



# Transforming Rural Healthcare through Health Literacy

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# Objectives

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1. Apply health literacy principles in rural healthcare education and practice.
2. Articulate CHW workforce development as an asset to rural health literacy in education and practice.
3. Analyze how a real-world scenario leveraging a CHW made a difference in rural health outcomes.



# Background

Rural communities in the U.S., during the COVID-19 pandemic.

- Distinctive factors made this demographic more susceptible to contracting the virus.
- Experienced perpetuating circumstances.

Mount Pleasant, Texas, a rural town.

- Hotspot for cases in the Hispanic community.
- Predominantly employed by local agriculture and manufacturing industries.
- Requires working in close quarters.

We examined potential barriers to proper precautions and action steps to lessen COVID-19 spread.



# Background

In June 2021, Stanford's Big Local News

- Number of cases per capita in Titus County at 815 cases per 100,000 people.
- Far above the state average, of 58 cases per 100,000 people.
- County's 24.8% vaccination rate lagged behind the state's 40.8%.

This project explored contributing factors leading to fractured communication between Titus Regional Medical Center (TRMC) and the Hispanic community of Mount Pleasant.





# Methods

## Hired a Community Health Worker (CHW)

- Frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- Serves as a liaison between medical and social services and the community.
- They advocate for change, improve access to the quality of care, and cultural competency of services delivered.

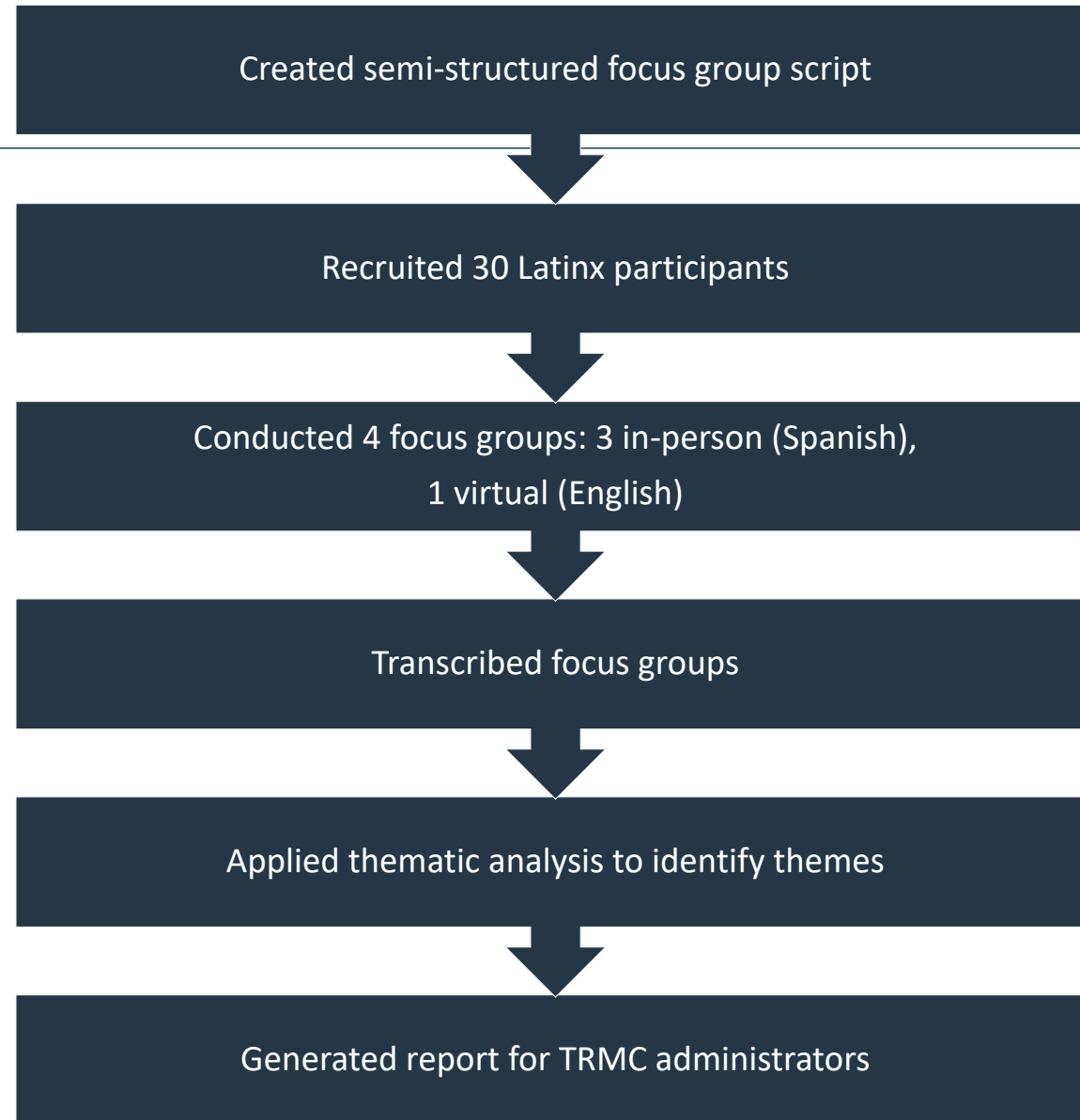
## Research shows that CHWs:

- Increase health-related knowledge (health literacy)
- Increase self-care practices & health outcomes
- Increase rates of health education course completion
- Increase screening rates
- Facilitate behavioral change by providing encouragement, support, and serving as role models.
- Decrease high-risk behaviors in target population



Brenda Godoy, CHW

# Methods



# Results



Wagner, T., Ramirez, C., & Godoy, B. (2021). Covid-19 Rural Health Inequities: Insights from a Real-World Scenario. Journal of Communication in Healthcare.

