

# Health Literacy and Patient Education

## The 411 on Health Literacy:

Health Literacy is important to the wellbeing of our patients and should be part of every healthcare professional's vocabulary and practice.

### What is Health Literacy?

*Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.* -Healthy People 2010.

Health literacy means understanding written material, being able to retain that information and use that knowledge to make choices and perform skills that affect a person's health. Health literacy skills include reading, writing, listening, speaking, numeracy, communication and problem solving. Numeracy includes being able to measure medications, read a thermometer, and calculate blood sugar.

### Literacy Level in America

Did you know that as many as **9** out of **10** adults may not have the skills needed to manage their health and prevent problems? The average American adult reads at a 7th -8th grade level and 1 out of 5 Americans reads at a 5th grade level.

### Who's at Risk?

Populations at risk for low health literacy include the elderly, racial and ethnic minorities, people with less than a high school degree, people with low income levels, non-native speakers of English and people with compromised health status. You can't judge literacy by appearance. Even highly literate patients can have health literacy problems if they're ill, on pain medications or experiencing emotional distress.

### Health Literacy affects Health Outcomes

Low literacy has been linked to poor health outcomes such as higher rates of hospitalization, longer hospital stays, more ER visits and less frequent use of preventive services. These outcomes are associated with both higher healthcare costs and mortality. People with low health literacy miss more appointments and are more likely to be non-compliant, poorer historians and have more medication errors.

## It's up to Us

It is the responsibility of **all** healthcare workers, not just educators, to help improve health literacy. Educating patients is a major part of our roles. See the checklist on the next page.



### References:

- Infographic from Communicate Health <http://communicatehealth.com/2012/05/we-are-the-90/>
- The information in this handout was retrieved from AHRQ: Health Literacy Hidden Barriers and Practical Strategies <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html> and Quick Guide to Health Literacy <https://health.gov/communication/literacy/quickguide/factsbasic.htm>

## ASSESS:

- How does your patient prefer to learn? *Written, verbal, demonstration, hands-on, etc.*
- Is your patient ready/motivated to learn?
- What does your patient want to learn? *Ask what's important to them.*
- Does your patient show signs of low literacy? *Makes excuses/becomes irritated when asked to read.*
- What are potential or actual learning barriers?

*Barriers can be numerous and include the following: visual, hearing, physical limitations, physical symptoms such as fatigue and pain, medications, attitude/motivation, personality, emotional distress or disease, cultural beliefs, language, religious beliefs/traditions, personal health values, lack of support, financial problems, distractions such as alarms or visitors, etc.*

## DIAGNOSIS:

- Identify the patient's needs and gaps based on analysis of your assessment.

## PLAN:

- Individualize your plan, prioritize needs and organize teaching based on your assessment and analysis.
- Teaching doesn't have to be formal; it starts with telling the patient what you're doing.

### **The 5 W's of the teaching plan:**

- What will you teach? *Focus on Need to Know and Need to Do.*
- Who will you teach? *Include all caretakers.*
- Where will you teach? *Patient room, pre-op area, exam room, classroom, on the phone, etc. Pick a private area with minimal distractions.*
- Where will you get your educational info? *Patient education programs like Krames, hospital created handouts, materials from national organizations, etc. Remember that people, such as dietitians, are great educational resources.*
- When will you teach? *Start as early as possible; find teachable moments where the patient is alert and ready to learn; plan for times with minimal interruptions.*
- Why are you teaching? What are your goals/ expected outcome(s)? *Set **mutual** and **realistic** goals.*
- How will you teach? What teaching methods will you use?

## IMPLEMENT:

- Begin teaching early. *Discharge teaching begins at admission. Some skills/knowledge are necessary before patients go home such as emptying an ostomy pouch or following certain nutrition guidelines.*

- Use a variety of teaching methods. *Verbal, written, pictures/drawings, demonstration, videos.*
- Educate in the patient's preferred language.
- Speak slowly and use simple language. Avoid/define medical terms. Repeat and rephrase.
- Break up the information into 3-5 key points. Emphasize the most important things to learn and its benefits. Highlight points on printed material.
- Give the patient specific information and real world examples; associate points w/ patient's experiences.
- Make sure printed information is the correct literacy level, from a reputable and approved site and doesn't contradict what the physician orders.
- Teach patients skills with equipment they will use when they go home.
- Involve family and caretakers in teaching.
- Allow your patient and family to ask questions before, during and after teaching.

## EVALUATE:

- Can your patient tell you and/or demonstrate what you taught them? *Ask open ended questions.*
- Give your patient feedback. Praise them on things done well.
- Observe your patient for compliance. Identify modification needs. Reemphasize education as needed.
- Did your patient agree to be compliant with the instructions?

## Key Points:

- ✚ Clear communication is **vital** to educating patients. Keep in mind that as healthcare professionals, we use our own medical language and sometimes forget that this is not understandable to our patients and can even be intimidating. *Remember: what's makes sense to you makes sense to you.*
- ✚ Teaching and learning are **processes** and not a **one** time act.
- ✚ One size does **not** fit all. Know your patient and individualize your teaching plan and methods based on your assessment.
- ✚ The correct literacy level for educational materials is 5th-8th grade level, lower if your patient needs it.
- ✚ **Don't assume** that just because someone can read that they can understand and retain the information; don't assume that because you teach someone a skill that they learn it. Health literacy is not always correlated with a higher educational level or reading ability.
- ✚ Not everyone is literate in their own language. Use **universal** symbols whenever possible.
- ✚ Remember to **document** all of your assessments, actions evaluations.