Faculty Development Fridays

Today's Session:

Health Literacy and Systemic Racism: Addressing Inequities through Clear Communication

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Upcoming Sessions:

October 8 | Tools and Methods for Developing Your Online Presence

November 19 | The Art of Saying No

Health Literacy and Systemic Racism

Addressing Inequities through Clear Communication

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Oregon Health & Science University

Disclosures/Conflict of Interest

- I have no financial conflicts to disclose
- I identify as Black and have a white parent

Learning Objectives

Following the talk, attendees will be able to…

- Describe the significance of racial and ethnic health literacy disparities
- Identify examples of inequitable health messaging
- Explain how a “universal precautions” approach to health communication supports racial and ethnic equity and justice
- Identify the use of unnecessary medical jargon by trainees, as one area for improving clear communication with patients

Racial & ethnic health literacy disparities

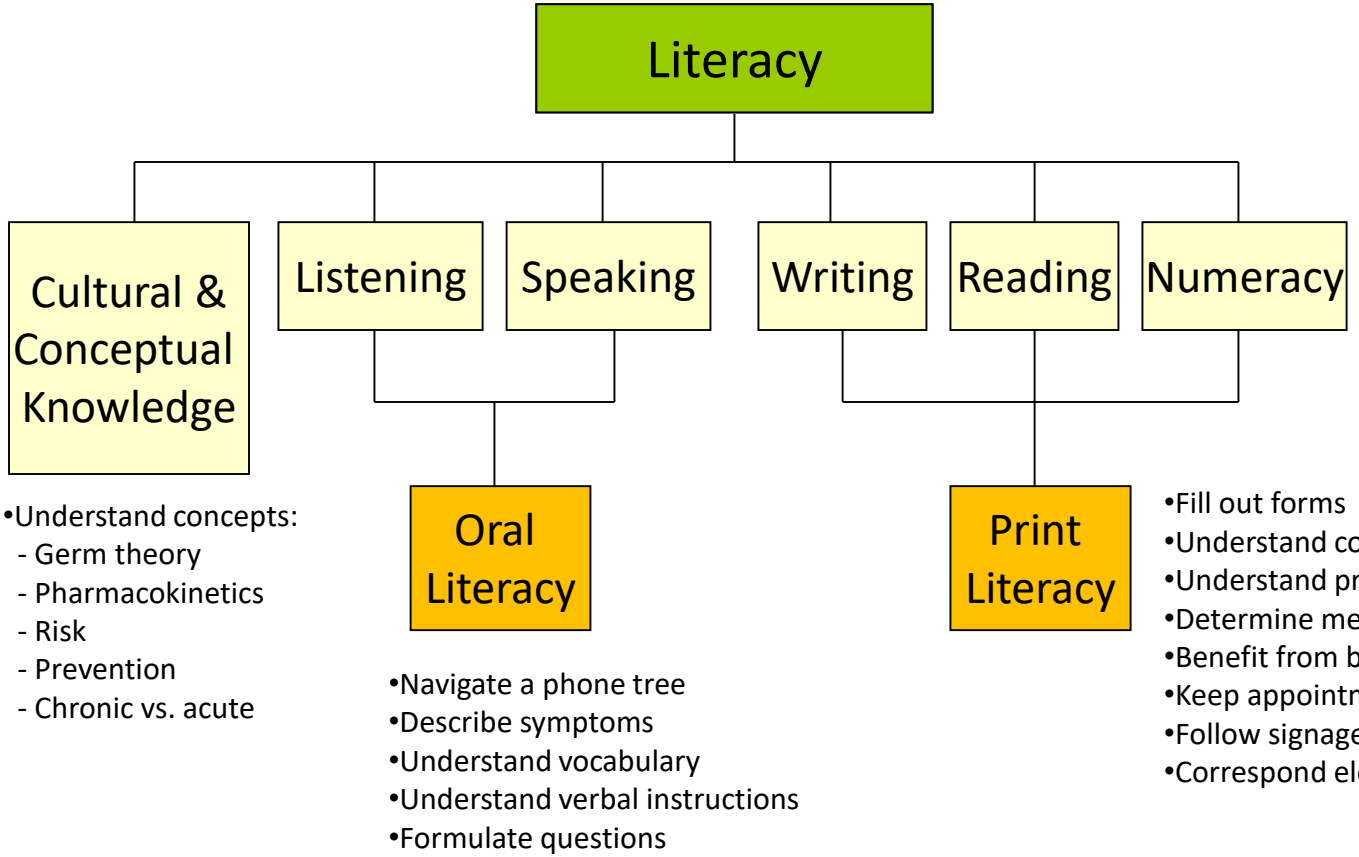
Health literacy

- **Personal health literacy** – the ability to find, understand, and use information and services to inform health-related decisions and actions.

- **Organizational health literacy** – the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions.

(HHS, 2020)

Literacy domains and examples of associated healthcare-related tasks

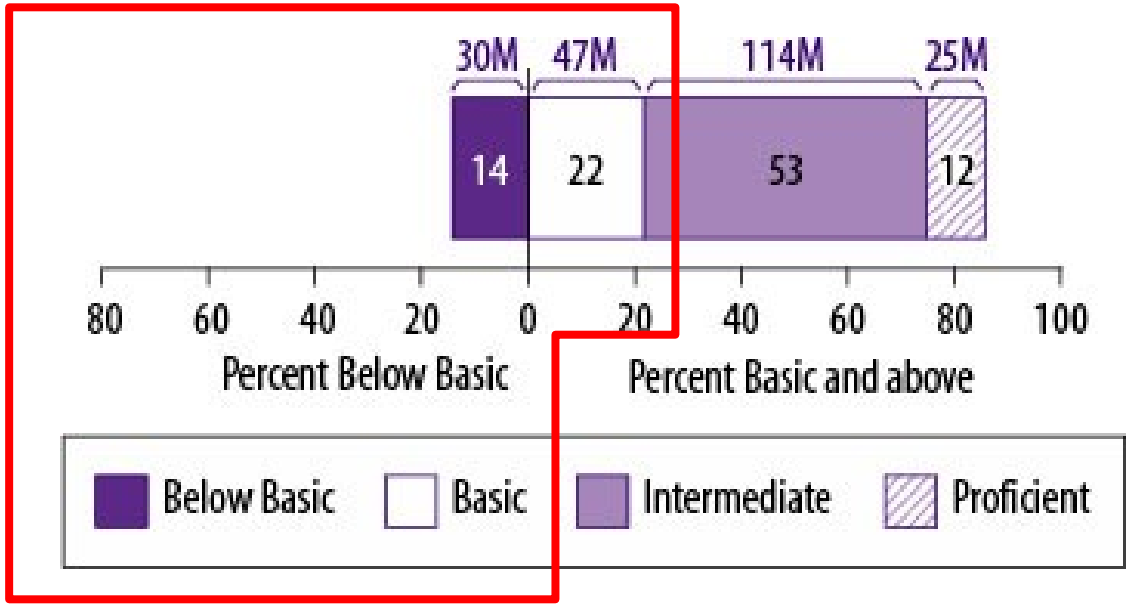


(Adapted from Neilsen-Bohlman et al, 2004)

