


**Health Literacy
It's the Best Prescription**


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WORKING ACROSS DISCIPLINES AND GLOBAL BOUNDARIES

Disclosure Statement


**The presenter, Sabrina Kurtz-Rossi, has no
commercial interests to disclose**


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Learning Objectives

**By the end of this session, participants
will be able to:**

- Describe low health literacy as a barrier to effective communication
- Recognize health literacy patient safety strategies to prevent communication related errors
- Improve communication and patient understanding using plain language principles and teach-back


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What is Literacy?



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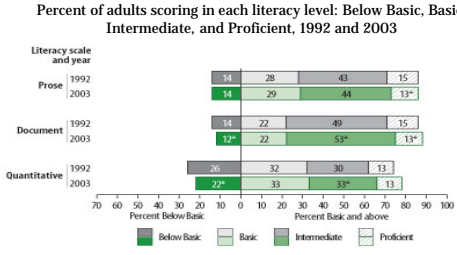
Functional Literacy

- Functional literacy emphasizes the skills necessary to accomplish everyday tasks.
- Components of functional literacy
 - Reading [prose and documents]
 - Writing [includes filling out forms]
 - Oral presentation / oral comprehension
 - Basic mathematics

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National Assessment of Adult Literacy (NAAL)

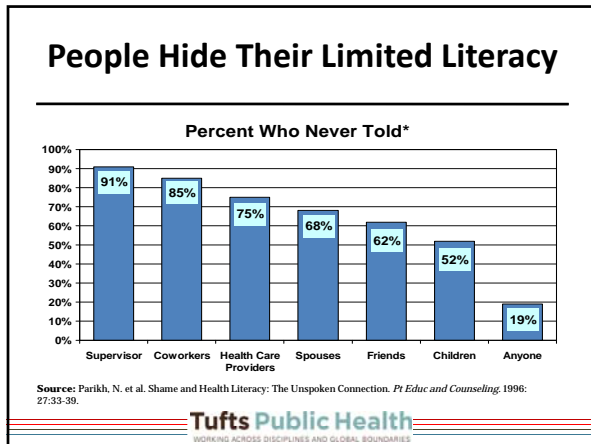
Percent of adults scoring in each literacy level: Below Basic, Basic, Intermediate, and Proficient, 1992 and 2003



Literacy scale and year	Below Basic	Basic	Intermediate	Proficient
Prose 1992	14	28	43	15
Prose 2003	14	29	44	13*
Document 1992	14	22	49	15
Document 2003	12*	22	53*	13*
Quantitative 1992	20	32	30	13
Quantitative 2003	22*	33	33*	13

Source: U.S. Department of Education, Institute of Education Science, National Center for Education Statistics, 2003 National Assessment of Adult Literacy. http://nces.ed.gov/naal/health_results.asp

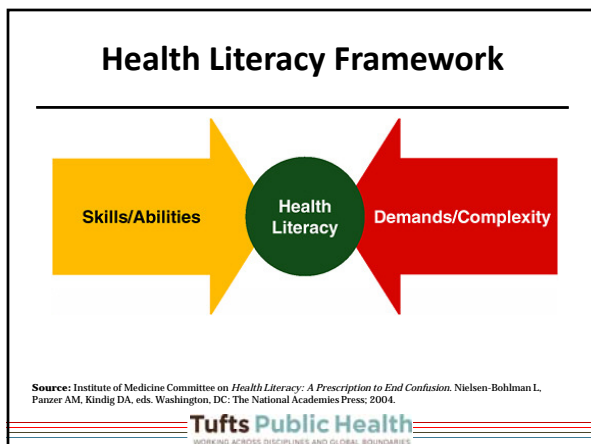
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What is Health Literacy?

- The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (IOM, 2004)
- A wide range of skills used by the public and health professionals to find, understand, evaluate, communicate, and use health information to enable people to live healthier lives (Calgary Charter, 2009)

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... a fairly recent movement, gaining momentum.

- Healthy People 2010 (DHHS 2000)
- Prescription to End Confusion (IOM 2004); Evidence Report (AHRQ 2004)
- Improving Health Literacy to Protect Patient Safety (Joint Commission 2007)
- National Action Plan to Improve Health Literacy (DHHS 2010); Plain Language Act (2010); Affordable Care Act (2010)
- Enhanced Culturally and Linguistically Appropriate Services Standards (OMH 2013)
- Shanghai Declaration on the role of health literacy in supporting sustainable development (WHO 2016)



At First Glance - Readability

- Numerous studies show readability of health materials far exceed skills of patients
- Studies of Web-based health information show similar results



Source: Institute of Medicine Committee on Health Literacy: A Prescription to End Confusion. Nielsen-Bolman L, Patzer AM, Kradig DA, eds. Washington, DC: The National Academies Press; 2004.



