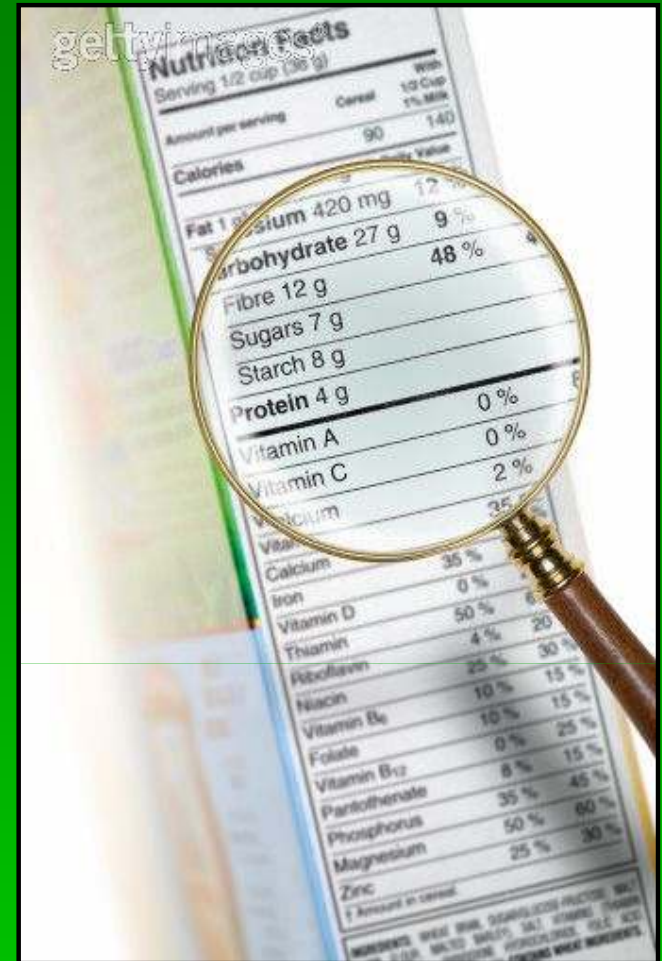


Health Literacy and Patient Safety



Elke Ruthig RN, BScN, CIC

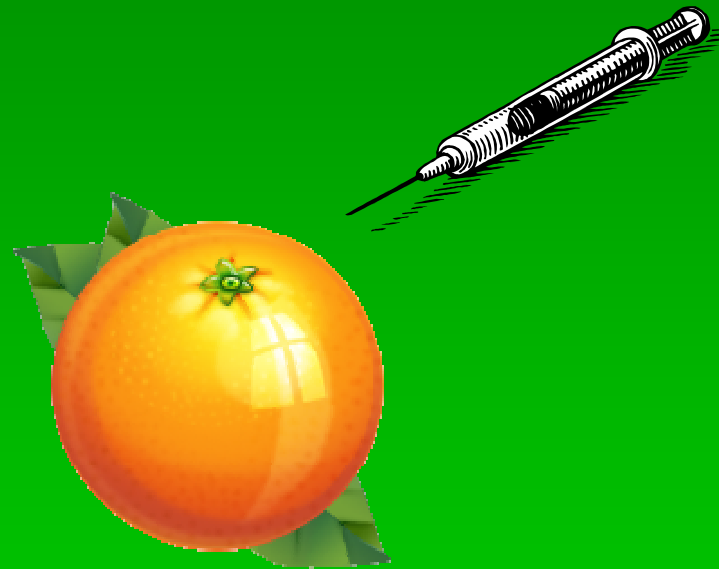
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Agenda

1. Health literacy
2. Tips for raising your patient's health literacy level
 - Applying the principles of adult learning
 - Using active listening techniques & teach-back
 - Teaching to patient's learning styles
 - Using plain language
3. Summary

Communication barriers



What is health literacy?



The ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, and in the healthcare system

From Navigating Health: The Role of Health Literacy, Kickbusch, Wait and Maag, 2005

