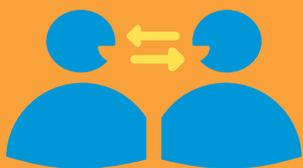


L.A. Care
HEALTH PLAN®

For a **Healthy Life**



Section 2:

Interaction With a Diverse Patient Base

Interaction With a Diverse Patient Base

We recognize that every patient encounter is unique. Every patient is different in age, sex, ethnicity, religion or sexual preference and will bring to the medical encounter their unique perspectives and experiences. This factor will always impact communication, compliance and health care outcomes.

The suggestions presented here are intended to help build sensitivity to differences and styles, minimize patient-provider and patient-office staff miscommunication, and foster an environment that is non-threatening and comfortable to the patient.

This information may assist you to:

- Improve health care delivery and outcomes
- Decrease repeat visits
- Decrease unnecessary lab tests
- Increase adherence
- Avoid Civil Rights Act violations
- Identify opportunities to improve office staff cultural and linguistic competency

The following materials are available in this section:

Tips for Successful Patient Encounters with Diverse Patients

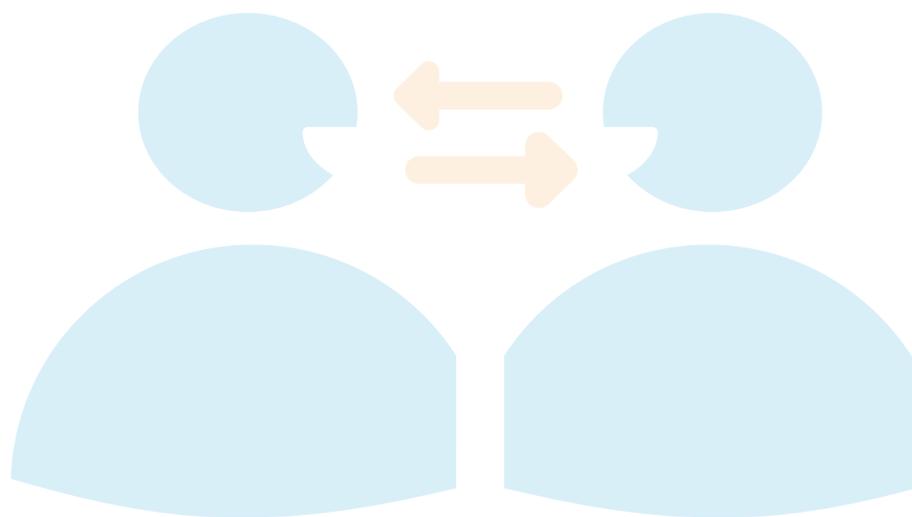
A one-page tip sheet designed to help providers enhance their patient communication skills.

Tips for Office Staff to Enhance Communication with Diverse Patients

A one-page tip sheet designed to help office staff enhance their patient communication skills.

Tips for Identifying and Addressing Health Literacy Issues

A handout elaborating on the signs of low health literacy and how to address them.



Tips for Successful Patient Encounters with Diverse Patients

To enhance patient/provider communication and to avoid being unintentionally insulting or patronizing, be aware of the following:

Styles of Speech

People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.

- Tolerate gaps between questions and answers; impatience can be seen as a sign of disrespect.
- Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.
- Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offense is intended when a patient interrupts you.
- Stay aware of your own pattern of interruptions, especially if the patient is older than you are.

Eye Contact

The way people interpret various types of eye contact is tied to cultural background and life experience.

- Most Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
- For many other cultures direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.
- If a patient seems uncomfortable with direct gazes, try sitting next to them instead of across from them.

Body Language

Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.

- Follow the patient's lead on physical distance and touching. If the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable, and ask permission to touch them.
- Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.
- Do not interpret a patient's feelings or level of pain just from facial expressions. The way that pain or fear is expressed is closely tied to a person's cultural and personal background.

Gently Guide Patient Conversation

English language predisposes us to a direct communication style; however, other languages and cultures differ.

- Initial greetings can set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their physician. If the patient's preference is not clear, ask how they would like to be addressed.
- Patients who speak non-English language or is from other cultural backgrounds may be less likely to ask questions and more likely to answer questions through narrative than with direct responses. Facilitate patient-centered communication by asking open-ended questions whenever possible.
- Avoid questions that can be answered with "yes" or "no." Research indicates that when patients, regardless of cultural background, are asked, "Do you understand," many will answer, "yes" even when they really do not understand. This tends to be more common in teens and older patients. In some cultures, "yes" is a gesture of "being respectful" not necessarily a sign of "agreeing."
- Steer the patient back to the topic by asking a question that clearly demonstrates that you are listening. Some patients can tell you more about their health through story telling than by answering direct questions.

