


# Health Literacy: Effective Client Communication and Education

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## Objectives

1. Define health literacy and recognize the factors that influence it in your customers who may have backgrounds different from your own.
2. Identify appropriate assessment tools to evaluate how well your clients understand health information.
3. Receive resources for clear and effective communication and selecting easy-to-read health materials to ensure that clients understand the healthcare services provided.



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## Definitions

- Literacy
  - Ability to understand and use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one's goals and potential
- Health literacy
  - Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions



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## Health Literacy

Individual and systemic factors

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context



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## Health Literacy

Affects people's ability to:

- Navigate the healthcare system, including filling out complex forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk



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## Health Literacy Skills

- Numeracy skills
  - E.g., measuring medications, choosing between health plans, calculating premiums & copays
- Health topics
  - E.g., the body, causes of disease, diet and exercise



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**Low Literacy**

Global crisis affecting many

**Plain language + Clear communication = A solution**

Without clear communication, we cannot expect people to adopt the healthy behaviors and recommendations that we champion



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**Plain Language**

- Plain language is communication that users can understand the first time they read or hear it
- Elements include:
  - Organizing information so that the most important points come first
  - Breaking complex information into understandable chunks
  - Using simple language and defining technical terms
  - Using the active voice



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**Low Literacy Statistics**

- 36 million adults in US cannot read, write, or do math above a third grade level
- Low literacy costs the US \$225 billion+ per year
- \$232 billion in healthcare costs are linked to low literacy
- Each year about 2 million immigrants come to the US, many lacking proficiency in English



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## Low Literacy Statistics

- 43% did not understand the rights and responsibilities section of a Medicaid application
- 26% were unable to understand information on an appointment slip
- 60% did not understand a standard informed consent
- 33% were unable to read basic health care materials
- 42% could not comprehend directions for taking medication on an empty stomach

(Campinha-Bacote, D., 2005)



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## Vulnerable Populations

- Adults over the age of 65
- Recent refugees and immigrants
- People with incomes at or below poverty levels
- Racial and ethnic groups other than white
- People with less than a high school degree or GED
- Non-native speakers of English

(National Center for Education Statistics, 2006)



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## Incidence and Identification

- Nearly nine out of every 10 people in the U.S. have limited health literacy
- Education level is not a good predictor of health literacy
- AHRQ (Agency for Healthcare Research and Quality) recommends “universal precautions”
  - Assume that most individuals will struggle to understand health information

(HHS AHRQ, 2015; Kutner, Greenberg, Jin, & Paulsen, 2006; Weiss, 2003; Weiss, 2007; HHS ODPHP, 2010)



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## Signs of Low Literacy

- Poor compliance with treatments and appointments
- Watching and mimicking others
- Not knowing the names of regularly used medications
- Making excuses for not reading
- Bringing someone who can read to appointments
- Vocalization or sub-vocalization when reading
- Confusion or frustration when reading



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## Signs of Low Literacy (Weiss, 2003)

- Behaviors
  - Patient registration forms are incomplete or contain mistakes
  - The patient does not take medication as directed
  - The patient does not follow through with lab tests, imaging tests, or referrals
- Responses to receiving written information:
  - "I forgot my glasses. I'll read this when I get home."
  - "I forgot my glasses. Can you read this to me?"
  - "Let me bring this home so I can discuss it with my children/spouse."
- Responses to questions about medication
  - The patient is unable to name medications
  - The patient is unable to explain a medication's purpose
  - The patient is unable to explain the schedule/frequency for taking a medication



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## Preventative Services

- More likely to skip important preventive measures
- Those with low literacy enter the healthcare system when they are sicker

(Scott, Gazmararian, Williams, & Baker, 2002; Bennet et al., 1998)



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## Knowledge of Conditions and Treatment

- More likely to have chronic conditions
- Less able to manage chronic conditions effectively
- Less knowledge of illnesses and management

(Williams, Baker, & Parker, 1998; Schillinger et al., 2002; Schillinger et al., 2003; Williams, Baker, Honig, Lee, & Nowlan, 1998; Kalichman, Ramachandran, & Catz, 1999; Kalichman & Rompa, 2000; Kalichman, Benotsch, Suarez, Catz, Miller, & Rompa, 2000)



