

Bridging the Gap: Enhancing Healthcare Literacy, Empathy, and Communication to Prevent Bias and Improve Patient Compliance

E×PLORE
HEALTHCARE SUMMIT

Learning objectives:

As a result of participating in this activity, learners will be able to:

- Understand health care literacy in the U.S
- Understand the impact of low health literacy on patient outcomes
- Demonstrate the connection between health literacy, safety and litigation risks
- Learn how empathy can enhance patient-provider interactions, improve patient satisfaction and reduce risks
- Empower healthcare providers with strategies to communicate effectively and empathetically with patients
- Utilize tools and resources to improve both patient, personal and organizational health literacy



What is health equity?

- Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.



- Health equity is closely tied to social determinants of health (non-medical factors that influence health outcomes) and health literacy.
- Health equity is a main focus of [Healthy People 2030](#), the national objectives for health and well-being improvement over the next decade.

What is health literacy?

[Healthy People 2030](#) provides these definitions for personal and organizational health literacy:

Personal 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

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



Health literacy in the US

- Nearly 9 out of 10 adults struggle to understand and use personal and public health information when it's filled with unfamiliar or complex terms (CDC).
- 35% of US adults would have difficulty with common health tasks, such as following directions on a prescription drug label. (National Assessment of Adult Literacy)

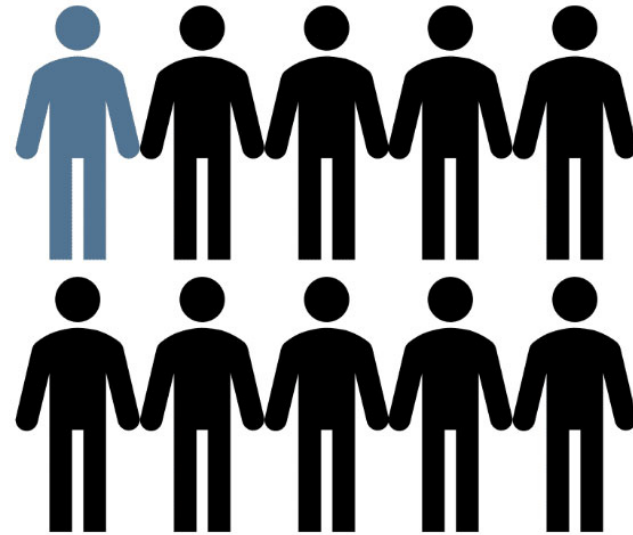


Table 1. Health Literacy Proficiency Levels	
Level	Skill
Below Basic	Might be able to locate and circle the date of a medical appointment on a hospital appointment slip.
Basic	Might be able to state two reasons a person with no symptoms of a disease should be tested for the disease, based on information in a clearly written pamphlet.
Intermediate	Might be able to determine a healthy weight range for a person of a specified height, on the basis of a graph that relates height and weight to body mass index.
Proficient	Might find the information required to define a medical term by searching through a document.



Literacy vs health literacy

$$|\vec{a}|=2, |\vec{b}|=3 \quad \vec{a} \cdot (2\vec{a} + \vec{b}) = 6$$

$$|\vec{a}|=5, |\vec{b}|=2 \quad (\vec{a} - 4\vec{b}) \cdot \vec{b} = -10$$

$$|\vec{a}|=2, |\vec{b}|=4 \quad \vec{a} \cdot (3\vec{a} - \vec{b}) = 10$$

$$|\vec{a}|=4, |\vec{b}|=3 \quad (5\vec{b} - \vec{a}) \cdot \vec{b} = 47$$



GENERAL
Prior to operating heater, make sure the electrical outlet is of the configuration and capacity appropriate for the heater.

When heater is wall or ceiling mounting, provisions must be made to brace the heater or otherwise prevent excess power cord from draping loose.

In workshops, locate heater away from sources of wood dust.

FLOOR APPLICATION
The heater, as shown, is set up for floor mounting. Place the heater on floor or other flat surface and insert the plug into the proper wall outlet.

