Health Literacy in Practice: Effective Communication and Education

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Our course title today is Health Literacy and Practice Effective Communication and Education. And it is my pleasure to once again welcome back Dr. Kathleen Weissberg. In her 30 plus years of practice, she has worked in rehabilitation and long term care. As an executive, researcher and educator. She provides continuing education support to over 30,000 therapists, nurses and administrators nationwide.

As a National Director of Education for Select Rehab, she's got many certifications under her belt including certified Alzheimer's Disease and Dementia Care Trainer, Certified Dementia Care Practitioner, certified Montessori Dementia Care Practitioner, Certified Fall Prevention Specialist, a certified Geriatric Care Practitioner, and a Trauma Informed Educator. She serves as the Region 1 director for the AOTA Association Political Action Committee and is an adjunct professor at Canon University. We are pleased to have you back with us once again today, Dr. Weissberg. And at this time I'm turning the microphone and the classroom over to you. Thank you so much.

And for all of you who have chosen to join in today, thank you so much for being here. This is a really important topic and with that I'm going to just jump right in. So these are our disclosures, they're here for your benefit. And these are any limitations and risks. Again, here for you to read for your benefit.

I'm not going to read those at you. I will go through the learning objectives though. They are to define health literacy, recognize health literacy concepts, including any relevant statistics and those you'll see those in just a moment have been updated. Identify appropriate assessment tools to evaluate health literacy levels. We'll talk about readability statistics and we'll talk about health literacy, a few tools there.

And recognizing factors that influence health literacy. Describing techniques that you as a practitioner can utilize in your own practice to facilitate health literacy. Before we go on, I would just say this. If you've already downloaded your handout, I'm going to ask that you not look too, too far ahead because there are a few things in here that I'm going to be asking you some questions that you'll be putting it into the chat and if you have the full handout, you probably already have the answers. So let's see if we can

do it without that.

Okay, let's get started with some background here, just some basic definitions and I, and these I think are pretty intuitive. Literacy is just what you read on the screen here. It's that ability to understand reading, writing, speaking, other forms of communication that could be non verbal communication for that matter, as ways to participate, to achieve your goals, to be a part of society, to do what you need to do, essentially, excuse me, Health literacy is different though. It's the degree to which you have the capacity to obtain, to process, to understand your own basic health information so that you can make health decisions, whether that is choosing a provider, taking your medications. That could be something like looking at co pays or looking at insurance, those sorts of things.

Now, health literacy, and I'm not going to read this directly at you, but it's dependent on a lot of things. One of the big things is us. It's, it's our communication to that individual, what our knowledge is, how we communicate, the materials that we use, the phrases that we use, the language, etc. And we'll talk more about that in a little bit. It also depends quite a bit on how this person, what their knowledge is of general health topics.

And the reality is, and I work in senior living, for some of our seniors, I mean, they've not been in school for a very, very long time. What they learned, however long ago, may or may not be applicable anymore. There's new research, et cetera. So there's a lot of that knowledge of health topics. A lot of it too is the culture.

And everybody comes to the healthcare situation with their culture, with their perspective. And it's important for us as practitioners to try to understand that, to present information in a way that is meaningful that's going to help them. If an individual does not have good health literacy, does it impact them? Of course, you betcha. Again, taking care of their own diseases, so whether that's monitoring their blood pressure or monitoring their, their, their diabetes, taking their, their blood sugar levels every

day, understanding how to take medications, filling out forms, even making an appointment, possibly for, you know, outpatient PT or something like that, or ot.

So definitely it impacts them. Now we look at health literacy skills. I've already kind of alluded to this. There's two basic skills here, the first being numeracy skills. And that's just what you think it is.

It's numbers. So, you know, figuring out your deductible, reading a nutrition label, you know, your physician said to decrease your saturated fat, so what does that look like from a nutrition label? Choosing between health plans, taking your medications, looking at a dosage, that sort of thing. And then there's also health topics, and we've already mentioned this, it's just, you know, information about the body, causes of disease, diet, exercise. And without that information, an individual may not be able to manage their own lifestyle factors, manage their own health and wellness.

Now, this is not just an issue for us here in the United States. This is A global crisis. And, you know, unfortunately, if we don't have clear communication and not only that clear understanding of what it is that we are saying, we can't expect people to adopt the healthy behaviors that we are promoting. We can't expect them to follow through with their exercise program or a home program or whatever that happens to be. So.

So we'll talk a little bit more about plain language on the next slide. But that's where we're going. We want the language. Whatever we say, whatever we push forth, however we speak to that individual, we want it to be very plain, simple, so there is clear communication. So plain language is just this.

It is communication that I can understand the first time I hear it or the first time that I read it with reasonable time and effort. A plain language document is one where. Or even communication is one where the individual can find the information they need, understand what they find, and then act appropriately on that information again the first time. We'll talk more toward the end about how we

organize some of our information. But it is, you know, those key elements first.

I think sometimes in therapy we try to put together everything a person would ever need to know about their diagnosis or their home program. And sometimes less is more. Let's put that mo. The most important information, the critical information first. Let's break it down into chunks.

Let's make sure that it's organized in a way that I can find what I want, and it's simple language. Keeping in mind, though, what is simple to me or plain to me may not be plain or simple to you. So it's really important that whatever we push out, again, it's oral communication. It's written again. Maybe it is that home program that we test those materials.

We test that before, during, and after they are developed. So plain speaking is the same as plain writing. So we avoid that jargon. We explain the technical terms, we explain the medical terms. Not everybody understands what range of motion means or what ADL means or something.

