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Low Health Literacy and Primary Care

Michelle V. Soto, MD

START Treatment & Recovery Center

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Patient Scenarios

- ▶ A Hispanic male, 55+, Spanish speaking, illiterate, with multiple chronic medical and Psychiatric problems, was on multiple medications that were prescribed at different times of the day. During one office visit he explained he had tried to be “efficient” in taking his medications and instead of taking them “twice a day”, he took them all at once in the morning. Shortly after, he became very sick and thought he was going to die. He asked his wife for help, but she became so nervous she couldn’t get through to EMS, she was dialing 1-1-9. She called her daughter who was traveling in Florida for help.

Patient Scenarios

- ▶ A patient is discharged from the hospital, medications get changed, but when the patient gets home he/she resumes the old medications along with the new ones.
- ▶ A patient with a newly diagnosed chronic condition gets prescribed medications and refills are ordered. When the patient comes into the office, he/she is off the medication, when asked why, he/she says that the medication ran out. It turns out the medication refills were not picked up because the patient did not understand the concept of refills.

Patient Scenarios

- ▶ A variation is when patient is discharged from the hospital, medications get changed, but the patient does not pick up the new medications because he/she wanted to consult with me first. Unfortunately at times more than 1 week would go by before the patient would get seen because he/she was waiting for an appointment. At times this error led to decompensation and hospital readmission.
- ▶ All these scenarios share a common issue, patients misunderstanding medical terms, or low health literacy.

What is Health Literacy?

- ▶ Health literacy is how people understand health information and are able to take action on it.
 - ▶ Includes the ability to
 - ▶ Read
 - ▶ Write
 - ▶ Listen
 - ▶ Follow directions
 - ▶ Fill out forms
 - ▶ Calculate using basic math
 - ▶ Interact with health care professionals.

* The Quick Guide to Health Literacy and Older Adults; US Department of Health & Human Services

* HRSA Health Literacy

Health Literacy

- ▶ Affects how people
 - ▶ Find a care provider
 - ▶ Read and follow instructions for medications
 - ▶ Take health-related action.
- ▶ Anyone can have low health literacy, but it mostly impacts
 - ▶ Older adults
 - ▶ Minority populations
 - ▶ Low socioeconomic status
 - ▶ Medically underserved

* The Quick Guide to Health Literacy and Older Adults; US Department of Health & Human Services

* HRSA Health Literacy

Impact of Low Health Literacy

- ▶ Patients with low health literacy have trouble
 - ▶ Understanding health information
 - ▶ Completing complex forms
 - ▶ Getting preventive health care
 - ▶ Understanding directions
 - ▶ Knowing connection between risky behaviors and health

* The Quick Guide to Health Literacy and Older Adults; US Department of Health & Human Services

Impact of Low Health Literacy

▶ Patients

- ▶ May be diagnosed with cancer at later stages
- ▶ Have poor Diabetes control
- ▶ Have more frequent ED visits for management of asthma and non urgent conditions
- ▶ Have poor BP control
- ▶ Are believed to have more medication errors

* The Quick Guide to Health Literacy and Older Adults; US Department of Health & Human Services

2012 US Health Statistics

- ▶ In a report published in 2014, where 34,525 adults were surveyed by the National Health Interview Survey (NHIS) in 2012
 - ▶ Poor or near poor families were more likely to be diagnosed with heart disease, hypertension and stroke.
 - ▶ People 65+ with Medicaid and Medicare were more likely to have been diagnosed with Hypertension compared to people with Medicare alone or private insurance.
 - ▶ Hispanic adults and non-Hispanic blacks were more likely to be diagnosed with diabetes
 - ▶ Adults in poor families were more likely to be diagnosed with diabetes and its complications

*Summary Health Statistics for the U.S. Adults: National Health Interview Survey, 2012. D Blackwell, J. Lucas, T Clarke. Vital and Health Statistics Series 10, Number 260, February 2014.

2012 US Health Statistics

- ▶ Adults <65 with Medicaid and 65+ with Medicaid and Medicare had higher percentages of diabetes and its complications
- ▶ 31% of Hispanic adults had not seen a healthcare provider in the prior 12 months compared to 20% of non-Hispanic blacks and 17% non-Hispanic adults
- ▶ 27% of adults in poor families and 26% of adults in near poor families had no visit with a healthcare professional in the prior 12 months. This compares to 17% of adults in non-poor families. Poor is defined as having income below the poverty level and near poor are those with incomes 100% to less than 200% of the poverty threshold.
- ▶ 18% of adults were current smokers and 21% were former smokers

*Summary Health Statistics for the U.S. Adults: National Health Interview Survey, 2012. D Blackwell, J. Lucas, T Clarke. Vital and Health Statistics Series 10, Number 260, February 2014.

