



# Cultural & Linguistic/ Disability & Sensitivity Training

Heritage Provider Network  
&  
Arizona Priority Care

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# Learning Objectives

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Program participants will be able to:

- Define culture and cultural competence
- Identify the benefits of clear communication
- Understand the lesbian, gay, bisexual, and transgender (LGBT) communities
- Discuss health care for refugees and immigrants
- Utilize best practices for working with seniors and people with disabilities
- Understand processes for providing interpreter and language assistance

# Defining Culture and Cultural Competence

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## Culture

- Integrated patterns of human behavior that includes the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.
- Identifies various concepts of health, perceptions, behaviors, and attitudes.

## Cultural Competence

- Capacity of effectively dealing with people from different cultures and lifestyles.

# Culture and Health Care Expectations

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- Recognizing and acknowledging an individual's culture is essential to meeting health care expectations, reducing disparities, and improving access to high quality health care.
- Understanding an individual's culture affects communication regarding:
  - Who provides treatment
  - What is considered a health problem
  - What type of treatment is required
  - Where care is sought
  - How symptoms are expressed
  - How rights and protections are understood

# Self-Awareness

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Understanding another individual begins with self-awareness.

- **Emotional intelligence:** ability to examine one's own assumptions, values, and belief systems.
- **Implicit bias:** the attitudes which can influence behavior involuntarily/unconsciously.
- **Prescriptive approach:** ability to see the individual for who they are irrespective of your understanding of their culture, customs, race/ethnicity, and other variables.
- **Stereotypes:** assumptions or generalizations about a group of people without recognizing individual variation.
- It is important to not judge; but instead, seek to understand.

# Clear Communication Benefits

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Clear communication is the basis for providing culturally competent care and:

- Reduces risk of malpractice
- Improves safety and compliance
- Improves physician & patient satisfaction
- Improves office processes (saves times and money)



# Communication Best Practices

## Common Patient Concerns

“When I leave your office, I often don’t know what to do next.”

“I don’t know what to ask and am hesitant to ask you.”

## What You Can Do

Explain information clearly and ask the individual to repeat instructions in their own words to ensure understanding.

Prompt and encourage questions:

- What is the main problem?
- What concerns do you have?
- Do you understand the information or instructions?

# Communication Best Practices

## Common Patient Concerns

“I did not take my medication because I did not understand the dosage.”

“I am confused about risk and information given in numbers such as percentages or ratios.”

“My English is pretty good, but at times I need an interpreter.”

## What You Can Do

Use specific, plain language regarding prescription usage.

Use qualitative plain language to describe risks and benefits, avoid using only numbers.

Office staff should confirm interpreter needs during scheduling.

# Communication Best Practices

## Common Patient Concerns

“When I don’t seem to understand, talking louder intimidates me.”

“If I look surprised, confused, or upset, I may have misinterpreted your nonverbal cues.”

“I am not able to make important decisions by myself.”

## What You Can Do

Match the volume and speed of the patient’s speech.

Mirror body language and eye contact. Ask the patient if you are unsure.

Confirm decision making preferences.

# Communities Served

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AZPC provides care to culturally diverse patients, including, but not limited to the following:

- Lesbian, Gay, Bisexual, and Transgender (LGBT)
- Refugees and Immigrants
- Seniors and Persons with Disabilities
- Veterans
- Homeless
- Persons with Mental Health/Substance Abuse
- Other communities

# Cultural Competence & LGBT\* Communities

\*(Lesbian, Gay, Bisexual, and Transgender)

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## Understanding LGBT Terminology

### Sexual Orientation

- A person's emotional, sexual, and/or relational attraction to others. Usually classified as heterosexual, bisexual, and homosexual (i.e. lesbian and gay).

### Bisexual

- One whose sexual or romantic attractions and behaviors are directed at both sexes to a significant degree.

### Transsexual

- Medical term for people who have used surgery or hormones to modify their bodies.

# Cultural Competence & LGBT\* Communities

\*(Lesbian, Gay, Bisexual, and Transgender)

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## Understanding LGBT Terminology (continued)

### MSM

- Men who have sex with men. Usually identify as gay.

### WSW

- Women who have sex with women. Usually identify as lesbian.

### Transgender

- Describes people whose gender identity (personal sense of gender) and/or expression is different from that typically associated with their assigned sex at birth.

# Cultural Competence & LGBT\* Communities

\*(Lesbian, Gay, Bisexual, and Transgender)

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## Understanding LGBT Terminology (continued)

### Gender-queer

- Describes people who see themselves as outside the usual binary man/woman definitions (having elements of many genders, androgynous or having no gender).

