Health Literacy & Culturally Competence Tools and Techniques

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Video Viewing and Discussion

Issues to consider

- Health belief models
- Decision making process
- Alternative medicine
- Cross-cultural negotiations
- Barriers to communication

What are the literacy demands in health and healthcare?
“Culture and health literacy both influence the content and outcome of health care encounters.”

“This intersection between culture and health literacy is recognized in the DHHS OMH National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.”


Low Health Literacy is Linked to …

- Under-utilization of services
- Increased medication errors
- Poor health knowledge
- Increased hospitalizations
- Poor health outcomes
- Increased healthcare costs


Who is at Risk?

Percentage of Adults in Each Health Literacy Level by Educational Attainment

Percentage of Adults in Each Health Literacy Level by Age

Who is at Risk?

Percentage of Adults in Each Health Literacy Level by Race/Ethnic Group

Culturally and Linguistically Appropriate Services (CLAS)

- National standards developed by DHHS Office of Minority Health
- Provide common understanding of culturally and linguistically appropriate services
- Offer framework for services and structure to respond to cultural and linguistic differences

Culturally and Linguistically Appropriate Services (CLAS)

- Principle Standard (Standard 1)
  Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
**Culturally and Linguistically Appropriate Services (CLAS)**

- Governance, Leadership and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement and Accountability (Standards 9-15)


**Research-based Cultural Competency Interventions**

- Cultural competency training
- Language access services
- Use of community health workers


**Research-based Health Literacy Interventions**

- Health literacy training
- Plain language
- Teach-back technique

Language Access Services

» Interpreting
» Translating

Communicating Effectively Through an Interpreter: Select Perspectives


Avoid Medical Jargon | Use Living Room Language

<table>
<thead>
<tr>
<th>Diagnosis ..................</th>
<th>Cause of your illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-inflammatory ..........</td>
<td>Lowers fever and swelling</td>
</tr>
<tr>
<td>Nasal congestion ..........</td>
<td>Stuffy nose</td>
</tr>
<tr>
<td>Lesion .....................</td>
<td>Cut, wound, sore</td>
</tr>
<tr>
<td>Risk factor ...............</td>
<td>Will increase your chance of getting...</td>
</tr>
</tbody>
</table>

Teach-back

» Checking for understanding

Do you have any questions?

**Tips for Working with Interpreters**

- Work with a trained interpreter
- Clarify interpreter’s role
- Note mode of interpretation
- Use triadic interview process
- Maintain transparency
- Use appropriate positioning
- Use first-person speech

**Video Demonstration**

Video Clip: Working Effectively With an Interpreter


**Health Professional Training**

- Module 1: Introduction to Health Communication
- Module 2: Health Literacy
- Module 3: Cultural Competency
- Module 4: Limited English Proficiency

http://www.hrsa.gov/publichealth/healthliteracy/
**Tips for Translating**

- **Methods**
  - Single Translation
  - Parallel Translation
  - Trans-creation

- **Ensuring Quality**
  - Back Translation
  - Field Testing


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**Recommended Regarding Writing in Terms of Its Reception**

It is not inappropriate, when using print media to impart material of a factual or interpretive nature which holds the intention of conveying critical information to and/or including a critical action by its prospective recipients, to employ relatively noncomplex verbiage so as to maximize comprehension in the aforementioned population.

Source: Lessons in Plain Language 1992, PLAN, Inc.

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**Plain Language**

- Lots of white space
- **SERIF** font for text
- **NON SERIF** for headers
- Large type (12 pt or larger)
- Upper and Lower Case—Not All Caps
- **Avoid italics, script, fancy fonts**
- **Bold, concise headers**
- Ragged right edge
- Appealing color, **High contrast**
- Include images

Plain Language

► Short words, short sentences
► Everyday language
► Need to know information
► Action words, active voice
► Define unfamiliar words and include Pro-nun-see-AY-shun


Key Points

► Health literacy, culture and language are interrelated and affect health communication
► Health literacy and cultural competency interventions used together improve access
► Apply plain language principles to improve your messages and materials

Resources

► Culturally Sensitive Health Communication, April 30th www.une.edu/ahec
► Health Literacy Leadership Institute, June 13th www.go.tufts.edu/summerinstitute
► National Center for Cultural Competence http://nccc.georgetown.edu/
► CDC Health Literacy – www.cdc.gov/healthliteracy
► Teach-back Toolkit – www.teachbacktraining.org
► CLAS – www.thinkcultureshealth.hhs.gov.org