

# *Practical Strategies to Improve Health Literacy Throughout the Organization*

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# Objectives

- Describe 3 ways in which health literacy impacts patient adherence
- Discuss 2 considerations when creating written materials that support health literacy
- Identify plain language options for common medical terms

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

# A Universal Precautions Approach

- Practice policies that support patient understanding regardless of abilities
- Assumes **everyone** can have difficulties with health literacy
- Contains numerous tools/resources to support health literacy initiatives
- Tools can be adapted to an organization's needs



# How does it feel reading this?

If you have any of the fposu symptoms, call the loslh  
**immediately:**

- Aslhip pain
- Sudden lknsoe
- Any lasj in your lskneo

# An Important Issue We All Have A Stake In

- Health Care Professionals
- Health Systems
- Health Plans
- Employers
- Consumers

# Clues



- Frequently missed appointments
- Unable to name medications, explain their purpose or dose
- Asks few questions
- Incomplete or inaccurately completed patient registration forms

# Consequences



- Lack of follow through with tests or referrals
- Medication issues
  - Non adherence
  - Medication errors

# Addressing Health Literacy Saves Time

Enhancing healthy literacy improves the effectiveness of the work that you are already doing

- Providing care
- Communicating
- Supporting patient understanding
- Facilitating decision-making

# Attributes of a Health Literate Organization



# Health Literate Organization

- **Leadership** promotes health literacy
- Plans, evaluations, and improves health literacy
- Prepares the workforce
- Includes the population served

# Health Literate Organization

- Strives to meet the needs of all
- Communicates effectively
- Ensures easy access
- Designs easy-to-use materials
- Targets high risk
- Explains coverage and costs



# Consider Culture, Customs, and Beliefs

- Cultural context is an important component of health literacy
- Hire staff that reflects the demographics of your population
- Learn from other sources
- Consider online training in cultural competence

# Empathy, Respect and Curiosity

- Learn from patients/health care consumers
- Respectfully ask about health beliefs/customs
- Avoid stereotyping

What is a person's first impression of your facility?

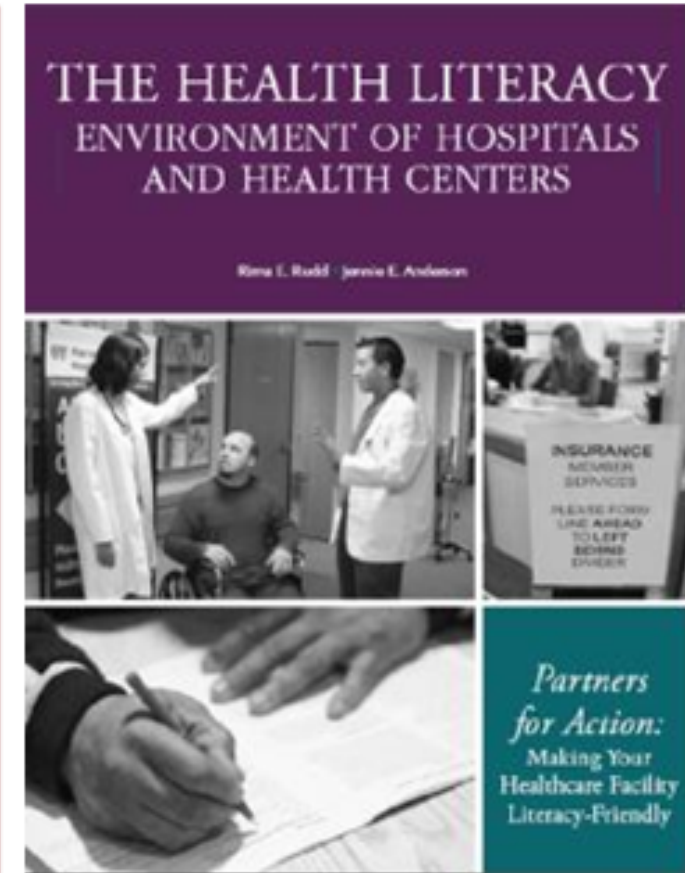
- First contact point on the phone?
- Greeting from front office staff?
- What are some barriers they may encounter?
- How can you address these barriers?

# Create a Welcoming Environment

- Offer help with forms
- Ask about language preference
- Ask about pronoun preference
- Create a practice brochure
- Images in the waiting room that reflect the patients served

# Assess your environment

Resource to help an organization determine it's health literacy barriers



- Contains a questionnaire to determine the strengths and barriers of an environment
- Provides recommendations for improvement

