Health Literacy an Essential Component of Communication Strategy for Patient Centered Care

Presenters:
Lyzbeth Best, MPH, MA Technical Assistance Manager | NCUIH
Molly Siegel, MPH, CPH, Public Health Associate | NCUIH

This presentation was made possible by Award Number H723IH50007-01-00 from Indian Health Service. “This publication is solely the responsibility of the National Council for Urban Indian Health and does not necessarily represent the official views of the Indian Health Service or the Department of Health and Human Services.”
The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.
Welcome!

Please join us for additional on-demand sessions in this Community of Learning Series focused on Person-Centered Care

COMMUNITY OF LEARNING
PERSON-CENTERED CARE

SESSION 1:
Health Literacy: An Essential Component of Communication Strategy for Person-Centered Care

SESSION 2:
Engaging Your Workforce to Improve Health Outcomes Through Person-Centered Care

SESSION 3:
Navigating a Person-Centered Team Approach to Chronic Disease Management

LEARNING ON DEMAND:
Series Launch - November 16, 2022
## Agenda

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyzbeth Best, MA, MPH</td>
<td>Welcome</td>
</tr>
<tr>
<td><em>Manager of Technical Assistance</em></td>
<td>Learner Objectives</td>
</tr>
<tr>
<td></td>
<td>Defining Health Literacy</td>
</tr>
<tr>
<td>Molly Siegel, MPH CPH</td>
<td>Strategies for Improving Health Literacy</td>
</tr>
<tr>
<td><em>Public Health Associate</em></td>
<td>Resources</td>
</tr>
<tr>
<td></td>
<td>Evaluation &amp; Adjourn</td>
</tr>
</tbody>
</table>
Learner Objectives

“Everyone, everywhere should have the same access to accurate health information”

1. Understand the effects of low health literacy and how it translates into poor health outcomes
2. Develop strategies to address health literacy in patient care to improve health outcomes
3. Learn how to assess current health education materials and develop new patient centered educational materials with culturally relevant health literacy in mind
What is Health Literacy?
CDC's Definition of Health Literacy

• **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

• **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Health Literacy Defined

“Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.” (Healthy People 2030)

This new definition: **Focuses on the ability to make health information ACTIONABLE**

- Empower individual to make well-informed decisions
- Incorporates a public health perspective (systems perspective)
- Health literacy is everyone’s responsibility. Organizations/communities with a hand in health have a responsibility to address health literacy

Why is Health Literacy Important?

“The poor state of health literacy in America is a crisis. It is an underlying cause of disparities. It is also a source of extensive disempowerment and perpetuates preventable disease.”

- Richard Carmona, M.D., M.P.H., former U.S. Surgeon General

What Does Having Low Health Literacy Look Like?

- Missed appointments
- Lack of follow through with additional testing, referrals or follow-ups
- Incorrectly filling out medical forms or not at all
- Failure to pick up medication or medication taken incorrectly
- Not asking questions
- A patient who is not able to list the medications or describe their own treatments

Even people who read well and are comfortable using numbers can face health literacy issues when

- They aren’t familiar with medical terms or how their bodies work.
- They have to interpret statistics and evaluate risks and benefits that affect their health and safety.
- They are diagnosed with a serious illness and are scared and confused.
- They have health conditions that require complicated self-care.
- They are voting on an issue affecting the community’s health and relying on unfamiliar technical information.
Health Literacy in the U.S.

Health literacy is key to achieving positive health outcomes, yet in the United States...

- 90 million people, almost half of the United States (US) population, have inadequate health literacy skills.
- Only 12 percent of English speaking adults have proficient health literacy skills.
- Older adults (65+) have lower health literacy than younger groups.
- Example: Study done on taking medication as prescribed

1. Can, can you read the pill bottle?
2. Show me how many pills you would take each day, and when?
3. Those with low health literacy only 71 percent could read the pill bottle correctly 35 percent could demonstrate the proper way to take the medication.