Health literacy has 4 parts

1. Fundamental literacy
2. Scientific literacy
3. Civic literacy
4. Cultural literacy

Fundamental literacy

1. Prose

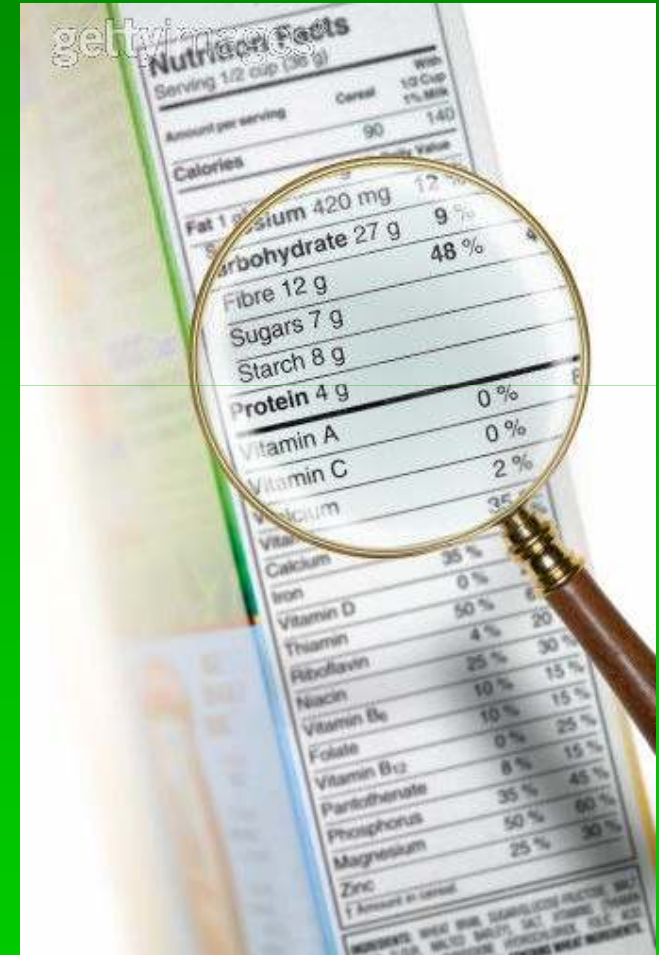
written words

2. Document

charts, graphs,
forms etc.

3. Numeracy

basic math



Scientific literacy



- Basic understanding of how science and medicine work and evolve

What science must a patient know to comprehend and decide to act on a specific health message?

Civic literacy

The ability to be involved in health decisions:

Can your patient judge:

- the validity and quality of sources of information?

Does your patient know:

- where and how to access information?
- how to advocate for self and others?



Cultural literacy



Health literacy involves the ability to:

- Understand health instructions
- Read and act upon written health information
- Communicate needs to health professionals

LITERACY LEVELS DEFINED

The Organisation for Economic Co-operation and Development (OECD) defines the following five levels of literacy:¹²

Level 1—*Very poor literacy skills.* An individual at this level may, for example, be unable to determine from a package label the correct amount of medicine to give a child.

Level 2—*A capacity to deal only with simple, clear material involving uncomplicated tasks.* People at this level may develop everyday coping skills, but their poor literacy makes it hard to conquer challenges such as learning new job skills.

Level 3—*Adequate to cope with the demands of everyday life and work in an advanced society.* It roughly denotes the skill level required for successful high-school completion and college entry.

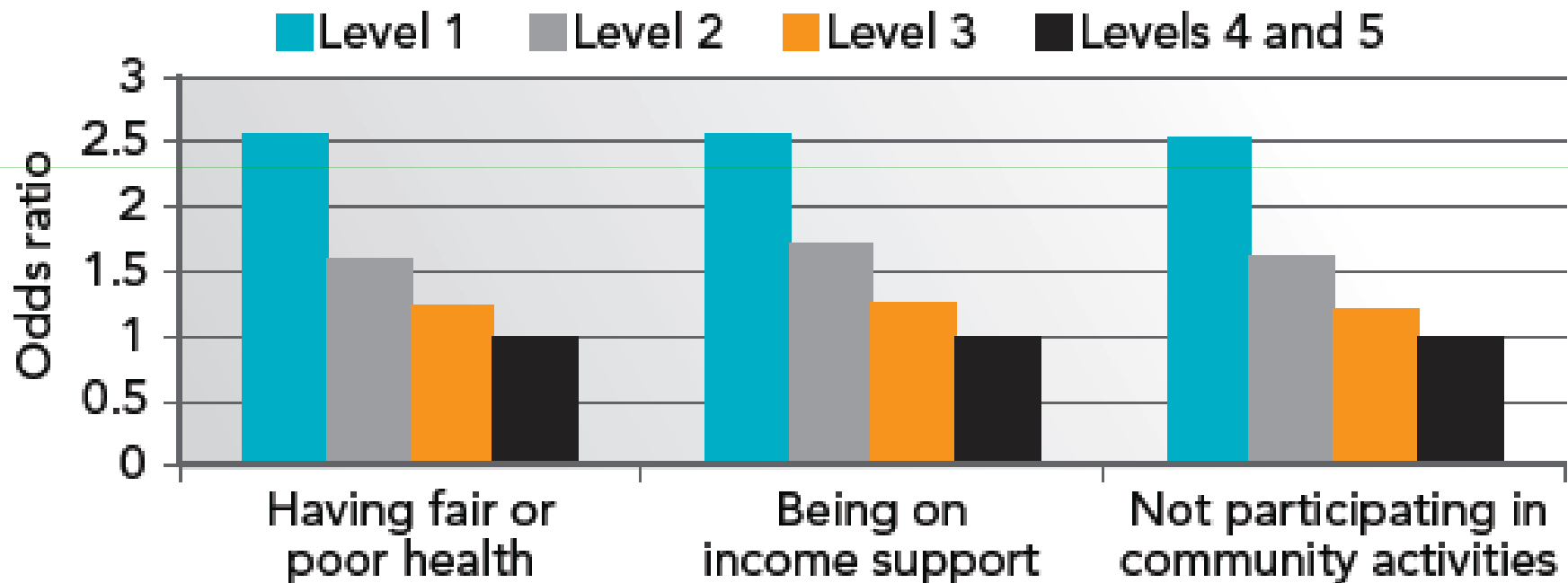
Levels 4 and 5—*Strong skills.* An individual at these levels can process information of a complex and demanding nature.



