



Addressing Health Literacy in the Clinical Setting

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Sara Isabel Diaz, MD

Clinical Instructor, Family Medicine
Tufts University School of Medicine

Disclosure

- I have no actual or potential conflict of interest in relation to this presentation

Learning Objectives

At the end of this webinar, participants will be able to:

- Define health literacy
- Discuss the prevalence of limited health literacy
- Describe the social, medical, and financial implications of limited health literacy
- Discuss practical approaches to decrease the impact of limited health literacy

Health Literacy Definition

The ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions **AND FOLLOW INSTRUCTIONS FOR TREATMENT**

- » Plain font = Healthy People 2010 definition
- » Including **CAPITALS**= Institute of Medicine (IOM) definition

Health Literacy Definition

The ability to “get it” and “do it”

- Sara’s version

Health Literacy Definition

Strengths and Limitations

- Dynamic
- Motivation level
- Multiple components
- Cultural beliefs and competency
- Financial resources
- Involves relationship between patient, clinician, and the medical system
- Not solely hinged on medical knowledge
- Time constraints

Health Literacy Assessment Tools

- Rapid Estimate of Adult Literacy in Medicine (REALM)
 - List of words, pronunciation
- Test of Functional Health Literacy in Adults (TOFHLA)
 - Multiple choice, fill-in-the-blank
- Newest Vital Sign
 - Free response questions using nutrition label

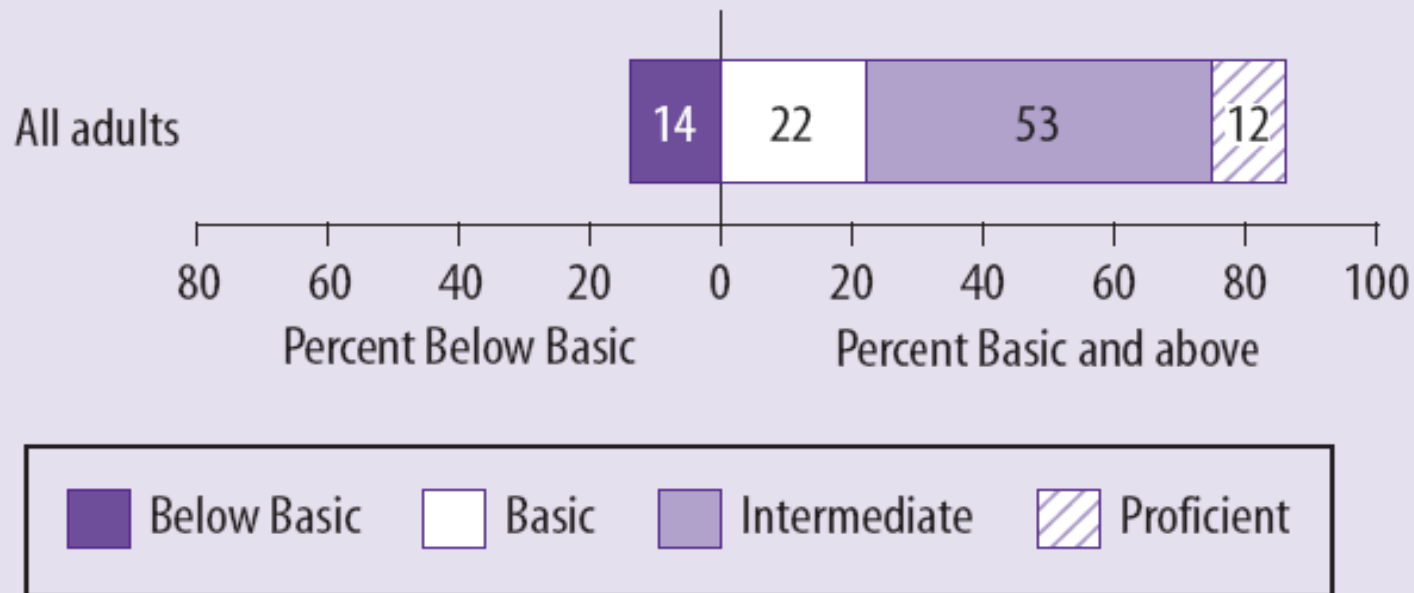
National Assessment of Adult Literacy (NAAL 2003)

- >19,000 English-speaking US adult residents
- In-person interview lasted >1 hour
 - Extensive demographic intake
- Tasks tested were “hands-on”
 - Appointment slip
 - Medication label
 - Patient education hand-out