https://echo360.org/media/bae39596-4f38-4ac7-8e80-153e14052cf5/public

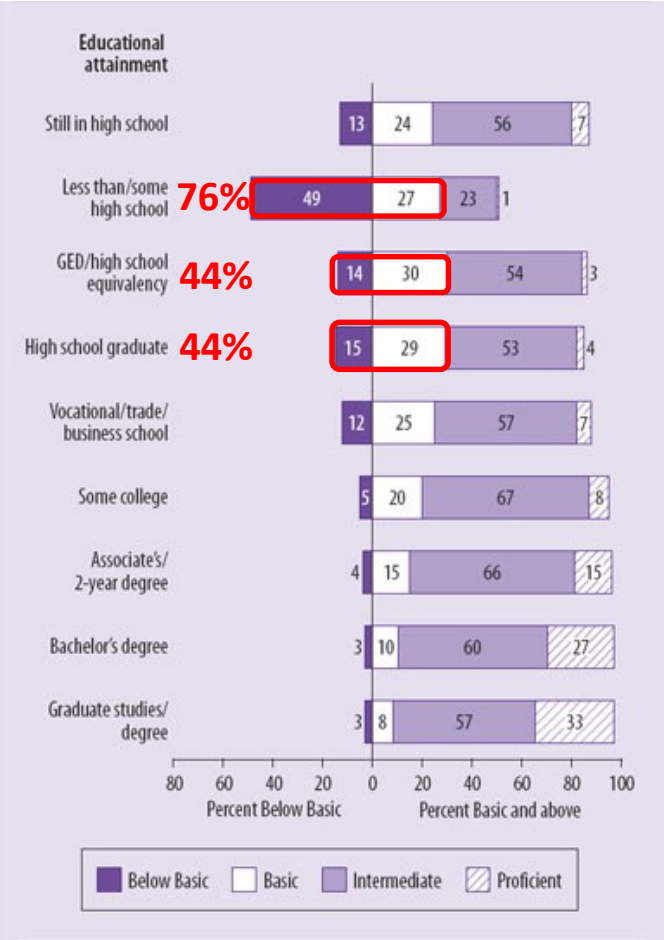
Health literacy of U.S. Adults

36% of English-speaking U.S. adults have inadequate health literacy skills at baseline



(Kutner et al, 2006)

Inadequate baseline health literacy by education



(Kutner et al, 2006)

Educational Disparities by Race, Multnomah County, Oregon

Race/Ethnicity	Percent of Students Not Meeting Third-grade Reading Level Standards	Disparity Ratio	2011-2012 Health Disparity Summary
Black/African American (non-Latino)	49.1	2.4	Requires intervention
Asian/Pacific Islander (non-Latino)	30.9	1.5	Needs improvement
American Indian/ Alaska Native (non-Latino)	40.3	1.9	Needs improvement
Latino	54.3	2.6	Requires intervention
White (non-Latino)	20.8	Comparison group	

Data Source: 2011-2012 Portland State University Analysis of Oregon Department of Education Data.

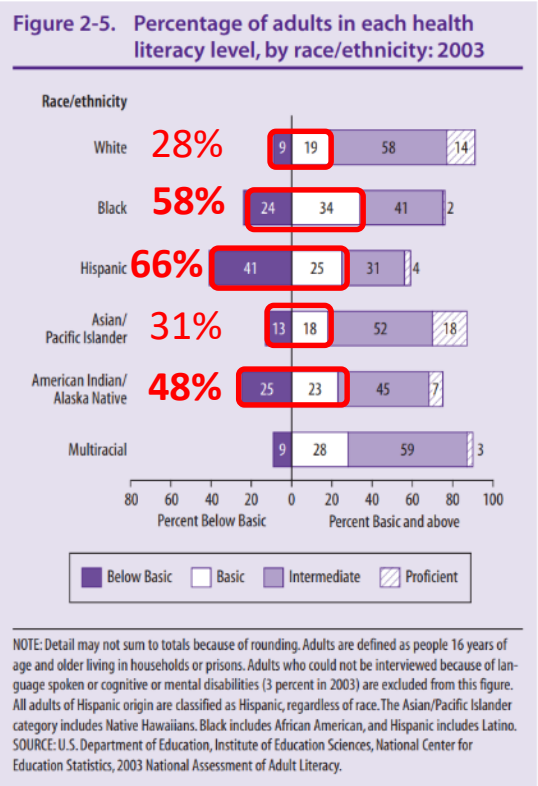
Race/Ethnicity	Percent of Population Aged 25 and Older with More Than a High School Education	2013 County Health Rankings National Benchmark: 70%	Percent of Population Aged 25 and Older with High School Education or Less	Disparity Ratio	2006-2010 Health Disparity Summary
Black/African American (non-Latino)	55.1	Does not meet	44.9	1.7	Needs improvement
Asian/Pacific Islander (non-Latino)	56.3	Does not meet	43.7	1.6	Needs improvement
American Indian/ Alaska Native (non-Latino)	62.3	Does not meet	37.7	1.4	Needs improvement
Latino	34	Does not meet	66.0	2.5	Requires intervention
White (non-Latino)	73	Meets	27.0	Comparison group	

Data source: U.S. Census Bureau, 2006-2010 American Community Survey 5-year estimates. The benchmark is from the 2013 County Health Rankings.
Trend data were not available.

(MCHD, 2014)

Inadequate baseline health literacy by race & ethnicity

"Differences in educational opportunities mediate the relationship between race/ethnicity and health literacy"
(Muvuka et al, 2020)