<http://dx.doi.org/10.1080/17538068.2021.1975472>



# What is Health Literacy?

# HP 2030: Health Literacy Definition



**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.

## **The new definitions:**

- Emphasize people's ability to *use* health information rather than just understand it
- Focus on the ability to make “well-informed” decisions rather than “appropriate” ones
- Incorporate a public health perspective
- Acknowledge that organizations have a responsibility to address health literacy



# True or False?

- People will tell you if they have trouble reading.
- People with limited literacy have low IQs.
- The number of years of schooling is a good guide to determine literacy level.







## Literacy & Cognition

## Cognitive Load

First, ward the deriuqer rebmun of stinu of ria into the egnirys by gnillup the regnulp back. Syawla measure erusaem from the top of the regnulp.

Tresni the eldeen into the rebbur reppots of the nilusni elttob. Hsup the regnulp nwod and evael the eldeen in the elttob. Nurt the elttob and egnirys nwode dispere and blupke cab on the regnulp. Kcehc the egnirys for ria selbbub.

To evomer ria selbbub, tap the egnirys. Evomer the eldeen from the nilusni elttob. Ylluferac ecalper the pac on the eldeen.

# Differences in Low or High Literacy Readers



## Low Literate

- **Read Slowly**
- **Sound Out Words**
- **Read Word for Word**
- **Have Difficulty Making Meaning**

## High Literate

- **Read Quickly**
- **Read Words and Sentences with Ease**
- **Read for Meaning**



# Identifying People with Low Health Literacy

- Make simple communication the standard

**= Universal Precautions**



- Notice warning signs of low health literacy:
  - Behaviors
  - Responses to written information
  - Responses to questions about healthy behaviors

## Plain Language

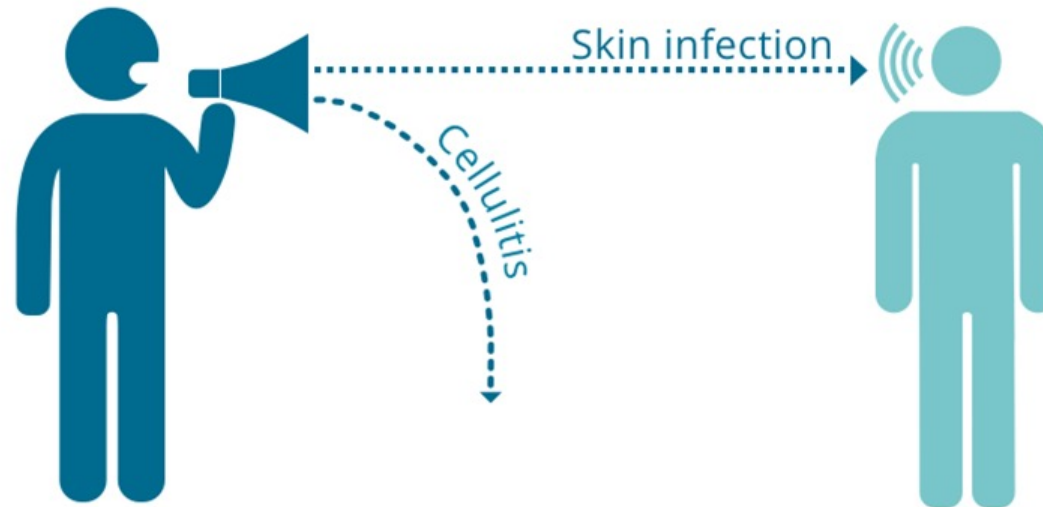
## What is Plain Language?



Communication that your audience or readers can understand the **first time** it is read or heard.



# Plain Language



## Why Use Plain Language?

- Shows customer focus
- Communicates effectively
- Eliminates barriers
- Reduces time spent explaining
- Improves compliance
- Reduces phone calls later



# Can you understand this?

The pre-adolescent human situated her corporeal mass upon the structure intended for respite. She was ingesting a combination of high-fat solids and exudates derived from a common bovine excretion.

An arachnid perambulated into her propinquity and lowered its corporeal mass in juxtaposition to hers. Her trepidation precipitated a phobic response which impelled her to alter her spatial coordinates at a rapid velocity.

