



## Health Literacy and Cultural Competency Provider Tool Kit

*Providing Peace of Mind for Health Care Providers*



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6. A Physician’s Practical Guide to Culturally Competent Care <a href="https://cccm.thinkculturalhealth.org/">https://cccm.thinkculturalhealth.org/</a>	
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9. National Center for Cultural Competence: Conceptual Frameworks / Models, Guiding Values and Principles <a href="http://www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks.html">www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks.html</a>	
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## Introduction

Cultural Competency is an important issue facing health care providers. It is important for organizations to have and utilize policies, trained and skilled employees and resources to anticipate, recognize and respond to various expectations (language, cultural and religious) of members and health care providers.

BlueCross BlueShield of Tennessee is pleased to offer the Health Literacy and Cultural Competency Provider Tool Kit, which provides health care professionals additional resources to better manage members' with diverse backgrounds.

The provider tool kit is a collaborative effort by BlueCross BlueShield of Tennessee and the State of Tennessee Bureau of TennCare to address Cultural Competency. The statements on the following page represent our commitment to this issue.

## Mission

Providing peace of mind for health care providers through partnership and collaboration with the State Bureau of TennCare, health care professionals and organizations to address cultural issues.

## Vision

Increase the knowledge of cultural issues facing health care providers.

## Strategies

Working together we can:

- Make a change
- Make a difference
- Make it happen



## Section 1 *Provider Educational Materials*

1. Office of Minority Health  
[www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3](http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3)
2. Quick Guide to Health Literacy  
[www.health.gov/communication/literacy/quickguide/Quickguide.pdf](http://www.health.gov/communication/literacy/quickguide/Quickguide.pdf)
3. Health Literacy Fact Sheets  
[www.chcs.org/publications3960/publications\\_show.htm?doc\\_id=291711](http://www.chcs.org/publications3960/publications_show.htm?doc_id=291711)
4. Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families  
[www.aoa.gov/prof/adddiv/cultural/CC-guidebook.pdf](http://www.aoa.gov/prof/adddiv/cultural/CC-guidebook.pdf)
5. Literacy Facts  
[www.shinealightnliteracy.com/docs/literacyFacts.pdf](http://www.shinealightnliteracy.com/docs/literacyFacts.pdf)
6. A Physician's Practical Guide to Culturally Competent Care  
<https://cccm.thinkculturalhealth.org/>
7. Think Cultural Health: Bridging the Health Care Gap Through Cultural Competency Continuing Education Programs – Introduction for Nurses  
[www.thinkculturalhealth.org/ccnm/](http://www.thinkculturalhealth.org/ccnm/)
8. A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations  
[www.omhrc.gov/templates/content.aspx?ID=4375&lvl=2&lvlID=107](http://www.omhrc.gov/templates/content.aspx?ID=4375&lvl=2&lvlID=107)
9. National Center for Cultural Competence: Conceptual Frameworks / Models, Guiding Values and Principles  
[www11.georgetown.edu/research/guchd/nccc/foundations/frameworks.html](http://www11.georgetown.edu/research/guchd/nccc/foundations/frameworks.html)

### How Adults Learn

While not always labeled “education,” all provider-patient encounters are opportunities for learning and teaching. The “teacher” can be the provider or anyone communicating health information. The “student” may be the patient, caregiver, or anyone at the receiving end of this communication. The “subject matter” is the topic being discussed.

In healthcare, subject matter is often about actions that patients must take. These include tasks such as taking medication, performing self-care procedures, or recognizing emergencies and responding appropriately if they occur. People are more likely to benefit from education when the teacher’s methods closely match how the learners learn.

