Geriatric Intern Rotation:  
*Health Literacy Workshop*

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Goals

- Health Literacy Workshop:
  1. Understand the impact of low health literacy on our geriatric patients
  2. Develop communication skills to improve patients’ understanding of their medical issues.
  3. Develop and utilize effective patient HO materials.
Part I:
Functional Health Literacy

- Measure of person's capacity to function in the health care setting as determined by literacy and numeracy
  
  - Literacy: comprehension of written health care materials
  
  - Numeracy: ability to understand and act on numerical health care instructions
Importance of Enhanced Communication with Geriatric Patients

- High-risk patients!
  - Cognitive impairment
  - Impaired sensorium
  - Low functional health literacy
  - Complicated medical history with multiple, chronic medical problems and complex medical regimens.

Blacks, American Indian/Alaska Natives, Asian and Pacific Islander, Hispanic/Latino

2000
- Whites: 84%
- Other: 16%

2050
- Whites: 64%
- Other: 36%

Many racial/ethnic groups as well as poor and less educated patients report:

- Poor communication with their physicians
- More problems with some aspects of the patient-provider relationships
- Greater difficulty accessing healthcare information, including information on prescription drugs
## What the Levels Mean

<table>
<thead>
<tr>
<th>“Below Basic”</th>
<th>“Basic”</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Search a simple, short text to learn what a patient is allowed to drink before a medical test</td>
<td>✤ Read and understand short commonplace prose texts</td>
</tr>
<tr>
<td>✤ Sign a form</td>
<td>✤ Use a TV guide</td>
</tr>
<tr>
<td>✤ Add amounts on a bank deposit slip</td>
<td>✤ Find easy to identify numbers and solve simple, specified, one-step problems</td>
</tr>
<tr>
<td>“Intermediate”</td>
<td>“Proficient”</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Consult reference material to learn which foods contain a particular vitamin</td>
<td>• Compare viewpoints in two editorials</td>
</tr>
<tr>
<td>• Identify a location on a map</td>
<td>• Interpret a table about blood pressure, age, and physical activity</td>
</tr>
<tr>
<td>• Calculate total cost of order from a catalog</td>
<td>• Compute and compare cost per ounce</td>
</tr>
</tbody>
</table>
Millions of Americans have “Below Basic” Literacy

- Prose: 31 million
- Document: 26.5 million
- Quantitative: 49 million

National Assessment of Adult Literacy, 2005
**Low Health Literacy Outcomes**

- People with low health literacy:
  - Use screening/preventive services less
  - Present for care with later stages of disease
  - Are more likely to be hospitalized
  - Have poorer understanding of treatment and their own health
  - Adhere less to medical regimens
  - Have increased health care costs
  - Die earlier

Identifying Low Health Literacy Patients
Identifying Low Literacy Patients

- Highest risk groups
  - Did not complete high school, minority, elderly
- Frequent missed appointments
- Do not know names of medicines
- “I forgot my glasses”
  - Always comes with someone else - “surrogate reader”
- Eyes wandering over page, very slow to finish, sounding out words, look confused
- Mimic behaviors
First Step: Bringing Up the Topic

- “What things do you like to read?”
- “We need help fixing the information we give to people, what do you think we could make better?”
- “How far did you go in school?”
- Ask patient to read prescription bottle.

BIGGEST BARRIER: SHAME!
Before Patients Leave ...

These questions should be answered:

- What health problems do I have?
- Why is that important to me?
- What should I do about them?
- Where do I go for any tests, medicine, and appointments that I need next?
- How should I take my medicine?
- Any other instructions necessary?
- Who to call with questions?
AMA VIDEO
Workshop—Part II
Teach-back Method
Teach-back Method

- Technique to improve communication and confirm understanding, esp among individuals with limited literacy skills
- Involves individuals to recall or explain in their own words what has been discussed.
  - Eg: “I always ask my patients to repeat things back to me to make sure I explained things clearly. I’d like you to tell me how you’re going to take the new medicine we discussed today.”
Closing the loop: physician communication with diabetic patients who have low health literacy
Teach-back method

- Preferred method to confirm understanding of consent information
- Use is advocated by National Quality Forum and AHRQ
Teach-back Cards

