ESL patients: Disparities in the use of health care services

Health literacy symposium 2014
Tarrant County Public Health
A collaboration

This program is brought to you as a collaborative effort between Tarrant County Public Health and Baylor College Of Medicine
ESL patients: Disparities in the use of health care services

- Bias?
- Preferences?
- Poor communication?
The bias hypothesis

According to reports from social psychology studies:

- Bias can occur without intention
- Certain situational factors such as working under time pressure can boost the effects of racial and gender stereotypes
- As well as: social class and education
Racial and ethnic disparities in the use of health services

There are large disparities in the use of services requiring a doctor’s referral.

However, these disparities are unlikely to be due solely attributed to bias.
The preferences hypothesis

It is unlikely that patients' preferences are the driving force for racial and ethnic disparities in health use and outcome.

With minority patients, doctors have:

- poorer interpersonal skills*
- Provide less information**
- Use a less participatory decision-making style***
The communication hypothesis

Plenty of research evidence supports the fact that communication behavior during medical interactions influence:

- Patient satisfaction
- Adherence to doctor’s recommendations
- Likelihood of malpractice claims
- But it also influences disease outcomes
According to the 2012 American Community Survey conducted by the U.S. Census Bureau, Spanish is the primary language spoken at home by 38.3 million people aged five or older, a figure more than double that of 1990.
Spanish is the second most used language in Texas
## Languages spoken in the United States

<table>
<thead>
<tr>
<th>Language</th>
<th>Speaker</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>13,528,191</td>
<td>66.35%</td>
</tr>
<tr>
<td>All languages other than English combined</td>
<td>6,858,870</td>
<td>33.64%</td>
</tr>
<tr>
<td>Spanish</td>
<td>5,932,609</td>
<td>29.09%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>139,534</td>
<td>0.68%</td>
</tr>
<tr>
<td>Chinese</td>
<td>83,641</td>
<td>0.41%</td>
</tr>
<tr>
<td>German</td>
<td>61,316</td>
<td>0.30%</td>
</tr>
<tr>
<td>French</td>
<td>57,992</td>
<td>0.28%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>56,752</td>
<td>0.27%</td>
</tr>
<tr>
<td>Korean</td>
<td>45,272</td>
<td>0.22%</td>
</tr>
<tr>
<td>Urdu</td>
<td>43,202</td>
<td>0.21%</td>
</tr>
<tr>
<td>Hindi</td>
<td>39,570</td>
<td>0.19%</td>
</tr>
</tbody>
</table>
In Texas:

English is the state's *de facto* official language (though it lacks *de jure* status) and is used in government.

The Government of Texas, through Section 2054.116 of the Government Code, mandates that state agencies provide information on their websites in Spanish to assist residents who have limited English proficiency.\[14\]
Agenda

- Introduction
- Review goals
- Choosing a Doctor
- Getting ready for an appointment
- Identify and discuss Barriers
- Rights and Responsibilities
- 1-2-3 / ASK ME 3
- Practice techniques
Objectives

- Recognize barriers to good doctor-patient communication;
- Describe reasons for good doctor-patient communication;
- Recognize examples of good doctor and patient communication traits;
- Apply tips for improving doctor-patient communication;
- Feel more comfortable when talking with your health care provider
Barriers

- Communication barriers can get in the way of understanding the information being given.

- They can also affect the quality of care, be it health care, customer service or any other relationships.
Barriers

- Language or *cultural differences*
- Medical terminology
- Provider interest in patient concerns vs. profit driven
- *Stereotypes*
- Time limits or excessive waiting times
- *Lack of trust*
- Age, gender, or dress of a doctor
- Physical access
- *Limited access* to care or perception of low quality
Barriers

- **MISUNDERSTANDING**
  - Instructions, prescription bottles, appt. slips

- **MISTAKES**
  - Medications, preparation for diagnostic tests

- **EXCESS HOSPITALIZATIONS**
  - Inability to manage chronic diseases

- **POOR HEALTH OUTCOMES**
  - Higher HbA1c levels
## Practical Exercise

<table>
<thead>
<tr>
<th>Communication Barriers</th>
<th>What would you say or do to overcome this barrier?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The appointment is too short – only 15 minutes.”</td>
<td></td>
</tr>
<tr>
<td>“My doctor talks too fast. I can’t get a word in.”</td>
<td></td>
</tr>
<tr>
<td>“The doctor uses a lot of medical jargon about the prescription”</td>
<td></td>
</tr>
</tbody>
</table>
Medical Version

The pre-adolescent human situated her corporeal mass upon the structure intended for respite. She was ingesting a combination of high-fat solids and exudates derived from a common bovine excretion. An arachnid perambulated into her propinquity and lowered its corporeal mass in juxtaposition to hers. Her trepidation precipitated a phobic response which impelled her to alter her spatial coordinates at a rapid velocity.
A language that all of us can understand

Little Miss Muffet,
Sat on a tuffet,
Eating her curds and whey;
Along came a spider,
Who sat down beside her,
And frightened Miss Muffet away.
Use of medical jargon, technical terms, acronyms, and abbreviations per hospital admission


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### Table 2
Use of medical jargon, technical terms, acronyms, and abbreviations per hospital admission