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## Hospitalization

- Associated with increased preventable hospital visits and admissions
- Higher rate of hospitalization
- Higher frequency of emergency services use

(Baker, Parker, Williams, & Clark, 1997; Baker, Parker, Williams, & Clark, 1998; Baker et al., 2002; Gordon, Hampson, Capell, & Madhok, 2002)



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## Health Status

- More likely to report their health as poor

(National Center for Education Statistics, 2006)



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## Healthcare Costs

- Greater use of services designed to treat complications of disease
- Less preventative service use
- Higher hospitalization and ER use associated with higher healthcare costs

(Friedland, 1998; Howard, Gazmararian, & Parker, 2005)



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## Stigma and Shame

- Negative psychological effects
- Sense of shame about skill level
- Individuals may hide reading or vocabulary difficulties to maintain

(Parikh et al., 1996; Baker et al., 1996)



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## Role in Long-Term Care

- Ensure health-related information/education matches person's literacy abilities; cultural sensitivities; and verbal, cognitive, and social skills
- Provide information and education that promote self-management for optimum health and participation
- Facilitate health literacy by promoting systems of care or environments that adhere to health literacy principles and strategies

(DHHS, 2013)



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## Integrating Health Literacy into Practice

- Be informed about health literacy and recognize it
  - Learn about health literacy and ways to integrate it into practice
  - Do not assume that all clients understand what they are told even if they nod their head or that they can read
  - Recognize the powerlessness, shame and sense of failure that some people may feel
  - Identify your client's characteristics



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## Integrating Health Literacy into Practice

- Important to recognize individual and societal barriers to the promotion of health literacy
  - Functional declines associated with aging
  - Lack of reading and writing proficiency
  - Low levels of formal education or lack of health knowledge and skills
  - Different mother tongue or cultural beliefs
  - Living with disabilities and social stigma
  - Experiences in early childhood



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## Integrating Health Literacy into Practice

- Consider health literacy by making information accessible
  - Adapt the information to individual needs, circumstances and abilities to show how it is relevant
  - Communicate in a comprehensive way using more than one way of exchanging information
  - Combine oral instructions with written information
  - Use a structured educational approach
  - Use demonstration, experimentation and repetition when teaching



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## Integrating Health Literacy into Practice

- Design written information
  - Active voice
  - Clear simple language
  - Pictures or drawings to illustrate procedures
  - Interactive and with recaps
  - Most important information placed first
  - Personalized



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## Integrating Health Literacy into Practice

- Communicate effectively and simply
  - Announce the subject
  - Convey the message
  - Ask clients to say in their own words what they remember of the information or methods taught



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## Integrating Health Literacy into Practice

- Use the Ask Me 3
  1. What is your main problem today?
  2. What do I need to do for you concerning this problem?
  3. Why is it important to you?



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**Integrating Health Literacy into Practice**

- Help clients make optimal use of health services
- Increase the quality of professional communication
- Use anecdotal information as appropriate
- Do not overburden clients with information or recommendations



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**Integrating Health Literacy into Practice**

- Strengthen interactions
  - Encourage clients to ask questions
  - Take an understanding attitude
  - Shame-free environment
  - Increase the time spent on giving information
  - Observe and listen actively



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**Integrating Health Literacy into Practice**

- Strengthen interactions
  - Increase cultural competency
  - Follow up on interventions to see if recommendations have been followed and if clients have questions
  - Involve not only the client, but also families



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## Communication

- Verbal
  - Sharing information in a one-on-one interaction, usually orally, to achieve a shared meaning
- Nonverbal
  - Conveying meaning without words, including using gestures, facial expressions, eye contact, body language, and clothing
- Written
  - Using written symbols, such as letters and numbers, as well as pictures and graphics

(Adeyanju, 2008; Wanless & Cameron, 2010; Norton, 1983; Poyatos, 1983)



