Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

Winter Conference
Thursday, February 13, 2025
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3G. Bridging the Communication Gap: Equipping Families and Providers with Health Literacy Tools

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KNOWLEDGE IS NOW
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BRIDGING THE GAP: EQUIPPING FAMILIES & PROVIDERS WITH EFFECTIVE HEALTH LITERACY TOOLS

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LEARNING GUIDE

TAHC&H WINTER CONFERENCE (FEB 2025)

Contents

Bridging the Gap: Equipping Families and Providers with Effective Health Literacy Tools

Description

“Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” (Healthy People 2030) Patients and caregivers display varying degrees of health literacy. Socio-economic factors, education, generational belief-systems, culture, and language differences may create barriers to health literacy, thereby impacting people’s healthcare decisions and contributing to community-wide health disparities.

The role of healthcare providers is to help bridge the communication gap and provide patients and caregivers with health literacy tools so they can make informed decisions about their healthcare. This course will help healthcare professionals identify health literacy barriers and implement evidence-based health literacy practices to better equip and empower patients and their families to make appropriate healthcare decisions and improve their health outcomes.

Objectives

Following this training, participants will be able to:

1. define health literacy and describe its impact on healthcare choices.
2. identify at least 3 barriers to health literacy.
3. describe at least 3 implementation tools to improve health literate communication.

Literacy

What is Literacy?

"Literacy is the ability to read, write, speak, and listen, use technology and apply numeracy, with enough skill and confidence to express and understand ideas and opinions, make decisions and solve problems, achieve goals, and participate fully in society. Achieving literacy is a lifelong learning process." (*Literacy Texas*)

Health Literacy

What is Health Literacy?

"Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others." (*Healthy People 2030*)

Health literacy involves understanding print and oral information, numeracy (dealing with numbers, measurements, and doses), conceptual and cultural knowledge (existing belief systems about health and medicine), and digital health literacy (understanding health literacy through the use of technology).

Health literacy is ever-evolving because science and technology continue to advance. An individual who had high health literacy about a certain medical topic 50 years ago would now have a low health literacy about the same topic if they didn't follow the scientific and medical advances over the past 50 years.

Health literacy experts recommend disusing the term, "illiterate." Low literacy does not necessarily correlate to low intelligence. Someone may have high health literacy in one area and not another. Someone may have adequate oral and written health literacy but low digital health literacy. Health literacy is multi-dimensional, involving several different aspects of literacy, and it is shaped by individuals' unique educational, social, and cultural perspectives and experiences.

Organizational Health Literacy

What is Organizational Health Literacy?

"Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others." (*Healthy People 2030*)

The National Academy of Medicine places organizational health literacy's emphasis on people's ability to adequately *use* health information versus simply *understanding* it. They focus on people's ability to make *well-informed* decisions; it is up to the individual to determine what is the most appropriate decision for themselves. The National Academy of Medicine also calls on organizations to share a public responsibility to address health literacy in order to promote equity and to fight against structural racism.