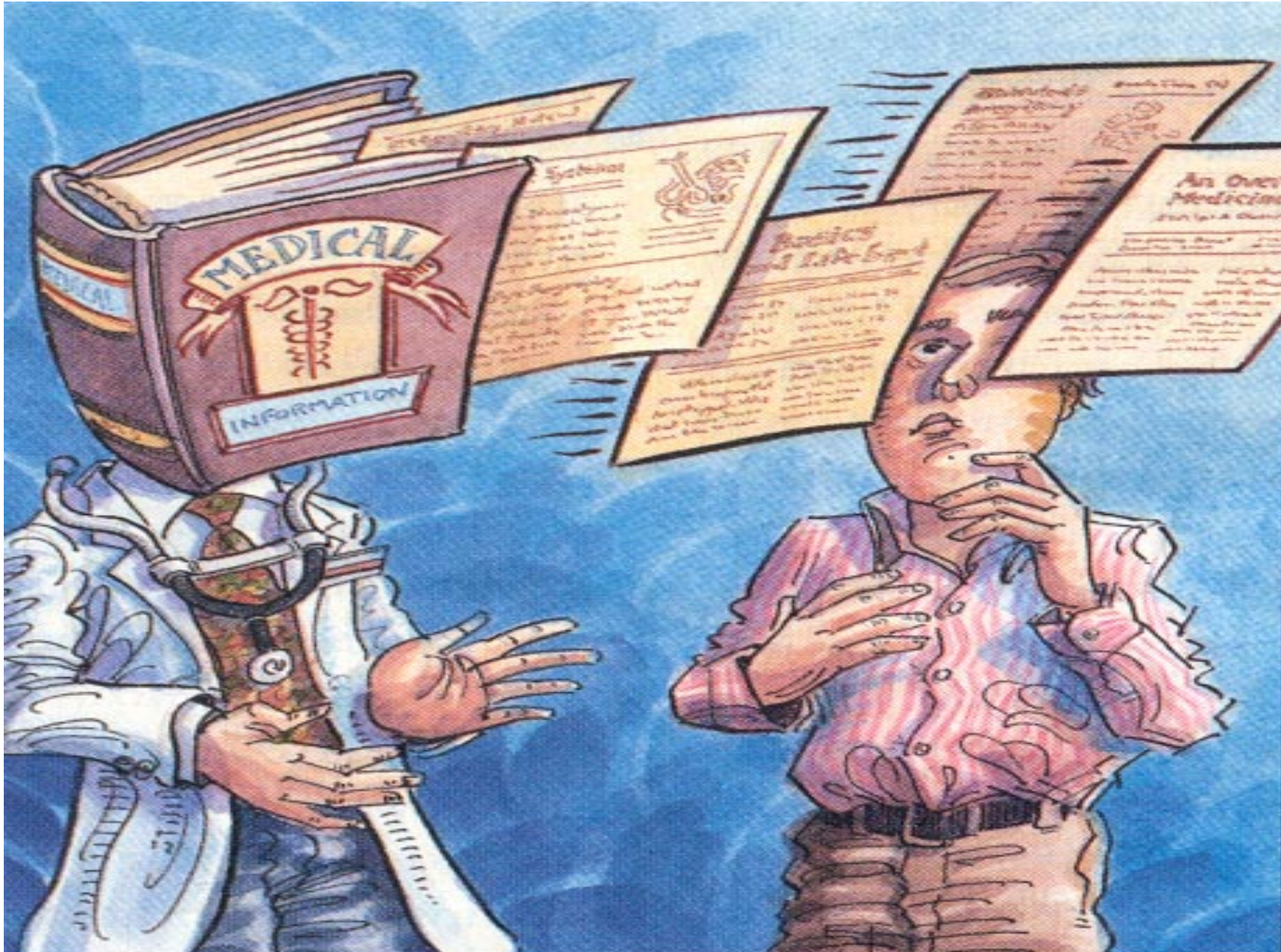
Rudd RE. The Health Literacy Environment Activity Packet: First Impressions & Walking Interview 2010

Rudd RE, Anderson JE. The Health Literacy Environment of Hospitals and Health Centers: Making your Healthcare Facility Literacy Friendly 2006

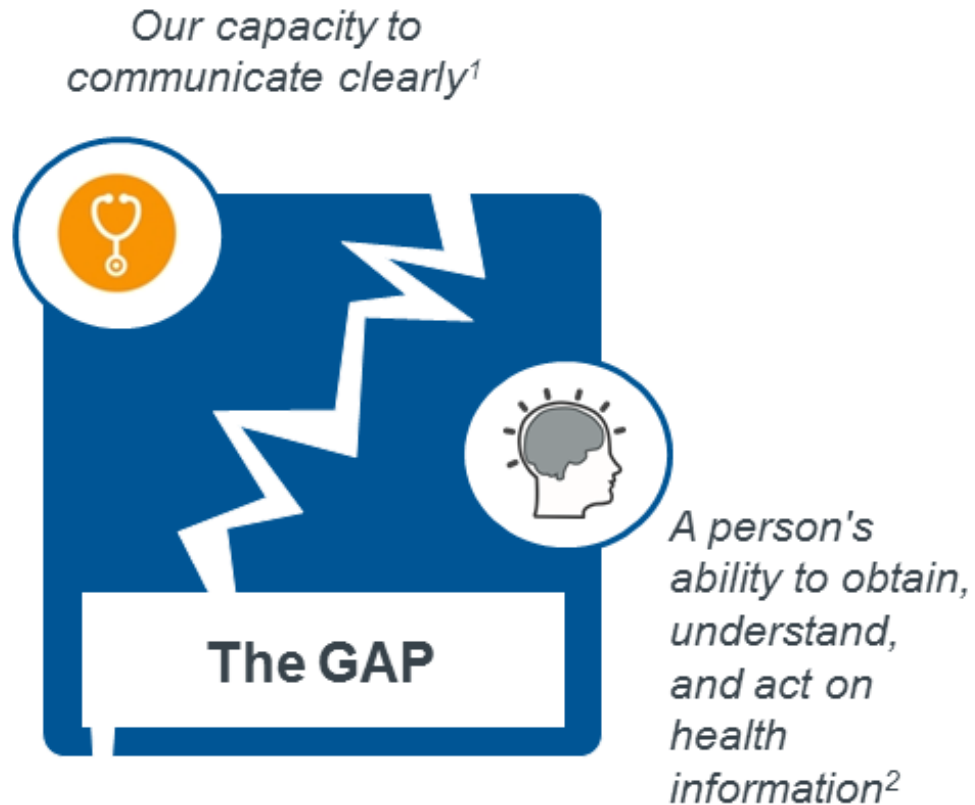
Provide Quality  
Patient Education



# Mismatched Communication



# If There is a Communication Gap, Patients May Not:



- Participate in shared decision-making
- Understand instructions
- Achieve desired outcomes
- Return for timely care



