

Health Literacy:



Hidden Barriers and Practical Strategies

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What is Health Literacy

<https://www.youtube.com/watch?v=7pAuCqepSEs>

Hidden Barriers to Communicating with Patients



Clients/Patients:

✓ Education/Literacy/Language

Health Literacy: The capacity to

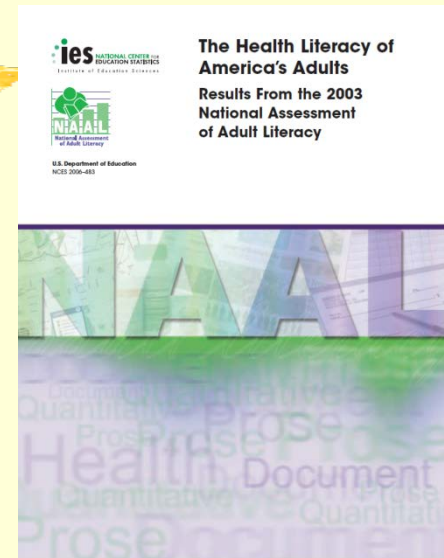
- Obtain, process, understand basic health information and services
- Make appropriate health care decisions (act on information)
- Access/navigate health care system

Using a Health Literacy Universal Precautions Approach

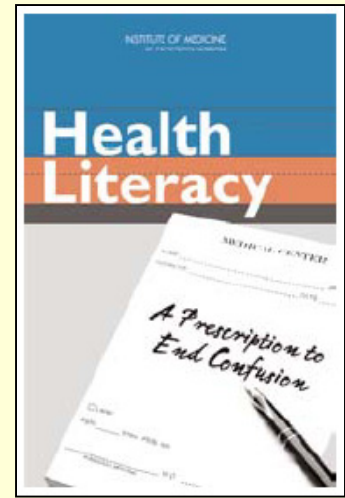
- ✓ Structuring the delivery of care as if everyone may have limited health literacy
 - You cannot tell by looking
 - Higher literacy skills \neq understanding
 - Anxiety can reduce ability to manage health information
 - Everyone benefits from clear communications

National Assessment of Adult Literacy

- National assessment of health literacy skills of US adults
- Assessed both reading and math skills
- Focused on health-related materials and tasks
- 36% of adults were identified as having serious limitations in health literacy skills



IOM Report on Health Literacy



- Health information is unnecessarily complex
- Clinicians need health literacy training

Healthy People 2020 Improve health communication/health literacy

Joint Commission (1993)

- Patients must be given information they understand

“As a former nurse, trauma surgeon, and public health director [I realized] there was a wall between us and the people we were trying to serve.

Health care professionals do not recognize that patients do not understand the health information we are trying to communicate.

We must close the gap between what health care professionals know and what the rest of America understands.”



