

# **The Intersection of Health Literacy, Cultural-competency, and Patient-centeredness for Quality Improvement**

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# Purpose of Talk

- To discuss the development of patient centeredness as an indicator of quality
- To compare conceptual models for patient centeredness and cultural competence
- To discuss how attention to health literacy, cultural contexts, and language preferences are critical to improving communication and healthcare quality

# Patient Centeredness

# Early Conceptions of Patient-Centeredness

Balint 1969	each patient <i>“has to be understood as a unique human being.”</i>
Lipkin et al. 1984	“patient-centered interview” approaches the patient as a unique human being with his own story to tell promotes trust and confidence clarifies the patient’s concerns understands psychosocial dimensions of illness creates the basis for an ongoing relationship
McWhinney et al. 1989	“the physician tries to enter the patient’s world, to see the illness through the patient’s eyes.”

# “Through the patients eyes:” from individual interactions to systems



*Original model of interaction and communication between patients and physicians*

May include other modes of communication:

- communication with receptionists
- written communication (education materials, signage)
- phone calls, e-mails

Expanded beyond communication to other aspects of care:

- convenient office hours
- ability to make appointments
- being seen on time
- having services available nearby

# Later Conceptions of Patient-Centeredness

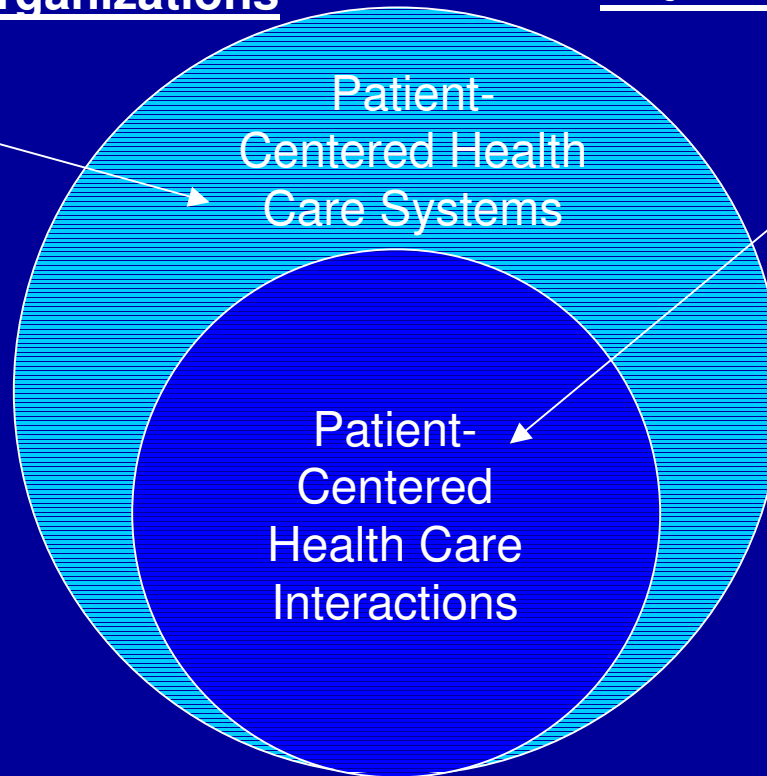
<p>MeSH Definition 1995</p>	<p>Design of patient care wherein institutional resources and personnel are organized around patients rather than around specialized departments.</p>
<p>Institute of Medicine Crossing the Quality Chasm 2001</p>	<p>“providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”</p>

# Key Features of Patient-Centeredness

## Within Health Care Organizations

Services aligned to meet patient needs/preferences:

- Coordinated/ integrated/ continuous
- Convenient/ easily accessible
- Attendant to health promotion/ physical comfort



## Within Interpersonal Interactions

Provider understands each patient as a unique human being:

- Uses biopsychosocial model
- Views patient as person
- Shares power and responsibility
- Builds effective relationship
- Is aware of the 'doctor as person'

