

Effective Communication

One Route to Improving Health Literacy

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What Health Literacy Is

Health Literacy – The Frequently Used 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.

Health Literacy: A Prescription to End Confusion
Institute of Medicine, 2004

<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2004/Health-Literacy-A-Prescription-to-End-Confusion/healthliteracyfinal.pdf>

Health Literacy – The Frequently Used Definition

... But health literacy goes beyond the individual. It also depends upon the skills, preferences, and expectations of those health information providers: our doctors, nurses, administrators, home health workers, the media, and many others.

Health Literacy: A Prescription to End Confusion
Institute of Medicine, 2004

<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2004/Health-Literacy-A-Prescription-to-End-Confusion/healthliteracyfinal.pdf>

Marginal Health Literacy

Having problems obtaining, processing, and understanding the basic health information and services one needs to make appropriate health decisions

Health Literacy: An E-x-p-a-n-d-e-d Model

Health literacy is the wide range of skills, and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks and increase quality of life.

This includes:

- Fundamental literacy
- Science literacy
- Civic literacy
- Cultural literacy

Understanding health literacy: an expanded model
Christina Zarcadoolas, Andrew Pleasant, David S. Greer
Health Promotion International, Volume 20, Issue 2,
1 June 2005, Pages 195-203
Published: 23 March 2005
<https://academic.oup.com/heapro/article/20/2/195/827483>

Fundamental Literacy

Fundamental literacy refers to the skills and strategies involved in:

- reading
- speaking
- writing
- interpreting numbers (numeracy)

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Science Literacy

Science literacy refers to levels of competence with science and technology, including some awareness of the process of science.

Specifically included are:

- knowledge of fundamental scientific concepts
- ability to comprehend technical complexity
- an understanding of technology
- an understanding of scientific uncertainty and that rapid change in the accepted science is possible

Understanding health literacy: an expanded model
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Science Literacy

For example:

Cavities are only caused by sweets.

- Being unaware that cavities are caused by carbohydrates interacting with bacteria on your teeth to create acid byproducts
- Being unaware that carbs include sugars, but that cavities can just as easily be caused by crackers, potato chips, and bread

Science Literacy

For example:

Why bother to take every bit of this antibiotic medication if my gum infection has already cleared up?

- Being unaware that the first few days of treatment may kill many of the weaker bacteria, making you feel better, but may not kill some of the stronger bacteria that resist the medication
- Being unaware that leaving some of the stronger resistant bacteria around, without competition from the weaker bacteria, may allow the strong ones to survive, multiply and resist being killed by the same medication in the future.

Science Literacy

For example:

Why bother to follow all of this advice about what to eat and what not to eat, if it keeps changing?

- Not understanding the fact of scientific uncertainty
- Not understanding that, because of this, rapid change in the accepted science is possible

The Health Literacy of Parents and the Fundamental Literacy of Adolescents

American Academy of Pediatrics (AAP)

The Health Literacy of Parents in the U.S. (2009)

Objective:

To assess the health literacy of US parents and explore the role of health literacy in mediating child health disparities.

Methods:

A cross-sectional study was performed for a nationally representative sample of US parents from the 2003 National Assessment of Adult Literacy. Parent performance on 13 child health-related tasks was assessed by simple weighted analyses.

The Health Literacy of Parents in the United States:
A Nationally Representative Study, [H. Shonna Yin](#), MD, MS
Pediatrics Vol. 124 No. Supplement 3 November 1, 2009
pp. S289 -S298 (doi: 10.1542/peds.2009-1162E)
<https://www.ncbi.nlm.nih.gov/pubmed/19861483>

American Academy of Pediatrics (AAP)

The Health Literacy of Parents in the U.S. (2009)

Conclusions

- A large proportion of US parents have limited health literacy skills.
- Decreasing literacy demands on parents, is needed to decrease health care access barriers for children and allow for informed parent decision-making. This would include the simplification of:
 - health insurance forms
 - other medical forms
 - medication labels
 - food labels

The Health Literacy of Parents in the United States:
A Nationally Representative Study, [H. Shonna Yin](#), MD, MS
Pediatrics Vol. 124 No. Supplement 3 November 1, 2009
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<https://www.ncbi.nlm.nih.gov/pubmed/19861483>

American Academy of Pediatrics (AAP)

The Health Literacy of Parents in the U.S. (2009)

Conclusions

- Addressing low parent health literacy may ameliorate existing child health disparities.

The Health Literacy of Parents in the United States:
A Nationally Representative Study, [H. Shonna Yin](#), MD, MS
Pediatrics Vol. 124 No. Supplement 3 November 1, 2009
pp. S289 -S298 (doi: 10.1542/peds.2009-1162E)
<https://www.ncbi.nlm.nih.gov/pubmed/19861483>

Oral Health Literacy among Female Caregivers Impact on Oral Health Outcomes in Early Childhood (2010)

Objective:

The aim of this study was to investigate the association of female caregivers' oral health literacy with their knowledge, behaviors, and the reported oral health status of their young children.

Oral health literacy among female caregivers
Impact on Oral Health Outcomes in Early Childhood
W.F. Vann Jr., et. al
Published online before print October 5, 2010,
December 2010 vol. 89 no. 12 1395-1400
<https://www.ncbi.nlm.nih.gov/pubmed/20924067>

Oral Health Literacy among Female Caregivers

Impact on Oral Health Outcomes in Early Childhood (2010)

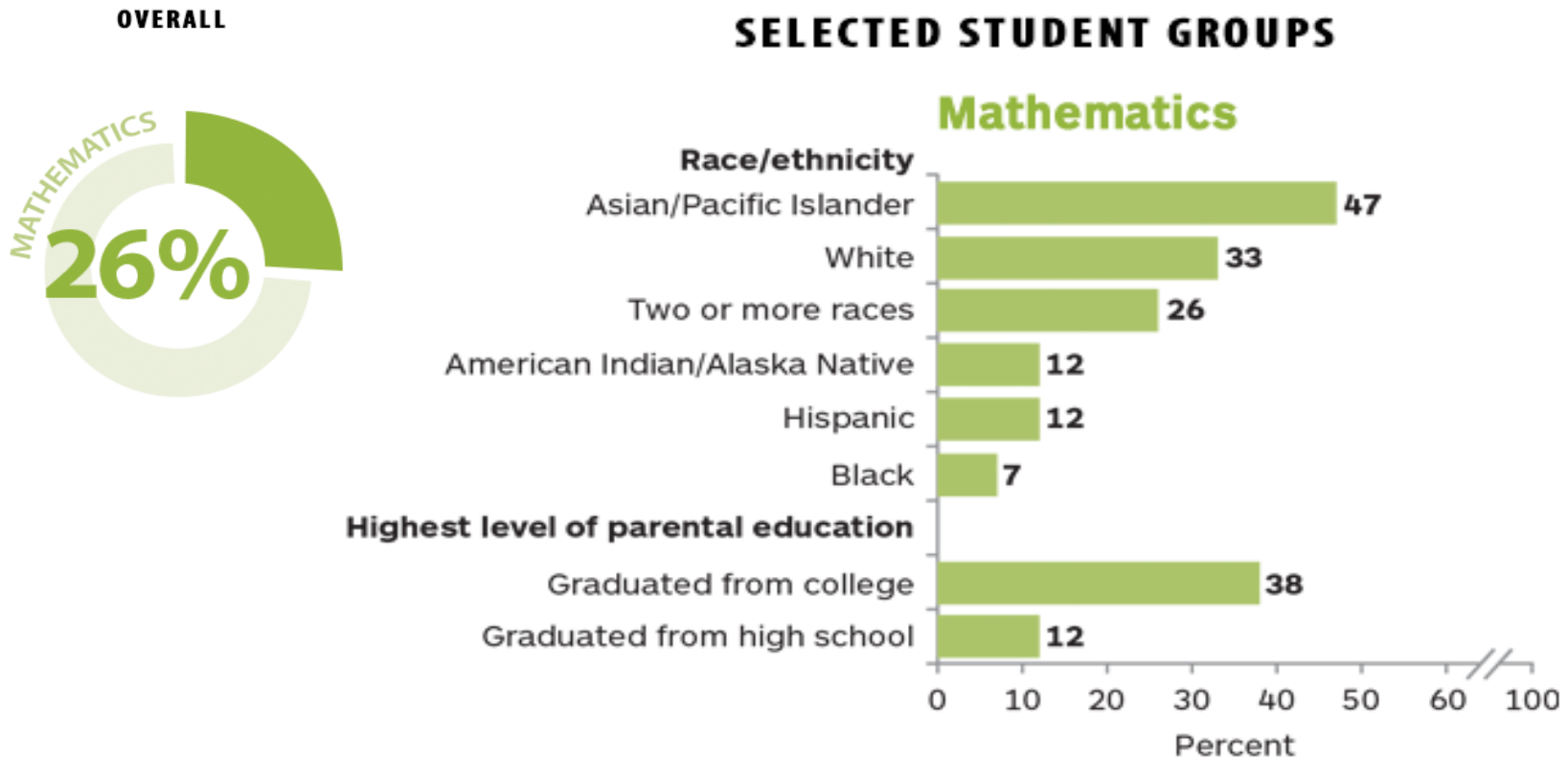
Conclusion

Lower caregiver literacy was associated with deleterious oral health behaviors including:

- no daily brushing/cleaning
- nighttime bottle use
-

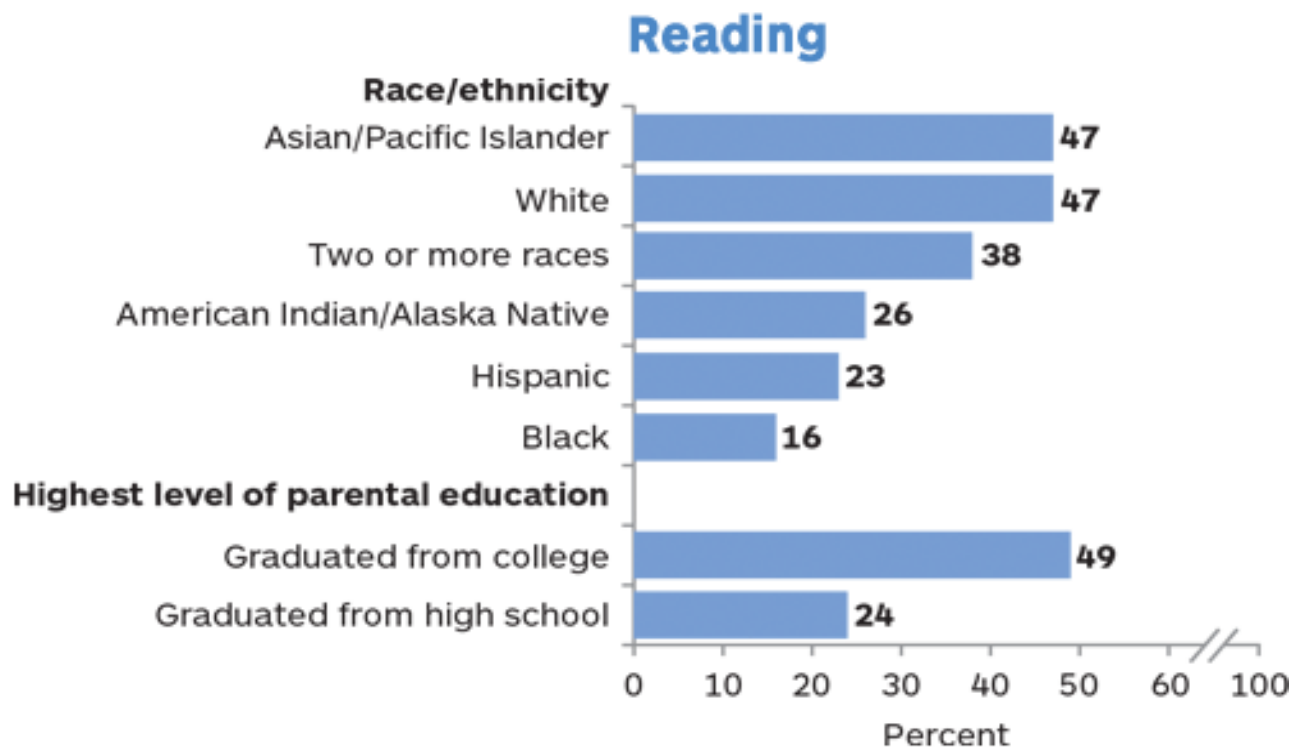
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Percentage of 12th grade students at or above the *Proficient* level in 2013 in MATH



SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics National Assessment of Educational Progress (NAEP), various years, 1992–2013 Mathematics and Reading Assessments.

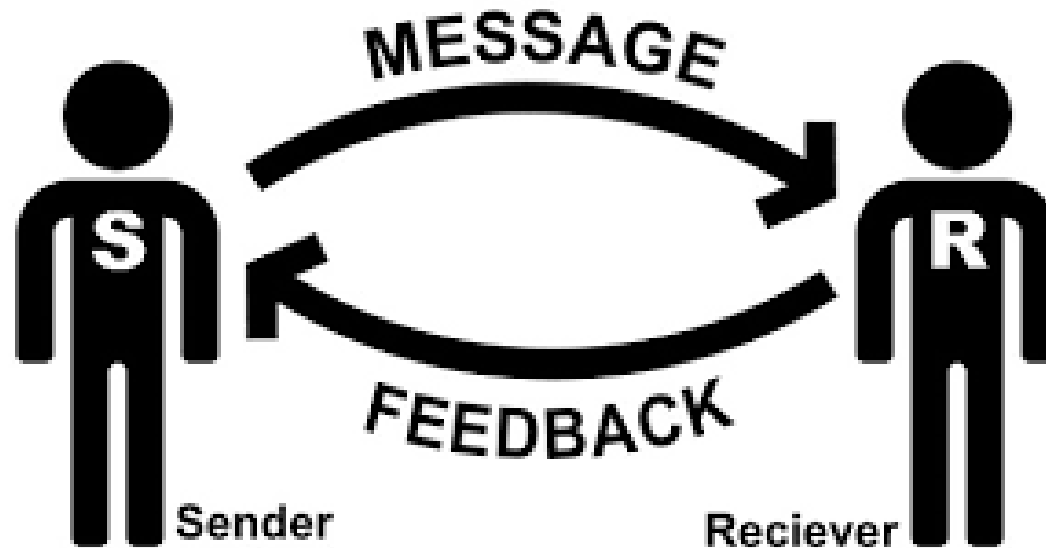
Percentage of 12th grade students at or above the *Proficient* level in 2013 in READING



SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics National Assessment of Educational Progress (NAEP), various years, 1992–2013 Mathematics and Reading Assessments.

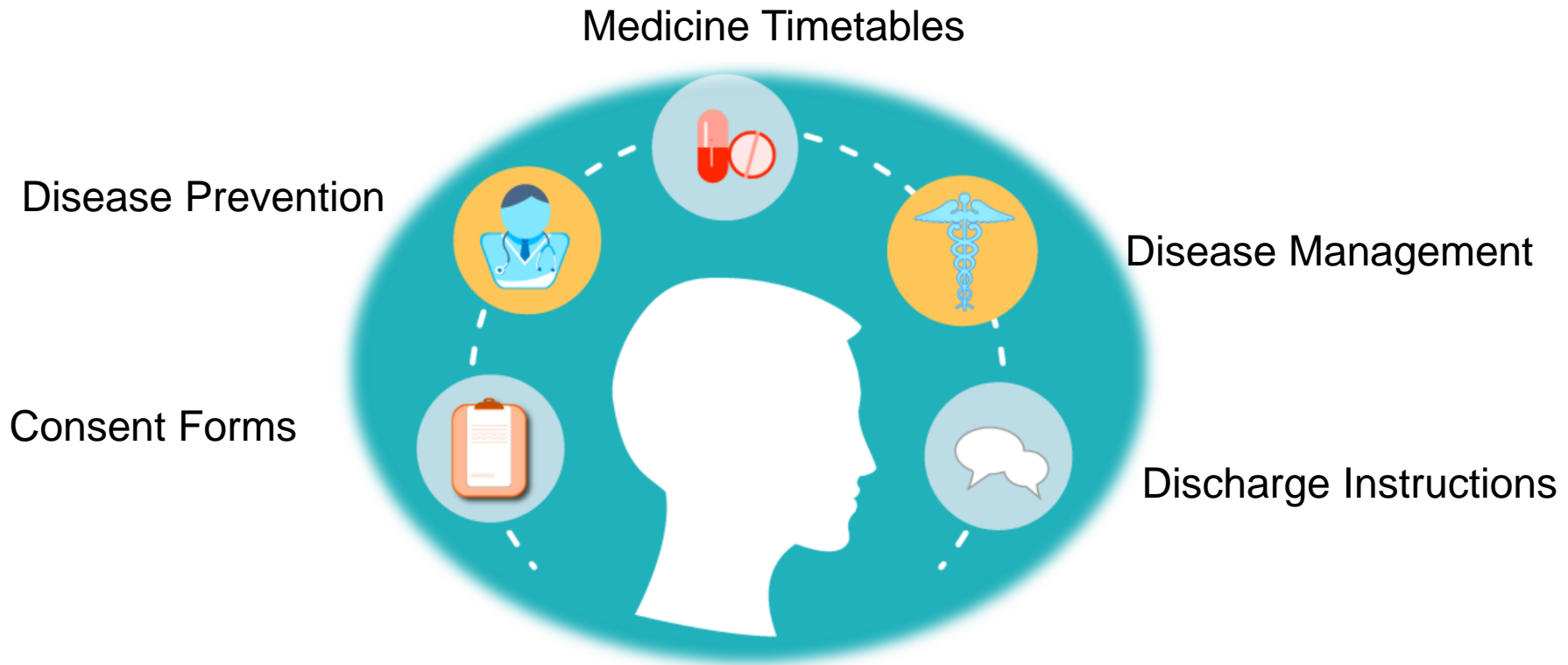
Effective Communication and Health Literacy

