



Using Plain Language The CLAS-y Compliant Style of Healthcare Conversations and Communication

Kay Miller Temple MD MMC

April 23, 2024

Great Plains Quality Innovation Network

LAN Presentation



Disclosures:

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Center for Rural Health



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Faulk County, SD



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Objectives

1. Familiarity with how HHS's **National Standards of Culturally and Linguistically Appropriate Services (CLAS)** link to daily patient care
2. Familiarity with how **Health Literacy concepts** and **Plain Language usage** intersects with CLAS
3. **Ideas** on how to **leverage providers' current Plain Language** use to further **increase efficiency** and **patient satisfaction**
4. **Ideas** on how **Organizations** can leverage Plain Language and Health Literacy for Community Engagement options

Center for Rural Health



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1. Plain Language
 - The Languages of Medicine
 - What Plain Language is
 - Personal/Organizational use
2. CLAS
 - What it is
 - Examples
3. Health Literacy
 - Definitions
 - Review Basic Concepts
4. Organizational ideas for leveraging PL/HL in CE efforts



The Languages of Medicine

1. Language used in conversations with **patients** and their families and friends

“What’s that language called?”

2. Specialized technical language of medicine used in conversations with **peers**

Those who overhear it, call it “medical jargon”

3. Language of ICD-10 Coding and Billing

“The Codes of Care”

<https://www.ruralhealthinfo.org/rural-monitor/medical-coding>



What are your languages?

My **primary language** = East River South Dakota Farm

- English dialect
- Simple
- Grammatically incorrect**
- LOUD (ie over-talk 30 mph wind and machine noise)
- Often pushes us to use the supplemental language = Sign!



Personal Use of Plain Language

What are your languages?

Spoiler alert:
Notice: Culture and linguistic links

My Second Languages

- **Fluent**
 - Medical technical/professional language (**except neurology/neurosurgery**)
 - Most U.S. **Urban** Dialects
 - **Written Plain Language**
- **Adequate** fluency:
 - West River South Dakota Ranch
 - North Dakota Farm/Ranch
 - Nebraska Farm/Ranch
 - Language of patient conversations (**ie spoken plain language**)
 - **Non-verbal language/“body language”**
- **Limited** fluency:
 - North Dakota Oil/Energy extraction
- **Very limited/no fluency**
 - Navajo, Lakota, Spanish, Arabic



Plain Language: The Language of Conversations With Patients

But when you're speaking with patients, you're probably *already* using a version of your unique dialect of “**Plain Language**”

- Either *consciously* or *unconsciously*...



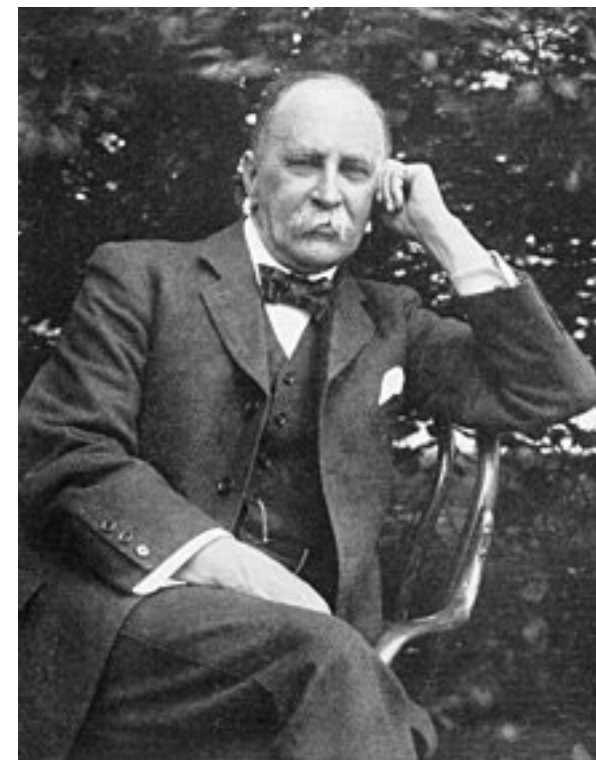
What is Plain Language?

Not new....

*From the standpoint of medicine as art for the prevention and cure of disease, the man who translates the hieroglyphics of science into the **plain language** of healing is certainly the most useful.*

Sir William Osler

Hinohara S, Niki H. Osler's "A Way of Life" and Other Addresses, with Commentary and Annotations. Sir William Osler. Durham (NC): Duke University Press; 2001





What is Plain Language?

Plain language is communication that can be **understood** the **first time** either **read** or **heard**

Short Definition of Plain Language

Plain English is clear, straightforward expression, using only as many words as are necessary. It is language that avoids obscurity, inflated vocabulary and convoluted sentence construction. It is not baby talk, nor is it a simplified version of the English language. Writers of plain English let their audience concentrate on the message instead of being distracted by complicated language. They make sure that their audience understands the message easily.

Professor Robert Eagleson, Australia

And Remembered!!!



What is Plain Language?

The language that is the opposite of “jargon.”

What is Jargon?

- A profession’s technical and specialized language
- “*Unnecessarily* complicated language”
- **Sometimes used to impress, rather than to inform**

<https://www.plainlanguage.gov/resources/articles/keep-it-jargon-free/>

<https://www.plainlanguage.gov/about/definitions/short-definition/>



Phrase

Your blood tests showed me that you do not have an infection in your blood.

Your cancer screening test came back and the results are negative.

Your blood culture was negative.

Your chest x-ray was unremarkable.

We are halfway through your chemotherapy treatment and your tumor is progressing.

You are to have nothing by mouth after 4 PM.

Your nodes are positive.

Patient's neuro exam is grossly intact.

Your urine tests are back and there were bugs in your urine.

The findings on the x-ray were quite impressive.

You will need to be NPO at 8 AM.

Have you been febrile?

I am concerned the patient has an occult infection.

Jargon Word Examples

Gotlieb, Rachael et al. "Accuracy in Patient Understanding of Common Medical Phrases." *JAMA network open* vol. 5,11 e2242972. 1 Nov. 2022



Jargon: Often Recognized After We've Read It or Heard It...

..... is characterized by episodes of complete collapse of the airway or partial collapse with an associated decrease in oxygen saturation or arousal from sleep. Causing fragmented, nonrestorative sleep, it has significant implications for cardiovascular health, mental illness, quality of life, and driving safety...



Spoken Plain Language Checklist

1. You know your audience (patient/family/friend)
 - You choose the language that best matches who they are
 - You constantly assess:
 - What your patients WANT to know
 - What your patients NEED to know
2. You make certain word choices
 - Simple/complex
 - Reserved/Frank
3. You know how much detail they can absorb
 - Knowing sometimes less is more
4. You know how to order info
 - Good news/Bad news v. Bad news/Good news
 - What's known/What's unknown v. reverse
 - What's easy/What's hard v. reverse
5. You're doing a self-assessment:
 - Is this patient understanding the info I'm sharing?
 - What's my body-language saying?
 - What's their body language telling me?



Spoken Plain Language Checklist **Attention #2**

Plain language = plain words

- CDC's Everyday Words for Public Health Communication

<https://www.cdc.gov/ccindex/everydaywords/index.html?word=screening>

- plainlanguage.gov's Plain Language Thesaurus ([downloadable](#))
- Patients themselves, nursing staff, front desk staff, ancillary health ...any team members have great plain language word choices

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~~Spoken~~ **Non-verbal** Plain Language

And DON'T FORGET your personal DRAWINGS!!

When words don't work, Sketch or DRAW!!

A challenge in this era of electronic records...

...But still doable...think smart phone photo—convert to pdf if needed and upload

NOTE:

Gallagher-Thompson, Dolores et al. "Effectiveness of a **fotonovela** for reducing depression and stress in Latino dementia family caregivers." *Alzheimer disease and associated disorders* vol. 29,2 (2015): 146-53



- You're probably already leveraging "plain language" by:
 - ***Listening to inherently plain language of patients/families/friends***
 - Share medical information/guidance in plain language with patients
 - Share "summary-style:"
 - Info for your team
 - Information for peers



Benefits of Plain Language: Time & Outcomes

- Repetition is not needed...
- Queries/questions are clear and allow quicker responses and better understanding of information



Benefits of Plain Language: TIME

**Time is self-
preservation.**

Max Horkheimer, paraphrased



Benefits of Plain Language: **TIME**

Time is Money.
Ben Franklin

Time Generates Revenue



Benefits of Plain Language: **Thinking differently about TIME**

Instead of only thinking about time as the key to generating revenue...

...Think about time as needed for certain educational activities that are keys to controlling losses.

Hospital CEO



Benefits of Plain Language: TIME

Increased patient satisfaction.

Personal conversation with a health literacy expert

“Skin exam is grossly normal” = “normal” or “appears” or “seems” normal.