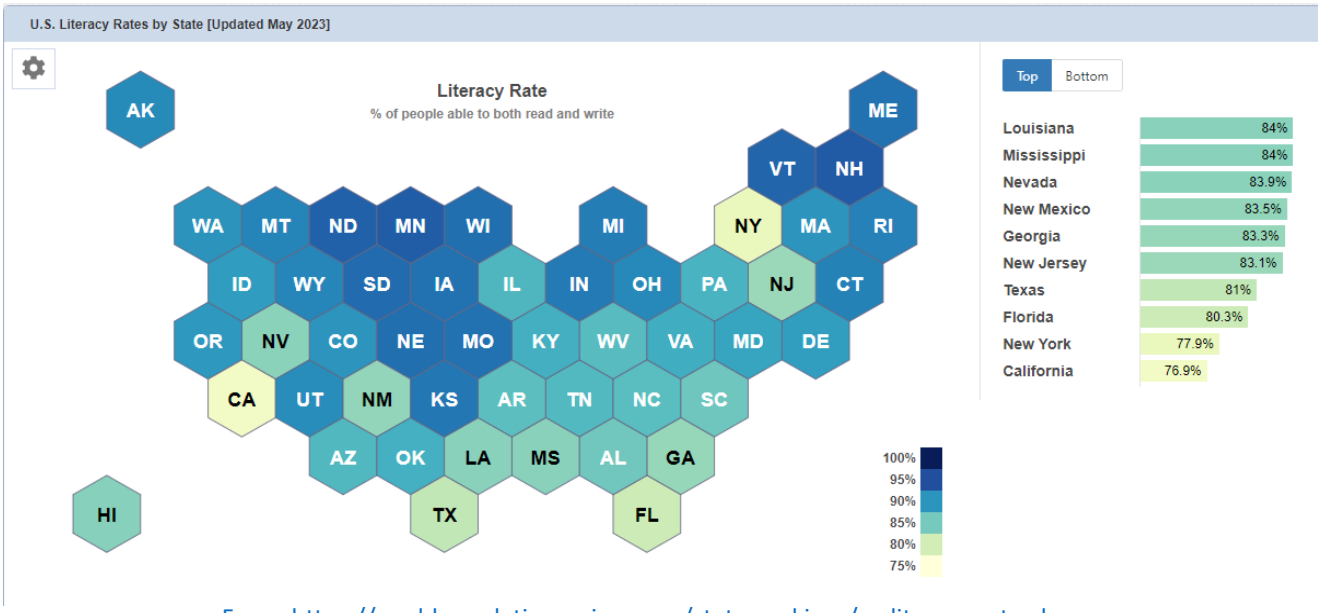
Literacy Facts – US & TX

In the US:

- 9 out of 10 adults struggle with health literacy
- The average adult reads at an 8th or 9th grade reading level
- 1 in 5 adults read at a 5th grade reading level or below
- Low health literacy costs the healthcare industry up to $236 billion a year

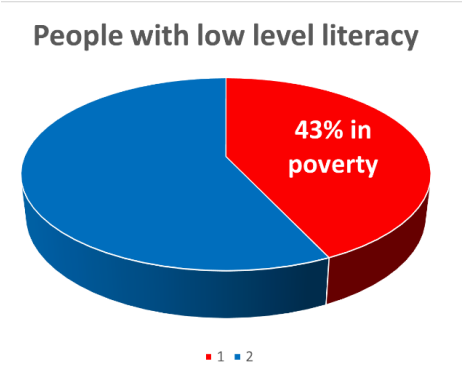
In Texas:

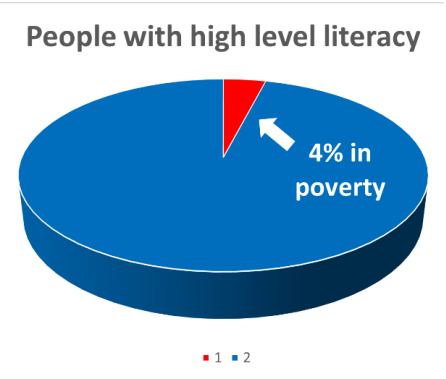
1. Texas ranks 46 out of 50 for adult literacy.
2. Texas ranks 49 out of 50 for the number of high school graduates; 1 in 6 Texans do not graduate.



From: https://worldpopulationreview.com/state-rankings/us-literacy-rates-by-

3. 43% of adults with the lowest levels of literacy live in poverty, compared to only 4% of those with the highest literacy skills.





4. 6.5 million Texas residents – almost 40% – speak a language other than English at home. This is close to double the national average.

