



Assuring Health Equity and Patient Civil Rights Through Effective Health Communication

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HEALTH EQUITY: Three Facets of Effective Health Communication

- Health Literacy
 - *Using Clear/Understandable Language*
- Cultural Competency
 - *Honoring Diverse Patient Worldviews*
- Linguistic Competency
 - *Meeting the Needs of Limited English Proficient Patients*

Understanding Literacy

- Fourteen percent of adult Americans have below basic prose literacy and another 29% have only basic prose literacy in either English or Spanish.
- Twenty-four percent of adult Blacks, 44% of adult Hispanics and 14% of Asian/ Pacific Islanders have below basic prose literacy in either English or Spanish.

Kutner, M., Greenberg, E., and Baer, J. (2005) A First Look at the Literacy of America's Adults in the 21st Century (NCES 2006470). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

Health Literacy

- According to Healthy People 2010, an individual is considered to be "health literate" when he or she possesses the skills to understand information and services and use them to make appropriate decisions about health
- Alarming, these skills and strategies are absent in more than half of the U.S. population
- This fact is more disturbing when one considers that these are the very skills and strategies that often lead to longer life, improved quality of life, reduction of both chronic disease and health disparities, as well as cost savings

Source: Clear Communication: an NIH Health Literacy Initiative
<http://www.nih.gov/icd/od/ocpl/resources/improvinghealthliteracy.htm>

Areas Commonly Associated with Health Literacy

- Patient-physician communication
- Drug labeling medical instructions/compliance
- Health information publications/other resources
- Informed consent
- Responding to medical and insurance forms
- Giving patient history
- Public health training
- Assessments for allied professional programs, such as social work and speech-language pathology



“Well, yes, I suppose I could explain the test results in ‘plain English’ — but then you’d know how sick you are.”

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

- Nearly half of all American adults--90 million people--have difficulty understanding and using health information, and there is a higher rate of hospitalization and use of emergency services among patients with limited health literacy...
- Limited health literacy may lead to billions of dollars in avoidable health care costs
- More than a measurement of reading skills, health literacy also includes writing, listening, speaking, arithmetic, and conceptual knowledge

Limited Health Literacy in Underserved is Troublesome

In a study of 1992 English-speaking and 767 Spanish-speaking mostly poor and minority patients conducted in two public hospitals:

- 41% were unable to comprehend directions for taking medication on an empty stomach
- 26% were unable to understand information regarding when a next appointment is scheduled
- 59% could not understand a standard informed consent document
- 35% of the English-speaking patients and 61% the Spanish-speaking patients had inadequate or marginally functional health literacy.

Williams, M., Parker, R., Baker, D., Parikh, N., Pitkin, K., Coates, W. & Nurss, J. (1995) Inadequate functional health literacy among patients at two public hospitals. *JAMA* 274(21):1677-1682.

