CULTURE, COMMUNITY, AND TB CARE:
ENHANCING CROSS-CULTURAL, PATIENT-CENTERED CARE & COMMUNICATION

LEARNING OBJECTIVES
Upon completion of this session, participants will be able to:
1. Explain the impact of culture on tuberculosis care and identify cultural elements that influence communication with foreign-borne patients
2. Identify 5 ways that people might culturally identify themselves
3. List 3 resources to learn more about how to work effectively with patients from different cultures
4. Identify when interpreters are needed, including legal requirements
5. Describe strategies for effectively working with interpreters in TB control, including tactics to engage interpreters with a hesitant patient

INDEX OF MATERIALS

<table>
<thead>
<tr>
<th>Index</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Culture, community and TB care: Enhancing cross-cultural, patient-centered care and communication – slide outline</td>
<td>34</td>
</tr>
</tbody>
</table>

Presented by: Tavia Mirassou-Wolf, MPH

SUPPLEMENTAL MATERIAL

1. Definitions Utilized Through the Presentation
2. Neutral Questions to Elicit Ethnomedical Explanations
3. Best Practice for Communication Through Interpreters
4. Words to Watch
5. Words to Use with TB Care
6. Proverbs: Cross-Cultural Interpretation
7. Resources for TB Care Across Cultures
8. Resources for the Influence of Culture and Language on Patient Communication

ADDITIONAL REFERENCES

(See supplemental material.)
Objectives:

• Explain the impact of culture on tuberculosis care and identify cultural elements that influence communication with foreign-borne patients
• Identify 5 ways that people might culturally identify themselves
• List 3 resources to learn more about how to work effectively with patients from different cultures
• Identify when interpreters are needed, including legal requirements
• Describe strategies for effectively working with interpreters in TB control, including tactics to engage interpreters with a hesitant patient
Culture- what is it and how does it affect the work we do?

Activity
Take 3-5 minutes to answer:
In your own life what are some aspects of your culture? Of your cultural identity?
Culture is a **Social Construct**

DNA sequences: Humans are 99.5% similar.

---

**What is Culture?**

- Culture is a group’s **design for living**; its assumptions about the world, about **other people** and the **meaning of life**, about what is **right and wrong**.
What is Culture?

Culture is the integrated pattern of human behavior that includes thought, speech, action, and artifacts.

Culture takes into account the customary beliefs, social norms, and material traits typical of a population or community at a given time.
**Cultural identity can be based on...**

- ...geography
- ...language
- ...ethnicity

http://cindyking.biz/cross-cultural-skills
http://thepaintedone.wordpress.com

**Cultural identity can be based on...**

- ...religion
Cultural identity can be based on...

...interests

http://cindyking.biz/cross-cultural-skills

Cultural identity can be based on...

...socio-economic status

Reuters
**Cultural identity** can be based on...

... ranges of physical ability; neuro-diversity

What else can our cultural identity be based on?
Activity

• Now that we have discussed culture and cultural identity, take the next 3 minutes to jot down a few other items that align with your culture and cultural identity.
• In partners, share 2-5 of what you feel are the most important aspects of your culture and cultural identity.

Our patients also come from vulnerable SUB-POPULATIONS
Immigrants

“Well, they look pretty undocumented to me.”

J.B. Handelsman, The New Yorker, 4/10/06
Substance Users

Incarcerated
Homeless

Which CULTURES do your patients represent?
Before we focus on the “other”...

Challenge:
Reflect, do you have any unexamined biases?

• Are you aware of your personal biases and assumptions about people with different values than yours?
• Challenge yourself in identifying your own values as the “norm.”
• Could your cultural identity impact your interactions with your patients? If so, what might be the impact?
What is Cultural Proficiency?

A set of behaviors, attitudes, and policies that enable us to work effectively in cross-cultural situations.
Cultural Humility

I am **sensitive** about the **impact** that culture can have on a situation; I am **knowledgeable (or learning)** about culture and its impact; I am **skillful** at managing that impact; and I realize that cultural humility is a **lifelong** pursuit.

Cultural humility is an **INPUT**…

Cultural safety is an **OUTPUT**
Cultural Safety

When patients feel safe and accepted as who they are in terms of their cultural identities and behaviors.

How respected and assisted do our patients feel?

Are patients’ cultural values and preferences taken into account during our encounters?

Cultural safety is part of patient-centered care (PCC)

PCC improves health status
Cultural safety recognizes **power**

- I see the **power imbalances** that exist in the patient-provider dynamic.
- I acknowledge that members of **dominant groups** have inherent **privileges** (social power) that others do not have.
- I understand that **oppression** blocks **patient-centered** care.
- I commit to being an **ally** to oppressed groups in our collective struggle for justice.
We can’t be experts about all cultures, so we work with people who can explain, interpret, and mediate between us and a patient from another culture.

AT THE SAME TIME...