**Dr. Richard Carmona,
Former U.S. Surgeon General**

**mentioned health literacy in
200 of last 260 speeches**



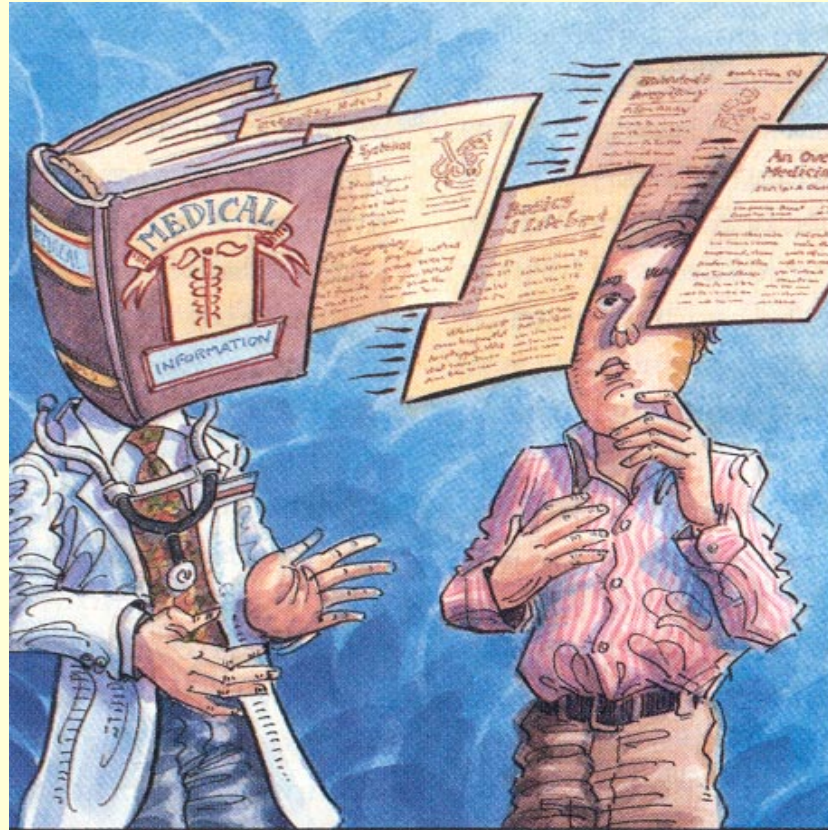
U.S. high school dropout rate is 30%

Red Flags for Low Literacy

- ✓ Frequently missed appointments
- ✓ Incomplete registration forms
- ✓ Non-compliance with medication
- ✓ Unable to name medications, explain purpose or dosing
- ✓ Identifies pills by looking at them, not reading label
- ✓ Unable to give coherent, sequential history
- ✓ Ask fewer questions
- ✓ Lack of follow-through on tests or referrals