# Communicate Clearly

Individuals can't act on information they don't understand.

Communication takes many forms:

- Spoken
- Visual
- Written

# Limit the Amount of Information

- Humans do not integrate much of the information provided
- More information = less retention
- Focus on specific needs and knowledge gaps

# Language for Verbal Patient Education

# Plain Language

## Original Version

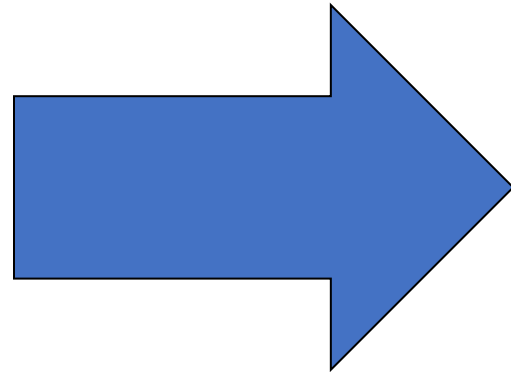
- The mammogram showed a nodule approximately 6 millimeters in diameter.

## Plain writing version

- The mammogram showed a lump about the size of a pea.

# Examples of Plain Language

- Annually
- Topically
- Eligible
- Fertility
- Hypertension
- Dermatologist



- Yearly or every year
- On the skin
- Able to get
- Ability to get pregnant
- High blood pressure
- Skin doctor

# Use Natural Frequencies And Common Denominators

“If a woman switches from the pill to an IUD her chance of unintended pregnancy is reduced from 9 in 100 to  $<1$  in 100”



“If 1000 women have unprotected sex for a year, 850 of them will get pregnant as opposed to none or maybe one out of 1000 using an implant”

Not:  
“<1 % failure”



## Limit Content and Slow Down

- Limit information to 3-5 key points per visit
- Focus on “Need to Know” and “Need to Do”
- Breakdown complex information
- Repeat content

