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True or False:
When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.

Resource: www.erc.msh.org
Management Sciences for Health

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True:
Because of language and cultural barriers, the patient may not understand the questions or may be reluctant to report symptoms; in turn, the provider may misunderstand the patient's description of symptoms.

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Which of the following statements is TRUE?


- a. People who speak the same language have the same culture.
- b. The people living on the African continent share the main features of African culture.
- c. Cultural background, diet, religious, and health practices, as well as language, can differ widely within a given country or part of a country.
- d. An alert provider can usually predict a patient's health behaviors by knowing what country s/he comes from.

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Answer: c.


The only assured similarity among people from around the world who come to you for care is the fact that they are your patients and they hope to be treated with respect and with concern for their individual health needs. As a health care practitioner, it is important to have a basic understanding of your patients' cultures—and to recognize the similarities and differences among people from the same region of the world and the same country. Differences in cultures within a region can be pronounced. Each patient is the product of many cultural forces. People from the same continent, the same country, the same part of the country, and even the same city, may have major differences in cultural heritage, traditions, and language, as well as differences in socioeconomic status, education, religion, and sexual orientation. It is the combination of all of these factors that make up a person's "culture."



Which of the following is NOT TRUE of an organization that values cultural competence:

- a. The organization employs or has access to professional interpreters that speak all or at least most of the languages of its clients.
- b. The organization posts signs in different languages and has patient education materials in different languages.
- c. The organization tries to hire staff that mirror the ethnic and cultural mix of its clients.
- d. The organization assumes that professional medical staff do not need to be reminded to treat all patients with respect.

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Answer: d.

Even the most conscientious, committed staff who have been trained in cultural competence may need periodic reminders. In a busy practice, it is easy for providers to seek shortcuts, slipping into assumptions about the diverse populations they serve and failing to take the time needed to fully understand the health beliefs and values of each patient.

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Laws & Regulatory Requirements

Civil Rights Act of 1964

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- Can be found in 45 CFR Part 80
- Protects patients from discrimination based on race, national origin, religion
- Applicable to organizations who receive federal reimbursements (i.e.. Medicare and Medicaid reimbursements)
- Regulated by Office of Civil Rights (OCR)

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- Prohibits companies from:
 - Denying services
 - Provide a different service, a lower quality service or provide it in a different manner than you would other patients
 - Subject a participant to segregation
 - Restrict people from receiving services
 - Deny a person from participating on advisory board

Based on that persons race, nationality, religion, etc

Limited English Proficiency

- Primary Language is not English
- Defined as those who can't speak English at all or very well
- Act requires "Meaningful Access"
- Use of the DOJ four-factor analysis

Four Factor Analysis

Can assist organizations to assess cultural programs

1. # or proportion of LEP likely to be served
2. Frequency in which organization comes in contact
3. Importance of the program to LEP lives
4. Resources available to the recipient and the costs

Agency Requirements

- Written materials in other language
 - Patient rights information
 - Consents
 - Medicare/Medicaid benefit information
- Interpreter services can include telephone services
 - Use of staff as interpreters-if they have knowledge in subject (i.e., Professional staff able to translate medical terminology)

Issues

- Use of children as interpreters
 - Discouraged by Office of Civil Rights
 - Illegal in some states (California)
- Consent forms not in native language
- Penalties can include:
 - Loss of federal funds
 - Legal action
 - Informed consent issues
 - Violation of patient rights CoP 484.10

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEP GUIDANCE, 67F.R. 4968, 4975 (February 1, 2002)

Use of Friends, Family and Minor Children as Interpreters

A recipient/covered entity may expose itself to liability under Title VI if it requires, suggests, or encourages an LEP person to use friends, minor children, or family members as interpreters, as this could compromise the effectiveness of the service.

Use of such persons could result in a breach of confidentiality or reluctance on the part of individuals to reveal personal information critical to their situations. In a medical setting, this reluctance could have serious, even life threatening, consequences.

In addition, family and friends usually are not competent to act as interpreters, since they are often insufficiently proficient in both languages, unskilled in interpretation, and unfamiliar with specialized terminology.

