UNMC HIV ECHO Session 11

Welcome!

The University of Nebraska Medical Center's Specialty Care Center welcomes you to our 11th HIV ECHO (Extension for Community Healthcare Outcomes) session– **“Cultural Competency“**

Today’s didactic presenter is Priscila Rodrigues Armijo, MD

HIV ECHO Facilitator: Daniel Cramer, APRN

Sessions are held the first Thursday of every month

Disclosures

- Our HIV ECHO Project is made possible through our grant funding from ViiV Healthcare and is a sub-project of our IM-CAPABLE project.

UNMC HIV ECHO Session 11 Agenda

- Dr. Priscila Rodrigues Armijo will be presenting us with didactic information regarding cultural competency and language access to help improve our knowledge on culturally responsive and language-inclusive care.
- Announcements to be shared at the end with feedback survey link included in the chat.

ECHO After Hours!

As scheduling and time allows for our experts, we will offer ECHO After Hours for any extra questions!

Today's After Hours: Daniel Cramer and Priscila Rodrigues Armijo

Housekeeping Reminders:

We love discussion!

Please stay muted unless you are speaking.

We love to see your face!

Sessions will be recorded with links available later.

End of session surveys will be available.

Cultural Competency & Language Access

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General Internal Medicine/Hospital Medicine
Department of Internal Medicine
University of Nebraska Medical Center

Objectives

Distinguish culture competency related terms

Define Limited English Proficiency and its impact on patient outcomes

Explore strategies for providing culturally responsive and language-inclusive care

How to join

Join by Web

PollEv.com/hivecho

Join by Text

Send **hivecho** and your message to **22333**

Join by QR code

Scan with your camera app

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Please select your primary professional role

0

Allied Health Personnel	0%
Directors	0%
Epidemiologists	0%
Health Educators	0%
Healthcare or Medical Administrative Personnel	0%
Nurses	0%
Physicians	0%
Social Workers	0%
Other Health Workers	0%
Other	0%

Social Determinants of Health

Language and Literacy

Access to Health Services
Access to Primary Care
Health Literacy

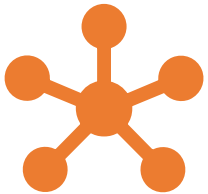
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved Nov 2nd, 2025, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

What is culture?

Shared patterns of human behavior that include the set of language, thoughts, communications, actions, beliefs, values, and material objects.

MULTIFACTORIAL

DYNAMIC



FLUID

INDIVIDUAL

Marcelin, Jasmine R., et al. "The impact of unconscious bias in healthcare: how to recognize and mitigate it." The Journal of infectious diseases 220.Supplement_2 (2019): S62-S73.
Buttigieg, Angie, et al. "How to Teach Cross-Cultural Communication: A Workshop Using the Experiential Learning Model." MedEdPORTAL 19 (2023): 11365.
Lekas, Helen-Maria, Kerstin Pahl, and Crystal Fuller Lewis. "Rethinking cultural competence: Shifting to cultural humility." *Health services insights* 13 (2020): 1178632920970580.

Cultural Awareness

Being aware and recognize:

✓People come from various cultures

✓Cultures have differences and similarities

✓Experiences are based on personal culture and background

✓Impact of culture on how people understand and behave in certain situations

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Cultural Sensitivity

Recognize culture differences without assigning a value to any culture

positive/negative, right/wrong, better/worse, good/bad

Bennet's Scale of Cultural Sensitivity

Bennett, Milton J. "A developmental approach to training for intercultural sensitivity." International journal of intercultural relations 10.2 (1986): 179-196.

Cultural Humility

A lifelong commitment to continuously evaluate one's own behaviors, beliefs, and identities and determine how potential biases and assumptions may surface when collaborating with an individual of a different background.

- Ongoing process
- Self-reflection and self-critique
- Listening and learning from patients
- Partnership building

Marcelin, Jasmine R., et al. "The impact of unconscious bias in healthcare: how to recognize and mitigate it." The Journal of infectious diseases 220.Supplement_2 (2019): S62-S73.
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Cultural Competency

Developmental process in which one gains the skills to learn about other people's cultures, and work and communicate effectively in cross-cultural situations:

✓Acknowledge the importance of culture in people's lives

✓Respect for cultural differences

✓Minimize any negative consequences of cultural differences

Marcelin, Jasmine R., et al. "The impact of unconscious bias in healthcare: how to recognize and mitigate it." The Journal of infectious diseases 220.Supplement_2 (2019): S62-S73.
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Culturally Responsive Care

Patients who are culturally and/or linguistically diverse (CALD)

Patients from diverse individuals and communities distinguishable from the majority population through one or more characteristics such as cultural tradition, a common geographic origin, language, or religion.

