



**EXCITE**

Extension Collaborative on  
Immunization Teaching & Engagement

# How Healthcare Providers Can Address Barriers to Health *Using*

- Patient-Centered Communication
- Health Literacy
- Cultural Competency

# Meet the UME **EXCITE** Team!



**Lisa McCoy, EdD, RDN**  
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# **Introductions**

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**Background:**

**Maryland**  
**EXCITE**  
**Research**  
**Grant**

# What is **EXCITE**?



**EXCITE**

Extension Collaborative on  
Immunization Teaching & Engagement

The **EXCITE** (Extension Collaboration on Immunization Teaching & Engagement) Project, funded by the **U.S. Department of Agriculture's National Institute of Food and Agriculture**, is a collaborative effort of Land-Grant Universities and the Cooperative Extension System.

The **goal** is to **improve vaccination coverage** and to **strengthen immunization education** with a special focus on adult vaccination hesitancy around both COVID *and other adult immunizations*. Also, the immediate goal of this project is to promote the uptake of COVID-19 vaccinations through relevant messaging and innovative models for community action.



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# The Maryland **EXCITE** Project



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- Focus on rural areas to reach stakeholders who work with underserved populations, including
  - Agricultural workers
  - Migrant workers
- Strengthen cultural competencies among healthcare professionals by providing training on patient-centered communication and health literacy and ways to address vaccine hesitancy in a literate and empathetic manner.
- Provide education and tools to University of Maryland Extension staff to enable them to better work with rural communities in Maryland



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# Previous **EXCITE** Activities

**Activity 1:** To test various health messages related to COVID-19 vaccinations in many locations and with various audiences across the country.

**Purpose:** Learn what health messaging resonates with priority audiences and seek to reduce vaccination hesitancy, specifically surrounding the COVID-19 vaccine.

**Activity 2:** To create and test various methodologies to conduct immunization education programs with priority populations for all types of adult vaccinations.

**Purpose:** Funded projects worked cooperatively with the CDC, local health professionals, and programs to improve immunization rates with priority populations.

Many EXCITE projects use CDC messaging in creative and culturally-sensitive ways to reach historically underserved populations.

[cdc.gov/vaccines](https://cdc.gov/vaccines)



# EXCITE 2024



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EXTENSION

Professional  
Development

In-person

Virtual

Asynchronous  
class

Toolkit

Health Literacy

Cultural  
Competency

Motivational  
Interviewing

Follow-up

Educational  
support to  
access  
unbiased,  
research-base  
d information.



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# **Health Literacy**

# Health Literacy (HL)



## 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.

## Organization Health Literacy

- The degree to which **organizations** equitably enable/guide individuals to inform their health decisions



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# Health Literacy Skills



## Personal HL skills include:

- reading and writing information
- calculating and interpreting numbers
- communicating with healthcare professionals
- using health technologies (i.e. an

## Organizational HL skills include:

- Plain language
- Clear communication
- Mutual respect
- “Teach back”



# Low Health Literacy

- 90 million Americans have low health literacy
- These individuals do not have the skills necessary to participate in their healthcare and maintain good health such as:
  - Reading and writing
  - Calculating numbers
  - Communicating with healthcare providers
  - Using health technology (i.e. electronic diabetes monitors)

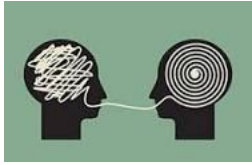


# Why is Health Literacy important?



- Health literacy is directly related to health equity
  - Higher rates of low HL in minority and low SES groups
- Patients cannot trust a provider they cannot understand and be understood by
- Patients cannot change their behaviors if they can not understand how their behaviors impact their health





# Plain Language

- “communication that uses words and design that is understood quickly, easily and completely as possible”
- Checklist for plain language use:
  - Put the most important message first
  - Try to use direct language with words that are low in syllables
  - Limit each sentence to 1 idea.
  - Write in active voice and use “you” and other pronouns.



# What can I do to be a Health Literate Provider / Organization?



- Make health literacy one of your organization's key values and evaluate current forms, policies, and health deliverables provided by your organization
- Educate yourself and staff on plain language substitutes to use in your practice.
- Use the 3 questions rule with patients: *What is the problem? / Why is it a problem? / What am I doing to address the problem?*



# Activity using Plain Language

- Learn about resources that can help. (Toolkit provided)
- CDC Clear Communication Index
- Evaluate a sample using the Clear Communication Index (handout) – work in groups (when possible)







# **Patient-Centered Communication**

# Why is it important?

- Better adherence to treatment plans → improved health management → better health outcomes
- Higher patient satisfaction and trust
- Reduces the potential for misunderstanding
- Improvement for patient autonomy

*Healthcare is not just treating diseases but addressing individual's needs, values, and preferences.*



# 3 Main Goals

1. Inquire about the patient's perspective
1. Understand their psychosocial context and reach mutual prevention and / or treatment goals
1. Keep patient's values an important part of the decision-making process



# Key Components of Patient-Centered Communication

- Trust, mutual respect, empathy
- Active listening to patients
- Appropriate information sharing (relevant and easy to understand)

- Respect for cultural differences
- Provide ongoing support
- Patient involvement in decision making about their own treatment / care



# Active Listening

- Eye contact
- Open body language
- Undivided attention
- Acknowledgement of feelings
- Non-judgmental
- Reiteration of patients' thoughts



# Empathetic Listening

- Honor first “Golden Moments”
- Listen for underlying feelings, needs, and values
- Remain present when listening
- Look for cues to speak versus listen
- Reflect on personal experience



# Keeping Communication Open

- Appointment reminders
- Provide contact information for follow-up
  - Beyond portal
- Check-ins



