Health Literacy: Are We Speaking the Same Language?

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Objectives

- Define health literacy
- Discuss health care experiences of patients with low health literacy
- Describe impact of low health literacy on patient outcomes & health care costs
- Review plain language techniques to improve communication and adherence
What is Health Literacy?

Health Literacy is….

- The ability to receive, understand and act on health information to make informed health care decisions.
- A person’s health literacy decreases when ill, anxious, or on some medications.
- A high level of education and general literacy does not mean that one is health literate, as health literacy is context specific.
Health Literacy Skills

- Reading
- Writing
- Listening
- Speaking
- Numeracy
- Communication / interaction skills
- Problem solving
Health Literacy: Moving Beyond the Core

Promote independence and empowerment for individuals and communities by addressing 3 levels of health literacy.

Influential Health Literacy
Individuals gain greater control over their life events and situations. Advanced skills impact understanding and action on both individual and community levels.

Engaged Health Literacy
Individuals are better able to act independently through increased knowledge, motivation, and self-confidence. Focuses on critical and interpersonal skills.

Core Health Literacy
Communication of health information results in an individual benefit. Focuses on conveying understanding of concepts and on teaching basic skills that help the individual function in everyday situations.

SKILLS
- Critically analyzing information
- Advocating with stakeholders
- Empowering others

EXAMPLES
- Considering credibility, validity, and reliability of health information
- Participating in community efforts to improve health literacy
- Implementing curricula and training programs focused on health literacy

SKILLS
- Solving problems
- Communicating
- Making decisions
- Extracting information
- Interpreting meaning and implications
- Applying new information to different situations

EXAMPLES
- Interacting effectively with healthcare providers
- Identifying and using community resources
- Sharing health information with others

SKILLS
- Reading
- Writing
- Arithmetic
- Using digital resources (such as Web sites)

EXAMPLES
- Reading health information
- Filling out forms
- Taking medicine as directed

Health Literacy in America: Results from the NAAL

- **Proficient:** Define medical term from complex document, Calculate share of employee’s health insurance costs
- **Intermediate:** Determine healthy weight from BMI chart, Interpret prescription and over-the-counter drug labels
- **Basic:** Understand simple patient education handout
- **Below Basic:** Circle date on appointment slip, Understand simple pamphlet about pre-test instructions

Kutner et al 2006
Video from AMA

http://www.youtube.com/watch?v=BgTuD7l7LG8&feature=related
In Plain Language

- Did any of the situations surprise you?
- Did they seem familiar?
- When do you suspect low health literacy?
- Your experiences?
- How many of you would change your estimate of the percentage of your patients who have limited health literacy?
The Patient Experience

- Patients have shame and embarrassment about their limited reading ability and understanding.
- They hide this with a variety of coping mechanisms. “You can’t tell by looking!”
- The health care environment makes it hard for patients to tell us they don’t understand and can’t read well.
Cues of Low Health Literacy

- Seek help only when illness is advanced
- Excuses: “I forgot my glasses” “I’m tired”
- Lack of follow through with tests/appts
- Seldom ask questions
- May pretend they can read
- Difficulty explaining medical concerns or how to take medicines
Universal Precautions for Health Literacy

- Structure delivery of care as if everyone may have some limited health literacy. It is hard to identify those at risk for misunderstanding.
- Everyone benefits from clear information.
- Confirm understanding with everyone.
What do we know about low health literacy from research?

- Low health literacy leads to:
  - Lower health knowledge and less healthy behaviors.
  - Poorer health outcomes
  - Greater health costs

- Specific communication techniques may enhance health literacy.
Research also shows that:

- Literacy is the single best predictor of health status
- It is a **STRONGER** predictor than age, income, employment status, education level, or racial and ethnic group
Outcomes Associated with Literacy

Health Outcomes/Health Services
- General health status
- Hospitalization
- Prostate cancer stage
- Asthma
- Diabetes control
- HIV control
- Mammography
- Pap smear
- Immunizations
- STD screening
- Costs

Behaviors
- Substance abuse
- Breastfeeding
- Behavioral problems
- Medication adherence
- Smoking

Knowledge
- Birth control
- Cervical cancer screening
- ER instructions
- Asthma
- Hypertension

Dewalt, et.al, JGIM 2004; 19:1228-1239
Patients with Low Literacy More Likely to be Hospitalized

Baker, Parker, Williams, et al. *JGIM* 1999
Critical Issue: Consumer Misunderstanding of Rx Labels

- 38% of adults with literacy skills at 9th grade or above misunderstood dosage instructions for common medicines


- Majority of patients misinterpreted all warning labels with exception of “Take with food.”