If we learn as much as possible about our patients’ cultures, we can work effectively with interpreters and cultural mediators, and we can build trust and rapport with patients.
How can we learn more about Culture X?
Culture, Community and TB Care: Enhancing Cross-Cultural, Patient-Centered Care and Communication
Tavia Mirassou-Wolf, MPH
Colorado Department of Public Health and Environment

Resources

• Google (with a grain of salt)
• TB Centers of Excellence and CDC materials
• Ethnomed; The Cross Cultural Health Care Program
• Other health programs that work with this culture
• Community agencies, churches, schools that work with this culture
• Movies, books, television from that culture
• Festivals, special events
• Wherever this group congregates (cafe, temple, park, etc.)

What should we learn about Culture X?
Learn the **history** of the group’s experience with government policies and health care...

- The Tuskegee Study
- Indian residential schools
- Forced sterilization *(incarcerated patients; patients with mental illness)*

Etiquette that generates trust

Types of healers

Roles of healer/patient

Illness beliefs, explanatory models

Treatment practices
Building Trust and Rapport: Learning the Patient’s Context

Patient’s personal history
- US-born?
- Home country and local region
- Decades in US?
- Prior profession or professional training
- Religious beliefs, practices
- Family structure
- Ethnicity, preferred language(s)
- Literate? In which language(s)?
- Experience of US medical system & health beliefs

Exploring Patients’ Illness Beliefs and Explanatory Models
- Varying beliefs about illness and disease across cultures
- Not necessarily one-to-one word or concepts corresponding to biomedical disease terms
- Varying concepts of how illness is caused:
  - Germs
  - Supernatural (offended ancestors)
  - Witchcraft (evil eye)
  - Environment (wind enters the body)
  - Patient’s emotions (shock=susto or kaget)
Be Aware of Different Types of Healers and Therapeutic Roles

Variety of types of healers, roles, and therapeutic relationships across societies

- **Bio-medical doctors** impart bio-medical knowledge in clinics
- **Shamans** perform ceremonies at patients’ homes, supernatural focus
- **Herbalists** prepare plant-based treatments
- **Massage therapists** may make home visits

Be Aware of Common Treatment Practices

Variety of treatment practices across cultures
No one-to-one word or concept corresponds to exams or treatments across languages

- Exam or diagnosis by:
  - Bacterial culture
  - Shamanic ceremony
  - Who has a grudge
- Treatment by:
  - Medication
  - Prayer or sacrifice
  - Making amends to someone
  - Massage, coining, cupping
Activity:

What questions can we ask our patients to elicit ethnomedical explanations?

Patient’s Explanatory Model: Causes and Description of Illness

- What do you think has caused your problem?
- What do you call it?
- Why do you think your problem/condition started when it did?
- How long do you think your problem/condition will last?
Patient’s Explanatory Model: Experience of Illness and Treatment Expectations

- How does this condition affect your life?
- How severe is your problem/condition?
- What worries you the most?
- What treatment do you think would work?

Patient’s Explanatory Model: Practical Needs for Treatment Plan

- The patient’s agenda
  - How can I be most helpful to you?
  - What is most important for you?
- Health-seeking behavior
  - Have you seen anyone else about this problem besides a physician?
  - Have you used nonmedical remedies or treatments for your problem?
  - Who advises you about your health?
- Use information to negotiate treatment plan
Culture, Community and TB Care: Enhancing Cross-Cultural, Patient-Centered Care and Communication
Tavia Mirassou-Wolf, MPH
Colorado Department of Public Health and Environment

Interpreted Interviews

Managing the Cost of Interpreters

What are your sources of funding for interpreters?

What interpretation services do you have available?

How do you know which languages?
Legal Mandates to Provide Interpreters to LEP Patients

Any program that receives federal or state funding

Federal Statutes

- 1964 Civil Rights Act, Title VI—national origin
- Rehab. Act of 1973, Title V, Sec. 504—nondiscrimination
- Americans with Disabilities Act, 1990 (ADA)—equal access

LEP = Limited English Proficiency

Who Speaks English less than “Very Well?” (2010 Census)

<table>
<thead>
<tr>
<th>State</th>
<th>Total Pop. Over 5</th>
<th>Home Language Not English (%)</th>
<th>Home Language Not English, who Speak English less than “Very Well”</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>636 K</td>
<td>102 K (16%)</td>
<td>37K (37%)</td>
</tr>
<tr>
<td>CA</td>
<td>34 M</td>
<td>14.6 M (43%)</td>
<td>6.7 M (47%)</td>
</tr>
<tr>
<td>CO</td>
<td>4.6 M</td>
<td>763 K (17%)</td>
<td>324 K (43%)</td>
</tr>
<tr>
<td>HI</td>
<td>1.25 M</td>
<td>320 K (26%)</td>
<td>146 K (46%)</td>
</tr>
<tr>
<td>ID</td>
<td>1.4 M</td>
<td>145 K (10%)</td>
<td>55 K (38%)</td>
</tr>
<tr>
<td>NV</td>
<td>2.4 M</td>
<td>690 K (29%)</td>
<td>318 K (46%)</td>
</tr>
<tr>
<td>OR</td>
<td>3.5 M</td>
<td>507 K (14%)</td>
<td>224 K (44%)</td>
</tr>
<tr>
<td>UT</td>
<td>2.4 M</td>
<td>338 K (14%)</td>
<td>135 K (40%)</td>
</tr>
<tr>
<td>WA</td>
<td>6.1 M</td>
<td>1 M (16%)</td>
<td>483 K (41%)</td>
</tr>
</tbody>
</table>

