Cultural Sensitivity & Health Literacy

A provider's guide to offering culturally and linguistically sensitive care.

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Cultural Competency

BRIDGING THE COMMUNICATION GAP

Cultural Competency

Cultural competency is the ability to interact effectively with people from different cultures and backgrounds. This aligns with the beliefs, values and behaviors of Superior HealthPlan.

The Importance of Cultural Competency

Improved cross-cultural and linguistic communications can play a role in reducing health disparities which are prevalent throughout Texas and the nation. According to the 2010 U.S. Census report, Texas residents speak 164 languages which can present numerous opportunities for misunderstanding with regard to health conditions or medications. The ability to communicate successfully by addressing barriers in health care can directly affect a patient's treatment and/or the treatment outcome.

It is important to adopt the tenets of cultural competency in order to:

- Avoid miscommunication.
- Form better relationships with patients, staff and co-workers.
- Help patients lead their healthiest and happiest lives possible.

Additionally, it is important to:

- Be cautious not to oversimplify the values, customs and beliefs that characterize any group of people. People with the same cultural background can also vary widely.
- Be aware of "othering," or the bias to see groups as inferior, exotic or immoral.
- Be knowledgeable when communicating about others and use an open mind, and examine you own biases and stereotypes and set them aside.

Cultural Competency

What You Can Do To Become More Culturally Competent

As a managed care organization, Superior uses the National Culturally and Linguistically Appropriate Services (CLAS) standards from the Office of Minority Health to guide our efforts to become more culturally competent. A few of these standards include:

1. **Principal standard**: Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

2. **Governance, leadership and workforce**: Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

3. **Communication and language assistance**: Offer communication and language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health-care services.

4. **Engagement, continuous improvement and accountability**: Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.

References:

- Baker, D. W., Parker, R. M., Williams, M. V., Clark, W. S., & Nurss, J. (1997). The relationship of patient reading ability to self-reported health and use of health services. American journal of public health, 87(6), 1027–1030. Retrieved from: https://ajph.aphapublications.org/doi/10.2105/AJPH.87.6.1027

- Baker, D. W., Parker, R. M., Williams, M. V., & Clark, W. S. (1998). Health literacy and the risk of hospital admission. Journal of general internal medicine, 13(12), 791-798.

- Baker, D. W., Gazmararian, J. A., Williams, M. V., Scott, T., Parker, R. M., Green, D., ... & Peel, J. (2002). Functional health literacy and the risk of hospital admission among Medicare managed care enrollees. American journal of public health, 92(8), 1278-1283.

- Weiss, B. (2007). Removing barriers to better, safer care: Health literacy and patient safety: Help patients understand. American Medical Association Foundation and American Medical Association.

- Ura, A., & McCullough, J. (2015, November 26). As Texas population grows, more languages are spoke at home. The Texas Tribune. Retrieved from: https://www.texastribune.org/2015/11/26/languages-spoken-texas-homes/

- Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over: 2009-2013. (2015, October). Retrieved from: https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html

Communicating with a Patient who is Deaf

Adapted from the University of Washington Medical Center's, *Culture Clues™ Communicating with Your Deaf Patient*, every person is unique; Always consider the individual's beliefs, needs and concerns. Use *Culture Clues™* and information from the patient and family to guide your communication and the patient's care.

How a Patient who is Deaf Communicates

- Most people who are deaf communicate with hearing professionals through a combination of methods such as signing, writing, speech and lip reading.
- If the patient relies on American Sign Language (ASL), make sure that an interpreter is present.
- Do not assume that when a patient who is deaf nods their head in acknowledgment, that they have heard or understood you. The patient may be relying on family present to explain later.
- Use open-ended questions to make sure that the patient has understood.
- Be aware that in ASL, the word "positive" is closely linked to "good." Stating that a test result is positive may be interpreted that a test result is good news.
- To express heightened emotions, the patient's signing may be made with larger, quicker and more forceful motions. Your patient's language conveys emotions such as urgency, fear and frustration in this way.
- Your own body language is an important way to enhance your communication. Use pantomime and facial expressions. Be aware that the patient may use facial expressions to assess the gravity of the situation.
- Demonstrate respect and understanding by attempting to learn a few key phrases in ASL.
- Become familiar with the manual sign language alphabet for when an interpreter is not available to communicate.
- See www.aslpro.com/cgi-bin/aslpro/aslpro.cgi for an animated dictionary of the ASL Language.

Communicating with a Patient who is Deaf

How to Limit Environmental and Sensory Barriers to Communication with Patients who are Deaf

- For patients who prefer speech or lip reading, make sure that you have the patient's attention before speaking.
- Tap the patient on the shoulder, wave, flick a light, or use another visual signal. If lip reading is the patient's preferred communication method:
  - Use your regular voice volume and lip movement.
  - Maintain eye contact when you speak. If you turn your head, you could obscure the view of your face.
  - When speaking to the patient, don't place things such a pencils, gum, or food in your mouth.
  - Remove your facemask before speaking.
- Avoid standing in front of a light or a window. Overhead lighting limits shadows.
- If writing is the patient's preferred communication:
  - Writing can be fatiguing and time-consuming, resulting in communication that may be incomplete.
  - Note that American Sign Language does not follow the order and syntax of written and spoken English. It may be helpful to use short precise clauses, pictures and diagrams. Allow for the increased time needed.
  - Be sure the patient is provided with writing tools. A small white or blackboard is a useful tool, for all communication modalities.

How to Reduce the Communication Barriers with my Patient who is Deaf in our Medical Environment

- Some people who are deaf consider English their second language after American Sign Language. Always ask the patient about comfort with written language when you are using this mode of communication.
- The patient may have limited experience with medical terminology. Sometimes people who are deaf do not have the opportunity to gain incidental information, and may not have the same common knowledge that hearing people have. Topics such as causes of illness, prevention, allergy or average body temperature may not be familiar. The patient may not have full knowledge of his/her medical history.
- Patients who are deaf often do not receive good explanations about their illness or treatments.
- Hospital staff tend to talk to family members rather than the adult patient who is deaf.

Communicating with a Patient who is Deaf

- Give thorough explanations, explaining terms and procedures. Use pictures and diagrams when possible.
- Ask open-ended questions to ensure understanding.
- Always have written materials to reinforce verbal information given to the patient.

Resources to Learn More about Health Care and People who are Deaf

- Association of medical professionals with hearing loss: blog. (2019). Retrieved from: https://www.amphl.org/blog
- Animated dictionary of the American sign language. (2019). Retrieved from: http://www.aslpro.com/cgi-bin/aslpro/aslpro.cgi

References:
- University of Washington Medical Center. (2012, January). Communicating with Your Deaf Patient. Retrieved from: http://depts.washington.edu/pfes/PDFs/DeafCultureClue.pdf.
- Detailed languages spoken at home and ability to speak English for the populations 5 years and over: 2009-2013. (2015, October). Retrieved from: http://depts.washington.edu/pfes/PDFs/DeafCultureClue.pdf.

Communicating with a Patient who is Hard-of-Hearing

Adapted from the University of Washington Medical Center's, *Culture Clues™ Communicating with Your Hard-of-Hearing Patient*, every person is unique; Always consider the individual's beliefs, needs and concerns. Use *Culture Clues™* and information from the patient and family to guide your communication and the patient's care.

How a Patient who is Hard-of-Hearing Communicates

- About one out of 10 people in the United States has hearing loss. Half of the people with hearing loss are older adults.
- For patients who wear hearing aids, check to see if they are on when you are talking.
- Adjust your communication to ensure that the patient is able to hear you by talking slower.
- Do not assume that when a patient who is hard-of-hearing nods their head in acknowledgment, that they have heard or understood you. The patient may be relying on family present to explain later.
- Use open-ended questions to make sure that the patient has understood.

