

More Than Words and Numbers

Strategies for Helping Learners Address Language Barriers and Low Health Literacy in Their Clinical Practice

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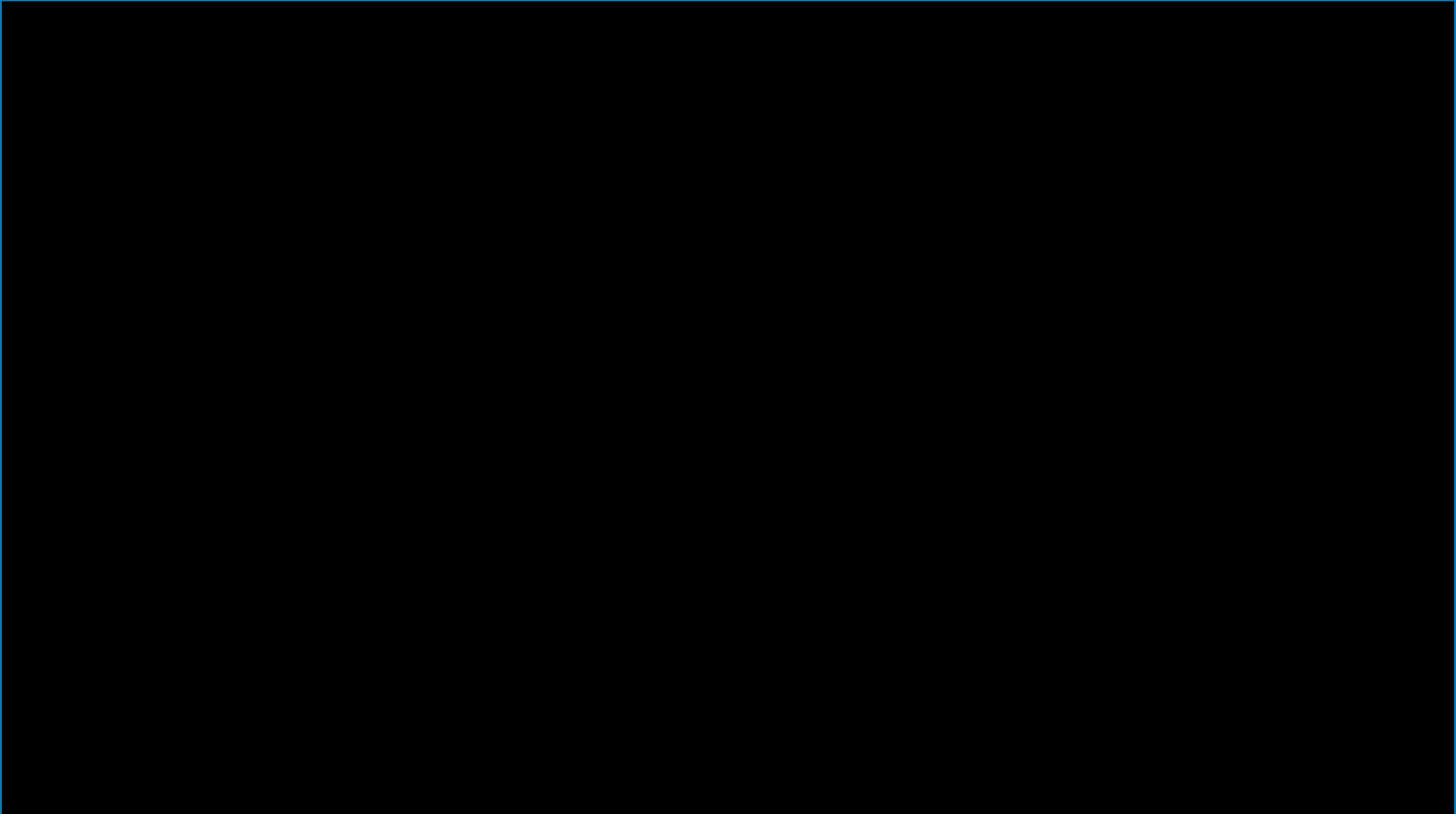
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- **Respect** for the rights, differences, and dignity of others
- **Honesty** and **integrity** in dealing with all members of the community
- **Accountability** for personal behavior
- **Active participation** and shared learning
- Expression of **feedback** in **actionable, respectful** terms





Learning Objectives

- Explain to learners how health literacy and language barriers act as social determinants of health and their connection to inequity and disparities.
- Identify the challenges and opportunities to incorporating concepts related to language barriers and low health literacy in clinical practice.
- Model strategies to help learners reflect about patients' and families' language barriers and low health literacy experiences.