The heater can be adjusted to redirect the airflow. To do this, simply loosen the knob on either side of the heater, then pivot heater to desired position and re-tighten both knobs.

WARNING
BE CAREFUL NOT TO DIRECT THE AIRSTREAM AT DRAPED, FURNITURE, OR OTHER OBJECTS THAT COULD BE DAMAGED BY HEAT. DO NOT USE HEATER ON FLOOR WITHOUT STAND IN PLACE. DO NOT USE THIS HEATER WHERE A SMALL CHILD MAY FALL OVER THE HEATER. DO NOT PLACE THE HEATER WHERE THE POWER CORD MAY BE WALKED ON, TRIPPED OVER, OR OTHERWISE SUBJECT TO HAZARD USAGE.

WALL MOUNT
SEE WARNING NO. 13
This heater may be mounted on any wall that will support the weight of the heater. First remove the mounting stand from the heater, then remove four outer screws from stand. Secure stand to structural members of wall with four 1/4" dia. X 1-1/2" long lag bolts (not provided). In masonry walls use metal expansion shields or toggle bolts. Never use bolts smaller than 1/4" diameter.
Replace the heater in the stand and tighten knobs to lock in place. Tighten rubber washers go between heater and stand, one on either side.

CEILING MOUNT
This heater may be mounted to any ceiling that will support the weight of the heater.
First remove the mounting stand from the heater, then remove four rubber

WARNING
TO PREVENT HEATER FROM POSSIBLY FALLING, DO NOT USE KEYHOLE SLITS FOR CEILING MOUNT APPLICATION. SEE ALSO WARNING NO. 13.
Secure stand to structural members of ceiling with four 1/4" diameter bolts (not provided). In wood also use 1-1/2" long lag bolts. In steel beams use machine bolts secured with nuts and lockwashers. Never use bolts smaller than 1/4" diameter.

HEATER OPERATION
To operate the heater, first select either high or low position on the heat selector switch, then turn the thermostat knob as far as it will go in the clockwise direction. The indicator light will come on and remain on as long as the heater is in the operating mode. When the room temperature reaches the desired level, slowly turn the thermostat knob counterclockwise until the bimetallic coils. The heater off. Turn thermostat knob as far as it will go in the counterclockwise direction until the indicator light is off.

The fan selector switch allows continuous or cycling fan operation by selecting either the "ON" or "Auto" position, respectively.

CLEANING AND STORAGE
Turn thermostat off, then remove plug from electrical outlet before cleaning heater. Use a soft cloth for dusting. For cleaning use only a damp rag and nonabrasive dish detergent. Do not use abrasive or chemical cleaners as these may harm the finish.
If heater is used in a very dusty location, use a vacuum cleaner (not built to remove dust and other foreign material from the grille).
Always unplug cord and wrap around heater when not in use. Store floor mounted heaters in a safe location for storage.

SERVICE
This heater does not require any routine maintenance other than occasional cleaning to prevent clogging of intake grille opening. To clean an intake grille, use vacuum with brush attachment or high pressure air. The motor is permanently lubricated.
Do not operate the heater with a damaged cord or plug or if the heater malfunctions or has been damaged in any manner. Return heater to authorized service facility for examination, electrical, or mechanical adjustment, or repair.
Call the toll-free number listed for assistance in locating the nearest authorized service center in your area.



Literacy vs health literacy

Even individuals with strong reading and numeracy skills may struggle with health literacy in certain situations, such as when:

- They encounter unfamiliar medical terminology or lack understanding of how their bodies function.
- They need to interpret statistics or weigh risks and benefits to make informed healthcare decisions that impact their health and safety.
- They receive a serious diagnosis and feel overwhelmed, frightened, or confused.
- They are managing health conditions that require complex self-care routines.
- They do not have a support system at home and feel overwhelmed.



Health literacy and outcomes



Healthcare costs

Promoting health literacy has financial implications for individuals and their families as well as health-related organizations and the government.

- Waiting until disease process is more advanced due to fear, embarrassment, misunderstanding or poor past experiences leading to shame or confusion.
- Promoting healthcare literacy leads to earlier diagnosis and promotes compliance.
- Promoting healthcare literacy supports patient engagement and empowerment.



