

Health Literacy and Cross-Cultural Communication in Health Education

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Learning Objective 1

Discuss the current landscape of cross-cultural communication and health literacy.

Types of health literacy skills

- Listening and speaking
- Numeracy
- Critical thinking and decision-making

What's
in it
for
me?!



Research shows that cultural competent, health literate care benefits patients.

- *Literacy* and *numeracy* are consistently associated with health knowledge
- Research found health literacy and numeracy relate to
 - disease self-management
 - knowledge of one's health condition
 - self-efficacy
 - self-care behaviors
- Fewer readmissions
- Fewer preventable hospitalizations

What's
in it
for
me?!

Research shows that cultural competent, health literate care benefits providers.

- Higher staff retention
- Improved public image=greater market share
- Better patient safety = decreased liability
- Ability to provide more tailored services to patients
- Fewer readmissions
- Fewer missed appointments
- Fewer preventable hospitalizations





Cultural
competence

Health literacy

Why does it matter if we merge silos?

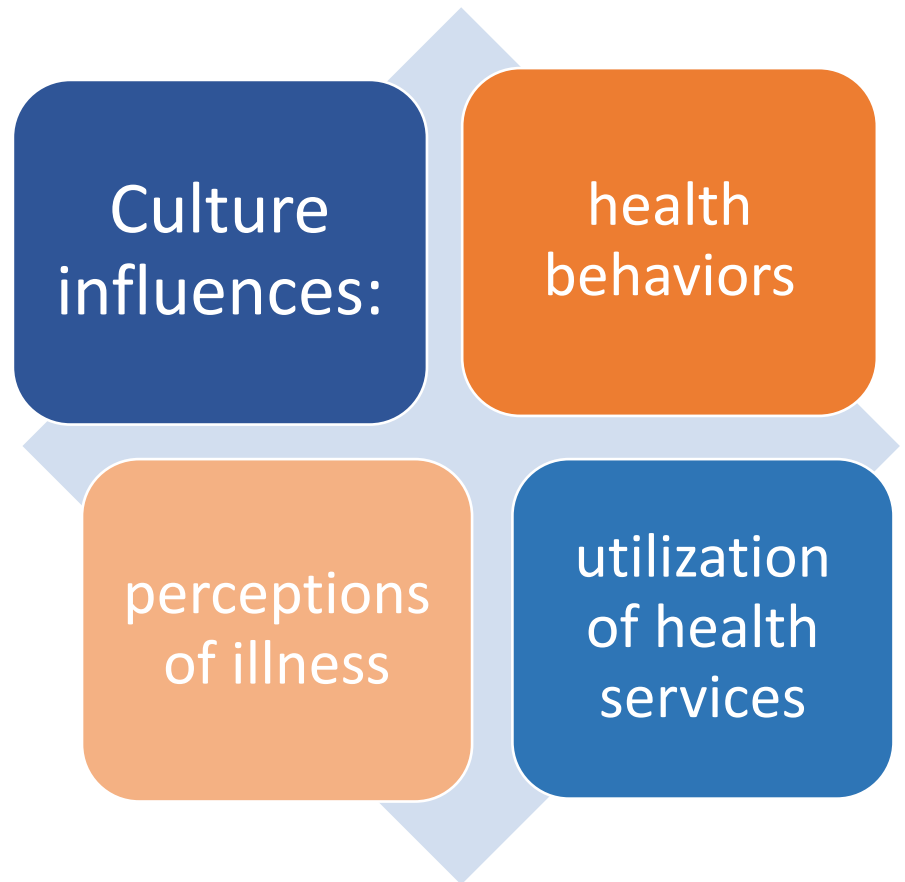
We need interventions that fully integrate health literacy, language and culture.

- Culture and language affect patient health literacy.
- Culture impacts how a person interprets health messages.
- Language and culture provide the experience and context for understanding health information.
- We must know a patient's culture before we can speak to him or her in a health literate manner.

Culture is
not a barrier
to health!



How is culture important to health?



Health
literacy
depends on
individual
and
systemic
factors

- Communication skills of health providers
- Culture
- Situation/context
- Demands of the health care system

Learning Objective 2

List three evidence-based approaches to cross-cultural, health literate health education.

Evidence-based approaches to health-literate communication

The way a person obtains, processes and utilizes information depends on...

- health literacy and numeracy skills
- prior life experiences
- support networks

...each of these elements is shaped by culture.

A health organization should
conduct a cultural assessment
with a new population before
beginning work with that group!

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Evidence-based, health literate education

- Proven techniques for health literate patient education:
 - Establish patient's understanding of disease
 - Plain language
 - *Teach-Back*
 - *Tell Me Three*
 - *Brown Bag Medication Review*
 - Collaborative approaches to engage individuals in their own care

Evidence-based approaches to cross-cultural health education

Learn and understand:

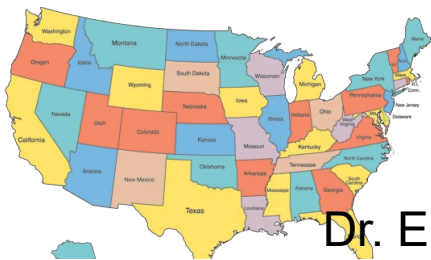
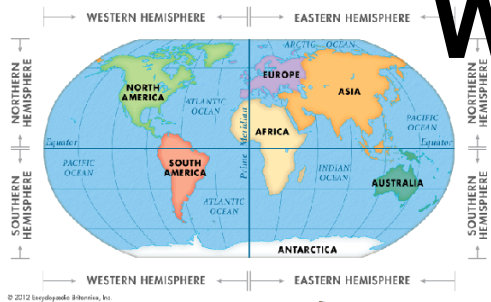
- Own values and beliefs
- Belief/value systems of beneficiaries
- Historical events and influence on health status and knowledge of health care system

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What is culture?

