CAMBIO DE COLORES
IN SOUTHWEST MISSOURI!
Workshop for Healthier Communities

Best Communication Practices
Crowder College in Neosho, Missouri
September 29th, 2006
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Goals and Objectives

Workshop Goal
Increase awareness of the complexity of communication and explore strategies for communication with Hispanics

Workshop Objectives:
At the end of the presentation, program participants will be able to:
- Identify the complexity of communicating
- Discuss the value of health literacy
- List three communication strategies

Outline

The Communication Challenge
- US Population by Ethnicity & Language
- Impact of Communication Barriers

The Complexity of Communication
- Hispanic Population and its Diversity
- Hispanic Population in Missouri
- When speaking the language is not enough

Low Literacy
Mandates for increasing access for People with Limited English Proficiency

Language Assistance Programs
- Elements
- Standards for Medical Interpretation
- Accreditation of Interpretation Programs
- Models of LAP
- Models of Interpretation

Tools for Improving Interpersonal Communication
Organizational Tools to Improve Communication
Promising Practices for LAP
Points to Remember
Additional Resources

Ethnic & Language Diversity

US Population with Difficulty Speaking English

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Impact of Communication Barriers

- Decreases access to services
- Compromises customer/provider comprehension
- Reduces quality of the service
- Increases service cost
- Lowers customer/provider satisfaction

In The Right Words: Addressing Language & Culture in Providing Health Care, 2003 Grantmakers in Health Brief # 18 August 2003

US HISPANIC POPULATION 35 Million

Total Hispanic Population 118,592

Diversity among 35 Million Hispanics in the USA

Hispanic Ancestry, 2000

- Mexican
- Puerto Rican
- Cuban
- Colombian
- Central American
- South American
- Other Hispanic or Latino
Is Speaking The Language Enough?

A green baby?

A green bus?

A green dog?

Let us use a Guagua!

A green one will work!

To achieve communication

- A service provider not only needs to know how to speak or sign, but needs to read and to understand the language.
- Needs to have an understanding of the cultural background of his/her clients.
- Needs to know the literacy level of the client.
- Needs to be aware of and/or eliminate physical barriers.

Types of Communication

- Verbal
- Body gestures: Eyes, hands, head, etc.
- Symbols: Arrows, traffic light and signals
- Writing

As service providers, a large portion of our communication with clients is in writing; therefore, we need to be aware of the literacy level of our client.
What is Literacy?

• It is the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their lives, their needs, their health, etc.
• It is not simply the ability to read.
• It requires a complex group of reading, listening, analytical and decision-making skills and the ability to apply these skills to health situations

The Magnitude of Low Literacy

Approximately 40 to 44 Million Adults in the US Are Functionally Illiterate¹ Cannot Perform Basic Reading Tasks Required to Function in Society

Approximately 50 Million Are Marginally Illiterate¹ Have Trouble Reading Maps and Completing Standard Forms

Average Reading Skills of Adults in the US Are Between the 8th and 9th Grade Levels²

Who Is at Risk for Low Literacy?

• Anyone in the US – regardless of age, race, education, income or social class – can be at risk for low literacy
  - Elderly
  - Low Income
  - Unemployed
  - Did not finish high school
  - Minority Ethnic Groups
  - Recent Immigrant to US who does not speak English
  - Born in US but English is second language

Behavior that May Indicate Limited Literacy

• Client registration forms that are incomplete or inaccurately completed
• Frequently missed appointments
• Clients do not adhere to the plan
• Lack of follow-through with referrals, tests, or consultants
• Clients say they are doing what they are supposed to do but tests or parameters do not change in the expected fashion
Responses that May Indicate Limited Literacy

Responses to receiving written information
- "I forgot my glasses. I'll read this when I get home."
- "I forgot my glasses. Can you read this to me?"
- "Let me bring this home so I can discuss it with my children."

