


Health Literacy Training Session
Module 2
Language, Diversity, Culture and Equity

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This Presentation is Supported by



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Objectives:

- Identify patients with special communication needs
- Identify at-risk groups of people with the greatest needs, including hearing- and sight-impaired
- Discuss how to care for patients' cultural, religious, or spiritual needs and address culturally sensitive information;
- Principles of working with translators and interpreters
- How to avoid "misinformation"



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Shrink the Earth's Population to 100

- 57 Asians
- 21 Europeans
- 14 North, Central and South Americans
- 8 Africans

Of these:


- 70 would be non-white, 30 white
- 70 would be non-Christian, 30 Christian

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Fact Check

What percent of adults in the U.S. are known to have basic or below basic health literacy?

- 6%
- 12%
- 24%
- 36% 
- 48%

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Unique Communication Needs

At the first visit for a patient coming to a new clinic, assess patient for health literacy level and:

- Determine patient's preferred language. ASK THEM!!!
- Does the patient have a sensory or intellectual impairment?
- Are all admission forms complete?
- Race/Ethnicity

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Unique Communication Needs

- Before you begin, try to build rapport (a relationship)
- Lack of eye contact is a warning sign; enlist family to gather more information.
- Any assistive devices? Glasses/contacts/hearing aids?
- Continue to build the patient-provider relationship as you complete the assessment;
- Communicate information about unique patient needs to the care team/consider flag on chart for certain types of needs (hospital protocol).

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Non-Verbal Communication

Eye Contact Examples:

- In the United States culture (also called the Western culture) direct eye contact is mostly viewed as a positive communication skill.
- Eye contact in certain cultures is not appropriate and frowned upon.

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Culture Fact Check:

Which of the following characteristics is the best independent predictor of person's ability to understand health care information?

- Age
- Gender
- Race/ Ethnicity
- Educational Attainment
- Income Level

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At-Risk Groups

Anyone is at risk for miscommunication, but those with the greatest risk are:

1. Those born outside the U.S.
2. The aging population
3. Patients who ask few questions
4. Impaired memory or intellectually
5. Speaks another language at home (English as a second language)
6. Low level of education

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CASE SCENARIO: Raul

- A Spanish-speaking 18- year-old stumbled into his girlfriend’s home, told her he was “intoxicado,” and collapsed. Complaints of dizziness and headache
- Paramedics interpreted that to mean he was intoxicated- the intended meaning for nausea in Spanish
- After 36 hours, he had work up for drug overdose; ETOH abuse - and was comatose by the time they did a workup on him
- **Diagnosis:** Intracerebellar hematoma with brain-stem compression and a subdural hematoma secondary to a ruptured artery.
- **Outcome:** The hospital paid the family a \$71 million malpractice settlement.

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Cultural Beliefs

Cultural beliefs may change:

- how people think and feel about their health
- when and from whom they seek health care
- how people respond to suggestions for lifestyle change
- health care interventions
- how people follow directions and take their medications

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Culture Differences

Cultures differ in *styles of communication*

- In the meaning of words and gestures
- Discussion about the body, health, and illness


Be Aware of Personal Space

- How close is too close?
- Touch – When is it appropriate?

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The Journey




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Avoid Gestures

1000 **COACH** **Managing Cross-Cultural Differences**
An Example of Different Meanings of the Same Gesture



UK & USA = O.K.	JAPAN = MONEY
RUSSIA = ZERO	BRAZIL = INSULT

1000ventures.com


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Context AKA the Situation

Different situations with different cultures can cause people to get confused.

There are three critical factors of health literacy

- Comprehension
- Understanding
- Decision making

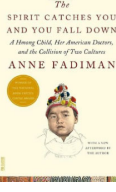


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Religious and Spiritual Needs

Exemplar: [The Spirit Catches You and You Fall Down](#)

By Anne Fadiman



- Clash of cultures from the time of delivery
- Years of miscommunication and misunderstanding
- All involved suffered – Lia Lee’s family, her caregivers, the system
- If not for one physician – conflict would have remained **The Power of One**..... Do you have the dedication to be that “One”?




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Title VI of the Civil Rights Act (1964)

In December 2000, The Federal Office of Minority Health developed standards for what is now known as, “**culturally and linguistically appropriate services (CLAS)**.”