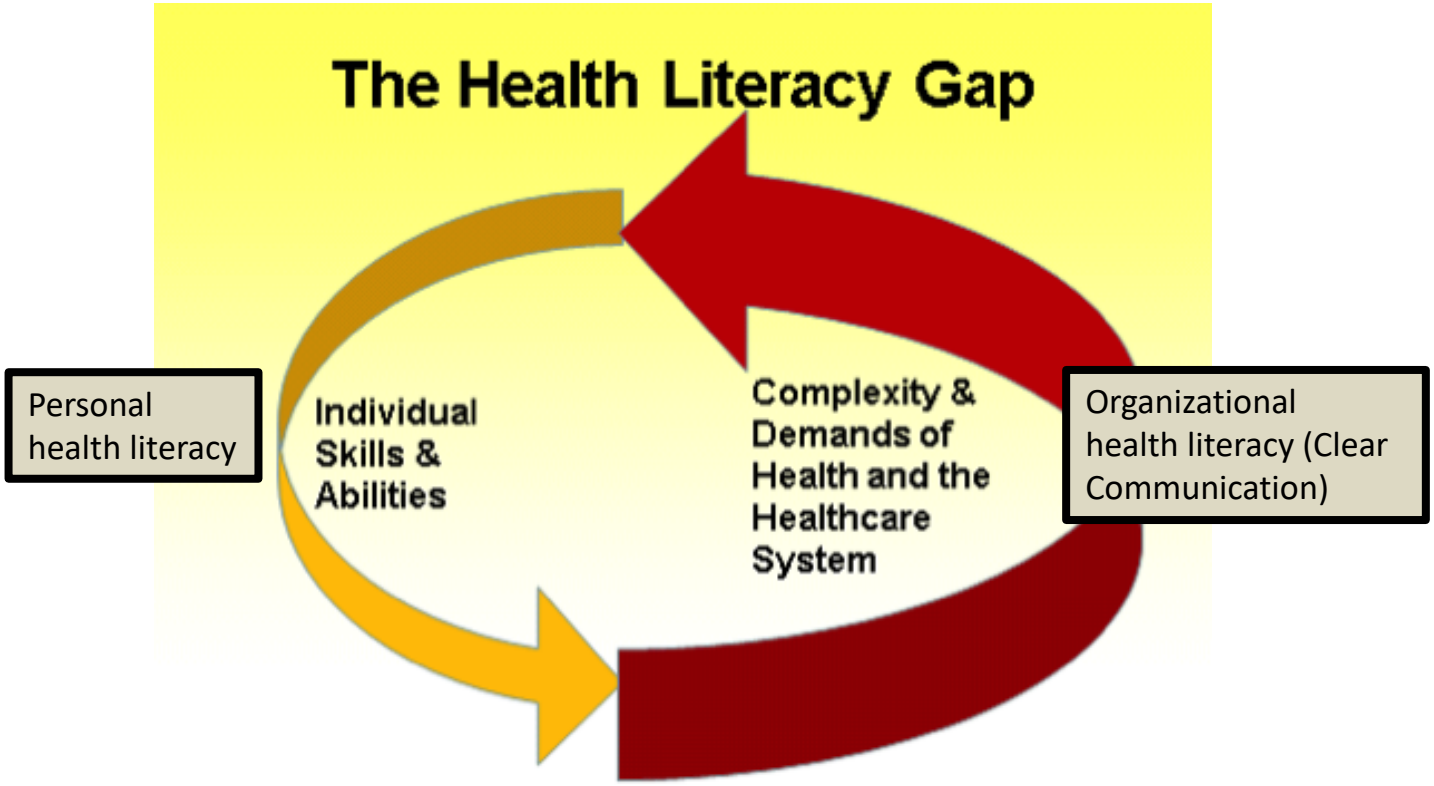


(Kutner et al, 2006)

Low health literacy is associated with...

↓ Use of preventive services
↓ Understanding of medication use and prescription label instructions
↓ Overall health status
↑ Use of emergency services
↑ Rates of hospitalization
↑ Rates of hospital readmission
↑ Mortality
↑ **Racial health disparities**

(Berkman et al, 2011; Mantwill et al, 2015; Mitchell et al, 2012; Muvuka et al, 2020)



(Adapted from Ruth Parker: http://www.iom.edu/~/media/Files/Activity%20Files/PublicHealth/HealthLiteracy/Parker.pdf)

Studies show – healthcare workers lack adequate…

- Awareness
- Knowledge
- Skills
- Attitudes
- Practices

(Coleman, 2011; Coleman et al, 2017a; Schwartzberg et al, 2007; Toronto et al, 2015)

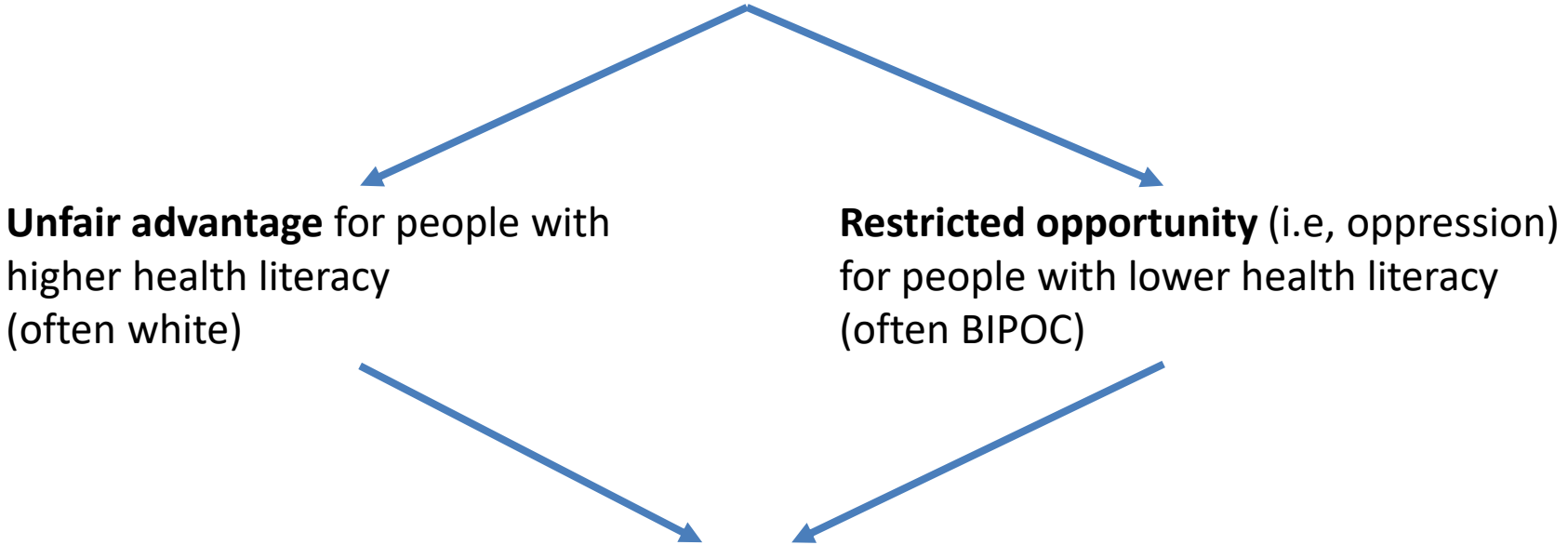
Health information accessibility and equity

Racism

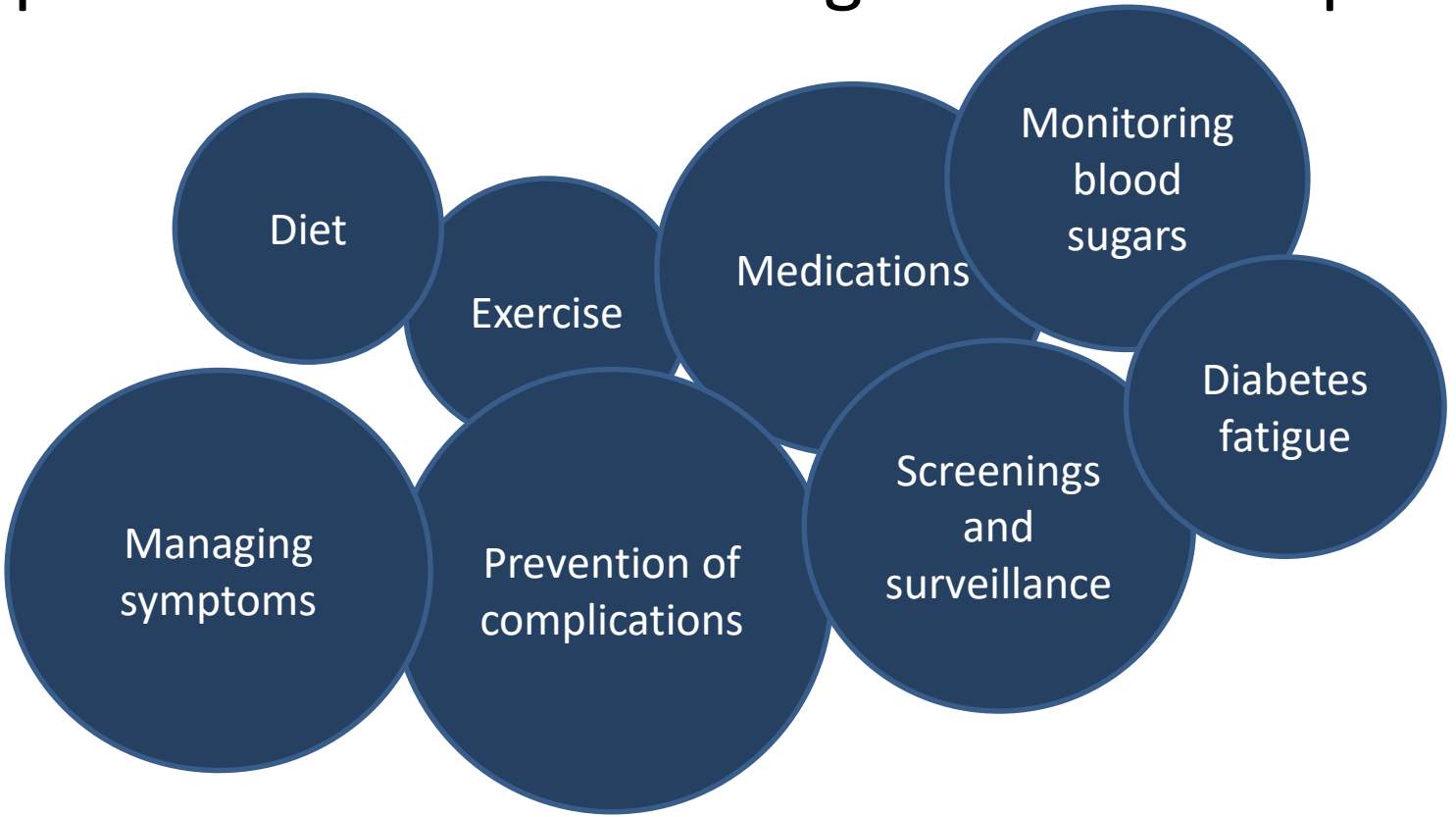
A system which produces unfair advantages for some and reduced opportunities for others, based on race.

