

# Patient-Centered Communication with Vulnerable Populations

## Promising Practices for Addressing Health Literacy

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# Objective and Rationale



Objective: Communication that Is Patient-Centered and Effective



Rationale:



- Communication is fundamental to health care
- Communication is linked to patient satisfaction, health care quality, patient safety
- Communicating across cultures, languages, health literacy levels is challenging





# Methods

Solicit Nominations: 80 Sites Nominated

Request Applications: 40 Sites Applied

Expert Advisory Panel Select 8 Hospitals

- Selection criteria: location, size, type, patient diversity, innovation

2-day Site Visits

- Interviews, focus groups
- Three primary questions: Drivers of Change, Promising Practices, and Lessons Learned



# Eight Hospital Sites



- Caritas Good Samaritan Medical Center (Brockton, MA)
- Woodhull Medical and Mental Health Center (Brooklyn, NY)
- University of Virginia Health System (Charlottesville, VA)
- WakeMed Health and Hospitals (Raleigh, NC)
- Iowa Health System (Des Moines, IA)
- Sherman Hospital (Elgin, IL)
- Harborview Medical Center (Seattle, WA)
- San Francisco General Hospital (San Francisco, CA)





# Nine Promising Practices



- Encourage Passionate Champions
- Collect Information to Demonstrate Needs
- Engage Communities
- Develop Workforce Diversity, Communication Skills
- Involve Patients Every Step of the Way
- Be Aware of Cultural Diversity
- Provide Effective Language Assistance Services
- Be Aware of Low Health Literacy, Use Clear Language
- Keep Re-Evaluating Organizational Performance





## #5 Involve Patients Every Step of the Way



### Educate Patients

- Materials should match patient needs, abilities
- Take advantage of new technologies



### Use Patients' Experiences

- To identify problems, solutions
- To educate other patients
- To raise staff awareness



*"It sounded different coming from someone who had experienced it. And that is when we got our passion."*  
(Chair of Health Literacy Team, The Finley Hospital)





## #8 Be Aware of Low Health Literacy, Use Clear Language



### Review Documents, Education Material, Signs

- With marketing, community relations, translators, etc.
- Have volunteers review and provide comments
- Learn from your interpreters, translators



### Incorporate “Teach Back” into Processes

- Repeated “teach back” opportunities
- Add to standard conversations, reminder call scripts
- Build in to forms, such as informed consent forms



*“Working with interpreters helped us realize we don’t communicate clearly with English-speaking patients.”*  
(Human Resources Director, Sherman Hospital)





# Study Limitations

- Only 8 Hospitals Included in Sample
- Not Selected Randomly
- Recognized for Good Work, not Critiqued
- Mission-Driven to Care for Vulnerable Populations

# Communicating with Vulnerable Populations





# Using what we learned...



Ethical Force Consensus Report

*“Improving Communication - Improving Care”*



Organizational Assessment Toolkit

- Field testing in 16 hospital/clinic sites
- Survey patients, clinicians, staff, leaders
- Evaluate policies, practices and outcomes
- Identify strengths, weaknesses
- Guide communication QI programs





# Conclusion

*“In the absence of effective communication you have no hope of having a successful outcome.”*

Dr. Dean Schillinger,  
San Francisco General Hospital/  
University of California at San Francisco





# Thank You

For more information,  
please visit:

[www.EthicalForce.org](http://www.EthicalForce.org)

