Introduction for Healthcare Professionals:

Why was this tool kit created? How can it help my practice?

This set of materials was produced by a nation-wide team of healthcare professionals who, like you, are dedicated to providing high quality, effective, and compassionate care to their patients. Because of changes in demography, in our awareness of differences in individual belief and behavior, and new legal mandates, we are constantly presented with new challenges in our attempts to deliver health care to a diverse patient population. The material in this tool kit will provide you with resources to address the very specific operational needs that often arise in a busy practice because of the changing service requirements and legal mandates.

The tool kit contents are organized into four sections, each containing helpful background information and tools that can be reproduced and used as needed. Below you will find a list of the section topics and a small sample of their contents.

Interaction with a diverse patient base: encounter tips for providers and their clinical staff, a mnemonic to assist with patient interviews, help in identifying literacy problems, and an interview guide for hiring clinical staff who have an awareness of diversity issues.

Communication across language barriers: tips for locating and working with interpreters, common signs and common sentences in many languages, language identification flashcards, and language skill self-assessment tools.

Understanding patients from various cultural backgrounds: tips for talking with a wide range of people about sex, pain management across cultures, and information about different cultural backgrounds.

References and resources: some key legal requirements, a summary of the "Culturally and Linguistically Appropriate Service (CLAS) Standards," which serve as a guide on how to meet legal requirements, a bibliography of print resources, and a list of internet resources.

We consider this tool kit a work in progress. Patient needs and the tools we use to work with those changing needs will continue to evolve. We understand that some portions of this tool kit will be more useful than others for individual practices or service settings, after all, practices vary as much as the places where they are located. We encourage you to use what is helpful, disregard what is not, and, if possible communicate your reaction to the contents to the ICE Cultural and Linguistics Workgroup at: CL_Team@iceforhealth.org

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Better Communication, Better Care: Provider Tools to Care for Diverse Populations

Section A

A Guide to Information in Section A

RESOURCES TO ASSIST COMMUNICATION WITH A DIVERSE PATIENT POPULATION BASE

We recognize that every patient encounter is unique. Every patient is different in age, sex, ethnicity, religion or sexual preference and will bring to the medical encounter their unique perspectives and experiences. This factor will always impact communication, compliance and health care outcomes.

The suggestions presented here are intended to help build sensitivity to differences and styles, minimize patient-provider and patient-office staff miscommunication, and foster an environment that is non-threatening and comfortable to the patient.

This information may assist you to:

- Improve health care delivery and outcomes
- Decrease repeat visits
- Decrease unnecessary lab tests
- Increase adherence
- Avoid Civil Rights Act violations
- Identify opportunities to improve office staff cultural and linguistic competency

The following materials are available in this section:

Working with Diverse Patients: Tips for Successful Patient Encounters	A one-page tip sheet designed to help providers enhance their patient communication skills.
Partnering with Diverse Patients: Tips for Office Staff to Enhance Communication	A one-page tip sheet designed to help office staff enhance their patient communication skills.
Non-verbal Communication and Patient Care	A two-page overview of the impact of non-verbal communication on patient-provider relations and communication.
"Diverse": A Mnemonic for Patient Encounters	A mnemonic to help you individualize care based on cultural/diversity aspects.
Tips for Identifying and Addressing Health Literacy Issues	A two-page handout elaborating on the signs of low health literacy and how to address them.
Interview Guide for Hiring Office/Clinic Staff with Diversity Awareness	A list of interview questions to help determine if a job candidate is likely to work well with individuals of diverse backgrounds.

WORKING WITH DIVERSE PATIENTS: TIPS FOR SUCCESSFUL PATIENT ENCOUNTERS

To enhance patient/provider communication and to avoid being unintentionally insulting or patronizing, be aware of the following:

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

- Tolerate gaps between questions and answers, impatience can be seen as a sign of disrespect.
- Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.
- Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offense is intended when a patient interrupts you.
- Stay aware of your own pattern of interruptions, especially if the patient is older than you are.

Eye Contact: *The way people interpret various types of eye contact is tied to cultural background and life experience.*

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

Body Language: *Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.*

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

Gently Guide Patient Conversation: *English predisposes us to a direct communication style, however other languages and cultures differ.*

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

PARTNERING WITH DIVERSE PATIENTS: TIPS FOR OFFICE STAFF TO ENHANCE COMMUNICATION

1. **Build rapport with the patient.**
   - Address patients by their last name. If the patient's preference is not clear, ask, "How would you like to be addressed?"
   - Focus your attention on patients when addressing them.
   - Learn basic words in your patient's primary language, like "hello" or "thank you".
   - Recognize that patients from diverse backgrounds may have different communication needs.
   - Explain the different roles of people who work in the office.

2. **Make sure patients know what you do.**
   - Take a few moments to prepare a handout that explains office hours, how to contact the office when it is closed, and how the PCP arranges for care (i.e. PCP is the first point of contact and refers to specialists).
   - Have instructions available in the common language(s) spoken by your patient base.

3. **Keep patients' expectations realistic.**
   - Inform patients of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the patient to make a list of questions for the doctor, review health materials or view waiting room videos.

4. **Work to build patients' trust in you.**
   - Inform patients of office procedures such as when they can expect a call with lab results, how follow-up appointments are scheduled, and routine wait times.

5. **Determine if the patient needs an interpreter for the visit.**
   - Document the patient's preferred language in the patient chart.
   - Have an interpreter access plan. An interpreter with a medical background is preferred to family or friends of the patient.
   - Assess your bilingual staff for interpreter abilities. (see Employee Language Skills Self-Assessment Tool).
   - Possible resources for interpreter services are available from health plans, the state health department, and the Internet. See contracted health plans for applicable payment processes.

6. **Give patients the information they need.**
   - Have topic-specific health education materials in languages that reflect your patient base. (Contact your contracting health plans/contracted medical groups for resources.)
   - Offer handouts such as immunization guidelines for adults and children, screening guidelines, and culturally relevant dietary guidelines for diabetes or weight loss.

7. **Make sure patients know what to do.**
   - Review any follow-up procedures with the patient before he or she leaves your office.
   - Verify call back numbers, the locations for follow-up services such as labs, X-ray or screening tests, and whether or not a follow-up appointment is necessary.
   - Develop pre-printed simple handouts of frequently used instructions, and translate the handouts into the common language(s) spoken by your patient base. (Contact your contracting health plans/contracted medical groups for resources.)

NON-VERBAL COMMUNICATION AND PATIENT CARE

Non-verbal communication is a subtle form of communication that takes place in the **initial three second**s after meeting someone for the first time and can continue through the entire interaction. Research indicates that non-verbal communication accounts for approximately **70%** of a communication episode. Non-verbal communication can impact the success of communication more acutely than the spoken word. Our culturally informed unconscious framework evaluates gestures, appearance, body language, the face, and how space is used. Yet, we are rarely aware of how persons from other cultures perceive our non-verbal communication or the subtle cues we have used to assess the person.

The following are case studies that provide examples of non-verbal miscommunication that can sabotage a patient-provider encounter. Broad cultural generalizations are used for illustrative purposes. They should not be mistaken for stereotypes. A stereotype and a generalization may appear similar, but they function very differently. A **stereotype** is an ending point; no attempt is made to learn whether the individual in question fits the statement. A **generalization** is a beginning point; it indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual.

Generalizations can serve as a guide to be accompanied by individualized in-person assessment. As a rule, ask the patient, rather than assume you know the patient's needs and wants. If asked, patients will usually share their personal beliefs, practices and preferences related to prevention, diagnosis and treatment.

Eye Contact

Ellen was trying to teach her Navaho patient, Jim Nez, how to live with his newly diagnosed diabetes. She soon became extremely frustrated because she felt she was not getting through to him. He asked very few questions and never met her eyes. She reasoned from this that he was uninterested and therefore not listening to her.[1]

It is rude to meet and hold eye contact with an elder or someone in a position of authority such as health professionals in most Latino, Asian, American Indian and many Arab countries. It may be also considered a form of social aggression if a male insists on meeting and holding eye contact with a female.

Touch and Use of Space

A physician with a large medical group requested assistance encouraging young female patients to make and keep their first well woman appointment. The physician stated that this group had a high no-show rate and appointments did not go as smoothly as the physician would like.

Talk the patient through each exam so that the need for the physical contact is understood, prior to the initiation of the examination. Ease into the patients' personal space. If there are any concerns, ask before entering the three-foot zone. This will help ease the patient's level of discomfort and avoid any misinterpretation of physical contact. Additionally, physical contact between a male and female is strictly regulated in many cultures. An older female companion may be necessary during the visit.

Gestures

An Anglo patient named James Todd called out to Elena, a Filipino nurse: "Nurse, nurse." Elena came to Mr. Todd's door and politely asked, "May I help you?" Mr. Todd beckoned her to come closer by motioning with his right index finger. Elena remained where she was and responded in an angry voice, "What do you want?" Mr. Todd was confused. Why had Elena's manner suddenly changed?[2]

Gestures may have dramatically different meanings across cultures. It is best to think of gestures as a local dialect that is familiar only to insiders of the culture. Conservative use of hand or body gestures is recommended to avoid misunderstanding. In the case above, Elena took offense to Mr. Todd's innocent hand gesture. In the Philippines (and in Korea) the "come here" hand gesture is used to call animals.

