



Health Literacy, a Key Component to Providing Culturally Competent Services

NYAPRS 35th Annual Conference
September 13, 2017

Lenora Reid-Rose, MBA & Alaina O'Mara, MPH



Topics:

- What is health literacy and why does it matter?
- Research and data
- Effect on health outcomes and healthcare cost
- Current methods to measure health literacy level
- Cultural Implications
- Strategies to improve understanding



Learning Objective

Participants will be able to identify how health literacy impacts the delivery of patient services and health outcomes, as well as utilize strategies for improving patient understanding.



Definition

Health Literacy is the degree to which individuals have the capacity to *obtain, process, and understand* basic health information and services needed to make appropriate health decisions.



Why Health Literacy Matters

Health literacy affects an individual's ability to:

- Navigate the healthcare system
- Complete medical forms
- Provide informed consent
- Critically compare treatment options
- Engage in self-care
- Act on emerging health changes



**These factors all lead to poorer health outcomes
and increased cost of health care.**



Healthy People 2010 and 2020

Healthy People 2010 Health Literacy Objectives

- Increase persons with proficient health literacy (16+ years)
- Decrease persons with below-basic health literacy (16+ years)



Healthy People 2010 and 2020

Healthy People 2020 Health Literacy Objectives

- Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition
- Increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions
- Increase the proportion of persons who report their health care providers' office always offered help in filling out a form

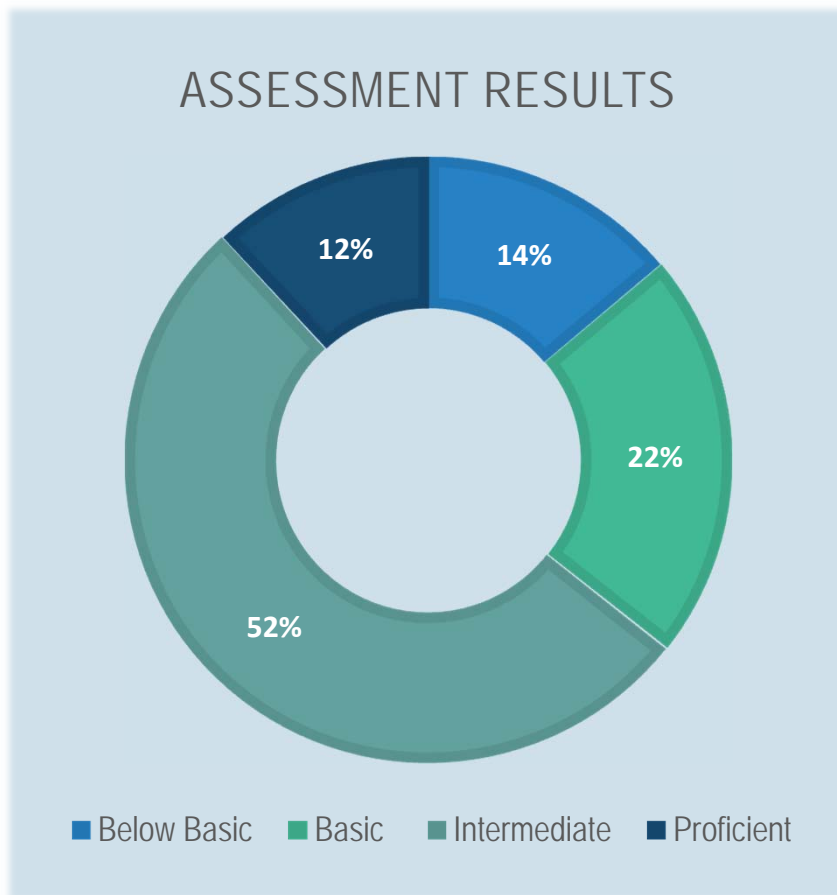


National Assessment of Adult Literacy (NAAL)

- The National Assessment of Adult Literacy is the most comprehensive assessment of adult health literacy.
- The survey was completed by 19,000 Americans 16 and older in 2003 to assess a baseline of health literacy data.
- The results were compared by factors of gender, age, and educational attainment.