60% of Canadians have difficulty getting, understanding and acting on health information and services

Low health literacy = Poor health

Figure 3.1: Comparison of social and health outcomes, by health-literacy level



Source: International Adult Literacy and Skills Survey, 2003

Low health literacy has been linked to:

- Less use of preventive services
- Delayed diagnoses
- Less adherence to medical instructions
- Poorer self-management skills
- Higher health care costs

Poorer Health

Wolf MS, Gazmararian JA, Baker DW. (2005). Health Literacy and Functional Health Status Among Older Adults. [Archives of Internal Medicine.](#)

Lowest health literacy

- Seniors
- New immigrants
- Unemployed persons



Barriers to health literacy

- Physical factors (like pain, or weakened vision)
- Emotional factors (like fear of death, fear of being a burden)
- Language
- Values/ cultural beliefs
- Socio-economic status
- Medical terminology
- Environment



**Health literacy can improve
with better
communication.**

**Provide individualized patient
teaching**

Tips for raising health literacy

- Principles of adult learning
- Active listening & teach-back
- 4 ways people learn
- Communicating in plain language

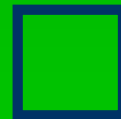
Principles of adult learning

1. Adults often see learning as a way to solve their real-life problems – especially their urgent ones.

True



False



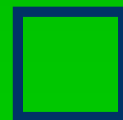
Principles of adult learning

2. Adults want to be treated as equals, not as children, (and so want to engage in a learning relationship with the health-care professional).

True



False



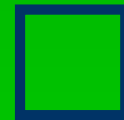
Principles of adult learning

3. Adults need to know WHY they should learn, WHAT they will learn, and HOW the learning will take place.

True



False



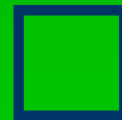
Principles of adult learning

4. Adults relate new knowledge and information to previously learned information and experiences.

True



False



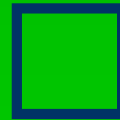
Principles of adult learning

5. Adults tend to take errors personally and are more likely to let them affect self-esteem. Thus, they tend to apply tried-and-true solutions and take fewer risks.

True



False



Adult learning summary

- Relevant
 - 2-Way Conversation
 - Specific and Focused
 - Allow time for learning to be applied to patient's current knowledge, experience and beliefs
 - Safe environment (preserve dignity)

Active listening

- Prompt Nod, eye contact, “uh huh”
- Question “So since your brother can’t pick you up, who will?”
- Paraphrase “So it sounds like you are clear on your appointment time for your CT Scan but unsure how to get there. Would it be helpful if I gave you written directions?”
- Empathize “Okay, so you are a little worried about giving yourself the shot...”
- Summarize “So, you have agreed to undergo radiation treatment and you would like to have the procedure reviewed with you and your family so you know what to expect.”

Teach-back

To check if your patient truly understands, ask them to explain what you just told them in their own words

- What is the purpose of active listening?