Body Posture and Presentation

Carrie was surprised to see that Mr. Ramirez was dressed very elegantly for his doctor's visit. She was confused by his appearance because she knew that he was receiving services on a sliding fee scale. She thought the front office either made a mistake documenting his ability to pay for service, or that he falsely presented his income.

Many cultures prioritize respect for the family and demonstrate family respect in their manner of dress and presentation in public. Regardless of the economic resources that are available or the physical condition of the individual, going out in public involves creating an image that reflects positively on the family - the clothes are pressed, the hair is combed, and shoes are clean. A person's physical presentation is not an indicator of their economic situation.

Use of Voice

Dr. Moore had three patients waiting and was feeling rushed. He began asking health related questions of his Vietnamese patient Tanya. She looked tense, staring at the ground without volunteering much information. No matter how clearly he asked the question he couldn't get Tanya to take an active part in the visit.

The **use** of voice is perhaps one of the most difficult forms of non-verbal communication to change, as we rarely hear how we sound to others. If you speak too fast, you may be seen as not being interested in the patient. If you speak too loud, or too soft for the space involved, you may be perceived as domineering or lacking confidence. Expectations for the use of voice vary greatly between and within cultures, for male and female, and the young and old. *The best suggestion is to search for non-verbal cues to determine how your voice is affecting your patient.*

[1, 2] Galanti, G. (1997). *Caring for Patients from Different Cultures*. University of Pennsylvania Press.
Hall, E.T. (1985). *Hidden Differences: Studies in International Communication.* Hamburg: Gruner & Jahr.
Hall, E.T. (1990). *Understanding Cultural Differences.* Yarmouth, ME: Intercultural Press.

"DIVERSE"
A MNEMONIC FOR PATIENT ENCOUNTERS

A mnemonic will assist you in developing a personalized care plan based on cultural/diversity aspects. Place in the patient's chart or use the mnemonic when gathering the patient's history on a SOAP progress note.

	Assessment	Sample Questions	Assessment Information/ Recommendations
D	**Demographics-** *Explore regional background, level of – acculturation, age and sex as they influence health care behaviors*.	Where were you born? Where was "home" before coming to the U.S.? How long have you lived in the U.S.? What is the patient's age and sex?	
I	**Ideas-** *ask the patient to explain his/her ideas or concepts of health and illness.*	What do you think keeps you healthy? What do you think makes you sick? What do you think is the cause of your illness? Why do you think the problem started?	
V	**Views of health care treatments-** *ask about treatment preference, use of home remedies, and treatment avoidance practices.*	Are there any health care procedures that might not be acceptable? Do you use any traditional or home health remedies to improve your health? What have you used before? Have you used alternative healers? Which? What kind of treatment do you think will work?	
E	**Expectations**- *ask about what your patient expects from his/her doctor?*	What do you hope to achieve from today's visit? What do you hope to achieve from treatment? Do you find it easier to talk with a male/female? Someone younger/older?	
R	**Religion**- *ask about your patient's religious and spiritual traditions.*	Will religious or spiritual observances affect your ability to follow treatment? How? Do you avoid any particular foods? During the year, do you change your diet in celebration of religious and other holidays?	
S	**Speech-** *identify your patient's language needs including health literacy levels.* *Avoid using a family member as an interpreter.*	What language do you prefer to speak? Do you need an interpreter? What language do you prefer to read? Are you satisfied with how well you read? Would you prefer printed or spoken instructions?	
E	**Environment -** *identify patient's home environment and the cultural/diversity aspects that are part of the environment. Home environment includes the patient's daily schedule, support system and level of independence.*	Do you live alone? How many other people live in your house? Do you have transportation? Who gives you emotional support? Who helps you when you are ill or need help? Do you have the ability to shop/cook for yourself? What times of day do you usually eat? What is your largest meal of the day?	

TIPS FOR IDENTIFYING AND ADDRESSING HEALTH LITERACY ISSUES

Low health literacy can prevent patients from understanding their health care services.

Health Literacy is defined by the National Health Education Standards [*] as *"the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing."*

This includes the ability to understand written instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions and consent forms, and the ability to negotiate complex health care systems. Health literacy is not the same as the ability to read and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.

Barriers to Health Literacy

- The ability to read and comprehend health information is impacted by a range of factors including age, socioeconomic background, education and culture.
  Example: Some seniors may not have had the same educational opportunities afforded to them.
- A patient's culture and life experience may have an effect on their health literacy.
  Example: A patient's background culture may stress verbal, not written, communication styles.
- An accent, or a lack of an accent, can be misread as an indicator of a person's ability to read English.
  Example: A patient, who has learned to speak English with very little accent, may not be able to read instructions on a prescription bottle.
- Different family dynamics can play a role in how a patient receives and processes information.
- In some cultures it is inappropriate for people to discuss certain body parts or functions leaving some with a very poor vocabulary for discussing health issues.
- In adults, reading skills in a second language may take 6–12 years to develop.

Possible Signs of Low Health Literacy

Your patients' may frequently say:

- I forgot my glasses.
- My eyes are tired.
- I'll take this home for my family to read.
- What does this say? I don't understand this.

Your patients' behavior may include:

- Not getting their prescriptions filled, or not taking their medications as prescribed.
- Consistently arriving late to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments to clarify instructions.

Tips for Dealing with Low Health Literacy

- Use simple words and avoid jargon.
- Never use acronyms.
- Avoid technical language (if possible).
- Repeat important information – a patient's logic may be different from yours.
- Ask patients to repeat back to you important information.
- Ask open-ended questions.
- Use medically trained interpreters familiar with cultural nuances.
- Give information in small chunks.
- Articulate words.
- "Read" written instructions out loud.
- Speak slowly (don't shout).
- Use body language to support what you are saying.
- Draw pictures, use posters, models or physical demonstrations.
- Use video and audio media as an alternative to written communications.

[*] Joint Committee on National Health Education Standards, 1995

INTERVIEW GUIDE FOR HIRING OFFICE/CLINIC STAFF WITH DIVERSITY AWARENESS

The following set of questions are meant to help you determine whether a job candidate will be sensitive to the cultural and linguistic needs of your patient population. By integrating some or all of these questions into your interview process, you will be more likely to hire staff that will help you create an office/clinic atmosphere of openness, affirmation, and trust between patients and staff. *Remember* that bias and discrimination can be obvious and flagrant or small and subtle. Hiring practices should reflect this understanding.

INTERVIEW QUESTIONS

Q. What experience do you have in working with people of diverse backgrounds, cultures and ethnicities? The experiences can be in or out of a health care environment.

The interviewee should demonstrate understanding and willingness to serve diverse communities. Any experience, whether professional or volunteer, is valuable.

Q: Please share any particular challenges or successes you have experienced in working with people from diverse backgrounds.

You will want to get a sense that the interviewee has an appreciation for working with people from diverse backgrounds and understands the accompanying complexities and needs in an office setting.

Q. In the health care field we come across patients of different ages, language preference, sexual orientation, religions, cultures, genders, and immigration status, etc. all with different needs. What skills from your past customer service or community/healthcare work do you think are relevant to this job?

This question should allow a better understanding of the interviewees approach to customer service across the spectrum of diversity, their previous experience, and if their skills are transferable to the position in question. Look for examples that demonstrate an understanding of varying needs. Answers should demonstrate listening and clear communication skills.

Q. What would you do to make all patients feel respected? For example, some Medicaid or Medicare recipients may be concerned about receiving substandard care because they lack private insurance.

The answer should demonstrate an understanding of the behaviors that facilitate respect and the type of prejudices and bias that can result in substandard service and care.

Section B

A Guide to Information in Section B

RESOURCES TO COMMUNICATE ACROSS LANGUAGE BARRIERS

This section offers resources to help health care providers identify the linguistic needs of their Limited English Proficient (LEP) patients and strategies to meet their communication needs.

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

This section contains useful tips and ready-to-use tools to help remove the linguistic barriers and improve the linguistic competence of health care providers. The tools are intended to assist health care providers in delivering appropriate and effective linguistic services, which leads to:

- Increased patient health knowledge and compliance with treatment
- Decreased problems with patient-provider encounters and increased patient satisfaction
- Increased **appropriate** utilization of health care services by patients
- Potential reduction in liability from medical errors

The following materials are available in this section:

Tips for Communicating Across Language Barriers	Suggestions to help identify and document language needs.
10 Tips for Working with Interpreters	Suggestions to maximize the effectiveness of an interpreter.
Tips for Locating Interpreter Services	Information to know when locating interpreter services.
Telephonic Interpreting Companies	Sample list of organizations that provide interpreter services.
Language Identification Flashcards	Tool to identify patient languages.
Common Signs in Multiple Languages (English-Spanish-Vietnamese–Chinese)	Simple signs that can be enlarged and posted in your facility.
Common Sentences in Multiple Languages (English-Spanish-Vietnamese–Chinese)	Simple phrases that can be used to communicate with LEP patients while waiting for an interpreter.
Employee Language Skills Self-Assessment Tool	Self-assessment tool to capture the language capability of bilingual health care providers.

