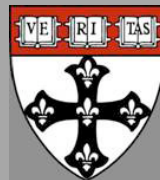


Literacy & Health

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First: Consider Literacy

5 Core Skills of Literacy

- Reading
 - Prose
 - Documents
- Writing
- Numeracy
- Speaking
- Listening

The Oral Exchange

Literacy in Context

- Time and Place
- Circumstances
- Background
 - Speaker/writer
 - Listener/reader
- Culture
 - Speaker/writer
 - Listener/reader

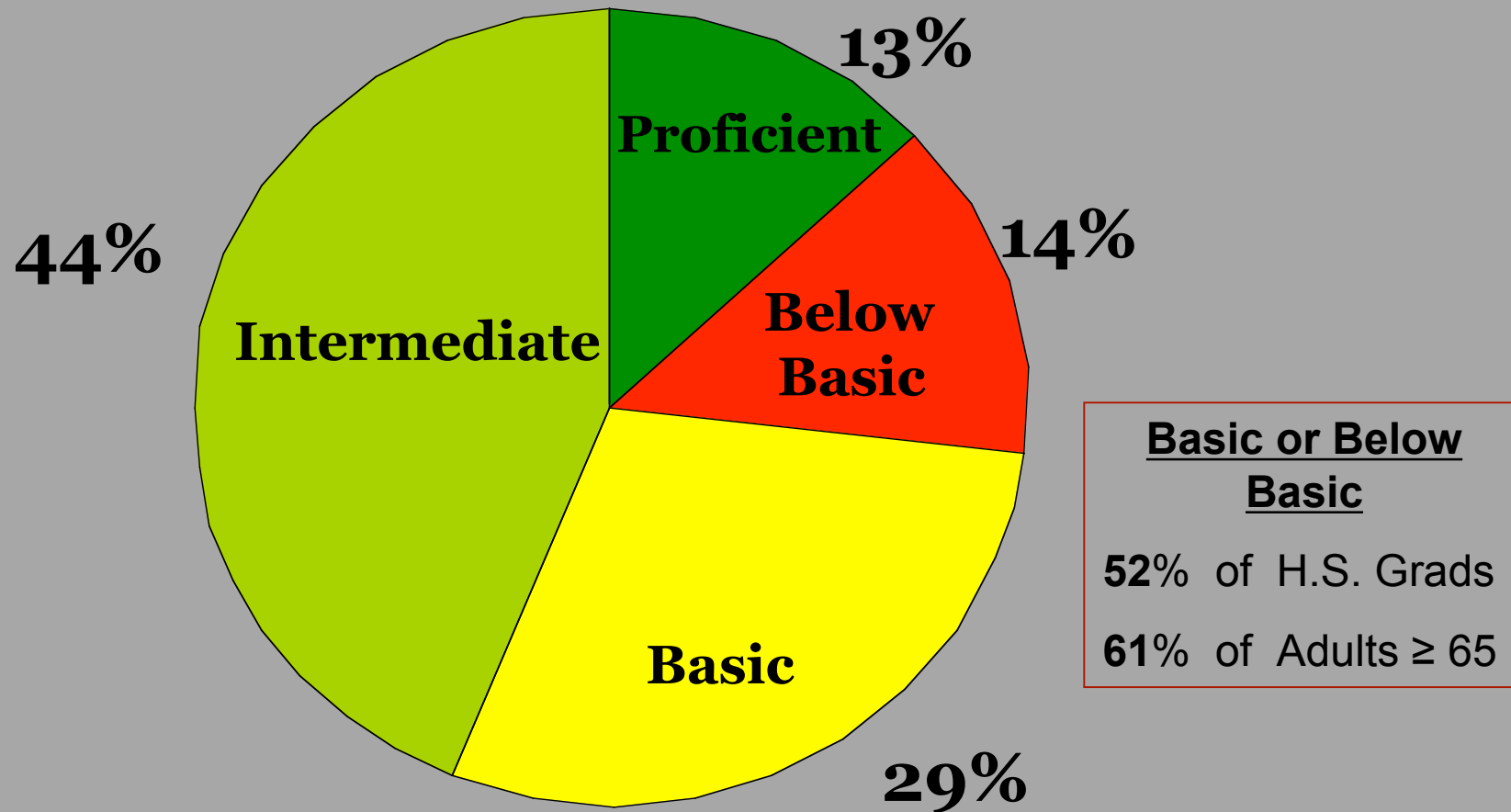
Literacy Skills for the 21st Century

Literacy influences one's ability to access information and to navigate the highly literate environments of modern society



93 Million Adults have Basic or Below Basic Literacy

2003 National Assessment of Adult Literacy



Adult Literacy Measures

Home based interviews were conducted with adults in many industrialized nations to assess literacy skills. These international assessments were scored from 0 to 500. Educators generally agreed that adults needed skills at or above a score of 275 to work with commonly found written materials – those generally used for every day life activities.

