@gjdunca63

SIMPLIFYING HEALTH LANGUAGE AND HEALTH LITERACY

CONFUSING PATIENTS LESS!

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We're going to look at …

- What is Health Literacy (HL)?
- Why does it matter?
- What are the common health literacy challenges health professionals face?
- Strategies to reduce the risk of poor health outcomes

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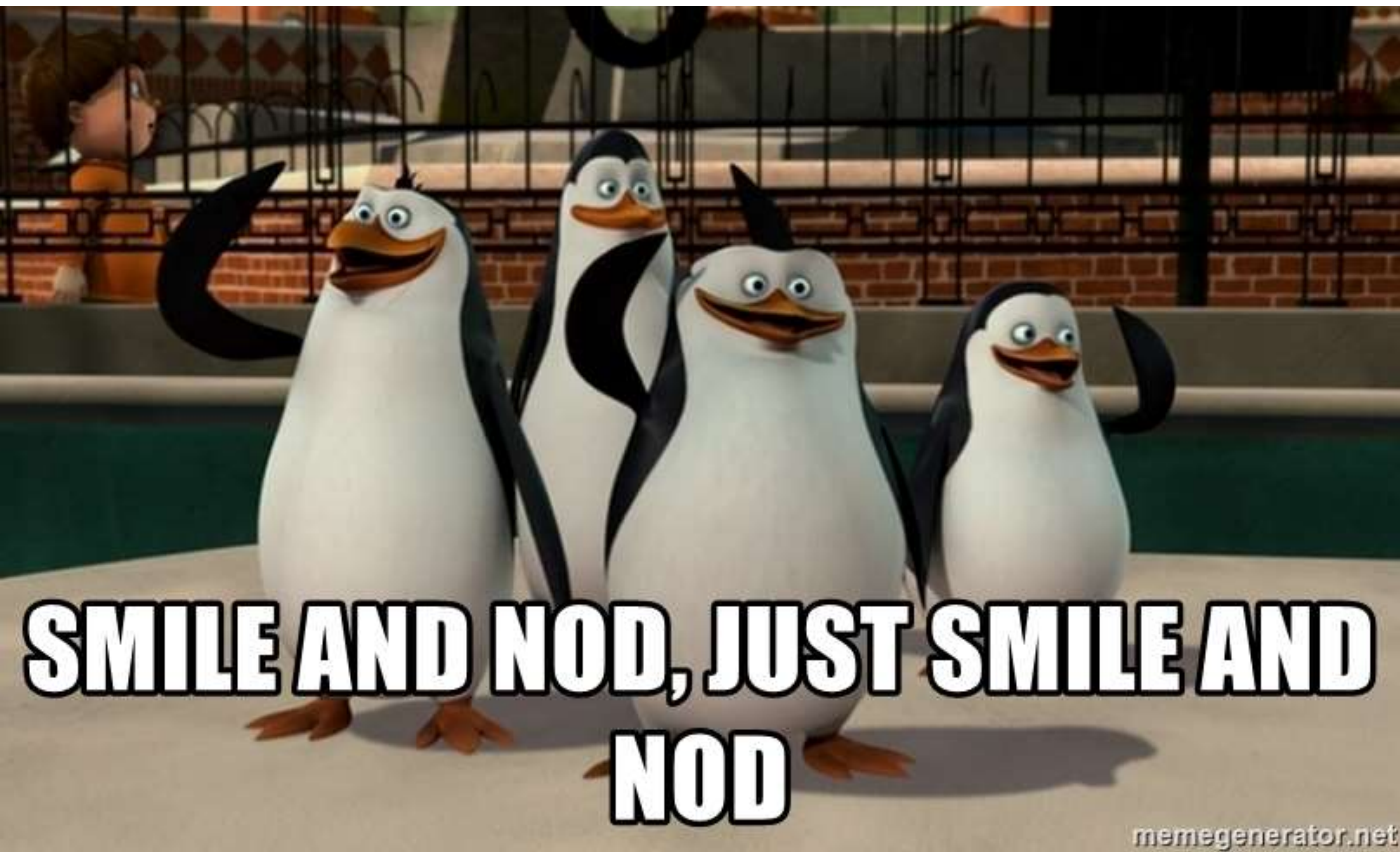
A reflection before we start .....

