= CHAPTER 17 =

Diversity and Cultural Competency in Physical Therapy

Russell opened his mailbox and saw the letter from the physical therapist assistant program where he had ap-

plied. He opened the letter quickly and scanned the text: "You have been admitted, pending successful completion of all prerequisite courses prior to beginning the program." He ran into his apartment to tell his roommates. Only Sam was home. He congratulated Russell and wondered if he would be the only African-American male in the program.

Diversity in the Physical Therapy Profession

Who works in the physical therapy profession? Take a look at the demographics of the physical therapist assistant and physical therapist membership of the American Physical Therapy Association (APTA) in Tables 17-1, 17-2, and 17-3. As you can see, the profession of physical therapy includes members of

all age and ethnic groups. By these comparisons, we can see that the majority of physical therapist assistants and physical therapists are under age 45, female, and White.[1]

The majority (52%) of physical therapists and physical therapist assistants (61%) are between the ages of 20 and 44. In contrast, physical therapists and physical therapist assistants are most likely to provide care to adults aged 65 and older, the population of which is now more than 40 million and growing in numbers daily.[2,3]

Estimates indicate that there are more than 175,000 licensed physical therapists and more than 62,000 licensed physical therapist assistants in practice in the United States.[4] Although that seems like a large number, it amounts to less than 1 physical therapist or physical therapist assistant for every 1,300 people who live in the United States currently. Consequently, this amounts to a national average

of 55.6 physical therapists and 19.7 physical therapist assistants for every 100,000 people in our population.[2,3] Although women outnumber men in the physical therapy field 2 to 1, recent surveys indicate that there are widespread inequities in salary by gender.[5]

Comparing the Demographics of Those Who Provide Physical Therapy Services to the US Population

The US population estimates have quite different demographics when compared with the members of the physical therapy profession.[1,2,] There are large differences between the distribution of physical therapists, physical therapist assistants, and the general

population by age, gender, and ethnicity. It is likely that physical therapy staff will be providing *services to persons unlike themselves in age group, gender, or ethnic origins*. It is critical that physical therapists and physical therapist assistants have the skills to deliver physical therapy services across this diverse population.

The population of the United States is becoming even more culturally diverse. More than 37% of the US population is currently composed of people from African-American/Black, Hispanic/Latino, Asian-American, Native Hawaiian or other Pacific Islander, and American Indian/Alaska Native backgrounds.[2] By 2043, projections indicate that people from these groups will compose the majority of the US population.[6] The total minority population will more than double, from the current 116.2 million to 241.3 million by 2060.[6] In contrast to the US population, *approximately 10%* of APTA mem-

bers (either physical therapists or physical therapist assistants) are from these backgrounds.[1]

TABLE 17-1

COMPARISON OF US POPULATION AND APTA MEMBERS BY AGE GROUP[1,2]

AGE (Y)	US POPULATION[A]	PHYSICAL THERAPIST[B]	PHYSICAL THERAPIST ASSISTANT[C]
0 to 19	26.9%	0.0%	0.0%
20 to 24	7.0%	0.8%	5.4%
25 to 34	13.3%	26.6%	24.7%
35 to 44	13.3%	25.6%	30.9%
45 to 54	14.6%	26.0%	30.6%
55 to 59	6.4%	12.1%	6.1%
60 to 64	5.4%	6.5%	2.1%
65 and older	13.0%	2.3%	0.1%

A US Census Bureau.[2]; B APTA Physical Therapist Member Demographic Profile 2010.; C APTA Physical Therapist Assistant Member Demographic Profile 2009. Adapted from American Physical Therapy Association. Physical therapy workforce data. http://www.apta.org/WorkforceData/. Accessed May 26, 2013 and United States Census Bureau. Census 2010. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1. Accessed May 26, 2013.

TABLE 17-2

COMPARISON OF US POPULATION AND APTA MEMBERSN BY GENDER[1,2]

GENDER	US POPULATION[A]	PHYSICAL THERAPIST[B]	PHYSICAL THERAPIST ASSISTANT[C]
Female	50.8%	68.3%	79.0%
Male	49.2%	31.7%	21.0%

A US Census 2010.[2]; B APTA Physical Therapist Member Demographic Profile 2010.; C APTA Physical Therapist Assistant Member Demographic Profile 2009. Adapted from American Physical Therapy Association. Physical therapy workforce data. http://www.apta.org/WorkforceData/. Accessed May 26, 2013 and United States Census Bureau. Census 2010. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1. Accessed May 26, 2013.

