

# *Htlaeh Ycaretil*

...tahw si ti and yhw eht kceh  
dluohs l erac?

# *Health Literacy*

...what is it and why the heck  
should I care?

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Approximately ~~90~~ 132 million  
people have difficulty  
understanding and acting upon  
health information.

# Objectives

- Define health literacy.
- Understand the implications/outcomes of limited health literacy.
- Recognize indications of potential “limited health literacy” in your patients.
- Identify at least one basic health literacy technique you can utilize.

Health Literacy  $\neq$  Literacy

Don't confuse  
illiteracy or limited  
literacy with stupidity.

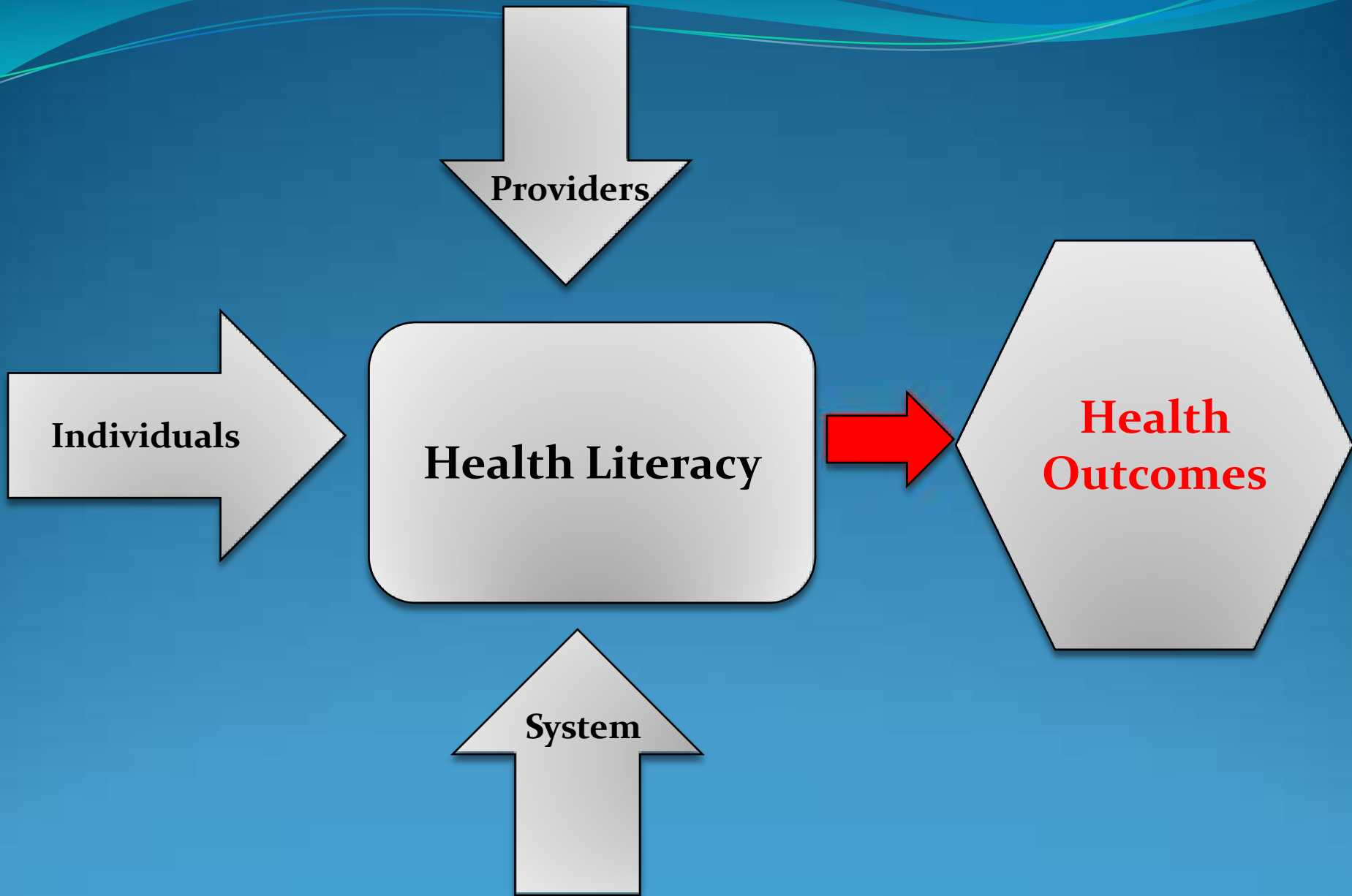
Don't confuse being highly educated and highly literate with being health literate.



