



GOULBURN VALLEY PRIMARY CARE PARTNERSHIP

*working together...going forward*

# Health Literacy Workshop

*Welcome GVPCP members and guests*

- Berry Street
- Cobram District Health
- Hume Region Department of Health
- Goulburn Valley Health
- Nathalia District Health
- Numurkah District Health Service
- Primary Care Connect
- Rumbalara Aboriginal Co-operative
- Uniting Care Cutting Edge
- Yarrawonga Health
- Central Hume PCP
- Upper Hume PCP



# GVPCP HEALTH LITERACY WORKSHOP

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# Review...

Specific strategies/approaches you are undertaking in health literacy

What do you want to get out of this workshop?

# WHAT IS HEALTH LITERACY?

## Individual abilities:

The capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment (IOM)

The wide range of skills, and competencies that people develop over their lifetimes to seek out, comprehend, evaluate, and use health and information and concepts to make informed choices, reduce health risks, and increase quality of life (Zarcadoolas, Pleasant & Greer, 2003; 2006)

# Health literacy environments

- The infrastructure, policies, processes, materials and relationships that exist...to make it easier or more difficult for consumer to navigate, understand and use health information and services to make effective decisions about health and health care, and take appropriate action (Aust Commission on Quality and Safety in Health Care)

# Adult Literacy and Life Skills Survey (ALLS)

Measures literacy levels in the Australian population (15-74 years) across four domains on a scale of 1-5:

1. Prose
2. Document
3. Numeracy
4. Problem solving
5. + health literacy in last survey (2006)

- Levels 1 & 2 – very limited literacy proficiency
- Level 3 – minimum/adequate proficiency standard
- Levels 4 & 5 – good / excellent proficiency

# Health literacy measures in ALLS 2007

A 5<sup>th</sup> domain of health literacy measures were taken across using various activities including:

- Self-assessed health status (health promotion)
- Participation in large scale public health activities (health protection)
- Measures take to prevent the onset of illness (disease prevention)
- Taking care of health (health care)
- Knowledge of one's rights and responsibility in the system (navigation)

# Results

- 40% males and 41% females achieved skill Level 3 or above
- 46% scored below Level 3 for the prose and document domain
- 59% 15-74 years scored below Level 3 for the health domain
- Just 6% of the population have good to excellent health literacy

# Results

- Of all States/Territories, the ACT had significantly higher scores at or above Level 3
- Australia and Canada very similar results:
  - 45% of Canadians achieved a health literacy Level 3 or above, compared to 43% in Australia.
  - Higher health literacy score associated with education, higher SES, employment, occupation, health status, social participation, English speaking

# Literacy and Health Outcomes

- People with low or marginal health literacy are:
  - More likely to present later with cancer (Donelle, Arocha, & Hoffman-Goetz, 2008; Westin et al., 2008)
  - More likely to engage in unhealthy behaviours (Carmona, 2005; Howard, Sentell, & Gazmararian, 2006; von Wagner, Knight, Steptoe, & Wardle, 2007)
  - Less likely to be effectively engaged by health promotion activities and programs (Gazmararian, Curran, Parker, Bernhardt, & DeBuono, 2005; Parker, & Nurss, 1996)

# Readability

- Crucial that health communications are easy to understand, for everybody
- Plain language does not mean ‘dumbing down’
- Most people prefer easy to read information
- We often put barriers up to people’s understanding of what we need them to know about their health
- Addressing health literacy through clear communication is one way of protecting consumers from potential harm

# Readability

- Various tools and toolkits for readability
  - How easy are they to use?
- Methods for screening/measuring people's literacy and health literacy
  - At program level, should we be measuring health literacy in our patients/clients?