Healthcare readmissions

Many studies show that the degree of patient health literacy is a significant and independent predictor of hospital readmissions.

- When patients with certain conditions are readmitted for unplanned and avoidable reasons, CMS penalizes hospitals by withholding Medicare reimbursements. These reimbursements, then, provide a strong incentive for healthcare organizations to proactively improve patient care. And that improvement includes implementing health literacy best practices.
- The BRFSS and other data sources can help hospitals identify groups with health-related behavioral risk factors. This can help hospitals implement new interventions and plan better ways to promote the health of their communities.



Patient experience and satisfaction

Ineffective provider communication is associated with reduced patient satisfaction. Conversely, health literacy interventions and health education tools have been shown to increase patient satisfaction.

- Hospitals that have higher patient experience scores on HCAHPS surveys get higher reimbursements from the government.
- Health literacy linked to higher patient satisfaction and higher experience.
- Higher patient satisfaction and higher experience scores lead to improved follow-up care, improved compliance with healthcare recommendations, improved trust and decreased risk and negative outcomes.



Legal risks and liability

Communication failures such as inadequate informed consent, inadequate education on medications, and incomplete follow-up instructions are a leading cause of malpractice suits.

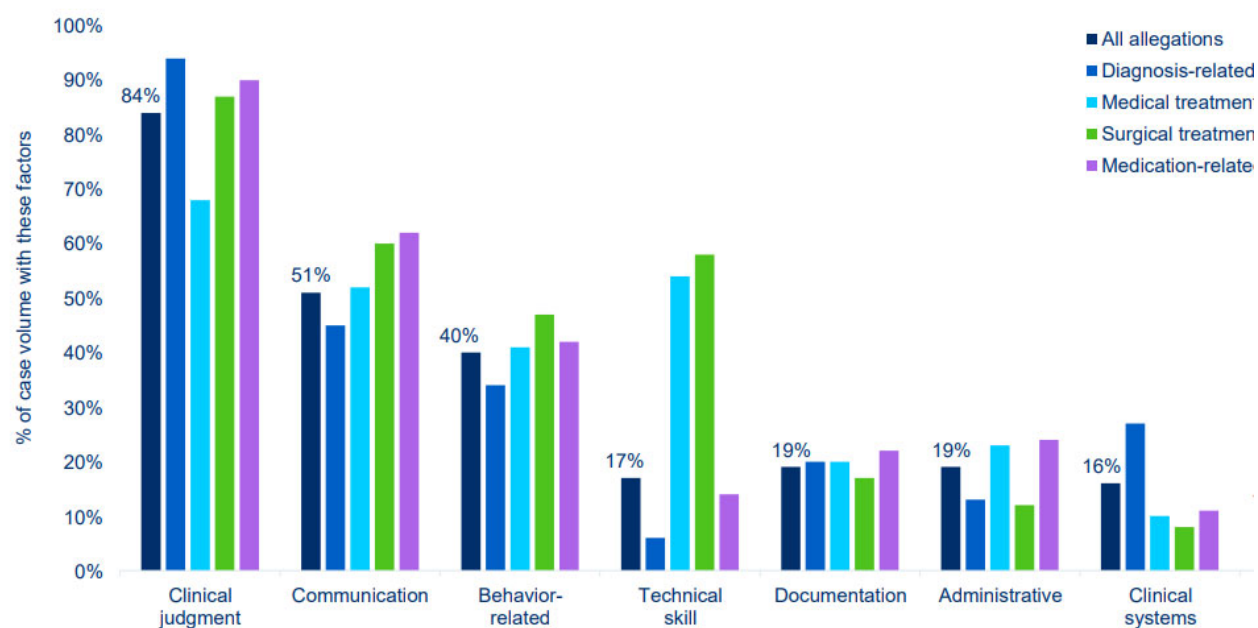
- Healthcare organizations have strong incentives to implement health literacy interventions that strengthen patient/provider communication, improve patient safety, and limit financial losses associated with malpractice suits.
- Health literacy and communication has been tied to contributing factors with medical malpractice claims and safety events.



