



Health Literacy

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The problem with communication is the illusion that it occurred

- George Bernard Shaw



UNIVERSITY HOSPITAL

Welcome

SPRING

UNIVERSITY HOSPITAL



Objectives

1. Demonstrate understanding of key health literacy concepts.
2. Communicate the importance of health literacy to colleagues.
3. Identify ways to integrate health literacy language simplification into your work.
4. Facility / community HL Program potential



Do you know which critical public health issue...

- Impacts nearly 1 in 3 people living in the United States?
- Can hit any population segment, regardless of age, race, education or income?
- Costs the healthcare system as much as \$58 billion a year?
- Can't be diagnosed by any new medical technology and is not visible to the eye?

Answer:
Low Health Literacy



- Defining 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.”

- HHS Healthy People 2010



Defining **Functional** Health Literacy

- “The ability to **read and comprehend** prescription bottles, appointment slips, and the other essential health- related materials required to successfully function as a patient.”

○ *- The AMA Council of Scientific Affairs*

IOM | Key Findings: Health Systems

- 90 million US adults: literacy skills below high school level.
- Adults w/ limited literacy:
 - less knowledge of disease management & health-promoting behaviors.
 - report poorer health status.
 - less likely to use preventive services.
- Higher hospitalization rates & emergency service use – higher utilization associated w/ higher health-care costs.



IOM Key Findings: Health Systems

- Competing sources of health information intensify need for improved health literacy
- Demands for reading, writing, & numeracy skills intensified due to health care systems' complexities, advancements, & new technologies, & exceed health literacy skills of *most* US adults
- >300 studies show health-related materials *far exceed average reading ability* of US adults

Health Literacy: A Prescription to End Confusion. Institute of Medicine, 2004.



Why is Health Literacy important?

○ **Health literacy is important because it affects a person's ability to:**

- Navigate the healthcare system.
- Share personal and health information with providers.
- Engage in self-care and chronic disease management.
- Adopt healthy behaviors.
- Act on health-related information.



Why worry?

- Will not keep appointments
- Unable to find clinic/office
- Failure to take meds correctly
- Unable to provide a complete history
- Overuse of emergency room
- Lack of informed consent
- Diagnosis made at later stage
- Unhealthy behaviors....poor outcomes
- Don't understand Likert-type scales or math



Who is responsible for improving Health Literacy?

- A health literate America is a society in which health systems and institutions take responsibility for providing clear communication and adequate support to facilitate health-promoting actions based on understanding.

○ *- Institute of Medicine,*



CLAS standards on language assistance

- Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
- Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.



The Joint Commission

New & Revised Standards for Patient-Centered Communication

- **Standard PC.02.01.21 Elements of Performance for PC.02.01.21:**
- **The hospital effectively communicates with patients when providing care, treatment, and services.**
 - **Effective patient-provider communication is necessary for patient safety.** Research shows that patients with communication problems are at an increased risk of experiencing preventable adverse events,* and that patients with limited English proficiency are more likely to experience adverse events than English speaking patients.** ***
- **Identifying the patient's oral and written communication needs is an essential step in determining how to facilitate the exchange of information with the patient during the care process.**
 - The hospital **identifies the patient's oral and written communication needs**, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1)
 - Note 1: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or **plain language materials**.