Scores below 275 indicate that people have difficulty using print materials with accuracy and consistency.

Literacy Skills of Adults: International Comparisons

Literacy		Numeracy	
<u>Country</u>	<u>Score</u>	<u>Country</u>	<u>Score</u>
Norway	293	Switzerland	290
Bermuda	285	Norway	285
Switzerland	274	Bermuda	270
Canada	281	Canada	272
United States	269	United States	261
Italy	228	Italy	233

Source: Adult Literacy and Lifeskills Survey, 2003. National Center for Education Statistics

Functional Literacy

More than half of the adults in many industrialized nations [including the US] have low-level literacy skills that constrain their participation in the economy and in society.

International Findings: Adult Literacy & Lifeskills Survey 2003

Literacy and Health

Background

Links between SES and health outcomes are well established.

In the 1990s, findings from adult literacy surveys caught the attention of many in health fields who were curious about links between literacy and health outcomes

History: Health Literacy Inquiries

- Materials Assessments [on going]
- Department of Education Findings
- Consequences in the health sector
- Explorations of differential outcomes
 - KAP
 - Measurable health outcomes
- Expanded Scope:
 - Beyond the printed word
 - Beyond the written word
 - Beyond reading alone: full spectrum of skills
- Attention to mismatch
- Ameliorative action
 - Professional training
 - System change

Literacy and Health Outcome Studies

Links are now well established: Patients with limited reading skills are

- Less likely to engage in screening & preventive action
- Less likely to have chronic disease under control
- More likely to be hospitalized
- More likely to report poor health
- More likely to die earlier

Explanations

What is the underlying logic?

Initial research in health literacy did not establish a logical or theoretical link between assessed reading skills and health outcomes

Explanations may be found in the mismatch between skills and expectations

Research Findings

from ~ 1,000 Publications

Over 800 peer reviewed articles in medical and public health journals indicate that most health materials are written at a level that exceeds the reading skills of the average high school graduate

Demands of the Health Sector



World wide, we see an increased demand from complex health care systems & increased responsibility for individuals interacting with health care systems

Adult Literacy and Lifeskills Surveys 2003

Changes in Demand/Complexity

Population changes

- The elderly population is growing
- The number of Americans with limited English proficiency is growing

Health System Changes

- The number of medications prescribed has increased
- Hospital stays are shorter
- Heavier reliance on forms, written directions
- More self-management occurs in the home

The complexity of the care system exacerbates literacy vulnerabilities

Changing Concept of Health Literacy

At first, health literacy was considered to be a characteristic of the individual

Increasingly, researchers and practitioners are looking at *both sides of the coin*
Demands and Skills

Health Literacy

Health literacy is a shared function of social and individual factors

Health and Human Services

Communicating Health, 2003

Institute of Medicine

Health Literacy: A Prescription to End Confusion, 2004

Health Literacy is an interaction

Institute of Medicine

Health Literacy: A Prescription to End Confusion, 2004

What can we do?

- Change the Skill Side:
 - Improve literacy skills of the public
 - Improve communication skills of professionals
- Change the Demand Side:
 - *Recalibrate the norm* and identify literacy barriers
 - Lower demands
 - Remove barriers

Ameliorative Action

- Examine assumptions
- Analyze demands
- Eliminate barriers
- Change processes, environments, policies
- Apply rigor
- Improve skills

Examine Assumptions

- **Background knowledge:** consider what the average high school graduate knows about his or her body and about health
- **Literacy skills:** consider the literacy skills of adults in most industrialized nations
- **Culture:** consider the culture of the client/patient as well as the culture of those in health & medicine
 - Value of health
 - Definitions of health
 - Language used
 - Processes and protocols of health settings
 - Priorities

Analyze Demands: Consider Common Expectations

- Engage in healthy behaviors
- Know how the body 'works'
- Be able to name body parts and systems
- Understand disease causation
- Understand scientific and math concepts such as likelihood, probability, and risk
- Fill out form and questionnaires
- Find the words to describe symptoms
- Comprehend and follow directions
- Use tools and monitoring devices
- Observe and report changes

Analyze Demands: Deconstruct Health Activities


- Activity
 - *For example:* take medicine A
- Associated Tasks
 - *For example:* Read a label, Differentiate medicine A from medicine B, Read directions, Follow directions, Measure or count, Plan timing around meals or day of the week
- Available Tools
 - *For example:* Rx Label, Direction slips