*Slow down and try to use the person's own words*



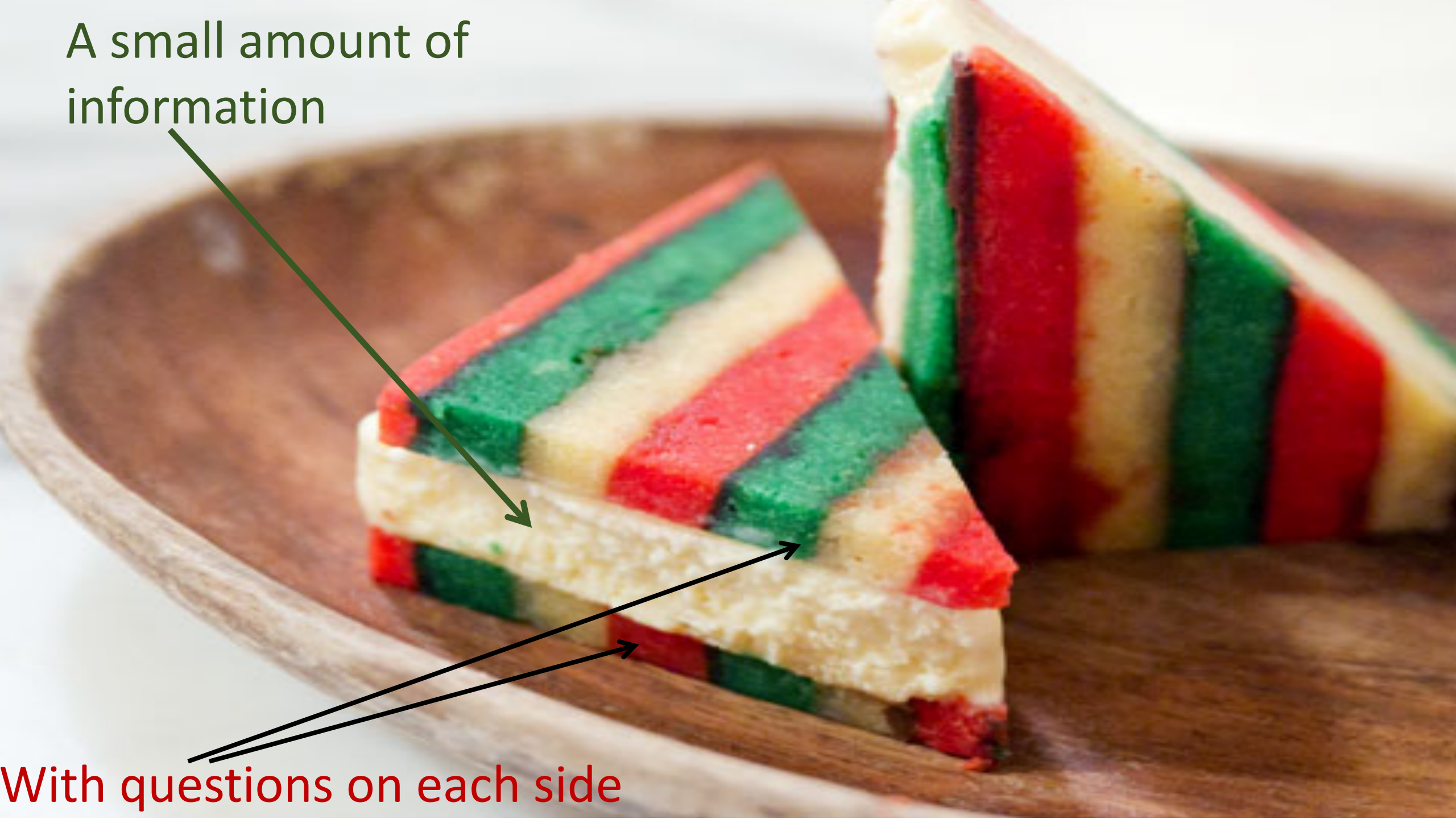
# Misconceptions

- All contraception is equally effective
- Underestimate their fertility
  - Pregnancy confirms fertility
  - No need for effective contraception
- Pregnancy is safer than contraception

# Information Sandwich

- Sandwich the *one piece* of information you want to give between questions
- Following information with a question requires the patient to interact with the information
  - Understand...remember... **integrate**

A small amount of  
information



With questions on each side

# Questions

- How would that be for you?
- Knowing that, how would it be for you...?
- Has it ever happened before?
- How did you manage it?
- Do you have a sense of how you would manage it?

**Q:** “How would it be for you if you didn’t get your period while you are using the implant?”

**A:** “That would not be good”

**Q:** “What is it about not getting your period that concerns you?”

**A:** “My mom said it’s not healthy not to get my period”

**The YES:** “*Your mother is completely right, when you are not on contraceptive hormones it is important to get you period every month, it’s great that you know that...*

**The Science:** Interestingly, if a woman *is* using contraceptive hormones it keeps her uterus very healthy and thin. It actually prevents cancer of the uterus”

**Question:** “Knowing that, how would it be for you not getting periods?”

# Visual and Tactile Aids

- Demonstrate/draw pictures
- Clearly written education materials
- Illustrations
- 3-D models







Really, really well

Works, hassle-free, for up to...



The Implant  
(Nexplanon)

3 years



IUD  
(Skyla)

3 years



IUD  
(Mirena)

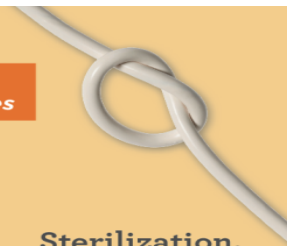
5 years



IUD  
(ParaGard)

12 years

No  
hormones



Sterilization,  
for men and women

Forever



Less than 1 in 100 women



Okay

For it to work best, use it...



The Pill

Every. Single. Day.



The Patch

Every week



The Ring

Every month



The Shot  
(Depo-Provera)

Every 3 months



6-9 in 100 women,  
depending on method



Not so well

For each of these methods to work, you or your partner have to use it every single time you have sex.