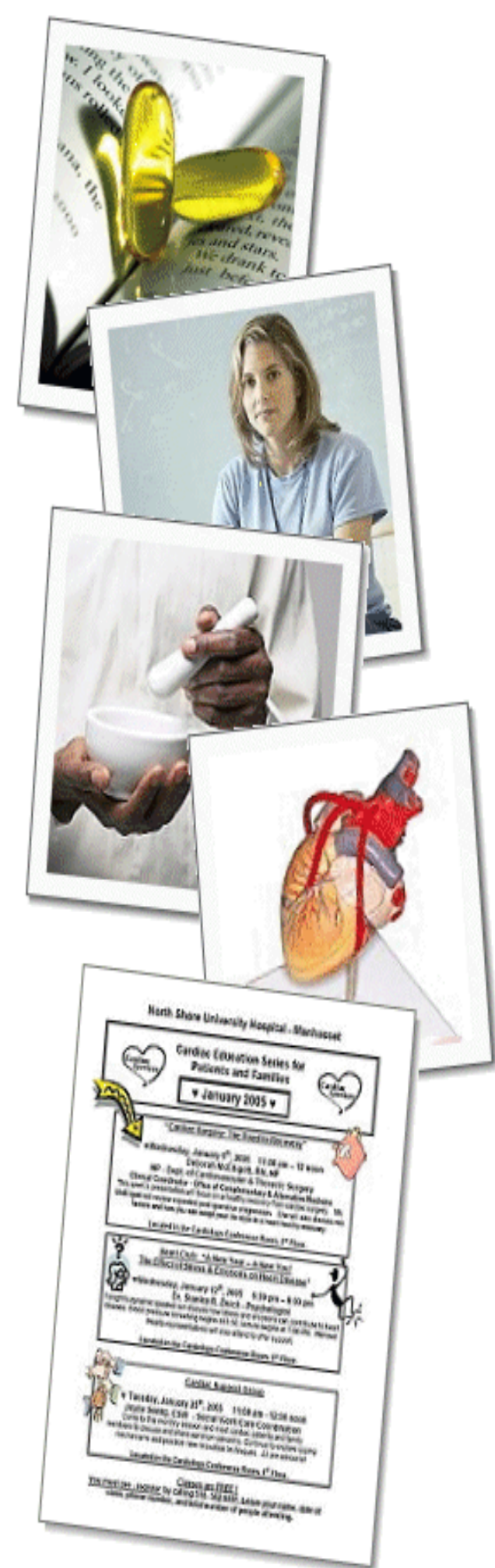


Complying with Joint Commission standards on Language, Literacy & Culture:

- Assess patient's literacy skills.
- Document specific health literacy needs.
- Analyze pre/post health literacy tests and outcomes.
- Have appropriate learning tools available for patients with diverse needs.

How can we enhance health literacy ?

- Improve interpersonal communication with patients
- Create and use patient-friendly written materials
- Create a shame-free environment





Ask
Me³



Partnership for
Clear Health Communication

1- What is my main problem?

2 – What do I need to do?

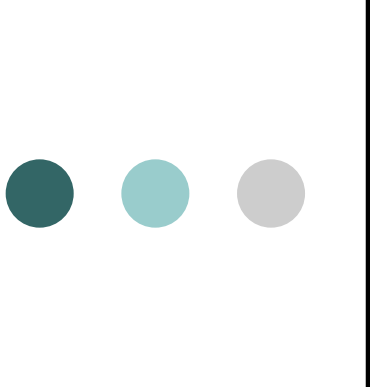
3 - Why is it important for me to do this?

Questions that patients are encouraged to ask of
their health care provider.



Verbal & Written Language Simplification

- **Communicating at your patient's level of understanding will improve outcomes:**
 - Determine your audience.
 - Test for health literacy levels.
 - Tailor verbal communication to meet the patient's learning needs.
 - Replace written patient education material with simplified versions.



Identify who will be
using this health care information:

Learn your patient's:

- Demographics
- Behavior
- Culture
- Attitude
- Literacy skills
- Language
- Socioeconomic status
- Access to services

Testing your patient's Health Literacy level

REALM: Rapid Estimate of Adult Literacy in Medicine

Newest Vital Sign

Patient name _____		Date of birth _____		Reading level _____	
Date _____		Clinic _____		Examiner _____	
Grade completed _____					

List 1	List 2	List 3			
Fat	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Allergic	<input type="checkbox"/>
Flu	<input type="checkbox"/>	Pelvic	<input type="checkbox"/>	Menstrual	<input type="checkbox"/>
Pill	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	Testicle	<input type="checkbox"/>
Dose	<input type="checkbox"/>	Infection	<input type="checkbox"/>	Colitis	<input type="checkbox"/>
Eye	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Emergency	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Behavior	<input type="checkbox"/>	Medication	<input type="checkbox"/>
Smear	<input type="checkbox"/>	Prescription	<input type="checkbox"/>	Occupation	<input type="checkbox"/>
Nerves	<input type="checkbox"/>	Notify	<input type="checkbox"/>	Sexuality	<input type="checkbox"/>
Germ	<input type="checkbox"/>	Gallbladder	<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>
Meals	<input type="checkbox"/>	Calories	<input type="checkbox"/>	Irritation	<input type="checkbox"/>
Disease	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Constipation	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>	Gonorrhea	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	Inflammatory	<input type="checkbox"/>
Attack	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Kidney	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Hormones	<input type="checkbox"/>	Menopause	<input type="checkbox"/>	Antibiotics	<input type="checkbox"/>
Herpes	<input type="checkbox"/>	Appendix	<input type="checkbox"/>	Diagnosis	<input type="checkbox"/>
Seizure	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	Potassium	<input type="checkbox"/>
Bowel	<input type="checkbox"/>	Syphilis	<input type="checkbox"/>	Anemia	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Hemorrhoids	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Rectal	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>
Incest	<input type="checkbox"/>	Directed	<input type="checkbox"/>	Impetigo	<input type="checkbox"/>
List 1 score _____	List 2 score _____	List 3 score _____	Raw score _____		

