

Increasing Access to Care by Reducing Barriers to Proficient Health Literacy

2018 Health Literacy Summit

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Learning Goals

In this health summit, participants will:

1. Identify the skills and knowledge associated with proficient health literacy. [Individuals]
2. Examine the role of health professionals as gatekeepers in the health care system; how can they reduce barriers to successful health self-management? [Providers]
3. Investigate barriers in the health care system that limit the development of health literacy capacity. [Health systems]
4. Propose strategies that promote patient engagement, shared decision-making and health equity.

Health Literacy

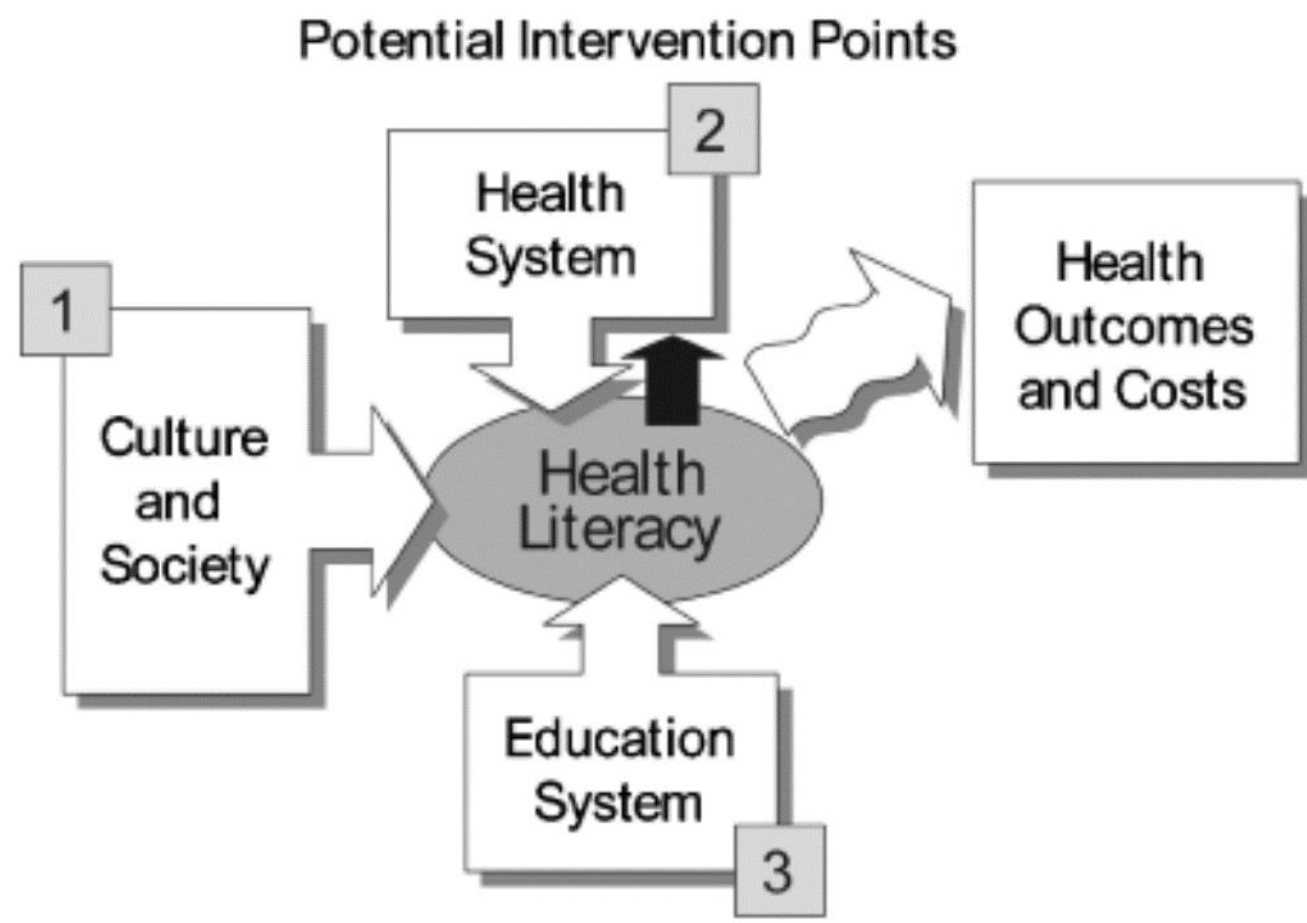
There is no standard definition.

