

## The Cost of Health Literacy

**Satellite Conference and Live Webcast  
Wednesday, September 20, 2017  
12:00 – 1:00 p.m. Central Time**

Produced by the Alabama Department of Public Health  
Distance Learning and Telehealth Division

## Faculty

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### Objectives

- At the conclusion of the presentation the audience will be able to:
  - Describe patient populations at risk for low health literacy
  - Identify barriers and solutions that influence health literacy for diverse patient populations
  - Recall evidence based practices for culturally and linguistically appropriate provider-patient communication

### Health Literacy

- Health literacy goes beyond a narrow concept of health education and individual behavior-oriented communication, and addresses the environmental, political and social factors that determine health (WHO, 1998)
- Defined...“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (HHS,2000)

## National Assessment of Adult Literacy

Assessed functional skills in clinical, preventive, and navigational tasks

| Category     | Percentage | Count (n=19,000) |
|--------------|------------|------------------|
| Proficient   | 12%        | 2,280            |
| Below Basic  | 14%        | 2,660            |
| Basic        | 22%        | 4,180            |
| Intermediate | 53%        | 10,080           |

National Adult Literacy Survey (NALS) National Assessment of Adult Literacy (NAAL); National Center for Educational Statistics, U.S. Dept. of Education, 1992, 2003.

### Disparities/At-risk Populations Associated with Low Health Literacy

- Those disproportionately affected by low HL are:
  - Poor
  - Members of cultural and ethnic minorities
  - Recent refugees and immigrants and Non-native speakers of English
  - Southern and western region of the US
  - Those with less than a HS degree or GED

### Disparities/At-risk Populations Associated with Low Health Literacy

- **LARGEST GROUP:** Those who are over the age of 65 (IOM, 2004; NCES 2003;1993)
- 9 out of 10 American adults have difficulty with health information (Koh, HHS 2007)
- By 2030 close to ¼ of all US Adults will be 65 years or older (US Census)

### Demographics: Low health literacy in U.S.

- The south has the greatest percentages of literacy at levels 1 and 2
- 9 states = 37-38% of population
- 18 states = 39-45%
- 14 states = 45-52%
- 7 states = 53-59% (Includes Alabama)

### Demographics: Low health literacy in U.S.

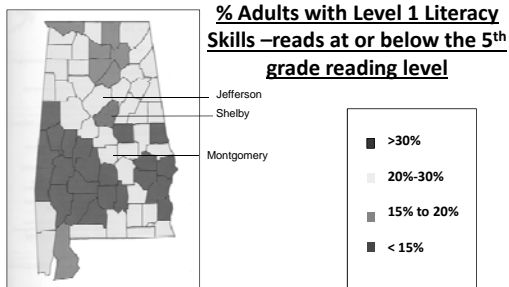
- Mississippi and Louisiana reported the largest number of residents ranked in the lowest literacy levels at 64% and 61%, respectively (NALS, 1992)

### General literacy in Alabama



- **510,000** of Alabama's Adults (9.5%) lack *basic* literacy skills – **they cannot read**
- **25%** lack a high school degree (American Community Survey; NALS 2003)
- Up to **59%** of adults in Alabama suffer from low health literacy

### Low literacy rates by county-Alabama



(NALS, 1992; NAALs 2003)

### Health outcomes- Alabama

- 45/50 for overall health outcomes
- 47/50 for avoidable hospital use and costs
- 48/50 for diabetes
- 49/50 cardiovascular deaths
- 49/50 for infant mortality

(2016 America's Health Rankings, United Health Foundation)

**In Plain language - Low Health Literacy Contributes To:**

- Misunderstanding-routine for patient discharge
- Poor health outcomes
- Mistakes-especially with medication management-Approximately 28% of hospitalizations of older adults is attributed to polypharmacy and adverse drug events (ADEs) yielding increased health care costs (\$\$\$\$)

**In Plain language - Low Health Literacy Contributes To:**

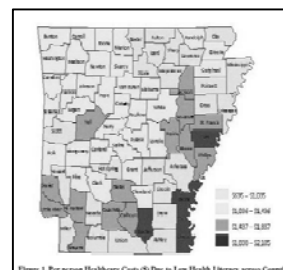
- Excess hospitalizations and less than 30-day readmissions (\$\$\$\$)
- Unnecessary deaths

**Economic Impact in the U. S.**

- Limited health literacy adds between \$106 billion to \$238 billion of unnecessary costs per year to an already overburdened health care system nationwide
- <http://tiny.cc/nationalhealthpolicy>