Legal risks and liability

Most Common Contributing Factor Categories by Allegation

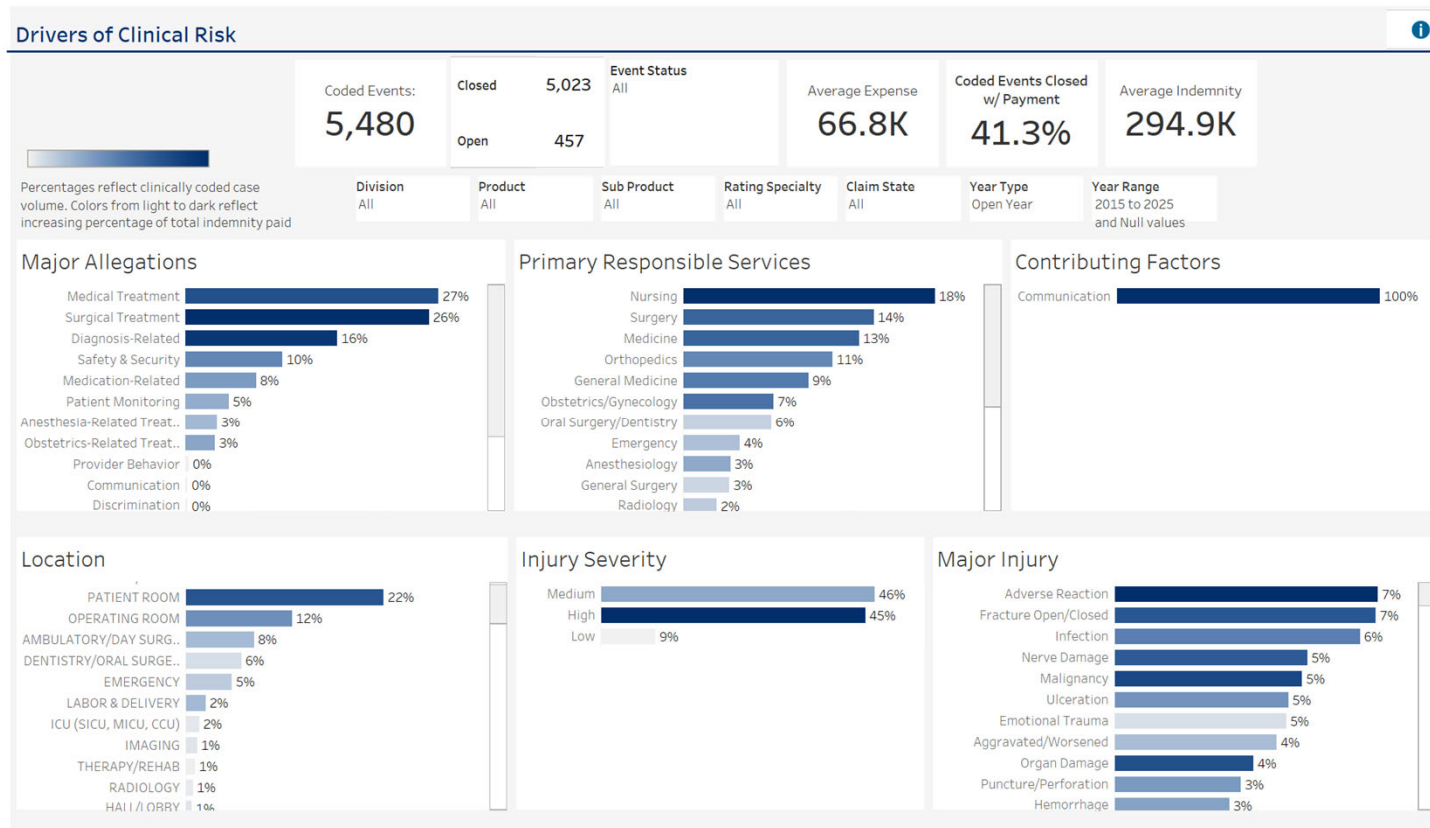
INTRODUCTION | KEY POINTS | GENERAL DATA ANALYSIS | CONTRIBUTING FACTORS | FOCUSED DATA ANALYSIS | CASE EXAMPLES | RISK MITIGATION