Mismatched Communication



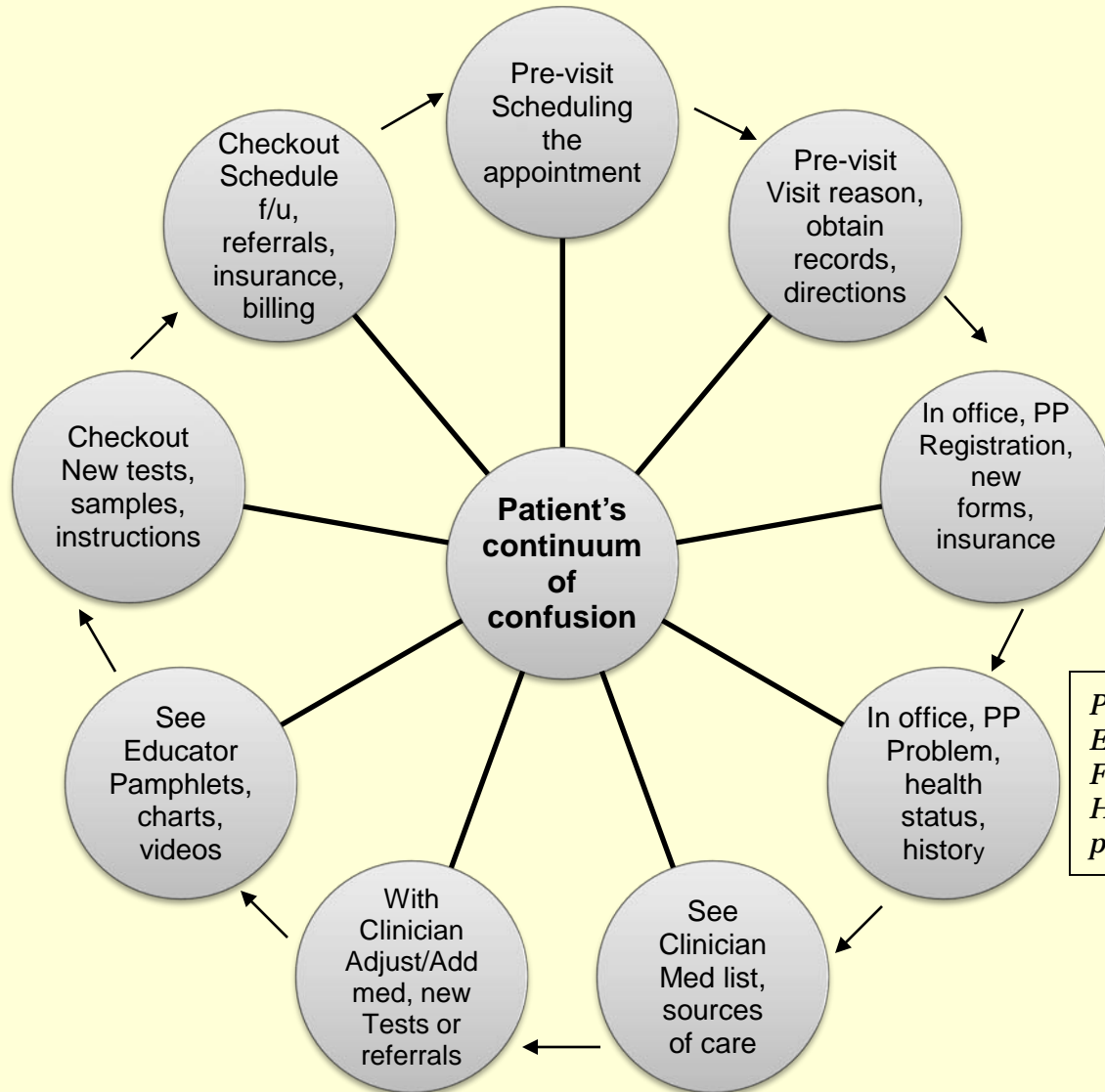
Clinician Process: Giving information

Patient Process: Understanding, remembering, and acting on information

Our Expectations of Patients are Increasing...

- ✓ **Prevention (eating, exercise, sunscreen, dental)**
- ✓ **Immunization**
- ✓ **Self Assessment of Health Status**
 - **Peak flow meter**
 - **Glucose testing**
- ✓ **Self-treatment**
 - **Insulin adjustments**
- ✓ **Health Care Use**
 - **When to go to clinic/ER**
 - **Referrals and followup**
 - **Insurance/Medicare**

And the Process is Becoming More Complex



*PP – Prior to seeing physician
ED – Emergency Department
F/U – Follow up
HCP – Health care professional*

*Health Literacy and Patient Safety:
AMA Foundation, 2007*

Patient Safety: Medication Errors

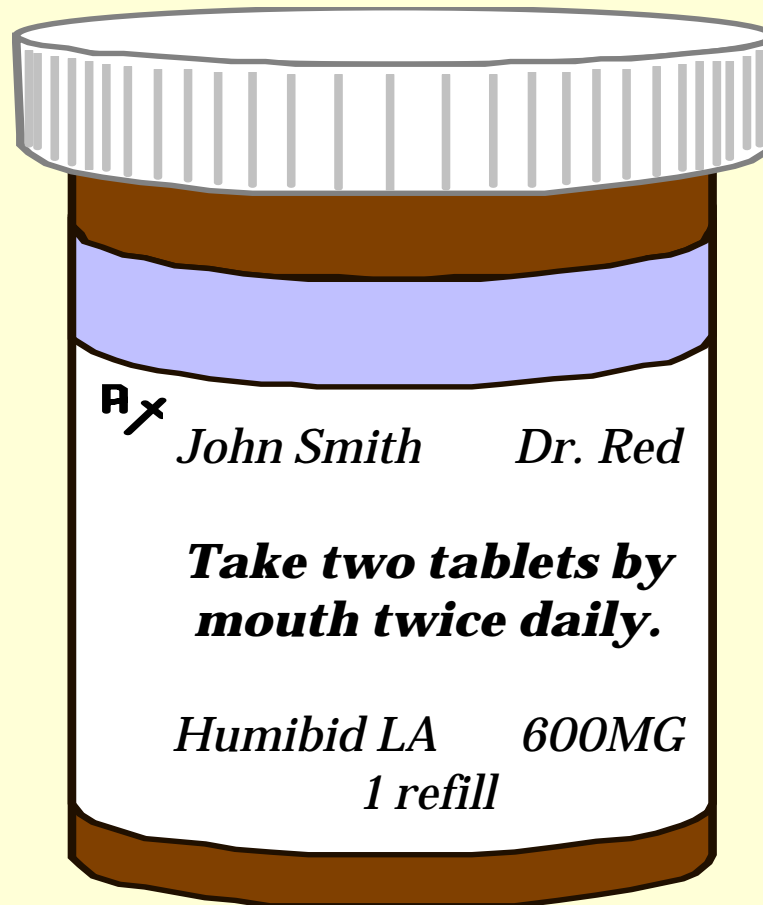
“How would you take this medicine?”

