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

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

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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

Disparities/At-risk Populations Associated with Low Health Literacy
• Those disproportionally 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

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<td>Advanced</td>
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*Quantitative literacy*

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

- Jefferson >30%
- Shelby 20%-30%
- Montgomery 15% to 20%
- < 15%

(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 ($$$$

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

In Plain language - Low Health Literacy Contributes To:

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

ARKANSAS Economic Impact

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

IOM Roundtable on Health Literacy


- 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 the 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

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 and health care organizations to implement culturally and linguistically appropriate services.
  - www.thinkculturalhealth.hhs.gov/clas
How to Re-create Easy-to-Understand Materials


Re-Created

Original Doc

Simply Put

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

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)

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

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

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
3. How often do you have a problem understanding what is told to you about your medical condition?
   a. Always
   b. Often
   c. Sometimes
   d. Occasionally
   e. Never

4. How confident are you filling out medical forms by yourself?
   a. Not at all
   b. A little bit
   c. Somewhat
   d. Quite a bit
   e. Extremely

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

- **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)
References


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