How to Limit the Environmental and Sensory Barriers to Communication with Patients who are Hard-of-Hearing

- Individuals who are hard-of-hearing have a harder time hearing when they are tired or ill.
- Make sure that you have the patient's attention before speaking. Tap the patient on the shoulder, wave, flick a light, or use another visual signal.
- Sit closer to the patient. This will improve their ability to see you if they rely on lip reading and will also help with voice levels and minimize the effects of distant sounds.
- Be sure to speak clearly, using your regular voice volume and lip movement. Maintain eye contact when you speak. If you turn your head, you could obscure the view of your face. Avoid standing in front of a light or a window. Position yourself so that the light is shining on the patient. Overhead lighting limits shadows.
- When speaking to the patient, don't place things such as pencils, gum, or food in your mouth. Remove your facemask before speaking. Be aware that mustaches can create difficulty with lip reading. Taking notes or writing in the chart while talking with your patient who is hard-of-hearing can block the view of your face. For patients who are hard-of-hearing, close the door to limit background noise. Be aware of equipment noises in the rooms and hallways and, when possible, find a quiet place to speak with your patient.

Communicating with a Patient who is Hard-of-Hearing

How to Reduce the Communication Barriers with a Patient who is Hard-of-Hearing in a Medical Environment

- If the patient does not understand you, reword your statement. The nuance of the sounds of the words you use may be the problem.
- A small white or blackboard may ease communication. Be sure the patient is provided with the proper writing tools.
- Request an assistive listening device to help the patient hear.
- Always have written materials to reinforce verbal information given to the patient.

Resources to Learn More about Health Care and the Hard-of-Hearing Culture

- Association of medical professionals with hearing loss: blog. (2019). Retrieved from: https://www.amphl.org/blog
- Animated dictionary of the American sign language. (2019). Retrieved from: http://www.aslpro.com/cgi-bin/aslpro/aslpro.cgi

References:
- University of Washington Medical Center. (2012, January). Communicating with Your Hard-of-Hearing Patient. Retrieved from: http://depts.washington.edu/pfes/PDFs/HardOfHearingCultureClue.pdf.

Cultural Competency and LGBTQ Populations

Most cultural competency trainings share similar goals: to bring about positive, LGBTQ-affirming change in the participants' knowledge, attitude and behavior towards LGBTQ patients and clients. Bias and prejudice tend to function at many levels, including personal, interpersonal and institutional. The strategies proposed here focus primarily on the personal and interpersonal levels, with an understanding that transformation at these levels can exercise an influence on institutions.

About the Terms

- **LGBTQ**: An acronym for "Lesbian, Gay, Bisexual, Transgender or Questioning."
- **Lesbian**: A woman who is emotionally, romantically or sexually attracted to other women.
- **Gay**: A person who is emotionally, romantically or sexually attracted to members of the same gender.
- **Bisexual**: A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.
- **Transgender**: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
- **Questioning**: A term used to describe people who are in the process of exploring their sexual orientation or gender identity.
- **Sex assigned at birth**: The sex (male or female) given to a child at birth, most often based on the child's external anatomy. This is also referred to as "assigned sex at birth."
- **Gender identity**: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.
- **Sexual orientation**: An inherent or immutable enduring emotional, romantic or sexual attraction to other people.

Health Disparities

- Stress from discrimination and prejudice can impact health. A study from 2010 found that individuals who lived in one of the 16 states that passed a "Defense of Marriage Act" (DOMA), experienced a 36.6% increase in mood disorders, 248.2% increase in generalized anxiety and 41.9% increase in alcohol use disorders in the five years before and after the passage of those amendments.
- LGBTQ youth are more likely to be homeless, and 2 to 3 times more likely to attempt suicide.
- Lesbians are less likely to get screenings for cancer.
- Gay men (especially in communities of color) are at a higher risk of HIV and other STDs.

Cultural Competency and LGBTQ Populations

- Lesbians and bisexual females are more likely to be obese.
- Transgender individuals have a high prevalence of HIV and STDs, victimization, mental health issues and suicide.

Barriers to Health Care

- Discrimination in access to employment, housing, adoption, retirement and other benefits, resulting in lower access to health care.
- Mistreatment from health-care professionals.
- Perceived stigma or discrimination.
- Stereotypes of promiscuousness, confusion, or danger.
- Shortage of health-care providers knowledgeable about LGBTQ health.
- LGBTQ older adults are less likely to have children and receive care from adult children. This may contribute to higher rates of isolation.

Cultural Values and Views of Health

- This population and their experiences are not uniform. They are shaped by factors such as race, ethnicity, socioeconomic status, geographical location and age.
- Individuals may have very different levels of comfort with being open about their identity. Some may choose to remain very private, while others may be outspoken and open about their identity.

Communication Tips

- Listen to and reflect patients' choice of language when describing their own sexual orientation and gender. When in doubt, use gender-neutral terms. For instance, when talking about a patient's significant other, "partner" and "spouse" are gender-neutral terms to use instead of "husband" or "wife."
- Refrain from making assumptions about a person based on sexual orientation or gender identity.
- Ensure equitable treatment and a welcoming attitude towards LGBTQ individuals.
- Assure confidentiality if you sense a patient is uncomfortable being open with you.

References:

- Glossary of Terms. (n.d.). Retrieved from: https://www.hrc.org/resources/glossary-of-terms
- Tschurtz, B., & Burke, A. (2017). The Joint Commission: advancing effective communication, cultural competence, and patient-and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: a field guide. Retrieved from: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf
- Lim, F. A., Brown Jr, D. V., & Kim, S. M. J. (2014). CE: Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. AJN The American Journal of Nursing, 114(6), 24-34.
- Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. American journal of public health, 100(3), 452–459. Retrieved from: https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.168815

Social Determinants of Health (SDOH)

Conditions in the places where people live, learn, work and play affect a wide range of health risks and outcomes. There are five key areas for SDOH: Neighborhood and Built Environment, Health and Health Care, Social and Community Context, Education and Economic Stability.

The examples below may result in physical and/or behavioral health risks or negative health outcomes. *Note: Highlighted items indicate an area in which Superior is taking action to ensure improved health outcomes*.

Economic Stability
Employment
Food Insecurity
Housing Instability
Poverty

Education
Development
Early Childhood Education and
Enrollment in Higher Education
High School Graduation
Language and Literacy

Social and Community Context
Civic Participation
Discrimination
Incarceration
Social Cohesion

Health and Health Care
Access to Health Care
Access to Primary Care
Health Literacy

Neighborhood and Built Environment
Access to Foods that Support Healthy
Crime and Violence
Eating Patterns
Environmental Conditions
Quality of Housing

References:
-Centers for Disease Control and Prevention. (n.d.). Social determinants of health: Know what affects health. Retrieved from: https://www.cdc.gov/socialdeterminants/index.htm
-Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
-Lim, F. A., Brown, D. V. Jr., & Kim, S.M.J. (2014, June). Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. Retrieved from: https://nursing.ceconnection.com/ovidfiles/00000446-201406000-00021.pdf

People Surviving in Poverty

Adapted from *Communication Across Barriers Inc*., people surviving in poverty have a difficult time breaking the cycle of poverty.

Lessons of Poverty

There are various "lessons" that poverty teaches:

- Success is generally unattainable.
- Jobs may not pay enough for a living wage.
- Emotions are not meant to be expressed, publicly or privately.
- Money is to be used before it gets away — there's never enough anyway.
- Courts and the police are out to get people and should be avoided.
- Education is for "those" people, not you. Teachers do not like us.
- Life happens and you have no power to change it (fate).
- Health care is often nonexistent, so sharing prescriptions and glasses is important.
- Doctors and dentists are also to be avoided so they can't tell you bad news. They seem to "know everything."
- Nutrition and exercise are words used by people who have too much time and money on their hands.

