Health Literacy

Effective Client Communication and Education
Objectives

1. Define health literacy
2. Recognize health literacy concepts including relevant statistics
3. Identify appropriate assessment tools to evaluate health literacy levels
4. Recognize factors that influence health literacy
5. Describe techniques the practitioner can use to facilitate health literacy in his/her practice
Introduction
Definitions

- **Literacy**
  - Ability to understand and use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one’s goals and potential

- **Health literacy**
  - Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions
Health Literacy

Individual and systemic factors

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context
Health Literacy

Affects people's ability to:
- Navigate the healthcare system
- Share personal information
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk
Health Literacy Skills

- Numeracy skills
  - E.g., measuring medications, choosing between health plans, calculating premiums & copays

- Health topics
  - E.g., the body, causes of disease, diet and exercise
Low Literacy

Global crisis affecting many

**Plain language** + **Clear communication** = A solution

Without clear communication, we cannot expect people to adopt the healthy behaviors and recommendations that we champion.
Incidence and Statistics
Low Literacy Statistics

- 36 million adults in US cannot read, write, or do math above a third grade level
- Low literacy costs the US $225 billion+ per year
- $232 billion in healthcare costs are linked to low literacy
- Each year about 2 million immigrants come to the US, many lacking proficiency in English
Low Literacy Statistics

- 43% did not understand the rights and responsibilities section of a Medicaid application
- 26% were unable to understand information on an appointment slip
- 60% did not understand a standard informed consent
- 33% were unable to read basic health care materials
- 42% could not comprehend directions for taking medication on an empty stomach

(Campinha-Bacote, D., 2005)
Vulnerable Populations

- Adults over the age of 65
- Recent refugees and immigrants
- People with incomes at or below poverty levels
- Racial and ethnic groups other than white
- People with less than a high school degree or GED
- Non-native speakers of English

(National Center for Education Statistics, 2006)
Incidence and Identification

- Nearly nine out of every 10 people in the U.S. have limited health literacy
- Education level is not a good predictor of health literacy
- AHRQ recommends “universal precautions”
  - Assume that most individuals will struggle to understand health information

Signs of Low Literacy  (Weiss, 2003)

- Behaviors
  - Patient registration forms are incomplete or contain mistakes
  - The patient does not take medication as directed
  - The patient does not follow through with lab tests, imaging tests, or referrals

- Responses to receiving written information:
  - "I forgot my glasses. I’ll read this when I get home."
  - "I forgot my glasses. Can you read this to me?"
  - "Let me bring this home so I can discuss it with my children/spouse."

- Responses to questions about medication
  - The patient is unable to name medications
  - The patient is unable to explain a medication’s purpose
  - The patient is unable to explain the schedule/frequency for taking a medication
Relationship Between Health Literacy and Health Outcomes
Preventative Services

- More likely to skip important preventive measures
- Those with low literacy enter the healthcare system when they are sicker

(Scott, Gazmararian, Williams, & Baker, 2002; Bennet et al., 1998)
Knowledge of Conditions and Treatment

- More likely to have chronic conditions
- Less able to manage chronic conditions effectively
- Less knowledge of illnesses and management

Hospitalization

- Associated with increased preventable hospital visits and admissions
- Higher rate of hospitalization
- Higher frequency of emergency services use

(Baker, Parker, Williams, & Clark, 1997; Baker, Parker, Williams, & Clark, 1998; Baker et al., 2002; Gordon, Hampson, Capell, & Madhok, 2002)
Health Status

• More likely to report their health as poor

(National Center for Education Statistics, 2006)
Healthcare Costs

- Greater use of services designed to treat complications of disease
- Less preventative service use
- Higher hospitalization and ER use associated with higher healthcare costs

(Friedland, 1998; Howard, Gazmararian, & Parker, 2005)
Stigma and Shame

- Negative psychological effects
- Sense of shame about skill level
- Individuals may hide reading or vocabulary difficulties to maintain

(Parikh et al., 1996; Baker et al., 1996)
The Role of Health Care Providers in Long-Term Care
Role in Long-Term Care