Although it would be optimal to have comparable representation of all ethnic groups within the staff of the physical therapy setting, it is more important that physical therapy staff, regardless of their own ethnic background, become *culturally competent.*

Increased Minority Representation Among Students

The APTA has committed to enhancing cultural diversity and awareness of differences in the profession of physical therapy. Association policies are directed toward promoting minority representation among the APTA membership and leadership, recruiting minority students, educators, and researchers toward inclusion of issues of cultural diversity in physical therapy educational programs and toward promoting physical therapy service delivery to minority group members. There are scholarships, educational materials, workshops, fundraising events, and public relations efforts that are committed to realizing this agenda. The APTA endorses the efforts of an agency or education program to facilitate effective service delivery by promoting staffing

that reflects the composition of the regional population.[7]

We can also look at the trends in the characteristics of students enrolling in physical therapist assistant educational programs. Recent data indicate that 18% to 20% of recent physical therapist assistant program students are members of minority groups[8] (Table 17-4). However, this trend is flat, with recent loss of gains in diversity made earlier in the 21st century. Profession-wide initiatives must continue to foster increased minority participation in physical therapist and physical therapist assistant education and practice.

TABLE 17-3

COMPARISON OF US POPULATION AND APTA MEMBERS BY ETHNIC GROUP/RACE[2,5]

was surprised on her last day when a patient and his wife brought her a large plate of tamales.

Culture provides a lens through which people see their world and largely determines the characteristics of their community and family life.[9-14] A *cultural group* shares values, norms, symbols, language, and living practices that are repeated and transmitted from one generation to another. Culture goes far beyond race and ethnicity. Where you live, your lifestyle, and your age often form values that cross ethnic and racial lines.

We traditionally associate the term *culture* with the food, music, dance, and clothing that are unique to groups of people. Although cultures differ from one another, there are also subgroups within cultures. We do not always associate the concept of culture or subculture with the values of a professional group or roles within organizations; yet,

we experience the effects of these cultures daily.

Cross-cultural experiences involve our moving into a different culture. Although we often associate this term with experiencing the customs of a different ethnic group, we can use this term in many contexts. For example, university students live within a very specific subculture of the university, and they often find it difficult to make the transition to the subculture of work upon graduation.

Cultural competency is a term that describes a set of skills that grow from the foundation that culture is the key force in shaping behaviors, values, and institutions, including some concepts such as family and community.[9-12] Providers, clients, and patients have unique, culture-specific needs that influence service delivery. This perspective encompasses the view that people from different racial and ethnic groups can be best served by persons who have

the capacity to function within the context of these culturally integrated group behaviors.

A Culture of One

There is no "one way" to provide services for a person from a particular racial and ethnic group. We need instead to develop interventions that are individualized and offered to patients and families with their own unique needs in mind.

Despite a person's ethnicity, geographical area of origin, occupation, disability, sexual preference, gender, or age, he or she may be quite different from others who share these identifying characteristics. Appreciating *the culture of one* requires an appreciation of the unique characteristics of every person. There is wide variation within every culture (*intracultural differences*); therefore, a care provider must be sensi-

ETHNICITY/RACE	US POPULATION[A]	PHYSICAL THERAPIST[B]	PHYSICAL THERAPIST ASSISTANT[C]
Asian	5.0%	4.7%	2.1%
African-American/Black	13.1%	1.4%	2.2%
American Indian/Alaska Native	1.2%	0.5%	1.2%
Native Hawaiian/Pacific Islander	0.2%	0.3%	0.3%
Two or more races	2.3%	Not available	Not available
White/Caucasian	78.1%	92.7%	93.2%
Hispanic or Latino	16.7%	2.1%	4.4%
Not Hispanic or Latino	83.3%	97.9%	95.6%

A. US Census 2010.[2]; B. APTA Physical Therapist Member Demographic Profile 2010.; C. APTA Physical Therapist Assistant Member Demographic Profile 2009. Adapted from United States Census Bureau. Census 2010. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1. Accessed May 26, 2013 and American Physical Therapy Association. *2010 Median Income of Physical Therapists Summary Report.* http://ptrs8772012.wikispaces.com/file/view/MedianSalaryPT%5B1%5D.pdf. Accessed May 26, 2013.

