



Cultural Competency

Louisiana Provider Guide

(Updated October 2018)



C L A S Culturally and Linguistically
Appropriate Services

A United Voice for Multicultural Health Care


AmeriHealth Caritas

Louisiana

www.amerihealthcaritasla.com



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Louisiana

Cultural Competency
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About AmeriHealth Caritas Louisiana

AmeriHealth Caritas Louisiana is one of five Medicaid managed care plans that participate in the Healthy Louisiana program. We work with communities to achieve positive health outcomes across the state. Louisiana is rich in culture and heritage. We are proud of our racial, ethnic, and religious diversity, and believe that it's one of the things that make our state special.

AmeriHealth Caritas Louisiana recognizes the need for health care services that effectively connects with a diverse and multicultural patient population. By understanding and addressing issues that lead to disparities in our health care system, AmeriHealth Caritas Louisiana is better able to accomplish its mission to help people get care, stay well, and build healthy communities, regardless of their culture, country of origin, language, religion, sexual orientation, race, or ethnicity. Our plan's efforts to support our mission have been recognized by the National Committee for Quality Assurance (NCQA). AmeriHealth Caritas Louisiana is now credited with the NCQA Multicultural Health Care Distinction.

Our plan is part of the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas is one of the nation's leaders in health care solutions for those most in need. Operating in 17 states and the District of Columbia, AmeriHealth Caritas serves more than 5.6 million Medicaid, Medicare, and the Children's Health Insurance Program (CHIP) members through its integrated managed care products, pharmaceutical benefit management and specialty pharmacy services, behavioral health services, and other administrative services. Headquartered in Philadelphia, AmeriHealth Caritas is a mission-driven organization with more than 35 years of experience serving low-income and chronically ill populations.



Cultural Competency Defined

Cultural competency is the combination of skills, knowledge, and personal attributes that allow a provider to successfully respond to the cultural, health beliefs, and linguistic needs of a diverse patient population.¹

The Louisiana department of health details additional cultural competency requirements for Medicaid providers in the Healthy Blue Provider Manual.²

Research shows that it takes physicians approximately five years of practice in diverse clinical populations to achieve cultural competency, although some physicians may reach the goal earlier with special training.³

Culturally and Linguistically Appropriate Services (CLAS) is defined as effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.⁴

Sources:

1. "What is Cultural and Linguistic Competency?" U.S. Department of Health and Human Services, June 11, 2018, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6> (accessed July 5, 2018).
2. Healthy Blue Medicaid Managed Care Provider, February 2018, https://providers.healthybluel.com/Documents/LALA_CAID_ProviderManual.pdf, (accessed July 5, 2018).
3. "A Physician's Practical Guide to Culturally Competent Care" U.S. Department of Health and Human Services, <https://cccm.thinkculturalhealth.hhs.gov/> (accessed July 12, 2018).
4. Think Cultural Health U.S. Department of Health and Human Services, <https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas>, (accessed July 12, 2018).

AmeriHealth Caritas Louisiana's CLAS and Cultural Competency Program

AmeriHealth Caritas Louisiana provides a robust cultural competency program to ensure that all members are served in a way that is responsive to their cultural and linguistic needs. These services are also available to providers at no charge:

- Bilingual staff.
- Cultural competency training.
- In-person interpretation services (including American Sign Language).
- Language assistance.
- Telephonic interpreter services.
- Written materials in members' preferred language.

The National CLAS Standards

AmeriHealth Caritas Louisiana follows the National CLAS Standards put forth by the U.S. Department of Health and Human Services Office of Minority Health. The standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to serve as the essential goal for all the enhanced standards for CLAS — with the understanding that if all the other 14 standards are collectively adopted, implemented and maintained, then the principle standard and overall intention of the standards will be achieved.

See **Appendix A** for the full list of National CLAS Standards

Why Should Providers Be Culturally Competent?

AmeriHealth Caritas Louisiana has developed practices for cross-cultural communications to ensure equal medical care across any cultural or language barriers that may exist between patients and providers. This is part of the larger effort to reduce health disparities among Louisiana residents.

Did you know?

- African Americans in Louisiana have a death rate of one to two times higher than their white counterparts.
- Latinos in Louisiana are almost twice as likely to die from diabetes as non-Latino whites.
- The infant mortality rate is one-and-a-half times the rate in Native Americans as it is for whites.

Quality of hospital care may contribute to these disparities, but even when comparisons are made between groups of similar socioeconomic status, the disparities remain. Researchers believe there are a number of issues at play in health disparities. Linguistic barriers often prevent patients with limited English proficiency from obtaining, processing, and understanding health information.

Another factor to consider is the concept of unconscious bias, which is the way perceptions of another social or cultural group affect decision-making. Unconscious bias, also known as implicit bias, happens when a caregiver's brain makes quick judgments toward a someone who belongs to a different racial, gender, or class group based on their own background. When this happens, certain people are penalized, or treated differently than those who possess characteristics more similar to the caregiver's. If you are still unsure about unconscious bias or wish to test yourself in the matter, you can take an Implicit Association Test (<https://implicit.harvard.edu/implicit>). There are many available online, including Project Implicit with Harvard University. Project Implicit tests your perceptions about race, ethnicity, gender, disability, and more. It is important to look at these reasons for health care disparities and work on addressing them, for many reasons.



Besides being the right thing to do, practicing cultural competence and being unbiased is also a legal matter. Regulations like Title VI of the Civil Rights Act of 1964 prohibit discrimination under federally assisted programs on grounds of race, color, and national origin. The Office of Minority Health also issues the 15 CLAS standards to make practices more culturally and linguistically accessible. Increased health care access and quality of care means better health outcomes, better health statuses, and often a reduction in costs (due to a reduction in miscommunication and mismanaged care).¹

Physical and behavioral health providers servicing Louisiana Medicaid recipients must adhere to federal laws and state requirements related to the provision of culturally competent care.

Federal regulations

Civil Rights Act of 1964, Title VI, 42 U.S.C., § 2000d et seq.

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”²

Executive Order 13166

“...each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access

those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries...”³

Native American Religious Freedom Act, U.S. Code, Title 42, Chapter 21, Subchapter I, §1996

“Protection and preservation of traditional religions of Native Americans On and after August 11, 1978, it shall be the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express, and exercise the traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites.”⁴

State requirements

Louisiana Bayou Health RFP# 305PUR-DHHRFP-BH-MCO-2014-MVA

- “§7.1.6 The managed care organization (MCO) shall require that providers deliver services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.”
- “§7.15.1.1.3.33 A requirement that the providers attend trainings on cultural competence. The MCO shall include a cultural competency component in each training topic.”
- “§10.5.4.1 All specialized behavioral health services training will be documented with agendas, written training materials, invited attendees, and sign-in sheets (including documentation of absent attendees). Training to be provided will include but not be limited to: Cultural Competency...”

Sources:

1. Wayne J. Riley MD, “Health Disparities: Gaps in Access, Quality and Affordability of Medical Care” National Center for Biotechnology Information, 2012, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540621/> (accessed July 12, 2018).
2. 42 U.S.C. §2000d - 2000d-7 TITLE 42 - The Public Health and Welfare Subchapter V - Federally Assisted Programs, U.S. Department of Justice, July 2, 1964, <https://www.justice.gov/crt/title-vi-1964-civil-rights-act> (accessed July 12, 2018).
3. Executive Order 13166, U.S. Department of Justice, <https://www.justice.gov/crt/executive-order-13166> (accessed July 12, 2018).
4. Sen. James Abourezk, “American Indian Religious Freedom Act”, Public Law 95-341, 95th Congress, August 11, 1978, <https://www.govtrack.us/congress/bills/95/sjres102> (accessed July 12, 2018).

How to Meet Cultural Competency Training Requirements

As outlined below, AmeriHealth Caritas Louisiana offers in-person and online training options to support Healthy Louisiana providers in delivering services in a culturally competent manner to all members.

Credit	Training	Return proof of training	Notes
1 hour	In person: Provider regional training CLAS component	Attestation collected on site. Copy returned to provider via email.	Regional trainings are held throughout the year in locations across Louisiana. Providers will receive an invitation via fax blast. Providers who signed up for Network News will also receive an invitation via email.
1 hour	On site: New provider orientation	Account executive logs training upon completion.	Request your fulfillment status by emailing: clastraining@amerihealthcaritasla.com
3 hours	Online course: “A Physician’s Practical Guide to Culturally Competent Care”	Return completion certificate to clastraining@amerihealthcaritasla.com or fax to 1-225-300-9209 .	Log in at: www.thinkculturalhealth.hhs.gov/education/physicians . The program will generate a certificate on completion.
Prior training	If cultural competency training has been completed prior to this communication, forward related certificates or attestations via email to: clastraining@amerihealthcaritasla.com or via fax to 1-225-300-9209 , Attn: Cultural Competency		

If you have completion certificates or attestations from cultural competency trainings offered by any Healthy Louisiana plan, please forward those documents to AmeriHealth Caritas Louisiana via email or fax. We will update your record with the appropriate credit hours.

Business Considerations of Cultural Competency

Physical and behavioral health service providers can improve patient satisfaction by providing culturally competent care. Providers who administer health care services responsive to the health beliefs and cultural/linguistic needs of diverse patient populations help to:

- Decrease liability.
- Meet regulatory standards.
- Gain a competitive edge.

The cost of health disparities

A growing practice

Commitment to cultural competence is growing among health care providers and systems. Health systems are adopting comprehensive strategies to respond to the needs of racial and ethnic minorities for numerous reasons.

First, there are increasingly more state and federal guidelines that encourage or mandate greater responsiveness of health systems to the growing population diversity. Second, these strategies may be seen as essential to meeting the federal government’s Healthy People 2020 goal of eliminating racial and ethnic health disparities. Third, many health systems are finding that developing and implementing cultural competence strategies are a good business practice

to increase the interest and participation of both providers and patients in their health plans among racial and ethnic minority populations.^{1,2,3}

Sources:

1. Emily Ihara, "Cultural Competence in Health Care: Is it important for people with chronic conditions?" Georgetown University Health Policy Institute February 5 2004, <https://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html> (accessed July 12, 2018).
2. Centers for Disease Control, Division for Heart Disease and Stroke Prevention, "Healthy People 2020", March 13, 2014 <https://www.cdc.gov/dhbsp/hp2020.htm> (accessed July 12, 2018).
3. Olympia Duhart, "Why More Hospitals Should Prioritize Cultural Competency", Harvard Business Review, May 26, 2017, <https://hbr.org/2017/05/why-more-hospitals-should-prioritize-cultural-competency> (accessed July 12, 2018).

Health Equity and Its Importance

Health equity is achieving the highest level of health for all people. It entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantages or historical injustices.

Health disparities across a variety of health conditions

According to the U.S. Department of Health and Human Services, health disparities exist across a variety of health conditions, including the following:

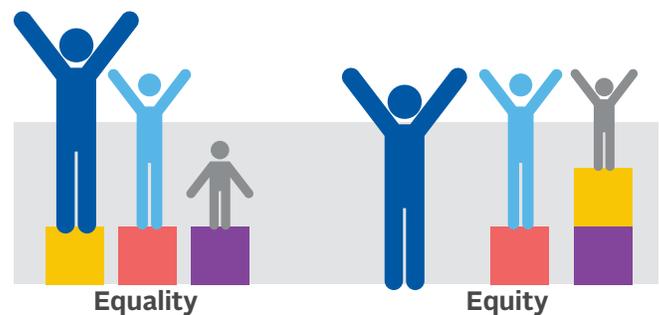
- Cancer screening and management.
- Cardiovascular disease.
- Child and adult immunizations.
- Diabetes.
- HIV/AIDS.
- Homicide, suicide, and unintentional injuries.
- Infant mortality.
- Substance use.¹

AmeriHealth Caritas Louisiana is dedicated to ensuring our providers have the tools to address health conditions that disproportionately affect our members, so we work together to achieve health equity for the people of Louisiana.

Estimating the economic burden of racial health inequalities in the United States:

- ✓ **\$230 billion annual direct losses.**
- ✓ **\$1 trillion annual costs associated with premature death.**
- ✓ **Absenteeism.**
- ✓ **Lost productivity.**
- ✓ **Family leave.**
- ✓ **Lost wages.²**

Equality versus equity



Equity and equality are two strategies we can use to produce fairness.