Tips for Working with Limited English Proficient (LEP) Members

- **California law** requires that health plans and insurers offer free interpreter services to both LEP members and health care providers and also ensure that the interpreters are professionally trained and are versed in medical terminology and health care benefits.

- **Who is a LEP member?**
  Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, may be considered limited English proficient (LEP).

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

- **Tips for working with LEP members and how to offer interpreter services**
  1) Member speaks no English and you are unable to discern the language
  → Connect with contracted telephonic interpretation vendor to identify language needed.

  2) Member speaks some English:
  → Speak slowly and clearly. Do not speak loudly or shout. Use simple words and short sentences.

  → How to offer interpreter services:
  "*I think I am having trouble with explaining this to you, and I really want to make sure you understand. Would you mind if we connected with an interpreter to help us? Which language do you speak?*"

  Or

  "*May I put you on hold? I am going to connect us with an interpreter.*" (If you are having a difficult time communicating with the member)

- **Best practice to capture language preference**
  For LEP members it is a best practice to capture the members preferred language and record it in the plan's member data system.
  "*In order for me (or Health Plan) to be able to communicate most effectively with you, may I ask what your preferred spoken and written language is?*"

*This universal symbol for interpretive services at the top right of this document is from Hablamos Juntos, a Robert Wood Johnson funded project found at: http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp#bpw

TIPS FOR COMMUNICATING ACROSS LANGUAGE BARRIERS

Limited English Proficient (LEP) patients are faced with language barriers that undermine their ability to understand information given by healthcare providers as well as instructions on prescriptions and medication bottles, appointment slips, medical education brochures, doctor's directions, and consent forms. They experience more difficulty (than other patients) processing information necessary to care for themselves and others.

Tips to Identify a Patient's Preferred Language

- Ask the patient for their preferred spoken and written language.
- Display a poster of common languages spoken by patients; ask them to point to their language of preference.
- Post information relative to the availability of interpreter services.
- Make available and encourage patients to carry "I speak…." or "Language ID" cards.

(Note: Many phone interpreter companies provide language posters and cards at no charge.)

Tips to Document Patient Language Needs

- For all Limited English Proficient (LEP) patients, document preferred language in paper and/or electronic medical records.
- Post color stickers on the patient's chart to flag when an interpreter is needed. (e.g. Orange =Spanish, Yellow=Vietnamese, Green=Russian).

Tips to Assessing which Type of Interpreter to Use

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

Tips to Overcome Language Barriers

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

Tips for Working with Interpreters

Telephonic Interpreters

- Tell the interpreter the purpose of your call. Describe the type of information you are planning to convey. *
- Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning, e.g., “can’t - cannot.” *
- Speak in short sentences, expressing one idea at a time.*
- Speak slower than your normal speed of talking, pausing after each phrase.*
- Avoid the use of double negatives, e.g., “If you don’t appear in person, you won’t get your benefits.” * Instead, “You must come in person in order to get your benefits.”
- Speak in the first person. Avoid the “he said/she said.” *
- Avoid using colloquialisms and acronyms, e.g., “MFIP.” If you must do so, please explain their meaning.*
- Provide brief explanations of technical terms, or terms of art, e.g., “Spend-down” means the client must use up some of his/her monies or assets in order to be eligible for services.” *
- Pause occasionally to ask the interpreter if he or she understands the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the client. *
- Ask the interpreter if, in his or her opinion, the client seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way. *
- ABOVE ALL, BE PATIENT with the interpreter, the client and yourself! Thank the interpreter for performing a difficult and valuable service. *
- The interpreter will wait for you to initiate the closing of the call and will be the last to disconnect from the call.

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

- When the interpreter comes onto the line let the interpreter know the following: **
    - Who you are
    - Who else is in the room
    - What sort of office practice this is
    - What sort of appointment this is

  For example, “Hello interpreter, this is Dr. Jameson. I have Mrs. Dominguez and her adult daughter here for Mrs. Dominguez’ annual exam.” **
- Give the interpreter the opportunity to introduce himself or herself quickly to the patient. **
- If you point to a chart, a drawing, a body part or a piece of equipment, describe what you are pointing to as you do it. **

On-site Interpreters

- Hold a brief meeting with the interpreter beforehand to clarify any items or issues that require special attention, such as translation of complex treatment scenarios, technical terms, acronyms, seating arrangements, lighting or other needs.

- For face-to-face interpreting, position the interpreter off to the side and immediately behind the patient so that direct communication and eye contact between the provider and patient is maintained. For sign language (ASL) interpreting, it is best to position the interpreter beside the patient so the patient can capture the hand signals easily.
- Be aware of possible gender conflicts that may arise between interpreters and patients. In some cultures, males should not be requested to interpret for females.
- Be attentive to cultural biases in the form of preferences or inclinations that may hinder clear communication. For example, in some cultures, especially Asian cultures, "yes" may not always mean "yes." Instead, "yes" might be a polite way of acknowledging a statement or question, a way of politely reserving one's judgment, or simply a polite way of declining to give a definite answer at that juncture.
- Greet the patient first, not the interpreter. **
- During the medical interview, speak directly to the patient, not to the interpreter: "Tell me why you came in today" instead of "Ask her why she came in today." **
- A professional interpreter will use the first person in interpreting, reflecting exactly what the patient said: e.g. "My stomach hurts" instead of "She says her stomach hurts." This allows you to hear the patient's "voice" most accurately and deal with the patient directly. **
- Speak at an even pace in relatively short segments; pause often to allow the interpreter to interpret. You do not need to speak especially slowly; this actually makes a competent interpreter's job more difficult. **
- Don't say anything that you don't want interpreted; it is the interpreter's job to interpret everything. **
- If you must address the interpreter about an issue of communication or culture, let the patient know first what you are going to be discussing with the interpreter. **
- Speak in: Standard English (avoid slang) **
    - Layman's terms (avoid medical terminology and jargon)
    - Straightforward sentence structure
    - Complete sentences and ideas
- Ask one question at a time. **
- Ask the interpreter to point out potential cultural misunderstandings that may arise. Respect an interpreter's judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter's help in eliciting the information in a more appropriate way. **
- Do not hold the interpreter responsible for what the patient says or doesn't say. The interpreter is the medium, not the source, of the message. **
- Avoid interrupting the interpretation. Many concepts you express have no linguistic or conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech. **
- Don't make assumptions about the patient's education level. An inability to speak English does not necessarily indicate a lack of education. **
- Acknowledge the interpreter as a professional in communication. Respect his or her role. **

Footnotes:

** **"Addressing Language Access Issues in Your Practice - A Toolkit for Physicians and Their Staff Members," California Endowment website.**

* "**Limited English Proficiency Plan," Minnesota Department of Human Services: Helpful hints for using telephone interpreters (page 6).**

TIPS FOR LOCATING INTERPRETER SERVICES

First, assess the oral linguistic needs of your Limited English Proficient (LEP) patients. Second, assess the services available to meet these needs.

Assess the language capability of your staff *(See Employee Language Skills Self-Assessment)*

- Keep a list of available bilingual staff who can assist with LEP patients on-site.

Assess services available through patient health plans

- Ask all health plans you work with if and when they provide interpreter services, including American Sign Language interpreters, as a covered benefit for their members.
- Identify the policies and procedures in place to access interpreter services for each plan you work with.
- Keep an updated list of specific telephone numbers and health plan contacts for language services.
- Ask the agency providing the interpreter for their training standards and methods of assessing interpreter quality.
- Don't forget to inquire about Telecommunication Device for the Deaf (TDD) services for the hard of hearing/deaf.

If services are covered, identify the appropriate contact and request the health plan's process to access services.

- Determine if face-to-face and/or telephone interpreters are covered.
- If face-to-face interpreters are covered, have the following information ready before requesting the interpreter: gender, age, language needed, date/time of appointment, type of visit, and office specialty.
  - *Remember to follow all HIPAA regulations when transmitting any patient-identifiable information to parties outside your office.*
- If telephone interpreters are covered, relay the pertinent patient information which will help the interpreter better serve the needs of the patient and the provider.

If interpreter services are NOT covered by the patient's health plan, **find other resources** to meet the linguistic needs of your LEP patients.

- Use trained/capable internal staff.
- Contract with a telephonic interpreting company. (See *Telephonic Interpreting Companies.*) It is recommended that you assess the quality of the services provided by these vendors.
- Check for services available through Community Based Organizations. Some provide free face-to-face interpreter services for the community or they may offer low fees.
- Depending on the linguistic needs of your LEP population, you may have to consider hiring a professional interpreter.
- For further information, you may contact the National Council on Interpretation in Health Care, the Society of American Interpreters, the Translators & Interpreters Guild, the American Translators Association, or any local Health Care Interpreters association in your area.

TELEPHONIC INTERPRETING COMPANIES

Price per Minute: Prices may range from $1.25 to $4.50 per minute. Some companies charge different rates depending on the language requested. Other companies charge the same rate regardless of language. Most rates are negotiable depending on volume.