### Bi-gender

- Describes people whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.

# Cultural Competence & LGBT\* Communities

\*(Lesbian, Gay, Bisexual, and Transgender)

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## Understanding LGBT Terminology (continued)

### MtF

- Male-to-female; a person who was assigned the male sex at birth, but identifies and lives as a female.
- MtF persons will still need to have prostate exams according to standard guidelines.

### FtM

- Female-to-male; a person who was assigned the female sex at birth, but identifies and lives as a male.
- FtM persons will still need to have breast exams and Pap tests according to standard guidelines.



# Cultural Competence & LGBT Communities

## LGBT Patient Concerns

“I come to you with an extra layer of anxiety (verbally or physically abused, rejection, discrimination).”

“I feel my HIPAA rights to privacy are not honored (people openly discuss or make fun of my sexual orientation or gender identity).”

## What You Can Do

Interact with patient in a friendly way that is safe, judgment-free, and non-discriminatory.

Always protect the patient’s rights. Sharing personal health information, including sexual orientation or gender identity is a violation of HIPAA.

# Cultural Competence & LGBT Communities

## LGBT Patient Concerns

“I may be dissuaded from seeking future care due to hetero-normative assumptions and attitudes.”

“I prefer to be called by a specific pronoun and/or name.”

## What You Can Do

Do not assume that all patients are heterosexual. Use “partner” instead of “spouse or boy/girlfriend”. Replace “marital status” with “relationship status” on forms.

Listen to how patients refer to themselves and loved ones (pronouns, names). Use the same language they use; if unsure, ask.

# Cultural Competence & LGBT Communities

## LGBT Patient Concerns

“I often do not disclose my sexual orientation or gender identity because I don’t feel comfortable or fear that I may receive substandard care.”

## What You Can Do

Identify your own LGBT perceptions and biases as a first step in providing the best quality care.

Practice some helpful phrases:

- Do you have sex with men, women, or both?
- What pronoun do you prefer I use when referring to you?
- I’m glad you shared that with me. Is there anything else in connection with your health care that I should know about?

# Cultural Competence & Homeless

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Homeless persons may:

- Not have a stable address or phone number
- Have limited transportation
- Require low-dosage or non-refrigerated prescriptions
- Have masked symptoms, such as:
  - Weight loss
  - Dementia
  - Skin conditions
  - Side effects from medications or symptoms

# Cultural Competence & Homeless

## Common Patient Concerns

“I do not have a stable address or phone number.”

“I have limited or unreliable transportation.”

“I do not have a place to store my medications.”

## What You Can Do

Make a note in the record that the member has no phone available when confirming the appointment. Try not to change or reschedule the appointment.

Consider not canceling the appointment even if the patient is more than 15 minutes late.

Make a note in their record to prescribe non-refrigerated, low or once-daily pill count.

# Cultural Competence & Refugees and Immigrants

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Refugees and Immigrants may:

- Not be familiar with the U.S. health care system
- Experience illness related to life changes
- Practice spiritual and botanic healing or treatments before seeking U.S. medical advice

Open communication with refugees and immigrants:

- Builds trust
- Results in increased disclosure of patient knowledge and behavior

# Understanding Refugees and Immigrants

## Common Patient Concerns

“I do not understand the requirements to visit multiple doctors.”

“I am going to bring family and friends to help make decisions.”

“My expectations do not align with U.S. managed care.”

## What You Can Do

Explain why a patient may need to be seen by another doctor.

Confirm decision makers at each visit.

Ask questions to understand what the patient’s expectations are and inform patients they may need follow-up care.

# Understanding Refugees and Immigrants

## Common Patient Concerns

“I fear my health information will be released to the community.”

“I wonder why I have diagnostic testing before a prescription is written.”

## What You Can Do

Explain confidentiality and ensure HIPAA forms are easy to understand, in their preferred language.

Clarify the need for testing and explain the process for ordering prescriptions. Emphasize medication adherence.



