

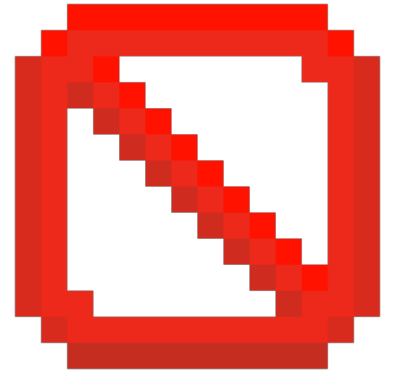


Sue Vos Breakout

Health Literacy and Cultural Impact on Engagement

Objective

Potential Barriers to Patient
Engagement and Behavior Change



Healthy People 2030 Health Literacy Definitions



Personal Health Literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



Organizational Health Literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Health Literacy; it takes two!



A **patient's ability** to obtain, understand and act on health information.

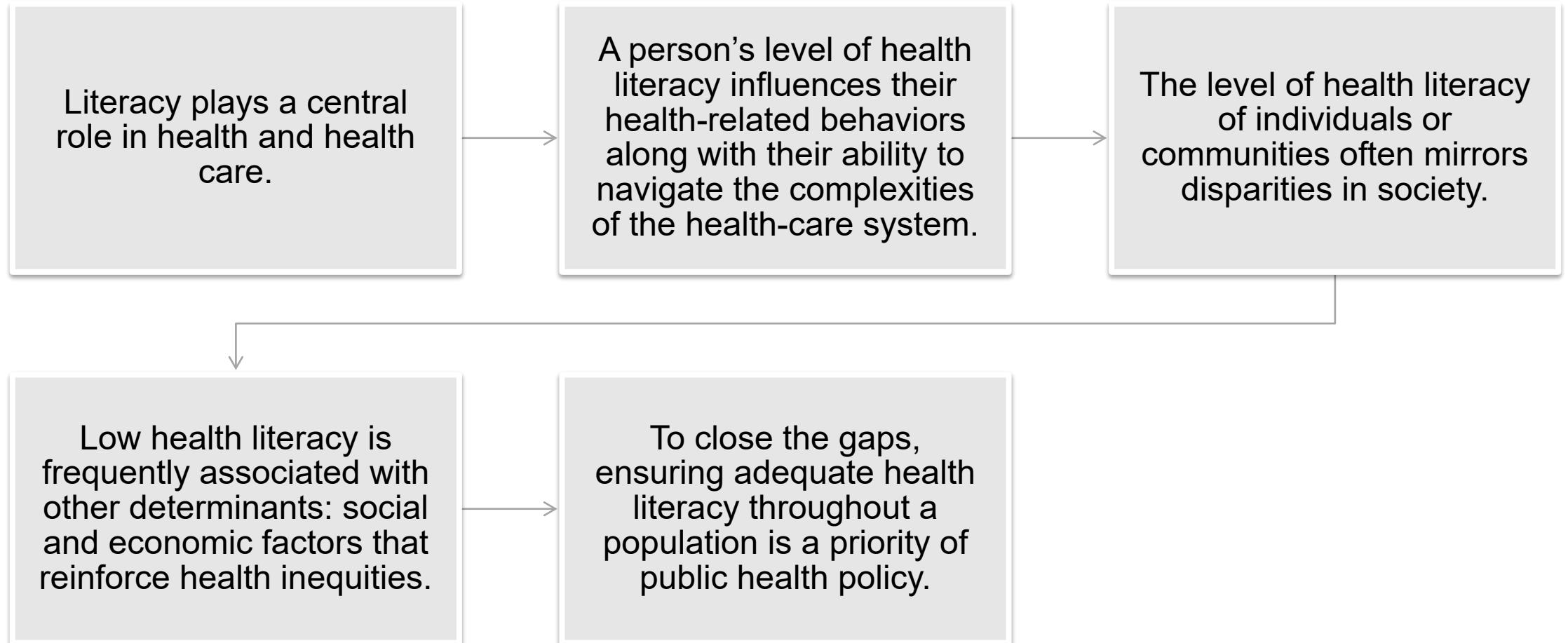


A **provider's capacity** to communicate clearly, educate about health and empower their patients.

Health Literacy – AMA



Milliken Report 2022



GNINAEELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nword-der edixo selcitrapp. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.

The Why of Effective Communication

When engaging and caring for patients, effective communication is an essential duty of a provider and paramount for shared decision-making and patient-centered care.

When these communication touchpoints are not optimal or are missed altogether, there is an opportunity for harm.