“Morbid obesity” = “Non-ideal weight” (Morbid obesity, BMI = 42)



Patient Information Update

Name _____ ID _____
Number _____

1) Since your last visit to our office, were you admitted to the hospital?

Yes No
If yes, please write where and when: _____

2) Since your last visit to our office, have you had any medical tests?

Yes No
If yes, please check any that apply:
 Mammogram (breast ~~X-ray~~) Pap smear (for women) Colonoscopy
 Blood work X-rays ECG / EKG (heart)
 Vision DEXA (checks for bone loss, or osteoporosis)
 MRI CT ("CAT" scan) other _____

List where and when you had the tests done: _____

3) Since your last visit to our office, have you developed any new allergies or had a bad reaction to a medication or food?

Yes No
If yes, describe: _____

4) Since your last visit to our office, have you seen a specialist (such as a doctor for diabetes, heart, kidneys, cancer, eyes, gynecology, etc.)?

Yes No
If yes, who did you see and when?

Name _____ Approx. Date _____

Name _____ Approx. Date _____

5) Since your last visit to our office, have you had any vaccinations (shots)?

Yes No
If yes, check the shots you received:
 flu tetanus pneumonia
 other - please list: _____

6) Since your last visit to our office, have you started any new prescribed medications?

Yes No
If yes, list: _____

Your Signature and Today's Date

Benefits of Plain Language: Paper and Digital Forms

Pick any form: Plain language helps streamline throughput.

4) Since your last visit to our office, have you seen a specialist (such as a doctor for diabetes, heart, kidneys, cancer, eyes, gynecology, etc.)?

Yes No
If yes, who did you see and when?

Name Approx. Date

Name Approx. Date



Scholarly Evidence: Time v. *Plain Language* or Healthcare Outcomes v. *Plain Language*

Currently, very little...

- None for the themes I just endorsed related to time
- None for the business case
- None for patient satisfaction

HOWEVER-->Spoiler Alert: Health Literacy and Outcomes





Evidence-based results for Patient Preference for Plain Language

Research Brief

Jargon Be Gone – Patient Preference in Doctor Communication

Allen, Katherine A et al. “Jargon Be Gone - Patient Preference in Doctor Communication.” *Journal of patient experience*. Feb. 2023.



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9983080/pdf/10.1177_23743735231158942.pdf

In contrast to most studies showing us providers how much jargon we use, this study looked allowed patients to analyze jargon & plain, jargon-free language.

- **91% (N=205 MN State Fair goers) Preferred jargon-free physician**



Using Plain Language in the Healthcare Setting

<p>Doctor A: Jargon Speaking Doctor</p> <p>Audio </p>	<p><i>While the differential diagnosis of your chest pain is broad and includes myocardial infarction, ruptured AAA, which stands for abdominal aortic aneurysm, community acquired pneumonia or GERD, my pretest probability is high enough for an MI that I'd like to order an EKG and troponins in the ED. If these are positive, you'll likely need a cath or a CABG. If these are negative, they'll admit you to the hospital for serial troponins.</i></p>
<p>Doctor B: Non-Jargon Speaking Doctor</p> <p>Audio </p>	<p><i>There are several things that could be causing your chest pain, including some that are not worrisome and some that are more serious. I am concerned, however, that this may be serious and that your symptoms may be caused by your heart muscle not getting enough oxygen, which is called a heart attack. I'm sending you to the emergency department for testing to see if that's the case. There they will check blood work and run some tests. If they do find it is a heart attack, they'll start treatment right away. However, if the tests are normal, they'll still admit you to the hospital overnight to repeat the tests and make sure they stay normal.</i></p>



Using Plain Language in the Healthcare Setting

<p>Jargon-speaking doctor</p>	<ul style="list-style-type: none">• Pretentious, unhelpful, aggressive in recommending treatment.• Gibberish, nobody would understand this. Useless information.• Used words that were too big, too technical for the average person.• Not interested in my well-being.• <i>I am pleased</i> that Doctor A is willing to take further actions in order to understand the true cause for my chest pain issues that I am experiencing• <i>He seems to know what he is talking about</i>
<p>Jargon-free speaking doctor</p>	<ul style="list-style-type: none">• Tuned in, empathetic.• I would feel like this doctor is someone I can actually talk to about my concerns.• Very informative. Gave me a sense of what is going on with me in easy terms and explained the thought process of why I should be getting a test. They also explained what would happen after my results which helps give me piece of mind.• Sounds genuinely concerned about the patient and interested in making his diagnosis clear to him/her.• <i>This discussion may be too dumbed down for me.</i> I would appreciate some more hard info, on the types of tests to be run, what the results of the tests may be, what the potential treatments could be, and what the other diagnoses could be.



Evidence around Physician Plain Language Practices

Thominet L, Hamel LM, Baidoun F, et al.

Physicians' use of plain language during discussions of prostate cancer clinical trials with patients.

Patient Educ Couns 2022;105(12):3453-3458.

PubMed:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9675686/pdf/nihms-1835756.pdf>

Here is the *non-plain* language summary:

Four plain language practices:

- Lexical simplification
- Audience-centered definition
- Metaphor
- Experience-focused description



Evidence around Physician Plain Language Practices

Charpentier, Victoria et al. “Say What? Quantifying and Classifying Jargon Use During Inpatient Rounds.” *Hospital pediatrics* vol. 11,4 (2021): 406-410.
<https://pubmed.ncbi.nlm.nih.gov/33707184/>

Jargon Category	Examples
Technical terminology	Bronchiolitis, urinalysis
Medical vernacular	Cultures, anemia
Abbreviations and acronyms	Endo, NPO
Medicalized English	Negative, artifact
Unnecessary synonym	Ambulating, urine output
Euphemism	Bugs, shadow (on radiograph)
Judgmental jargon	Failed (treatment), denies



2010 “Plain Language” Law

Federal regulation mandates use for *its own* federal agencies:

- Required to train their staff to use plain language when they communicate with the public.
- Implies both *spoken* & *written* language
- Every federal agency has their own guidelines/resources

Public Law 111–274
111th Congress

An Act

To enhance citizen access to Government information and services by establishing that Government documents issued to the public must be written clearly, and for other purposes.

Oct. 13, 2010
[H.R. 946]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Plain Writing Act
of 2010.
5 USC 301 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the “Plain Writing Act of 2010”.

SEC. 2. PURPOSE.

The purpose of this Act is to improve the effectiveness and accountability of Federal agencies to the public by promoting clear Government communication that the public can understand and use.

5 USC 301 note.



Check list for Plain Language Writing



A Plain-Language Checklist for Reviewing Your Document

Do I know my audience?

- Consider your potential readers.**
Who is your audience, exactly? Are there multiple audiences? Remember, there is no "general public."
- Evaluate the needs of your readers.**
What do they want to know? How much detail do they need? What is the right tone for this audience? What action do you want readers to take?
- Engage your audience.**
Use style, word choice, voice, organization, and visuals to draw your readers into your message.

Did I organize my document or product for my reader?

- Provide a clear take-away message.**
Your document should convey a clear, specific message, such as *Consider participating in a clinical trial at NIH*.
- Put your main message first.**
In most cases, readers appreciate documents that begin with the main point.
- Answer their questions.**
Before writing your document, write down the questions your readers have about your topic. Make sure each section or paragraph of your document answers a reader's question.

Have I used an easy-to-read style?

- Use first-person and second-person pronouns when appropriate.**
Using the pronouns *I*, *you*, and *we* make your document more conversational and help your reader focus on your message.
- Use familiar, concrete, non-technical words.**
Unless you are writing for a group of experts such as *bombesin peptide receptor* scientists, limit the use of jargon and technical terms.
- Consider whether each adjective and adverb adds meaning.**
Avoid padding your writing with words like *very*, *really*, *actually*, or *carefully*.

12 ■ PLAIN LANGUAGE: GETTING STARTED OR BRUSHING UP ■ 2013 ■ WWW.NIH.GOV/PLAINLANGUAGE/GETTINGSTARTED

Have I written this as concisely as possible and kept the message?

- Keep sentences and paragraphs short.**
Try to write paragraphs of no more than 5 to 7 sentences and sentences of 10 to 20 words.
- Write sentences focused on one idea.**
Write paragraphs that have a single theme. Sentences and paragraphs that focus on developing an idea are easier for readers.

Have I used the right visuals?

- Use illustrations or visuals.**
Visuals, such as lists, tables, and infographics, can help the reader understand your message.
- Use typography and white space appropriately.**
Fonts and other typographical elements should make your document more readable, not fancier. Having enough blank space in the margins and between sections also increases readability.

Have I written in the active voice?

- Use the active voice whenever possible.**
The active voice makes it clear who or what (the subject) is doing the action (the verb). Passive sentences often do not clearly identify who is performing the action.

Did I make my document "skimmable"?