- **Equity** is giving everyone what they need to be successful.
- **Equality** is treating everyone the same.

AmeriHealth Caritas Louisiana enacts the 15 National CLAS to improve health care quality and advance health equity among our members. See **Appendix A** at the end of this document.

Sources:

1. Think Cultural Health U.S. Department of Health and Human Services, www.thinkculturalhealth.hhs.gov, (accessed August 15, 2018).
2. LaVeist, Thomas A., Darrell Gaskin, and Patrick Richard, "Estimating the Economic Burden of Racial Health Inequalities in the United States", International Journal of Health Services 41.2 (n.d.): 231-38, April 1, 2011, <https://www.ncbi.nlm.nih.gov/pubmed/21563622> (accessed August 15, 2018).

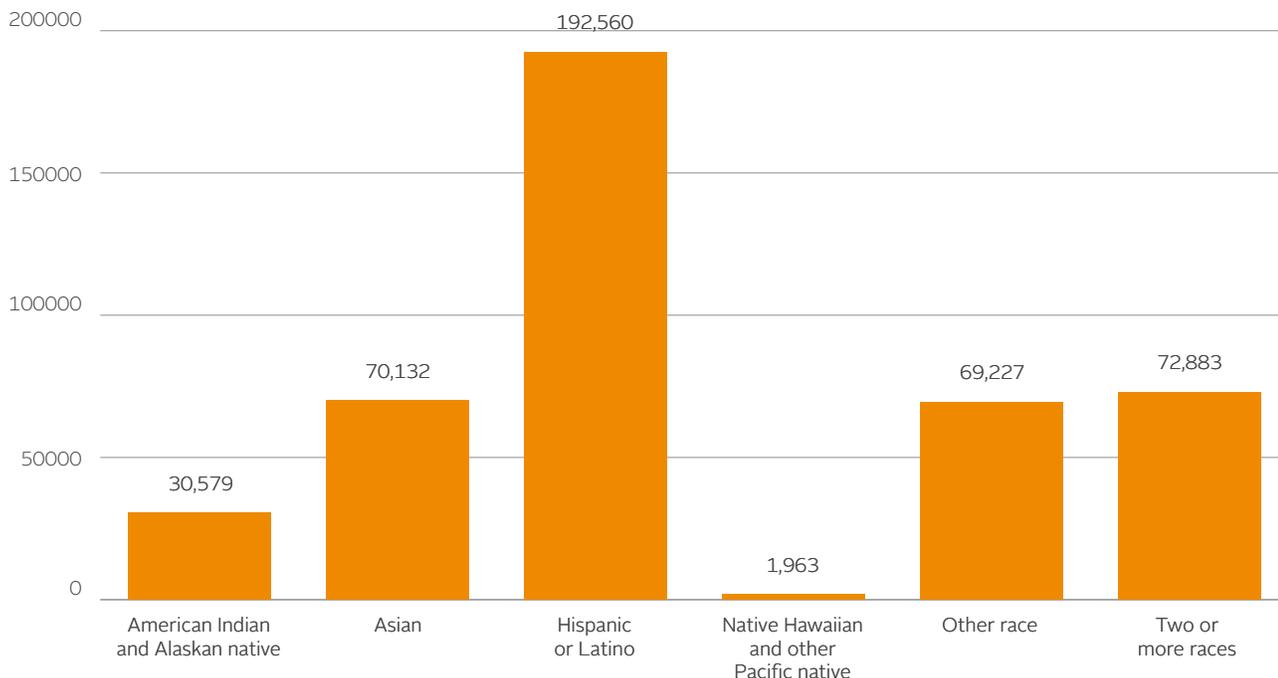
Who Is Walking Through the Door?

Louisiana's cultural “gumbo”

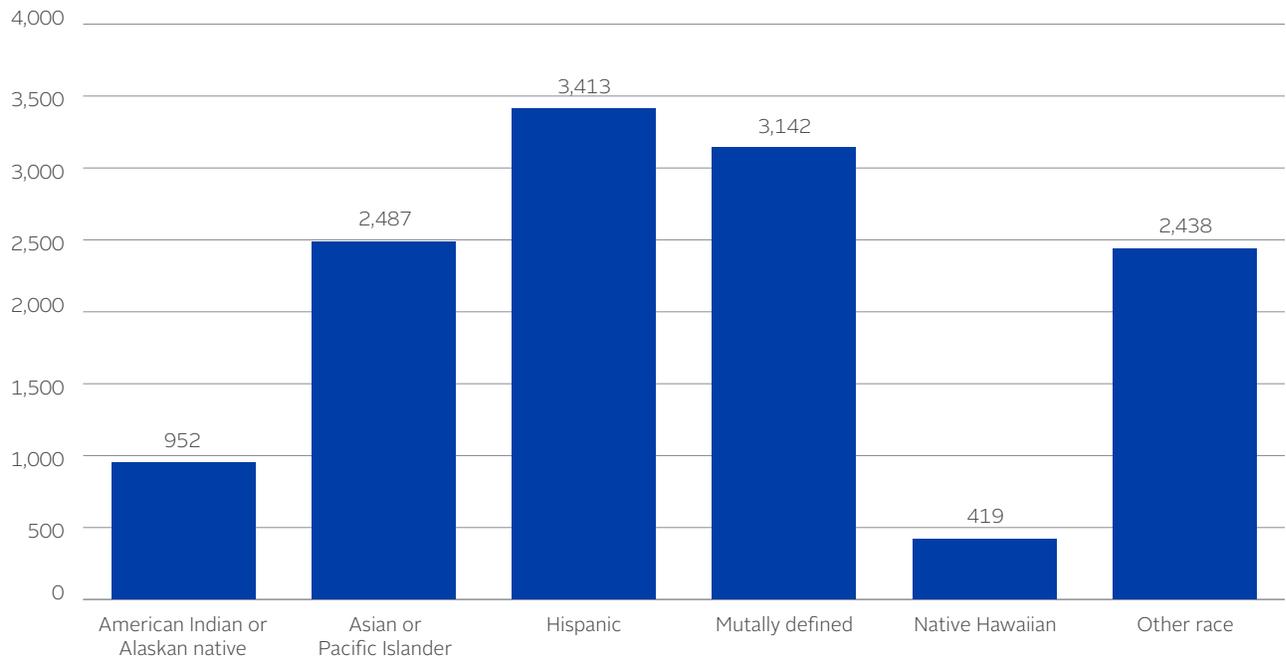
Few people realize the degree of complexity and variation in the cultures of Louisiana. Many are aware that New Orleans and French-speaking South Louisiana are juxtaposed against the African American/British American culture of North Louisiana; few are familiar with subtle differences within these regional groups and the cultural complexities resulting from the presence of Native Americans and the waves of immigration by Irish, Germans, Italians, Czechs, Hungarians, Croatians, Filipinos, Latinos (Isleño, Mexican, Cuban, Guatemalan), and East Asians (Chinese, Vietnamese, Laotian, Thai). Each group has added to the cultural environment of Louisiana and, in varying ways, influenced the traditions found here.¹



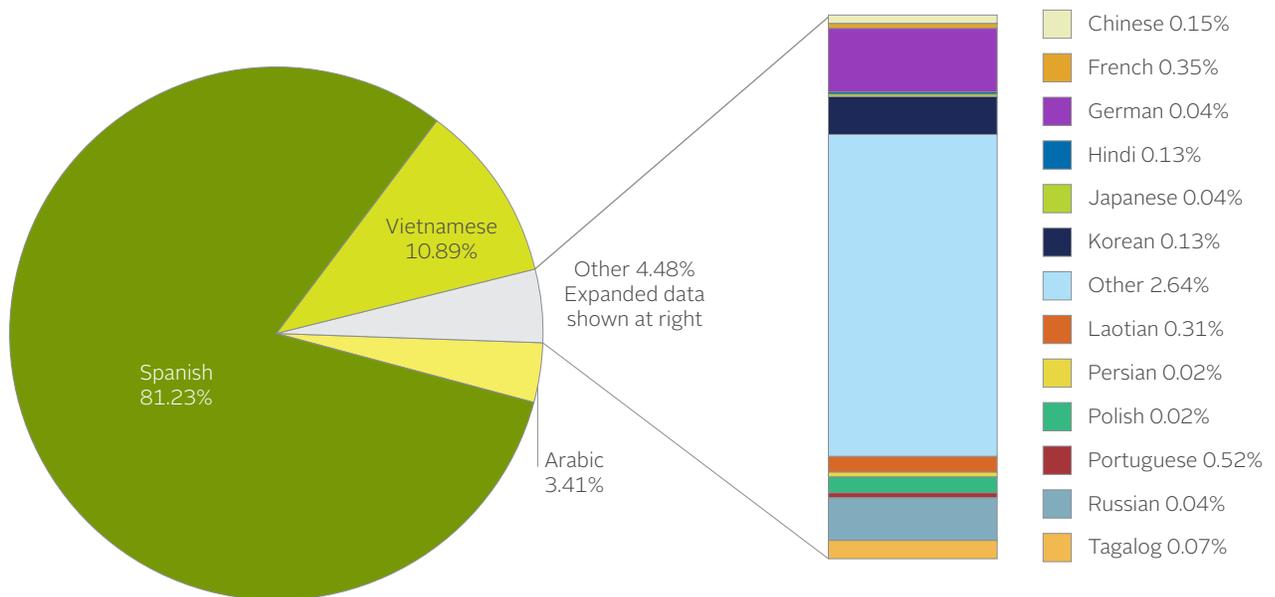
Census data: Louisiana statewide race and ethnicity (non-African American or Caucasian)²



AmeriHealth Caritas Louisiana’s membership diversity (non-African American or Caucasian)³



AmeriHealth Caritas Louisiana’s non-English member languages³



Sources:

1. Owens, Maida. “Louisiana’s Traditional Cultures: An Overview”, September 7, 2016, http://www.louisianafolklife.org/LT/Maidas_Essay/main_introduction_onepage.html (accessed August 15, 2018).
2. Moonshadow Mobile, Inc. “Population of Louisiana: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts”, 2011, <http://censusviewer.com/state/LA> (accessed August 15, 2018).
3. AmeriHealth Caritas Louisiana Medical Informatics (accessed June 2018).

Provider Tools for Providing Culturally Competent Care

Tips for assisting non-English and limited-English-speaking members:

- **Body language.** Pay attention to the patient's body language when they interact with you. Try to mirror or match their body language.
- **Eyes and ears.** Use your observation skills. Listen to the tone of voice.
- **Empathy.** Try to understand and share the patient's feelings.
- **Translation.** Use AmeriHealth Caritas Louisiana's free interpretation and translation service.

BEET

Body Language

Eyes and Ears

Empathy

Translation

Additional cultural competency training resources

There are many ways to work toward cultural competency. On an individual level, people can start by:

- Understanding their own culture.
- Learning continuously about their members or patients.
- Communicating feedback (both giving and receiving input).