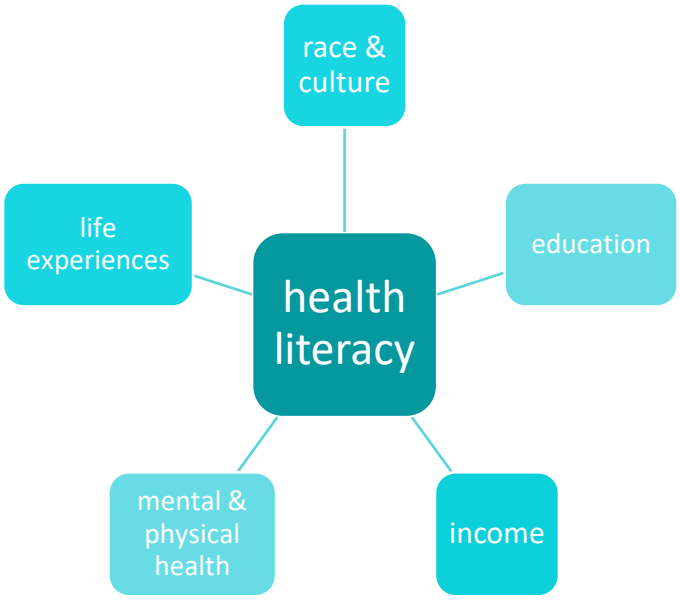
Outcomes of Low Health Literacy

People with low health literacy are more likely to:

- Have poor health outcomes
- Make medication errors
- Have trouble managing chronic diseases
- Skip preventive services
- Continue distrust of healthcare system
- Continue health disparities

What does this mean for consumers?

Healthcare providers serve patients and families from all walks of life with varying incomes, education levels, race, cultures, etc., and they are *all* at risk for experiencing barriers to health literacy. Below are some of the more common barriers. Some may be visible barriers (obvious or perceived) and some may be invisible (not perceivable, like mental health).



Health Literacy Barriers

- Language differences
- Cultural differences
- Poverty
- Low education level
- Developmental/communication delays
- Mental health stressors
- Toxic Stress

These barriers can prevent patients and families from accessing and using healthcare services and from understanding recommendations and treatment plans. If providers are aware of and perceptive to health literacy barriers, they can be better prepared to create and implement effective communication strategies and resources to “bridge the gap” and improve access, use, and understanding of services.

Ethical Responsibility

TAHC&H represents various disciplines and licensures, including Physical Therapy, Occupational Therapy, Speech Therapy, Medical (Physicians), Nursing, Social Work, and others. Below are excerpts from each of the above-mentioned disciplines’ Code of Ethics, and they each discuss the importance of effective communication, compassionate care, cultural competence, patient autonomy and self-determination, all of which are integral values and principles of health literacy. Implementing and promoting health literacy is not just “best practice;” it is an ethical duty.

TOTA Code of Ethics

Source: https://ptot.texas.gov/wp-content/uploads/2022/06/OT-Rules-June-2022.pdf (Therapy Code of Ethics (2015), by the American Occupational Therapy Association, as published in American Journal of Occupational Therapy, 69, 6913410030p1-6913410030p8. http://dx.doi.org/10.5014/ajot.2015.696S03).

Principle #3. **Autonomy** Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent. The Principle of Autonomy expresses the concept that occupational therapy personnel have a duty to treat the client or service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information. Often, respect for Autonomy is referred to as the self-determination principle. Respecting the Autonomy of service recipients acknowledges their agency, including their right to their own views and opinions and their right to make choices in regard to their own care and based on their own values and beliefs (Beauchamp & Childress, 2019). For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision maker.

Principle #4. **Justice:** Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services. The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

Principle #5. **Veracity** Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

APTA Ethical Principles

Source: https://www.apta.org/siteassets/pdfs/policies/codeofethicshods06-20-28-25.pdf

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion and Caring, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients. (Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.

2 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.

2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.

TSHA Code of Ethics

Source: https://www.txsha.org/Portals/0/TSHA%20Code%20of%20Ethics.pdf?ver=Ig6o2KQrlSP2pLUWUas7JA%3D%3D

Principle #I.4:

Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.

TSHA Texas Speech-Language-Hearing Association

NASW Code of Ethics

Source: https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Values

Social Justice: Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

NASW National Association of Social Workers

Dignity and Worth of the Person: Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs.

