Health Literacy and Systemic Racism
Addressing Oppression through Clear Communication

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Disclosures/Conflict of Interest

• I do not have any conflict of interest, nor will I be discussing any off-label product use.
• This talk has no commercial support or sponsorship, nor is it co-sponsored.
• I identify as Black and have a white parent.
Outline

• Racial and ethnic health literacy disparities
• Health information accessibility and equity
• “Universal precautions” for clear communication
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

- **Cultural & Conceptual Knowledge**
  - Understand concepts:
    - Germ theory
    - Pharmacokinetics
    - Risk
    - Prevention
    - Chronic vs. acute

- **Listening**
- **Speaking**
- **Writing**
- **Reading**
- **Numeracy**

**Oral Literacy**
- Navigate a phone tree
- Describe symptoms
- Understand vocabulary
- Understand verbal instructions
- Formulate questions

**Print Literacy**
- Fill out forms
- Understand consent forms
- Understand prescription labels
- Determine medication doses
- Benefit from brochures
- Keep appointments
- Follow signage (navigate)
- Correspond electronically

(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 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

### Table 1: Percent of Students Not Meeting Third-grade Reading Level Standards

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


### Table 2: Percent of Population Aged 25 and Older with More Than a High School Education and Percent of Population Aged 25 and Older with High School Education or Less

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American (non-Latino)</td>
<td>55.1</td>
<td>Does not meet</td>
<td>44.9</td>
<td>1.7</td>
<td>Needs improvement</td>
</tr>
<tr>
<td>Asian/Pacific Islander (non-Latino)</td>
<td>56.3</td>
<td>Does not meet</td>
<td>43.7</td>
<td>1.6</td>
<td>Needs improvement</td>
</tr>
<tr>
<td>American Indian/ Alaska Native (non-Latino)</td>
<td>62.3</td>
<td>Does not meet</td>
<td>37.7</td>
<td>1.4</td>
<td>Needs improvement</td>
</tr>
<tr>
<td>Latino</td>
<td>34</td>
<td>Does not meet</td>
<td>66.0</td>
<td>2.5</td>
<td>Requires intervention</td>
</tr>
<tr>
<td>White (non-Latino)</td>
<td>73</td>
<td>Meets</td>
<td>27.0</td>
<td>Comparison group</td>
<td></td>
</tr>
</tbody>
</table>

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 care
- ↑ 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)
The Health Literacy Gap

Personal health literacy

Organizational health literacy (Clear Communication)

(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)
Racism

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

(CDC, 2021)
Unnecessarily complicated health information

**Unfair advantage** for people with higher health literacy (disproportionately white)

**Restricted opportunity** (i.e., oppression) for people with lower health literacy (disproportionately BIPOC)

Systemic racism
Health information accessibility and equity
Type 1 diabetes self-management is complex!

- Diet
- Exercise
- Medications
- Managing symptoms
- Prevention of complications
- Screenings and surveillance
- Monitoring blood sugars
Type 2 diabetes self-management is complex!

- Exercise
- Medications
- Prevention of complications
- Screenings and surveillance
- Monitoring blood sugars
- Diet
- Managing symptoms

C. Coleman

Health Literacy & Systemic Racism 10-7-21
33-page glucometer manual written at 9th grade reading level

http://diabetestype2.ca/diary/research/meters/ultra_ob.pdf
<table>
<thead>
<tr>
<th>READABILITY INDICES</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flesch Kincaid Reading Ease</td>
<td>53.5</td>
</tr>
<tr>
<td>Flesch Kincaid Grade Level</td>
<td>10.8</td>
</tr>
<tr>
<td>Gunning Fog Score</td>
<td>13.4</td>
</tr>
<tr>
<td>SMOG Index</td>
<td>10.1</td>
</tr>
<tr>
<td>Coleman Liau Index</td>
<td>12.8</td>
</tr>
<tr>
<td>Automated Readability Index</td>
<td>11.4</td>
</tr>
</tbody>
</table>
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 antibiotic you were prescribed to make sure you are treated.