Persons with proficient health literacy know how to access and understand the health information needed to make good health decisions.

Poor health literacy is a **stronger predictor** of a person's health than age, income, employment status, education level, and race.

Institute of Medicine, 2004

Health literacy is expressed in “the interaction of an individual’s skills (and knowledge) with health contexts . . . the health care system, the education system, and broad social and cultural factors at home, at work, and in the community.”



Interactions among multiple systems

RM Parker, 2006

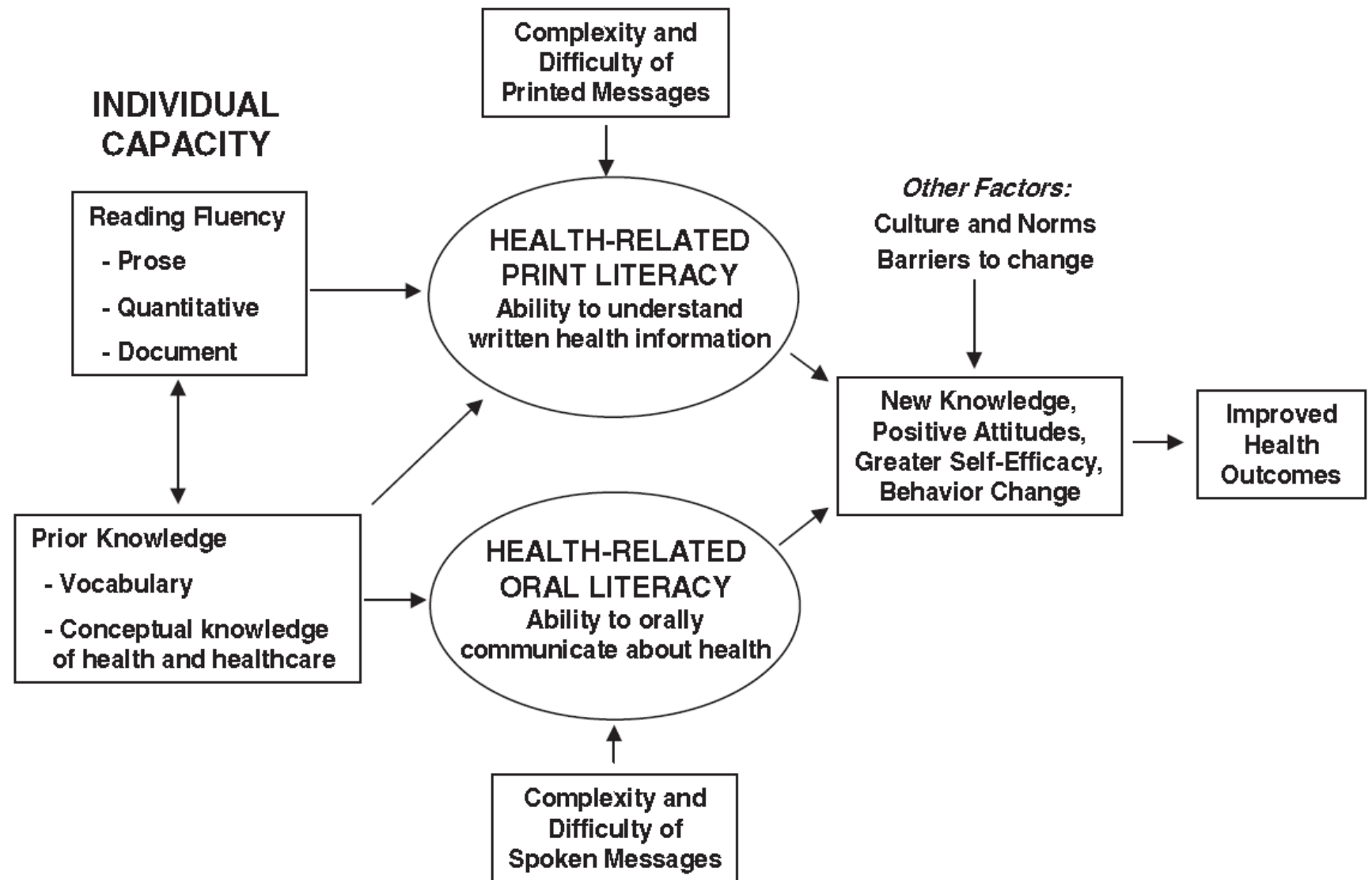
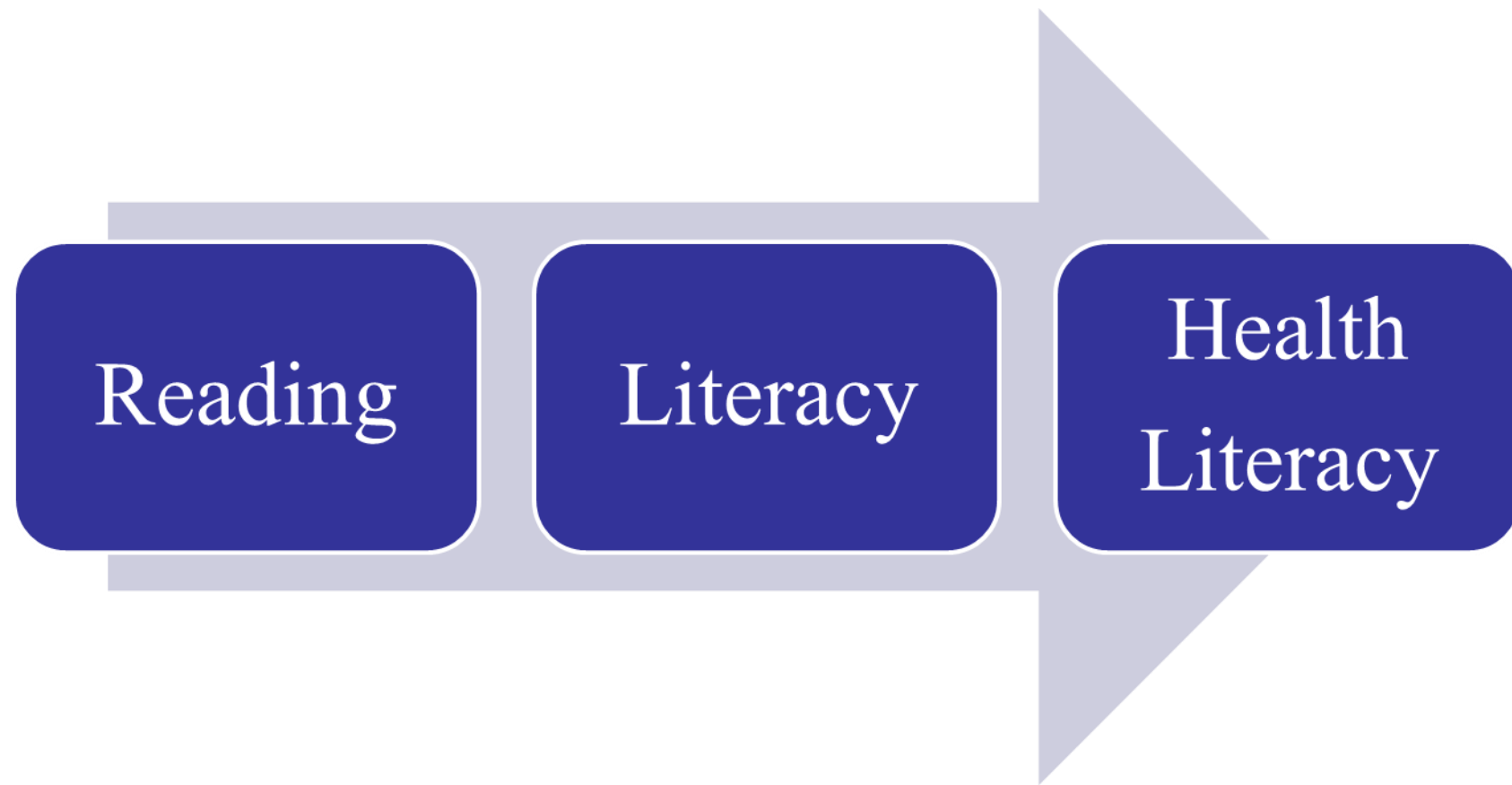


FIGURE 1. Conceptual model of the relationship between individual capacities, health-related print and oral literacy, and health outcomes.