(CDC, 2021)

Unnecessarily complicated health information



Type 2 diabetes self-management is complex!



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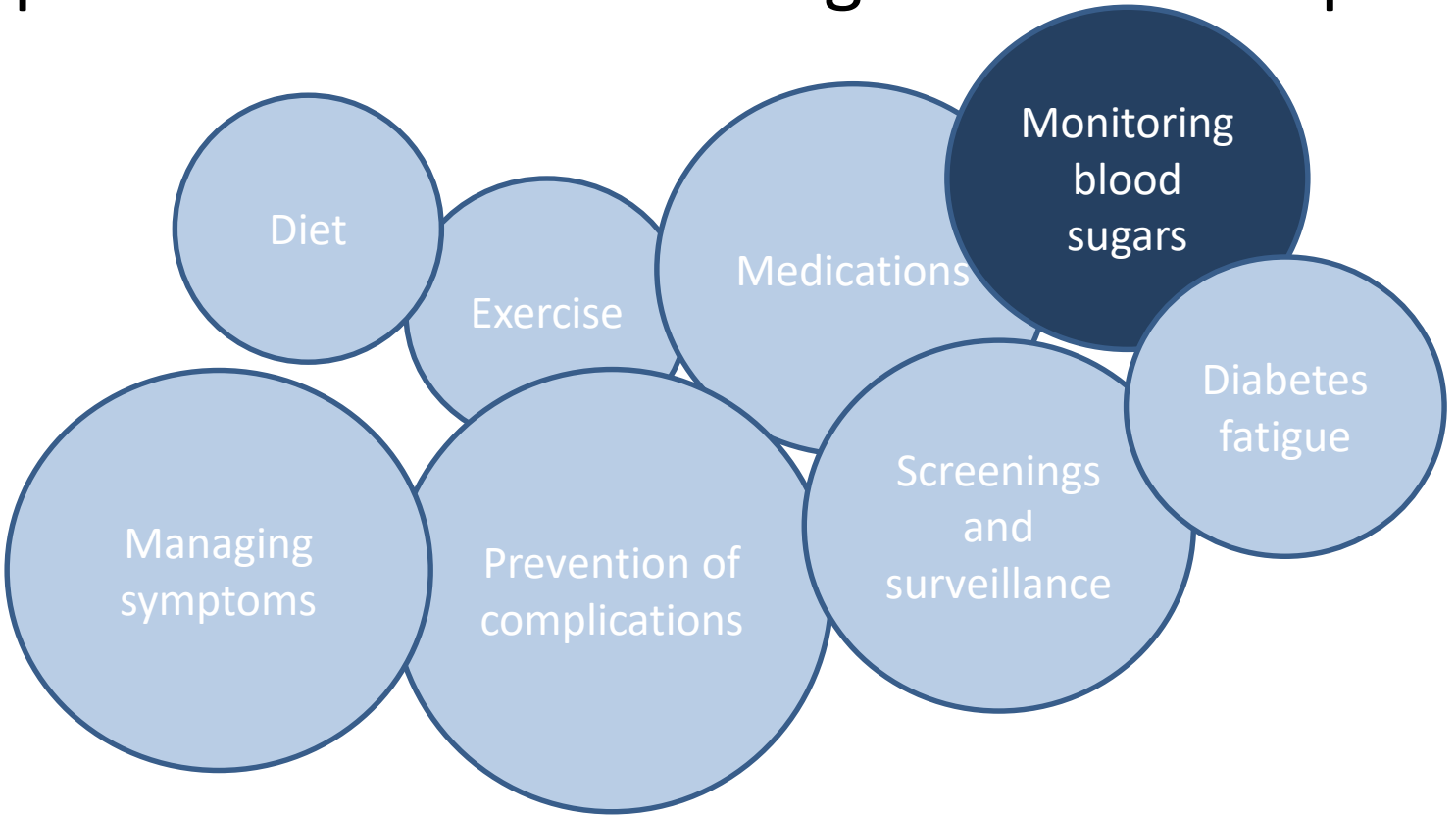


33-page glucometer manual written at 9th grade reading level

http://diabetestype2.ca/diary/research/meters/ultra_ob.pdf


MyChart
OHSU
Trouble Logging In?
BEST HOSPITALS U.S.News NATIONAL 2020-21
BEST CHILDREN'S HOSPITALS U.S.News RANKED IN 6 SPECIALTIES 2020-21
READABILITY INDICES
Flesch Kincaid Reading Ease 53.5
Flesch Kincaid Grade Level 10.8
Gunning Fog Score 13.4
SMOG Index 10.1
Coleman Liau Index 12.8
Automated Readability Index 11.4
Webfx. Readability Test Tool. https://www.webfx.com/tools/read-able/

Example OHSU inpatient Discharge Summary

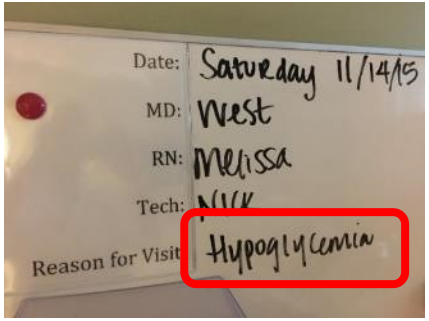
You were admitted with altered mental status that we think is due to hepatic encephalopathy (build up of ammonia in your body). You are susceptible to accumulating ammonia in your body because of your liver disease. The only way for you to get rid of it is through your bowel movements. To prevent this from happening in the future, it is very important that you take lactulose at least 3 times a day (more often if needed) to have at least 2 or 3 bowel movements per day. We also found that you had a urinary tract infection so we are sending you home on an antibiotic called ciprofloxacin to complete a 7 day course; you need to take it twice a day for 4 more days. It is very important that you take all of the antib ke treated.