395 primary care patients in 3 States



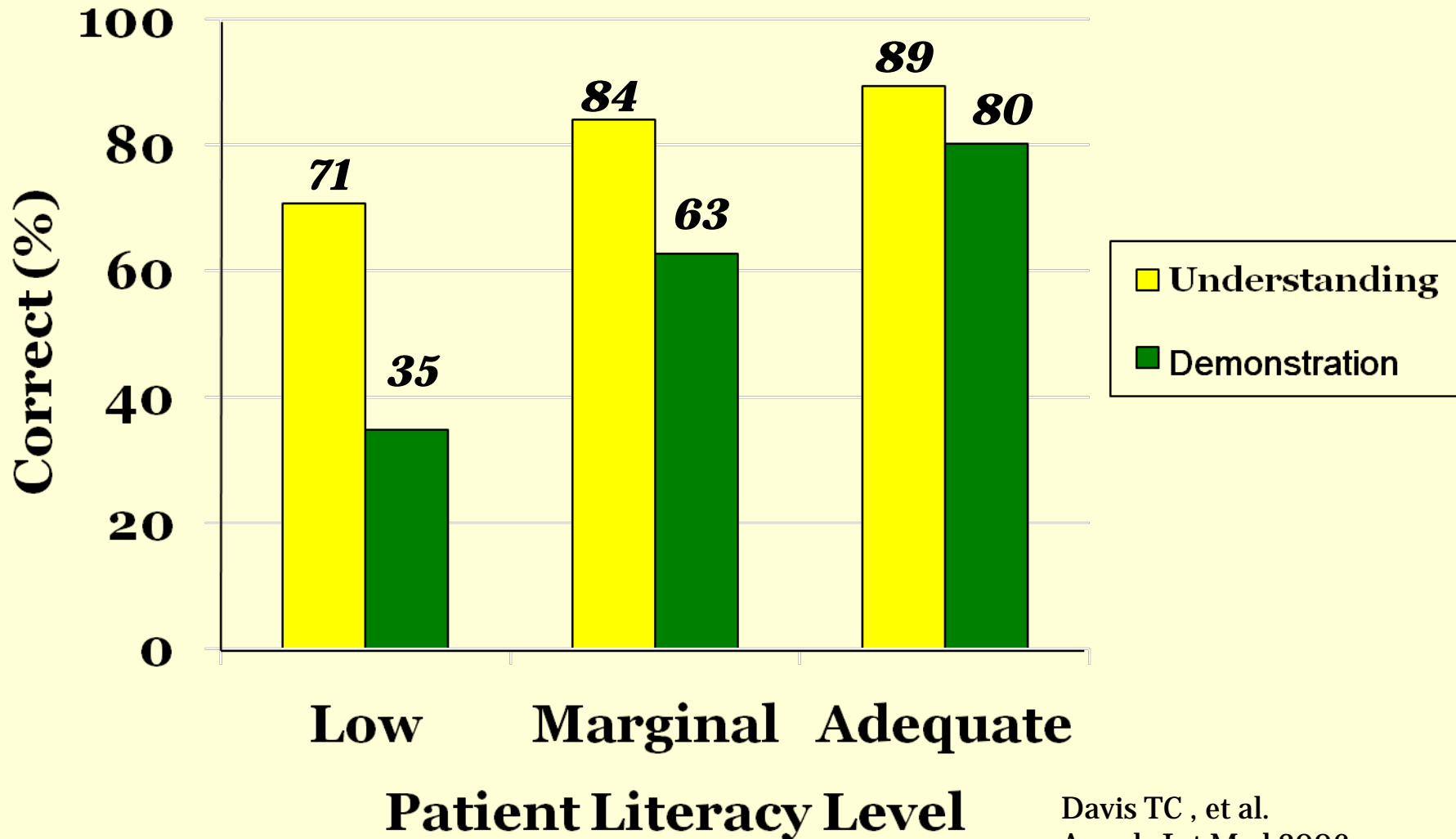
- **46%** did not understand instructions ≥ 1 labels
- **38%** with adequate literacy missed at least 1 label