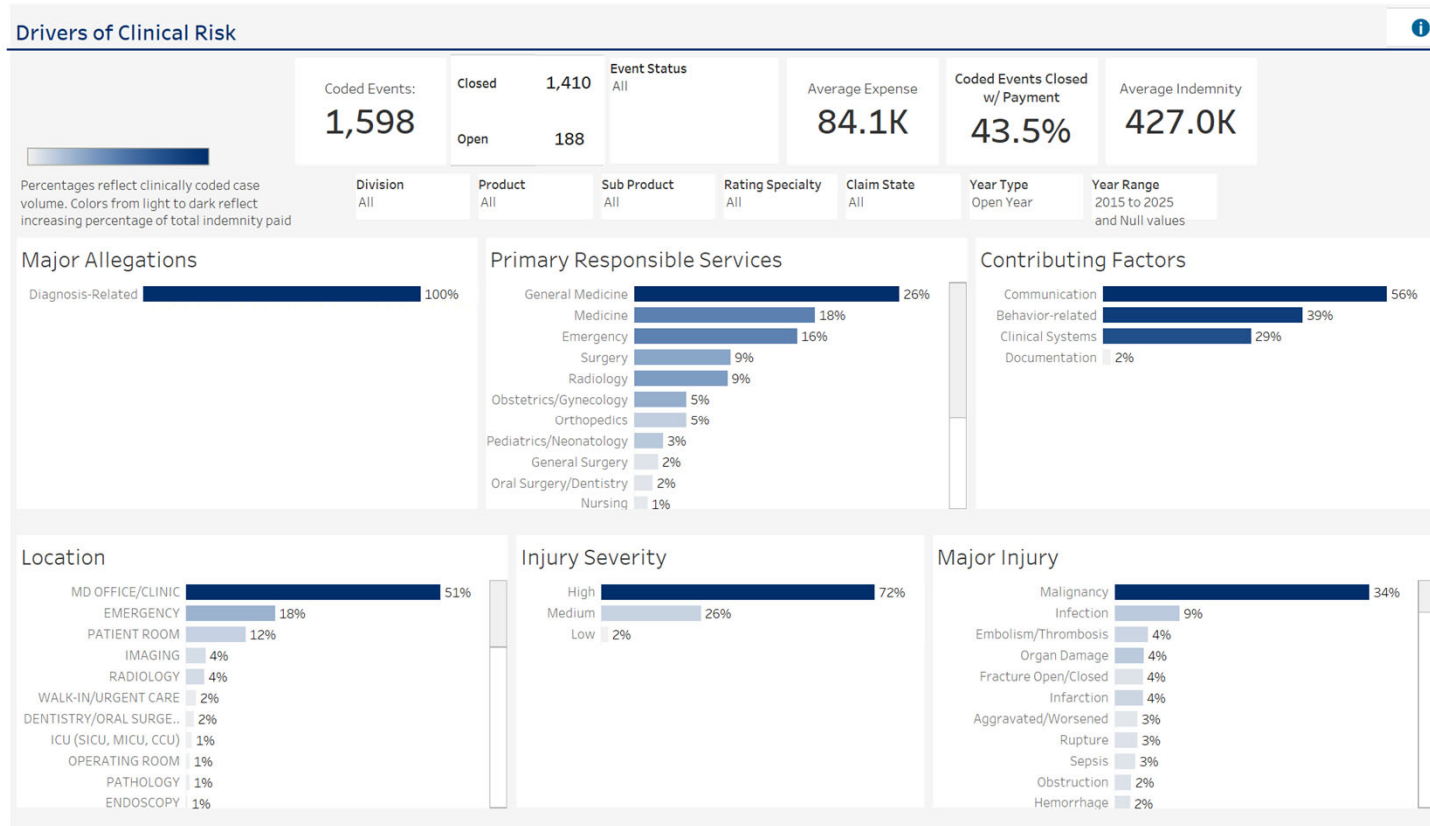
MedPro Group + MLMIC cases opened 2012-2021, medical office/clinic (N=6020); More than one factor per case, therefore totals >100%



Legal risks and liability--Communications



Legal risks and liability –Diagnosis Related





Plain Language

What is plain language?