# Health Literacy Definition

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Healthy People 2010 (2000)  
Institute of Medicine (2004)



# Health Literacy Includes

- Reading
- Writing
- Speaking
- Listening/hearing

# Health Literacy Includes

- Concepts
- Numbers
- Charts

# Functional Health Literacy

- Reading an appointment slip
- Filling out forms
- Navigating the health care system
- Asking your doctor questions
- Giving informed consent
- Taking medications correctly
- Following instructions for medical tests
- Understanding discharge instructions

# Functional Health Literacy

- Managing chronic diseases
- Comparing nutrition value of foods in the grocery
- Appraising DTC drug ads
- Searching for – and evaluating online information
- Understanding – and evaluating health news reports

# Take Home Message

Health Literacy is more complex  
than not being able to read well.

**Who is Effected?**

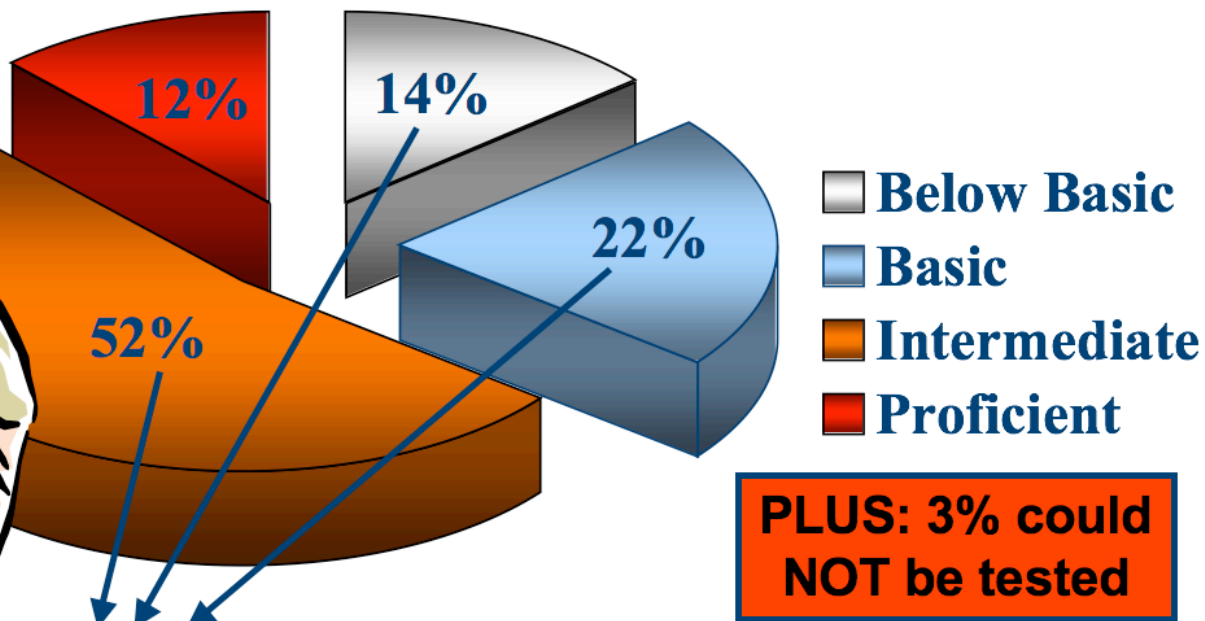


NALS – National Adult Literacy  
Survey (1992)

NAAL -- National Assessment of  
Adult Literacy (2003)

# Health literacy of U.S. Adults

(NAAL, 2005)



**88% of U.S. Adults below Proficient level  
That is nearly 9 out of every 10 adults!**

# Who Is More Likely to have Limited Health Literacy?

- Racial and ethnic groups other than White
- People with less than a high school degree or GED
- People with incomes at or below the poverty level
- Non-native speakers of English
- Adults over the age of 65 years

# But You Can't Tell by Looking!

Most people with basic or below basic skills:

- US born
- White
- English is their first language

- Clinicians often underestimate the number of patients with limited health literacy skills
- Residents in a general internal medicine clinic believed that only 10% of their patients had limited literacy skills when in fact 36% had limited literacy skills.
- Family medicine residents correctly identified only 47% of patients with inadequate or marginal literacy skills.

