

Promoting Cultural and Linguistic Competence in Reproductive Health Care

The Need for Action

Language barriers for women with limited English proficiency (LEP) and cultural issues have a detrimental effect on the health of many women. Language barriers are particularly troublesome for women seeking reproductive health care. For example:

- In one instance, a doctor, using an untrained interpreter, failed to communicate adequately to a patient that she needed an immediate caesarian section, and the woman returned home. Her child was ultimately stillborn.³⁹
- In another instance, a Korean woman went to a gynecological exam, but neither an in-person interpreter nor language assistance over the phone were available. Instead, the clinician asked the 16-year-old son of a complete stranger to translate.⁴⁰

Culture also plays an important role in the reproductive health care experiences of women. If health care professionals are

aware of and sensitive to cultural differences, they are more likely to succeed in improving the reproductive health of all women. For example:

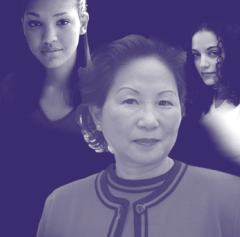
- Research has shown that interventions aimed at reducing the prevalence of STDs among minority women are more likely to be effective if they are culturally relevant.⁴¹

The proactive policy initiatives in this section focus on eliminating language and cultural barriers for women seeking reproductive health care. The primary goals of these policies are to:

- (1) increase funding for cultural and linguistic competency programs;
- (2) ensure that health plans provide culturally and linguistically competent services to enrollees; and
- (3) promote cultural competency training for the medical community.

DEFINING CULTURAL COMPETENCE

As research in the field develops, advocates, the medical community and government and public health experts continue to debate what constitutes cultural competence. A 2002 study, published by the Commonwealth Fund, defines cultural competence in health care as the "ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs."⁴²



Developing Your Plan of Action

Before choosing a policy vehicle to address linguistic and cultural barriers to reproductive health care, you should gather information on cultural and linguistic competency programs and guidelines in your state. Questions to ask include:

- What state programs exist to address cultural and linguistic barriers to reproductive health care? Are these programs adequately funded?

*If not, consider **Option 1**.*

- Do health care plans in your state have policies in place to provide culturally and linguistically competent information and services to plan enrollees?

*If not, consider **Option 2**.*

- Does your state have programs in place to assist the medical community in providing culturally competent health care? Do your state medical schools provide cultural competence training as part of the curriculum?

*If not, consider **Option 3**.*



GATHERING FACTS

The following organizations and resources can assist you in gathering information on cultural and linguistic competency programs and issues in your state:

The **Center for Cross-Cultural Health** provides an extensive list of links to cultural and linguistic competency resources, including national and state programs, <http://www.crosshealth.com/links.htm>;

The **National Alliance for Hispanic Health** has a catalogue of resources relating to Hispanic health, including training, policy and research materials, <http://www.hispanichealth.org>;

The **National Center for Cultural Competence** provides information in Spanish and English on state-based policy initiatives and culturally appropriate training guidelines, <http://www.georgetown.edu/research/gucdc/nccc/index.html>;

The **National Health Law Program (NHeLP)** publishes a guide to state and local laws addressing cultural and linguistic competence. For state-specific information or to purchase a copy of the guide, contact NHeLP at (310) 204-6010 (Los Angeles office) or (202) 289-7661 (Washington, DC office) or nhelp@healthlaw.org;

The **National Latina Institute for Reproductive Health's** factsheet, **REPRODUCTIVE HEALTH OF LATINAS IN THE UNITED STATES**, highlights the need for culturally and linguistically appropriate health services to improve health conditions for Latinas. The publication is available in Spanish and English, <http://www.latinainstitute.org/facts.html>; and

The U.S. Department of Health and Human Services, **Office of Minority Health Resource Center**, serves as a national resource and referral center on minority health issues, including cultural and linguistic competence, <http://www.omhrc.gov>.