-Yvette Wingate, Ed.D., Presentation at 2014 UNTHSC Health Literacy Symposium

# Plain Language



**Little Miss Muffet  
Sat on a tuffet,  
Eating her curds and whey;  
Along came a spider,  
Who sat down beside her,  
And frightened Miss Muffet away.**



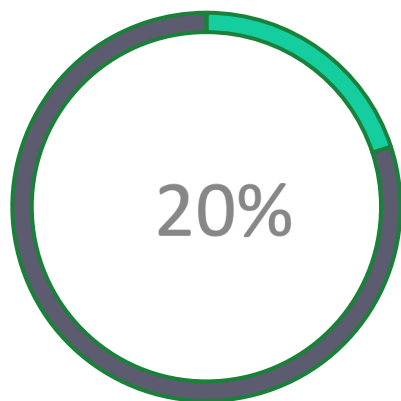
-Yvette Wingate, Ed.D., Presentation at 2014 UNTHSC Health Literacy Symposium

**Now you're talking!**

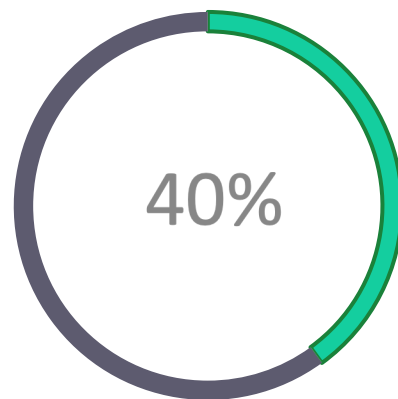


# The Facts

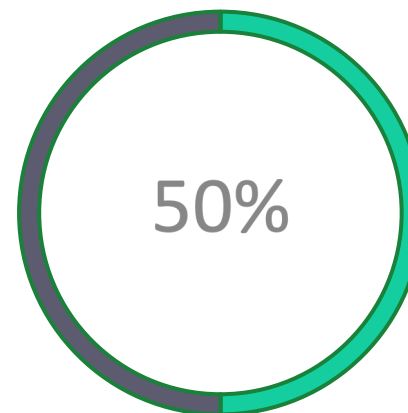
Most health information is written at the 10<sup>th</sup> grade level or higher, **but...**



The average person in the U.S. reads at an 8<sup>th</sup> grade level; 20% read at the 5<sup>th</sup> grade level or below.



40% of seniors read at or below the 5<sup>th</sup> grade reading level



50% of African-Americans and Hispanics read at or below the 5<sup>th</sup> grade reading level.



## Key Risk Factors for Low Health Literacy

- Members of minority groups
- Low income
- People who did not graduate from high school
- Non-native English speakers
- The elderly

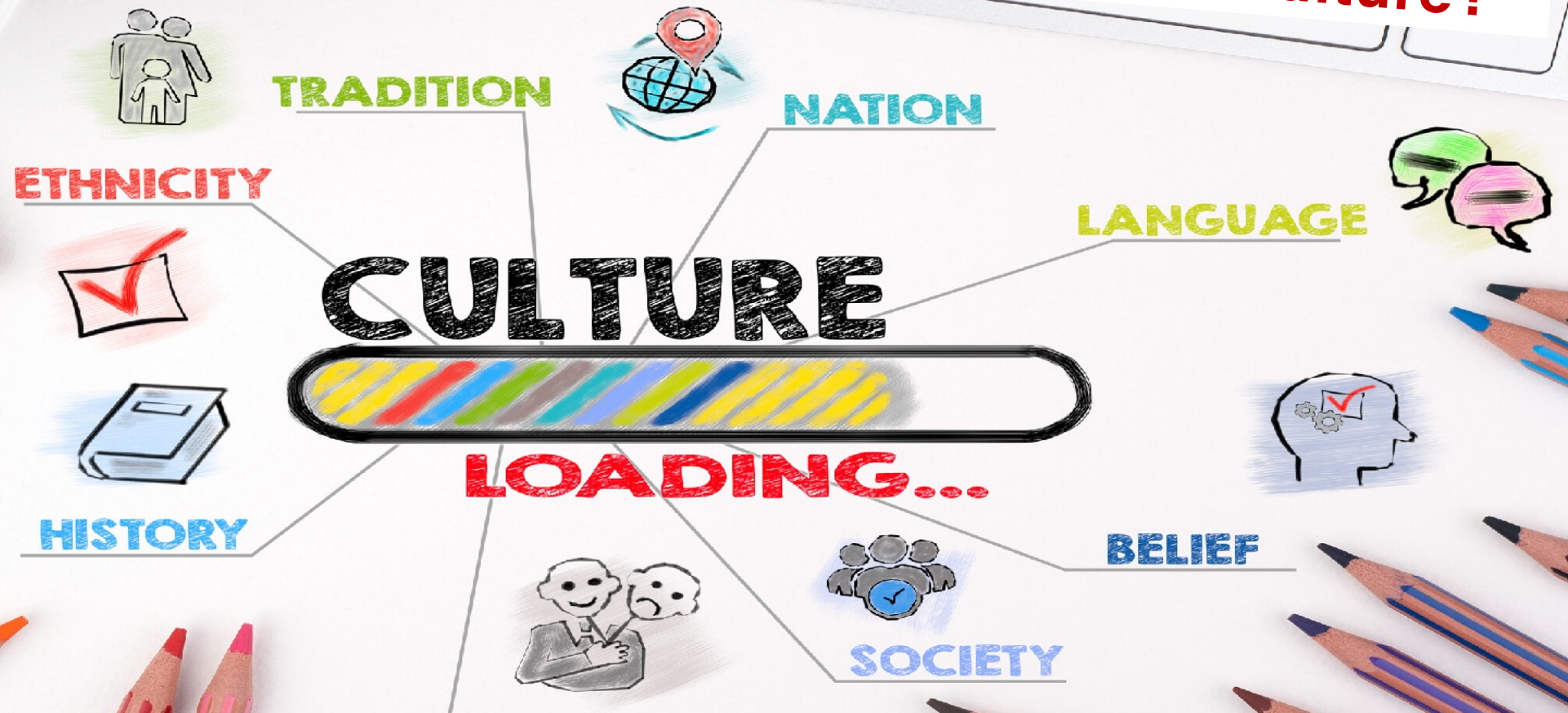


## **National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards)**

- **Life Experiences**
- **Gender Identity**
- **Nationality**
- **Religion**
- **Family Type**
- **Education Level**
- **And more...**



# How do you define culture?



Our cultural differences influence our viewpoint, the way we see the world, and how we communicate with others.

