



Health

WHITE PAPER

PRIORITIZING INCLUSIVITY IN PATIENT EDUCATION AND NURSE TRAINING FOR HEALTH EQUITY

As a key objective of Healthy People 2030, “achieving health equity requires valuing everyone equally with focused and ongoing societal effort to address avoidable inequalities, historical and contemporary injustices, and social determinants of health (SDOH) — and to eliminate disparities in health and health care.”

In today’s health landscape, a greater emphasis is being placed on advancing health equity to drive a healthier future. Moving the needle takes true collaboration. Healthcare organizations and payers alike are seeking ways to strengthen parity across race and ethnicity, gender, sexual orientation, socioeconomic status, and other factors. They are implementing patient education programs and other initiatives that meet their populations’ needs to strengthen health outcomes. Additionally, new and emerging care models require providers to have a health equity plan, as well as a data collection system that enables monitoring and incentivizes provider outreach to underserved communities.

Disparities within healthcare

RACE

- + **Uninsured rate:**¹³
 - 19.1% for American Indian and Alaska Native (AIAN) population
 - 18% for Hispanic population
 - 12.7% for Native Hawaiian or Other Pacific Islander (NHOPI) population
 - 10% for Black population
 - 6.6% for Caucasian population
- + **Lack of regular healthcare provider:**
 - 34% of Hispanic adults
 - 18% of Black adults
 - 16% of White adults

The economic and human toll of health inequity

Inequitable access to healthcare and unaddressed SDOH have far-reaching impacts, resulting in increased medical expenses, uneven resource distribution, and higher death rates.¹

Racial disparities cost the U.S. an estimated **\$135 billion in excess medical costs and lost productivity each year.**² As the U.S. Census projects that the non-white population will become the majority in the U.S. by 2045, shifting demographics are expected to exacerbate inequalities.³

Within healthcare, payers are finding that mitigating inequities can increase Medicare Star ratings and drive business growth. One payer organization reported that **80% of their national account requests for proposals (RFPs) and 90% of Medicare RFPs received in 2022 had at least one question on health equity.**⁴

Although achieving health equity is a tall order, generating awareness and implementing action plans are significant steps toward improving health outcomes. While this involves coordinated efforts across sectors including education, housing, and transportation, key initiatives within the healthcare space can help drive a cultural shift:

- + Overcoming barriers to care with language
- + Advancing inclusive patient education
- + Evolving interprofessional care team training

The role language plays in overcoming barriers to care

Effective communication is a pivotal factor influencing social determinants of health. According to a study by the Milken Institute, **88% of U.S. adults have limited health literacy.**⁵ This impairs patients' capacity to access, comprehend, and use health information and services to make crucial decisions about their care.⁶ It also hinders patients' care compliance.

Linguistic barriers are a recognized source of health inequities for ethnic minority communities whose health communication needs cannot be adequately met in the majority language. Emergency situations, such as respiratory distress, and end-of-life care pose heightened risks of medical errors stemming from communication breakdowns.⁷



Disparities within healthcare

SEXUAL ORIENTATION

- + 8% of LGBTQ individuals report being denied care due to their sexual orientation, rising to 29% among transgender individuals.
- + 9% of LGBTQ individuals and 21% of transgender individuals have experienced harsh or abusive language from healthcare providers.¹⁴



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In a study featured in the *Journal of Health Care for the Poor and Underserved*,⁷ researchers have identified three key opportunities to improve health equity for linguistic minority populations:

- + Collect patient and clinician language data in health systems
- + Apply linguistically and culturally appropriate public health messaging
- + Educate the healthcare workforce on communication skills best-practices

Researchers emphasized that collaborative efforts in these areas can be transformative with “the potential to create a long-lasting impact in health care and medical education systems and to improve health equity for vulnerable linguistic minority communities.”⁷

Recognizing the significant role of language in healthcare equity, organizations are taking proactive steps for more inclusive communication practices. The American Medical Association (AMA) has issued a guide to promote a deeper understanding of equity-focused, person-first language. It includes content to help readers recognize the harmful consequences of some commonly used words and phrases, with equity-centered alternatives.⁸

The National Committee for Quality Assurance (NCQA) includes “access and availability of language services” and “cultural and linguistically appropriate services programs (CLAS)” in its Health Equity Accreditation programs for health plans.⁹

As part of their commitment to fostering health equity, the Centers for Disease Control and Prevention (CDC) released the *Health Equity Guiding Principles for Inclusive Communication*. This guidance assists public health professionals in tailoring their communications to the unique cultural, linguistic, environmental, and historical contexts of their target populations.¹⁰ Nkem Chukwumerije, MD, a national leader for equity, inclusion, and diversity at the Permanente Federation in a Harvard Business Review article writes,

“As we understand and address the inequities, structural racism, and injustices experienced by marginalized populations we serve, health equity has become a watchword of modern health care. With that comes a commitment to providing equitable — as well as high-quality and accessible — health care, and a responsibility to choose our words carefully when communicating with our patients. In doing so, we take giant steps toward helping, rather than harming, them.”¹¹



Expanding inclusive patient education

The language used in patient education is critical to support individuals with low health literacy and reduce health care disparities. Studies have shown that, in many cases, a person’s health literacy level is a stronger indicator of their health outcomes than factors such as race, socioeconomic status, or educational background.¹²

When patients understand their care and “the why” behind it, it leads to improved compliance and healthier outcomes. An equitable patient education strategy accounts for individual learning styles and preferences, while also taking SDOH and health behaviors into consideration. Content should be learner-centered, written in plain language, and embrace a range of learning styles to address health literacy challenges.