# Assessing printed materials: SMOG

SMOG – Simple Measure of Gobbledygook assesses reading grade level, estimates the years of education a person needs to understand a piece of writing, score based on sentence length and vocabulary, predicts comprehension

Activity: Using the SMOG resource, apply the SMOG to a section of information prepared by your organisation

# Flesch-Kincaid Reading Level

- An index that gives the years of education required to comprehend a document.
- The Flesch Grade Level readability formula takes into consideration the total number of words, the number of syllables, and the total number of sentences in a piece of writing.
- **Flesch Reading Ease:** Indicates on a scale of 0 to 100 the difficulty of comprehending a document. It is calculated using sentence length and the number of syllables in a word.
- <http://office.microsoft.com/en-us/word-help/test-your-document-s-readability-HP010148506.aspx>

# Online readability tests

## Document Readability Calculator

- [http://www.online-utility.org/english/readability\\_test\\_and\\_improve.jsp](http://www.online-utility.org/english/readability_test_and_improve.jsp)

## Text Readability Scores

- <http://www.addedbytes.com/lab/readability-score/>

## The Readability Test Tool

- <http://www.read-able.com/>

# SAM – Suitability Assessment of Materials

Systematically measures the suitability of health information materials using 6 factors affecting readability. Print material is ranked against 21 criteria using a 3 point likert scale.

The 6 factors are:

- Content
- Literacy demand
- Graphics
- Layout and typography
- Learning stimulation and motivation
- Cultural appropriateness

# PRISM Readability Toolkit

The PRISM recommendations for editing are four-fold:

- Replacing jargon and other complex terms with familiar vocabulary
- Creating single-topic paragraphs and concise sentences
- Using reader-friendly formatting
- Checking the reading level—achieving a target of 8th grade or below in most cases.

Ridpath JR, Greene SM, Wiese CJ; PRISM Readability Toolkit. 3rd ed. Seattle: Group Health Research Institute; 2007.

# PRISM cont'd

PRISM also provide a checklist called a *Quick Reference Guide for Improving Readability*. This checklist identifies 10 items to check materials against:

- Reading level
- Use of;
  - Common everyday words
  - Active voice
  - First person
  - Short and to the point sentences
  - Paragraphs with one main idea
  - Clear and descriptive headings
  - Context, style and amount of information
  - Clear organisation and format
  - Adequate white space and margins

# Summary

- Crucial that health communication is easy to understand
- Plain language does not mean ‘dumbing down’
- Most people prefer easy to read and understand information
- Remember your communication purpose

○ Additional reading:

Helen Osborne, Readability

# Best practice approach: Ask Me 3

- Ask Me 3<sup>TM</sup> is a patient education program designed to promote communication between health care providers and patients in order to improve health outcomes. The program encourages patients to understand the answers to three questions:
  - What is my main problem?
  - What do I need to do?
  - Why is it important for me to do this?

# Ask Me 3

- Encourages clients to ask their providers these three simple but essential questions in every health care interaction. Likewise, providers should always encourage their patients to understand the answers to these three questions.
- Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure. They may also get well sooner or be able to better manage a chronic health condition.

# Best Practice Approach: Teach-back

- Why do I use it?
- What is it?
- How do I use it?
- When do I use it?
  
- [http://www.youtube.com/watch?v=\\_d-dtYTpdCw&feature=related](http://www.youtube.com/watch?v=_d-dtYTpdCw&feature=related)

## Teach-back is...

- Asking service users to repeat in their own words what they need to know or do, in a non-shaming way
- It is not testing service users; rather, it tests how well you explained a concept
- Using Teach-Back provides an opportunity to check for understanding and, if necessary, re-teach the information

# Asking for a Teach-back: Examples

Ask service users to demonstrate understanding, using their own words:

- ⦿ “I want to be sure I explained everything clearly. Can you please 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 blood pressure medicines today?”
- ⦿ “We’ve gone over a lot of information, a lot of things you can do to get more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?”

## Teach-back creates...

An opportunity for dialogue in which service providers give information, then ask service users to respond and confirm understanding before adding any new information

- ⊙ Re-phrase if a patient is not able to repeat the information accurately
- ⊙ Ask the service user to teach back the information again, using their own words, until you are comfortable they really understand it
- ⊙ If they still do not understand, consider other strategies

## Teach-back: Additional points

- ◎ Do not ask yes/no questions like:
  - ❖ “Do you understand?”
  - ❖ “Do you have any questions?”
- ◎ For more than one concept - ‘Chunk and Check’:
  - ❖ Teach the 2-3 main points for the first concept and check for understanding using teach-back...
  - ❖ Then go to the next concept

# Summary

- Enhancing health literacy does not always require additional resources.
- Teach-Back and Ask Me 3 are methods for improving the effectiveness of the work we are already doing.