- Think about your last visit to one of these people – with which one did you feel most out of your depth?
  A. Mechanic
  B. Lawyer
  C. Pharmacist
  D. Accountant


SMILE AND NOD, JUST SMILE AND NOD
memegenerator.net

Health Literacy: Definition

The ability of individuals to obtain, interpret and understand basic health information and services;

AND

Use such information and services in ways that enhance health.

Size of the problem?

- What do you estimate the rates of limited or poor health literacy in Australia?

A. Less than 20%
B. Less than 50%
C. Less than 75%
D. OMG it has to be less than 100%

Why is this a problem?

Global problem

- In USA limited Health Literacy costs economy >$200 Billion/year!!!
- Recent Australian data – limited health literacy in:
  - 56% of adults
  - 80% of over 65s
  - 96% adults from diverse cultural and language backgrounds
- In Australia, up to $8,000 extra per person per year on health spending if have limited Health Literacy

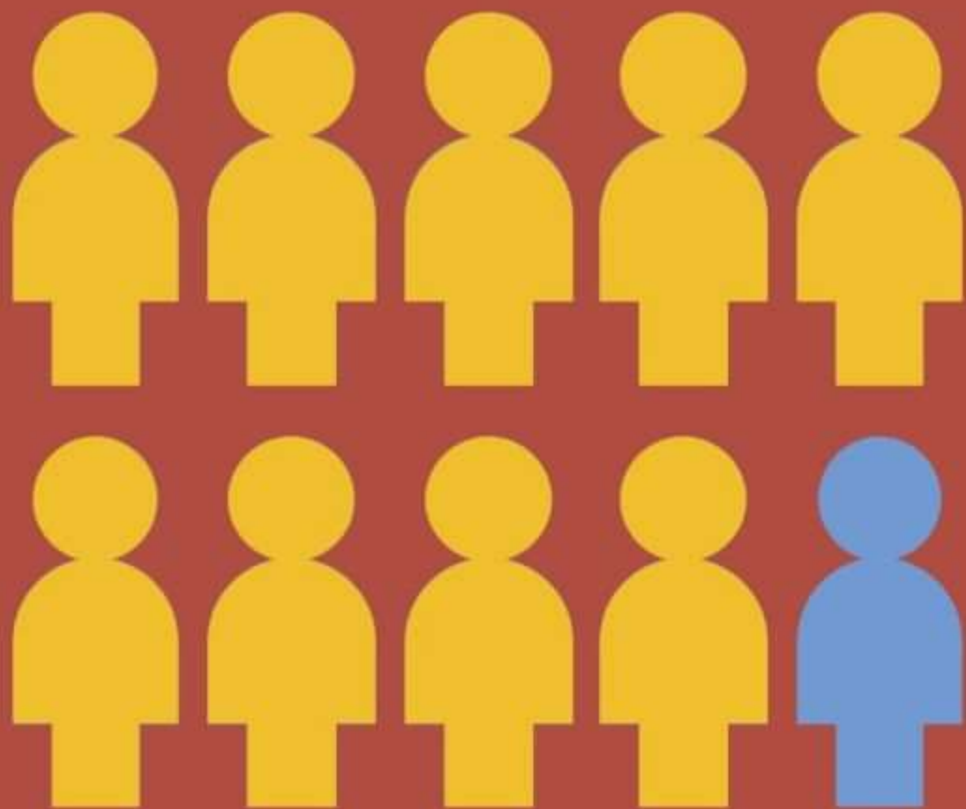
60%

of Australian adults have trouble navigating health systems and understanding health information.

40-80%

of medical information patients receive is forgotten immediately.