Tips for providing culturally competent care:

- ✓ **Appreciate differences in cultures: Some cultures are laid back and others are rigid in terms of timekeeping. Some communicate with facts, others with emotions.**
- ✓ **Do not assume that because a person is from a certain country that they will behave in a certain way.**
- ✓ **Be patient.**

Visit online programs and resources to bring cultural competency to your health care practice:

- **Center for Linguistic and Cultural Competency in Health Care.** Established by the Office of Minority Health to address the health needs of populations who speak limited English. Its mission is to collaborate with federal agencies and other public and private entities to enhance the ability of the health care system to effectively deliver linguistically appropriate and culturally competent health care to limited-English-speaking populations.¹
- **Think Cultural Health** (U.S. Department of Health and Human Services). This website features information, continuing education opportunities, resources, and more for health care professionals to learn about CLAS. Launched in 2004, Think Cultural Health is sponsored by the Office of Minority Health.²

American Association of Colleges of Pharmacy: Cultural Competency and Diversity

Services: Provides a thorough list of resources that contain information on cultural competence



**Centers for Disease Control and Prevention (CDC):
Health Literacy for Public Health Professionals³**

Services:

At the conclusion of the session the participant will be able to:

- Define and describe public health literacy
- List factors that influence public health literacy
- Identify who is affected by public health literacy
- Recognize consequences of limited public health literacy

CDC: Health Literacy Training⁴

Services: Links resources, and training materials for health professionals to find out more about the topic and earn CE credits in the process

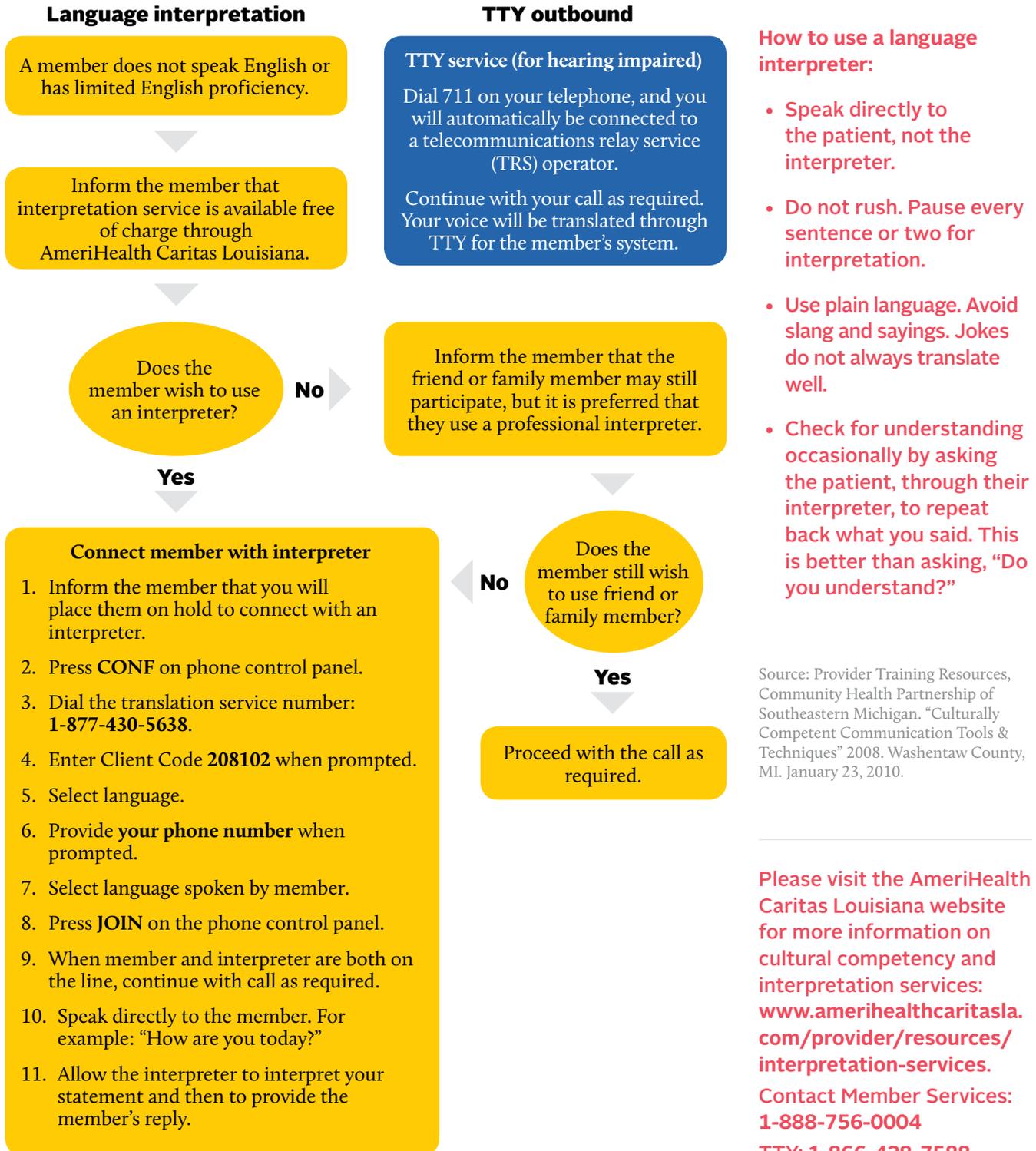
- Learn etiquette by country⁵
- How culture influences health beliefs⁶

Sources:

1. U.S. Department of Health and Human Services Office of Minority Health, www.minorityhealth.hhs.gov, (accessed August 15, 2018).
2. Think Cultural Health U.S. Department of Health and Human services, www.thinkculturalhealth.hhs.gov, (accessed August 15, 2018).
3. U.S. Centers for Disease Control and Prevention, www.cdc.gov/healthliteracy/training/index.html, (accessed August 15, 2018).
4. U.S. Centers for Disease Control and Prevention, <http://www.cdc.gov/healthcommunication>, (accessed August 15, 2018).
5. Kwintessential Translation House, "Country Guides & Profiles", <http://www.kwintessential.co.uk/resources/guides>, (accessed August 15, 2018).
6. Mc Laughlin, L., & Braun, K., "How Culture Influences Health Beliefs", EuroMed Info, 2008, <http://www.euromedinfo.eu/how-culture-influences-health-beliefs.html>, (accessed August 15, 2018).

Flowchart for Accessing Free Interpretation Service

Start



Tips for Providing Culturally Competent Care

Features of a culturally competent office environment

- Patients with limited English proficiency are allowed extra time.
- Bilingual staff and physicians are available. Existing staff are encouraged to learn Spanish.
- Cultural information is available to staff via printed materials or web-based trainings.
- Flexible scheduling is available for patients to sign-in rather than make a fixed appointment.
- Bilingual signage is used.
- Staff is provided with cultural sensitivity training (lunchtime discussion, in-person training, ethnic food potlucks, cultural issue bulletin board).
- Interpretation service is provided for patients with limited English. Family or friend interpreters are avoided.
- Handouts with medical information and patient forms in patients' preferred language are available.
- Multicultural holidays are recognized when scheduling appointments.¹

Overcoming barriers with the LEARN model

The LEARN model can help to resolve cultural difference that may arise with patients.

- **L**isten to the how the patient perceives/describes the problem.
- **E**xplain the patient's description back to them.
- **A**cknowledge and discuss similarities and differences between the two views.
- **R**ecommend a plan of treatment.
- **N**egotiate a treatment agreement.²

Using the teach-back technique to get patients involved

Learn more about this method and download training materials at the Agency for Healthcare Research and Quality website at www.ahrq.gov.

Verbal health literacy tips

How to emphasize simple and clear language

- Use everyday words. You may need to define or revise these words:
 - Screening.
 - Immunization.
 - Prevention.
 - Monitor.
 - Referral.
 - Eligible.
 - Diagnostic.
- Don't use acronyms or nicknames for departments or programs.
- Use the same term for a procedure or topic throughout the visit. For example, if you at first say high blood pressure, continue to use that term throughout the visit.
- Avoid using words with more than one meaning, such as "stool," "dressing," and "appendix."
- Clarify misconceptions and correct misunderstandings before you introduce new information.
- Find out what the patient knows about the topic before you move on to new information that might be complex. Then see if you can build the new information into the familiar.
- Repeat the same message in different ways.
- Give concrete examples and stories that include people like the patient to illustrate challenging or confusing terms in personal and interesting ways.
- If you must share numerical information, try comparing numbers to known quantities. For example, "5 pounds of weight is about the same as a bag of flour."
- Use analogies for risk probabilities and for hard-to-understand percentages. For example, "The chance of getting that disease is the same as winning the state lottery."

- Avoid introductory phrases that might frustrate patients such as:
 - “You have to...”
 - “But...”
 - “It’s against our policy...”
- Focus on the “take away”: What is the most important element of the information that the patient must understand before the visit ends? Ask the patient to tell you what they are supposed to understand and what they should do to follow up after the visit.

Quick tips for talking with patients

- Listen.
 - Use simple, clear language.
 - Don’t use jargon. Check the list of confusing words before responding.
 - Explain by using a story or example.
 - Use the steps in the teach-back technique. Ask patient to explain in other words.
 - Watch your speaking pace. Organize the information for the patient.
 - Speak clearly and understandably.
 - Allow the patient to be silent or hesitant before you respond.
 - Repeat and explain numbers.
 - Ask patient to list the action steps they will take after they leave your office.
 - Encourage questions.
 - Give the patient contact information for follow up.
- Repeat what the patient told you, but use different words to show that you understand the situation. Paraphrase what the patient said. Be non-judgmental of what the patient has said, verify the patient’s message and encourage the patient to continue. For example, say, “So I hear you saying that the coverage for mammograms was confusing and that you did not understand that your last mammogram was actually not covered until you received our statement? Is that accurate? Anything you wish to add?”
 - Try to step into the patient’s shoes and sense the patient’s experiences or confusion. Empathy, or understanding what the patient is experiencing, is part of the listening process. For example, you may say, “I was confused by that myself, and so I want to make sure you understand.”
 - If the patient’s responses are vague or imprecise, ask specific follow-up questions.
 - After the patient is finished explaining or asking for information, you may want to acknowledge the patient’s feelings of confusion or frustration. For example, “I can see how that would seem confusing.”
 - Respond with questions at both the task level (resolving the service issue) and emotional level (interpersonal relationship). Asking questions lets the patient know you are paying attention and want to know more about the problem. Many questions center on knowledge goals — to fully understand the patient’s issue. To be responsive, ask open-ended questions that allow the patient optional ways to respond. For example, “Can you tell me what you find frustrating?”³

Active listening to patients

- Give the patient your complete attention. If you can, avoid typing notes or writing while the patient is talking.
- Learn to recognize and watch for cues that a patient doesn’t understand what you’re saying.
- Focus on what patient is saying now and not what you will say next.
- Don’t speak until the patient stops speaking.

Sources:

1. Juckett, Gregory MD, MPH, “Caring for Latino Patients”, American Family Physician, January 1, 2013, <http://www.aafp.org/afp/2013/0101/p48.html>, (accessed June 25, 2017).
2. Juckett, Gregory MD, MPH, “Caring for Latino Patients”, American Family Physician, January 1, 2013, <http://www.aafp.org/afp/2013/0101/p48.html>, (accessed June 25, 2017).
3. America’s Health Insurance Plans, “Customer Service Strategies For The Health Care Environment”, AHIP Toolkit, July 12, 2016. <https://www.ahip.org/course/customer-service-strategies-for-health-care-environment/>, (accessed August 15, 2018).

Louisiana's Hispanic Population

Overview of Spanish speakers in Louisiana

Louisiana Spanish speakers: 150,424

About half of Louisiana's Spanish speakers (56 percent) speak English very well.¹

Louisiana Spanish Speakers Quick Facts^{2,3}

Hispanic ethnicities	Parishes with largest populations >5%
Mexican	Jefferson Parish
Puerto Rican	St. Bernard Parish
Cuban	Vernon Parish
Other Hispanic or Latino	Bossier Parish
	St. Mary Parish
	Orleans Parish
	St. Charles Parish

History

“Hispanic” is a term that originally denoted a relationship to “Hispania” or the Iberian Peninsula (i.e., Portugal and Spain). However, it currently has a closer connection with Latin America. Latin America refers to countries south of the United States where Latin-based languages are spoken (Spanish, French, Portuguese, etc). The term was adopted by the U.S. government in the 1970s for use in the census, referring to people in the United States of Latin American or Spanish origin.

Health Issues in the Hispanic community

Hispanic adults tend to be less healthy than non-Hispanic U.S. adults. Central or South American and Cuban adults tend to be healthier than Puerto Rican and Mexican adults.^{4,5}

Chronic conditions in the Hispanic community

- Cancer.
- Cardiovascular disease.
- Diabetes mellitus.
- Hypertension.
- Obesity.⁶

Leading causes of death

- Accidents (unintentional injuries).
- Cancer.
- Heart disease.⁷

Obstacles to receiving health care

- Not enough trained interpreters.
- Not enough money to pay for interpreter services.
- Physician language mistakes are called “false fluency.” False fluency causes the provider to use the wrong word due to being unfamiliar with subtle aspects of a language.
- Health insurance costs.⁸

Chronic diseases in the Hispanic population

Hispanic Americans have a higher incidence of and are at a higher risk for chronic conditions like asthma, obesity, diabetes, HIV/AIDS, and chronic obstructive pulmonary disease.

