

CULTURAL COMPETENCE AND REPRODUCTIVE HEALTH

A Guide to Services For Immigrants and Refugees



**Providing expert performance improvement services
in Pennsylvania, Maryland, Virginia, West Virginia,
Delaware and the District of Columbia.**

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This guide was prepared by TRAINING 3 of Family Planning Council, Inc. For over 20 years, TRAINING 3 has served as the DHHS Region III Family Planning Training Center. One of ten such national centers, TRAINING 3 serves Pennsylvania, Delaware, Maryland, Virginia, West Virginia and the District of Columbia. The mission of TRAINING 3 is to identify and respond to the training and other performance improvement needs of family planning service providers throughout the region by designing, delivering, and evaluating the most effective training programs that support human performance improvement.

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WHAT IS CULTURAL COMPETENCE?

This guide is intended to offer practical guidance on how to enhance cultural competence in family planning programs that serve immigrants and refugees. It focuses on simple strategies that clinics large and small can adapt to their own needs.¹

Culture is vast and often difficult to grasp. Defined in many ways, it can be considered the shared knowledge, values, traditions, languages, beliefs, rules and worldview of a social group.

Cultural competence has no single definition. One way to think of it is as a set of cultural behaviors, knowledge, skills and attitudes that permit a staff member or agency to work effectively in cross-cultural encounters.

Cultural competence begins with empathy for other cultures. It is rooted in the sense that no one culture is superior to another. It thrives with the perception of mutual respect.

In family planning, the most sensitive and complex areas of culture come into play. How we feel about pregnancy, contraception, abortion, female circumcision, STDs and the value of female infants can divide even those within one culture. How can we reach across walls of ethnicity, language and values?

To work successfully with those of diverse cultures means respecting the unfamiliar, learning to move past preconceptions and developing our awareness of the ways that values shape our judgments. It may mean having to understand that promptness is not a virtue in all cultures... That lack of eye contact can show respect... That a friendly conversation precedes clinical questions... Above all, that relationships and intimate conversations across cultures need extra time. This is work, but happily the rewards of connecting across cultures are rich and meaningful.

There are no easy answers to the question: "How can my organization become more culturally competent?" Many things may have to happen. *Training in cultural competence for all staff is an important path to success.* For overcoming language and cultural barriers, interpreters are the single most valuable resource available to staff members. Of course, the support of directors in moving toward cultural competence is vital too. Acquiring multilingual client education materials is also critical. Yet ultimately, there is no recipe book or complete list of steps for acquiring cultural competence. Such competence is not a state or an achievement: it is a process. The most culturally competent organization will always have much to learn. In the Washington, D.C. area, for example, residents come from 193 different countries. What clinic could become expert overnight in so many cultures?

This guide offers a few simple strategies to begin enhancing cultural competence. The key is trying to learn more about the cultures served—then applying that knowledge.

Every family planning organization can take a few simple steps toward cultural competence. This guide is intended to make those steps easier to see and understand.

**By working with a client's beliefs and not against them—
reproductive health can succeed.**

¹ While issues of cultural competence affect native-born as well as foreign-born clients, this guide addresses services for the foreign born.

CULTURAL COMPETENCE CHECKLIST

For Reproductive Health

Take a moment to fill out the checklist and assess the cultural competence of your organization.

| | YES | NO |
|---|--------------------------|--------------------------|
| Does my agency: | | |
| ▪ Display pictures and decorations showing diverse people and cultures? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Inform clients about the availability of interpreters? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Translate forms? (Consent & history forms and questionnaires) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Offer multilingual reproductive health materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Distribute wallet-sized communication cards that specify the client's language(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Use trained interpreters? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Involve ethnic communities in advisory boards & materials review? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the reception staff: | | |
| ▪ Welcome clients from all cultures in a warm and friendly manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Routinely schedule interpreters for LEP clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Schedule longer appointments for LEP clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do supervisors: | | |
| ▪ Have a plan in place about how to work with clients from all cultures? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Monitor progress toward cultural competence? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Actively recruit staff members that reflect clients' diversity? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Prohibit the use of minors as interpreters? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Provide cultural competence training for all staff, including themselves? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Establish close relationships with local cultural and ethnic groups? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Provide reproductive health materials about specific ethnic groups on issues such as: | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>attitudes toward contraceptives</i> | | |
| <i>cultural strengths and assets</i> | | |
| <i>attitudes towards abortion/amniocentesis</i> | | |
| <i>gender relations</i> | | |
| <i>family hierarchies (including who makes decisions)</i> | | |
| <i>fears and taboos</i> | | |
| <i>safe vs. harmful home remedies</i> | | |
| <i>problem-solving strategies</i> | | |
| Do service providers and other staff: | | |
| ▪ Take time to make friendly conversation with clients from all cultures? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Ask about typical health practices in the client's culture? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Support safe and effective cultural remedies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do interpreters and bilingual staff: | | |
| ▪ Speak both languages fluently? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Have medical interpreter training? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Use the first person? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Ensure that service providers and clients communicate directly to each other? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Offer ethnic and cultural information on reproductive health? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do I: | | |
| ▪ Treat every client I see with respect, warmth and sensitivity? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Value other cultures? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Make efforts to understand and connect to those from other cultures? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Show sensitivity to different cultural beliefs about reproductive health? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Avoid imposing values that may conflict with those of clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Intervene appropriately when a staff member displays cultural insensitivity? | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTAL | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to 10 or fewer of these questions, your organization will need support and training to enhance its cultural competence. If you answered "yes" between 11 and 20 times, you may wish to focus on strengthening competence in the weakest areas. If you answered "yes" more than 25 times, your organization is well on the road to cultural competence—and there is always more to learn!

CREATE A WARM ENVIRONMENT FOR IMMIGRANT CLIENTS

Cultural competence in family planning starts when a foreign-born client first contacts a clinic or program, whether by phone or walking in the door. What a client hears or sees during that first encounter will influence the whole process of service delivery. How do you create a warm, receptive environment that welcomes immigrants? In this sense, cultural competence does not happen in a vacuum. It begins at the front door, and it can be very concrete.