Directions:

1. Give the patient a laminated copy of the REALM form and score answers on an unlaminated copy that is attached to a clipboard. Hold the clipboard at an angle so that the patient is not distracted by your scoring. Say: "I want to hear you read as many words as you can from this list. Begin with the first word in List 1 and read aloud. When you come to a word you cannot read, do the best you can or say, 'blank' and go onto the next word."
2. If the patient takes more than five seconds on a word, say "blank" and point to the next word, if necessary, to move the patient along. If the patient begins to miss every word, have him or her pronounce only known words.
3. Count as an error any word not attempted or mispronounced. Score by marking a plus (+) after each correct word, a check (✓) after each mispronounced word, and a minus (-) after words not attempted. Count as correct any self-corrected words.
4. Count the number of correct words for each list, and record the numbers on the "Score" line. Total the numbers, and match the score with its grade equivalent in the table below.

Scores and Grade Equivalents for the REALM Questionnaire

Raw score	Grade range
0 to 18	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
19 to 44	Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels
45 to 60	Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials
61 to 66	High school; will be able to read most patient education materials

Medscape® www.medscape.com

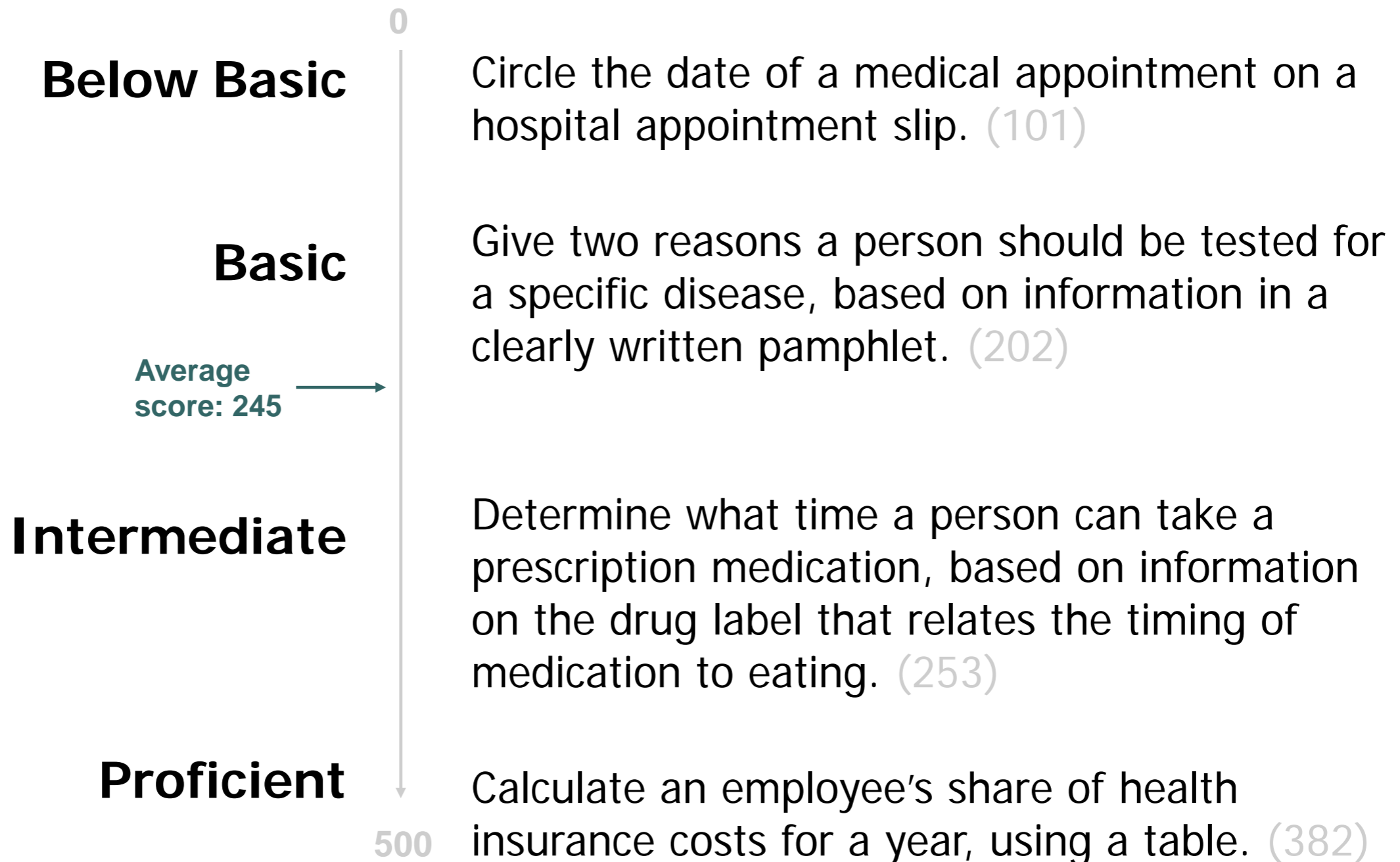
Nutrition Facts			
Serving Size		½ cup	
Servings per container		4	
Amount per serving			
Calories	250	Fat Cal	120
%DV			
Total Fat	13g		20%
	Sat Fat 9g		40%
Cholesterol	28mg		12%
Sodium	55mg		2%
Total Carbohydrate	30g		12%
	Dietary Fiber 2g		
	Sugars 23g		
Protein	4g		8%