The 2002 census showed heart disease as the leading cause of death for Hispanic Americans.

Cuban, Puerto Rican, and Mexican Americans tend to be overweight more often than other groups.

HIV/AIDS disproportionately affects Hispanic American men and women from the ages of 35 and 44. Infection rates have risen greatly recently. This group experiences three times the HIV infection rate of non-Hispanic people. It is the third leading cause of death for men and the fourth leading cause for women.⁹

Special medical concerns

Obesity and related health issues

In some Hispanic communities, being somewhat overweight (“gordito”) is considered healthy. Mexican Americans older than 20 years have a higher obesity rate than non-Hispanic whites, with a 43 percent and 33 percent rates, respectively. This often leads to other health issues like diabetes and hypertension.

The biggest health issue in the Hispanic American population is type 2 diabetes. It affects 13.3 percent of Mexican Americans and 11.8 percent of Hispanic Americans as a whole.

The use of alternative therapies or home remedies is relatively common. These usually are not harmful, but should be noted by the physician or provider. Many can be combined with a physician's care.

Mexican Americans experience higher hypertension rates than their non-Hispanic white counterparts (49 percent versus 35 percent).

Due to less access to health care, these conditions are diagnosed later among Hispanic Americans. This increases the risk of complications.

Providers can alleviate these issues by raising awareness of the consequences of obesity and using targeted health campaigns related to weight control, hypertension, and diabetes.¹⁰

Hispanic cultural values of note to providers

The three most important values that providers should recognize when treating Hispanic patients are:

- **Simpatía** (Kindness. Emphasizes politeness and avoidance of conflict.)
- **Personalismo** (Friendliness. A personal connection. Close physical proximity to demonstrate being more personable.)
- **Respeto** (Respect. Attention and concern and respect for a patient’s personhood and age, especially for older patients.)
- **Modestia** (Modesty. Negotiation of physical exposure as the examination warrants. Usage of chaperone if no same-sex physician is available.)

Addressing older Hispanic patients:

- **Señor** (Male. Use instead of first name. For example, Señor Martinez.)
- **Señora** (Female. Use instead of first name. For example, Señora Flores.)

When in doubt, ask a patient how they want to be addressed.

These values are present in patients of all backgrounds. However, omitting these values may prove more problematic with Hispanic patients.¹¹

Traditional healing methods

Hispanic American culture, especially first-generation Hispanics, has long placed great value on folk medicine. The use of alternative therapies or home remedies is relatively common. These are usually not harmful, but should be noted by the physician or provider. Many can be combined with a physician’s care.

Treatment can include massages, use of herbs, and counseling by a local spiritual leader or healer. A healer may prescribe ointments, herbs, incense, or “Florida water” made from plants. These items are usually available at the local botanica, a storefront “spiritual pharmacy” found in many Hispanic communities.¹²

Traditional Mexican medicinal herbs and their uses¹³

Herb	Use
Jo (garlic)	Ingested by mouth. Used to treat hypertension and prevent arteriosclerosis; garlic juice is used to treat insect stings and spider bites.
Borraja (borage)	A tea made with flowers. Used to treat bronchitis and fever.
Cilantro (cilantro [leaf] or coriander [seed])	Used to make tea to treat anxiety, stomach cramps, and swollen gums.
Damiana (turnera)	Leaves used to make tea to treat anxiety and lethargy. Also a popular aphrodisiac. Cyanogenic glycoside toxicity is theoretically possible when taken in higher doses.
Eucalipto (eucalyptus)	Leaves are boiled and used in vaporizers to treat asthma. Also used to treat a sore throat. Used as topical disinfectant sometimes.
Jengibre (ginger)	Used to make tea to treat nausea or vomiting.
Limón (lemon)	Lemon juice is used to treat fever, upper respiratory infections, and hypertension.

Behavioral health, health care, and cultural competency in the Hispanic community

- Hispanic cultural attitudes toward health encompasses mainstream medicine, traditional healing, and religion.
- Health care providers are expected to be warm, friendly, and interested in their patients’ lives.
- Providers can show interest and care by leaning forward when speaking or listening to Hispanic patients. Sometimes a pat on the shoulder can provide an additional gesture of comfort.
- When working with an interpreter, face the patient while the interpreter sits off to the side.
- Make dietary changes that fit a Hispanic diet.
- Include family members in a patient consultation when able. The presence of a family member in the discussion can help to ensure that the patient follows all treatment instructions.¹⁴

Studies have shown that some Hispanics who migrate from Mexico, Puerto Rico, and Cuba tend to have better mental health than the overall U.S. population, but develop increased risk of mental health issues after they reside in the United States for a time.¹⁵

Also, increased stress levels, called “adjustment reaction” may be related to anti-immigration legislation, delayed immigration processes, financial problems, or cultural shock.¹⁶

The effects of behavioral health conditions on the Hispanic community

Mental health disorders in the Hispanic community vary, but the most commonly identified are major depression, alcoholism, generalized anxiety disorder, and post-traumatic stress disorder. Also, suicide rates tend to be high among Latina high school girls.^{17, 18}

“Nervios”: a traditional Mexican behavioral health term

Nervios is a traditional Mexican folk medicine term used to describe a variety of maladies. It generally translates to “jitters” and is used to describe anxiety, despair, loss of appetite, insomnia, desperation, hopelessness, or any altered emotional state or mood. Nervios is often treated with infused herbal teas or home remedies.¹⁹

Behavioral health treatment disparity in the Hispanic community

A disparity in mental health treatment in the Hispanic community has been linked to a number of issues, including:

- Immigration and acculturation cause disproportionate instances of psychological stress in older Hispanic Adults and Hispanic youth.
- Studies show that bilingual Hispanic patients are evaluated differently when interviewed in English and more frequently undertreated.²⁰

Barriers to quality behavioral health care for Hispanic people

Misunderstanding and lack of information about mental health.

Mental health issues are usually not discussed in the Hispanic community. In general, there is little available information about this topic. People fear being labeled “locos” (crazy) for having a mental health issue.

Privacy concerns

Hispanic families are hesitant to talk about mental health issues because, to them, it is airing out “dirty laundry.” Family issues are very private and generally not discussed in public.

Language barriers

While many health professionals who work in areas with a high Spanish-speaking population do speak the language, most do not.

Health insurance

Hispanic people account for one-third of the uninsured among the U.S. population. Many work low-wage jobs or are self-employed. Positions like these generally do not have health insurance.

Spanish-language details on getting coverage through the Affordable Care Act can be found at www.cuidadodesalud.gov/es.

Cultural differences and misdiagnoses

Providers who are not aware of the cultural influences on mental health may not recognize some symptoms. A patient who complains of “nervios” may have symptoms of a deeper issue that is not addressed.

Home remedies and natural medicine use

Traditional healing methods are used to treat an array of physical and mental health issues. People often use these methods instead of seeing a health care provider. However, providers should be aware of their usage and how they affect the patient. Many are safe to use alongside Western medical treatments.²¹

Hispanic festivals and holidays in Louisiana

- Carnival Latino, Annual, New Orleans.²²
- Hispanic Heritage Month.

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African American Cultural Competency

History

The African-American or black population makes up about 32 percent of Louisianans, and nearly 58 percent of the Louisiana Medicaid population.¹ Despite much progress, racial relations remain a complex historical, social, and political issue in the United States. Part of this has led to a mistrust of the medical care system, based on a centuries-long history of medical mistreatment and abuse. Mistrust can contribute to negative perceptions by health care professionals and the problem compounds even further.²

Behavioral health

Mental health care disparities exist for African-Americans and they often receive poorer quality of care in addition to lack of culturally competent care. Sixty-six percent of African-Americans who need health care do not receive it.

While drug usage is slightly higher among African-Americans, opioid overdoses occur less than half of the time in this group compared to non-Hispanic whites.

African-Americans tend to use the emergency room rather than mental health specialists. They also have lower rates of mental health service use when compared to other groups.³

Barriers to care

In addition to inadequate health coverage and under-usage of health care services, healthcare disparities among African-Americans could be the results of several cultural barriers:

- Distrust of healthcare system or provider.
- Fear of surgery spreading disease such as cancer.
- Religious observances.
- Reliance on home remedies.
- Fear of becoming addicted to opioids or other habit-forming drugs.
- Determining spiritual imbalance as the cause of chronic mental or physical diseases.⁴

Worldview and cultural norms

- Spirituality: Spirituality and religion can be an important part of life for many African Americans, with church attendance as a significant religious and social component. Often there is a belief in “God’s will,” with inner strength coming from trusting in God.
- Support systems: There is a strong history of collective, group orientation among African American cultures. Family, friends, and relatives (like an elder or matriarch) can play an important role in a community member’s health care. A single head of household is also more commonly accepted without stigmas.
- One common stigma in African American communities is homosexuality. This stigma is an important part of how certain diseases, such as HIV/AIDS, are confronted and handled (or not handled) in some black communities.

Communication tips

- Eye contact, touch, facial expression, and language are very important, as many African American patients are sensitive to treatment by non-blacks.
- Some individuals may be suspicious of health care professionals for telling them what their problems are and how to fix them, so it is important to initially focus on developing a relationship with trust and mutual respect.
- When speaking to an older African American man or woman, be sure to address them using “Ms.,” “Mrs.,” “Dr.,” “Pastor,” “Minister,” or “Mr.,” as a sign of respect. Demonstrate a caring approach by starting with pleasantries, and giving the appearance of being unhurried. They also tend to feel comfortable at closer distances than do Native Americans or Asian Americans.
- There is a rich oral tradition in black communities, making it especially important for health care professionals to explain things to patients, instead of just handing over a piece of paper and telling them to read it.
- There are different dialects in these communities, and different dialects are not an indicator of intelligence.
- Sometimes, when speaking loud, they are expressing anxiety, showing excitement, or wanting to get the point across. It should not be misinterpreted as anger or aggression, and may just be part of the dynamics of speech.⁵

Medical terms sometimes used by African American patients:

- “Sugar” for diabetes.
- “The virus” for HIV/AIDS.
- “High blood” may refer to hypertension.
- “Low blood” may refer to anemia.

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Cultural Competency Pointers for Native Americans

History

The terms most commonly used to refer to this population are Native American and American Indian. Though the term Native American will be used here, many Native Americans prefer to be referenced with their specific tribal name (e.g., Sioux). The term “First Nations peoples” is also commonly used in Canada and sometimes in the United States.

Native Americans, along with Alaskan natives, make up approximately 0.8 percent of the population of Louisiana. This number has gone up by 20 percent from the 2000 census.

The four current federally recognized Native American tribes in Louisiana are the Chitimacha, Coushatta, Jena Band of Choctaw, and Tunica-Biloxi. There also exists the Houma Indian Tribe, in Golden Meadow, Louisiana.^{1, 2, 3, 4, 5}

Federally recognized Native American tribes in Louisiana

Chitimacha

The Chitimacha tribe began their settlement in Louisiana around 500 A.D. Though they have faced destruction and enslavement throughout history, there are currently about 950 members of the Chitimacha tribe, and their reservation is 260 acres. Important aspects of this tribe include the celebration of life with ceremony and dance, music (played for celebrations and peace ceremonies) and oral tradition. They also retain the important skill of basket weaving, using wild cane to make them.⁶

Coushatta

The Coushatta tribe in Elton, Louisiana, has approximately 6,000 acres of land (total) and 865 members. They were a traditionally agricultural tribe, growing corn and other crops while hunting to supplement their diet. They are known for their pine needle baskets, and currently operate a casino resort that opened in 1995.⁷

Jena Band of Choctaw Indians

The Jena Band of Choctaw Indians is a smaller group of 284 members located near present-day Monroe and Natchitoches. In the early 1900s they kept their tribal

customs, but began trading with outside community members by skinning and tanning, or serving as day laborers. In 1932 a small school was founded, but funding ran out and the Choctaw Indians did not have schooling again until 1943 when they were allowed to attend public schools. They currently reside as a sovereign government with programs to improve tribal members' education and health.⁸

Tunica-Biloxi

The Tunica-Biloxi Indians represent the marriage of two separate tribes. Though they had different origins and spoke different languages, they have joined on the same reservation near Marksville, Louisiana. Their motto is, “Cherishing Our Past, Building for Our Future.” Their nation's flag has an eagle inside of a sun, representing the power of the sun, and a black-rayed design around it that suggests the unseen power behind the sun. Their facilities include a museum, a casino resort, and a cultural and educational resource center.⁹

Houma Nation

The Houma Nation is a state-recognized tribe of about 17,000 citizens who live within six parishes. In their tribal history, women were often dedicated to agriculture, harvesting crops such as melon, pumpkin, beans, and corn, while men hunted for game such as turkey and rabbit. They spoke Muskhogean, and used a crawfish as their war emblem (though they were not a warlike people). It is a legend that the city name Baton Rouge is associated with this tribe, because the barrier between the Houma tribe and the Bayougoulas Indians was a tall red pole with a bear head and several fish heads.¹⁰

Health Disparities in Native Americans

Native Americans face significantly higher rates than their American counterparts in occurrences of chronic liver disease, diabetes melitus, cirrhosis, self-harm suicide, and other ailments.