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



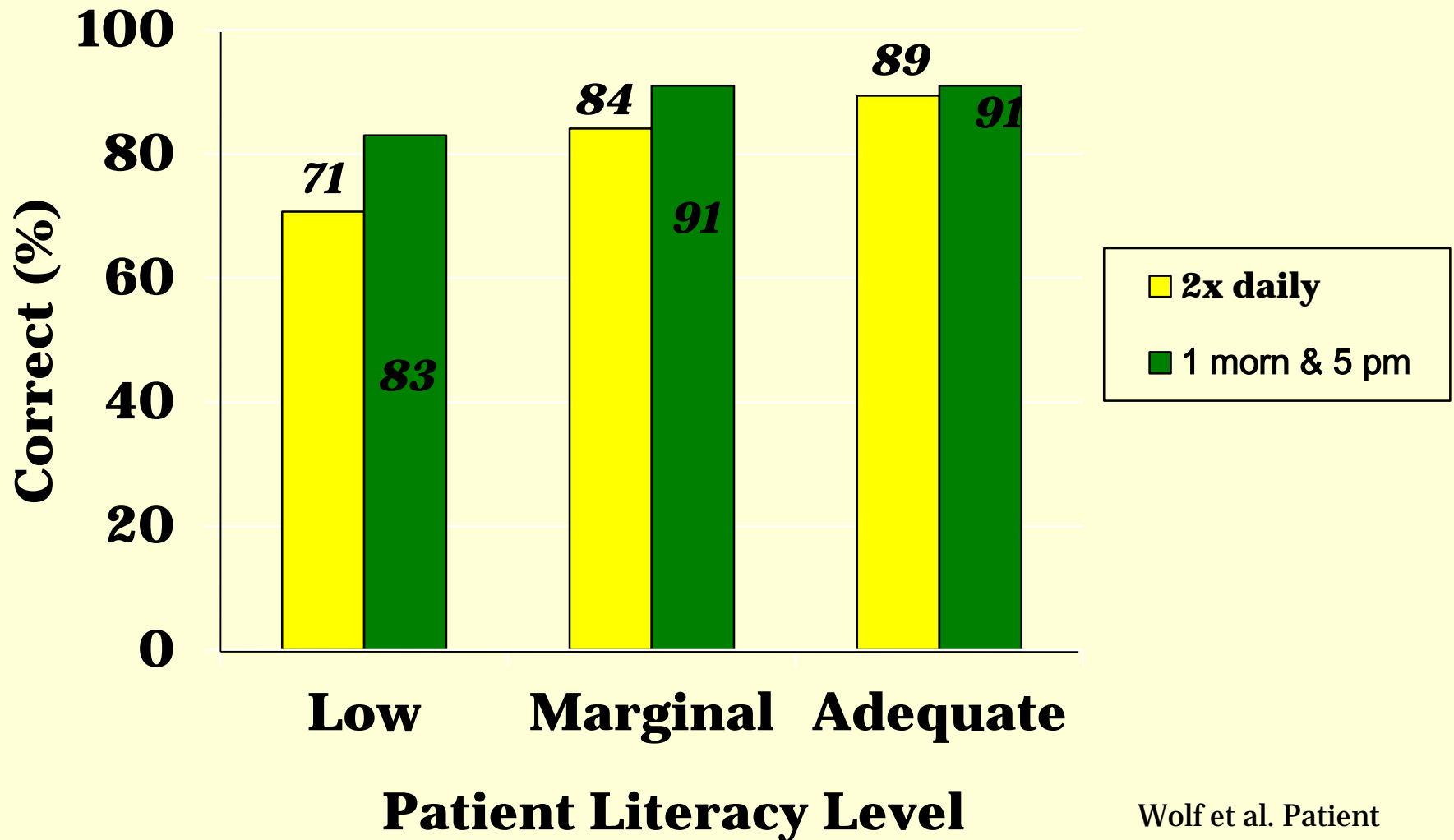
Rates of Correct Understanding vs. Demonstration

“Take Two Tablets by Mouth Twice Daily”