Activity:
Gathering Personal Information

Tips for Interpreted Interviews:
Roles of Family Members

Don’t use the patient’s children—even if they are willing and the patient requests it

- **Less Accurate**: Children don’t know specialized vocabulary in either language

- **No Confidentiality**…

- **Parent-Child Relationship**:
  - Sensitive topics (TB and HIV are stigmatized in most cultures, parents won’t divulge all activities)
  - Children don’t want to give upsetting information to parents or are upset by parents’ reactions
Tips for Interpreted Interviews: Roles of Family Members (2)

Let family members be family members, and play their normal roles:
• **Be present** (with patient’s permission)
• **Provide emotional support**
• **Help remember questions and diagnosis**
• **Provide decision making** support
• **Assess accuracy of the trained interpreter and increase confidence and trust** in interpreter

Communication Is Possible!
Tips for Interpreted Interviews: Before the Interview

- Meet the interpreter to explain goals of the interview (diagnosis, patient education, contact investigation)
- Give the interpreter time to ask questions
- Ask the interpreter about polite introductory questions and topics in their culture
- Is there anything you should do or not do when greeting a person?
- How are guests expected to behave?
- How do hosts usually treat visitors?

Tips for Interpreted Interviews: Before the Interview (2)

- Especially if the interpreter is not certified
  - Knowledge of anatomy words in English and target language
  - Understanding of TB in biomedical model
  - Are there any treatments for TB or TB concepts that are different in the patient’s culture?
  - Are there ideas about cause of diseases in general or other ideas about health you should be aware of (if interpreter shares patient’s cultural background)?
Tips for Interpreted Interviews:  
Set-up and Speaking Strategies

• Speak with and look at the patient
• Sit facing the patient, with the interpreter slightly behind and at the side of patient
• Speak at normal pace, but pause often
• Don’t interrupt the interpreter—things often take longer in other languages
• Review CITC Making the Connection video about working with interpreters

Avoid complicated language  
(Not Just Medical Terms)

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Simpler Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
<td>How you feel; your health problem; your sickness</td>
</tr>
<tr>
<td>Oral</td>
<td>By mouth</td>
</tr>
<tr>
<td>Intermittent</td>
<td>Off and on, sometimes, not always</td>
</tr>
<tr>
<td>Procedure</td>
<td>What will be done to help your problem, operation</td>
</tr>
<tr>
<td>Concrete evidence</td>
<td>Test results, what you can see on the x-ray film</td>
</tr>
<tr>
<td>Active role</td>
<td>What you can do to help yourself get well</td>
</tr>
<tr>
<td>Collaborate</td>
<td>How we can work together</td>
</tr>
<tr>
<td>Adverse</td>
<td>Unwanted, not good</td>
</tr>
<tr>
<td>Support</td>
<td>Help</td>
</tr>
<tr>
<td>Adjust</td>
<td>Get used to, learn to live with</td>
</tr>
</tbody>
</table>
Tips for Interpreted Interviews: 
**During the Interview (1)**

- Introduce yourself—ask, answer polite questions
- Introduce interpreter—allow polite questions
- Explain the process of interpreting, interpreter’s role to the patient
- Explain the purpose of the interview
- Request that patient be honest
- State you will work together to provide the best treatment
- Emphasize that you and interpreter will keep confidentiality

Tips for Interpreted Interviews: 
**During the Interview (2)**

- Ask open-ended questions, expect often long answers, maybe answer embedded in a story
- Make sure the interpreter is interpreting for the patient in a way that the patient feels comfortable with the communication
- Ask the patient about health beliefs, explanations for illness, treatments sought, expectations about healing
- Give the patient time to ask questions
Tips for Interpreted Interviews: 
**During the Interview (3)**

- *Remember: interpreted interviews take longer*
- Ask the patient to repeat your explanations and instructions (teach-back) to ensure that the patient understands the information discussed
- Ask the patient about any challenges to following treatment; problem-solve together
- The patient may be very ill and not have stamina for a lot of questions
- The patient has a lot of information to absorb, and may not think of all questions at once
- Plan for a follow-up interview

---

Tips for Interpreted Interviews: 
**After the Interview**

Check in with the interpreter for feedback:

- How the interview went (cultural or style issues)
- Advice for the next time (better to have different age, gender, ethnicity, religion?)
- Use the same interpreter for re-interviews if all goes well. If not, change the interpreter?
- Schedule a follow-up interview, if needed
- Expect interpreter fatigue. Interpreting is mentally and emotionally draining. Plan for more, shorter interviews, if possible.
**Activity:**

**Cross-Cultural Proverbs**

- Learning about health beliefs and cultural context requires curiosity
- Remember humility—we all feel we do things right our way!
- Take time to explain how things are done—e.g. labs, x-rays, DOT, and what will be learned
- Explain the reasons for all TB activities
- Throughout treatment, keep asking about patient’s culture and about where they come from
- Explore patient’s practical needs
- No one can be an expert about all cultures—find people to explain, interpret, and mediate
- Create a safe space for cultural differences