Responses to questions about medication regimens
- Unable to name medications
- Unable to explain medication’s purpose
- Unable to explain timing of medication administration

Coping Mechanisms for Patients with Low Literacy

Source: Parikh et al., 1996

US Laws, Executive Order and Guidance Related to Limited English Proficiency

Title VI of the Civil Rights Act of 1964
No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Executive Order #13166
August 2000, President Clinton reiterates the Title VI by issuing Executive Order (EO) 13166, Improving Access to Services for Persons with Limited English Proficiency.
- Applicable to all federal agencies
- Federal agencies must develop & implement guidance for their grantees
- Federal agencies are required to meet the same standards of their grantees

HHS Office of Civil Rights Guidance
Imposes same requirements as EO 13166 and reaffirms expectation that federally funded health care entities are required to offer meaningful access to linguistic services, including interpreters.
- Provides a road map for compliance
- Identified best practices
- Compliance and enforcement process
Strategies to Comply with The Law

Language Assistance Programs (LAP)
- Elements
- Definitions
- National Standards for Linguistic Appropriate Services
- Essential Steps for establishing LAP
- Types of Interpretation Services
- Available Resources

What is Interpretation & Translation?

**Interpretation**: is the process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account. Its purpose is to enable communication between two or more individuals who do not speak each other’s languages.

**Translation**: is the conversion of a written text into a corresponding written text in a different language.

National Standards for Linguistic Appropriate Services in Health Care

- Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- Health care organizations must provide to patients/consumers in their preferred language both verbal and written notices informing them of their right to receive language assistance services.
- Health care organizations must assure the competency of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on the request of the patient/customer).
- Health care organizations must make available easily understood patient-related materials and post signage in the language of the commonly encountered groups and/or groups represented in the service area.

Elements for Effective Language Assistance Programs

1. Assessment
2. Development of Written Policy
3. Training of Staff
4. Vigilant Monitoring
Essential Steps for Establishing LAP

- Assess customers/community needs
- Develop written policies
- Hire and train Interpreters

Monitor performance:
- Assess interpreter proficiency using the six components recommended by the National Council on Interpreting in Health Care:
  - Basic language skills
  - Ethical case study
  - Cultural issues
  - Terminology, i.e.: medical, judicial, law enforcement, etc.
  - Integrated interpretation skills
  - Translation of sample instructions

Plan to avoid:
- Asking clients to bring his/her own interpreter
- Asking another client to interpret
- Using children as interpreters
- Asking family members or friends to translate. If consumer requests it, waiver is needed

Models for the Provision of Language Access

- Bilingual Provider Models
- Non-English speaker providing services: i.e. Spanish
- Bi-lingual Patient Mode (bilingual customers)
- Interpreter Models
  - Ad-hoc Models (language banks)
  - Bilingual clinical staff model: i.e. nurses interpreting for physician
  - Staff with dual responsibility: i.e. janitorial responsibilities + interpreting

- Community Service Agency staff model (bilingual staff from the agency accompany customers to appointments and translate for them)
- Family of friends model (last resource)

- Dedicated Interpreter Models
  - Staff interpreter model (employment of professional interpreters)
  - Contract interpreting model ("on-call" "freelance" or "per diem" interpreters)
  - Agency model (wide range of languages when needed)

- Volunteer Model Community Volunteers as interpreters

Modes of Interpretation

- **Simultaneous:** Interpreter renders a second language version at the same time as listening to the original: court proceedings, United Nations, etc.

- **Consecutive:** The interpreter waits for the question or statement to be finished before interpreting into a second language: Q&A scenarios such as interviews, interrogatory, or testimonial

- **Summary Interpretation:** the interpreter listens more that s/he talks, later deciding what and how to summarize. Not allowed in medical, legal or quasi-legal settings

Face-to-Face Interpretation

- The most common
- Interpreter in present in the room
- Service provider, customer & interpreter have the benefit of observing non-verbal communication
- Interpreter can provide consecutive interpretation
- Room for culture-brokering, limited advocacy, increasing customer trust, etc.
Remote Interpretation

