

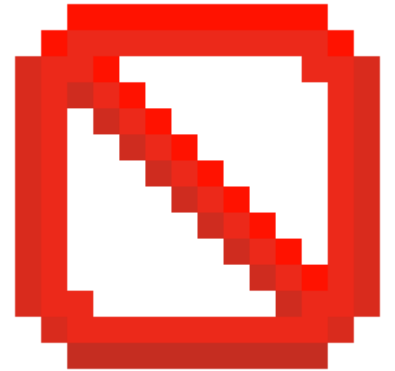


Sue Vos Breakout

Health Literacy and Cultural Impact on Engagement

Objective

Potential Barriers to Patient Engagement and Behavior Change



Self-management and Patient Centered Medical Home Interpretive Guidelines

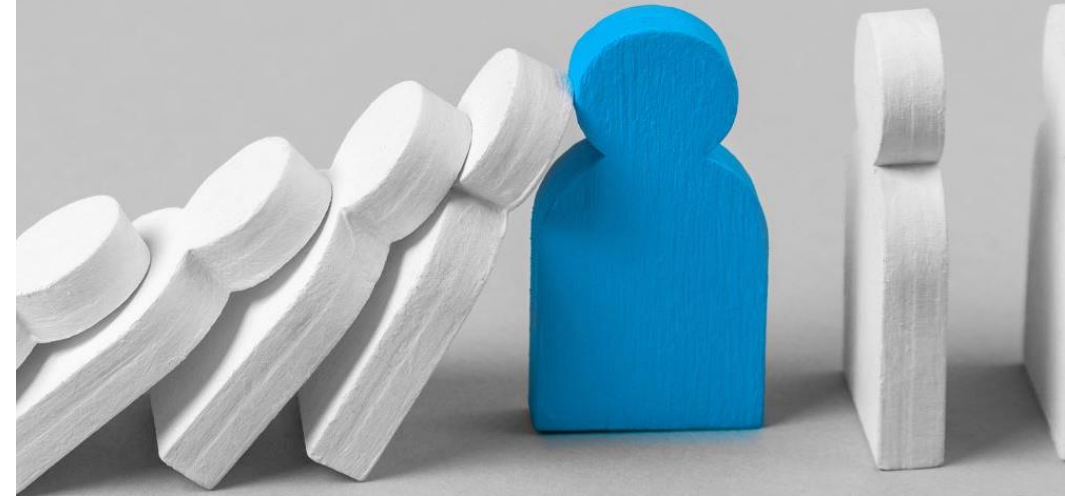
Goal: Systematic approach to empowering patients to understand their central role in effectively managing their illness, making informed decisions about care, and engaging in healthy behaviors.

- *Basic self-management support delivered in the context of office visits must be available to all patients.*
- *Advanced self-management support, delivered by trained care managers in the context of provider-delivered care management services, is expected to be available only to those members who have the provider-delivered care management benefit.*
- *Action Plans are one component of self-management and on its own does not meet the intent of self-management support capabilities.*
- ***Clinician, who is member of care team or PO staff person, is educated about and familiar with self-management support concepts and techniques and works with appropriate staff members at the practice unit at regular intervals to ensure they are educated in and able to actively use self-management support concepts and techniques***
- Self-management support uses a team-based, systematic, model-driven (including behavioral and clinical dimensions) approach to actively motivating and engaging the patient in effective self-care for identified chronic conditions; must extend beyond usual care such as encouragement to follow instructions.

Self-Management Training Components

Appropriate team members should have awareness of self-management concepts and techniques, including:

- ✓ i. Motivational interviewing.
- ✓ ii. **Health literacy/identification of health literacy barriers.**
- ✓ iii. **Use of teach-back techniques.**
- ✓ iv. **Identification of medical obstacles to self-management.**
- ✓ v. **Establishing problem-solving strategies to overcome barriers of immediate concern to patients.**
- ✓ vi. Systematic follow-up with patients.



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.

