

Health Literacy: What It Is, Why It Matters, How You Can Help

**Health Literacy Kickoff
SSCPP**

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Health Literacy: What It Is, Why It Matters

The definition of health literacy is evolving.

- Lately, the definition of health literacy is primarily focused on alignment of the demands and complexities of healthcare systems with the learning needs, interests, and abilities of patients and the public.
- Earlier definitions were framed more in terms of patients' communication deficits (especially reading problems) as seen in medical settings.
- My functional definition has always been that "Health literacy is a shared responsibility between patients (or anyone of the receiving end of health communication) and providers (or anyone on the giving end). Each must communicate in ways that the other can understand."



Health Literacy —When Patients and Providers Truly Understand One Another

Health literacy is valid, credible, and here to stay.

There are thousands of health literacy studies and nearly all make a compelling case why health literacy matters. The Agency for Healthcare Research and Quality (AHRQ) reviewed many of these studies. Their 2011 report is published in *AHRQ: Health Literacy Interventions and Outcomes Update*, <http://www.ahrq.gov/clinic/tp/lituptp.htm>

AHRQ's report concludes: "Differences in health literacy level were consistently associated with increased hospitalization, greater emergency care use, lower use of mammography, lower receipt of influenza vaccine, poorer ability to demonstrate taking medications appropriately, poorer ability to interpret labels and health messages and, among seniors, poorer overall health status and higher mortality."

Health Literacy: Who It Affects, and When

Factors that can affect an individual's learning and understanding

Literacy. Literacy is more than just the ability to read and write. In the 2013 *Programme for the International Assessment of Adult Competencies (PIAAC)*, literacy is defined as “understanding, evaluating, using, and engaging with written texts to participate in society, to achieve one’s goals, and to develop one’s knowledge and potential.” Literacy is needed for continuous text (sentences, paragraphs), non-continuous text (lists, graphs, maps, and forms), and multiple texts (such as string of email messages over time).

Age. Older adults, those who are 65 years and over, make up more than 13% of the US population. People in this age group may have additional difficulty learning due to limited literacy, disease, chronic illness, drug interactions, social changes, stress, or anxiety. Children and youth also need to learn about health in age-appropriate ways.

Disability. People with limited vision, hearing, or cognition may have less ways to receive and express information. When people gradually lose these skills, they may be unaware of their diminished abilities and unfamiliar with other ways of communicating.

Language. Language refers to the words we use. About 20% of the US population speaks a language other than English at home. It can take adults anywhere from two years to a lifetime to become fluent in a new language and have the skills needed for communicating and understanding complex “how” and “why” healthcare concepts.

Culture. Culture is the context in which people understand words. Culture includes people’s values, beliefs, and traditions. Even people from the same country or region may not share similar views when it comes to the culture of medicine.

Emotion. People may have difficulty listening and remembering when they are scared, anxious, overwhelmed, or in pain. Given the right set of circumstances, everyone can have trouble understanding health information.

Health literacy is needed throughout the continuum of care:

- **Wellness.** Includes modifying lifestyle choices, agreeing to routine screening exams.
- **Access.** Includes choosing a health plan, paying for care, and navigating to or within a healthcare facility
- **Illness.** Includes working with healthcare providers to understand new diagnoses, participate in treatment decisions, and follow medical instructions.
- **Self-care.** Includes managing chronic health conditions as well as assuming responsibility during transitions from one provider or level of care to the next.

Best Practices to Improve Health Understanding

Know your audience. This means knowing in general about issues related to literacy, language, culture, and age. It also means being sensitive to any disabilities or emotional considerations that may affect health understanding.

Create a welcoming and supportive environment. Whether you are communicating in person, in print, over the phone, or online, do so in ways that encourage thought and reasoned action. This includes setting a tone in which people can comfortably ask questions, disagree, and let you know when they don't understand.

Communicate in whatever ways work. People learn and communicate in a variety of ways. Beyond speaking and writing, consider strategies like sharing stories, using metaphors, or teaching with lots of pictures. Incorporate the principles of plain language in all your communication. This means using words that people already know, teaching ones they need to learn, and presenting information from the other person's point of view.

Confirm understanding. Communication is only effective when the other person understands. Confirm what people do and do not know. Rephrase, not just repeat, information when there are gaps or misunderstandings. Make sure, as well, that you truly understand what the other person is communicating to you.

Offer ways to learn more. You needn't communicate everything to everyone all at once. In fact, too much information can add to confusion. Instead, communicate what people need to know now and provide credible resources so they can later learn more.

Weigh the ethics of simplicity. Your role is to translate complex scientific and medical information into words and numbers that people can understand and use. This is hard to do, especially when information is ambiguous, conflicting, or overwhelming. Consider the implications of choices as you decide which information to leave in or omit.

Collaborate for good communication. Health literacy and good communication go beyond any one person, profession, program, or organization. Collaborate with your audience, colleagues, and community. Together, we can improve health understanding.

Build a health-literate organization. Make health literacy a part of all that you do. As mentioned in the Institute of Medicine's discussion paper, "Ten Attributes of Health Literate Health Care Organizations," consider health literacy in all your communication, ensure that health literacy is integral to your organization's mission, vision, and policies, and prepare your workforce to communicate in ways that others can understand.

Be a Health Literacy Hero. Simply knowing about health literacy problems is not sufficient. Consider ways that you can, and will, take action to ensure that patients, families, caregivers, and the public can truly understand health information.

Ways To Learn More About Health Literacy

- AHRQ. *Health Literacy Universal Precautions Toolkit, 2nd Edition*. At <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/>
- AHRQ, *Questions are the Answer*. <http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/>
- AskMe3, <http://www.npsf.org/?page=askme3>
- Brach C, Keller D, Hernandez LM, Baur C, et al (June 2012). “Ten Attributes of Health Literate Health Care Organizations,” *IOM Discussion Paper*. Available at http://iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf
- *CDC Clear Communication Index*. At <http://www.cdc.gov/ccindex/index.html>
- CDC. *Simply Put: A guide for creating easy-to-understand materials*. At http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf
- Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services. 2010. *Toolkit for Making Written Material Clear and Effective*. Available at <http://www.cms.gov/WrittenMaterialsToolkit/>.
- Doak C, Doak L, and Root J, 1996. *Teaching Patients with Low Literacy Skills*. J.B.Lippincott Company. Out of print but available free online, <http://www.hsph.harvard.edu/healthliteracy/resources/teaching-patients-with-low-literacy-skills/>
- Fadiman, A (1997). *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. The Noonday Press.
- Health Literacy Consulting. Includes full text of Helen Osborne’s articles, tips, links, and a free “What’s New” monthly e-newsletter. www.healthliteracy.com
- *Health Literacy Discussion List*. Hosted by Institute for Healthcare Advancement, moderated by Julie McKinney. Subscribe for free, <http://listserv.ihahhealthliteracy.org/>
- *Health Literacy Out Loud* podcast interviews, www.healthliteracyoutloud.org
- Osborne H (2011). *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message, Second Edition*. Burlington, MA: Jones & Bartlett Learning.
- *Patient Education Materials Assessment Tool (PEMAT) and User’s Guide*. From AHRQ, at www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html

About Helen Osborne

Recognized as an expert in health literacy, Helen Osborne M.Ed., OTR/L helps others communicate health information in ways that patients and the public can understand. Helen is president of Health Literacy Consulting, founder of Health Literacy Month, and host of the podcast interview series, “Health Literacy Out Loud.” Helen is also author of the award-winning book, *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message, Second Edition*. To learn more, go to www.healthliteracy.com.