Proactive Policy Options

OPTION 1

INCREASE STATE FUNDING FOR EXISTING CULTURAL AND LINGUISTIC COMPETENCY PROGRAMS

BACKGROUND

At both the state and federal level, a number of laws exist that seek to ensure access to health care for limited English proficiency (LEP) individuals and encourage cultural competency. For instance, a Massachusetts law requires hospital emergency services and inpatient psychiatric facilities to make interpreter services available to patients.⁴³ Under federal law, grants made to health professions schools to support the education of minority students require the schools to engage in activities that improve the cultural competence of their graduates.⁴⁴ However, there is not enough money to fund appropriate and needed programs for effective enforcement.⁴⁵ One of the most important ways to improve access to health care for LEP individuals and improve

cultural competence in the provision of health care is to increase state budget appropriations for such programs.

ACTION

Direct the state to increase appropriations for existing cultural and linguistic competency programs.

STRATEGY GUIDE

- **FIRST**, gather information on existing state and federal funding for programs to enhance cultural and linguistic competence in health care. Does it exist? Are programs under-funded?

> Refer to the **Gathering Facts** box in this section for assistance in gathering this information. Also contact your state Department of Health or Office of Minority Health, and reach out to state and local advocacy organizations focused on obtaining equal access to health care.

INCREASING ACCESS TO LANGUAGE INTERPRETATION SERVICES FOR LOW-INCOME WOMEN

The federal government has recently clarified that states can obtain federal matching funds for language services provided to Medicaid and State Children's Health Insurance Program (SCHIP) enrollees, including interpretation services provided by staff and contractors or telephone services.⁴⁶ Yet, only a handful of states have done so (HI, ID, ME, MN, MT, NH, UT and WA).⁴⁷ Advocates can encourage their state Medicaid director or legislature to establish the necessary reimbursement mechanisms to obtain needed matching funds so that providers do not have to pay for language services out of their own pockets.

For more information on the federal language services match or other sources of state and federal funding for language interpretation services, refer to the National Health Law Program's report, PROVIDING LANGUAGE INTERPRETATION SERVICES IN HEALTH CARE SETTINGS: EXAMPLES FROM THE FIELD, at <http://www.healthlaw.org> (May 2002).



- **NEXT, IF NO SUCH PROGRAMS EXIST, OR IF EXISTING PROGRAMS ARE UNDERFUNDED,** create an effective legislative campaign to increase funding for culturally and linguistically appropriate health care services.

- > Refer to **Section 1** of this kit to identify key elements of a proactive policy campaign.
- > Because of the technical nature of the appropriations process, a crucial aspect of this campaign will be to identify several policy-makers and coalition partners who:
 - (a) are concerned with the issue;
 - (b) have influence on the appropriations process; and
 - (c) would be willing to work with you to promote additional state funding for existing programs.

PROVIDING CULTURALLY AND LINGUISTICALLY APPROPRIATE REPRODUCTIVE HEALTH CARE TO HISPANIC YOUTH

In the face of alarming teen pregnancy rates for Hispanic teens and a lack of bilingual family planning services, Planned Parenthood of Central North Carolina partnered with El Centro Hispano, a grassroots, community-based organization, to provide education, outreach and health services to the Latino community in Durham, North Carolina. The Teen Peer Education Program, one component of the partnership, trains Latino youth as peer educators to provide medically accurate reproductive health information to their community. Through this program, funded in part by the state, teen peer educators have reached at least 150 other community members.⁴⁸



In a time of constrained budgets, an increase in state funds may be difficult to achieve. Nevertheless, even if such efforts do not succeed, you raise awareness about the importance of such programs by asking for the funds. In addition, your legislative advocacy may prompt a reallocation of existing funds to programs that promote cultural and linguistic competence in health care.