Bass, et al 2002; Rogers, et al 2006

**Why Should I Care?**

# Driving Forces

- Increasing complexity of health care
- Patient safety concerns
  - Shortened hospital stays
  - Increased number of medications prescribed
- Chronic disease management
- Shared decision making/patient-centered care

# Health Outcomes associated with Limited Health Literacy

- Poorer overall health status
- Lower utilization of preventive services
- Less knowledge of conditions and treatment
- Poorer diabetes control



# Health Outcomes associated with Limited Health Literacy

- More visits to the emergency room
- Higher number of preventable hospitalizations
- Increased mortality rates
- Increased medication errors

AHRQ 2004  
Weiss 2007  
Baker, et al 2007

# “Patient Safety: Medication Errors

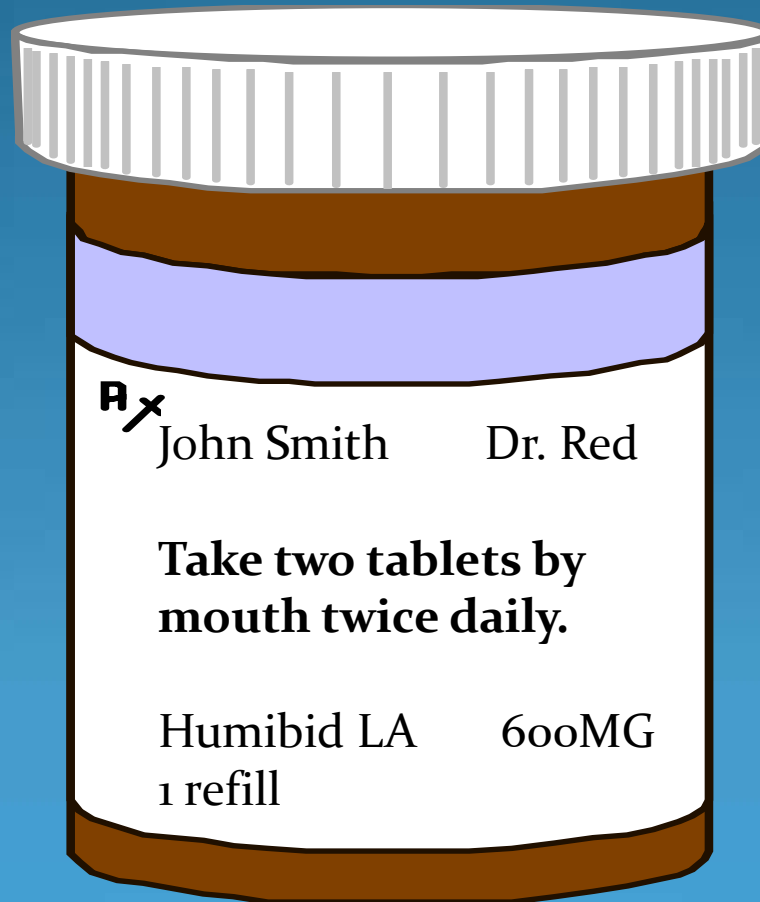
“How would you take this medicine?”