Culture

Tracy was assigned for a 3-week practicum to a clinic that provides health care services to migrant farm workers. Although many of the clinic staff members were bilingual, Tracy struggled to communicate in Spanish. Her patients seemed to appreciate her efforts and she

tive, not only to the cultural context in which a person lives but also to the individual's needs.

See how aware you are of the language of culture. Which of the terms shown in Table 17-5 are familiar to you? Let us look more closely at your culture and how it may affect the expectations you have of others.

TABLE 17-4

ETHNICITY OF STUDENTS ENROLLED IN PHYSICAL THERAPIST ASSISTANT PROGRAMS[8]

ETHNICITY/ RACE	*2003-2004 N=6847*	*2004-2005 N=6563*	*2006-2007 N=7323*	*2007-2008 N=9045*	*2009-2010 N=10166*	*2011-2012 N=10598*
American Indian	0.5%	0.5%	0.5%	0.8%	0.6%	0.6%
Asian	2.5%	2.6%	2.8%	3.2%	2.8%	2.8%
African American	10.4%	9.2%	8.3%	8.1%	5.9%	5.1%
Caucasian	75.9%	78.5%	78.3%	77.6%	80%	80%
Hawaiian Pacific Islander	-	-	-	-	0.6%	0.7%
Hispanic	8.8%	7.4%	8.6%	8.1%	7.9%	8%
Other	1.2%	1.5%	0.8%	1.2%	1.0%	0.8%
Unknown	0.7%	0.3%	0.6%	1.0%	1.6%	2.1%

Reprinted with permission from Commission on Accreditation in Physical Therapy Education. *2011-2012 Fact Sheet Physical Therapist Assistant Education Programs. April 2012.* http://www.capteonline.org/uploadedFiles/CAPTEorg/

About_CAPTE/Resources/Aggregate_Program_Data/AggregateProgramData_PTAPrograms.pdf. Accessed May 26, 2013.

Assess your cultural awareness. The questions in Table 17-6 may stimulate you to critically assess your beliefs and practices with persons from cultures different from yours.

If some of the situations presented in Table 17-6 made you feel uncomfortable or question your tolerance, be assured that you are normal. Cultural competency involves gaining an awareness of your values and the common experiences around differences so that you can develop the skills to provide culturally appropriate services.

The Continuum of Cultural Competency

Victor had grown up outside of Paris, as the son of a US diplomat. He considered himself an international and cultural expert. "All people are the same; I treat everyone equally, regardless of their race, ethnicity, religion, or sexual preference. I am intolerant of anyone else who does not do the same."

Can you rate Victor's awareness of cultural issues on the scale shown in Table 17-7?

Although helping professionals are motivated to provide high-quality care, they may approach this area with blinders. Although Victor acknowledges the value of culturally-sensitive care, his assertion that all people are the

Health Beliefs

Whitney felt the lump in her breast for months before she mentioned it to anyone. By the time she visited the clinic, the lump had doubled in size. A biopsy showed an invasive intraductal carcinoma, almost 2 cm in diameter. The oncology nurse encouraged the physical therapist assistant students to explore the patient's beliefs to understand why she waited to seek attention.

Health beliefs are related to our perceptions of our vulnerability and the seriousness of an illness or injury. We also hold beliefs about our likelihood of recovery and the seriousness of the problem. Health beliefs and related fears may keep a person from taking action or may cause a patient to seek assistance from an alternative healer.

TABLE 17-5

CULTURAL VOCABULARY[9-12]

Beliefs	Acceptance of something as true
Culture	The learned and shared knowledge, beliefs, and rules that people use to interpret experience and to generate social behavior; the guiding force behind the behaviors and material products associated with a group of people
Cultural competency	A set of practice skills, knowledge, and attitudes that encompasses (1) awareness and acceptance of difference; (2) awareness of one's own cultural values; (3) understanding of the dynamics of difference; (4) development of cultural knowledge; (5) ability to adapt practice skills to fit the cultural context of the client or patient
Cultural group	A group of people who consciously or unconsciously share identifiable values,

same may prevent him from further developing his cultural competency. His "equal treatment for all" approach may limit his effectiveness as a clinician.