This month’s Health Literacy Consulting Tips looks at how adults learn based on the Adult Learning Theory developed many years ago by Malcolm Knowles, PhD. Here are some key points of this theory along with my interpretation about how they can apply to healthcare:

- **Adults are motivated to learn when topics address immediate needs and interests.** Applying this to healthcare settings, adults are more likely to learn when the subject matter is personally relevant. For instance, a person who just had hip surgery may be much more interested in specific strategies to manage daily tasks than learning an overview of basic body mechanics.
- **Adults have a life-centered approach to learning.** In other words, teaching should be practical and address everyday challenges. This could mean presenting nutrition information in terms of familiar, available, and affordable food choices rather than more abstract categories such as “produce.”
- **Adults build on experience.** Most adults learn best when new information is presented in context of what they already know. For instance, when discussing a new self-care procedure you might first compare it to a familiar task the patient already accomplishes with confidence and success.
- **Adults are self-directed.** In practical terms, this means that learners and teachers should agree on discussion topics rather than providers unilaterally deciding what patients need to learn. As a patient, I do my part by letting my provider know at the beginning of appointments any issues I want to discuss. And then together we plan how to fit this teaching into our appointment time.

### Measuring the Effectiveness of Health Literacy Interventions

A recent Health Literacy Consulting poll asked the question, “What health literacy tasks do you do in your job?” Answers scoring the highest were: writing materials in plain language, using a variety of teaching techniques, and advocating for health literacy at work or home.

While I expected these answers to rank high, I was surprised by two at the bottom: 1) confirming understanding with teach-back, and 2) measuring the effectiveness of health literacy outcomes. To me, these responses demonstrate our collective efforts to communicate more clearly yet also show the need to measure our effectiveness. Here are some tips to do just that:

- **Determine at the outset what you hope to accomplish.** Identify specific goals at the beginning of each project. For instance, if you are writing a brochure in plain language your goal might be to define 100% of all necessary multi-syllabic words (such as “hypertension”) using clear and simple terms.
- **Review goals periodically.** As you work on this project, informally review the goals to see if you are still on the right track. Doing so helps to keep any project from taking on a “life of its own” and veering from the primary purpose.
- **Measure effectiveness at the conclusion of the project.** This is a time for a more formal assessment of how well you met initial goals. You might find, for instance, that you defined only 75% of necessary multi-syllabic terms.
- **Review what worked, what didn’t, and why.** You now have data not only about this project but also an indication of what to do next. In the example of defining terms, you might decide that not all multi-syllabic words (such as “family”) need defining. Or you might decide to create an acceptable “simpler substitute” word list for difficult concepts like “hysterectomy.”
- **Build on what you learned.** You now have a start on goals for the next project. Repeat this cycle in all your work. Even better, share the results with others so that, together, we can continue our progress toward sustainable health literacy success.

## When Simple Words Aren’t So Simple

Many of us already know that medical jargon – those technical, multi-syllabic words that clinicians use as a sort of shorthand – can be difficult for the lay public to understand. But so, too, are some seemingly simple and short words. This month’s Health Literacy Consulting Tip looks at issues to consider when choosing your words for health teaching.

**One phrase, two interpretations.** Even commonly-used words like “may,” “might,” and “suggest” can be difficult to understand. For example, consider the phrase, “This treatment may help.” To scientists, this is generally understood as meaning there is no conclusive evidence. To patients, however, this same statement may be interpreted as “this treatment will help.” Make sure to explain what phrases like these really mean.

**Acronyms and other new “words.”** Acronyms are made-up terms using the first letters from words in a phrase. Sometimes acronyms sound like familiar words, such as CAT for “computed/computerized axial tomography.” Other times, acronyms form new “words” (which really aren’t words) like ADL which stands for “activities of daily living.” To help patients better understand, write out the entire term the first time you use it and put the acronym in parentheses alongside it. For example, “Blood pressure (BP).”

**Common words used in uncommon ways.** Sometimes health professionals use common words in unusual ways. For example, healthcare providers might tell patients that they are “unremarkable,” which is likely good news. But when providers talk about “positive” test results, this is probably not good at all. To improve communication, confirm that others correctly understand the concept you are trying to convey.