Communication Tips

Communication tips for people living in poverty:

- Practice looking for the strengths and skills people have. Some people in working class poverty have begun to see their situation as a personal deficiency.
- The "strengths perspective" focuses on the strengths each person brings, and on developing plans that build on those strengths. To help you with this task, think about some of the poverty survival skills they have developed, and then give them positive feedback to help them build resiliency.
- Show you believe they have potential. If you don't believe they have potential, they might not trust you or believe they have potential either.
- People who live in poverty more commonly come from an oral culture or tradition. Keep this in mind with any materials you might give them. Talk with them about the materials you give them, and make sure they understand through a feedback loop by paraphrasing, restating and asking clarifying questions.
- Hearing and actively listening are not the same thing. Active listening requires putting yourself in the position of the person you speak with.
- Build trust through camaraderie. Help them see you as "just a person," instead of the voice or face of an organization or institution.

People Surviving in Poverty

- Connect what motivates them to what you know will help them. It is human to pass up opportunities because people feel like they are not capable of succeeding or they don't "belong."
- People are motivated by what they feel is possible for them. When there is a program or resource that can help someone, find out what motivates the person and help him or her see how the program or resource can help them get what they want.

References:
-Beegle, Dr. Donna. (2019). Retrieved from: www.combarriers.com.

Cultural Competency for Patients with Low Health Literacy

Health Literacy

Health literacy is the capacity to obtain, process and understand basic health information and services needed to make appropriate decisions. Health literacy is also now recognized as a component of Cultural Competency. A patient's level of health literacy can impact how and when they take their medications, their understanding of their health conditions, attendance at their appointments and the choices they make regarding treatment. Low health literacy has been linked to poor health outcomes, such as higher rates of hospitalization and less frequent use of preventive services.

Signs of Low Health Literacy

To make it even more challenging, it can be difficult to tell if a person has poor health literacy. Some signs include:

- Noncompliance with medication regiments, lab tests or appointment attendance.
- An incomplete or inaccurately completed registration form.
- Inability to explain the functions, timing and name of their medications.
- Saying they "forgot their glasses" if they cannot read something.

Cultural Competency for Patients with Low Health Literacy

The American Medical Association Foundation has compiled seven (7) steps to improve interpersonal communication with patients who have low health literacy.

1. **Slow down** – Sometimes a little extra time is needed so the patient can process the information better.

2. **Use plain, non-medical language** – Use terms like "high blood pressure" instead of "hypertension" or "skin doctor" instead of "dermatologist."

3. **Show or draw pictures** – Visual imagery can improve the patient's recall of ideas.

4. **Limit the amount of information and repeat it** – Sometimes it can be overwhelming for a patient to receive too much information all at once.

5. **Use the "teach-back" method** – Confirm that the patient understands by asking them to repeat back your instructions. It may be helpful to say something like, "I want to make sure I told you everything correctly. Can you please tell me what you're going to do to take care of your foot?"

6. **Create a shame-free atmosphere that encourages questions** – Make patients feel comfortable asking questions. Use the patient's family and friends in promoting understanding.

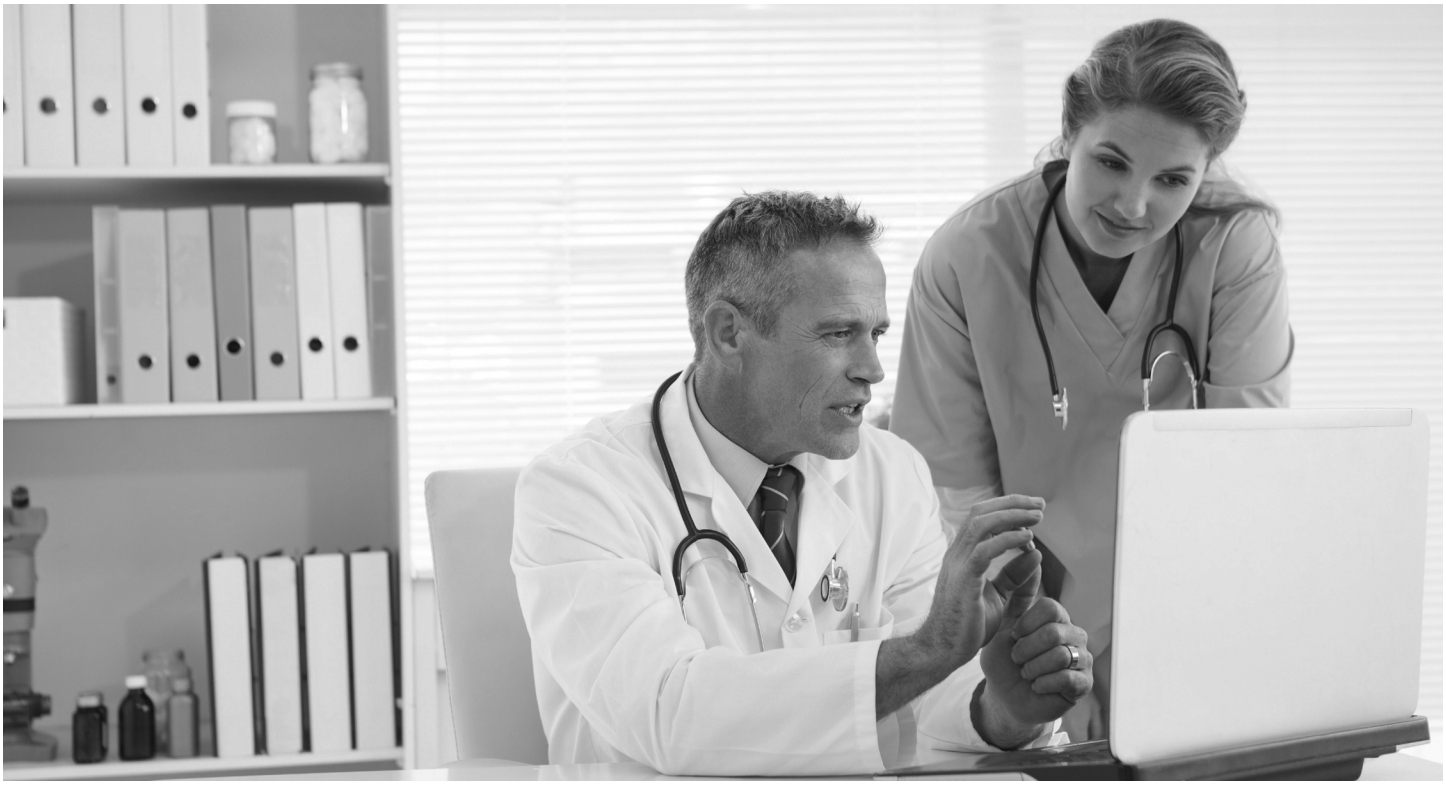
7. **Be positive and empowering** – Encourage questions from the patient after every main point.

Cultural Competency for Patients with Low Health Literacy

Barriers to Health Care

The National Center for Education Statistics at the U.S. Department of Education published the results of the first National Assessment of Adult Literacy health literacy results in 2006. They found that 36% of adults have just "basic" or "below basic" health literacy. This means that they could have difficulty reading a prescription drug label, figuring out the substances that can interact with their over-the-counter medication, or calculate their BMI by looking at a graph of their weight and height. Low health literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventative services. To make it even more challenging, it can be difficult to tell if a person has poor health literacy. Some signs include:

- Registration form is incomplete or inaccurately completed.
- Saying they "forgot their glasses" if they cannot read something.
- Noncompliance with medication regiments, lab tests, or appointment attendance.
- Inability to explain the function, timing and name of their medications.



References:

- Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006). The health literacy of America's adults: Results from the 2003 national assessment of adult literacy (NCES 2006–483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.
- U.S. Department of Health & Human Services. (n.d.) Quick guide to health literacy: Fact sheet. Retrieved from: https://health.gov/communication/literacy/quickguide/Quickguide.pdf
- Nielsen-Bohlman, L., Panzer, A. M., & Kindig, D.A. (2004). Health literacy: A prescription to end confusion.

Cultural Diversity

COMMUNICATING WITH ALL CULTURES

Adapted from the University of Washington Medical Center's, *Culture Clues™ Communication Guide: All Cultures*, clinicians who understand their patients' cultural values, beliefs and practices are more likely to have positive interactions with their patients and provide culturally acceptable care. This improves opportunities for health promotion and wellness; illness, disease and injury prevention, and health maintenance and restoration.