Barriers affecting these disparities could be linked to higher levels of poverty, discrimination in health services, and inadequate education.

The leading causes of death among Native Americans and Alaska Natives are diabetes, heart disease, accidental injuries, and cancerous tumors.¹¹

Worldview and cultural norms

- Family structure can be matriarchal or patriarchal, depending on the tribe. However, decision-making also includes a responsibility to the community, family, and tribe.
- Concepts of time are more present-moment, flexible, and relative to the activity at hand, than the future-oriented concepts of European Americans.
- Native Americans may have traditional religions they follow, though they often describe themselves as Christian as well. Historically, Native Americans interacted with many missionaries converting tribes to Christianity. However, instead of adopting it completely, many Native American communities integrated Christian values into their traditional religious beliefs and concepts.²
- Many Native Americans are very spiritual, and value a connection between people, nature, and the Creator or Creators. The natural and the supernatural worlds can work in tandem.
- Other important concepts in Native American cultures are cooperation (instead of competition), patience, and generosity.⁴

Communication tips

- It is important not to interrupt a speaker. Listening and silence are often highly valued.
- Tone expressing urgency and loudness is associated with aggression, so try to speak calmly, clearly, and not too loudly.
- Rushing someone can be considered very disrespectful.
- Greeting should be a light-touch handshake, and respect may be communicated by avoiding eye contact.
- Native Americans may also be less forthcoming about personal information, so it is important to be mindful of this when discussing their medical conditions or problems.
- Criticism may be communicated indirectly, or by withdrawing from the situation. Requests may also be more indirect.⁴

Conceptions of health care and medicine

- Alcoholism is more common among Native Americans; accidents and cirrhosis related to drinking is the third-leading cause of death among Native Americans.
- Mental illness may be seen as related to ghosts, taboos, or disharmony with the environment.
- The role of a person who is sick is to be quiet and stoic.
- Some Native Americans may use folk remedies in combination with Western medicine.
- In many Native American cultures, there is an “interconnectedness” between people, nature and “God” (or concepts of a Creator or Creators). These spiritual beliefs mean that communities are often involved in healing, and it is highly connected with the spirit world.
- Sometimes saying a deceased person’s name can be taboo.⁴

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Vietnamese Cultural Overview

Louisiana Vietnamese speakers: 26,185¹

Greetings and general etiquette for Vietnamese patients

Many Vietnamese first names are used for both genders.

When addressing people formally, it is respectful to use “Mr.” or “Ms.,” plus the first name.

When greeting others, it is acceptable to bow slightly, with elders greeted first. Insulting a family elder is considered very serious.

It is important to not assume that a smile conveys agreement with what you have said. Laughter from a Vietnamese patient may seem out of place or inappropriate, but it is not intended that way.

People often do not vocalize disagreement in order to avoid confrontation or disrespect. A loud speaking voice and excessive gesturing is considered rude.

Snapping your fingers, pointing at someone, or using your finger to beckon someone is reserved only for animals. It is considered a provocation to do so to another human.²

Pregnancy, birth, and postpartum practices in Vietnamese culture

Vietnamese women in the United States generally seek conventional prenatal care when they are pregnant.

Pregnancy outside of marriage is considered shameful. Often pregnant women who are unmarried will try and keep the pregnancy a secret for as long as possible, often avoiding getting the necessary prenatal care.

The Vietnamese medical belief in the balance of yin and yang is also observed during pregnancy. Yin and yang forces are equal and opposite, and it is believed that they can be affected by certain foods and behaviors.

- Yin: female principle/cold.
- Yang: male principle/hot.

In addition, pregnant women are encouraged to remain physically active, and long periods of reclining or rest are discouraged to prevent the fetus from growing “too large.”

Childbirth

While it is Vietnamese tradition for the husband to wait outside the delivery room during pregnancy, American hospitals encourage that they be present during delivery. Many accept the invitation and join the mother in the delivery room.

Yin and yang in postpartum practices

As is with prenatal practices, women focus on keeping their yin and yang energies balanced after giving birth. It is believed that childbirth induces an overabundance of yin (female/cold) energy into the mother, requiring a “rebalancing” of energy that focuses on strengthening yang (male/hot) energy over the next 30 to 100 days.

Because of the added yin induced by pregnancy, the postpartum period is called the “cold” period and it is believed that the new mother should be “warmed up.” During this time, new mothers may forego behaviors or foods considered cold, like bathing, drinking cold juice, or water, or washing their hair. Sponge baths are allowed.

During this time, the mother will perform activities to get warmed up and restore her yin/yang balance. Warming up is accomplished by eating spicy foods and drinks, and using heated blankets. Some new Vietnamese mothers also apply cooked rice to their breasts to heat the breastmilk and avoid giving the new baby a stomachache.

Caregivers can offer a new mother a warm blanket after giving birth to aid in the process.

The cold period during which a new mother works to balance her energies is called the “sitting month.” Traditionally, the sitting month lasted up to 100 days after giving birth, but younger generations of Vietnamese women in the United States limit the time to one month.

Breast feeding

Breast feeding is common practice for many Vietnamese women during the first six to 12 months.

Traditional treatments

Acupuncture and dermabrasion procedures are popular treatments for a variety of afflictions. All are based on yin/yang philosophy.

- **Cupping.** A dermabrasive procedure is used to treat nausea, headache, backache, and other maladies. Air in a cup is heated with a flame, then the cup is placed onto the skin. This treatment usually leaves a circular mark caused by subcutaneous bleeding.

- **Moxibustion.** A dermabrasive cone makes small circular burns on the torso, head, and neck with incense. The burns are superficial. Moxibustion is usually combined with acupuncture treatment.
- **Acupuncture.** Treats musculoskeletal issues such as arthritis.²

Vietnamese attitudes toward Western medicine

Elder Vietnamese continue to use traditional treatment methods and are often reluctant to tell their providers of these practices. Many continue traditional treatment alongside prescribed Western treatments.

Providers should note the following when treating Vietnamese patients:

- Patients will often doubt the effectiveness of Western treatment if improvement does not happen quickly, and discontinue treatment.
- Providers should explain the importance of taking all of a medication and make sure the patient is aware of the time it will take to see improvement.
- Cultural perspectives on the causes of suffering may prevent some patients from seeking care. Many see suffering and illness as unavoidable, as it is predetermined, and any attempts to prolong or save life are futile. Stoicism is highly respected. Consequently, those who need care may not reach out for relief or even speak of their pain.
- Surgery or injections are believed by some to be damaging to the soul and spirit. Many forego immunizations or surgery altogether to avoid spiritual damage or possibly loss of their soul.
- Respect for authority and avoidance of shame are highly valued. Many avoid asking questions so as not to appear to question their provider's wishes.
- If a patient does not understand instructions or disagrees with a provider's recommendations, they may smile and answer "yes" to avoid confrontation, but they may not return for further treatment or follow instructions.

Health disparities among Vietnamese Americans

Hepatitis B

Vietnamese Americans have massively disproportionate rates of chronic hepatitis B, and hepatitis B associated liver cancer, with a hepatitis B prevalence rate of 7 percent to 14 percent. Their liver cancer incidence rate that is six times that of non-Latino whites.²

Behavioral health in Vietnamese culture

Mental illness is a source of shame in many Vietnamese communities and is often feared, denied, or both.

Mental health professionals should use the phrase "behavioral health" and avoid using "mental health" to describe illnesses of this nature.²

Overcoming barriers

- Be aware of the possibility of confusion by patients about how to get urgent care.
- Communicate test results promptly.
- Demonstrate respect when discussing a patient's traditional health practices and beliefs.
- Direct patients to social support services when their personal situation calls for it.
- Encourage patients to ask questions.
- Open discussions to family members who may be able to provide additional information.
- Provide patients with health education materials and prescription instructions in their preferred language.
- Provide patients with limited English proficiency with a trained medical interpreter.
- Welcome patients warmly.²

Vietnamese diet

The traditional Vietnamese diet is considered healthy, emphasizing rice, vegetables, and fish, and cooking methods that often involve steaming or stir-frying. However, calcium sources are not part of the diet outside of tofu and other soy products eaten by Vietnamese of Chinese descent. Many adults are lactose intolerant, but children raised in the U.S. do drink milk.

American influence may lead to susceptibility in Vietnamese to weight gain, high cholesterol, and

diabetes. It may be difficult to convince a Vietnamese individual with diabetes to remove rice from their diet because the grain is such an important staple. Also, the reliance on fish sauce and monosodium glutamate (MSG) in the Vietnamese diet can result in high amounts of sodium intake.

Chubby children are considered healthy in Vietnamese culture, and a sign of prosperity. This may lead to overweight tendencies.

Fasting is a traditional way to deal with sickness, as it is believed to give the digestive system a rest and allow the body to heal itself. Health care providers should try to ensure that patients who use this practice are getting adequate nutrients during the fast.

Certain foods are used for medicinal purposes. Mung beans are believed to have great medicinal value and are often ground into paste and put into food. Bitter melon is also used in controlling high blood pressure.²

Vietnamese festivals in Louisiana

New Orleans Vietnamese New Year Festival

Tet Nguyên Đán is a month-long celebration that culminates in the Vietnamese New Year celebration. The event is celebrated on the first day of the lunar calendar (between January 19 and February 20). It lasts through the first three days of the new year.³

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Arabic Cultural Competency

Louisiana Arabic speakers: 6,739

The majority of Louisiana's Arabic speakers (76 percent) speak English very well. ¹

Louisiana Arabic speakers quick facts²

Country of origin	Largest population areas	Arab American ethnic breakdown
Egypt	East Baton Rouge	Arab/Arabic 24%
Iraq	Jefferson	Egyptian 4%
Lebanon	Lafayette	Iraqi 4%
Syria	Orleans	Jordanian 4%
	St. Charles	Lebanese 43%
		Moroccan 2%
		Other Arab 4%
		Palestinian 7%
		Syrian 9%

Common health issues among Arab Americans

Lactose intolerance and anemia commonly affect Lebanese people.³

Arab American tobacco use

Arab American adults tend to use more tobacco than the general U.S. adult population. However, pregnant women tend to smoke less than their non-Hispanic white and African American counterparts.⁴

Traditional Lebanese diet

Lebanese-Americans make up the largest Arab-American ethnic group in Louisiana. Lebanese traditional cuisine is generally healthy, with several vegetarian recipes, the use of olive oil, and an abundance of legumes, fruits, wild edible plants, and nuts. Lemon, garlic, and mint are often important features in recipes.⁵

Ramadan

Ramadan is a religious holiday and includes a month of fasting for those of the Muslim faith. Large meals are eaten at sundown. Providers should try to inform patients who observe Ramadan to get adequate nutrition during this time.⁶

Lebanese communication style

A smile and handshake are standard when greeting strangers or in a professional setting.

It is appropriate to enquire about family, work, and general health in the greeting.

Direct eye contact when communicating is valued.

Physical contact is often part of greetings and communications with friends.