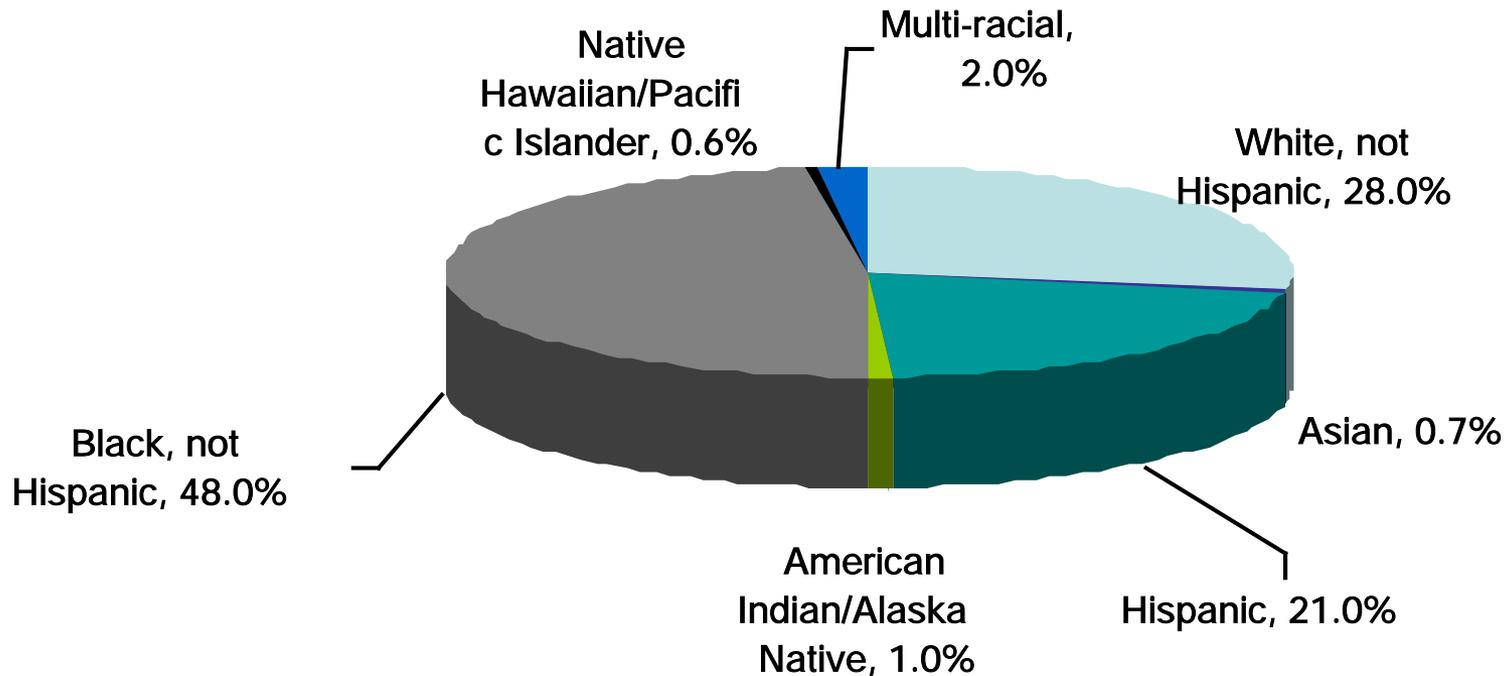
New April 2010 Census Bureau Report: *Population Speaking a Language Other Than English at Home Increased by 140 Percent in Past 3 Decades**

- Number of people who spoke a language other than English at home has more than doubled in the last three decades and at a pace 4 times greater than the nation's population growth
- In that time frame, the percentage of speakers of non-English languages grew by 140 percent while the nation's overall population grew by 34 percent.
- Spanish speakers accounted for the largest numeric increase — there were 23.4 million more U.S. speakers in 2007 than in 1980 representing a 211 percent increase.
- Vietnamese-speaking population accounted for the largest percentage increase of 511 percent (1.0 million speakers) over the same timeframe.

*Table 1. Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over for the United States: 2006-2008, Release Date: April, 2010

