

Cultural Sensitivity and Linguistic Appropriateness in Colorectal Cancer Screening Education

What is it?

Cultural sensitivity in health care is “the ability to be appropriately responsive to the attitudes, feelings or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic, or cultural heritage.”¹

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together to enable effective work in cross-cultural situations.¹

Culturally and linguistically appropriate services are defined as health care services that are respectful of and responsive to cultural and linguistic needs.¹

Why is this important?

The United States has become linguistically and culturally diverse. Colorectal cancer screening rates are especially low in Hispanics, Asians, recent immigrants, and the uninsured.²

Patient-provider language concordance can predict both access to health care and health status, resulting in optimal communication and improved medical outcomes.³

Health education interventions have improved community cancer screening rates for individuals with LEP.⁴⁻⁶

Tailored educational programs in various minority groups have increased colorectal cancer awareness and subsequent likelihood of completing screening.⁷⁻¹⁰

Note: Individuals who are able to speak English may still not adequately comprehend medical discussions in English, and someone who speaks English may not be able to read it.

How do we implement it? ¹

Ensure that patients receive care compatible with their cultural health beliefs, practices, and preferred language

- Ask about traditional healing practices used by patients; integrate these traditional approaches into treatment plans when appropriate.
- Maintain attitudes that are open-minded and tolerant of social and cultural differences.
- Display a commitment to continually increase personal knowledge of the impact of culture on health and specific knowledge about the communities being served.

Offer communication and language assistance

- Ensure staff are trained and aware of language line services. Develop process for identifying languages and for adding this information to that person's health record.
- Use cultural brokers when an individual's cultural beliefs impact communication. Organizations can recruit people from various cultural backgrounds to complete training for positions at many different levels. “Grow your own” programs hire individuals from the community and can train them to act as interpreters and cultural brokers.

How do we implement it? (cont.)

Inform individuals of the availability of language assistance

- Notification should describe what communication and language assistance is available and to whom.
- Notification should clearly state that communication and language assistance is free of charge, and notification should be easy to understand at a low literacy level.

Ensure the competence of individuals providing language assistance

- Use qualified and trained interpreters to facilitate communication, including ensuring the quality of the language skills of self-reported bilingual staff.
- Family and friends should not be used to provide interpretation (except on request by the patient).

Provide easy-to-understand materials and signage

- In the office and community, post and distribute multicultural and multilingual health information materials like fliers, inserts, posters, brochures, fact sheets, letters, postcards, phone scripts, greeting cards, or birthday cards to increase colorectal cancer awareness.
- Develop standard language or templates for key documents used by many health care organizations, such as consent forms, advanced directives, health information, and medication information. Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations.
- Create forms that are easy to fill out, and offer assistance in completing forms.
- Train staff to develop and identify easy-to-understand education materials utilizing both patient and provider input, and establish processes for periodically updating materials. Visual aids may be helpful for people who do not read well. Print bilingual instructions in both English and the patient's native language.
- Test materials with target audiences (e.g., staff can provide a mock stool test demonstration and have patients teach back what they learn).
- Develop an Internet clearinghouse of downloadable sample translated documents developed by agencies around the country.

Resources for patient education materials for colorectal cancer screening available on the PAFP website at www.pafp.com/CRC

- MIYO (Make It Your Own): Library with hundreds of templates for creating customized patient education materials in multiple languages and cultures: <http://www.miyoworks.org>
- CDC Screen for Life: Fact sheets, brochures, brochure inserts, posters, print ads (available in Spanish) on colorectal cancer screening: http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm
- Northwestern's Patient Education Materials Library: Comprehensive library of materials in English, Spanish, Chinese, and Vietnamese for colorectal cancer: <http://goo.gl/FkgYLF>
- FLU-FIT and FLU-FOBT: Evidence-based programs that allow clinic staff to identify eligible patients and offer home stool tests at the time of their annual flu shots; website has test instructions in various languages that can be modified based on your patient population: <http://flufit.org/programmaterials.html>
- Colonoscopy prep instructions in more than 20 languages provided by the New Hampshire Colorectal Cancer Screening Program; contact information: Janene.Robie@hitchcock.org

Please visit www.pafp.com/CRCworkscited for references.



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