

2 Demanding Culturally Competent and Linguistically Appropriate Services

“Culture is defined as the ‘integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group’ [and it is] relevant to everyone’s health care.”ⁱ Taking this one step further, “the term *cultural competency* refers to an ongoing commitment or institutionalization of appropriate practices and policies for diverse populations.”ⁱⁱ Cultural competence in healthcare provision is a matter of social justice for it demands that everyone, regardless of their culture or language, has the opportunity to make informed choices, including the freedom to choose a healthcare provider and be treated equally in provision of services.ⁱⁱⁱ

The provision of culturally competent health care can dramatically improve health outcomes, increase levels of patient satisfaction and improve cost efficiency. The Health Resources and Services Administration (HRSA) notes that culturally competent practices enable providers to: 1) obtain more specific and complete information to make a diagnosis; 2) facilitate the development of treatment plans that are more likely to be adhered to by the patient and supported by the family; and 3) enhance overall communication and interaction between patient and provider.

A key component of providing culturally competent services is the delivery of linguistically appropriate services.^{iv} In a study conducted by the Commonwealth Fund, 43% of Spanish-language dominant Latinos reported communication difficulties with their health providers. Another 16% of Latinos reported not following the doctor’s advice simply because they did not understand it.^v “Latino patients with language discordant doctors are more likely to omit medication, miss office appointments^{vi} and rely on the emergency room for care, which often leads to poorer health outcomes.”^{vii} Service providers who fail to provide meaningful access to individuals with limited English proficiency (LEP) may be in violation of Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.

In order to adequately address the lack of culturally competent and linguistically appropriate reproductive health services, the following recommendations are offered:

Policy Recommendations

- ☑ Promote the adoption and implementation of the Culturally and Linguistically Appropriate Services (CLAS) standards in all health care institutions.^{viii} If healthcare providers adopted the CLAS standards, communication between providers and patients would be improved and the provision of health services better facilitated.

National Latina Institute for Reproductive Health Blueprint for Action

- ☑ Develop national guidelines on defining “competence.” One difficulty in developing a standard for linguistic and cultural competence is that the definition of competence varies amongst different stakeholders: how the patient, doctor, legislator and other stakeholders define “competence” may lie at very different ends of the spectrum.
- ☑ Advocate for funding and legislation that support training and assistance for medical interpreters, clinicians and health care providers^{ix} specific to reproductive health in order to protect such private and confidential matters such as contraception, sterilization, and abortion.
- ☑ Increase funding to the Office of Civil Rights to provide training and technical support, and improve enforcement of Title VI of the Civil Rights Act.
- ☑ Increase the rate of federal matching funds for language services through Medicaid and SCHIP, and provide federal matching funds for language services through Medicare. Increase funding for Medicaid and SCHIP to provide linguistically and culturally adequate standards for providing health services is essential to Latinas who are low-income and/or uninsured.
- ☑ Develop a nationwide network of certified reproductive health medical interpreters that can be accessed through the internet or a hotline number.

ⁱ Brach, Cindy and Fraser, Irene, Agency for Healthcare Research and Quality, Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model; Medical Care Research and Review, Vol.57, Supplement 1 (November 2000) 181-217, 182, *available at* http://mcr.sagepub.com/cgi/reprint/57/suppl_1/181.pdf

ⁱⁱ *Id.*, at 183

ⁱⁱⁱ *Id.*

^{iv} *Id.* “...include[s] linguistic competence when we speak of cultural competency. Predicated on theories that language and culture affect health care beliefs, choices, and treatment.”

^v In a July 2006 report by the Commonwealth Fund, Spanish speakers in New York faced particular barriers to accessing a healthcare provider: “[they are] twice as likely to report being unable to obtain medical care as English-speaking immigrants. For example, they are less likely to have a primary health care provider (52%), compared to English-speaking immigrants (74%), Commonwealth Fund, the Health of Immigrants in New York City, *available at* http://www.cmwf.org/topics/topics_show.htm?doc_id=385571.

^{vi} Brach, Cindy and Fraser, Irene, at 190

^{vii} Good Intentions Are Not Enough! Latino Health Disparities and Barriers to Health Care Access, Latino Health Advocates Founders Summit *available at* <http://www.latinoaids.org/misc/goodintentions.pdf>

^{viii} Office of Minority Health (OMH), the U.S. Department of Health and Human Services (DHHS), *available at* <http://www.hhs.state.ne.us/minorityhealth/docs/CLASBrochure.pdf>

^{ix} This includes doulas, midwives, obstetricians and gynecologists. The word “doula” refers to a person who provides continuous physical, emotional, and informational support to a woman before, during and just after childbirth. DONA International website, What is a doula?, *available at* <http://www.dona.org/mothers/index.php>