

Health Literacy

**Satellite Conference and Live Webcast
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Faculty

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Presentation Topics

- **What is health literacy?**
- **What is the scope of the problem?**
- **Who is at risk?**
- **What are the implications of low health literacy?**
- **How does health literacy status influence the treatment of a patient with prostate cancer?**

Presentation Topics

- **What are the “diagnosis & treatment” options for low health literacy?**
- **Resources**

What is Health Literacy?

- **The ability to read, understand and act on health information**

Definitions

- **General literacy**
 - **“ 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 of 1991

Definitions

- **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

Keep In Mind....

- **Health literacy is not routinely assessed nor tracked**
- **Low health literacy is an equal “opportunity offender” and is not visible to the eye**



The Scope of the Problem

- **Impacts nearly one in every three people living in the United States**
- **Costs the healthcare system as much as \$58 billion a year**

Getting a Picture of the Prevalence

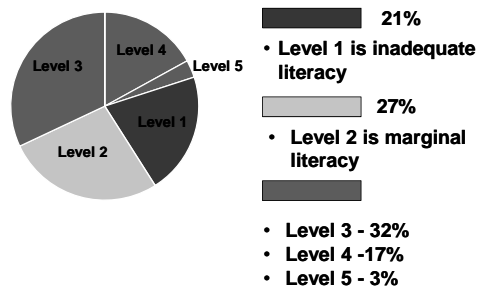
- **To examine the scope of the problem we start with national, state and local literacy statistics and then move to health care**

Literacy Nationally: More Than 90 Million People in the US Have Difficulty Reading

- **Approximately 40 to 44 million adults in the US are functionally illiterate (1)**  **Cannot Perform Basic Reading Tasks Required to Function in Society**
- **Approximately 50 million are marginally illiterate (1)**
- **Average reading skills of adults in the US are between the 8th and 9th grade levels (2)**  **Have Trouble Reading Maps and Completing Standard Forms**

Sources:
¹ Kirach et al., "A First Look at the Results of the National Adult Literacy Survey" Nat'l Center for Education Statistics, 1993
² Stedman L, Keesle C. Literacy and Reading Performance in the US From 1850 to Present. In: Keesle C, Editor. Literacy in the US: Readers and Readers Since 1850. New Haven (CT): Yale University Press, 1991. P. 75-108.

1993 National Adult Literacy Survey



Recent State and County Level Statistics

- State
 - 37% of all AL 8th graders read significantly below grade level
 - H.S. Graduation rate is only 58%
 - State and local %'s of literacy levels are similar to those of Mobile County

Recent State and County Level Statistics

- Mobile County
 - 27% of Mobile County are at level 1 (inadequate literacy)
 - 58% of Mobile County are at level 1 or 2 (inadequate or marginal literacy levels)
 - Similar to the 48% nationally shown on the previous slide



Who Is at Risk?

- Of course, low literacy lends itself to low health literacy
- Other populations at risk include
 - Older patients
 - When we talk about aging population, statistics suggest 50% of all Americans over 65 are functionally illiterate

Who Is at Risk?

- Recent immigrants
 - Due to language barriers
- People with chronic diseases
 - Due to complex treatment and self care
- Low socioeconomic status
 - Due to the relationship with literacy skills

Failure to Communicate

- Doctor
 - "Your foot infection is so severe that we will not be able to treat it locally."
- Patient
 - "I hope I don't have to travel far, doctor. I'm afraid of flying."

Implications of Low Health Literacy

- **Low health status**
 - **Literacy skills are a stronger predictor of an individual's health status than age, income, employment status, education level, and racial or ethnic group**

More Implications...

- **Poor health outcomes**
- **Under-utilization of preventive services**
- **Over-utilization of health services**
- **Unnecessary health care expenditures**
- **Limited effectiveness of treatment**

More Implications...

