Health Literacy: Communicating So Patients Can Understand

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Disclosures

- None

Objectives

- Background
- Importance
- Action

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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

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

Reasons for Low Literacy

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

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

Health Literacy in the United States

- In 2003, health literacy of adults:
  - 53% intermediate
  - 22% basic
  - 14% below basic (5th grade or lower)

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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Why is this important?

- Poorer health status
- Poorer quality of care

Direct Consequences

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

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

Diabetes

- Worse glycemic control
- Higher rates of retinopathy
- More burden of diabetes related problems

(Schillinger et al., JAMA, July 24, 2002.)

Asthma

- Poorer knowledge
- Improper metered-dose inhaler (MDI) use
- More Emergency Department visits
- Fewer routine follow-up appointments

(Williams et al., Chest, October 1998.)

Hypertension

- Almost half (48%) of the patients with hypertension or diabetes in a study had inadequate functional health literacy
- Less knowledge of their disease, important lifestyle modifications, and essential self-management skills, despite having attended formal education classes.

(Williams et al., Archives of Internal Medicine, January 26, 1998.)

Cancer Treatment

- Screening information may be ineffective.
- Treatment options may not be fully understood.
- Informed consent documents may be too complex.

(Merriman et al., CA Cancer J ClinMay/June 2002)

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

What?

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

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

What can we do?

- Create comfortable environment and 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

- Way of checking understanding
- Asking a patient (or family member) to explain **in their own words** what they need to know or do
- Confirmation that you have explained things well

"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

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

Written Materials

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

Written Materials

- **Layout and Design**

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

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

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

Lines

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

Organization

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

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

Summary

- Problem
  - Low literacy and low health literacy is very common
  - Adversely affects quality of care and health status

Summary

- Action
  - Use simple, easy-to-understand language
  - Emphasize the most important points and repeat this information
  - Ask patients to explain your instructions or demonstrate procedure
  - Look for written materials that are appropriate

Cases

- Identify concerns in case related to health literacy
- Discuss solutions and role play better approaches

Ms. P, a 64-year-old woman with COPD who comes into your office for a follow-up. She was supposed to come back in 3 months. It has been 6 months since her last visit. She tells you she had to go to the ER a few times to get refills of her medications. She says she could hardly breathe when she last visited the ER, but “they fixed me up.” You talk with her while you have 3 patients waiting to be seen.

Mr. C is a 74-year-old male who comes to the office for trouble swallowing. You determine that he has GERD and recommend that he see GI. You place the referral. The patient stops at the desk to check out and is told he will get the information for the referral in the mail. He gets a paper at home but doesn't know what to do with it. A few months later he is seen in the ER because he has good stuck in his esophagus.

Christina is a 22-yo female who has had a sore throat for a week. She was already seen once and told she had a cold. She is still not better so she goes to an urgent care center. She is seen by a PA who takes a throat culture to determine if she has a strep infection, but forgets to explain that it is only a short term test, and that a second culture will be done in a lab to confirm. The PA wants to be sure the patient is “covered,” so Christina leaves the clinic with an antibiotic prescription, and she takes it to the drugstore and has it filled. Christina has trouble understanding the instructions, but does take the medicine for a few days. Her throat starts to feels better, and then she stops taking the medicine. Christina decides the next time she had a sore throat, she'll take the remainder of the prescription medicine and skip the urgent care center.

Ms. F is a 72-year-old female with multiple medical problems including a history of coronary artery disease with stenting, asthma, and GERD who has not been seen in a few months. She walked into the office because she was out of medications and needed refills. Her medication bottles were checked and she still had a bottle from HCTZ that was stopped 1 year prior. She had walked out of her last appointment a few months ago and was waiting for a call to reschedule but never received one. An appointment was scheduled for her to reestablish care. Before her next appointment she called the office asking if her 3 stents could be removed because she was worried about infection. When she comes to the office she is clutching her chest.

Mr. M is a 58 yo male who presents for follow-up after hospitalization for chest pain. He got 3 stents placed for an acute MI. Today he complains of dizziness. He doesn't know what medication changes were made and he was transferred to another hospital so the records were not available. He did not bring his medications with him today.

A 45-year-old obese woman with elevated cholesterol presents to her local Medicaid clinic 3 months after beginning to take a statin. The doctor that she is seeing enthusiastically shows her the results of her blood tests. “As you can see from the data your LDL concentration decreased from 172 to 130 and your HDL increased by 12 %. Your statin is working and we are getting closer to the target levels for cholesterol. Let’s see if they continue to improve over the next 3 months.” The woman did not understand what the doctor said but because of her positive tone she assumed it was good news. She thought her cholesterol was all better and that she didn’t need to take the medication anymore.

Alicia brings her 1-year-old child in because he was up most of the night crying. He is diagnosed with acute otitis media and she is given a prescription for liquid antibiotics to be given 3 times daily. She reads the instructions on the medication bottle, which state:" Using the spoon provided, give the patient half a teaspoon of this medicine 3 times a day." She dutifully fills half a teaspoon and pours the medication into her child's painful ear.

Sherry, 53, is referred to a clinic for care following a four-week hospitalization. Upon discharge, she is provided with a handwritten list of medications. When asked by clinic staff why she was admitted, Sherry says, “I had a bad cold.” Her hospital records, however, show an admission for pneumonia complicated by congestive heart failure and diabetes.

A 30-year old Vietnamese-speaking man applies for Medicaid after a devastating assault leaves him with a disability. The local Medicaid office does not have application materials in Vietnamese so he attempts to use the English version, although he is not proficient. Due to errors in his application, he never receives coverage.

An older Asian-American man cannot understand the dosage label on his medication. For fear of taking the wrong dosage, he does not take it at all. His back pain gets worse and he is not able to go into work for a whole week. He recalls being rushed through his appointment and unable to understand the doctor's accent. He left without being able to ask any other staff for help as they seemed too busy.

Resources

- AHRQ Health Literacy Universal Precautions Toolkit
  - http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html
- HRSA "Effective Communication Tools for Healthcare Professionals."
  - https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html
- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2015). Health Literacy Online: A guide to simplifying the user experience. Retrieved from https://health.gov/healthliteracyonline/
- National Patient Safety Foundation
  - http://www.npsf.org/?page=askme3
- Always use Teach-back!
  - http://www.teachbacktraining.org/

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