Material is in plain language if your audience can:

- Find what they need
- Understand what they find the first time they read or hear it
- Use what they find to meet their needs



Plain language is not

- "Dumbing down" or oversimplifying.
- Using baby talk or being overly informal.
- Using jargon or complex terminology
- Using overly long or uncommon words.
- Using complex sentence structures.
- Being dull or uninteresting.
- Something that is only used for uneducated people.
- Simply "polishing" or editing.
- Imprecise language.
- A question-and-answer format.
- Easy, without effort.



Plain language



Plain language-written

Both plain language and health literacy share the goals of making sure people can **find, understand, and use** health-related information.

Six tips for using plain language in written communication

- Present information in a logical way.
- Keep it short.
- Keep it simple.
- Use active voice in most cases.
- Make your writing personal.
- Stay positive.

Typography Principle 1: Choose a Clear, Legible Typeface

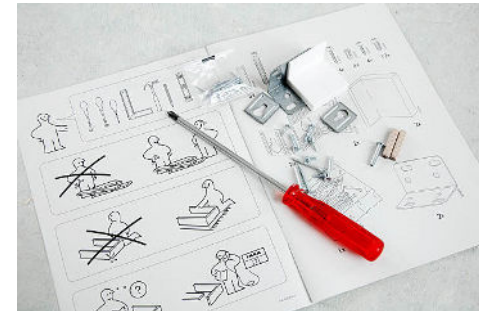
2 widely accepted typefaces for plain language design are Times New Roman and Arial



Plain language-written

Avoid the following:

- Using BOLD or Italicized font to stress an important topic
- Colors to emphasize important topics.
- Using too many words
- Small font
- Medical terminology
- Photos that exclude populations



Choose a Clear, Legible Typeface

2 widely accepted typefaces for plain language design are Times New Roman and Arial

Plain language-written

Use Headings

Headings are helpful in many ways:

- They break up information into "buckets" or "topics".
- They make it easy to find information without needing to read entire document again.
- They help increase blank space on the page, allowing the text to "breathe."



Plain language-written

Use Headings

Make the headings questions

- Instead of **post-op medications** use **What medications do I take after my surgery?**
- Instead of **symptoms to report** use **When should I call my Doctor?**
- Instead of **recommended diet** use **What foods should I eat?**



Plain language

Use	Do not use
Stop	Cease
Do not	Avoid
Before	Prior to
At the same time	Simultaneously
Help	Facilitate
Stop	Terminate
Need	Necessitate
Try	Attempt
Important	Essential



Plain language-medical terminology

Use	Do not use
Heart attack	Myocardial Infarction
Hypertension	High blood pressure
Pee/Poop	Urine/stool
Take/give	Administer
Signs of (explain)	Symptoms
Watch	Monitor
Low blood sugar/high blood sugar	Hypoglycemia/hyperglycemia
Swelling	Edema
Drink more/drink less	Increase fluid intake/decrease

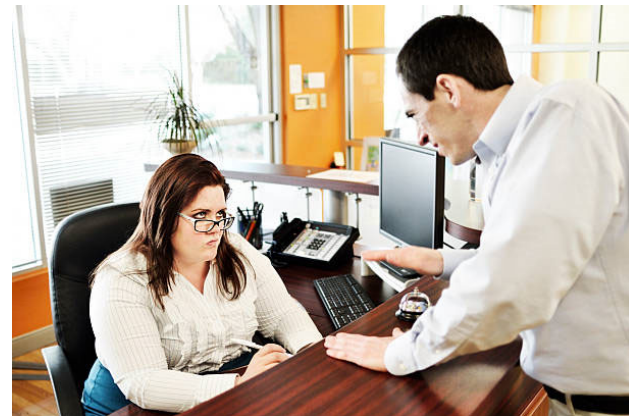


Plain language

Important Documents

- Initial Paperwork
- Education (New Diagnosis, new medication, discharge instructions, post-op)
- Decisions about advance directives and end-of-life planning
- Informed consent discussions
- Patient contracts, patient agreements
- Medication changes
- Transitions in care

