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Addressing Health Literacy in Clinical Practice

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Disclosures

- **Presenter Disclosure:** Financial: Alejandra Ullauri is the owner of Audiology En Español. She receives royalties from her book Audiology Services in Diverse Communities. She received an honorarium for this presentation. Non-financial: Alejandra Ullauri has no relevant non-financial relationships to disclose.
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Learning Outcomes

As a result of this course, participants will be able to:

1. Define individual and organizational health literacy.
2. List low health literacy red flags.
3. List tools available to help build health literacy with our patients.

Agenda

- Definitions
- CLAS Standards
- Red flags
- Tips for clinicians
- Tips for organizations

Goal

- To raise awareness about the role that we all play in addressing health literacy

Background

Health Literacy (HL)

- Personal HL 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 HL 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.

(Agency for Healthcare Research and Quality – AHRQ)

The National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (CLAS), 2013

Legal Framework

Fifteen standards created by the Office of Minority Health to:

- Advance health equality
- Improve quality
- Help eliminate disparities

Principal Standard

Provide effective, equitable, understandable, and respectful quality of care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Implications of Health Literacy

- Health services utilization
- Personal healthcare
- Healthcare outcomes

(Table 2 in Hersh et al. 2015)

Individual Health Literacy

Statistics

Health literacy was reported using four performance levels: Below Basic, Basic, Intermediate, and Proficient.

- 53 % of adults had Intermediate
- 22 % of adults had Basic
- 14 % of adults had Below Basic

(NCES, 2003)

Populations at Risk

Adults who:

- Are older
- Have limited education
- Have lower incomes
- Have chronic conditions
- Are non-native English speakers

Red Flags

A patient or family member that may:

- Asks no questions
- Makes excuses for not reading information provided
- Cannot explain their diagnosis or equipment
- Comes across as quiet, passive
- Becomes angry, demanding
- Has incomplete registration forms

(Gaeta et al., 2021)

Organizational Health Literacy

Current studies

1. An evaluation of newborn hearing screening brochures and parental understanding of screening result terminology (Picou et al., 2022)
2. An Assessment of 51 United States Early Hearing Detection and Intervention Websites: Is Needed Information Being Provided for Parent Decision Making? (Westin & Sorkin, 2022)
3. Readability and Quality of English and Spanish Online Health Information about Cochlear Implants (Nix et al., 2022)
4. A Computer-Based Readability Analysis of Consumer Materials on the American Speech-LanguageHearing Association Website (Atcherson et al. 2014)

Key Points Study 1

An evaluation of newborn hearing screening brochures and parental understanding of screening result terminology (Picou et al., 2022)

Objective: Assess newborn hearing screening brochures

Method:

- Evaluation of current state level brochures and pregnant people's understanding of screening result terminology.
- Brochures were evaluated based on readability, design, images, and use of word refer.

Results.

- Most brochures were found deficient in at least one element.
- 30% of brochures used the word refer to convey a baby did not pass the NHS. Less than half of participants understood its meaning.

Conclusion:

- 88% of available state-level NHS brochures should be modified to increase readability.
- Discretion on the use of the term "refer" is necessary.

Key Points Study 2

An Assessment of 51 United States Early Hearing Detection and Intervention Websites: Is Needed Information Being Provided for Parent Decision Making? (Westin & Sorkin, 2022)

Objective: To evaluate the accuracy and completeness of the United States EDHI websites and determine if they provide their visitors with information that is specifically discussed in the federal legislation in a manner that is comprehensive, somewhat helpful, or inadequate.

Method: Review of 51 websites (50 states and Washington DC) to assess whether components of various federal laws and regulations were provided clearly, comprehensively, and in a balanced manner on four topics: (a) hearing loss information, (b) technology, (c) communication options, and (d) resources for family support.

Results: Of the 51 sites examined (50 states and Washington DC), 26% were rated as comprehensive, 35% as somewhat helpful, and 39% as inadequate.

Key Points Study 3

Readability and Quality of English and Spanish Online Health Information about Cochlear Implants (Nix et al., 2022)

Objective To evaluate the readability and quality of cochlear implant web site health information.

Methods

- “Cochlear implant” was queried in four Internet search engines,
- Readability was evaluation using Flesch Reading Ease score for English web sites and the Fernandez–Huerta Formula for Spanish web sites.
- Information quality was assessed using the validated DISCERN quality criteria and the presence of Health on the Net Code of Conduct (HONcode) certification.

Results

- 80 non-industry-sponsored (43 English and 37 Spanish)
- 11 industry-sponsored (4 English and 7 Spanish)
- For both English and Spanish web sites, these scores correlate to the reading level of the average 10th to 12th grade student.
- The average DISCERN quality score was 41.67 for English web sites and 43.46 for Spanish, indicating significant concerns for quality.