- Use headings.**
Headings enable your reader to skim your document. Write headings in the form of questions, sentences, or phrases.
- Use vertical lists (numbers or bullets).**
Lists, which group similar items, are easy for readers to skim. Choose numbers when presenting a list with items in a specific sequence or rank order. Use bullets when the items listed are equivalent in importance.

For more information, visit *Plain Language: Getting Started or Brushing Up* at www.nih.gov/plainlanguage/gettingstarted

<https://www.nih.gov/sites/default/files/institutes/plain-language/nih-plain-language-getting-started-brushing-up.pdf#page=12>

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1. Plain Language
 - The Languages of Medicine
 - What Plain Language is
 - Personal/Organizational use



2. CLAS

- **What it is**
- **Examples**



3. Health Literacy
 - Definitions
 - Review Basic Concepts



4. Organizational ideas for leveraging PL/HL in CE efforts



NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES STANDARDS

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

National Standards of Culturally and Linguistically Appropriate Services (CLAS)

NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES STANDARDS

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



National Standards of Culturally and Linguistically **Appropriate** Services (CLAS)



Federal Register / Vol. 65, No. 247 / Friday, December 22, 2000 / Notices

80865

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Minority Health; National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care

AGENCY: HHS/OS/Office of Public
Health and Science, Office of Minority
Health, DHHS.

ACTION: Final report.

*Cultural and linguistic **competence** is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter.*



Replace the word “appropriate” with “competence”

“Cultural and linguistic competence”

...**defined as** the behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

<https://www.cms.gov/marketplace/technical-assistance-resources/training-materials/cultural-competence-language-assistance.pdf#page=12>



Replace the word “appropriate” with “competence”

“Cultural and linguistic competence”

...**implies having** the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

<https://www.cms.gov/marketplace/technical-assistance-resources/training-materials/cultural-competence-language-assistance.pdf#page=12>



Replace the word “appropriate” with “competence”

“Cultural and linguistic competence”

...**includes the ability** to :

- Identify, understand, and respect differences in consumers' cultural beliefs, behaviors, and needs.
- Respond appropriately to consumers based on their culture and language needs, which may include making referrals or asking for help (e.g., getting interpretation and translation services).
- Acknowledge, respect, and accept cultural differences among consumers

<https://www.cms.gov/marketplace/technical-assistance-resources/training-materials/cultural-competence-language-assistance.pdf#page=12>

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Igualdad



Equidad



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CLAS
overall goal:
Health equity
...especially
for those who
have a primary
language other
than English

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Igualdad



Equidad

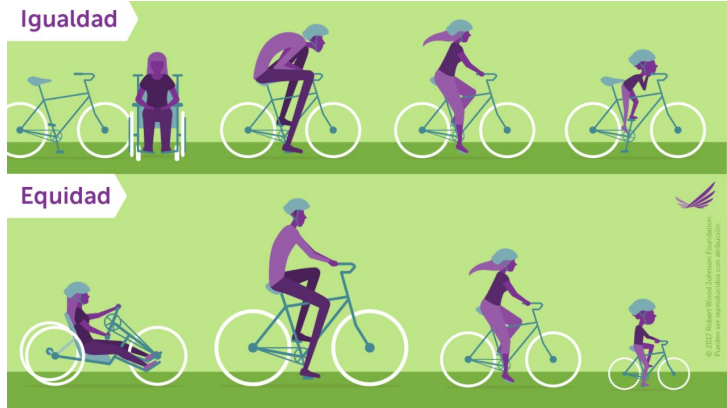


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LEP:

Limited English Proficiency

https://www.lep.gov/sites/lep/files/media/document/2020-03/042511_QA_LEP_General_o.pdf



<https://www.rwjf.org/en/insights/our-research/infographics/visualizacion-la-equidad-en-salud.html>

Health equity:

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

<https://www.cms.gov/priorities/innovation/key-concepts/health-equity>

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THE WHITE HOUSE



FEBRUARY 14, 2024

the Biden-Harris Administration has championed an ambitious equity and racial justice agenda to ensure the full and fair participation of all communities in American life. Despite progress being made, entrenched disparities in our laws and public policies have often denied equal opportunity to historically underserved communities, including rural communities, Black, Latino, Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities, Tribal communities, LGBTQI+ individuals, religious minorities, people with disabilities, women and girls, and other communities impacted by persistent poverty.

FACT SHEET: Biden-Harris Administration Releases Annual Agency Equity Action Plans to Further Advance Racial Equity and Support for Underserved Communities Through the Federal Government



Attention:
Advice on
AI/artificial intelligence
&
Attaining
Linguistic Competence

Digital.gov

Key takeaway

Agencies should work with competent human translators for all translations, including translations supported by translation technology.

What are the downsides of using translation technology?

“...accuracy depends largely on the language pair...”

“...struggle with idiomatic expressions and nuanced language use...”

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Several Clinical Cultural and Linguistically-linked Examples

National Standards of Culturally and Linguistically **Appropriate** Services (CLAS)



Federal Register / Vol. 65, No. 247 / Friday, December 22, 2000 / Notices 80865

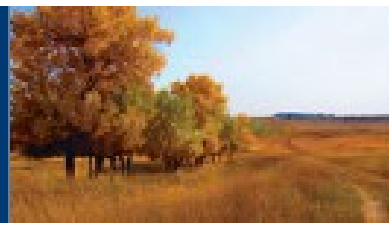
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care

AGENCY: HHS/OS/Office of Public Health and Science, Office of Minority Health, DHHS.

ACTION: Final report.

*Cultural and linguistic **competence** is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter.*



DOI: 10.1002/jgc4.1249

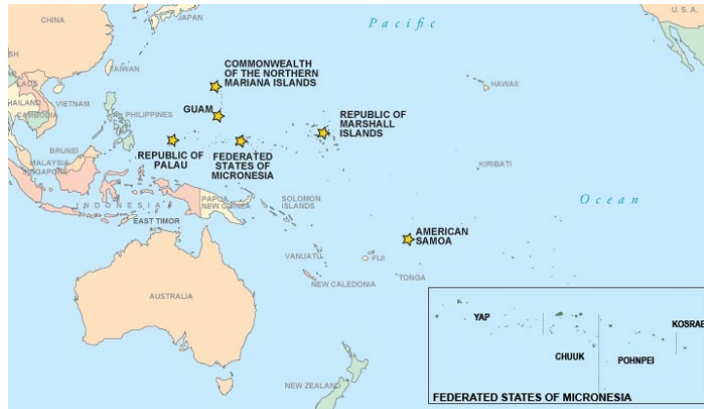
SPECIAL ISSUE

National Society of
Genetic
Counselors WILEY

Eliciting culturally and medically informative family health histories from Marshallese patients living in the United States

Karli Blocker^{1,2} | Henry Gene Hallford³ | Pearl McElfish⁴ | Noelle R. Danylchuk¹ |
Lori Williamson Dean¹

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7318156/pdf/JGC4-29-440.pdf>



Note: Majority of U.S. Marshallese are settled in Arkansas, Oklahoma, Missouri, and Kansas

Culture and Genetic Conditions

Studying Arkansas's Marshallese genetic conditions revealed cultural norms for adoptions



THE WALL STREET JOURNAL.

WSJ.com

THE A-HED | SEPTEMBER 9, 2011

Learning to Speak Iowan: Corn, Pigs, Cyclones and Hawkeyes

Foreign Doctors in the Heartland Know English, It's Small Talk They Need Help With

By MIRIAM JORDAN

MASON CITY, Iowa—When Aileen Prabhakaran took a job in Iowa, the young doctor from India expected a land of icy winters, cultivated fields and quiet living. One thing the 31-year-old, whose entire schooling was in English, didn't expect: a communication barrier.



Associated Press

Foreign doctors take a class in Iowa's traditions—including farming. Pictured, Paul Harris cultivates a field in Mason City.

Then last year, she enrolled in a cultural-competency course at the hospital where she is a resident in family medicine. "It enabled me to understand Iowa and Iowans better," she says.

The 90-minute sessions are taught by two social scientists once a month and are required of all foreign medical residents at the hospital, Mercy Medical Center here in Mason City. About 30 physicians recently attended "Topics for Small Talk With Iowans."

In another session, "An Intro to Working Effectively With White Europeans" in Iowa, the professors dissected "the Iowa character."

Culture v. Culture: South Asians Caring for White Europeans

Iowa healthcare
delivery system
purposefully introduced
their new providers to
their local culture.



Culture v. Culture

MD from a South Dakota Farm Cares for Alaskan Loggers and North Dakota Oil Field Workers

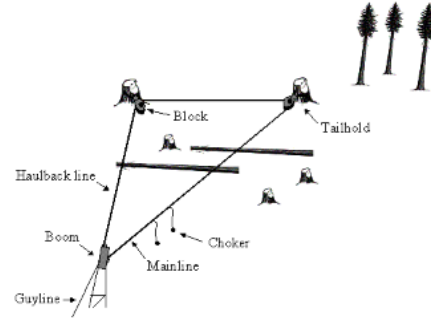


Figure 1. Schematic of cable yarding system (Not to scale).