Effective Communication



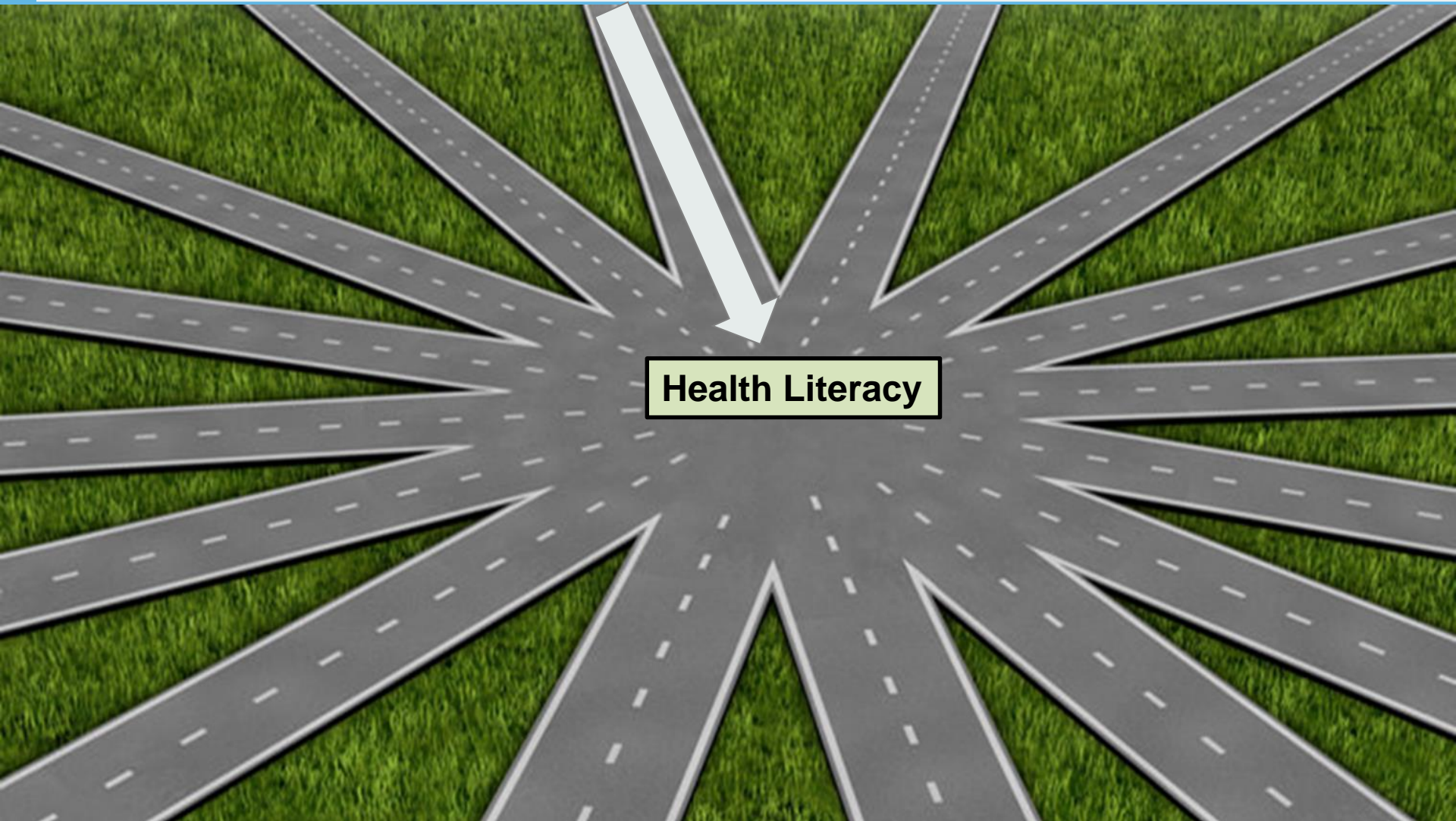
When we communicate *effectively*,
whether verbally or in print...

Health Literacy



...we give people a chance to understand and use
all kinds of important information to stay alive and well
(especially people who may be struggling)

Effective Communication: ONE of many routes to building health literacy



Many Other Ways to Support Health Literacy

There are many *other* ways to support the Health Literacy of individuals besides communicating effectively.

People can work to:

- improve skills in fundamental literacy and numeracy
- improve science literacy
- improve civic literacy
- improve cultural literacy
- improve the way organizations address issues of access and navigation for consumers
- improve the way organizations support and incentivize providers of information, service, and care
- and so on...

Ways to Communicate Effectively Across Literacy Levels, Languages and Cultures in Writing

Effective Written Communication

Effective Written Materials	
They make information be this way:	... by using effective:
▪ easy to <u>find</u>	▪ layout, design, and navigation
▪ <u>LOOK</u> <u>easy</u> to read	▪ layout, design, and navigation
▪ actually BE easy to <u>read/decode</u>	▪ text (plain language)
▪ easy to <u>understand</u>	▪ text (plain language)
▪ easy to <u>act upon</u> (is “actionable”)	▪ text (plain language)
▪ easy to <u>relate to</u>	▪ CONSUMER RESEARCH
✓ seems personally relevant	
✓ seems practical	
✓ seems acceptable/non-offensive	
✓ seems believable	
✓ seems persuasive, convincing	

What Plain Language Is

Plain language is a strategy for making written and oral information easier to understand. It is *one* important tool for improving health literacy.

What is Plain Language Is

Plain language is communication that users can understand the first time they read or hear it.

With reasonable time and effort, a plain language document is one in which people can find what they need, understand what they find, and act appropriately on that understanding.

U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion

<http://www.health.gov/communication/literacy/quickguide/factsbasic.htm>

Yet, not everybody feels comfortable using a plain language approach

In spite of policy imperatives, there may still be a lack of awareness, among various stakeholders, about the need for more consumer-friendly communications and about how to meet that need.

U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion
<http://www.health.gov/communication/literacy/quickguide/factsbasic.htm>

Yet, not everybody feels comfortable using a plain language approach

Yes but...

“We don’t want to sound like idiots.”

“If people can’t understand these instructions, they must not be interested.”

“These changes will never get by the legal department.”

“What’s wrong with this form? We’ve used it for 20 years?”

Collected by Sue Stableford and Jane Root
Maine AHEC Health Literacy Center

Making the Case for Plain Language

To most nonlawyers, the benefits of plain language are intuitive. If readers understand plain language better, then no doubt they'll like it better than the dense, impersonal prose of most public documents. And because they understand it better, they will:

- make fewer mistakes in dealing with it
- have fewer questions
- ultimately save time and money - for themselves and for the writer's company or agency

Writing for Dollars, Writing to Please

Joseph Kimble

Updated April 12, 2003

Plain Language Association International

www.plainlanguagenetwork.org/kimble/Writing1.pdf

Making the Case for Plain Language

There is, in fact, much informal evidence to this effect. Take, for example, three publications called:

- “The Productivity of Plain English”
- “How Plain English Works for Business: Twelve Case Studies”
- “Plain English for Better Business”

Writing for Dollars, Writing to Please

Joseph Kimble

Updated April 12, 2003

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www.plainlanguagenetwork.org/kimble/Writing1.pdf

Making the Case for Plain Language

They are full of testimonials from officials at trade associations...

- American Council of Life Insurance
- American Gas Association

...and at businesses

- Shell Oil
- Target Stores
- Pfizer
- Sentry Insurance
- Bank of America
- General Motors

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Making the Case for Plain Language

These officials offer the evidence of their senses. They can see and feel the change that plain language makes:

- Streamlines procedures and paperwork
- Makes it easier to train staff
- Increases staff productivity and morale
- Reduces confusion, complaints, and claims
- Improves customer satisfaction
- Increases sales and raises the company's standing in the marketplace

Writing for Dollars, Writing to Please

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Making the Case for Plain Language

1. Plain language does not mean baby talk or dumbing down the language. It means clear and effective communication - the opposite of legalese.

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Making the Case for Plain Language

2. Plain language and precision are complementary goals, not antagonists. The choice between clarity and precision is usually a false choice.

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Updated April 12, 2003

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www.plainlanguagenetwork.org/kimble/Writing1.pdf

Making the Case for Plain Language

3. Plain language is not subverted by the need to use technical terms.

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Updated April 12, 2003

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www.plainlanguagenetwork.org/kimble/Writing1.pdf

Making the Case for Plain Language

4. Plain language is not just about vocabulary. It involves all the techniques for clear communication:

- planning the document
- designing it
- organizing it
- writing clear sentences
- using plain words
- testing the document, whenever possible, on typical readers

Writing for Dollars, Writing to Please

Joseph Kimble

Updated April 12, 2003

Plain Language Association International

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Making the Case for Plain Language

5. Contrary to what some critics have said, there's a pile of hard evidence showing that plain language is more understandable to readers than the traditional style of official and legal writing.

Writing for Dollars, Writing to Please

Joseph Kimble

Updated April 12, 2003

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www.plainlanguagenetwork.org/kimble/Writing1.pdf

A Document for Important Decision Making

Original Advance Directive

CALIFORNIA
ADVANCE HEALTH CARE DIRECTIVE

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or an employee of the health care institution where you are receiving care, unless your agent is related to you, is your registered domestic partner, or is a co-worker. Your supervising health care provider can never act as your agent.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;
- (b) Select or discharge health care providers and institutions;
- (c) Approve or disapprove diagnostic tests, surgical procedures and programs of medication; and
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation;
- (e) Make anatomical gifts, authorize an autopsy, and direct the disposition of your remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.


After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health-care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

Simplified Advance Directive

California Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.



This form has 3 parts. It lets you:

Part 1: Choose a health care agent.



A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.

Part 2: Make your own health care choices.


This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: Sign the form.

It must be signed before it can be used.



You can fill out Part 1, Part 2, or both.
Fill out only the parts you want.
Always sign the form in Part 3.