Culture Clues™ is offered to increase awareness about preferences of individuals from the many cultures we serve, whether they are from a different ethnic or religious background, socioeconomic level, race, gender or sexual orientation. Use *Culture Clues™* and information from the patient and their families to guide your communication and the care you provide.

Every person is unique. Put yourself in your patients' shoes and consider their beliefs, needs and concerns as you interact with them. Treat patients as they would like to be treated.

Help Patients Feel Comfortable

If English is the patient's second language, or your patient is deaf/hard-of-hearing or has vision impairment, make sure to involve an interpreter in all of your care discussions. Interpreter services can be requested through Superior's Member Services hotline (see the number on the back of the member's ID card or page 37 of this guide).

Patients may include many family members in their care and care decisions. Some may be related, while others may be friends whom they consider to be family and part of their support network. When appropriate, use the terms "partner" or "spouse" rather than "husband" or "wife" to avoid making assumptions about sexual orientation.

Establish a Relationship with Your Patients

Treat patients as they want to be treated instead of how you would want to be treated. This means asking about preferences before acting. Pay attention to patient cues and follow their lead. If they do not establish eye contact or refuse to shake your hand, a cultural custom or spiritual belief may be guiding their behavior.

Provide Health Information in Ways Patients Accept

Asking patients these questions may help you provide health-care information and treatment recommendations that your patients will accept:

- What cultural, religious, spiritual or lifestyle beliefs may impact the kind of health care you want to receive? – Remember to document these preferences so others can honor them.

Continuity of cultural appropriateness is essential.

- Who else in your life needs to be involved in making medical decisions about your care?
- Would you like to receive your test results and diagnosis information, or do you prefer this information be given to someone else? If they answer "someone else," find out who that is. Remember to ask the patient to "teach back" the information you give them and then document their understanding.
- How does your care plan fit with your lifestyle and beliefs? Will you be able to follow this plan? Determine if your explanation of the causes and likely course of the illness matches the patients' perceptions and understanding of their illness. If there is a mismatch, some patients may rely on their own explanations before those of medical professionals.
- Can a family member, friend, or someone else help you follow your plan of care? If yes, ask who.

Maintain Good Communication with Patients

Good communication helps you and your patients build trusting relationships. These tips may help foster those relationships:

- Acknowledge and respect your patients' interpretations of their illnesses.
- Listen carefully.
- Use open-ended questions (instead of yes/no questions) to make sure you and your patients share a common meaning.

Show Patients Respect

Many cultural norms may influence patients' behavior and appearance. Understanding, accepting and respecting differences in lifestyle, beliefs and customs is essential for building trusting interactions with the patients. These are some norms that may be determined by the patient's culture and beliefs:

- Causes of illness and effects of treatment
- Physical distance to maintain
- Decision making
- Food
- Eye contact
- Birth customs
- Being alone
- Touching
- Religious customs
- Clothing

Cultural Diversity

Resources to Learn More about Culturally-Appropriate Health Care

- Luquis, R. R. (2013). Cultural competence in health education and health promotion. John Wiley & Sons.
- Galanti, G. A. (2007). Cultural sensitivity: A pocket guide for health care professionals. Joint Commission Resources.
- Winkelman, M. (2008). Culture and health: Applying medical anthropology. John Wiley & Sons.
- Lipson, J. G., Sibble, S. L., Minarik, P. A. (1997). Culture and nursing care: a pocket guide. (280-290). UCSF Nursing Press.
- Clinical topics. (2019). Retrieved from: http://ethnomed.org/clinical
- Whaley, B. B. (Ed.). (1999). Explaining illness: Research, theory, and strategies. (299-316). Routledge.
- Purnell, L. D. (2014). Guide to culturally competent health care. FA Davis.
- Culture Clues. (2019). Retrieved from: http://depts.washington.edu/pfes/cultureclues.html

References:

- University of Washington Medical Center. (2007, April). Communication Guide: All Cultures. Retrieved from: https://depts.washington.edu/pfes/PDFs/CommunicationGuideAllCultures.pdf

Cultural Diversity

The following information and tips can be helpful when communicating with a patient of a different culture.

CULTURAL COMPETENCY AND AFRICAN AMERICANS

Cultural Values and Views of Health

- Stigmas around sexuality and sexual practices, i.e. gay and lesbian relationships.
- Importance of spirituality in worldview; Trusting God.
- Strong family or group orientation.
- Use of different terminology:
  - "Sugar" for diabetes.
  - "Coat" for condom.

Communication Tips

- Due to some mistrust in the medical community and health-care professionals, African American patients may be sensitive to eye contact, touch, facial expression, language and tone of voice.
- Health-care professionals must refrain from assuming an African-American patient is poorly educated or lacks intelligence if he or she uses dialects. Please see the section on health literacy in this guide for further information about clear, effective communication.
- Avoid labeling. Some African-Americans tend to speak loudly, especially when anxious, excited, or when trying to get a point across. This may be misinterpreted as anger or aggression, when in fact the loudness is a manner of expression or the dynamics of speech. Historically, there is a rich oral tradition. This is important to be aware of, in giving some patients mailers or lengthy written handouts.

References:
- Henry J Kaiser Family Foundation. (n.d.). State health facts: Minority health. Retrieved from: https://www.kff.org/state-category/minority-health/
- Fisher Collins, C. (2006). African American women's health and social issues. Greenwood Publishing Group.

Cultural Diversity

CULTURAL COMPETENCY AND ARAB AMERICANS

Cultural Values and Views of Health

About the Muslim Religion:

- 5 Pillars of Islam:
  - Shahada: This is the first pillar and means that there is only one God, Allah.
  - Salah: Prayer 5 times a day.
  - Zakat: Financial obligation, or charity.
  - Sawn: Fasting for the month of Ramadan for self-purification and self-restraint, as well as focusing on God.
  - Hajj: A pilgrimage to the Makkah for those who are financially able to do so.
- Diet may be halal, which restricts types of meat and seafood that can be eaten.
- May abstain from alcohol.
- Head coverings for women are used as a form of modesty and can denote an honored Muslim woman. They are also worn by some as a desire not to be objectified. Head coverings should not necessarily be equated with sexism.
- There are various types of coverings:
  - An al-amira is a two piece veil that covers the head and hair. It is made of a close fitting cap and a tube-like scarf.
  - A hijab covers the head and hair.
  - A niqab covers the head, hair and face, except for a small slit for the eyes.
  - A burqa covers the head, hair and face. There is usually a mesh screen for the eyes.
- Men must also be covered in some regard, and must not usually show above the knees. Due to cultural values around gender and modesty, they may:
  - Prefer to be treated by a medical practitioner of the same sex.
  - Prefer treatment that involves pills or injections rather than simple medical counseling, as they have great respect for Western Medicine.

They also have strong community bonds. Family and honor are important. Many Christian Arabs arrived in the late 19th and early 20th century as refugees. More recent immigrants are more likely to be from war torn countries or have a separated family. Because of this, some of these men may suffer from mental Illness, however mental illness, including depression, may be stigmatized among this population.

Cultural Diversity

Communication Tips

- Be willing to involve family members in the treatment of a patient.
- Sometimes communication may need to be addressed to a woman's husband, even if she speaks English. However, be mindful not to exclude her if possible.
- Show respect for elders.

