

# From Bedside to Community: Closing the gap in health communication

Dean Schillinger MD

Associate Professor of Medicine,  
University of California San Francisco  
School of Medicine

UCSF Community Engagement Program

Director, Center for Vulnerable Populations  
San Francisco General Hospital

# UCSF Clinical Sciences Community Engagement Program

- To foster research between UCSF scientists and the community and promote more empowered, **participatory models** of community involvement
- To increase the **relevance** of clinical research to the communities we serve, and expand the **reach** of this research to reduce disparities
- To increase the **impact** of clinical research by supporting **dissemination** of research evidence and adoption of best practices by community partners



**San Francisco General Hospital-UCSF**



# The patients we serve

- 75% are from racial, ethnic minority and immigrant communities
- Half have literacy skills inadequate to meet health care demands
- One-quarter do not speak English
- 50% uninsured, 30% Medicaid, 15% Medi-Care, 5% are privately insured;
- 20% are homeless or marginally housed
- Majority have one or more chronic illnesses: asthma, diabetes, stroke, hypertension, mental health problems, or arthritis
- Additional vulnerabilities : violence, poverty, lack of health insurance, depression, addiction, perceived discrimination or mistrust.
- Notable for resilience, survivorship, humanity and creativity in face of adversity



# Conceptual model for understanding health and healthcare of vulnerable populations

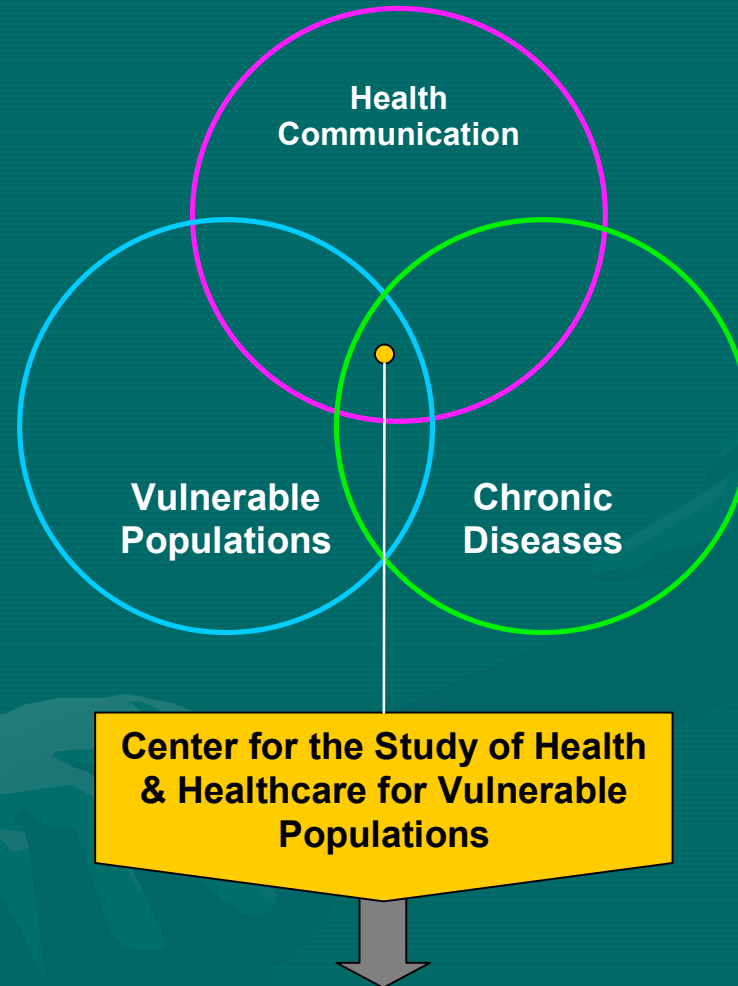
- Vulnerable populations experience health risk in clusters, making them more vulnerable to poor health than those with a single risk..
- Risk is experienced both at individual and ecological (community, sociopolitical) levels.
- Vulnerability status is, in part, determined and reinforced by social norms and public policy.
- There are common, cross-cutting traits affecting all vulnerable populations.
  - Implications for local and global initiatives to improve the health and health care.
- Vulnerable populations also have characteristics that are health-promoting and buffer against the untoward effects of vulnerability.
  - Contrary to common belief, appropriately designed efforts to improve health and health care can lead to disproportionate health gains.

