Culturally
Competent Care

Learning Collaborative Session 2



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National Center for Health in Public Housing

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The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Training and Technical Assistance



Research and Evaluation



Outreach and Collaboration

Increase access, quality of health care, and improve health outcomes



Housekeeping Items....



Please introduce yourself over chat!

- Name
- Organization
- City, State
- What do you hope to gain from this experience?
- What are you looking forward to this weekend?



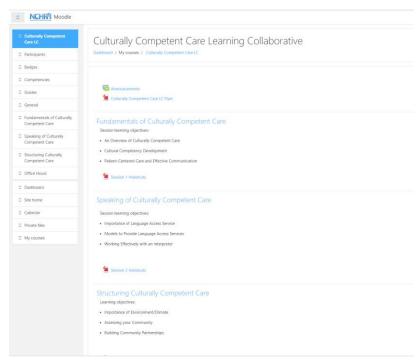
Culturally Competent Care Learning Collaborative



Speakers:

- Saqi Maleque Cho, DrPH, MSPH
- Fide Sandoval, CHES
- Jose Leon, MD, MPH

Registration Survey Moodle



Moodle for recordings, slides, handouts, and resources....

Earning CMEs and CEUs

- ✓ Earn 3 continuing education credits per Session
- ✓ Complete all material
- ✓ Pass the posttest with 70% or above
- ✓ Complete the Session Evaluation
- ✓ Print an automatically generated certificate

Session 1 Recap

Fundamentals of Culturally Competent Care

Module 1.1: An Overview of Culturally Competent Care

Module 1.2: Cultural Competency Development

Module 1.3: Patient-Centered Care and Effective Communication

Session 1: Fundamentals of Culturally Competent Care

Session 2: Speaking of Culturally

Competent Care

Session 3: Structuring Culturally Competent Care

Session 4: Office Hours

Theme 2: Speaking of Culturally Competent Care

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

Speaking of Culturally Competent Care Learning Objectives

- Describe the role of language in patient-provider communications
- ✓ Identify the legal and policy requirements for providing language access services
- ✓ Describe the business practice issues related to providing language access services and the costs of not doing so

Setting the Stage: Case Study

Nguyen Thi Lien:

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



Providing LAS is Good Medical Practice

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



Language Access Services Standards

Standard 4: Language access services must be offered at no cost to the patient.

Standard 5: Patients and consumers must be informed of their right to language access services.

Standard 6: Health care organizations must assure the competence of language assistance provided by interpreters/bilingual staff.

Standard 7: Availability of easily understood patient materials and appropriate signage.

HHS Guidance

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

Factors to Balance in LEP Services

- Number of LEP persons you may serve
- Frequency with which LEP persons come into the program
- Nature and importance of your services to people's lives
- > Resources available to the program and the costs



Steps to Take

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



Responsibilities Under LAS CLAS Standards

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

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

State Activities to Promote LAS

States are becoming more involved in LAS and are:

Passing legislation requiring language access services for LEP patients

 Including statutes and common law rules governing professional malpractice that define liabilities of inadequate communication with patients

Strategies for Providing LAS

- Employ bilingual staff who have other responsibilities but may help with interpretation
- Use staff or volunteer interpreters whose sole responsibility is interpretation
- Use contract interpreters who are normally managed through an agency
- Contact community interpreter services to provide interpretation in a variety of languages
- Arrange services with universities, immigrant services agencies, health departments, community clinics, or other organizations
- See http://www.diversityrx.org/html/models.htm for more

Models to Provide Language Access Services Learning Objectives

- ✓ List components of effective interpersonal communication with LEP individuals
- ✓ Describe the roles of an interpreter
- ✓ Understand characteristics/qualifications for assessing interpreter/translator competency
- ✓ Identify effective language access services regarding written materials

Setting the Stage: Case Study

Maria Gonzalez:

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

Interpersonal Communication Best Practices: A Few Examples

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

Three Main Roles of an Interpreter

- Conduit
- Clarifier
- Culture Broker

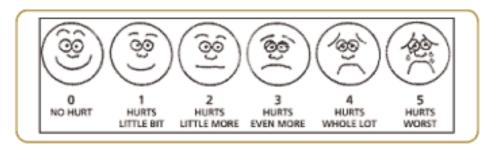


Guidance for Using Interpreters

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

Translation of Written Materials

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



Wong-Baker FACES Pain Rating Scale

Interpretation vs. Translation

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

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

Guidance for Assessing Interpreter Competency

- Take reasonable steps to assess whether interpreters:
- Demonstrate proficiency in and ability to communicate information accurately in both languages
- Have knowledge in both languages of any specialized terms or concepts and of any particular vocabulary or phraseology used by the LEP person
- Understand and follow confidentiality/impartiality rules
- Understand regionalisms or differences in language usage
- Understand and adhere to their role as interpreter without deviating into other roles where such deviation would be inappropriate
- Can provide these services in a timely manner