- Which aspects of your culture and identity shape how you see yourself?
- How do others see you? How do you communicate?
- And how do you prefer to communicate with others?



# Culture Is:

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- Learned and shared
- Dynamic
- Cumulative
- Framework





**Why should Titus Regional  
Medical Center recognize the  
important role of Cultural  
Diversity in health care?**







# Patient Safety



In peer reviewed research, low health literacy has been linked to poor outcomes:

- Reduced ability to understand labels and health messages
- Limited ability to follow medication instructions
- Lower likelihood of accessing/receiving preventive care
- More hospitalizations
- Worse overall health status
- Higher mortality among the elderly
- Shorter life expectancy
- Worse physical and mental health
- Greater use of emergency departments

# TRMC Focus Groups

**Participants would like Spanish-speaking staff. Participant was not offered a translator.**

- “...The nutritionist gave me all the information and that was a part that I didn’t like because **they don’t have staff who speak Spanish to be able to talk to me.** I understand that we’re in the United States and my duty is to learn the language, but I understand, **I also think that because of the large number of Hispanics that are living here, that the hospital should be prepared.** It should already have more people who can understand us...”

**Lack of Spanish-speaking staff keeps Hispanics from seeking medical help.**

- “...I don’t speak English very well, but if I did speak it, I think that would be a great advantage, because there aren’t that many people in the hospital who can communicate with Hispanic people. **And, yes, that’s a great disadvantage. And many times, that keeps us from going to ER or to the doctor, because we have this language barrier...**”

**There’s no financial guidance. It feels like providers won’t help unless the patient pays first.**

- “...**there’s no social worker**, like they say, where they can **take your economic information to see if you have enough to pay** or you don’t have enough to pay, it’s just that here, you have to have the money in order to be well attended to, I don’t know much more...”

THE SPIRIT CATCHES YOU  
AND YOU FALL DOWN



WINNER  
OF THE  
NATIONAL  
BOOK CRITICS  
CIRCLE AWARD

A HMONG CHILD,  
HER AMERICAN DOCTORS,  
AND THE COLLISION OF  
TWO CULTURES

ANNE FADIMAN

## Culturally Congruent Care

- Improves quality of care
- Improves health outcomes
- Prevents avoidable adverse outcomes
- Helps eliminate health disparities

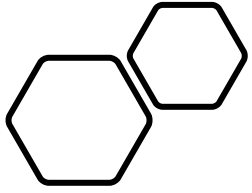




# Cultural Humility

- Capacity of health professionals and organizations to respond appropriately and effectively to people of diverse backgrounds and identities.
- Requires recognizing and addressing imbalances in power which may result in differences in access to resources such as information, time, influence and funding.
- The goal of developing cultural humility is to establish cultural safety for patients and families.





# Culture can Impact:

- Understanding of the meaning of Illness
- Appropriate care-seeking and care providers
- Prevention and treatment practices
- Health decision-making
- More than just providing an interpreter when required
- Medical interactions (many aspects of communication are non-verbal)
- Everything from eye contact to whom to address in the exam room.





**What if you couldn't communicate?**

# Your reaction to the video

How would you describe your feelings as you watched the video?

Take a moment to reflect and check all that apply

☐

Angry

☐

Sad

☐

Frustrated

☐

Fearful

☐

Powerless

☐

Anxious

☐

Scared

☐

Other

**Anything Else?**



# What could have improved the situation?

☐ Translator on Staff

☐ Language Line Access

☐ Empathy Training for Staff

☐ Cultural Training for Staff

☐ Bilingual Staff

☐ Multi-Language Signage

☐ Translated List of Common Health Problems



# Cultural Competence and Humility

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- Understand self-cultural identity
- Commitment to Lifelong Learning
- Use plain language that crosses linguistic & functional challenges
- Open to learn about other cultural traditions
- Ask open-ended questions, observe & listen
- Body language (anxiety, lack of response or conflict)
- Easy to understand materials that reflect audience and are inclusive





# Questions to Ask

- What do you think has caused your problem?
- Why do you think it started when it did?
- How bad is your illness? Will last a long or short time?
- What kind of treatment do you think you will get? Tell me about your experience?
- What do you hope to get from your treatment?
- What are the main problems your illness has caused for you?
- What do you fear most about your illness?



