

HEALTH LITERACY- WHY IS IT IMPORTANT TO YOU?



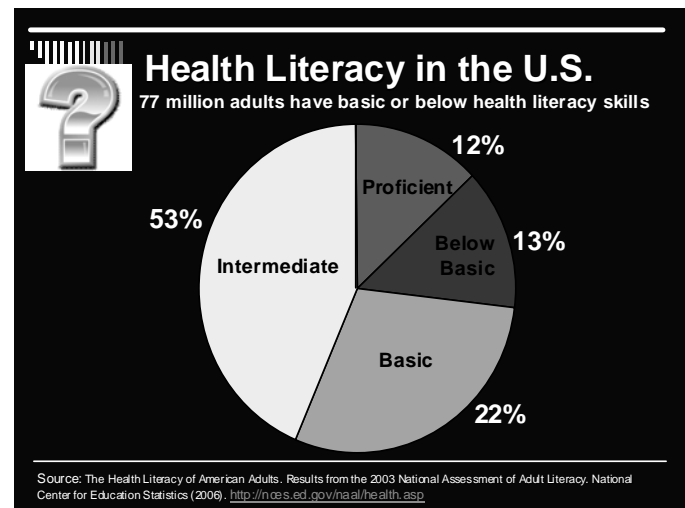
http://classes.kumc.edu/general/amaliteracy/AMA_NEW3.swf

Why is Health Literacy Important? Low Health Literacy is linked to.....

- Under-utilization of services
- Increased medication errors
- Poor knowledge about health
- Increased hospitalizations
- Poor health outcomes
- Increased healthcare costs

How is Information Critical to Health Literacy? Health information is key to...

- Patient and provider communication
- Shared health care decision making
- Understanding and following directions
- Recognizing when to seek care
- Learning and adopting healthy behaviors



Health Information and the Internet

- 80% of Internet users search for health information
- 75% rarely or never check the source and date
- 72% express trust in most or all information found online

Strategies to Improve Health Literacy

- Use “living room” language
- Limit information (3 to 5 key points)
- Use easy to read print materials
- Use Information Rx
- Address culture and language needs

ASK.. HOW HAPPY ARE YOU WITH HOW YOU READ?

Overcoming barriers There are many ways perioperative nurses can overcome the barriers to health literacy and ensure diverse patients understand the care they receive

By [Kimberly Retzlaff](#)
Editor, *AORN Journal*

Health literacy is a complex topic and includes much more than reading proficiency. Simply put, health literacy is a person's ability to obtain, use and understand information about their health care. In addition to reading comprehension, health literacy encompasses English proficiency and cultural beliefs. The Joint Commission has been researching how language and culture play into health literacy and has begun incorporating these ideas into accreditation requirements to decrease ethnic disparities in health care.

Preoperative discussions with patients and their family



members are a key aspect of promoting health literacy and may be reinforced by providing written materials, using visual aids or employing methods such as teach-back.

Photo courtesy of The Children's Hospital, Denver.

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Educating patients based on their personal learning styles, cultural beliefs, and language abilities not only will help health care facilities meet these upcoming requirements, but also will help ensure overall positive surgical experiences and outcomes for patients.

Patient education

Estimates from The Joint Commission indicate there are **90 million Americans with low health literacy**. Moreover, however, people who are health literate may have trouble understanding health care information when they feel vulnerable or are challenged by illness, according to the February 2007 Joint Commission report, *What Did the Doctor Say*.

The surgical arena is particularly important for ensuring that patients understand the health care they receive, "particularly in advance of a procedure in terms of consent and patients really understanding what they're consenting to," said Amy Wilson-Stronks, MPP, a project director in the Division of Standards and Survey Methods at The Joint Commission and lead investigator of the agency's ongoing study, *Hospitals, Language, and Culture*.

To assist nurses with educating their patients on specific procedures, the *AORN Journal* now contains patient education sheets. These sheets cover talking points, including an overview of the condition, treatment options, a description of the procedure, postoperative care and possible complications that require a return trip to the physician.

“Nurses historically have seen patient education as an important part of their role,” said Patricia C. Seifert, RN, MSN, CNOR, CRNFA, FAAN, editor-in-chief of the *AORN Journal*. “It occurred to me that, particularly for patients undergoing operative and other invasive procedures where surgery is still a very mysterious kind of place, that it would help our patients to institute a patient education page in association with the clinical articles that are published with the *AORN Journal*. . . . This not only helps the patient, but it truly enhances the role of the perioperative nurse by demonstrating the nurse’s educational skills.”

Lost in translation

In addition to providing written materials, perioperative nurses may need to spend a little bit of extra time and use more creative ways to present patient education information, especially if the patient is not proficient in English, Wilson-Stronks said. She suggested using videos, visual aids, diagrams, demonstration and repeat demonstration, and teach-back to not only enhance the patient’s understanding but also to engage the patient in his or her health care and promote trust in the health care provider.