Mental health stigma for Arab women

A stigma is attached to mental health services in the Arab community, especially for women. It puts a woman's marital and relationship prospects at risk. Women with mental health issues are more likely to be divorced by their husband. In their country of origin, the husband may use the wife's mental health issues as leverage for getting a second wife.

Providers can help women avoid these issues by adding mental health services into physical health settings such as general medical clinic offices.

Families often get involved in mental health treatment and can make the provider's job difficult. An elder may try to control the discussion and answer questions on the patient's behalf, often to the point of interference during treatment. This stems from a general distrust.

Arabic cultural features of note for providers

- Arab men often have difficulty taking instructions or directions from female providers.
- It is advisable to assign same-sex providers, when possible.
- To alleviate concerns of social stigma, the provider should reassure the patient that the treatment and all related discussion are private.
- When it is feasible for the provider and the member, family members should be integrated into certain stages of treatment.
- Arab patient communications styles may be restrained, formal, and impersonal.
- Arab patients may use idioms to describe certain issues (e.g., "a dark life" to describe depression.)
- Arab patients may expect behavioral health treatment to be similar to medical treatment.

- Providers should explain how the treatment works and how the patient’s participation is important for progress.⁷

General cultural information:

While Lebanese Americans support the U.S. conventional medical establishment, they do prefer to be treated by a provider of the same sex. The family is preferred for care and support instead of a paid practitioner. Cleanliness, a healthy diet, and good hygiene are essential for good health. The right hand is considered the clean hand.

Respect is tantamount and religion is very important. Gender roles are specific. Women are protected by the entire family and considered its heart. The independence brought by Western culture has affected these values, but they are still highly regarded by most.⁸

Sources:

1. Statistical Atlas, “Languages in Louisiana”, April 17, 2015, <https://statisticalatlas.com/state/Louisiana/Languages>, (accessed August 15, 2018).
2. Louisiana Arab American Institute Foundation, “Louisiana”, 2011, <https://d3n8a8pro7vhmx.cloudfront.net/aai/pages/7706/attachments/original/1431630795/Louisiana.pdf?1431630795>, (accessed August 15, 2018).
3. Lamar Soutter Library, “Cultural Approaches to Pediatric Palliative Care in Central Massachusetts: Lebanese”, September 14, 2017, <http://libraryguides.umassmed.edu/c.php?g=499760&p=3422610>, (accessed August 15, 2018).
4. El-Sayed, Abdulrahman M., Gales, Sandro, “The health of Arab-Americans living in the United States: a systematic review of the literature”, July 30, 2009, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2728720/#B25>, (accessed August 15, 2018).
5. Arab American Institute, “Demographics”, 2015, <http://www.aaiusa.org/demographics>, (accessed August 15, 2018).
6. Countries and their Cultures, “Lebanon”, <http://www.everyculture.com/Ja-Ma/Lebanon.html>, (accessed August 15, 2018).
7. Hammad, Adnan Ph.D., Kysia, Rashia M.P.H., Rabah, Raja M.D., Hassoun, Rosina Ph.D., Connelly, Michael B.A., B.S., “ACCESS Guide to Arab Culture: Health Care Delivery to the Arab American Community”, April, 1999, https://www.accesscommunity.org/sites/default/files/documents/health_and_research_cente_21.pdf, (accessed August 15, 2018).
8. Lamar Soutter Library, “Cultural Approaches to Pediatric Palliative Care in Central Massachusetts: Lebanese”, September 14, 2017, <http://libraryguides.umassmed.edu/c.php?g=499760&p=3422610>, (accessed August 15, 2018).

Lesbian, Gay, Bisexual, and Transgender (LGBT) Cultural Competency

Population

Population details about the community differ widely due to the way data is collected. Different surveys ask different questions and they often do not correlate to an individual's sexual identification. The U.S. Census currently does not include questions about sexual orientation, further impeding consistent data collection. As a result, the LGBT community is often overlooked.

Gallup analytics, the Family Equality Council, and the Williams Institute at the University of California (Los Angeles) School of Law have done substantial research of American adults who identify as LGBT. Their findings will be the basis of population details and characteristics included here.

National LGBT characteristics¹

Please see below for an overview on America's LGBT population. Ten-million American adults (4.1 percent) currently identify as LGBT.

LGBT status increased among millennials from 5.8 percent in 2012 to 7.3 percent in 2016.

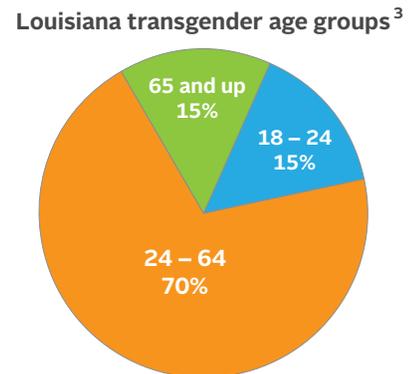
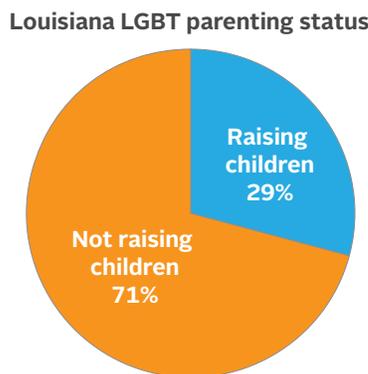
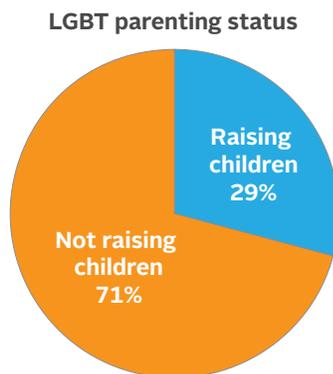
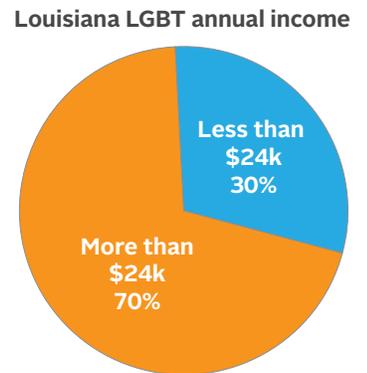
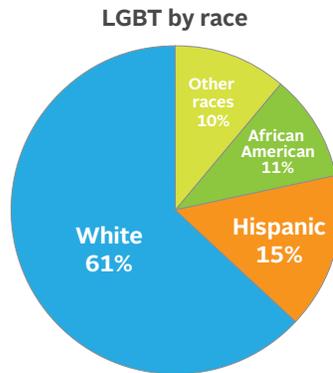
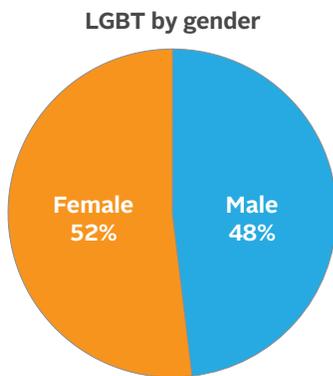
About 1.4 million adults (0.6 percent) identify as transgender.

Louisiana statistics

LGBT population: 3.8 percent

Louisiana ranks 17th in transgender population counts for the United States. Transgender Louisianans tend to be younger, with the largest group being ages 25 through 64. This is a reflection of national trends.

Louisiana transgender population: 20,900 (0.6 percent of the total population)²



Source:

1. Gates, Gary J., "In U.S., More Adults Identifying as LGBT", January 11, 2017, <http://news.gallup.com/poll/201731/lgbt-identification-rises.aspx>, (accessed August 15, 2018).
2. Flores, Andrew R., Herman, Jody L., Gates, Gary J., Brown, Taylor N.T., "How Many Adults Identify as Transgender in the United States?", June 2016, <https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf>, (accessed August 15, 2018).
3. The Williams Institute, UCLA School of Law, "LGBTstats", May 10, 2016, <https://williamsinstitute.law.ucla.edu/lgbtstats/?topic=LGBT#density>, (accessed August 15, 2018).

Terms to know

- **Lesbian** — A woman who is attracted to other women in a romantic, sexual, or emotional way.
- **Gay** — A person who is attracted to people of the same gender in a romantic, sexual, or emotional way.
- **Bisexual** — A person who is attracted to people of more than one sex in a romantic, sexual, or emotional way. This is not necessarily at the same time and can vary in types and degrees of attraction.
- **Transgender** — A term used to refer to people with a gender identity that is different than the gender they were assigned at birth or to societal expectations. Transgender people may identify as bisexual, gay, lesbian, or straight.
- **Questioning** — People in the process of exploring their gender identity of sexuality.
- **Queer** — Used to express fluid gender orientations.
- **Cisgender** — Describes a person with a gender identity aligning with the sex assigned at birth.¹

LGBT health disparities

Americans identifying as LGBT experience higher rates of the following when compared to the general U.S. population:

- Anxiety.
- Depression.
- HIV.
- Homelessness.
- Sexually transmitted diseases.
- Smoking.
- Substance abuse.
- Unhealthy weight control.
- Violence.
- Victimization.²

LGBT mental health disparities

Every major professional mental health organization has concluded that homosexuality is not a mental health disorder. LGBT people are not inherently impaired in judgment, stability, or general social capabilities. However, societal and personal pressures have proven to take a toll on the mental well-being of people who fall into this group. Individuals who identify as LGBT are more than twice as likely to develop a mental health disorder than their heterosexual, or cisgender, counterparts.

Depression and anxiety

LGBT individuals experience depression and anxiety, and substance misuse two-point five times more often than heterosexuals.

Suicide consideration

Among the transgender population, nearly all racial groups are at an increased risk of suicide, except whites. Among the LGBT community, consideration of suicide increases exponentially when compared to heterosexuals:

- Heterosexual: 2.3 percent.
- Gay or lesbian: 4.4 percent.
- Bisexual: 7.4 percent.
- Transgender: 30.8 percent.

Barriers to health care

- Many LGBT people report discrimination and stigma when seeking health care. This often leads to a decision to forego treatment.
- LGBT people who live in areas with a small LGBT population have a smaller social support structure, leading to feelings of isolation.
- In many states the absence of nondiscrimination protections for LGBT individuals exacerbates the high unemployment and poverty rates among this population.³

Creating an inclusive environment

Subtle cues in a treatment environment go a long way to communicating acceptance. Providers should consider the following:

- Intake forms that address sexual orientation and gender identity.
 - Note: As of 2016, the U.S. Health Resources & Services Administration recommends including structured data fields regarding sexual orientation as part of electronic health records. Health centers are asked to report sexual orientation and gender identity in the uniform data system.
- Signage that prominently displays nondiscrimination policies that include gender identity and expression.
- Staff trained to interact respectfully with LGBT patients, including using the preferred names and pronouns.

- Educational brochures on LGBT cultural competency available for staff education and reference.
- Completion of organization self-assessment.²

Find additional resources for treating LGBT patients in a culturally competent at www.cms.gov/Outreach-and-Education/Outreach/Partnerships/LGBT.html.

Sources:

1. University of Florida, "LGBTQ Terms and Definitions", <https://lgbtq.multicultural.ufl.edu/programs/speakersbureau/lgbtq-terms-definitions>, (accessed August 15, 2018).
2. National LGBT Health Education Center, "Understanding the Health Needs of LGBT People", March 2016, <http://www.lgbthealtheducation.org/wp-content/uploads/LGBTHealthDisparitiesMar2016.pdf>, (accessed August 15, 2018).
3. American Psychiatric Association, "Mental Health Facts for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)", 2017, <https://www.psychiatry.org/psychiatrists/cultural-competency/mental-health-disparities>, (accessed August 15, 2018).

On-Site Interpretation and Sign Language Services

Request sign language assistance or an interpreter at your office

Some of our deaf or hearing impaired members require sign language assistance when receiving care.

Here's how you can make sure that the necessary assistance is on hand for every member appointment.

Note: To ensure that an interpreter is available when needed, please make your request at least two weeks before the member's appointment is scheduled or as far in advance as possible.

- Call Member Services: **1-888-756-0004**
- Enter the Member's number when prompted (found on member ID card).
- Request an interpreter on the date and time of the member's appointment.
- Provide your office address, telephone number, and active email address to ensure continued communication.