Go to the next page 

1

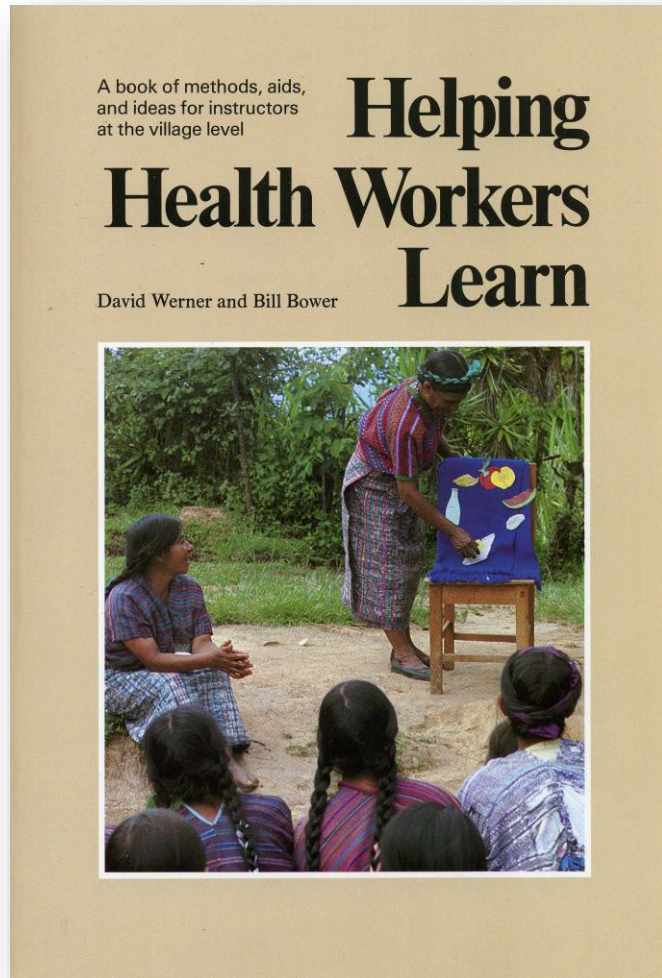
Overwhelmingly Preferred

A redesigned, simplified advance directive written at a fifth-grade reading level, with graphics that reinforce the text, was overwhelmingly preferred and completed at a higher rate by patients at all literacy levels compared with a commonly available standard form written at a twelfth-grade level.

The finding is in a study by researchers at the San Francisco VA Medical Center and the University of California, San Francisco.

11/07

Learner-Involvement



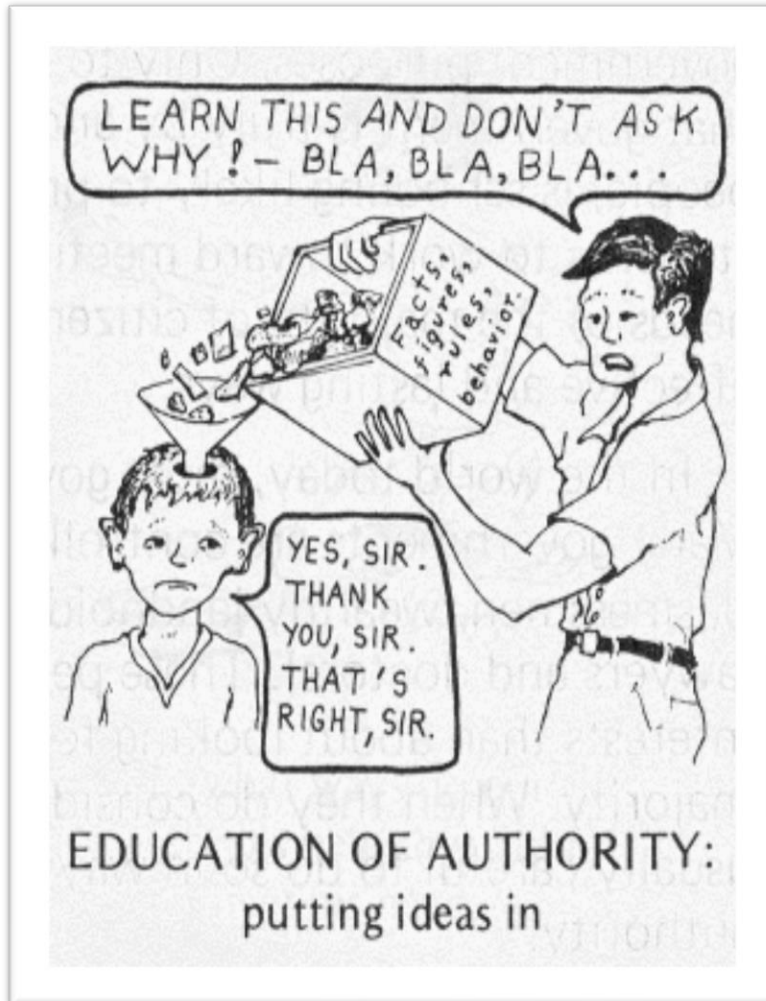
Werner and Bower
First Edition. 1982
Thirteenth Printing, 2005
Hesperian Foundation

“Good teaching is the art, not of
PUTTING IDEAS INTO people’s heads...

Learner-Involvement

Werner and Bower
First Edition. 1982
Thirteenth Printing, 2005
Hesperian Foundation

“Good teaching is the art, not of
PUTTING IDEAS INTO people’s heads...”



Learner-Involvement



Werner and Bower
First Edition. 1982
Thirteenth Printing, 2005
Hesperian Foundation

... but of DRAWING IDEAS OUT.”

It may be clear...



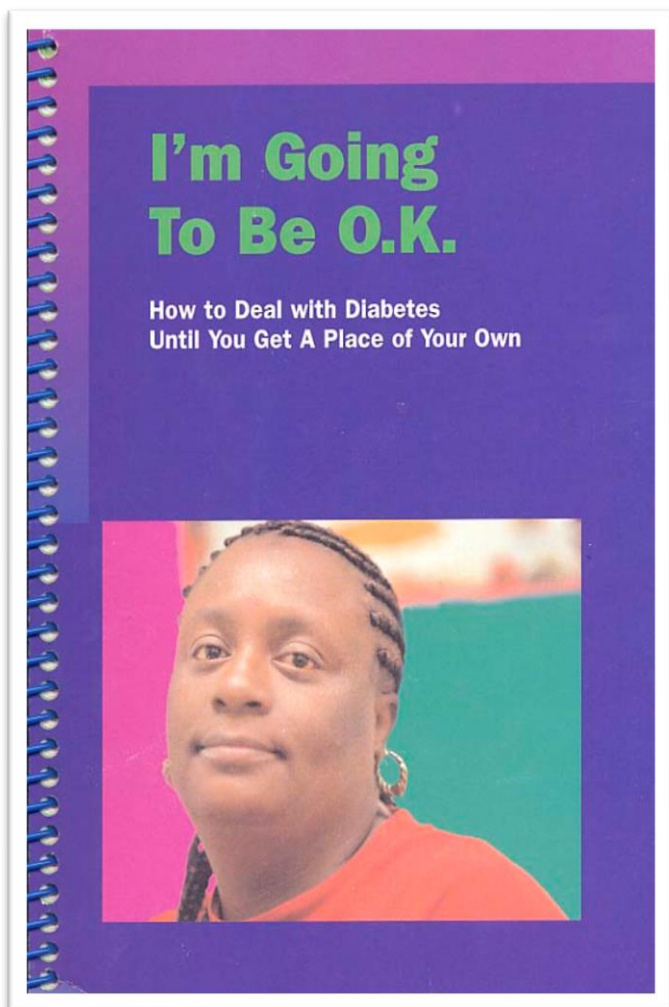
Try to stop smoking, because it can lead to heart disease.

...but is it effective?



Try to stop smoking, because that can help you get around without feeling so tired and out of breath.

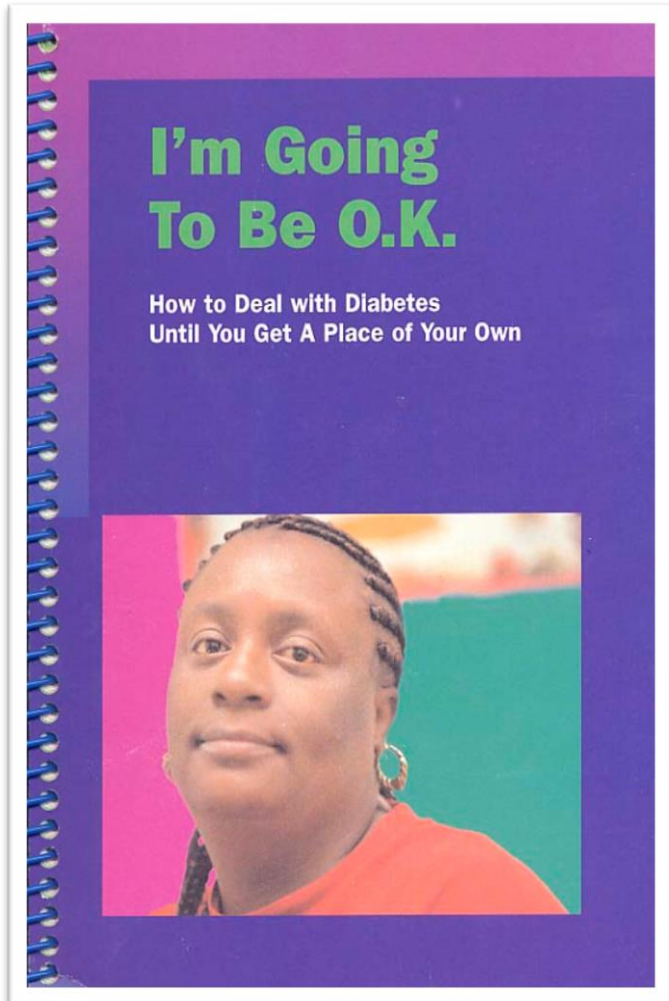
Or giving advice about managing diabetes while living in transitional housing



A booklet for people who have diabetes and who are living in shelters or transitional housing and... who have faced many barriers.

A classic example created by the Health Promotion Council

Do we preach, or try to inspire?