References:
- Islam 101. (n.d.). Five Pillars of Islam. Retrieved from: http://islam101.com/dawah/pillars.html
- British Broadcasting Corporation. (2018, August 8). What's the difference between a hijab, niqab and burka? Retrieved from: https://www.bbc.co.uk/newsround/24118241
- El-Sayed, A. M., & Galea, S. (2009). The health of Arab-Americans living in the United States: A systematic review of the literature. BMC public health, 9, 272. Retrieved from: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-272

Cultural Diversity

CULTURAL COMPETENCY AND LATINOS

About the Terms

- **Ethnicity:** Ethnicity is a term that describes a common national or cultural tradition. Ethnicity has nothing to do with race, or the color of one's skin. Different people belonging to the same ethnicity can have very dark or very light skin, hair and eyes.
- **Hispanic:** "Hispanic" is a type of ethnicity. Hispanic people are those relating to Spanish-speaking countries and cultures in the United States. Hispanic people can have a background from any Spanish-speaking country- From Mexico, down to Argentina, all the way over to Spain. The term, "Hispanic", descends from "Hispania", or the Iberian Peninsula. Because this is a reference to European colonial powers, Latino is sometimes preferred over Hispanic.
- **Latino/a:** This term specifically refers to people relating to Spanish-speaking countries and cultures specifically in Latin-America.
- **Chicano/a:** Specifically refers to Mexican Americans, or Latinos of Mexican descent.
- **Spanish:** If someone is "Spanish," they are from Spain. When referring to someone who speaks Spanish, use "Spanish-speaking person," unless you definitely know that he/she is from Spain.

Health Disparities

- Disproportionately high rates of obesity and diabetes.
- Problems with stress, neurocysticerosis (parasitic disease of the nervous system) and tuberculosis.
- Alcoholism.
- Latinos generally report feeling less listened to and understood by their doctors.
- May have difficulties understanding their physician's explanations/communication.
- Latinos are also twice as likely to leave the doctor's office with unasked questions.
- More likely than whites to feel they are treated unfairly by providers or the health-care system.

Barriers to Health Care

- Language.
- More likely to live in poverty.
- Lack of insurance.
- In some cases, immigration status causes them to not seek help when needed for fear of deportation.
- Differing cultural beliefs.
- False Fluency: When a health-care provider mistakes the meaning of a Spanish word because they are unfamiliar with the language. For instance, "embarazada" which sounds like "embarrassed" actually means "pregnant."

Cultural Diversity

Cultural Values and Views of Health

- Simpatia (Kindness): Value politeness and conflict avoidance.
- Personalismo (Relationship): Importance of personal connection.
- Respeto (Respect): Attentive concern, especially important for older patients.
- Modesia (Modesty): Being discreet about questions related to potentially embarrassing issues such as sexual practices, alcoholism, domestic violence and mental health.
- Familia (Family): Importance of family; family involvement in health care.
- Fatalismo (Fatalism): The belief that individuals cannot do much to alter fate.
- Value alternative medicine and traditional folk therapies. When these therapies are not harmful, they should be permitted as part of the care plan.
    - Some illnesses can be seen as “hot” or “cold” illnesses, or changes between hot and cold causing illness.
- Interdependence and cooperation over independence and competition.
- Conceptions of personal space is often smaller. Explore standing closer than you normally would or leaning in closer to seem more personal and intimate.

References:
- Juckett, G. (2013). Caring for Latino patients. American Family Physician, 87(1).
National Alliance for Hispanic Health. (2001.) Quality health services for Hispanics: The cultural competency component. Retrieved from: https://www.hrsa.gov/sites/default/files/culturalcompetence/servicesforhispanics.pdf
- National Alliance for Hispanic Health. (2001.) Quality health services for Hispanics: The cultural competency component. Retrieved from: https://www.hrsa.gov/sites/default/files/culturalcompetence/servicesforhispanics.pdf
- Peterson-Iyer, K. (2008, July 1). Culturally competent care for Latino patients. Markkula Center for Applied Ethics at Santa Clara University. Retrieved from: https://www.scu.edu/ethics/focus-areas/bioethics/resources/culturally-competent-care/culturally-competent-care-for-latino-patients/

Cultural Diversity

COMMUNICATING WITH A LATINO PATIENT

How the Latino Culture Deals with Illness

Explaining the Causes of Illness and Disease

- The patient may see illness as an imbalance. The imbalance may be between internal and external sources (for example, hot and cold, natural vs. supernatural, the soul is separate from the body).
- Ask your patient, "Can you tell me what caused your illness?"
- There are folk-defined diseases such as empacho (stomach ailment) and standard western medically defined diseases such as measles, asthma and TB.
- Many patients seek medical care from curanderos or other folk healers.
- Ask about use of pharmaceuticals or home therapies such as herbal remedies or certain foods.

Helping the Patient Take an Active Role in Care and Recovery

- The patient may believe that God determines the outcome of illness.
- Consider the impact religion will have in the patient's active participation in health-care recovery. You can validate the patient's belief by asking, "Will God be served by taking the best care of yourself?"
- The patient is seen as an innocent victim, and will be expected to be passive when ill.
- Help the patient take an active role in his or her recovery.

Understanding Concerns about Depression

- Depression may not be seen as an illness. It is often seen as a weakness and an embarrassment to family.

How Medical Decisions are Made in the Latino Culture

- Country of origin, education and income level make a difference about how the patient perceives illness and makes health decisions. What are the questions you want to ask to learn more about this patient and their family?
- The mother determines when a family member requires medical care; the male head of the household gives permission to go to the medical center.
- Head of household, often oldest adult male, is the decision-maker, but important decisions often involve the whole family. The family spokesperson is usually the father or oldest male.
- Ask the patient about whom they want to be included in medical decisions. If the patient does not want to make medical decisions for themselves, let them know they need to prepare a Durable Power of Attorney for health care.
- When possible, engage the whole family in discussions that involve decisions about care.

Cultural Diversity

Understanding Relationships

- They place value in relationships. They prefer a polite and friendly encounter before a therapeutic relation.
- Take time to develop relationships. Shake hands and greet the patient by name, or ask the patient what they prefer to be called. An older adult may prefer to be called "Señor" (Mr.) or "Señora"(Mrs.).

Understanding Norms about Eye Contact and Body Language

- Eye contact with health-care professionals or people of authority may be avoided as a sign of respect. For some, eye contact may be related to evil spirits. An illness may be attributed to receiving an "evil eye" or mal ojo.
- Another example of evil eye is the belief that if you admire a child by looking without actually touching him or her, the child can become very ill.
- When the patient nods his or her head, it does not necessarily signify agreement, but that he or she is listening to you. Silence is more likely a sign of not understanding or disagreement.
- To ensure understanding, ask open-ended questions and encourage the patient to ask questions

Understanding Norms about Touch, Modesty, and Body Language

- Consider the modesty of women and girls; having a female provider may be helpful.
- Ask the patient about their gender preference for providers. Consider having a female attendant present when a male provider is examining a female patient.

Resources to Learn More about Health Care and Latino Culture:

- Culture and Nursing Care, A Pocket Guide, J.G. Lipson, S.L. Dibble, P.A. Minarik, 1997, pp. 203-215.

References:
- University of Washington Medical Center. (1999, December). Communicating with your Latino patient. Retrieved from: https://depts.washington.edu/pfes/PDFs/LatinoCultureClue.pdf

Cultural Diversity

END-OF-LIFE CARE: THE LATINO CULTURE

Adapted from the University of Washington Medical Center's *Culture Clues™ End-of-Life Care: The Latino Culture*, a person's attitude toward death and bereavement is shaped by their cultural heritage, religious practices and family unit. Always remember that there are nuances within each cultural grouping, which can be addressed through comprehensive communication with the member and his or her family. Birth region, education and income level also influence how the member perceives illness and makes health decisions.

Patterns of Kinship and Decision-Making When Caring for Your Terminally Ill Latino Patient

- In the Latino culture, there is a complex relationship between health and illness, as well as the physical, mental and spiritual parts of a person's life.
- Family involvement is very important. The family-centered model of decision making is highly valued and may be more important than patient autonomy. In the Latino culture, this is called "familismo", which is characterized by interdependence, affiliation and cooperation.
- Relatives participate in the spiritual and physical care of their ill family member. The family may be apprehensive about giving technical care without receiving education and training.
- The patient and family may prefer to be at home at the end of life. The patient may believe that the hospital setting is impersonal or that the routine disrupts the family's ability to take care of their loved one.
- The patient and family may believe that God determines the outcome of illness and that death is a natural part of the life process. Because of this acceptance of the sick role, the patient and family may not seek health care until the condition worsens significantly. This outlook may also allow the patient to tolerate a high level of pain because pain is perceived as something that you live with. This belief can also serve a protective role by preparing the patient and family for grief and death.