Low Health Literacy - 2 Groups

1. **low health information** – may be very educated but have weak understanding of science, biology, physiology
2. **low literacy skills** – health self-management requires MANY skills [literacy, numeracy, active listening, calculating risk, research, asking questions, decision-making, analytical thinking and more]



The Health Literacy of U.S. Adults

- 12% proficient
- 53% intermediate - difficult to define a medical term in a document about an unfamiliar topic
- 21% basic - may fail to understand important warnings on the label of an over-the-counter medicine
- 14% below basic – can complete only simple and concrete literacy activities or every day activities

2003 National Assessment of Adult Literacy

**** assume all have low health literacy when teaching****

Health Literacy - Vital to Health Outcomes

Related to patient-provider communication:

- Medication errors
- Missed appointments
- Adverse medical outcomes

Associated with important quality and cost issues:

- Patient safety
- Successful litigation
- Hospital Readmission rates
- ED visits

Weiss, 2007

Palm Beach County



Who Are the People?

Population in 2015: 1.423 million

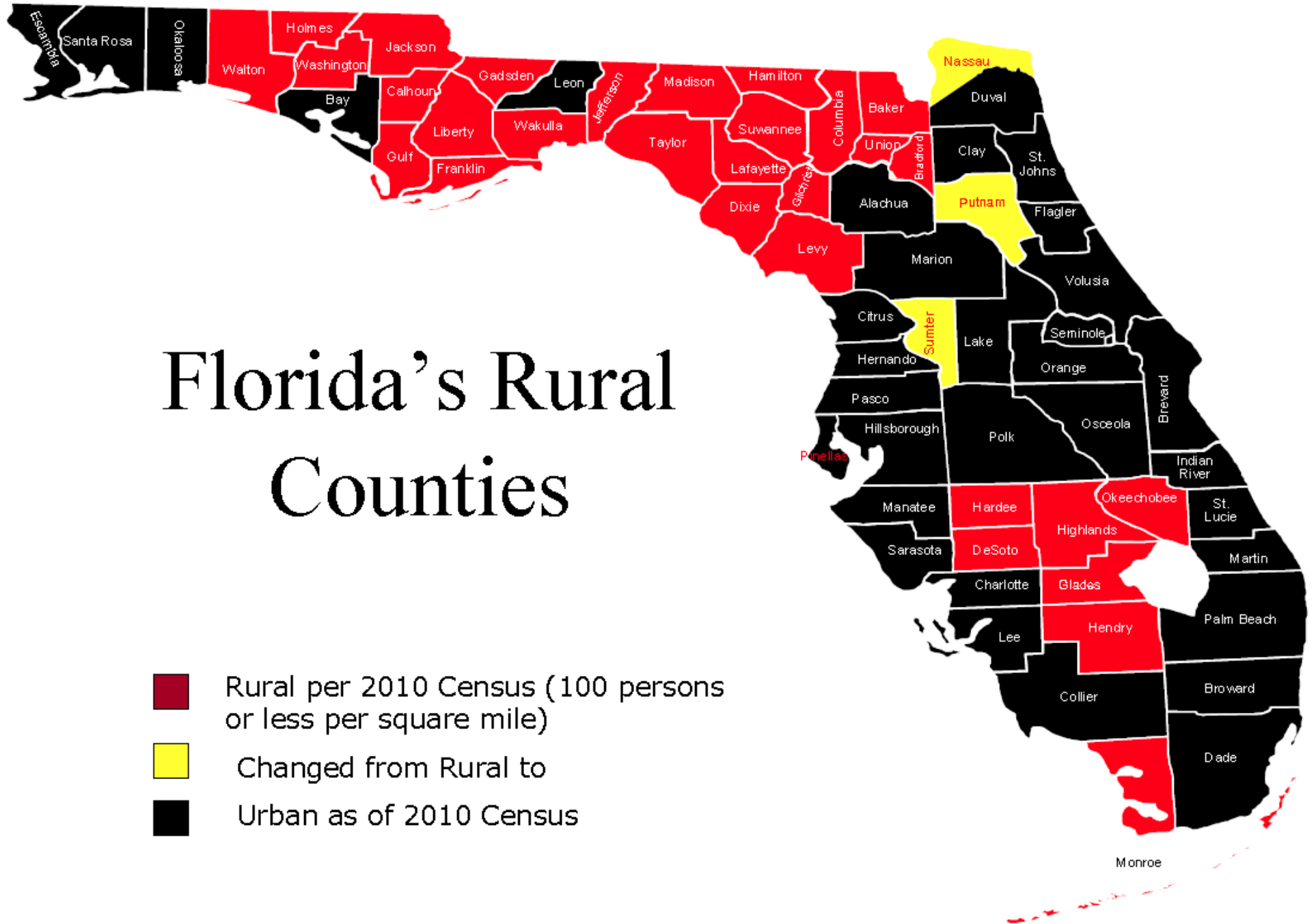
Palm Beach is the fifth-highest-income Florida location by per capita income (\$33,610)

