



Toss Up Question

Ever have the computer person tell you what was wrong with your computer.....
and you nodded your head and acted like you knew what he was talking about?


Did you really?



WELCOME

to

**“Help Clients
Understand”**



You want the best outcomes for your clients in terms of their health.

What gets in the way of this happening?

Literacy and Health Literacy

For some clients, their levels of literacy/Health literacy interfere with their abilities to partner with you in practices that lead to better outcomes.



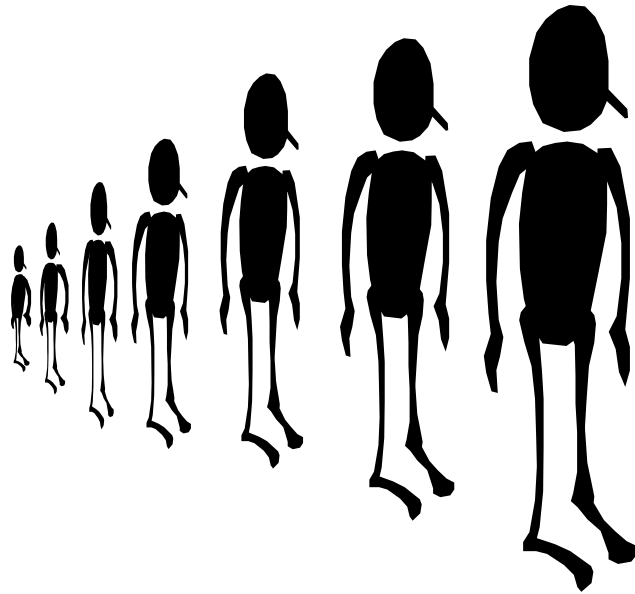
Objectives

- Define the scope of the health literacy problem.
- Recognize health system barriers faced by patients with low health literacy.
- Implement additional methods of communication.
- Incorporate practical strategies to create a safe environment for clients to share health concerns.

Health Literacy

Health literacy, as defined in a report by the Institute of Medicine, is the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment.¹

Who's at risk of low health literacy?



Populations at risk²

Persons with basic and below basic health literacy skills are found in all segments of society. In fact, most are **white, native-born Americans.**

Nonetheless, limited health literacy is much more common in certain segments of the population:

- Elderly
- Limited education
- Ethnic minorities
- English as a second language
- Limited income
- Medicaid



Why does it matter?



Some other health system barriers experienced by persons with limited literacy skills

**26% did not understand when their next
appointments were scheduled**

**42% did not understand instructions to “take
medication on an empty stomach”**

**78% misinterpret warnings on prescription
labels**

**86% could not understand the rights and
responsibilities section of a Medicaid
application**

Implications of limited health literacy³

- Health literacy is one of the strongest predictors of health status.
- Health literacy is a stronger predictor than income, employment status, education level, and racial or ethnic group.

- Education level is a poor measure for general literacy skills and for health literacy.
- Asking clients how many years of school they completed does not adequately predict their literacy skills.
- 39% of National Assessment of Adult Literacy (NAAL) participants with high school educations had only basic reading skills, and 13% had skills below the basic level.

Brainstorm:

If patients have low health literacy, what might they not know and what less healthy behaviors might you predict from them?

Some health knowledge deficits of those with limited health literacy


Health knowledge deficits

- Clients with asthma less likely to know how to use an inhaler
- Clients with diabetes less likely to know symptoms of hypoglycemia
- Clients with hypertension less likely to know that weight loss and exercise lower blood pressure
- Mothers less likely to know how to read thermometers
- Less likely to understand direct-to-consumer television advertising

Some risky behaviors of those with limited health literacy skills

Less healthy behaviors

- More smoking, including during pregnancy
- More exposure to violence
- Less breastfeeding
- Less access to routine children's health care



89 – 90 million adults in the United States have limited health literacy

**This means that of the 236,809,985 adults in the
US in 2011, 28% have limited health literacy.**

That is more than one in every four people!

Key risk factors for limited literacy

- **Elderly**
- **Low income**
- **Unemployed**
- **Did not finish high school**
- **Minority ethnic group (Hispanic, African American)**
- **Recent immigrant to United States who does not speak English**
- **Born in United States but English is second language**

Behaviors

- Client registration forms that are incomplete or inaccurately completed
- Frequently missed appointments
- Noncompliance with medication regimens
- Lack of follow-through with laboratory tests, imaging tests, or referrals to consultants
- Clients say they are taking their medications, but laboratory tests or physiological parameters do not change in the expected fashion

Responses

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.”

Responses

Responses to questions about medication regimens:

- Unable to name medications
- Unable to explain what medications are for
- Unable to explain timing of medication administration

You can't tell by looking

Even patients with well-developed literacy skills who fail to understand health information may also avoid asking questions for fear of appearing “stupid” or annoying.