NAAL Literacy Categories

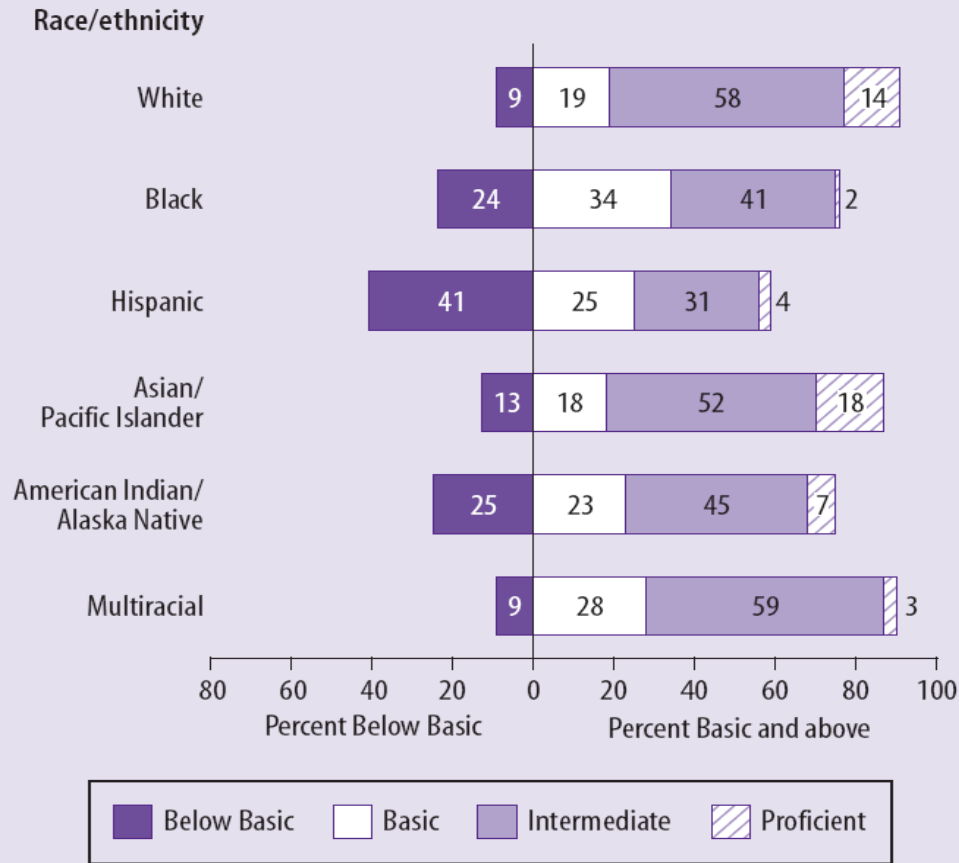
- Proficient
 - Calculate insurance contribution based on income
- Intermediate
 - Use over-the-counter (OTC) drug label to identify potential side effects
- Basic
 - Understand simple documents
- Below basic
 - Circle date on appointment slip