- **Needless patient suffering**
- **Higher patient dissatisfaction**
- **Higher provider frustration**

Research Findings Related to the Impact of the Problem

- **Data from one large health literacy study found that patients**
 - **33% were unable to read basic health care materials**
 - **42% could not comprehend directions for taking medication on an empty stomach**

Research Findings Related to the Impact of the Problem

- **26% were unable to understand information on an appointment slip**
- **43% did not understand the rights and responsibilities section of a Medicaid application**

Research Findings Related to the Impact of the Problem

- **60% did not understand a standard informed consent**

Source: Williams MV, Parker RM, Baker DW, et al. Inadequate Functional Health Literacy Among Patients at Two Public Hospitals. *JAMA* 1995 Dec 6; 274(21):1,677-82

Provider/Patient Communication Impact Facts

- Almost half of information provided is remembered incorrectly
- 40-80% of medical information is immediately forgotten
- The more information given, the more information forgotten

- Journal of the Royal Society of Medicine 2000

Health Literacy and Prostate Cancer

- Low health literacy is an important issue with regards to the treatment of Prostate cancer because patients' individual preferences play such a crucial role in the shared decision making of treatment

Health Literacy and Prostate Cancer

- The clarity and quality of communication between patient and provider (and often the patients' support system) allows dialog in which to explore patient preferences with regard to quality of life due to treatment side effects and survival rates of those treatment options

Diagnosis and Treatment

- What to look for
- What we know about patient education
- Red Flags
- Options
- Tips
- Looking at written material

What to Look For?

- Patients with low health literacy will have problems with
 - Intake forms
 - Note the length of time
 - Medications
 - Not getting expected results?
 - Unable to name

What to Look For?

- Health information (written & oral)
 - Ask few questions
 - Demeanor: angry, silly or clowning during discussions
- Appointment slips
 - Missed appointments

What to Look For?

- Informed consents
 - Unwillingness to read over or want a copy
- Discharge instructions
 - Follow up visit may indicate poor understanding

Patient Education: What We Know

- Physicians are the most trusted source of health information
 - Patients prefer receiving key messages from their provider
- Handouts are good
 - "Hand-made" handouts often most effective, short, to the point

Patient Education: What We Know

- Using handout/pamphlet as a teaching tool helps
- Bringing medications and family member helps
- Cost is an issue



Options to Improve Patient Education

- Draw pictures
- Demonstration
- "Teach Back"
 - Ask back
- Handmade handouts



'Teach Back' Improves Outcomes in Diabetic Patients with Low Literacy

- Audio taped visits – 74 patients, 38 physicians
 - Pre-intervention
 - Patients recalled < 50% of new concepts
 - Physicians assessed recall 13% of time
 - Visits that assessed recall were not longer

'Teach Back' Improves Outcomes in Diabetic Patients with Low Literacy

- Post intervention
 - When physicians used "teach back" the patient was 9X more likely to have Hb A1c levels below the mean
 - Visits that assessed recall were not longer

Schlinger, D. Arch Int Med, 2003

'Teach Back' Works

- “Asking that patients recall and restate what they have been told” is one of 11 top patient safety practices based on strength of scientific evidence

– AHRQ, 2001 Report on Making Health Care Safer


'Teach Back' Works

- Physicians' application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients

– Arch Intern Med/Vol 163, Jan 13, 2003, “Closing the Loop”

The Key to Teach Back Method or Any Communication

- Confirm patient understanding
- “Tell me what you've understood”




Tips for Healthcare Providers

- Limit information (3-5 key points)
- Give most important information first
- Be specific and concrete, not general
- Draw pictures, demonstrate
- Repeat/summarize
- Confirm understanding
- Be positive, hopeful, empowering

**Remember:
What's Clear to You Is
Clear to You!**

Another Communication Strategy: Teach Your Patients to Ask YOU!



- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Checking for Understanding: Can Patients Read the Materials We Give Them?

- What is the reading level of your handouts?
 - Intake forms
 - Pre-op & discharge instructions
 - Pamphlets
 - Consent documents

Problematic Wording To Look For

- Medical
 - Inflammation, benign, oral, monitor
- Concept
 - Active role, gauge, option
- Category
 - Adverse, support

Problematic Wording To Look For

- Value judgment
 - Adequate, excessive, increase gradually

Guidelines for Creating Patient-friendly Written Materials

- Simple words (1-2 syllables)
- Short sentences (4-6 words)
- Short paragraphs (2-3 sentences)
- No medical jargon
- Headings and bullets
- Lots of white space

Resources

<http://www.clearhealthcommunication.com>

Website

www.amafoundation.org

www.askme3.org

E-mail

healthliteracy@ama-assn.org

Resources

<http://www.health.gov/communication/literacy/quickguide/factsliteracy.htm>

<http://www.healthliteracyinnovations.com/information/>

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Closing Quote

- **“The single biggest problem in communication is the illusion that it has taken place”**

- George Bernard Shaw (1856-1950)