Tips for Office Staff to Enhance Communication with Diverse Patients

Build rapport with the patient.

- Address patients by their last name. If the patient's preference is not clear, ask, "How would you like to be addressed?"
- Focus your attention on patients when addressing them.
- Learn basic words in your patient's primary language, like "hello" or "thank you."
- Recognize that patients from diverse backgrounds may have different communication needs.
- Explain to the patient the different roles performed by people who work in the office.

Make sure patients know what you do.

- Take a few moments to prepare a handout that explains office hours, how to contact the office when it is closed, and how the doctor arranges for care (when the doctor is the first point of contact and then refers to specialists).
- Have instructions translated by a professional translator and available in the common language(s) spoken by your patient base.
- It is not necessary to speak in a loud voice as the issue is language comprehension not deafness.

Keep patients' expectations realistic.

- Inform patients of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the patient to make a list of questions for the doctor, review health materials or view waiting room videos.

Work to build patients' trust in you.

- Inform patients of office procedures, such as when they can expect a call with lab results, how follow-up appointments are scheduled, and routine wait times.

Determine if the patient needs an interpreter for the visit.

- Document the patient's preferred language in the patient chart.
- Have an interpreter access plan. Use of interpreters with a medical background is strongly encouraged, rather than family, minors or friends of the patient.
- Assess your bilingual clinical staff for interpreter abilities.
- Possible resources for interpreting services are available from health plans, the state health department, and the Internet. L.A. Care offers free interpreting services to our direct line of business patients.

Give patients the information they need.

- Have topic-specific health education materials in languages that reflect your patient base.
- Offer handouts such as immunization guidelines for adults and children, screening guidelines, and culturally relevant dietary guidelines for diabetes or weight loss.

Make sure patients know what to do.

- Review any follow-up procedures with the patient and family before they leave your office.
- Verify call back numbers, the locations for follow-up services such as labs, X-ray or screening tests, and whether or not a follow-up appointment is necessary.
- Develop pre-printed simple handouts of frequently used instructions, and translate the handouts into the common language(s) spoken by your patient base.

Tips for Identifying and Addressing Health Literacy Issues

Low health literacy can prevent patients from understanding their health care services. Health Literacy is defined by the National Health Education Standards (*) as “the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing.” This includes the ability to understand written instructions on prescription drug bottles, appointment slips, medical education brochures, doctor’s directions and consent forms, and the ability to negotiate complex health care systems. Health literacy is not the same as the ability to read and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.

Barriers to Health Literacy

- The ability to read and comprehend health information is impacted by a range of factors including age, socioeconomic background, education and culture.
- Example: Some seniors may not have had the same educational opportunities afforded to them.
- A patient’s culture and life experience may have an effect on their health literacy.
- Example: A patient’s background culture may stress verbal, not written, communication styles.
- An accent, or a lack of an accent, can be misread as an indicator of a person’s ability to read English.
- Example: A patient, who has learned to speak English with very little accent, may not be able to read instructions on a prescription bottle.
- Different family dynamics can play a role in how a patient receives and processes information.
- In some cultures it is inappropriate for people to discuss certain body parts or functions leaving some with a very poor vocabulary for discussing health issues.
- In adults, reading skills in a second language may take 6–12 years to develop.

Possible Signs of Low Health Literacy

Your patients’ may frequently say:

- I forgot my glasses.
- My eyes are tired.
- I’ll take this home for my family to read.
- What does this say? I don’t understand this.

Your patients’ behavior may include:

- Not getting their prescriptions filled, or not taking their medications as prescribed.
- Consistently arriving late to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments to clarify instructions.

Tips for Dealing with Low Health Literacy

- Use simple words and avoid jargon.
- Never use acronyms.
- Avoid technical language (if possible).
- Repeat important information – a patient’s logic may be different from yours.
- Ask patients to repeat back to you important information.
- Ask open-ended questions.
- Use medically trained interpreters familiar with cultural nuances.
- Give information in small chunks.
- Articulate words.
- “Read” written instructions out loud.
- Speak slowly (don’t shout).
- Use body language to support what you are saying.
- Draw pictures, use posters, models or physical demonstrations.
- Use video and audio media as an alternative to written communications.