395 primary care patients in 3 states

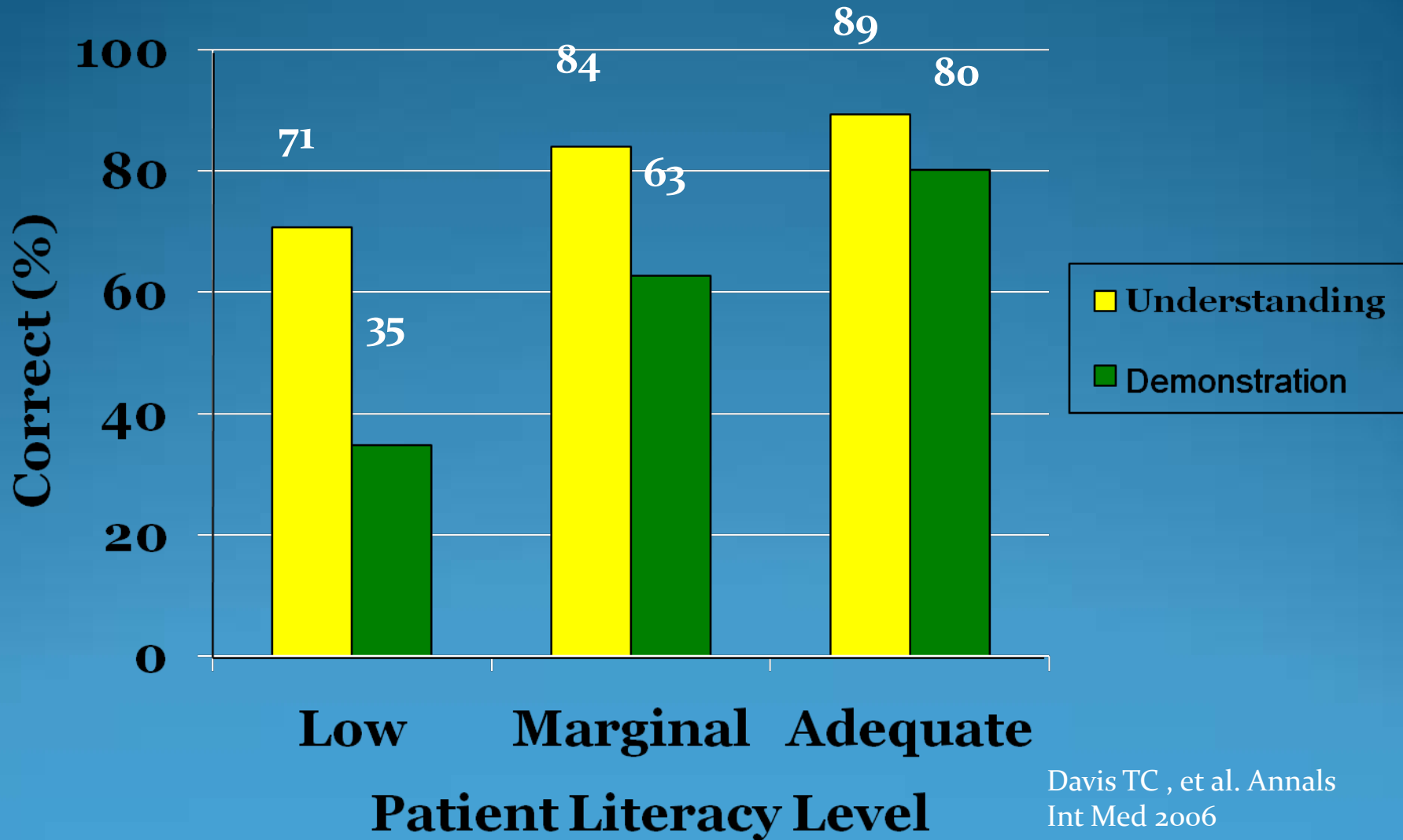


- 46% did not understand instructions  $\geq 1$  labels
- 38% with adequate literacy missed at least 1 label