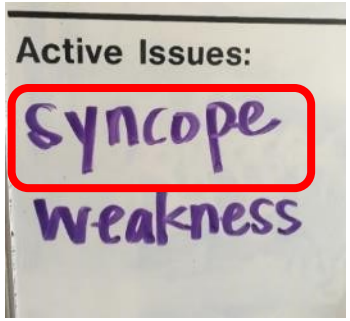
Flesch reading ease score: 66
Automated readability index: 9.3
Flesch-Kincaid grade level: 9.3
Coleman-Liau index: 7.9
Gunning fog index: 13.3
SMOG index: 11.8

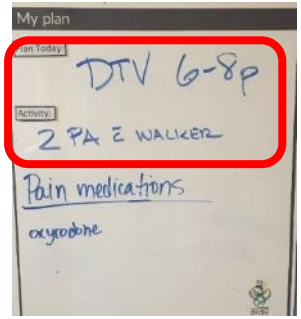
Jargon	Plain language
Admitted	Put in the hospital
Altered mental status	Trouble thinking
Hepatic encephalopathy	Build up of ammonia
Accumulating	Building up
Lactulose	The liquid medicine called Lactulose

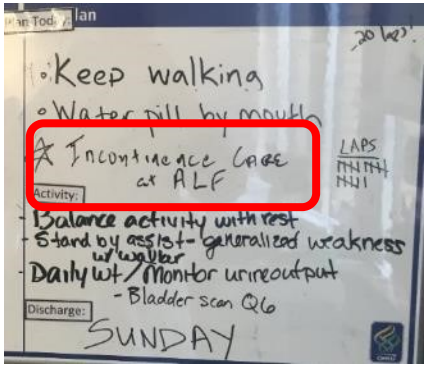
(Coleman & Hadden, unpublished)

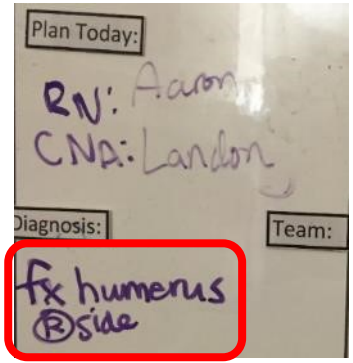
OHSU Family Medicine inpatient whiteboard communication