*Percentage 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.



Difficulty of Selected Health Literacy Tasks





Measuring Health Literacy

- Proficient: Can perform complex and challenging literacy activities.
- Intermediate: Can perform moderately challenging literacy activities.
- Basic: Can perform simple everyday literacy activities.
- Below Basic: Can perform no more than the most simple and concrete literacy activities.
- Nonliterate in English: Unable to complete a minimum number of screening tasks or can not be tested because did not speak English or Spanish.



Use Plain Language for Verbal communication

- Speaking in plain language is a strategy for making oral information easier to understand.
- Key elements of plain language include:
 - Organize information so the most important points come first.
 - Define technical terms.
 - Use an active voice.
 - Break down complex information into understandable pieces.



Speak Clearly and Listen Carefully

- Use a qualified medical interpreter if necessary:
 - For those who do not speak English well, plain English will not help.
 - Ensure that all language access services, including translation, are in plain language.
- Ask open-ended questions:
 - Elicit cultural beliefs and attitudes: “Tell me about the problem and what may have caused it.”
- Check for understanding:
 - Use the “teach-back” method: Have the person restate the information in his or her own words.



Patient Education Timesavers

- Find out what the patient already knows.
- Interact with the patient.
- Document what the patient knows, not what was taught.
- Teach at the patients pace.
- Take advantage of teachable moments.
- A logical transition is to begin with what the patient wants to know, and go from there.



Patient Education Timesavers

- Listen to your patient before speaking.
- Begin with what the patient wants to or already knows.
- Set up the room to support teaching.
- Ask the patient how he would explain what was taught to his family.
- Your patient's responses give you valuable information... pay attention.



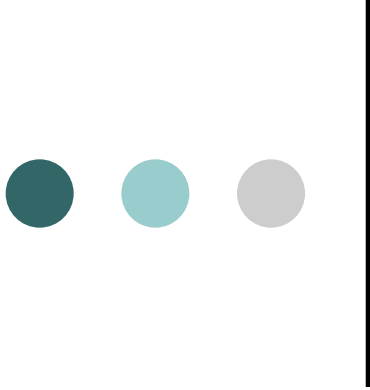
Written Simplification

- The average American born English speaker reads at or below an 8th grade reading level.
- 1 in 5 American born English speakers read at or below a 5th grade reading level.
- In 2009, 90% of printed patient education materials distributed by Staten Island University Hospital were written above a 12th grade reading level.