So we want to make sure that we explain those. Now, some key statistics. Excuse me. And these are as recent as I was able to find. Only about 12% of adults have proficient health literacy.

And that comes from the National Assessment of Adult Literacy and is definitely a widespread struggle. About 36% of adults have basic or below basic health literacy, meaning that they are going to struggle with things like understanding a drug label, understanding their medications, the side effects, appointment instructions, those sorts of things. There's an economic impact. The costs associated with limited health literacy. $349 billion in the United States alone.

And there's a health correlation. 42% of those individuals who have low health literacy or limited health literacy would rate their health as poor and having below basic skills. Now, this is an interesting statistic to me. Anywhere between 48 and 59 million Americans read. Adults read below a third grade level with

sources citing about 28%, and that is 60 million reading below that, while 36 million struggle with basic literacy skills.

What I want to highlight here is that just a few years ago that number was only 36 million, and now it is 60 million. So that's pretty significant, a pretty significant change over the last just couple of years. So are there some key vulnerable groups? You betcha. Although limited health literacy will impact all adults at some point in their lives, there are some disparities.

There are some issues of severity and prevalence with certain groups. First is age. Older adults, anybody over the age of 65 will oftentimes struggle with complex health information individuals, Socioeconomic factors, low income, low education level, so less than a high school degree, individuals living in systemic poverty, those are all predictors of low health literacy. There are racial and ethnic concerns here as well. Black, Latino, American Indian, Alaska Native.

These individuals face disproportionately higher rates than others. Makes sense then that immigrants and individuals with limited English proficiency or LEP would fall into that as well. Insurance status, that's an interesting one that came out for me as I did my research. Individuals on Medicaid, Medicare, again, that's mostly our senior population. And those who are underinsured are more dramatically impacted health status.

Individuals with chronic diseases like high blood pressure or HIV, AIDS, individuals with type 2 diabetes, COPD, congestive heart failure. I can go on and on here. Individuals with disability or compromised health, and then finally those in rural populations. Now these folks are vulnerable to limited health literacy. Doesn't mean that they have it.

It just means that there is a higher likelihood that there might be an issue with health literacy. So how do we identify it? What is the incidence? And this, this first statistic is just staggering to me. Nearly nine

out of ten individuals in the United States have limited health literacy.

That's 90 now. What I want you to know, though, is that health literacy and education do not go hand in hand. Education is not necessarily a predictor. I think about my parents who are now in their mid-80s, and my father has a master's degree, my mother has a degree. They were very, very successful individuals in their own right, in their lives.

And as things come in the mail that relate to a form they need to fill out or a prescription renewal or related to their Medicare. They're not entirely sure what to do or how to make those appointments or look at their medications. So nine out of every 10. And again, because it's 90%, we need to consider that literally everyone, individuals of all races, ages, incomes, education, et cetera, are going to be impacted at some point. The AHRQ came out a few years ago and that's the Agency for Healthcare Research and Quality recommending that we treat health literacy with what they call universal precautions.

And this will make a little bit more sense as we go into this, just a little bit more. But basically stating that. Assume that individuals may struggle to understand health information and put that information in a way that everyone can understand. We're looking at sixth or seventh grade reading level or below in a way that everyone can understand. Typically what will happen is if I give you low health literacy types of materials, you're not going to be offended if you are at a higher level.

But if you need those materials, I've developed them for you, so hopefully that makes sense. Assume that most individuals will struggle and put it in a way that they can understand. Now, are there signs of low literacy? You betcha. And I'm not going to read this slide directly at you, but just going to hit a few high points.

A lot of it relates to medication, so it could be a non compliance with their medication, identifying their pills. And I watch my parents do this and it baffles me. They identify their medications by how they look as opposed to the name and the dosage. And I think to myself, well, what if that were generic versus brand name? It might look completely different.

So that's an interesting one. Rather than reading their labels, they ask fewer questions. They don't have the follow through, they don't have the compliance with treatments, recommendations, appointments. They don't know the names of their medications, the purpose of them, the dosage. And we're not talking all medications, but at least they're common ones that they would take every single day.

They make excuses for not reading. And I think there's more of that on the next slide. Or they bring someone to their appointments who can read for them because they can't read. And that's just kind of what we talked about here. And again, I won't read this at you, but sometimes we'll see issues, mistakes, blanks on their registration forms, or they'll say things like, oh, I forgot my glasses, can I just take this home and I'll read it there?

Or oh, I can't see, I don't have my readers with me. Can you tell me what it says or I'm going to take this home and discuss it with my son or my daughter often. I mean that may be the case, but it could also be a sign of low literacy. Now what are the key impacts on health outcomes? There are quite a few here.

First is worsened health status. So linked, I already mentioned this, linked to poor self rated health, particularly for those who have chronic diseases, higher rates of chronic diseases. We also see that individuals who have those chronic diseases are less able to manage them, to care for themselves, their own health and wellness. Related to that, we do see increased healthcare utilization. Typically we see more ER visits.

If someone is admitted to the hospital, they tend to stay longer than other individuals. And studies have showed a significant increase in ER usage and waiting until there's a serious issue to go to the ER versus addressing that, you know, proactively doing some of that health and wellness, doing some of their screens, and I think that's the fourth one down there. We're not seeing preventative care, they're not doing their, their pap, their pap smears or their mammograms or you know, a health, health checkup. I mean just an appointment with their physician. Poor treatment adherence.