Empathy



Plain language-informed consent

MaineHealth

SURGICAL AND MEDICAL PROCEDURES AND BLOOD TRANSFUSION

Page 1 of 2

Patient Name: _____
MRN: _____ DOB: _____
Treatment Location: _____

I agree to allow _____ to perform the following procedure:

If a parent, guardian, or other authorized representative is signing this consent, the use of “I”, “me”, and “my” refer to the patient having the procedure.

My physician or a member of the team (who is a licensed designee) has explained the following.

About my procedure

- What to expect before, during, and after the procedure has been described to me.
- My procedure may involve removing an organ or tissue. MaineHealth will examine, store, and/or dispose of this organ or tissue appropriately.
- I may have pain after my procedure. I may need to avoid my regular activities after my procedure.

About the risks, benefits, and alternatives

- The benefits of the procedure and why I am having it have been described to me.
- The team may find problem(s) that they did not expect during the procedure. They will address these problems, if possible, and if the risks are not too high.
- The risks of the procedure include:



Plain language-informed consent

- There could be other risks that may be due to my other health conditions.
- Even if this treatment is done correctly, there is a chance I could have other problems. This includes severe bleeding, infection, cardiac arrest, or death.
- There are no guarantees about the outcome of the procedure.
- There are alternatives (other options) to having the procedure. The risks and benefits of these options have been explained to me.
- I can decide not to have the procedure. I understand the risks and benefits of this decision.

About my care team

- There may be others involved in my care and procedure. This may include advanced practice providers, physicians in training, and students.
- If my physician is unavailable, a physician with similar skill may perform my procedure. I have the right to wait for my physician. I understand that this may delay my procedure.
- Some of the physicians caring for me may not be employed by MaineHealth. They may bill separately for their services. These physicians have permission to care for me by MaineHealth.

146051 7/1/2024 DocType: Consent Form Description: Name of Procedure

Clinical Form

MaineHealth

SURGICAL AND MEDICAL PROCEDURES AND BLOOD TRANSFUSION

Page 2 of 2

Patient Name: _____
MRN: _____ DOB: _____
Treatment Location: _____

Other decisions

- I may need a transfusion of blood products during my procedure. The risks of blood products can be mild like a fever or an itchy rash. More severe reactions are rare. These risks include infection (like HIV or hepatitis), damage to the lungs, or death. Many times, there are no options besides blood products. Other options may be possible if planned ahead of time. If I do not agree to blood products, even if it means I may die, I will check the box below.
☐ **DO NOT** give me blood products.



Plain language-informed consent

- I may need an exam of a sensitive body part such as a rectal, prostate, breast, or pelvic exam while under anesthesia. This means I will not remember the exam. My physician will perform this exam only when it is necessary for the procedure. My physician may allow other care team members to participate in this exam. I will check the box if I do not consent to anyone other than my physician participating in this exam.
 - ☐ I **DO NOT** consent to an exam of sensitive body parts while under anesthesia by anyone other than my physicians and only for the planning of my procedure.
- There may be a representative (employee) from a medical device company present during the procedure. I will check the box if I do not agree.
 - ☐ I **DO NOT** allow a representative to be present during my procedure.
- There may be photos or video recordings made of my procedure or findings that will allow my physician to explain things to me better. These may be used to help teach others, for medical research, or in ways to improve care for other patients. These images will not contain information that could identify me. I will check the box if I do not agree.
 - ☐ I **DO NOT** allow my team to use images of me in medical journals, textbooks, or teaching sessions.

My consent

- I have been given time to ask questions. I am satisfied with the answers.
- If I have more questions, I can ask a member of my care team.
- I can cancel my procedure at any time by telling my physician.
- By signing this document, I am allowing my physician or licensed designee to proceed with the procedure.