National Assessment of Adult Literacy (NAAL)



Below Basic:

no more than the most simple and concrete literacy skills

Basic:

can perform simple and everyday literacy activities

Intermediate:

can perform moderately challenging literacy activities

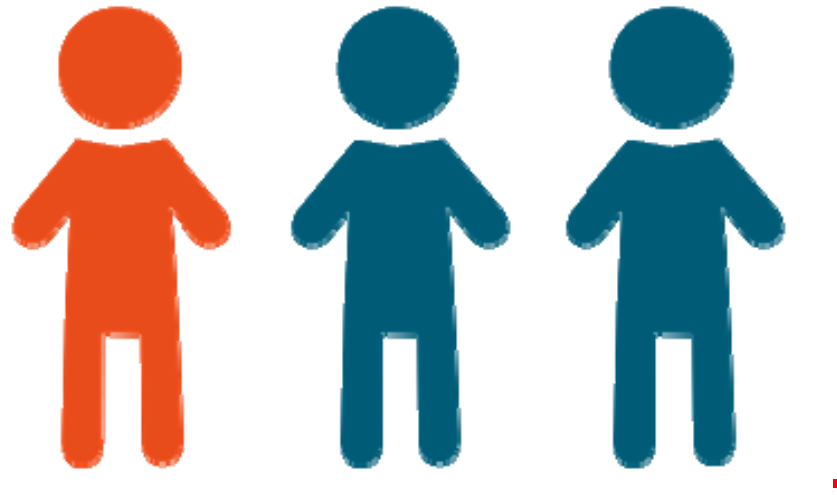
Proficient:

can perform complex and challenging literacy activities

U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.



Health Literacy Impact



Approximately, **1 in every 3** people do not understand the basic health information needed to make appropriate health decisions.



Populations at Risk

Population	% Below Basic	% in Total NAAL
Did not graduate high school	55	15
No English spoken before starting school	44	13
Hispanic Adults	39	12
Black Adults	20	12
Age 65+	26	15
Multiple Disabilities*	21	9

*Disabilities include vision, hearing, learning disability, and other health problems



Health Disparities

Populations who are at risk or have low health literacy also frequently experience health disparities.

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.



Healthcare Costs

Persons with limited health literacy skills have:

- Higher utilization of treatment services
- Lower utilization of preventive services
- Hospitalization
- Emergency services
- Higher Mortality Rates

patients with low
HEALTH LITERACY...

- Are more likely to visit an **EMERGENCY ROOM**
- Have more **HOSPITAL STAYS**
- Are less likely to follow **TREATMENT PLANS**
- Have higher **MORTALITY RATES**

www.cdc.gov/phpr 



Health Literacy in a Cultural Context



Health Literacy is affected by:

- Culture
- Belief and value systems
- Communication styles
- Understanding and response to health information



Cultural Competence

A set of congruent:

- **BEHAVIORS**
- **ATTITUDES**
- **POLICIES**
- **STRUCTURES**
- **PRACTICES**

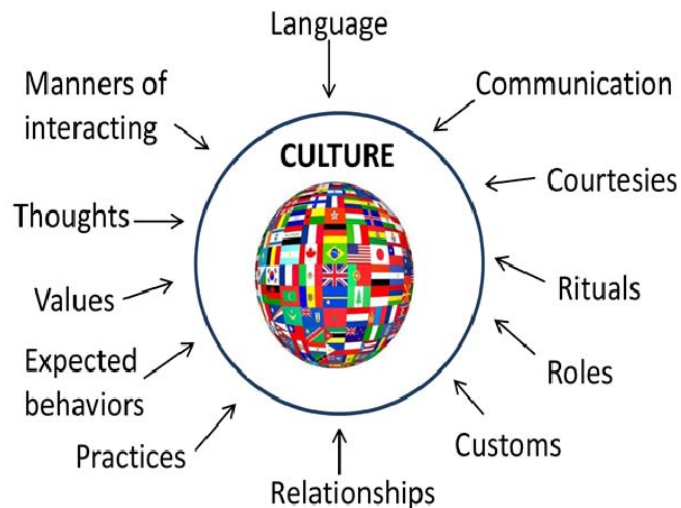
These come together in a system, organization, or among professionals and enables that system, organization, or those professionals to work effectively in cross-cultural situations.



