

# Implications of Low Health Literacy and Strategies to Overcome It

**“THE MAIN PROBLEM WITH COMMUNICATION IS THE ASSUMPTION THAT IT HAS OCCURRED.”**

**-GEORGE BERNARD SHAW**

Sherilyn DeStefano, MS-3 and Samantha Siskind, MS-3  
UVM College of Medicine  
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Preceptor: Dr. Robin Pritham  
EMMC Center for Family Medicine, Bangor, ME

# Objectives

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1. Define health literacy
2. Review prevalence and implications of low health literacy
3. Describe 5 strategies for improving patient understanding
4. Review Teach-Back as an approach to assess and improve patient understanding
5. Understand how improving patient understanding can overcome low health literacy

# What is health literacy?

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The degree to which individuals have the capacity to obtain, process, and understand basic health info and services.<sup>1</sup>

# Health Literacy Statistics

## How good are we at assessing health literacy?

- In a study of residents, only 10% of patients were identified as having poor health literacy, yet the actual number was >30%<sup>2</sup>
- Over 36% of all US adults have basic or below basic health literacy<sup>1</sup>
- Low health literacy is more common among<sup>3</sup>:
  - Elderly
  - Men
  - Racial/Ethnic Minorities
  - Low Socioeconomic Status

### **At EMMC CFM:**

- Elderly- 11%
- Men- 49.6%
- 77 patients prefer a non-English language

# Implications of Low Health Literacy

- **Poorer health outcomes<sup>1</sup>**
  - Greater chance of medication errors
  - Lower rates of treatment adherence
  - Higher hospitalization rates
  - Worse overall health status
  - Higher mortality rates
- **Health disparities<sup>1</sup>**
- **Increased costs**
  - Systems level: Additional costs of limited HL range from **3-5%** of the total health care cost per year<sup>4</sup>
  - Patient level: Additional expenditures per year per person w/ limited HL compared to persons w/ adequate HL range from **\$143-\$7,798<sup>4</sup>**

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What techniques do you use to increase patient understanding?

# Suggestions to Improve Patient Understanding

1. Speak slowly and avoid medical jargon
2. Break information into small, concrete steps
3. Encourage patient participation
4. Provide printed materials
5. Assess for comprehension

**Apply these techniques universally!**

# 1. Speak slowly and simply

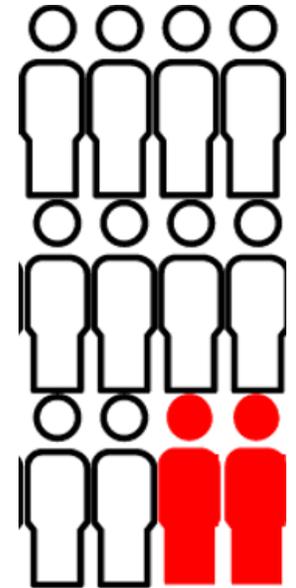
Use this... <sup>9</sup>	Instead of this...
reduces swelling	anti-inflammatory
weak bone disease	osteoporosis
not cancer	benign
heart doctor	cardiologist
take before meals	take on an empty stomach
low blood sugar	hypoglycemia
fats	lipids

**Additional Resource:** Plain Language Thesaurus, from the Centers for Disease Control and Prevention

# Be Aware of Limited Numerical Literacy

**2/3 of patients in an asthma clinic did not understand what 1% meant<sup>6</sup>**

- Express probabilities as natural frequencies<sup>1</sup>  
“1 out of 20 people” instead of “5% of people”
- Use both positives and negatives to express risk  
“...happens in less than 1 out of 1,000 people. In other words, it doesn't happen in 999 people”
- Use visuals whenever possible



## 2. Break information down

- Focus on “**Need-to-know**” and “**Need-to-do**”<sup>10</sup>
  - Medications
  - Self-care & prevention
  - Checking out
  - Referrals & Follow-up
- **3 key points** per visit

### What patients want to hear:

#### Medications:

- What is it for?
- How do I take it? (be specific!)
- What are the benefits to taking it?
- What should I expect? (side effects)

***Patients forget an estimated 75% of information presented<sup>7</sup>***

# 3. Encourage patient participation

- Body Language
- Encourage patients to ask questions – “What questions do you have?”
  - Patients should leave each health encounter understanding<sup>11</sup>:
    1. What is my main problem?
    2. What do I need to do?
    3. Why is it important for me to do this?
- Ask for patient feedback