If after a recipient/covered entity informs an LEP person of the right to free interpreter services, the person declines such services and requests the use of a family member or friend, the recipient/covered entity may use the family member or friend, if the use of such a person would not compromise the effectiveness of services or violate the LEP person's confidentiality.

The recipient/covered entity should document the offer and declination in the LEP person's file. Even if a LEP person elects to use a family member or friend, the recipient/covered entity should suggest that a trained interpreter sit in on the encounter to ensure accurate interpretation.

Section 504 of 1973 Rehabilitation Act

- National law
- Protects individuals from discrimination due to disability
 - Includes seeing and hearing
- Applicable to those who receive federal funds
- Cannot deny individuals from receiving services
- 45 CFR Part 84

National Standards for Cultural and Linguistic Services

- Regulated by DHHS- Office of Minority Health
- 14 standards directed to healthcare organizations
- Separated into 3 categories
 - Culturally competent care
 - Language access service
 - Organizational support for cultural competence

Culturally Competent Care

- **Standard 1**
Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
- **Standard 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.
- **Standard 3**
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Federal Requirements)

- **Standard 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 limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- **Standard 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.
- **Standard 6**
Health care organizations must assure 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).
- **Standard 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.

Organizational Supports for Cultural Competence

- **Standard 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 culturally and linguistically appropriate services.
- **Standard 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.
- **Standard 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.

Organizational Supports for Cultural Competence

- **Standard 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.
- **Standard 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.
- **Standard 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.
- **Standard 14**
Health care organizations are encouraged to regularly make available 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.

Legal Case Studies

Refer to below link:

<http://virtualmentor.ama-assn.org/2007/08/hlaw1-0708.html>

Current Statistics Regarding Cultures & Populations in the United States

Percentage of People who Speak a Language Other than English at Home

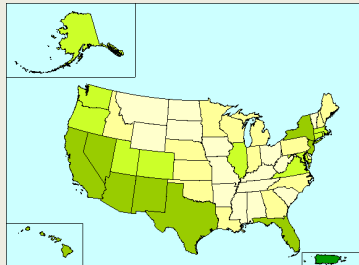
Data Classes

Percent
2.3 - 6.4
7.4 - 12.0
13.2 - 21.3
24.4 - 42.2
55.3 - 95.3

Features

Major Road
Street
Stream/Waterbody

Items that are not visible at this zoom level



US Census data 2005-2009

Language Use

- 19.6% speak a language other than English in the home in the United States
- 5.7% speak a language other than English in the home in Missouri

- 8.6% of people reported they speak English “less than very well” in the United States
- 38% of people reported they speak English “less than very well” in Missouri

Percentage of People who are Foreign Born

Data Classes

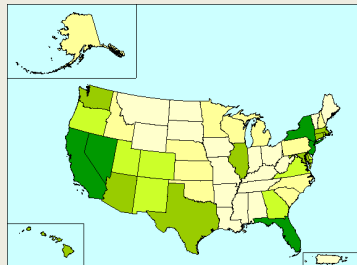
Percent

- 1.3 - 4.1
- 4.4 - 6.8
- 7.8 - 10.1
- 12.1 - 16.8
- 18.7 - 26.8

Features

- Major Road
- Street
- Stream/Waterbody

Items in **gray** text are not visible at this zoom level



US Census bureau

- 12.4% foreign born citizens in the United States

- 3.5% in Missouri

Immigrant population in Missouri

- Mexico 17%
- Germany 6.5%
- China 6.2%
- Vietnam 5.8%

(2007 US Immigration Support)

Individual Cultural Consideration

- The following are generalizations and should not be considered all inclusive or used to stereotype patients
- All described points may not apply to people from that culture
- **Most importantly-know your community and patient population**

Resources used:

- Cultural diversity in America: How different cultures approach end of life issues (Hosparus)
- Caring for patients from different cultures (Geri-Ann Galanti)

Mexico (#1 in US and Missouri)

- **Family issues**
 - Husband may be decision maker
- **Pain**
 - Men may feel expressing pain shows weakness
 - Others may be very expressive
- **End of life**
 - Very family oriented
 - Limited use of hospice services-(use may be perceived as unable to live up to family obligations)
- **Health Practices**
 - May require nutritional education –many foods are high in fat and salt
- **Personal practices/daily living**
 - May not make direct eye contact with authority figures
 - Silence may indicate lack of agreement with treatment plan
 - Touch by strangers may be seen as disrespectful