How do you decorate your clinic or office?

- What poster or sign is on your door?
- In what languages are the materials in your reception area?
- Do the pictures and images of people on your walls and in fliers and other written materials reflect the diversity of your clients?
- Are your education materials simple, well written and multilingual?

Do you have a language poster?

A language poster is a list of languages in their native script with the English translation of each language printed side-by-side with the native script. A client can thus point to the poster to identify his or her language. (Sometimes a wallet-sized card given to clients serves a similar purpose. Such cards are often referred to as "I Speak" cards.)

Do you post information stating the client's right to a free interpreter?

If your agency receives federal funding, it is required to post signage stating that any client with limited English has the right to an interpreter at no cost. The signage should be multilingual, reflecting the dominant languages spoken by area residents or by clients.

How do staff members greet your clients?

For a number of cultures, a business-like approach in clinical settings seems rude. Shaking hands may be unacceptable between men and women from certain cultures. Some clients may avoid your eyes to show respect for authority. So it is important to establish a warm relationship yet remain sensitive to the cultural meaning of physical gestures and behavior. It is also important to speak slowly if clients do not speak fluent English. Talking to the children or other relatives who accompany the client is important in many cultures. Above all, it helps to smile and show warmth and respect.

STRATEGIES FOR CREATING A WELCOMING ENVIRONMENT

Decorate your site multiculturally.

Here are a few suggestions: You can order a multilingual "welcome" poster. Post miniature flags of your clients' home countries. (See the resource section at the end of this guide for information on welcome posters and flags.) Gather posters from embassies. Look for bright cushions and wall hangings. Collect magazines in several languages. Order multilingual education materials with colorful pictures. Buy plants. What might work best for your clinic?

Take your time!

For many cultures in the world, a first meeting in a clinical setting should begin with a pleasant conversation. It can include questions about neutral subjects, putting the client at ease. The goal is to establish a relationship of warmth and trust. Only then is it time to proceed to some of the delicate questions that surround family planning.

Ask your interpreters or other experts about the cultures of your clients.

Your interpreter has a wealth of cultural knowledge. You can also consult a local ethnic group. Another idea is to check out some of the ethnic profiles in the resource section of this guide. Acquiring this cultural information can help put clients at ease as you greet and serve them.

TOP TEN TIPS FOR CROSS-CULTURAL COMPETENCE

Recruit and train bilingual/bicultural staff.

Experts concur: it is important to have bilingual staff members to meet the needs of your largest client cultures. They can also interpret for other providers.

Use trained, professional interpreters.

Interpreters and bilingual staff should receive 40 hours of interpreter training: this is widely considered the minimum national standard. Many certificate programs take longer.

Select the right interpreter (and provider).

Women of certain cultures may require female interpreters and female providers. Men may want males. Harder still, getting interpreters who speak the right language is not enough: does the interpreter speak the right dialect? Finally, *make certain that the ethnic, tribal and religious affiliations of the interpreter do not offend or disturb the client.* This is particularly important for refugee clients.

Offer general training in cultural competence to all staff.

This includes administrators, not just providers. (Board members and volunteers also benefit.) It is especially important for "front-line" staff to participate in trainings.

Keep everything simple.

From the education materials you hand out to the language that you use (simple language that avoids slang and jargon), make everything simple for clients. This also refers to directions, instructions and follow-up. The simpler the message, the more likely it will be understood.

Check for understanding.

A nod and a "yes" from a foreign-born client mean little. Is the message important? *The only way to be certain of understanding is to have the client repeat what you have said in his or her own words.*

Develop a plan.

The plan should cover how to serve a Limited English Proficiency (LEP) client from the moment the client phones or walks in the door until the service (including prescriptions and follow-up) has been received. This written plan should be shared and discussed with staff members.

Choose sites close to the population.

Transportation is an enormous barrier for many immigrant clients. Find out how your clients travel to your site. What barriers exist? Do you need to change clinic hours in response to transportation issues? How do you accommodate clients with disabilities?

Find simple, clear education materials.

Keep multilingual client education materials to a third grade level, with graphics. Select "side-by-side" materials (English right beside the other language) where possible.

Verify phone and address at every encounter.

The foreign-born are a highly mobile population.

INTERPRETERS ARE YOUR BEST FRIENDS!

Removing a language barrier requires an interpreter. Yet interpreters have many other valuable roles and skills. For instance, if a cultural barrier prevents a provider and client from understanding each other, a well-trained interpreter will step in to clarify the problem. If the client fails to understand client directives or medication instructions, an alert interpreter will let the provider know.

Whether your interpreter is a bilingual staff member, a professional interpreter or a volunteer, it is wise to let the interpreter know the provider's expectations. Particularly if the interpreter is not trained, the provider can ask the interpreter to interpret *exactly what is said*, as literally as possible—and specifically not to add, subtract or change anything. The provider can also ask the interpreter to explain any cultural issues that might cause confusion or problems for provider or client. Not only is the interpreter the single best way an agency can overcome language and cultural barriers: the interpreter can make certain that service delivery is taking place. This is truly a vital role.

How can my agency find an interpreter?

There are many ways to find interpreters. Local hospitals are a good place to start. If your area has an agency that serves immigrants or refugees, such agencies are often an ideal source of help. Catholic, Lutheran and Jewish relief organizations that assist refugees often know where good interpreters can be found. State and local departments of human resources, local Red Cross office or the local department of citizen or human services may also have information. Sometimes ethnic faith-based organizations are helpful, for example, Korean or African churches, mosques and temples. The state motor vehicle division may have an interpreter list, as well as the state or federal court system (but note the warnings below about court interpreters). Universities with foreign students and language departments sometimes supply volunteers, especially colleges with a service learning component.