<table>
<thead>
<tr>
<th>Variables</th>
<th>No. of interactions</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of technical terms</td>
<td>47/71</td>
<td>66.20</td>
</tr>
<tr>
<td>Explanation of tech terms</td>
<td>13/47</td>
<td>27.6</td>
</tr>
<tr>
<td>Use of acronyms</td>
<td>40/71</td>
<td>52.1</td>
</tr>
<tr>
<td>Admissions where technical language and/or acronyms are used</td>
<td>56/71</td>
<td>78.8</td>
</tr>
<tr>
<td>Admissions where technical language and acronyms are used</td>
<td>30/71</td>
<td>39.4</td>
</tr>
</tbody>
</table>
Don't Make Assumptions. Find the courage to ask questions and to express what you really want. Communicate with others as clearly as you can to avoid misunderstandings, sadness and drama. With just this one agreement, you can completely transform your life.

Miguel Angel Ruiz
(Author)
What traits should Providers display?

- Introduce himself/herself
- Ask you to describe the problem
- Know latest medical advances
- Give information on condition and tests
- Provide diagnosis
- Explain so that you understand
- Take time to answer questions

- Listen
- Show understanding of the situation
- Express himself/herself
- Maintain confidentiality
- Offer language translation
- Return phone calls
- Display positive feelings toward patient and family
- Encourage you to participate
Choosing a Doctor

- Decide what you are looking for in a doctor
- Identify several doctors (at least two)
- Call the offices
- Make a choice
- If you don’t feel comfortable with your first choice, try your second one
Patients’ Rights

- Patients have the right to be respected and treated with dignity.
- The patient’s medical information will be maintained confidential.
- Patient has the right to a clear and simple explanation about all tests and procedures.
- The patient has the right to an interpreter for all medical visits. (It is the medical facilities’ obligation to provide language services free of charge to the patient if they receive money from the federal government and the patient doesn’t speak English)
Patients’ Responsibilities

- Give a complete and accurate medical history and adhere to the doctor’s recommendations
- Ask doctor or nurse what your numbers are!
- Take preventive measures (diet and exercise)
- Arrive at doctor appointments at the time indicated. (If unable to do so, contact the office to change the appointment)
- Pay necessary charges for medical costs - using payment plans if necessary. Advise office staff to make alternate plans if you are unable to do so.
Expectations and Roles

Expectation 1 - Patient-Doctor Information exchange

1. Doctor offers medical information and asks questions
2. Patient asks questions and provides personal health information
Patient-Centered Communication

Tip 1 - Be prepared for your doctor’s visit:
1. Set goals
2. Write down problems
3. Know your medical history
4. Share information with your provider
5. Take notes during the visit
6. Think about what you want to say
7. Focus on one point at a time
Getting Ready for an Appointment

- Make a list of concerns – prioritize them
- Take information with you
- Make sure you can see and hear as well as possible
- Plan to update the doctor
What to do

1. Let him or her know how you feel about medication
2. Ask what changes need to be made
3. Draw the line where it needs to be drawn
4. Teach yourself
5. Get the tests your provider orders
ESL patients may need additional preparation when getting ready for a doctor’s appointment.
ESL Patients getting ready for the appointment


A project facilitated by students that offers a series of free online ESL Health Lessons supported by the MetLife Foundation

Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.

- Learn new vocabulary for talking about medical situations.
- Practice reading closely for the main ideas and details of a story.
Common confusing words for ESL patients

Some words are often confused by language learners – because they are similar to another word or because they look like a word in their own language but have a different meaning.

Here are some words that often cause confusion:
sensible and sensitive

sensible means ‘practical’ or ‘having good judgement’
sensitive means ‘easily affected by the things people say or do’

Come on darling, be sensible and put a coat on. It’s freezing outside.
Don’t be so sensitive - he didn’t say you were fat, it was just a joke.

sympathetic

Usually we are sympathetic when someone has a problem or is in trouble.
They were very sympathetic when our house was burgled but they couldn’t do much to help.
We don’t use it to mean ‘nice’ or ‘pleasant’
My uncle is a very sympathetic man.

nervous

We are nervous in a particular situation, like an exam. We don’t generally use nervous to describe someone’s character.
I’ve never been as nervous as the time I had to give a speech to 500 people.
My sister is very nervous. She’s always shouting at me.

journey and travel

Journey is countable. Travel is uncountable and refers to the general idea of travelling.
Did you have a good travel?
Travel is something I recommend to all young people.
The journey took about 8 hours.

recipe, receipt and prescription

A recipe is a set of instructions for cooking something.
A receipt is a piece of paper you are given after you pay for something.
A prescription is a piece of paper a doctor gives you to get the medicine you need
The Next Visit

The purpose of the visit is ________________.

To address potential barriers, I can ____________.

To help improve communication with my provider I could say _________________.


Summary: tips for improving doctor-patient communication ABC - 123

A - Ask questions/ receive information
B - Be prepared
C - Communicate your concerns

1 - What is my main problem?
2 - What do I need to do?
3 - Why is it important for me to do this?
Summary: Building Bridges

- Overcome barriers to communication
- Understand your role as the patient
- Plan and prepare for your doctor’s visit
- Remember: Doctors and patients must work together
- Communication patterns are related to health outcomes, patient satisfaction, and ability to recall recommendations
Sources

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¿¿PREGUNTAS??