## **Plain & Simple Materials**

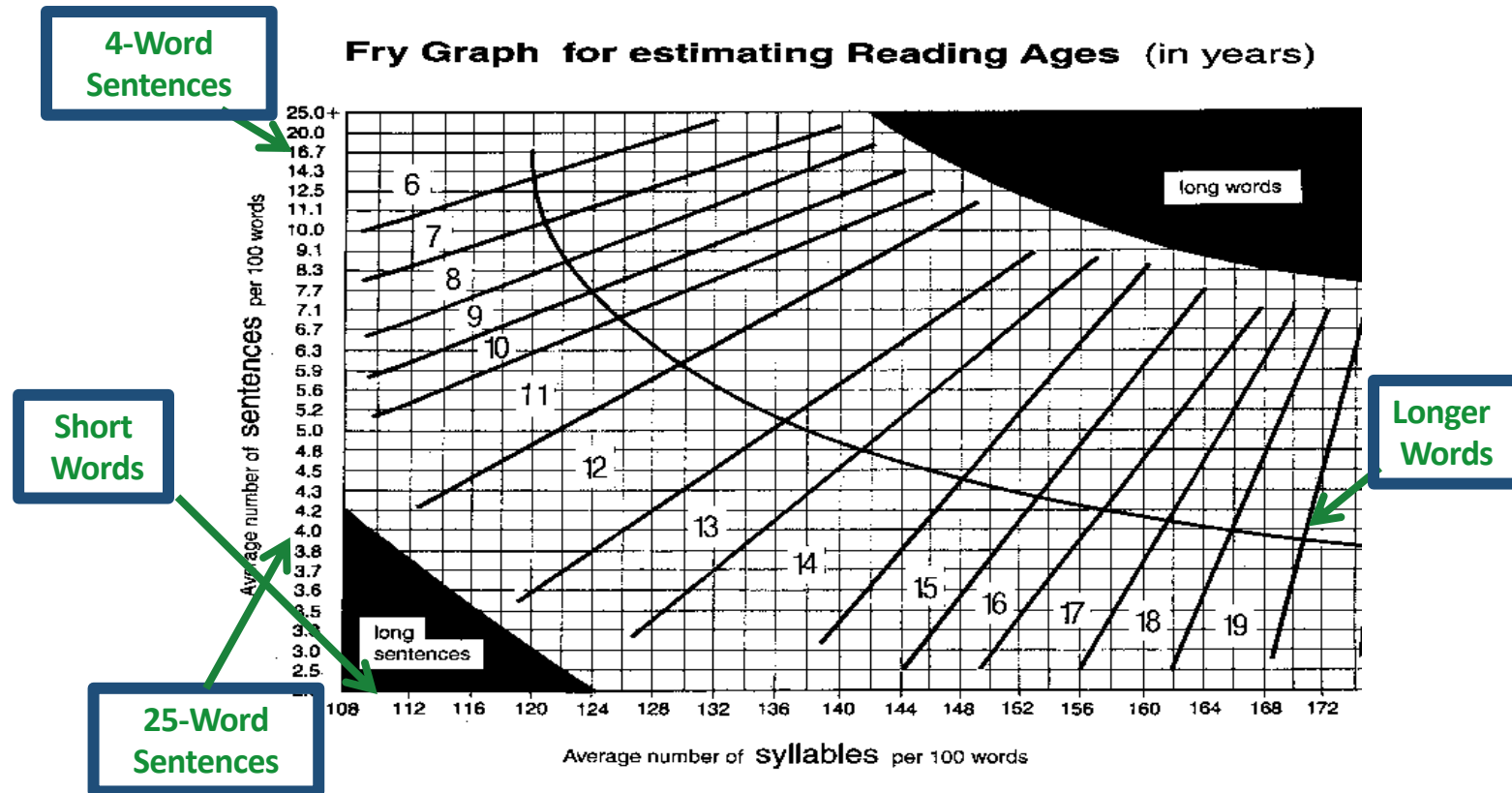
# Lower Health Literacy Demand Materials

- Target Words for Audience; Field Test
- Use Titles, Tables and Graphs
- Bullet Points – No More than 3-7
- Positive, Friendly Tone
- Short Sentences; Clear and Concise
- Short, Common Words; Concrete vs. Abstract
- Well Organized with Plenty of White Space
- Personal Stories, Quotations or Dialogue