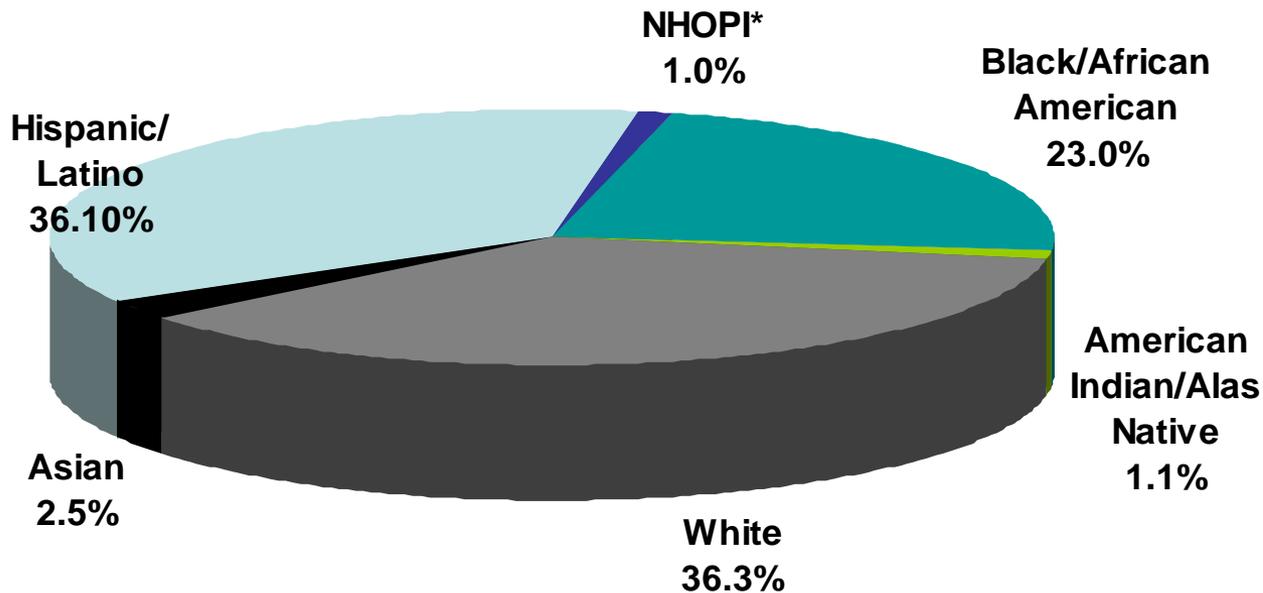
HIV/AIDS Bureau

Race of Duplicate Clients Served by CARE Act Providers, 2005
N=854,993 duplicated clients (> 775,000 unduplicated)



HRSA (2009). Ryan White CARE Act Data Report, 2008. HIV/AIDS Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. Note: Race/ethnicity was unknown or not reported for 26,590 clients; Percentages may not sum to 100 percent due to rounding.

Bureau of Primary Health Care: Health Center Patients by Race & Ethnicity (N= 15,034,123 Patients)

