



## Health Literacy: Communicating So Your Patients Can Understand

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### Literacy in the United States

- “An individual’s ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and develop one’s knowledge and potential.”

National Literacy Act

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### Literacy in the United States

- 1992 National Adult Literacy Survey (NALS) performed
  - 90 million Americans functionally illiterate or had marginal literacy skills
- In 2003, NALS reassessed literacy

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### Reasons for Low Literacy

- Acquisition
  - Lack of formal education
  - Learning disabilities
- Maintenance
  - Cognitive function declines in older adults
  - “Use it or lose it”

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### Definition of 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.

Healthy People 2010 & Institute of Medicine

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## Why is this important?

- Poorer health status
- Poorer quality of care

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## Health Literacy Concerns

- In 2003, health literacy of adults:
  - 53% intermediate
  - 22% basic
  - 14% below basic (5<sup>th</sup> grade or lower)
- Most health education written at the 10<sup>th</sup> grade reading level
- Most adults read between the 8<sup>th</sup> and 9<sup>th</sup> grade levels

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## Barriers to Health Literacy

- Less education/ Low cognitive ability
- Immigrants/English not the primary language
- Minorities
- Low income
- Older age
- Prisoners
- Homeless

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## Direct Consequences

- Missing appointments/follow-ups
- “Poor Historian”
- Improper completion of documents
- Incorrect usage of prescription medications
- Poor compliance and poorly controlled chronic diseases

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## Indirect Consequences

- Lack of participation in disease prevention/health promotion activities
- Misunderstanding the connection between risky behaviors and health
- More hospitalizations/ER visits
- Higher healthcare costs

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## Legal implications

- FDA, JCAHO, National Committee for Quality Assurance all require that healthcare institutions document patient’s understanding of medical information provided to them.
- Informed consent exceeds reading level of most patients

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## Who?

- Cannot identify patients with poor health literacy just by their highest grade level or level of education completed
- Cannot rely on patient's assessment of their level of literacy

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## What?

- Measure health literacy
  - Test of Functional Health Literacy in Adults (TOFHLA)
  - Rapid Estimate of Adult Literacy in Medicine (REALM)
  - Newest Vital Sign (NVS)

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## What to look for...

- Asking staff for help
- Bringing along someone who can read
- Watching others
- Inability to keep appointments
- Making excuses
- Noncompliance with medication and recommended interventions
- Postponing decision making

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## What can we do?

- Create comfortable environment
- Build trust
- Slow down, use pauses
- Limit information
- Promote action, motivation, and self-empowerment
- Use commonly used words
- Use oral and visual tools
- "Teach back method"

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## Written Materials

- Easiest/cheapest way to educate
- What to look for in presentation of materials
  - Plain Language
  - Layout and Design
    - Type, spacing, and lines
    - Organization
    - Style

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## Written Materials

- **Plain Language**
  - clear, simple, conversational style
  - Logical order
  - No technical jargon
  - Use visuals

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## Written Materials

### • **Layout and Design**

The design of material can make reading easier or more difficult.

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## Overall Design

- Consistent message
- No clutter
- Consistent and easily recognized headings
- All illustrations and charts clearly labeled
- Clear legends
- Circles, underlines or arrows to highlight

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## Type and Spacing

- Times New Roman or Arial
- 12 point size, no italics
- Minimum 1.5 spacing between lines
- Contrast between the paper and the text
- Do not want printed words on shaded or patterned background
- Upper and lower case
- Ample white space

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## Lines

- Appropriate length
- Right margin jagged
- No split words across two lines

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## Organization

- Cover is attractive, indicates audience, and content
- Provide background or context
- Group information into sections with clear headings
- Emphasize and summarize main points

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## Style

- Use everyday words
- Explain technical terms and use examples
- No long, complex sentences
- Written in the active voice
- Engage the reader
- Link information to trusted sources

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## “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?

National Patient Safety Foundation

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## Summary

- Problem
  - Low literacy is very common
  - Adversely affects quality of care and health status
- Action
  - Look for written materials that are appropriate
  - Identify patients with limited literacy levels
  - Use simple, easy-to-understand language
  - Emphasize the most important points and repeat this information
  - Ask patients to explain your instructions or demonstrate procedure

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## Resources

- AHRQ Health Literacy Toolkit
  - <http://www.ahrq.gov/legacy/qual/literacy/>
- HRSA “Effective Communication Tools for Healthcare Professionals.”
  - <http://www.hrsa.gov/publichealth/healthliteracy/>
- AMA Foundation
  - <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program.page>
- National Patient Safety Foundation
  - <http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/>
- Health Literacy Studies. Harvard School of Public Health
  - <https://www.hsph.harvard.edu/healthliteracy/>
- Pfizer Clear Health Communication
  - [www.pfizerhealthliteracy.com](http://www.pfizerhealthliteracy.com)

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Q&A



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