In contrast, the culturally proficient clinician accepts and respects difference and seeks innovative approaches to enhance cultural competency in service delivery.

Implications of Culture on Physical Therapy Practice

The following are just a few areas in which culture may have a profound influence in what physical therapists, physical therapist assistants, and their patients and clients experience.[13-17]

	norms, symbols, and some ways of living that are repeated and transmitted from one generation to another
Culture shock	A form of anxiety that results from an inability to predict the behavior of others or act appropriately in a cross-cultural situation
Ethnicity	A group identity based on culture, language, religion, or a common attachment to a place or kin ties
Ethnocentrism	The interpretation of the beliefs and behavior of others in terms of one's own cultural values and traditions with the assumption that one's own culture is superior
Intracultural differences	Variations within a cultural group, possibly related to acculturation, socioeconomic status, or individual, family, or regional differences
Language	The form or pattern of speech (spoken or written) used by residents or descendants of a particular nation or geographic area or by any large body of people; language can be formal or informal and

	includes dialect, idiomatic speech, and slang
Norms	A standard, model, or pattern for a group
Social customs	A usual practice carried on by tradition by a group
Values	Acts, customs, and institutions regarded as especially favorable by a group

Table created using references 9-12.

Cultural Beliefs

Yasmine sat nervously in a chair outside the clinic doors. Armando, the physical therapist assistant student, called her name. She asked, "Excuse me; I'd prefer to be seen by a female therapist. Is that possible?" Armando asked Beatrice, his supervisor, to work with Yasmine. Afterwards, Beatrice complimented Armando on his cultural sensitivity and told him that the patient's

religious beliefs did not permit her to disrobe in front of a man.

Cultural beliefs may dictate the assignment of a physical therapy staff member of the same gender. It may not be acceptable for male staff to provide care to female patients or for female staff to care for male patients. Cultural beliefs may also preclude some forms of physical therapy intervention.

Concepts of Time

Time is a culturally defined phenomenon. "Early" and "late" are cultural concepts. Physical therapy staff may be quite surprised or frustrated by the unexpected or delayed arrival of a patient.

Food and Lifestyle Habits

Diet, exercise, "Type A" behavior, stress, and expectations of ourselves are

all influenced by culture. It may be very difficult to change behavior, even when it is unhealthy, due to the strong influence of family, the environment, social customs, and habits. Our diets often include food that is cooked by our family and may hold a special meaning. Consider how difficult it would be to change foods when a certain dish symbolizes prosperity, love, or hope.

TABLE 17-6

CULTURAL AWARENESS EXERCISE

Answer the following questions to test your cultural awareness:

- Someone in your workplace has practices different from your own. This might involve a religious practice, a style of dress, or lifestyle. How do you react? Are you judgmental or critical of this person, either openly or silently?

- What diverse groups of individuals live in your neighborhood or attend school or work with you? How are different cultural practices honored? How do you feel about a colleague requesting the delay of an examination or asking for a day off from work for the celebration of ethnic or religious holidays?
- How were you raised as a child? What are your cultural origins? What beliefs, stories, and values did your family share with you? How did your upbringing differ from those of your friends and neighbors? What did you learn about alternate lifestyles or belief systems?
- If you have children, what beliefs, stories, and values do you share with them? How would you feel about your children, nephews, or nieces learning about alternate lifestyles or belief systems? What might you teach them?
- What health behaviors do you practice that are related to culture? How much

are the foods you eat, your attitudes about sickness and health, and the care you seek when you are ill influenced by your cultural beliefs? How tolerant would you be of a patient or client who failed to change the behavior (such as a dietary habit) that resulted in a serious and preventable health problem?

- What are your expectations in receiving health care? How do you feel about receiving expert care that is insensitive to your experience, beliefs, or family situation? What assumptions does your health care provider make about you or a family member? What recommendations of a health care provider have you or a family member ignored because they did not fit with your lifestyle, your traditional diet, or social customs?