Why have this conversation now?

- COVID pandemic misinformation and disinformation
- 21s Century CURES Act:
 - Electronic information must be shared with patients without delay including:
 - Consultation notes
 - Discharge summary notes
 - History and physical
 - Imaging narratives
 - Lab reports
 - Pathology report
 - Procedure notes
 - Progress notes

21st Century Cures Act:

Interoperability, Information
Blocking, and the ONC Health IT
Certification Program

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Working definitions:

Limited English Proficiency

- Individuals who do not speak English as their primary language and who have a limited ability read, speak, write, or understand English.

Source: U.S. Department of Justice, Civil Rights Division

Health Literacy

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

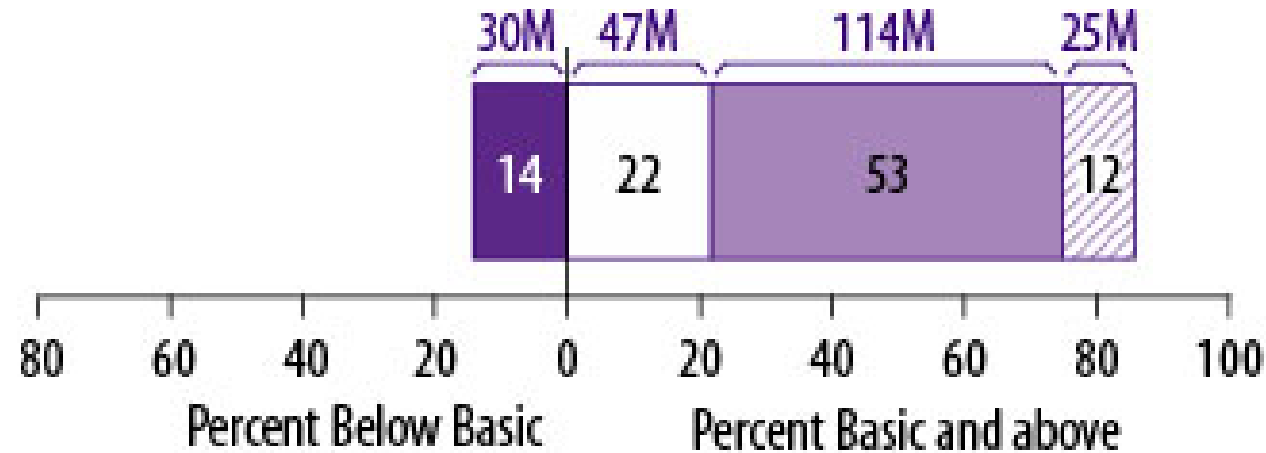
Source: Healthy People 2030



Background

Health literacy:

- Only 12% of adults in the US have proficient skills while the majority of adults have intermediate skills. (Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C., 2006)



Below Basic Basic Intermediate Proficient

(Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. 2006)



What Are Red Flags for Low Health Literacy?



- Frequently missed appointments
- Incomplete registration forms
- Unable to follow medication instructions
- Unable to name the medications, explain their use or dosage
- Identifies medications by appearance, not by reading the label
- Difficulty with telling medical history
- Ask little or no questions
- Misses follow-up tests or referrals



How Do You Know?

Health Literacy Screening Questions

- Single Question Screener:

1. How confident are you filling out medical forms by yourself?

- Brief (Three) Screening Questions Screening:

1. How often do you have problems learning about your medical condition because of difficulty understanding written information?

2. How often do you have someone help you read hospital materials?

3. How confident are you filling out medical forms by yourself?*

Source: <https://healthliteracy.uams.edu>

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Research



- Parents with LHL find it difficult to learn and understand their child's health insurance coverage, services available to help their child and how to pay for medications (Son et al., 2018; Miller, et al., 2012).
- Providers often over estimate the patient's level of health literacy (Cooper, et al, 2018; Storms, H., Aertgeerts, B., Vandenabeele, F., & Claes, N. (2019); Dickens, et al, 2013)
- Spanish speaking parents with a limited ability to speak English are more prone to making medication dosing errors (Harris, et al, 2016)
- Children whose parents had limited comfort with the English language had higher odds of experiencing 1 or more adverse events while in the hospital (Khan, 2020).
- In a multi-site study of health literacy and numeracy, parents of infants <13 mo had difficulty preparing doses of medications, reading a digital thermometer and understanding a growth chart (Kumar et al, 2010)