**Homonyms.** These are words with different meanings that sound alike. The words may or may not be spelled the same way. Be sensitive to the fact that patients may not know what you are talking about when you use homonyms like “stool,” “gait,” and “dressing.” As with all communication, make sure to clarify what your words really mean.

## Communicate in Whatever Ways Work

We know that people learn in many ways – by listening, speaking, reading, looking, and doing. So why do we communicate health information mostly by talking and writing? I think it’s because these methods are fast, easy, and familiar.

But they’re not always effective. Research shows that the printed and spoken words are not always the best ways to communicate important health messages. Instead, we need to use whatever ways work. Communication strategies can include:

- **Drawing pictures.** Even simple line drawings with a few well-chosen words below can help visually convey important health messages.
- **Using metaphors.** Like outside pieces on a jigsaw puzzle, metaphors put a familiar framework around unfamiliar content. In healthcare, this means comparing new concepts to ones patients already know. For instance, you might use car maintenance as a metaphor to explain the benefits of routine health screenings.
- **Telling stories.** Healthcare information isn’t boring, so why do we often explain it in ways that are? You can make information come “alive” by telling stories that patients can relate to. Your stories need not be amazing. Even simple ones about everyday situations can help clearly convey health messages.
- **Using objects and models.** I’m a knitter but do not really understand patterns until I have needles and wool in my hands. Likewise, your patients may not really comprehend new concepts until they feel and touch what you are talking about. For example, you might use an anatomic model to explain body mechanics.



This month's Health Literacy Consulting video tip is an example. Until now, all the tips were written. Now you have the option of also watching and listening. Yes, this is new for me. Indeed, we all have to explore ways of communicating so people can better understand.

Here are some of my ways to help you learn more:

- **Reading.** This includes my many articles and award-winning book, *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message*. Here's the link, <http://www.healthliteracy.com/buy.asp>
- **Listening.** I have created three Health Literacy Out Loud CDs on topics including assessing readability, writing clearly, and understanding the needs of adult learners in healthcare. You can find these at <http://www.healthliteracy.com/audios.asp>
- **Seeing, doing, and interacting.** Many groups invite me to teach about health literacy. Here's a link to my upcoming and recent presentations, [http://www.healthliteracy.com/speaking\\_dates.asp](http://www.healthliteracy.com/speaking_dates.asp)

## Patient Rights & Responsibilities

Health literacy happens when there is mutual understanding between healthcare providers (or anyone communicating health information) and patients (or anyone receiving health information).

Mutual understanding is not just good medicine. It is also a right and responsibility. This month's Health Literacy Consulting Tip looks at the U. S. Patient Bill of Rights for Medicare & Medicaid as written in 1998.

### Patient's Rights

In my opinion, at least two of these rights relate directly to health literacy. They are:

- **The right to information.** “Patients have the right to receive accurate, easily understood information to assist them in making informed decisions about their health plans, facilities, and professionals.” To me, this includes easy-to-understand comparative quality health data. One website that does this well is the Massachusetts Health Quality Partners at <http://www.mhqp.org>. (Of note, I helped with this website as their plain language writer and editor.)
- **Being a full partner in health care decisions.** “Patients have the right to fully participate in all decisions related to their healthcare.” For patients to exercise this right, they need access to clear, simple, and easy-to-understand health information. One example I particularly like is the Medline Plus Interactive Health Tutorial website which explains health information using pictures, sound, and easy-to-read words. Here is a link, <http://www.nlm.nih.gov/medlineplus/tutorial.html>

### Patient's Responsibilities

Patients not only have rights, but also responsibilities. This Patient Bill of Rights states that “In a health care system that affords patient rights and protections, patients must also take greater responsibility for maintaining good health.” To me, patients must know how and why to maintain their health before being expected to do so. As above, this requires health literacy -- a right and responsibility for patients and providers alike.

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