# UCSF Center for Vulnerable Populations @ SFGH

A concerted effort is now required to better understand the mechanisms whereby such social vulnerabilities create disparities in health and to develop evidence-based models to overcome or adapt to these obstacles so as to eliminate or reduce disparities in health and healthcare.

# The UCSF Center for Vulnerable Populations Vision

Schillinger 2007



To develop, implement and disseminate effective strategies to prevent and treat chronic disease in those most at risk.



# Health Communication is a Key Strategy



# What is the relevance of health communication in chronic disease ?

- High self-management demands
- Increasing reliance on technology
- Large mismatch in training between health professionals and target populations (“health literacy”)
- Counterbalance role of commercial mass media in consumerist society
- Strong inverse relationship between educational attainment and chronic illness burden
- Little known about communication and chronic disease care
- Communication can be powerful motivator for change

# Literacy and health

- People with limited literacy skills not only have problems with reading, but more likely to have difficulties with:
  - calculations, numeric problem solving
  - oral communication (less understanding, lower knowledge, restricted vocabulary, and less active speakers)
  - Carrying out medical instructions or learn new skills
  - This combination of characteristics is what many refer to as “low health literacy”

# Literacy and health

- Literacy skills basic or below basic for over 1/3 of US population
- In elderly population, limited literacy associated with
  - worse self-rated access to care,
  - lower self-rated health
  - higher rates of some chronic diseases,
  - higher adjusted mortality
- In public hospital patients with diabetes, limited literacy associated with poor glycemic control/complications

# How Does Limited Literacy Affect (Verbal) Clinical Interactions?

- Impedes understanding of technical information and explanations of self-care
- Impairs shared decision-making
- Speed of dialogue, extent of jargon, lack of interactivity determinants of effectiveness of communication
- Impairs medication communication, jeopardizing patient safety (medication “discordance”)
- Interaction between limited Eng proficiency and limited literacy

Fang et al. 2006 JGIM

Schillinger et al. 2004 Pt Ed and Counseling

Castro et al, Am J Health Beh 2007

Schillinger et al. 2003 Arch Int Med

Schillinger et al 2004. AHRQ Advances in Patient Safety



# 12 Characteristics of Health System that Contribute to Poor Communication for Patients with Limited Literacy

- “High bar“ communication objectives (mastery of self-care skills)
- Lack of interactivity
- Lack of time, incentives
- Reliance on “activated patient”/Reactive vs. proactive system
- Unprepared, untrained workforce
- Reliance on physicians, rather than allied health professionals, teams
- Reliance on single modes of communication (written, verbal)
- Provider-population mismatch/deficiency across language, culture
- Highly bureaucratic system
- High concentration of patients in under-resourced safety net
- Undeveloped technology platforms to support communication (pre-visit, visit, post-visit, inter-visit)
- Competing demands of multiple chronic conditions

# American Medical Association award: Excellence in patient-centered communication

- IDEALL Project (Improving Diabetes Efforts Across Language and Literacy)
- Visual Medical Schedule (VMS) for the anticoagulation clinic
- Videoconference Medical Interpretation (VMI)
- Pediatric Asthma Clinic
- AD-Easy, a more user-friendly version of advanced directive
- CARE— Cancer Awareness Resources and Education at SFGH
- The Ethnic/Minority Psychiatric Inpatient Programs
- Latino Task Force and Latino Mental Health Research Program
- Centering Pregnancy Program
- Refugee Medical Clinic/Newcomers Health Program Collaboration

# The Opportunity Before Us

- Mutually engage partners from health sector, adult education sector, immigrant communities, and their media to:
- Improve bi-directional health communication at multiple levels
  - Clinician-patient
  - Health system-patient/family/population
  - Public Health-Population (mass media)
  - Alternative means of health communication (outside clinical context)

“The problem with communication is the assumption that it has occurred.”

-George Bernard Shaw

“Without dialogue, there can be no communication. And without communication, there can be no education.”

-Paolo Freire