- Ensure health-related information/education matches person’s literacy abilities; cultural sensitivities; and verbal, cognitive, and social skills
- Provide information and education that promote self-management for optimum health and participation
- Facilitate health literacy by promoting systems of care or environments that adhere to health literacy principles and strategies

(DHHS, 2013)
Integrating Health Literacy into Practice

- Be informed about health literacy and recognize it
  - Learn about health literacy and ways to integrate it into practice
  - Do not assume that all clients understand what they are told even if they nod their head or that they can read
  - Recognize the powerlessness, shame and sense of failure that some people may feel
- Identify your client’s characteristics
Integrating Health Literacy into Practice

- Important to recognize individual and societal barriers to the promotion of health literacy
  - Functional declines associated with aging
  - Lack of reading and writing proficiency
  - Low levels of formal education or lack of health knowledge and skills
  - Different mother tongue or cultural beliefs
  - Living with disabilities and social stigma
  - Experiences in early childhood
Integrating Health Literacy into Practice

- Consider health literacy by making information accessible
  - Adapt the information to individual needs, circumstances and abilities to show how it is relevant
  - Communicate in a comprehensive way using more than one way of exchanging information
  - Combine oral instructions with written information
  - Use a structured educational approach
  - Use demonstration, experimentation and repetition when teaching
Integrating Health Literacy into Practice

- Design written information
  - Active voice
  - Clear simple language
  - Pictures or drawings to illustrate procedures
  - Interactive and with recaps
  - Most important information placed first
  - Personalized
Integrating Health Literacy into Practice

- Communicate effectively and simply
  - Announce the subject
  - Convey the message
  - Ask clients to say in their own words what they remember of the information or methods taught
Integrating Health Literacy into Practice

- Help clients make optimal use of health services
- Increase the quality of professional communication
- Use anecdotal information as appropriate
- Do not overburden clients with information or recommendations
Integrating Health Literacy into Practice

- Strengthen interactions
  - Encourage clients to ask questions
  - Take an understanding attitude
  - Shame-free environment
  - Increase the time spent on giving information
  - Observe and listen actively
Integrating Health Literacy into Practice

• Strengthen interactions
  • Increase cultural competency
  • Follow up on interventions to see if recommendations have been followed and if clients have questions
  • Involve not only the client, but also families
Integrating Health Literacy into Practice

- Intervene to increase client’s health literacy
  - Optimize reading/writing skills including use of the Internet
  - Increase knowledge of health
  - Encourage clients to read every day
  - Foster empowerment by using a client-centered approach
Language Assistance Services
Overview

- Interpretation of verbal communication
- Translation of written documents
- Using interpreter services and translated documents ensure better understanding by providing a common language.
- Language assistance services help you provide quality care to all of your patients by facilitating effective communication

(Shi, Lebrun, and Tsai (2009))
With Language Assistance

- Patients are more likely to
  - Understand their health conditions and treatment plans
  - Follow health recommendations
  - Rate their care satisfactorily

(HHS OMH, 2013; Levinson, Lesser, & Epstein, 2010; Marks, 2009, Wynia & Osborn, 2010)
Language Assistance Services

- Interpretation and translation
- Trained interpreters, who can communicate fluently with both the patient and health care provider
- Translated written materials such as intake forms and patient education
- Graphics and signage

(National Council on Interpreting in Health Care, 2008; Torres, 2001)
Issues with Language Barriers

- Impact access to health services
- Jeopardize comprehension of diagnosis, treatment, and follow-up care
- Diminish quality of care
- Increase health care costs

(Perkins, 2003; Grantmakers in Health, 2003)
Interpreter Services

“The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account “

Provided for low English proficiency status

- Limited ability to read, speak, write, or understand English

(HHS OCR, 2003; (National Health Law Program, 2010)
Interpreter Service Skill Set

- Proficiency in both the language of the patient and the provider (typically English)
- Cultural competency
- The ability to work in stressful situations
- Avoid use of untrained interpreters and/or minors including family, friends, and ad hoc clinical staff interpreters
Providing Written Materials

- Written materials are appropriate for patients with communication needs
- Translated written materials may include:
  - Signage
  - Applications
  - Consent forms
  - Medical/treatment/exercise instructions
- Clearly identify the audience for the materials, including literacy level, culture, and language
Use of Symbols
Obtaining Translated Materials

- Using trained, internal bilingual staff members as translators
- Hiring translation companies
- Collaborating with the community of the target audience
- Purchasing translated materials
- Locating web-based resources
- Researching other resources, such as state Medicaid programs, insurance companies, or pharmaceutical companies
Involve the Community

- Ensures materials:
  - Meet community needs
  - Reflect differences in dialect and culture
  - Are appropriate for the community’s cultures, education, and literacy levels
Signage for Right to Interpreter

Interpreter Services

You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.