Hayba, Nematullah, et al. "Strategies to Improve Care in the Emergency Department for Culturally and Linguistically Diverse Adults: a Systematic Review. " *Journal of Racial and Ethnic Health Disparities* (2023): 1-21.

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Culturally Responsive Care

Providers intentionally see, respect, and celebrate the aspects that make each patient unique. It is an acknowledgment of patient's intersectional existence in the world and how this shapes their experiences

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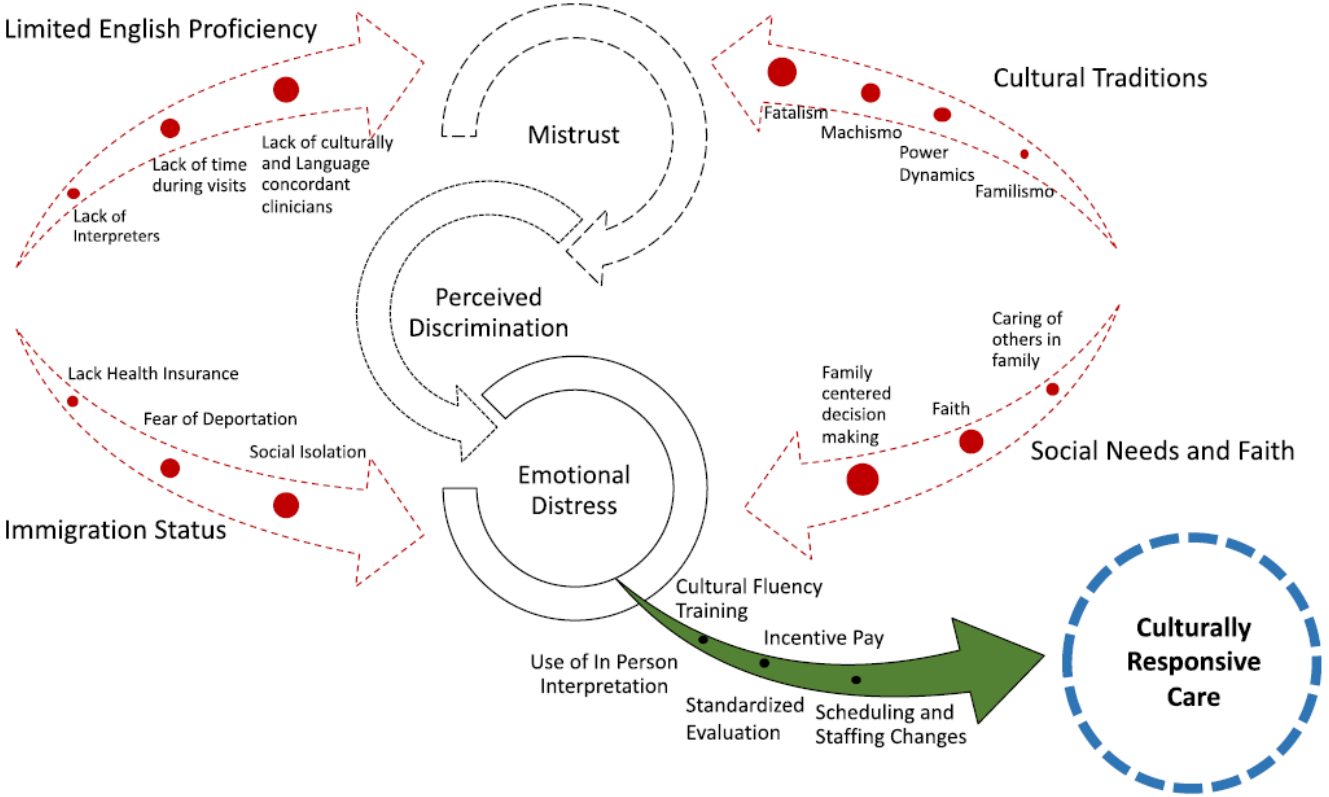
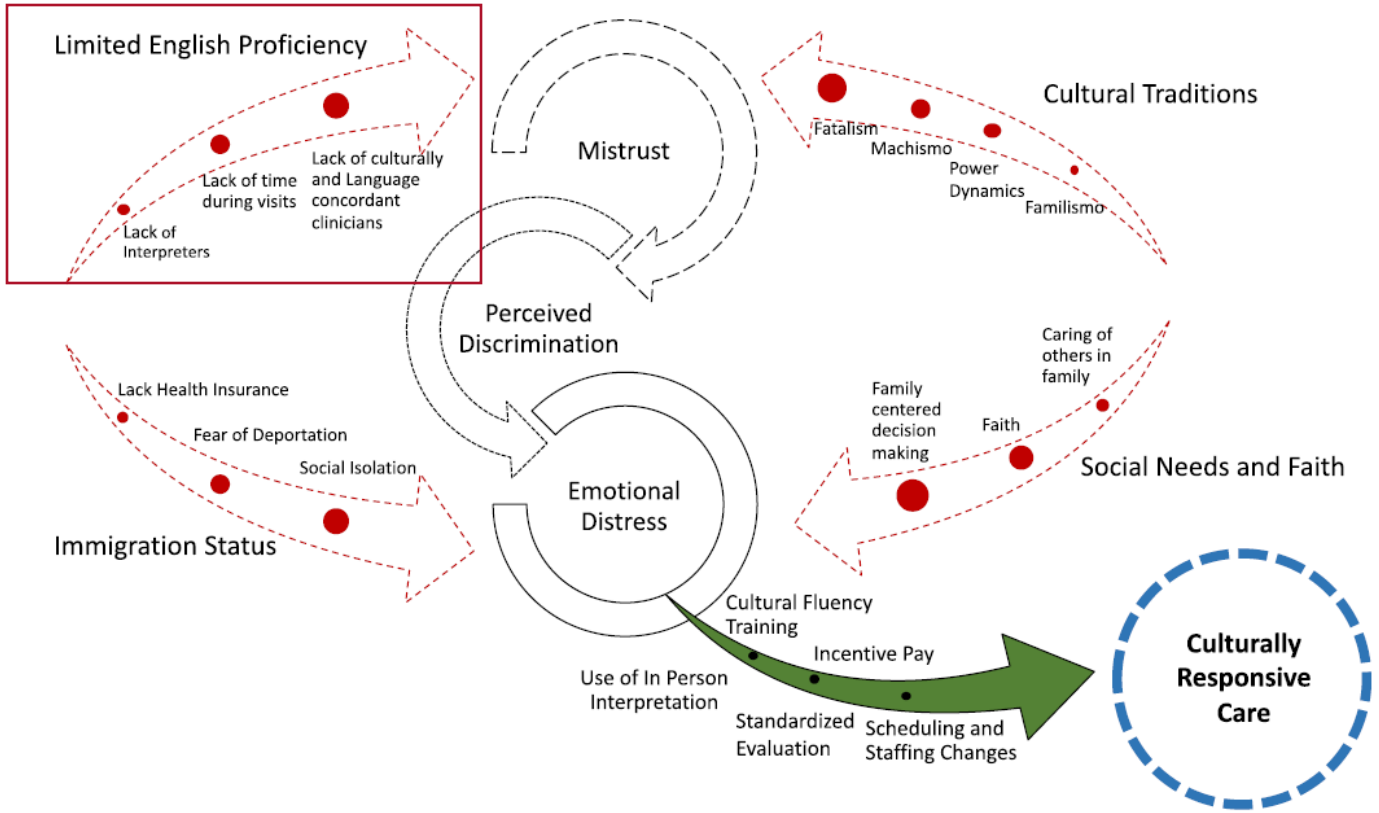