Behavior and beliefs that are learned and shared.

What is *your* culture?



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Frameworks to guide cross-cultural health education interactions

- 1) Cultural health belief models
- 2) Familism vs. individual
- 3) Time
- 4) High and low context

Health belief systems of different cultures

Magico-religious- supernatural forces that inflict illness on humans



Biomedical- health is controlled by physical and biochemical processes



Deterministic- Outcomes are pre-ordained and cannot be changed



What may be examples of health care providers in cultures with which you work?




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What is...

- 
- ...Familism?
 - ...Individualism?

Which one describes
North Americans?

Whose
needs are a
priority?

The group
or the
individual?

- **Familism: family over individual**
 - Decisions are made as a family
 - In these cultures, value on family unit as a whole
- **Individualism: priority is individual over family/group**
 - In these cultures, value on independent problem-solving and achievement



In what ways might
different cultures view
time differently?

Why?

Time Orientation





Present Time Orientation

Present time orientation is common among cultures where there is concern about survival.

- concerned about health when health crisis occurs, but not otherwise
- not concerned beyond the immediate crisis



Future Time Orientation

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Future time orientation is common in cultures where there is emphasis on technology and progress.

- People in these cultures will have a greater focus on preventive care than people from cultures with past or present time orientations.

(i.e., cultures with the luxury of thinking beyond today)

Communication and Trust within a Culture

High context cultures

- group orientation
- closer connections over longer periods of time
- Actions based on context, not direct communication

Low-context cultures

- Specific, detailed, direct communication
- Many mainstream, superficial connections
- Goal of communication task oriented
 - E.g., clarify rules, problem solve

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Learning Objective 3

Name three tools to assess health literacy in Spanish-speaking patients.

Tools to access health literacy in Spanish-speaking patient population



There are at least 19 tools for assessing health literacy in Spanish-speaking patient populations

- Investigate before using!: How were they translated?

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Nutrition Facts

Serving Size $\frac{1}{2}$ cup
Servings per container 4

Amount per serving

Calories	250	Fat Cal	120
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%DV

Total Fat	13g	20%
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Sat Fat	9g	40%
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Cholesterol	28mg	12%
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Sodium	55mg	2%
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Total Carbohydrate	30g	12%
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Dietary Fiber	2g	
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Sugars	23g	
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Protein	4g	8%
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*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Información Nutricional

Tamaño de la Porción $\frac{1}{2}$ taza
Porciones por envase 4

Cantidad por porción

Calorías	250	Cal Grasa	120
----------	-----	-----------	-----

%DV

Grasa Total	13g	20%
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Grasas Sat	9g	40%
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Colesterol	28mg	12%
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Sodio	55mg	2%
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Total Carbohidratos	30g	12%
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Fibras Dietéticas	2g	
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Azúcares	23g	
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Proteína	4g	8%
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*Porcentaje de Valores Diarios (DV) se basan en una dieta de 2.000 calorías. Sus valores diarios pueden ser mayores o menores dependiendo de las calorías que usted necesite.


Ingredientes: Crema, Leche Descremada, Azúcar Líquida, Agua, Yemas de Huevo, Azúcar Morena, Aceite de Cacahuete (Maní), Azúcar, Mantequilla, Sal, Carragenina, Extracto de Vainilla.

Tools to access health literacy in Spanish-speaking patient population

- **Short Assessment of Health Literacy for Spanish Adults (SAHLSA-50):** 50 items to assess adult ability to read and understand common medical terms
- **Newest Vital Sign (NVS):** identifies patients at risk for low health literacy;
- **Diabetes Numeracy Test (DNT- 15 Latino):** 15 items measure numeracy related to diabetes self-management

Learning Objective 4

State several examples of expectations for provider language and patient engagement in the patient-provider encounter.



How does culture
impact utilization of
U.S. health services?

*What have you
discovered in your work?*

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Providers

- Take time to address concerns
- Consider factors impacting patient
- Use health literate communication
 - Teach-back
 - Ask me three
 - Grade level
 - Interpretation
- Phrase sentences in a neutral tone
 - No leading questions
 - No punitive phrasing

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Providers' language should be...

- neutral, non-judgmental
- based on facts, actions, physiology or biology
- free from stigma
- strengths-based
- respectful
- fosters patient-provider collaboration
- patient-centered
- open-ended questions
- allows provider to both inform and gauge patient's knowledge

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Providers and ESFT

Model of communication

Focuses physicians on asking more questions to patients to learn about person they're treating.

- Explanation
- Social Risk
- Fears and Concerns
- Therapeutic Contracting

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Suggested questions to ask patients:

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness?
Will it have a short or long course?

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Suggested questions to ask patients: (con't)

- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?

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Resources for health professionals

- CLAS Standards to ensure individual and organization effectiveness in working with diverse populations
<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>
 - Tools for Cross-Cultural Communication and Language Access
<https://www.cdc.gov/healthliteracy/culture.html>
 - ESFT—Explanation, Social Risk, Fears and Concerns, and Therapeutic Contracting—model of communication
 - Kleinman's Explanatory Model, which suggests clinicians utilize open-ended questions to better collect information from the patient
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Resources for health professionals

- Health literacy assessment tools
<https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy/index.html>
- Assessing health literacy
<https://researchguides.uic.edu/c.php?g=252298&p=1683195>
- 19 tools for assessing health literacy in Spanish speaking patients
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4721943/table/T1/?report=objectonly>



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