Albanian
Shqip

Haitian Creole
Kreyòl Ayisyen
Ou gen dwa a yon entèprèt gratis. Tanpri monte nou lang pa w la. N ap relè yon entèprèt pou ou. Tanpri ret tann.

Amharic
አማርኛ

Hebrew
עברית

Russian
Русский
Вы имеете право на услуги бесплатного переводчика. Назовите, пожалуйста, свой язык. Медицинский переводчик будет вызван. Пожалуйста, подождите.

Serbo-Croatian
Srpsko-hrvatski

Interpreter Qualifications (HHS OCR, 2003)

- Proficiency and ability to communicate information accurately in both languages
- Knowledge in both languages of specialized terms/concepts
- Understand confidentiality and impartiality rules
- Understand regionalisms, dialects
- Understand and adhere to the role of interpreter
Interpreter Roles

- **Conduit**
  - Conveys verbatim in the target language what has been said by the other in the source language, without additions, omissions, editing, or polishing

- **Culture Broker**
  - Provides cultural framework for understanding message interpreted

- **Clarifier**
  - Explains terms that have no linguistic equivalent and checks for understanding
Child Interpreters

- The Health and Human Services (HHS) Office for Civil Rights discourages use of minors
  - Role reversal
  - Editing
  - Mistakes

(Kaiser Permanente, 2006)
Triadic Interview

- Between you, the patient, and the interpreter
- Face the patient
- Speak directly to the patient
- The interpreter should remain unobtrusive
- Prior to the session, meet with interpreter to clarify the purpose of the visit, establish ground rules, acceptable roles
Keep in Mind

- Interpreter and patient speak the same language and dialect
- Give the interpreter a brief summary of the patient
- Establish, with the interpreter, goals for the session
- Insist on sentence-by-sentence interpretation
- Explain that the interpreter is not to answer for the patient
- Invite the interpreter to interrupt or intervene as necessary to ensure understanding
- Document the name of the interpreter in the notes
- Ask the interpreter to teach you to correctly pronounce the patient's name
Keep in Mind

- Speak slowly and clearly use simple and straightforward language, and avoid metaphors, jargon and slang
- Clearly explain medical terminology
- Allow the interpreter to ask open-ended questions to clarify what the patient says
- Allow the patient time for questions and clarifications
- Be aware of your own attitudes and shortcomings
- Verify a patient’s understanding by having them repeat what they are to do and why
Readability Tools
Did You Know?

- 75 out of 100 Americans can read at the 6th grade reading level without difficulty
- Readability score
  - 4th to 6th grade
    - Readable by most adults
  - 7th to 8th grade
    - Readable by half or more adults
  - High school and above
    - Readable by few adults
Clinician Role

- We need to provide education to our clients
- We must be mindful of clients’ literacy skills, including reading ability and comprehension
- We can formally assess reading ability
- Can informally discuss with clients their previous level of schooling, educational achievement, and perceived reading ability
Common Readability Tools

- Fry Readability Formula
- The Flesch-Kincaid Grade Level Readability Formulas
- Microsoft Word
Fry Readability Formula

• Assigns an approximate grade level reading to a passage of text
• The formula depends on the vocabulary and sentence structure of the text, not the organization or content
• Grade reading level is found by plotting the average number of sentences and syllables on a graph
• The graph measures reading levels from 1st grade to college years
Flesch-Kincaid Grade Level Readability Formula