I already mentioned this again, particularly those with high blood pressure, diabetes, they have less knowledge of their illness, less knowledge of how to manage it, even just things like medication instructions, taking on an empty stomach, taking at night, that sort of thing. We do see advanced illness again to that. Delayed diagnosis, delayed treatment and higher mortality. And the reasons for this are vastly due to misunderstanding that information. They have a difficulty interpreting the information.

Maybe it's a message that they received. A lot of times now messaging is coming via the Internet, a MyChart or something that they don't know how to log in, they don't know how to get that information, they don't interpret the prescriptions appropriately. I talked about poor self management and then again those barriers to care. They're discouraging seeking care or engaging in that shared decision making. One of the biggest impacts though is this stigma and shame.

Low health literacy definitely has a negative psychological component to it. And the reality is an individual who maybe has low health literacy will work pretty hard to hide their reading, to hide their vocabulary difficulties, if nothing else, to maintain their own dignity. So it's something we need to be cognizant of in our practice and that brings up our role. So I focus more so in senior living because a lot of Times at those younger ages, this is more related to their parents. But I think this could be extrapolated really to any age group.

One of the things that was pushed forth in healthy people 2020 and then again in 2030 was a goal to eliminate health disparities, to achieve health equity and to attain health literacy, to improve health and well being of everyone. So I think one of our big roles is just to make sure that whatever we are doing, whatever education we have, how we communicate, we know what that person's culture is, we know what they're bringing to the healthcare continuum. We match what we're saying to their skills, their social skills, their cognitive skills, their verbal skills, their cultural background. And we, we do that in a way that will facilitate their literacy, facilitate them actually being engaged and taking care of themselves. So what does that look like in practice?

Well, part of that is being informed about health literacy. And isn't that why you're here today? Right? Recognizing it, learning ways that you can do this, recognizing that we can't assume that everybody who comes to us understands what we say. They nod their head, they smile, they say, yes, I got it.

But do they really? That's where we'll talk about the teach back, where we ask them to teach back to us. Okay, show me, tell me how you'll integrate that, Tell me when you'll do your exercises or tell me how you'll integrate this into your day, whatever that happens to be. We also need to recognize that there's a lot of barriers, so you can look at them right on the slide. Particularly with our aged functional declines as they age, low levels of formal education, how many of our seniors are still coming to us not having graduated high school, they went to work at the mill or they went to work on the farm or something.

Issues. Not issues necessarily, but individuals who've come here from another country where English is not their primary language, different cultural beliefs, again, they come to us with a different perspective. Living with disabilities, social stigma, maybe it's something they experienced in their childhood. So we take a page out of Trauma Informed Care to learn where are they coming from when, when they come to us. So again, for us, we need to identify their characteristics, their knowledge, what do they know,

Figure that out in a way that's not going to shame them, of course.

What are their teaching preferences? Is it verbal? Is it, you know, something on a recording that they can listen to over and over again? Is it pictures? Is it something else?

What are their skills? What are their beliefs? What are their cultural barriers, et CETERA recognize too that individuals who have low health literacy are reluctant to ask questions. They are incredibly skillful at hiding their problems. So this is where we need to step up, maybe ask more questions, ask them to demonstrate to again, be sure that they totally understand what it is that we're pushing out.

We'll talk more about this. So I'm just going to go over this kind of quickly, but we just want to make that information accessible. So it's not just verbal, it's also demonstration. It's not just handing them a home program, it might be recording it. It's repetition, et cetera.

Just making sure that everything that we want them to learn about, we're making that accessible. And that goes back to what we already talked about a little bit. That clear, simple language, using diagrams, using pictures, putting that most important information first. If we're doing this orally, so we're communicating, I get their attention first. I make eye contact, we're going to talk about this.

I convey my message and then tell me back. It's the teach back, if you will. What did you, what, what did you hear in your own words? Rephrase what it was that we just talked about. One of these things.

So similar to the teach back is the ask me three and it's on this slide. I think we'll see it again later on. But asking them, what's your main problem? What do I need to do for you concerning this problem and why is this important to you? Learning about, you know, what's going on with our client?

Why are they seeking our services? It helps us to get them to ask questions, to get them to participate, learning from them, you know, we reduce that stigma, that shame. We can observe, we can listen. And it helps us of course, to create meaningful goals for them. And also, you know, I already mentioned this just briefly, but I'll say it again.

I think we need to be very cautious that we don't overburden. I've seen handouts that go out, I mean, discharge planning, like from the hospital or something. You see those packets? In fact, there's one sitting on my desk right now. My daughter had an appointment the other day and this packet is like 10 pages long.

There's so much in there and some of it is just not even applicable. So let's look at what we're sending home, what we're talking about, and keep it to the most important. Just those key points. Increase our own cultural competency, respect what that individual is going through. I think back and if you've ever heard me Talk.

I've probably told this story before. I remember one of my very, very first patients, I was working, had trauma shortly after I graduated college, and I was working on donning and doffing shoes and socks. And the individual with whom I was working was very gracious, worked right along with me. I never sat back and said, is this person, is it their goal or is it my goal? Finally, the person said, honey, and I was young.

What are you, 20, whatever, when you graduate? I was young. And I remember this person saying, I don't put my shoes and socks on by myself. My spouse does this for me. I'm glad to work on it, but it's really not pertinent to me.

And it was a cultural thing that again, we have to deep dive that and make sure that we're doing what is important to them. We follow up to make sure that that person is doing what they need to do if they

have questions. And again, recognizing that they may not ask questions. So we need to come at it with a way that is very open, very inviting for those questions. And we not only involve the individual, but of course, their family as well.