Key Points Study 4

A Computer-Based Readability Analysis of Consumer Materials on the American Speech-Language Hearing Association Website (Atcherson et al. 2014)

Objective: To examine the readability level of consumer materials in audiology and speech and language pathology.

Method: 225 documents found under the for the public tab in the ASHA website were anlized using a windows based software and applying multiple formulas to calculate the reading grade levels.

Results: Over 85% of documents were to be above the 5th to 6th grade reading level recommended.

Health Literacy Screening Measures

Database of health literacy measures

Brief Health Literacy Screening (BRIEF)

1. How often do you have someone help you read hospital materials?

1. Always
2. Often
3. Sometimes
4. Occasionally
5. Never

2. How often do you have problems learning about your medical condition because of difficulty understanding written information?

1. Always
2. Often
3. Sometimes
4. Occasionally
5. Never

3. How often do you have a problem understanding what is told to you about your medical condition?

1. Always
2. Often
3. Sometimes
4. Occasionally
5. Never

4. How confident are you filling out medical forms by yourself?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Extremely

Haun, J., Luther, S., Dodd, V., & Donaldson, P. (2012).

Scores

- Each item is worth 1 to 5 points depending on their response
- Answers can range from 4 to a maximum to 20.
- Interpretation:
  - Limited 4-12: Not able to read most low literacy health materials; will need repeated oral instructions; materials should be composed of illustrations or video tapes. Will need low literacy materials; may not be able to read a prescription label.
  - Marginal 13-16 May need assistance; may struggle with patient education materials.
  - Adequate 17-20 Will be able to read and comprehend most patient education materials.

Adapted Health Literacy Screening Measure for Hearing Care

1. How confident are you filling out medical forms by yourself?
2. How often do you have someone help you read hospital materials?
3. How often do you have problems learning about a medical condition because of difficulty understanding written information?

Maximum score 15 points

Scores ≤ 9 reflect overall inadequate health literacy

(Tran et al., 2020)

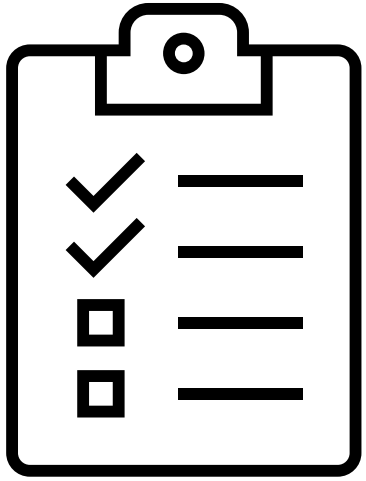
Tips for Clinicians

When Sharing Written Information

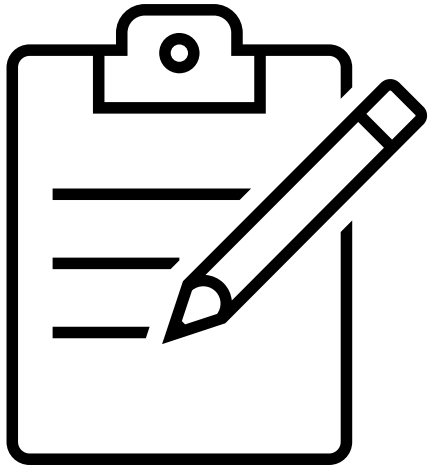
- Use “you” to speak to the reader
- Use “must” to express requirements
- Use active voice and simple present tense
- Use short sections and short sentences
- Use concrete, familiar words
- Use base verbs, not hidden verbs

PlainLanguage.Gov

- Check boxes



- Lines for writing



When Sharing Electronic Information

Keep in mind that sharing electronic information requires patients to access a computer with internet, navigate a computer, access patient portals, and comprehend terminology and text. (Gaeta et al., 2021)

When Sharing Electronic Information

- Visit the site yourself first
- Gauge the quality and level of the content
- Pick specific/relevant pages/links

When Sharing Information Verbally

1. Use plain language
2. Avoid medical jargon
3. Break down information into small concrete steps
4. Focus on three key points per visit
5. Speak slowly
6. Repeat key points

(Hersh et al., 2015)

When sharing information in a conversation format you have a unique opportunity to check for understanding.

Don’t miss that opportunity!

Teach-Back Method – (AHRQ)

- It is a measure of the clinicians ability to explain the condition or recommendations at a level that the patient can understand
  - It is NOT a test of patient's knowledge
- Asking a patient (or family member) to explain—in their own words—what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that promotes adherence, quality, and patient safety.