Start-up Costs: There might be a $150 set-up charge and a $50 monthly service fee, but often these costs are waived.

Staff Training: On-site and teleconferencing training on how to use telephonic interpretation is available.

Connection Time: Connection times range from 30 to 60 seconds.

Other Services: **All** companies have training materials, custom reports and equipment available. Some have dual handset telephones available.

		Industry Specialization	**Standards for Interpreters** *Screening/Evaluation Process, Training of Interpreters*	**Location**
This list is intended to give you a sample of vendors that offer telephone interpretation services, and is not an endorsement or a recommendation. *You should conduct your own research to assess the quality of the services provided by these vendors.*	**CyraCom International** **800-713-4950**	Medical	Completion of the CyraCom Interpreter Qualification Process	5780 North Swan Road Tucson, AZ 85718 Phone 800-713-4950 / Fax 520-745-9022
	Interpreting Services International, Inc. (ISI) **818-753-9181**	Medical	Completion of the ISI Interpreter Training and Assessment Program (ITAP)	6180 Laurel Canyon Blvd., Suite 245 North Hollywood, CA 91606 Phone 818-753-9181 / Fax 818-753-9617
	Language Line Services (LLS) **877-886-3885**	All industries	Completion of the Language Line Medical Certification Program	1 Lower Ragsdale Drive, Bldg. 2 Monterey, CA 93940 Phone 877-886-3885
	Network Omni Services **800-543-4244**	All industries	Not specified	4353 Park Terrace Drive Westlake Village, CA 91361 Phone 800-543-4244 / Fax 818-735-6305
	Pacific Interpreters **800-311-1232**	Medical	• 2 yrs of college education • Formal training as interpreter • Professional certification • Active membership in a professional organization	707 SW Washington, Suite 200 Portland, OR 97205 Phone 800-311-1232 / Fax 503-445-5501
	Tele-Interpreters **800-811-7881**	Medical Legal Insurance	Primarily recruit from interpretation schools	500 North Brand Blvd., Suite 1700 Glendale, CA 91203 Phone 800-811-7881

Language Identification Flashcards

The sheets in this tool can be used to assist the office staff or physician in identifying the language that your patient is speaking. Pass the sheets to the patient and point to the English statement. Motion to the patient to read the other languages and to point to the language that the patient prefers. (Conservative gestures can communicate this.) Record the patient's language preference in their medical record.

The Language Identification Flashcards were developed by the U.S. Census Department and can be used to identify most languages that are spoken in the United States.

United States Census 2000

U.S. Department of Commerce
Bureau of the Census

LANGUAGE IDENTIFICATION FLASHCARD

☐ املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية.	Arabic
☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	Bengali
☐ សូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ។	Cambodian
☐ Matka i kahhon komu un taitai pat un sang i Chamorro.	Chamorro
☐ 如果您具有中文閱讀和會話能力，請在本空格內標上X記號。	Chinese
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	Creole
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	Croatian (Serbo-Croatian)
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	Dutch
☐ Mark this box if you read or speak English.	English
☐ اگر خواندن ونوشتن فارسی بدرهستین، این مربع را علامت بگذارید.	Farsi

☐ Cocher ici si vous lisez ou parlez le français.	French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	Greek
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस गोले पर चिह्न लगाएँ।	Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	Ilocano
☐ Marchi questa casella se legge o parla italiano.	Italian
☐ 日本語を読んだり、話せる場合はここに印を付けてください。	Japanese
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	Laotian
☐ Zaznacz tę kratkęjeżeli czyta Pan/Pani lub mówi po polsku.	Polish
☐ Assinale este quadrado se voce lê ou fala Português.	Portuguese

D-3309

☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi Româneşte.	Romanian
☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.	Russian
☐ Maka pe fa'ailoga le pusa lea pe afai e te faitau pe tusitusi i le gagana Samoa.	Samoan
☐ Обележите овај квадратић уколико читате или говорите српски језик.	Serbian (Serbo-Croatian)
☐ Označte tento štvorček, ak viete čitať alebo hovoriť po slovensky.	Slovak
☐ Marque esta casilla si lee o habla español.	Spanish
☐ Markahan ang kahon na ito kung ikaw ay nagsasalita o nagbabasa ng Tagalog.	Tagalog
☐ ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	Thai
☐ Faka'ilonga'i 'ae puha ko'eni kapau 'oku te lau pe lea 'ae lea fakatonga.	Tongan
☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	Ukrainian
☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائں.	Urdu
☐ Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ.	Vietnamese
☐ צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש.	Yiddish

COMMON SIGNS IN MULTIPLE LANGUAGES (ENGLISH-SPANISH-VIETNAMESE-CHINESE)

You may use this tool to mark special areas in your office to help your Limited English Proficient (LEP) patients. It is suggested that you laminate each sign and post it.

English		Welcome
Español	*Spanish*	Bienvenido/a
Tiếng Việt	*Vietnamese*	**Hân hạnh tiếp đón quý vị**
中文	*Chinese*	**歡迎**

English		Registration
Español	*Spanish*	Oficina de Registro
Tiếng Việt	*Vietnamese*	**Quầy tiếp khách**
中文	*Chinese*	**登記處**

English		Cashier
Español	*Spanish*	Cajera
Tiếng Việt	*Vietnamese*	**Quầy trả tiền**
中文	*Chinese*	**收銀部**

English		Enter
Español	*Spanish*	Entrada
Tiếng Việt	*Vietnamese*	**Lối vào**
中文	*Chinese*	**入口**

English		Exit
Español	*Spanish*	Salida
Tiếng Việt	*Vietnamese*	**Lối ra**
中文	*Chinese*	**出口**

English		Restroom
Español	*Spanish*	Baños
Tieáng Vieâït	*Vietnamese*	**Phòng vệ sinh**
中文	*Chinese*	**洗手間**

COMMON SENTENCES IN MULTIPLE LANGUAGES
(ENGLISH-SPANISH-VIETNAMESE-CHINESE)

This tool is designed for office staff to assist in basic entry-level communication with Limited English Proficient (LEP) patients. Point to the sentence you wish to communicate and your LEP patient may read it in his/her language of preference. The patient can then point to the next message.

English	Spanish / Español	Vietnamese / Tiếng Việt	Chinese / 中文
Point to a sentence	**Señale una frase**	**Xin chỉ vào câu**	**指向句子**

Instructions	*Instrucciones*	*Chỉ Dẫn*	*指示*
We can use these cards to help us understand each other. Point to the sentence you want to communicate. If needed, later we will call an interpreter.	*Podemos utilizar estas tarjetas para entendernos. Señale la frase que desea comunicar. Si necesita, después llamaremos a un intérprete.*	*Chúng ta có thể dùng những thẻ này để giúp chúng ta hiểu nhau. Xin chỉ vào câu đúng nghĩa quý vị muốn nói. Chúng tôi sẽ nhờ một thông dịch viên đến giúp nếu chúng ta cần nói nhiều hơn.*	*這卡可以幫助大家更明白對方。 請指向您想溝通的句子， 如有需要，稍後我們可以為您安排傳譯員。*

English	Spanish / Español	Vietnamese / Tiếng Việt	Chinese / 中文

Point to a sentence **Señale una frase** **Xin chỉ vào câu** **p 指向句子**

Courtesy statements	*Frases de cortesía*	*Từ ngữ lịch sự*	*禮貌敘述*
Please wait.	Por favor espere (un momento).	Xin vui lòng chờ.	請等等
Thank you.	Gracias.	Cám ơn.	多謝
One moment, please.	Un momento, por favor.	Xin đợi một chút.	請等一會

Point to a sentence **Señale una frase** **Xin chỉ vào câu** **p 指向句子**

Patient may say….	*El paciente puede decir…*	*Bệnh nhân có thể nói...*	*病人可能會說…*
My name is…	Mi nombre es ...	Tôi tên là...	我的名字是…
I need an interpreter.	Necesito un intérprete.	Chúng tôi cần thông dịch viên.	我需要一位傳譯員…
I came to see the doctor, because…	Vine a ver al doctor porque ...	Tôi muốn gặp bác sĩ vì...	我來見醫生是因為...
I don't understand.	No entiendo.	Tôi không hiểu.	我不明白

English	Spanish / Español	Vietnamese / Tiếng Việt	Chinese / 中文

Point to a sentence | Señale una frase | Xin chỉ vào câu | p 指向句子

Patient may say…	*El paciente puede decir…*	*Bệnh nhân có thể nói...*	*病人可能會說…*
Please hurry. It is urgent.	Por favor apúrese. Es urgente.	Vui lòng nhanh lên. Tôi có chuyện khẩn cấp.	請盡快，這是非常緊急。
Where is the bathroom?	Dónde queda el baño?	Phòng vệ sinh ở đâu?	洗手間在那裏？
How much do I owe you?	Cuánto le debo?	Tôi cần phải trả bao nhiêu tiền?	我欠您多少錢？
Is it possible to have an interpreter?	Es posible tener un intérprete?	Có thể nhờ một thông dịch viên đến giúp chúng ta không?	可否找一位傳譯員？