Okay, so let's go on. And we're going to talk a little bit about. I'm going to go through this kind of quickly. I want to talk about interpretation and such, so you can certainly read this, but this is important. We want to make sure that we have that communication because it gives you a trusting relationship.

It helps us to, again, you know, show them what to do, how to do it, what have you. And research shows that individuals with communication needs have, have poorer outcomes, they have trouble following medical advice, they're less satisfied with their overall health care. And compared to individuals who are just told what to do rather than being a part of it, they don't see the outcomes. The individuals who are part of the process have that control. They carry out over more, they have less stigma, shame, anxiety, and they adapt to, and they adopt the treatment regimens that we are talking, talking about.

So when we look at interpretation, translation, I just want to make it known that these are two very, very different things. Interpretation is that of verbal communication. Translation is of written documents. And again, if we have different languages, that can really impact the healthcare encounter, it leads to confusion, it could impact quality of care, the treatment, decisions that are made, the understanding, the compliance. So we want to make sure that we are on a mutual playing field, if you will, with regard to language and communication.

With language assistance, our patients are more likely to understand their health condition. Follow the recommendations so if we are going to use interpretation, translation, we're just going to go through quickly some, some things to keep in mind. If you're going to use interpretation, that person needs to be trained. That person needs to be someone who is in fluent, is fluent in both languages and certainly

assist with individuals who not only speak different languages, but maybe someone who is deaf, someone who knows American Sign Language, could also help with a person who has limited English proficiency lep. Additionally, we want to look at translated materials.

And I would suspect that in most of our situations, we have things at a bare minimum in English. We've translated them probably in one or two other languages. But think about consent forms, intake forms, patient education, et cetera, making sure that they meet the needs of the population that we're serving. And if all else fails and there's a few slides coming up, we can look at graphics and signage to help communicate our message as well. So I'm not going to read this definition at you.

You can certainly read this. But again, this would help for individuals with low efficiency, low English proficiency. Excuse me, anybody who, you know, for whom it would be hard to understand the conversation, to understand instructions, the oral communication, and any advice that we would be giving. Now, I do want to take a few minutes and talk about the written materials here. So I want you to think about that.

You know, written materials are not a substitute for oral communication, but they're a nice adjunct to it. But you want to think about the signage. You know, even something as simple as things in your waiting room if you're an outpatient clinic, or instructions that you give, applications, home exercise program, et cetera. When you are determining what you want to translate, you first of all need to determine the audience. What's their literacy level, what's their dialect, what's their language, what's their culture?

And anything that we translate ideally should go through a process of. Of back translation. So what that means is I or someone takes that material and translates it to another language, and then some other independent person translates it back. I do that. Within our own organization, we push out materials in both English and Spanish, and I send it over in English.

Somebody translates it, or actually, I don't send it, somebody else sends it in English. Somebody translates it over to Spanish, sends it back to me, and I translate it back over to English just to make sure that it says what it's supposed to say. But sometimes you might think, okay, well, I'll just go out to the Internet and I'll pop this dialogue into, you know, one of those Programs that will translate and that's okay, but it doesn't always give the right message. You're better off actually. And I think there's another slide coming up utilizing someone who speaks that language, someone within your community, maybe you know, an employee in your, in the area where you practice or a family member or something like that, that.

So I mentioned graphics and symbols and just very quickly. These are the symbols from the Ablamos Juntos, the Robert Wood Johnson program. So symbols from there that are universal people understand and probably many of us are familiar with the graphic cards like the Wong Baker faces scale and there are others out there so certainly use those to assist you with communication.

I already kind of hit on this. But when you're looking at the translate on somebody who's internal, a staff member, you could hire someone. Excuse me for a second, I'm just going to turn off my unstable. You can certainly purchase these. You can locate web based resources.

That we look at in our. Whatever the source is not important. What you need to make sure is that you've evaluated it, that it says what you want it to say and it is actually appropriate for the community that, that you're sending it out to. I already kind of mentioned this involving the community again, making sure it meets their needs, that it's appropriate for that culture, their education, their literacy levels, et cetera etc. A couple other quick things just related to this, just things that are out there.

This one is a signage for right to interpreter. They have a right to this. So you know, you want to make sure that that signage is up in any sort of languages that you would need. And then sometimes our folks will come to us in I speak cards with I speak cards saying that I speak this particular language. And we

can certainly make a note of that.

Okay, so the interpreter roles, particularly in healthcare, the ideal role is going to be of the conduit. And you can certainly read these, but the conduit is going to translate, interpret word by word, line by line. Everything that you are saying, they don't add, they don't take away, they don't do anything but go line by line, word by word. Another person is known as a culture broker. So it provide that person provides a cultural framework so that it can be understood.

And that could providing us with that cultural framework. It could be providing the individual as well. It's just kind of marrying that together so that we're on the same page culturally. And then there's a clarifier. So there are terms out there in medical jargon.

If you will that there's no equivalent in another language. So this person almost paints a picture, tells a story about what that word is and then they check for understanding. So they are clarifying, if you will, some of those terms. And as I said, the most important one would be the conduit. So if you are going to use an interpreter.

Just a couple quick things here. This is a triadic interview. It's between you, the individual and the interpreter. Your interview is still going to be with the individual, with the patient, your intake, whatever it is. You speak to that person, you face that person.

The interpreter should be unobtrusive. You should have prepped that person in advance to say, these are the goals of my session. This is what's going to happen. You insist on a word by word, sentence by sentence interpretation, making sure that that person knows they can also interject if the individual, if the patient doesn't understand or if clarification is necessary. They're not to answer for the patient, of course, but they are there to just give them information.