Communicate with Your Terminally Ill Latino Patient and His/Her Relatives

When talking to the patient and his or her family about terminal illness, do not use euphemisms. They do not translate well, and it makes it difficult for the interpreter to communicate. Use of clear and specific language will help the patient and family better understand the prognosis and make decisions about palliative care. The patient and family members may not be assertive or aggressive when communicating with doctors and clinical staff. They may not want to have any direct disagreement. As a result, important issues and problems may not be discussed, unless you initiate a dialogue:

- Ask the patient to voice opinion about issues concerning end-of-life care to provide opportunity for discussion. Make sure the patient is clear about risks and benefits of life-extending measures.
- Ask, "How do you feel about what is going on?"
    - Explore options for care, including the patient's desire to be at home at the end of life. Educate the patient and family about hospice. Ask how the clinical team can support end-of-life decisions.
- Ask, "How can we help make things better for you?"

Cultural Diversity

Useful Tips to Increase Trust with Your Terminally Ill Latino Patient:

- Be aware that there are a variety of Latino cultures and religions, including Catholicism, Magico, or Cristiana (Protestant Evangelical practices). These varying religions may provide religious means of dealing with life and death for the patient.
    - Ask the patients and family members about their preferences and rituals to better understand their needs.
- A good strategy to learn more about your patient is to have informal conversations with the extended family. Extended family members may be more available and approachable than the immediate family during time of grief.
- "Respeto" (respect) is an important concept in the Latino culture. Respect implies that relationships are based in common humanity, where one is required to establish respect – it is not assumed. Older patients may prefer to be called "Señor" (Mr.) or "Señora" (Mrs.). Ask the patients how they prefer to be addressed. To develop an effective therapeutic relationship, the doctor and other health-care providers need to be brought into the extended family circle. This is accomplished by gaining trust and showing respect.
- Grieving is considered a natural part of the life process. The patient's family may not feel comfortable with consultations from psychologists or psychiatrists to assist with the grief process because there is an expectation that these services are used for mental illness.

Rituals

- Prayer and ritual may be a part of the end-of-life process for the patient and the family members. They may use prayer or bring special amulets and rosaries (prayer beads) while visiting a dying patient.
- The family members may request that they keep candles burning 24 hours a day as a way of sustaining worship. If so, consider electric candles.
- The patient and the family may display pictures of saints. Saints have specialized and general meanings for Catholics. For example, St. Peregrine is associated with cancer, St. Joseph with dying, and Our Lady of Lourdes with body ills.
- Some families may want to honor their deceased relative by cleansing the body.
- There may be a belief that a person's spirit is lost if they die in the hospital rather than their home. The last rites are important for people who are Catholic.
- While patients and family members may exhibit stoicism during an illness, the stoicism may not be maintained when a death has occurred. Organ donation and autopsy may not be an acceptable practice. Be respectful when asking about autopsy or organ donation.

References:
- University of Washington Medical Center. (2007, April). End-of-Life Care: The Latino Culture. Retrieved from: https://depts.washington.edu/pfes/PDFs/End%20of%20Life%20Care-Latino.pdf

Cultural Diversity

COMMUNICATING WITH A KOREAN PATIENT

Adapted from the University of Washington Medical Center's, *Culture Clues™ Communicating with Your Korean Patient*, every person is unique; Always consider the individual's beliefs, needs, and concerns. Use *Culture Clues™* and information from the patient and family to guide your communication and the patient's care.

There are cultural differences based on age, ethnic group, generation, migration wave and length of time away from Korea.

How the Korean Culture Deals with Illness

- The patient may follow Buddhist or Confucian doctrine, viewing illness and death as a natural part of life.
- Symptoms may be seen as bad luck, misfortune or the result of "karma"– payback for something they did wrong in the past.
- The patient's illness may be a response to stress in the family and other interpersonal relationships.
- Health may be viewed as finding harmony between complementary energies such as cold and hot, female and male and dark and light. These forces are called "yin and yang."
- Many patients seek medical care from hanui, a traditional herbal doctor. "Hanyak" or herbal medicines are widely used. Ginseng is a popular herb.
- Build bridges between folk medicine and western care: when considering folk practices, determine when the remedies are beneficial, neutral, or harmful. Incorporate beneficial and neutral remedies into the plan of care.

Understanding the Relationship between Physical and Mental Illness

- Physical complaints are readily accepted. Mental illness is viewed as stigmatizing and threatening. As a result, psychological and social stress may be experienced bodily.
- Hwabyung is an example of a Korean culture-bound illness, common in women. The cause of this illness is suppressed anger or intolerable tragic situations. Symptoms of hwabyung include a perceived stomach mass, palpitations, heat sensation, flushing, anxiety and irritability.
- The patient may believe that talking about the situation can relieve symptoms.

Helping the Patient Understand Medications

- The patient may believe that western medicine is too strong and may not take the full dose or complete the course of treatment. The patient may cut the dose in half or stop taking the medicine whether or not they feel better.
- Explain that the dose is customized for the patient's height, weight and metabolic needs. Describe the need to take the full dose whether the patient feels better right away or not. Ask open-ended questions to ensure understanding.

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Cultural Diversity

How Medical Decisions are Made in the Korean Culture

- While the decision making is family-focused, the husband, father, eldest son, or daughter may have the final say. The eldest male is often the spokesperson.
- Ask the patient whom they want included in medical decisions. If the patient does not want to make medical decisions for themselves, let them know they need to prepare a Durable Power of Attorney for health care.
- When possible, engage the whole family in discussions that involve decisions about care.

Managing Medical News

- Bad medical news is often shielded from the patient. The family may believe that the patient is in no condition to make a decision and that bad news dissolves hope.
- Ask the patient whom he/she wants included in medical decisions.
- Because of traditional Korean values of loyalty, the patient may trust that the parents and family will make the best decision for them. Therefore, advance directives may seem unnecessary to the patient and family.

Understanding Norms about Eye Contact and Body Language

- Do not expect sustained direct eye contact. When you first meet your patient, he or she may frequently look at you when you are not looking to become more comfortable.
- Handshakes are appropriate between men; women do not shake hands.
- Respect is shown to authority figures by giving a gentle bow.
- The patient may highly value emotional self-control, appearing stoic. Be aware that the patient may not show pain or ask for pain medications.
- Respect of the patient's desire to keep emotions in control when asked about upsetting matters.

Resources to Learn More about Health Care and Korean Culture

- Lipson, J. G., Sibble, S. L., Minarik, P. A. (1997). Culture and nursing care: A pocket guide. (280-290). UCSF Nursing Press.
- Whaley, B. B. (Ed.). (1999). Explaining illness: Research, theory, and strategies. (203-297). Routledge. (*Available at UWMC's Learning Resource Center cc420.)

References:
- University of Washington Medical Center. (2007, April). Communicating with Your Korean Patient. Retrieved from: https://depts.washington.edu/pfes/PDFs/KoreanCultureClue.pdf

Cultural Diversity

COMMUNICATING WITH A VIETNAMESE PATIENT

Adapted from the University of Washington Medical Center's *Culture Clues™ Communicating with Your Vietnamese Patient*, every person is unique; Always consider the individual's beliefs, needs and concerns. Use *Culture Clues™* and information from the patient and family to guide your communication and the patient's care.

There are differences based on age, ethnic group, generation, migration wave and length of time away from Vietnam.

How the Vietnamese Culture Deals with Illness

- As an imbalance between body and nature (yin and yang, male and female, dark and light) and folk cures for these imbalances are expressed as "hot and cold."
- As an obvious cause and effect relationship (rotten food or poisonous water) and medicinal herbs or therapeutic diets are used to cure these disorders; or
- As a result of germs.