  Wolf et.al., Am J Health-Syst Pharm 2006:63 (1)
  Davis et.al., JGIM 2006:21(8)

  Example: Some thought “For external use only” meant “Take only if you need it.”
Intervention to Improve Medication Adherence (Kripilani et al., 2007)

- 209 patients received personalized, illustrated pill cards

**REALM:**
- 41.6% Inadequate
- 36.9% Marginal

- Those with inadequate or marginal literacy reported greatest use and helpfulness in medication adherence compared to those with adequate literacy (p<0.05)
Addressing patient communication needs across the continuum of care

Use 2 Evidence-Based Methods

- Plain language for all verbal and written communication
- ‘Teach-back’ to assure understanding of the communication/patient teaching

AND

- Engage individuals as care partners when possible
What is Plain Language?

- Speaking or writing in every day language ("living room language")
- Limiting and organizing the information so patient gets the message quickly/clearly, and it makes sense to them.
  - oral
  - print
  - electronic
  - graphics
The Keys to Plain Language

- Plan with the patient what they can and want to do and focus on actions or behaviors. Be realistic!
- Be brief and to the point. Give the most important information first and last.
- Limit the information to MOST important 2-3 “need to know” points.
- Use carefully phrased words as there is a tendency to take words literally.
The Keys to Plain Language

- Slow down and frame the message.
- Give context before new information.
- Break down complex instructions.
- Use common words (no jargon) consistently and define terms. Do not use:
  - Concept words
  - Category words
  - Value judgment words
- Give specific, concrete, and real world examples
- Use analogies for key concepts.
The Keys to Plain Language

- Use repetition / rephrasing / interactivity
- Use simple visual images
- Check understanding with “teach-back” or “show-back” method
What is Teach-Back?

- A way to check whether your patients understand and can use the health information and instructions you explained to them.
- It is NOT a test of patients to see if they understand, but on how well YOU explained a concept.
- Three steps to the process:
  1. Explain by chunking the information
  2. Check for understanding
  3. Re-explain or re-teach using a different method, if needed
Teach-Back: Closing the Loop

New Concept: Health Information, Advice, or Change in Management

Clinician Explains New Concept

Patient Recalls and Comprehends

Adherence

Clinician Assesses Patient Recall and Comprehension

Clinician Clarifies and Tailors Explanation

Clinician Reassesses Patient Recall and Comprehension

Why is Teach-Back Important?

• “It is neither just, nor fair to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so.”
  – Reducing Risk, AMA, 2007

• “In the absence of teach-back, the only indicator of misunderstanding may be a medication mistake or patient error, which could be harmful.”
  – Dr. Fred Marsh, Iowa Health Study, 2004
Why Should I Use Teach-Back?
Teach-back is supported in research

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

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

- I teach this information a lot and sometimes forget to include everything. Please explain what we just discussed, so I can be sure I included everything and it was clear.”

- What will you tell your husband about the changes we made to your medicine today?

- Let’s review the main side effects of this new medicine. What are the 2 things that I asked you to watch out for and to let me know if you get them?

- Please show me how you would use this inhaler, so I can be sure my instructions were clear.
Teach-Back Example

www.youtube.com/watch?v=IKxjmpD7vfY
Ask – Educate – Ask Method

- “In order to start doing/taking it regularly tomorrow …”
- **ASK**
  - “What problems, questions, or concerns do you need to deal with now?”
- **EDUCATE**
  - “For some _________ works, but I’m curious,”
- **ASK**
  - “What would work for you?”
  - “What will you do to make that happen?
  - “What else?”
  - So I can note it correctly, what are you going to DO?”

R. James Dudl, MD, Diabetes Lead, Kaiser Permanente Management Institute
Example: Ask-Educate-Ask

- **ASK:** So in order to re-start Weight Watchers this coming week, **what problems questions or concerns do you need to deal with now?**
- **DM:** Well, first of all, I don’t think I can do it alone. Last time I started, I just caved in to my appetite.
- **EDUCATE:** Hmm... that must have been difficult. **For some people what works is** to plan ahead: to include “emergency” snacks, and a plan to contact the program director if you are close to dropping out.
- **ASK:** But I’m curious, **what could work for you?**
- **DM:** Those are good ideas... but, I just remembered, - my best friend, Tammy Supporter, has been after me to join a weight loss program, like Weight Watchers, with her. I could always call her if I get cravings, and she would understand and help, and I could do the same for her!
Your Turn…

- In order for YOU to start using Ask-Educate-Ask tomorrow what problems, questions, or concerns do you need to deal with now?
Thank You