Withdrawal



Diaphragm



Fertility  
Awareness



Condoms,  
for men and women

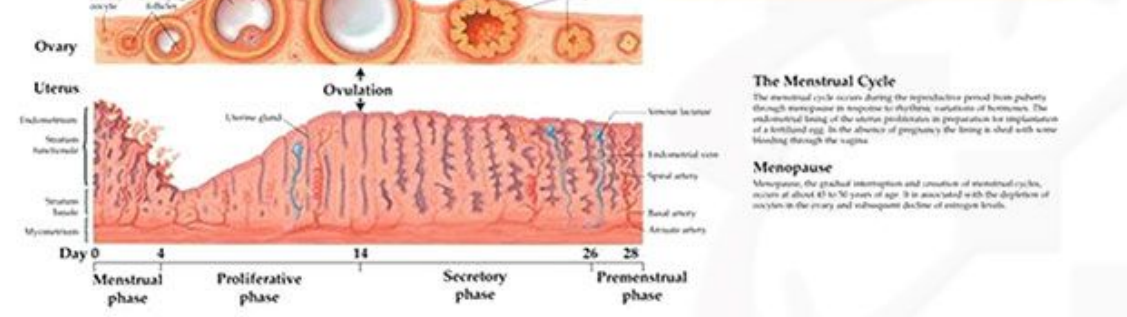
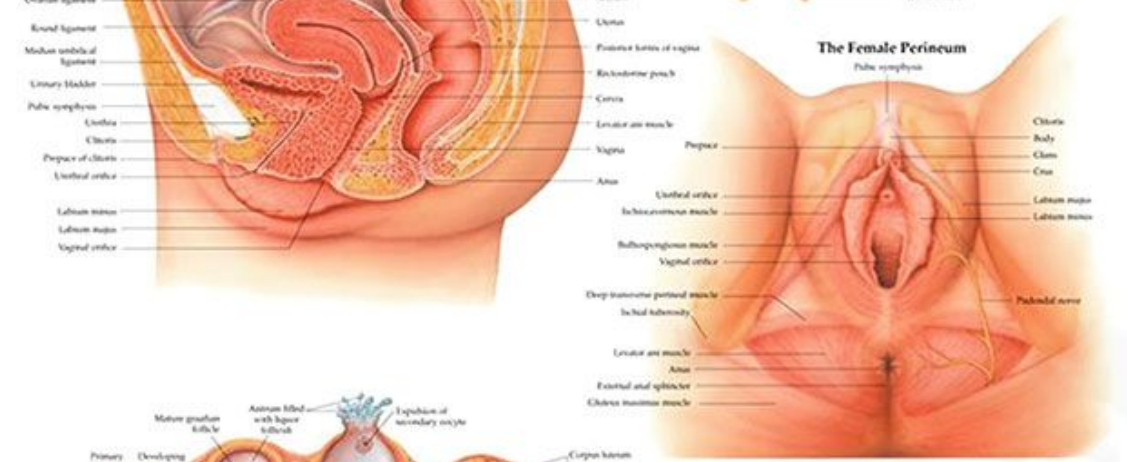
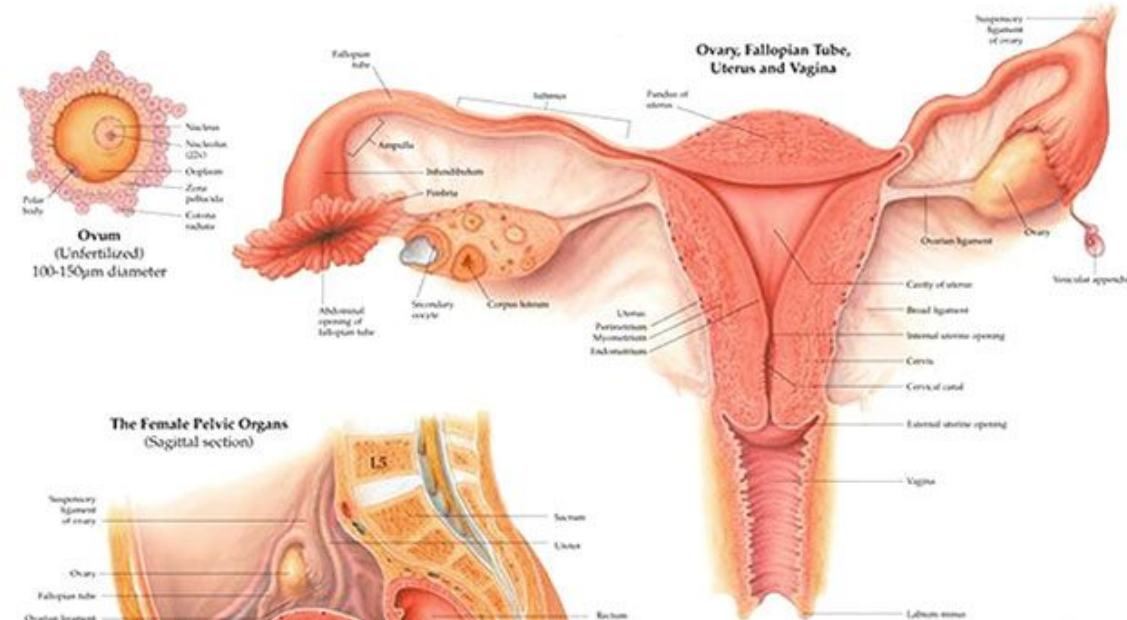
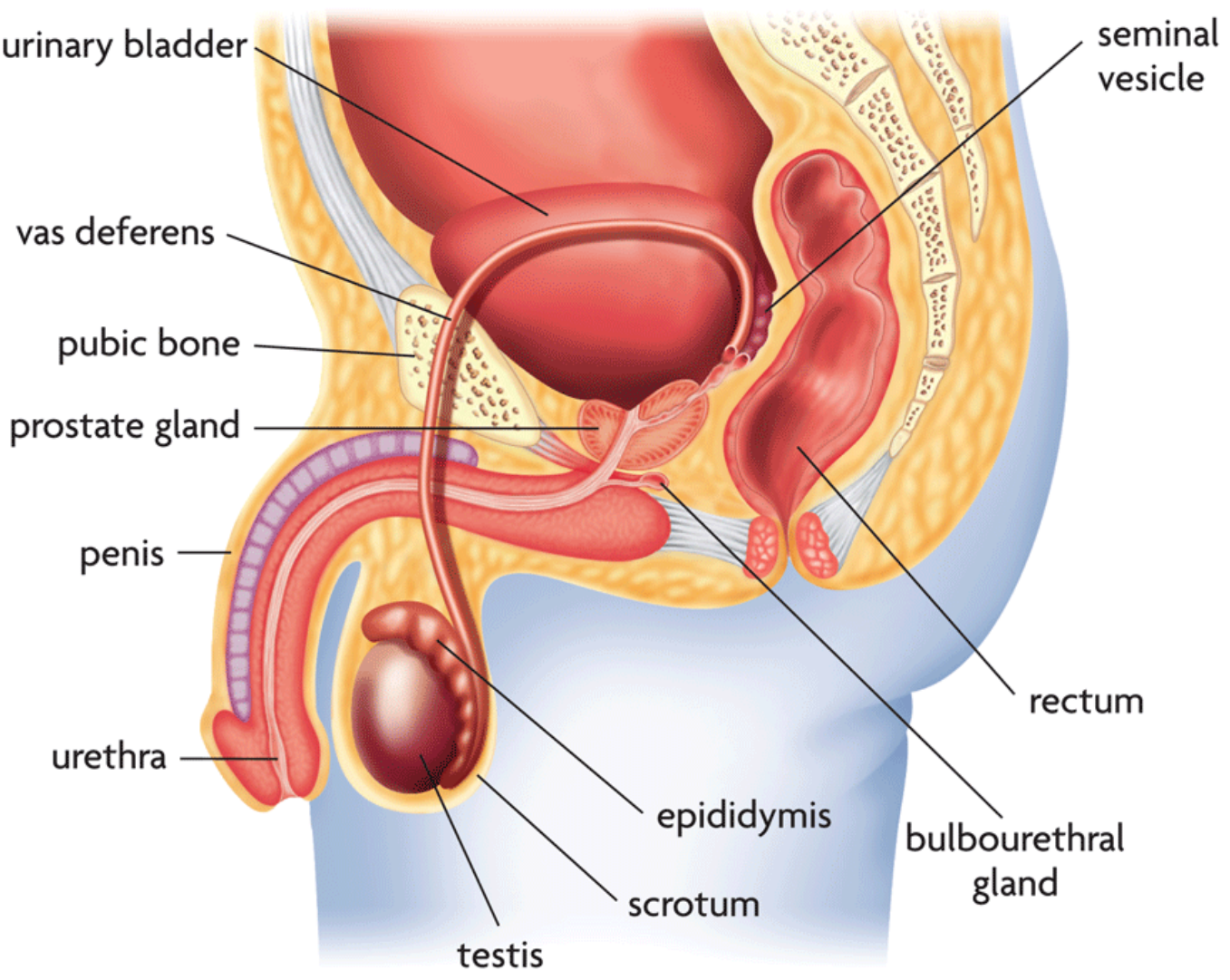
Needed  
for STI  
protection