Source: National Statement on Health Literacy, ACSQHC, 2014; AHRQ, Universal Precautions Toolkit



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PEOPLE

Lack skills needed to manage health and prevent disease

Consequences of limited HL

- Take medicines/advice incorrectly - poorer ability to interpret labels and health messages
- Poor health outcomes
- Not give relevant information in history
- Miss out on entitlements
- Not participate in own healthcare decision making
- Not be able to navigate through the system
- Shame and/or embarrassment
- Compromised health care

IN CASE YOU DIDN'T KNOW

HEALTH LITERACY IS KIND OF A BIG DEAL

emegenerator.net

Poor HL and people with diabetes

- Wounds that were less likely to heal (also unlikely to participate in research)
- Poorer understanding of risks (often limited to "poor circulation" without knowledge of what this means)
- Poor self-management
- Impacts on rehab capacity and engagement
- Patient HL is often overestimated
- Limited/poor HL = High risk patient

Diabetes research and HL

- Positive association between HL and knowledge outcomes in people with diabetes BUT not always translate into clinical benefits
- Higher HL associated with better glycemic control
- Complex concepts covered during a diabetes related consultation – increased risk.
- Can be disparity between key messages, ie what you think have emphasised was not what the client heard or remembered.
- Potential negative implications for self-care and early identification of foot complications relating to diabetes.
- BUT!! Even with limited health literacy, can improve glycaemic control & self-management with appropriate education and support - Need strategic education

How do you know someone’s HL ability?

- Several levels of HL
  - Low HL is the concern
- No simple screening tool for brief clinical encounter
- In general people with limited Health Literacy DON’T ask questions
  - Even when invited to do so
  - Don’t want to appear ignorant, needy, maybe ashamed or embarrassed
- Culture, language and experience all have impact on an individual's HL

Cues and clues of limited HL

- Other indicators
  - Reluctance to read or sign forms
  - “Will read it at home”
  - Reluctant to explain info back to you
  - Examples only, not exclusive list

- Consider examples from your own experience?

CAN'T UNDERSTAND BIG WORDS...