- NIH & CDC



# Readability Scores



# Important Information First

Good Use of  
Color & Table

Important Info  
First

1465 South Grand Boulevard • St. Louis, Missouri 63104-1095

PATIENT LABEL

### ASTHMA HOME MANAGEMENT PLAN OF CARE DOCUMENT

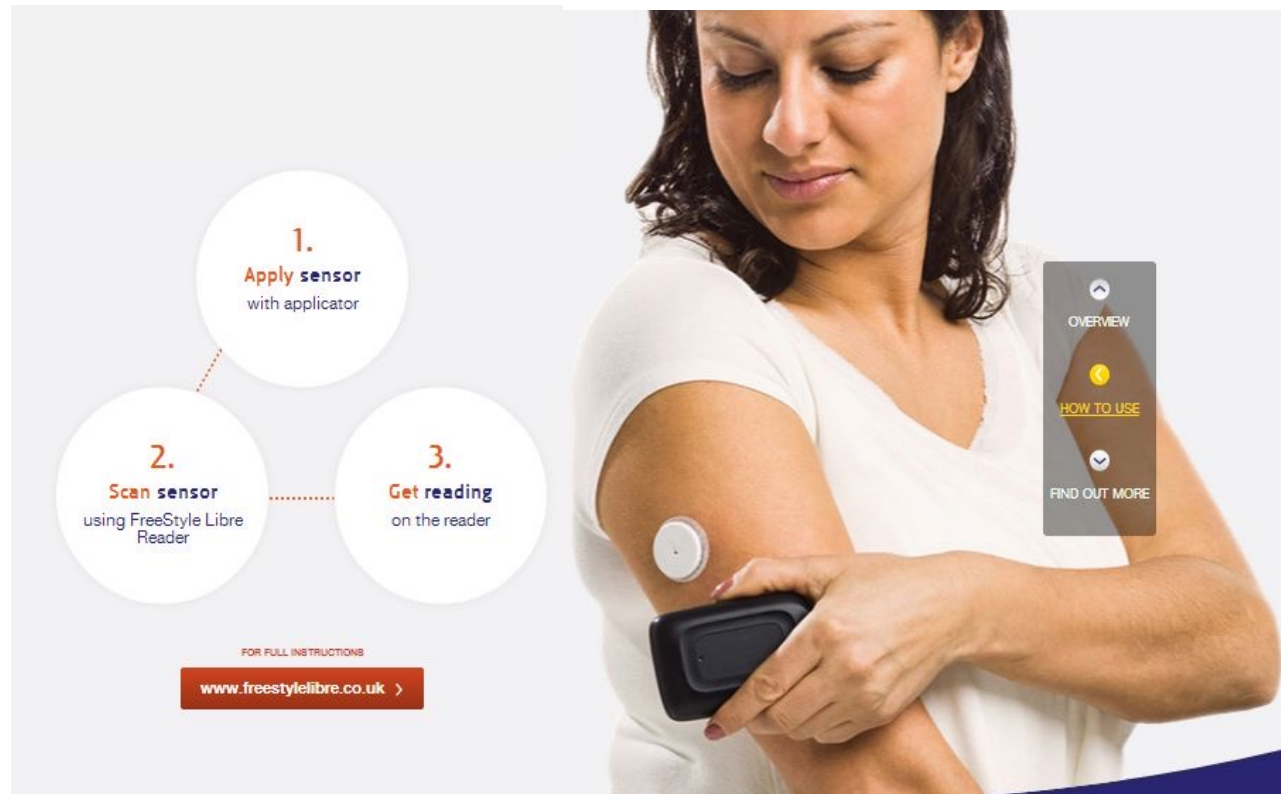
Height: _____ Age: _____	<b>Green Zone (ALL CLEAR)</b> _____ 80% - 100% of Peak Flow
<b>Controller Medicine:</b> (Must include name of drug, dose, frequency, and method of administration)	<ul style="list-style-type: none"><li>• No symptoms of asthma</li><li>• Able to do usual activities</li><li>• Can sleep/feed without trouble</li></ul> <b>What to do:</b> <ul style="list-style-type: none"><li>• Stay on Controller Medicine</li></ul>
_____ Please note if no controller was ordered.	
<b>Reliever Medicine:</b> (Must include name of drug, dose, frequency, and method of administration)	<b>Yellow Zone (CAUTION)</b> _____ 50% - 80% of Peak Flow
_____ <b>Device Training:</b> _____	Symptoms consist of: <ul style="list-style-type: none"><li>• Increased cough</li><li>• Increased breathing rate</li><li>• Wheezing</li><li>• Unable to sleep at night</li><li>• Cold symptoms</li><li>• Poor sucking or feeding</li><li>• Speaks in partial sentences</li></ul> <b>What to do:</b> <ul style="list-style-type: none"><li>• Take Reliever Medicine every 20 minutes for 3 doses. If not feeling better, call your private doctor or asthma doctor. Continue Reliever Medicine every 4 hours for 24 hours.</li><li>• Rest</li><li>• Avoid triggers and allergens such as: cigarette smoke, dust, heavy perfumes/odors</li></ul>
<b>Follow Up Appointment:</b> Doctor or Department: _____	<b>Red Zone (EMERGENCY)</b> _____ Less than 50% of Peak Flow
Date: _____ Time: _____ (Follow up appointment must be given prior to discharge)	Includes symptoms in yellow zone and also: <ul style="list-style-type: none"><li>• Wheeze, cough or chest tightness at rest</li><li>• Shortness of breath</li><li>• Neck and chest pulled or sucked in with each breath</li><li>• Speaks in single words or phrases</li><li>• Unable to play or do usual activities</li><li>• Stops sucking or feeding</li></ul> <b>What to do:</b> <ul style="list-style-type: none"><li>• Take Reliever Medicine every 20 minutes for 3 doses</li><li>• CALL private doctor or asthma doctor immediately</li></ul> <p>***Go to hospital or call 911 if: your child's lips/fingernails are blue, or your child is struggling to breathe, or if you have any concerns with your child's breathing***</p>
<b>Teaching completed by:</b> Date: _____ Time: _____	
Patient/Caregiver given copy of home management plan and Smart About Asthma Booklet: _____ (patient signature)	
Duplicate care plan placed in chart: _____ (initials)	

Asthma Center: (314) 268-6450    Allergy Office: (314) 268-4014    Pulmonary Office: (314) 268-6439    University Pediatrics: (314) 268-4070  
For Evenings or Weekends: (314) 577-5600, ask operator to page the physician on call.