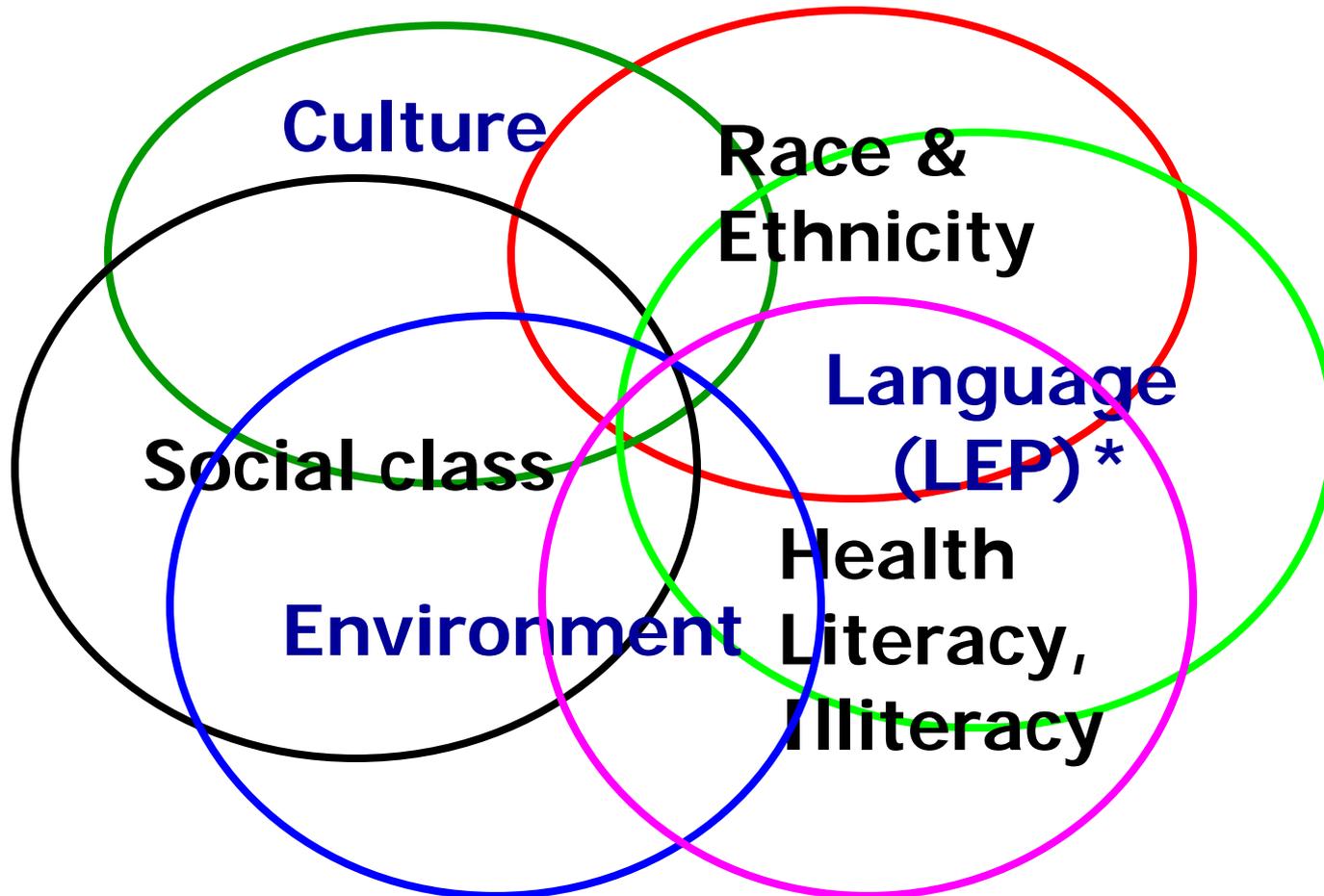


*NHOPI = Native Hawaiian and other Pacific Islanders

28.9% of patients were best served in a language other than English

HRSA(2007) 2006 National Uniform Data System Report, TABLE 3B: Patients by Race/Ethnicity/Language. Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Factors Impacting Health Equity



*Limited English Proficiency

Basic Principles

- Culture, Language and Health Literacy are Health Disparity, Quality and Safety Issues
- Culture, Language and Health Literacy are Civil Rights Issues – (more about this later)
- Health Literacy Must be Viewed Within a Cultural Context

Trained Interpreters are Essential!



Source: Quality Care for Diverse Populations Video,
American Academy of Family Physicians, 2002

Unified Health Communication: a 3-Legged Stool !