**Summary of Skills for Working with Cross-Cultural Patients**
Culture, Community and TB Care: Enhancing Cross-Cultural, Patient-Centered Care and Communication
Tavia Mirassou-Wolf, MPH
Colorado Department of Public Health and Environment

Questions?
Tavia Mirassou-Wolf
Tavia.mirassou-wolf@state.co.us
303-692-2638
Definitions

- **Culture**: Languages, customs, believes, rules, arts, knowledge, and collective identities and memories developed by members of all social groups that make their social environments meaningful.
- **Cultural Identity**: The definition of groups or individuals (by themselves or others) in terms of cultural or subcultural categories (including ethnicity, nationality, language, religion, and gender). In stereotyping, this is framed in terms of difference or otherness.
- **Sub-population**: An identifiable fraction or subdivision of a population.
- **Cultural Humility**: I am sensitive about the impact that culture can have on a situation; I am knowledgeable (or learning) about culture and its impact; I am skillful at managing that impact; and I realize that cultural humility is a lifelong pursuit.
- **Cultural Proficiency**: A set of behaviors, attitudes, and policies that enable us to work effectively in cross-cultural situations.
- **Cultural Safety**: When patients feel safe and accepted as who they are in terms of their cultural identities and behaviors.
- **Cultural Competence**: The ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed.
- **Cultural Sensitivity**: remaining value-neutral in the face of cultural differences.
- **Cultural Flexibility**: defined as the propensity to value and move across different cultural and social peer groups and environments.
- **Limited English Proficiency (LEP)**: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." Also defined as, any person age 5 and older who reported speaking English less than “very well” as classified by the U.S. Census bureau.
Neutral Questions to Elicit Ethnomedical Explanations

Directions: In exploring our patients’ ethnomedical explanations, brainstorm neutral questions you can ask to elicit this information.

Category 1: Causes and description of illness.

Example: What do you think has caused your problem?

1. Question:
2. Question:
3. Question:
4. Question:

Category 2: Experience of illness and treatment expectations.

Example: How does this condition affect your life?

1. Question:
2. Question:
3. Question:
4. Question:

Category 3: Practical needs for treatment plan.

Example: How can I be most helpful to you?

1. Question:
2. Question:
3. Question:
4. Question:
5. Question:
Best Practices for Communicating Through an Interpreter

Trained health care interpreters can reduce liability, help ensure appropriate utilization, and increase client adherence and satisfaction with services. Trained interpreters help to assure effective communication between the client and provider, support effective use of time during the clinical encounter, and improve outcomes. The National Council on Interpreting in Health Care has published a comprehensive Glossary of Terms commonly used in the field of health care interpreting.

Who Can Serve as a Health Care Interpreter

Trained bilingual staff, on-staff interpreters, contract interpreters, telephone interpreters, and trained volunteers can serve as health care interpreters. The following people, however, should not serve as health care interpreters: patients’ family and friends, children under 18 years old, other patients or visitors, and untrained volunteers.

Working Effectively Through an Interpreter

- **Introduce yourself to the interpreter.** Determine the interpreter’s level of English proficiency and professional training and request that the interpreter interpret everything into the first person (to avoid “he said, she said”). For a detailed script intended for use when working with a remote interpreter via phone or video, click here.

- **Acknowledge the interpreter as a professional in communication.** Respect his or her role.

- During the medical interview, speak directly to the patient, not to the interpreter.

- **Speak more slowly** rather than more loudly.

- **Speak at an even pace in relatively short segments.** Pause so the interpreter can interpret.

- **Assume, and insist, that everything you say, everything the patient says, and everything that family members say is interpreted.**

- **Do not hold the interpreter responsible for what the patient says or doesn’t say.** The interpreter is the medium, not the source, of the message. If you feel that you are not getting the type of response you were expecting, restate the question or consult with the interpreter to better understand if there is a cultural barrier that is interfering with communication.

- **Be aware that many concepts you express have no linguistic or conceptual equivalent in other languages.** The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.

- **Give the interpreter time to restructure information in his/her mind and present it in a culturally and linguistically appropriate manner.** Speaking English does not mean thinking in English.

- **Remember that your patient may have been a victim of torture or trauma.** This may also be true for the interpreter. If you need to ask questions that may be extremely personal or sensitive, explain to the patient that doing so is part of your evaluation and reiterate that the information will remain confidential.
• **Avoid:** Highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea in the middle of a sentence, and asking multiple questions at one time. Also avoid making assumptions or generalizations about your patient or their experiences. Common practices or beliefs in a community may not apply to everyone in that community.

• **Encourage the interpreter** to ask questions and to alert you about potential cultural misunderstandings that may come up. Respect an interpreter’s judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter’s help in eliciting the information in a more appropriate way.

• **Avoid patronizing or infantilizing the patient.** A lack of English language skills is not a reflection of low cognitive function or a lack of education. Your patient may be a college professor or a medical doctor in her own country just as easily as she may be a farm worker.

• Ask the patient **what he/she believes the problem is,** what causes it, and how it would be treated in their country of origin.

• Ask the patient to **repeat back** important information that you want to make sure is understood.

• **Be patient.** Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings.

• **Allow time for a pre-session with the interpreter.** When working with a professional face-to-face interpreter to facilitate communication with a limited English proficient (LEP) refugee, a pre-session can be helpful to both the healthcare provider and the interpreter.