Learning styles

Visual



See it

Auditory



Hear it

Kinesthetic



Touch it/ Do it

Thinking



Think about it

Visual Learners see colour, size and shape

Auditory Learners prefer details, clear vocal presentations and audiotapes

Kinesthetic Learners prefer to put their hands on and touch something

Thinkers want to analyze, categorize, review, reflect and ask questions

They create diagrams of what they hear. They like pictures, illustrations & visual cues (i.e., note takers- refer to it later)

They pay attention to the speaker's voice - the tone, energy, pitch, enthusiasm and modulation

They like participating in groups and moving about doing several different activities at the same time

They like to have time to process information and make decisions

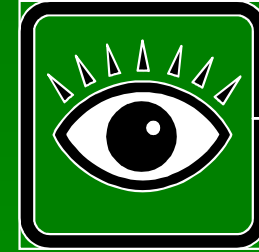
They run movies in their minds and like to read

They play a tape recorder in their minds. They like written text so they can hear what they are reading

They re-live the sensation or the feeling they experienced

They want the facts with a credible source of data. They like models, logic, and knowledge

Visual Learners



How they learn:

- They create diagrams of what they hear
- Need to 'picture it'

Clues that they are Visual Learners:

- Doodling
- Says "I can't see it"

What you can do:

- Ask if they would like you to draw it

Auditory learners



How they learn:

- They pay attention to the speaker's voice - the tone, energy, pitch, enthusiasm and modulation

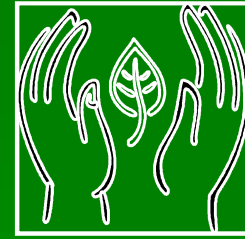
Clues that they are Auditory Learners:

- Looking off in the distance
- Put their hand by their ear

What you can do:

- Speak to them, pace yourself, sequence the information and ask if they would like you to repeat anything

Kinesthetic learners



How they learn:

- They prefer to put their hands on and touch
- Like demonstrations that they can try after you show

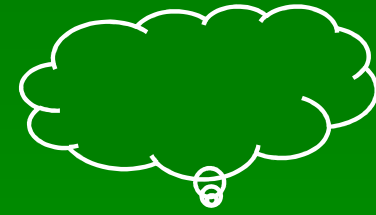
Clues that they are Kinesthetic Learners:

- Gestures with their hands, puts their hands on things
- Says “I feel...”

What you can do:

- Ask if they would like to try it after you show them

Thinking learners



How they learn:

- They like to have time to process information and make decisions
- Want to analyze, categorize, review, reflect and ask questions

Clues that they are Thinking Learners:

- Pausing and looking in the distance (or down)
- Asks broad questions for context

What you can do:

- Offer them more data, reading material

Learning retention is increased with more sensory involvement

Visual



See it

30%

Auditory



Hear it

20%

Kinesthetic



Touch it/ Do it

90%

Thinking



Think about it

40%

Patient learning modalities & educational tools

Educational tools	Visual 	Auditory 	Kinesthetic 	Thinking 
Analogies, metaphors, stories				
Groups sessions, 'cyber therapy', online communities				
Statistics and facts (web or printed)				
Hands-on activities (demos, models)				
Fill-in-the-blank hand-outs				
Posters & pictures with facts				
Video & online PowerPoint				
Pamphlets & booklets				

Plain language

Reading level 13

- “The CVD outcomes can be influenced by a number of modifiable risk factors, including nutrition, weight, physical activity, smoking cessation, and alcohol consumption. For most people, appropriate treatments can control symptoms, allowing for return to functional status.”

After plain language editing: Reading level 8

“What you can do to improve your symptoms of heart disease :

- Eat fruit, vegetables and whole grains
- Avoid fatty foods like potato chips
- Get to a healthy weight
- Exercise once a day
- Don't smoke
- Drink less than 1 -2 alcoholic drinks a day”

Plain language 101

1. Keep it simple.

- Short words (no more than 2 syllables)
- Short sentences (no more than 10 words)
- Avoid jargon and medical terminology
- Write for grade 6 (8 at most)

2. Keep the tone educational, like a book – it helps remove ‘we’ or ‘our’ and replace with ‘why’

instead of:

“We recommend this test”,

Use: “Have this test *because...*”

Plain language 101

3. Sequence the information (number it for clarity)

4. Use active sentences

instead of:

“This medicine should be taken before dinner.”

Use: “Take your medicine before dinner”

5. Include only relevant images or graphics

6. Ensure there is a lot of white space

Word count tools: SMOG & Flesch-Kincaid

- Tools are available to assess the years of education required to read material
- Limitations: Years of education is calculated by syllable count (and grammar structure) – common words like February (that most people can recognize) jumble the results

Evaluate and share your work

Test:

- Do your patients have increased knowledge or skills?
- Does the material help your patients feel less anxious?
- Does the material have an impact on health outcomes?

Summary

- Low health literacy = poor health

You can improve your patient's health literacy by:

- Using the principles of adult learning
- Employing active listening techniques
- Identifying learning styles
- Communicating in plain language

Questions?

Acknowledgement

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