Figure 2-1. Percentage of adults in each health literacy level: 2003



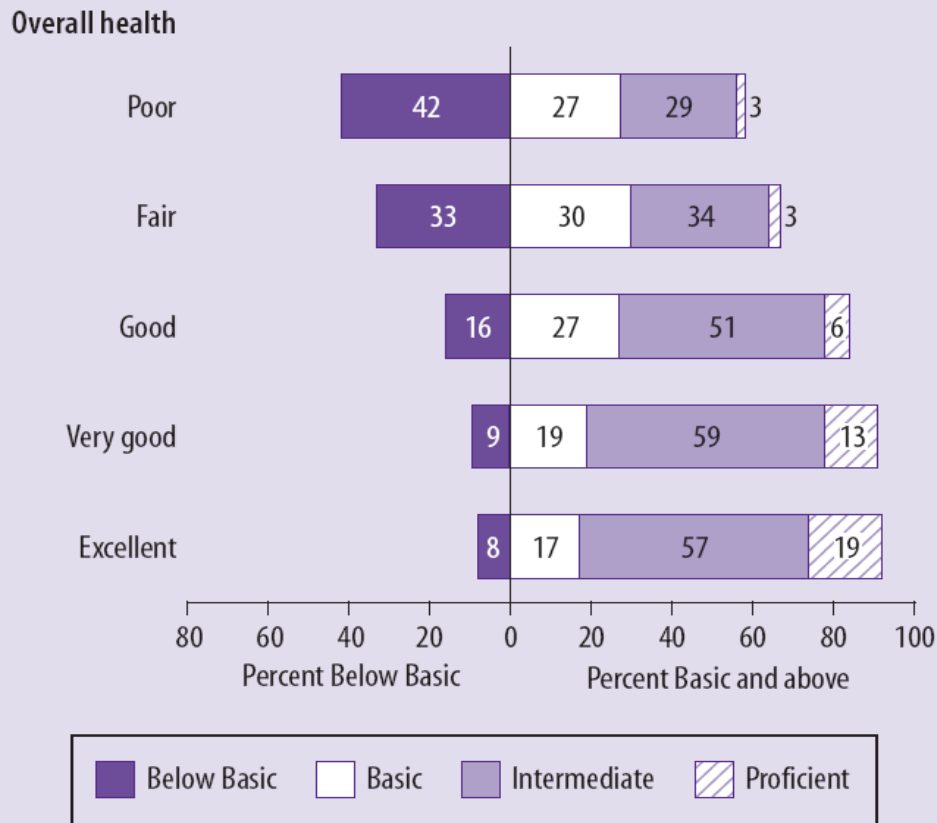
NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Figure 2-5. Percentage of adults in each health literacy level, by race/ethnicity: 2003



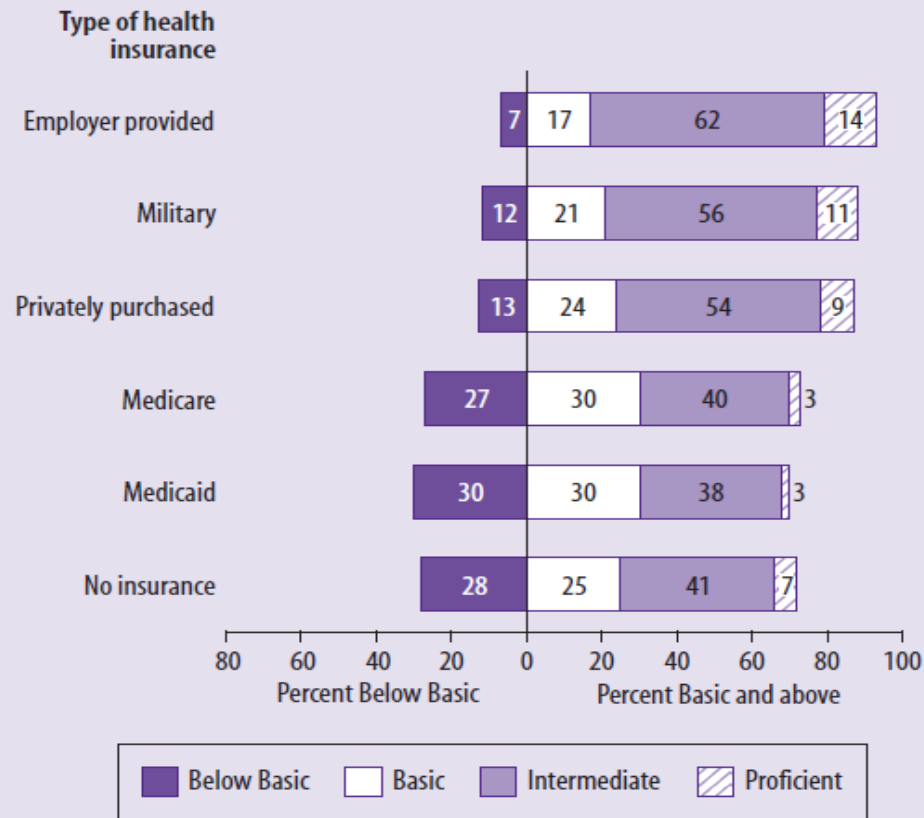
NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. All adults of Hispanic origin are classified as Hispanic, regardless of race. The Asian/Pacific Islander category includes Native Hawaiians. Black includes African American, and Hispanic includes Latino. SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Figure 3-2. Percentage of adults in each health literacy level, by self-assessment of overall health: 2003



NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Figure 3-4. Percentage of adults in each health literacy level, by type of health insurance coverage: 2003



NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. Adults who reported they had more than one type of health insurance are included in each applicable category in this figure.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Health Literacy and Health Inequalities

Inadequate health literacy is a stronger predictor of a person's health than:

- Age
- Race
- Employment status
- Education level
- Income

Inadequate Health Literacy and Shame

- About 50-67 percent of individuals with inadequate literacy have not disclosed this fact to their spouse.
- Develop strategies to compensate
 - Learn to repeat words/instructions and ask less questions but comprehension and ability to apply information is affected

Healthy Literacy Impacts...