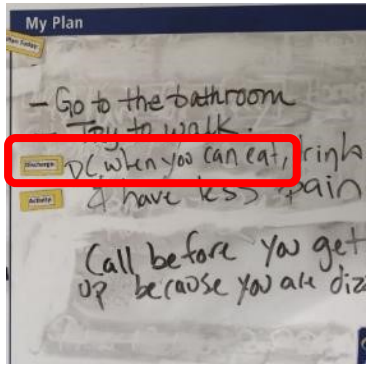


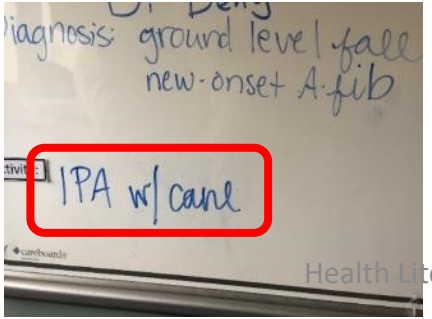


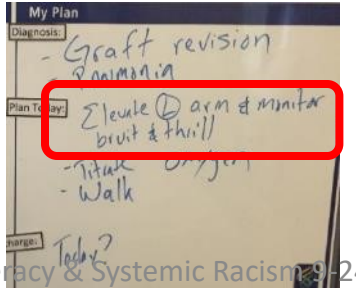


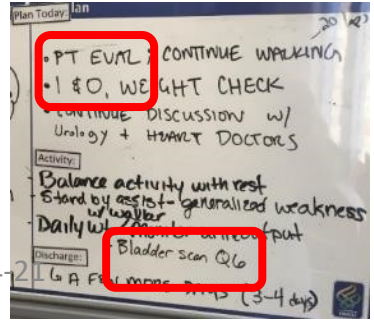




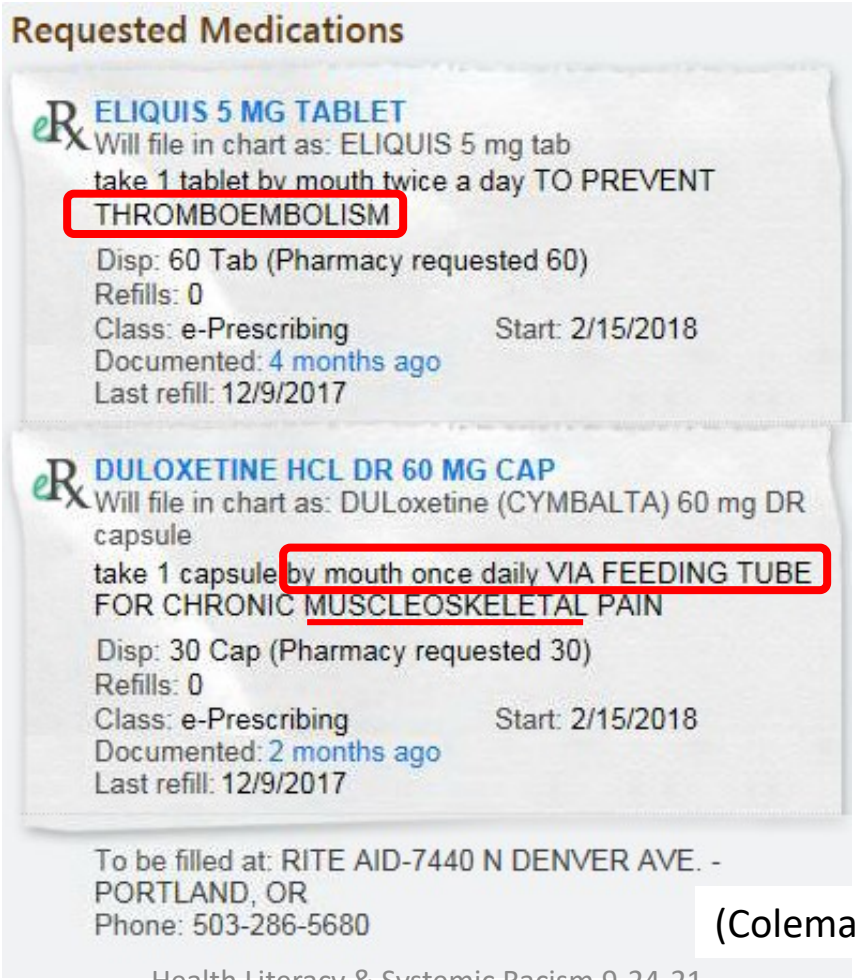








OHSU Family Medicine patient prescriptions



Requested Medications

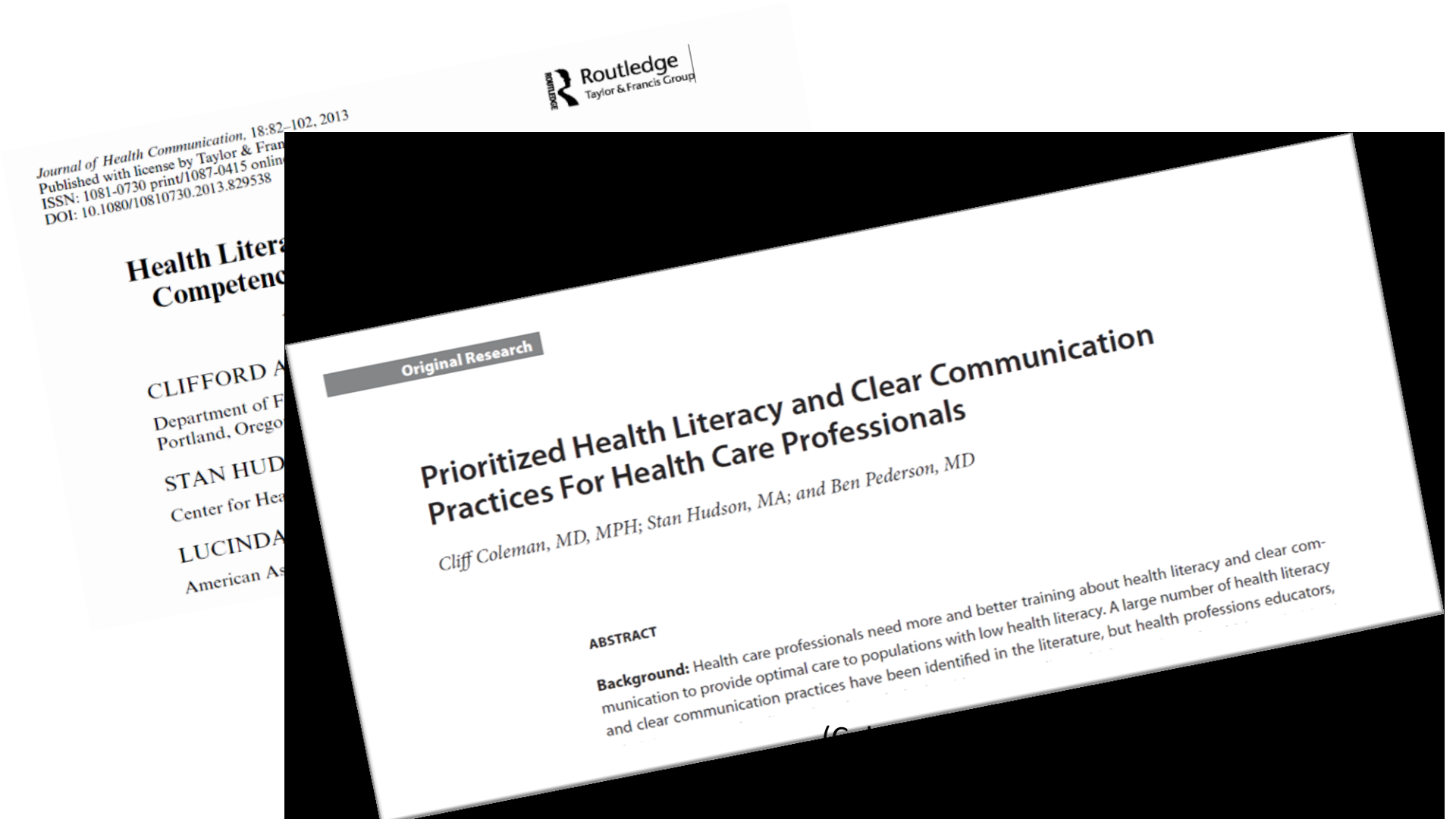
ELIQUIS 5 MG TABLET
Will file in chart as: ELIQUIS 5 mg tab
take 1 tablet by mouth twice a day TO PREVENT THROMBOEMBOLISM
Disp: 60 Tab (Pharmacy requested 60)
Refills: 0
Class: e-Prescribing Start: 2/15/2018
Documented: 4 months ago
Last refill: 12/9/2017

DULOXETINE HCL DR 60 MG CAP
Will file in chart as: DULoxetine (CYMBALTA) 60 mg DR capsule
take 1 capsule by mouth once daily VIA FEEDING TUBE FOR CHRONIC MUSCLEOSKELETAL PAIN
Disp: 30 Cap (Pharmacy requested 30)
Refills: 0
Class: e-Prescribing Start: 2/15/2018
Documented: 2 months ago
Last refill: 12/9/2017

To be filled at: RITE AID-7440 N DENVER AVE. - PORTLAND, OR
Phone: 503-286-5680

(Coleman & Hadden, unpublished)

“Universal precautions” for clear communication


Routledge
Taylor & Francis Group
Original Research
Prioritized Health Literacy and Clear Communication Practices For Health Care Professionals
Cliff Coleman, MD, MPH; Stan Hudson, MA; and Ben Pederson, MD
ABSTRACT
Background: Health care professionals need more and better training about health literacy and clear communication to provide optimal care to populations with low health literacy. A large number of health literacy and clear communication practices have been identified in the literature, but health professions educators,

Prioritized best practices

TABLE 3

Agreement of Group 1 Health Literacy Practices Among Expert Participants

Mean Rank Order	Group 1 Health Literacy Practice	Number (%) of Participants ($n = 25$) Ranking Item ≥7 on Importance
1	Routinely uses a "teach back" or "show me" technique to check for understanding and correct misunderstandings in a variety of health care settings, including during the informed consent process	16 (64)
2	Consistently avoids using medical "jargon" in oral and written communication with patients, and defines unavoidable jargon in lay terms	15 (60)
3	Consistently elicits questions from patients through a "patient-centered" approach (e.g., "what questions do you have?", rather than "do you have any questions?")	9 (36)
4	Consistently uses a "universal precautions" approach to oral and written communication with patients	14 (56)
5	Routinely recommends the use of professional medical interpreter services for patients whose preferred language is other than English	12 (48)
6	Consistently negotiates a mutual agenda with patients at the outset of encounters	12 (48)
7	Routinely emphasizes one to three "need-to-know" or "need-to-do" concepts during a given patient encounter	10 (40)
8	Consistently elicits the full list of patient concerns at the outset of encounters	

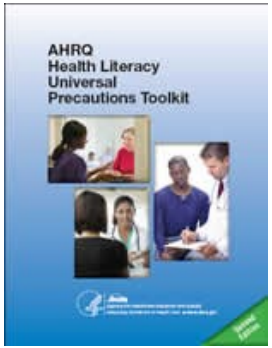
(Coleman et al, 2017b)

Why “universal precautions”?

- Low health literacy is ubiquitous (Kutner et al, 2006)
- Patients hide their lack of understanding due to shame (Parikh et al, 1996)
- You can’t tell by looking who is understanding (Coleman, Hudson, Maine, 2013)
- Health literacy screening is not appropriate (Paasche-Orlow & Wolf, 2008)
- All patients prefer simple messages (Sudore et al, 2007; Davis et al, 1998)

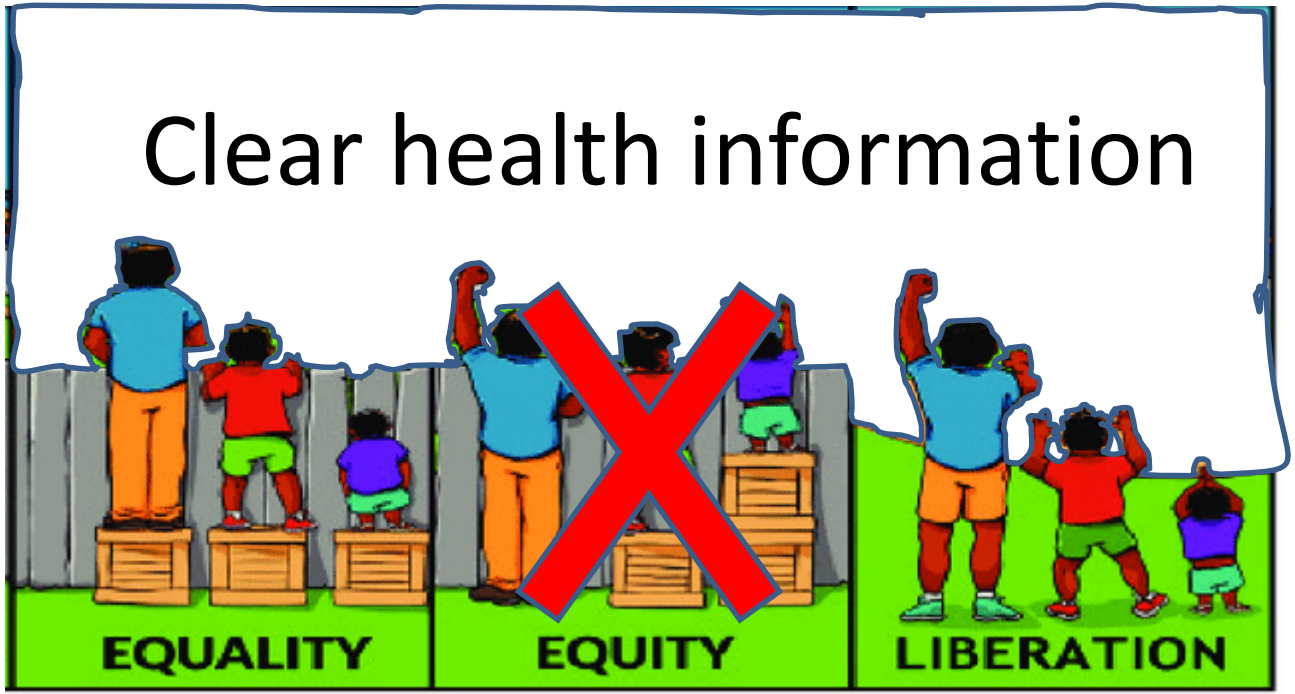
How to apply “universal precautions”?