Importance of Human Relationships: Social workers engage people as partners in the helping process.

Ethical Standards

1.02- Self Determination
1.03- Informed Consent
1.05- Cultural Competence

American Nursing Association Code of Ethics

Source: https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/

Provision 1.1: Respect for Human Dignity
Provision 1.2: Relationships with Patients
Provision 1.4: The Right to Self-Determination
Provision 2.1: Primacy of the Patient's Interests

American Medical Association Code of Ethics

Source: https://code-medical-ethics.ama-assn.org/

Principle I: A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

Principle V: A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

Principle VII: A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

Principle VIII: A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

Principle IX: A physician shall support access to medical care for all people.

HEALTH LITERACY TOOLS AND RESOURCES

Once providers are familiar with health literacy barriers and the impact low health literacy has on individuals and communities, providers can move forward and help patients and families by using evidence-based health literacy tools and resources in every aspect of their practice (from marketing and referrals, to admissions, to direct provision of services, including insurance and billing conversations, etc.).

One of these tools is using Health Literacy Universal Precautions, which is defined as "the structuring of health information and services in ways that everyone can understand and use. Health Literacy Universal Precautions should be used by all health care providers, regardless of their patients' presumed level of health literacy." (*AHRQ Health Literacy Universal Precautions Toolkit, 3rd Edition*)

Below are some examples of using universal health literacy precautions, in addition to other tools to help ensure effective communication and sharing of information.

Health Literacy Tools

- Use Universal Health Literacy Precautions
  - Never assume a person's health literacy level
  - Speak plainly (avoid medical jargon, acronyms or abbreviations, but you can still explain medical terms and their acronyms or abbreviations as needed)
  - Provide step-by-step instructions; break it down into small, manageable pieces of information
  - Provide visual supports and easy-to-understand handouts (have them prepared beforehand)
  - Check the reading levels of written materials provided
    - Use readability calculators like the SMOG Readability Calculator or Dale Shall Calculator
    - Aim for 3rd – 5th grade reading levels
  - Request feedback and verbalized understanding as often as possible
    - *See page 11* for Teach Back (Chunk & Check) model

- Provide translated materials whenever possible; seek out medical translation services

- Provide or access professional medical interpretation services whenever possible
  - Translation services are not the same as interpretation services
  - Medicaid Managed Care Organizations (MCO) are required to provide medical interpretation services for their clients
  - Emotionally charged conversations should be interpreted in person if possible
  - In-person and video conferencing can better convey emotional affects since people can see each other's facial expressions and body language
  - Avoid using family members as interpreters; family members should only be used as a last resort if there are no medically trained interpreters available

- Provide reminders and support tools (calendar reminders, text reminders, etc.)

Other Considerations

- Show compassion
  - Social Determinants of Health (SDOH)/Non-Medical Drivers of Health (NMDOH) considerations
  - Appear friendly and welcoming; remember to smile!
  - Do not pass judgement. Do not use condescending language or tone of voice.
  - Low health literacy is not the same as low intelligence

- Slow and Steady
  - Meet patients and families "where they're at"
  - Take the time to lay down a good foundation of rapport and trust
  - Slowly and clearly explaining something well the first time may help avoid the need for repetitions
  - Everyone has different learning styles and speeds of learning; some repetition may be needed

- Empowerment
  - Model health literacy skills
  - Encourage and expect questions (plan for extra time as needed)
  - Ensure patients know how to access and keep track of their health information

Self-Assessment Tool from *Texas Health Literacy*

Communication Self-Assessment

Directions: After a patient encounter, rate your level of agreement to the statements in the table. Your self-assessment is subjective, but it allows you to examine your oral communication with patients honestly. After completing the assessment, think about how you could improve.