The interpreter will be arranged by our Member Services department, based on the information you provide.

On-site interpretation is also available for our non-English or limited English speaking members upon request.

Cross-Cultural Awareness

Duke University conducted a study of observations of American behaviors by visitors to the United States. The quotes below are their responses. Take a minute and consider if these apply to you. How would you explain the trait described?

India: “Americans seem to be in a perpetual hurry. Just watch the way they walk down the street. They never allow themselves the leisure to enjoy life; there are too many things to do.”

Kenya: “Americans appear to us rather distant. They are not really as close to other people — even fellow Americans — as Americans overseas tend to portray. It’s almost as if an American says, ‘I won’t let you get too close to me.’ It’s like building a wall.”

Turkey: “Once we were out in a rural area in the middle of nowhere and saw an American come to a stop sign. Though he could see in both directions for miles and no traffic was coming, he still stopped!”

Colombia: “The tendency in the United States to think that life is only work hits you in the face. Work seems to be the one type of motivation.”

Indonesia: “In the United States everything has to be talked about and analyzed. Even the littlest thing has to be ‘Why, why, why?’. I get a headache from such persistent questions.”

Ethiopia: “The American is very explicit; he wants a “yes” or “no.” If someone tries to speak figuratively, the American is confused.”

Iran: “The first time ... my [American] professor told me, ‘I don’t know the answer, I will have to look it up,’ I was shocked. I asked myself, ‘Why is he teaching me?’ In my country a professor would give the wrong answer rather than admit ignorance.”¹

Characteristics from a list of 14 characteristics most often associated with Americans* by the populations of:¹

France	Japan	Germany	Great Britain	Brazil	Mexico
Industrious	Nationalistic	Energetic	Friendly	Intelligent	Industrious
Energetic	Friendly	Inventive	Self-Indulgent	Inventive	Intelligent
Inventive	Decisive	Friendly	Energetic	Energetic	Inventive
Decisive	Rude	Sophisticated	Industrious	Industrious	Decisive
Friendly	Self-Indulgent	Intelligent	Nationalistic	Greedy	Greedy

Source:

1. Adler, Nancy, Duke University, “Communicating Across Cultural Barriers”, January 2003, https://oie.duke.edu/sites/default/files/atoms/files/Communicating_across_Cultural_Barriers.pdf, (accessed August 15, 2018).

Appendix A: The National Culturally and Linguistically Appropriate Services (CLAS) Standards

The National CLAS Standards in Health and Health Care aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

Principal standard

4. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, leadership, and workforce

5. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
6. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
7. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and language assistance

8. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
9. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally, and in writing.
10. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
11. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, continuous improvement, and accountability

12. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
13. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
14. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
15. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
16. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
17. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
18. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.¹

Source:

1. U.S. Department of Health and Human Services, Office of Minority Health, "The National CLAS Standards", May 22, 2018, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>, (accessed August 15, 2018).

Appendix B: Spanish Words and Phrases Associated With the Human Body and Health Issues

English to Spanish	
English	Spanish
Allergy	La alergia
Ankle	El tobillo
Anti-allergy medicine - Allergy medicine	El antialérgico
Antibiotic	El antibiótico
Appendix	El apéndice
Arm	El brazo
Arthritis	La artritis
Back	La espalda
Back tooth	La muela
Bandage	La venda
Bee/Wasp sting	La picadura de abeja/avispa
Blood	La sangre
Bone	El hueso
Burn	La quemadura
Call an ambulance!	¡Llame a una ambulancia!
Chest	El pecho
Cold	El resfrío
Cough	La tos
Cream	La crema
Diabetes	La diabetes
Diagnosis	El diagnóstico
Do you have health insurance?	¿Tiene seguro médico?
Drink lots of liquid	Tome mucho líquido
Ear	La oreja
Elbow	El codo
Eye	El ojo
Face	La cara
Fever	La fiebre
Finger/toe	El dedo
First aid	Los primeros auxilios
Flu	La gripe
Foot	El pie
Forty eight hours of rest	Cuarenta y ocho horas de reposo

Spanish to English	
Spanish	English
¡Llame a una ambulancia!	Call an ambulance!
¿Dónde está el hospital?	Where is the hospital
Cuarenta y ocho horas de reposo	Forty-eight hours of rest
Dificultad para respirar	Shortness of breath
Dolorido/a	In pain or sore
El analgésico	Painkiller
El antialérgico	Allergy medicine
El antibiótico	Antibiotic
El apéndice	Appendix
El brazo	Arm
El cirujano/La cirujana	The surgeon
El codo	Elbow
El corazón	Heart
El cuello	Neck
El dedo	Finger/toe
El diagnóstico	Diagnosis
El doctor/La doctora/ El médico/La médica	The doctor
El dolor	Pain
El enfermero/ La enfermera	The nurse
El estómago	Stomach
El hígado	Liver
El hombro	Shoulder
El hospital	The hospital
El hueso	Bone
El medicamento	Medicine
El músculo	Muscle
El oculista/La oculista	The eye doctor
El otorrinolaringólogo/ La otorrinolaringóloga	The ear, nose, and throat doctor
El paramédico/ La paramédica	The paramedic
El pecho	Chest
El pie	Foot

English to Spanish	
English	Spanish
Hand	La mano
Head	La cabeza
Heart	El corazón
Heartburn	La acidez
High blood pressure	La presión alta
Hip	La cadera
I am sick	Estoy enfermo/a
I don't feel well	No me siento bien
I had an accident	Tuve un accidente
I have a fever	Tengo fiebre
I hit my (head/back/etc)	Me golpeé (la cabeza/la espalda/etc)
I need help	Necesito ayuda
I need to see a doctor	Necesito ver un médico
In pain or sore	Dolorido/a
Injury	La herida
Inner ear	El oído
Knee	La rodilla
Leg	La pierna
Liver	El hígado
Low blood pressure	La presión baja
Lower back	La lumbar
Lung	El pulmón
Medicine	El medicamento
Mouth	La boca
Muscle	El músculo
My (stomach/throat/etc) hurts	Me duele (el estómago/la garganta/etc)
Nail	La uña
Neck	El cuello
Nose	La nariz
Pain	El dolor
Painkiller	El analgésico
Pill	La pastilla
Prescription	La receta
Seizure	Las convulsiones
Sensitive	Sensible
Shortness of breath	Dificultad para respirar

Spanish to English	
Spanish	English
El pulmón	Lung
El quirófano	The operating room
El resfrío	Cold
El tobillo	Ankle
El tratamiento	Treatment
El vómito	Vomit
El/La dentista	The dentist
Estoy enfermo/a	I am sick
Inflamado/a	Swollen
La acidez	Heartburn
La alergia	Allergy
La ambulancia	The ambulance
La artritis	Arthritis
La cadera	Hip
La crema	Cream
La diabetes	Diabetes
La espalda	Back
La farmacia	The pharmacy
La fiebre	Fever
La garganta	Throat
La gripe	Flu
La herida	Injury
La lengua	Tongue
La lumbar	Lower back
La mano	Hand
La nariz tapada	Stuffy nose
La pastilla	Pill
La picadura de abeja/avispa	Bee/Wasp sting
La piel	Skin
La pierna	Leg
La presión alta	High blood pressure
La presión baja	Low blood pressure
La quemadura	Burn
La receta	Prescription
La rodilla	Knee
La sala de emergencias	The emergency room
La sangre	Blood

English to Spanish	
English	Spanish
Shoulder	El hombro
Skin	La piel
Stomach	El estómago
Stuffy nose	La nariz tapada
Swollen	Inflamado/a
Take the antibiotics every eight hours	Tome el antibiótico cada ocho horas
The ambulance	La ambulancia
The dentist	El/La dentista
The doctor	El doctor/La doctora/ El médico/La médica
The ear, nose and throat doctor	El otorrinolaringólogo/ La otorrinolaringóloga
The emergency room	La sala de emergencias
The eye doctor	El oculista/La oculista
The hospital	El hospital
The nurse	El enfermero/ La enfermera
The operating room	El quirófano
The paramedic	El paramédico/ La paramédica
The pharmacy	La farmacia
The surgeon	El cirujano/La cirujana
Throat	La garganta
Tongue	La lengua
Tooth	El diente
Treatment	El tratamiento
Urgent	Urgente
Vomit	El vómito
Where is the hospital	¿Dónde está el hospital?

Spanish to English	
Spanish	English
La tos	Cough
La uña	Nail
La venda	Bandage
Las convulsiones	Seizure
Los primeros auxilios	First aid
Me duele (el estómago/ la garganta/etc)	My (stomach/throat/ etc) hurts
Me golpeé (la cabeza/ la espalda/etc)	I hit my (head/back/etc)
Necesito ayuda	I need help
Necesito ver un médico	I need to see a doctor
No me siento bien	I don't feel well
Sensible	Sensitive
Tengo fiebre	I have a fever
Tome el antibiótico cada ocho horas	Take the antibiotics every eight hours
Tome mucho líquido	Drink lots of liquid
Tuve un accidente	I had an accident
Urgente	Urgent
El diente	Tooth
El oído	Inner ear
El ojo	Eye
La boca	Mouth
La cabeza	Head
La cara	Face
La muela	Back tooth
La nariz	Nose
La oreja	Ear
¿Tiene seguro médico?	Do you have health insurance?

Source:

1. University of Connecticut, Center for Public Health and Health Policy, "English-Spanish Dictionary of Health Terms That may be useful to volunteers at the UConn Migrant Farmworkers' Clinics", July 1, 2005, http://www.publichealth.uconn.edu/assets/mfwc_dictionaryengspan.pdf. (accessed August 15, 2018).

Appendix C: Vietnamese Words and Phrases Associated With the Human Body and Health Issues

English to Vietnamese	
English	Vietnamese
Ache	Đau nhức
Ankle	Mắt cá
Antibiotic	Kháng sinh
Arm	Cánh tay
Back	Lưng
Backache	Đau lưng
Blurred vision	Mờ mắt
Chest	Ngực
Constipation	Táo bón
Cough	Ho
Diabetic	Tiểu đường
Diarrhea	Tiêu chảy
Difficulty eating	Khó ăn
Difficulty sleeping	Khó ngủ
Earache	Đau tai
Eye	Mắt
Fever	Sốt
Finger	Ngón tay
Foot	Bàn chân
Hand	Bàn tay
Heart	Tim
Heartburn	Ợ nóng
High blood pressure	Huyết áp cao
Hip	Hông
Infection	Viêm nhiễm
Itchy	Ngứa
Leg	Chân
Lung disease	Bệnh phổi
Lungs	Phổi
Mouth	Miệng
Nausea	Buồn nôn
Nose	Mũi
Pain	Đau
Rash/itchy	Phát ban/ngứa
Runny nose	Sổ mũi

Vietnamese to English	
Vietnamese	English
Bàn chân	Hand
Bàn tay	Nausea
Buồn nôn	Arm
Cánh tay	High blood pressure
Huyết áp cao	Leg
Chân	Ankle
Mắt cá	Wrist
Cổ tay	Stomach
Dạ dày	Pain
Đau	Stomachache/Ab pain
Đau dạ dày/Đau bụng	Sore throat
Đau họng	Backache
Đau lưng	Toothache
Đau răng	Earache
Đau tai	Cough
Ho	Hip
Hông	Difficulty eating
Khó ăn	Difficulty sleeping
Khó ngủ	Shortness of breath
Khó thở	Back
Lưng	Tongue
Lưỡi	Eye
Mắt	Mouth
Miệng	Blurred vision
Mờ mắt	Nose
Mũi	Stuffy nose
Nghẹt mũi	Toe
Ngón chân	Finger
Ngón tay	Hand
Ngứa	Itchy
Phát ban/ngứa	Rash/itchy
Ngực	Chest
Viêm nhiễm	Infection
Đau nhức	Ache
Ợ nóng	Heartburn

English to Vietnamese	
English	Vietnamese
Shortness of Breath	Khó thở
Sore throat	Đau họng
Stomach	Dạ dày
Stomachache/Ab pain	Đau dạ dày/Đau bụng
Stuffy Nose	Nghẹt mũi
Swollen	Sưng
Toe	Ngón chân
Tongue	Lưỡi
Toothache	Đau răng
Vomit/throw up	Nôn/nôn mửa
Wrist	Cổ tay

Vietnamese to English	
Vietnamese	English
Nôn/nôn mửa	Vomit/throw up
Phổi	Lungs
Sổ mũi	Runny nose
Sốt	Fever
Sưng	Swollen
Táo bón	Constipation
Kháng sinh	Antibiotic
Tiêu chảy	Diarrhea
Tiểu đường	Diabetic
Tim	Heart
Bệnh phổi	Lung disease

Vietnamese nonverbal communication	
Nonverbal communication	Meaning in Vietnamese culture
Nodding	Shows agreement. Also a greeting.
Shaking one's head	Shows disagreement.
Bowing	Shows great respect. Also a greeting.
Touching child's head	Not acceptable, but not an insult.
Avoiding eye contact.	Demonstrates respect for elders and modesty with the opposite sex.
Winking.	Indecent, especially when used with members of the opposite sex.
Frowning	A sign of frustration, worry, or anger.
Shaking hands.	A greetings used between Vietnamese men only. Also acceptable between a Vietnamese woman and non-Vietnamese man.
Holding hands with or putting an arm over the shoulder of a person of the same sex.	Accepted as a friendly gesture with no sexual context.
Crossing arms.	Done as a sign of respect.
Placing one or both hands in the pockets or on the hips while talking.	Disrespectful and arrogant.
Patting a person's back, especially those senior in age or status.	Disrespectful.
Pointing to other people while talking.	Disrespectful. Seen as an act of provocation.