# “Show Me How Many Pills You Would Take in 1 Day”



# Rates of Correct Understanding vs. Demonstration "Take Two Tablets by Mouth Twice Daily"



# Financial Costs of Limited Health Literacy

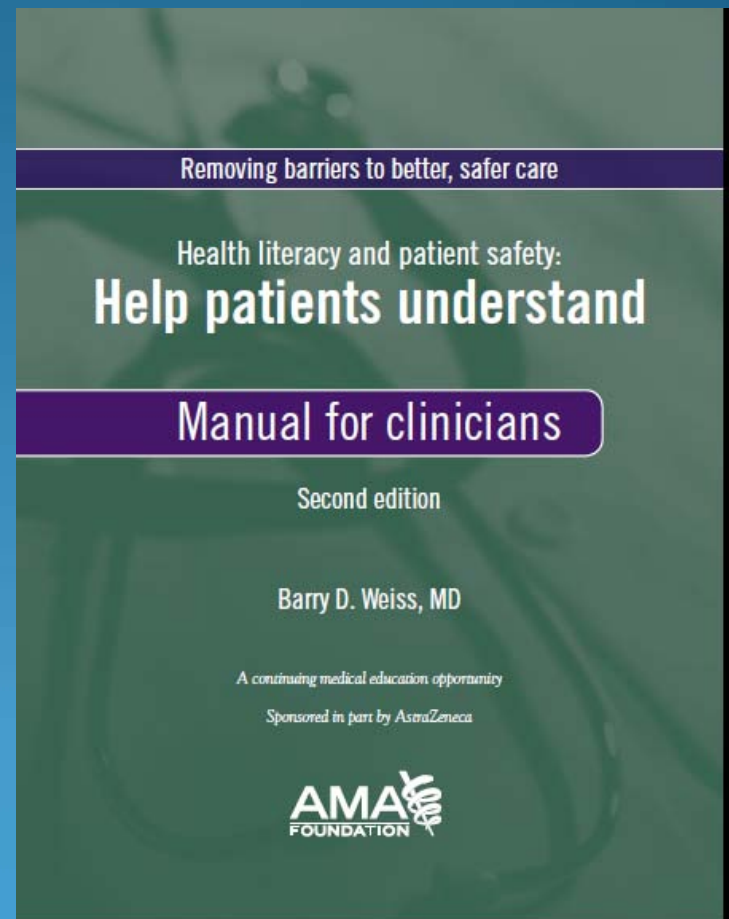
\$106 - \$238 billion annually

# How Can Improved Health Literacy Benefit You?

- Patients who are more “compliant”
- Fewer call backs
- Better health outcomes
- Fewer hospitalizations
- Improved patient satisfaction

**What's Being Done?**

# The AMA Foundation



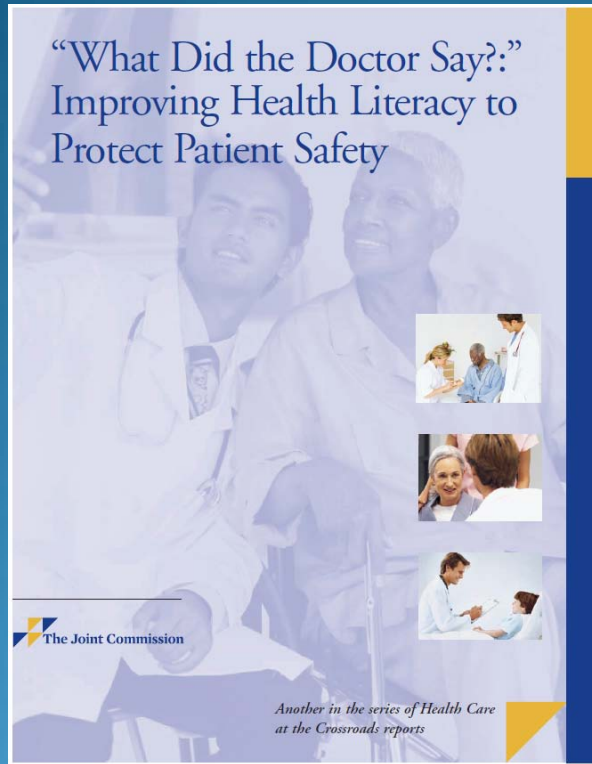
AMA Foundation

[www.ama-assn.org/ama1/pub/upload/mm/367/hl\\_monograph.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/367/hl_monograph.pdf)