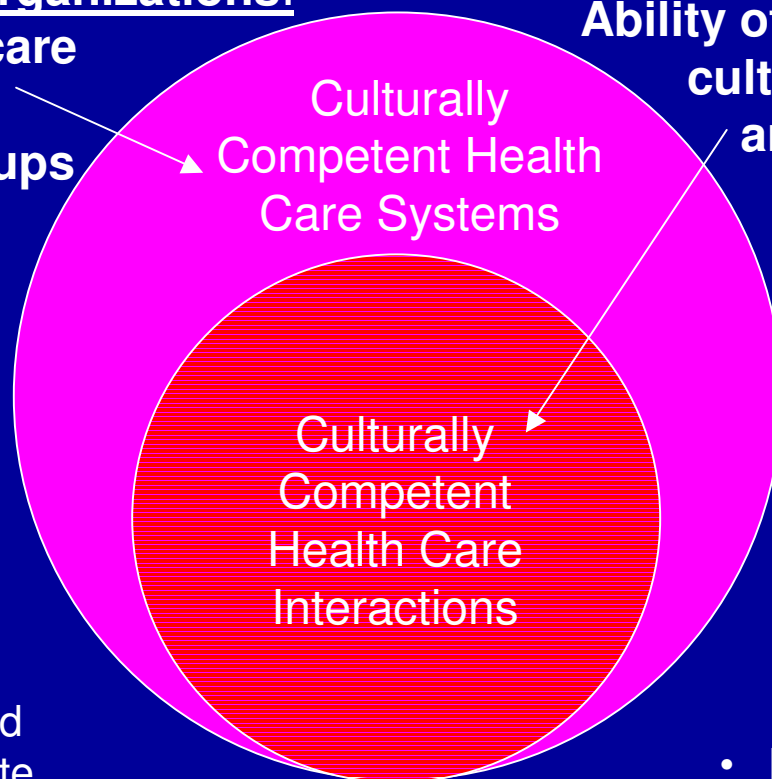
# Cultural Competence

# Key Features of Cultural Competence

## Within Health Care Organizations:

**Ability of the health care organization to meet needs of diverse groups of patients:**

- Diverse workforce reflecting patient population
- Language assistance available
- Ongoing staff training regarding culturally and linguistically appropriate services



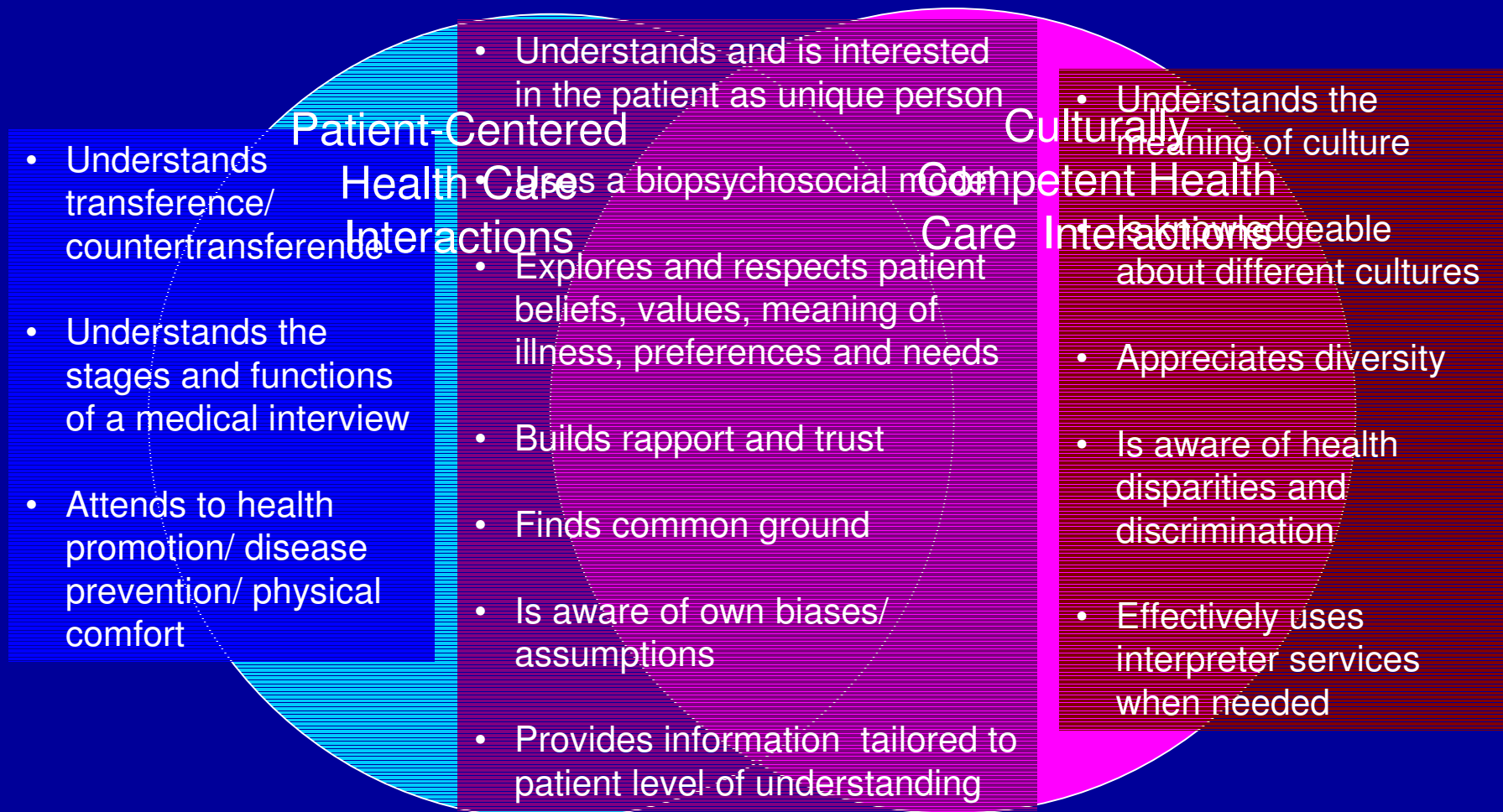
## Within Interpersonal Interactions:

**Ability of a provider to bridge cultural differences to build an effective relationship with a patient:**

- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Finds common ground
- Is aware of own biases/assumptions
- Is aware of health disparities and discrimination
- Effectively uses interpreter services when needed

Overlap between  
Patient Centeredness and  
Cultural Competence

# Overlap between Patient-Centered Care and Cultural Competence at the Interpersonal Level



# Overlap between Patient-Centered Care and Cultural Competence at the Health Care System Level

- Convenient office hours/ability to get same-day appointments/short wait times
- Availability of telephone appointments or email contact with providers
- Coordination of care
- Ongoing patient feedback to providers
- Focus on health promotion/disease prevention

Patient-Centered Health Care Systems

- Services aligned to meet patient needs and preferences
- Healthcare facilities convenient to community
- Documents tailored to patient needs/ literacy/ language
- Data on performance available to consumers

Culturally Competent Health Care Systems

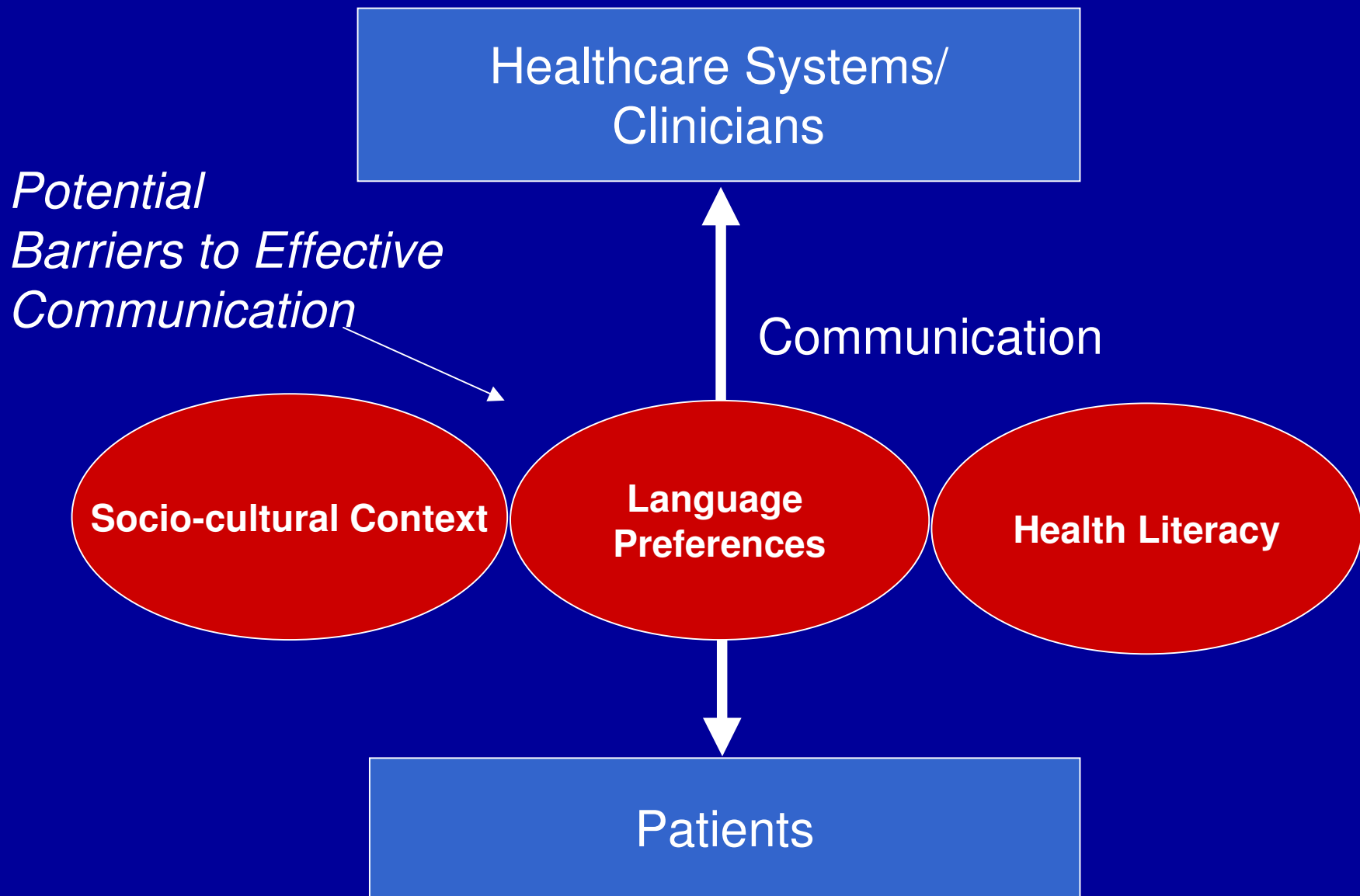
- Workforce diversity reflecting patient population availability and offering assistance
- Ongoing training of staff regarding culturally and linguistically appropriate services
- Partnering with communities
- Use of community health workers