**Phone**
- Requires the use of phones or dual headsets
- Avoids waiting time of customers and providers
- Solves the problems of multiple languages
- Decreases the need to have translators in staff
- There is no opportunity to read body language
- Least impersonal

**Video**
- Interpreter see and hear the parties from whom he/she is interpreting

Role of the Interpreters

- **Message Converter**
- **Communication Advocates**
- **Cultural Clarifier**

Basics Requirements for Quality Interpreting
- Fully understanding the customer’s language
- Ensuring confidentiality
- Pointing out customer’s lack of understanding
- Refraining from judgment
- Translating faithfully
- Declaring Conflict of Interest
- Acknowledging language limitation and asking for clarification
- Abstaining from advising the client
- Avoiding time alone with clients

Tools to improve Interpersonal Written and Verbal Communication
Writing Communication for Low Literacy Customers

Remember:
- 50% of adults read at below 8th grade reading levels
- 20% of adults read at below 5th grade reading levels
- 40% of seniors read at below 5th grade reading levels

Recommendations:
- Develop Written Materials at 6th Grade or Below
  - Uses visuals to explain concept
  - Uses action captions that clarify the point of the visual
  - Creates interaction with the reader

Source: Health Literacy & The Prescription Drug Experience: The Front Line Perspective From Patients, Physicians and Pharmacists, Roper ASW, May 2002

Verbal Communication

Remember:
- Up to 80% of patients forget what their doctor tells them as soon as they leave the doctor’s office and nearly 50% of what they do remember is recalled incorrectly
- Patients experience shame around the issue.
  - Only 14% of patients say they feel awkward admitting they don’t understand, yet 78% feel others don’t understand
  - Providers interrupt patients 30 seconds after they start speaking; if not interrupted, patients will speak less than two minutes.

Recommendation:
- Create an Environment of Trust

Six steps to improve interpersonal communication with your customers
1. Slow down
   Communication can be improved by speaking slowly and by spending just a small amount of additional time with each client
2. Explain things to clients as you would explain them to a family member
3. Show or draw pictures. Visual images can improve the client's recall of ideas
4. Limit the amount of information provided, and repeat it. Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall.

Source: Health Literacy & The Prescription Drug Experience: The Front Line Perspective From Patients, Physicians and Pharmacists, Roper ASW, May 2002
Six steps to improve interpersonal communication...cont.

5. **Use the teach-back or show-me technique.** Do not simply ask a patient, “Do you understand?” Confirm that patients understand by asking them “Do I explained my self” and if they repeat back your instructions.

6. **Create a sham-free environment.** Be respectful, caring and sensitive. Make patients comfortable asking questions. Enlist the aid of others (patient’s family, friends) to promote understanding. If the patient does not understand correctly, assume that you have not provided adequate teaching. Re-teach the information using alternate approaches. If possible, provide a private area to review information.

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**Sample of Clear Health Communication in Action**

- Benign
- Chronic
- Cardiac
- Edema
- Fatigue
- Screening
- Intake
- Generic
- Adverse events

<table>
<thead>
<tr>
<th>Harmless</th>
<th>Happens again and again; does not end</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>Swelling: build up of fluid</td>
</tr>
<tr>
<td>Tired</td>
<td>Test</td>
</tr>
<tr>
<td>What you eat or drink</td>
<td>Not a brand name</td>
</tr>
<tr>
<td>Side effects</td>
<td></td>
</tr>
</tbody>
</table>

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**Behaviors that Improve Communication**

- Use orienting statements: “First, I will ask you some questions and then I will listen to your heart,”
- Ask customers if they have any concerns that have not been addressed.
- Ask customers to explain their understanding of their medical problems and/or treatments.
- Encourage customers to ask questions.
- Sit rather than stand.
- Listen rather than speak.

**Tips on Listening Effectively**

- Focus on the speaker and practice active listening.
- Avoid competing for response time because you are focused on having a turn to speak.
- Avoid formulating and listening to your own rebuttal while the speaker is talking.
- Do not focus on your own belief system about what is being said.
- Avoid making evaluations and judgments about the speaker or the message being communicated.
- Always ask for clarification when you do not understand what has been said to you.