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## Communication

- Compared to patients who are simply told what to do, patients who are encouraged to discuss their perceptions of illness and expectations for treatment:
  - Experience a greater sense of control and feel more involved in their care
  - Suffer less from anxiety
  - Are more likely to accept hospital routines and treatment schedules

(Muñoz & Luckmann, 2005)



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## Transcultural Assessment Guide

(Boyle, 2003)

• Bio-cultural Variations and Cultural Aspects of the Incidence of Disease	• Educational Background
• Communication	• Health-Related Beliefs and Practices
• Cultural Affiliations	• Kinship and Social Networks and Practices
• Cultural Sanctions and Restrictions	• Values Orientation
• Developmental Considerations Restrictions	• Nutrition
	• Religious Affiliation



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**Other Communication Models**

- LEARN Model (Berlin & Fowkes, 1983)
- BATHE Model (Stuart & Lieberman, 1993)
- ETHNIC Model (Levine, Like, & Gottlieb, 2000)



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**Overview**

- Interpretation of verbal communication
- Translation of written documents
- Using interpreter services and translated documents ensure better understanding by providing a common language.
- Language assistance services help you provide quality care to all of your patients by facilitating effective communication

(Shi, Lebrun, and Tsai (2009))



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**With Language Assistance**

- Patients are more likely to
  - Understand their health conditions and treatment plans
  - Follow health recommendations
  - Rate their care satisfactorily

(HHS OMH, 2013; Levinson, Lesser, & Epstein, 2010; Marks, 2009; Wynia & Osborn, 2010)



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## Language Assistance Services

- Interpretation and translation
- Trained interpreters, who can communicate fluently with both the patient and health care provider
- Translated written materials such as intake forms and patient education
- Graphics and signage

(National Council on Interpreting in Health Care, 2008; Torres, 2001)



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## Issues with Language Barriers

- Impact access to health services
- Jeopardize comprehension of diagnosis, treatment, and follow-up care
- Diminish quality of care
- Increase health care costs

(Perkins, 2003; Grantmakers in Health, 2003)



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## Interpreter Services

- “The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account “
- Provided for low English proficiency status
  - Limited ability to read, speak, write, or understand English

(HHS OCR, 2003; (National Health Law Program, 2010)



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## Providing Written Materials

- Written materials are appropriate for patients with communication needs
- Translated written materials may include:
  - Signage
  - Applications
  - Consent forms
  - Medical/treatment/exercise instructions
- Clearly identify the audience for the materials, including literacy level, culture, and language



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## Use of Symbols

*Universal Symbols in Health Care, expanded symbol set*

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## Graphic Cards

Wong-Baker FACES Pain Rating Scale



0 NO HURT    2 HURTS LITTLE BIT    4 HURTS LITTLE MORE    6 HURTS EVEN MORE    8 HURTS WHOLE LOT    10 HURTS WORST

From Wong D.L., Heckenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.



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## Obtaining Translated Materials

- Using trained, internal bilingual staff members as translators
- Hiring translation companies
- Collaborating with the community of the target audience
- Purchasing translated materials
- Locating web-based resources
- Researching other resources, such as state Medicaid programs, insurance companies, or pharmaceutical companies



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## Involve the Community

- Ensures materials:
  - Meet community needs
  - Reflect differences in dialect and culture
  - Are appropriate for the community's cultures, education, and literacy levels



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## Signage for Right to Interpreter

### Interpreter Services

You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.

<p><b>Albanian</b> <b>Shqip</b> Këtu hi drejtë për përkthyes falas gjatë vizitës mjekësore. Ju lutem tregoni me gjuhën që flisni. Ju lutem priteni deri t'ju gjenerojë përkthyesin për vizitën mjekësore.</p> <p>Arabic كشوف هنا حقك على مترجم مجاني أثناء الزيارة الطبية. يرجى إظهار لغتك التي تتحدث بها. سيتم استدعاء المترجم. يرجى الانتظار.</p>	<p><b>Albanian-Croate</b> <b>Kreyòl Ayisyen</b> Ou gen dwa a yon entèprèt gratis. Tangri montre nou lang ou. Tangri net tan. Tanpri, pran plis tan pou nou mande pou yon entèprèt pou ou.</p> <p>Hebrew עברית יש לך הזכות לשרות מתורגמן בחינם בזמן הביקור הרפואי. אנא מצביע על השפה שלך. יתקרא מתורגמן. אנא המתן.</p>	<p><b>Russian</b> <b>Русский</b> Вы имеете право на услуги бесплатного переводчика. Назовите, пожалуйста, свой язык. Медицинский переводчик будет вызван. Пожалуйста, подождите.</p> <p>Serbo-Croatian Imate pravo na besplatne usluge tumačenja. Molimo vas da kažete svoj jezik. Pozvat ćemo tumača. Molimo vas da sačekate.</p>
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# "I Speak" Cards