TABLE 17-7

THE CONTINUUM OF CULTURAL COMPETENCY[9,10]

STAGE	NAME	DEFINITION
1	Cultural destructiveness	People are treated in a dehumanizing manner and are denied services on purpose.
2	Cultural incapacity	Unable to work with patients from other cultures effectively; bias, paternalism, and stereotypes exist.
3	Cultural blindness	Presumption is that all people are the same and that no bias exists; policies and practice do not recognize the need for culturally specific approaches to problem solving; services are ethnocentric and encourage assimilation; patients are blamed for their problems.
4	Cultural precompetency	Committed to using appropriate response to cultural differences; weaknesses are acknowledged and alternatives are sought.
5	Cultural competency	Cultural differences are accepted and respected; continuous expansion of cultural knowledge and resources and continuous adaptation of services occur; continue self-assessment about culture and vigilance toward the dynamics of cultural differences exist.
6	Cultural proficiency	Cultural differences are highly regarded; the need for research on cultural differences and the development of new approaches to enhance culturally competent practice is recognized.

Adapted from Cross TL, Bazron BJ, Dennis KW, Isaacs MR. *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed. Vol I.* Washington, DC: Georgetown University Child Development Center; 1989 and Leavitt RL. Developing cultural competence in a multicultural world, part I. *PT-Magazine of Physical Therapy*. 2002;10(12):36-48.

Meaning of Illness, Aging, and Death in Patient Culture

The meaning of an illness or death within a culture largely determines ac-

tions around these events. You can imagine that advice regarding prevention or healing might be taken quite differently by people who see illness as the effect of an external force out of one's control and people who believe that illness has internal causes that can be controlled.

Are the elderly valued and revered or discounted as a burden? Cultural beliefs may determine the structure of the health care system as well. In some cultures, placing a loved one in a long-term care facility is an unthinkable option.

Health Disparities, Access, and Outcomes

The Institute of Medicine, in its 2002 publication *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*,[17] reported that regardless of a patient's insurance status

or income, individuals from racial and ethnic minority groups tend to receive a lower quality of health care than do members of non-minority groups. The study documented that stereotyping, biases, and uncertainty on the part of health care providers all contribute to unequal treatment.[17]

A failure to recognize the influence of language or culture can easily lead to undesirable health outcomes. The Institute of Medicine report[17] documented numerous examples of poor outcomes related to language barriers and cultural misunderstandings.

For example, findings indicated that patients with limited English proficiency are less likely to visit physicians and receive preventive services, regardless of source of care, literacy, and economic, health, or insurance status.[17]

Patients with limited English proficiency also report lower rates of satisfaction with their care. Researchers have found that patients who did not

veloping cultural competency. The following considerations are all important aspects of culturally proficient care.[9-16]

Show Respect

Mrs. Chen fractured her hip in a fall in her bedroom. This was the third hospital admission in the past 6 months. Although the orthopedic team recommended placement in a subacute facility, her son and daughter-in-law insisted on home-based rehabilitation services. She was discharged 2 days later.

Demonstrate respect for the diverse cultures, heritages, and experiences of the patients you encounter. Gain experience in working with racially, ethnically, and culturally diverse populations. Seek experiences that challenge you to

speak the same language as their provider were more likely to miss appointments or drop out of treatment. Findings indicate that using interpreters seems to eliminate the likelihood of missed appointments.[17]

Developing Cultural Competency

Students will have many opportunities to develop cultural competency. Take this responsibility seriously. Culturally sensitive care is your responsibility as a health care provider.

Developing cultural competency involves identification of personal cultural biases, developing cultural awareness and knowledge, accepting and respecting cultural differences and developing skills to function in the context of the culture.[13,14] Study, practice, and reflection are essential processes to de-

work with individuals who are unlike yourself.

Develop Self-Awareness

Dorian, a physical therapist assistant student, was assigned to the spinal cord injury unit. Her patient had sustained a spinal cord injury 2 weeks earlier. She was not hopeful that he would regain muscle function, as his injury was complete, and he had no signs of neurological function below the level of the spinal cord lesion. She approached his room on Tuesday afternoon and was told a healing session was in progress and that he would not be finished for at least another hour. Dorian felt inconvenienced and wondered later why the hospital would allow such practices.