**Preparing for a Remote Interpreted Session**

**Interpreter Pre-Session**

The pre-session is an opportunity to be clear about the nature of the upcoming encounter and any particular concerns that the provider would like to address regarding the patient’s condition. This provides the interpreter with the information necessary to make any adjustments in his/her interpreting. For example, you may discuss whether or not the interpreting will be done in consecutive or simultaneous mode, whether there will be highly technical language that will be used, whether subsequent adjustments in register will need to be made, and whether or not the content of the session is going to be highly emotional or intense. It is also an opportunity to raise any cultural concerns that may be pertinent to the patient’s presenting problem.

**Preparing for a Remote Interpreted Session**

Interpreted sessions can take place remotely over the telephone or over video. The terms “OPI” (over the phone) and “telephonic” are often used in reference to telephone interpreting. The term “VRI” (video relay interpreting) is also increasing in use as more facilities acquire this technology.

**The Pre-Session**

Clinicians and other staff in health care settings should be aware that communication through an interpreter, especially via telephone, can be an unfamiliar and strange experience for recently arrived refugees. Thus, a brief introduction to the interpreted session, known as the pre-session, is a best practice recommendation. In this pre-session, the provider and interpreter lay out the “ground rules” for the session. Generally, this addresses the interpreter’s role in the encounter and the intent to respect the confidential nature of the
forthcoming discussion. The interpreter can request that all parties pause frequently to allow the interpreter to interpret accurately and completely.

The pre-session may be less-frequently incorporated into over-the-phone interpreter sessions. While the provider may not notice the difference, the absence of the pre-session may leave the limited English proficient (LEP) client in the dark, especially if they have never utilized a telephone interpreter before.

This scripted introduction can be led by the health care provider via the telephone interpreter. The inclusion of an introduction in all interpreted encounters will hopefully put the LEP client at ease and create a situation in which all parties are clear in regards to the protocol, goal, and role of the interpreter.

Contributed by The National Council on Interpreting in Health Care (NCHIC)
Many people, even highly literate people, have trouble understanding words used in health care. In some instances, a word may be totally unfamiliar. In other cases, a word may be familiar, but the person may not understand it in a health care context.

For example, upon hearing “keep your glucose in a normal range,” people know what normal means about a person, and they may have a range in their kitchen, but they may miss the intended concept in terms of health care. Even people who understand the concept may need more information than the phrase provides. They need to be told what glucose measurements are considered normal.

Words with a Latin or Greek prefix present special problems. The health science field is full of such words. Here is a small sampling: pre-op, post-op, prenatal, premature, unsweetened, decontaminate, antibacterial. For example, the risk factor for poor readers with diabetes is that they may recognize one part of the word, such as the sweetened in unsweetened, and then skip the un. This kind of guessing can lead to the opposite behavior.

Four kinds of words cause much of the misunderstanding:

- Medical words
- Concept words
- Category words
- Value judgment words

Often these kinds of words can be made understandable by explaining them with common words, by an example, or by a visual.

-more-
**Medical Word Examples:** Words frequently used by doctors and in health care instructions.

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ailment</td>
<td>Sickness, illness, problem with your health</td>
</tr>
<tr>
<td>Benign</td>
<td>Will not cause harm; is not cancer</td>
</tr>
<tr>
<td>Condition</td>
<td>How you feel; health problem</td>
</tr>
<tr>
<td>Dysfunction</td>
<td>Problem</td>
</tr>
<tr>
<td>Inhibitor</td>
<td>Drug that stops something that is bad for you</td>
</tr>
<tr>
<td>Intermittent</td>
<td>Off and on</td>
</tr>
<tr>
<td>Lesion</td>
<td>Wound; sore; infected patch of skin</td>
</tr>
<tr>
<td>Oral</td>
<td>By mouth</td>
</tr>
<tr>
<td>Procedure</td>
<td>Something done to treat your problem; operation</td>
</tr>
<tr>
<td>Vertigo</td>
<td>Dizziness</td>
</tr>
</tbody>
</table>

**Concept Word Examples:** Words used to describe an idea, metaphor, or notion.

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active role</td>
<td>Taking part in</td>
</tr>
<tr>
<td>Avoid</td>
<td>Stay away from; do not use (or eat)</td>
</tr>
<tr>
<td>Collaborate</td>
<td>Work together</td>
</tr>
<tr>
<td>Factor</td>
<td>Other thing</td>
</tr>
<tr>
<td>Gauge</td>
<td>Measure; get a better idea of; test (dependent on context)</td>
</tr>
<tr>
<td>Intake</td>
<td>What you eat or drink; what goes into your body</td>
</tr>
<tr>
<td>Landmark</td>
<td>Very important (adj.) Important event; turning point (n.)</td>
</tr>
<tr>
<td>Option</td>
<td>Choice</td>
</tr>
<tr>
<td>Referral</td>
<td>Ask you to see another doctor; get a second opinion</td>
</tr>
<tr>
<td>Wellness</td>
<td>Good health; feeling good</td>
</tr>
</tbody>
</table>

- more -
**Category Word Examples:** Words that describe a group or sub-set, and may be unfamiliar.

