



HEALTH MATTERS

A New Focus On Diversity In Health Care

(NAPSA)—The U.S. Census Bureau says the population has shifted over the last 30 years, with many communities seeing a great increase in their diversity.

At the same time, in health care, the movement is toward patients taking a more active part in decisions affecting their well-being. One of those decisions may be to choose a caregiver who comes from a similar cultural background.

“When people are not receiving adequate care as a consequence of lack of diversity among providers, the answer must lie in making conscious and measurable efforts to increase the diversity of the provider pool, while at the same time strengthening current patient-physician relationships,” said Dr. L. Natalie Carroll, an obstetrician and gynecologist who practices in Houston, Texas and current chairwoman of Multicultural and Minority Medicine in Washington, D.C. “The more diverse the provider pool, the higher the probability of a positive health care encounter and consequently, a positive outcome.”

Further, some patients actually prefer that caregivers, who have professional education and impartiality, take responsibility for critical decisions. These patients may be signaling their resignation to second-class care, based on perceptions that treatments are beyond their financial reach, not

really effective, too risky or simply “not for us.”

“If we haven’t figured out how to educate and train the current and future health care workforce about respect, compassion, sensitivity and clearer health communication,” explained Barbara A. Debuono, MD, MPH, “we’ll never have diversity in the delivery of health care.”

Nearly 50% of respondents to an Omnibus survey taken for “The Pfizer Journal” said they would prefer a caregiver who spoke their own language and was culturally competent. ®

Communication depends on a great deal more than words. As former Senator George Mitchell remarked, “Just because a doctor knows how to speak another person’s language doesn’t mean he or she is more qualified to care for that person, but if that doctor understands the person’s culture, beliefs about health care and knowledge of how the health care system works, then that doctor is more likely to be able to effectively meet that patient’s needs.”

Added Adela de la Torre, PhD and Director Chicana/o Studies Program, University of California, “Standard consent forms are written at a level far beyond the understanding of a person with a low level of education. A good fragment of the immigrant people I work with don’t have the ability

to read in their own language, let alone English.”

The situation becomes even more complicated when caregivers ask family members to interpret. Sometimes there are very sensitive, private questions. In certain cultures, it’s inappropriate to have a male interpret for a female and vice versa. An older patient may perceive questions as inappropriate when they come from someone younger.

Beyond those difficulties, in a widely spoken language such as Spanish, different places use very different vocabularies.

Better training in both languages and cultures for physicians and other health care professionals can mean more health and happiness for the increasingly diverse American population.

For more information, consult “Questions of Choice,” an article found in the most recent issue of *The Pfizer Journal*.[®] The article can be read online at www.thepfizerjournal.com.

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