Ask Me 3 Questions

[Ask Me 3 Good Questions for Your Good Health Information & PDFs]

We can help help patients build health literacy by:

- Improving spoken communication
- Improving the quality of written communication
- Encouraging self-management and empowerment
- Connecting them with support services

Tips for Organizations

Organizations

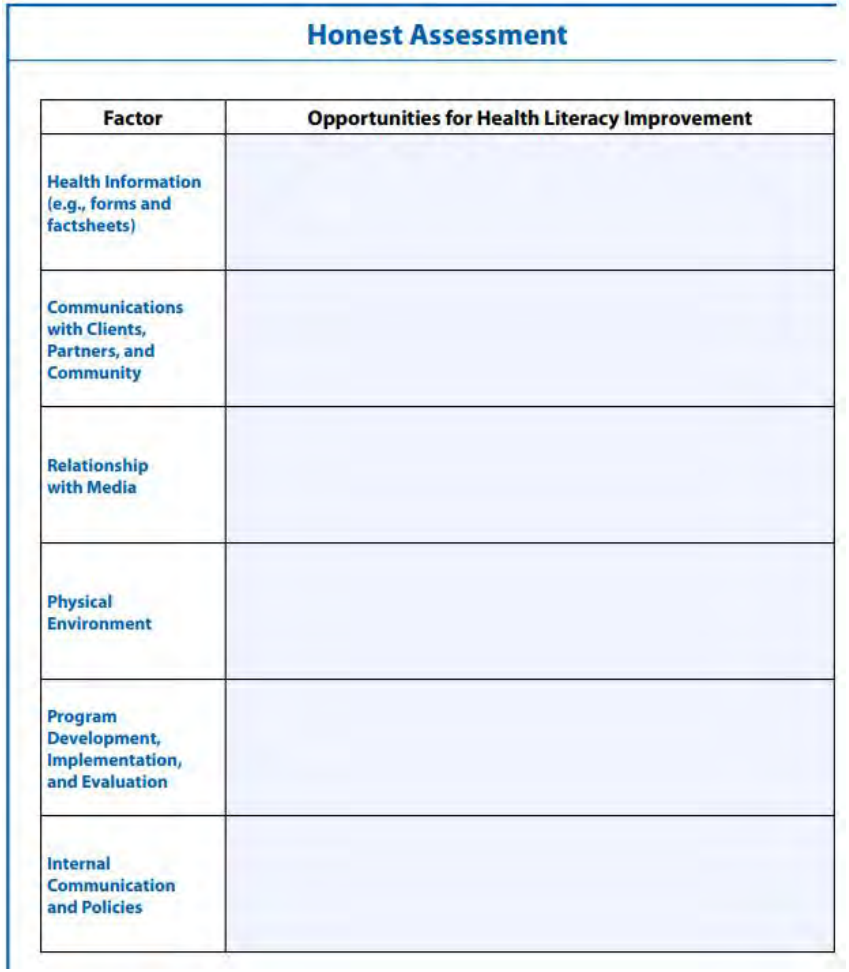
Familiarize yourself with the 10 attributes of a health literate healthcare organization:

1. Integration
2. Training
3. Inclusion
4. Meets the needs
5. Checks for understanding
6. Easy access
7. Design of patient education materials
8. Considers high risk situations
9. Reimbursement

Organizations

Familiarize yourself with the CDC template for organization to develop your own health literacy plan:

Template



Honest Assessment

Factor	Opportunities for Health Literacy Improvement
Health Information (e.g., forms and factsheets)	
Communications with Clients, Partners, and Community	
Relationship with Media	
Physical Environment	
Program Development, Implementation, and Evaluation	
Internal Communication and Policies	

Organizations

Remember the 3 As! Health information must be

- Accurate
- Accessible
- Actionable

(CDC)

Organizations

- Review signage for easier access (different languages)
  - Consider developing a patient roadmap
- Review your website, forms, brochures, patient letter templates
  - Pay attention to the vocabulary and readability
- Train your staff about health literacy
  - Help staff and clinicians to always apply the teach-back method
  - Consider including patient navigators

Racial and insurance inequalities in Access to Early Pediatric Cochlear Implantation (Liu et al., 2020)

- 1511 children implanted between 2005 and 2017 in Florida
- Black, Hispanics and kids on Medicaid were significantly less likely to be implanted by age 2. Hispanic kids even on private insurance were still less likely.

Possible reasons for these delays???

Organizations

Patient Navigators:

- A person who helps guide a patient through the healthcare system. This includes help going through the screening, diagnosis, treatment, and follow-up of a medical condition.
- A patient navigator helps patients communicate with their healthcare providers, so they get the information they need to make decisions about their health care.
- Patient navigators may also help patients set up appointments for doctor visits and medical tests and get financial, legal, and social support.

Additional Resources

- Health literacy tips for families
- A guide for creating easy-to-understand materials
- 10 Elements of competence for using Teach-back effectively
- The role of patient navigators

Today's take home message:
Low health literacy **does not** have to stay low.

Thank you!

Questions

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