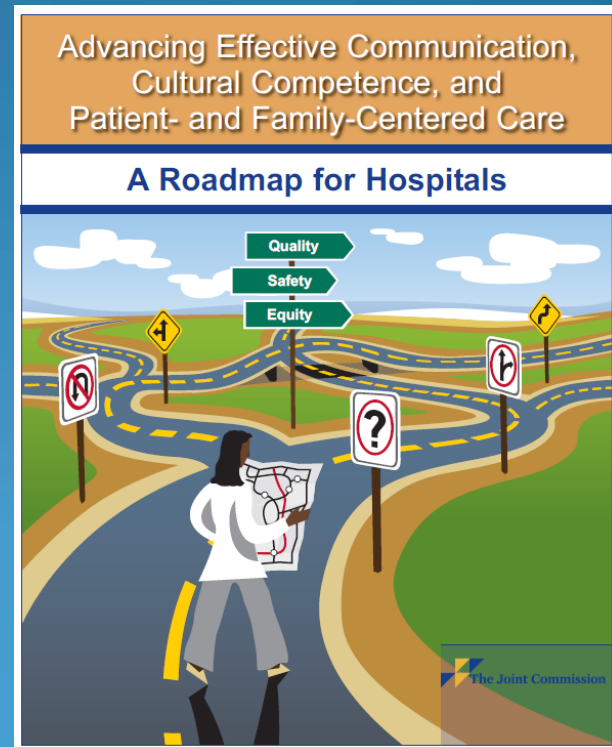
Accessed October 20, 2010



# The Joint Commission



## Advancing Effective Communication... A Roadmap for Hospitals 2010

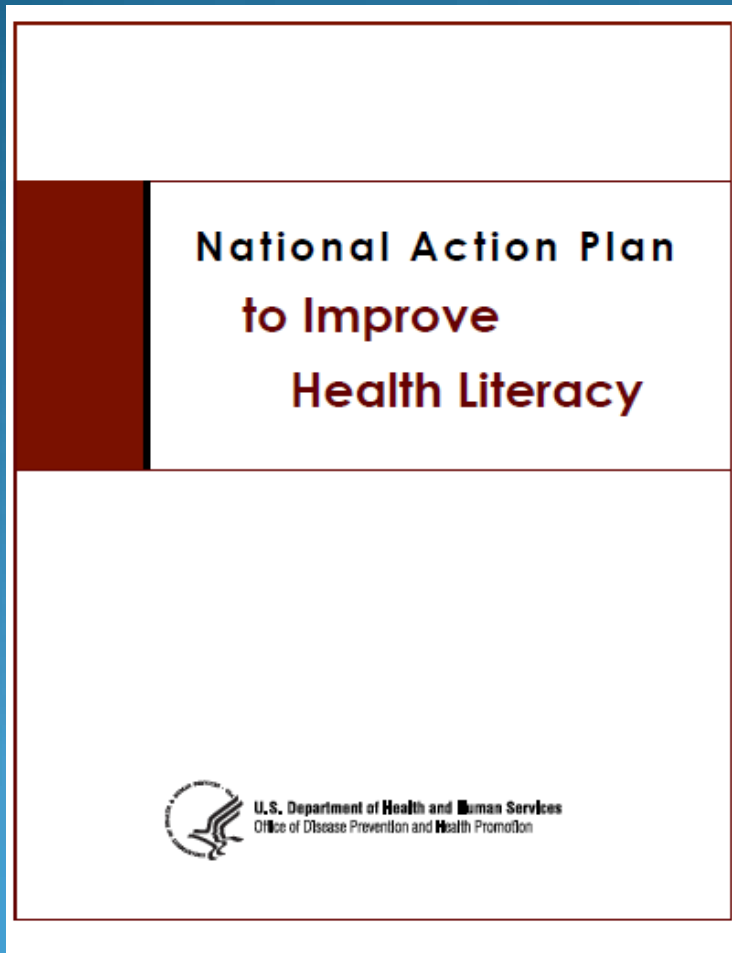


“What Did the Doctor Say?:” Improving  
Health Literacy to Protect Patient Safety  
2007

[www.jointcommission.org](http://www.jointcommission.org)

Accessed October, 2010

# National Action Plan to Improve Health Literacy -- 2010



US Dept of Health and Human Services  
[http://www.health.gov/communication/  
HLActionPlan/](http://www.health.gov/communication/HLActionPlan/)  
Accessed October, 2010

# 7 Goals of National Action Plan

1. Develop and disseminate health and safety **information** that is **accurate, accessible, and actionable** .
2. Promote **changes in the health care system** that improve health information, communication, informed decision making, and access to health services .

# 7 Goals of National Action Plan

3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula **in child care and education through the university level** .
4. Support and expand local efforts to provide **adult education**, English language instruction, and culturally and linguistically appropriate health information services in the community.

# 7 Goals of National Action Plan

5. **Build partnerships**, develop guidance, and **change policies**.
6. **Increase basic research** and the development, implementation, and evaluation of practices and interventions to improve health literacy.

