What We Will Cover Today

- What is health literacy, why we should care, and who suffers most
- Teach Back: videos and practice
- Plain language: lab result practice, letter review
- Resources to use in your practice
Health Literacy: what is it?

“The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

(Nielsen-Bohlman, Panzer, & Kindig, 2004; US Department of Health and Human Services, 2012)

Health Literacy: why should we care?

• Limited health literacy = poor health
  – Less preventative health services
  – Decreased ability to manage chronic conditions
  – Increased preventable hospital visits/admissions
  – Poor skills in understanding prescription instructions and taking medications
  – Poor skills at interpreting nutritional labels, health messages, and mortality risk
  – Decreased satisfaction with health care
  – Increased health care costs

Health Literacy: who is most impacted

The Health Literacy of America’s Adults: Results From the 2003 National Assessment of Adult Literacy

(Kutner, Greenberg, Jin & Paulsen, 2008)
Health Literacy: who is most impacted

![Chart]

(Kutner, Greenberg, Jin & Paulsen, 2006)

How do we approach this?

• Use a universal precautions approach
  – Clear communication as the basis for every health information exchange
  – Every patient and every interaction
• Not useful to screen for literacy level
• Everyone prefers their information to be shared in easy to understand terminology
• Use teach back and plain language

Teach Back: what is it?

• A way to make sure you—the health care provider—explained information clearly. It is not a quiz for the patient.
• Asking a patient (or family member) to explain—in their own words—what they need to know or do.
• A way to check for understanding.
• A research-based health literacy intervention that promotes adherence, quality, and patient safety.

http://www.teachbacktraining.org
Teach back: why use it?

- Most patients have difficulty understanding information given to them by health care providers. (Ley, 1988)
- Patients remember and understand less than half of what their providers explain to them. (Rost, 1987)
- Ninety-eight percent of medical errors are communication-related. (AMA, 2007)

http://www.teachbacktraining.org/

Teach back: good example

“I know you have a lot of friends with arthritis. How would explain it to them?”

Good: https://vimeo.com/49787818

Teach back: bad example

“Do you have any questions?” versus, “What questions do you have?”

Bad: http://vimeo.com/49785790
Teach back: good example

“In order to be sure I was clear, can you repeat back to me the signs and symptoms of high and low blood sugar?”

Good: http://vimeo.com/49702981

Teach back: good example

“I want to make sure that I’ve explained everything so that you can teach your husband.”

Good: http://vimeo.com/49702983

Teach back: tips

- Re-phrase if the patient does not understand, do not simply repeat.
- Ask for teach-back until you are comfortable the patient really understands.
- If the patient is not able to teach back after several times, consider other strategies like…
  - including a family member
  - taking a break or scheduling another opportunity
  - asking another member of the health care team to explain

http://www.teachbacktraining.org
**Teach back: tips**

- Take responsibility for explaining clearly.
- Avoid asking questions that can be answered with "yes" or "no."
- Use teach back for each concept—"chunk and check" – or checking for understanding for each concept before moving on to the next.

[http://www.teachbacktraining.org](http://www.teachbacktraining.org)

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**Teach back: practice**

- Pair up and spend 2-3 minutes practicing. It helps to say it out loud!
- Suggested techniques:
  - I want to be sure I explained everything clearly. Can you explain it back to me so I can be sure I did?
  - What will you tell your husband about the changes we made to your medicines today?
  - We’ve gone over a lot of information. In your own words, please review with me what we talked about.
  - I want to make sure that I did my job ok, and that we are on the same page. Can you share with me what we just covered?

[http://www.teachbacktraining.org](http://www.teachbacktraining.org)

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**Teach back: thanks for practicing!**

- Do you have another way of asking for a teach back that others might also want to try using?
- Do you have any stories or advice about your experience with using teach back?
- What questions, comments, or feedback do you have about teach back before we move on?
Plain Language: what is it?

- Language that makes it easier for everyone to understand health information
- Uses common, non-medical words and limits jargon, abbreviations, and multi-syllable words
- Defines terms when important
- Picks up on the patient’s language and uses those words when speaking with them
- Slow down, speak clearly, use a moderate pace
- Prioritize and limit content to 3-5 key points
- Repeat key points and be specific, concrete
- Encourage patient participation, questions and proactive involvement

Plain Language: why use it?