	Disagree	Neutral	Agree
I greeted the patient with a kind, welcoming attitude.			
I maintained appropriate eye contact while speaking with the patient.			
I listened without interrupting			
I encouraged the patient to voice his or her concerns throughout the visit.			
I spoke clearly and at a moderate pace.			
I used non-medical language.			
I limited the discussion to fewer than 5 key points or topics.			
I gave specific, concrete explanations and instructions.			
I repeated key points.			
I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).			
I asked the patient what questions he or she had.			
I checked that the patient understood the information I gave him or her.			

What areas can you improve on? What strategies can you use to improve them?

Other Self-Assessment Tools for Providers

- Use condition and population specific Health Literacy Measures
- Organizational and Agency Toolkits:
    - The Health Literacy Environment of Hospitals and Health Centers (HLE-2)
    - Agency For Healthcare Research and Quality (AHRQ Health Literacy Universal Precautions Toolkit)
- Create surveys and assessments that provide quantitative and qualitative feedback

Effective Communication

Communication can easily get "lost in translation." Studies show 40-80% of the medical information that is provided to a patient is forgotten when the patient leaves the office!

While some patients and caregivers may nod their head "yes" in understanding, how does the health care practitioner know for certain that they understood? Some patients and caregivers might feel uncomfortable asking questions; some probably feel embarrassed about the subject matter; and others may just be in a hurry or have too much on their mind, preventing them from seeking clarification or from asking further questions.

Effective communication is a two-way street. Providers can determine a patient's or caregiver's level of understanding by asking them to:

1. Verbalize understanding (repeating back or explaining the information in their own words)
2. Demonstrate understanding (showing what was taught, like a therapy exercise or checking blood sugar levels, etc.).

And vice versa. Providers should want to make sure that they correctly understand their patients' communications and questions as well.

The following evidence-based communication model provides healthcare providers with helpful tools and scripts to ensure that both providers and their patients or caregivers are effectively communicating with each other and understanding each other.

Teach Back (Chunk & Check)

Teach Back/Chunk & Check is an evidence-based health literacy model for effective healthcare conversations, derived from the "Innovate to Communicate" workshop by Texas Health Literacy. The model is essential for ensuring informed consent, and it is recommended by AHRQ and the Institute for Healthcare Improvement. This model is person-centered by actively involving both patients and providers, which increases positive health outcomes.

The Teach Back/Chunk & Check model is outlined in the below steps, and it includes "Teach Back" elements from the *Health Quality & Safety Commission New Zealand* and the *Agency for Healthcare Research and Quality*.

(Pre-Chunk)

- Greet warmly
- Ask open-ended questions to find out what the person already knows (ongoing assessment of health literacy)
- Apply cultural awareness and competence

Chunk

- Chunk a brief set of information (no more than 4 or 5 points at a time)
- Use plain language throughout and a caring, non-judgmental tone of voice
- Use step-by-step instructions
- Explain the "why", not only the "how" (How will this treatment recommendation help? Why is it important to do the therapy exercises every day? What will happen if the therapy exercises aren't completed every day?)

Check/Teach Back

- Ask the person to repeat back what you said or to explain in their own words what you said.
    - *Example*: "We covered a lot today, and I want to make sure I explained the motion and strength exercises clearly. Can you tell me in your own words, please, what the exercises are and why we are doing them?"
    - *Example*: "I want to make sure I explained the exercises in a way that was easy to understand. Can you show me please how you will do the exercises with John each day?"
- Repeat or re-show if needed. Try using different words or explanations the second time.
- Take responsibility and ownership for the conversation. Don't assume the person understands; ask them to verbalize or demonstrate understanding.
- Offer a shame-free environment. Encourage the other person to ask questions and praise them when they ask questions.
- Always end with, "Do you have any questions?" or "Is there anything that we talked about that you would like me to repeat for you or re-word it in a different way? I want to make sure I explained everything clearly and in a way that was easy to understand."

Potential Barriers

Consider potential barriers that might make Teach Back/Chunk & Check difficult for you or your agency. Do you lack the time, patience, health literacy training, translation/interpretation services, cultural competence, etc.? It is never too late to incorporate the Teach Back/Chunk & Check model and other health literacy tools and resources. The health outcomes of patients and communities depend on it.