Organizational Tools To Improve Written and Verbal Communication

Simplify Forms

When making an appointment, provide people with simple options and clear facts

- Appointment reminders
- Contact information for the facility
- Clear instructions for getting there
- Accurate directions to the facility
- The use of visuals clarifies messages
- Good lighting makes it easy to read
- Try to be consistent when hanging signs

Your Name:
Your Appointment Date:
Time:
Place:
Our Telephone Number:
Instructions:

- Do not eat or drink for 6 hours before the day and time on this card

Improving Your Phone Recordings

Remember:
- Phone answered by a tape recording.
- Speaking quickly
- The caller is offered numerous options and alternatives.

Recommendations:
- Speak slowly and clearly
- Provide an easy way to connect with a live person
- Provide options in other languages

Improving your Signs

- Some people become confused about whether this entry was intended for ambulances or for patients
- The use of visuals clarifies the message
- Contrast in color makes it easy to read
- Try to be consistent when hanging signs
Promising Practices for LAP

1. Encourage Passionate Champions Throughout the Organization
   - Make leadership support visible
   - Integrate communication initiatives
   - Start small

2. Collect Information to Demonstrate Needs
   - Assess the needs of both patients and staff
   - Use data to build support
   - Collect information on model programs

3. Engage Communities
   - Work closely with a community advisory board
   - Collaborate with community organizations

4. Develop Workforce Diversity and Communication Skills
   - Recruit and retain diverse staff
   - Train staff
   - Watch for communication problems


Promising Practices, cont.

5. Involve Patients Every Step of the Way
   - Educate patients
   - Use patient’s experiences

6. Be Aware of Cultural Diversity
   - Recognize the importance of culture
   - Create a welcoming environment
   - Use interpreters strengths

7. Provide Effective Language Assistance Services
   - Coordinate interpretation and translation services
   - Assess and train interpreters

8. Be Aware of Low Health Literacy and Use Clear Language
   - Carefully review document, educational materials and signs
   - Incorporate ‘teach back’ into process

9. Evaluate Organization Performance Over Time
   - Report and track communication problems
   - Link communication performance to outcome indicators

Points to Remember

- Many Hispanics live in an environment that provides little day-to-day contact with English speakers
- Language and culture are always together
- For the majority of Hispanics, family comes first. Do not be surprised if they ask about your family
- Be aware of differences in name structure
- First, father last name & mother last name: i.e. Maria Lopez Lara de Roman

Point to Remember…Cont

- When talking about appointments, remember that not everyone express date and time in the same manner: i.e. 29/09/06 vs. 09/29/06
- Avoid using military time, use 8:00 am or 8:00 pm
- Hispanics tend to have a present time orientation
- Hispanics may feel the need to provide you with a context and may have difficulty providing direct and short answers

Point to Remember…Cont

- For some Hispanics it is difficult to disagree with you - it is a sign of disrespect
- Some Hispanics only speak English
- Some Hispanics from Rural Mexico and Centro-America only speak their native language: i.e. Mixteco. There is a high possibility that males are more bilingual than their spouses
- For some of those groups, eye contact is avoided as a sign of respect to you

Resources

- A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics. The National Alliance for Hispanic Health
- Executive Order 13166. Limited English Proficiency Resources Document: Tips & Tools from the Field. UD Department of Justice, Civil Rights Division
- Hablamos Juntos: http://www.hablamosjuntos.org
- In the Right Words: Addressing Language and Culture in Providing Healthcare. http://www.ethnics.org
- Relationship Between Trained Medical Interpreters in Healthcare Institutions and Medical Error Rate. Touro University International. Sept, 2005
- The 24 Language Project: http://medstat.med.utah.edu/24language
What is Health Literacy?
The ability to **read, understand and act** on health information (such as prescription instructions, appointment slips, test results, educational brochures, consent forms, and insurance forms)

- 90 million people in the USA have difficulties in understanding and acting on health information
- Compounding the problem is the fact that most people hide their confusion from their providers because they are too ashamed and intimidated to ask for help.
Health Literacy: Impacts a Patient's Ability to Fully Engage in the Healthcare System

The Largest Study Conducted on Health Literacy Found That...