# 4. Provide printed materials

## Effective & Patient-Preferred Strategies<sup>12</sup>:

- Graphics & pictograms in addition to written instructions
- Use short words, bolding/underlining, bullets, icons, subheadings
- Go through materials verbally with patient, highlighting key points & personalizing information!
- Keep language at a 5<sup>th</sup>-6<sup>th</sup> grade reading level
- Home accessible resources – websites, telephone services

# 5. Assess for comprehension

- Chunk and Check
- Teach-Back

# Teach-Back<sup>5</sup>

## What is Teach-Back?

- Asking patients to repeat *in their own words* what they need to know or do, in a non-shaming way
- Presented not as a test of the patient, but of how well *you* as the provider explained a concept
- A chance to check for understanding and re-teach if necessary

## **Who should you use Teach-Back with?**

- Everyone!

## **Where should you use Teach-Back?**

- Clinic
  - New medications
  - Informed consent
  - Goals of care
- Hospital
  - Discharge instructions
- Home Health
  - Self-care techniques

## **When should you use Teach-Back?**

- In place of asking, “Do you understand?”

## How do you use Teach-Back?

- Ask patients to demonstrate understanding
  - *“I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure that I did?”*
  - *“What will you tell your spouse about your condition?”*
  - *“Can you show me how you would use your inhaler at home?”*
- Summarize and check for understanding periodically, as you go. Do not wait until the end.

# Why should you use Teach-Back?

- It is supported by research!
  - One of the Agency for Healthcare Research and Quality's top 11 patient safety strategies<sup>5</sup>
  - Studies have shown it can improve chronic disease management
    - When physicians used interactive communication techniques like Teach-Back, diabetic patients had better glycemic control<sup>8</sup>
- It is an opportunity to check understanding with patient, and re-teach if necessary
  - Re-phrase if patient is not able to repeat information accurately
  - Consider strategies including pictures, videos, analogies
  - Ask patient to repeat the information again, until you are comfortable that they really understood it

# Implementing Teach-Back

- Ultimately, skilled Teach-Back users report it only adds about 1 minute to office visits
- Start small and build up
  - Write down one question to ask at the end of each visit
    - *“What did we talk about?”*
    - *“What are you going to do when you go home?”*
- Talk with patients about the importance of Teach-Back and why it’s being used
- Practice!

# Take Away Points

- Over  $\frac{1}{3}$  of **US adults** have a low level of health literacy
- Low health literacy has an impact on **health outcomes** and **healthcare costs**
- **Multiple strategies** can be used to enhance and assess patient understanding to overcome low health literacy

**“We want to make sure that we explained things clearly. Can you explain to us what strategies you can use in your next patient encounter to improve patient understanding?”**

# References

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1. Hersh L, Salzman B, Snyderman D. Health Literacy in Primary Care Practice. *American Family Physician*. 2015;92(2):118-124.
2. Bass PF III, Wilson JF, Griffith CH, Barnett DR. Residents' ability to identify patients with poor literacy skills. *Acad Med*. 2002;77:1039-41.
3. Rikard R.V. et al. 2016. Examining health literacy disparities in the United States: a third look at the National Assessment of Adult Literacy (NAAL). *BMC Public Health*. 1(1): 975.
4. Eichler K, Weiser S, Brugger U. The costs of limited health literacy: a systematic review. *International Journal of Public Health*. 2009; 54: 313-324.
5. Minnesota Health Literacy Partnership (2016). Teach Back [PowerPoint Slides].
6. Apter AJ, Cheng J, Small D, et al. Asthma numeracy skill and health literacy. *J Asthma*. 2006;43(9):705-710.
7. Wali H et al. 2016. A systematic review of interventions to improve medication information for low health literate populations. *Research in Social and Administrative Pharmacy*. 12(6):830-864.
8. Schillenger D, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Archives of Internal Medicine*. 2003; 163(1): 83-9.
9. Agency for Healthcare Research and Quality. Implementation Quick Start Guide Teach-Back. *The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families*.
10. Agency for Healthcare Research and Quality (2015). Health Literacy: Hidden Barriers and Practical Strategies [PowerPoint Slides].
11. National Patient Safety Foundation. 2016. Ask Me 3: Good Questions for your Health. <http://www.npsf.org/?page=askme3>. Accessed 11/5/16.
12. Wali H et al. 2016. A systematic review of interventions to improve medication information for low health literate populations. *Research in Social and Administrative Pharmacy*. 12(6):830-864.