Building Bridges between Folk Remedies and Western Health Care

Many patients will get their care from folk healers first, and will seek western medical care if the folk treatments fail. There are a variety of common folk remedies that the patient may use, including cao gio (coin rubbing) or bat gio (skin pinching). These remedies are used to allow unwanted winds or elements to escape the body. They are not harmful, and many people report feeling better afterwards. This should not be mistaken for child abuse in children.

Build bridges between folk medicine and western care: when considering folk practices, determine when the remedies are beneficial, neutral or harmful. Incorporate beneficial and neutral remedies into the plan of care.

Helping the Patient Understand Medications

- The patient may believe that western medicine is too strong and may not take the full dose or complete the course of treatment. The patient may cut the dose in half or stop taking the medicine whether or not they feel better.
- Explain that the dose is customized for the patient's height, weight and metabolic needs.
- Describe the need to take the full dose whether the patient feels better right away or not.
- Ask open-ended questions to ensure understanding.
- *Please note: Be aware that the patient may have some enzyme deficiencies that require a reduction in medication dose. Contact an inpatient or outpatient pharmacy for a consult on medications.*

Cultural Diversity

How Medical Decisions are Made in the Vietnamese Culture

- Ask the patient whom he/she wants included in medical decisions.
- Consult with the family in cases of serious or terminal illness. The family may want to make the health-care decisions to avoid worrying the patient. The family spokesperson is often the person that speaks the best English.
- *Please note: Women act as the primary caregiver at the bedside of a hospitalized family member, although the entire family may help care for them*.

Understanding Communication about Health Care and Treatments

- Ask the patient open-ended questions to verify understanding and encourage them to ask questions.
- *Please note: the patient may nod, smile and/or say "yes" or "ya" to acknowledge he/she heard you, rather than that he/she understands or approves. The patient may be reluctant to say "no" to a doctor or health-care provider because it may be considered disrespectful or cause disharmony.*

Understanding Personal Space

- Handshakes are appropriate between men. Women do not shake hands.
- Respect is shown to authority figures by giving a gentle bow and avoiding eye contact.
- The patient may highly value emotional self-control, appearing stoic.
- Be aware that the patient may not show pain or ask for pain medications.
- Be respectful of the patient's desire to keep emotions in control when asked about upsetting subject matters.
- Ask to touch the head of an elder or new immigrant patient, when necessary. Some people in this cultural view the head a sacred.

Understanding Norms About Modesty

Consider the modesty of women and girls when giving a pelvic exam. Many young nulliparous women are modest about having an exam and may prefer a female doctor to examine them. In some cases, the patient may refuse a gynecologic exam from a provider of either gender.

Cultural Diversity

Resources to Learn More about Health Care and Vietnamese Culture:

- Vietnamese homepage. (2019). Retrieved from: http://ethnomed.org/culture/vietnamese/vietnamese-homepage
- Lipson, J. G., Sibble, S. L., Minarik, P. A. (1997). Culture and nursing care: A pocket guide. (280-290). UCSF Nursing Press.
- Whaley, B. B. (Ed.). (1999). Explaining illness: Research, theory, and strategies. (203-297). Routledge.

References:
- University of Washington Medical Center. (2007, April). Communicating with Your Vietnamese Patient. Retrieved from: https://depts.washington.edu/pfes/PDFs/VietnameseCultureClue.pdf
- Cultural competency: Your quick reference guide. (2016). Lousiana HealthCare Connections.

Cultural Diversity

END-OF-LIFE CARE: THE VIETNAMESE CULTURE

Adapted from the University of Washington Medical *Center's Culture Clues™ End-of-Life Care: The Vietnamese Culture*, a person's attitude toward death and bereavement is shaped to a large extent by their cultural heritage, religious practices and family unit. Always remember that there are nuances within each cultural grouping, which can be addressed through comprehensive communication with the patient and his or her family. Birth region, education and income level also influence how the patient perceives illness and makes health decisions.

Patterns of Kinship and Decision-Making When Caring for Your Terminally Ill Vietnamese Patient

- Family has a central role in the Vietnamese culture. The extended family includes children, parents, grandparents and ancestors.
- Consult with the family in cases of serious or terminal illness. The family may want to make the health-care decisions to avoid worrying the patient. The health-care provider can build trust and promote the therapeutic relationship by including the family in health-care decisions.
- Decisions are often the responsibility of the eldest male. Older women may also have significant influence. Traditionally, the eldest male is the family spokesperson. Often the person that speaks the best English assumes this role.
- Be aware that the patient may not have the extended family living nearby, adding to the stress of the illness.
- Removal of life support may require extensive family discussion, placing the responsibility for the decision on the entire family rather than on one individual.
- The patient and family may prefer to be at home at the end of life, with family members around them.

Communicate with Your Terminally Ill Vietnamese Patient and His/Her Relatives

When talking to the patient and his or her family about terminal illness, do not use euphemisms. They do not translate well, and it makes it difficult for the interpreter to communicate. Use of clear and specific language will help the patient and family better understand the prognosis and make decisions about palliative care. The patient and family members may not be assertive or aggressive when communicating with doctors and clinical staff. They may not want to have any direct disagreement. As a result, important issues and problems may not be discussed, unless you initiate a dialogue.

- Ask the patient to voice opinion about issues concerning end-of-life care to provide opportunity for discussion. Make sure the patient is clear about risks and benefits of life-extending measures.
- Ask, "How do you feel about what is going on?"
    - Explore options for care, including the patient's desire to be at home at the end of life. Educate the patient and family about hospice. Ask how the clinical team can support end-of-life decisions.
- Ask, "How can we help make things better for you?"

Cultural Diversity

Useful Tips to Increase Trust with Your Terminally Ill Vietnamese Patient

- Ask the patient how he or she prefers to be addressed.
- Be aware that the patient may accept pain and illness in a stoic manner. Motivated by a strong desire to go home, the patient may mask his or her pain.
- As a result of the high regard the patient may have for the doctor, he or she may anticipate that a diagnosis will be made in one visit, and may not understand the need for follow-up visits and extensive testing.
- The patient and family may not have a cultural concept of mental illness, attributing somatic symptoms for psychological problems. As a result, the patient or their family members may not feel comfortable with consultations from psychologists or psychiatrists to assist with the grief process.
- The patient and family members may believe that surgery is a treatment of last resort. They may also believe that blood loss, including blood drawn for lab tests, could make them sicker. Upon death, organ transplant and/or autopsies may be accepted with very careful explanation.

Rituals:

- There are a variety of Vietnamese cultures and religious practices. Most Vietnamese are Buddhist; other religious preferences include Catholicism, Evangelical Protestant and Chinese Confucianism. Ask the patients and family members about their preferences and rituals to better understand their needs.
- Patients who practice the Buddhist faith may call a monk to give blessings. Buddhist patients may chant and may also create an altar for prayer.
- Patients who are Catholic may ask for a priest for last rites at end of life.
- Food is considered important for health in the Vietnamese culture. It is common for family members to force food on patients when they are ill.
- White is the color for mourning in the Vietnamese culture.
- The family may express grief with a stoic response or they may respond with crying and weeping.
- The bereavement process has a positive impact on family health. At first, there is an intensive and extensive community involvement with frequent visits from family and friends; visits are slowly weaned off over a 2 to 3-year period.