The Purpose: The *National CLAS Standards* are intended to **advance health equity, improve quality, and help eliminate health care disparities** by establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services.



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What are Culturally and Linguistically Appropriate Services?

- Services that are respectful of and responsive to
 - ✓ individual cultural health beliefs and practices
 - ✓ preferred languages
 - ✓ health literacy levels and
 - ✓ communication needs

Services should be used the same way by all members of an organization (regardless of size) at every point of contact with patients and families.



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Interpreters

CLAS Mandate:

- **Standard 6:** Health care organizations must assure the competence of language assistance provided to limited, English-proficient patients/consumers by interpreters and bilingual staff.
- Family and friends should not be used (except upon request by the patient/consumer).
- Never use children



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Who Can You Use As An Interpreter?

- Individuals who have had their language skills assessed, who are trained and successfully evaluated in the skills, modes, and ethics of interpreting.
- Certifying agencies should be explored.

AVOID


- Family or friends
- Minor Children
- Volunteers
- Patients/clients waiting in the office



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Language Assistance Options

- Trained staff who are certified or on-site staff interpreters (employees of the organization with specific interpreter duties only).
- Contract interpreters (contractors paid by the encounter, not employees, but used as an on-call basis employee). May be virtual, by phone or secured computer.




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Because

Using Family, Friends, Minor Children, Volunteers, Strangers, and Other Patients:


- Exposes the facility to liability under Title VI. (CLAS)
- May result in a breach of confidentiality
- May cause the patient to withdraw and avoid sharing critical information for their condition
- Increases liability
- May result in additions, omissions, and changes in content



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Cultural Competence: How it can influence care


- Patients' fear of being misunderstood or disrespected
- Providers are not familiar with the prevalence of conditions among certain minority groups
- Providers may fail to consider people differ in their responses to medication
- Providers may lack knowledge about traditional remedies, leading to harmful drug interactions
- Patients may not adhere to medical advice because they do not understand or do not trust the provider
- Providers may order more or fewer diagnostic tests for patients of different cultural backgrounds



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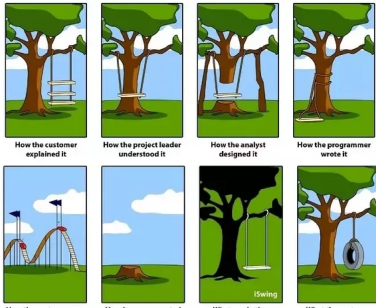
Outcomes for providers who are culturally competent

- More successful patient education
- Increases in patient's healthcare-seeking behavior when needed
- More appropriate testing and screening
- Fewer diagnostic errors
- Decreases drug complications
- Patients follow directions and medical advice
- Expands choices with access to high-quality clinicians



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Miscommunication



How the customer explained it

How the project leader understood it

How the analyst designed it


How the programmer wrote it

How the customer was billed

How it was supported

What marketing advertised

What the customer really needed



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How to avoid misinformation

FAKE

4 in 10 U.S. adults

reported avoiding medical care because of concerns related to COVID-19*

Delaying or avoiding urgent or emergency care was more common among:

- People with disabilities
- People with two or more underlying conditions

Telehealth may help people get the care they need

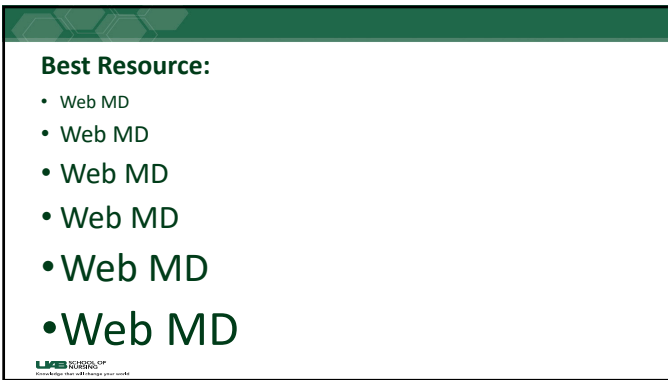
Even during the COVID-19 pandemic, people who experience a medical emergency should seek care **without delay**

CDC.GOV bit.ly/MMWR91020 MMWR

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- Putsch III RW. Cross-cultural communication: The special case of interpreters in health care. JAMA 1985;254(23):3344-48
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