Remember to look for trained interpreters wherever possible. A recent review of the literature suggests that untrained interpreters contribute to medical emergencies, poor health outcomes and poor treatment compliance.² Ideally, interpreter training should be a minimum of 40 hours with a curriculum that covers ethics, skills, roles, medical terminology, cultural competence, cultural interpretation and advocacy in health care settings. Here are few types of interpreters:

- **Medical interpreters:** These are trained, professional interpreters, often employed by nonprofit health agencies to serve health and human services. Such interpreters are ideal for family planning agencies. Charges typically run from \$25 to \$45 per hour.
- **Bilingual/bicultural staff:** Bilingual staff often work as interpreters in addition to performing other worked. However, they should receive professional interpreter training to ensure their competence. It is also wise to draw up a job description that details how their services will be rendered, to avoid burnout, stress and conflicts with colleagues when they are pulled from their "main" job to interpret.
- **Telephonic interpreters:** Telephonic interpretation is crucial for emergency situations, scheduling appointments or interpreting in languages for which no local interpreter is available. However, such services are expensive: most start at \$1.75 per minute and can go up to \$7.00 per minute. The training of such interpreters is quite variable—from a few hours or less to 40 hours. Some companies require that you sign a contract to obtain a certain level of service. You may wish to verify the number of hours that interpreters are trained and ask for a trial interpreting session before signing a contract.

² Elizabeth A. Jacobs, *A Volunteer Health Provider's Guide to Overcoming Language Barriers*. Pawtucket, Rhode Island: Volunteers in Health Care. *In press*

INTERPRETERS ARE YOUR BEST FRIENDS!

(cont)

Community interpreters: Once a synonym for volunteer interpreters, nowadays "community interpreter" may refer to a professional interpreter who works for a nonprofit, community-based interpreter service.

Volunteer interpreters: (Sometimes called community interpreters.) Many nonprofit and faith-based organizations offer volunteer interpreters. However, most receive little or no training.

Language bank interpreters. Language bank interpreters are volunteer or low-cost interpreters who typically interpret for nonprofit, faith-based or local government agencies. Some large organizations have employee language banks: such banks are essentially a list of bilingual staff that specifies the languages spoken and gives contact information.

Some interpreters to avoid...

Spouses. It is not unusual for abusive husbands to insist on interpreting for their wives. Be careful: if a spouse wants to interpret, insist on the use of a neutral, trained interpreter.

Independent interpreters: Some are very qualified. Some are not. Typically they cost from \$65 to \$150 per hour, are often untrained and may be unsuited to health encounters. There is no regulatory agency for interpreters. Ask for proof of the interpreter's training and references. Investigate the credentials of independent interpreters carefully.

Court interpreters: **Certified** court interpreters are skilled and well trained. However, most court interpreters are **not** certified. In addition, unless court interpreters are also medical or social services interpreters, they may be unsuitable for health encounters. Again, be careful. Legal and medical interpretation are two fields requiring different skills, aptitudes and experience.

Conference interpreters: In general such interpreters are highly skilled (and expensive) but may be unsuited to family planning unless they have experience with health or social services interpreting.

For questions about training for bilingual staff or volunteers in Region III (Pennsylvania, Delaware, Maryland, Virginia, West Virginia and Washington, D.C.), call TRAINING 3 at **215-985-2636**.

To order medical interpreter glossaries, an excellent manual on interpreter training, and/or a video on how to communicate effectively through interpreters, call the Cross Cultural Health Care Program (CCHCP in Seattle, Washington at 206-860-0329 or go to <http://www.xculture.org/resource/order/index.cfm?Category=Publications>>. CCHCP is the nonprofit organization that pioneered 40-hour quality medical interpreter trainings in the U.S.

RECRUITING BILINGUAL STAFF AND INTERPRETERS

Bilingual Staff

- Contact the community-based organizations that serve the dominant cultures of your clients.
- Ask your clients: they may know someone in their own community.
- Write letters to local ethnic leaders.
- Put notices in your newsletters.
- Send letters to your foreign-born clients if mail contact is permitted. They or someone they know may want to work for you.
- Send speakers to ethnic churches, mosques, temples and other faith centers.
- Budget for newspaper ads (weeklies are less expensive and sometimes provide ideal candidates).
- Place ads in ethnic newspapers: some editors translate the ads for no charge.
- Try radio spots or PSAs on local ethnic radio and TV programs.
- Schedule staff appearances/talks on ethnic radio and TV programs.
- Post fliers in ethnic stores and services (e.g. Indian grocery stores, Korean dry cleaners, etc).
- Send out press releases.
- Tell stories about immigrants in your newsletters and press releases. (Their appealing stories often capture the attention of journalists on the look-out for human-interest pieces.)
- Try the minority student associations at local universities.
- Contact the internship or career development offices of universities and community colleges.

For rural areas

- Advertise in your nearest city.
- Send announcements to larger state universities and local high schools, targeting departments for foreign languages, allied health, social work and international studies.
- Post job announcements at social service agencies.
- Contact local military bases (bilingual spouses are often looking for work).
- Phone your state immigration coalitions
- Establish a database of community leaders and ethnic organizations across the state. Mail letters to them whenever you are recruiting.

Recruiting volunteer interpreters

Many of the strategies above can be used for recruiting volunteers. In addition:

- Keep the names of bilingual staff candidates on file: recruit them when you need volunteers.
- Check with the Peace Corps—returned Peace Corps volunteers are a valuable source of volunteers with language skills and knowledge.
- Some school districts will allow fliers to be sent home with students, and many foreign-born parents are willing to volunteer as interpreters.
- Go to foreign language departments of two- and four-year colleges and local high schools (recruit the instructors).
- Hold parties to honor your volunteer interpreters and invite prospects.
- Try your local volunteer office.
- Recruit foreign-born medical, nursing and allied health students.
- Set up a booth at ethnic gatherings, festivals, International Days, etc.

