or **interpreting,** is the facilitating of oral or sign-language communication, either simultaneously or consecutively, between users of different languages.	**Translation** is the communication of the meaning of a source-language text by means of an equivalent target-language text

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Interpreter

An *interpreter* is a person who converts a thought or expression in a source language into an expression with a comparable meaning in a target language either simultaneously in "real time" or consecutively after one party has finished speaking. The interpreter's function is to convey every semantic element (tone and register) and every intention and feeling of the message that the source-language speaker is directing to target-language recipients.

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Preferred language

- LEP Members can be distinguished by checking IDX. Please refer to the IDX Language Preference Indicators Job Aid.
- In the event IDX does not reflect member's preference, politely inquire if member needs a translator in a language other than English.
- Advise that interpretation services are available at no charge.

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Type of Interpreter

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

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Tips to overcome language barriers

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

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Tips for working with telephonic interpreters

- Tell the interpreter the purpose of your call. Describe the type of information you are planning to convey.
- Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning, e.g., “can’t - cannot.”
- Speak in short sentences, expressing one idea at a time.
- Speak slower than your normal speed of talking, pausing after each phrase.
- Avoid the use of double negatives, e.g., “If you don’t appear in person, you won’t get your benefits.” Instead, “You must come in person in order to get your benefits.”
- Speak in the first person. Avoid the “he said/she said.”
- Avoid using colloquialisms and acronyms, e.g., “LEP.” If you must do so, please explain their meaning.

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Tips for working with telephonic interpreters

- Provide brief explanations of technical terms, or medical terms.
- Pause occasionally to ask the interpreter if he or she understands the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the client.
- Ask the interpreter if, in his or her opinion, the client seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way.
- ABOVE ALL, BE PATIENT with the interpreter, the client and yourself! Thank the interpreter for performing a difficult and valuable service.
- The interpreter will wait for you to initiate the closing of the call and will be the last to disconnect from the call.

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Tips for working with telephonic interpreters

When working with an interpreter over a speakerphone or with dual head/handsets, many of the principles of on-site interpreting apply. The only additional thing to remember is that the interpreter is "blind" to the visual cues in the room. The following will help the interpreter do a better job.

When the interpreter comes onto the line let the interpreter know the following:

- **Who you are**
- **Who else is in the room**
- **What sort of setting this is**
- **What sort of meeting/discussion this is**

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Assistance

- Telephonic Interpretation: Language Line 1-800-874-9426
- Face to Face Interpretation requires prior authorization
- Hearing impaired assistance dial 711 for California Relay Service
- Requests for braille materials contact Customer Service
- Requests for translated materials contact Customer Service

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Cultural competence

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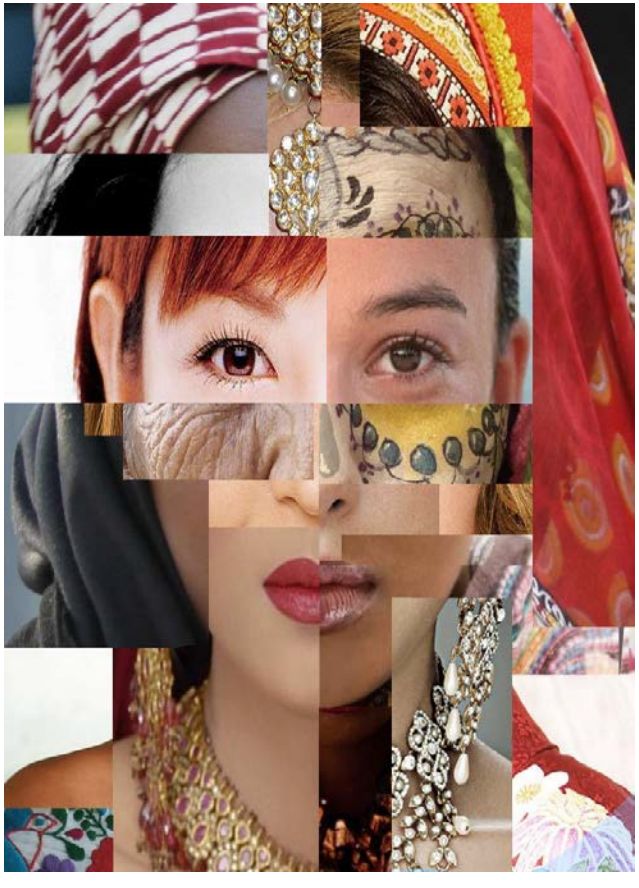
Culture

The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.



Culture is dynamic in nature, and individuals identify with multiple cultures in their lifetime.