Tone:

Cheerleader vs. Task Master

Message:

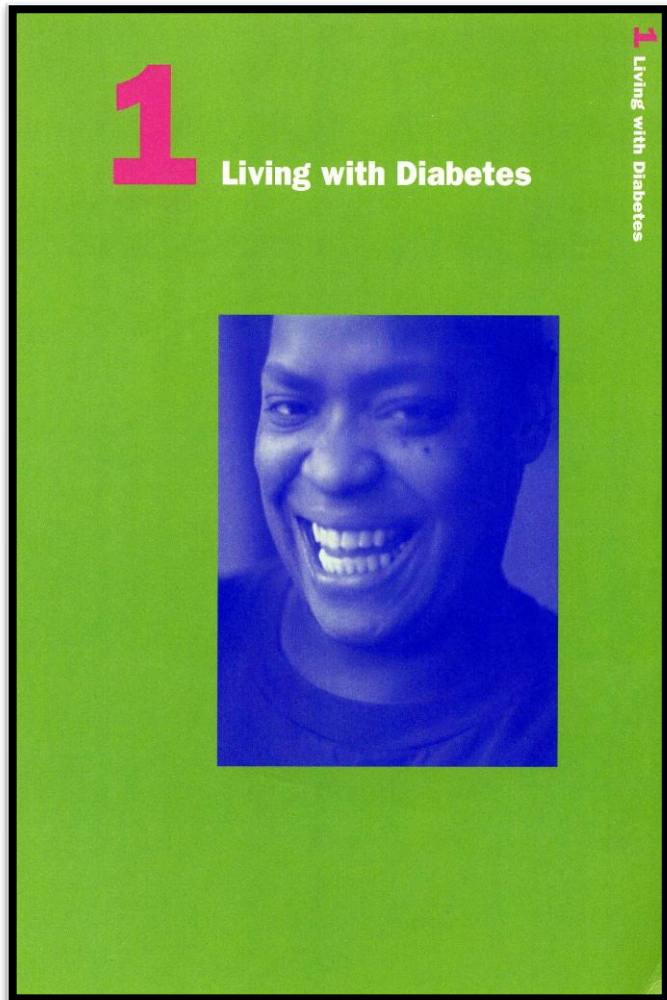
Hope

Layout, Design and Binding

Makes information easy to:

- find
- read
- understand
- relate to
- refer back to

Layout and design (more about that later)



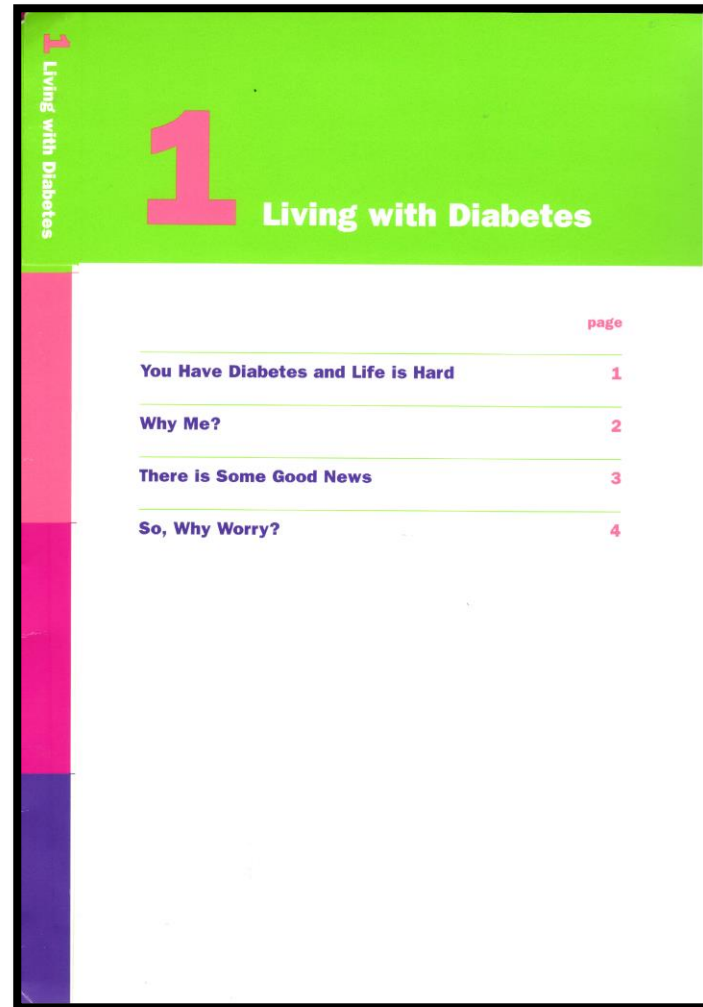
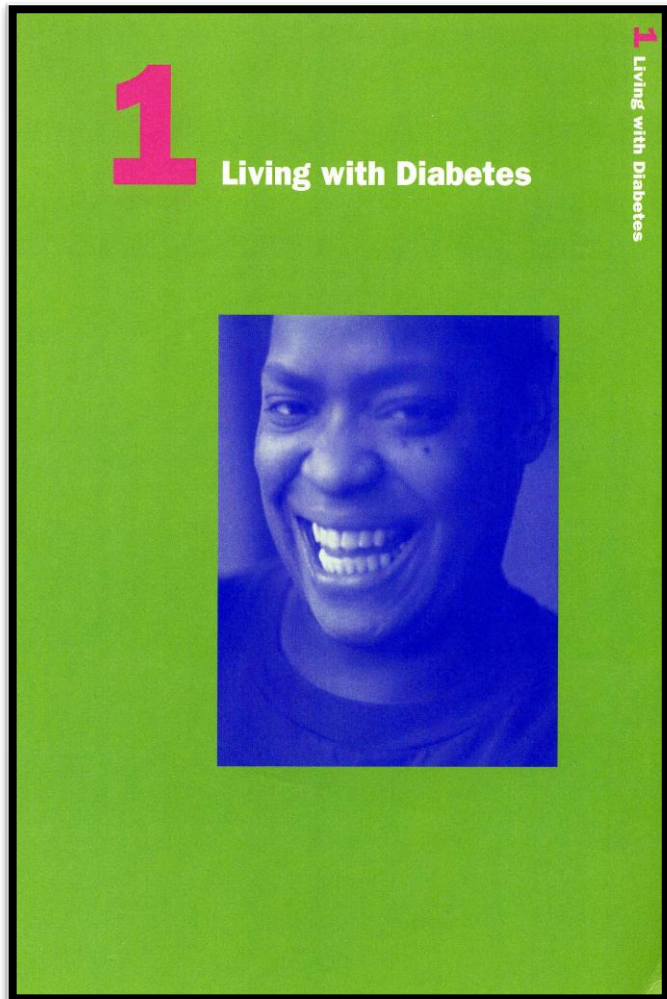
Organization

To make information easy to find:

- has color-coded section dividers
- has section-by-section tables of contents

For example...

Layout and design (more about that later)



Having listened to residents

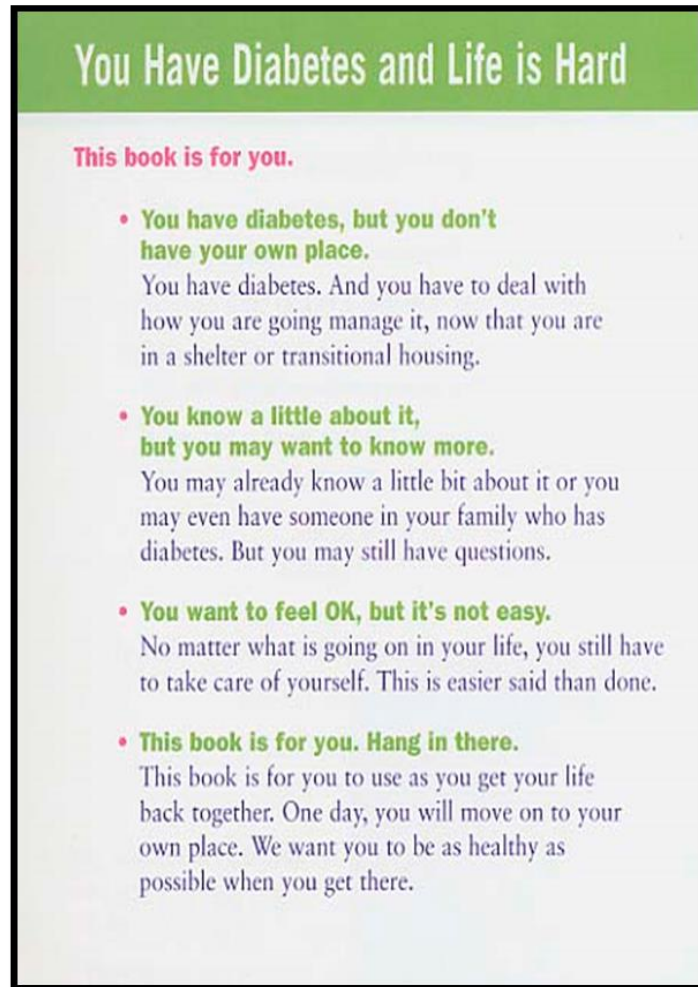
1 Living with Diabetes	
1	Living with Diabetes
<hr/>	
You Have Diabetes and Life is Hard	1
<hr/>	
Why Me?	2
<hr/>	
There is Some Good News	3
<hr/>	
So, Why Worry?	4

You Have Diabetes and Life is Hard

This book is for you.