If we are utilizing this person, we would want to document that in our notes and of course allowing them to ask any sort of open ended questions to clarify what the patient might be saying or need. And then of course, being aware of our own attitudes, any biases that we have, any shortcomings that we might have. Okay, let's go into the fun part now. Okay, so we're going to talk about some readability tools and coming up, this, we're going to tell you to don't look at your handouts. So this is my.

Did you know 75% of Americans can read at a 6th grade level without difficulty? A 4th to 6th grade level is readable by most adults. 7th to 8th grade by about half or more, high school or above is readable by few adults. So our takeaway here is if I'm putting together materials, I want those.

Somewhere around A. As clinicians, we know, and I've been saying this, we're sending them information. We need to be mindful of their readability, their, their skills in that area. And we can assess that, believe it or not, you can do just something as simple as how far did you go in school? What is your level of schooling?

Or what is your perceived reading ability if you feel comfortable asking them that. Or you can certainly do some, some tests to see what it is they are able to read. Now I mentioned putting something in fourth to sixth grade reading level. So there are a few different readability tools out there for you. The first one, the Fry readability has been around for quite some time.

And what this does is it looks at a passage, you put it in, it looks at that passage and analyzes it. It's online and it'll give you a graph and it shows you the readability of each segment of that, that paragraph or that document. And it's a way to assess the health literacy level of the education materials that we might be utilizing. Then we can adapt those or fit those to the client. Need the next one.

And this is probably the most popular, and this is where I'll ask you to hide your hand out for a second, is the Flesh Kincaid. And this actually uses seven different popular readability formulas to give you an

overall average grade level for that text that you put in that sample text. So we're going to do a quick practice here. And before I do that, that is the website where you can access this and we're going to do a quick practice. So I will tell you.

This came from a handout. I don't know why I was in California, but I was and I saw this. It was a handout or something that was being given to individuals who are having some sort of hip surgery at a very, very well known hospital in California. And they were giving this to all of their patients. And it said, and I won't read the whole thing, but the rate of medical complications following hip replacement surgery is extremely low.

And as I'm reading this, I want you to think about, and maybe put in the chat, what grade level do you think this is currently written at? So I'm going to keep going. Serious infections, such as hip joint infection occur in less than 2% of patients. The most common cause of infection occurs when bacteria enter the bloodstream during dental procedures, urinary tract infections or skin infections. After your surgery, you should take antibiotics before having any dental work or surgical procedure performed.

Blood clots, so on and so forth. So I'm not going to read any more, but I'm going to go to the chat. So I see 12th grade, I see 10th grade, I see 12th grade or above. And you are pretty 8th grade. 12th or above 10th grade.

I will tell you when I put this into Flesh Kincaid. This came out at 11th grade. And that's an issue. The vast majority of the time what we are putting together is 11th, 12th grade or higher because we're professionals. It's who we are.

Right? But that person may not understand it. That's that disconnect, if you will, between where our understanding is and where that patient understands. Understanding is So I rewrote this or at least a portion of this. So here's the rewrite, if you will.

Most people have his surgery, have less pain. They can get back to doing things they need to do, like getting dressed, bathing and walking. After surgery, you will not be allowed to do certain things like play certain sports or jog. Before surgery, you'll need to see your doctor, who will tell you so on and so forth. And go ahead and put in chat, see if you can figure out the age level or the grade level.

Here you'll be in the hospital for surgery. It'll only take a few hours. Usually stay for a few days after surgery. You'll feel pain in your hips, so on and so forth. So I see fifth, I see six, I see eighth.

Nicely done, guys. This is actually a fifth grade reading level, so you can see the difference and this would be understandable by most folks. So nice. Nicely done. Nicely done.

You can also use Microsoft Word Word. It's there. So there is a feature within Microsoft Word where you can actually get the readability statistics. It'll give you words, paragraph, sentences, and then it actually uses the Flesch Kincaid and hopefully. So here's a couple screenshots from my own computer.

So if you go in and look and I can't see the screen because it's too small for me, but if you go in under the editor, you can see where the arrow is pointing there you can actually go into Insights and when you click on Insights, you can see the readability statistics for the passage that I put in. So that's easily accessible to you. And I can't even see on my own screen what that readability level is, but you can certainly do that within your own. Okay. Who knew?

Exactly. Thank you. For the person who put that in there, I will tell you, I use this quite a bit when I'm. Thank you. It's six.

Thank you. I do appreciate that. I use this quite a bit when I'm putting together materials and when I am, you know, pushing those out. I we do newsletters and such for our patients. We do different tools

like that.

So I run it through there all the time just to make sure that it is accessible to most people. Okay, so that's readability. Now let's go into health literacy so we can assess this. And again, it's kind of twofold here. Right.

Two things that we're looking at. I'm going to go through a couple tools and then you're going to practice using one. This is the toffla so it is a test of functional health literacy in adults. The big version, the original version is 67 items and then there's a few additional versions that are shortened versions. I know for sure this has been translated into Spanish.

It may have been translated into other languages as well. But this is very functional. It uses real life things stuff. So healthcare material, so education material, prescription bottle labels, instructions for diagnostic tests, registration forms, things about upcoming appointments, etc. So again, very, very much real world real life things.

There we talked about numeracy and reading early on and health items. So there are 17 numeracy, 15 reading items. The shortened version, I will tell you, I gravitate toward that because, because it's more timely. About 12 minutes to complete that. So that's not too, too bad.