		X			
Date	Time AM/PM	Signature <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Authorized Representative		Printed Name	
If by telephone consent given by:		<input type="checkbox"/> Patient	<input type="checkbox"/> Other	Phone number	
		Witness			
Date	Time AM/PM	Signature (For Critical Access Hospital, phone consent, or patient is physically unable to sign)		Printed Name	
Interpreter for:		<input type="checkbox"/> Sign Language	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Other	Print Name or identifying information
		Provider			
Date	Time AM/PM	Signature of Physician or Licensed Designee		Printed Name	



Empathy



Empathy



***Preconsultation compassion intervention
to reduce anxiety among patients
referred to a cancer center: protocol for a
randomized control trial***

MD Cancer Center



Empathy-Litigation





Resources Plain Language and Reading Grade Level Assessments

The Agency for Healthcare Research and Quality (AHRQ) developed the PEMAT to assess patient education materials. You complete this tool online.

The PEMAT comes in 2 versions:

- The PEMAT-P is for print materials.
(You can find it here: <https://www.ahrq.gov/ncepcr/tools/self-mgmt/pemat.html>.)
- The PEMAT-AV is for audiovisual (AV) materials.
(You can find it here: <https://www.ahrq.gov/ncepcr/tools/self-mgmt/pemat-av.html>.)

Sydney Health Literacy Editor (SHeLL)

- An automated tool that assesses readability and identifies complex language
- Highlights medical jargon, long sentences, and passive voice
- Provides grade-level reading scores (aiming for grade 8 or lower)
- <https://www.sydneyhealthliteracylab.org.au/health-literacy-editor>

CDC Clear Communication Index

- A 20-item research-based assessment tool for public health materials
- Evaluates main message, language, information design, and state of science
- <https://www.cdc.gov/ccindex/index.html>



Resources

Toolkit for Developing Reader-Centered Written Materials

- The Centers for Medicare & Medicaid Services (CMS) developed a Toolkit for Making Written Material Clear and Effective. The toolkit includes a reader-centered approach to develop and test written materials.
 - You can find this section of the toolkit here: <https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/Downloads/ToolkitPart02.pdf>.
 - [Write in plain language. - Health Literacy Online | health.gov](https://healthliteracyonline.hhs.gov/write-in-plain-language)
 - [TeamSTEPPS 3.0 | Agency for Healthcare Research and Quality](https://www.aHRQ.gov/teamstepps)
-
- The Medical Library Association offers an online tool that is easy to use. Just enter the medical or technical term, and the tool provides the layperson's version of the term. You can find the tool here: <https://www.mlanet.org/page/what-did-my-doctor-say>.
 - Agency for Healthcare Research and Quality. Comparative Effectiveness Review Summary Guides for Consumers. Measuring Your Blood Pressure at Home: A Review of the Research for Adults. <https://www.ncbi.nlm.nih.gov/books/NBK91430/>



Resources Continued

- Centers for Medicare & Medicaid Services. (n.d.). Guidelines for effective writing. CMS.gov. <https://www.cms.gov/training-education/learn/find-tools-to-help-you-help-others/guidelines-for-effective-writing>
- Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition. Use the Teach-Back Method: Tool #5. <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html>
- Centers for Disease Control and Prevention. Talking points about health literacy. <https://www.cdc.gov/healthliteracy/shareinteract/TellOthers.html>
- University of Arkansas for Medical Sciences: Keep It Simple for Safety - Don't Use Jargon <https://www.youtube.com/watch?v=XiBZjpy3ibs&t=39s>



Resources Continued

Here are some sources of publicly accessible health information:

- Data from nonprofit organizations that have worked with your intended audience
- Demographic data from Healthy People 2020's American Community Survey (yearly)
- Demographic data from the U.S. Census Bureau (every 10 years)
- Health statistics from the U.S. Department of Health and Human Services, like CDC's National Center for Health Statistics
- Health statistics from your city or county health departments or other city government branches