Figure 2. View of swing yarder on access road.

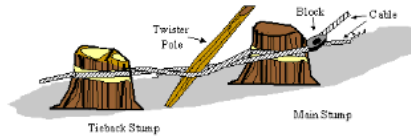


Figure 3. Schematic of anchorage using tieback and main stumps.

Fatality Assessment and Control Evaluation (FACE) Project





Óscar A. Contreras · 1st

Digital Producer/Associate Producer at KERO-TV

Linguistics: AI Translation

My j-school colleague:
English to Spanish



Linguistics: On Telling Time

A family member with Polish as primary language



Think about that when trying to keep appointments!



Linguistics: Deaf Community



<https://successforkidswithhearingloss.com/wp-content/uploads/2016/01/Lipreading-mouth-positions.jpg>



When It Comes to CLAS

National Standards of Culturally and Linguistically **Appropriate** Services (CLAS)



Federal Register / Vol. 65, No. 247 / Friday, December 22, 2000 / Notices

80865

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Office of Minority Health; National
Standards on Culturally and
Linguistically Appropriate Services
(CLAS) in Health Care

AGENCY: HHS/OS/Office of Public
Health and Science, Office of Minority
Health, DHHS.

ACTION: Final report.

*Cultural and linguistic **competence** is the ability of
health care providers and health care organizations to
understand and respond effectively to the cultural and
linguistic needs brought by patients to the health care
encounter.*

- Figure out what you're already doing that **meets** the standards
 - Like using plain language
- Figure out what you're already doing that **can be either labeled or modified** to meet Standards
 - Like changing forms to plain language
- **Invite your "end users"** to help create what's still needed (Spoiler alert: community engagement)



Remember: *everything* we do is **hard...**

SO

....Lean on your partners
to help you to “do hard better.”

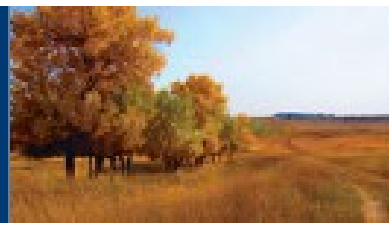
<https://www.annfammed.org/content/annalsfm/22/1/70.full.pdf>



**Great Plains QIN CLAS Playbook:
Understand. Identify. Create.**

<https://greatplainsqin.org/blog/great-plains-qin-clas-playbook-understand-identify-create/>

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Familiarity with how HHS's **National Standards of Culturally and Linguistically Appropriate Services (CLAS)** link to daily patient care



2. Familiarity with how **Health Literacy concepts** and **Plain Language usage** intersects with CLAS



3. **Ideas** on how to **leverage providers' current Plain Language** use to further **increase efficiency** and **patient satisfaction**



4. **Ideas** on how **organizations** can leverage Plain Language and Health Literacy for **Community Engagement** options



1. Plain Language

- The Languages of Medicine
- What Plain Language is
- Personal/Organizational use

2. CLAS

- What it is
- Examples

3. **Health Literacy**

- **Definitions**
- **Review Basic Concepts**

4. Organizational ideas for leveraging PL/HL in CE efforts

Center for Rural Health



A Primer on Communication and Language Assistance

This presentation offers the viewer foundational knowledge on the concepts of communication and language assistance. The recording addresses the importance of effective communication, discusses key concepts and terminology, and offers an overview differentiating between the roles of interpreters and translators. Finally, the webinar highlights the National CLAS Standards as a resource available to assist in the adoption and implementation of communication and language assistance.

PRESENTED

02/19/2015

PRESENTER

Darci Graves

The Pivot: CLAS



Plain language is another important concept. Plain language is a strategy for making written and oral information easier to understand; communication that users can understand the first time they read or hear it. A plain language document is one in which people can find what they need, understand what they find, and act appropriately on that understanding. To learn more about plain language, you may visit www.plainlanguage.gov.

Another important concept is **Health Literacy** and health literacy has to do with differences in communication skills of lay people and health professionals, as well as differences in their knowledge of the health topics being discussed. It also has to do with cultural barriers, and sometimes there exists when a language barrier exists as well. It's important to remember that even highly literate people report difficulty understanding health information.

<https://thinkculturalhealth.hhs.gov/resources/presentations/7/a-primer-on-communication-and-language-assistance>



“Health” Definition



*...is a state of complete physical,
mental ...
and social well-being ...
and not merely the absence of disease or
infirmity.*

<https://pubmed.ncbi.nlm.nih.gov/38333767/>

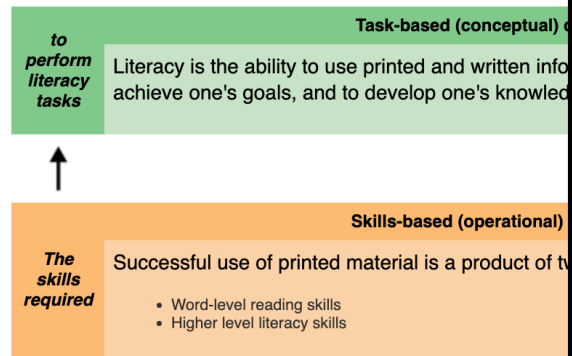


Literacy Definition

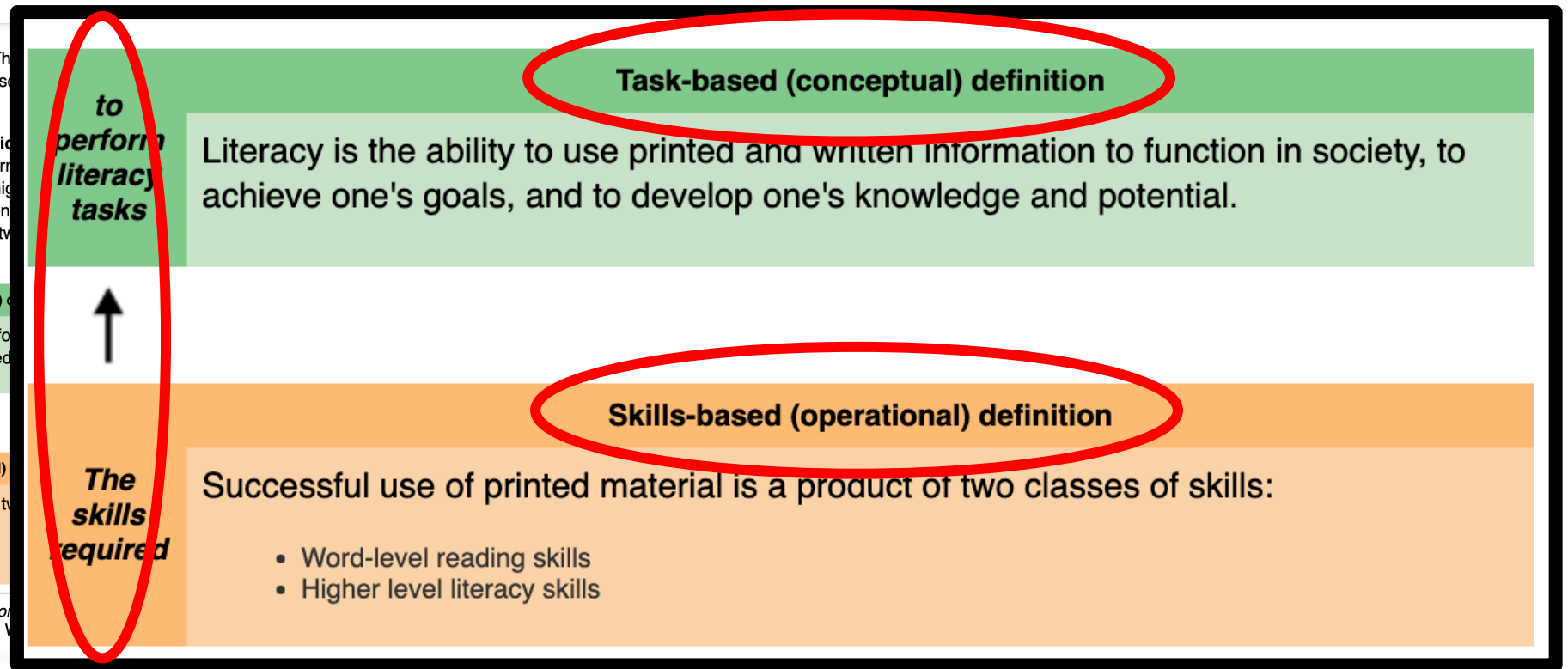
Framework -> Definition of Literacy

NAAL defines literacy as both task-based and skills-based. The **literacy**, used in both the 1992 and 2003 assessments, focuses on what an adult can and cannot perform.