The image shows two versions of a 'United States Census 2010' 'I Speak' card. The left card is in Burmese, and the right card is in English. Both cards feature the 'United States Census 2010' logo and the website 'www.2010.census.gov'. The English card includes the text: 'Participating in the 2010 Census ensures your community a fair share of more than \$300 Billion in federal and state funding for community planning and services. Census 2010 is Safe, Easy, and Important.' and the slogan 'I speak Burmese.' The Burmese card contains equivalent text in Burmese characters.

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# Interpreter Qualifications (HHS OCR, 2003)

- Proficiency and ability to communicate information accurately in both languages
- Knowledge in both languages of specialized terms/ concepts
- Understand confidentiality and impartiality rules
- Understand regionalisms, dialects
- Understand and adhere to the role of interpreter

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# Interpreter Roles

- Conduit
  - Conveys verbatim in the target language what has been said by the other in the source language, without additions, omissions, editing, or polishing
- Culture Broker
  - Provides cultural framework for understanding message interpreted
- Clarifier
  - Explains terms that have no linguistic equivalent and checks for understanding

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## Child Interpreters

- The HHS (Health and Human Services) Office for Civil Rights discourages use of minors
  - Role reversal
  - Editing
  - Mistakes

(Kaiser Permanente, 2006)



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## Triadic Interview

- Between you, the patient, and the interpreter
- Face the patient
- Speak directly to the patient
- The interpreter should remain unobtrusive
- Prior to the session, meet with interpreter to clarify the purpose of the visit, establish ground rules, acceptable roles



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## Keep in Mind

- Interpreter and patient speak the same language and dialect
- Give the interpreter a brief summary of the patient
- Establish, with the interpreter, goals for the session
- Insist on sentence-by-sentence interpretation
- Explain that the interpreter is not to answer for the patient
- Invite the interpreter to interrupt or intervene as necessary to ensure understanding
- Document the name of the interpreter in the notes
- Ask the interpreter to teach you to correctly pronounce the patient's name



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## Keep in Mind

- Speak slowly and clearly use simple and straightforward language, and avoid metaphors, jargon and slang
- Clearly explain medical terminology
- Allow the interpreter to ask open-ended questions to clarify what the patient says
- Allow the patient time for questions and clarifications
- Be aware of your own attitudes and shortcomings
- Verify a patient's understanding by having them repeat what they are to do and why



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## Did You Know?

- 75 out of 100 Americans can read at the 6th grade reading level without difficulty
- Readability score
  - 4th to 6th grade
    - Readable by most adults
  - 7th to 8th grade
    - Readable by half or more adults
  - High school and above
    - Readable by few adults



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## Clinician Role

- We need to provide education to our clients
- We must be mindful of clients' literacy skills, including reading ability and comprehension
- We can formally assess reading ability
- Can informally discuss with clients their previous level of schooling, educational achievement, and perceived reading ability



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## Fry Readability Formula

- Assigns an approximate grade level reading to a passage of text
- The formula depends on the vocabulary and sentence structure of the text, not the organization or content
- Grade reading level is found by plotting the average number of sentences and syllables on a graph
- The graph measures reading levels from 1st grade to college years



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## Flesch-Kincaid Grade Level Readability Formula

- Uses 7 different popular readability formulas to calculate the average grade level, reading age, and text difficulty of your sample text
- Considered one of the oldest, yet most reliable readability formulas

