How improving Health Literacy can make a difference at WGHG?

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GIPPSLAND HEALTH LITERACY
SHORT COURSE - GIPPSLAND PRIMARY CARE PARTNERSHIPS -
THANKS TO PROFESSOR HELEN KELEHER, MONASH UNIVERSITY
What is Health literacy?

- An individual's ability to read, understand and use information necessary to enjoy good health and obtain adequate health care in order to maintain their health. (Fineberg, 2004)

- Not a simple concept as it is affected by:
  - Stress
  - Language
  - Communication skills of staff
  - Materials supplied by organisations
HEALTH LITERACY:

- affects a person's involvement in the formal health care system, but also decisions they make in the home, workplace and community.

- impacts on tasks such as:
  - reading dosage instructions on a package of medicine
  - whether people seek screening or diagnostic tests.
PEOPLE WITH LOW HEALTH LITERACY ARE:

- Less likely to use health information
- Likely to have low health knowledge
- Likely to have difficulty with tasks in relation to taking medications
- Likely to have increased incidence of chronic illness
- People with low health literacy rate themselves as less healthy but they are less likely to use of preventive health services such as screening. (1)
  - Less likely to utilise pap smears and mammograms
  - Less likely have flu vaccinations (4, 5, 6)

- Not using the health system to their full advantage
**PEOPLE WITH LOW HEALTH LITERACY ARE AT RISK**

- Physical harm may result from behaviors often seen as non-compliant:
  - Not filling or refilling a prescription
  - Inappropriate dosing or timing of a medication
  - Failure to recognize effects of inappropriate dosing, side effects or drug interactions
  - Failure to take action needed for treatment or follow-up

- Emotional harm may result from shame, stress, frustration, confusion, worry and poor self-esteem associated with:
  - Efforts to conceal reading difficulties
  - Being asked to complete tasks outside one’s comfort zone
  - Feeling unsafe or unwelcome
  - Failure to seek care

- [http://www.youtube.com/watch?feature=endscreen&NR=1&v=BgTuD7l7LG8](http://www.youtube.com/watch?feature=endscreen&NR=1&v=BgTuD7l7LG8)
**How health literate are Australians?**

What percentage of the population do you think can adequately make informed decisions and maintain their basic health?

- 80%
- 60%
- 40%
- 20%
**How do we test for health literacy?**

- A number of well evaluated tools have been developed based on combination of prose literacy, document literacy, numeracy and problem solving
- Results based on ABS adult literacy and life skills survey (ALLS) of Australians

- Level 1 and 2 is considered very limited literacy proficiency
- Level 3 is considered minimum proficiency
- Level 4 or 5 considered good or excellent proficiency
60% Australians aged 15 to 74 years have less than ‘adequate’ scores

Source: Health Literacy, Australia (ABS cat. no. 4233.0)
Adequate:

- 40% have ‘adequate’ levels of general and health literacy
- 6% of the Australian population have high health literacy levels.

So should we be testing our patients to determine their level of health literacy?
What are the advantages/disadvantages of testing?

- Well documented research from Canada shows who is at risk (1)
- Good comparison with Australian data

Morris et al (2006), suggests the use of a single item/question to assess service users’ health literacy:

- How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- People may still be embarrassed to admit this
Australian Populations at Risk – Culturally and Linguistically Diverse

- 43% of Australian-born people enjoy adequate health literacy
- 33% of overseas-born Australians enjoy adequate health literacy

When English is not the first language spoken, the percentage of people with adequate health literacy decreases to 26%.
Australian Populations at Risk – Older People

- Low levels of health literacy more common for people over the age of 65;
  - only 17% of people aged 65-74 have adequate health literacy

- We see an inverse relationship between age and level of health literacy

Source: Health Literacy Australia (ABS cat. no. 4233.0)
**AUSTRALIAN POPULATIONS AT RISK: LOW SES**

- Socio-economic disadvantage is associated with lower levels of adequate health literacy:
  - For people in the bottom 20% of income - 26% have adequate health literacy
  - 55% of people in the highest (20%) income have adequate health literacy

**Selected occupations: proportion with adequate or better health literacy (a) – 2006**

(a) Skill levels 3, 4 and 5 represent adequate or better health literacy.