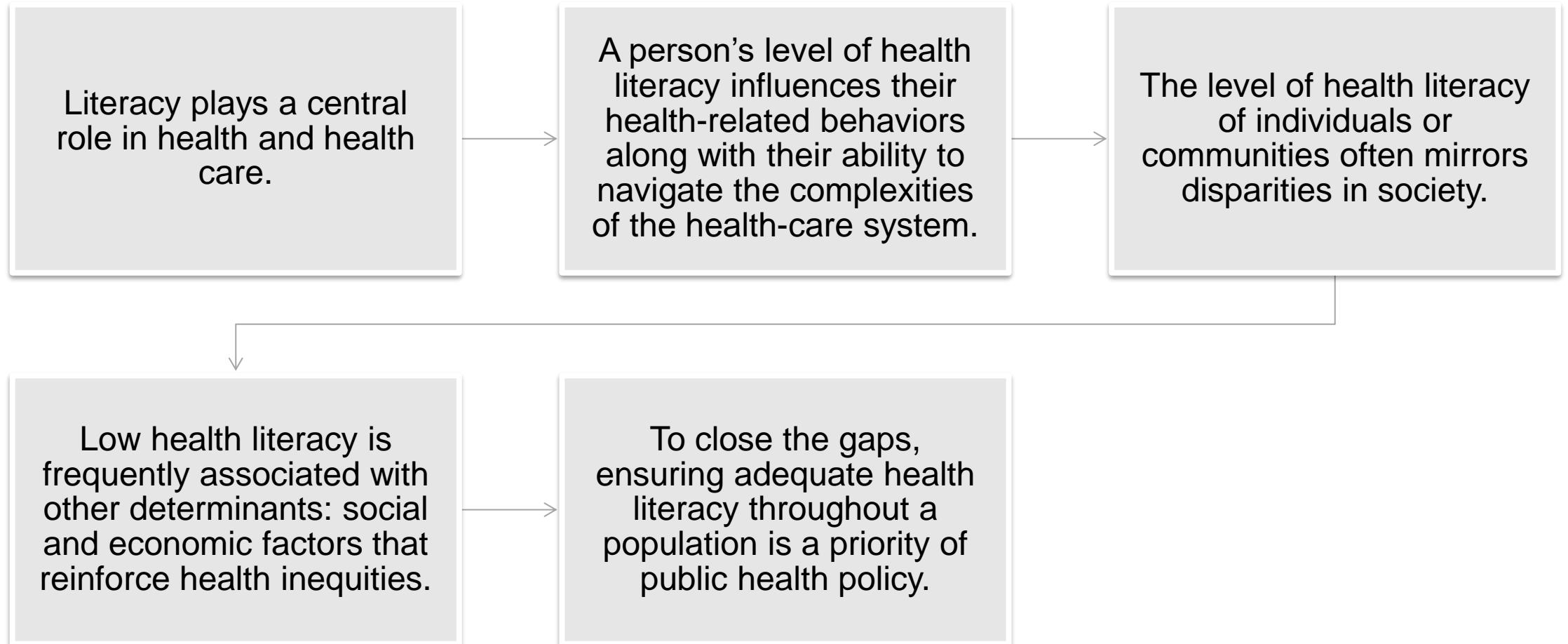


A **provider's capacity** to communicate clearly, educate about health and empower their patients.

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 Interpersonal Communications AHRQ Guidance

“Effective spoken communication between patient and families and healthcare professionals and staff is a cornerstone of health literacy.”

- Use OARS to build rapport and engage
- Communicate clearly
- Consider Culture, Customs, and Beliefs
- Use Teachback – use chunk and check

Details and additional guidelines are on the AHRQ website

“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 Religion
- Spirituality
- Age/life stage
- Language
- Gender identity/sexual orientation
- Values
- Fashion choices
- Being a parent
- Being a non-parent



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



**Group
Activity:**
Everyone Has
a Culture built
on value and
worth

Intercultural competence includes the ability to discover and interpret the values, beliefs and behaviors of another culture --such as notions of modesty, organization of time, gender roles, understanding of disease, courtship rituals and much more.

Value: Judgement of what is important in life

Worth: The level of which someone or something deserves to be valued

How can you.....Communicate patient's worth by acknowledging their values



Ways of Experiencing another Culture

Suggestions from the PeaceCorps

- Attend a religious service or social event at a religious institution of a faith other than your own.
- Eat a meal at an ethnic restaurant, preferably one run by and frequented by people of a culture other than your own.
- View a foreign/international film at a university, cultural center or theater.
- Read a newspaper, magazine or book in another language or from another culture but in English.
- Attend a concert of a type of music you would not normally seek out (world music, bluegrass, punk, folk, classical).
- Prepare a food dish using at least one ingredient that is foreign to you and that you have never cooked with before, preferably from the cuisine of another culture.
- Visit a nursing/old age home and conduct an activity of your choice (stretching class, singing, arts & crafts, storytelling, geography game, visiting).
- Visit a pre-school or kindergarten and play or read with young children.
- Spend time with a gender group other than your own, such as watching a sports game at a sports bar with a group of men if you are a woman who is not involved in sports. Another example may be attending a book group of all women if you are a male.
- Attend a political rally or other political party planning meeting of a group that you are not involved in.