- **You have diabetes, but you don't have your own place.**
You have diabetes. And you have to deal with how you are going manage it, now that you are in a shelter or transitional housing.
- **You know a little about it, but you may want to know more.**
You may already know a little bit about it or you may even have someone in your family who has diabetes. But you may still have questions.
- **You want to feel OK, but it's not easy.**
No matter what is going on in your life, you still have to take care of yourself. This is easier said than done.
- **This book is for you. Hang in there.**
This book is for you to use as you get your life back together. One day, you will move on to your own place. We want you to be as healthy as possible when you get there.

A little more about layout and design



Uses white space, color, bullets and bolded sub-headings to make information easy to find and follow.

Text and the use of plain language

You Have Diabetes and Life is Hard

This book is for you.

- **You have diabetes, but you don't have your own place.**

You have diabetes. And you have to deal with how you are going manage it, now that you are in a shelter or transitional housing.

- **You know a little about it, but you may want to know more.**

You may already know a little bit about it or you may even have someone in your family who has diabetes. But you may still have questions.

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No matter what is going on in your life, you still have to take care of yourself. This is easier said than done.

- **This book is for you. Hang in there.**

This book is for you to use as you get your life back together. One day, you will move on to your own place. We want you to be as healthy as possible when you get there.

Sentences are short,
but not choppy.

Words are short and familiar.

Appeal

You Have Diabetes and Life is Hard

This book is for you.

- **You have diabetes, but you don't have your own place.**

You have diabetes. And you have to deal with how you are going manage it, now that you are in a shelter or transitional housing.

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This book is for you to use as you get your life back together. One day, you will move on to your own place. We want you to be as healthy as possible when you get there.

Acknowledges:

- a huge situational barrier
- some possible prior knowledge
- some probable good intentions
- the need for encouragement

Appeal

2 What Gets in the Way of You Dealing with Diabetes and What You Can Do	
	page
No Choices at Meal Time	6
Not Knowing What to Eat	8
Portion Comparisons	9
Good, Better and Best Food Choices	10
Fast Food	17
A Sweet Tooth	18
Not Having Enough Money	20
Confusing Food Labels	24
Being Pregnant and Having Diabetes	26
Not Being Able to Keep Foods Down	28
Not Having Your Diabetes Supplies	30
Having to Stick Your Finger	31
Being Too Stressed or Depressed to Care	32
Not Having Health Insurance	34

Addresses the numerous barriers cited by residents - especially barriers that are particularly tough for people not living in their own homes.

Appeal

Not Having Enough Money

What gets in the way?

You can't afford to buy food for yourself and different food for your family.

Here's what you can do:

Plan to eat the same food.

You don't have to buy different foods yourself and for your family.

If you are buying foods from all of the food groups, your family can eat the same foods.

Decide how to spend the money you have.

Some foods are better for you than others. You have choices:

- Cost less
- Cost more

The problem is that the best choices of foods may cost more. They may be heavier to carry and harder to store and keep. You may not even like the way they taste.

But you should at least know the difference so you can make your own choices. It's your money. It's your health and your family's health. And you have the right to make your own choices.

Look on pages 22-23 to find which foods

- **Cost Less**
- **Cost more**

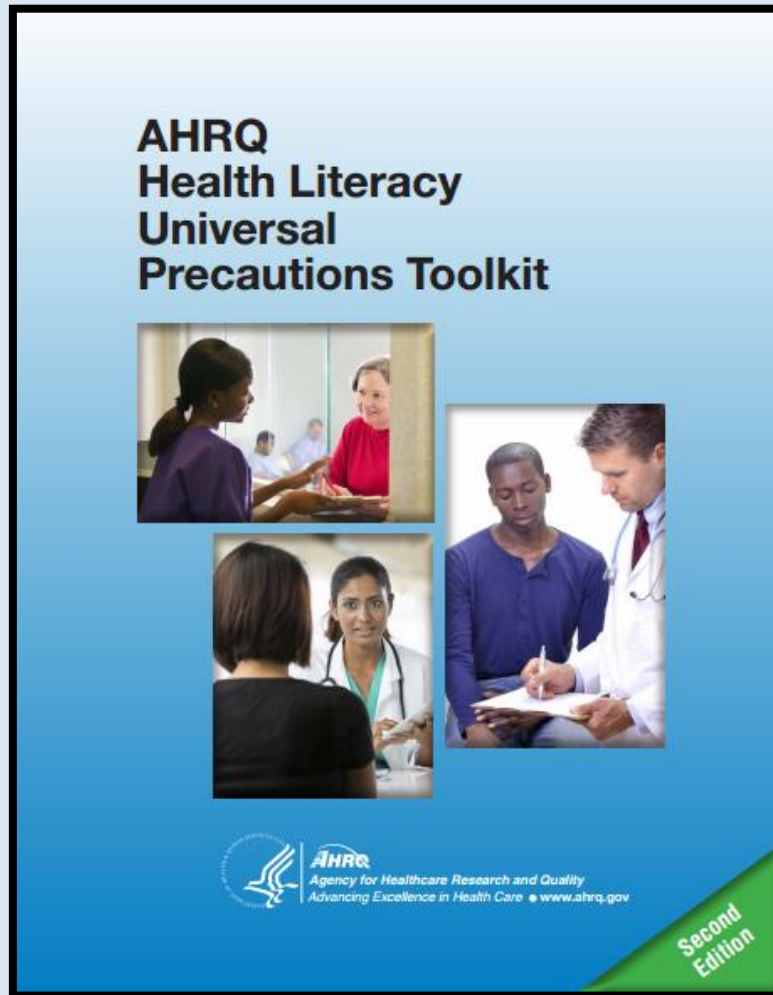
Appeal

Addresses the need for not just advice, but for respect and dignity, as well.

“You have the right to make your own choices”

Ways to Communicate Effectively Across Literacy Levels, Languages and Cultures Orally

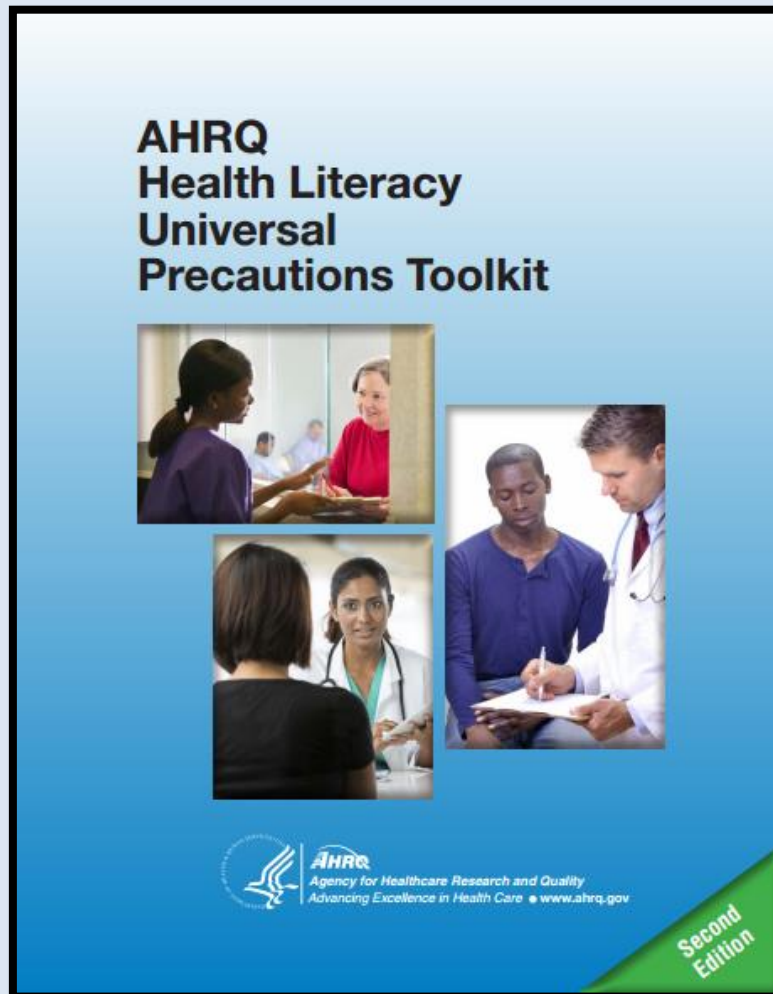
Effective Communication Per AHRQ (2010)



The AHRQ Health Literacy Universal Precautions Toolkit, 2nd edition, can help primary care practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels

Internet Citation: AHRQ Health Literacy Universal Precautions Toolkit. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

Effective Communication Per AHRQ (2010)

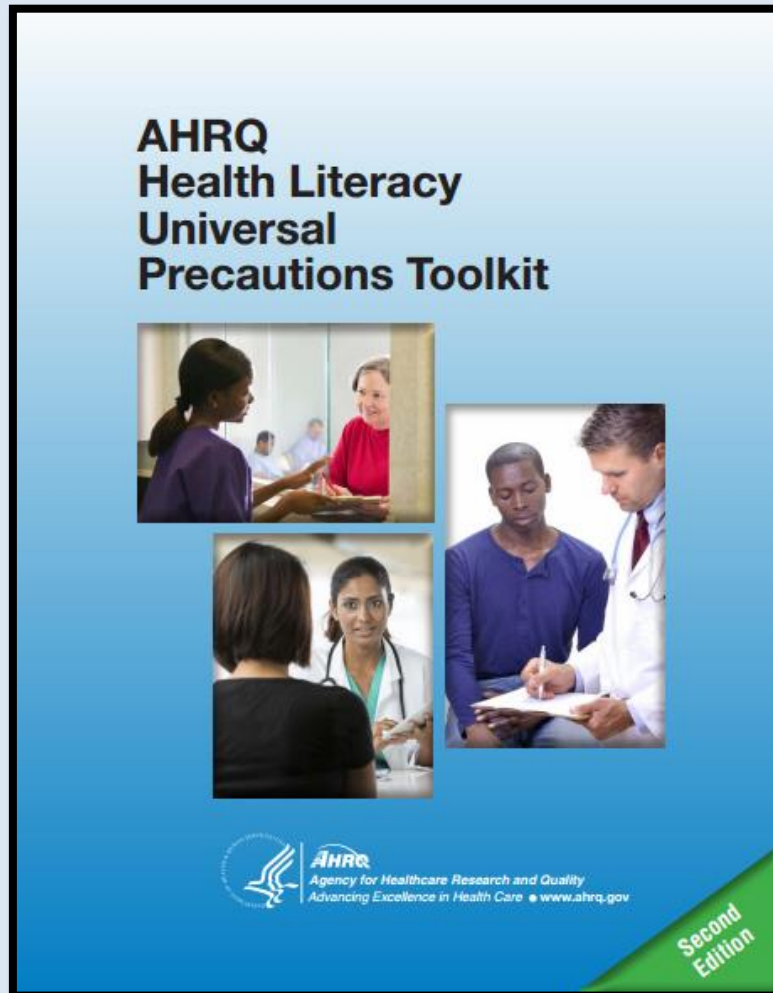


This toolkit provides evidence-based guidance to adult and pediatric practices to ensure that systems are in place to promote better understanding by all patients, not just those you think need extra assistance.