Figure 2 Factors contributing to mistrust and strategies to provide culturally responsive care.

Escobedo, Luis E., Lilia Cervantes, and Edward Havranek. "Barriers in healthcare for Latinx patients with limited English proficiency—a narrative review." *Journal of general internal medicine* 38.5(2023):1264-1271.



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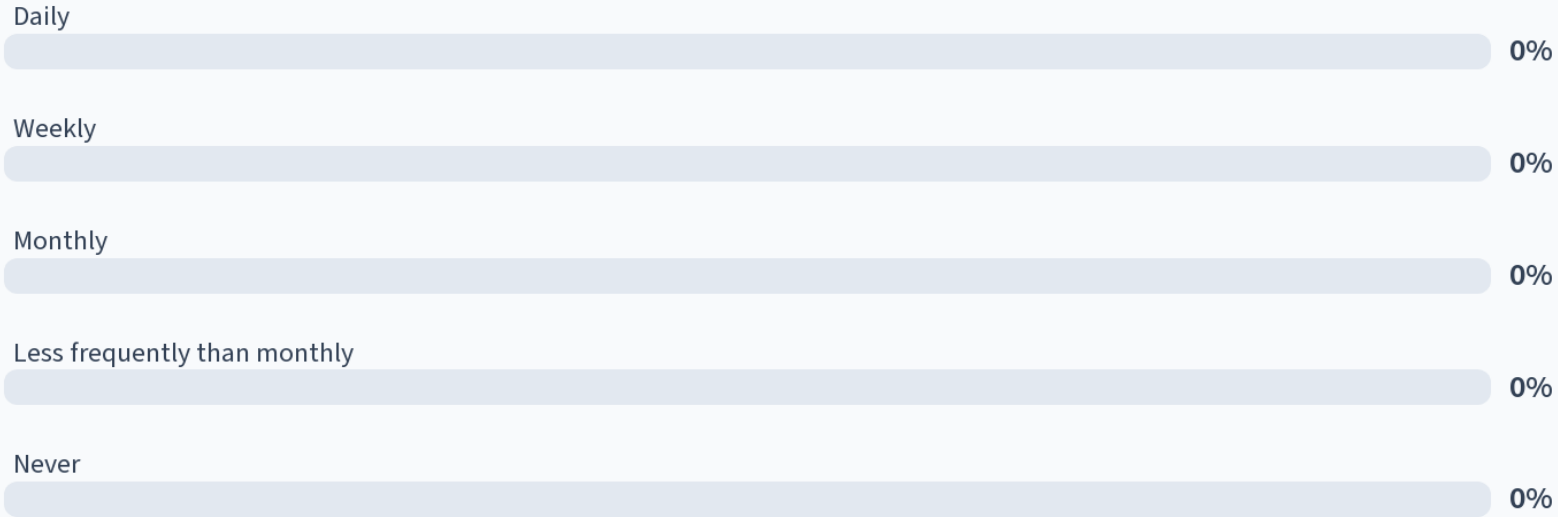
Limited English Proficiency

English is not the primary language

Limited ability to read, write, speak, or understand English

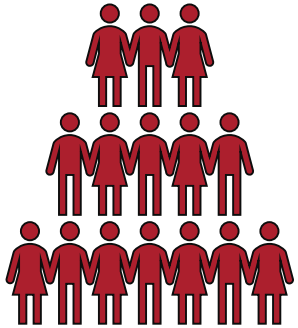
U.S. Commission on Civil Rights, 2025. Accessed November 2, 2025. https://www.usccr.gov/meetings/2025/03-21-language-access-individuals-limited-english-proficiency
Padilla, Mabel, et al. "Limited English proficiency among adults with HIV in the United States–Medical Monitoring Project, 2015–2018." *AIDS care* 33.12 (2021): 1603-1607.

How often do interact with persons with Limited English Proficiency in your job?



Limited English Proficiency

Over 25 million in the United States



1 in 10 adults with HIV diagnosis report LEP

U.S. Commission on Civil Rights, 2025. Accessed November 2, 2025. https://www.usccr.gov/meetings/2025/03-21-language-access-individuals-limited-english-proficiency
Padilla, Mabel, et al. "Limited English proficiency among adults with HIV in the United States–Medical Monitoring Project, 2015–2018." *AIDS care* 33.12 (2021): 1603-1607.

Non-English Language Profile in Nebraska

12.3% of the households in Nebraska → non-English language at home

Nebraska Department of Education: 118 languages identified

Nebraska Department of Education, 2023. https://www.education.ne.gov/natlorigin/state-ell-data/ Accessed on November 2nd, 2025

Why is it important to provide culturally responsive care?

Nobody has responded yet.

Hang tight! Responses are coming in.

Outcomes of Patients with LEP

- Unresolved medical issues (3x more)
- Scheduling challenges (2.5x more)
- Nonadherent to treatment (1.42x more)
- Access to pain control (60% less)
- ↑ inpatient mortality rates (OR=1.80)
- Delayed diagnosis and treatment (2x longer)
- ↑ rates of unplanned emergency room visits

Alkhamees, Mohammad, and Ibrahim Alasqah. "Patient-physician communication in intercultural settings: An integrative review." *Heliyon* (2023).
Escobedo, Luis E., Lilia Cervantes, and Edward Havranek. "Barriers in healthcare for Latinx patients with limited English proficiency—a narrative review." *Journal of general internal medicine* 38.5(2023):1264-1271.
Jimenez, Nathalia, et al. "Patient-reported quality of pain treatment and use of interpreters in Spanish-speaking patients hospitalized for obstetric and gynecological care." *Journal of general internal medicine* 27(2012):1602-1608.
Limaye, Neha P., et al. "Limited English proficiency and sepsis mortality by race and ethnicity." JAMA Network Open 7.1 (2024): e2350373-e2350373.