# 10 attributes of a health literate organisation

- In small groups, consider the 10 attributes on the handout from Australian Commission on Safety and Quality in Health Care framework criteria of a health literate organisations
- What would it mean for your organisation to meet the criteria for a health literate organisation?
- What strategies can we develop to support our organisations in becoming health literate?

# Health literate organisations

- Challenges and solutions for organisations in becoming 'health literate'
- Levels for change:
  1. Improve **service user interactions** with health care professionals and agencies
  2. Improve the **usability** of health services
  3. Improve access to accurate and **appropriate health information**
  4. Build the knowledge needed to improve the **health care workforce's** thinking, decision-making, and practices
  5. Integrate **downstream-upstream interventions** for an comprehensive approach

# Health literacy policy

DHHS Tasmania: Bridging the Communication Gap

[http://www.dhhs.tas.gov.au/pophealth/health\\_literacy](http://www.dhhs.tas.gov.au/pophealth/health_literacy)

[http://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0011/101117/poh\\_fact\\_sheet\\_DHHS\\_health\\_literacy\\_20120630.pdf](http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0011/101117/poh_fact_sheet_DHHS_health_literacy_20120630.pdf)

- Fact Sheet
- Action Plan
- Communication Trials

# FIVE LEVELS FOR CHANGE

1. Improve **service user interactions** with health care professionals and agencies
2. Improve the **usability** of health services
3. Improve access to accurate and **appropriate health information**
4. Build the knowledge needed to improve the **health care workforce's** thinking, decision-making, and practices
5. Integrate **downstream-upstream interventions** for an comprehensive approach

# Useability of health services

- In relation to health literacy, what does it mean to make health services more useable?
- What needs to happen in your organisation to make health information consistently accessible for all reading abilities?

# Workforce development

- Include health literacy in staff training and orientation.
  - Include information on health literacy in staff orientation
  - Make a presentation on health literacy at your next staff meeting.
  - Circulate relevant research and reports on health literacy to colleagues.
  - Post and share health literacy resources.
  - Encourage professional development on Teach-Back and Ask—Me 3

# Workforce development

- Build the knowledge needed to improve the **health care workforce's** thinking, decision-making, and practices
  - Training and education
  - Evaluation
  - Policies
  - Awards

# Evaluation

- **Implement health literacy metrics, eg:**
  - Apply user-centered design principles to 75 percent of new Web pages
  - Ensure that all documents intended for the public are reviewed by a plain language expert
  - Evaluate health literacy interventions
  - Provide all new employees with training in cultural competency and health literacy within 6 months of their date of hire
    - Revisit in 12 months to assess impact of training and next steps in strengthening workforce skills

# Levels of Evaluation

Formative	Process	Impact	Outcome
Pre-implementation testing and refinement	Implementation of strategies	Attainment of objectives (intermediate outcomes)	Attainment of goals (long term outcomes)
What are the benefits of pre-testing?	Strategy conducted as intended?	What changes resulted from the program?	What changes resulted from the program?
Pilot phase	Reach the intended group?	How durable were effects?	How durable were effects?
	Satisfaction? What helped/ hindered?	How generalisable are results?	How generalisable are results?

# Moving forward on health literacy

How can your organisation move forward on health literacy?

- What change would you like to see in your organisation?
- How might your organisation develop health literacy projects?
- What will you do to make change happen?

# Moving forward on health literacy

- Commit to advocating for improved health literacy in your respective organizations.
- Embed health literacy in your programs, policies, strategic plans, and research activities.
- Advocate for health literacy in your organization.
  - Make the case for health literacy improvement to all staff and Board
- Incorporate health literacy into mission and planning
- Establish accountability for health literacy activities

# Moving forward on health literacy

- Identify specific programs and projects which would be improved by low health literacy interventions.
  - How can addressing health literacy improve the effectiveness of these programs?
- What existing or ongoing organizational activities contribute to the improvement of health literacy?
  - How can these activities be recognized and supported?