






***Literacy & Culture:
Complex Issues in Health
Education***



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***2003 NAAL: Literacy in
Everyday Life (April 2007)***

☛ **Language:**

- Adults who spoke only English before starting school had higher average prose, document & quantitative literacy.
- Adults who spoke a language other than English before starting school, average prose & document literacy decreased as the age at which individuals learned English increased.



2003 NAAL (cont)

☛ **Age:**

Between 1992 and 2003, there was a decline in average prose literacy between the ages of 25 and 39 and between ages of 40 and 49.

☛ **Household Income:**



A higher percentage of adults with Below Basic prose, document, and quantitative literacy lived in households with income levels below \$10,000.

2003 NAAL (cont)

☛ **Gender:**



- Women had higher average prose and document literacy than men.
- Men had higher average quantitative literacy than women.
- Gap between men and women narrowed.

2003 NAAL (cont)

☛ **Education:**

- Between 1992 and 2003, prose literacy declined for adults with a HS diploma and prose & document literacy declined for those with some college or higher levels of education.
- White and Asian/Pacific Islander adults had higher average prose, document, and quantitative literacy than Black & Hispanic adults for all levels of educational attainment.

2003 NAAL (cont)

☛ **Education Hispanics**

- Average prose literacy declined among Hispanic adults at all educational levels except those who were still in HS or who had college degree.
- Average document literacy decreased among Hispanic adults who had less than HS or some HS or who completed some college or had an AD degree.



2003 NAAL (cont)

Education Blacks:

Average prose & quantitative literacy increased for those with a HS diploma, GED, or vocational classes after HS.

Education Asian/Pacific Islander:

Prose literacy increased from 1992.



2003 NAAL (cont)

Employment:

- Adults with higher literacy levels were more likely to be employed full-time.
- Many with lower literacy levels were employed in service occupations (30-35% with Below Basic and 22-24% in Basic).
- Women with low literacy levels more likely to have received public assistance.
- Most adults who thought reading, math, computer skills limited job opportunities had not participated in job training in past year.



2003 NAAL (cont)

Family:

- More parents with higher levels of literacy read to young children 5 or more days a week.
- A higher percentage of parents with Intermediate or Proficient prose literacy had children between the ages of 3 & 5 who knew the alphabet and talked to their school-aged children about things studied in school.
- The higher the prose literacy level the more likely parents helped children with their homework.



Cross-Cultural Communication

- Work with the family decision maker
- Establish rapport and develop the relationship
- Encourage questions
- Provide a supportive environment
 - Address client formally
 - Create a shame-free environment - let person know that many people find health information difficult to understand
 - Set a positive tone. Be empathetic and acknowledge feelings



Cross-Cultural Communication

- Determine client's language skills ask how they prefer to communicate
- Pay attention to non verbal behaviors
 - Notice volume and speed at which person talks
 - Pay attention to silences
 - Look at posture, gestures, eye contact, personal distance, sense of time
 - Touch
 - Be aware of your own nonverbal communication
- Use a trained medical interpreter



Organize Your Message

- Before introducing new information, address patient's "need to know".
- Present in logical steps.
- Be concrete and omit extraneous facts. Focus on need to know information.
- Be careful of concept, value, judgment words. Describe what you mean by these words.
 - Examples: screening tests for prevention, plenty of fluids, avoid heavy lifting



Verbal Techniques

- ☛ Speak clearly, slowly and not too loudly
 - Pause 2-3 seconds to allow for questions
 - Do not speak louder to someone with LEP
 - Do not use contractions
- ☛ Keep your message clear and simple
 - Use everyday words - avoid medical jargon, acronyms, and idiomatic expressions
 - Use terms consistently
 - Use analogies they understand or paraphrase



Show and Tell

- ☛ Supplement the spoken word
 - Demonstrate steps to procedures
 - Use gestures or pantomime- Be aware, gestures can have more than one meaning and can be misunderstood
 - Use simple drawings and diagrams that are culturally appropriate



Verify Understanding

- ☛ Encourage questions and ask open ended questions.
- ☛ Ask person to tell you what he understands in his own words. Assume responsibility by saying "Let me see if I've explained this clearly. How will you ...?"
- ☛ Don't assume that a nod or smile means understanding.
- ☛ Rephrase something that is unclear. Find a new and simple way to say the same thing.