- Completing forms correctly
 - Pediatric developmental forms; depression screens
- Sharing accurate personal history
 - Omission of details
- Perception of body and source of disease
- Engaging in self-care and chronic disease management
 - External versus internal locus of control
- Understanding math concepts (risk, dosing)
 - Potential medication side effects, surgical risk

Impact of Low Health Literacy on Patients

- More medication errors
 - Parental misinterpretation of OTC cough and cold medication labels
- Decreased compliance/adherence
 - Misunderstood or forgotten instructions
 - Limited understanding of benefit
- Decreased use of preventive services
 - Mammograms, pap smears, and flu shots
- Predictor of all-cause and cardio vascular mortality in the elderly

Impact of Low Health Literacy on Patients

- Emergency Department (ED) over-utilization
 - Seek care for non life-threatening illness
 - Struggle navigating the health care system
- Increased (preventable) hospitalizations
 - Less knowledge of chronic medical conditions and their management
 - Hypertension, diabetes, asthma, and HIV
- Enter health system “sicker”
 - More advanced prostate and breast cancer at diagnosis
- Longer hospital stays (by ~2 days)

Financial Impact of Low Health Literacy on Healthcare System

- Annual cost of health care for low literacy individual is **FOUR times** that of a person with adequate health literacy
- Estimated \$50-90+ billion per year in excess costs (> \$230 billion if lost wages and premature morbidity/mortality factored in)

If health literacy is so important, we should measure it, right?

No.

What is the Answer, then?

Universal precautions

Challenges of Measuring Health Literacy in the Clinical Setting

Despite the effect on health outcomes, it does not make sense to test health literacy in the clinical setting:

- Dynamic
 - Fatigue, fear, time constraints
 - Medical/mental illness
 - Medication effects
- Inadequate clinician training
 - Physicians do not appropriately tailor their counseling based on a patient's level of health literacy.

Strategies to Enhance Health Literacy

Make your practice patient-friendly and shame-free:

- Attitude of helpfulness
- Have a person, not a machine, answer the phone
- Help patient prepare for visit
- Easy-to-follow signs
- Provide assistance with filling out all forms
 - Easy-to-read format
 - Clear language
 - Step-by-step instructions

Strategies for Clear Communication

- Slow down
- Use plain (non-medical) language
 - Speak clearly
 - Listen carefully
- Use pictures as needed
- Limit amount of information provided and repeat it
 - “Chunk” information
- Use “teach back” techniques

Teach Back

- Avoid asking “Do you understand?” or “Do you have any questions?”
 - Respectfully place patient or parent in role of teacher:
 - “What will you tell the babysitter about Natalie’s asthma? What changes should she look for?”
- To avoid “quizzing” the patient, I often use a technique I refer to as the “spouse test”
 - “Henry, you know that Joyce is going to have lots of questions for you when you get home after this appointment. What are you going tell her?”

Teach Back

- “What if” scenarios
 - “We just talked a lot about your anxiety and panic attacks. What will you do the next time you start to feel overwhelmed with worry and feel your heart race?”
- Demonstrate instructions
 - Use medication bottles
 - Glucometer use

Ask Me 3

Partnership for Clear Health Communication at the National Patient Safety Foundation

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

Useful Resources

<http://www.hrsa.gov/publichealth/healthliteracy/>

<http://www.health.gov/communication/literacy/>

<http://www.cdc.gov/healthliteracy/learn/index.html>

<http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program.page>

<http://www.health.gov/healthliteracyonline/>

- (to develop materials)

<https://www.iha4health.org/our-products/>

- Easy-to-read health books (What To Do series)

Review of Objectives

You should now be able to:

- Define health literacy
- Discuss the prevalence of limited health literacy
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- Discuss practical approaches to decrease the impact of limited health literacy

Final Thoughts

- Use plain language
- Prioritize and reduce number of topics addressed in each visit
- Use “teach back” technique
- Health literacy is dynamic and depends on us!

Thank you