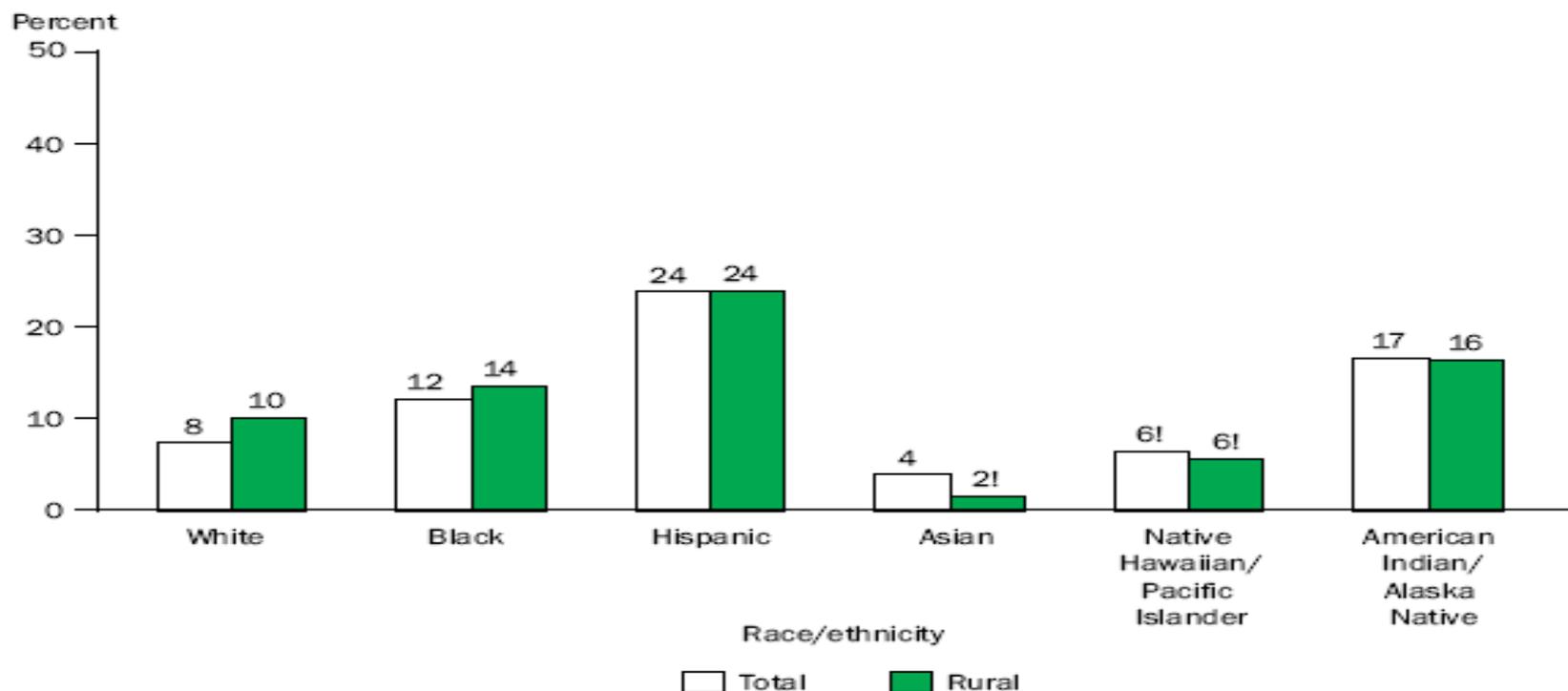


HRSA's Policy on Culture, Language, & Literacy

HRSA has put forth cultural competence standards for program announcements and funding opportunities to assure that cultural, language, and health literacy factors are integrated wherever possible

QUITTING HIGH SCHOOL- A POWERFUL HEALTH DETERMINANT

% 16-24 Year-Olds Who Were H.S. Dropouts by Race/Ethnicity & Locale (2004 Census)



! Interpret data with caution.

NOTE: The data presented here represent the status dropout rate, which is the percentage of civilian, noninstitutionalized 16- to 24-year-olds who are not in high school and who have not earned a high school credential (either a diploma or equivalency credential such as a GED). The status dropout rate includes all dropouts regardless of when they last attended school, as well as individuals who may have never attended school in the United States, such as immigrants who did not complete a high school diploma in their home country. Race/ethnicity categories exclude persons of Hispanic origin unless otherwise specified. For a comparison of measures of educational attainment, see appendix B.

SOURCE: U.S. Department of Commerce, Census Bureau, American Community Survey, 2004, previously unpublished data.

The health benefits of more education

- Young people 25 - 29 with < 9 years of school 3 times more likely to die than those who had at least a year of college.
- 25 year old with < 9 years of school had average life expectancy 8 years shorter than someone who had finished high school, and 12 years shorter than a person who had finished at least a year of college.
- Having less than 12 years of education is as strong a predictor of death from coronary heart disease as having a high cholesterol level or high blood pressure.

(Fiscella & Franks, 2004)

“Clearly, no knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved.” Boyer, E.L., The Carnegie Foundation for the Advancement of Teaching, 1983



Case Examples of Impaired Health Communication

At a local community pharmacy, a new mother was given a prescription for infant Tylenol (acetaminophen) suppositories.

The child had been seen by a physician and was unable to keep food down and was vomiting.

The mother complained that the suppositories were not working and the child's fever was still an issue.

The pharmacist asked how she was administering the medication only to learn that the mother had not "removed the suppository from the foil packet" and was inserting it intact in the child's rectum as packaged.

Case Examples of Impaired Health Communication

At a local hospital, two patients have the same last name (Garcia) but are unrelated. They happened to have shared a hospital room. One child was asthmatic and the other was epileptic. Both children's parents were able to stay in the hospital room. The families spoke only Spanish.

The medications for the children were mixed up. The asthmatic received the epileptic's medication and the epileptic received the asthmatic's medication.

The medical staff did not speak fluent Spanish (just enough to "get by"). They did not see progress in the health outcome for the two patients, so they proceeded to increase the medication doses. →

Case Examples of Impaired Health Communication (continued)

The Pharmacist reviewing the therapeutic ranges of medications went on rounds and discovered that "Emilio" was receiving "Julio's" medication.