# Respect Patients' Time + Efforts

- Avoid rushing a patient
- Allow patient to fully disclose concerns and ask for clarification
- Answer questions with as much detail as possible
- If needed, refer patient to other reliable resources





# Motivational interviewing:

*A client-centered, goal-oriented counseling style designed to elicit and strengthen personal motivation for change by exploring and resolving ambivalence.*

Principles	Techniques
<p><b>Collaboration</b> - Establishing a partnership between the counselor and client.</p> <p><b>Evocation</b> - Drawing out the client's own thoughts and motivations.</p> <p><b>Autonomy</b> - Respecting the client's right to make their own choices.</p>	<p><b>Open-ended questions</b></p> <p><b>Affirmations</b></p> <p><b>Reflective listening</b></p> <p><b>Summarization</b></p>



# Motivational interviewing:

- Ask the patient a scaled question.
  - “On a scale of 1 to 10, how likely are you to get a flu shot?”
- Then explore both sides of their response. Let's pretend patient says 4. Reply with:
  - “Okay, why 4? And why not a lower number?”
  - Let them answer, then ask a follow-up question:
  - "What would help you move to a 5 or 6?"



# Let's Practice!



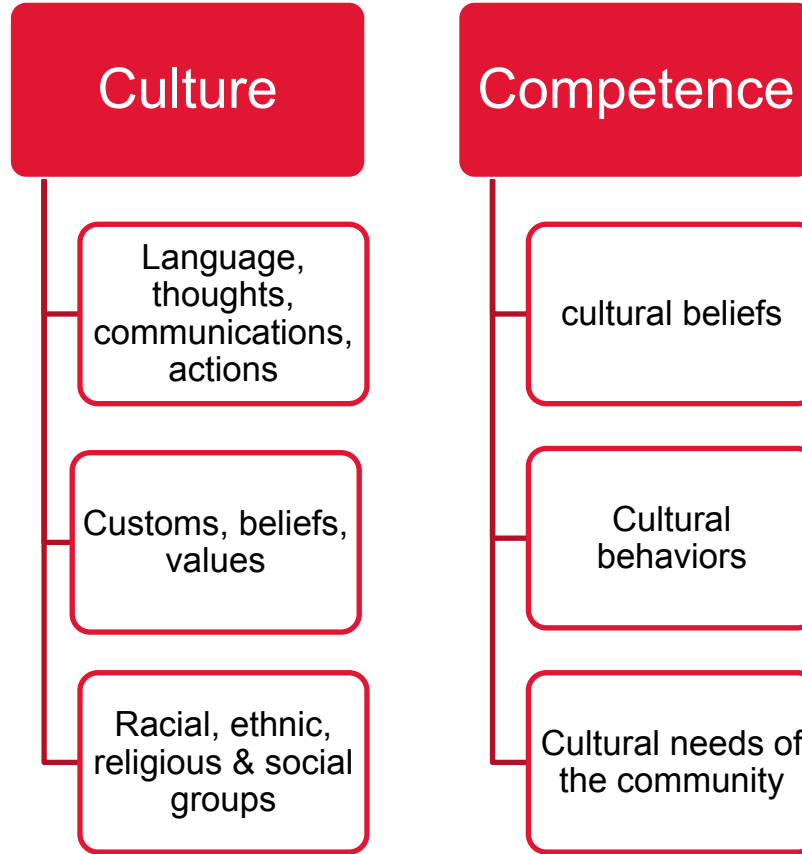
Find a video to show motivational interviewing and have participants identify the different steps





# Cultural inCompetence

# What is Cultural Competency?



## Examples to assure cultural competency



## Cultural Considerations

- |                         |   |
|-------------------------|---|
| • Ethnicity             | • Spirituality / Religion                   |
| • Race                  | • Literacy level                            |
| • Country of origin     | • Sexual orientation                        |
| • Sex / Gender          | • Employment                                |
| • Age                   | • Geographic location                       |
| • Socio-Economic Status | • Physical / Mental ability and limitations |
| • Primary language      | • Immigration status                        |
| • English proficiency   | • Criminal Justice involvement              |
| • Hearing proficiency   | • Political climate                         |



# Respecting Cultural Differences Among Patients



- Ask about patient's native language
- Provide translation services as needed
- Be understanding of cultural differences
- Tailor services according to patient values
- Be cognizant of patient's potential political and religious beliefs



# Getting to know you patient better

- Being forward with information...
- Would you prefer that today's services be in English or Spanish?
- How was it getting to the office today? Did you have any difficulties?
- Are you satisfied with your current insurance plan? Why or why not?
- Do you use herbs, natural health products, or visit an alternative practitioner? Please explain if so.





# Integrating Culturally-Diverse Materials into the Physical Environment

- Display diverse pictures, posters, and artwork that reflect cultures of patients
- Offer culturally diverse printed materials, including translated ones too
- Display movies and films that represent patient cultures





# How do We Become More Culturally Competent?

# Why is Cultural Competency Important?

- Racial and ethnic minorities have higher morbidity and mortality than their white counterparts
- Having a regular doctor or usual source of care facilitates likelihood to obtain health when it is needed
- Understanding patient's values, beliefs, and traditions is important for understanding their health behaviors and attitudes



# Key Components of Cultural Competency



**There are 5 essential elements that contribute to an organization's ability to become more culturally competent:**

1. Value Diversity
2. Have the capacity for cultural self-assessment
3. Be conscious of the dynamics inherent when cultures interact.
4. Institutionalize cultural knowledge through policies and leadership management.
5. Develop adaptations to service delivery that reflects an understanding of diversity between and within cultures.



# Cultural Competency Continuum



Least preferred

Most preferred





**Any  
Questions or  
Comments?**

# Connect with your Maryland **EXCITE** Team!

Reach out to any member of the team via email with questions, concerns, or to learn more about our project!

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# Thank you!



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