# 7 Goals of National Action Plan

7. Increase the dissemination and use of evidence-based health literacy practices and interventions.

# Health Literacy Universal Precautions 2010

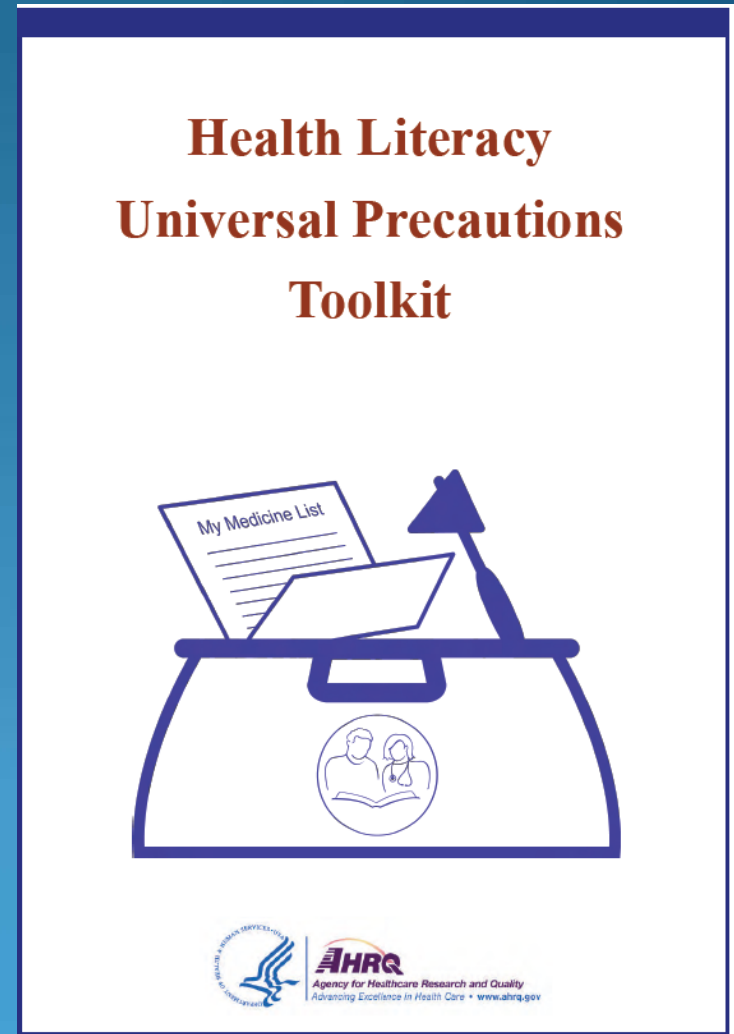
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Chapel Hill, NC

Agency for Healthcare Research and Quality


<http://www.nchealthliteracy.org/toolkit/>

Accessed October 20, 2010






# Quick Start Guide

## ① Watch a short video.

This 6-minute [health literacy video](#)  is sponsored by the American College of Physicians (ACP) Foundation and has some vivid examples of why addressing health literacy is so important.

## ② Pick a tool and try it.

Link to one of these tools and review it. Pick a day and try it out on a few patients.

- I want to be confident my patients are taking their medications correctly. [Brown Bag Medication Review](#) 
- I want to be confident that I am speaking clearly to my patients. [Tips for Communicating Clearly](#) 
- I want to be confident that my patients understand what they need to do regarding their health when they get home. [The Teach-Back Method](#) 

## ③ Assess your results.



## **Tools to Start on the Path to Improvement**

Tool 1: Form a Team

Tool 2: Assess Your Practice

Tool 3: Raise Awareness

## **Tools to Improve Spoken Communication**

Tool 4: Tips for Communicating Clearly

Tool 5: The Teach-Back Method

Tool 6: Followup with Patients

Tool 7: Telephone Considerations

Tool 8: Brown Bag Medication Review

Tool 9: How to Address Language Differences

Tool 10: Culture and Other Considerations

## **Tools to Improve Written Communication**

Tool 11: Design Easy-to-Read Material

Tool 12: Use Health Education Material Effectively

Tool 13: Welcome Patients: Helpful Attitude, Signs, and More

## **Tools to Improve Self-Management and Empowerment**

Tool 14: Encourage Questions

Tool 15: Make Action Plans

Tool 16: Improve Medication Adherence and Accuracy

Tool 17: Get Patient Feedback

## **Tools to Improve Supportive Systems**

Tool 18: Link Patients to Non-Medical Support

Tool 19: Medication Resources

Tool 20: Use Health and Literacy Resources in the Community

**What Can You Do?**

# Remember:

- Just because someone is literate, does not guarantee they are health literate at any given time
- Health literacy abilities can plummet in stressful situations (e.g., when faced with a serious dx)
- Be alert for red flags that might identify patients with limited literacy/limited health literacy

# Red Flags for Limited Literacy

- Difficulty filling out forms
- “I forgot my glasses.”
- “I have a headache today and can’t read.”
- “Let me take this home and discuss with children.”
- Can’t name their medicines
- Can’t tell you why they take a medicine
- Lack of follow thru on referrals/tests
- “Noncompliant”

# More Red Flags

- May be hostile, demanding
- Don't ask any questions
- Seek help only when illness is advanced
- Difficulty explaining their medical concerns

# Create a Shame Free Environment

- Make your practice patient-friendly
  - Signage
  - Staff attitudes
  - Referrals and other appointments
- Do a “walk through” of your practice – from the patient’s point of view

# Encourage Patients to be Prepared for Their Visits

- Bring pertinent information (meds, allergies...)
- Bring a list of questions - prioritized!
- Take notes
- Bring someone with them if need be



# What Can You Do?

- Use clear communication techniques
- Be very specific/concrete/behavioral oriented
- Try not to make too many assumptions
  - Some people don't understand the concept of refills
- Remember that a single word such as “cancer” can throw the rest of the visit totally off track

# What Can You Do?

- Limit the amount of information provided at each visit
- Slow down
- Address the patient's main concern(s)
- Summarize

# What Can You Do?

- Encourage patients to ask questions
  - NOT: “Do you have any questions?”
  