CGM-4300-008 (8/2007) WHITE COPY - MEDICAL RECORDS YELLOW COPY - PATIENT



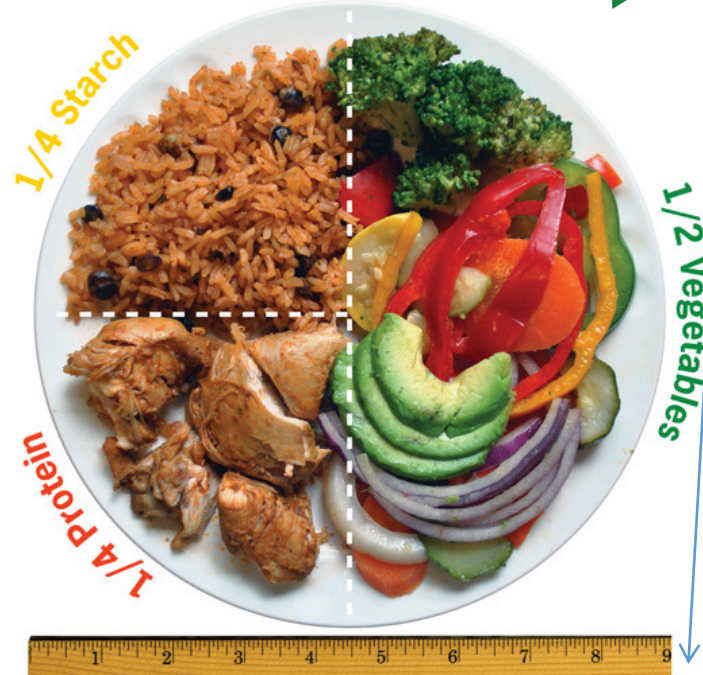
# Use Images...to Illustrate Concepts



# Make it Look Easy

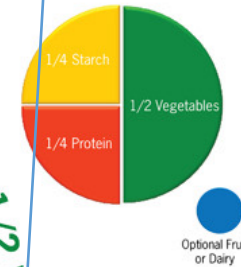


## My Healthy Plate



## Good Use of Graphics

Plan the portions on your plate.



© 2012 The Institute for Family Health. All rights reserved.

## Use Active Voice and Pronouns

### Passive Voice

Is wordy and confusing:

*The paperwork must be completed by the patient and received by the doctor's office at the time designated by that office.*

*21 words*

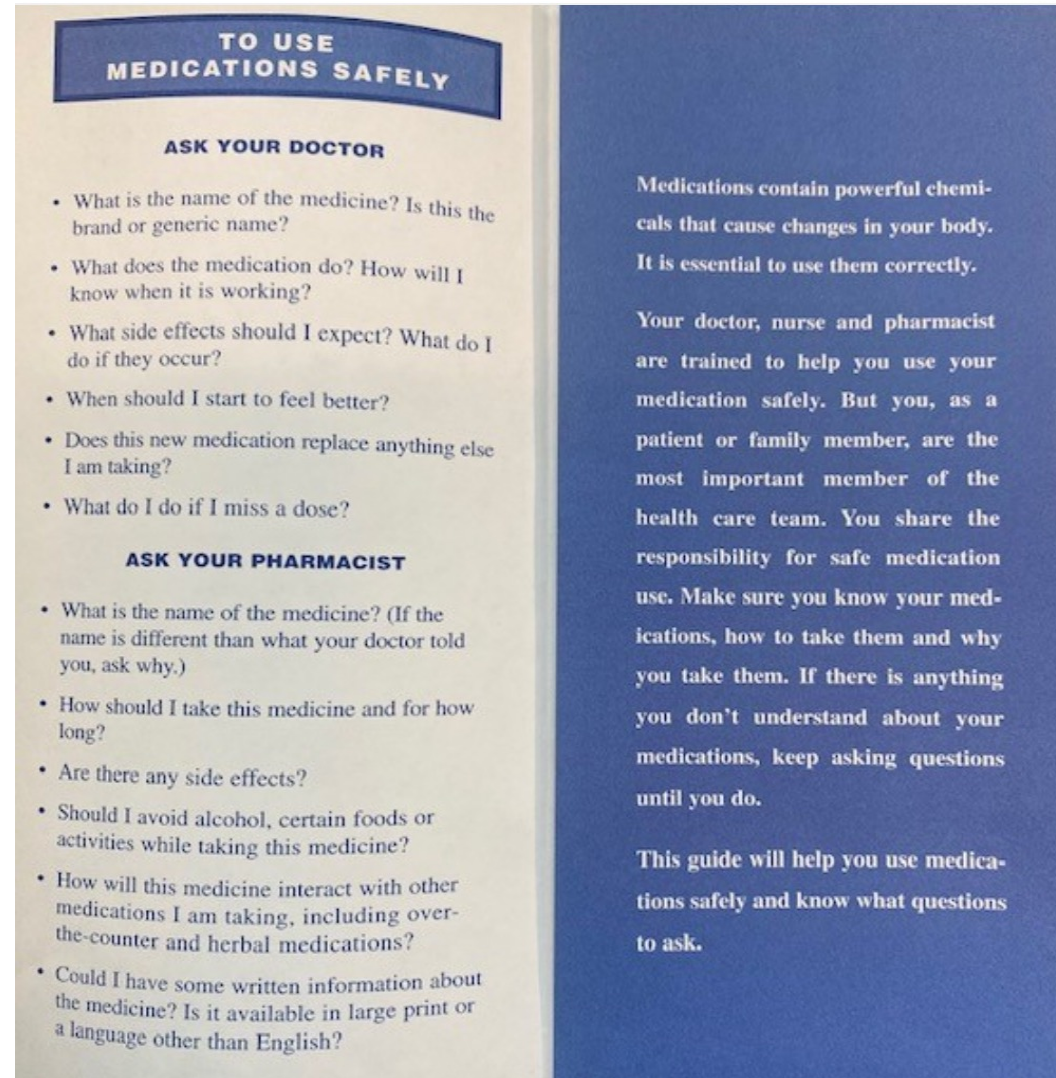
### Active Voice

Is concise and clear:

*We must receive your completed paperwork by the deadline that we establish.*

*12 words*

# Plain Language and Readability: The Key





# Plain Language and Readability: The Key

## Ask Questions!

Medicines can make you feel good, but you must take them the right way.

Your doctor, nurse or pharmacist can help you learn to take your medicines safely.

Ask your doctor about your medicines so you can take them the right way.

What is the name of the medicine?

Why am I taking this medicine?

How much should I take and when should I take it?





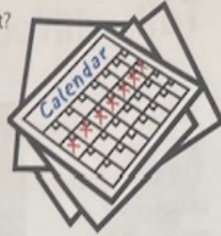
- ☐ morning
- ☐ noon
- ☐ evening
- ☐ bedtime

How many days do I take it?

What bad things can happen from taking this medicine? (side-effects)

Are there any foods or drinks I should not have while taking this medicine?

What vitamins, herbals and home cures such as garlic and ginkgo should I not use while taking this medicine?



## Plain Language and Readability: The Key



# Discussion

Gaps were identified in community relations and culturally and linguistically congruent communication.



TRMC built infrastructure and relationships employing health literate practices to build a culture of culturally congruent care including:

- Health Literacy Training for all Providers and Staff
- Communicating in a manner bridging Spanish/English to better serve their community.
- Taking steps to build a workforce that reflects the community and/or builds relationships to meet community needs.
- Opened a bilingual clinic and community clinic with CHW to support and empower the community to be partners in their health and health care.

# Titus Regional's Conclusion

The healthcare system's openness to patient-centered and health literate care can serve to:

- **Elevate patients' perspective** in the discussion of healthcare communication.
- **Operationalize diverse viewpoints** on healthcare communication especially patient-provider communication.
- **Protect public health** overall and in crises.
- **Reduce language and culturally induced health disparities.**
- **Empower patients** to participate in their own care.





# Key Takeaways


The COVID-19 pandemic emphasized the importance of effective, sustained patient & community-centered care.

Imperative that health communication be culturally and linguistically congruent.

TRMC's journey serves as a replicable best-practice.

Applicable to both rural and urban healthcare across the world to become Health Literate Healthcare Organizations.



A high-angle, perspective shot of a dark asphalt road. A series of white footprints, some single and some in pairs, leads from the bottom center towards the horizon. The footprints are of varying sizes and clarity, suggesting a sequence of steps. The road is flanked by a concrete curb and some greenery on the left, and a paved area with more greenery on the right.

What are your  
next steps?



# ACTION STEPS

- Create a respectful and "shame-free" environment
- Continuous improvement of communication
- Use clear and plain language
- Encourage questions
- Use "teach-back" method

# **Innovate to Communicate: Health Literacy Workforce Training**



## **Resources for health literacy workforce training.**

- The aim is to educate frontline clinicians and hospital leaders to build knowledge, efficacy and application of health literacy practices.

### **The toolkit includes:**

- Lesson plan
- PowerPoint Presentation
- Demonstration Videos
- Role-play Scenarios
- Kahoot game
- Communication observation forms
- Self-learning Modules
- Participant and Trainer Evaluations



# Cultural & Linguistically Appropriate Services (CLAS Standards) Training

Online training helps you obtain the foundational knowledge you'll need to provide culturally and linguistically safe care that is well understood by patients.

- Differentiate between equality and equity
- Recognize cultural differences experienced & value of CLAS
- Obtain 1 Free Hour of Ethics CME



# Resources

AHRQ Health Literacy Universal Toolkit & Team STEPPS

<https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>

<https://www.ahrq.gov/teamstepps/index.html>

CDC Health Literacy Training

<https://www.cdc.gov/healthliteracy/gettraining.html>

Sharma AE, Willard-Grace R, Willis A, et al. "How Can We Talk about Patient-centered Care without Patients at the Table?" Lessons Learned from Patient Advisory Councils. J Am Board Fam Med. 2016;29(6):775-784. doi:10.3122/jabfm.2016.06.150380

Greene J, Farley D, Amy C, Hutcheson K. How Patient Partners Influence Quality Improvement Efforts. Jt Comm J Qual Patient Saf. 2018;44(4):186-195. doi:10.1016/j.jcjq.2017.09.006

Brach C. The Journey to Become a Health Literate Organization: A Snapshot of Health System Improvement. Stud Health Technol Inform. 2017;240:203-237.

CLAS Training <https://unthsc.rievent.com/a/AUOMMU>

Health Literacy 101: <https://unthsc.rievent.com/a/HBIKRC>



**What are your questions?**

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