References:
- University of Washington Medical Center. (2007, April). End-of-Life Care: The Vietnamese Culture.. Retrieved from: https://depts.washington.edu/pfes/PDFs/End%20of%20Life-Vietnamese.pdf

Resources for Your Practice

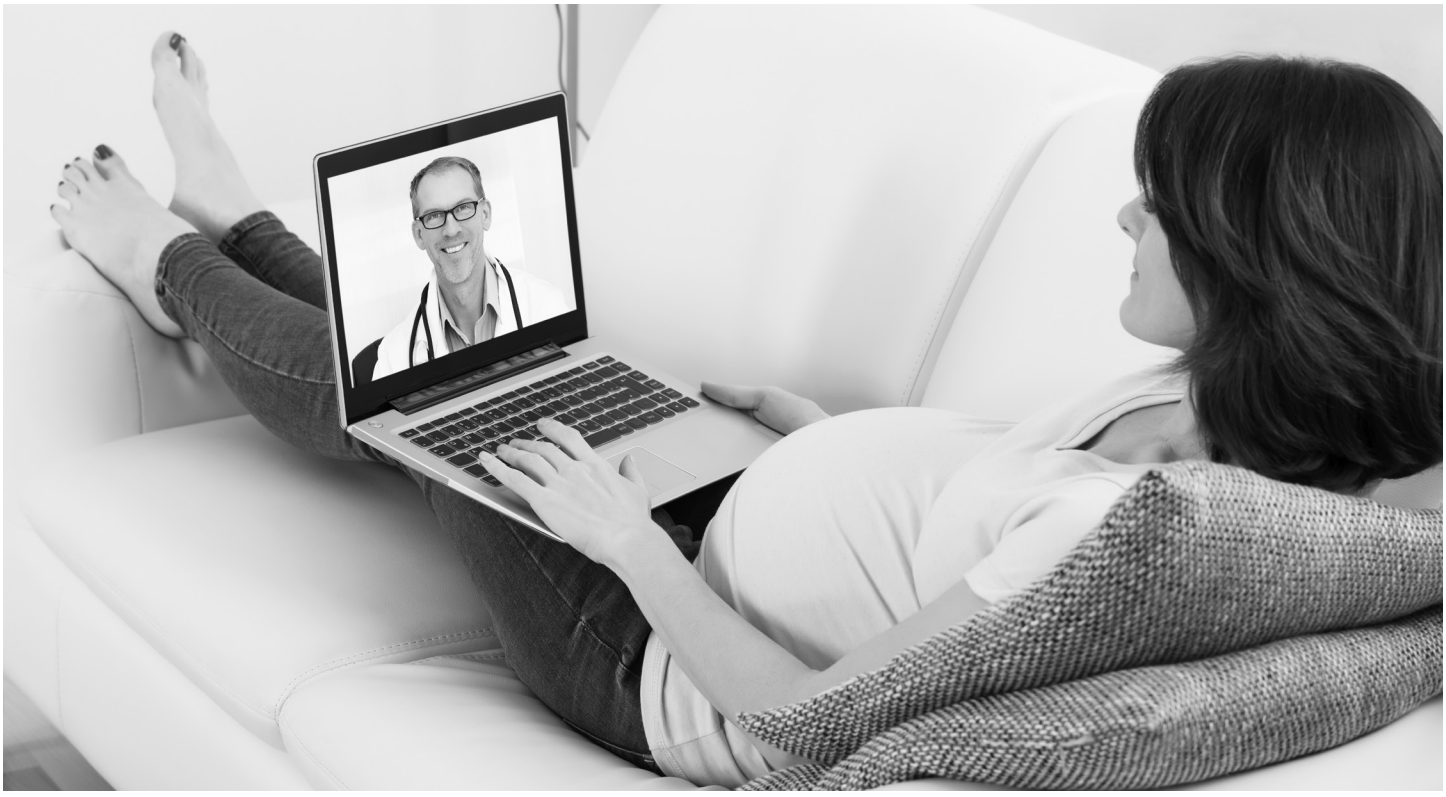
Complimentary Interpretation Services

Superior offers interpretation services to our providers at no cost. To obtain access to a telephonic interpreter for your patient, follow these steps:

1. Use a phone in the exam room, call the Member Services number located on the back of the patient's Superior member ID card.
2. Tell the Superior representative that you need an interpreter in the desired language.
3. When connected, use the speaker phone function to communicate with your patient.

To access interpreter services for your patients, contact Superior's Member Services Department at:

STAR and CHIP	1-800-783-5386
STAR+PLUS	1-877-277-9772
STAR+PLUS MMP	1-866-896-1844
STAR Kids	1-844-590-4883
STAR Health	1-866-912-6283
Allwell (HMO)	1-844-796-6811
Allwell (HMO SNP)	1-877-935-8023
Ambetter	1-877-687-1196



Language Identification Tool

This chart helps people who do not understand English to identify their language. Superior HealthPlan provides interpretation for all members in whatever language they prefer. Call Provider Services at **1-877-391-5921** to be connected with an interpreter. Use the speakerphone function so the interpreter can speak directly to the member in your office.

superior healthplan™

SIGN LANGUAGE

Point to your language. An interpreter will be provided for free.

SPANISH

Indique su idioma. Se le brindarán los servicios de un intérprete sin cargo.

VIETNAMESE

Trỏ vào ngôn ngữ của bạn. Bạn sẽ được cung cấp miễn phí một thông dịch viên.

CHINESE

指向您的语言。 我们会免费为您提供一位口译员。

KOREAN

귀하께서 사용하시는 언어를 손가락으로 짚어 주십시오. 통역사가 무료로 제공될 것입니다.

ARABIC

أشِر لإد لـغتكب إصبعك. سنوفّر لكم ترجمًا فوريًا مجانًا.

URDU

اپنی زبان کی نشاندہی کریں۔ ایک مترجم مفت فراہم کیا جائے گا۔

TAGALOG

Ituro ang iyong wika. Bibigyan ka ng tagasalin nang libre.

FRENCH

Pointez votre langue du doigt. Les services d'un interprète seront fournis gratuitement.

HINDI

अपनी भाषा की ओर इशारा करें। एक दुभाषिया मुफ़्त उपलब्ध कराया जाएगा।

PERSIAN

با اشاره به زبان خودتان، آن را مشخص کنید.
خدمات ترجمه شفاهی به صورت رایگان ارائه خواهد شد.

GERMAN

Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird kostenlos zur Verfügung gestellt werden.

GUJARTI

આપની ભાષા તરફ નિશાન કરો.
દુભાષિયો મફતમાં પૂરો પાડવામાં આવશે.

RUSSIAN

УКАЖИТЕ НА ВАШ ЯЗЫК. ПЕРЕВОДЧИК БУДЕТ ВАМ ПРЕДОСТАВЛЕН БЕСПЛАТНО.

JAPANESE

通訳者を無料でご提供しますので、ご希望の言語を指さしてください。

LAOTIAN

ຊີ້ໃສ່ພາສາຂອງທ່ານ. ຈະມີນາຍແປພາສາໃຫ້ຟຣີ.

SuperiorHealthPlan.com

SHP_20194975

Resources for Your Practice

Referral to Care or Disease Management

For those situations where a patient needs extra assistance, but you don't have the time to address the issue, you can refer the patient to Superior's Care or Disease Management department by calling the number on the back of the Superior member's ID card.

Training Resources

Superior offers monthly Cultural Competency and Disability Sensitivity Training webinars. A calendar of upcoming training events can be found at:
https://www.superiorhealthplan.com/providers/training-manuals/provider-training-calendar.html

Additional Training Resources

Below are additional training resources providers may reference, outside of Superior.

- Nelson, A. (2002). Unequal treatment: Confronting racial and ethnic disparities in health care. Journal of the National Medical Association, 94(8), 666.
- Provider's guide to quality and culture. (2019). Retrieved from: http://www.diversityrx.org/resources/providers-guide-quality-and-culture#targetText=This%20website%20is%20a%20useful,how%20culture%20influences%20health%20care.
- Georgetown University. (2019). National Center for Cultural Competence. Retrieved from: http://nccc.georgetown.edu/
- Cultural competence linguistic health practitioner assessment (2019). Retrieved from: https://www.clchpa.org/
- U.S. Department of Health & Human Services (2013). National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS policy and practice. Rockville, MD: Office of Minority Health.
- U.S. Department of Health & Human Services (2019). Civil rights faqs. Retrieved from: https://www.hhs.gov/civil-rights/for-individuals/faqs/index.html

Contact Information

If you have any questions or need help, please contact your dedicated Account Manager or call Provider Services at:

STAR, CHIP, STAR+PLUS, STAR Health, STAR Kids, STAR+ PLUS MMP, Allwell 1-877-391-5921
Ambetter 1-877-687-1196

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