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

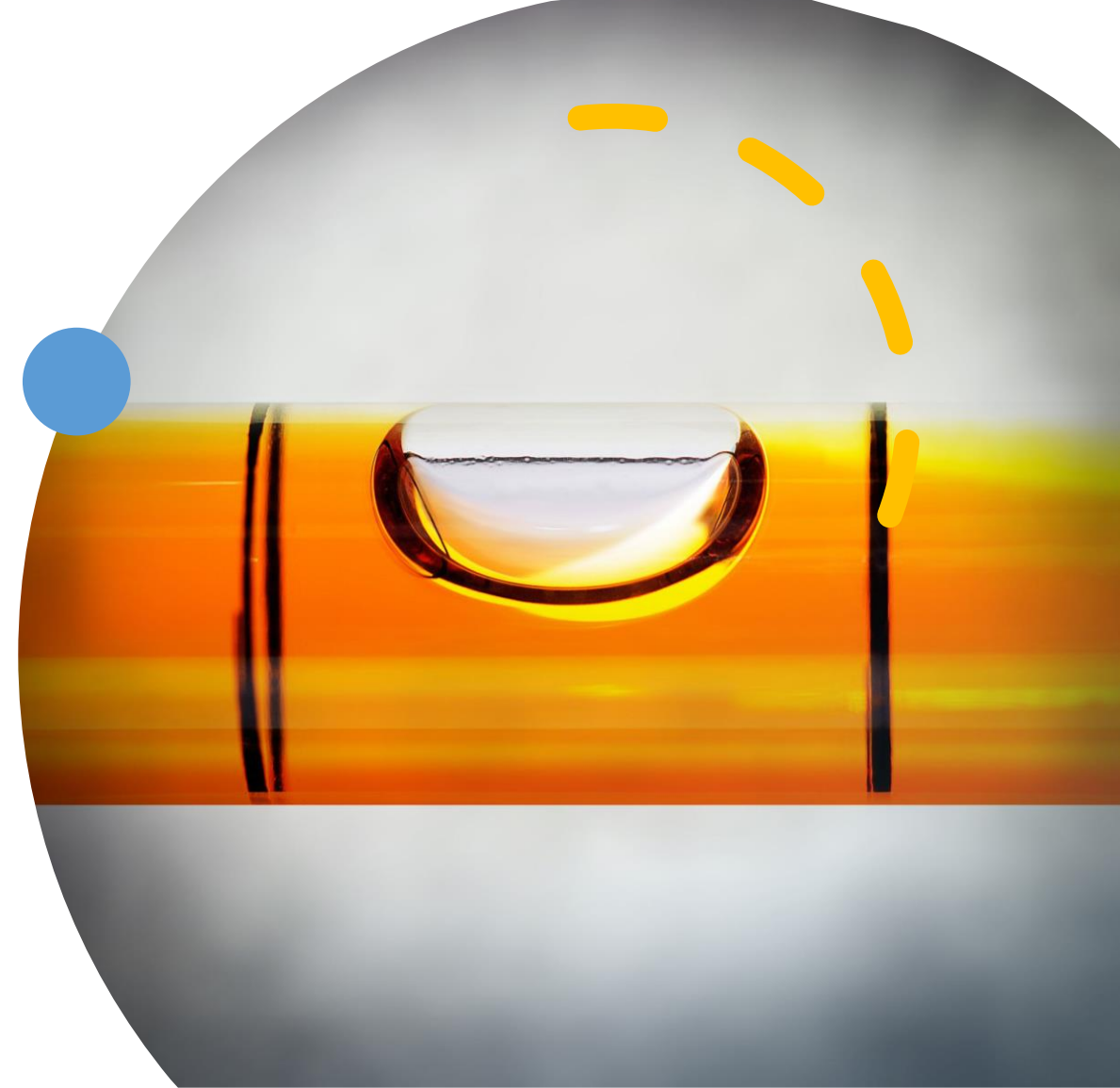


The Evidence – linking Motivational Interviewing to Culture

- 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.

Golden to Platinum Rule

- How decisions are made and patients cared for are often guided by the Golden Rule, which would have us treat patients as we would want to be treated in similar circumstances.
- When patients' lived experiences and outlooks deviate substantively from our own, we stop being a reliable barometer of their needs, values, and goals.
- Inaccurate perceptions of their suffering and our personal biases may lead to distorted compassion, marked by an attitude of pity and therapeutic nihilism.
- In those instances, The Platinum Rule, which would have us consider *doing unto patients as they would want done unto themselves*, may be a more appropriate standard for achieving optimal person-centered care.
- This means knowing who patients are as persons, hence guiding treatment decisions and shaping a tone of care based on compassion and respect.





Key Takeaways