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Elements of culture

- Age
- Cognitive ability or limitations
- Country of origin
- Degree of acculturation
- Education level attained
- Environment and surroundings
- Family and household composition
- Gender identity
- Generation

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Elements of culture

- Military affiliation
- Occupational groups
- Perceptions of family and community
- Perceptions of health and well-being and related practices
- Perceptions/beliefs regarding diet and nutrition
- Health practices, including use of traditional healer techniques such as Reiki and acupuncture
- Linguistic characteristics, including language(s) spoken, written, or signed; dialects or regional variants; literacy levels and other related communication needs

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Elements of culture

- Residence (i.e., urban, rural, or suburban)
- Sex
- Sexual orientation
- Socioeconomic status
- Physical ability or limitations
- Political beliefs
- Racial and ethnic groups
- Religious and spiritual characteristics, including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life

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Cultural Diversity

This term is used to describe differences in ethnic or racial classification and self-identification, tribal or clan affiliation, nationality, language, age, gender, sexual orientation, gender identity or expression, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another.

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Cultural Competence

Cultural competence is a learning process that aims to achieve culturally congruent care and higher levels of cultural sensitivity.

Professional standards, societal needs, ethical considerations and legal issues all declare the need to prioritize cultural competence in the employee training.

Cultural competence refers to an ability to interact effectively with people of different cultures and socio-economic backgrounds, particularly in the context of entities whose employees work with persons from different cultural/ethnic backgrounds.

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Cultural Competence Comprises Four Components:

- Awareness of one's own cultural worldview
- Knowledge of different cultural practices and worldviews
- Attitude towards cultural differences
- Cross-cultural skills

Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

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Cultural Incompetence Encourages:

- Disparity
- Privilege
- Prejudice
- Stereotype
- Bias
- Discrimination
- Isms (Ageism, Sexism, Racism)

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Disparity

From Middle French *disparité*.

- **the state of being unequal; difference**

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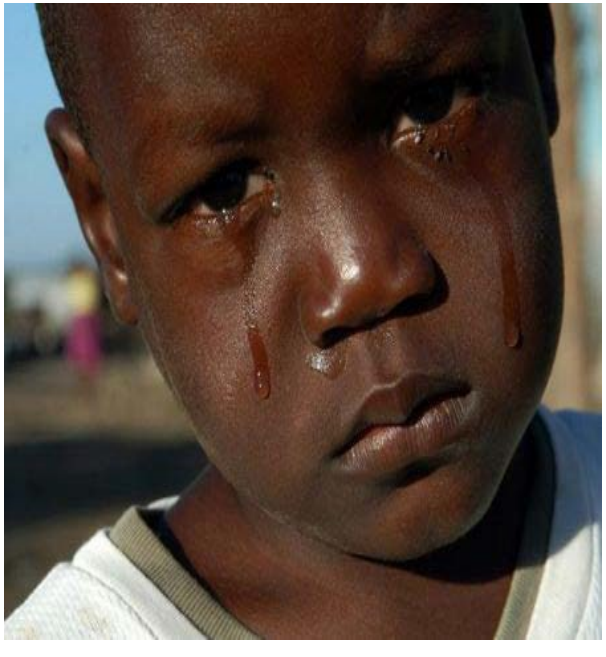
Health Disparity



The United States historically had large disparities in health and access to adequate healthcare between races. Current evidence supports the notion that these racially centered disparities continue to exist and are a significant social health issue. The disparities in access to adequate healthcare include differences in the quality of care based on race and overall insurance coverage based on race. The Journal of the American Medical Association identifies race as a significant determinant in the level of quality of care, with ethnic minority groups receiving less intensive and lower quality care. Ethnic minorities also receive less preventative care, are seen less by specialists, and have fewer expensive and technical procedures than non-ethnic minorities. In fact, Hispanic children are almost three times less likely to receive routine health care as white children, and only 16% of white patients lack routine health care, as compared to about 20% of African Americans and 30% of Hispanic patients.

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Privilege

A special right, advantage, or immunity granted or available only to a particular person or group of people. Privilege refers to the idea that in human society, some groups benefit from unearned, largely-unacknowledged advantages that increase their power relative to that of others, thereby perpetuating social inequality. Privilege is generally invisible to those who have it, and a person's level of privilege is influenced by multiple factors including race, gender, age, sexual orientation, and social class, and changes over time.

Privilege has many benefits, including ones that are financial or material such as access to housing, education, and jobs, as well as others that are emotional or psychological, such as a sense of personal self-confidence and comfort, or having a sense of belonging or worth in society.

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Prejudice

Preconceived opinion that is not based on reason or actual experience.