Limited English Proficiency and HIV

- LEP MSM: 46% lower odds of receiving HIV screening (AOR = 0.54; 95% CI: 0.22–0.91).
- Hinder access to HIV healthcare services and delayed HIV testing and diagnosis
- Decreased antiretroviral therapy adherence
- Increased unmet healthcare needs
- Increased stigma in healthcare settings
- Independently associated with higher HIV stigma (β = −0.541; p = 0.002)

Chen, Wei-Ti, et al. "Lost in translation: impact of language barriers and facilitators on the health care of Asian Americans living with HIV." *Journal of racial and ethnic health disparities* 11.4 (2024): 2064-2072.
Painter, Thomas M., et al. "Social support and other factors associated with HIV testing by Hispanic/Latino gay, bisexual, and other men who have sex with men in the US South." *AIDS and Behavior* 23.Suppl 3 (2019): 251-265.

Title VI of the Civil Rights Act of 1964

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

National Culturally and Linguistically Appropriate Services Standards

By the HHS Office of Minority Health in 2000

Blueprint of 15 National CLAS Standards

Improves quality and reduces health disparities by guiding organizations in cultural competency and language access practices

U.S. Department of Health and Human Services. “Culturally and Linguistically Appropriate Services (CLAS).” Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

Culturally and Linguistically Appropriate Services (CLAS)

Services that are respectful of and responsive to individual cultural health beliefs and practices, languages, health literacy levels, and communication needs.

Cultural Competency

Cultural Awareness

U.S. Department of Health and Human Services. "Culturally and Linguistically Appropriate Services (CLAS)." Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

CLAS Standards

Principal Standard (1): Provide effective, understandable, and respectful quality care responsive to cultural and linguistic needs

Governance, Leadership & Workforce (2–4): Advance and sustain CLAS through diverse leadership, policies, and staff training

Communication & Language Assistance (5–8): Ensure qualified interpreters, translated materials, and clear language access services

Engagement, Continuous Improvement & Accountability (9–15): Partner with communities, use data to improve care, and hold organizations accountable for CLAS outcomes

U.S. Department of Health and Human Services. "Culturally and Linguistically Appropriate Services (CLAS)." Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

Language Discordant Encounters

Patient and Providers do not speak the same language

Interpreting → spoken or signed messages

Translation → written messages

The purpose of both is to **facilitate communication** between people who do not share the same language.

Fune, Jan, et al. "Lost in translation: an OSCE-based workshop for helping learners navigate a limited English proficiency patient encounter." *MedEdPORTAL* 17 (2021): 11118.
U.S. Department of Health and Human Services. "Culturally and Linguistically Appropriate Services (CLAS)." Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

Interpreter

✓Communicative Autonomy: “capacity of each party in an encounter to be responsible for and in control of his or her own communication”

× Cultural filtration: The process by which a person interpreting a situation either includes or removes cultural beliefs or ideas from the interpretation process

× Children, relatives, bilingual/proficient providers as interpreters

Rose, Patti R.. *Health Equity, Diversity, and Inclusion: Context, Controversies, and Solutions : Context, Controversies, and Solutions* , Jones & Bartlett Learning, LLC, 2020. *ProQuest Ebook Central*, http://ebookcentral.proquest.com/lib/unmc/detail.action?docID=6110458. Created from UNMC on 2025-11-03 06:39:44.
Fune, Jan, et al. "Lost in translation: an OSCE-based workshop for helping learners navigate a limited English proficiency patient encounter." *MedEdPORTAL* 17 (2021): 11118.