Cultural Competence

Cultural Competence is the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet the patient's social cultural and language needs.

HRET, 2016



Cultural competence is a developmental process that evolves over time.

IT IS A JOURNEY, NOT A DESTINATION...



Cultural Implications

Culture affects:

- How people communicate and understand health information
- How people think and feel about their health
- When and from whom people seek care
- How people respond to recommendations for lifestyle change and treatment

Health Literacy: What You Need To Know and What You Can Do About It. U.S. Department of Health and Human Services.



Cultural Implications Language

- Language card or interpretive services at first point of contact
- Interpreters with cultural knowledge who understand nuances
- Health materials in primary language (including summary packets, health instructions, prescription bottles)
- Knowledge of words used in culture (sugar)



Cultural Implications

Cross-Cultural Communication

All communication is cross-cultural because every individual comes with their own unique perspective and experiences.

High and low context communication



- *High context* – value non-verbal signs like body language and prefer conversations to be indirect, polite and ambiguous.
- *Low context* – value content over context and communicate in a direct way.



Cultural Implications Professional Power Dynamic

Individuals with low health literacy may accept a doctor or health professional's advice with little to no questioning due to the power dynamic.

Power is the ability to achieve aims, further interests, impose will, and make decisions even when opposed by others.

The patient and provider relationship is influenced by other forms of power: positional, expert, or influential power.



Cultural Implications Implicit Bias and Stigma

Implicit Bias is a judgement and/or behavior that operates at a level below our conscious awareness and without our intentional control.

The implicit bias's of those in a position of power can shape communication.

People with limited health literacy often report feeling a sense of shame about their skill level.

Individuals with poor literacy skills are often uncomfortable about being unable to read well, and they develop strategies to compensate.



Methods to Measure

There are three standard methods for evaluating health literacy levels, the TOFHLA, SAHL and the REALM.

TOFHLA – Test of Functional Health Literacy in Adults

SAHL - Short Assessment of Health Literacy

REALM – Rapid Estimate of Adult Literacy in Medicine



TOFHLA

For supper have only a _____ snack of fruit, _____ and jelly, with coffee or tea.

- | | |
|-----------|-----------|
| a. little | a. toes |
| b. broth | b. throat |
| c. attack | c. toast |
| d. nausea | d. thigh |

After _____, you must not _____ or drink

- | | |
|--------------|----------|
| a. minute, | a. easy |
| b. midnight, | b. ate |
| c. during, | c. drank |
| d. before, | d. eat |

anything at _____ until after you have _____ the X-ray.

- | | |
|---------|--------|
| a. ill | a. are |
| b. all | b. has |
| c. each | c. had |
| d. any | d. was |



SAHL

SAHL-E Word Sets & User's Guide

Stem	Key or Distracter		Don't know
1. kidney	__urine	__fever	__don't know
2. occupation	__work	__education	__don't know
3. medication	__instrument	__treatment	__don't know
4. nutrition	__healthy	__soda	__don't know
5. miscarriage	__loss	__marriage	__don't know
6. infection	__plant	__virus	__don't know
7. alcoholism	__addiction	__recreation	__don't know
8. pregnancy	__birth	__childhood	__don't know
9. seizure	__dizzy	__calm	__don't know
10. dose	__sleep	__amount	__don't know
11. hormones	__growth	__harmony	__don't know
12. abnormal	__different	__similar	__don't know
13. directed	__instruction	__decision	__don't know
14. nerves	__bored	__anxiety	__don't know
15. constipation	__blocked	__loose	__don't know
16. diagnosis	__evaluation	__recovery	__don't know
17. hemorrhoids	__veins	__heart	__don't know
18. syphilis	__contraception	__condom	__don't know