7-HRSA designated low income [Medically Underserved Populations](#) (MUP)

Foreign-born – Haiti, Cuba, Mexico, Colombia, Jamaica, Guatemala, Canada, Honduras, Peru, and Brazil [no European countries]

Cultural beliefs impact health decisions – explanatory models & CHW

Languages spoken in addition to English – Spanish (15.9%), French Creole (4.74%) and Portuguese (0.82%)



Demographic Overview

	Palm Beach Co N=1,471,150	Florida (2017) 20,984,400	U.S.(2017) 325,719,178	Projected (2050) 438M
White	75.0	77.4	76.6	46.0
Black	19.6	16.9	13.4	13.0
Asian	2.6	2.9	5.8	14.0
Am Indian/AK Native	0.6	0.5	1.3	
2+ races	1.8	2.1	2.7	
Hispanic	22.3	25.6	18.1	24.0-29.0
65+ years	23.6	20.1	15.6	20
Foreign born	23.8	19.9	13.2	19.0
English+ at home	30.2	28.3	21.1	
High school diploma+	87.9	87.2	87.0	
No health insurance (< 65y)	16.3	15.9	10.2	
Persons in poverty	12.6	14.0	12.3	

Who Are the Providers?



What Do Patients Remember?

Patients immediately remember 17.1%-60% of what they are told

40% was correctly recalled

48% was imagined or misconstrued

Older patients recall less than younger patients

McGuire, 2015

Better Questions – Cultural Beliefs

1. What do you call the problem?
2. What do you think caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Will it have a long or short course?
6. What kind of treatment do you think you should receive? *What treatment have you received?* [Guyer's corollary]
7. What are the chief problems the sickness has caused?
8. What do you fear about the sickness?

Kleinman, 1972

Better Questions – Literacy

1. How confident are you filling out medical forms?
not very – a little bit – somewhat – quite a bit - extremely
2. How often do you have problems learning about your medical condition because it is hard to understand written information?
always – sometimes – often – rarely - never
3. How often do you have someone help you read hospital materials?
always – sometimes – often – rarely - never

Providers As Educators . . .

1. Simplify language. Use “living room” vocabulary
2. Provide [easy-to-read educational handouts](#) – visit Medline Plus
3. Use Teach-Back to verify comprehension and recall

Convert to Living Room Language

1. Accompany
2. At the present time
3. Components
4. Consult
5. Demonstrate
6. Has the capacity
7. Identical
8. In the event that

1. Anorexia
2. Bradycardia
3. Cardiovascular
4. Diabetes
5. Genitourinary
6. Nephrologist
7. Tachycardia

Teach Back

Assesses patients' understanding of important points covered in informed consent and Health Insurance Portability and Accountability Act (HIPAA) documentation.

It is a patient-centered education tool evaluating **comprehension** and **recall**.

For more information, visit:

1. [Teach Back Training](#)
2. [Innovations in Patient Engagement](#) (webinar)

Know Thyself

[Implicit Bias](#) – unconscious attitudes or stereotypes that affect our understanding, actions, and decisions

[Structural Racism](#) – systems in which public policies, institutional practices, cultural representations, and other norms work together to reinforce racial group inequities

Know the Law and National Guidelines

[ACA Section 1557](#) and language access – providers and programs receiving federal funds must provide access to health information for persons with LEP

[Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#) offer a blueprint for providers and organizations to promote health equity

What Kind of System?



Health Literate Organizations

Health literacy affects all aspects of patient care.

Health literate organizations **make it easier** for people to navigate, understand and use information and services to improve their health.