Growing Evidence-Base


- **Low health literacy is linked to...**
 - Under-utilization of services
 - Increased medication errors
 - Poor knowledge about health
 - Increased hospitalizations
 - Poor health outcomes
 - Increased healthcare costs



Source: Berkman N, Sheridan S, Donahue K, et al. Health Literacy Interventions and Outcomes: An Updated Systematic Review, Evidence Report/Technical Assessment No. 199. Prepared by RTI International/University of North Carolina Evidence-based Practice Center under contract No. 290-2007-10056-1. AHRQ Publication Number 11-E006. Rockville, MD. Agency for Healthcare Research and Quality, 2011.



Medication Dosing Errors






- “Take two tablets by mouth twice daily.”

Tsp. volume range: 2-9 mL

Source: Yin HS, Mendelsohn AL, Wolf MS, et al. Parents' medication administration errors: Role of dosing instruments and health literacy. *Arch Pediatr Adolesc Med.* 2010;164(2):181-186.; Davis TC, Wolf MS, Bass PF 3rd, et al. Literacy and misunderstanding prescription drug labels. *Ann Intern Med.* 2006;145:887-894.

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Reading Warning Labels

Simple Familiar Wording	% correct answer
	84%
	59%
	8%

Source: Davis TC, Wolf MS, Bass PF 3rd, et al. Low literacy impairs comprehension of prescription drug warning labels. *J Gen Intern Med.* 2006; 21:847-851.

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Who is at Risk?

- Navigating the health system demands reading, writing, and numeracy skills that exceed the health literacy skills of **most** U.S. adults
- Health material are written at reading levels that **far exceed the average** reading ability of U.S. adults
- Competing sources of health information intensify the need for improved health literacy skills for **all** U.S. adults

Source: Institute of Medicine Committee on Health Literacy: A Prescription to End Confusion. Nielsen-Bohman L, Panzer AM, Kindig DA, eds. Washington, DC: The National Academies Press; 2004.

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Who is at Risk?

- Nearly 50% of adults with less than a high school education have below basic health literacy skills

Percent of Adults in Each Health Literacy Level by Education

Education Level	Below Basic	Basic	Intermediate	Proficient
Less than high school	47	24	19	10
Less than high school - high school	42	27	18	13
Less than high school - high school - high school	32	26	24	18
High school graduate	26	28	28	18
Some college - high school diploma	23	26	27	24
Some college	17	27	37	19
Associate's degree	13	24	46	17
Bachelor's degree	8	24	47	21
Graduate school degree	4	21	47	28

Source: U.S. Department of Education, Institute of Education Science, National Center for Education Statistics, The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. http://nces.ed.gov/naal/health_results.asp

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Who is at Risk?

- Adults in the oldest age group – age 65 and older – had lower health literacy than adults in the younger age groups

Percentage of Adults in Each Health Literacy Level by Age

Age	Below Basic	Basic	Intermediate	Proficient
16-18	11	23	58	6
19-24	10	21	58	11
25-29	10	18	55	17
30-39	11	21	56	12
40-49	13	21	53	13
50-64	21	30	38	11

Source: U.S. Department of Education, Institute of Education Science, National Center for Education Statistics, The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. http://nces.ed.gov/naal/health_results.asp

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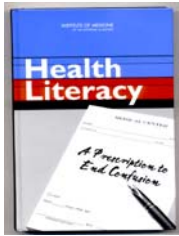
Who is at Risk?

Percentage of Whites in each literacy level	Percentage of Blacks in each literacy level	Percentage of Hispanics in each literacy level
Below basic: 9%	Below basic: 24%	Below basic: 41%
Basic: 19%	Basic: 34%	Basic: 25%
Intermediate: 58%	Intermediate: 41%	Intermediate: 31%
Proficient: 14%	Proficient: 2%	Proficient: 4%

Source: U.S. Department of Education, Institute of Education Science, National Center for Education Statistics, The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. http://nces.ed.gov/naal/health_results.asp

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“Culture and health literacy both influence the content and outcome of health care encounters.”



“This intersection between culture and health literacy is recognized in the DHHS Office of Minority Health (OMH) National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.”

Source: Institute of Medicine Committee on Health Literacy. *Health Literacy: A Prescription to End Confusion*. Nielsen-Bohlman L, Panzer AM, Kindig DA, eds. Washington, DC: The National Academies Press; 2004.



Enhanced - Culturally and Linguistically Appropriate Services (CLAS)

- **Principle Standard (Standard 1 or 15)**
Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse **cultural** health beliefs and practices, preferred **languages**, **health literacy** and other communication needs.

Source: U.S. Department of Health and Human Services Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. U.S. DHHS. Washington, DC: 2013.



CLAS Standards Organized by Theme

- **Governance, Leadership and Workforce (Standards 2-4)**
- **Communication and Language Assistance (Standards 5-8)**
- **Engagement, Continuous Improvement and Accountability (Standards 9-15)**



Source: U.S. Department of Health and Human Services Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. U.S. DHHS. Washington, DC: 2013.



Create Health Literate Organizations

A Health Literate Organization

1. Has Leadership that makes health literacy integral to its mission structure and operation
2. Integrates health literacy into planning, evaluation, patient safety and quality improvement
3. Prepares the workforce to be health literate and monitors progress
4. Includes populations served in the design, implementation and evaluation of health information and services
5. Meets need of populations with a range of health literacy skills while avoiding stigmatization
6. Uses health literacy strategies in interpersonal communication and confirms understanding at all points of contact
7. Provide easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicine
10. Communicates clearly what health plans cover and what individuals with have to pay for services.