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Something you do; something you do often, like driving a car</td>
</tr>
<tr>
<td>Adverse (reaction)</td>
<td>Bad</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Learning; thinking</td>
</tr>
<tr>
<td>Hazardous</td>
<td>Not safe; dangerous</td>
</tr>
<tr>
<td>High-intensity exercise</td>
<td>Use an example, such as running</td>
</tr>
<tr>
<td>Generic</td>
<td>Product sold without a brand name, like ibuprofen (Advil is brand name)</td>
</tr>
<tr>
<td>Noncancerous</td>
<td>Not cancer</td>
</tr>
<tr>
<td>Poultry</td>
<td>Chicken, turkey, etc.</td>
</tr>
<tr>
<td>Prosthesis</td>
<td>Replacement for a body part, such as a man-made arm</td>
</tr>
<tr>
<td>Support</td>
<td>Help with your needs – for money, friendship, or care</td>
</tr>
</tbody>
</table>

**Value Judgment Word Examples:** Words that may need an example or visual to convey their meaning with clarity.

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>Enough</td>
</tr>
<tr>
<td></td>
<td><em>Example (adequate water): 6-8 glasses a day</em></td>
</tr>
<tr>
<td>Adjust</td>
<td>Fine-tune; change</td>
</tr>
<tr>
<td>Cautiously</td>
<td>With care; slowly</td>
</tr>
<tr>
<td></td>
<td><em>Example: making sure to hold on to handrails</em></td>
</tr>
<tr>
<td>Excessive</td>
<td>Too much</td>
</tr>
<tr>
<td></td>
<td><em>Example (bleeding): if blood soaks through the bandage</em></td>
</tr>
<tr>
<td>Increase gradually</td>
<td>Add to</td>
</tr>
<tr>
<td></td>
<td><em>Example (exercise): add 5 minutes a week</em></td>
</tr>
<tr>
<td>Moderately</td>
<td>Not too much</td>
</tr>
<tr>
<td></td>
<td><em>Example (exercise): so you don’t get out of breath</em></td>
</tr>
<tr>
<td>Progressive</td>
<td>Gets worse (or better)</td>
</tr>
<tr>
<td>Routinely</td>
<td>Often</td>
</tr>
<tr>
<td></td>
<td><em>Example: every week; every other day</em></td>
</tr>
<tr>
<td>Significantly</td>
<td>Enough to make a difference</td>
</tr>
<tr>
<td></td>
<td><em>Example (smoking/heart disease): 2 times the chance of having heart disease</em></td>
</tr>
<tr>
<td>Temporary</td>
<td>For a limited time; for about (an hour, day…)</td>
</tr>
<tr>
<td></td>
<td><em>Example: for less than a week</em></td>
</tr>
</tbody>
</table>

For more information on the Partnership for Clear Health Communication at the National Patient Safety Foundation, please visit [www.npsf.org/pchc](http://www.npsf.org/pchc).
For more information on Ask Me 3, please visit [www.npsf.org/askme3](http://www.npsf.org/askme3).
Stop the Stigma: Eliminating Stigmatizing Language

“Every Word Counts”

In the publication, Every Word Counts: Suggested Language and Usage for Tuberculosis Communications, the authors describe how judgmental terms and negative connotation of words such as ‘defaulter’ and ‘suspect’ place blame for the disease and responsibility for adverse treatment outcomes on the patient.¹

In order to assist in implementing a change in the use of stigmatizing language, Heartland has committed to join forces with the Global TB Community, the International Union Against TB and Lung Disease, and the National Society of TB Clinicians. Heartland, with support from the Treatment Action Group, developed this quick reference tool to aid in identifying suggested replacement language as a reminder of how our words may affect others.

¹From “Suggested language and usage for TB care, communications and publications” page 2

Where it began

Language in TB services: can we change to patient-centered terminology and stop the paradigm of blaming the patients?

Civil society calls for the retirement of stigmatizing and criminalizing language from the global TB discourse

Suggested language and usage for tuberculosis (TB) care, communications and publications.

Open letter: Retiring stigmatizing and criminalizing language from the global TB discourse

Supported by Treatment Action Group (TAG)
### Eliminating Stigmatizing Language

#### Non-hurtful Replacement Language

**Key Terms suggested by the Stop TB Partnership**

<table>
<thead>
<tr>
<th>Use this.....</th>
<th>Not that.....</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence / Non-adherence</td>
<td>Compliance / Non-compliance</td>
</tr>
<tr>
<td>Person lost to follow up</td>
<td>Defaulter</td>
</tr>
<tr>
<td>TB Prevention and Care</td>
<td>TB Control</td>
</tr>
<tr>
<td>Person to be evaluated for TB</td>
<td>TB Suspect</td>
</tr>
<tr>
<td>HIV-Positive</td>
<td>HIV-infected</td>
</tr>
</tbody>
</table>