The 2003 NAAL adds a complementary **skills-based definition** of literacy. This definition focuses on the knowledge and skills an adult must possess in order to perform tasks from basic, word-level skills (such as recognizing words) to high-level skills (such as making appropriate inferences from continuous text). New information was added to the assessment intended to improve understanding of the skill differences between relatively challenging literacy tasks and those who are not.



SOURCE: White, S., and McCloskey, M. (forthcoming). *Framework for the National Adult Literacy Survey (NAAL) 2005-531*. U.S. Department of Education, National Center for Education Statistics.





Intersection of “health” and “literacy”



Literacy impacts health



Can we health providers/organizations improve literacy?

If we improve literacy, can we impact health?



Intersection of “health” and “literacy”

Literacy impacts health

Can we providers/organizations improve literacy?
If we improve literacy, can we impact health?

I.M.O.

I ***can't*** improve someone's literacy...
...But, just *knowing that fact*...

Is there ***something*** within my control that allows me to impact my patient's health?



*Intersection of
“health” and “literacy”*

What is that “something”?

**Understand the impact of health literacy
and its concepts and speaking – not just
writing – in plain language**



Official Health Literacy Definitions: Office of Disease Prevention and Health Promotion

Santana, Stephanie et al. “Updating Health Literacy for Healthy People 2030: Defining Its Importance for a New Decade in Public Health.” *Journal of public health management and practice* : *JPHMP* vol. 27,Suppl 6 (2021): S258-S264.



Personal health literacy:

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.

Santana, Stephanie et al. "Updating Health Literacy for Healthy People 2030: Defining Its Importance for a New Decade in Public Health." *Journal of public health management and practice : JPHMP* vol. 27,Suppl 6 (2021): S258-S264.



Personal health literacy **paraphrased:**

The degree to which individuals [personally take on the task and using] have the **ability** [and skill set] **to find**, [by sifting through all the brochures and today's internet health information] **understand**, and [understand it well enough to] **use** information and services to inform health-related decisions and **actions** for themselves and others.

KMT's paraphrase → Santana, Stephanie et al. "Updating Health Literacy for Healthy People 2030: Defining Its Importance for a New Decade in Public Health." *Journal of public health management and practice* : JPHMP vol. 27,Suppl 6 (2021): S258-S264.

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Health Literacy Proficiency levels

Level	Skill
Below Basic	Might be able to locate/circle/medical appointment date on ER/hospital discharge information
Basic	After reading a CLEARLY written pamphlet, might be able to state 2 reasons that a person with no disease symptoms should be tested for a disease
Intermediate	Might be able to read a height/weight graph and determine a healthy weight range for a specific height
Proficient	Might be able to search a large document and find a medical term definition

Adapted from the CDC's 2017 Health Literacy for Public Health Professionals.

2024 version:

<https://www.train.org/cdctrain/course/1105934/details>



Official Health Literacy Definitions: Office of Disease Prevention and Health Promotion Health People 2030 Primary Focus

Added in 2019-->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 for themselves and others.

Santana, Stephanie et al. "Updating Health Literacy for Healthy People 2030: Defining Its Importance for a New Decade in Public Health." *Journal of public health management and practice : JPHMP* vol. 27,Suppl 6 (2021): S258-S264.



Cronkite News

Doctors, groups: Health literacy helping patients better understand care

Tuesday, Oct. 8, 2013

By KAY MILLER TEMPLE

Cronkite News

PHOENIX – Paulette Compton's husband had an MBA and was trained in the military to fly planes, helicopters and blimps. But faced with doctor's recommendation to get a chest X-ray to determine the cause of a persistent cough, he refused. She learned that only after Cecil Compton died at age 71 from lung cancer, five months after it was finally diagnosed.

Now Compton is left to wonder if her husband had understood that acting on the advice to get a chest X-ray could have led to early detection of cancer.

"There is no doubt my husband was a smart man, a very smart man," Compton said, "but I don't think he understood why a chest X-ray might have been important."

According to experts, Cecil Compton fit the profile of most people who don't understand health information. They are literate on many other topics but still find it difficult to understand and act in order to make the best choices. Health literacy, or being able to read, understand and act on medical information, is a struggle for nine in 10 people, according to U.S. Preventative Task Force, an independent group of health care experts.

To Andrew Pleasant, a health literacy expert at Canyon Ranch Institute in Tucson, improving that statistic would improve



Paulette Compton's husband, Cecil Compton, shown in the photo at right, had an MBA and was trained in the military to fly planes, helicopters and blimps. But faced with doctor's recommendation to get a chest X-ray to determine the cause of a persistent cough, he refused.

Photo by Kay Miller Temple



J-school Master's 2013 Capstone Project: Cronkite News reporter

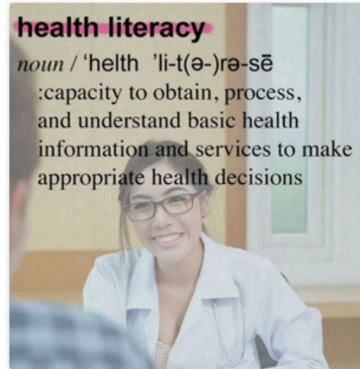
<https://cronkitenewsonline.com/2013/10/doctors-providers-health-literacy-helps-patients-better-understand-care/index.html>

Rural Health Literacy: Who's Delivering Health Information?



From over-the-counter medication use, to decisions about personal or family disease treatments, health literacy impacts the most everyday of health decisions. But, distance and internet connectivity challenges make it difficult for rural residents to get health information. To navigate health information gaps, school nurses, newspapers, public libraries, churches, public health departments, and hub-and-spoke academic institutions are working in creative ways.

Rural Health Literacy: Understanding Skills and Demands is Key to Improvement

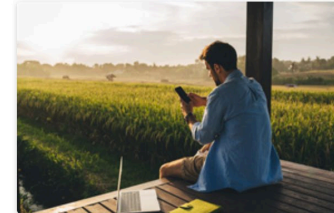


Every rural provider has a horror story attached to low health literacy. Health literacy, or getting, understanding, and using health information, involves two sides. Researchers and experts explain that by understanding both the skills and demands side of health literacy, providers and organizations can help their patients move to improved health.

[Read More](#)

April 19, 2017

A New Era of Health Literacy? Expanded Definitions, Digital Influences, and Rural Inequities



The priority for rural population health is access, including access to health information needed to make personal health decisions. Two of the nation's health literacy experts join a federal agency official to review current rural challenges of accessing health information that is clear and usable. Along with an exploration of digital health literacy, recently expanded definitions of health literacy are discussed.

[Read More](#)

February 2, 2022

Educating Future Healthcare Providers: Health Literacy Opportunities for Webside Manners



Health literacy experts share that as healthcare delivery moves from bedside to webside, new opportunities for health literacy education arise. Emphasizing the need to swap medical jargon for plain language, educators outlined best practices for teaching health literacy principles to healthcare profession trainees.

[Read More](#)

March 9, 2022

<https://www.ruralhealthinfo.org/rural-monitor/digital-health-literacy/>

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Online Library ▾

Topics & States ▾

Rural Data Visualizations ▾

Case Studies & Conversations ▾

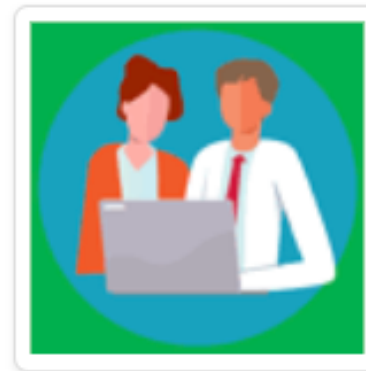
Tools for Success ▾

[Rural Health](#) > [Tools for Success](#)

Evidence-Based Toolkits for Rural Community Health

Step-by-step guides to help you build effective community health. Resources and examples are drawn from evidence-based and promising programs. By learning from programs that are known to be effective, you can make the best use of limited funding and resources.

Health Literacy Toolkit



Discover resources and model programs for improving personal and organizational health literacy in rural

communities.