In other words, you can't tell by looking ***and you can't*** expect your clients to tell you.

Remember the computer guy...

Your naicisyhp has dednemocer
that you have a ypocsonoloc.
Ypocsonoloc is a test for noloc
recnac. It sevlovni gnitresni a
elbixelf gniweiv epocs into your
mutcer. You must drink a laiceps
diuqil the thgin erofeb the
noitanimaxe to naelc out your noloc.



**What are some ideas for
determining literacy
levels of your clients ?**

This can be a time to ask:

“How happy are you with the way you read?”

or

“What is the best way for you to learn new things?”

Two questions that are shown to get the most information from patients about health literacy are:

- “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”**

and

- “How confident are you filling out medical forms by yourself?”**

Six steps to excellent interpersonal communication with clients

1. Slow down.

Communication can be improved by speaking slowly, and by spending just a small amount of additional time with each client. This will help foster a client-centered approach.

2. Use plain, nonmedical language.

Explain things to clients like you would explain them to your grandmother. (and remember your grandmother isn't a medical professional).

3. Show or draw pictures.

Visual images can improve recall of ideas.

Six Steps (cont)

4. Limit the amount of information provided—and repeat it.

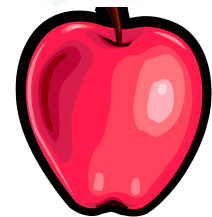
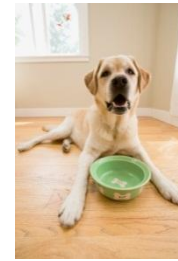
Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall.

5. Use the “teach-back” technique.

A way to confirm that clients understand.

6. Create a shame-free environment: encourage questions.

Make patients feel comfortable asking questions. Invite the aid of others (client’s family or friends) to promote understanding.



Some information on non-written patient education materials

Lamp	Shoe	Dog
Flower	Camera	Sun
Ship	Book	Fish
Bus	Phone	Balloon
Bed	Car	Apple

Studies Indicate

In one study the results were statistical findings that showed that subjects were significantly better at remembering pictures and words presented together as opposed to words alone. Pictures and words Together were better remembered than words alone, but pictures and words together were not significantly better than pictures alone.

Another study showed recall of information was 85% with pictures and 14% without.

The “Teach Back” Technique

- Asks the client to explain or demonstrate what you have told him/her, rather than ask if he/she understands
- Puts the responsibility on the professional to re-teach information if client does not explain or demonstrate correctly

Encourage questions

- Let clients know that many people have difficulty understanding medical information
- Ask if clients would like to have family members or friends to be with them during any discussions

Not helpful



Do you understand?

Are you all set?

Did I answer all your questions?

Helpful



Ask clients to explain or demonstrate what they have been told.

“Please tell me how you will take your medication so I can be sure I have explained everything correctly.”

“Please show me how you will use the asthma inhaler so I can be sure I have given your clear instructions.”

“Later your spouse will ask you what you were told—what will you say?”

Brainstorm additional “Teach Back” questions/statements.



Three things clients have the right to know about their health:⁴

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

Back at the Ranch

(Working in pairs)

Think of a client you work with who has problems following through on health care issues or often repeats questions.

- Develop a script for working with this client using the “Teach Back” technique to assure the client knows the answers to the three questions.
- Practice your script with your partner.
- Give each other feedback on what worked well and what could improve.

Risks for low health literacy	Maine Population 2010 Census
Age >65	15.9%
Low income	\$25,385 /household (12.6% < poverty level)
Unemployed	7%
Did not finish high school	10.2% (26.5% - bach degree or higher)
Minority ethnic group	5.6%
Recent immigrant	3.3%
English second language	7.1%

84% of LTBI cases in 2011 were foreign born (n=432)

Take Home Messages

1 out of 4 in US has limited health literacy

- Repetition enhances recall
- Recall: 85% with pictures, 14% without
- Teach-back confirms understanding

! INH



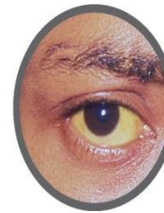
nausea or vomiting
lallabo ama matag



stomach pain
Calool xanuun



dark urine
kaadi madaw



yellow skin or eyes
maqaarka ama indhuhu
oo jaalle ah



fever lasting more than 3 days
qandho wax ka badan saddex
maalmo



weight loss
caatoobid



feeling tired
daal dareemid



rash or itching
furuuruc ama cuncun



If you take Isoniazid (INH) and have any of these side effects, stop taking INH and call your doctor or public health nurse.

Hadaad qaadatid daawada tiibishada (INH) oo aad isku aragtid mid ka mid ah calaamadahan, jooji daawada oo wac dhakhtarkaga ama kalkaalisada caafimaadka bulshada (neerasta).