Innovative Use of Media Reaches Underserved

BY GINA SHAW
Contributing Writer

NEW YORK — When Elmer E. Huerta, M.D., left his oncology practice in Peru to come to the Washington, D.C., area in 1987, "I thought I was going to the heavens," he recalls. In Peru, 85% of breast and cervical cancers are found at stage III or IV, he told physicians at a cancer symposium.

But when he arrived in the United States, Dr. Huerta found pockets of poverty and lack of access, where people were horribly underserved and where diagnosis of disease came much too late, just as it did in Peru. He treated women with breasts horribly swollen and disfigured by tumors, who hadn't sought care until their symptoms were overwhelming, and their cancers so far advanced that they were almost untreatable.

Dr. Huerta realized that cultural barriers were keeping many Hispanic men and women in the United States from seeking preventive health care.

"I saw women who could not bring themselves to do breast self-exams, because their mothers and grandmothers told them never to touch their breasts," Dr. Huerta said at the symposium, which was sponsored by New York University and the Lynne Cohen Foundation for Ovarian Cancer Research.

Dr. Huerta realized that cultural barriers—as well as unfamiliarity with the health care system, a lack of insurance coverage, and linguistic isolation—were keeping many Hispanic men and women in the United States from seeking preventive health care. Many would go to the doctor only when they were sick, which meant that diseases that could have been caught and treated early were being diagnosed in late, deadly stages. "The challenge I faced was how to convince people to seek care when they had no symptoms," he said.

The answer came through television and radio. He asked a patient with an advanced case of cervical cancer why she had not had a Pap smear before, and she responded, "What's that?" Seeking to lighten the mood during the same visit, he asked her what she thought of the goings-on on a popular soap opera appearing on a Spanish-language television network. She was instantly engaged, telling him what she thought the characters would do next. So, "I thought, why can't we sell health like we sell shoes—through the media?"

In 1989, Dr. Huerta created his first radio program, "Cuidando Su Salud [Taking Care of Your Health]," selling not pills, potions, and products, but prevention. The show has run daily ever since, and now Dr. Huerta has added a weekly, nationally syndicated call-in talk show and a local live television program to his roster. Together, the programs are estimated to reach 90% of Hispanics in the United States.

In 1993, a Montgomery County, Md., health clinic learned about the power of Dr. Huerta's message. In an average quarter, the clinic saw perhaps 20 Hispanic women for mammograms and Pap smears. During the first quarter of 1993, for example, 23 Hispanic women came to the clinic.

But in the following 3 months, that number skyrocketed to 118—more than 5 times as many Hispanic patients as the clinic had seen in any quarter.

"How did you hear about us?" they asked this flood of new patients. "The doctor on the radio," the women would reply, noting that he talks all the time about mammograms and Pap smears and refers them to the clinic.

Dr. Huerta also convinced his listeners to participate in clinical trials, which have struggled with low rates of accrual in the Spanish-speaking community. When he promoted one National Institutes of Health–sponsored trial on the radio, 325 of his listeners signed up, compared with no Hispanic participants in the previous month. Each day, he broadcasts clear, easy-to-understand information on topics ranging from how clinical trials work, to why men should examine their testicles regularly just as women should examine their breasts, to the importance of wearing seat belts.

Once people got the message about preventive care and screening, they were left to seek affordable care. This is one reason Dr. Huerta founded the Cancer Preventorium more than a decade ago at the Washington (D.C.) Hospital Center. The Preventorium is an affordable clinic where low-income people can go for screening tests and get referrals for treatment. It's the opposite of the sanatoriums that sprang up in the early part of the 20th century, which hosted people with long-term illnesses such as tuberculosis. You don't go to the Preventorium if you're sick, he tells his audience: You go there because you're well and want to stay that way.

Three weeks after its opening, the Preventorium had appointments booked through the end of the year. Patients pay $64 for a visit, and the collection rate is almost 100%. "Even poor people will pay if you give them something of value," he said.