[www.readabilityformulas.com](http://www.readabilityformulas.com)



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## Microsoft Word

Includes a feature providing reading ease statistics:

- Comprehensive counts
  - Words
  - Paragraphs
  - Characters
  - Sentences



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## Microsoft Word

- Averages
  - Sentences per paragraph
  - Words per sentence
- Readability level
  - Passivity
  - Flesch-Kincaid level



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## Test of Functional Health Literacy in Adults (TOFHLA)

- Measures functional literacy using real life health care materials including patient education information, prescription bottle labels, registration forms, etc.
- Assesses numeracy and reading comprehension
- Total of 67 items
  - Numeracy includes 17 items
  - Reading comprehension includes 50 items.



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## Test of Functional Health Literacy in Adults (TOFHLA)

- Two additional versions of the TOFHLA
  - TOFHLA-S: Spanish translation
  - S-TOFHLA: Short form



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### Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF)

- 7-item word recognition test
- Quick assessment of patient health literacy
- Validated and field tested
- Excellent agreement with the 66-item REALM instrument



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### Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF)

Read 7 words:

Behavior \_\_\_\_\_

Exercise \_\_\_\_\_


Menopause \_\_\_\_\_

Rectal \_\_\_\_\_

Antibiotics \_\_\_\_\_

Anemia \_\_\_\_\_

Jaundice \_\_\_\_\_



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Score	Grade Range
0	Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes.
1-3	Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels.
4-6	Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials.
7	High school; will be able to read most patient education materials.



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## The Newest Vital Sign

- Quickly and simply assess a patient's health literacy skills
- Administered in 3 minutes
- English and Spanish
- Uses ice cream nutrition label for review and questions



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## The Newest Vital Sign

Administration

- Administer at the same time that other vital signs are being taken
- Ask the patient to participate

“We are asking our patients to help us learn how well patients can understand the medical information that doctors give them. Would you be willing to help us by looking at some health information and then answering a few questions about that information? Your answers will help our doctors learn how to provide medical information in ways that patients will understand. It will only take about 3 minutes.”



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## The Newest Vital Sign

Administration

- Hand the nutrition label to the patient
- Retain label throughout administration
- Refer to label as often as needed
- Asking the 6 questions, one by one, giving the patient as much time as needed to answer
- No maximum time allowed – average is 3 minutes
  - If struggling with the first or second question after 2 or 3 minutes, likely has limited literacy and assessment can stop



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## The Newest Vital Sign

Administration

- Ask the questions in sequence
- Continue even if the patient gets the first few questions wrong
- If #5 answered incorrectly, do not ask #6
- With 4 correct responses, stop -- patient has adequate literacy
- Do not prompt
- Do not show the score sheet to patients
- Do not tell patients if they have answered correctly or incorrectly



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## The Newest Vital Sign

Score by giving 1 point for each correct answer

Score	Indication
0-1	High likelihood (50% or more) of limited literacy
2-3	Possibility of limited literacy
4-6	Adequate literacy



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## Why an Ice Cream Label?

- Analyzing a nutrition label requires the same skills to understand medical instructions
  - Understanding and application of words (prose)
  - Numbers (numeracy)
  - Forms (documents)
- Whether it's a food label or medical instructions, one needs to:
  - Remember numbers/make calculations
  - Identify potentially harmful ingredients
  - Make decisions about actions based on information



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## Prose Literacy Example

- Clinical example
  - The patient has scheduled some blood tests and is instructed in writing to fast the night before the tests
- Ice cream label example
  - The patient needs this skill to read the label and determine if he can eat the ice cream if he is allergic to peanuts



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## Numeracy Example

- Clinical example
  - A patient is given a prescription for a new medication that needs to be taken at a certain dosage twice a day
- Ice cream label example
  - The patient needs this same skill to calculate how many calories are in a serving of ice cream



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## Document Literacy Example

- Clinical example
  - The patient is told to buy a glucose meter and use it 30 minutes before each meal and before going to bed. If the number is higher than 200, he should call the office.
- Ice cream label example
  - The patient needs this skill to identify the amount of saturated fat in a serving of ice cream and how it will affect his daily diet if he doesn't eat it