“Encouraging patients’ active involvement in their own care is a patient safety strategy,” said Kathleen Reeves, MS, LPC, director of family services at The Children’s Hospital, Denver, during *Comply with the Language Services Federal Mandate: Improve Quality Care and Patient Flow*, an Aug. 13 webinar hosted by the American Hospital Association (AHA). “If we want to be equal partners with our patients and families, we need to work in the language that they prefer.”

Providing interpretation services can be tricky, Reeves cautioned, because of the clinical and sensitive nature of the conversations that occur in healthcare facilities. At her facility, bilingual staff members are trained to do medical interpretation and only permitted to interpret in their work areas because “there’s a big difference in doing interpretation in the emergency department versus an oncology floor,” she explained.

Sometimes patients want to have a family member act as their interpreter, Reeves said, but her facility has a policy that requires one of their interpreters to be in the room as well. This ensures the accuracy of the interpretation.

Cultural competence

The Joint Commission has been conducting research on language and cultural competence to determine how it affects health care. They conducted site visits at 60 hospitals across the United States as part of the Hospitals, Language, and Culture project. The data collection is complete, but analysis continues, Wilson-Stronks said, and several reports are expected to be published by the end of 2009. These reports will discuss racial and ethnic health care disparities, and the findings will be used to revise The Joint Commission accreditation standards.

To address cultural beliefs, The Joint Commission recommends asking open-ended questions to allow patients to express their questions and concerns about the health care that they are receiving. Wilson-Stronks said healthcare providers also may find it useful to educate themselves on some of the belief systems of their particular patient populations. But being culturally competent requires sensitivity, as well, and practitioners should be careful not to stereotype patients.

“Cultural competence does not mean that a provider or doctor or nurse needs to know and be knowledgeable about every culturally based or religiously based belief,” Wilson-Stronks said. “What it does mean is that you are open to recognizing that peoples’ beliefs may be different from our own and some of these beliefs can influence how [patients] understand their health.”

In July, The Joint Commission posted 22 proposed new requirements on its Web site that represent either a new standard or revised elements of performance, Wilson-Stronks said. She added that the agency expects to release which standards have been adopted in January 2010 with implementation expected no earlier than January 2011.

The new and revised requirements are intended to help healthcare providers really understand what their patients need and ensure that resources are available to meet those needs, Wilson-Stronks explained. “Keep in mind that what the patient needs is also what the provider needs—going back to that common goal of positive patient outcomes,” she added. “This is a continuous process and it requires ongoing commitment to the issues.”

Wilson-Stronks recommended healthcare providers assess their patient populations and their needs, look at organizational needs and resources, and create a plan. Then put that plan in place and continue to assess because the patient population may change or the organization’s structure may change.

Regardless of when the new requirements are implemented for accreditation, this is something that organizations should think about now, Wilson-Stronks advised. “Organizations that are thinking about this and are making it part of business strategy are the ones that probably will provide the best care and probably will be the least impacted by having new recommendations to implement.”

Additional Resources

One Size Does Not Fit All: www.jointcommission.org/PatientSafety/HLC

What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety:

www.jointcommission.org/PublicPolicy/health_literacy.htm

AHRQ Patient Safety Culture tests: www.ahrq.gov/qual/patientsafetvculture

Patient education sheet in "The Endovascular Approach to Abdominal Aortic Aneurysm Repair," February 2009, *AORN*

Journal: aorn.org/AORNjournal

Read more news in [AORN Connections](#).



Why Does An Ice Cream Label Work As A Predictor Of The Ability To Understand Medical Instructions?

A patient's ability to read and analyze any kind of nutrition label requires the same analytical and conceptual skills that are needed to understand and follow a provider's medical instructions. The skills, which are known as *health literacy*, are defined as the understanding and application of words (**Prose**), numbers (**Numeracy**), and forms (**Documents**).

The use of an ice cream label is especially relevant as recent research in the *American Journal of Preventive Medicine* (November 2006) has shown that poor comprehension of food labels correlated highly with low-level literacy and numeracy skills. However, the study found that even patients with better reading skills could have difficulties interpreting the labels.

Whether reading a food label or following medical instructions, patients need to:

- Remember numbers and make mathematical calculations.
- Identify and be mindful of different ingredients that could be potentially harmful to them.
- Make decisions about their actions based on the given information.

PROSE LITERACY:

Clinical example: The patient has scheduled some blood tests and is instructed in writing to fast the night before the tests. The skill needed to follow this instruction is **Prose Literacy**.

Ice cream label example: The patient needs this skill to read the label and determine if he can eat the ice cream if he is allergic to peanuts.

NUMERACY:

Clinical example: A patient is given a prescription for a new medication that needs to be taken at a certain dosage twice a day. The skill needed to take the medication properly is **Numeracy**.

Ice cream label example: The patient needs this same skill to calculate how many calories are in a serving of ice cream.