The toolkit is divided into manageable chunks so that its implementation can fit into the busy day of a practice.

Internet Citation: AHRQ Health Literacy Universal Precautions Toolkit. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

Effective Communication Per AHRQ (2010)



It contains:

21 Tools (3-5 pages each) that address improving:

- Spoken communication.
- Written communication.
- Self-management and empowerment.
- Supportive systems.

Appendices

over 25 resources such as sample forms, PowerPoint presentations, and worksheets

Quick Start Guide.

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Tools to Improve Spoken Communication

Tool4: Communicate Clearly

Use strategies for communicating clearly.

- **Greet patients warmly:** Receive everyone with a welcoming smile, and maintain a friendly attitude throughout the visit.
- **Make eye contact:** Make appropriate eye contact throughout the interaction. Refer to Tool 10: Consider Culture, Customs and Beliefs for further guidance on eye contact and culture.

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Tools to Improve Spoken Communication

Tool4: Communicate Clearly

Use strategies for communicating clearly.

- **Listen carefully:** Try not to interrupt patients when they are talking. Pay attention, and be responsive to the issues they raise and questions they ask.
- **Use plain, non-medical language:** Don't use medical words. Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen.

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Tools to Improve Spoken Communication

Tool4: Communicate Clearly

Use strategies for communicating clearly.

- **Use the patient's words:** Take note of what words the patient uses to describe his or her illness and use them in your conversation.
- **Slow down:** Speak clearly and at a moderate pace.

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Tools to Improve Spoken Communication

Tool4: Communicate Clearly

Use strategies for communicating clearly.

- **Limit and repeat content:** Prioritize what needs to be discussed, and limit information to 3-5 key points and repeat them.
- **Be specific and concrete:** Don't use vague and subjective terms that can be interpreted in different ways

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Tools to Improve Spoken Communication

Tool4: Communicate Clearly

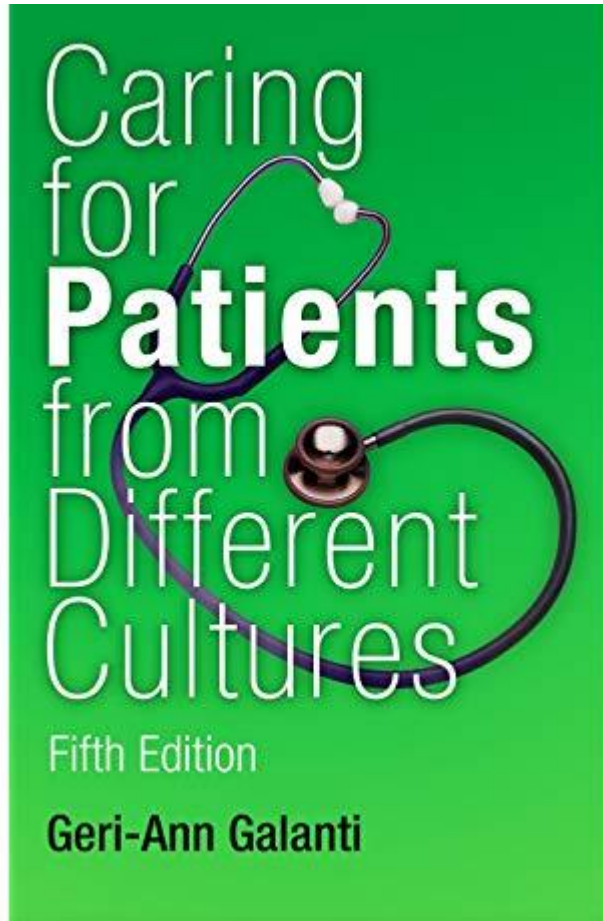
Use strategies for communicating clearly.

- Show graphics: Draw pictures, use illustrations, or demonstrate with 3-D models. All pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy.

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Ways To Communicate Effectively Across Cultures and Diverse Perspectives

A Good Resource for Understanding Cultural Issues



Spends little time on theoretical issues. Uses case studies, instead.

Attempts to explain why people acted the way they did, in each case.

Tries to give solutions or ways to avoid problems, whenever possible.

Tries to help the reader see things through the eyes of people from cultures that are different from theirs

Caring for Patients from Different Cultures
Case Studies from American Hospitals
Geri-Ann Galanti
University of Pennsylvania Press, 2015

Cultural Issues

Culture encompasses beliefs and behaviors that are learned and shared by members of a group.

Example: Having indoor and outdoor shoes

- Japanese from Japan:
Culture
- White Anglo-Saxon Protestant from New York:
Personal Choice

Caring for Patients from Different Cultures
Case Studies from American Hospitals
Geri-Ann Galanti
University of Pennsylvania Press, 2004

Cultural Issues Addressed

1. Communication	7. Men and Women
2. Time Orientation	8. Staff Relations
3. Pain	9. Birth
4. Religion and Spirituality	10. End of Life
5. Activities of Daily Living and the Body	11. Mental Health
6. Family	12. Traditional Medicine

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Especially Subtle Cultural Issues that Often Lead to Misinterpretation and Aggravation

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Cultural Issue

Communication - Eye Contact

“Angela, a nurse case manager, was doing patient teaching with Cha Xeng, a fourteen-year-old Hmong girl who had just delivered a premature baby...”

Caring for Patients from Different Cultures
Case Studies from American Hospitals
Geri-Ann Galanti
University of Pennsylvania Press, 2015
Case Study # 54

Cultural Issue

Time Orientation - And Cultural Norms

“Matilda Rojas was a 56 year old first generation Mexican American woman with an incarcerated hernia...”

Caring for Patients from Different Cultures
Case Studies from American Hospitals
Geri-Ann Galanti
University of Pennsylvania Press, 2004
Case Study # 33

Social Stigma

Past experiences with discrimination based on:

- Race, ethnicity, national origin
- Income status
- Gender and gender identity
- Weight
- And so on...

Culture and Social Stigma Do's and Don'ts

- **Family - Decision Making:** Don't expect that all patients will make their own decisions. In some cultures, decisions are made by the family - in others, by the husband or an elder.
- **Family - Including Them:** Do include family members in patient teaching.

Caring for Patients from Different Cultures
Case Studies from American Hospitals
Geri-Ann Galanti
University of Pennsylvania Press, 2015

Culture and Social Stigma Do's and Don'ts

- **Stigma:** Do be sensitive to the fact that many people have been subjected to much prejudice based on their race, income, gender preference and/or weight
- **Stereotyping:** Don't stereotype people. Find out if the individual fits the generalization.
- **Tolerance:** If your mission is to truly help people, make an effort to develop a tolerant accepting attitude about views and situations different from your own.

Caring for Patients from Different Cultures
Case Studies from American Hospitals
Geri-Ann Galanti
University of Pennsylvania Press, 2015

Mental and Emotional Health Issues that Can Also Affect the Quality of Communication

- Situational Stress
 - Depression
 - Cognitive Impairment
 - Post Traumatic Stress
 - Substance Abuse

Communicating Across Languages and Cultures

The Enhanced CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, referred to as the **National CLAS Standards**, are intended to provide a blueprint for individuals and health and health care organizations to implementing culturally and linguistically appropriate services. The ultimate goals are to:

- advance health equity
- improve quality, and
- help eliminate health care disparities

Think Cultural Health
U.S. Department of Health & Human Services
Office of Minority Health
<https://www.thinkculturalhealth.hhs.gov/content/clas.asp>

Communicating Across Languages and Cultures

The Enhanced CLAS Standards

There are 15 standards.

Adoption of these Standards will help advance better health and health care in the United States.

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Some Advice on Compassion



Richard Carlson

(May 16, 1961 – December 13, 2006)

**American author, psychotherapist and
motivational speaker
(a Northern California native)**

Don't Sweat the Small Stuff (1997)
101 weeks on the Times Best Seller List

Don't Get Scrooged:
How to Thrive in a World Full of
Obnoxious, Incompetent, Arrogant and
Downright Mean-Spirited People (2006)

Trying a New Attitude: “Become an Anthropologist”

Redefines anthropology as:

- “being interested without judgment, in the way people choose to live and behave.”
- “replacing judgments with loving-kindness”
- “a way of becoming less frustrated by the actions of others”

Richard Carlson, PhD – Don’t Sweat the Small Stuff - 1997

Trying a New Attitude: “Become an Anthropologist”

Instead of simply thinking:

“I can't believe they would do that.”