- 3 cards to complete during rotation
- Remind your attending that they’ll need to directly supervise you and sign-off on the card
Workshop—Part II
Direct-observation checklist

- Explain things clearly and use plain language
- Emphasize 1 to 3 key points during visit and repeat ideas throughout visit
- Effectively encourage patients to ask questions—use an open-ended approach
- Use teach-back method to confirm patient understanding (use demonstration of skill, if needed)
- Write down important information for patient

Kripalani and Weiss, 2006.
Workshop—Part III

- Task: Analyze patient education materials: 40 min
  - Tools to analyze material and provide HO
  - Homework: revise the actual patient discharge handout material and bring it back to class
U.S. Health Literacy Mandates

- Plain language laws
- Joint Commission of Accreditation of Health Organizations (JC aka JCAHO) - hospitals must assure and document patient understanding of health care instructions
- Increase in health literacy funding initiatives (NCI, CDC, AHCPR, others)
- Increase in health literacy related research
- Adult Basic Education (ABE) classes
- Increased emphasis on non-print media

Doak, Doak, & Root, 2001
Plain Language Laws

- Legislation requires use of plain language in all consumer documents (varies by state, public and private sector agencies/organizations)

- Plain language – not “dumbing down” but assures that
  - People find what they need
  - Understand what they find
  - Act appropriately

www.health.gov/communication/literacy/plainlanguage
Expected Health Literacy Outcomes

- Desired results from patient education:
  - Reducing health care costs
  - Improving patient outcomes
  - Reducing errors
  - Ultimately improving quality of life

- In spite of the mandates, resources, and training, minimum competencies in health literacy skills have been difficult to achieve

Schwartzberg, VanGeest, & Wang, 2004
Models of Health Care Messages

In what ways can health care messages be delivered?

- Oral
- Written or printed information
- Visual
- Technological
Creating Effective Health Care Messages for Older Adults

- Realistic objectives
- Focus on behaviors and skills, less on facts
- Establish a context for new information
- Partition/”chunk” complex instructions
- Cultural values/beliefs

- Include interactive or experiential activity
- Repeat important information
- Motivate the learner
- Relate to past experience
- Write for the patient, not the formula

An older learner must understand what to do and feel enabled to take action.

Doak, Doak, and Root, 1996
Ethnogeriatric Considerations for Health Information

- Translated and pilot-tested messages
- Cultural appropriateness of topic or intervention
- Education level and ability to read/write
- Individual vs. family orientation
- Community support, input, and assistance from key informants or cultural navigators
- Indigenous / other communication methods
Tools for Assessing the Suitability of Health Messages

- How suitable is the health information?
  - Understandable?
  - Acceptable?
  - Helpful?
Categories of Assessment Tools

- Attribute checklists
- Readability formulas
- Suitability of Assessment of Materials (SAM)
Attribute Checklists

- Simple and quick method of assessing appropriateness of health messages
- Assessment categories:
  - Organization
  - Writing style
  - Appearance
  - Appeal

What would be important for older adults from different cultures?
Readability Formulas

- Assess **reading difficulty** based on
  - Word difficulty (number of syllables)
  - Length of sentences
- Not suitable for tables, charts, word lists
- Many **different formulas** exist
  - Microsoft Word Program
  - Simple Measure of Gobbledygook (SMOG)
  - Many are available in different languages
Suitability of Assessment of Materials (SAM)

- Used for printed materials, illustrations, videos and audio taped instructions
- Validated with different ethnic populations and different medical specialities
- Indicates need for supplemental instructions

Doak, Doak, & Root, 1996
SAM Categories

1. Content
2. Literacy demand
3. Graphics
4. Layout and typography
5. Learning stimulation, motivation
6. Cultural appropriateness

Ratings: Superior material; Adequate material; Not suitable
Task: Use the SAM

- Choose a patient HO material you frequently use or one you think may be useful
- Put the HO to the test!
  - Score the HO
  - Improve the HO
ASSIGNMENTS DUE

- At wrap-up session:
  - SAM evaluation and revision of your chosen HO
  - Journal Club presentation
  - 3 Direct observation cards completed and signed