<table>
<thead>
<tr>
<th>Jargon</th>
<th>Plain language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted</td>
<td>Put in the hospital</td>
</tr>
<tr>
<td>Altered mental status</td>
<td>Trouble thinking</td>
</tr>
<tr>
<td>Hepatic encephalopathy</td>
<td>Build up of ammonia</td>
</tr>
<tr>
<td>Accumulating</td>
<td>Building up</td>
</tr>
<tr>
<td>Lactulose</td>
<td>The liquid medicine called Lactulose</td>
</tr>
</tbody>
</table>

(Coleman & Hadden, unpublished)
We received a referral for an evaluation through the Autism Clinic at the Child Development and Rehabilitation Center (CDRC). Unfortunately we have yet to receive all documents required for this evaluation. At this time we are missing Parent Vanderbilt, Brief Teacher Questionnaires, and Teacher Vanderbilt. If you are still interested in pursuing this evaluation, please return this information as soon as possible. The full packet needs to be returned and your child needs to be registered before they will be placed on our waitlist. If you have not already contacted registration to set up your child’s medical chart you can contact them at 503-494-8505. If you have any questions feel free to contact our clinic at 503-618-2200.

Regards,

Child Development and Rehabilitation Center
Doernbecher Children’s Hospital
We got a request to test ___ at the Autism Clinic at the Child Development and Rehabilitation Center (CDRC). There are 3 missing forms that we need before we can make an appointment. The names of the forms are:

• “Parent Vanderbilt”
• “Brief Teacher Questionnaire”
• “Teacher Vanderbilt”

These forms were mailed to you already. If you still want this testing for ___ in the Autism Clinic, please fill out the Parent Vanderbilt form, and ask ___’s teacher to fill out the other 2 forms. Bring the 3 finished forms to us, or mail them to the address below. If you have questions or would like help, please call us at 503-418-2200.

If ___ has not been signed up with the Autism Clinic yet, please call our “registration” office at 503-494-8505.
OHSU Family Medicine patient prescriptions

(Coleman & Hadden, unpublished)
“Universal precautions” for clear communication
Health Literacy Practices and Educational Competencies for Health Professionals: A Consensus Study

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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, (Coleman et al, 2017b; Coleman et al, 2013)
### Prioritized best practices

**TABLE 3**

<table>
<thead>
<tr>
<th>Mean Rank Order</th>
<th>Group 1 Health Literacy Practice</th>
<th>Number (%) of Participants (n = 25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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</td>
<td>16 (64)</td>
</tr>
<tr>
<td>2</td>
<td>Consistently avoids using medical “jargon” in oral and written communication with patients, and defines unavoidable jargon in lay terms</td>
<td>15 (60)</td>
</tr>
<tr>
<td>3</td>
<td>Consistently elicits questions from patients through a “patient-centered” approach (e.g., “what questions do you have?”, rather than “do you have any questions?”)</td>
<td>9 (36)</td>
</tr>
<tr>
<td>4</td>
<td>Consistently uses a “universal precautions” approach to oral and written communication with patients</td>
<td>14 (56)</td>
</tr>
<tr>
<td>5</td>
<td>Routinely recommends the use of professional medical interpreter services for patients whose preferred language is other than English</td>
<td>12 (48)</td>
</tr>
<tr>
<td>6</td>
<td>Consistently negotiates a mutual agenda with patients at the outset of encounters</td>
<td>12 (48)</td>
</tr>
<tr>
<td>7</td>
<td>Routinely emphasizes one to three “need-to-know” or “need-to-do” concepts during a given patient encounter</td>
<td>10 (40)</td>
</tr>
<tr>
<td>8</td>
<td>Consistently elicits the full list of patient concerns at the outset of encounters</td>
<td>10 (40)</td>
</tr>
</tbody>
</table>

(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.
Health literacy “universal precautions.”

We don’t know how!

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

Top-rated Health Literacy Practices

**Figure 1: OHSU's Modified 4 Habits for Patient-Centered Care**

**Habit 1: Rapport-building - Create the atmosphere for quality communication**
- Enters room at an unhurried pace
- Introduces self to all in the room
- Asks patient how they would prefer to be addressed
- Sits at or below the patient’s level
- Makes eye contact to match patient’s style
- Gives full attention for first 30 seconds
- Makes an empathic statement or gesture during the history of present illness

**Habit 2: Agenda-setting - Identify priorities and mutual expectations**
- Elicits the patient’s full set of concerns at the outset
- Negotiates an agreed upon agenda, addressing the patient’s main concern(s)

**Habit 3: Clear communication – Lower the barriers to understanding and action**
- Speaks clearly and at a moderate pace
- Avoids using medical jargon
- Provides high-priority “need-to-know” information first, when educating patients or making recommendations

**Habit 4: Confirm understanding - Check that you have communicated well**
- Summarizes the plan for addressing the patient’s main concern(s)
- Elicits questions in an open-ended manner
- Uses patient-friendly “teach back” to confirm patient’s understanding
We have the tools

- 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)
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
References


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