<https://www.ruralhealthinfo.org/toolkits/health-literacy>

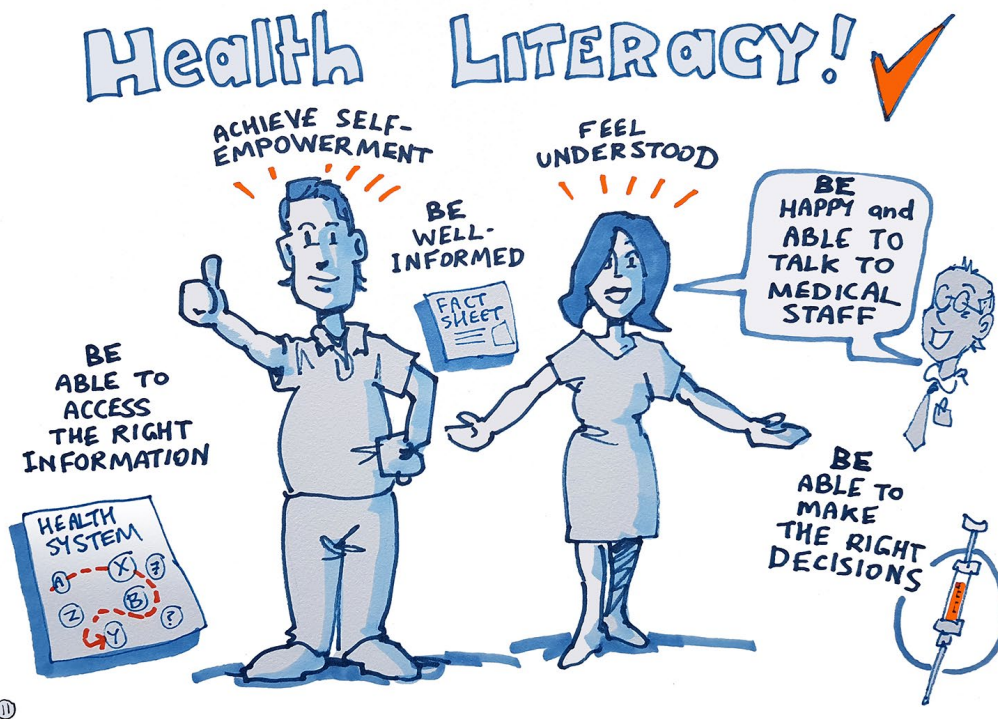


Basic Concepts of Health Literacy

The Voices of Experts

Quotes from experts interviewed for the RHIhub health literacy series

- 5 important concepts



<https://www.graceresourceministries.org/wp-content/uploads/2021/03/HLiteracy-1-1549x871.png>



“When I give audiences the statistics that a **third to half** of Americans have trouble just *reading*, and then I tell them that **only one in ten of all Americans** have any proficiency with understanding health information, they sit in stunned silence.”

#1

Paul Smith MD
Rural health literacy researcher and family medicine physician
Professor, Department of Family Medicine and Community Health,
University of Wisconsin-Madison



Of the 10% of adults considered proficient by health literacy standards, stressful situations can decrease their health information processing skills.

(My FAVORITE quote! Re: disease as the Great Equalizer!)

“...Even for the folks who do have proficiency, all you have to do is to give them a cancer diagnosis, make them sleep deprived, experiencing severe pain, any of those things that happen all the time in a hospital or an emergency room, anybody, *anybody* with those things happening is going to have trouble processing, remembering, or making decisions related to healthcare information...”

#2

Paul Smith MD

Rural health literacy researcher and family medicine physician
Professor, Department of Family Medicine and Community Health
University of Wisconsin-Madison



“Think about it: Providers don't need patients to translate plain language into a medical jargon in order for them to make a specific diagnosis or create a treatment plan.

Providers can forget to translate their information back into plain language for their patients. This lends to the creation of an unequal system of information-sharing in healthcare.”

Stan Hudson
Director of Professional Development and
Training for the Institute for Healthcare
Advancement
Previous Director Wisconsin Health Literacy

#3

Center for Rural Health



"Health literacy is a pretty straightforward idea. Most people know that understanding what's going on with their health is important.

They also understand and have **experienced that getting good care and services and information is way more burdensome than it needs to be.** However, they're [patients] not really sure what to do about it.

They feel it's their problem — their lack of knowledge or skill, which leads to their inability to access what they need. However, what they're actually dealing with is a highly impenetrable system.”

Cynthia Baur PhD

Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030's Health Literacy Subgroup

Director of the University of Maryland School of

Public Health Horowitz Center for Health Literacy,

#4



My second favorite quote (re: plain is more professional than jargon):

“My job is showing how **everyday words actually maximize the professional look and sound of a medical message** or form. And for school nurses, it **helps get those school forms back** to the nurse.”

Deborah Pontius RN
School Nurse
Frontier area of Lovelock, Nevada

Pontius, Deborah J. “Health literacy. Part 1. Practical techniques for getting your message home.” *NASN school nurse (Print)* vol. 28,5 (2013): 247-52.

Pontius, Deborah J. “Health literacy. Part 2. Practical techniques for getting your message home.” *NASN school nurse (Print)* vol. 29,1 (2014): 30-42.



Another favorite quote (aka: Educate ... Avoid advocating):

“Health literacy *is not* actively arguing about what health behavior *must* be used to stay healthy.

That's not going to work with a lot of people.

It's making sure people have **access to well-vetted health information that's easy to understand. That way people make up their own minds.”**

Stan Hudson
Director of Professional Development and
Training for the Institute for Healthcare
Advancement
Previous Director Wisconsin Health Literacy

#5



Economic Impact is **BIG**

“...The additional costs of limited HL may be substantial (ranges per year: on the system level: **3–5% of the total health care cost**; on the patient level: \$143–7,798 per person)...”

Eichler, Klaus et al. “The costs of limited health literacy: a systematic review.” *International journal of public health* vol. 54,5 (2009): 313-24.

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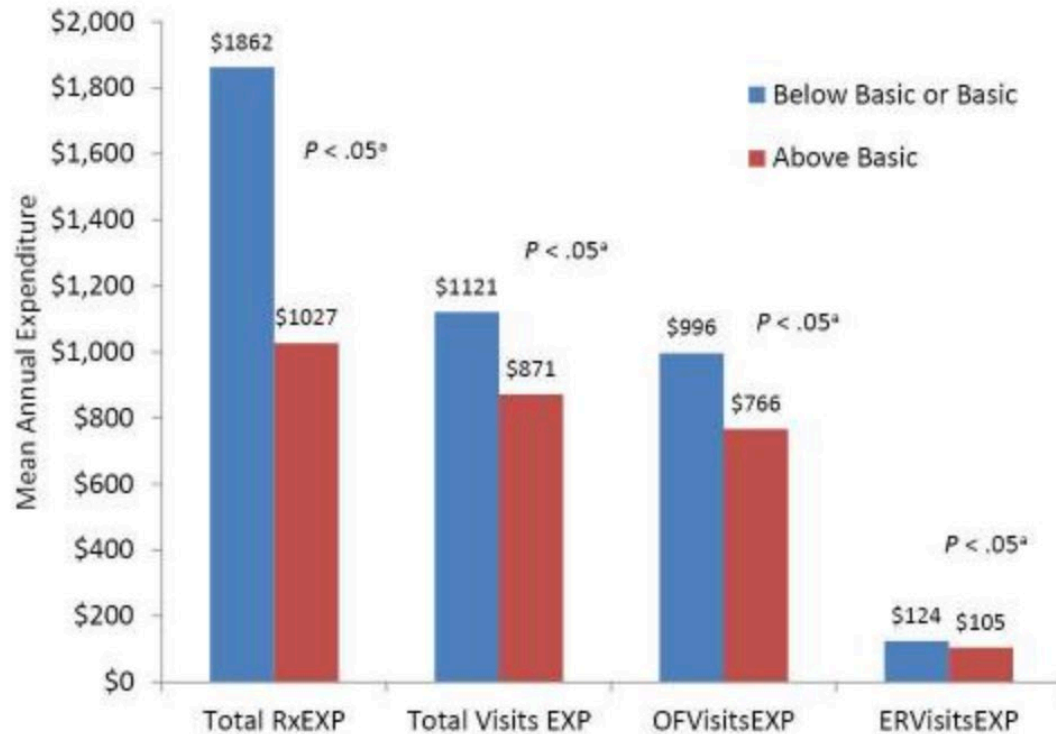


Economic Impact is **BIG**

Analysis of 2005-2008 data

Rasu, Rafia S et al. "Health Literacy Impact on National Healthcare Utilization and Expenditure." *International journal of health policy and management* vol. 4,11 747-55. 17 Aug. 2015.

For several reasons, it's unlikely to ever be measured again and unlikely to see any further economic impact study like these.



* P values for test of difference in mean annual expenditures.



Scholarly Evidence: Healthcare Outcomes v. Health Literacy

PubMed®

health literacy and healthcare outcomes × **Search**

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RESULTS BY YEAR

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Abstract

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i 9 articles found by citation matching

- [Health Literacy and Its Impact on Health and Healthcare Outcomes.](#)
O'Connor R, et al. Stud Health Technol Inform. 2020. PMID: 32593980
- [Emphasis on education. Higher levels of health literacy critical to better healthcare outcomes.](#)
McKinney M. Mod Healthc. 2013. PMID: 24006796 No abstract available.
- [Association between oral health literacy and dental outcomes among users of primary healthcare services.](#)
Mialhe FL, et al. Braz Oral Res. 2022. PMID: 35081222



Intersection of “health” and “literacy”

Literacy impacts health

I know I can't improve someone's literacy...