The many meanings behind the Vietnamese smile

Smiling.	Respect. Mild disbelief. Agreement. Acknowledgement. Apology for a minor offense. An expression of embarrassment. Used instead of saying the word “yes.” A response to harsh words that conveys that no ill feelings are held toward the speaker.
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Health resources translated in Vietnamese

Additional sources:

- Vietnam Culture, “Vietnamese Non-Verbal Communication”2018, <http://www.vietnam-culture.com/articles-55-6/Non-verbal-communication.aspx>, (accessed August 15, 2018).
- Health Translations, “Vietnamese”, <http://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentMultilingualResource?Open&x=&s=Vietnamese>, (accessed August 15, 2018).
- Ethnomed, “Vietnamese”, 2018, <http://ethnomed.org/patient-education/vietnamese>, (accessed August 15, 2018).
- <https://quizlet.com/12722968/vietnamese-medical-terms-flash-cards/>, (accessed August 15, 2018).

Appendix D: Arabic Words and Phrases Associated With the Human Body and Health Issues

English to Arabic	
English	Arabic
Bandage, dressing	ضمادة، تضميد
Broken (arm)	ذراع مكسور
Burn	حرق
Cast, splint	صب، جبيرة
Cough	سعال
Cut	قطع
Diarrhea	إسهال
Dizziness	دوخة
Fever	حمى
Health	الصحة
Healthy, sound	صحي، سليم
Heartburn	حرققة المعدة
Medical examination	فحص طبي
Medicine, medication	طب، دواء
Mentally disabled	المعاقين ذهنياً
Pill	حبة دواء
Prescription	وصفة طبية
Sick, ill	مريض، عليل
Sting, bite	لدغة، عضه
Stitches	غرز
Surgery	عملية جراحية
Swelling; tumor	تورم؛ ورم
To cure (a disease)	يعالج (مرض)
To get better	يتحسن
To get sick	يمرض
To hurt	يؤلم
Vomiting	قيء

Arabic to English	
Arabic	English
ذراع مكسور	Broken (arm)
يؤلم	To hurt
طب، دواء	Medicine,
دوخة	Dizziness
ضمادة، تضميد	Bandage, dressing
فحص طبي	Medical examination
غرز	Stitches
حرق	Burn
حمى	Fever
حرققة المعدة	Heartburn
إسهال	Diarrhea
صب، جبيرة	Cast, splint
عملية جراحية	Surgery
يمرض	To get sick
مريض، عليل	Sick, ill
المعاقين ذهنياً	Mentally disabled
لدغة، عضه	Sting, bite
قطع	Cut
قيء	Vomiting
حبة دواء	Pill
يعالج (مرض)	To cure (a disease)
صحي، سليم	Healthy, sound
الصحة	Health
سعال	Cough
يتحسن	To get better
تورم؛ ورم	Swelling; tumor
وصفة طبية	Prescription

Source: Arabic Desert Sky, "Arabic Medicine Vocabulary", <http://arabic.desert-sky.net/medicine.html>, (accessed August 15, 2018).

Appendix E: Louisiana Native American Tribe Contact Details

The American Indian Religious Freedom Act (commonly abbreviated to AIRFA) is a U.S federal law and a joint resolution of Congress that was passed in 1978. It was created to protect and preserve the traditional religious rights and cultural practices of Native Americans, Eskimos, Aleuts, and Native Hawaiians.

If you are treating a member who is protected by this Act, you can locate a medicine man or gain insight into other religious practices by contacting a tribe leader as listed below.

Louisiana tribe details					Recognition		
Name	Language	Address/Contact	Parish	LDH Region	Fed	State	None
Chitimacha Tribe of Louisiana	English Chitimacha	P.O. Box 661 Charenton, LA 70523 www.chitimacha.com www.chitimacha.gov	St. Mary	Gulf	X		
Coushatta Tribe of Louisiana	English Koasati	P.O. Box 818 Elton, LA, 70532 P.O. Box 10 Elton, LA 70532 Phone: 1-337-584-1560 Fax: 1-337-584-1616 www.coushattatribela.org www.koasatiheritage.org	Jefferson Davis	South Central	X		
Jena Band of Choctaw Indians	English Chahta Anumpa	P.O. Box 14 Jena, LA 71342 www.jenachoctaw.org	LaSalle	South Central	X		
Tunica-Biloxi Indian Tribe of Louisiana	English Tunica	P.O. Box 331 Marksville, LA, 71351 www.tunica.org	Avoyelles	South Central	X		
Adai Caddo Tribe	English	4500 Highway 485 Robeline, LA 71469 1-318-472-8680 4460 Hwy 485 Robeline, LA 1-877-472-1007 https://adaicaddoin diannation.com	Natchitoches	North		X	
Biloxi Chitimacha Confederation/ Bayou Lafourche Band	English	P.O. Box 856 Zachary, LA 70791 1-225-359-2476 www.biloxi-chitimacha.com	Lafourche Terrebonne	Gulf		X	
Choctaw-Apache Tribe of Ebarb	English Choctaw	35 Lonnie Rd Zwolle, LA 71486 P.O. Box 1428 Zwolle, LA 71486 1-318-645-2588	Sabine	North		X	

Louisiana Tribe Details					Recognition		
Name	Language	Address/Contact	Parish	LDH Region	Fed	State	None
Clifton Choctaw Tribe of Louisiana	English Choctaw	1312 Clifton Road Clifton, LA 71447 1-318-793-4253	Rapides	South Central		X	
Four-Winds Cherokee Tribe	English	P.O. Box 127 DeRidder, LA 70634 P.O. Box 118 Merryville LA 70653 1-337-825-8641 www.fourwindscherokee.com	Beauregard	South Central		X	
Grand Caillou/Dulac Band	English	114 Retreat Drive Bourg, LA 70343 1-985-594-6593 www.biloxi-chitimacha.com/ grand_caillous_dulac.htm	Terrebonne	Gulf		X	
Isle de Jean Charles Band	English	100 Dennis St. Montegut, LA 70377 www.biloxi-chitimacha.com/ isle_de_jean_charles.htm	Terrebonne	Gulf		X	
Louisiana Band of Choctaw Indians	English Choctaw	44335 Loop Road Prarieville, LA 70769 1-225-368-6190	Ascension	Capital		X	
Point au Chien Tribe	English	P.O. Box 416 Montegut, LA 70377 http://pactribe.tripod.com	Terrebonne	Gulf		X	
United Houma Nation	English Houma	20986 Hwy 1 Golden Meadow, LA 70357 Phone: 1-504-475-6640 Fax: 1-504-475-7109 www.unitedhoumanation.org	Terrebonne Lafourche Jefferson St. Mary St. Bernard and Plaquemines	Gulf		X	
Apalachee Talimali Band of Louisiana	English	259 Libuse Cutoff Rd. Pineville, LA 71360	Rapides	South Central			X
Atakapa-Ishak Nation	English	P.O. Box 1532 Lake Charles, LA 70601 www.atakapa-ishak.org	Calcasieu	South Central			X
Chahta Tribe	English	61357 Dixie Ranch Rd. Slidell, LA 70460 1-985-781-7650	St. Tammany	Capital			X
Louisiana Choctaw Turtle Tribe	English	379 Sharon Lane Lake Charles, LA 70611 1-337-855-4427	Calcasieu	South Central			X

Contact Us

Member Services: **1-888-756-0004**

Provider Services: **1-888-922-0007**

Provider Network Management: **1-877-588-2248**

To schedule on-site cultural competency training at your office, request materials related to cultural competency, or request translation services, call **1-877-588-2248** or email **clastraining@amerihealthcaritasla.com**.

Discrimination Is Against the Law

AmeriHealth Caritas Louisiana complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AmeriHealth Caritas Louisiana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas Louisiana:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact AmeriHealth Caritas Louisiana at **1-888-756-0004** (TTY **1-866-428-7588**). We are available 24 hours a day, 7 days a week.

If you believe that AmeriHealth Caritas Louisiana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- AmeriHealth Caritas Louisiana Grievance and Appeals
P.O. Box 7326
London, KY 40747
Phone: **1-888-756-0004** (TDD/TTY **1-866-428-7588**), Fax: **1-225-300-9209**
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, AmeriHealth Caritas Louisiana Member Services is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019 or TDD: **1-800-537-7697**

Complaint forms are available at: **www.hhs.gov/ocr/office/file/index.html**.

Language Services



English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you.
Call **1-888-756-0004** (TTY: **1-866-428-7588**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-756-0004** (TTY: **1-866-428-7588**).

French: ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le **1-888-756-0004** (TTY: **1-866-428-7588**).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-756-0004** (TTY: **1-866-428-7588**).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。
请致电: **1-888-756-0004** (TTY: **1-866-428-7588**)。

Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 **1-888-756-0004** (TTY: **1-866-428-7588**)。

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-756-0004** (TTY: **1-866-428-7588**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-756-0004** (TTY: **1-866-428-7588**).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-888-756-0004 (TTY: **1-866-428-7588**) 번으로 전화해 주십시오.

Portuguese: ATENÇÃO: Se fala português, encontra-se disponível serviço gratuito de intérprete pelo telefone **1-888-756-0004** (TTY: **1-866-428-7588**).

Laotian: ໂປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-888-756-0004** (TTY: **1-866-428-7588**).

Japanese: 注意事項: 日本語を話される場合、無料の通訳サービスをご利用いただけます。
1-888-756-0004 (TTY: **1-866-428-7588**) まで、お電話にてご連絡ください。

Urdu: توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔
- کال کریں **1-888-756-0004** (TTY: **1-866-428-7588**).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-756-0004** (TTY: **1-866-428-7588**).

Persian:

توجه: اگر فارسی صحبت می کنید، سرویس مجانی زبانی در خدمت شماست. با شماره تلفن **1-888-756-0004** (TTY: **1-866-428-7588**) تماس بگیرید.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-756-0004** (TTY: **1-866-428-7588**).

Thai: โปรดทราบ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-756-0004** (TTY: **1-866-428-7588**).

Call Member Services at **1-888-756-0004** or **TTY 1-866-428-7588**,
24 hours a day, seven days a week.

www.amerhealthcaritasla.com

This handbook may be updated with additional text provided by the Louisiana
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You can also have this interpreted over the phone in any language. Call Member Services
24 hours a day, 7 days a week at **1-888-756-0004**. For TTY, call **1-866-428-7588**.

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Xin gọi Dịch vụ Thành viên phục vụ 24 giờ/ngày, 7 ngày/tuần theo số **1-888-756-0004**.
Đối với người sử dụng TTY, xin gọi số **1-866-428-7588**.

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usted. También puede tener esto interpretado por teléfono en cualquier idioma. Llame a
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Para TTY, llame al **1-866-428-7588**.

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