Where does health literacy fit in  
to this framework?

# Patient-Centered Care Ought to Address Health Literacy, Cultural Contexts, and Language Preferences

- *Patient-centered Care* - “care that is respectful of and responsive to individual patient preferences, needs, and values.” (IOM, 2001)
- What are patients’ preferences and needs?
  - *>34 million people born in another country\**
  - *>22 million people speak English less than “very well”\**
  - *>95 million people have literacy levels below what they need to understand most basic health information\**

\*AMA Ethical Force Program. *Improving Communication - Improving Care.*  
2006

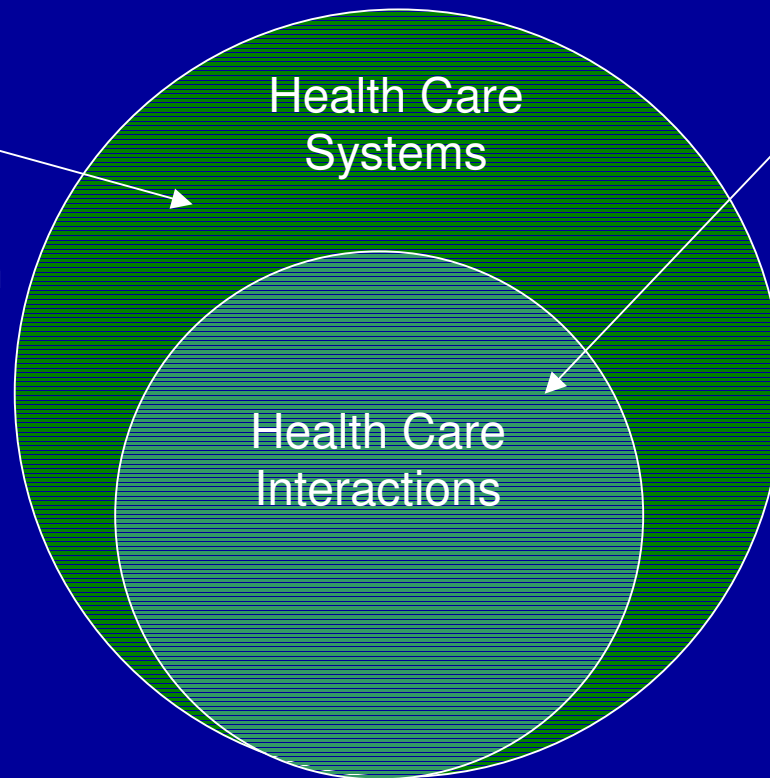


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# Key Features of Health Care that Effectively Addresses Health Literacy

## Within Health Care Organizations

- Create/use materials that present information clearly to a broad audience
- Assess patient materials to ensure understandability
- Know the prevalence of limited health literacy in patient population



## Within Interpersonal Interactions

- Communicate in clear and simple terms
- Observe patient behavior for signs of limited health literacy/misunderstanding
- Assess patient understanding of information

# Main Points

- Patient-centered care *conceptually* includes attention to patients' health literacy, cultural context, and language preferences
- BUT... many common specifications of patient-centered care do not explicitly attend to health literacy, cultural context, and language preferences
- Literature which addresses improving communication across cultures, languages, and literacy levels have developed more specific strategies, and should be considered with more generic patient-centered strategies