- Uses 7 different popular readability formulas to calculate the average grade level, reading age, and text difficulty of your sample text
- Considered one of the oldest, yet most reliable readability formulas

www.readabilityformulas.com
“Most people who have hip surgery have less pain. They can get back to doing things they need to do -- like getting dressed, bathing, and walking. After surgery, you will not be allowed to do certain things like play certain sports or jog. Before surgery, you need to see your doctor who will tell you if surgery is safe for you. You will be in the hospital for surgery and it will only take a few hours. You will usually stay in the hospital for a few days. After surgery, you will feel pain in your hip. The nurses will give you something to help with the pain. Exercise is important and you need to start moving as soon as you can.”
Flesch-Kincaid Grade Level Readability Formula

5th grade
Microsoft Word

Includes a feature providing reading ease statistics:

- Comprehensive counts
  - Words
  - Paragraphs
  - Characters
  - Sentences
Microsoft Word

• Averages
  • Sentences per paragraph
  • Words per sentence

• Readability level
  • Passivity
  • Flesch-Kincaid level
Health Literacy Assessment Tools
### Assessment Tools

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Admin Time</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test of Functional Health Literacy in Adults (TOFHLA) (Parker et al., 1995)</td>
<td>22-25 minutes</td>
<td>Numeracy and reading comprehension using prescription bottles, appointment slips, Medicaid applications, etc.</td>
</tr>
<tr>
<td>Short Form of the TOFHLA (S-TOFHLA) (Parker et al., 1995)</td>
<td>7 minutes</td>
<td>Same as TOFHLA</td>
</tr>
<tr>
<td>Rapid Estimate of Adult Literacy in Medicine (REALM) (Andrus &amp; Roth, 2002)</td>
<td>1-2 minutes</td>
<td>Medical word recognition system; doesn’t assess reading comprehension</td>
</tr>
<tr>
<td>Newest Vital Sign (NVS) (Pfizer, 2016)</td>
<td>3 minutes</td>
<td>Numeracy and reading comprehension using an ice cream nutrition label</td>
</tr>
</tbody>
</table>
Effective Verbal and Written Communication
Ask Me 3

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?
   - Intended to help patients become more active members of their health care team
   - Improve communication
   - Develop client-centered goals
Teach Back

- The client repeats the information in his or her own words to show understanding
- Useful to assess YOUR OWN communication skills with the patient
- For example:
  - Tell me what you have understood
  - Can you show me how you are going to do your exercises?
Content and Organization

- Ensure the purpose is immediately outlined and clear to the reader
- Ensure content is balanced, accurate, and up-to-date
- Include a publication or revision date on all materials
- Provide how-to information of relevance to the reader’s situation
- Use subheadings, question and answer format, bullet points, and summaries
Layout and Illustrations

- Use ample white space
- Use serif typefaces, minimum 12-point font size, good contrast between text and background
- Avoid capitalizing all letters in words, italicizing, and the use of Roman numerals
- Use instructive, culturally appropriate illustrations but only if they augment the message
- Position illustrations next to the text they refer to
- Clearly label all illustrations
Language

- Aim for 5th to 6th grade reading level
- Use clear, simple, common language, and short sentences and words
- Avoid jargon and define specialist terminology
- Write in active voice and second person
Writing Tips for All Readers

- Use plain English
- Make every word count
- Be clear and brief
- Use positive words
- Short lists or bullet points, not long sentences
- Concrete, familiar words
- Charts and pictures
- One or two syllable word when possible
Follow grammar rules:
- Subject and verb together if possible
- Vivid, active verbs
- Active voice
- Short, simple sentences
- Personal pronouns
- Few – ing words
- Few prepositional phrases
Text Appearance Matters

- Text greatly affects readability
- Use font sizes between 12 and 14 points
- For headings, use a font size at least 2 points larger than the main text size
- Use fonts with serifs
  - Serifs are the little “feet” on letters
Text Appearance Matters

• Do not use FANCY or script lettering
• Use both upper and lower case letters
• Use grammatically correct punctuation
• Use bold type to emphasize words or phrases
• Limit the use of italics or underlining
• Use dark letters on a light background
Conclusion

- Ensure health-related information/education matches person’s literacy abilities
- Provide information and education that promote self-management for health
- Facilitate health literacy by promoting systems of care that adhere to health literacy
- Effective health communication can positively influence the individual’s health behaviors and attitudes
Thank You!!

- Questions or comments?