Examine the influence of the similarities and differences of your own

culture, ethnicity, language, and/or race on your interactions with others. Identify how your own biases might influence service delivery. Examine how your values may conflict with the needs of the individual. Recognize the need to address these differences and possibly refer the patient to another provider to achieve the most desirable outcomes.

Learn as Much as You Can

Read about the differences in cultures related to history, traditions, values, belief systems, reasons for immigration, dialect, and language fluency. Examine particular stressors and traumas that a group of people may have experienced related to war, trauma or violence, political unrest, stigma, racism, or discrimination. Identify unique aspects of cultural survival and maintenance, resilience, socioeconomic status, and culturally based belief systems.

Communicate in Many Ways

Develop sensitivity to verbal and nonverbal language, speech patterns, and communication styles. Incorporate sensitivity to the potential influence of psychological, social, biological, physiological, cultural, political, spiritual, and environmental aspects of the patient's and client's experience.

Services for the non-English speaking patient should include informing him or her that he or she has the right to receive no-cost interpreter services. Signs and commonly used written patient educational materials should be translated for the predominant language groups in a service area.

Try to use the patient's or client's preferred language whenever possible. Use interpreters as needed when bilingual clinicians are not available. Interpreters and bilingual staff should have bilingual proficiency and be trained in

interpreting. They should have knowledge in languages of both the terms and concepts needed in the clinical encounter. Family members are not considered suitable substitutes for trained interpreters, as they usually lack these skills and knowledge. Avoid using patients' children or grandchildren as interpreters.

Be Flexible Regarding Physical Therapy Intervention

Dorian reflected further on her patient's needs. She thought about her own beliefs and how she might react to a catastrophic injury. Would she cling to hope from anyone who offered it?

Acknowledge differences in the acceptability and effectiveness of various physical therapy interventions for individuals from different groups. Consider

social, political, and economic conditions that may influence the nature of the intervention that you can provide. Seek ways to incorporate indigenous healing practices and the role of belief systems (religion and spirituality) in the intervention wherever possible.

See Through Cultural Lenses

Physical therapist assistants and physical therapists must work closely to develop an intervention that fits the patient's and client's, as well as their family's, concept of illness or injury. Create collaborative plans for service delivery that incorporate the culture, family, and community. Use resources that are culturally appropriate, such as the family, clan, church, community members, and other groups.

Take Cultural Competency as Seriously as Other Clinical Skills

Develop and practice these skills as diligently as you would your clinical treatment techniques. It will make a big difference to all of those whose lives you touch.

Federal Standards for Culturally and Linguistically Appropriate Services

The US Department of Health and Human Services' Office of Minority Health addresses standards for culturally and linguistically appropriate services (CLAS)[18] (Table 17-8). These standards were written for health care

organizations and address the organizational policies and practices that promote the provision of appropriate services. The full text of these important standards are available on the Office of Minority Health website (https://www.think-culturalhealth.hhs.gov/).[18]

Summary

With increasing diversity in our population, it is likely that physical therapists and physical therapist assistants will frequently work with patients and clients of a different ethnicity, age, or gender group. Cultural competency involves the acquisition of skills that enable the physical therapy staff members to provide culturally and linguistically sensitive services to the all persons.

TABLE 17-8

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)[18]

The National CLAS Standards are intended to advance health equity, improve quality, and help to eliminate health care disparities by establishing a blueprint for health and health care organizations.

PRINCIPAL STANDARD

1. 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

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

COMMUNICATION AND LANGUAGE ASSISTANCE

5. 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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. 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

9. Establish culturally and linguistically appropriate goals, policies, and management accountability and infuse them throughout the organizations' planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
11. 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.

12. 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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Reprinted with permission from US Department of Health and Human Services, Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*. https://www.thinkculturalhealth.hhs.gov/pdfs/

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Putting It Into Practice

1. How would you define your culture? Consider shared values, norms, symbols, language, and living practices that are repeated and transmitted from one generation to the next.

2. In what ways do the similarities and differences of your own culture, ethnicity, language, and/or race influence your interactions with others?

3. Take the Cultural Diversity and Competence Examination at http://www.quia.com/jq/17648.html.

4. Plan a visit to a local physical therapy clinic. What evidence would you look for as indicators of culturally-sensitive care? After the visit, summarize your observations.