What people may feel about their limited reading ability

- Ashamed, embarrassed
- Less of a person
- Stupid
- Angry
- Anxious, fearful, suspicious
- “Something is wrong with me”
- % who have never told:
 - supervisor 91%
 - spouse 68%
 - children 53%
 - **anyone** **19%**



Hiding Illiteracy

- “I can’t read this now I forgot my glasses.”
- “I’ll take it home and read it when I can focus
- and have more time.”
- “I’m not interested right now.”
- “My wife will go over it with me later.”



Fog Index scores for resources

- **Reading level**

- 6th
- 8th
- 8 – 10th
- 10th
- 11th
- 14th
- 15 – 20th

- **Resource:**

1. TV guides, The Bible
2. Readers Digest
3. Most popular novels
4. Time, Newsweek
5. Wall Street Journal
6. The Times, The Guardian
7. Academic papers

Print Materials:

What are the barriers to effectiveness?

- Written at a reading level beyond the patient's understanding.
- Contain too much information.
- Lack familiar words.
- Pictures are often not related to the content.
- Use medical-jargon, abbreviations, and acronyms.

Assess the reading level of your documents:

Written Readability Formulas:

- **SMOG**
 - Simple Measure of Gobbledygook
 - <http://www.harrymclaughlin.com/SMOG.htm>
- **Flesch – Kincaid**
 - “Readability Statistics”
 - At the end of a MS Word spell check





Plain Language: Universal Principles

- **Layout:**

- Title matches content
- Most important information goes first
- Use a clear, easy, speaking style
- 4-6 words per sentence
- Break down compound sentences
- For lists: use bullets not sentences
- Avoid medical jargon

- **Typeface:**

- Use Serif or Sans serif
- *Italics are hard to read*
- AVOID ALL CAPITAL LETTERS
- *Fancy fonts are hard to read*
- Use 14 point size font

- **Photos/Graphics:**

- Photos should match key ideas
- People in photos should represent target audience
- Photos should show the **correct** way to do things

- **Formatting:**

- Text colors and the paper should contrast
- Leave white space
- Avoid splitting words at the end of sentences
- Use sections, headings, and subheadings
- Keep like information together
- Left justification is easier to read

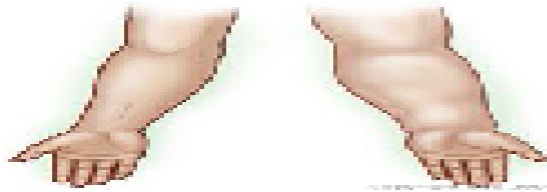


Before simplification

- *THE LYMPHEDEMA REHABILITATION PROGRAM*
- **What is lymphedema?**
- Lymphedema is an accumulation of Protein and lymph fluid that leads to swelling in the extremities. Lymphedema may result from an injury to the Lymphatic system caused by surgery or trauma, or it may occur in individuals being treated for breast cancer via mastectomy, lumpectomy, axillary node dissection or radiation therapy. If left untreated, lymphedema can cause pain and discomfort, cosmetic problems, decreased range of motion, difficulty with the activities of daily living and may lead to infection.
- **Treatment and Services:**
- At Staten Island University Hospital, we provide a comprehensive rehabilitation Program for lymphedema that is made up of four components:
- **Skin care to avoid and detect any underlying infection** – patients are taught how to care for their skin to prevent infection. They are also instructed on safety measures to follow at home and in the workplace to avoid injuries such as cuts, scratches and burns to the involved extremity.
- **Manual Lymph Drainage** – a specific type of massage is utilized by your therapist to remove excess fluid by opening collateral lymphatic channels.
- **Wrapping techniques** – compression bandages and garments are applied to put external pressure on the affected area to
 - prevent re-accumulation of fluid.
 - **Specific exercises** – are designed to increase range of motion and augment the manual lymph drainage.
- To achieve the best results, the frequency and duration of therapy is based on each patient's individual needs. Patients are taught self wrapping techniques so that they will be able to manage their condition independently at home. Clinical studies utilizing the above method of treatment have yielded results, which are far superior to any other treatment available today.

Our Lymphedema Rehabilitation Program:

What is lymphedema?