One study found:

- During the diagnosis process in the emergency department (ED), 23% of patients did not receive an explanation of their health problem upon discharge
- One-quarter of those patients did not understand the next steps after leaving the ED, including what to do if a condition gets worse or doesn't improve.

These types of communication breakdowns can lead to an adverse event and harmful consequences.

Why are patients at risk of communication breakdown?



Reliance on the written word, technology for patient instruction



Increasingly complex healthcare system

More medications

More tests and procedures

Growing self-care requirements

Esoteric language

Who is at risk?

Every patient

We can not make assumptions.



Who is *most* at risk?

- Elderly
- BIPOC – Black, Indigenous, People of Color
- LGBTQIA+, especially transgender and non-binary people
- Those with limited educational backgrounds
- Immigrants
- Those within a lower socioeconomic statuses
- People with chronic disease/diseases
- People with behavioral health conditions
- People with dementia/cognitive decline

Potential “red flags” for low health literacy



Making Excuses



**Perceived
Resistance**



**Frequently Missed
Appointments, Tests**



Has No Questions



“Non-adherent” with meds or treatment

Fostering a shame-free experience

- **Smile**
- **Slow down**
- **Use plain, non-medical language**
- **Use non-written education strategies**
 - Pictures
 - Analogies
 - Charts
 - Models
 - Diagrams
- **Limit to most important concepts**
 - Ask, Tell, Ask strategy (see handout)
 - Focus on 1-3 key messages per session, and repeat them



Use teach-back, show-back method

Ask patients to demonstrate understanding:

- What will you tell your spouse about your condition?
- I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did?
- Show me what you would do.

Chunk and check:

- Summarize and check for understanding throughout, please don't wait until the end.

Refrain from use of the question... "Do you understand?"





Strategies to improve health literacy challenges

1. Creating a welcoming environment – promotes trust
2. Making use of printed information – diagrams, pictures, elementary comprehension at the middle school level
3. Using basic language – use the simplest language possible
4. Speaking at a measured pace - speak at a slow and measured pace, emphasizing important points when necessary.
5. Asking questions - accuracy of the patient's answers will demonstrate whether the important information and/ or instructions were understood.
6. Encouraging questions - encourage patients to ask questions and articulate concerns, no matter how tight the provider's schedule is,
 - A. Egbert and Nanna stated that trust between patients and providers only can be cultivated if patients feel as though their questions and concerns are being listened to and taken seriously.

Health Literacy Quiz

1. Which is an example of health literacy?
(Choose all that apply)
 - A. When people can read and understand health information.
 - B. When people can act on health information to make informed decisions.
 - C. When organizations make sure that people can find the health information they need.
 - D. When organizations ensure that people can equitably access and use health services.
2. More people have low numeracy (difficulty understanding and using numbers) than low literacy (difficulty reading and writing) True or False?
 - A. True
 - B. False
3. What can happen when health literacy is not addressed?
 - A. Medication errors.
 - B. Fewer preventive services.
 - C. More hospitalizations.
 - D. Bad health outcomes.
 - E. A and B.
 - F. All of the above.

Health Literacy Quiz

4. You can tell how health literate a person is by knowing what grade they completed in school. True or False?
- A. True
 - B. False

118

AHRQ Health Literacy Universal Precautions Toolkit, 3rd edition

5. Which of the following skills are components of health literacy?
(Choose all that apply)
- A. Ability to understand and use numbers.
 - B. Reading skills.
 - C. Speaking skills.
 - D. Ability to understand what is said.
 - E. Writing skills.
 - F. All the above.
6. Being anxious affects a person's ability to absorb, recall, and use health information effectively. True or False?
- A. True
 - B. False
7. What is the average reading level of U.S. adults?
- A. 4th-5th grade
 - B. 6th-7th grade
 - C. 8th-9th grade
 - D. 10th-11th grade
 - E. 12th grade

Health Literacy Quiz

8. To use good health literacy practices, staff and clinicians should use which of the following words/phrases when talking to or writing instructions for a patient or family member?

Circle the word/phase in either Option 1 or 2 in each row

Option 1

OR

Option 2

- | | | |
|---|----|---------------------------------|
| a. Bad | OR | Adverse |
| b. Hypertension | OR | High Blood Pressure |
| c. Blood Glucose | OR | Blood Sugar |
| d. You have the flu. | OR | Your flu test was positive. |
| e. The cardiologist is Dr. Brown. | OR | The heart doctor is Dr. Brown. |
| f. Your appointment is at 11:00 AM.
Check in 20 minutes early. | OR | Arrive at 10:40 AM to check in. |

AHRQ Health Literacy Universal Precautions Toolkit, 3rd edition

119

9. It is a good health literacy practice to assume that each patient you communicate with has limited health literacy. True or False?