Point to a sentence | Señale una frase | Xin chỉ vào câu | 指向句子

Staff may ask or say…	*El personal del médico le puede decir…*	*Nhân viên có thể hỏi hoặc nói..*	*職員可能會問或說。。。*
How may I help you?	¿En qué puedo ayudarle?	Tôi có thể giúp được gì?	我怎樣可以幫您呢？
I don't understand. Please wait.	No entiendo. Por favor espere.	Tôi không hiểu. Xin đợi một chút.	我不明白，請等等。
What language do you prefer?	¿Qué idioma prefiere?	Quí vị thích dùng ngôn ngữ nào?	您喜歡用什麼語言呢 : • Cantonese 廣東話 • Mandarin 國語
We will call an interpreter.	Vamos a llamar a un intérprete.	Chúng tôi sẽ gọi thông dịch viên	我們會找一位傳譯員。
An interpreter is coming.	Ya viene un intérprete.	Sẽ có một thông dịch viên đến giúp chúng ta.	傳譯員就快到。

English	Spanish / Español	Vietnamese / Tiếng Việt	Chinese / 中文
Point to a sentence	**Señale una frase**	**Xin chỉ vào câu**	**p 指向句子**

Staff may ask or say…	*El personal del médico le puede decir…*	*Nhân viên có thể hỏi hoặc nói..*	*職員可能會問或說。。。*
What is your name?	¿Cuál es su nombre?	Qúy vị tên gì?	您叫什麼名字？
Who is the patient?	¿Quién es el paciente?	Ai là bệnh nhân?	誰是病人？
Please write the patient's:	Por favor escriba, acerca del paciente:	Xin viết lý lịch của bệnh nhân:	請寫出病人的:
Name	Nombre	Tên	姓名
Address	Dirección	Địa Chỉ	地址
Telephone number	Número de teléfono	Số Điện Thoại	電話號碼
Identification number	Número de identificación	Số ID	醫療卡號碼
Birth date:	Fecha de nacimiento:	Ngày Sinh:	出生日期:
Month/Day/Year	Mes/Día/Año	Tháng/Ngày/Năm	月/日/年
Now, fill out these forms, please	***Ahora, por favor conteste estas formas.***	*Bây giờ xin điền những đơn này.*	*現在，請填寫這表格*

COMMON SENTENCES IN MULTIPLE LANGUAGES
(ENGLISH-SPANISH-FRENCH CREOLE)

This tool is designed for office staff to assist in basic entry-level communication with Limited English Proficient (LEP) patients. Point to the sentence you wish to communicate and your LEP patient may read it in his/her language of preference. The patient can then point to th next message.

English	Spanish / Español	Creole/ Kreyòl
Point to a sentence	**Señale una frase**	**Lonje dwèt ou sou yon fraz**
Instructions	***Instrucciones***	***Esplikasyon***
We can use these cards to help us understand each other. Point to the sentence you want to communicate. If needed, later we will call an interpreter.	*Podemos utilizar estas tarjetas para entendernos. Señale la frase que desea comunicar. Si necesita, después llamaremos a un intérprete.*	*Nou kapab sèvi ak kat sa yo pou ede nou youn konprann lòt. Lonje dwèt ou sou sa ou vle di a. Si nou bezwen yon entèprèt, n ap voye chache youn apre.*

COMMON SENTENCES IN MULTIPLE LANGUAGES
(ENGLISH-SPANISH-FRENCH CREOLE)

English	Spanish / Español	Creole/ Kreyòl
Point to a sentence	**Señale una frase**	**Lonje dwèt ou sou yon fraz**
Courtesy statements	***Frases de cortesía***	***Pawòl pou Koutwazi***
Please wait.	Por favor espere (un momento).	Tanpri, tann (yon moman)
Thank you.	Gracias.	Mèsi.
One moment, please.	Un momento, por favor.	Tann yon moman, tanpri.
Patient may say….	***El paciente puede decir…***	*Pasyan an kapab dị*
My name is…..	Mi nombre es	Non mwen se…
I need an interpreter.	Necesito un intérprete.	Mwen bezwen yon enˋtpr̀t
I came to see the doctor, because ….	Vine a ver al doctor porque	Mwen vin ẁ dokˋt a, paske…
I don't understand.	No entiendo.	Mwen pa konprann.
Please hurry. It is urgent.	Por favor apúrese. Es urgente.	Tanpri ỳ vit. Sa ijan.
Where is the bathroom?	Dónde queda el baño?	Kote twaˋlt la yo?
How much do I owe you?	Cuánto le debo?	Konbyen pou mwen peye?
Is it possible to have an interpreter?	Es posible tener un intérprete?	ỳ ske mwen ka gen yon enˋtpr̀t?

COMMON SENTENCES IN MULTIPLE LANGUAGES
(ENGLISH-SPANISH-FRENCH CREOLE)

English	Spanish / Español	Creole/ Kreyòl
Point to a sentence	**Señale una frase**	**Lonje dwèt ou sou yon fraz**
Staff may ask or say….	***El personal del médico le puede decir…***	**Anplwaye medikal la kapab di oubyen mande...**
Please hold. I will be right back	Por favor espere un momento. Ya regreso.	Tanpri, tann yon moman. M ap tounen touswit.
How may I help you?	¿En qué puedo ayudarle?	Kisa mwen ka ̀f pou ou?
I don't understand. Please wait.	No entiendo. Por favor espere.	Mwen pa konprann. Tanpri, tann yon moman.
What language do you prefer?	¿Qué idioma prefiere?	Ki lang ou pito?
We will call an interpreter.	Vamos a llamar a un intérprete.	Nou pral rele yon èntpr̀t.
An interpreter is coming.	Ya viene un intérprete.	Gen yon èntpr̀t ki nan wout.
What is your name?	¿Cuál es su nombre?	Kouman ou rele?
Who is the patient?	¿Quién es el paciente?	Ki moun ki pasyan an?

COMMON SENTENCES IN MULTIPLE LANGUAGES
(ENGLISH-SPANISH-FRENCH CREOLE)

English	Spanish / Español	Creole/ Kreyòl
Point to a sentence	**Señale una frase**	**Lonje dwèt ou sou yon fraz**
Staff may ask or say….	***El personal del médico le puede decir…***	**Anplwaye medikal la kapab di oubyen mande...**
Please write **the patient's**:	Por favor escriba, acerca **del paciente**:	Tanpri, ekri enfịmasyon sa yo **pou pasyan an**:
Name	Nombre	Non
Address	Dirección	Adrs
Telephone number	Número de teléfono	Nimewo telefịn
Identification number	Número de identificación	Nimewo didantite
Birth date:	Fecha de nacimiento:	Dat nesans:
Month / Day / Year	Mes / Día / Año	Mwa / Jou / Ane
Now, fill out these forms, please	***Ahora, por favor conteste estas formas.***	***Kounye a, ekri enfịmasyon yo mande nan papye sa yo.***

EMPLOYEE LANGUAGE SKILLS
SELF-ASSESSMENT TOOL

Dear Physician:

The attached self-assessment tool is provided as a resource to assist you in identifying language skills and resources existing in your health care setting. This voluntary tool will provide a basic and subjective idea of the bilingual capabilities of your staff. This screening tool is not meant to meet the CA Language Assistance Program law requirements.

You may distribute the tool to **all your clinical and non-clinical employees using their non-English language skills in the workplace**. The information collected may be used as a first step to improve communication with your diverse patient base.

You may wish to write an introductory note along the following lines:

> "We are committed to maintaining our readiness to serve the needs of our patients. Many of our employees could use their skills in languages other than English.
>
> We are compiling information about resources available within our work force. Please complete and return this survey to <department/contact> no later than <date>.
>
> This survey will not affect your performance evaluation. It is just a way for us to improve our customer service, and to make you part of such efforts.
>
> ***Thank you for your assistance."***

Once bilingual staff have been identified, **they should be referred to professional language assessment agencies** to evaluate the level of proficiency. There are many sources that will help you assess the bilingual capacity of staff.

Depending on their level of confirmed fluency, your practice would be able to make use of this added value to help your practice better communicate with your patients in the client's language of preference.

Employee Language Skills Self Assessment Key

Key	Spoken Language
(1)	Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.
(2)	Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.
(3)	Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care.
(4)	Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.
(5)	Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.

Key	Reading
(1)	No functional ability to read. Able to understand and read only a few key words.
(2)	Limited to simple vocabulary and sentence structure.
(3)	Understands conventional topics, non-technical terms and heath care terms.
(4)	Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature.
(5)	Understands sophisticated materials, including those related to academic, medical and technical vocabulary.

Key	Writing
(1)	No functional ability to write the language and is only able to write single elementary words.
(2)	Able to write simple sentences. Requires major editing.
(3)	Writes on conventional and simple health care topics with few errors in spelling and structure. Requires minor editing.
(4)	Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling.
(5)	Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary.
Interpretation vs. Translation	**Interpretation:** Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor. **Translation:** Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original. *Source: University of Washington Medical Center*

EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT TOOL
(For Clinical and Non-Clinical Employees)

This self assessment is intended for clinical and non-clinical employees who are bilingual and communicate with a patient in a language other than English.