Use with  
any other  
method



12-24 in 100 women,



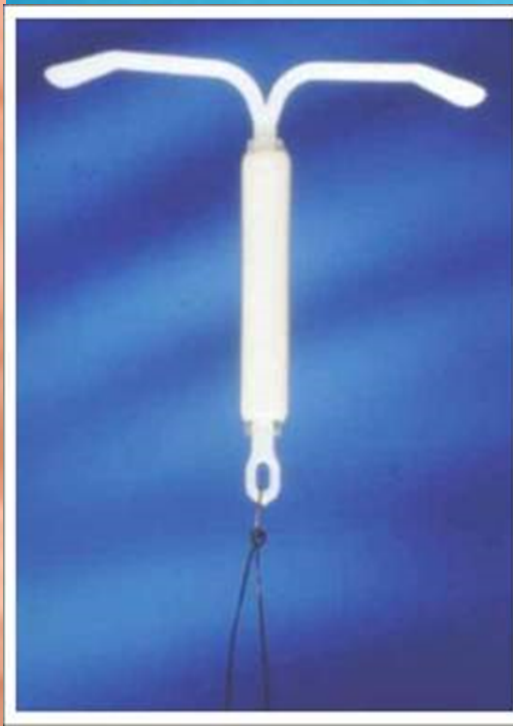
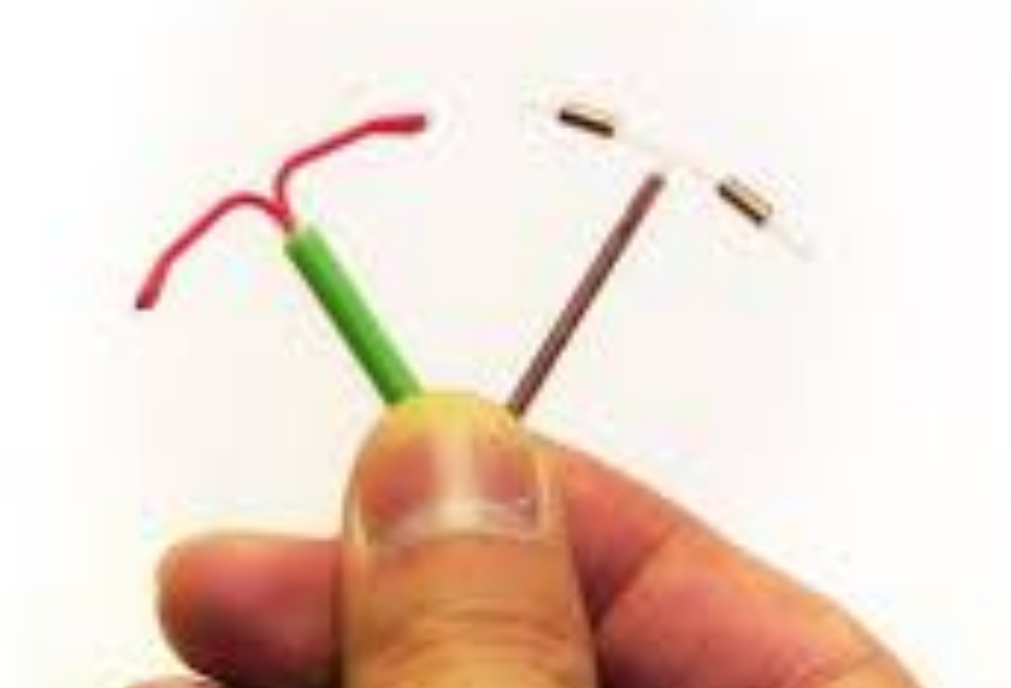


