Culturally and Linguistically Appropriate Care
A Toolkit for MDwise Providers
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INTRODUCTION

MDwise Commitment to Culturally and Linguistically Appropriate Care

Purpose of the Toolkit
The idea of providing culturally competent care versus the practicalities of doing so is an enormous challenge. This toolkit includes several basic tools for providers to implement. The tools and concepts included in the toolkit are those that have been documented as effective in assisting patients from various racial and cultural minority groups as well as those with low health literacy to understand and be understood by their physician.

Health care is complicated and many people struggle with understanding medications, self care, instructions and follow-up plans. The way you organize your practice and communicate with patients can help minimize confusion and lead to better health outcomes.

We have also included a resource page that includes links to continuing education for providers.

What are Culturally and Linguistically Appropriate Services (CLAS)?
In 2000, the Office of Minority Health and the U.S. Department of Human Services published 14 standards. The CLAS standards are intended to advance health equity, improve quality and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Adoption of these standards will help advance better health and health care in the United States. In 2010, a review of the standards was initiated and the Office of Minority Health released enhanced standards in April of 2013.

Why culturally appropriate services?
A review of the literature on disparities in health care shows evidence that individuals of different ethnic and cultural backgrounds suffer disproportionately higher rates of illness for several different health care issues. In order to offer quality health care to all members that we serve, it is important to fully understand any barriers that members may face when seeing their doctor.

Are providers required to comply with CLAS standards?
Providers want to especially look at CLAS Standards four, five, six and seven. MDwise members are eligible to receive interpretation services at no cost to them. This includes foreign language as well as sign language services. The legal foundation for language access lies in Title VI of the 1964 Civil Rights Act. The Health and Human Services (HHS) Office for Civil Rights has responsibility for enforcing the Civil Rights Act and the Americans with Disabilities Act. Policy Guidance suggests that given the nature and importance of health care services, healthcare providers have a special obligation to ensure language access for their patients. Once a health care provider accepts any federal funds (e.g., Medicaid payments), the provider is responsible for providing language access to all the provider’s patients.
National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

**Principal Standard:**

1. 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.

**Governance, Leadership and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

**Communication and Language Assistance:**

5. Offer 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 and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

**Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization’s planning and operations.
10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

*Source: U.S. Department of Health and Human Services, Office of Minority Health.*
HEALTH DISPARITIES

According to the Agency for Healthcare Research and Quality (AHRQ), among nonelderly adults, for example, 17 percent of Hispanic, and 16 percent of black Americans report they are in only fair or poor health, compared with 10 percent of white Americans. In addition, data from AHRQ reveals that:

• About 30 percent of Hispanic and 20 percent of black Americans lack a usual source of health care compared with less than 16 percent of whites.
• Hispanic children are nearly three times as likely as non-Hispanic white children to have no usual source of health care.
• African Americans and Hispanic Americans are far more likely to rely on hospitals or clinics for their usual source of care than are white Americans (16 and 13 percent, respectively, versus eight percent).

Disparities by race, ethnicity and economics are seen in health conditions, procedures and treatment. Some examples are:

• **Obesity.** Racial and ethnic differences have not changed substantially 1988–1994 and 2007–2008. The prevalence is lower among whites than among blacks and Mexican-Americans. Among females, the prevalence of obesity is highest among blacks, whereas the prevalence among males less than 20 years of age is highest among Mexican-Americans. *(Source: CDC)*

• **Asthma.** Asthma prevalence is higher among multiracial, Puerto Rican Hispanics and blacks than whites. Also, prevalence was higher among children than adults, among females than males and among poor than near or nonpoor. *(Source: CDC)*

• **Breast Cancer.** The length of time between an abnormal screening mammogram and the follow-up diagnostic test to determine whether a woman has breast cancer is more than twice as long in Asian American, black and Hispanic women as in white women. *(Source: AHRQ)*

• **Infant Mortality.** The infant mortality rate for non-Hispanic black women was more than double that for non-Hispanic white women in both 2005 and 2008. *(Source: CDC)*