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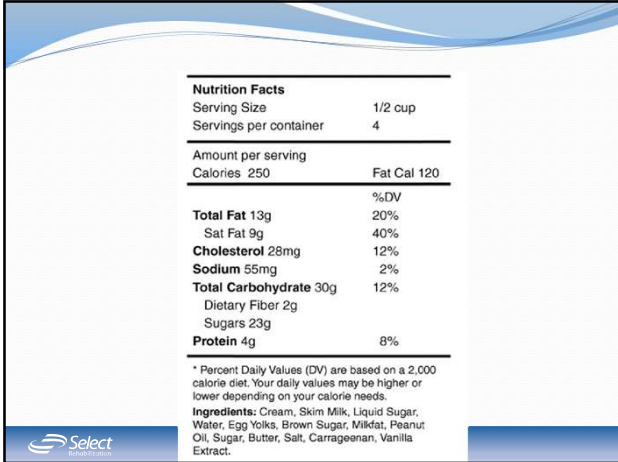
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**Nutrition Facts**  
 Serving Size 1/2 cup  
 Servings per container 4


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Amount per serving  
 Calories 250 **Fat Cal 120**

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	%DV
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%

\* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.  
**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.



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Assessment	Admin Time	Measures
Test of Functional Health Literacy in Adults (TOFHLA) (Parker et al., 1995)	22-25 minutes	Numeracy and reading comprehension using prescription bottles, appointment slips, Medicaid applications, etc.
Short Form of the TOFHLA (S-TOFHLA) (Parker et al., 1995)	7 minutes	Same as TOFHLA
Rapid Estimate of Adult Literacy in Medicine (REALM) (Andrus & Roth, 2002)	1-2 minutes	Medical word recognition system; doesn't assess reading comprehension
Newest Vital Sign (NVS) (Pfizer, 2016)	3 minutes	Numeracy and reading comprehension using an ice cream nutrition label



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### 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?

- Intended to help patients become more active members of their health care team
- Improve communication
- Develop patient-centered goals



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## Teach Back

- The client repeats the information in his or her own words to show understanding
- Useful to assess YOUR OWN communication skills with the patient
- For example:
  - Tell me what you have understood
  - Can you show me how you are going to do your exercises?



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## Content and Organization

- Ensure the purpose is immediately outlined and clear to the reader
- Ensure content is balanced, accurate, and up-to-date
- Include a publication or revision date on all materials
- Provide how-to information of relevance to the reader's situation
- Use subheadings, question and answer format, bullet points, and summaries



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## Layout and Illustrations

- Use ample white space
- Use serif typefaces, minimum 12-point font size, good contrast between text and background
- Avoid capitalizing all letters in words, italicizing, and the use of Roman numerals
- Use instructive, culturally appropriate illustrations but only if they augment the message
- Position illustrations next to the text they refer to
- Clearly label all illustrations



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## Language

- Aim for 5th to 6th grade reading level
- Use clear, simple, common language, and short sentences and words
- Avoid jargon and define specialist terminology
- Write in active voice and second person



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## Writing Tips for All Readers

- Use plain English
- Make every word count
- Be clear and brief
- Use positive words
- Short lists or bullet points, not long sentences
- Concrete, familiar words
- Charts and pictures
- One or two syllable word when possible



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## Writing Tips for All Readers

- Follow grammar rules:
  - Subject and verb together if possible
  - Vivid, active verbs
  - Active voice
  - Short, simple sentences
  - Personal pronouns
  - Few - ing words
  - Few prepositional phrases



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## Text Appearance Matters

- Text greatly affects readability
- Use font sizes between 12 and 14 points
- For headings, use a font size at least 2 points larger than the main text size
- Use fonts with serifs
  - Serifs are the little “feet” on letters



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## Text Appearance Matters

- Do not use FANCY or script lettering
- Use both upper and lower case letters
- Use grammatically correct punctuation
- Use bold type to emphasize words or phrases
- Limit the use of italics or underlining
- Use dark letters on a light background



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