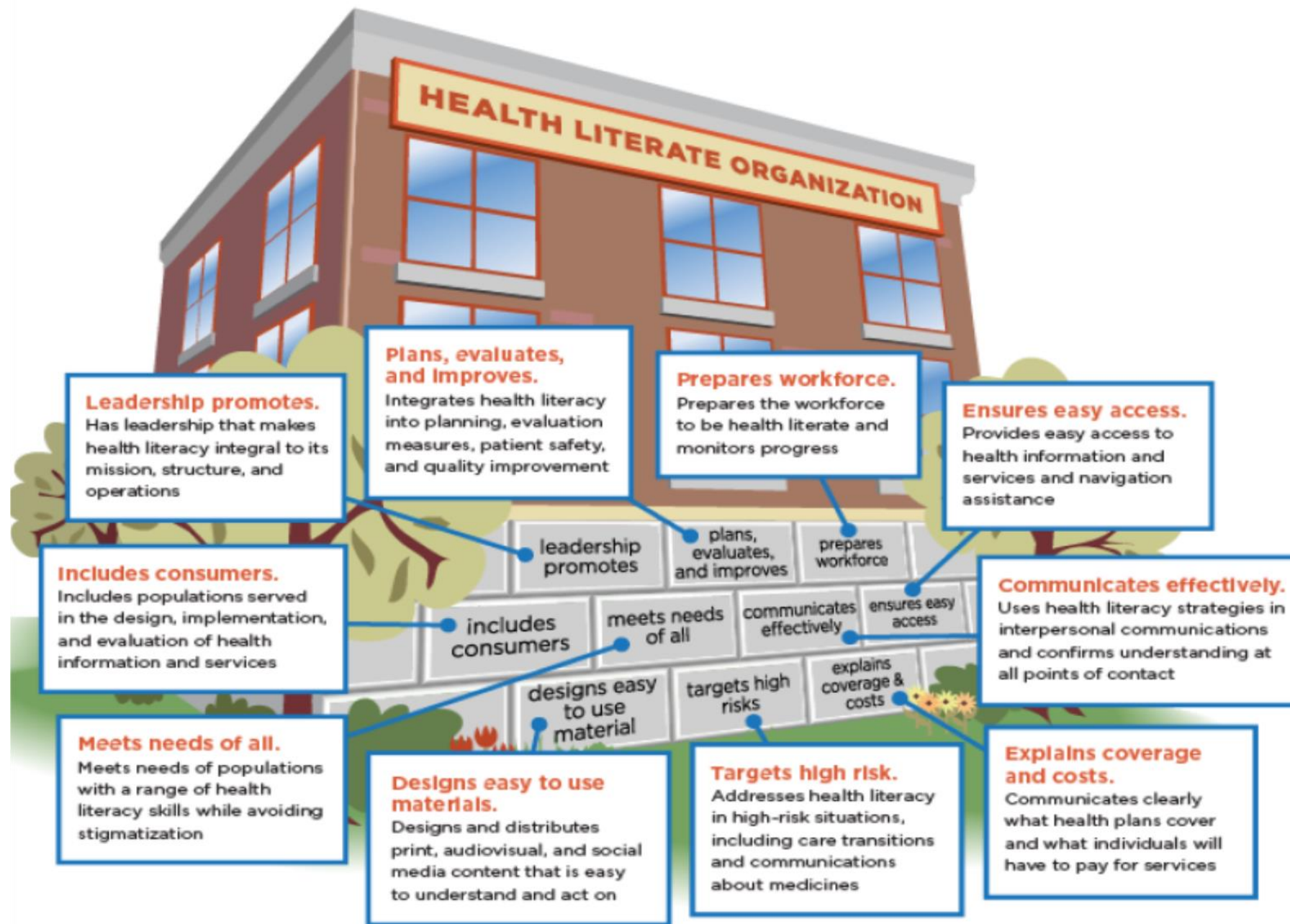
Health literate organizations

1. Improve the quality of care by supporting patient-provider communication
2. Reduce medical errors
3. Promote shared decision making between patients and providers
4. Improve health outcomes

When providers *and* organizations address health literacy they improve patient communication, knowledge and skill development.

Leadership establishes an organization's culture through its language, expectations, behavior modeled, and design of services and processes.

Ten Attributes of Health Literate Health Care Organizations, 2012
IOM (a.k.a. Academy of Medicine)



In Conclusion

We have investigated barriers to building health literacy capacity:

1. Individual level
2. Provider level
3. Systems level

What will you DO to promote patient engagement, shared decision-making and health equity?

**I AM NO LONGER
ACCEPTING
THE THINGS I
CANNOT CHANGE.
I AM CHANGING
THE THINGS I
CANNOT ACCEPT.**

A N G E L A D A V I S

Your tango