Consider the
Literacy Skills
Needed for Each

Consider the Literacy Skills Needed for Health Activities

Health Related Activities of Everyday Life

- Health Promotion
- Health Protection
- Disease Prevention and Screening
- Health Care Maintenance
- Navigation of Health Systems

Health Activities	Tasks	Materials & Tools	Skills
<p>Disease Prevention e.g. screening</p> 	<ul style="list-style-type: none"> • Determine risk • Schedule activities • Follow directions for needed prep • Locate results • Interpret results 	<ul style="list-style-type: none"> • Postings • Radio & TV news • Newspaper articles • Risk charts • Family history forms • Risk benefit analysis • Letters 	<ul style="list-style-type: none"> • Numeracy: Use numbers and concepts [risk, normal, range] • Planning: Schedule tests • Reading comprehension [consent, results, medical vocabulary, follow up]

Example: Manage a Chronic Disease

- Change daily habits

- Food
- Activity
- Measures
- Limitations

- Monitor symptoms

- Use tools
- Note changes

- Take medicines

- Differentiate
 - Time, dose, day
- Follow directions
 - Refill



- Access Care When Needed

- Complete forms
- Make and keep appointments

- Interact with Health Professionals

- Describe symptoms
- Report changes
- Ask questions
- Comprehend instructions
- Follow new directions

Identify and Eliminate Environmental Barriers

Consider:

- How 'literacy friendly' are healthcare settings?
- Are navigation tools/aides readily available?
- Is technology put to good use?
- Do words serve as barriers to access, navigation, care, consent, dignity?



Create a Shame Free /Blame Free Environment

Shame Free

- Encourage questions
- Let patients know that others have difficulties and encourage them to share concerns and problems
- Define medical and scientific words

Literacy and Patient Safety: Help Patients Understand. Manual for clinicians. AMA Foundation, 2007

Blame Free

- An expectation of collaboration across ranks
- A willingness of the organization to direct resources to reduce health literacy demands

Adopt *Universal Precautions*

- Focus on interpersonal communication
- Develop/use communication aids
- Institute system-wide communication strategies
 - Train staff
 - Simplify paperwork demands on the patient
 - Ensure medication review & reconciliation
 - Schedule adequate time for education

Adopt Suggested Educational Strategies

- Patient centered learning
- Focus on behaviors rather than knowledge
- Repetition/reinforcement
- Initial focus on survival skills
- Apply teach-back method

Redesign Materials and Tools

Consider use

Consider needs

Organize according to use/needs

Focus on action

Write in everyday language

Design for reading/listening ease

Pilot test with members of the intended audience

Example: Consider a Common Tool

R_x

Dr. Smith
Med Name

Take one tablet 4
times daily by
mouth

- Is the tool useful?
 - Clear?
 - Simple?
 - Complete?
- Do we offer information needed for action?

Note: The label assumes that patients know about titration

Change Word Use

Use *living room language* and analogies (e.g., the heart is a pump) when communicating with or writing for patients.

This helps patients associate the new information with what they already know.

Terry Davis, University of Louisiana Medical School

Introduce and Adopt Teach-back

- *I want to be sure I went over everything. Tell me how you will take this medicine.*
- *Just to check if I've covered everything: Tell me what you will say to your wife when you return home.*
- *Just to be sure I was clear: Show me how you will use this peak flow meter.*

Check for Clarity



Finding: Patients' ability to understand health and medical issues and directions is related to the clarity of the communication.

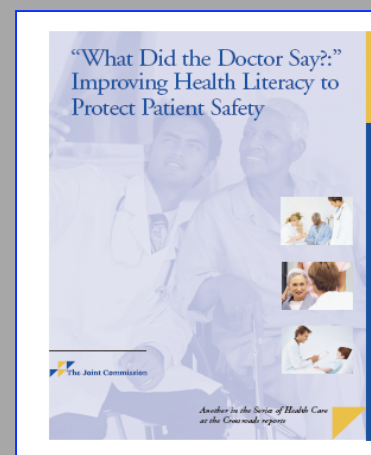
Communicating Health: Priorities and Strategies for Progress, Health and Human Services 2003

Conclusion: Health professionals must take responsibility for clarity

Establish Institutional Responsibility

Failure to provide patients with information about their care in ways that they can understand, will continue to undermine other efforts to improve patient safety.

Joint Commission on Accreditation of Hospitals & Health Centers,
Public Policy White Paper, 2007



Improve Care Coordination

- Call at-risk patients at least once a month
- Review self-care skills
- Help to navigate health care system
- Address barriers of medication access, transportation, and communication

Where to Begin?

- Raise awareness
- Correct faulty assumptions
- Modify communication approaches
- Within health institutions: identify and remove literacy barriers
 - Change practices and procedures
 - Modify regulations
 - Change materials and tools
 - Enhance professional and staff education