- A. True
 B. False

10. How do you know when patients understand?

(Choose all that apply.)

- A. When they nod or say yes when you ask if they understand.
 B. When they ask questions.
 C. When they describe in their own words what they learned.
 D. When they can show you how they'll take their medicine.
 E. You can't know.

Answers

1. A, B, C, and D

2. A – True

3. F

4. B – False

5. F

6. A – True

7. C

8. a. Option 1 – Bad b. Option 2 – High Blood Pressure c. Option 2 – Blood Sugar d. Option 1 – You have the flu. e. Option 2 – The heart doctor is Dr. Brown. f. Option 2 – Arrive at 10:40 AM to check in.

9. A – True

10. C and D

11. Answer Open-ended

“Understanding is a two-way street.”

-Eleanor Roosevelt



Objective

Identify How to Make Cultural Adaptations



Culture and Culture Respect

Culture is often described as the combination of a body of knowledge, a body of belief, and a body of behavior.

It involves several elements that are often specific to ethnic, racial, religious, geographic or social groups

This includes personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions.

For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services.



Examples of Culture

- Country of origin
- Family of origin
- Urban vs rural home life
- Skin color
- Manners/how to show respect
- Religion
- Spirituality
- Age/life stage
- Language
- Gender identity/sexual orientation
- Food preferences
- Values
- Fashion choices
- Being a parent
- Being a non-parent



Group Activity:

Everyone Has a Culture and Everyone Is Different

- Think about what **language you speak** at home.
- Think about what **food you eat**.
- Identify the **music you listen to** most often.
- In your family, what is **considered polite** and what is **considered rude**?
- What **manners have you been taught**? (Think about behavior toward a healthcare professional, spiritual leader or an elder.)



Tips...

- **Inquire** about ethnic background (i.e. identity, language, spirituality, and ties to the community)
- **Avoid** stereotypes, assumptions
- **Identify** areas of mismatch, compromise/modify
- **Acknowledge** historical traumas and losses (including discrimination)
- **Exhibit** cultural competence about celebrations, ceremonies, and traditions
- **Recognize the strength and resilience** that these cultures provide

Tips...

- **Reflect** on personal biases, offering personal stories only as appropriate (and with permission)
- **Focus** on strengths
- **Use** humor/lightness (as appropriate)
- **Use** metaphors, myths, and storytelling
- **Ask *every*** patient about potential solutions to their problems

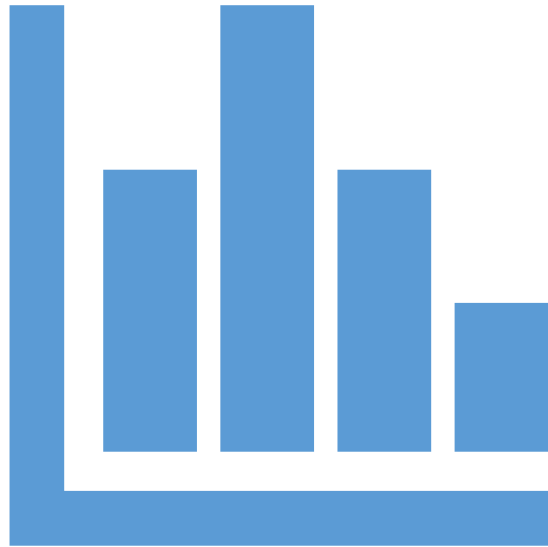
Cultural Adaption Research Met Analysis

Results

- Thirty- one studies met the inclusion criteria. The most frequently tested adaptation occurred in preventive services and consisted of modifying the content of materials or services delivered.
- **None of the included studies focused on making changes in the provider's behavior.**
- Many different populations were studied but most research was concerned with the experiences and outcomes of African Americans.
- Seventeen of the 31 retained studies observed at least one significant effect in favor of a culturally adapted service. However there were also findings that favored the control group or showed no difference.
- Researchers did not find consistent evidence supporting implementation of any specific type of adaptation nor increased efficacy with any particular cultural group.