Rates of Correct Understanding

“Take Two Tablets by Mouth Twice Daily” vs “Take one tablet in the morning and one at 5pm

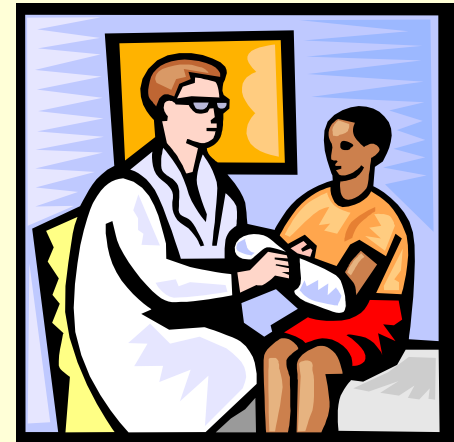


Lessons Learned From Patients

- Tell me what's wrong (briefly)
- What do I need to **do** & why
- Emphasize **benefits** (for me)

If meds, **break it down for me:**

1. What it is for
2. How to take (concretely)
3. Why (benefit)
4. What to expect



Remember: what's clear to you is clear to you!

Strategies to Improve Patient Understanding



- ✓ Focus on “need-to-know” & “need-to-do”
- ✓ Use Teach-Back Method
- ✓ Demonstrate/draw pictures
- ✓ Use clearly written education materials

Focus on “Need-to-know” & “Need-to-do”



What do patients need to know/do...?

- **When they leave the exam room**
- **When they check out**
- **What do they need to know about?**
 - **Taking medicines**
 - **Self-care**
 - **Referrals and followups**
 - **Filling out forms**

Teach-Back Method



- ✓ Ensuring agreement and understanding about the care plan is essential to achieving adherence
- ✓ “I want to make sure I explained it correctly. Can you tell me in your words how you understand the plan?”
- ✓ Some evidence that use of teach-back is associated with better diabetes control

Schillinger, D. Archives of Internal Med, 2003

Teach-Back Improves Outcomes Diabetic Patients with Low Literacy



Audio taped visits – 74 patients, 38 physicians

- ✓ Patients recalled < 50% of new concepts
- ✓ Physicians assessed understanding using teach-back 12% of time
- ✓ Use of teach-back was associated with good glycemic control
- ✓ Visits that assessed recall were not longer