TITLE VI AND INTERPRETERS

The Law

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

Title VI of the Civil Rights Act of 1964

What the Law Means

Any agency or organization that receives any federal funding is required to provide interpreters for persons of limited English proficiency (LEP) in *all* its programs and services. The agency must do this at its own expense. That is the consistent interpretation of Title VI that has been applied by the Office for Civil Rights of the U.S. Department of Health and Human Services (HHS). The law also applies to private practitioners who accept clients with Medicare or Medical Assistance.

Most health organizations receive at least some federal funding, whether they receive the money directly or filtered down through a state or local agency. Title VI therefore applies to most health care organizations that offer family planning services.

Other Laws

Other laws require that health providers offer interpreters to clients. Some of these laws are: The Hill-Burton Act (1946), Medicaid and Medicare, Federal Categorical Grant Programs, Emergency Medical Treatment and the Active Labor Act. In addition, there are recent changes in state laws, such as in Maryland about language access.

What Is the Reality?

The reality is that most health and human service organizations do not provide interpreters. Those that do so often have no (or very few) trained interpreters. Resources are scarce. Trained interpreters are also scarce.

What Should Happen in an Ideal World?

Larger health organizations are expected to hire and train bilingual staff whenever possible. Where that is not feasible, they should contract with community-based language banks of trained interpreters, build their own language bank of interpreters and offer training, or secure other interpreter resources to call upon in times of need.

The law does allow more latitude (and lenience) for small organizations than hospitals and other large organizations. Still: no agency that receives federal funding is exempt from the law.

TITLE VI AND INTERPRETERS

What Should a Reproductive Health Organization Do?

If your organization receives any form or stream of federal funding it is required to:

1. Inform the LEP client of his or her right to a free interpreter.
2. Post signage in the dominant languages of LEP clients stating their right to an interpreter.
3. Schedule every appointment for an LEP client with an interpreter. (Trained interpreters and trained bilingual staff are preferred.)
4. If the client refuses your interpreter, document that refusal in the client's file.
5. You may wish to bring in a trained interpreter even after such a refusal, for the protection of all concerned. The interpreter would then intervene only if the client's interpreter makes an error. (Errors are almost inevitable, however, with untrained interpreters.)
6. Use telephonic services or other backup resources to schedule appointments, answer phone calls from LEP clients and handle emergencies.
7. **Do not allow children to interpret.**

It is important not to ask the client to bring an interpreter. In essence, that is considered discriminatory and thus a violation of the law. Allowing minors to interpret is also strictly prohibited, as it is potentially harmful for both child and client.

While the Federal government does not demand the use of trained interpreters, the HHS Office for Civil Rights emphatically recommends using trained interpreters due to the risks caused by the inaccuracy and bias of untrained interpreters—and also to safeguard confidentiality. For more details as well as the official guidance and wording, see <http://www.hhs.gov/ocr/lep/guide.html>.

CULTURE AND REPRODUCTIVE HEALTH

One of the most sensitive areas of cross-cultural health is reproductive health and family planning. Issues that touch on our sexuality, gender roles and families may differ substantially from culture to culture. Such concerns may also be “hot-button” issues that require more time and care from providers.

Contraception

Contraception is a troubling issue in many cultures. Often, immigrants fear that information about their choices will reach their community. Some are suspicious of interpreters.

STRATEGY: *Reassure clients (and remind interpreters) about the strict confidentiality of each encounter.*

Female circumcision

Some women living in the U.S. have had female circumcision or infibulation (a surgical procedure during which the vagina is partially closed up and which may include clitoridectomy). These surgeries complicate OB-GYN exams and add to the delicacy of cross-cultural encounters. Performed to this day in parts of Africa and the Middle East, such procedures are so valued for daughters that some mothers request them here in the U.S. However appalling the surgery appears, it is important to educate parents gently. The belief that such procedures are essential for a girl to protect her future marriage and well-being are so deeply rooted that they go back centuries and perhaps millennia, according to researchers.³ Such beliefs are very hard to eradicate on arrival in the U.S.

Family spacing

In some cultures, early and frequent childrearing may be the norm, followed by sterilization. In others, to have many children throughout the childbearing years is desired by the husband—but not always by the wife, who may feel pressured to comply. Within each culture, levels of education influence choices. Your interpreter is a valuable source of information about cultural customs associated with family size and child spacing.

STRATEGY: *Ask your interpreter about important cultural issues that surround family planning.*

Abortion and emergency contraception

Illegal abortions, or even the use of unsupervised emergency contraception, may be a cultural norm for some clients, particularly from certain countries.

STRATEGIES: *Try to investigate the culture of the clients you serve. Educate clients in slow, simple language about safe and legal options for family planning.*

Family relations and decision making

Who makes the decisions? In some families, the husband. In others, it may be an elder, the extended family or the tribe. In still others, the wife may make decisions for certain issues, and the husband for others. In a number of countries, important decisions will not be made about family planning in the absence of the husband—who may also answer questions.

³ Guy Pieters and Albert B. Lowenfels, *New York State Journal of Medicine*, Vol. 77, No. 6: Pages 729-31, 1977.

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(cont)

However, very educated people in all cultures may change tradition by allowing the woman to decide for herself. Each family is unique.

STRATEGIES: Using your interpreter and also the Internet and other resources, research who makes the family planning decisions in the culture and family of your client. If you provide family planning services to Mexican, Middle Eastern or some Asian cultures, among others, you may want the husband present—but you may also want to talk to the wife separately to learn about her own wishes, questions and concerns.

STDs & HIV

In family planning clinics, it is important to provide counseling on STDs and HIV to all clients. This is because many foreign-born families lack even the most basic information on STDs & HIV, regardless of the type of contraception or family planning preferred.

Scheduling Appointments

While the foreign born are often the most faithful clients at family planning clinics—they are not always the most prompt. Problems of transportation are extremely common, and child care is not always available at the time of the appointment. Clients often depend on the kindness of friends. Many do not have telephones. Others do not know that they are supposed to phone ahead of time to cancel an appointment they cannot honor. In addition, concepts of punctuality may vary among cultures.