# Cultural Competence & Mental Health/Substance Abuse

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Persons with mental illnesses and/or substance abuse may have:

- A mistrust and fear of treatment
- Alternative ideas about what constitutes illness and health
- Language barriers and ineffective communication
- Access barriers, such as inadequate insurance coverage
- An increased risk for secondary conditions
- Low self-esteem and/or depression

# Substance Abuse

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Successful diagnosis and treatment of substance use disorders includes the following:

- Screening and brief intervention for unhealthy alcohol use.
- Assessment and diagnostic evaluation.
- Identification of treatment programs and centers accessible to the member.
- Initial treatment plan and setting goals.
- Management of co-occurring medical and psychiatric disorders.
- Assessment and monitoring of response to treatment.
- Assisting the member in identifying healthy alternatives and strategies if drug and alcohol use pertains to stress relief.
- Development of after-care/recovery plan.
- Follow-up on implementation of recommended procedures.

# Understanding Persons with Mental Illnesses/Substance Abuse

## Common Patient Concerns

“I am worried that I may be discriminated against because of my mental illness.”

“I do not trust and am fearful of treatment.”

“I am worried I may not be able to communicate my needs.”

## What You Can Do

Educate yourself regarding mental illnesses; treat the individual with respect and as a person.

Familiarize the patient and their representatives with the treatment and evaluation processes.

Engage the patient; ask open ended questions; offer translation services.

# Dementia

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Dementia is a loss of memory or a decline in mental ability severe enough to interfere with daily life (i.e. Alzheimer's dementia).

## Symptoms of Dementia:

- Poor judgment and/or challenges in problem solving
- Changes in sleep and/or appetite
- Mood/personality/behavior changes
- Wandering/disorientation to time or place
- Deterioration of self care/hygiene
- Difficulty performing familiar tasks/functional decline
- Impairment in speech/language
- Memory loss and/or confusion
- Trouble understanding visual images and spatial relationships

# Understanding Persons with Dementia

## Common Patient Concerns

“I am concerned that I will not remember what my doctor tells me.”

“I may have trouble focusing or communicating what I need.”

“I may feel anxious or frustrated because I cannot remember or communicate clearly.”

## What You Can Do

Provide memory aids with pictures to assist the patient remember instructions.

Take the time to listen and engage the person in an one-on-one conversation in a quiet space with minimal distractions.

Reassure the person and listen with compassion; recognize and respect their feelings.

# Americans with Disabilities Act (ADA)

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According to the Americans with Disabilities Act (ADA), a person with a disability is any individual with:

- A physical or mental impairment that substantially limits one or more major life activities of such individual\*
- A record of such an impairment
- Being regarded as having such an impairment

\*A major life activity includes, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

# Americans with Disabilities Act (ADA)

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## The Americans with Disability Act (ADA)

- “No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.”
- Section 504 – prohibits discrimination due to disabilities in programs that receive federal funding:

“No qualified individuals with a disability...shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity.”

Heritage Provider Network is committed to providing equal access for members and their companions with disabilities.

# Persons with Disabilities

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Persons with disabilities and our Senior population may experience one or more of the following:

- Disease/Multiple Medications
- Caregiver Burden/Burnout
- Cognitive Impairment/Mental Health
- Physical Impairment
- Hearing Impairment
- Visual Impairment



# Persons with Disabilities

## Disease/Multiple Medications

### Common Patient Concern

Medication affecting cognition; neuro-cognitive processing ability impaired.

### What You Can Do

Be aware, slow down, speak clearly, and use plain language; obtain thorough health history.

## Caregiver Burden/Burnout

### Common Patient Concern

Caregiver often has own limitations; high stress; higher likelihood of depression.

### What You Can Do

Ask about caregiver responsibilities and stress levels. Offer caregiver support services.

# Persons with Disabilities

## Cognitive Impairment/Mental Health

### Common Patient Concern

Dementia; older adult suffering more losses; need for a caregiver.

### What You Can Do

Communicate with patient and caregiver. Assess for depression and dementia/cognitive ability.

## Physical Impairment

### Common Patient Concern

Pain/reduced mobility often due to osteoporosis, changes in feet, ligaments and cushioning, osteoporosis, and stroke.

### What You Can Do

Keep hallways clear; lower exam tables; use exam rooms nearest waiting rooms; offer assistance; recommend in home accessibility assessment.

# Persons with Disabilities

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## Hearing Impairment

### Common Patient Concern

Presbycusis; gradual, bilateral, high-frequency hearing loss. Sounds are high frequency; difficulty distinguishing words.

### What You Can Do

Face patient at all times; speak slow, enunciate; rephrase; reduce noise; offer listening devices. Speaking loudly does not help.

## Visual Impairment

### Common Patient Concern

Problems with reading, depth perception, contrast, glare, loss of independence.

### What You Can Do

Decrease glare; use bright, indirect lighting; use bright, contrasting colors; use large, non-serif fonts.