Schillinger, D. Archives of Internal Med, 2003

Teach-back

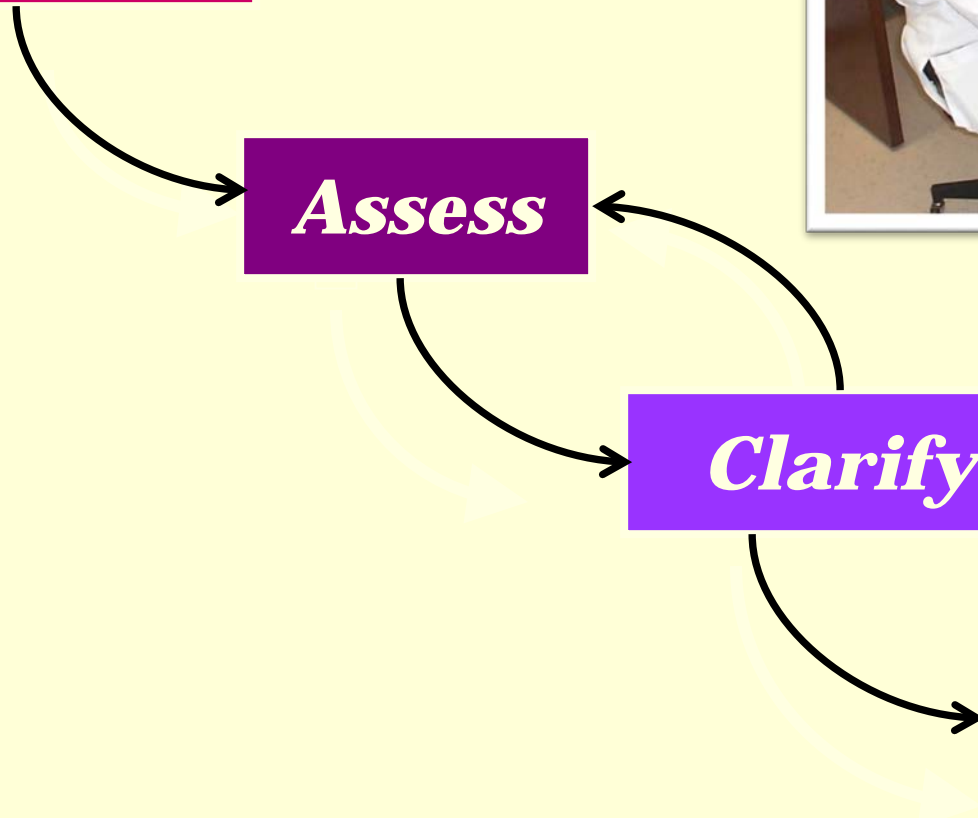


Explain

Assess

Clarify

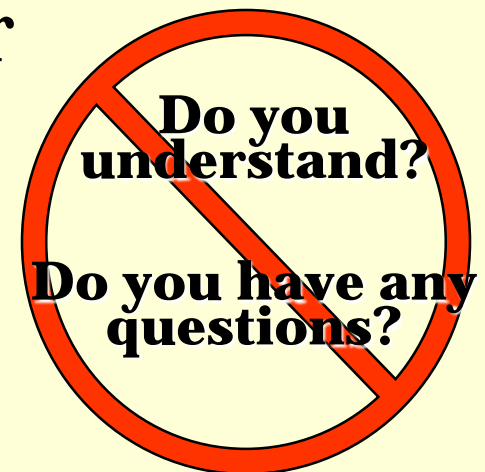
Understanding



Confirm patient understanding

“Tell me what you’ve understood.”

“I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?”



Patient Education: What We Know

- Written materials, when used alone, will not adequately inform.
- Patients prefer receiving **key messages from their clinician with accompanying pamphlets.**
- Focus needs to be “need-to-know” & “need-to do”
- Patients with low literacy tend to ask fewer questions.
- Bring a family member and medication to appointments.




Visuals Improve Understanding/ Recall



- ✓ Pictures/demonstrations most helpful to patient with low literacy & visual learners
- ✓ Most health drawings too complicated
- ✓ Physician drawings often very good (not too complex)
- ✓ Patients say “show me” & “I can do it”

7 Tips for Clinicians



- ✓ Use plain language
- ✓ Limit information (3-5 key points)
- ✓ Be specific and concrete, not general
- ✓ Demonstrate, draw pictures, use models
- ✓ Repeat/summarize
- ✓ Teach-Back (confirm understanding)
- ✓ Be positive, hopeful, empowering

Use Plain Language

20 complicated and commonly used words

- Screening
- Dermatologist
- Immunization
- Contraception
- Hypertension
- Oral
- Diabetes
- Diet
- Hygiene
- Prevention
- Mental Health
- Annually
- Depression
- Respiratory problems
- Community Resources
- Monitor
- Cardiovascular
- Referral
- Eligible
- Arthritis

Examples of Plain Language

Plain Language

▪ Annually		Yearly or every year
▪ Arthritis		Pain in joints
▪ Cardiovascular	→	Having to do with the heart
▪ Dermatologist		Skin doctor
▪ Diabetes		Elevated sugar in the blood
▪ Hypertension		High blood pressure

Is your Clinic/ Site Patient-Centered?

What is the “tone,” 1st impression?

- ✓ A welcoming, calm environment
- ✓ An attitude of helpfulness by **all** staff
- ✓ Patients treated as if your family
- ✓ Patient-centered check-in & scheduling
- ✓ Easy-to-follow instructions/ directions
- ✓ Patient-centered handouts
- ✓ Brief telephone followup
- ✓ Case management



Discussion Questions

- ✓ Looking back, have there been instances when you suspected, or now suspect, that a patient might have low literacy? What were the signs?
- ✓ Do we do things in our practice that make it easier for patients with low literacy to understand services and information?
 - Consider the entire process of patient visits, from scheduling an appointment to check-out
- ✓ What strategies could all of us adopt to minimize barriers and misunderstanding for low literacy patients?

Acknowledgments



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