**ARKANSAS Economic Impact**

- \$1.3 to \$3 billion each year in unnecessary health care costs



**IOM Roundtable on Health Literacy**

Vision of a Health Literate America (2004)

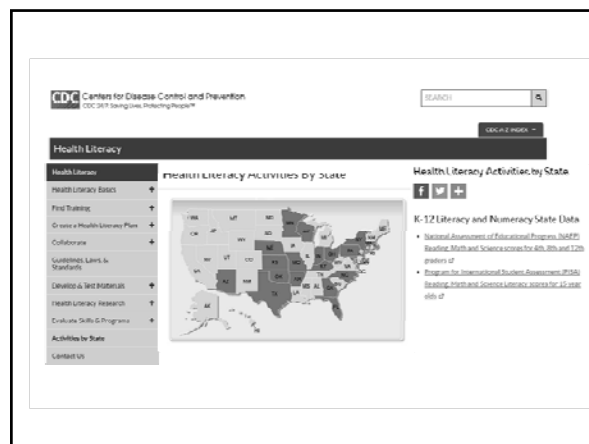
- Everyone should have the opportunity to use reliable, understandable information to make health choices
- Health content would be basic curriculum for K-12
- Accountability of all health literacy policies and practices

**IOM Roundtable on Health Literacy**

- Public health alerts should be presented in plain language
- Cultural factors integrated in all aspects of patient materials ←
- Health care practitioners should communicate with each other using every-day language ←
- Provide ample time for discussions between patients and health care providers ←

## IOM Roundtable on Health Literacy

- Patients should feel comfortable to ask questions as part of healing process
- Rights and responsibilities for health care instructions-plain language
- Informed consent docs developed so all understand if they want to give or withhold consent based on information they need to fully understand



## Online Resources

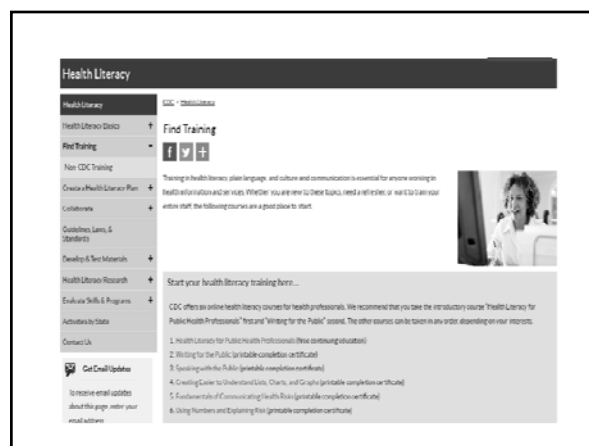
- Training in health literacy, plain language, and culture and communication is essential for anyone working in health information and services. Whether you are new to these topics, need a refresher, or want to train your entire staff, the following courses are a good place to start.

## Online Resources

- CDC offers five online health literacy courses for health professionals. Using Numbers and Explaining Risk Online Training is part of health literacy training available to the public
  - [www.cdc.gov/healthliteracy/gettraining.html](http://www.cdc.gov/healthliteracy/gettraining.html)

## Online Resources


- Become familiar with the Culturally and Linguistically Appropriate Standards and incorporate them into your work; The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.
  - [www.thinkculturalhealth.hhs.gov/clas](http://www.thinkculturalhealth.hhs.gov/clas)




## How to Re-create Easy-to-Understand Materials

[www.cdc.gov/healthliteracy/pdf/simply\\_put.pdf](http://www.cdc.gov/healthliteracy/pdf/simply_put.pdf)

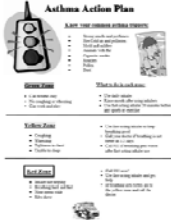
**Simply Put**  
a guide for creating easy-to-understand materials



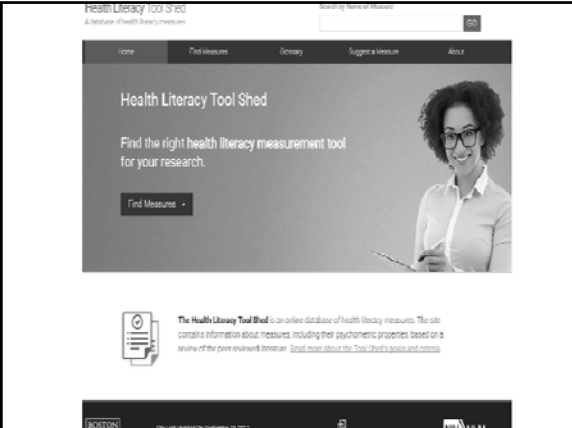
**Original Doc**



**Re-Created**  
**Asthma Action Plan**



Flesch Reading Ease of 62.7, and a Flesch-Kincaid Grade Level of 5.2.