SMILE AND NOD

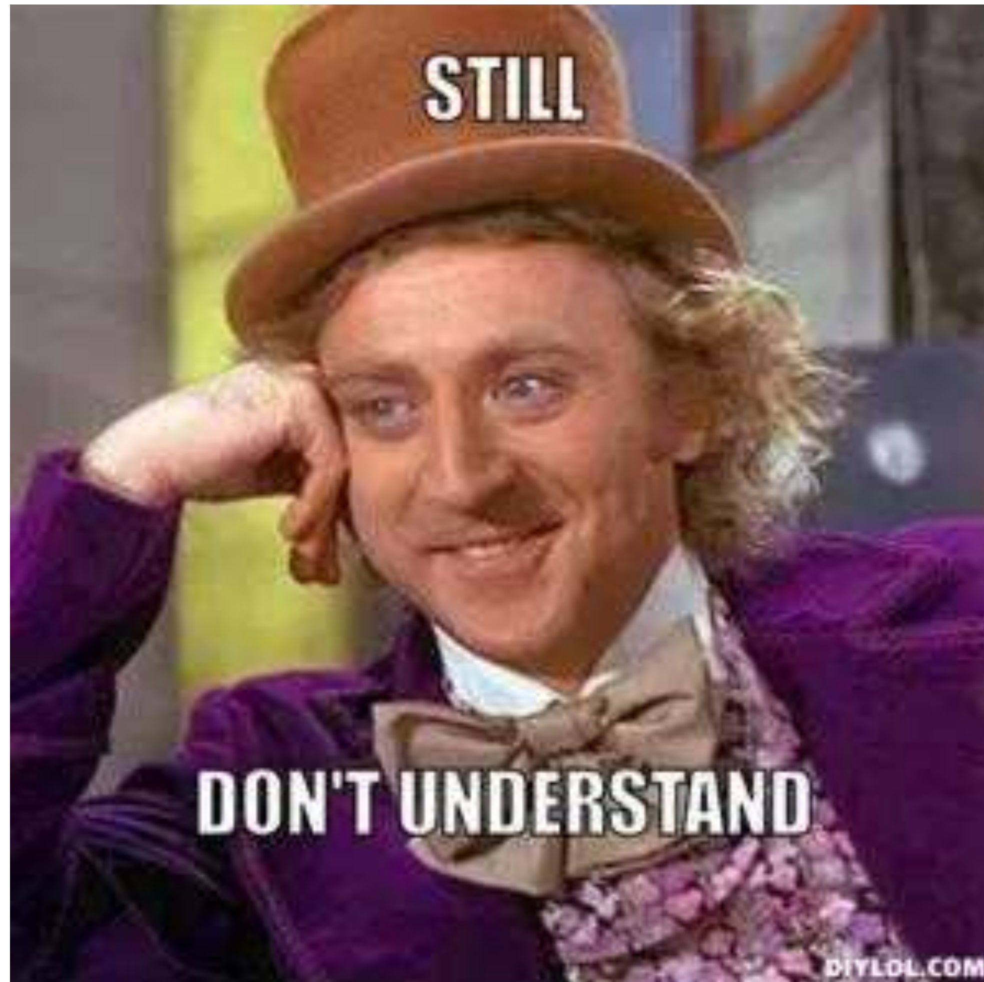
quickmeme.com

Just smile & nod, maybe they'll go away.

someecards
user card

SMILE, NOD, AGREE...
THEN DO WHATEVER YOU WERE
PLANNING ON DOING ANYWAY
memegenerator.net

And we just keep talking ……



What can we do about it?

- DON'T BE OVERWHELMED!
- Can't change the Health Literacy easily
- Can change how we engage by keeping Health Literacy in mind
- Can make the health environment a safer, non-judgemental, more supportive place

A simple approach

- We assume a consumer has limited Health Literacy unless they demonstrate otherwise

- Known as **Universal Precautions**

Applying Universal Precautions

- Decide on and provide the important information
- Deliver in small ‘chunks’
- SLOW DOWN
- Summarise the information
- Check for comprehension (‘teach-back’)

Universal Precautions for patient safety

Universal Precautions in action

Take a 3x3 approach for practical application

- 3 broad strategy areas

1. Process strategies – what to do
2. Content strategies – what to say
3. Engagement strategies– how to interact

- 3 key activities for each strategy area

Process strategies (What to do)

I. Using simple, plain language – avoiding jargon
II. Speaking clearly
III. Repeating important points

Content strategies (What to say)

1. Prioritising information
2. Limiting content
3. If appropriate, using pictures, diagrams and illustrations for explanation, and decision aids

Engagement strategies (How to interact)

- Encourage consumers to ask questions ("What questions do you have for me?")
- Establish patient understanding of treatment: using "teach-back", and/or ask the patient to volunteer their understanding of a situation to guide your advice/counselling.
- If appropriate, asking the patient to demonstrate (e.g. use of devices).

Encourage consumers to ask questions

SHOULD SAY “What questions do you have for me?” (or a variation)

NOT “Do you have any questions?”

- Shows questions are normal and expected
- Suggests health professionals expect questions

Teach-back

- Asking the consumer to tell us what they know or understand of a situation as the basis for further counselling.
- Can be awkward to approach
  - May be confronting if not handled properly
  - May put consumers "on the spot"
  - Want to make consumer not feel judged

Teach back tips

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language.
- Ask patients to explain back, using their own words.
- Use non-shaming questions.

More detail see
Watts et al. *Improving health literacy in patients with diabetes.*
Nursing. 2017 Jan;47(1):24-31

Teach back examples

"Just to make sure I haven't missed any important points, could you show me how you will be using your insulin when you go home?"