- 33% Were unable to read basic health care materials
- 42% Could not comprehend directions for taking medication on an empty stomach
- 26% Were unable to understand information on an appointment slip
- 43% Did not understand the rights and responsibilities section of a Medicaid application
- 60% Did not understand a standard informed consent


Skills Needed for Functioning in a Literate Environment

- Visually literate: understand graphs or other visual information
- Technology literate: ability to operate a phone or a computer
- Information literate: ability to obtain and apply relevant information
- Numerically/computationally literate: ability to calculate or reason numerically
- Oral language skills: articulate health concerns, and describe symptoms accurately; ask pertinent questions; understand medical advice or treatment directions

Literacy Skills Needed to Function in Health Care Setting

- Access Info
- Recognize cues to action
- Access Care
- Navigate Institutions
- Complete Forms
- Provide Consent
- Communicate with professionals
- Provide info for assessment & diagnosis
- Understand directions
- Follow regimen
- Advocate

Implications of Low Health Literacy

- Poor Health Outcomes
- Under-utilization of preventive services
- Over-utilization of health services
- Unnecessary health care expenditures
- Limited effectiveness of treatment
- Needless patient suffering
- Higher patient dissatisfaction
- Higher provider frustration

Source: Rudd, RE. Literacy and Implications for Navigating Healthcare, 2002. Harvard School of Public Health. Health Literacy Website: www.hsph.harvard.edu/healthliteracy
Impacts Health Outcomes
• Adults with low health literacy:
  • Are often less likely to comply with prescribed treatment and self-care regimen1
  • Make more medication or treatment errors2
  • Fail to seek preventive care1
  • Are at a higher risk for hospitalization than people with adequate literacy skills2
  • Remain in hospital nearly 2 days longer3
  • Lack the skills needed to negotiate the health care system1
• Diabetics with low health literacy:
  • Were found to be less likely to have effective glycemic control4
  • Were more likely to report vision problems caused by their diabetes4

Impacts Resource Utilization
Among adults who stayed overnight in a hospital, those with low literacy:
• Averaged 6% more hospital visits1
• Stayed in the hospital nearly 2 days longer than adults with higher literacy skills2
In general, adults with low literacy level:
• Had fewer doctor visits, but used significantly more hospital resources3
• Had annual health care costs 4 times higher than those with higher literacy skills3

Checklist for Easy-to-Read Written Materials
General Content
• Limit content to one or two key objectives. Don’t provide too much information or try to cover everything at once.
• Avoid information overload.
• Use only words that are well known to individuals without medical training.
• Make certain content is appropriate for age and culture of the target audience.
• Use familiar and concrete language.
• Text construction
• Write at or below the 6th grade level.
• Use one- or two-syllable words.
• Use short paragraphs. Eight to ten word sentences. Short but not ‘choppy.’
• Use active voice.
• Avoid all but the most simple tables and graphs. Clear explanations (legends) should be placed adjacent to each table or graph and also in the text.

Check List, contd.
Fonts and typestyle
• Use large font (minimum 12 point).
• Don’t use more than two or three font styles on a page (consistency in appearance is important).
• Use uppercase and lowercase text. ALL UPPERCASE TEXT IS HARD TO READ.
• Avoid using italics, stylish fonts, reverse print.
Layout
• Ensure a good amount of empty space on the page. Don’t clutter the page with text or pictures.
• Use headings and subheadings to separate blocks of text.
• Illustrations are useful if they depict common easy-to-recognize objects. Graphics should attract attention and re-emphasize text. Images of people, places, and things should be age appropriate and culturally appropriate to the target audience. Avoid complex anatomical diagrams.