To achieve more equitable outcomes, information should be created from the patient’s perspective. This helps strengthen their knowledge and skills to make more informed health decisions and take an active role in self-managing their care.

Ensure patient education follows the core tenets of inclusive, empowering, and person-centered language as identified by the Linguistic Society of America, and is at a low reading level per standard readability formulas, such as SMOG and Flesch-Kincaid.

- + **Put the person before the disease or condition.**
Example: “patient with diabetes” instead of “diabetic patient.”
- + **Be gender inclusive.**
Example: “this medicine is a combination of estrogen and progesterin” instead of “this medicine combines two types of female hormones.”
- + **Use intentionally clear and concise words.**
Example: “Take care of your wound as told” instead of “Follow instructions from your health care [provider/team] about how to take care of your [incision cut from/wound].”

General Instructions chart

An example of General Instructions updates to improve readability and use of plain language from *Gestational Diabetes Mellitus, Diagnosis*:

Before: General Instructions	After: General Instructions
Take over-the-counter and prescription medicines only as instructed by your healthcare provider.	Take medicines only as instructed by your healthcare provider.
During pregnancy, your expected weight gain depends on your BMI (body mass index) before pregnancy.	Stay at a healthy weight.
Drink enough fluid to keep your urine pale yellow.	Drink enough fluids to keep your pee (urine) pale yellow. Check your pee for ketones when sick and as told. Ketones in your pee is a sign that your body is using fat for energy because it is not making enough insulin.
Carry a medical alert card or wear medical alert jewelry that says you have gestational diabetes.	Wear an alert bracelet or carry a card that shows you have this condition.
Keep all follow-up appointments. This is important.	Keep all follow-up appointments. Your healthcare provider needs to check your health and your baby’s growth.



Evolving interprofessional training

Nursing and interprofessional education play a pivotal role in narrowing health equity gaps by ensuring care teams are equipped to provide inclusive, culturally sensitive, high-quality care. A thoughtful approach to orientation and professional development fosters understanding of health equity and empowers nurses to address disparities within the healthcare system.

Onboarding is a critical time to instill health equity principles, and foundational training should include:

- + **Cultural competency training:**
Equip nurses with the skills to understand and respect diverse cultural backgrounds, beliefs, and practices. Include training on communication techniques, as well as recognizing and mitigating implicit biases.
- + **Understanding social determinants of health (SDOH):**
Teach nurses how factors such as socioeconomic status, education, and environment impact patient health. This involves integrating SDOH into patient assessments and care planning to provide more holistic and equitable care.
- + **Health literacy and patient communication:**
Teach nurses how to communicate complex medical information in plain language, considering various learning styles and health literacy levels. This helps ensure that patients from all backgrounds can understand their health conditions and treatment plans, fostering better health outcomes.



Disparities within healthcare

GENDER

- + Women (19–64) experience disproportionately higher out-of-pocket medical expenses compared to men, even when excluding pregnancy-related services.¹⁵
- + Black women are more than twice as likely to die from pregnancy-related causes as white women.¹⁶



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Disparities within healthcare

SOCIOECONOMIC STATUS

- + Individuals in lower-income brackets are more likely to report poor self-rated health and experience higher rates of chronic diseases.¹⁷
- + Rural and underserved areas experience more pronounced healthcare access problems such as a lack of healthcare providers and transportation.¹⁸
- + Lower-income individuals are more likely to delay or forgo necessary medical care, including preventive services and prescription medications.¹⁸

Continuous professional development enhances all nurses' abilities to provide equitable care and advocate for all individuals, regardless of background. This can be achieved through:

- + **Advanced cultural competency and implicit bias training:**
Ongoing training sessions can delve deeper into cultural competency and implicit bias, providing nurses with advanced tools and strategies to recognize and address these issues in their practice.
- + **Equity-focused clinical skills:**
Offer specialized training in clinical skills, such as trauma-informed care, to acknowledge the impact on community health and address the needs of underserved populations.
- + **Leadership and advocacy training:**
Empower nurses to become leaders and advocates for health equity within their organizations and communities. This includes training on how to advocate for policy changes, engage in community outreach, and lead initiatives aimed at reducing health disparities.

Both new and experienced nurses benefit from an inclusive and supportive learning environment that can be built with tools such as:

- + **Mentorship programs** for guidance and support on addressing health equity in practice.
- + **Diverse learning modalities** to accommodate different learning styles and preferences.
- + **Feedback and reflection tools** for nurses to discuss their challenges and successes, fostering a culture of continuous improvement and learning.





Conclusion

By fostering an understanding of cultural sensitivity, health literacy, and social determinants of health, healthcare providers can significantly enhance the quality of care for all patients, but especially marginalized individuals. Thoughtfully designed patient education and nurse training can help to close health equity gaps, bring communities together, and ensure all patients receive high-quality, inclusive care.

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Elsevier's simulation environments offer a safe space where new nurses can practice interacting with a diverse collection of patients with rich personal and medical histories. Clinical eLearning courses offer DEI training to breakthrough barriers, unconscious biases, and exclusivity. Evidence-based, coordinated care plans guided by the patient's story promote better clinical outcomes. Patient Engagement solutions account for individual learning styles, preferences, socioeconomic demographics, and health behaviors.

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Resources

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- ¹⁴ <https://www.americanprogress.org/article/discrimination-prevents-lgbtq-people-accessing-health-care/>
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- ¹⁶ <https://www.cms.gov/pillar/health-equity>
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- ¹⁸ <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.00231/full>



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