# Demo Unit IUDs and Implant

Give them the unit to hold, feel and play with while discussing the method

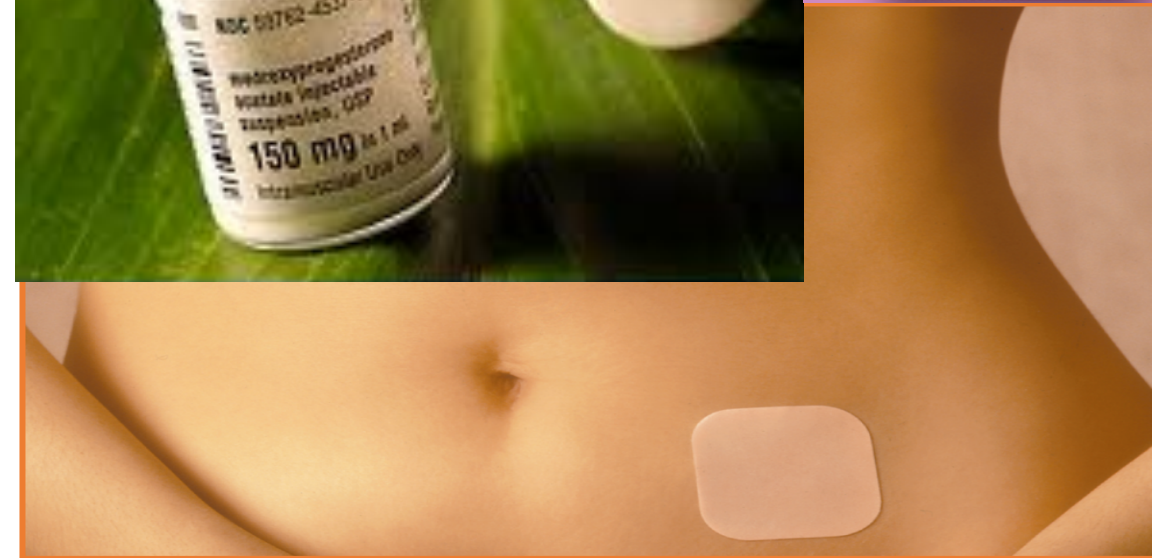
- how to feel the threads
- what the plastic feels like if it is expelling







# Second Tier Combined Hormonal Contraceptives



# Improve Written Communication

## Assess Current Materials

Are they easy to understand?

- Train a staff member to review materials
- Get input from the intended audience

# Choose Or Make Better Material

- Refer to trusted online sites (new sources, assessment tools)
- Provide materials in languages
- Streamline forms
- Include health care consumers in choosing or making materials
- Consult on legal issues
- Obtain approval (eg, materials in EHRs)

# Message Content Construction

- Limit to 1 or 2 key objectives
- Limit content to “need to know” and “need to do”
- Use plain language
- Ensure content is culturally sensitive and age appropriate

# Text Construction

- Write at or below a 6<sup>th</sup> grade level
- Use 1- or 2-syllable words
- Use short paragraphs
- Use active voice
- Avoid all but the most simple tables and graphs



# Layout and Design

## Facilitate Reading and Comprehension

- Give the most important message first
- Leave a lot of white space
- Break up text with bullets
- Use visuals wisely
- Use 12- to 14-point font
- Limit the use of symbols

# Teach Back

1. Give small chunks of information
2. Then ask the person to teach back
3. Assess learning
4. Clarify as needed

“Just to be sure...”

“We’ve just gone over a ton of information and I’d like to be sure I was as clear as I would like to be...”

“Just to be sure I didn’t forget to tell you something...”

“Health insurance information can be very confusing...”

“I didn’t explain the warning signs you should look for very well. Can I try again?”

# Encourage Questions



- An important way to engage patients
- Promotes patient safety and better health outcomes



# “What questions do you have?”

We covered a lot of information. What do we need to go over again?

**Do you understand?**

**Do you have any questions?**



# Use Body Language That Invites Questions

- Sit at the same level as the patient
- Look at patients when talking *and* listening
- Don't appear rushed

# Operationalize Questions

- Ask for questions several times during an office visit
- Remind patients to bring in questions
- Encourage patients to ask questions in other health care settings
- Encourage all staff to invite questions

# Confirm Understanding

- Everyone, no matter how educated, is at risk for misunderstanding health information.
- Patients don't always recall health health information correctly.
- Patients may believe they have understood directions or may be too embarrassed to ask questions to confirm their understanding



Thank you!





Questions?