China (#2 in US and 3 in Missouri)

- **Family**
 - Elders respected
 - Family very important
 - Oldest adult male as decision maker
- **Pain**
 - Reluctant to complain of pain
- **End of life**
 - May not be open to telling patient about terminal diagnosis
 - Aversion to death
- **Health practices**
 - Social stigma attached to emotional/mental problems-may present as physical complaints
- **Personal practices/daily living**
 - Offer things several times-may refuse at first to be polite
 - May agree but will not follow through
 - Avoid direct eye contact

India (#3 in US)

- **Family**
 - Unquestioned obedience to elders
- **Pain**
 - Depending on religion may refuse narcotics for pain
- **End of life**
 - Family member to be told first of impending death-may not want patient told
- **Health practices**
 - Use left hand for washing and unclean activities (cleaning of the perineum)
- **Personal practices/daily living**
 - Nodding yes and no are opposite than in the USA
 - Silence usually signifies acceptance

Philippines (#4 in US)

- **Family**
 - Respect to authority figures
 - Family oriented
 - Spokesperson is usually father or eldest son/daughter
 - Men act as primary decision makers
- **Pain**
 - May be stoic
 - May be fearful of becoming addicted to narcotics
- **End of life**
 - May request spiritual objects near patient
 - Death is held in high regard-family to be present to say good bye
 - Prefer to die at home
- **Health practices**
 - Patient may turn over healthcare decisions to family members
- **Personal practices/daily living**
 - Modest
 - Instead of saying no, may be silent or hesitantly state yes

Vietnam (#5 in US and 4 in Missouri)

- **Family**
 - Highly family oriented/extended family
 - Elders respected-father/oldest son is spokesperson
- **Pain**
 - May be stoic
 - May first try home remedies
- **End of life**
 - Dying at home is preferred
 - Don't tell patient about terminal illness without consulting the head of the family
- **Health practices**
 - May self medicate or self adjust doses
 - May discontinue medications after symptoms disappear
- **Personal practices/daily living**
 - Avoiding eye contact with authority is viewed as respectful
 - Healthcare provider should not shake woman's hand unless she offers first

Cultural Case Studies

Refer to the below link:

<http://www.culturediversity.org/cases.htm>

Culture & Compliance

- Use of underage interpreters at family request
 - Can create issues with informed consent
- Some customs may include tipping for services
 - Can be in violation of Medicare regulations and agency code of ethics
- Culture of agency staff may make them feel obligated to do things for patient off shift
 - Can create issues with professional boundaries

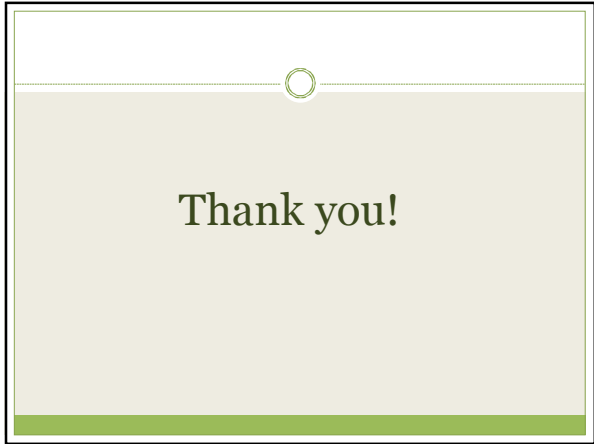
In Summary

- Know the law
- Identify community served
- Evaluate staff knowledge
- Develop written P&P
- Provide resources for staff and patients
- Train staff
- Monitor compliance

Additional Tools and Resources

- Minorityhealth.hhs.gov
- Ahrq.gov
- www.cis.org
- Fastfacts.census.gov
- <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>
- Galanti, G. *Caring for Patients from Different Cultures*
- Hosparus. *Cultural Diversity in America*
- http://ruijms.umdnj.edu/departments_institutes/family_medicine/chfd/resources/Resources.html
- <http://www.diversityrx.org>
- <http://erc.msh.org>
- <http://www.hrsa.gov>

Questions?



Thank you!
