

Using the Right Words to Improve Patient Outcomes



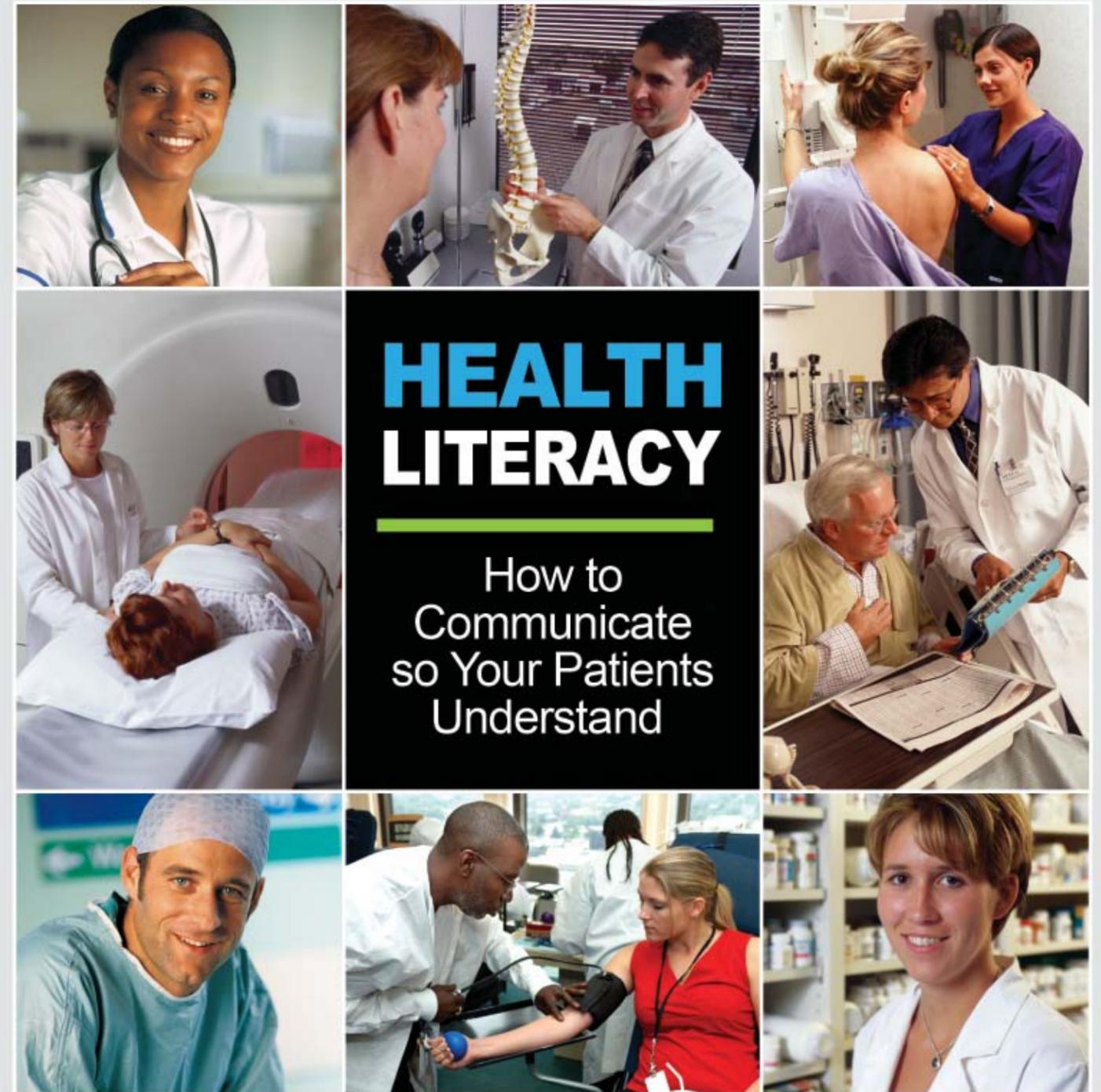
Health Literacy Kentucky (HLK) is a partnership of more than 35 organizations that have come together to address the issue of health literacy in Kentucky.

HLK's goals are to raise awareness of the critical role that health literacy plays in health outcomes and health disparities; lay the foundation for a strong, cohesive health literacy effort in Kentucky; and introduce new opportunities for collaboration among those working with health literacy. www.healthliteracyky.org

Health Literacy Kentucky developed a Health Literacy 101 course for medical professionals. It is an online course (available to health care providers for credit and to anyone interested in seeing it not for credit) that presents an overview of health literacy. This one hour course, *Health Literacy 101: Introducing Health Literacy to the Professional*, is available on CE Central via <http://www.cecentral.com/activity/2731>.

MedlinePlus (www.medlineplus.gov), the National Library of Medicine's Web site for patient health information, offers printable patient handouts in addition to consumer-level information on 900 health topics. Patients may also learn about the latest treatments, look up information on a drug or supplement, find out the meanings of words or view medical videos or illustrations

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- 2 Rudd, Rima. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Communicating Health: Priorities and Strategies for Progress: Action Plans To Achieve the Health Communication Objectives in Healthy People 2010. Objective 11-2. Improvement of Health Literacy. Washington: GPO, 2003. Web.
- 3 Doak C, et al. Teaching Patients with Low Literacy Skills. 2nd Edition. Philadelphia: J.B. Lippincott Company, 1996.
- 4 DeWalt DA, Callahan LF, Hawk VH, Broucksou KA, Hink A, Rudd R, Brach C. Health Literacy Universal Precautions Toolkit. April 2006.
- 5 Kutner M., Greenberg E., Jin Y and Paulsen C. The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. U.S. Department of Education. Washington, DC: National Center for Education Statistics, 2006.
- 6 DeWalt DA, Callahan LF, Hawk VH, Broucksou KA, Hink A, Rudd R, Brach C. Health Literacy Universal Precautions Toolkit. April 2006.