The next one. And I'll tell you, I love this one because it is so easy. This is the realm short form, the rapid estimate of adult literacy in medicine. So this is the short form. This has good test retest reliability, validity against the larger format, which is the regular realm, which is a 66 item test.

And this is so simple. You ask the person to read these seven words, you hand them to them on a piece of paper. Behavior, exercise, menopause, rectal, antibiotics, anemia and jaundice. And here's the scoring. It makes it so easy.

If they get none, well, that's about a third grade level. They're not going to be able to read it even if you give them low literacy materials. So you're going to have to look at doing some sort of oral education. Maybe it's video, maybe it's audio, it's photos, it's illustrations, whatever to get your message out there, there. If they get one to three of those words, you're looking at about a fourth to sixth grade level.

So they can read low literacy materials. But excuse me, they may not be able to read prescription labels. If you get four to six, you're looking at a seventh to eighth grade. They're going to struggle with some materials. They're not going to be offended if you give them low literacy materials.

And then seven of those words are high school or above and they should be good really with anything that you give. So again, it goes back to that universal precaution. We should probably design things in a low literacy mode, if you will. Just recognizing that that's probably not going to offend people, it's going to help a lot of individuals and then supplementing with oral or video or whatever if we need to. Now this next one is called the Newest vital sign.

This is another literacy test. It was developed by Pfizer, the medication group. It is administered in about three minutes. They call it the newest vital sign because the recommend is that if I, as a nurse or some other healthcare practitioner, I'm doing vital signs, I'm doing their blood pressure, I'm doing their pulse ox, whatever. I can do this one at the same time.

And it's very short and sweet. It uses an ice cream label. So I mentioned early on about that ability to read nutrition labels and make decisions based on that. This is using an ice cream label table, and there are questions related to it. So there is a booklet that goes along with it and you can access this free of charge out on the the public domain.

If you look up newest vital sign, it's out there and there's very specific language and you can read it right with me. We're asking our patients to help us learn how well patients can understand medical information. Would you be willing to help us by looking at some health information, answering a few questions? Your answers will help out or doctors, nurses, us as clinicians, whatever you want to say, how to provide medical information in a way that you understand. It'll take about three minutes.

So it's very standardized language and we would administer it to everyone equally because we do everybody's blood pressure, we do everybody's pulse ox, we do everybody's heart rate, whatever. We would do this as well. Okay, continuing on. Okay, so the administration, and this is where I'm going to say in a minute, put your hand out away again because you guys are going to do these questions and, and put your answers into the chat for me. So you hand the nutrition label to the patient.

You know, I, I've seen people laminated. I wouldn't advise that because there's probably a little bit of a glare to it. But you're going to hand that to them. They're going to hold on to it during the entire test. They can refer back to it as many times as they want.

There are exactly six questions. You give them as much time as they need. Reality is, though, if they're struggling with the, you know, the first or second question after a couple minutes, likely they have limited health literacy and you can probably stop the assessment now as you're doing this. This will make a little bit more sense here in just a second. You ask the questions in sequence.

You continue, even if they get one or two of them wrong, if they get number five wrong, you don't ask number six. That'll make a Lot more sense here in a second. If they have four correct, you can technically stop because they probably have good literacy. You're not allowed to prompt them. You know, we're just going to move on to the next question.

We can't show them the score sheet, even if they ask for it. I can't show you that because it contains the answers. Showing that would spoil all the fun. I don't know that an assessment is fun, but anyway. And then if they ask you, well, did I get that right or something, I can't tell you that.

I can't show you the answers until we're done, but you're doing just fine. Let's go on to the next question. You're going to give one point for each correct answer. And this is the scoring. 0 to 1.

They probably have some limited health literacy. 2 to 3, 0 to 1 is a high likelihood. 2 to 3 is a possibility. 4 to 6, it's probably adequate. Now you might be saying, why in the world are we using an ice cream label?

Well, that nutrition label has the same types of skills that we would use to understand medical instructions. So understanding an application of words is prose literacy. Understanding numbers. So providing information and then following a provider's medical instructions, forms or documents, same type of thing. And whether it's a food label or it's reading medical instructions, it's reading their medications, whatever.

Our patients need to remember numbers. They need to make mathematical calculations. In some cases, they need to be mindful of harmful ingredients, something that could be harmful to them. Them that could be if they have an allergy, that could be if their doctor says to stay away from something. And then, of course, to make decisions about that information.

So, for example, the patient has, you know, blood test. This is a prose literacy example. They have blood tests. They're told to fast. The ice cream label.

The patient needs that skill to determine if they can eat that ice cream, if they're allergic to peanuts, if it's, I don't know, rocky road ice cream or something. Something numeracy. The patient is given a

prescription. It has to be given at a certain dosage, a certain number of times a day. The ice cream label.

Looking again at numeracy, calculating the number of calories in a serving. How many servings can I eat in a day? How many calories would that be if I eat a certain number of servings? And then finally, document. So the patient is told to buy a glucose meter, use it 30 minutes before each meal.

If the number is higher than a certain number, call the Office, the ice cream label. So this is document literacy. They would need that skill if they're trying to identify the amount of saturated fat in an ice cream serving. Okay, so here is your ice cream label. I'm going to ask you six questions, so let's try not to look ahead.

But your first question, you can pop this into chat. If you eat the entire container of ice cream cream, how many calories will you eat? So if you eat the entire container of ice cream, how many calories will you eat?

Okay, here we go. 1000 is the correct answer. Nicely done. Nicely done. Question number two.