Employee's Name: _____ Department/Job Title: _____

Work Days: Mon / Tues/ Wed/ Thurs/ Fri/ Sat/ Sun Work Hours (Please Specify): _____

Directions: (1) Write any/all language(s) or dialects you know.
(2) Indicate how fluently you speak, read and/or write each language (See attached key).
(3) Specify if you currently use the language regularly as a part of your job responsibilities.

Language	Dialect, region, or country	Fluency: see attached key (Circle)			As part of your job, do you use this language to speak with patients? (Circle)	As part of your job, do you read this language? (Circle)	As part of your job, do you write this language? (Circle)
		Speaking	Reading	Writing			
1.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
2.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
3.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
4.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No

Please check off additional qualifications/credentials that support language proficiency level, and attach them to this form.
Note: Per state guideline, bilingual providers and staff who communicate with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

□ Formal language assessment by qualified agency

□ Documentation of successful completion of a specific type of interpreter training

□ Other (Please specify):_____

□ Native speaker with a higher education in language, which demonstrates sufficient accuracy and vocabulary in health care setting.

□ Documentation of years employed as an interpreter and/or translator

Individuals who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self Assessment Key, attached to this document, should **not use their bilingual skills or serve** as interpreters and/or translators. For assistance, please contact the patient's contracted health plan for immediate telephonic interpreter assistance.

TO BE SIGNED BY THE PERSON COMPLETING THIS FORM

I, _____, attest that the information provided above is accurate. Date: _____

Section C

A Guide to Information in Section C

RESOURCES TO INCREASE AWARENESS OF CULTURAL BACKGROUND AND ITS IMPACT ON HEALTH CARE DELIVERY

Everyone approaches illness as a result of their own experiences, including education, social conditions, economic factors, cultural background, and spiritual traditions, among others. In our increasingly diverse society, patients may experience illness in ways that are different from their health professional's experience. Sensitivity to a patient's view of the world enhances the ability to seek and reach mutually desirable outcomes. If these differences are ignored, unintended outcomes could result, such as misunderstanding instructions and poor compliance.

The following tools are intended to help you review and consider important factors that may have an impact on health care. Always remember that even within a specific tradition, local and personal variations in belief and behavior exist. Unconscious stereotyping and untested generalizations can lead to disparities in access to service and quality of care. The bottom line is: if you don't know your patient well, ask respectful questions. Most people will appreciate your openness and respond in kind.

The following materials are available in this section:

Let's Talk About Sex	A guide to help you understand and discuss gender roles, modesty, and privacy preferences that vary widely among different people when taking sexual health history information.
Pain Management Across Cultures	A guide to help you understand the ways people may use to describe pain and approach to treatment options.
Cultural Background: Information on Special Topics	Points of reference to become familiar with diverse cultural backgrounds.

LET'S TALK ABOUT SEX

Consider the following strategies when navigating the cultural issues
Surrounding the collection of sexual health histories.

AREAS OF CULTURAL VARIATION	POINTS TO CONSIDER	SUGGESTIONS
Gender roles	• Gender roles vary and change as the person ages (i.e. women may have much more freedom to openly discuss sexual issues as they age). • A patient may not be permitted to visit providers of the opposite sex unaccompanied (i.e. a woman's husband or mother-in-law will accompany her to an appointment with a male provider). • Some cultures prohibit the use of sexual terms in front of someone of the opposite sex or an older person. • Several family members may accompany an older patient to a medical appointment as a sign of respect and family support.	• Before entering the exam room, tell the patient and their companion exactly what the examination will include and what needs to be discussed. Offer the option of calling the companion(s) back into the exam room immediately following the physical exam. • As you invite the companion or guardian to leave the exam room, have a health professional of the same gender as the patient standing by and re-assure the companion or guardian that the person will be in the room at all times. • Use same sex non-family members as interpreters.
Sexual health and patient cultural background	• If a sexual history is requested during a non-related illness appointment, patients may conclude that the two issues – for example, blood pressure and sexual health are related. • In many health belief systems there are connections between sexual performance and physical health that are different from the Western tradition. *Example: Chinese males may discuss sexual performance problems in terms of a "weak liver."* • Be aware that young adults may not be collecting sexual history information is part of preventive care and is not based on an assumption that sexual behaviors are taking place. • Printed materials on topics of sexual health may be considered inappropriate reading materials.	• Explain to the patient why you are requesting sexually related information at that time. • For young adults, clarify the need for collecting sexual history information and consider explaining how you will protect the confidentiality of their information. • Offer sexual health education verbally. Whenever possible, provide sexual health education by a health care professional who is the same gender as the patient.

LET'S TALK ABOUT SEX

Consider the following strategies when navigating the cultural issues
Surrounding the collection of sexual health histories.

AREAS OF CULTURAL VARIATION	POINTS TO CONSIDER	SUGGESTIONS
Confidentiality preferences	• Patients may not tell you about their preferences and customs surrounding the discussion of sexual issues. You must watch their body language for signals or discomfort, or ask directly how they would like to proceed. • A patient may be required to bring family members to their appointment as companions or guardians. Printed materials on topics of sexual health may be considered inappropriate reading materials. • Be attentive to a patient's body language or comments that may indicate that they are uncomfortable discussing sexual health with a companion or guardian in the room.	• It may help to apologize for the need to ask sexual or personal questions. Apologize and explain the necessity. • Try to offer the patient a culturally acceptable way to have a confidential conversation. For example: *"To provide complete care, I prefer one-on-one discussions with my patients. However, if you prefer, you may speak with a female/male nurse to complete the initial information."* • Inform the patient and the accompanying companion(s) of any applicable legal requirements regarding the collection and protection of personal health information.

***NOTE: Avoid** using family members as interpreters. **Minors** are **prohibited** to be used as interpreters. Find an interpreter with a health care background. Make sure the request for or refusal of an interpreter is **documented** in the patient's medical chart.

PAIN MANAGEMENT ACROSS CULTURES

Your ability to provide adequate pain management to some patients can be improved with a better understanding of the differences in the way people deal with pain. Here is some important information about the cultural variations you may encounter when you treat patients for pain management.

These tips are generalizations only. It is important to remember that each patient should be treated as an individual.

AREAS OF CULTURAL VARIATION	POINTS TO CONSIDER	SUGGESTIONS
Reaction to pain and expression of pain	• Cultures vary in what is considered acceptable expression of pain. As a result, expression of pain will vary from stoic to extremely expressive for the same level of pain. • Some men may not verbalize or express pain because they believe their masculinity will be questioned.	• Do not mistake lack of verbal or facial expression for lack of pain. Under-treatment of pain is a problem in populations where stoicism is a cultural norm. • Because the expression of pain varies, ***ask*** the patient what level, or how much, pain relief they think they need. • Do not be judgmental about the way someone is expressing their pain, even if it seems excessive or inappropriate to you. The way a person in pain behaves is socially learned.
Spiritual and religious beliefs about using pain medication	• Members of several faiths will not take pain relief medications on religious fast days, such as Yom Kippur or daylight hours of Ramadan. For these patients, religious observance may be more important than pain relief. • Other religious traditions forbid the use of narcotics. • Spiritual or religious traditions may affect a patient's preference for the form of medication delivery, oral, IV, or IM.	• Consultation with the family and Spiritual Counselor will help you assess what is appropriate and acceptable. Variation from standard treatment regimens may be necessary to accommodate religious practices. • Accommodating religious preferences, when possible, will improve the effectiveness of the pain relief treatment. • Offer a choice of medication delivery. If the choice is less than optimal, ask why the patient has that preference and negotiate treatment for best results.

AREAS OF CULTURAL VARIATION	POINTS TO CONSIDER	SUGGESTIONS
Beliefs about drug addiction	• Recent research has shown that people from different genetic backgrounds react to pain medication differently. Family history and community tradition may contain evidence about specific medication effects in the population. • Past negative experience with pain medication shapes current community beliefs, even if the medications and doses have changed.	• Be aware of potential differences in the way medication acts in different populations. A patient's belief that they are more easily addicted may have a basis in fact. • Explain how the determination of type and amount of medication is made. Explain changes from past practices. • Assure your patient you are watching their particular case.
Use of alternative pain relief treatment	• Your patient may be using traditional pain relief treatment, such as herbal compresses or teas, massage, acupuncture or breathing exercises.	• Respectfully inquire about all of the ways the patient is treating their pain. • Use indirect questions about community or family traditions for pain management to provide hints about what the patient may be using. There may be some reluctance to tell you about alternative therapies until they feel it is "safe" to talk about them. • Accommodate or integrate your treatments with alternative treatments when possible.
Methods needed to assess pain	• Most patients are able to describe their pain using a progressive scale, but others are not comfortable using a numerical scale, and the scale of facial expressions (smile to grimace) may be more useful.	• Ask the patient specifically how they can best describe their pain. • Use multiple methods of assessing pain - scales and analogies, if you feel the assessment of pain is producing ambiguous or incorrect results. • Once the severity of the pain can be assessed, explain in detail the expected result of the use of the pain medication in terms of whatever descriptive tools the patient has used. Check comprehension with teach-back techniques. • Instead of using scales, which might not be known to the patient, asking for comparative analogies, such as "like a burn from a stove," "cutting with a knife," or "stepping on a stone," may produce a more accurate description.