- Patients say the healthcare environment can make it hard to tell a provider they do not understand. (IOM, 2004)
- Patients with limited literacy say they feel shame and hide their limited reading ability from others. (Parikh, 1996; Wolf, 2007)

Plain Language: examples

<table>
<thead>
<tr>
<th>Instead of...</th>
<th>Try saying...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>PPD</td>
<td>Tuberculosis skin test</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Heart doctor</td>
</tr>
<tr>
<td>FIT testing</td>
<td>Colon cancer screening test</td>
</tr>
<tr>
<td>Fracture</td>
<td>Broken bone</td>
</tr>
</tbody>
</table>

Check out: [https://depts.washington.edu/respcare/pubs/info/Plain_Language_Thesaurus_for_Health_Communications.pdf](https://depts.washington.edu/respcare/pubs/info/Plain_Language_Thesaurus_for_Health_Communications.pdf)
Plain Language: the good and the bad

Listen for:
- Jargon?
- Speed?
- Key points?
- Limiting information?

Plain Language: the good and the bad

- What did staff do well?
- What jargon did they use?
- Were they speaking slowly and limiting content?
- Notice anything else?

Plan Language: practice

- How would you explain the following lab results: CBC, BMP, Lipids
  - Using common, every day language?
  - Without using medical jargon or abbreviations?
  - Without using lots of multi-syllable words?
  - In 3-5 specific key points?
- “Your blood tests tell us…”
- In groups, discuss for 2-3 minutes
### Plan Language: “the complete blood count”

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
<th>Ref Range &amp; Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE CELL COUNT, BLOOD</td>
<td>8.40</td>
<td>4.00 - 11.00 K/cm³</td>
</tr>
<tr>
<td>RED CELL COUNT, BLOOD</td>
<td>4.50</td>
<td>4.00 - 5.20 K/cm³</td>
</tr>
<tr>
<td>HEMOGLOBIN, BLOOD</td>
<td>13.0</td>
<td>12.0 - 16.0 g/dL</td>
</tr>
<tr>
<td>ERYTHROCYTE CRIT</td>
<td>36.0</td>
<td>36.0 - 46.0 %</td>
</tr>
<tr>
<td>MCV</td>
<td>89.0</td>
<td>80.0 - 100.0 fl</td>
</tr>
<tr>
<td>HGBD</td>
<td>10.3</td>
<td>9.0 - 12.5 g/dL</td>
</tr>
<tr>
<td>SME GL</td>
<td>33.1</td>
<td>33.1 - 44.3 fl</td>
</tr>
<tr>
<td>PLATELET COUNT, BLOOD</td>
<td>245</td>
<td>150 - 400 K/cm³</td>
</tr>
<tr>
<td>MPV</td>
<td>11.4</td>
<td>8.5 - 12.5 K/cm³</td>
</tr>
<tr>
<td>REDC</td>
<td>0.3</td>
<td>0.5 - 0.9 %</td>
</tr>
<tr>
<td>WBC</td>
<td>7.00</td>
<td>4.00 - 10.0 K/cm³</td>
</tr>
</tbody>
</table>

- Using common, every day language?
- Without using medical jargon or abbreviations?
- Without using lots of multi-syllable words?
- In 3-5 specific key points?