REALM

Behavior _____

Exercise _____

Menopause _____

Rectal _____

Antibiotics _____

Anemia _____

Jaundice _____

TOTAL SCORE _____



Signs of Low Health Literacy

There are signs that may indicate low health literacy:

- Excuses not to read, like forgetting their reading glasses or poor lighting
- Expressing their spouse or loved one handles their health matters
- Taking educational materials home to read
- Referring to medications by color or size
- Incomplete or incorrectly filled out forms
- Failing to keep appointments



Universal Precautions

Universal precautions are the steps, practices, and recommendations to take when assuming that all patients have difficulty comprehending health information and accessing health services.

Universal precautions:

- Simplify health information
- Improve communication to confirm comprehension
- Assist navigation of the healthcare system



Written Recommendation

Strategies to improve understanding when writing printed materials use:

- A 6th grade reading level or below
- Plain Language
- Text size 12 point font or larger
- Shortened length instructions
- Multiple media methods
- Languages other than English
- Fonts that contain serifs: Times New Roman, Bookman Old Style, Century or Garamond.



Visual Recommendations

Strategies to improve understanding when creating printed materials use:

- Adequate amount of white space
- Pictures, graphs and tables to support text information
- Bullet points to highlight important information
- Headlines to break up text
- Black font on white background for ample contrast



Reading Levels

The term "heart disease" is often used interchangeably with the term "cardiovascular disease." Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease.

The term "heart disease" is also called "cardiovascular disease." Heart disease happens when the parts of the heart get smaller or blocked. This can cause a heart attack, pain in the chest or a stroke. Other problems that affect your heart beat or the way your valves move are also types of heart disease.



Verbal Recommendations

Strategies to improve understanding when speaking:

- Speak in an even tone and at an appropriate speed
 - When speaking to the aging population, lower tone rather than increase volume
- Provide eye contact, if culturally appropriate
- Avoid using medical jargon
- Explain medical information using plain language
- Provide handouts to supplement verbal information
- Ask “Is there anything I can provide more clarity on?” instead of, “Do you have any questions?”



Teach Back Method

This is a method to improve communication. It requires health professionals to ask open-endedly to repeat the information that was explained.

“In your own words, tell me what I should know about checking blood sugar?”

The teach back method allows an opportunity to:

- Re-explain if not understood
- Correct misunderstood information
- Provide further information



Ask Me Three

Ask Me Three is a technique that requires the client or patient to ask three questions when communicating with health professionals.

- 1) What is the main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

Ask Me Three allows for:

- A simplified action plan
- Encouraged participation and adherence through increased knowledge



Learn Cultural & Personal Preferences

A person's individual culture is the result of numerous aspects of their lives:

- Their upbringing,
- Where they grew up,
- Their religious background,
- Their personal genetics

A person's individual culture reflect their own personal values:

- How they prefer to act
- How they like to treat others
- How they like to be treated

A person's individual culture is fluid:

- Adapt their individual behavior to match the behaviors or situations around them



Learn Cultural & Personal Preferences

(Providers) activating a consumer to participate in the care process by providing care givers with his/her personal cultural lens on what matters when receiving care.

- Cultural Activation Prompts – a tool to promote Cultural Activation



Explain the Why...

The impact of salt in the diet on a congestive heart failure patient.