* **NOTE: Avoid** using family members as interpreters. **Minors** are **prohibited** from being used as interpreters. Find an interpreter with a health care background. **Document** in the patient's medical chart the request for or refusal of an interpreter.

CULTURAL BACKGROUND
Information on Special Topics

Use of Alternative or Herbal Medications

- People who have lived in poverty, or come from places where medical treatment is difficult to get, will often come to the doctor only after trying many traditional or home treatments. Usually patients are very willing to share what has been used if asked in an accepting, non-judgmental way. This information is important for the accuracy of the clinical assessment.

- Many of these treatments are effective for treating the symptoms of illnesses. However, some patients may not be aware of the difference between treating symptoms and treating the disease.

- Some treatments and "medicines" that are considered "folk" medicine or "herbal" medications in the United States are part of standard medical care in other countries. Asking about the use of medicines that are "hard to find" or that are purchased "at special stores" may get you a more accurate understanding of what people are using than asking about "alternative," " traditional," "folk," or "herbal" medicine.

Pregnancy and Breastfeeding

- Preferred and acceptable ages for a first pregnancy vary from culture to culture. Latinos are more accepting of teen pregnancy; in fact it is quite common in many of the countries of origin. Russians tend to prefer to have children when they are older. It is important to understand the cultural context of any particular pregnancy. Determine the level of social support for the pregnant women, which may not be a function of age.

- Acceptance of pregnancy outside of marriage also varies from culture to culture and from family to family. In many Asian cultures there is often a profound stigma associated with pregnancy outside of marriage. However, it is important to avoid making assumptions about how welcome any pregnancy may be.

- Some Vietnamese and Latino women believe that colostrum is not good for a baby. An explanation from the doctor about why the milk changes can be the best tool to counter any negative traditional beliefs.

- The belief that breastfeeding works as a form of birth control is very strongly held by many new immigrants. It is important to explain to them that breastfeeding does not work as well for birth control if the mother gets plenty of good food, as they are more able to do here than in other parts of the world.

Weight

- In many poor countries, and among people who come from them, "chubby" children are viewed as healthy children because historically they have been better able to survive childhood diseases. Remind parents that sanitary conditions and medical treatment here protect children better than extra weight.

- In many of the countries that immigrants come from, weight is seen as a sign of wealth and prosperity. It has the same cultural value as extreme thinness has in our culture – treat it as a cultural as well as a medical issue for better success.

Infant Health

- It is very important to avoid making too many positive comments about a baby's general health.
  - Among traditional Hmong, saying a baby is "pretty" or "cute" may be seen as a threat because of fears that spirits will be attracted to the child and take it away
  - Some traditional Latinos will avoid praise to avoid attracting the "evil eye"
  - Some Vietnamese consider profuse praise as mockery

- It is often better to focus on the quality of the mother's care – "the baby looks like you take care of him well."

- Talking about a new baby is an excellent time to introduce the idea that preventive medicine should be a regular part of the new child's experience. Well-baby visits may be an entirely new concept to some new mothers from other countries. Protective immunizations are often the most accepted form of preventive medicine. It may be helpful to explain well-baby visits and check-ups as a kind of extension of the immunization process.

Substance Abuse

- When asking question regarding issues of substance (or physical) abuse, concerns about family honor and privacy may come into play. For example, in Vietnamese and Chinese cultures family loyalty, hierarchy, and filial piety are of the utmost importance and may therefore have a direct effect on how a patient responds to questioning, especially if family members are in the same room. Separating family members, even if there is some resistance to the idea, may be the only way to accurately assess some of these problems.

- Gender roles are often expressed in the use or avoidance of many substances, especially alcohol and cigarettes. When discussing and treating these issues the social component of the abuse needs to be considered in the context of the patient's culture.

- Alcohol is considered part of the meal in many societies, and should be discussed together with eating and other dietary issues.

Physical Abuse

- Ideas about acceptable forms of discipline vary from culture to culture. In particular, various forms of corporal punishment are accepted in many places. Emphasis must be placed on what is acceptable ***here***, and what may cause physical harm.

- Women may have been raised with different standards of personal control and autonomy than we expect in the United States. They may be accepting physical abuse *not* because of feelings of low self-esteem, but because it is socially accepted among their peers, or because they have nobody they can go to with their concerns. It is important to treat these cases as social rather than psychological problems.

- Immigrants learn quickly that abuse is reported and will lead to intervention by police and social workers. Even victims may not trust doctors, social workers, or police. It may take time and repeated visits to win the trust of patients. Remind patients that they do not have to answer questions (silence may tell you more than misleading answers). Using depersonalized conversational methods will increase success in reaching reluctant patients.

- Families may have members with conflicting values and rules for acceptable behavior that may result in conflicting reports about suspected physical abuse. This does not necessarily mean that anyone is being deceptive, just seeing things differently. This may cause special difficulties for teens who may have adopted new cultural values common to Western society, but must live in families that have different standards and behaviors.

- Behavioral indicators of abuse are different in different cultures. Many people are not very emotionally and physically expressive of physical and mental pain. Learn about the cultural norms of your patient populations to avoid overlooking or misinterpreting unknown signs of trauma.

- Do not confuse physical evidence of traditional treatments with physical abuse. Acceptable traditional treatments, such as coin rubbing or cupping, may leave marks on the skin, which look like physical abuse. Always consider this possibility if you know the family uses traditional home remedies.

Communicating with the Elderly

- Always address older patients using formal terms of address unless you are directly told that you may use personal names. Also remind staff that they should do the same.

- Stay aware of how the physical setting may be affecting the patient. Background noise, glaring or reflecting light, and small print forms are examples of things that may interfere with communication. The patients may not say anything, or even be aware that something physical is interfering with their understanding.

- Stay aware that many people believe that giving a patient a terminal prognosis is unlucky or will bring death sooner and families may not want the patient to know exactly what is expected to happen. If the family has strong beliefs along these lines the patient probably shares them. Follow ethical and legal requirements, but stay cognizant of the patient's cultural perspective. Offer the opportunity to learn the truth, at whatever level of detail desired by the patient.

- It is important to explain the specific needs for having an advance directive before talking about the treatment choices and instructions. This will help alleviate concerns that an advance directive is for the benefit of the medical staff rather than the patient.

- Elderly, low-literacy patients may be very skilled at disguising their lack of reading skills and may feel stigmatized by their inability to read. If you suspect this is the case you should not draw attention to this issue but seek out other methods of communication.

Section D

A Guide to Information in Section D

REFERENCE RESOURCES FOR CULTURAL AND LINGUISTIC SERVICES

Cultural and linguistic services have been mandated for federally funded program recipients in response to the growing evidence of health care disparities and as partial compliance with Title VI of the Civil Rights Act of 1964. The major requirements for the provision of cultural and linguistic services for patients in federally funded programs are included in this section.

This section includes:

- Current cultural and linguistic requirements for federally funded programs.
- Guidelines for cultural and linguistic services.
- Web based resources for more information related diversity and the delivery of cultural and linguistic services.

The following materials are available in this section.

Title VI of the Civil Rights Act of 1964	The Civil Rights Act of 1964 text.
Standards to Provide "CLAS" Culturally and Linguistically Appropriate Services	A summary of the fourteen "CLAS" standards.
Executive Order 13166, August 2000	The text of the Executive Order signed in August 2000 that mandated language services for Limited English Proficient (LEP) members enrolled in federally funded programs.
Bibliography of Major Sources Used in the Production of the Tool Kit	A listing of resources that informed the work of the ICE Cultural and Linguistic Workgroup.
Cultural Competence Web Resources	A listing of internet resources related to diversity and the delivery of cultural and linguistic services.
Acknowledgement of Contributors fro the ICE Cultural and Linguistic Workgroup	A listing of the contributors from the ICE Cultural and Linguistic Workgroup.

Title VI of the Civil Rights Act of 1964

"No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Under Title IV, any agency, program, or activity that receives funding from the federal government may not discriminate on the basis of race, color or national origin. This is the oldest and most basic of the many federal and state laws requiring "meaningful access" to healthcare, and "equal care" for all patients. Other federal and state legislation protecting the right to "equal care" outline how this principle will be operationalized.

State and Federal courts have been interpreting Title VI, and the legislation that it generated, ever since 1964. The nature and degree of enforcement of the equal access laws has varied from place to place and from time to time. Recently, however, both the Office of Civil Rights and the Office of Minority Health have become more active in interpreting and enforcing Title VI.

Additionally, in August 2000, the U.S. Department of Health and Human Services Office of Civil Rights issued "Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons with Limited English Proficiency." This policy established 'national origin' as applying to limited English-speaking recipients of federally funded programs.

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STANDARDS TO PROVIDE "CLAS " CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

Below follows an informal summary of excerpts from the Office of Minority Health's publication entitled "Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda."