Source: Institute of Medicine Roundtable on Health Literacy. Attributes of a Health Literate Organization
http://iom.edu/~/media/Files/Perspectives/Files/2012/Discussion-Papers/RPM_Ten_HL_Attributes.pdf



What Are We Doing About It?

- Increase the health communication skills of health professionals, create health literate organizations
- Increase the health literacy on individuals, families and communities

Source: Berkman N, Sheridan S, Donahue K, et al. Health Literacy Interventions and Outcomes: An Updated Systematic Review. Evidence Report/Technical Assessment No. 199. Prepared by RTI International/University of North Carolina Evidence-based Practice Center under contract No. 290-2007-10056-1. AHRQ Publication Number 11-0006. Rockville, MD: Agency for Healthcare Research and Quality; 2011.



Avoid Jargon

<u>Technical Term</u>	<u>“Living room” language</u>
-----------------------	-------------------------------


- | | |
|------------------------|-------------------------------|
| Diagnosis..... | Cause of your illness |
| Anti-inflammatory..... | Lowers fever and swelling |
| Nasal congestion..... | Stuffy nose |
| Lesion..... | Wound, sore, cut |
| Risk factor..... | Will increase your chance ... |

Source: Castro CM, Wilson C, Wang F, Schillinger D. Babel babble: physicians' use of unclarified medical jargon with patients. Am J Health Behav. 2007; 31(1): S85-95.



Use Plain Language Materials


- **Limit** information to **need to know**
- Use **images** that are **relevant** to your audience
- Write in **everyday language**
- Apply plain language **design principles**
- Break complex information and instructions into **chunks**



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Provide Language Assistance

- **Interpreter services**
- **Translation of materials**



Communicating Effectively Through an Interpreter. Kaiser Permanente.

Source: Andrulis, DP and Brach, C. (2007) Integrating Literacy, Culture, and Language to Improve Health Care Quality for Diverse Populations. *Am J Health Behav.* 31(Suppl 1):S122-133.

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Create a Shame-free Environment

- **Encourage questions**
 - Questions are the Answer
- **Engage all staff**
 - Front desk
 - Medical assistants
 - Housekeeping



Questions are the Answer
www.abrq.gov/QuestionsAreTheAnswer

Source: *Help Your Patients Understand.* AMA Foundation Health Literacy Initiative. www.ama-assn.org/ama/pub/category/9913.html

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Apply Teach-Back Method





Do you have any questions?

Source: American Medical Association Foundation and American Medical Association. *Health Literacy and Patient Safety: Help Patients Understand*. Chicago, IL: American Medical Association; 2007.



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Teach-back Toolkit

<http://teachacktraining.org/>






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Effective Communication is the Cornerstone of Patient Safety


- **Recommendations**
 - Make effective communications an organization priority to protect the safety of patients
 - Address patients' communication needs across the continuum of care
 - Recognize, anticipate, and act on potential patient harm or risk
 - Mitigate or avoid risk through system change

AMA Foundation, 2007

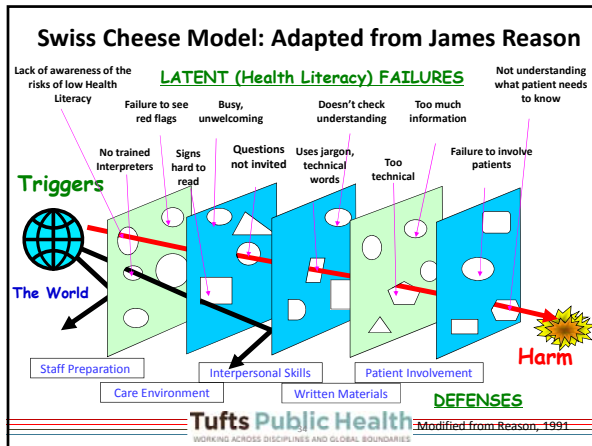


The Joint Commission, 2007





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SBAR & Health Literacy

- **Situation:** Mr. Jones is very agitated about being discharged.
- **Background:** He has COPD and is to go home for the first time with oxygen. The doctor was in this morning but his daughter wasn't there, and Mr. Jones looked very puzzled. He told me later that he doesn't have any idea about what is going on, and he's angry.
- **Assessment:** I think he may be frightened and worried about how this is all going to work for him.
- **Recommendation:** A nurse or his doctor should go over his diagnosis, medications, & home oxygen management with him, using plain language & teach-back. Respiratory Therapy should explain how home oxygen works. Consider home care referral.

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Summary of Key Points

- Everyone is affected by low health literacy
- Low health literacy is linked to poor health outcomes
- Health literacy initiatives must address system challenges

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Thank You



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Health Literacy Leadership Institute
June 13 – 17, 2016
<http://go.tufts.edu/summerinstitute/>

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