The screenshot shows the Health Literacy Tool Shed website. The header includes the site name and a search bar. The main content area features a navigation menu (Home, Find Measures, Search, Suggest a Measure, About) and a large banner with the text "Health Literacy Tool Shed" and "Find the right health literacy measurement tool for your research." Below the banner is a "Find Measures" button. At the bottom, there is a description of the tool shed and logos for Boston University and NLM.

## Assessments for Low Health Literacy at the Individual Level

- **Rapid Estimate of Adult Literacy in Medicine (REALM)**-Prose only, no numeracy, 125 items, short version also and in different languages, dentistry.
- **Test of Functional Health Literacy for Adults (TOFHLA)**-no longer recommended by those who developed it; but there are other versions (other languages, dentistry)

## Assessments for Low Health Literacy at the Individual Level

- **Newest Vital Sign-(NVS)**- 6 questions, uses a nutrition label, numeracy heavy
- **BRIEF Health Literacy Screening Tool** -4 questions, non-threatening

### BRIEF Health Literacy Screening Tool (BRIEF)

**Please circle the answer that best  
represents your response**

1. How often do you have someone help you read hospital materials?

- a. Always
- b. Often
- c. Sometimes
- d. Occasionally
- e. Never

### BRIEF Health Literacy Screening Tool (BRIEF)

**Please circle the answer that best  
represents your response**

2. How often do you have problems learning about your medical condition because of difficulty understanding written information?

- a. Always
- b. Often
- c. Sometimes
- d. Occasionally
- e. Never

### BRIEF Health Literacy Screening Tool

Please circle the answer that best represents your response

3. How often do you have a problem understanding what is told to you about your medical condition?

- Always
- Often
- Sometimes
- Occasionally
- Never

### BRIEF Health Literacy Screening Tool

Please circle the answer that best represents your response

4. How confident are you filling out medical forms by yourself?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Extremely

**Introducing Health Literacy Screening in UAB Outpatient Clinic Workflow: A Feasibility Pilot Test**

**Background:** Health literacy is essential for the capacity to obtain, process, and understand the basic health information and services needed to make appropriate health decisions. Patients, providers, and the system.

**Objectives:** To assess the feasibility of implementing the BRIEF HL Screen with the workflow of the ambulatory care clinic (ACC) as a demonstration site.

**Methodology:** BRIEF Health Literacy Screen introduced in ACC. ACC Clinic staff trained in: Program of the BRIEF; Communication and screening techniques to meet patient performance requirements; and Interpretation of results.

**Results:** 77% of patients were screened. 42% of those screened had low health literacy skills. 50% of those with low health literacy skills were referred to patient education resources.

**Conclusions:** Screening HL allows staff to communicate patient education. Improved patient health, better patient understanding, increased adherence, and quality of care.

### How do we Improve Patient/family-Centered Care and Communication?

- **Getting Started**
  - Implementation of a quick assessment during intake for patients in clinics (anxiety levels are less than in hospital)
  - Evaluate all patient education to ensure all are created using **Culturally and Linguistically Standards (CLAS)** and meet the NIH recommended level to be written at less than a <7th grade reading level; **use SIMPLY PUT to guide development for usability and understandability**

### How do we Improve Patient/family-Centered Care and Communication?

- Professional Development for all employees that have contact with patients (CDC modules)
- **Advanced Work**
- Determine if your agency/system meets the minimum criteria for the “10 Attributes of a Health Literate Organization” and if not, implement a quality improvement plan to achieve that status
  - [www.cdc.gov/healthliteracy/planact/steps/index.html](http://www.cdc.gov/healthliteracy/planact/steps/index.html)

**Attributes of a Health Literate Organization**

The white paper, "10 Attributes of Health Literate Health Care Organizations" (HLSO 17 issue 1), describes what healthcare organizations can do to lower barriers for people to get care to which addresses and ensures. Participation of the Institute of Medicine Roundtable on Health Literacy wrote the paper to inspire healthcare organizations to address health literacy issues.

The Office of the Associate Director for Communications (ADC) has prepared the white paper and offers a simplified version to assist organizations in making health work. Each attribute includes a brief definition and strategies organizations can work on.

Public health organizations and their partners, as well as other groups, may find the associated brief and action plan to be relevant. The full number of resources shown. But each user needs to determine which organizations address health literacy issues for alignment their work.

If you're involved in development work, please refer to the original paper. Also, the [CDC's Health Literacy Research and Quality](#) may be helpful information for you.

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