Lymphedema is a **buildup** of protein and lymph fluids. This can lead to swelling in your extremities (**arms and legs**).

What causes lymphedema?

- An injury to the Lymphatic system (an large drainage network that helps keep body fluid levels in balance and defends your body against infections)
- **From** surgery or trauma
- From some breast cancer treatments

If left untreated it can cause:

- Pain
- Cosmetic problems
- Decreased motion
- Infection
- Difficulty with everyday activities

Treatment and Services:

Skin care to prevent infection:

- Education about avoiding injuries like
 - Cuts
 - Scratches
 - Bums

Manual lymph drainage:

- A massage given by your therapist to remove extra fluid

Preventing Lymphedema:

- Bandages are applied to put pressure on the extremity
- This lowers the chance of fluid buildup

Exercise:

- To improve your range of motion
- Helps your lymphatic system drain the fluid

For the best results:

- The amount of therapy is different for each patient
- Patients are taught to control lymphedema at home



Improving Health Literacy in your organization

- Identify specific programs and projects affected by limited health literacy.
- Target key leaders with health literacy information:
 - Explain how health literacy improvement relates to your mission, goals, and strategic plan.
 - Circulate research, reports, and resources on health literacy to colleagues.



Health Literacy at SIUH; Our Vision

- **To be a nation wide health care leader committed to excellence, compassion and improving community health by:**
 - Empowering patients to be self advocates
 - Encouraging our health care professionals to use simple language and the teach back method
 - Ensuring that 100% of our patients understand the healthcare they are provided in our facilities




Health Literacy Program at SIUH

○ Patient Education Policy 2010

- Mandatory simplification (at or below 8th grade reading level)
- Creator of material takes ownership for simplifying
- Database of all patient education material kept current
- Mandatory use of credible and reliable resources

○ Verbal Communication Simplification education for health care providers

- In-services
- CME credits
- Online training



Working with external stakeholders and partners

○ **External stakeholders and partners include:**

- Healthcare professional organizations
- Patient advocacy and support organizations
- Consumer advocacy organizations
- State, local, and tribal governments
- Academic institutions
- Adult Literacy Organizations



Health Literacy on Staten Island

- National Library of Medicine Grant
 - Created core health literacy curriculum
 - Began with 6 partnerships
 - Ended with 9 partnerships, reached over 1500 adult learners on Staten Island
 - Curricula implemented by over 20 Adult Educators
- Staten Island Health Literacy Collaborative
 - 20 health care and literacy organization members
 - Focus on utilizing health education in simple language to increase positive health outcomes in:
 - Prescription drug use
 - Diabetes
 - Patient Navigation
- Inter-borough Consortium of Health Literacy Collaboratives



Resources

- AHRQ Report—*Literacy and Health Outcomes* (2004): www.ahrq.gov/clinic/epcsums/litsum.htm
- *Healthy People 2010* (2000): www.healthypeople.gov
- *Healthy People 2010 Health Literacy Action Plan—Communicating Health: Priorities and Strategies for Progress* (2003): <http://odphp.osophs.dhhs.gov/projects/healthcomm/objective2.htm>
- IOM Report—*Health Literacy: A Prescription To End Confusion* (2004): www.iom.edu/report.asp?id=19723



Resources

- NIH Improving Health Literacy Web page:
www.nih.gov/icd/od/ocpl/resources/improvinghealthliteracy.htm
- NIH/AHRQ program announcements—
Understanding and Promoting Health Literacy:
<http://grants.nih.gov/grants/guide/pa-files/PAR-04-116.html>;
<http://grants.nih.gov/grants/guide/pa-files/PAR-04-117.html>
- *Prevention: A Blueprint for Action (2004):*
<http://aspe.hhs.gov/health/blueprint/>



Resources

- Dynamic search of health literacy articles in PubMed:
http://phpartners.org/hp/health_comm.html
- HHS university plain language course:
<http://lms.learning.hhs.gov/CourseCatalog/index.cfm>
- Plain language Web site: www.plainlanguage.gov
- *A Family Physician's Practical Guide to Culturally Competent Care*: <http://cccm.thinkculturalhealth.org/>
- National Standards for Culturally and Linguistically Appropriate Services in Health Care:
www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15



Health Literacy is:

- **BIG BIG**

- **IGNORE IGNORE**