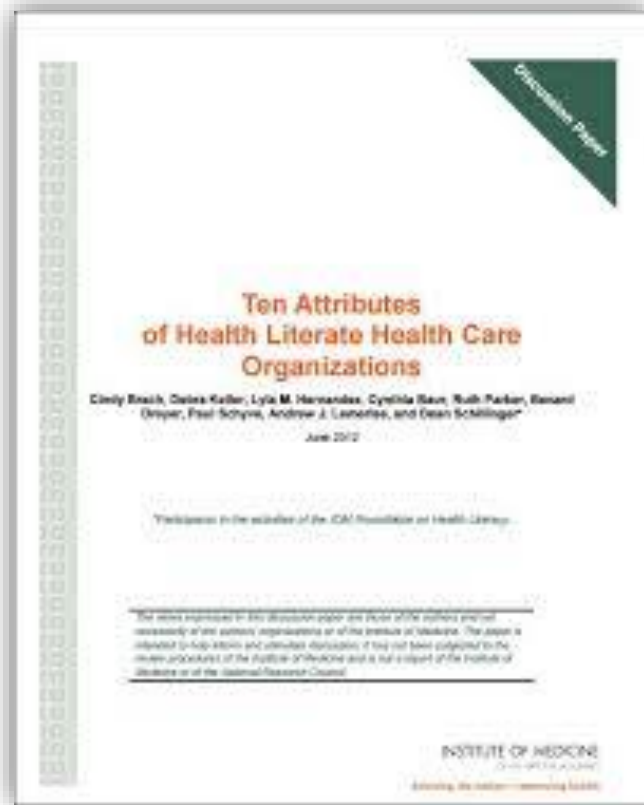
We can experiment with saying to ourselves:

“I see, that must be the way she sees things in her world.
Very interesting.”

Richard Carlson, PhD – Don't Sweat the Small Stuff - 1997

Organizational Strategies for Promoting Effective Communication and Health Equity

A Primary Source of Information on Promoting Health Literacy at the Organizational Level



Attributes of a Health Literate Organization - A Discussion Paper
Workgroup on Attributes of a Health Literate Organization of the IOIM Roundtable on Health Literacy
January 2012
https://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf

The Institute of Medicine (IOM) Now, the National Academy of Medicine (NAM)

The **Institute of Medicine (IOM)** is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.

Established in 1970, the IOM is the health arm of the National Academy of Sciences.

“The IOM asks and answers the nation’s most pressing questions about health and health care.”

<http://www.iom.edu/About-IOM.aspx>

The Institute of Medicine (IOM)

Now, the National Academy of Medicine (NAM)

Founded in 1970 as the Institute of Medicine (IOM), the National Academy of Medicine (NAM) is one of three academies that make up the National Academies of Sciences, Engineering, and Medicine (the National Academies) in the United States.

<http://www.iom.edu/About-IOM.aspx>

The Institute of Medicine (IOM) Now, the National Academy of Medicine (NAM)

Operating under the 1863 Congressional charter of the National Academy of Sciences, the National Academies are private, nonprofit institutions that work outside of government to provide objective advice on matters of science, technology, and health.

<http://www.iom.edu/About-IOM.aspx>

The Institute of Medicine (IOM) Now, the National Academy of Medicine (NAM)

Their mission

To improve health for all by:

- advancing science
- accelerating health equity, and
- providing independent, authoritative, and trusted advice nationally and globally

Their vision

A healthier future for everyone

▪

<http://www.iom.edu/About-IOM.aspx>

A Primary Source of Information on Describing Health Literacy Efforts at the Organizational Level

Ten Attributes of Health Literate Health Care Organizations

A 2012 Institute of Medicine (IOM) Discussion Paper

A seminal document prepared by participants on the IOM's Roundtable on Health Literacy

Attributes of a Health Literate Organization - A Discussion Paper

**Workgroup on Attributes of a Health Literate Organization of the IOIM Roundtable on Health Literacy
January 2012**

https://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf

The Destination: Becoming a “Health Literate” Organization

This means becoming an organization that makes it easier for people to:

- navigate
- understand information
- use information and services to take care of their health

Rationale for referring to this source

The document is:

- presented as a living document to be updated
- accurate
- thoughtful and very comprehensive
- well-organized
- well-documented
- motivational
- historically significant

The Ten Attributes

A Brief Summary with Implied Calls-to-Action for Organizations

1. Make health literacy integral to your mission, structure, and operations.
2. Integrate health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepare your workforce to be health literate and monitor your progress at doing so.

The Ten Attributes

A Brief Summary with Implied Calls-to-Action for Organizations

4. Include populations served in the design, implementation, and evaluation of health information and services.
5. Meet the needs of populations that have a range of health literacy skills, while avoiding stigmatization.
6. Use health literacy strategies in interpersonal communication and confirm understanding at all points of contact.

The Ten Attributes

A Brief Summary with Implied Calls-to-Action for Organizations

7. Provide easy access to health information and services and navigation assistance.
8. Design and distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Address health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicate clearly what health plans cover and what individuals will have to pay for services.

The Enhanced CLAS Standards

re Governance, Leadership, and Workforce

2. **Promote CLAS and health equity:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. **Recruit carefully:** Recruit, promote, and support a culturally and linguistically governance, leadership, and workforce that are responsive to the population in the service area.
4. **Train carefully:** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Think Cultural Health

<https://www.thinkculturalhealth.hhs.gov/content/clas.asp>

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Some Common Roadblocks

1. A lack of compassion and commitment
2. A lack of time and money
3. Legal and regulatory requirements
4. The need to hire, train and retain staff
5. The need for industry specific guidelines
6. The challenge of efficiently including marginal readers
7. The challenges of health system complexity

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Home Visiting and Effective Communication

Findings from Pew



Findings from Pew

Surveys, interviews, and focus groups conducted in 2014 and 2015 revealed the distinctive language that works best with each audience about home visiting programs, as well as areas of overlap.

Most significantly, the research found that both voters and prospective participants respond negatively to the widely used name for these services: “home visiting.” Concepts such as “family support and coaching” were much better received.

For further information, please visit:
pewtrusts.org/home-visiting

Findings from Pew

Prospective participating mothers were most receptive to:

- Messages focused on their personal needs, such as career goals, stress reduction, and referrals to services (e.g., child care)
- The idea of working with a “family support provider” rather than a “home visitor” or a “nurse.”
- Programs that demonstrate flexibility and an understanding that each family is unique.

For further information, please visit:

For further information, please visit:
pewtrusts.org/home-visiting

Findings from Pew

Prospective participating mothers who were unlikely to participate said they:

- Worried about being negatively judged, with some concerned that such judgment might affect custody of their children.
- Were uneasy about strangers coming to their homes.
- Already had the kind of support they needed in their lives.

For further information, please visit:
pewtrusts.org/home-visiting

Findings from Pew

An additional point/recommendation:

- Produce literature for mothers that is simple, personal, and to the point and stresses flexibility, with equal emphasis on the mother's and child's development.

For further information, please visit:
pewtrusts.org/home-visiting

Universal Home Visiting

Best Beginnings Committee Meeting
November 15, 2018



PUBLIC HEALTH DIVISION
Maternal and Child Health Section

Proposal for Oregon

- Implement Universal Home Visiting (Family Connects model) through Local Public Health Authorities
 - Nurse Home Visitor Workforce
 - Targeted Case Management (TCM) State Plan Amendment (SPA)
 - Mandate to coordinate prevention and health promotion programs and services
- Phased-in approach – Phase I – 1st Biennium
 - Community Alignment
 - Medicaid population
 - Start with communities of readiness

Goals of Universal Home Visiting

- Offer support to all new parents in Oregon (regardless of risk and insurance status)
- Increase access to community services and supports
- Promote collaboration and coordination across Oregon's early childhood and home visiting systems
- Improve health outcomes for families across the life-course

- **Recruitment & Visit Scheduling** done in Hospital typically within 24 hrs. of birth
- **Comprehensive In-Home Visit (~2 hours)** Newborn & mother health assessments, education about newborn care (e.g., breastfeeding). Assessment of family strengths & needs (Risk Assessment) -12 factors empirically linked to child maltreatment risk
- **Referrals to matched community agencies for identified risk.** 2nd or 3rd visits made as needed to conduct additional assessment and assure community connections
- **Follow-up phone call** 4 wks. after case closure to ensure connections are made



Family Support Matrix Domains

Support for Health Care

1. Maternal Health
2. Infant Health
3. Health Care Plans

Support for a Safe Home

7. Household Safety/Material
8. Family and Community Safety
9. History with Parenting

Support for Infant Care

4. Child Care Plans
5. Parent-Child Relationship
6. Management of Infant Crying

Support for Parent(s)

10. Parent Well Being
11. Substance Abuse in
12. Parent Emotional Support

Each factor is rated as:

- 1 = No family needs
- 2 = Needs addressed during visit
- 3 = Community resources needed
- 4 = Emergency intervention needed

RCT Evaluation Results: Age 6-Month in-Home Interviews

Compared to control families, Durham Connects-eligible families had:

- More connections to community services / resources
- More mother-reported positive parenting behaviors
- Higher quality (blinded observer-rated) mother parenting behavior
- Higher quality and safer (blinded observer-rated) home environments
- Higher quality child care for those that chose out of home care
- Less maternal reported anxiety

Findings from Pew

Based on the findings from Pew, what else, if anything, does Oregon need to consider?

For further information, please visit:
pewtrusts.org/home-visiting