Factors Impacting Health Literacy

- ▶ Health care providers using words patients don't understand
- ▶ Use of medical jargon
- ▶ Low educational skills
- ▶ Cultural barriers to health care
- ▶ Limited English Proficiency (LEP)

What Can Health Care Providers Do?

- ▶ Identify patients with low health literacy
- ▶ Use simple language in short sentences
- ▶ Define medical jargon
- ▶ Avoid closed ended questions (use how or what)
- ▶ Use different teaching modes with patients (videos, pictures, etc)
- ▶ Use teach back method
- ▶ Reflect the diversity of the patients
- ▶ Become culturally competent
- ▶ For LEP patients, provide information in their primary language
- ▶ Use universal symbols

What Can Health Care Providers Do?

- ▶ Practitioners should use health literacy measurement tools to assess a patient's health literacy level
- ▶ AHRQ-funded researchers have developed a variety of tools to measure an aspect of health literacy—individuals' reading comprehension in a medical context.
- ▶ <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html#rapid>
- ▶ REALM-SF
- ▶ SAHL-E

*Agency for Healthcare Research and Quality

Health Literacy Testing Tools

- ▶ REALM-SF Score Sheet

- ▶ Patient ID #: _____ Date: _____ Examiner Initials:

- ▶ Behavior _____

- ▶ Exercise _____

- ▶ Menopause _____

- ▶ Rectal _____

- ▶ Antibiotics _____

- ▶ Anemia _____

- ▶ Jaundice _____

- ▶ **TOTAL SCORE** _____

Administering the REALM-SF: Scores and Grade Equivalents for the REALM-SF

Suggested Introduction:

"Providers often use words that patients don't understand. We are looking at words providers often use with their patients in order to improve communication between health care providers and patients. Here is a list of medical words.

Starting at the top of the list, please read each word aloud to me. If you don't recognize a word, you can say 'pass' and move on to the next word."

Interviewer: Give the participant the word list. If the participant takes more than 5 seconds on a words, say "pass" and point to the next word. Hold this scoring sheet so that it is not visible to the participant.

Score Grade range

- 0 Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes.
- 1-3 Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels.
- 4-6 Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials.
- 7 High school; will be able to read most patient education materials.

Health Literacy Testing Tools

SAHL-E Word Sets & User's Guide

Stem	Key or Distracter		Don't know
1. kidney	__urine	__fever	__don't know
2. occupation	__work	__education	__don't know
3. medication	__instrument	__treatment	__don't know
4. nutrition	__healthy	__soda	__don't know
5. miscarriage	__loss	__marriage	__don't know
6. infection	__plant	__virus	__don't know
7. alcoholism	__addiction	__recreation	__don't know
8. pregnancy	__birth	__childhood	__don't know
9. seizure	__dizzy	__calm	__don't know
10. dose	__sleep	__amount	__don't know
11. hormones	__growth	__harmony	__don't know
12. abnormal	__different	__similar	__don't know
13. directed	__instruction	__decision	__don't know
14. nerves	__bored	__anxiety	__don't know
15. constipation	__blocked	__loose	__don't know
16. diagnosis	__evaluation	__recovery	__don't know
17. hemorrhoids	__veins	__heart	__don't know
18. Syphilis	__contraception	__condom	__don't know

Instructions for Administering SAHL-E

Directions to the Interviewer: Before the test, the interviewer should say to the examinee:

“I’m going to show you cards with 3 words on them. First, I’d like you to read the top word out loud. Next, I’ll read the two words underneath and I’d like you to tell me which of the two words is more similar to or has a closer association with the top word. If you don’t know, please say ‘I don’t know’. Don’t guess.”

Show the examinee the first card.

The interviewer should say to the examinee:

“Now, please, read the top word out loud.”

The interviewer should have a clipboard with a score sheet to record the examinee’s answers. The clipboard should be held such that the examinee cannot see or be distracted by the scoring procedure.

The interviewer will then read the key and distracter (the two words at the bottom of the card) and then say:

“Which of the two words is most similar to the top word? If you don’t know the answer, please say ‘I don’t know’.”

The interviewer may repeat the instructions so that the examinee feels comfortable with the procedure.

Continue the test with the rest of the cards.

A correct answer for each test item is determined by both correct pronunciation and accurate association. Each correct answer gets one point. Once the test is completed, the interviewer should tally the total points to generate the SAHL-E score.

A score between 0 and 14 suggests the examinee has low health literacy.

*Agency for Healthcare Research and Quality

Policy Initiatives to Improve Health Literacy

- ▶ Affordable Care Act (ACA) has provisions that address the need to communicate health information clearly, promote prevention, be patient-centered, assure equity and cultural competence
- ▶ National Action Plan to Improve Health Literacy- the Department of Health and Human Services (HHS) is collaborating with the private and public sector and have created a framework for future research
- ▶ Plain Writing Act requires that all new publications, forms and public documents created by the Federal Government is to be written in a clear, concise and well organized manner.

*Health literacy, National Network of Libraries of Medicine