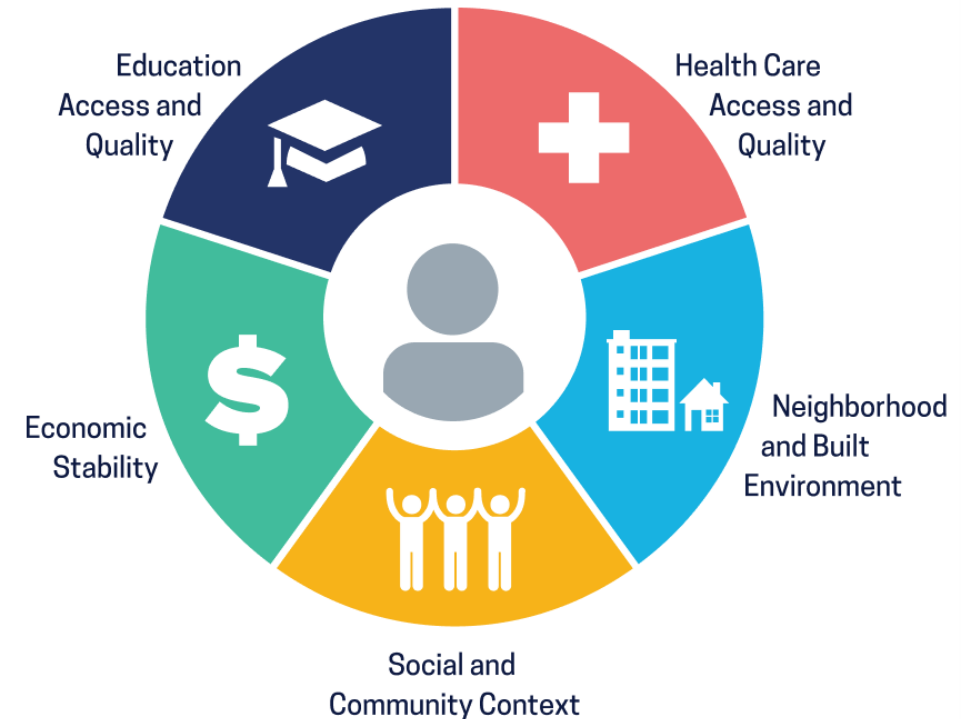
Social determinants of health

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Health literacy falls under the **Healthcare Access and Quality domain**

Language and literacy fall under the **Education Access and Quality domain**

Social Determinants of Health



Social Determinants of Health
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 Healthy People 2030