Prejudice is prejudgment, or forming an opinion before becomi aware of the relevant facts of a case. The word is often used to refer to preconceived, usually unfavorable, judgments toward people or a person because of gender, political opinion, social class, age, disability, religion, sexuality, race/ethnicity, language nationality or other personal characteristics. In this case, it refe to a positive or negative evaluation of another person based on their perceived group membership. Prejudice can also refer to unfounded beliefs and may include "any unreasonable attitude that is unusually resistant to rational influence". Gordon Allport defines prejudice as a "feeling, favorable or unfavorable, toward a person or thing, prior to, or not based on, actual experience".

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Stereotype

A widely held but fixed and oversimplified image or idea of a particular type of person or thing.

In social psychology, a stereotype is a thought that can be adopted about specific types of individuals or certain ways of doing things. These thoughts or beliefs may or may not accurately reflect reality. However, this is only a fundamental psychological definition of a stereotype. Within psychology and spanning across other disciplines, there are different conceptualizations and theories of stereotyping that provide their own expanded definition. Some of these definitions share commonalities, though each one may also harbor unique aspects that may contradict the others.

- **The term stereotype derives from the Greek words στερεός (stereos), "firm, solid" and τύπος (typos), "impression," hence "solid impression".**
- **The term comes from the printing trade and was first adopted in 1798 by Firmin Didot to describe a printing plate that duplicated any typography. The duplicate printing plate, or the stereotype, is used for printing instead of the original.**
- **Outside of printing, the first reference to "stereotype" was in 1850, as a noun that meant "image perpetuated without change." However, it was not until 1922 that "stereotype" was first used in the modern psychological sense by American journalist Walter Lippmann in his work Public Opinion.**

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Bias

Bias is an inclination of temperament or outlook to present or hold a partial perspective, often accompanied by a refusal to even consider the possible merits of alternative points of view. People may be biased toward or against an individual, a race, a religion, a social class, or a political party. Biased means one-sided, lacking a neutral viewpoint, not having an open mind. Bias can come in many forms and is often considered to be synonymous with prejudice or bigotry.

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Discrimination

Discrimination is action that denies social participation or human rights to categories of people based on prejudice. This includes treatment of an individual or group based on their actual or perceived membership in a certain group or social category, "in a way that is worse than the way people are usually treated".

It involves the group's initial reaction or interaction, influencing the individual's actual behavior towards the group or the group leader, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on logical or irrational decision making.

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Ageism

Ageism (also spelled "agism") is stereotyping and discriminating against individuals or groups on the basis of their age. This may be casual or systematic. The term was coined in 1969 by Robert Neil Butler to describe discrimination against seniors, and patterned on sexism and racism. Butler defined "ageism" as a combination of three connected elements. Among them were prejudicial attitudes towards older people, old age, and the aging process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people.

The term has also been used to describe prejudice and discrimination against adolescents and children, including ignoring their ideas because they are too young, or assuming that they should behave in certain ways because of their age.

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Sexism

Sexism or gender discrimination is prejudice or discrimination based on a person's sex or gender. Sexist attitudes may stem from traditional stereotypes of gender roles and may include the belief that a person of one sex is intrinsically superior to a person of the other. A job applicant may face discriminatory hiring practices, or (if hired) receive unequal compensation or treatment compared to that of their opposite-sex peers. Extreme sexism may foster sexual harassment, rape and other forms of sexual violence.

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Racism

Racism consists of both prejudice and discrimination based in social perceptions of biological differences between peoples. It often takes the form of social actions, practices or beliefs, or political systems that consider different races to be ranked as inherently superior or inferior to each other, based on presumed shared inheritable traits, abilities, or qualities. It may also hold that members of different races should be treated differently.

Among the questions about how to define racism is the question of whether to include forms of discrimination that are unintentional, such as making assumptions about preferences or abilities of others based on racial stereotypes, whether to include symbolic or institutionalized forms of discrimination such as the circulation of ethnic stereotypes through the media, and whether to include the socio-political dynamics of social stratification that sometimes have a racial component.

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Tips for successful intercultural interaction

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Styles of speech

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

Tolerate gaps between questions and answers, impatience can be seen as a sign of disrespect.

Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.

Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offense is intended when a patient interrupts you.

Stay aware of your own pattern of interruptions, especially if the patient is older than you are.

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Eye Contact

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

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Body language

- Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.
- Follow the patient's lead on physical distance and touching. If the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable, and ask permission to touch them.
- Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.
- Do not interpret a patient's feelings or level of pain just from facial expressions. The way that pain or fear is expressed is closely tied to a person's cultural and personal background.

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Guiding conversation

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