Language discordant encounters: do's

- ✓Allow for pre-encounter → summary of the encounter
- ✓Allow extra time for the visit
- ✓Ensure minimal distractions
- ✓Respect for all parties
- ✓Use first person
- ✓Speak directly to the patient
- ✓Use simple language
- ✓Understand and recognize differences in communication styles
- ✓If patient declines language assistance → sign a waiver

U.S. Department of Health and Human Services. "Culturally and Linguistically Appropriate Services (CLAS)." Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

Language discordant encounters: don’t

× Do not patronize or infantilize the patient / the family

× Do not speak louder

× Do not hold the interpreter responsible

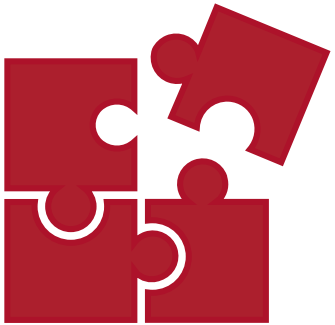
× Do not ask interpreters to step out of their scope of practice

× Do not assume [health literacy, understanding…]

× Do not use the patient to practice your 2nd language

U.S. Department of Health and Human Services. “Culturally and Linguistically Appropriate Services (CLAS).” Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

Strategies for providing culturally responsive and language-inclusive care



Language ID card

- ☐ Unë flas **shqip** (Albanian)
- ☐ **አማርኛ** እናገራለው (Amharic)
- ☐ انا اتكلم اللغة العربية. (Arabic)
- ☐ Ես խոսում եմ **հայերեն** (Armenian)
- ☐ আমি বাংলা ভাষী। (Bengali)
- ☐ Ja govorim **bosanski jezik** (Bosnian)
- ☐ ကျွန်တော်**မြန်မာစကား**ပြောသည်။ (Burmese)
- ☐ 我说中文 (Chinese Simplified)
- ☐ 我說中文 (Chinese Traditional)
- ☐ Ja govorim **hrvatski.** (Croatian)
- ☐ اینجانب به زبان **فارسی** صحبت می کنم (Farsi)
- ☐ Je parle **français**. (French)
- ☐ Je parle le **Français haïtien** (French Creole)
- ☐ Μιλάω **ελληνικά**. (Greek)
- ☐ હું **ગુજરાતી** બોલું છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ म **हिंदी** बोलता हूँ (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ Ana m a sụ **Igbo** (Igbo)
- ☐ Parlo **Italiano** (Italian)
- ☐ 私は**日本語**を話します (Japanese)
- ☐ Mi chat **Jamiekan langwjij** (Jamaican Creole)
- ☐ ykt **lkqkFl** b (Karen)
- ☐ ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다 (Korean)
- ☐ ئه ز زمانی **کوردی** ده ئاخفم. (Kurdish)
- ☐ Ṅ a po **Klào** Win. (Kru)
- ☐ ຂ້າພະເຈົ້າເວົ້າ **ພາສາລາວ**. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ म **नेपाली** बोल्छु (Nepali)
- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Português**. (Portuguese)
- ☐ ਇਹ ਸੁਪੇਆਰ ਪੰਜਾਬੀ (Punjabi)
- ☐ Cunosc limba **Română.** (Romanian)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ou te tautala **faaSamoa**. (Samoan)
- ☐ Govorim **srpski**. (Serbian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ ข้าพเจ้าพูด ภาษาไทย (Thai)
- ☐ **ኣነ ትግርኛ** ይዛረብ እየ. (Tigrinya)
- ☐ Я розмовляю **українською**. (Ukrainian)
- ☐ میں **اردو** بولتا/ بولتی ہوں ۔ (Urdu)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)
- ☐ איך רעד **יידיש** (Yiddish)
- ☐ Mo gbọ **Yoruba** (Yoruba)

Teach Back method

Share information in a clear and simple manner

Confirm understanding by asking them to explain in their own words what they need to know and do.

"I want to be sure we are on the same page. Can you tell me …?"

"I want to make sure that I explained things clearly. Can you explain to me what we just talked about?"

Present the information again, respectfully and patiently, rephrasing it, if needed.

U.S. Department of Health and Human Services. "Culturally and Linguistically Appropriate Services (CLAS)." Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

LEARN Model

- L: ***Listen*** with sympathy and understanding to the patient's perception of the problem
- E: ***Explain*** your perceptions of the problem
- A: ***Acknowledge*** and discuss the differences and similarities
- R: ***Recommend*** treatment
- N: ***Negotiate*** treatment

U.S. Department of Health and Human Services. "Culturally and Linguistically Appropriate Services (CLAS)." Think Cultural Health, 2024, https://thinkculturalhealth.hhs.gov/clas Accessed on November 2, 2025.

Kleinman's 8 Questions

1. What do you think has caused your problem?
2. Why do you think it started when it did?
3. What do you think your sickness does to you? How does it work?
4. How severe is your sickness? Will it have a short or long course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused for you?
8. What do you fear most about your sickness?

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