STRATEGY: Some family planning specialists recommend scheduling certain clients for mid- to late afternoon appointments to help ensure timely arrivals. It is also very helpful to give a reminder call the day before the appointment.

Interpreters

Whether the issue is family planning or any other health encounters with interpreters, *schedule at least twice the normal appointment time.* Family planning interpreters should ideally be from the culture (and ethnic and language group) of the client. It is very important that they be trained interpreters, wherever possible, due to the complex cultural issues that surround family planning.

STRATEGY: If the interpreter budget at your health agency is limited, try reserving use of the trained, professional interpreters for your most sensitive areas, such as family planning, mental health or services to refugees.

Refugees

Refugees often arrive from countries torn apart by war. Though no formal statistics are available, it is widely stated that a high percentage of the women were raped abroad. Most refugees suffer from terrible trauma, and many have no experience with family planning, medical exams or modern contraception. Sometimes doctors and administrators were among those who administered torture.

STRATEGIES: Providers may need to exercise great sensitivity and patience with refugees. Prior to a physical exam and at every stage during the exam, it is helpful to tell the client what is about to happen. Refugee clients should also be screened for sexual assault and referred to counseling centers with multicultural expertise where appropriate. If possible, with all refugees it is important to use trained, professional interpreters who know how to offer cultural interpretation and mediation.

CULTURE AND REPRODUCTIVE HEALTH

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Values of parents and children

Immigrant parents tend to acculturate more slowly than their children, who often adopt western attitudes towards sex, contraception, the importance (or unimportance) of virginity, and other values. If their parents retain their traditional values, issues like family planning, pregnancy, abortion and so forth are not only delicate, they may be explosive. Intergenerational conflicts may also lead to child abuse, which is interpreted in a number of cultures as acceptable physical discipline. It is therefore important to be sensitive and supportive, yet alert to potentially volatile situations.

Bilingual/bicultural staff

Hiring qualified staff from the cultures of your clients provides the greatest reassurance that you understand and respect the cultural issues that surround reproductive health. Acquiring such staff members promotes trust (and almost inevitably results in a surge of clients from that population). In addition to easing stress at the facility and improving access, the site acquires a resident cultural expert.

STRATEGY: Recruit bilingual staff. Support them by allowing adequate time for their interpreting and other duties and checking in with them frequently to hear their concerns. Use bilingual staff as cultural educators who can sensitize other staff members to important cultural issues in health care.

ADVICE FROM THE FIELD

Many family planning programs in Region III have seen increases in their immigrant client population. When asked what they would recommend to other family planning programs, providers and administrators offered a number of suggestions.

FOR LANGUAGE BARRIERS...

- Use interpreters!
- Have bilingual staff on site wherever possible. "Interpreters are not enough," explains one Executive Director, since the agency will still need someone to answer the phone, talk to walk-ins, translate forms, do follow-up and so forth.
- Offer multilingual client education materials—but make certain they are culturally appropriate. "Each culture seems to have its own cultural sensitivity issues around family planning and reproductive health," says one provider.
- Where possible, have client education materials that are bilingual in English and the target language. This helps providers as well as clients. Recognize that literacy levels will vary greatly.
- Even in an emergency, where no interpreter was scheduled, offer the client a return visit with an interpreter—and document any situation where the client chose to use her own interpreter.

FOR CULTURAL BARRIERS...

- Sharing cultural information with staff is essential. "Counselors and staff need to have an understanding of reproductive health in other cultures," reports an Executive Director. "Things like how menstruation is viewed, how pregnancy timing is viewed, how male and female children are viewed."
- Learning about local cultural healers is often helpful. Many clients use them but still consult doctors and attend clinics. Often this combination western/alternative approach is quite effective, if no harmful remedies are used.
- Training staff on cultural issues is obviously important. One organization recommended the assistance of TRAINING 3. "We've found that very helpful."
- Overgeneralizing about cultures is a risk. Each group is different. Each family is unique.
- Using one's "antenna" is important. If a provider sees a grimace or a client freezes up, the interpreter can offer clues. "In some cultures, you just don't talk about certain things."

FOR SERVICE DELIVERY...

- Don't schedule "all-Latino" or all-immigrant clinics with many interpreters. Instead, have one or two interpreters at each clinic. Appointments with the foreign born are so time consuming (and exhausting) that providers wear out and too little time is left. Instead, space out immigrant clients.

ADVICE FROM THE FIELD

(cont)

- Offer extra support to undocumented teens with no legal immigration status—a vulnerable population. "These kids need someone to guide them through the process ... They don't know where to go."
- Also give extra care to undocumented adults, often "the most high risk and most vulnerable to being abused."
- Be aware that some clients are not literate in their own language, while "a lot of them have never had true medical care." Choose client education materials with simple language and many graphics.
- "**Always** include STD counseling," one provider says urgently, regardless of the method chosen or used. Many immigrants know so little about STDs.
- Be aware of the difficulty of addressing such problems as domestic violence, sexual coercion, or even getting immigrants to apply for WIC and other social services. "I think some of it is they don't want to draw attention to themselves, or they're afraid if they use these services they won't get citizenship—so sometimes they don't seek out things they really need." Often a health appointment is a cry for help.

WRITTEN DOCUMENTS

- It is very important to translate (or perform "sight translation" of) consent forms and other vital documents. Sight translation involves having a trained interpreter study a document and translate it orally for the client.
- Watch out for a common problem: translated consent forms are signed—then put in the file—but later, when the file is pulled out, no one on staff knows what the translated form says. It's wise to have something written in English that identifies each translated document, or to have the English version on the other side.
- For translated brochures, the same applies: mention the language of the brochure in *English* (on the back), so that English-speaking staff members know what the brochure is about and/or what language it is.