Translated Materials

- ☛ Not a substitute for using an interpreter but serves to reinforce messages
- ☛ Quality of translation, ease of readability, and appropriateness to culture are considerations
- ☛ Field testing can be key to success and acceptance
- ☛ Expensive – varies by language and complexity of materials, so don't reinvent the wheel



Translated Materials

- ☛ Assess community needs – moving target
- ☛ Work with other agencies to meet needs for community
- ☛ Be sure translators know to keep materials more conversational rather than formal



Translated Materials

- ☛ Print materials may not work for all due to limited reading skills in their language.
- ☛ Be sure to have English version of content so clinicians know what they are giving out to patients/families.
- ☛ There are no reliable medical translation tools available online and not all interpreters are able to do quality translations.



Visual Techniques

- ☛ Slide shows and video tapes
- ☛ Posters
- ☛ Models
- ☛ DVD or CD-rom programs
- ☛ Computer accessed programs
- ☛ Photonovellas
- ☛ Picture books



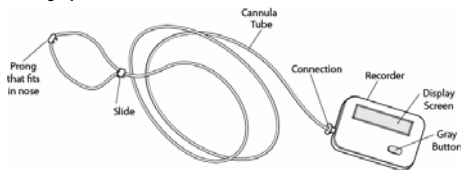
Visuals

- ☛ Can enhance messages for those with limited reading skills
- ☛ Provides for multiple senses to take in message if able to hear, see and touch
- ☛ Use caution not to make the visuals complex or too numerous to overwhelm the learner



About Visuals

- ☛ Use high quality visuals that illustrate key points

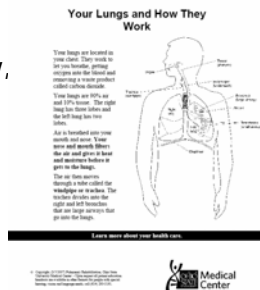


About Visuals

- ☛ Use caution when mixing and matching photos and drawings – May be better to be consistent and uniform
- ☛ Select pictures appropriate to age, gender and culture

About Visuals

- Show total body, not just parts



Action-Oriented Exercises

- Learning lab sessions, esp. for complex skills
- Return demonstrations – allow for practice with a guide
- Touch Screen programs, if comfortable with technology
- Storytelling
- Games

Know Your Resources

- Consumer Health Libraries
- Quality translation sites
- Media materials online
- Educators across the country
- Commercial materials
- Tap the creativity of your staff

Organizational Strategies to Support Cross-Cultural Communication

- Gaining management support
- Assess organization's current status of health literacy and cultural competent care
- Establish policies & procedures
- Provide staff training on health literacy and cultural competent care
- Build health communication/ culture care resources

Raise Awareness and Enlist Leader Support

- Educate decision makers
- Build a case for change
- Discuss gap between current status of health literacy and cultural competence in the health system and desired levels of service for the patients served by the organization
- Discuss issues with accreditation compliance

Assess Current Status of HL and Cultural Competence

- Demographic profile of clients
- Audits to evaluate barriers to HL and CC
- Need for other language materials
- Compliance with accreditation standards
- Patient satisfaction with organization's health communications and response to cultural needs



Policies & Procedures for Health Communications and Cultural Care

- Health communications are appropriate to the literacy levels, language skills, and culture of populations served.
 - Policy & procedure for developing and evaluating health information communications that are culturally sensitive
 - Test materials for comprehension and cultural sensitivity with target population
 - Support development of non-traditional approaches that are culturally appropriate for LHL clients
 - Audiotapes, pictographs, dialogue, storytelling, fotonovellas, etc.
 - Tracking system and evaluation of results HL and culturally competent care initiatives
 - Policy / procedure to document results of implementing HL strategies and culturally competent care



Provide Staff Training

- Delineate roles/responsibilities in staff job descriptions
- Orientation and mandatory updates:
 - magnitude of health communication gap
 - how to communicate with those from other cultures / limited HL skills
- Incentives for using new skills
- Integrate competencies into performance appraisal system
- Train staff responsible for creating health materials / forms / consents / etc. Provide needed resources



Build Resources for Health Communications and Culturally Competent Care

- Interpreting and translation services
- Locate / develop health materials in plain language that are culturally appropriate.
- Graphics capability for designing easy to read materials with culturally appropriate illustrations.
- Establish a learning center or library with a collection of plain language materials in English and other languages that target your client population.



Thanks



- Questions?
- Comments?



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