If you were allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? So again, if you were allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? So I'm seeing one cup. I'm seeing two servings. Okay, so for those of you who are saying two servings, I would say how much ice cream would that be if you measure it into a bowl?

So the correct answer is one cup or any amount up to one cup. And if somebody says two servings, you want to clarify that? So, nicely done. Third question. Your doctor advises you to reduce the amount of saturated fat in your diet.

Diet. You usually have 42 grams of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? So I'll reread that one. It's a long one.

Your doctor advises you to reduce the amount of saturated fat. You usually have 42 grams each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams would you be consuming? The answer is 33 grams. Nicely done.

Nicely done, guys. Okay, next question.

Okay, next question. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? If you usually eat 2,500 calories in a day, what percentage of your daily calories would you be eating if you eat one serving? Yep, you all said 10%. Nicely done.

That's the correct answer. Question number five. Pretend you are allergic to the following substances. You are allergic to penicillin, peanuts, latex, gloves, and bee stings. Question 5.

Is it safe for you to eat this ice cream? You are allergic to penicillin, peanuts, latex, gloves, and bee stings. And you're right, the answer is no. So question six is, why not peanuts? Yes, it has peanut oil in it.

So going back to the administration, if they say yes to question five, they get it wrong, then you're not going to ask question six. The correct answer for question five is no. So nicely done, guys. So that is your newest vital sign. And I'm just going to breeze on through this because that's what we just asked.

So this is just a summary of what we just went through. Okay, let's wrap it up here. Let's talk about effective verbal and written communication. We already talked about the Ask Me three, so I'm not going to go back through this because we talked about using that for patient centered goals. We've already talked about a little bit the teach back.

And the teach back is used to assess how well I communicate. Not, I mean it is how well they understand. But did I do what I was supposed to do to help them with their communicate their understanding? So if they can't teach it back to me, then I probably have some work to do. We've talked a lot about putting materials together.

So let's talk about what that looks like with content and organization. I'm just going to put all of these up here. So if I'm putting together materials that I'm going to give to that individual, we've talked about this. The purpose is immediately clear. The publication revision date is on it.

That's really important because healthcare information we know comes out of date very, very quickly. It's, it's pertinent to the reader situation. I love the idea of using subheadings. Q and A is wonderful, where you have a little question, an answer to that, bullet points, short summaries. Where we fall short is when we have this massive document that's just paragraph after paragraph after paragraph of information.

And that's really challenging for I think anyone to follow. So we want to summarize it and make it simple example when we look at layout and illustrations. So first of all we want ample white space there. So there's a lot of white space on the page. It's not just all text.

So we can break that up maybe with white space. We could also break that up with illustrations or diagrams or pictures or something like that. I think you'll see this on another slide. But if you are going to use a typeface minimum 2012 point, you want good contrast between the text and the background.

I've seen folks try to use white text on black background.

Not as good as just simple plain black text on white background. You'll use serif typefaces. That is they have the little hooks, if you will, on the little feet on the bottom of the characters. So Times New Roman would fall in here. I know we want to use Comic Sans or something like that, something fancy or cute, but it's not, not as easy to view and read and understand.

Avoid capitalizing all of the letters in a word. Just capitalize as you normally would for a sentence. If you are using illustrations, clearly label it. Make sure it's next to the text that goes along with it. You don't want it on the next page.

And make sure it's culturally appropriate, that it's not offensive, that they actually augment the message. I see materials go out all the time and forgive the way I'm going to say it with some of this cutesy little clip art. Make sure that it is meaningful for what you're doing. You don't have to have photos. If you're going to have photos, make sure that they are pertinent to that particular document.

We already mentioned a lot of this. Be clear, be brief, concrete, familiar words. Let's try to stay away from the abstract because that's a little more challenging to understand. Follow your grammar rules however you would write it in a sentence. That's how you want to put it it in any document that you're pushing out.

Avoid that jargon. If you have some sort of specialist terminology, whatever that might be, make sure that you identify what that is. You describe it, you define it so that person understands. And you probably just have to do it one time and then carry that over. This is the, the text size.

I already mentioned some of this, but you know, 12 to 14 points. If you have then a heading, you're going to want to go up a little bit. So you're going to look, look at 16 or maybe 18, a little bit larger.

Keeping in mind too, we've been talking about literacy. A lot of individuals have low vision.

So something to think about. I talked about the fonts with the serifs there. We want to avoid the fancy or the script using both upper and lowercase, staying away from all caps. Make sure that you have appropriate punctuation. So question marks and dashes and quotations.

If you want to emphasize something, you could underline it. It's not the worst thing in the world, but bold is probably your best option. You want to limit the use of italics again because that's going to be that fancy script that is hard to see. And again, using those dark letters on a light background. I would just share one more thing before we kind of close up here.

This is the pnat. I'm not sure if you've ever heard of this reasonably new tool. To me it is the Patient Education Materials Assessment Tool tool. And it's actually just a format. It's a yes, no, almost a rubric, if you will, for you to assess the materials that you're using.

It was developed by AHRQ in 2019 and it looks very specifically at can it be understood? Is it actionable? So if I give this to someone, can they act on it? Can they do something with it that I want them to do? Especially for individuals with diverse cultures or backgrounds, grounds or health literacy.

And these are the questions that it asks and I'll just go through them kind of quickly. The purpose is evident. The material doesn't contain extraneous information that might distract from the purpose. So again, maybe those cutesy pictures or something like that. It uses common, everyday, plain language that's going to be understood the first time.