# Interacting with Persons with Disabilities

## Unacceptable Terminology

“She has a birth defect.”

“She is disabled; handicapped; crippled.”

“He is afflicted/stricken with; suffers from; a victim of.”

“She is retarded; slow.”

## Acceptable Terminology

“She has a congenital disability.”

“She has a disability; she is a person with a disability.”

“He has cerebral palsy.”

“She has a developmental disability; intellectual disability.”

# Interacting with Persons with Disabilities

## Unacceptable Terminology

“Mrs. Smith is an arthritis patient.”

“Mr. Jones is confined to a wheelchair; is wheelchair bound; or physically challenged.”

“Miss Brown is a stutterer.”

## Acceptable Terminology

“Mrs. Smith has arthritis.”

“Mr. Jones is a wheelchair user; or uses a wheelchair.”

“Miss Brown has a speech impairment; or has a communication disability.”

# Persons Experiencing Trauma

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Persons may be vulnerable to trauma, abuse or neglect due to:

- Medical conditions
- Mental health conditions
- Disability
- Age and frailty
- Social isolation
- Poverty

Trauma (or extreme stress) may also be brought on by shocking or unexpected circumstances or events that overwhelm a person's ability to cope.

The effects of trauma include adverse physical, social, emotional, or spiritual consequences.

# Persons Experiencing Trauma

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Adopting a “Trauma-Informed” approach is based on the recognition that many behaviors and responses expressed are directly related to traumatic experiences.

The principles of a trauma informed approach are:

1. Safety
2. Trust, and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment
6. Voice and choice
7. Cultural, historical, and gender issues

# Persons Experiencing Trauma

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Applying the principles of a Trauma-Informed Approach:

- Strive to be culturally responsive
- Give support that is non-judgmental
- Be aware of own biases and prejudices
- Communicate in a manner that is honest, direct, but respectful; open to other's views.
- Focus on building resilience, self-healing, mutual support, and empowerment of the member
- Ensure member safety, autonomy, choice, trustworthiness, and the eliminate coercion in all interactions.



# Interacting with Persons Experiencing Trauma

## Common Patient Concerns

“I have not sought treatment because I am afraid to share my past experiences.”

“I do not feel that I have choices or that I have a voice.”

“I am worried that you will not understand what I am going through.”

## What You Can Do

Provide support that is non-judgmental; offer help that is collaborate and responsive.

Ensure the individual is respected and informed. Reassure the member has a voice and has control over his/her life.

Focus on understanding the whole individual and the context of his/her life experience. Be aware of own biases/prejudices.

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# Language Assistance Requirements

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AZPC provides its own interpreter services through certified staff.

Should resources be unavailable, AZPC will utilize health plan or external resources for appropriate interpreting services at no cost to the patient.

Members must be informed that minors do not interpret for adults.

Additional member resources are available to include translation of materials into threshold languages and translation of documents in other languages upon a member's request and formats available. Braille, large font or audio also available.

# Threshold Languages

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Threshold languages are the primary languages spoken by our limited English proficiency (LEP) population groups. AZPC's threshold languages include but are not limited to the following:

- English
- Spanish
- Chinese
- Armenian
- Arabic
- Farsi
- Khmer
- Korean
- Russian
- Tagalog
- Vietnamese

# Interpreter Best Practices

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When interpreting services are requested, AZPC staff should adhere to the following best practices:

- Inform the interpreter of specific patient needs
- Hold a brief introductory discussion
  - Your name, organization, and nature of the call/visit
  - Reassure the patient about confidentiality
- Allow enough time for the interpreted sessions
- Avoid interrupting during interpretation

# Interpreter Best Practices (continued)

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- Speak in the first person
- Speak in a normal voice, not fast or too loudly
- Speak in short sentences
- Avoid acronyms, medical jargon, and technical terms
- Face and talk to the patient directly
- Be aware of body language in the cultural context

# Language Assistance Resources

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Optimal Phone Interpreters  
(including American Sign Language)

(877) 746-467411

(800) 267-8939 or 711  
(for hearing impaired--TTY)

# References

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- Centers for Disease Control and Prevention (CDC)
- Centers for Immigration Studies (CIS)
- Health Plan Training Modules
- Industry Collaboration Effort (ICE)
- U.S. Census Bureau (Census)



*One Goal. One Priority. Your Healthcare.*

**Please click the link below to start the test.**

**[Cultural and Linguistic Test](#)**