DOCUMENT LITERACY:

Clinical example: The patient is told to buy a glucose meter and use it 30 minutes before each meal and before going to bed. If the number is higher than 200, he should call the office. The skill needed to follow this instruction is **Document Literacy**.

Ice cream label example: The patient needs this skill to identify the amount of saturated fat in a serving of ice cream and how it will affect his daily diet if he doesn't eat it.

Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT: This information is on the back of a container of a pint of ice cream.

1. If you eat the entire container, how many calories will you eat?

Answer: *1,000 is the only correct answer*

2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

Answer: *Any of the following is correct: 1 cup (or any amount up to 1 cup), Half the container Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl."*

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g 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?

Answer: *33 is the only correct answer*

4. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Answer: *10% is the only correct answer*

READ TO SUBJECT: Pretend that you are allergic to the following substances: Penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream?

Answer: *No*

6. (Ask only if the patient responds "no" to question 5): Why not?

Answer: *Because it has peanut oil.*

ANSWER CORRECT?

yes	no

Interpretation

Score of 0-1 suggests high likelihood (50% or more) of limited literacy
 Score of 2-3 indicates the possibility of limited literacy.
 Score of 4-6 almost always indicates adequate literacy.

Number of correct answers:

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Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving

Calories 250 Fat Cal 120

%DV

Total Fat 13g 20%

Sat Fat 9g 40%

Cholesterol 28mg 12%

Sodium 55mg 2%

Total Carbohydrate 30g 12%

Dietary Fiber 2g

Sugars 23g

Protein 4g 8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Provide a Health Context for Numbers and Mathematical Concepts

- Health measurements, such as cholesterol or glucose levels, have little meaning to patients unless you put them into a context the patient can understand.
 - > Instead of just telling patients their numbers, give them additional information such as high and low parameters or a goal number. For example, “Your cholesterol level is 305. A healthy cholesterol level would be less than 200, so we need to talk about how we can lower your number...”

Take a Pause

- Medical instructions can be confusing, so slow down and take pauses to give your patient time to digest the information and ask for clarification.

Be an Active Listener

- Active listening means encouraging patients to talk and can be used to gather information.
 - > Allow your patients to tell their story or information they feel is necessary for their visit.

Address Quizzical Looks

- You may notice that your patient sometimes may look confused, stare blankly, or may not seem to be paying attention when you are discussing medical instructions. These may be signs that the patient does not understand what you are explaining.
 - > Rephrase your instructions by using simpler words and concepts, and draw pictures if appropriate. Remember to use the “Teach Back” method to ensure that your patients understand and can communicate what they are going to do when they leave your office.

Create a Welcoming and Supportive Environment

- Patients are most comfortable in an office that feels private and encourages communication.
 - > From the registration desk to the exam room, patients should be encouraged to ask questions. Discussions with the patient, whether it be with you or the nurse, should not be held in front of other staff or patients, but rather covered during his or her private consultation time.

Help Your Patients Succeed

Tips for Improving Communication with Your Patients





Simple and Fast Techniques to Help Your Patients Succeed

Did you know that most patients forget up to 80% of what their doctor tells them as soon as they leave the office, and nearly 50% of what they do remember is recalled incorrectly?

By using clear health communication techniques, you can help your patients to better understand their condition and follow your instructions for better health outcomes.

Help Patients Remember Your Instructions With the “Teach Back” Method

- The “Teach Back” Method is simply asking your patients to repeat *in their own words* what they need to do when they leave your office. This method allows you to check your patient’s understanding of your medical instructions.
- You do not want your patients to view the Teach Back task as a test, but rather how well you explained the concept. You can place the responsibility on yourself by using this suggested language:
“I want to be sure that I did a good job explaining your blood pressure medications, because this can be confusing. Can you tell me what changes we decided to make and how you will now take the medications?”
- If your patient is not able to repeat the information accurately, try to rephrase the information, rather than just repeat it. Then, ask the patient to repeat the instructions again until you feel comfortable that the patient really understands the information.



What Else Can You Do to Increase Your Patients’ Understanding?

Use Visual Aids and Illustrations

- Many people remember information better when it is presented to them visually. You can draw simple pictures or diagrams to help explain your instructions.

Beware of Words With Multiple Meanings

- Always clarify the meaning of words that can be interpreted in more than one way.
 - > “Stool,” “gait” and “dressing” are words that can have different meanings depending on how they are used in a sentence. When possible, try to use words that have only one meaning, or be sure to clarify the meaning of a confusing word.

Avoid Acronyms and Other New Words

- Acronyms such as “CAT scan” and “HDL” are common to you, but some of your patients may not understand them.
 - > Say or write the complete phrase the first time you use it, then explain the meaning. For example, you can explain that “HDL” means “the good cholesterol.”

Use Idioms Carefully

- When possible, you should try to avoid using idioms unless you’re sure the patient understands the meaning.
 - > For example, instead of asking “I understand that you’ve been feeling blue,” a better choice of words would be “I understand that you’ve been feeling sad lately.”