- Assess understanding
  - NOT: “Do you understand?”

# Teach-Back

- Asking patients to repeat **in their own words** what they need to know or do.
- **NOT** a test of the patient, but of how well *you* explained a concept.
- A chance to check for understanding and, if necessary, re-teach the information.

# Teach-Back

- Is NOT “demeaning” when used properly.
- Can help build a sense of collaboration.

# Teach-Back Research

- “Asking that patients recall and restate what they have been told” is one of 11 top patient safety practices based on the strength of scientific evidence.”

AHRQ, 2001 Report, *Making Health Care Safer*

- “Physicians’ application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients.”

Schillinger, Arch Intern Med/Vol 163, Jan 13, 2003, “Closing the Loop”

# Teach-Back Examples

- “I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?”
- “What will you tell your husband about the changes we made to your blood pressure medicines today?”
- “We’ve gone over a lot of information, a lot of things you can do to get more exercise in your day. How will you make it work at home?”

# Provide Additional Info

- Handouts –be sure they follow plain language principles and personalize (highlight “need to know” information)
- When appropriate, point patients in the **right direction** on the Internet



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**Want to understand what your doctor is saying?**

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[Back Pain](#)

[COPD \(Chronic Obstructive Pulmonary Disease\)](#)



Health News

[NIH Funds Four Clinical Trials to Fight Antimicrobial Resistance](#)

[Newborn Hearing Tests More Effective Than](#)



What Else Can **You** Do?

Never use a large word when a diminutive alternative would suffice.

Attributed to William Safire

- Members of an avian species of identical plumage congregate.
- It is fruitless to become lachrymose over precipitately departed lacteal fluid.
- Male cadavers are incapable of yielding any testimony.

# Use Plain Language

- Needed in print *and* in oral communication
- A clear, conversational style
- “Living room” language
- Presents information in a logical order
- Uses consistent terminology
- Uses active voice, 2<sup>nd</sup> person

# Plain Language

- Avoid medical jargon
- Use consistent terminology
- Use pictures or models to explain important concepts
- Consider appropriate videos/multimedia

# Plain Language

- Behavior oriented
  - *Not* the medical model
- Not “dumbing down” the information
  - Research shows **most patients prefer clear communication** – regardless of literacy or educational level
- Easy to read
- Looks easy to read

# Not all jargon is greek/latin/technical sounding:

- Hypertension
- Stool
- Gait
- Diet
- Counts
- Negative
- Orally
- Stable
- Stress
- Feeling “blue”
- Carrier
- Exploratory
- HDL
- Advance diet as tolerated



# Traits of Skilled vs Poor Readers

## Skilled Readers

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- Interpret meaning
- Read fluently
- Get help for unknown word
- Grasp the context
- Persistent

## Poor Readers

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- Take words literally
- Read slowly, miss meaning
- Skip over unknown word
- Miss the context
- Tire quickly

# Other Issues to Consider

- Medications
  - Brown bag review
- Numeracy and presenting risk information
  - Give context for numbers/values
- Geriatric considerations

Assessment?

# Thoughts about assessment

- Several instruments available
- Whether to assess in clinical practice is still controversial
- Being aware of prevalence in a practice/population may be a start
- Clinicians routinely underestimate the number of limited health literacy patients in their population

# Screening Instruments

- Rapid Assessment of Adult Literacy in Medicine - REALM
- Test of Functional Health Literacy in Adults - TOFHLA (and short version, STOFHLA)
- Newest Vital Sign
- Single Item Literacy Screener (SILS)
  - “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”
- Others

# Possibilities to Consider

- What kind of things do you like to read?
- How do you learn new things best? By reading? By looking at a video?...
- How comfortable are you with the way you read?
- How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?"

# NOT Helpful

- “How far did you go in school?”
- “Can you read?”
- “Do you understand?”
- “Any questions?”

# Take Home Message

Health Literacy is more complex than not being able to read well.



# Where to Go from Here?

- Continue to raise awareness
- Learn more
- Start small
- Integrate health literacy into current efforts
- Connect with collaborators



[www.healthliteracyky.org](http://www.healthliteracyky.org)

# Acknowledgements

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