To date, the Preventorium has seen more than 15,000 patients. Most are recent immigrants who have been convinced by Dr. Huerta's broadcasts that prevention and early detection of illness are essential. Dr. Huerta said he believes that using the media to sell a disease prevention and health promotion message and providing preventive care and screening in an affordable, one-stop setting could work with almost any underserved group. This model could save thousands of lives and millions of dollars in health care costs by enabling physicians to treat patients at an earlier stage, he added. ■

Guide Aims to Help Doctors Break the Language Barrier

BY DOUG BRUNK
San Diego Bureau

A new guide produced by the California Academy of Family Physicians aims to bridge the gap between physicians and patients with limited English proficiency.

"Nationwide—but particularly in states like California, New York, Texas, Florida, Nevada, and Georgia—we are experiencing record increases in the number of limited English–speaking patients," Alice Chen, M.D., medical director of the general medicine clinic at San Francisco General Hospital, told this newspaper. "In some of those states, the number tripled between the 1990 and 2000 census."

The document, "Addressing Language Access in Your Practice: A Toolkit for Physicians and Their Staff Members," aims "to focus on the practical things that you can do in your clinic, and it gives you a whole range of options depending on the size of your clinic, the type of patient population you have, and your resources," said Dr. Chen, who helped develop the guide. "It really is meant for people to be able to look through the options and resources to pick and choose what would fit their practice."

Written by Cynthia E. Roat, author of a training guide for medical interpreters in the United States, the tool kit is organized into three steps meant to help physicians coordinate and implement a solution to potential language barriers in their practices.

- ▶ Step 1: Identify your limited–English proficiency patient population.
- ▶ Step 2: Locate relevant resources in your area, and assess each for your type of practice.
- ▶ Step 3: Implement the right mix of services for your practice and patient population. The guide gives examples of ways to do this, as well as a case study illustrating the steps one primary care practice took to improve care of patients who speak limited English.

The tool kit also includes sample language-access policies and procedures, a sample job description for a bilingual staff interpreter, and a sample interpreter service waiver.

"The important thing is to provide quality care to patients that do not speak English," said Eric Ramos, M.D., president of the California Academy of Family Physicians, who also helped develop the guide. "Many of us use children or significant others as translators. A lot of times we'll use children, which is probably not the most appropriate way to get information."

The California Endowment provided financial support for the guide. ■

The tool kit can be downloaded free at www.familydocs.org/ALA_toolkit.pdf.

Techniques Can Help Address Gaps in Patients' Health Literacy

IRVINE, CALIF. — Keep an eye out for patients at risk for low health literacy: seniors, immigrants, those with little education, Medicaid recipients, and those in poor health, Jeannette Hilgert said at a meeting sponsored by the Institute for Healthcare Advancement.

Once you've identified a patient with low health literacy, adjust your approach, said Ms. Hilgert, program administrator at the Venice (Calif.) Family Clinic. Speak slowly, use plain, nonmedical language, and repeat the important information.

It is also a good idea to review written materials for clarity and simplicity. Consider using a variety of visual aids that portray written instructions, such as prescription instructions and preventive strategies. Recent studies indicate that patients' adherence to medical instructions improved by at least 25% when the instructions were supplemented with visual aids.

Health care visits are particularly overwhelming and confusing to patients with chronic conditions, Ms. Hilgert said. A survey at the Venice Family Clinic discovered that 33% of patients do not initiate discussions about their health with their doctor. Half said they did not ask questions because they either did not know how or because they felt that their doctor knew best.

To address this insecurity, encourage patients to ask lots of questions and to take an active part in their own care. An equal partnership between physician and patient can increase the likelihood of positive health outcomes, said Marian Ryan, corporate director of disease management and health education for Molina Healthcare Inc. "Self-management is key. Without it, patients can't be active partners," said Ms. Ryan. Patients who get involved in their health care experience an increased sense of control and may be motivated to take better care of themselves. This effect increases with the length of time patients are actively involved in their own health care.

"Once they get excited by one step they took that led to success, they start inquiring," said Ms. Hilgert about patients she observed at the Venice Family Clinic, adding that it follows that patients who ask more questions and are actively involved in their care are more likely to follow doctors' medical advice.

—Nadja Geipert