Conclusions

- Conceptual frameworks to classify cultural adaptations and their resultant health/mental health outcomes were developed and applied in a variety of ways.
- This review synthesizes the most rigorous research in the field and **identifies implications for policy, practice, and research, including individualization, cost considerations, and patient or client satisfaction, among others.**





End-Result of Cultural Adaptation

Interventions that are intellectually and emotionally accessible to the patient may result in **enhanced self-efficacy, satisfaction, safety and retention.**

Cultural Competence



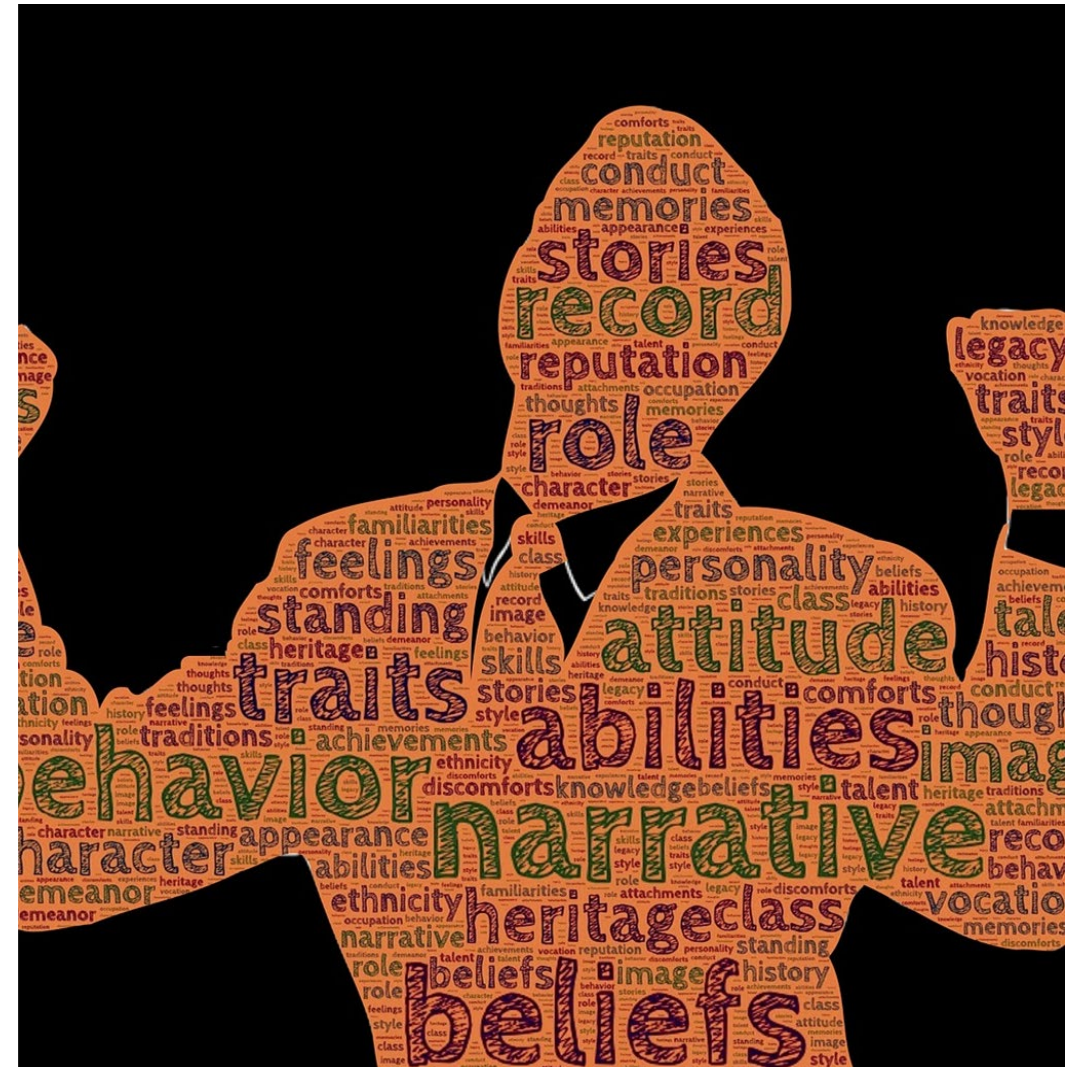
Self-Awareness



Care team members should be aware of their **own values and biases**, and how these may **influence perceptions** of the patient, the patient's needs, and how to address health concerns.



Harvard offers free implicit bias testing with the link shown above. Add to the chat - <https://implicit.harvard.edu/implicit/>



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

The Evidence – linking Motivational Interviewing to Culture

- Studies from the United States have shown that when compared with European-Americans, marginalized groups **are often less likely to utilize certain health services.**
- Although Motivational Interviewing was originally developed primarily in within these groups, it does seem to cross cultures rather well.
- As of 2023, Motivational Interviewing is being practiced, studied, and taught in many different nations and languages across **Africa, Asia, Australasia, Europe, North America, and South America.**
- Specific cultural adaptations of MI have been developed and tested for Asians, Black, Indigenous, and Latinx populations, including services delivered within multicultural contexts.



Key Takeaways