Source: ABS 2006 Adult Literacy and Life Skills Survey
HIGH RISK GROUPS FOR LOW HEALTH LITERACY

- English as second language - Immigrants, Refugees and CALD
- Ageing population
- Low SES
- Combination of the above!
Effects of poor health literacy on organisations like WGHG:

Economic harm may result from:

- Repeat visits, tests or procedures
- Unnecessary or inappropriate medication regimens
- Poor preparation and cancellation of appointments
- Higher use and perhaps more costly levels of care
HOW THIS AFFECTS WGHG:

- On a broader level recognising the issue of health literacy may help WGHG:
  - to reduce some of the costs in the health system
  - prevent illness and chronic disease
  - reduce the rates of accident and death. (2)
SO HOW CAN WGHG SUPPORT PATIENTS WITH LOW HEALTH LITERACY?

- **Clear communication:** Everyone benefits from clear information.

- Many patients are at risk of misunderstanding, but it can be hard to identify them.

- It is vital to take into account factors affecting patients such as stress, information overload and embarrassment.
HOW CAN WE HELP?

- Studies show that 40 – 80% of medical info patients receive is forgotten immediately
  - Nearly 50% of the information retained is incorrect. (1)

- Try to identify patients with possible low levels of health literacy by.....
  - Inaccurate or incomplete forms filled in
  - Frequently missed appointments
  - Non compliance with medication / treatment regimens
  - Client says they are following instructions but tests and follow ups indicate otherwise.
  - English as a second language/ older patients/low SES
SMOG your Docs!

- Simple Measure of Gobbledygook assesses reading grade level
  - SMOG estimates the years of education a person needs to understand a piece of writing

- Aim for year level 6 – 8 which is similar level to ‘Herald Sun’

- Cut and paste your documents into SMOG such as http://www.readability-score.com

- If there is a simple word with the same meaning use it. AVOID JARGON

- Use the Written Health Info Committee to assist you.
Two useful tools used in other institutions:

- **Ask-Me 3**
  - Developed by National Patient Safety Foundation (USA)

- **Teach-Back Method**
Ask Me 3™

Ask Me 3™ is a patient education program designed to promote communication between health care providers and patients.

The program encourages patients to understand the answers to three questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Video (3.45mins)

http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/
**What is ‘Teach back method’?**

- Teach Back method helps you check that your patient has understood your explanation.
  - After you have explained your plan to your patient ask them to teach it back to you:

  - “What will you tell your husband about the changes we made to your blood pressure medicines today?”
  - “I want to be sure I explained everything clearly. Can you please explain it back to me?”

- This method allows you to check for understanding and, if necessary, re-teach the information and build on your patient’s knowledge.
TEACH BACK

New Concept: Health Information, Advice, or Change in Management

Clinician Explains New Concept

Patient Recalls and Comprehends

Clinician Assesses Patient Recall and Comprehension

Clinician Clarifies and Tailors Explanation

Clinician Reassesses Patient Recall and Comprehension

Adherence

Source: Archives of Internal Medicine
Do not ask yes/no questions like:
  “Do you understand?”
  “Do you have any questions?”

For more than one concept – ‘Chunk and Check’:
  Teach the 2-3 main points for the first concept and check for understanding using teach-back…
  Then go to the next concept
SUMMARY:

- Crucial that health communication is easy to understand
- Plain language does not mean ‘dumbing down’
- Most people prefer easy to read and understand information
- Make sure you have explained your message by asking questions or using teach back methods
- Small improvements in how we address health literacy can significantly improve your patient’s understanding, engagement and safety.
HOW YOU CAN ASSIST:

- Resources are available to help with Health Literacy: [http://www.centralwestgippslandpcp.com/joint-initiatives/health-literacy/](http://www.centralwestgippslandpcp.com/joint-initiatives/health-literacy/)

- Learn about ‘Teach-Back’, Ask Me 3™

- Review all your written materials, signs and instructions - use smog and talk to written health information committee representatives

- Remember even patients with higher health literacy benefit from clear communication and easy to read materials – they are more likely to read and retain
SO WHERE DOES WGHG GO FROM HERE?

Could we be doing more to increase staff awareness of poor health literacy?

- Training sessions for staff in health literacy awareness
  - Refresher courses on ‘teach back methods’

PDSA review of written health materials process

Open for suggestions:
REFERENCES:


5. Giordano et al., 2008; Br J Cancer. 2009 December 3; 101(S2): S55–S59.