But...

Just *knowing that fact*, what I can **still** impact my patient's health by leveraging **plain Language, health literacy concepts** and being mindful of my own first language impacts on my patient's cultural and linguistic needs.

Can we providers/organizations improve literacy?

If we improve literacy, can we impact health?



*Intersection of
“health” and “literacy”*

**How Do I Know
I’m Making Myself
Clear?**



The Teach-Back Method

- Simple in Concept

Providers' tool to assess if we've explained medical information in a way that patients and their families could understand.



The Teach-Back Method:

- Simple in Concept

KEY principle for Teach-Back:
The patient **SHOULD NEVER**
be made to feel like **THEY** are being tested!!!



Non-jargon Speaking Doctor

There are several things that could be causing your chest pain, including some that are not worrisome and some that are more serious. I am concerned, however, that this may be serious and that your symptoms may be caused by your heart muscle not getting enough oxygen, which is called a heart attack. I'm sending you to the emergency department for testing to see if that's the case. There they will check blood work and run some tests. If they do find it is a heart attack, they'll start treatment right away. However, if the tests are normal, they'll still admit you to the hospital overnight to repeat the tests and make sure they stay normal.

How should this doctor phrase a question to determine if they were clear in their explanation?

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Teach-Back Quick Guide

- Use teach-back for ALL patients.
- Start with most important message.
- Limit to 2-4 key points.
- Use plain language.
- Rephrase message until patient demonstrates clear understanding.

Examples of Teach-Back Starters

- “Just to be safe, I want to make sure we are on the same page. Can you tell me...”
- “I want to make sure that I explained things clearly. Can you explain to me...”
- “Can you show me how you would use your inhaler at home?”

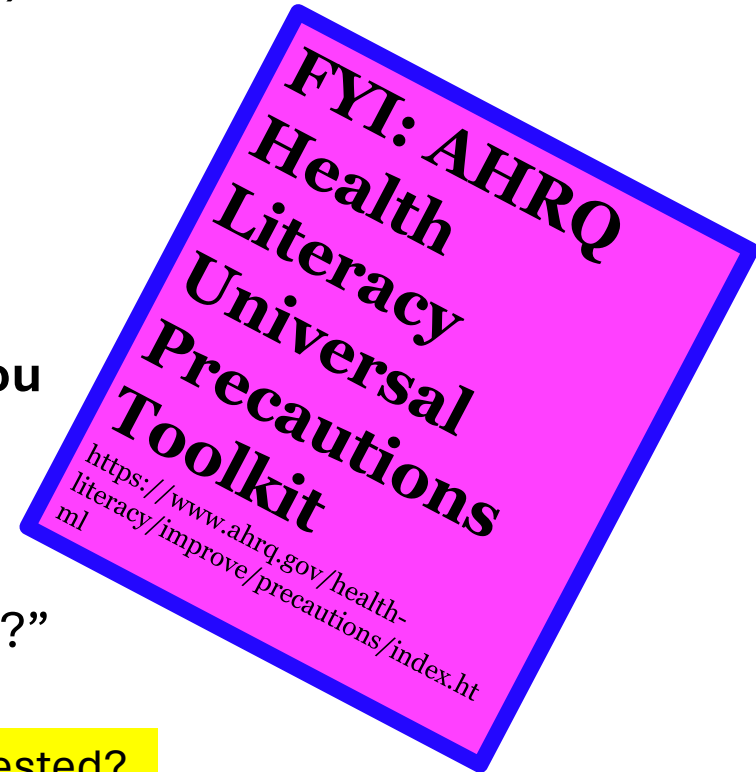
Use Plain Language

Use these words	Avoid these words	Use these words	Avoid these words
reduces swelling	anti-inflammatory	heart doctor	cardiologist
blood thinner	anticoagulant	skin doctor	dermatologist
take before meals	take on an empty stomach	doctor who treats diabetes	endocrinologist
take after meals	take on a full stomach	stomach doctor; doctor for digestion problems	gastroenterologist
high (low) blood sugar	hyper(hypo-)glycemic	doctor for women	gynecologist
high (low) blood pressure	hyper(hypo-)tension	doctor for the brain, spine, and nervous system	neurologist
fats	lipids	cancer doctor	oncologist
overweight	obese	eye doctor	ophthalmologist
weak bone disease	osteoporosis	lung doctor	pulmonologist
not cancer	benign	joint, bone, and immune system doctor	rheumatologist

Examples of Teach-Back Starters →

- “Just to be safe, I want to make sure we are **on the same page**. **Can you tell me...**”
- “I want to make sure that I explained things clearly. **Can you explain to me...**”
- “**Can you show me how you would use your inhaler at home?**”

Will these patients feel like they are being tested?





Non-jargon Speaking Doctor

There are several things that could be causing your chest pain, including some that are not worrisome and some that are more serious. I am concerned, however, that this may be serious and that your symptoms may be caused by your heart muscle not getting enough oxygen, which is called a heart attack. I'm sending you to the emergency department for testing to see if that's the case. There they will check blood work and run some tests. If they do find it is a heart attack, they'll start treatment right away. However, if the tests are normal, they'll still admit you to the hospital overnight to repeat the tests and make sure they stay normal.

How should this doctor phrase a question to determine if they were clear in their explanation?

- Do you have any questions?
- Did I explain this well?



How should this doctor phrase a question to determine if they were clear in their explanation?

- **Do you have any questions?**
 - Even if a patient's thinkin': "Where do I even start," they'll usually just head shake "no"
- **Did I explain this well?**
 - Patient's thinkin': Should I tell them "No?" or should I just say "Yes?" because it seems like they really care about what's going on..."
- **ME: *I've used a lot of my words to explain this stuff. Maybe you could better explain it using your words. When you get home and you want to tell someone what's going on, what do you think you might tell them?***



Wrapping Up Plain Language/Health Literacy

The Teach-Back Method:

- Simple in Concept
...**More difficult in reality**

Why is it a Challenge?

As it is difficult for us to find the right words to ask our patients if we've been clear in conveying the information without it feeling like a test...

It's just as difficult for patients to find the right words to tell us we've failed to clearly explain something...



Wrapping Up Plain Language/Health Literacy

I.M.O.:

I think it's great method ... I use it as much now in non-clinical work as in clinical work

Just because it's hard for me doesn't mean it isn't good for family/friends

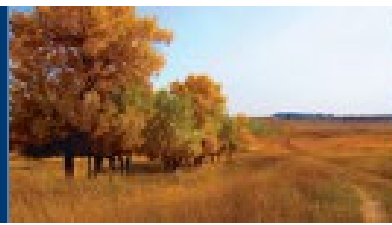
It's in my personality to seldom walk away from a challenge.

Recommendation:

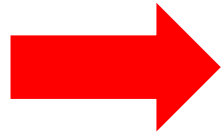
Consider tweaking it 'til it works for you and your practice.

(Eventually, could it be another time-saver?)

Center for Rural Health



KMT opinion: O.S.D. The One Stop Document



- Plain language
- Health literacy
- Culture/Linguistics
- Written/Online guidance



Health Literacy Online A Guide for Simplifying the User Experience

This research-based guide will help you develop intuitive health websites and digital tools that can be easily accessed and understood by all users — including the millions of Americans who struggle to find, process, and use online health information.

- Foreword by Dr. Karen B. DeSalvo, MD, MPH, MSc
- About Health Literacy Online: 2nd Edition
- 1 Section 1. What We Know About Users with Limited Literacy Skills
- 2 Section 2. Write Actionable Content
- 3 Section 3. Display Content Clearly on the Page
- 4 Section 4. Organize Content and Simplify Navigation
- 5 Section 5. Engage Users
- 6 Section 6. Test Your Site with Users with Limited Literacy Skills
- Health Literacy Online Strategies Checklist



U.S. Department of Health and Human Services,
Office of Disease Prevention and Health Promotion. (2015). Health Literacy Online: A guide to simplifying the user experience.

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Familiarity with how HHS's **National Standards of Culturally and Linguistically Appropriate Services (CLAS)** link to daily patient care

2. Familiarity with how **Health Literacy concepts** and **Plain Language usage** intersects with CLAS

3. **Ideas** on how to **leverage providers' current Plain Language** use to further **increase efficiency** and **patient satisfaction**

4. **Ideas** on how **organizations** can leverage **Plain Language** and **Health Literacy** for **Community Engagement** options



1. Plain Language
 - The Languages of Medicine
 - What Plain Language is
 - Personal/Organizational use



2. CLAS
 - What it is
 - Examples



3. Health Literacy
 - Definitions
 - Review Basic Concepts



4. **Organizational ideas for leveraging PL/HL in CE efforts**



Organizational Ideas for Leveraging Plain Language in Community Engagement Efforts

PRINCIPLES OF
COMMUNITY ENGAGEMENT
SECOND EDITION

https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

“...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people...”

