

State of Maryland

Department of Health and Mental Hygiene



Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

John M. Colmers, Secretary

Overview of Health Literacy

Orientation for New Employees

Ahmed Elmi, MPH, CHES

Cigarette Restitution Funds Programs Unit
Center for Center Surveillance and Control

Training Goals

- Provide an overview of health literacy and approaches to working with individuals with low literacy skills
- Highlight challenges and strategies to increase CRC screening

Health Literacy:
Building an Individual's Capacity to
Obtain, Process, and Understand
CRC Information



Health Literacy: A Major Barrier to Using Health Care Services

- Health literacy
 - Is the ability to *read, understand, and act* on health information (JAMA, 1999)
 - Occurs in health care setting vs. other settings for general literacy
 - Involves concepts & language used in health information and education
 - Is measured by using:
 - Rapid Estimate of Adult Literacy in Medicine (REALM) & Test of Functional Health Literacy in Adults (TOFHLA)

American Medical Association, Understanding Health Literacy, 2005 (AMA, 2005)



Adults with Limited Health Literacy Skills

- Are less likely to use preventive services and report poorer health status
- Are less knowledgeable of disease management and health-promoting behaviors
- Have higher rates of health services use
(AMA, 2005)
 - 29% more likely to be hospitalized
 - 69% more likely to be in hospital for 2 years

IOM, Health Literacy: A Prescription to End Confusion, 2004 (IOM, 2004)



Adults with Limited Literacy Skills

- Have higher health care costs
 - \$10,688 per year for people with limited literacy skills
 - \$2,891 per year for people with higher literacy skills
 - Excess health care cost is estimated to up to \$73 billion dollars per year due to excess health care costs

AMA, 2005



Fact Sheet: Health Literacy

- About 90 million have difficult understanding and acting on health information (IOM, 2004)
 - Worse among the elderly and people with poor health (JAMA, 1999)
 - 27% did not understand when the next appointment was scheduled.
 - 48% could not understand directions for taking medications
 - 60% could not understand a consent form.

Cleveland Clinic Journal Of Medicine, May 2002



Contributors to the Problem of Limited Health Literacy

- Medications (more medications and usage)
- Time
 - Providers spend less time with patients
- Patient self care
 - more personal responsibility and outpatient care
- Fragmentation of care
 - People seek care at multiple places resulting poor care coordination and communications
- Insurance and paper work

AMA, 2005



Working With Individuals Who Have Low Health Literacy



Practical Clues to Limited Literacy Include:

- Claim they have forgotten their reading glasses
- Bring family members with them
- Fill out intake forms incompletely or inaccurately
- May be ashamed to ask questions
- Prefer to receive health information in a verbal form as compared to written information

(D. Falvo, 1994)

Assessing Literacy

- The best method to assess the degree of literacy involves:
 - Being observant
 - Being alert to cues
 - Asking sensitive and direct questions
 - Establishing trusting and helping environment

(D. Falvo, 1994)

Working With Low-literacy Groups

- Principles of Adult Learning says people retain:
 - 10% of what they read
 - 20% of what they hear
 - 30% of what they see
 - 50% of what they hear and see
 - 70% of what they say
 - 90% of what they do and say

Working With Low-literacy Groups (cont.)

- Slow down
- Use short sentences
- Use “active voice”
 - Active voice: “You give your doctor this form,”
 - Passive voice: “This form is given to your doctor.”
- Give only essential information
- Use terms that are familiar to the individual
 - Gut vs. colon, bowels, intestines

Working With Low-literacy Groups (cont.)

- Use visuals
 - Use graphics and video to enhance the message, stimulate discussion, and emphasize a topic. (CDC)
- Repeat instructions
 - Use a "teach back" or "show me" approach to confirm understanding.
(Davis et.al., 2002)

Working With Low-literacy Groups: Moving Beyond the Brochure

- Brochures do not substitute for direct communication with the public
 - Public will take information more seriously if time is taken to point out major points
 - People should be told why they are being given the teaching aids & how they are to use them

(D. Falvo, 1994)

The next four slide lists recommendations
as written by American Medical Association
and American Medical Foundation

Checklist for patient-friendly office procedures

- Exhibit a general attitude of helpfulness.
- When scheduling appointments...
 - Have a person, not a machine, answer the phone.
 - Only collect necessary information.
 - Give directions to the office.
 - Help patients prepare for the visit. Ask them to bring in all their medications and a list of any questions they might have.

Removing barriers to better, safer care
Health literacy and patient safety: Help patients understand
Manual for Clinicians

American Medical Association Foundation and American Medical Association (2007)

Table 9. Checklist for patient-friendly office procedures

- Use clear and easy-to-follow signage.
- Ask staff to welcome patients with a general attitude of helpfulness.
- During office check-in procedures...
 - Provide assistance with completing forms.
 - Only collect essential information.
 - Provide forms in patient's language.
 - Provide forms in an easy-to-read format.

Removing barriers to better, safer care

Health literacy and patient safety: Help patients understand

Manual for Clinicians

American Medical Association Foundation and American Medical Association (2007)

Table 9. Checklist for patient-friendly office procedures

- When referring patients for tests, procedures, consultations...
 - Review the instructions.
 - Provide directions to the site of referral
 - Provide assistance with insurance issues.

Removing barriers to better, safer care

Health literacy and patient safety: Help patients understand

Manual for Clinicians

American Medical Association Foundation and American Medical Association (2007)

Table 9. Checklist for patient-friendly office procedures

- When providing patients with information...
 - Routinely review important instructions.
 - Provide handouts in an easy-to-read format.
 - Use non-written modalities.

Colorectal Cancer Screening Saves Lives!

THE
END