LONG-TERM STRATEGIES

- Develop close ties with ethnic leaders and community-based organizations. They are often the best resources for information about delicate cultural issues.
- Partner with these organizations for program planning.
- Find out more about local ethnic faith-based organizations and also faith healers. They can provide valuable information.
- Partner with hospitals. Often they have employee language banks of bilingual staff. (Be careful, however, as most of them are not trained interpreters.)

ADVICE FROM THE FIELD

(cont)

- Hire community health advocates or outreach workers from the immigrant communities you serve.
- Train staff on the legal rights (and special needs) of undocumented clients. This is a complex subject. Try contacting your state immigration coalition or a local organization that serves immigrants.

Ultimately, what is the biggest obstacle to serving immigrants in family planning? Everyone agrees: Resources! There is an urgent need for funding to hire interpreters and bilingual staff—and also to purchase quality client education materials in several languages.

Each agency will have to find its own strategies to enhance cultural competence and serve limited English speakers from other cultures. Training is essential. Some trial and error is inevitable. Ultimately, only you will know what works well for your agency, your clients and your needs. Good luck!

RESOURCES

Cross-Cultural Health and Family Planning

WEBSITES

Several websites provide valuable general information on overcoming language and cultural barriers in health care. A few are listed here; others are listed below, under "Ethnic Health Profiles."

Diversity Rx: <http://www.diversityrx.org/>

Diversity Rx may be the richest website on cross-cultural health care currently available. A gold mine of information and resources.

The Provider's Guide to Quality and Culture:

<http://erc.msh.org/mainpage.cfm?file=5.0.htm&module=provider&language=English>

The project of a multi-agency collaboration that includes the U.S. Department of Health and Human Services (HHS) and the Bureau of Primary Health Care, this site offers a broad perspective of cross-cultural health care issues and cultural competence. It includes thoughtful information on cultural beliefs as they affect health care.

Cross-Cultural Communications

Marjory Bancroft, MA, author of this publication, offers consulting and training to overcome language barriers in health and human services. She can be reached at 410-750-0369 or by writing to ccc@culturecrossroads.net.

Cross Cultural Health Care Program (CCHCP):

<http://www.xculture.org/resource/library/index.cfm#downloads>

CCHCP is the nonprofit organization that pioneered medical interpreter training. CCHCP offers the following valuable resources, among many others:

- Medical interpreter glossaries in 10 languages (\$10 - \$25).
- An excellent interpreter training manual. (464 pages) (\$50).
- An interpreter's guide to common medications (\$10).
- Videos in a series called "Understanding Latino (Arab, Somali, etc.) Communities" (\$50 each).

In addition, CCHCP offers "Communicating Effectively Through an Interpreter" (\$150), which is perhaps the best video available for health providers on the subject. It clearly shows the differences between trained and untrained interpreters and explains how to work with both. Although best used by an experienced and specialized trainer, this video is a wonderful resource.

<http://medicine.ucsf.edu/resources/guidelines/culture.html>

This website offers a large number of links to information and resources on cross-cultural health care.

RESOURCES

(cont)

LEGAL REQUIREMENTS AND FEDERAL STANDARDS

TITLE VI and other federal language laws

For guidance on Title VI of the Civil Rights Act of 1964 and what it says about the obligation of health and human service agencies to provide interpreters, look at a site set up by HHS Office for Civil Rights: <<http://www.hhs.gov/ocr/lep/guide.html>>.

For an excellent collection of documents and news articles about federal requirements to provide interpreters in health care settings, see the Immigrant Health page of The National Health Law Programs' website at <<http://www.healthlaw.org/immigrant.shtml>>.

For a clear, straightforward written document on this subject, call the Henry J. Kaiser Family Foundation at 650-800-656-4533 and ask for Publication #1362. There is no charge, and you may order up to 20 copies at a time. You can also download the 10-page document from the publications list at their website by going to <<http://www.kff.org/content/archive/1361/71a.pdf>>.

CLAS Standards

For a broad overview of the new Federal standards for Culturally and Linguistically Appropriate Services (CLAS) in health care, as developed by the Office of Minority Health, go to: <<http://www.omhrc.gov/clas/>>.

ETHNIC HEALTH PROFILES

For providers who have clients in their office from specific cultures, a valuable source of information on the Internet is ethnic health profiles. Packing a lot of helpful details into a short space, these profiles may look at cultural communities (such as Arab, Hispanic, Asian/Pacific Islander) or immigrant communities from specific nations (e.g., Ethiopian, Vietnamese or Hmong). The sources below includes profiles of many cultures. Most of the documents include at least some information on reproductive health. All are free.

Some organizations find it helpful to print up ethnic health profiles and circulate them at staff meetings to stimulate discussions on cross-cultural health topics.

- Harborview Medical Center, Seattle Washington has ethnic health profiles and many other valuable resources at <<http://ethnomed.org>>.
- University of Washington Medical Center offers a series of Culture Clues™ at <<http://depts.washington.edu/pfes/cultureclues.html>>.
- New Hampshire Governor's Office of Energy and Community Resources at <http://www.state.nh.us/governor/energycomm/images/ethnic_community_profiles.pdf> offers profiles of 16 different cultures in one convenient publication.
- Cross Cultural Health Care Program (CCHCP). The profiles are available at <<http://www.xculture.org/resource/library/index.cfm#downloads>>. While these profiles are about 6 pages long, at no cost, CCHCP also publishes 20- to 30-page profiles that are available for purchase. See their website for details.

RESOURCES

(cont)

In addition to the resources above, Planned Parenthood Federation of America publishes a language and culture resource listing, available on the Internet, covering Spanish, Russian, Bosnian/Croatian, and Vietnamese. Each listing addresses language and culture and describes many organizations that offer educational materials in family planning such as brochures, videos and fliers. This invaluable resource was developed in 2001 and 2002. Go to

http://www.plannedparenthood.org/education/language_resource.html.