“...Community engagement can take many forms, and partners can include organized groups, agencies, institutions, or individuals...”

NOTE: “Community” will need to be defined by any project.



Advice on Community Engagement from a Rural GME/Graduate Medical Education Expert

“But a “**must**” in this step is engaging your **non-medical** community. When you think you’ve connected with all of them, it’s been my observation that you probably *don’t* have them all. That’s the time to **stop**. **Rethink** your stakeholders.”

Lou Sanner MD

Assistant Prof University of Wisconsin Dept of Family Medicine
Community Health Residency Program Solutions Consultant



KMT’s advice: “Remember: What we do is hard.”

“The more hesitant you are to engage a particular **non-medical** — or medical, for that matter — stakeholder, the more likely that stakeholder will add to your efforts.

“Embrace the naysayer!”

and

“Don’t forget the teens!”



Our “Tweakable/Replicable” Community Engagement Project:

Community: Rural newspaper readers in
at sites of MSIII clinical rotations

Partners:

- **NDRHA**
- UNDSMHS Dept Fam/Comm Med
- Center for Rural Health
- **Rural newspaper editors**

Outcomes:

- 60 stories in plain language
- 17 **rural** newspapers
- 3 states
- **1 urban ND paper**

Targeted Rural Health Education Project

Summary

- **Need:** Dual platform to teach both plain language use and health literacy principles to health professions students and disseminate health information to rural populations.
- **Intervention:** Writing project using community-specific public health data in order to write a plain language health education article suitable for publication in a rural newspaper.
- **Results:** Since program start in 2017, over 60 students have successfully published their plain language health education articles in 17 rural newspapers in 3 states.



<https://www.ruralhealthinfo.org/project-examples/1095>



Our “Tweakable/Replicable” Community Engagement Project:

Targeted Rural Health Education Project

Most pure form of plain language I’m involved with:

• <https://www.ndrha.org/trhe/articles/a-to-z>

Summary

- **Need:** Dual platform to teach both plain language use and health literacy principles to health professions students and disseminate health information to rural populations.
- **Intervention:** Writing project using community-specific public health data in order to write a plain language health education article suitable for publication in a rural newspaper.
- **Results:** Since program start in 2017, over 60 students have successfully published their plain language health education articles in 17 rural newspapers in 3 states.

• [Bladder Health: Let Go of the Embarrassment, Not the Urine](#)

Author: Stephanie Ziegler
Date: December 2022
Dickinson, North Dakota

• [Blood Pressure: What It Is, Why It's Important, and How to Control It](#)

Author: Kenny Ryan
Date: August 2023
Grafton, North Dakota

• [Breast Cancer Screening: The Difference a Picture Can Make](#)

Author: Sarah Rasmussen
Date: September 2021
Beulah and Hazen, North Dakota

• [A Breath of Knowledge: Lung Scans Can Save Your Life!](#)

Author: Amanda Hansmann
Date: October 2023
Benson, Minnesota

• [Calming Anxiety: How to Respond When Worry Takes Over](#)

Author: Annabel Jiran
Date: December 2021
Jamestown, North Dakota

• [Cancer Screening: The First Step Toward Early Treatment](#)

Author: Allie Trudel
Date: December 2019
Hettinger, North Dakota

• [Care for Wishek's Unborn: Understanding Ultrasounds](#)

Author: Zoe Saylor
Date: October 2020
Wishek, North Dakota

• [Catching Good ZZzzzzs: How to Wake Up Refreshed, Rested, and Recharged](#)

Author: Jordan Oilphant
Date: November 2023
Jamestown, North Dakota

• [Cholesterol: The Good, the Bad, and the Triglyceride](#)

Author: Joe Wood
Date: October 2021
Benson, Minnesota

• [Colon Cancer Prevention: You Have Options](#)

Author: Hallie Anderson
Date: April 2020
Jamestown, North Dakota

• [Crack the Code: Osteoporosis, Exercise, and Daily Habits for an Unbreakable Future](#)

Author: April Hagemelster
Date: December 2023
Devils Lake, North Dakota

• [Cyberbullying: It's Time to Prioritize an Ever-Growing Issue](#)

Author: Morgan Thomas
Date: December 2022
Jamestown, North Dakota

• [Depression in Rural North Dakota: Could Telemedicine Level the Field?](#)

Author: Jack Stacy
Date: August 2017
Oakes, North Dakota

• [Depression: How Can We Support Our Loved Ones?](#)

Author: Hannah Schradlick
Date: August 2017
Wahpeton, North Dakota

• [The Dickinson Connection: Telemedicine](#)

Author: Alysa Lerud
Date: September 2018
Dickinson, North Dakota

• [Domestic Violence: What It Is and How To Help](#)

Author: Rachel Silkey



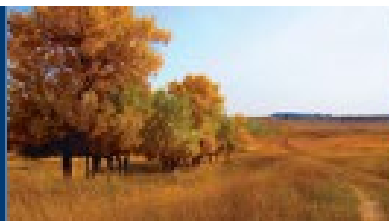
<https://www.ruralhealthinfo.org/project-examples/1095>

Center for Rural Health



- **Why rural newspapers → Data says we should!**
 - 2017: “Rural Health Literacy: Who’s Delivering Health Information?”
 - **“Newspapers are read, re-read, clipped, and saved. That clipping is taken to clubs, card games, and shared in all kinds of settings. It’s a natural medium for rural America...”**
 - Surveys: 85% of rural residents get a weekly newspaper
 - Offer different information than radio/TV soundbite
 - *Allen Beerman, Executive Director, **Nebraska Newspaper Assn**
- <https://www.ruralhealthinfo.org/rural-monitor/delivering-health-information/>

Center for Rural Health



Viewership data

Organization	Date (overlapping)	Page views	Average story views
Participating rural newspapers	Unable to do "Teach-back" =N/A for hardcopy or online viewership or reader feedback Surrogate voice: Editors report: "Why don't you publish more of these?"		
North Dakota Rural Health Association website	9.1.2019 – 12.8.2022	5,501	N/A
	1.1.22 – 11.17.22	4,470	N/A
	5.1.22 – 4.17.2023	5,214	40 (range 5 - 378)



Suggestions for Plain Language Public Health Education Projects

- As an organization — or as an individual — don't hesitate to create original content INHOUSE ... Nobody knows your community like you do!
 - Leverage federal and state public health information and “translate” it so it matches your local culture and its linguistics.
- Revise a patient information form
 - Including a digital form (?challenge depending on IT support?)
- Revise a brochure
 - EX: Advice on colon cancer screening options

Center for Rural Health



“90-second homemade video”

<https://www.youtube.com/watch?v=EH-YBpVP7jo>

For a 2017 story done on rural colorectal cancer screening

- <https://www.ruralhealthinfo.org/rural-monitor/colorectal-cancer-screening>
- Feb 2021: 1500 views

March 2021

In one month: ~>550K additional views

WHY? → National Colorectal Cancer Awareness Month and picked up by several advocacy groups.

What's your take-away?



Ideas for Plain Language Public Health Education *cont...*

- Change it up! Leverage print media instead of online
 - Partner with your local newspaper and have your team members create content for a “special edition”
 - Advertise healthcare services
 - Bulk mailing so it reaches everyone with an address
 - Distribute to local businesses
 - Local magazines
 - Organizational newsletters



Senate Appropriations Committee

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND
EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, **2024**

Rural Media.--The Committee recognizes the critical role local media plays in delivering public health messages to small or rural communities. Therefore, the Committee directs the Secretary to ensure that local media in small or rural markets are part of the Federal public health advertising campaigns. To further this goal, the Committee directs the Secretary, in coordination with the Assistant Secretary for Public Affairs and their media buyer contractors, to prioritize local news media in rural areas for HHS Federal advertising campaigns to reach citizens in these communities with key health messages. **Local media should include newspapers, including non-daily newspapers, television, and radio.**



Using Plain Language The CLAS-y Compliant Style of Healthcare Conversations and Communication

“...Increasingly complex medical care in a more equitable, cost-efficient, time-efficient – not to mention regulation-compliant – manner...”

Leverage & expand your current use of plain language – emphasize your personal and organizational attention to the nuances of culture and linguistics – and you will impact your healthcare delivery to the urban or rural population you serve.



Thank You!

Kay Miller Temple MD, MMC

Health and Medical Content Writer | Rural Health Information Hub

University of North Dakota Center for Rural Health

1301 N Columbia Road, Stop 9037 | Grand Forks, ND 58202-9037

Direct: 701-777-6146 | Toll-free: 1-800-270-1898

kay.millertemple@und.edu