- Treat all patients with the same dignity and respect.
- Assume *all* are at risk for low health literacy in any given moment.
- Do not attempt to modulate the complexity of information based on perceived patient characteristics.
- Use clear communication best practices as default with *all* patients:
  - Avoid unnecessary undefined jargon
  - Limit information overload (1-3 key messages)
  - Use teach-back to confirm understanding



(DeWalt et al, 2010)

Clear health information



Unnecessary complexity favors educational elite.

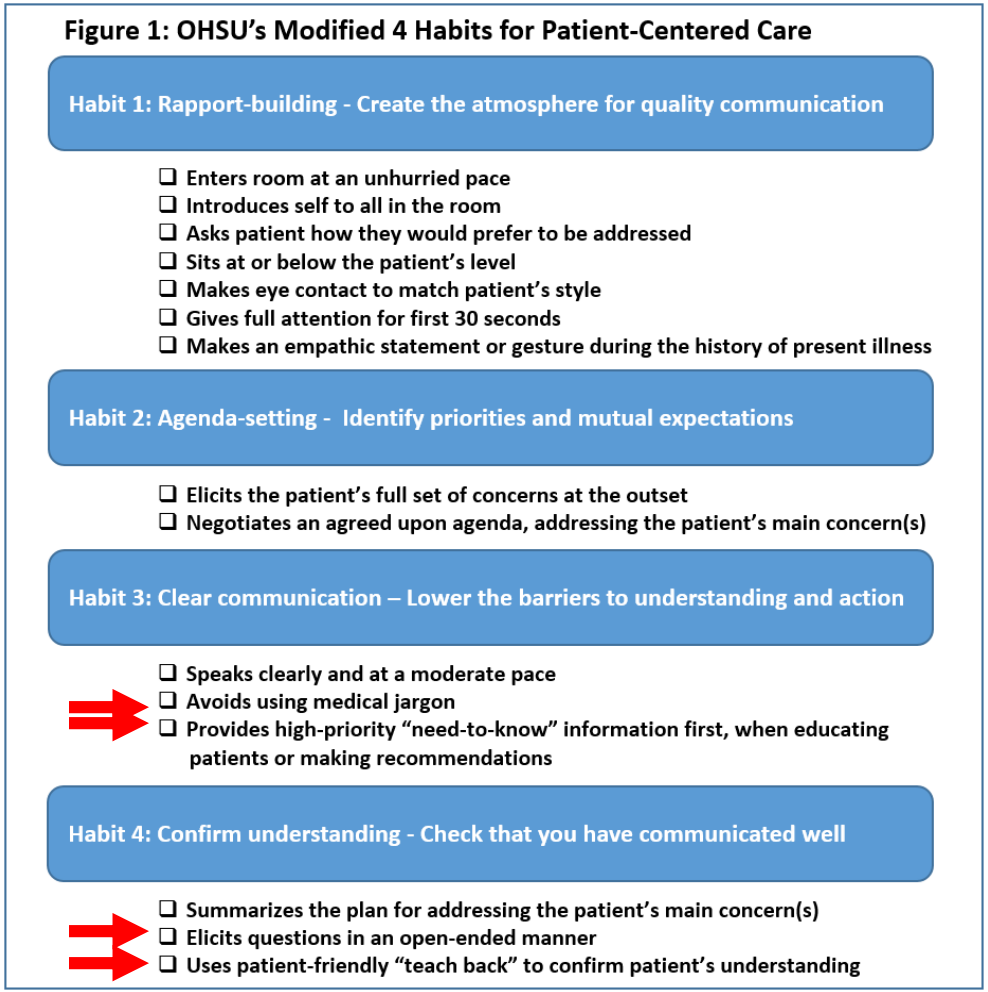
Communication tailored to individual needs.

We don't know how!

Health literacy "universal precautions."

Adapted from "The difference between the terms equality, equity, and liberation, illustrated"; © Interaction Institute for Social Change | Artist: Angus Maguire

Creating universal precautions habits for medical students



We have the tools

- National Action Plan for Health Literacy

(HHS, 2010)

- 10 Attributes of Health Literate Organizations

(Brach et al, 2012)

- Healthy People 2030 health literacy targets

(HHS, 2020)

- Best practices for clear communication

(Coleman et al, 2017b; Coleman et al, 2013)

- Health Literacy Universal Precautions Toolkit

(DeWalt et al, 2010)

So, what's missing?

- Limited institutional awareness.
- No statutory imperative for clear communication training for individuals and organizations.
- Little financial incentive for providing equitable access to clear communication.
- No outcome studies linking clear communication training and practices to population health.

What can faculty do?

- Adopt a universal precautions approach
- Raise health literacy awareness in your teams
- Role model use of plain non-jargon language
- Create/select written messages/materials at 5th-6th grade reading level

Unnecessary jargon

Prioritized best practices

TABLE 3

Agreement of Group 1 Health Literacy Practices Among Expert Participants

Mean Rank Order	Group 1 Health Literacy Practice	Number (%) of Participants ($n = 25$) Ranking Item ≥7 on Importance
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(Coleman et al, 2017b)

Health and the City (Svet, 2011 [excerpt])
https://echo360.org/media/0ce27b0d-5524-492c-80af-5a10c4c7d1ac/public

Three types of medical jargon

Table 2: Medical Jargon

Jargon Type	Description	Examples		
		Words	**Phrases**	**Concepts**
Technical	Words, phrases or concepts with meaning only in a clinical context	• Glucometer • Cardiologist • Insomnia • Abdomen • Cath lab • Ortho • Hypertension • Hemoglobin A1c • Speculum	Acronyms: • GERD • COPD • UTI • IV fluid • Advance directive • After Visit Summary (AVS)	• Follow-up • Referral • Chronic • PRN • PCP • Contagious
Quantitative	Words, phrases or concepts requiring clinical judgment or knowledge	• Unlikely • Increased • Tablespoon • High fever	• Excessive wheezing • Twice daily	• Risk
Lay	Words, phrases or concepts with two or more meanings or interpretations, one of which is medical	• Stable • Abnormal • Stool • Frequency • Course • Positive • Negative • Tissue • Tongue blade • Admitted • Diet	Idioms: • Come down with • Break out • Run a fever • Stomach bug	• Take on an empty stomach

(Coleman & Hadden, unpublished)

Rapid Estimate of Adult Literacy in Medicine (REALM)