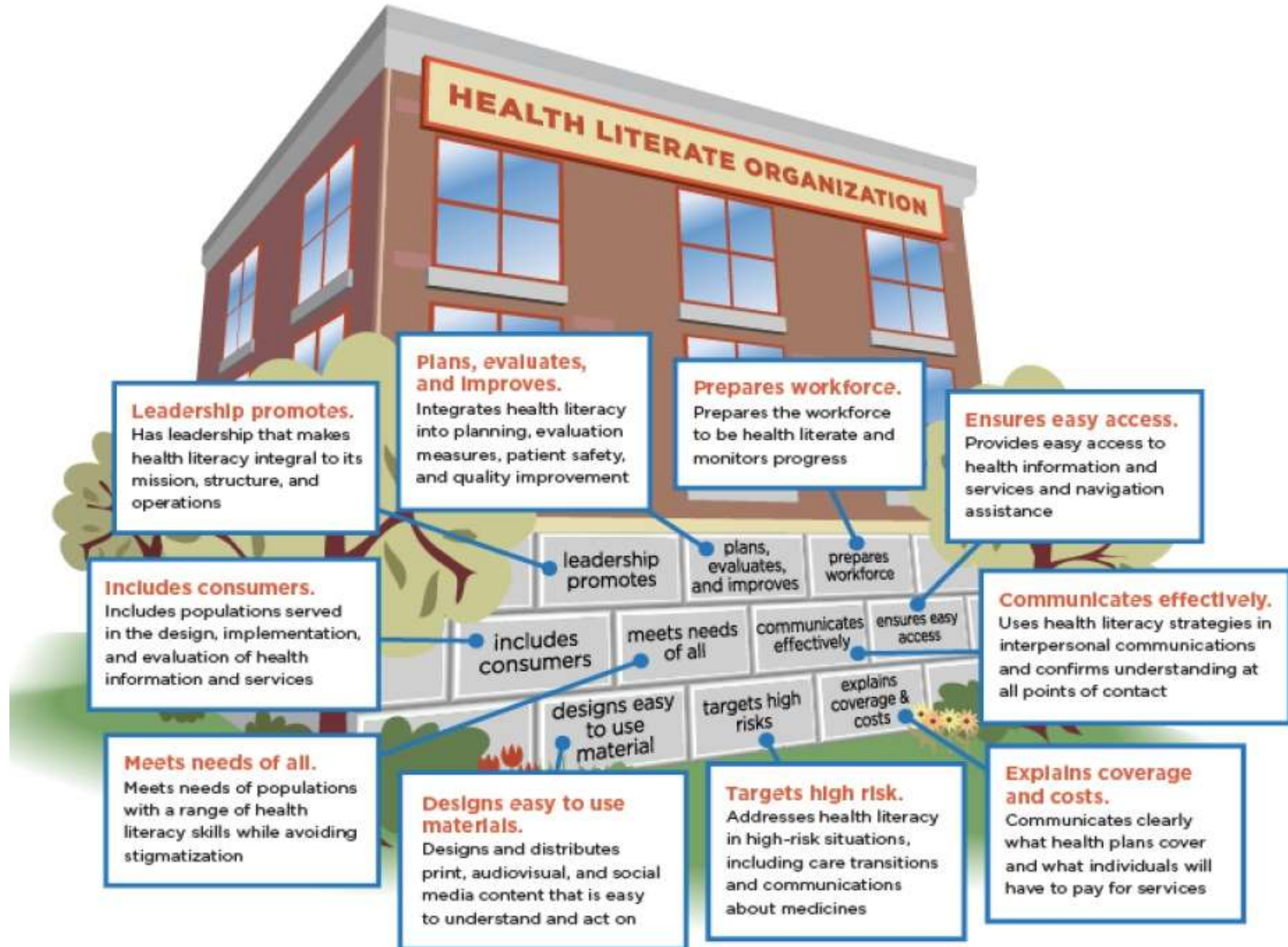
"So I can be sure I have covered everything could you just run through how you will check your feet when you are at home?"

Teach back help

- Many people struggle with this
- Keep practising
- Extra resources available
- Make notes on phrases that you find work or feel comfortable
- Reflect on effect on consumers
- Discuss with your colleagues
- Observe each other and get feedback

Always Use Teach-back!

A Health Literacy "friendly" service:



Change in approach

- Cannot easily change the HL of patients
  - Evolutionary process
  - Wide social and cultural changes required (Doesn't mean we shouldn't try!)
- Change behaviours of health professionals
  - Questions should be normal or expected
- Reduce risk for patients

Resources to enhance HL services

- AHRQ Health Literacy Universal Precautions Toolkit www.ahrq.gov (google AHRQ health literacy)
- NDSS/Diabetes Australia "Improving Health Literacy for People with Diabetes" https://www.adea.com.au/wp-content/uploads/2013/08/150331_Health-Literacy-Information-Sheet_-FINAL-APPROVED.pdf
- Diabetes Literacy and Numeracy Education Toolkit Diabetes Educ. 2009 Mar-Apr;35(2):233-6, 238-41, 244-5
- European Diabetes Literacy project http://www.diabetesliteracy.eu/
- DIABETES LITERACY IDF https://d-net.idf.org/en/diabetes-literacy.html
- Always Use Teach Back!! www.techbacktraining.org

KEEP
CALM
AND
TEACH-
BACK

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