#### HNCTC Survey Results

**Language suggested by participants**

<table>
<thead>
<tr>
<th>Use this.....</th>
<th>Not that.....</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Infection</td>
<td>Latent TB</td>
</tr>
<tr>
<td>Lack of housing; Under-housed; People experiencing homelessness</td>
<td>Homeless/Homelessness</td>
</tr>
<tr>
<td>Immigrant</td>
<td>Alien</td>
</tr>
<tr>
<td>Undocumented</td>
<td>Illegal; Illegal alien</td>
</tr>
<tr>
<td>Person with TB disease</td>
<td>TB case</td>
</tr>
<tr>
<td>Treatment failed</td>
<td>Treatment failure</td>
</tr>
<tr>
<td>Missed doses/Non-adherent</td>
<td>Delinquent</td>
</tr>
<tr>
<td>Contact Analysis; Contact Elicitation; Contact Identification</td>
<td>Investigation; Investigate</td>
</tr>
<tr>
<td>Exposed to TB</td>
<td>TB contact</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Consumption; White Plague</td>
</tr>
</tbody>
</table>

Stigmatizing language and suggested replacements was identified by an HNCTC survey requesting pledgers to identify language that they personally experienced or witnessed. **This list is non-inclusive.**

---

**Supported by Treatment Action Group (TAG)**
CROSS-CULTURAL INTERPRETATION
The words may be different, but the meaning is the same.

<table>
<thead>
<tr>
<th>International Proverbs</th>
<th>U.S. Proverb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon: He makes a wine cellar from one raisin.</td>
<td>He makes a mountain out of a mole-hill.</td>
</tr>
<tr>
<td>Spain: God is a good worker, but he loves to be helped.</td>
<td>God helps those who help themselves.</td>
</tr>
<tr>
<td>Denmark: You can force a man to shut his eyes,</td>
<td>You can lead a horse to water,</td>
</tr>
<tr>
<td>but you can’t make him sleep.</td>
<td>but you can’t make him drink.</td>
</tr>
<tr>
<td>Ghana: If you climb up a tree, you must climb down that</td>
<td>What goes up, must come down.</td>
</tr>
<tr>
<td>same tree.</td>
<td></td>
</tr>
<tr>
<td>Germany: From the rain into the gutter.</td>
<td>From the frying pan into the fire.</td>
</tr>
<tr>
<td>Korea: My house burned down, but it was a relief the</td>
<td>Every cloud has a silver lining.</td>
</tr>
<tr>
<td>bedbugs died.</td>
<td></td>
</tr>
<tr>
<td>Japan: Two captains sink the ship.</td>
<td>Too many cooks spoil the soup.</td>
</tr>
<tr>
<td>Tanzania: I will not cry over a mishap and injure my eyes.</td>
<td>It is no use to cry over spilt milk.</td>
</tr>
<tr>
<td>Iran: Trust in God, but tie your camel.</td>
<td>God helps those who help themselves.</td>
</tr>
<tr>
<td>Russia: As you cooked the porridge, so you must eat it.</td>
<td>As you sow, so shall you reap.</td>
</tr>
<tr>
<td>Indonesia: We may all have black hair, but we don’t have</td>
<td>You can’t judge a book by it’s cover.</td>
</tr>
<tr>
<td>the same heart.</td>
<td></td>
</tr>
</tbody>
</table>
Resources for TB Care Across Cultures

**Health-Related Cultural Information**


Cultural Clues  [http://depts.washington.edu/pfes/CultureClues.htm](http://depts.washington.edu/pfes/CultureClues.htm)


National Center for Cultural Competence (NCCC)  [http://nccc.georgetown.edu/](http://nccc.georgetown.edu/)

**TB-Specific Cultural Information**

*Country Guides* (Brazil, Cambodia, China, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, India, Indonesia, Mexico, Myanmar (Burma), Peru, Philippines, Somalia, South Korea, Vietnam)

Southeastern National Tuberculosis Center  [http://sntc.medicine.ufl.edu/Products.aspx](http://sntc.medicine.ufl.edu/Products.aspx)


*TB & Cultural Competency Newsletters*; Rutgers Global Tuberculosis Institute  [http://globaltb.njms.rutgers.edu/educationalmaterials/tbandculturalcompetency.html](http://globaltb.njms.rutgers.edu/educationalmaterials/tbandculturalcompetency.html)

**Translated Patient Education TB Resources**


Harborview Medical Center, Seattle  [https://healthonline.washington.edu/health_online/translations.asp](https://healthonline.washington.edu/health_online/translations.asp)


Medline Plus  [https://medlineplus.gov/languages/tuberculosis.html](https://medlineplus.gov/languages/tuberculosis.html)


TB Education and Training Resources (CDC)  http://www.findtbresources.org/
Virginia Department of Health  http://www.vdh.virginia.gov/TB/Patients/brochureLanguage.htm
INFLUENCES OF CULTURE AND LANGUAGE ON PATIENT COMMUNICATION


3. **National Center for Cultural Competence.** Premier national organization doing research and developing resources to increase cultural competence, including self-assessment and program planning tools. [http://nccc.georgetown.edu/](http://nccc.georgetown.edu/).