It's an active voice. It breaks down the information again, rather than that long paragraph into very short sections with visual cues highlighting what is important. It's a larger font, maybe it is highlighted, it's bullet points or what have you. If there are visual aids, they actually augment the message. Any

numbers that are in there are easy to understand.

And a lot of that comes back to how did I put them in there, That I put them in there, like written out, which is going to be really challenging for a person to understand, that I put the actual number in there with a dollar sign, with a decimal point, whatever is going to make sense to the person. Again, are there things in there that are familiar to this person? Somewhere on one of the slides, I probably missed it. We talk about using anecdotal information, storytelling things that are common, things that are familiar. That's what you want in there.

So it's going to make sense. It's going to be meaningful to them. If there are images, are they appropriate to. To race, ethnicity, age, gender, ability, et cetera? And then have we looked at this?

Is there any sort of bias? Is there any sort of stereotype that is being pushed out? Of course we want to avoid that. Now, I'm not sure if you can totally see this photo, but this is. I just put this in here as an example.

This comes directly from the pmat. And this is an example of showing each one of those questions in action with. With a call out. So I'm not going to review this. This is here for your.

Just kind of shows materials that they put out that highlight the use of the pmat. Okay, let's conclude and go through our post test. Right? So why does it matter? Why do we need to do this?

Okay, first of all, improved outcomes. Patients who understand their condition, who understand their treatments, understand what we're telling them, are more likely to follow their exercise programs, to follow the advice of the practitioner, leading to faster recovery, leading to better outcomes, a better long term result. So improved outcomes, reduced costs. I mentioned early on the cost of low health literacy. Better understanding reduces that ER visit, hospital readmissions or admissions, overall healthcare

expenses, enhanced patient engagement.

Individuals with good health literacy, they participate in their decisions. They sit with us, they establish the goals, they talk about the plan of care, they have relevant questions for us us. They take care or charge of their healthcare situation. They're an active participant. And then finally going back to Healthy People 2030 addressing those disparities, we therapists clinicians can help bridge those gaps for underserved populations, including older adults, individuals with disabilities by tailoring our communication.

So I think we are going to move now into our exam review. So let's start with the first one and you can just pop these into chat as I go over them. Our first question which of these is not a sign of low health literacy? Is it A not knowing the names of regularly used medications? B excuses making excuses for not reading, for example forgetting their glasses, C good compliance with follow through of recommendations and appointments or date bringing someone who can read.

Okay, nicely done. If you said C good compliance and follow through, you are correct. Let's go on to the next question. Which of the common readability tools include all but which of the following is it? A the measure test retest.

What is that? Hold on. The Measure test Readability standard B the Fry Readability formula, C the Flesh King Cake or D Microsoft Word? If you said A you are correct. Clearly I couldn't even read that choice, let alone it being an accurate choice.

Question 3 which of these types of literacy are measured using the newest vital sign? Is it A document B numeracy, C prose or D all of the above. Fantastic. Nicely done guys. If you said D all of the above, you are correct.

Number four, which of the following is not an ask me three question? Is it A what is my main problem? B why did I come to therapy today? C what do I need to do? Or D why is it important for me to do this?

And yes, the correct answer is B. If you said B why did I come to therapy today? You are correct. They might be asking that question quite frankly but that's not part of the Ask me three. And then finally, question five.

Which of the following is or are true about tax text appearance? Is it A, use font sizes between 12 and 14 points? Is it B, for headings, use a font size at least two points larger than the main text? Is it C, use fonts with serifs when possible, or D, all of the above. You guys are stellar, straight A students.

If you said d, you are 100, correct? It is all of the above. Okay, nicely done everyone at this point. Let's see. I'm going to forward.

If you do have questions, I'm happy to answer those. Let me just see if there's anything in the Q and A. And there is one. So somebody asked, any suggestions, resources or apps that can be helpful on how to communicate when an interpreter is not available? That is a fantastic question.

I will step back and say this. First and foremost, legally the person is eligible to have an interpreter. An interpreter does need to be provided. So that is a legal obligation. That aside, that person, you know, whoever you were using, they call off sick, you know, they're not available, whatever.

I would probably just go, forgive me for saying I'm sure there are apps out there and if anybody knows of one that they use, please chime in. In the chat, I just generally use a translator thing online through, you know, a search engine, Google, whatever that happens to be, to translate the language. And then oftentimes, yeah, Google Translate is what everybody's saying and I'll type in what I want to say and then translate it and then I'll hand that to person so that they can read it. And, and sometimes that

would work.

And I don't see anything else in the Q and A. So I think. And I don't see anything else in the chat. So I think I will turn it back over to our host. All right, well, thank you everyone for attending and especially to you, Kathleen.

What a wonderful course. Thank you. Thank you. I appreciate that. Yeah.

And we're having some great comments as well in the chat. So let's go over this slide here as a reminder to access the exam. It may take up to 15 minutes for our attendance reports to run and clear. After we close out the course today, you'll need to log into your account, make or make sure you're logged in. Go to your pending courses, which is on the left hand side side of the screen once you're in your dashboard, and then choose Take Exam next to this course.

If you don't have that Take Exam button, make sure you hit refresh and like I said, make sure you're in that 10 to 15 minute window. But once you receive that Take Exam button, you click on that and take it. You do the next seven days to take take this course for credit for live credit. That is, unless your license has or will be expiring before that. You'll want to get that in before that time.

So I believe that is it. Thank you so much, Kathleen. We're going to wrap up today's course. Have a great day, everyone. Thank you.

Bye bye.