- AHRQ's Pharmacy Health Literacy Center
- CDC's Health Literacy Web site
- Culture, Language and Health Literacy
  - Available at the US Department of Health and Human Services Health Resources and Services Administration
- Health Literacy and America's Health Insurance Plans
  - Available at America's Health Insurance Plans (AHIP) Web site
- National Action Plan to Improve Health Literacy
- PlainLanguage.gov
- Universal Health Literacy Precautions Toolkit (available at AHRQ)
- Key publications
  - Health Literacy: A Prescription to End Confusion<sup>1</sup>
  - Ten Attributes of Health Literate Health Care Organizations<sup>2</sup>

# The Health Literacy Environment Activity Packet

<https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf>

<https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/healthliteracyenvironment.pdf>

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.pdf>

# References

- Agency for Health Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit 2<sup>nd</sup> Edition 2015
- Becker, D., M. A. Koenig, Y. M. Kim, K. Cardona and F. L. Sonenstein (2007). "The quality of family planning services in the United States: findings from a literature review." Perspect Sex Reprod Health **39**(4): 206-215.
- Becker, D. and A. O. Tsui (2008). "Reproductive health service preferences and perceptions of quality among low-income women: racial, ethnic and language group differences." Perspect Sex Reprod Health **40**(4): 202-211.
- Borrero, S., E. B. Schwarz, M. Creinin and S. Ibrahim (2009). "The impact of race and ethnicity on receipt of family planning services in the United States." J Womens Health (Larchmt) **18**(1): 91-96.
- Brach C et al. J Gen Intern Med. 2014;29:273-5
- Carvajal, D. N., D. Gioia, E. R. Mudafort, P. B. Brown and B. Barnett (2017). "How can Primary Care Physicians Best Support Contraceptive Decision Making? A Qualitative Study Exploring the Perspectives of Baltimore Latinas." Women's Health Issues **27**(2): 158-166.

# References

- Centers for Disease Control and Prevention (CDC). Simply Put 3<sup>rd</sup> edition Office of the Associate Director for Communication. 2009
- Craig, A. D., C. Dehlendorf, S. Borrero, C. C. Harper and C. H. Rocca (2014). "Exploring young adults' contraceptive knowledge and attitudes: disparities by race/ethnicity and age." Womens Health Issues **24**(3): e281-289.
- Dehlendorf, C., J. Fitzpatrick, J. Steinauer, L. Swiader, K. Grumbach, C. Hall and M. Kuppermann (2017). "Development and field testing of a decision support tool to facilitate shared decision making in contraceptive counseling." Patient Educ Couns.
- Dehlendorf, C., C. Krajewski and S. Borrero (2014). "Contraceptive counseling: best practices to ensure quality communication and enable effective contraceptive use." Clin Obstet Gynecol **57**(4): 659-673.
- Dehlendorf, C., M. I. Rodriguez, K. Levy, S. Borrero and J. Steinauer (2010). "Disparities in family planning." Am J Obstet Gynecol **202**(3): 214-220.
- Doyle, C., L. Lennox and D. Bell (2013). "A systematic review of evidence on the links between patient experience and clinical safety and effectiveness." BMJ Open **3**(1).

# References

- Eisenberg, D. L., G. M. Secura, T. E. Madden, J. E. Allsworth, Q. Zhao and J. F. Peipert (2012). "Knowledge of contraceptive effectiveness." Am J Obstet Gynecol **206**(6): 479 e471-479.
- Garbers, S., A. Meserve, M. Kottke, R. Hatcher and M. A. Chiasson (2012). "Tailored health messaging improves contraceptive continuation and adherence: results from a randomized controlled trial." Contraception **86**(5): 536-542.
- Jansen J et al. J Clin Oncol. 2008;26:5450-7.
- Kutner M et al. *The Health Literacy of America's Adults*. US Department of Education, Institute of Education Sciences, National Center for Education Statistics; 2003.
- Levy, K., A. M. Minnis, M. Lahiff, J. Schmittdiel and C. Dehlendorf (2015). "Bringing patients' social context into the examination room: an investigation of the discussion of social influence during contraceptive counseling." Womens Health Issues **25**(1): 13-21.
- Lopez, L. M., M. Steiner, D. A. Grimes, D. Hilgenberg and K. F. Schulz (2013). "Strategies for communicating contraceptive effectiveness." Cochrane Database Syst Rev(4): Cd006964.
- McCarthy DM et al (2102) What did the doctor say? Health literacy and recall of medical instructions. Med Care (50)277-82



# References

- National Institutes of Health. Clear Communication: Making Health Communications Programs Work <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication>
- <https://www.cancer.gov/publications/health-communication/pink-book.pdf>
- Rudd RE. The Health Literacy Environment Activity Packet: First Impressions & Walking Interview 2010
- Rudd RE, Anderson JE. The Health Literacy Environment of Hospitals and Health Centers: Making your Healthcare Facility Literacy Friendly 2006
- Steiner, M. J., J. Trussell, N. Mehta, S. Condon, S. Subramaniam and D. Bourne (2006). "Communicating contraceptive effectiveness: A randomized controlled trial to inform a World Health Organization family planning handbook." Am J Obstet Gynecol **195**(1): 85-91.
- Tang, J. H., R. C. Dominik, M. L. Zerden, S. B. Verbiest, S. C. Brody and G. S. Stuart (2014). "Effect of an educational script on postpartum contraceptive use: a randomized controlled trial." Contraception **90**(2): 162-167.
- Ten attributes of health literate health care organizations 2012 National Academy of Sciences

# References

- US Department of Health and Human Services. *Quick Guide to Health Literacy*. US Department of Health and Human Services; 2015.
- US Department of Health and Human Services. *National Action Plan to Improve Health Literacy*. US Department of Health and Human Services; 2011.
- Weiss BD. Health Literacy and Patient Safety: Help Patients Understand. American Medical Association 2007