After you incorporate the tools and resources, continually assess for effectiveness and modify the tools as needed. As stated at the beginning, health literacy is ever-evolving and a lifelong learning process.

CONCLUSION

In summary, promoting health literacy is essential for positive health outcomes. For healthcare providers, it is an ethical duty. Health literacy impacts not only individuals; it impacts generations, communities, and the healthcare industry as a whole.

The good news is, health literacy can be learned, taught, and modeled. Patients can be empowered to make informed healthcare decisions and improve their health outcomes, and providers can be empowered to ensure effective communication and information sharing while still respecting their patients' values, preferences, and autonomy.

By promoting and implementing effective health literacy practices, providers are not only helping their own patients (and caregivers) with making informed healthcare decisions, they are also empowering them to advocate for themselves with other professionals, school personnel, community and government agencies, insurance plans, and even with friends and families members. Patients and caregivers will start to feel comfortable asking clarification questions when they don't understand, asking for interpreters or visuals, and practicing "teach back" with others to make sure they understand what is being shared with them.

On a much broader scale, healthcare providers have a duty and privilege to model effective health literacy practices within the healthcare industry as a whole. It will create a ripple effect that can positively impact multiple agencies and thousands of individuals, playing a small but vital role in improving health disparities across local communities, Texas, and the United States. Health literacy may be a single piece of the large, holistic healthcare puzzle, but it has a valuable impact on overall health outcomes. Let's lead the way and bridge the gap together!

DELIBERATE PRACTICE

A lot of information has been "chunked," so now it's time for "check" or "teach back" by practicing the health literacy tools and skills you have learned.

- Try using Teach Back/Chunk & Check during your next conversation with a patient or caregiver.
    - Use the enclosed Self-Assessment Tool (*page 10*) to see if you effectively communicated with them.
- Try using Universal Health Literacy Precautions in your verbal and written communications.
- Ensure you have access to Translation Services and Professional Medical Interpretation Services.
- Try using the suggested Readability Calculators to assess the reading levels of your written materials and online information.

Additional resources (websites and trainings) are on the next page.

RESOURCES & REFERENCES

Websites

- https://healthliteracysolutions.org
- https://literacytexas.org
- https://safercaretexas.org
- https://www.cdc.gov/healthliteracy/
- https://www.plainlanguage.gov/
- https://grapevinehealth.com
- https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/health-literacy
- https://www.texaspha.org/page/HealthLiteracy
- https://www.ama-assn.org/health-care-advocacy/access-care/how-doctors-can-help-patients-low-health-literacy
- https://medlineplus.gov/videosandcooltools.html
- https://www.wordcalc.com/readability/
- https://readabilityformulas.com/readability-scoring-system.php

Trainings

- AHRQ Health Literacy Universal Precautions Toolkit, 3rd Edition: https://www.ahrq.gov/health-literacy/improve/precautions/index.html
- AHRQ Health Literacy's "The Share Approach:" https://www.ahrq.gov/sdm/share-approach/index.html
- Clinical Conversations Training Program: https://www.nnlm.gov/guides/clinical-conversations-training-program
- CDC's Health Literacy for Public Health Professionals (free CEU available from 9/20/24 to 9/21/26): https://www.train.org/cdctrain/course/1123499/details
- Digital Health Literacy Curriculum: https://allofus.nnlm.gov/digital-health-literacy
- PHCT Online's "Health Literacy & Public Health: Introduction." Updated 3/30/21. https://phtc-online.org/learning/?courseId=16
- PHCT Online's "Health Literacy & Public Health: Strategies for Addressing Low Health Literacy." Updated 3/30/21. https://phtc-online.org/learning/?courseId=17
- Plainlanguage.gov online trainings: https://www.plainlanguage.gov/training/online-training/
- Teach Back Training: http://teachbacktraining.org

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