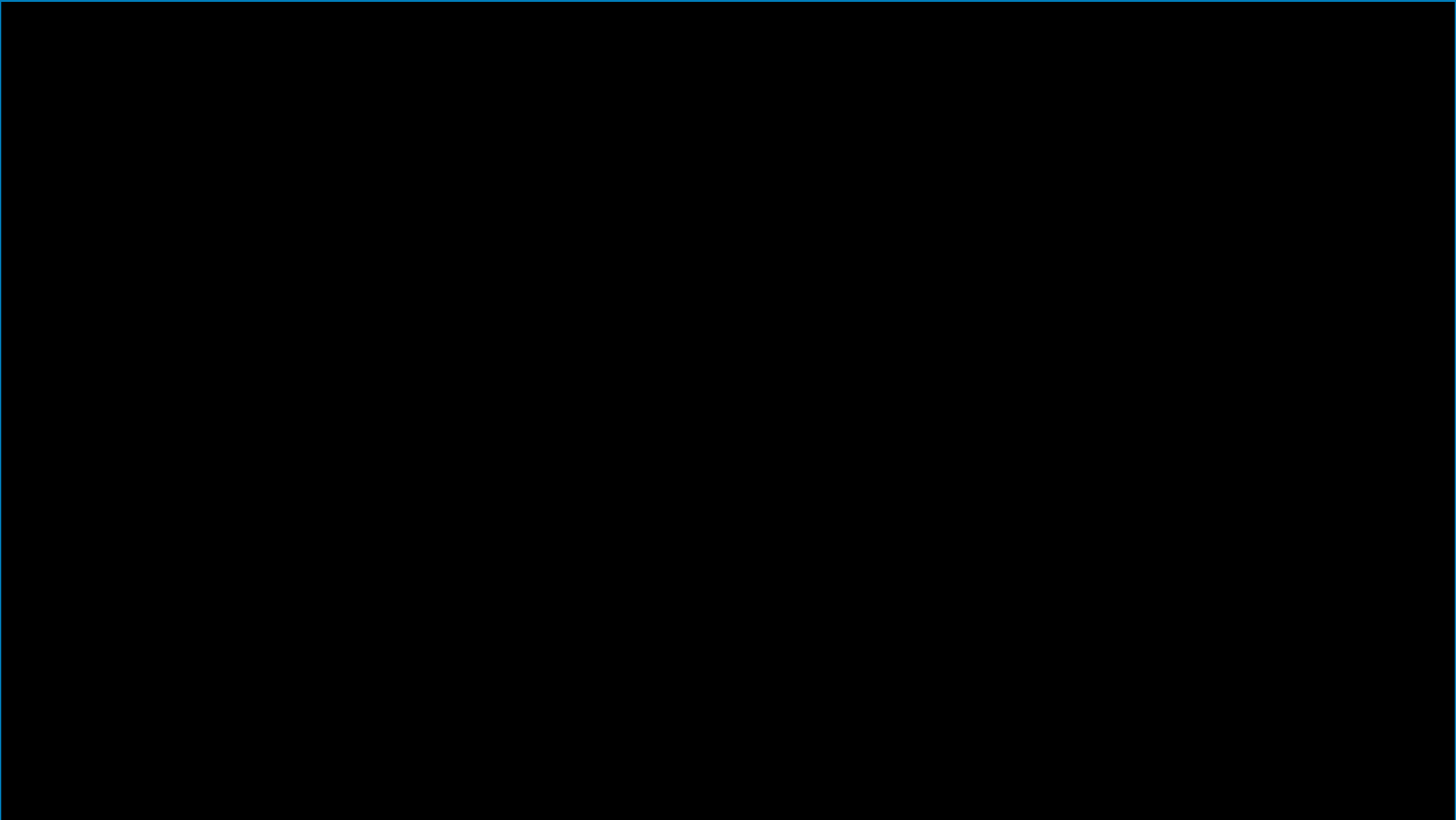
Health Equity

- ✓ Equity is the ABSENCE of **avoidable**, **unfair**, or **treatable** differences that can be changed among groups of people,
- ✓ whether those groups are defined **socially**, **economically**, **demographically** or **geographically** or by other means of stratification.
- ✓ "Health equity" or "equity in health" implies that ***ideally everyone should have a fair opportunity to attain their full health potential***
- ✓ and no one should be disadvantaged from achieving this potential.

Source: World Health Organization: https://www.who.int/topics/health_equity/en/

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Type into the ZOOM chat box:

What could have been done to prevent a poor outcome for this patient?



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What are the most common challenges for incorporating this education in the clinical environment?

- **Lack of time**
 - Too many competing demands and patient volume
- **Lack of knowledge**
 - Not being aware about the impact of LHL and language barriers and their contribution to health disparities
- **Lack of skills**
 - Not knowing how to educate patients with LHL and language barriers.
- **Unconscious bias**
 - Under-estimating or over-estimating a patient's ability to understand English and level of health literacy

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How to Address Each of These Challenges?

Barrier	Recommendations
Lack of time	
Lack of knowledge	
Lack of skills	
Unconscious bias	



Incorporating Concepts Into Clinical Practice:

Incorporate health literacy and language barriers into each of these conversations:

- Clinical rounds
- Patient handoff
- Daily updates with families
- Discharge planning
- Follow up care

Use high reliability tools:

Speaking up for safety when clinicians forego using an interpreter

SPEAK UP
FOR
SAFETY

- › CROSS-CHECK EACH OTHER
- › ESCALATE CONCERNS
- › HAVE AND ENCOURAGE A QUESTIONING ATTITUDE



Incorporating Concepts Into Clinical Practice:

- Set aside didactic lectures to ensure learners receive this content.
- Experiential teaching: Provide learners with cases, preparing discharge instructions, and activities to practice how to bridge the LHL and language gap.
- Small group role-play and simulation
- Video recording review
- Real and simulated patient encounters
- Direct observation, modeling and feedback
 - Listen for medical jargon
 - Consider the role of low health literacy and language barriers if a patient's health deteriorates
- Service learning and volunteering

(Coleman, 2011)

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Helping Learners Reflect

- Encourage learners to explore the patient's experience
- Group conversation:
 - Create safety
 - Avoid blame, stereotyping
 - Focus on learning
- One-on-one conversation debriefing an experience
 - Pain points
 - Barriers
 - Strategies for overcoming challenges
- Journaling



Interactive Breakout Room Session:

1. You are going into a breakout room and will open the document called “Living Room Language Activity”.
2. Work as a team to come up with ways to explain each concept using simple language:
 - ❖ no medical jargon
 - ❖ no abbreviations
3. Try to get through as many as you can, we will come back to discuss after the activity.



What are your key takeaways?