OPTION 2**PROVIDE CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE INFORMATION AND SERVICES****BACKGROUND**

Health care plans, including Medicaid managed care plans, have greater capabilities for providing translation and other services than individual providers. In addition, health care plans often are an individual's first point of contact with the health care system. Therefore, reducing the cultural and linguistic barriers that individuals face when contacting a health care plan is crucial to increasing access to care. This policy option⁴⁹ requires health care plans to develop and implement effective cultural and linguistic services for their enrollees, including translation of key written materials into "threshold languages"⁵⁰ spoken by LEP individuals in the health plan's service area.

ACTION

Require health care plans to provide culturally and linguistically appropriate health care information and services.

STRATEGY GUIDE

- **NEXT**, gather information about whether existing health care plans offer adequate cultural and linguistic services for enrollees. Are women of color and low-income women being denied access to health care services because of cultural and linguistic barriers?
 - > *For assistance in identifying health care plans in your state, contact your state insurance commission. To determine the scope of cultural and linguistic services provided by these health care plans, contact state and local advocacy organizations.*
- **IF SO**, develop an effective legislative strategy to require health care plans to implement culturally and linguistically appropriate services to ensure equal access for all women.
 - > *Refer to **Section 1** of this kit to identify key elements of a proactive policy campaign.*
 - > *Use the **Model Legislation** in this section as a guide for your policy campaign.*
 - > *A broad-based coalition, as well as a clear understanding of the cultural and linguistic needs of plan enrollees, will be important to countering the likely opposition of health plans.*
- **FIRST**, gather information about the primary racial and ethnic composition of your state, as well as languages spoken by your state's residents.
 - > *For assistance in gathering this information, contact your state Department of Health or Office of Minority Health. Also reach out to state and local advocacy organizations focused on obtaining equal access to health care.*



NON-LEGISLATIVE ADVOCACY TO IMPROVE CULTURAL AND LINGUISTIC COMPETENCE IN HEALTH PLANS

As a result of concerns expressed by large employers who wanted culturally competent care for their employees, Kaiser Permanente created a department of multicultural services that provided: on-site interpreters for 14 different languages and dialects; a Chinese interpreter call center for assistance in understanding the health care system; a translation bureau to ensure appropriate translation of written materials and a cultural diversity advisory board. Kaiser also developed culturally competent health care delivery models targeted at Chinese and Latino patients, which include staff chosen based on cultural understanding and language ability.⁵¹

For more information, contact Gayle Tang, MSN, RN, Director, National Linguistic and Cultural Programs, Kaiser Permanente, at (510) 271-6828 or gayle.tang@kp.org.



In times of budget shortfalls, this provision is attractive because it does not require state funds. However, health care plans may claim that such programs increase the cost of health care. To counter this, highlight the long-term cost savings of improved access to preventative care.

MODEL LEGISLATION

INCREASE ACCESS TO CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES THROUGH HEALTH PLANS

A. Requirement to Conduct a Needs Assessment and Ongoing Evaluations of Cultural and Linguistic Services:

1. Health care plans shall conduct a needs assessment, with the purpose of developing and implementing effective cultural and linguistic services. The needs assessment shall include documentation on how the plan provides linguistically and culturally appropriate services, including marketing materials to beneficiaries. The needs assessment shall be completed within [one year] of the effective date of this Act and shall be reported to the state [Department of Health/Medicaid agency/or other relevant department designated by the state].
2. Annually thereafter, health care plans shall report to the state [Department of Health/Medicaid agency/or other relevant department designated by the state] regarding the linguistically and culturally appropriate services provided and proposed to meet the needs of plan applicants and beneficiaries.

B. Requirements to Translate Written Informational Materials:

1. Health care plans shall:
 - a. Translate into threshold languages all written informational materials for beneficiaries that are critical for accessing the health care plan's services or benefits, including, but not limited to: applications; evidence of coverage booklets; disclosure forms; consent

forms; letters and notices reducing, denying or terminating services or benefits; letters and notices requiring a response from the beneficiary; notices of free language assistance services; provider listings; marketing materials; form letters; emergency room follow-up information; complaint and grievance materials; preventive health reminders; member surveys; newsletters; medical care reminders; and documents required by law or affecting any legal right or responsibility.