The American Public Health Association (APHA) also focuses on maternal and child health in Latin America, Asia and Africa, with a special section on refugee health, at <http://www.apha.org/ppp/red/index.htm>. The APHA web-page on cultural beliefs may also stimulate discussions among staff members: it is available at <http://www.apha.org/ppp/red/summary.htm#beliefs>.

ARTICLES ON CROSS-CULTURAL REPRODUCTIVE HEALTH

Susan Willson, "Beyond Birth Control." *In Context: A Quarterly of Humane, Sustainable Culture*. IC #31, 1992. Available at <http://www.context.org/ICLIB/IC31/Willson.htm>, September 16, 2002.

This is a broad, fascinating article on cultural issues in family planning.

Olga Loeber, MD, "Cross-cultural aspects of contraceptive counseling." Paper presented at the XI Annual Meeting of the Society for the Advancement of Reproductive Care 2001. Available at <http://www.obgyn.net/english/pubs/features/cross-culture.htm>.

In direct, often outspoken language, Dr. Loeber addresses the challenge of cross-cultural family planning. Her biggest message: listen to the client, as individual differences outweigh cultural generalizations.

DECORATING OFFICES

Multilingual welcome posters can be purchased at either:

<http://socialstudies.com/c/@OxOiY3RsWnnUs/Pages/product.html?record@TF14140+af@ep> or <http://www.schofieldandsims.co.uk/postersgeneral.asp>

In addition, many sites offer miniature international flags, e.g.

<http://www.tidmoreflags.com/cgi-bin/commerce.exe?keywords=IntMin&search=action>.

Yard sales, ethnic festivals, fundraisers for community-based organizations that assist immigrants and International Days are just a few examples of places to pick up international decorations for offices, at a low cost.

RESOURCES

(cont)

TRAINING

The Cross-Cultural Health Care Program (CCHCP: see above) in Seattle, Washington, offers in-depth training in cultural competence and medical interpreting across the country. Widely known as the organization that pioneered medical interpreter training, CCHCP is an invaluable resource for information on interpreter trainings and organizations in your area that can assist you with questions or resources for training bilingual staff and community interpreters (paid or volunteer).

TRAINING 3, Family Planning Council, Inc.

TRAINING 3 is the DHHS Region III Family Planning Training Center and producer of this document. TRAINING 3 offers a wide variety of training and development services for family planning and other health care staff throughout Region III. TRAINING 3 can be contacted by telephone at (215) 985-2636, or by e-mail at TRAINING3@familyplanning.org. <www.familyplanning.org>

FEMALE CIRCUMCISION

<<http://www.rainbo.org/>> offers very helpful materials on this delicate subject. The materials include a 48-page book by specialist Nahid Toubia, MD; a training kit with 26 color slides for health providers; and a 35-page report by the National Council on International Health.

MULTILINGUAL CLIENT EDUCATION MATERIALS

Planned Parenthood Federation of America

As mentioned above, <http://www.plannedparenthood.org/education/language_resource.htm> provides an invaluable source of information and resources (including videos) in Spanish, Russian, Bosnian/Croatian and Vietnamese, along with contact and ordering information.

A number of health organizations offer materials that can be ordered through the mail, such as:

Asian Pacific Islander American Health Forum

Numerous Korean materials on family planning are reviewed for literacy levels and use with clients. Ordering information is also provided, at <<http://www.apiahf.org/publications/whkorean.html#FamilyKorean>>.

Anoka County Community Health and Environmental Services

For a 20-page low-literacy booklet on family planning in Spanish, Russian, Bosnian and Sudanese (Nuer), go to <<http://www.mcedservices.com/family.html>>. The booklet discusses contraceptives and methods of family planning. (These booklets are not free: at the time of publication they cost \$3 each, plus shipping.)

However, the number of multilingual materials available by printing them directly off the Internet increases by the day. Below are a few examples of family planning materials that can be printed by downloading brochures and pamphlets from the Internet. **Remember to show any materials that you print from the Internet to a native speaker familiar with your target audience.** Some materials can be too complicated, or written at too high a level. Others may be written for an audience in Spain, whereas your clients are primarily Mexican migrant workers. When in doubt, check with a client or an interpreter and ask their opinion of the materials you have selected.

Planned Parenthood of Edmonton

<<http://www.ppae.ab.ca/index.php?m=5&s=2>>

This site offers materials in .pdf format on family planning, reproductive health, AIDS, etc. in Spanish, Punjabi, Chinese, Arabic and Somali.

RESOURCES

(cont)

U.S. Food and Drug Administration (FDA)

<http://www.fda.gov/opacom/lowlit/spanlow.html>

¿Qué Tipo de Control de la Natalidad es Mejor Para Usted? (FDA 00-1298S) (What Kind of Birth Control is Best for You?)

Attractive, full-color brochure. Be sure to download the pdf file.

U.S. Department of Health and Human Services (HHS)

<http://opa.osophs.dhhs.gov/pubs/whatknow_spanish_abstinence.pdf>

<http://opa.osophs.dhhs.gov/pubs/teentalk_spanish_vol3_contraception.pdf>

<http://opa.osophs.dhhs.gov/pubs/whatknow_spanish_pill.pdf>

Three clear, color brochures in Spanish on abstinence, family planning for youth, and the pill. High quality. Can be printed as needed.

<http://opa.osophs.dhhs.gov/pubs/teentalk_spanish_vol2_std.pdf>

This is an excellent two-sided, illustrated flier in color, targeted at youth. Called "Sólo para Jovenes," it contains basic information on STDs and is appealingly written and designed. A must for any family-planning office setting.

Family Health International

This website offer basic information in both Spanish and French on the family planning topics specified below. The websites listed are the Spanish ones; for French, just click at the bottom of each page where it offers the option of English or French. Except where noted, the web resources below are not illustrated. Most are simply written, with valuable information, though some materials may require a secondary education to understand well.