The parents were unaware of their children's medications and could not read English. The nursing staff thought that they were correct and that the two patients were related. The medical staff had increased the medication dosing without carefully identifying the correct patient.

A First Step: Post Signage in Languages Spoken by the Community



Name: Sarah Smith
Date Created: 12/15/07
Pharmacy phone number:
123-456-7890

Name	Used For	Instructions	Morning 	Afternoon 	Evening 	Night 
Simva Statin 20mg 	Cholesterol	Take 1 pill at night				

Effective Communication Between Patients and Health Care Providers

What do these statements mean to you?

- Do you have some of those nature pills?
- Yes I am eating my "greens"
- Take x medication once a day

Effective Communication Between Patients and Health Care Providers

- “Nature” Pills –Patients with may never mention they have hypertension, diabetes mellitus, depression, sickle cell and/or substance abuse, combination of different medicines
- Eating your greens – Can mean salads, spinach etc. or cooking collard greens with fatback, lots of salt although this could be a teaching opportunity to cook greens in a healthy manner with turkey and no salt
- For Spanish patients once also means eleven



SELECTED RESOURCES (1)

HRSA Cultural Competence Web Page
*The Portal for HRSA Funded Resources on
Culture, Language and Health Literacy*
<http://www.hrsa.gov/culturalcompetence>

RAC ONLINE

HRSA'S Rural Assistance Center
<http://www.raconline.org>

Rx for Prospective Applicants:

Take HRSA's FREE Unified Health Communication Web Course: EARN FREE CREDITS!

First Training Program to Integrate Health Literacy, Limited English Proficiency and Cultural Competency

Link:

http://www.hrsa.gov/health_literacy



SELECTED RESOURCES (2)

- National Standards for Culturally and Linguistically Appropriate Services in Healthcare (HHS 2001)
 - - the collective set of 14 culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services

SELECTED RESOURCES (3)

New Cultural Competency Guidelines and Standards from:

- The Joint Commission
- National Committee on Quality Assurance
- National Quality Forum

SELECTED RESOURCES (4)

- HRET* DISPARITIES TOOLKIT
 - a Web-based tool that provides hospitals, health systems, clinics, and health plans information and resources for systematically collecting race, ethnicity, and primary language data from patients.

*Health Research and Educational Trust

HHS Office of Minority Health Cultural Competency Web Training Tools

- Cultural Competency Curriculum for Emergency Responders
- A Clinician's Guide to Reduce Cardiovascular Disparities
- Culturally Competent Nursing Care: A Cornerstone of Caring
- A Physicians Practical Guide to Culturally Competent Care
 - <http://WWW.OMHRC.GOV>

AHRQ Health Literacy Universal Precautions Toolkit

- Assess services for health literacy, raise staff awareness
- Universal precautions = taking specific actions that minimize risk for everyone
- Research suggests clear communication & removing literacy-related barriers improve care for all patients, regardless of their level of health literacy.
- Toolkit helps providers ensure that systems promote better PT understanding
- Toolkit contains:
 - Quick Start Guide.
 - Path to Improvement
 - Over 25 resources

THE “TEACH-BACK” METHOD

- Ask patients to repeat *in their own words* what they need to do
 - Check patient's understanding of your instructions
 - Patients shouldn't view Teach Back as a test, but rather how well the PROVIDER explained what the patient should do
- Place responsibility on yourself by using this language:

I want to be sure I did a good job explaining your blood pressure medications, because this can be confusing. Can you tell me what changes we decided to make and how you will now take the medication?"

- If your patient is not able to repeat the information accurately, re-phrase the information, rather than just repeat it.
- Ask the patient to repeat the instructions again until you feel comfortable that the patient really understands the information.

New Free CDC Web Course: Health Literacy for Public Health Professionals (Continuing Education Credits)

- ***Why take this training?*** As a health professional, you want to
 - Communicate clearly with the populations you serve.
 - Communicate in a way that is easy to understand and is culturally appropriate.
 - Help others understand vital health information.
- ***This training will***
 - Teach essential information about health literacy to improve your effectiveness in communicating with and educating others.
 - Give you practical strategies, tools, and resources that you can apply in your public health practice.



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