1	Patients/consumers must receive from all staff: effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices of preferred language.
2	Strategies should be implemented to recruit, retain, and promote a diverse staff and organizational leadership that are representative of the demographic characteristics of the service area.
3	Staff at all levels and across all disciplines should receive ongoing education and training in culturally and linguistically appropriate service delivery.
4	Language assistance services must be offered and provided, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner, during all hours of operation.
5	Patients/consumers must be provided verbal and written notices about their right to receive language assistance services; these notices must be in their language of preference.
6	Language assistance provided to Limited English Proficient (known as "LEP") patients must be provided by competent interpreters and bilingual staff. Family and friends should not be used for interpretation services.
7	Easily understood patient-related materials and signage must be made available/posted in languages of the commonly encountered groups represented in the service area.
8	A written strategic plan should be developed, implemented and promoted, outlining clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9	Organizational self-assessments must be conducted regarding CLAS-related activities, and cultural and linguistic competence measures should be incorporated into internal audits, performance improvement programs, patient satisfaction assessments, and outcome-based valuations.
10	Data on race, ethnicity, and language difference should be collected in patient/consumer health records, integrated into the information management systems and updated periodically.
11	Current demographic, cultural, and epidemiological profiles of the communities served should be maintained, as well as needs assessments to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12	Participatory and collaborative partnerships with communities should be established and a variety of formal and informal mechanisms should be used to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13	Conflict and grievance resolution processes must be culturally and linguistically sensitive, and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.
14	Information should be made public regularly regarding progress and successful innovations in implementing CLAS standards, and inform the public and the impacted communities about the availability of such information.

EXECUTIVE ORDER 13166, AUGUST 2000

IMPROVING ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY]

(Verbatim)

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to improve access to federally conducted and federally assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency (LEP), it is hereby ordered as follows:

Section 1. Goals.

The Federal Government provides and funds an array of services that can be made accessible to otherwise eligible persons who are not proficient in the English language. The Federal Government is committed to improving the accessibility of these services to eligible LEP persons, a goal that reinforces its equally important commitment to promoting programs and activities designed to help individuals learn English. To this end, each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries. To assist the agencies with this endeavor, the Department of Justice has today issued a general guidance document (LEP Guidance), which sets forth the compliance standards that recipients must follow to ensure that the programs and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. As described in the LEP Guidance, recipients must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

Sec. 2. Federally Conducted Programs and Activities.

Each Federal agency shall prepare a plan to improve access to its federally conducted programs and activities by eligible LEP persons. Each plan shall be consistent with the standards set forth in the LEP Guidance, and shall include the steps the agency will take to ensure that eligible LEP persons can meaningfully access the agency's programs and activities. Agencies shall develop and begin to implement these plans within 120 days of the date of this order, and shall send copies of their plans to the Department of Justice, which shall serve as the central repository of the agencies' plans.

(Cont. Executive Order 13166)

Sec. 3. Federally Assisted Programs and Activities.

Each agency providing Federal financial assistance shall draft title VI guidance specifically tailored to its recipients that is consistent with the LEP Guidance issued by the Department of Justice. This agency-specific guidance shall detail how the general standards established in the LEP Guidance will be applied to the agency's recipients. The agency-specific guidance shall take into account the types of services provided by the recipients, the individuals served by the recipients, and other factors set out in the LEP Guidance.Agencies that already have developed title VI guidance that the Department of Justice determines is consistent with the LEP Guidance shall examine their existing guidance, as well as their programs and activities, to determine if additional guidance is necessary to comply with this order. The Department of Justice shall consult with the agencies in creating their guidance and, within 120 days of the date of this order, each agency shall submit its specific guidance to the Department of Justice for review and approval. Following approval by the Department of Justice, each agency shall publish its guidance document in the Federal Register for public comment.

Sec. 4. Consultations.

In carrying out this order, agencies shall ensure that stakeholders, such as LEP persons and their representative organizations, recipients, and other appropriate individuals or entities, have an adequate opportunity to provide input. Agencies will evaluate the particular needs of the LEP persons they and their recipients serve and the burdens of compliance on the agency and its recipients. This input from stakeholders will assist the agencies in developing an approach to ensuring meaningful access by LEP persons that is practical and effective, fiscally responsible, responsive to the particular circumstances of each agency, and can be readily implemented.

Sec. 5. Judicial Review.

This order is intended only to improve the internal management of the executive branch and does not create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers or employees, or any person.

WILLIAM J. CLINTON
THE WHITE HOUSE

Office of the Press Secretary
(Aboard Air Force One)

For Immediate Release August 11, 2000

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www.lep.gov: Department of Justice, Civil Rights Division, Executive Order 13166. Information and Guidance for Recipients of Federal Funds on Language Access to Federally Assisted Programs and Activities. (2003).

www.omhrc.gov/clas: Office of Minority Health. A Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care (December 2001).

www.usdoj.gov/crt/cor/Pubs/eolep.htm: Department of Justice, Civil Rights Division, Executive Order 13166. Improving Access to Services for Persons with Limited English Proficiency. Verbatim as released by the Office of the Press Secretary, The White House (August 11, 2000).

Cultural Competence Web Resources

General Cultural Competence

- Resources for Cross-Cultural Health Care http://www.diversityrx.org
- Provider's Guide to Quality and Culture http://erc.msh.org/quality&culture
- HRSA http://bphc.hrsa.gov/cc/3.htm
- University of Pennsylvania Health Systems http://www.uphs.upenn.edu/aging/diverse/direct.shtml
- World Education Culture health, literacy http://www.worlded.org/us/health/docs/culture/
- National Academy Press http://books.nap.edu/books/0309071542/html/index.html
- Oregon State University http://osu.orst.edu/dept/ehe/nu_diverse.htm
- National Center For Cultural Competence, Georgetown University http://gucdc.georgetown.edu/nccc/
- National Council on Interpreting in Health Care http://www.ncihc.org
- Department of Justice – Office of Civil Rights http://www.usdoj.gov/crt/cor/13166.htm
- The State of Literacy in America http://www.nifl.gov/reders/reder.htm
- Nhelp Racial/ Cultural Issues http://www.nhelp.org/race.shtml#ling
- Office of Minority Health http://www.omhrc.gov/
- DHHS Office of Civil Rights http://www.hhs.gov/ocr/
- The Cross Cultural Health Care Program http://www.xculture.org/index.cfm
- The Plain Language Association International http://www.plainlanguagenetwork.org/
- Kaiser Family Foundation Minority Health http://www.kff.org/content/2001/6012/
- Federal Registry (enter key word "linguistic") http://www.access.gpo.gov/su_docs/aces/aces140.html
- Yale University Cultural Competence Resources http://www.med.yale.edu/library/education/culturalcomp
- Medical Policy Institute http://www.medi-cal.org/publications/
- Providing care to diverse populations http://www.ahcpr.gov/news/ulp/ulpcultr.htm
- National Institutes of Health http://www.health.nih.gov
- Culture and nutrition http://www.nal.usda.gov/fnic
- AMSA Diversity in Medicine http://www.amsa.org/div
- Center for Cross Cultural Health http://www.crosshealth.com

Aging

- Administration on Aging http://www.aoa.gov/prof/aoaprog/healthpromo/healthpromo.asp
- Culture and Aging http://www.stlcc.cc.mo.us/mc/users/vritts/aging.html
- Center on an Aging Society http://ihcrp.georgetown.edu/agingsociety/
- AARP Aging and Minorities http://www.research.aarp.org/general/portmino.html

African American

- Congress of National Black Churches http://www.cnbc.org/
- NAACP National Health Committee http://www.naacp.org/health /
- National Association of Black Cardiologists http://www.abcardio.org/
- National Black Nurses Association http://www.nbna.org/
- National Caucus and Center on Black Aged, Inc. http://www.ncba-blackaged.org/
- National Medical Association http://www.nmanet.org/

Cultural Competence Web Resources (continured)

American Indian/Alaskan Native

- Association of American Indian Physicians — http://www.aaip.com/
- Native American Cancer Research — http://members.aol.com/natamcan /
- National Indian Council on Aging — http://www.nicoa.org
- National Indian Health Board — http://www.nihb.org/
- Breast Cancer Survivors Network — http://members.aol.com/natamcan/network.htm

Asian American/ Pacific Islander American

- Asian & Pacific Islander American Health Forum — http://www.apiahf.org/
- Chinese American Medical Society — http://www.camsociety.org/
- National Asian Pacific Center on Aging — http://www.napca.org
- National Asian Women's Health Organization — http://www.nawho.org/"
- National Resource Center on Native American Aging (Native Hawaiian) — http://www.und.nodak.edu/dept/nrcnaa/

Hispanic/Latino American

- Hispanic Center for Excellence UI Chicago — http://uic.edu/depts/mcam/hce
- Inter-American College of Physicians and Surgeons — http://users.rcn.com/icps
- National Alliance for Hispanic Health — http://www.hispanichealth.org/
- National Association of Hispanic Nurses — http://www.nahnhq.org
- National Council of La Raza — http://www.nclr.org
- National Hispanic Council on Aging — http://www.nhcoa.org
- National Hispanic Medical Association — http://home.earthlink.net/~nhma/

Remember- web can pages expire often. If the web address provided does not work use Google and search under the organization's name.

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