Methods of contraception

<<http://www.fhi.org/sp/ctus/ctuanims.html>>

This is a slide show: simple, colorful and vividly illustrated.

The Diaphragm: FAQ

<<http://www.fhi.org/sp/fpfaqsp/fpfqsp14.html>>

Condoms: FAQ

<<http://www.fhi.org/sp/fpfaqsp/fpfqsp4.html>>

Emergency contraception: FAQ

<http://www.fhi.org/sp/fpfaqsp/fpfqsp2a.html>

In addition to the FAQ information, a related page offers personal stories in Spanish or French of young women in Mexico (and Sri Lanka) who actually used emergency contraception, at <<http://www.fhi.org/sp/networks/sv21%2D1/ns2115.html>>. These stories show how and why they used emergency contraception, and how it worked. This is an interesting approach to client education.

Female condom: FAQ

<<http://www.fhi.org/sp/fpfaqsp/fpfqsp13.html>>

This is an example of a webpage that may require some secondary education to grasp accurately.

RESOURCES

(cont)

IUD: FAQ

<<http://www.fhi.org/sp/fpfaqsp/fpfqsp5.html>>

IUD: Copper IUD FAQ

< <http://www.fhi.org/sp/networks/sv16%2D2/ns16210.html>>

For a colorful, clear illustration in Spanish of how an IUD works, see also:

<<http://www.fhi.org/sp/networks/sv16%2D2/ns1623g.html>>

Lactational amenorrhea method: FAQ

< <http://www.fhi.org/sp/fpfaqsp/fpfqsp11.html>>

Natural methods of family planning: FAQ

<<http://www.fhi.org/sp/fpfaqsp/fpfqsp12.html>>

THE PILL

Combined oral contraceptives: FAQ

<<http://www.fhi.org/sp/fpfaqsp/fpfqsp1.html>>

Progestin-only contraceptives: AQ

<http://www.fhi.org/sp/fpfaqsp/fpfqsp2.html>

Emergency contraception: FAQ

<http://www.fhi.org/sp/fpfaqsp/fpfqsp2a.html>

How to take the pill (with some illustrations):

<<http://www.fhi.org/sp/networks/sv16%2D4/ns1643.html>>

Progestin-only injectables: FAQ

<www.fhi.org/sp/fpfaqsp/fpfqsp10.html>

Combined injectable contraceptives (CIC)

<www.fhi.org/sp/fpfaqsp/fpfqsp9.html>

Sterilization (female): FAQ

<www.fhi.org/sp/fpfaqsp/fpfqsp7.html>

Sterilization (male): FAQ

<<http://www.fhi.org/sp/fpfaqsp/fpfqsp8.html>>

Eurasia Health

This nonprofit organization offers family planning materials in several Eurasian languages, especially Russian, including:

<<http://www.eurasiahealth.org/english/library/fullinfo.cfm?mdlID=14>>

A simple 15-page handbook in Russian that providers can use to inform refugees in simple language about contraceptive methods available in the U.S. Two illustrations.

<<http://www.eurasiahealth.org/english/library/fullinfo.cfm?mdlID=328>>

A 7-page Russian booklet on the woman's body and reproductive health, with illustrations.

<<http://www.eurasiahealth.org/fulltext/275.htm>

A 16-page brochure on "Planning Your Family: Birth Control Options" produced by the Magee Women's Hospital in 1992. (No illustrations.)

RESOURCES

(cont)

<<http://www.eurasiahealth.org/english/library/results.cfm>>

These client education materials on women's health, including reproductive health, are available in Eurasian languages (Russian, Ukrainian, Polish, Armenian, Romanian, etc.) but most are not available online. They can however be ordered using information available at the website.

New Mexico AIDS Infonet

<<http://www.aidsinfonet.org/101e-what-is-aids.doc>>

This is a one-page overview of HIV/AIDS in Spanish written simply and clearly but most suitable for clients with at least some secondary education.

Hepatitis B Coalition

<http://www.immunize.org/catg.d/p4100tee.htm>

A brochure for teens in .pdf format, in simple language and illustrated, about transmission and prevention of Hepatitis B. Available in Spanish, Cambodian, Chinese, Hmong, Korean, Laotian, Russian, Tagalog, Turkish and Vietnamese. For Spanish, go directly to.

<http://www.immunize.org/catg.d/p4100-01.pdf>

For an adult version of this brochure, available only in Spanish/English, go to

<<http://www.immunize.org/catg.d/4112-01.pdf>>.

Washington State Department of Social and Health Services (DSHS)

For posters, brochures and fliers about family planning in Spanish, and one flier in other languages (Cambodian, Chinese, Korean, Laotian, Russian and Vietnamese), go to

<<http://fortress.wa.gov/dshs/maa/familyplan/csppub.pdf>>. Further information is available at

<<http://fortress.wa.gov/dshs/maa/familyplan/pub7-29.html>> and

<<http://fortress.wa.gov/dshs/maa/familyplan/TAKECHpubs.pdf>>.

Multilingual materials on family planning and reproductive health are multiplying daily on the Internet. It may be helpful to conduct regular searches using a flexible search engine, such as Google, for the languages needed. Try putting "family planning" or "reproductive health" in direct quotes (a search engine like Google will know that you want to keep those two words together) and then add a language, such as Tagalog or Vietnamese. You can also type the resource you are looking for, e.g. brochure, "low-literacy" video (keep low-literacy in quotes), etc. Any search will mean weeding through irrelevant sites, but in a very short time the right materials may appear. They can then be printed immediately.

The information provided above has been included for its potential usefulness to providers who work with LEP clients. It should in no way be considered medical advice or cultural consulting. Providers who wish to use the materials suggested should verify the practical value and linguistic accuracy of the materials with qualified native speakers who know the target population. Neither the author nor TRAINING 3 nor any other party involved in the preparation or publication of this section or this guide warrants that the information contained herein is in all respects accurate or complete, nor do they assume liability for the currency or availability of the information on the suggested websites.