### Plan Language: “the metabolic panel”

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
<th>Ref Range &amp; Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM, PLASMA</td>
<td>145</td>
<td>134 - 154 mmol/l</td>
</tr>
<tr>
<td>UREA, NITROGEN, PLASMA</td>
<td>5.5</td>
<td>2.0 - 4.0 mmol/l</td>
</tr>
<tr>
<td>CREATININE, PLASMA</td>
<td>0.9</td>
<td>0.6 - 1.5 mg/dL</td>
</tr>
<tr>
<td>UTAFTRASURE AMERICAN</td>
<td>20.0</td>
<td>10.0 - 25.0 µL/ml</td>
</tr>
<tr>
<td>GFR NAZIFRASURE AMERICAN</td>
<td>20.0</td>
<td>10.0 - 25.0 µL/ml</td>
</tr>
<tr>
<td>BLOOD, PLASMA</td>
<td>2.5</td>
<td>2.4 - 2.6 mmol/L</td>
</tr>
<tr>
<td>POTASSIUM, PLASMA</td>
<td>3.4</td>
<td>3.4 - 5.0 mmol/l</td>
</tr>
<tr>
<td>CHLORIDE, PLASMA</td>
<td>109.0</td>
<td>97 - 109 mmol/l</td>
</tr>
<tr>
<td>CO2 TOTAL, PLASMA</td>
<td>36.5</td>
<td>26.0 - 30.0 mmol/l</td>
</tr>
<tr>
<td>CALCIUM, PLASMA</td>
<td>5.3</td>
<td>4.0 - 5.5 mg/dL</td>
</tr>
<tr>
<td>PHOSPHORUS, PLASMA</td>
<td>4.1</td>
<td>3.4 - 4.7 mg/dL</td>
</tr>
<tr>
<td>K CONCENTRITY</td>
<td>4.0</td>
<td>3.5 - 5.5 mmol/l</td>
</tr>
<tr>
<td>ALCAN GMP (ALBUN CONGESTED)</td>
<td>6</td>
<td>4 - 11 mmol/l</td>
</tr>
</tbody>
</table>

- Using common, every day language?
- Without using medical jargon or abbreviations?
- Without using lots of multi-syllable words?
- In 3-5 specific key points?

### Plan Language: “the lipid panel”

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
<th>Ref Range &amp; Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOLESTEROL TOTAL</td>
<td>199</td>
<td>&lt;250 mg/dL</td>
</tr>
<tr>
<td>HDL CHOLESTEROL</td>
<td>70</td>
<td>&gt;40 mg/dL</td>
</tr>
<tr>
<td>LDL CHOLESTEROL</td>
<td>114</td>
<td>20 - 160 mg/dL</td>
</tr>
<tr>
<td>VLDL CHOLESTEROL, CALC</td>
<td>27</td>
<td>&lt;31 mg/dL</td>
</tr>
<tr>
<td>NON-HDL CHOLESTEROL, CALC</td>
<td>194</td>
<td>&lt;190 mg/dL</td>
</tr>
</tbody>
</table>

- Using common, every day language?
- Without using medical jargon or abbreviations?
- Without using lots of multi-syllable words?
- In 3-5 specific key points?
Plan Language: thanks for practicing!

• How do we help our staff feel more prepared to share lab results with patients?
• Do you have any stories or advice about your experience using plain language?
• What questions, comments, or feedback do you have about plain language before we move on?

Plain language: written communication

• Simplify content: only include most necessary information
• Chunk information: use clearly defined headings, divisions between sections of information, bullet points, extra white space
• Sentence structure: use short, simple sentences
• Reading level: 5th–6th grade reading level or below
• Word choice: limit medical jargon and multi-syllable words, define terms
• Graphics: use simple, culturally appropriate images, illustrations or models
• Forms: include check boxes, “I don’t know” options, help patients to complete

- **Signage:** use easy to read and clearly visible signs directing patients to the entrance, waiting room, check in/out, billing department, laboratory, nursing area, exam rooms, and restrooms
- **Limit instructional signs:** give basic instructions such as "please sign in" or "if you have been waiting more than 20 minutes, please tell the front desk staff"
- **Language:** use simple, universal words in the language of your patient population
- **Graphics:** use simple, culturally appropriate and commonly accepted images on signs
- **Color and format:** color coding, lines, or symbols can also guide patients through the practice area
Health Literacy Universal Precautions Toolkit
- Tools to Start on the Path to Improvement
- Tools to Improve Communication
- Sample forms and letters


CDC’s Plain Language Thesaurus


The Patient Education Materials Assessment Tool (PEMAT):
- An instrument to assess the understandability and actionability of print and audiovisual patient education materials

http://www.ahrq.gov/pemat

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

http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/
Resources

- AHRQ’s PEMAT Tool
- MAXIMUS’s Plain Language Checklist

Resources

- Icon Array
  [Link: http://www.iconarray.com/]

“What questions do you have?”


• Coleman, C. (2013). Health literacy: Advanced patient-centered communication for all clinic staff [PowerPoint slides]. Retrieved from X:\OHSU Shared\Restricted\SOM\FM\FAMMED\Richmond\QI Committee\QI Tools\Richmond Health Literacy Didactic 10-4-13.pptx


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