Sources: Health Literacy Reports And Publications | HHS.gov
97.2% of participants stated when signing the consent form for the study they knew what they were agreeing to participate in.

30.6% of participants involved in the study understood blood would be drawn.

58.3% of participants understood there may not be direct health benefits from their participation in the study.

Health Literacy in AI/AN Populations

Low health literacy is disproportionately burdensome to American Indians and Alaska Natives and their Elders.

“That doctor seemed so busy that I didn’t want to take up anymore of his time,” stated one participant.

“I don’t want anyone to know. They’ll think I’m stupid,” stated another.

Sources: Indian Health Service Health Literacy Workgroup. Indian Health Service: White Paper on Health Literacy, August 2009
Microsoft Word - health.literacy.final.doc (und.edu)
What Influences Health Literacy?
Strategies for Improving Organizational Health Literacy

• Assess health literacy within your organization
• Make health literacy part of your organization’s mission, structure, policies, operational structure, and strategy
• Train and support workforce to learn more about health literacy and incorporate cultural competency into care
  • Know your audience
  • Incorporate audience needs into the development and testing of oral or written educational materials
• Be conscious of personal bias
• Be prepared to meet patient and their family where they are at
Strategies for Building Patient Engagement

- Assume EVERY patient has limited health literacy
- Assess patient’s health literacy
- Decrease patient’s anxiety with a safe and welcoming environment
- Engage throughout the patient experience, if you are starting at patient visit it’s too late!
- Offer help with registration forms in a private and confidential manner.
- Ask preferred communication method (phone, email, text)
- Work TOGETHER with the patient in decision making about treatment plans. **LET’s TALK**
- Stay engaged after visit
- Track and learn from patient satisfaction metrics

IHS. (n.d.). In Let’s TALK. Retrieved from https://www.ihs.gov/healthcommunications/health-literacy/letstalk/
Teach-Back Method

- The benefit of teach back method is supported by research.
- Teach back stops the provider from asking yes and no questions, such as “Do you understand” Do you have questions?
- Creates an opportunity for dialogue where the provider shares information and then patient confirms understanding in their own words, before any new information is added.
- Remember, not a test of patient knowledge but a test at how well patient shared the knowledge.
- Example: Provider says,” I want to make sure that I clearly described how you should take your medication every day. Can you tell me how you would describe this to your wife?

Patient Education and Written Health Communications

- Simple and attractive Using plane language
- Bold text with large font
- Culturally appropriate pictures
- Use humor, when appropriate
- 5th to 8th grade reading level
- Make CALL to Action Clear
Communication Strategies for Improving Health Literacy: Verbal

- Keep it simple. Use common, non-medical words.
- Incorporate patient’s descriptive words
- Give the most important information first.
- Avoid information overload
- Explain why the information is important
- Speak slowly
- Demonstrate

Communication Strategies for Improving Health Literacy: Non-Verbal

- Smile/build rapport
- Show interest in patient’s questions.
- Make sure the room is private and comfortable
- Use easy to understand visuals
- Look for active listening
- Sit down (instead of standing)

Communication Strategies for Improving Health Literacy: Culturally Relevant

- What terminology is preferred
- What beliefs do they have
- Understand and respect cultural differences
- Incorporate traditional healing practices
- Language preferences

Resources UIOs can use to improve health literacy

- IHS Introduction to Health Literacy
- National Action Plan to Improve Health Literacy
  - The Plain Writing Act of 2010
- CDC Health Literacy Training & Resources
  - The CDC Clear Communication Index
  - Additional Health Literacy Trainings
References


Health Literacy Reports And Publications | HHS.gov

IHS. (n.d.). In Let’s TALK. Retrieved from https://www.ihs.gov/healthcommunications/health-literacy/letstalk/

Indian Health Service Health Literacy Workgroup. Indian Health Service: White Paper on Health Literacy, August 2009


