Cultural and Linguistic Responsiveness in Telehealth

Telehealth is defined by the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services as the "use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration."[i] As a connecting service, telehealth allows health professionals to deliver health and mental health services when face-to-face contact is not possible. This method of service delivery comes with unique opportunities, considerations, and challenges, especially as telehealth providers attempt to engage culturally diverse communities in which socioeconomic variables — such as access to technology, limited English proficiency, communication needs, health literacy, cultural beliefs, level of comfort with technology, and others — can impact the delivery of appropriate and respectful care.

To ensure that the services provided are considering culturally diverse communities in telehealth care, providers need to adapt their practice. The national **Culturally and Linguistically Appropriate Services** (CLAS) standards offer a guide for advancing health equity, improving quality, and eliminating health care disparities[ii] that can be adapted to providers' and agencies' telehealth practice. These 15 standards are focused on culturally competent care, which includes language service assistance and governance, as well as organizational supports. These standards serve as a pathway to add to or make adjustments to best practices while using telehealth, while also respecting clients' care. Regardless of the platform used — onsite consultations, email, text messaging, telephone, video conferencing, apps, instructional videos — professionals are expected to use technology, engage clients, communicate clearly, and attend to boundaries and safety.[iii]

Considerations for Cultural and Linguistic Responsiveness on Telehealth[iv,v]

- **Workforce:** Keep in mind that developing culturally and linguistically responsive practices requires an ongoing learning process. However, it is fundamental to providing accessible, respectful, and effective care. This responsive practice starts with the first interaction between clients and the telehealth platform (website, phone call, apps). The first contact between the two parties (the voice mail recording, the instructions you provide, the forms to fill out), the interviews and consultations (communication styles, non-verbal cues, cultural beliefs), and the follow ups (health literacy for instructions, level of comfort with technology, access to resources) need to be culturally and linguistic responsive, as well as inclusive and sensitive to diverse populations. Make sure to recruit, promote, and support a diverse workforce for telehealth services that is culturally and linguistic responsive to the communities you serve.

- **Culturally Responsive Care:** Cultural humility is a core value. Practicing humble curiosity and empathy, asking questions, being open to different perspectives, listening actively, being patient, and taking your time are great strategies to start practicing cultural humility. Acknowledge that cultural factors can influence the communication and understanding between the provider and the client. Be mindful of implicit biases, which refer to "acting on the basis of prejudice and stereotypes without intending to do so,"[vi] and the ways they can impede engagement. Understand that using telehealth can create an added challenge in developing rapport and trust between providers and clients. Recognize and validate feelings of discomfort or inadequacy while managing technology. Include and adapt valuable tools, such as the Cultural Formulation Interview, to address the different cultural beliefs regarding illness, health, and mental health.[vii] Develop a treatment and follow up plan with the client for staying connected and supported that integrates their existing support networks.

- **Inclusive and Respectful Language:** Inform the client of the availability of language assistance services in their preferred language both verbally and in writing. Language assistance services should also be made available for health-related cell phone text messaging, which is susceptible to communication misunderstandings. Make sure to provide information in the client's preferred language, and integrate, to the extent possible, the terminology used in the client's culture that has different meanings (e.g. the word "nervios" or "curanderos" for Hispanic/latinx populations). Remember to use person-first language. Be mindful of gender diversity with the use of chosen pronouns and diverse family structures (for example, using terms like "family member" instead of "mom or dad," and "partner" instead of "wife or husband." Be aware that, due to a lack of visual and verbal cues, non-verbal communication is more difficult. Check in with the consumer for any discomfort, misunderstandings, or need for clarification.

- **Accessibility:** Introduce other means of communication for accessibility needs for any resource or material that will be provided, such as closed captions and transcriptions on videos, American Sign Language services during consultations, alternative text for photos that provide a description of a given image for visually impaired readers, etc.

- **Health and Technology Literacy:** Inquire about the client's level of comfort with technology and health literacy. Provide a space to inform and educate the client about the use of the platform (e.g. send preparatory emails/texts/voice messages that not only include the appointment reminder, but that are also clear about what kind of technology and interaction you will be using, especially if there is an option for using either videoconference or a phone call). Make sure that clients have reliable access to the modality and continue to monitor the client's level of comfort during treatment and follow-up sessions. Use easy-to-understand language while communicating with clients by avoiding acronyms or jargon. Provide the treatment information in different modalities (e.g. written and oral communication). Make sure to ask if the client understands the treatment or follow up, and ask if they need more clarification (e.g. ask them to tell you/repeat what the treatment is to make sure the information was clear). Let them know that you are there to help and that you'll respond to the questions they have either then or afterwards.