4. **UCSF Center for the Health Professions.** Online links to sites with office signs, patient education materials, interpreter services poster in many languages, language identification flashcards (“I speak” cards). [https://healthforce.ucsf.edu/publications](https://healthforce.ucsf.edu/publications). (search for language services and cultural competence)


MEDICAL INTERPRETERS BEST PRACTICES, TRAINING, & NATIONAL CERTIFICATION


BEST PRACTICES FOR WORKING WITH INTERPRETERS VIDEOS


LEGAL MANDATES FOR SERVICES TO LIMITED ENGLISH PROFICIENT (LEP) PATIENTS


DEMOGRAPHIC INFORMATION ON LEP POPULATIONS BY STATE, COUNTY, OR ZIP CODE

1. California Speaks: Language Diversity and English Proficiency by Legislative District. California Endowment. 2002. https://2f9312f7-a-a7546207-sites.googlegroups.com/a/calendow.org/resource-library/home/non-profit-research/California%20Speaks.pdf?attachauth=ANoY7co35A1R8muDivGrhRQWh6DzBesiQzwICaVU3EibScj7OpD5P2DwDK7EB39XkoG0hRMzDd5sL_irGoKnkSFbwpBGrawu7QRVvKp8WUMlm190GmaxeYjvh5pFlwAJQ4EaOcyi1lMmguXDzu1RmsnprZn5adEY3OpECOhrmKY09R9dNUcr8vDWRAYtaF5xBlq6iFTsqMP0gTrOlKmP3qhY2wFf2UC6hciF-78_NX1Q6n09OoEOC7xODqyKeNNGG_nn7v8wFtDqzD69fskYOxjA8j17jg%3D%3D&attredirects=0 . (search for title)


4. Ethnologue. Background information on 6,000 languages (to find out which ethnic group and in which countries a specific language is spoken). www.ethnologue.com.
MULTILINGUAL RESOURCES FOR PATIENT EDUCATION

1. **Ethnomed.** Cultural competence background resources, office signs and patient education materials in multiple languages. [http://ethnomed.org/culture](http://ethnomed.org/culture)


8. **India TB Control Program.** TB information in 11 (South Asian) Indian languages. [http://www.tbcindia.nic.in/RNTCP_Creatives.html](http://www.tbcindia.nic.in/RNTCP_Creatives.html)

IMPROVED CLINICAL OUTCOMES AND PATIENT SATISFACTION


   [http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.94.5.866](http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.94.5.866)


4. **Connecting Worlds Curriculum**. California Endowment, 2004. *An introduction to health care interpreting that combines a variety of teaching methods and materials.*


6. **Additional Online Cultural Competency Training**
   - [https://implicit.harvard.edu/implicit/](https://implicit.harvard.edu/implicit/), Harvard University Implicit Association Test for individual biases.
   - [https://nccc.georgetown.edu/resources/distance.php](https://nccc.georgetown.edu/resources/distance.php), National Center for Cultural Competence online modules.
   - [http://www.merlot.org/merlot/viewMaterial.htm?id=357169](http://www.merlot.org/merlot/viewMaterial.htm?id=357169), Interactive module to assess individual cultural competence and develop a learning plan, focused for nurses.
   - [http://acrossculturesweb.com/](http://acrossculturesweb.com/), *Communicating Across Cultures*, develops skills to interact successfully with people from cultures other than your own.
   - [http://www.hrsa.gov/CulturalCompetence/research.html](http://www.hrsa.gov/CulturalCompetence/research.html), Culture, Language & Health Literacy Resources: Research & Education modules, including: *Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care, and Support and Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural*
Resources for TB Care Across Cultures

Health-Related Cultural Information

The Cross Cultural Health Care Program  http://www.xculture.org/
Cultural Clues  http://depts.washington.edu/pfes/CultureClues.htm
EthnoMed  http://ethnomed.org/
Management Sciences for Health, Providers Guide to Quality & Culture  
https://innovations.ahrq.gov/qualitytools/providers-guide-quality-culture-0
National Center for Cultural Competence (NCCC)  http://nccc.georgetown.edu/

TB-Specific Cultural Information

Country Guides (Brazil, Cambodia, China, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, India, Indonesia, Mexico, Myanmar (Burma), Peru, Philippines, Somalia, South Korea, Vietnam)  
Southeastern National Tuberculosis Center  http://sntc.medicine.ufl.edu/Products.aspx

Ethnographic Guides (Burma, China, Laos, Mexico, Somalia, Vietnam); CDC – Division of TB Elimination  

TB & Cultural Competency Newsletters; Rutgers Global Tuberculosis Institute  
http://globaltb.njms.rutgers.edu/educationalmaterials/tbandculturalcompetency.html

Translated Patient Education TB Resources

EthnoMed  http://ethnomed.org/patient-education/tuberculosis
Harborview Medical Center, Seattle  
https://healthonline.washington.edu/health_online/translations.asp

Health Reach  

Massachusetts Health and Human Services Department  

Medline Plus  https://medlineplus.gov/languages/tuberculosis.html

Minnesota Department of Health  
http://www.health.state.mn.us/divs/idepc/diseases/tb/ed/index.html#language

National Library of Medicine, National Institutes of Health  
National Prevention Information Network (NPIN) Educational Materials Database
https://npin.cdc.gov/


TB Education and Training Resources (CDC)  http://www.findtbresources.org/

Virginia Department of Health  http://www.vdh.virginia.gov/TB/Patients/brochureLanguage.htm