Explaining why:

- Increases buy in and self-efficacy
- Furthers understanding
- Creates an environment for shared decision making



Cultural Competence

Individual:

- Acknowledge cultural difference
- Understand your own culture
- Engage in self-assessment
- Acquire cultural knowledge & skills
- View behavior within a cultural context

Organizational:

- Value Diversity
- Conduct Cultural Self-Assessment
- Manage the dynamics of difference
- Institutionalize cultural knowledge
- Adapt to diversity
 - Policies
 - Values
 - Structures
 - Services

(Modified Cross, Bazaron, Dennis, Isaacs, 1989)



Health Literacy

Individual:

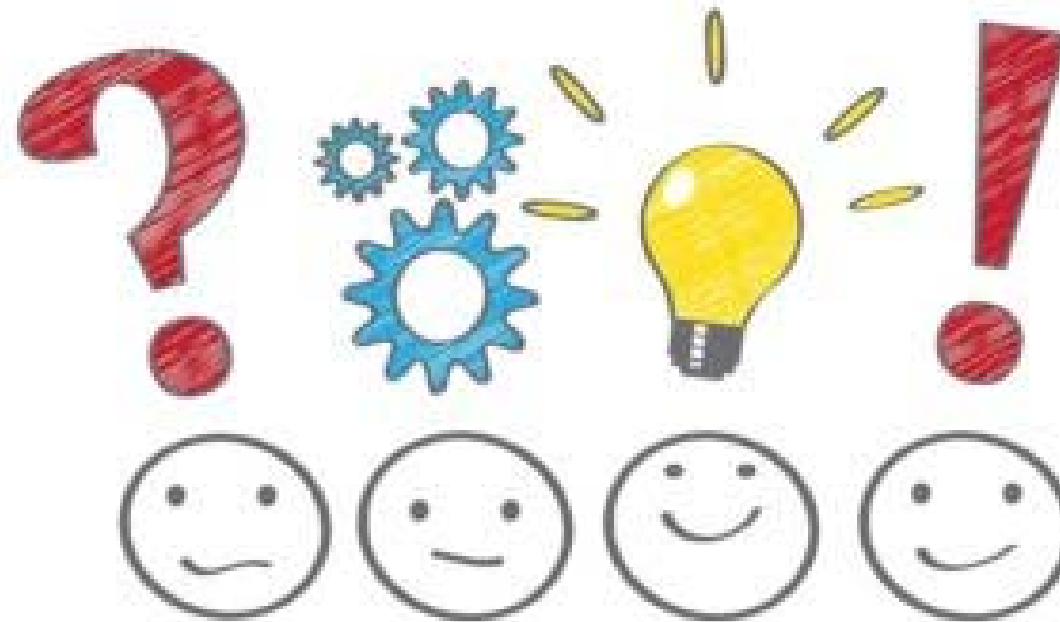
- Determine your own health literacy strengths and weaknesses
- Increase knowledge and awareness of health literacy
- Utilize tools to improve communication
- Ask questions and why

Organizational:

- Promote the tools for understandability
- Responsible for appropriate health material
- Create an environment for shared decision making and questions
- Develop infrastructure to improve communication
 - Policies
 - Values
 - Structures
 - Services



Questions?



CCSI Cultural Competence Team



Lenora Reid-Rose, M.B.A., Director of Cultural and Diversity Initiatives
Contact: lreid-rose@ccsi.org or by phone (585) 613-7615



Nyla Gaylord, Consultant
Contact: ngaylordy@ccsi.org or by phone at (585) 703-0564



Alaina O'Mara, MPH Consultant
Contact: aomara@ccsi.org or by phone (585) 328-5190 ext. 7550



Dr. Jessica Isaac, PharmD, RPh, Senior Consultant
Contact: jisaac@ccsi.org or by phone (585) 328-5190 ext. 7524



Nancy Sung Shelton, M.A., Senior Consultant
Contact: nshelton@ccsi.org or by phone (585) 755-1545



Julie Lafferty, AAS, Administrative Assistant
Contact: jlafferty@ccsi.org or by phone at (585) 341-2225



Ensley Townsend, M.S., Manager
Contact: etownsend@ccsi.org or by phone (585) 341-2221

Material prepared by:
Coordinated Care Services Incorporated (CCSI) Cultural and Linguistic Competence Team



Notice of Copyright/Rights Statement

This material is protected by U.S. and International copyright laws. Reproduction and distribution of this material in digital, electronic, written, or any other form without the expressed written permission of CCSI, Inc. or Coordinated Care Services, Inc. is prohibited.