- **Rural Areas:** Telehealth is a great resource for rural areas where clients can receive health services with more specialists available without traveling to their practices. However, it is important to make sure that clients have reliable access to the online modality since many rural communities do not currently have access to internet connection speeds which support the effective and efficient transmission of data to provide telehealth services.[viii] Consider access to internet/WiFi, quality of connection, devices that they're using that might or might not have availability for video or other features. Adapt to their challenges and offer other options, such as phone calls, voice messages, or texts messages. The information that needs to be delivered to the client should adjust to the client's access to technology.

- **Community/Family Support:** Acknowledge the importance of families and youth voice to achieve family-driven and youth-guided services. Consider becoming familiar with the community you're serving, and the effect of telehealth on the community environment and clients. Create culturally and linguistically sensitive online content that can be shared that address the role of family and youth in the community.

- **Managing Data:** Individual clients' health-related information must also include race, ethnicity, gender identity (pronouns), ability, and spoken/written language. Use inclusive and understandable language in the forms. The data should be regularly recorded in a client's medical record as part of mobile health data collection and regularly uploaded into the organization's medical record system. In this way, automated health messaging can be targeted to the appropriate group of clients according to their linguistic and cultural preferences. Once these considerations are taken, look for feedback towards cultural and linguistic adaptations in services and explore ways to improve the experience of the clients.

- **Confidentiality:** Assess the clients' understanding and feelings towards confidentiality and the implications of telehealth for their confidentiality. For clients with trauma and/or immigration or migration backgrounds, sharing information online can be uncomfortable. Make sure to share why you're asking for demographic information and how this information will be used. Communicate this with clarity and transparency to help built trust. Be mindful of your own and the client's surroundings while you are providing services, make sure to provide information about the importance of privacy, and make suggestions to assure their comfort in their own space. Questions such as, "Do you feel comfortable talking where

you are? Do you have a place you can go for privacy? Do you want me to call back at a different time when you can be alone?" are a few examples.

Conclusion

It is important to keep in mind that cultural and linguistic responsiveness is a journey. It involves an attitude of respect and humble curiosity that responds to the needs of the client who is reaching out for information and/or services. No matter the platform you are using to deliver services, behavioral health professionals, health providers, and peer specialists cannot compromise on cultural and linguistic responsiveness as a core value, as it enhances the quality of care, minimizes health disparities and provides an effective, respectful, accessible, and more humane approach for everyone.

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For any other information about South Southwest Mental Health Technology Transfer Center or to schedule a training or consultation, please visit our website, https://mhttcnetwork.org/centers/south-southwest-mhttc/home, or contact Alycia Welch, Program Administrator, at Alycia.Welch@austin.utexas.edu.

References

[i] 2020 National Consortium of Telehealth Resource Centers. https://www.telehealthresourcecenter.org/resource-documents/

[ii] U.S. Department of Health and Human Services, Office of Minority Health. (2016). National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.

[iii] Hilty, D. M., Evangelatos, G., Valasquez, G. A., Le, C., & Sosa, J. (2018). Telehealth for rural diverse populations: cultural and telebehavioral competencies and practical approaches for clinical services. Journal of Technology in Behavioral Science, 3(3), 206-220.

[iv] Shore, J H; Savin, D; Novins, D; Manson, S. (2006) Cultural aspects of telepsychiatry. *Journal of Telemedicine and Telecare; 12*: 116–121.

[v] Victorson, D., Banas, J., Smith, J., Languido, L., Shen, E., Gutierrez, S., Cordero, E., & Flores, L. (2014). eSalud: designing and implementing culturally competent ehealth research with latino patient populations. American journal of public health, 104(12), 2259–2265.

[vi] Sandford Encyclopedia of Philosophy. First published Thu Feb 26, 2015; substantive revision Wed Jul 31, 2019 https://plato.stanford.edu/entries/implicit-bias/

[vii] Lewis-Fernández, R., In Aggarwal, N. K., In Hinton, L., In Hinton, D. E., In Kirmayer, L. J., & American Psychiatric Association, (2015). DSM-5 handbook on the cultural formulation interview.

[viii] Rural Health Information Hub. "Telehealth Use in Rural Healthcare" Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) https://www.ruralhealthinfo.org/topics/telehealth#challenges