• **Coronary Heart Disease and Stroke.** Comparison of rates by race reveals that black women and men have much higher coronary heart disease (CHD) death rates in the 45–74 age group than women and men of the three other races. *(Source: CDC)*

• **Diabetes.** Different studies found that African-Americans are from 1.4 to 2.2 times more likely to have diabetes than white persons. Rates of blindness due to diabetes are only half as high for whites as they are for other races. Diabetes related mortality rates are also lower for whites than the rest of the population. Asian and Pacific Islanders have the lowest diabetes related mortality than any racial/ethnic group in America. *(Source: AHRQ)*

Identifying that disparities in care exist is important, but it is not enough. Now, researchers are also beginning to focus on why these disparities exist, which disparities actually indicate poor-quality care and how to develop strategies to address them.

To learn more about specific health issues of various ethnic and cultural groups, please go to the link below:
HEALTH LITERACY

Health literacy is having the ability to obtain, process and understand information regarding healthcare that will help an individual make informed health care decisions. There are many factors that influence health literacy including educational level, language spoken and cultural influences. According to a national survey, over one-third of the adult population has limited health literacy.

Limited health literacy is associated with medication errors, increased healthcare costs and inadequate knowledge and care for chronic health conditions.

It is not always apparent to medical professionals whether or not an individual has limited health literacy issues. This toolkit contains tools that any practice can begin utilizing immediately that may have an impact in minimizing health literacy issues. We hope you find them useful.

The Teach-Back Method

The teach-back method most simply stated is a method of asking the patient to paraphrase back to the instructor in their own words what they have been taught. By doing so, the medical professional will know whether they have been effective in teaching or communicating medical instructions clearly to their patient thus reducing errors.

Notice that the emphasis is on how well the medical professional has done his/her job in simply and effectively educating the patient about his or her medical condition. If the patient does not express their understanding correctly, the medical professional has an opportunity to re-state and/or re-teach the information to the patient using common everyday language.

The teach-back method is used as a means of clarifying communication between two individuals. Using this method effectively requires the medical professional to approach the patient respectfully and is not intended to shame them for any lack of understanding. The teach-back method is supported by research.

The teach-back method helps patients understand. The responsibility to ensure patient understanding is on the provider. Remember to:

• Use a caring tone of voice and attitude.
• Use plain language.
• Slow down.
• Ask the patient to paraphrase his/her understanding.

Examples:

• I want to make sure that I explained everything clearly. Would you tell me in your own words what I’ve asked you to do so I’ll know if I’ve explained it clearly?
• What would you tell your husband/wife about the changes we’ve made to your blood pressure medication?
• We’ve gone over a lot of information today about taking your blood sugar. So I know if I’ve done a good job teaching you, can you tell me in your own words what I’m asking you to do?
Common Words to Describe Medical Terms

It is important to know that the average person’s health literacy falls somewhere between a fifth grade to eighth grade level of comprehension. If the medical professional is speaking at or above a college-graduate level when explaining medical concepts, the material will likely be above the patient’s level of understanding.

The tool that follows is a list of medical terms with a common word descriptions that can be used to assist medical staff with remembering to use common language when working with patients.

The following link provides a much more comprehensive list to choose from depending on medical specialty.

Plain language thesaurus for health communication Centers for Disease Control and Prevention:
medicine.missouri.edu/policy/docs/projects/Plain-Language-Health-Communications_Thesaurus_V-10.pdf

Plain language equivalents to medical terms, phrases and references:

- **abrasion**: cut, scratch, scrape
- **anti-inflammatory**: medicine that reduces swelling
- **asphyxiate**: choke or smother
- **asthma**: breathing disease
- **atherosclerosis**: clogged blood vessels
- **autoimmune disease**: the body attacks itself
- **bacteria**: germs
- **benign**: not harmful, easily treated
- **BMI**: a measure of body fat
- **bursitis**: swollen painful joints
- **cardiologist**: heart doctor
- **congenital**: born with it
- **conjonctivitis**: eye infection
- **contagious disease**: an illness that spreads
- **contraindication**: dangerous to give, not good for
- **contusion**: bruise
- **convulsion**: seizure, spasm
- **COPD**: a lung disease that makes breathing hard
- **Crohn’s Disease**: digestion disease
- **cystitis**: infection that causes pain when urinating
- **deficiency**: lack, not enough
- **degenerate**: weaken, worsen
- **dehydrate**: dried out, needs water
- **dementia**: memory loss that gets worse over time
- **deteriorate**: get worse
- **diabetes**: elevated sugar in the blood
- **EKG**: heart test
- **encephalitis**: swelling of the brain
- **endocrine**: hormone producing organs
- **exacerbate**: make worse
- **fasting**: go without food or drink
- **fracture**: break
- **hepatic**: related to the liver
- **hormone**: a natural or manmade chemical
- **hypertension**: high blood pressure
- **hysterectomy**: surgery to remove the womb
- **immune**: your body can protect itself from disease
- **injection**: a shot
- **orthopedics**: bone and joint doctor’s office
- **progression**: get worse
- **radiologist**: x-ray doctor
- **remission**: a time when the disease is not active
- **respiration**: breathing
- **rupture**: burst, break open
- **side effect**: reaction to a medicine
- **sutures**: stitches
- **topical**: on the skin
- **ulcer**: open sore
- **upper respiratory system**: nose, throat, windpipe
RESOURCES

Culture and Language

Written medical education material translated into multiple languages on a variety of health topics from A to Z:

MDwise interpretation resources for providers:
https://www.mdwise.org/docs/provider-interpretation_resources.pdf

Video examples of how to work with an interpreter:
http://youtu.be/pVm27HLiiQ

Office guide to communicating with limited English proficient patients through AMA:

American Academy of Pediatrics (AAP)–Culturally Effective Care Toolkit: Health Beliefs and Practices:

Health Disparities

Fact sheets–CDC Health Disparities and Inequalities Reports:

Fact sheet–Agency for Healthcare Research and Quality (AHRQ) Addressing Racial and Ethnic Disparities in Health Care:
http://www.ahrq.gov/research/findings/factsheets/minority/disparit/

Fact sheet–AHRQ Diabetes, Disparities Among Racial and Ethnic Minorities:

Health Literacy

Plain language thesaurus for health communication Centers for Disease Control and Prevention:
medicine.missouri.edu/policy/docs/projects/Plain_Language_Health_Communications_Thesaurus_V-10.pdf

AMA health literacy video:
http://classes.kumc.edu/general/amaliteracy/AMA_NEW3.html

PowerPoint explaining the teach-back method:
http://www.ihs.org/documents/literacy/iowa%20Health%20System%20Health%20Literacy%202009.pdf

Teach-back videos:
http://nchelthliteracy.org/teachingaids.html

Ask Me 3 program through National Patient Safety Foundation:
http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/

Healthy Literacy Universal Precautions Toolkit through AHRQ:
Free Training Resources to Earn Continuing Education Credits

Effective Communication Tools for Healthcare Professionals through Health Resources and Services Administration:
http://www.hrsa.gov/publichealth/healthliteracy/

Health Literacy for Public Health Professionals through the CDC:
http://www.cdc.gov/healthliteracy/gettrainingce.html

Recognizing and Managing Low Health Literacy in Primary Care:

TOOLS

Language Identification Guide from Homeland Security
Sample available on page 10

MDwise CLAS Poster for Provider Offices
Sample available on page 11
If you would like to have this in a poster size for your staff office areas, please contact your provider relations representative.
Executive Order 13166 requires DHS to take reasonable steps to provide meaningful access to its programs and activities for persons with limited English proficiency and - as also required by Title VI of the Civil Rights Act of 1964 - to ensure that recipients of federal financial assistance do the same.

I Speak is provided by the Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL). Other resources at www.lep.gov

Contact the DHS Office for Civil Rights and Civil Liberties’ CRCL Institute at CRCLTraining@dhs.gov for digital copies of this poster or a “I Speak” booklet.

Download copies of the DHS LEP plan and guidance to recipients of financial assistance at www.dhs.gov/crcl
INFORMATION IS FOR PROVIDER OFFICE STAFF ONLY.