- b. Ensure the accuracy, completeness and reliability of translated materials with a translation process that includes the use of different qualified translators for translating, editing, proofreading and professional review.

- c. Translate all newly developed documents into threshold languages within 90 days after the English version is produced.

C. Definitions:

1. Health Care Plan: [Any Health Maintenance Organization, Preferred Provider Organization, Managed Care Organization, Primary Care Case Management plan or similar organization.]
2. Threshold Language: Threshold languages are primary languages spoken by limited English proficiency (LEP) population groups in a health care plan's service area meeting a [numeric threshold of 3000 eligible LEP beneficiaries residing in a county, 1000 eligible LEP beneficiaries residing in a single Zip Code or 1500 LEP beneficiaries residing in two contiguous Zip Codes.]



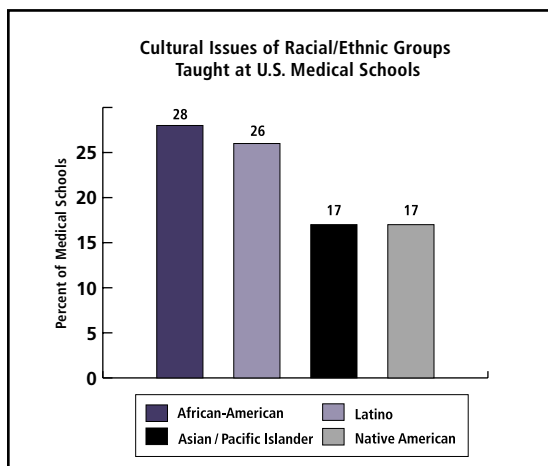
OPTION 3

ESTABLISH CULTURALLY APPROPRIATE TRAINING PROGRAMS FOR THE MEDICAL COMMUNITY

BACKGROUND

Despite the significance of culture in health care, very few medical schools provide cultural competency training and, therefore, many practicing health care providers lack information on how to handle these issues appropriately. For example:

- Only eight percent of American medical schools teach separate courses about cultural issues.⁵²
- Over two-thirds of U.S. medical schools fail to provide instruction on African American cultural issues, nearly 75 percent do not teach about Latino cultural issues and over 80 percent do not teach about Asian American or Native American cultural issues.⁵³
- For medical schools and residency programs that do provide cultural competency training, the quality of such programs varies considerably; currently there are no standardized guidelines for cultural competency curricula.⁵⁴ Likewise, cultural competency training for practicing medical providers varies from state to state and is not necessarily integrated into continuing medical education programs or requirements.⁵⁵



ACTION

Require the state to develop guidelines for the provision of culturally appropriate health care services and to work with the medical community to implement these guidelines.

CULTURAL COMPETENCE: ONE DOCTOR'S PERSPECTIVE

"I think cultural competence with regard to medicine essentially allows a physician to walk in a patient's shoes Knowing a little bit about a culture allows you to ask the right questions."

- Dr. Albert George Thomas, Director of Family Planning, Mt. Sinai Hospital, New York City⁵⁶

STRATEGY GUIDE

- **FIRST**, determine whether medical students and practicing health care providers in your state receive or have access to cultural competency training.

> *If so, who sponsors the training? Is the training required or optional? What agency or organization developed the curriculum?*

> *For assistance in obtaining this information, contact your state medical schools and medical association.*

- **NEXT, IF NO CULTURAL COMPETENCY TRAININGS EXIST, OR IF TRAININGS ARE INADEQUATE**, consider developing an effective policy campaign to promote cultural competence in the medical community.