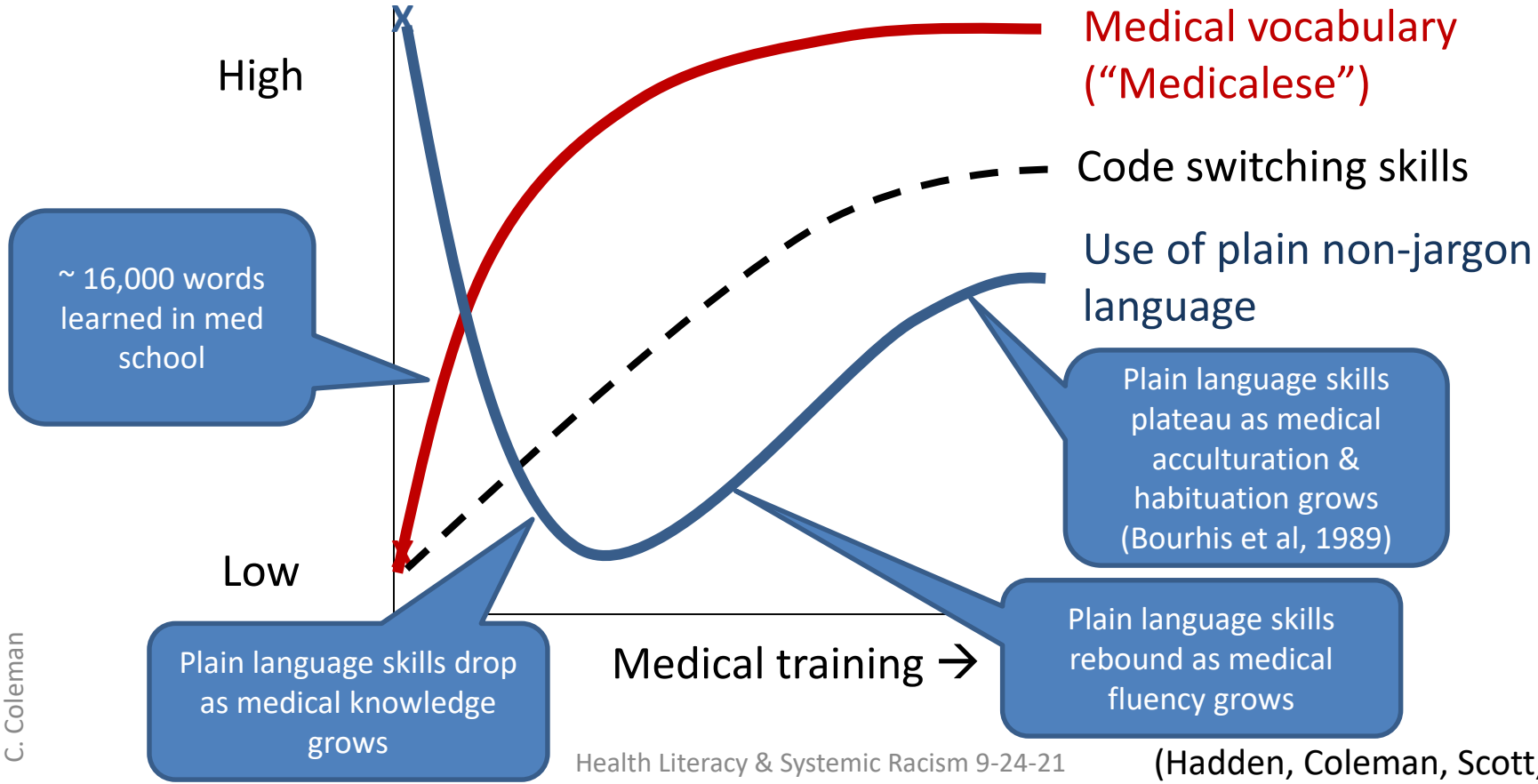
Fat	Fatigue	Allergic
Flu	Pelvic	Menstrual
Pill	Jaundice	Testicle
Dose	Infection	Colitis
Eye	Exercise	Emergency
Stress	Behavior	Medication
Smear	Prescription	Occupation
Nerves	Notify	Sexually
Germs	Gallbladder	Alcoholism
Meals	Calories	Irritation
Disease	Depression	Constipation
Cancer	Miscarriage	Gonorrhea
Caffeine	Pregnancy	Inflammatory
Attack	Arthritis	Diabetes
Kidney	Nutrition	Hepatitis
Hormones	Menopause	Antibiotics
Herpes	Appendix	Diagnosis
Seizure	Abnormal	Potassium
Bowel	Syphilis	Anemia
Asthma	Hemorrhoids	Obesity
Rectal	Nausea	Osteoporosis
Incest	Directed	Impetigo

# correctly pronounced	Grade reading level
0-18	≤3rd
19-44	4th-6th
45-60	7th-8th
61-66	≥9th

The average English-speaking U.S. adult reads at the 8th grade level (Kutner et al, 2005)

Source:
Davis, T., Crouch, M. & Long, S. (1993). Ra
Estimate of Adult
Literacy in Medicine. Shreveport, LA:
Louisiana State University Medical Center

Code switching



(Hadden, Coleman, Scott, 2018)

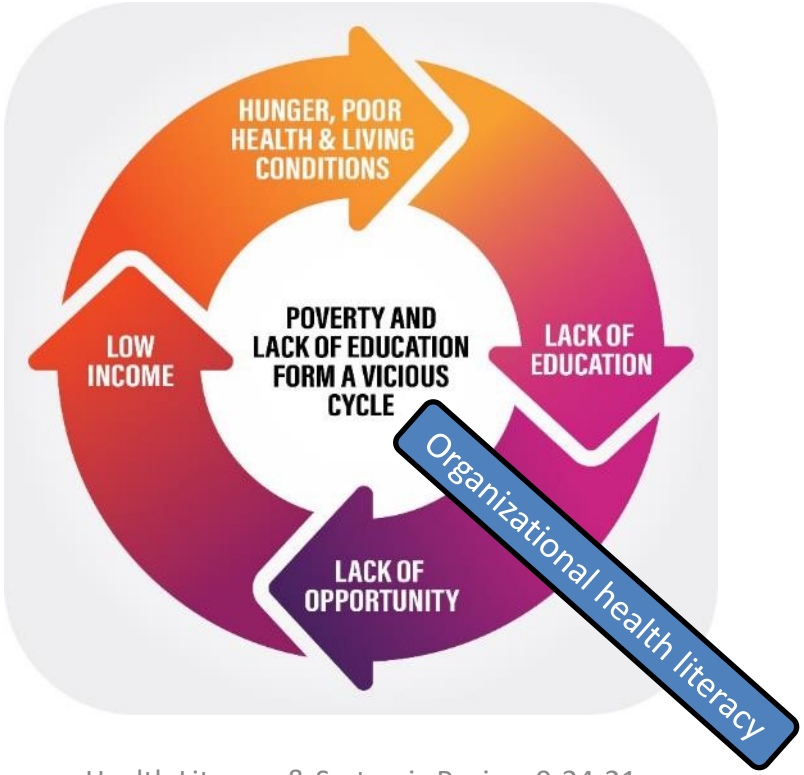
Try a care team “jargon contest”!

- Earn a point for sensitively identifying when a team member uses undefined jargon with a patient (non-punitive)
- Person with the most points wins a prize (reward)
- Result: most jargon will cease immediately!

(Coleman, 2011)

Final thought

Organizational health literacy – the degree to which organizations **equitably** enable individuals to find, understand, and use information and services to inform health-related decisions and actions.



(Morton, 2020)

Thank you

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