



March 30, 2022

To: Senate Finance Committee
Re: House Bill 1082
Written testimony in support of the bill

I'm Dr. Cynthia Baur, Endowed Chair and Director of the Herschel S. Horowitz Center for Health Literacy, University of Maryland School of Public Health. The Horowitz Center is part of the state's land grant higher education system with a public service mission, and the Center has served the people of Maryland since 2007.

There are three key reasons you should provide a favorable report on House Bill 1082: First, it will improve the ability of our health professionals and government agencies to communicate effectively with the public and for the public to understand those communications. Both public health and healthcare professionals get a lot of scientific and clinical training but little to no communication training, even though communicating health and medical information to the public and patients is a large part of their jobs, as the pandemic has demonstrated.

One source of data on Maryland providers' communication skills is the federal Centers for Medicare and Medicaid Hospital Compare website. It reports patient ratings of how well their doctors and nurses communicate, if medicines were clearly explained, and if they understood what to do when they got home. At one Maryland hospital, for example, only 67% of the responding patients said their nurses communicated well in comparison to a national average of 80%, and 71% of doctors communicated well compared to 81% nationally. Data for other Maryland hospitals is available at <https://www.medicare.gov/care-compare/>

Second, as a result of improved communication, individuals and communities will be better informed and prepared to act on health recommendations and use health services. Examples include giving patients plain language medication instructions so they understand why the medicines matter and how to take them as prescribed; explaining clearly how and why diabetes and other prevention programs can help them feel better in the present and save them years of poor health and expensive treatments; knowing when the emergency department, urgent care or primary care is the best option; and breaking down complex health insurance information. Each of these situations has personal and system level costs, and the health literacy improvements HB 1082 creates can be achieved without adding more hospital beds or paying for more expensive medical care; indeed, if we use health literacy to cultivate a culture of prevention and an informed public, the long-term result should be a patient-centered system and diminished health care costs in line with the Total Cost of Care goals.

The third reason is HB 1082 advances Maryland's health equity goals by giving everyone, no matter their education level or literacy and numeracy skills, access to plain

language information. It's a "universal precautions" approach to communication when we use plain language with everyone. We don't judge someone as being low literacy; instead, we make clear and useful information available and accessible to all.

The reality is the gap between the public's literacy, numeracy, and science skills and what and how health professionals communicate is huge. In Maryland, only one-third of our eighth graders have proficient reading, math and science skills, according to the 2019 National Assessment of Educational Progress. Our eighth graders, most of whom don't have proficient skills, become teen-agers and young adults not only making health decisions for themselves but also for others as they form families and provide care for parents and other relatives and friends.

But a lot of health and safety information requires strong skills in all these areas to understand the significance of the health risks and how to avoid them. This means the majority of our teens and young adults enter a critical life stage with a weak foundation to evaluate health risks related to tobacco, marijuana and alcohol use, distracted driving, and sexually transmitted infections, to name a few. Young adults with chronic conditions who age out of pediatrics face daunting conditions as they take over their own medical and self care. For example, a young adult with diabetes juggles medicines, healthcare visits, insurance coverage and paperwork, diet, exercise, and stress management, all while trying to launch into early adulthood. Dense, jargon-filled patient education materials and unintelligible healthcare forms are the last thing young people want.

The Horowitz Center is uniquely positioned to help Maryland organizations build their clear communication capacity. The Center is a one-of-a-kind public health resource not only in Maryland but also the U.S. We have helped the Maryland Department of Health implement the state's diabetes action plan and provide communication training to healthcare providers. We work with local health departments on community outreach and engagement. We are currently working with Baltimore City and Frederick, Washington, Charles, Cecil and the Midshore counties on COVID-19 communications. Our expertise is in creating easy-to-understand and use health materials and helping organizations identify and remove health literacy barriers so people get the information and services they need. We align with the "Maryland Model" of healthcare that aims to control costs and improve quality and equity.

We are a small Center with only one state-funded position for the Director. A founding gift 15 years ago provides modest resources for student stipends and small projects. Yet, Maryland has a great demand for health literacy services. The COVID-19 pandemic shows what happens when people don't know about or trust information for their health decisions. Maryland's diabetes action plan with its ambitious goals to prevent and manage diabetes requires health literacy improvements. HB 1082 will position Maryland to have a health literacy infrastructure with a workforce and agencies ready to communicate with a diverse public.

HB1082 provides a 3-year trial period with modest funding for the Center to add subject matter expertise and grow its work with state and local organizations to address the

increasing demand for health literacy services. The bill provides a menu of options, and we will work with organizations on the highest priority activities. We will report annually to the General Assembly so that you can track health literacy progress in the state.

Before I came to UMD in 2017, I led national health literacy initiatives at the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. I know investments in health literacy pay off by improving individual and community health. My testimony provides evidence of the benefits.

Maryland has the chance to be the national leader in showing how a statewide approach to advancing health literacy benefits its residents and meets its healthcare goals. I urge a favorable report on House Bill 1082.