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**HEALTH
LITERACY
KENTUCKY**

in conjunction with the **Kentucky Hospital Association**

HEALTH LITERACY

How to Communicate so Your Patients Understand

What Is Health Literacy?

Health Literacy is: a patient's ability to **obtain, process** and **understand** basic health information and services needed to make appropriate health decisions.¹

Although the literacy and verbal skills of individuals are of critical importance, so too are the demands made by the health materials themselves, the communication skills of those in the health field and the complicated nature of the health care and public health systems.²

Why is it important?

Many patients are dealing with multiple chronic diseases, numerous doctors' orders, countless tests and medicine — all while trying to navigate insurance coverage and, in some cases, Medicare or Medicaid benefits. As self-care demands increase, so does the importance of clear communication.

The Costs of Low Health Literacy

The Agency for Health Care Research and Quality (AHRQ), estimates the cost of low health literacy to be between \$106 billion and \$238 billion. This represents between seven percent and 17 percent of all U.S. personal health care expenditures.

Patients with low health literacy⁶:

- Use fewer preventive services
- Have more hospitalizations
- Make more visits to the emergency room
- Have poorer health outcomes
- Show higher mortality rates
- Make more medication errors

What Can You Do as a Health Care Provider?



1. Use Universal Precautions

Just as clinicians should assume everyone has an infectious disease, **health care providers should assume everyone has difficulty processing and understanding health information.**

Everyone has difficulty understanding health information at some time. When a person is sick or in pain, it is harder for them to think clearly. This also applies to family members or other companions of the patient. When a loved one is sick or hurting, our stress levels make it difficult to listen well or understand.

2. Create a Safe and Shame-free Environment

It is important to provide a “shame-free” environment. If the patient does not understand the information given, never put the blame on them. As a health care provider you must rework your teaching to meet the needs of the patient.

Here are some tips:

- Offer a warm greeting with a smile and welcoming attitude
- Begin the appointment by asking the patient “What is most important for you to talk about regarding your medical condition?”
- Slow down and speak clearly
- Be specific and concrete in your conversation and repeat key points
- Avoid medical jargon. For example:

Instead of saying:	Say:
Prevents osteoporosis	Keeps bones strong
Angina	Chest pain
Hypertension	High Blood Pressure
Periodontal Disease	Gum Disease

Even seemingly easy words can have multiple meanings – your patient may not understand that the word “negative” can be a good thing. Other common words that are easily misunderstood include:

- Stool
- Diet (the patient will usually associate this with losing weight)
- Stable

3. Use Teach Back/Show Back Methods

Just because we have taught something well is no guarantee it was retained or understood.

Two ways to evaluate patient comprehension is through the “**teach back**” and “**show back**” methods.

- **Teach Back:** patient is asked to restate the health information, in their own words, to ensure the message was understood. If understanding is not accurate, the provider repeats the “teach back” process until the patient can clearly state the health information
 - **Example:** “I want to be sure that I did a good job explaining your diabetes medications because this can be confusing. Can you tell me what you should do if your blood sugar gets too high?”
- **Show Back:** patient is asked to demonstrate a medication regime, such as how to properly use an inhaler

The teach back/show back methods:

- Are **not** a test of the patient's knowledge, but rather test how well the provider explained information
- Should be used with every patient or family member — even when you think they understand
- Should be taught to all staff and members of the health care team

4. Discuss Medications Clearly

Taking medicine correctly and safely is difficult and confusing for many patients. The same medicine can come in many sizes, colors and shapes. Medicines almost always have at least two names (their generic name and their “trade” or brand name).

Assist patients by reminding them to:

- Keep an **updated list** of their medicines and to include any vitamins or herbals they take
- Get to know their pharmacist so they will feel more comfortable asking questions
- Know the “what-why-when-and-how” of their medicines:

What? Name of medicine and what it looks like

Why? Understand why they are taking it

When? What time(s) of day should they take the medicine

How? How much medicine to take (i.e., dosage)
If they should take it with food or on an empty stomach

How long will they need to take the medicine, how it might affect them and how they will know if it is working

5. Encourage Patient Questions

People with low health literacy are less likely to ask their health care providers questions. It is crucial for providers to take the time to facilitate patient questions.

- Invite patient participation: Encourage patients to ask questions and be involved in the conversation during visits
- End your session with: “Tell me what you know about...”, “Show me how you would...” or “What questions do you have?”

6. Use Clear Written Communication

Appropriate reading level, simple page layout and the use of pictures/illustrations enhance the “readability” of health information you provide to your patients.

Writing should be:

- Written in plain language or everyday words and not contain medical jargon
- At or below the 6th grade equivalent reading level
- Written in an active voice and use second person (“you”)
- Limited to 3 - 5 “need to know” information items
- In short sentences that have only one subject per sentence

Articles designated as “**Easy-to-Read**,” and written at a 5th-8th grade reading level are listed here: http://www.nlm.nih.gov/medlineplus/all_easytoread.html.

Health Literacy Myths

Myth: Years of schooling are a good measure of someone's health literacy level.

Fact: Regardless of one's education level, when a health care provider uses unfamiliar medical language it is difficult to understand fully what is being said.³

Myth: Most providers can tell if someone has low health literacy.

Fact: Many people with low health literacy are well spoken, look over written materials and say they understand, and hold white collar or health care jobs.⁴

Myth: Most adults can manage their own health.

Fact: Almost 9 out of 10 adults lack the skills needed to manage their health and prevent diseases.⁵