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Communicating Across Cultures:

Learn How This April during Minority Health Awareness Month

By Wayne Rawlins, M.D., National Medical Director, Aetna's Racial and Ethnic Equality Initiative

- The 4-Step "ResCUE™ Model" of Cross Cultural Communication
- Hable Con Su Médico (Get the Most from Your Doctor's Visit)
- Physician to Physician: Discussing Communication Challenges with Patients
- How Aetna Uses Race and Ethnicity Data to Improve Member Care

Four Steps to Improve Cross Cultural Communication

The Manhattan Cross Cultural Group created the ResCUE™ model for its [Quality Interactions®](#) training. It teaches health care professionals how to communicate better with people from different cultures. Aetna uses this training for its clinical staff, and offers the online course free of charge to its network doctors and health care professionals who have provided care to Aetna members.

People are the best source of information about their own culture. The ResCUE™ model teaches skills to help people from different cultures learn about one another.

Here are the four steps to the ResCUE™ model with a few tips for better communication across cultures:

Respect Diversity

- Culture is a set of shared values, attitudes, goals and practices.
- We all belong to many cultures. Culture includes age, gender, sexual orientation, religion, education, career, even hobbies.
- Do not stereotype or make guesses about people. Keep an open mind about what a person may be like. Better yet, ask questions to find out.

Communicate Clearly

- Use simple words.
- Do not run words together.
- Do not raise your voice if you are not understood; try saying it another way.

Understand Differences

Many values are culturally determined. Some of these include:

- Do not assume that if someone is late, he or she is rude. Explain how you view being on time and reach a compromise.
- Some cultures value assertiveness; others do not.
- You may think a culture's gender roles are unfair, but someone from that culture may not. Try not to pass judgment.

Engage the Individual

Working through differences can help you avoid conflict.

- Acknowledge the difference in perspective.
- Explore the other person's cultural viewpoint as well as your own.
- Create a common ground and then agree upon a plan.

For more information about *Quality Interactions*,[®] go to www.qualityinteractions.org.

Hable Con Su Médico (Talking to your Doctor: Tips to Maximize Your Doctor's Visit)

[Plan for Your Health](#) is a public education website from Aetna and the Financial Planning Association[®]. It includes advice for Spanish-speaking Americans on making the most of their doctor visits:

- Prepare: Helpful tips on getting ready for your next visit
- Share: Important health information to tell your doctor
- Ask: Advice on questions to ask your doctor
- Act: Suggestions on how to follow your doctor's advice

View the full guidelines in Spanish at www.PlanifiqueParaSuSalud.com and in English at www.PlanforYourHealth.com.

Physician to Physician: Two Doctors Discuss Challenges Communicating with Patients

An interview with Joseph Betancourt, M.D., Chairman of Aetna's Racial and Ethnic Equality Advisory Board, Director of the Disparities Solutions Center at Massachusetts General Hospital, and co-developer of Quality Interactions. Conducted by Wayne Rawlins, M.D., National Medical Director for Aetna's Racial and Ethnic Equality Initiative.

Dr. Rawlins: How did you become interested in cross-cultural communication?

Dr. Betancourt: When I was a young Puerto Rican child in a bilingual, bicultural home, I would go with my grandmother to the doctor. The doctor would prescribe medicine and she would nod her head "yes," but as soon as we left, it was a different story. She would complain about the medicine and sing the praises of herbal tea as a cold remedy. It was clear to me that we had to build a bridge between the medical culture and the patient's culture.

Dr. Rawlins: Give me an example of a communication breakdown.

Dr. Betancourt: We show a video at our training of an older man calling a doctor for an appointment. He gives the receptionist his name, but she does not understand him. She asks him to repeat it, and he gives the name more slowly. She still does not understand. He spells

out the name. She tells him there is no record of him. He spells the name again. In a louder voice, she repeats there is no record of his visit. It turned out he was giving his first name while she was looking for his last name. Neither one realized the other's different approach.

Dr. Rawlins: Should cross-cultural skills be part of medical training?

Dr. Betancourt: States are starting to require cross-cultural competency training. Doctors seek out training as part of their continuing medical education. We regularly hold trainings for hospital staff. I think people recognize the need and are addressing it.

I did my medical training in a poor, underserved minority community, and in New York City, one of the most diverse cities on the planet. You could know the five best medicines to treat high blood pressure, but it was worth nothing if you could not help a patient understand and trust in a treatment plan because they are from a different culture.

How Aetna Uses Race and Ethnicity Data to Improve Member Care

In 2002, the Institute of Medicine issued a report showing troubling differences in the availability of health care among different cultural groups. Aetna quickly took steps to improve racial and ethnic equality in health care. We asked members to volunteer information on their race and ethnicity. The belief at the time was that people would not share such personal information. The opposite was true. To date, more than 6.2 million Aetna members have provided this information.

Aetna paired the member information with clinical evidence about health conditions for different groups of people and created two successful programs. One improved blood pressure in African-American men. The other increased mammography rates in Latina and African-American women. Because we knew who our members were, we could offer these programs directly to those who would benefit the most.

Aetna continues to seek new ways to use racial and ethnic data to improve the health of our members. In the months ahead, we will be using lessons learned from our earlier programs to find even more ways to close the racial and ethnic gaps in care.

Aetna Improved Blood Pressure Levels, Blood Pressure Monitoring, and Medication Compliance for African-American Members with Hypertension

http://www.aetna.com/news/newsReleases/2008/0915_NCQAaward.html

Aetna Increased the Number of Latina and African-American Women Receiving Yearly Mammogram Screenings

<http://www.aetna.com/news/2007/1115.html>