> *To identify key elements of a proactive policy campaign, refer to **Section 1** of this kit.*

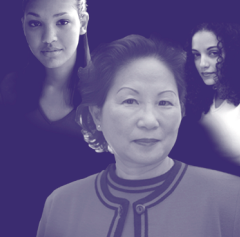
> *Use the **Model Legislation** in this section as a guide for your policy campaign.*

> *To determine which programs would be most useful to and well-regarded by the medical community, and to increase the likelihood that your campaign will be successful, reach out to members of the medical community early in the process. Their advice and support will likely enhance your advocacy efforts.*

REACHING OUT TO THE MEDICAL COMMUNITY

The following organizations can assist you in identifying medical professionals in your community who are interested in joining your advocacy efforts:

- The **American College of Obstetricians and Gynecologists**, <http://www.acog.org>;
- The **Association of Reproductive Health Professionals**, <http://www.arph.org>;
- The **National Abortion Federation**, <http://www.prochoice.org>; and
- **Physicians for Choice and Reproductive Health**, <http://www.prch.org>.



CULTURAL COMPETENCY TRAINING GUIDELINES

To obtain examples of model cultural competency curricula, contact the following organizations:

The **American Medical Students Association** has created a one-year model cultural competency curriculum, which contains curriculum guidelines and a list of online resources and background materials. To access this information, log on to <http://www.amsa.org/programs/diversitycurriculum.cfm>;

The **California Endowment**, a private, state-based health foundation, works to develop and strengthen the ability of health care professionals and organizations to serve diverse and underserved populations. As part of this mission, the Endowment has developed standards for cultural competency education for health professionals. To obtain a copy of **PRINCIPLES AND RECOMMENDED STANDARDS FOR CULTURAL COMPETENCE TRAINING OF HEALTH CARE PROFESSIONALS**, contact the Endowment's Communication Department at (800) 449-4149, extension 3271. For more information on the Endowment, log on to <http://www.calendow.org>; and

The **Society of Teachers of Family Medicine** has published core curriculum guidelines on culturally sensitive and competent health care. To obtain a copy of these guidelines, log on to <http://www.stfm.org> and click on "Publications" and "Bookstore."



This policy option will require an outlay of state funds. If your state is experiencing budget constraints, you might consider advocating only for certain provisions or requesting that the appropriate state agency develop such a program out of existing funds. In the long-term, however, enacting this policy initiative may save the state money by improving the overall health of the community.

MODEL LEGISLATION

TO PROMOTE CULTURAL COMPETENCE IN THE MEDICAL COMMUNITY

- A. To ensure compliance with existing law and equal access to health care for diverse communities, the state [Department of Health/Office of Women's Health/Office of Minority Health] shall establish and implement a program to assist members of the medical community in providing culturally appropriate health care services.
- B. To the extent resources are allocated, such a program shall include, but not be limited to:
1. Providing staff to manage the program and act as key liaisons to members of the medical community;
 2. Developing guidelines for the provision of effective and appropriate health care services [based on the National Standards of Culturally and Linguistically Appropriate Services (CLAS) in Health Care, 65 Fed. Reg. 80865, and the Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency, 65 Fed. Reg. 52762]. As part of this process, the state shall convene an advisory group consisting of representatives from the medical community, advocacy groups and affected populations;
3. Evaluating medical residency training and continuing medical education programs in the state and assisting such programs in meeting cultural competency standards identified by the [American Medical Students Association/Society of Teachers of Family Medicine/U.S. Department of Health and Human Services, Office of Minority Health]; and
4. If necessary, developing and implementing training programs in culturally and linguistically competent service delivery for medical providers and their staff.
- C. Each licensed [medical provider] shall [participate/be encouraged to participate] in continuing medical education training in cultural competence [every two years].
- D. All medical schools receiving state funds shall offer, at the minimum, a[n] [elective] course on culturally appropriate health care [and shall make cultural and linguistic competency training a graduation requirement for all students].