Guidance for Assessing Translator Competency

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

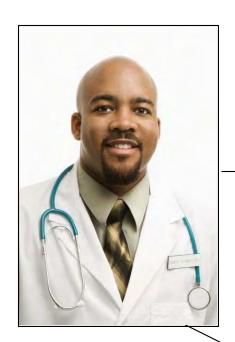
Working Effectively with an Interpreter Learning Objectives

- ✓ Describe the components of the triadic interview process
- ✓ List the factors necessary for providers to work effectively with interpreters

The Triadic Interview

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

The Triadic Interview Process



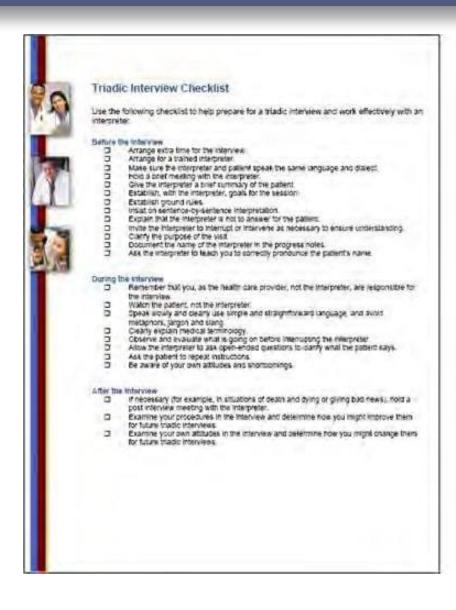
The provider should arrange chairs to facilitate communication with the patient.

The provider should face the patient and speak directly to him or her.





Triadic Interview Checklist



Dr. Rivera: Improved Communication?

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







Q & A



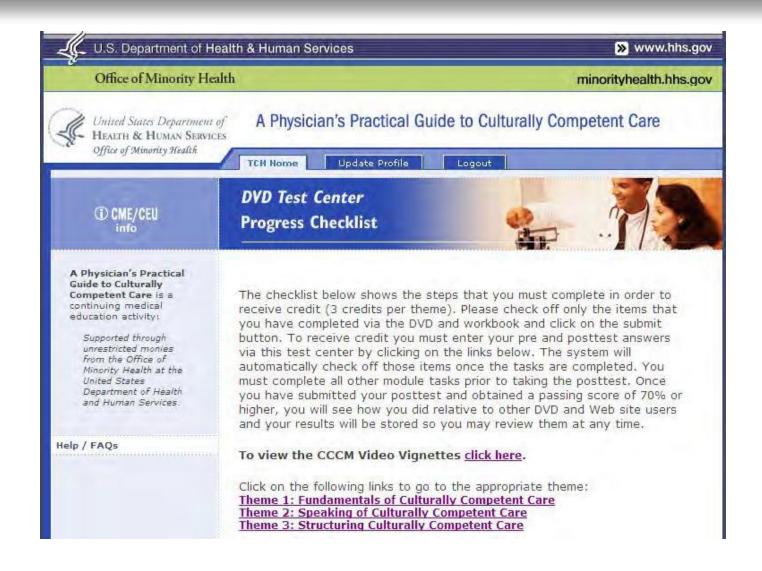
If you would like to ask the presenter a question, please submit it through the questions box on your control panel.

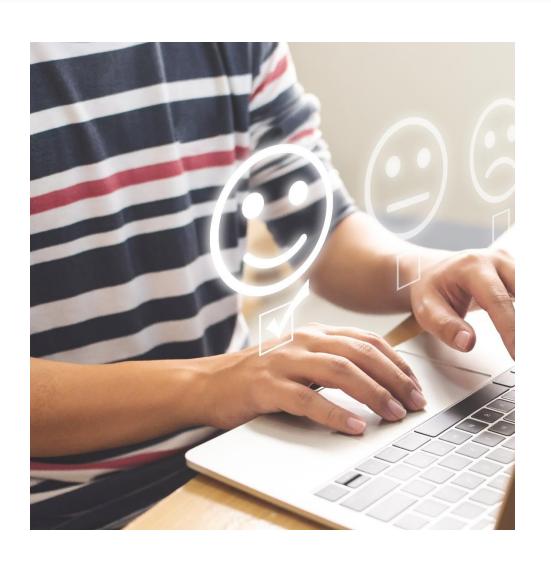




If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the "raise hand" icon on your control panel and your line will be unmuted.

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





LET US KNOW YOUR THOUGHTS!

Upcoming LC session:



LC Session 3: Structuring Culturally Competent Care

Date: November 17, 2020 **Time:** 3:00 – 4:00 pm EDT

Registration: https://attendee.gotowebinar.com/register/2441460481591323663

THANK YOU!

