

Health Literacy

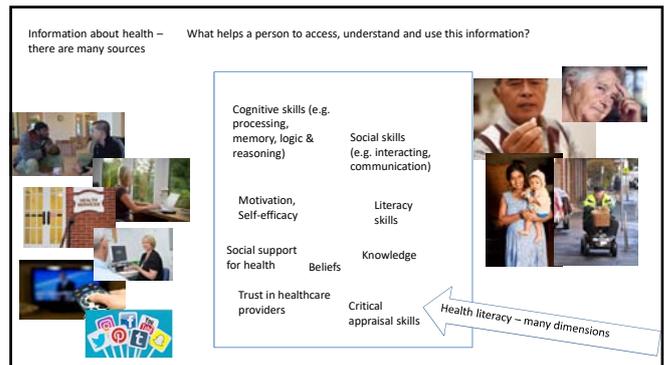
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Healthcare information

- The health system places a significant burden on people to understand information, e.g.
 - Informed consent
 - Participation in decision making
 - Medication adherence
 - Self-management of chronic disease

Health literacy – a definition

- The cognitive and social skills which determine people’s motivation and ability to access, understand and use information to promote and maintain good health (WHO, 1998)
- Health literacy means more than being able to read pamphlets and successfully make appointments (WHO 2016)



Health literacy is...

the characteristics of the person + the resources and supports they need

Skills Knowledge Motivation Beliefs Confidence Resources Supports

to

Access Understand Use

...information to make decisions about their health and the health of their family and community

‘Classification’ of health literacy

Functional health literacy

- e.g. read medication labels, follow medication regimes, attend appointments ('follow instructions')

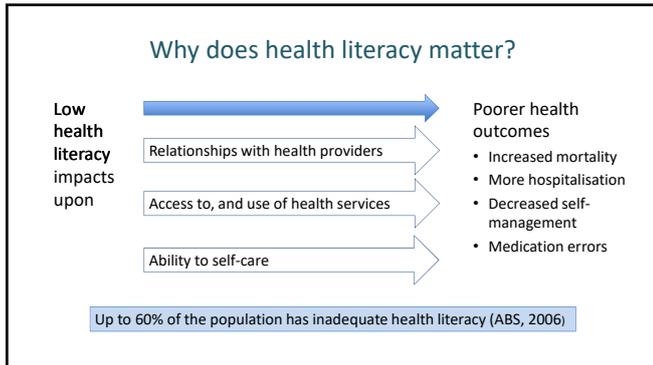
Interactive health literacy

- e.g. confidently talk with providers and derive meaning from health information ('engaged', asks questions)

Critical health literacy

- e.g. make informed decisions about healthy lifestyles, take responsibility for one's own health, problem-solve ('in-charge' of their own health)

Hollnagel D. (2005) Health Literacy as a Public Health Goal: A challenge for contemporary health education and communication strategies in the 21st Century. Health Promotion International, 30, 270-87



Does Ahmed have 'low' or 'high' health literacy?

Ahmed arrived in Australia from Somalia in 1986. A routine blood test by his GP showed he had high cholesterol which was explained as 'fat in his blood that can stop his blood like dirt in a hose'.

Ahmed was concerned and talked with members of his community about his problem who told him not to take the medication as it had bad side effects for African people. He has satellite TV which shows UK Somali people talking about health. He listens to them talk about the dangers of 'fat in his blood' that can lead to heart attacks.

So Ahmed decides to juice 10 limes each morning and drink the juice to 'melt the fat' in his blood. His cholesterol did not improve.

People can have a mix of health literacy strengths and needs

But who's responsibility is it?

- Increasing complexity of health services and information
 - My Aged Care
 -
 -
- An increased burden on people to find, understand and use information

How health literacy can impact on service use

Stages of service use	Examples of health literacy barriers at each stage
Before they start	<ul style="list-style-type: none"> Not clear what the service offers or how to access it Individuals not confident about their eligibility
During intake	<ul style="list-style-type: none"> Service complexity (e.g. lots of different programs) Difficulty explaining needs to intake workers
During an episode of care	<ul style="list-style-type: none"> Services don't tailor information to clients' learning styles Clients not invited to participate in shared decision-making
Transition to self-care	<ul style="list-style-type: none"> Patients don't understand the advice they are given Limited support for problem-solving

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At each stage, more people 'drop out' or disengage.

Often from most disadvantaged groups.

Health literacy is therefore an equity issue

Health literacy responsiveness is....

the way in which healthcare services & providers make

information	resources	supports	environments
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accessible

to people with **varying** health literacy strengths and limitations
(accessible = **approachable, acceptable, appropriate**)

Varying health literacy

Example of different patterns of health literacy in one group of clients

% of sample	Health provider support	Have enough info	Actively manage health	Social support for health	Appraise health info	Active engage with providers	Navigate health services	Find good health info	Understand health info for action
22%	3.68	3.45	3.40	3.50	3.16	4.55	4.40	4.26	4.46
24%	3.17	3.01	2.93	2.98	2.76	4.10	4.00	3.83	4.00
20%	3.35	2.91	3.08	3.12	2.84	3.74	3.47	2.96	2.83
20%	2.72	2.49	2.74	2.54	2.43	3.44	3.32	3.31	3.71
14%	2.83	2.39	2.70	2.68	2.23	2.38	2.19	1.94	2.24

Health literacy in cross-cultural settings

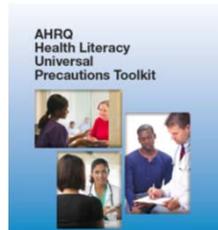
1. The insights of modern medicine must compete with traditional beliefs
2. Health-related beliefs and access to resources are highly variable, even within one culture
3. Health decision-making is often a communal rather than an individual process

Health literacy - you can't tell by looking

"Universal precautions should be taken because we can't know which people are challenged by health information and tasks"

Three key areas:

1. Making the health system easier to navigate
2. Helping people to put information into practice
3. Simplifying communication and checking understanding – including teach-back



Navigation of the healthcare system

- Is the client able to find and use services and supports?
 - Do they understand which services do what?
 - Use scenarios about where to go (e.g. after hours services)
 - Advocacy to build navigation skills
 - Finding a health provider they trust; identify other supports such as family
 - Can they understand pre-appointment instructions
 - It's OK to say "I don't understand" or ask for written navigation plans (who, why, when & where)

Putting information into practice

- Does the client understand what to do to manage their health on a daily basis?
 - Use **teach-back** to go through essential tasks with them
- Does the client have other priorities?
 - Help them to set agendas, use goal setting
- Can tasks be supported by others?
 - e.g. pharmacists, community nurses, local council

Consider learning styles

- Use pictures,
- Use analogies or stories,
- Write things down

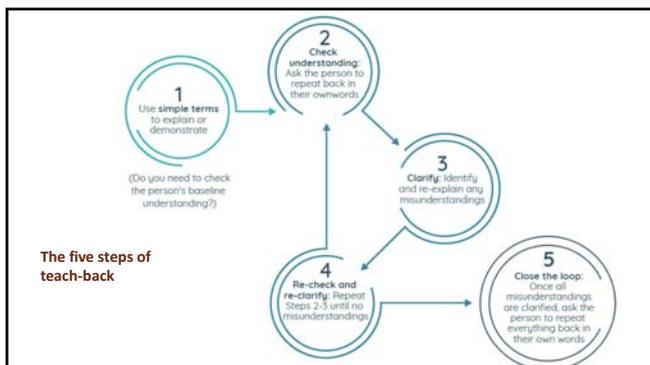


TEACH-BACK; "HEALTH LITERACY IN A BOX"

Teach-back

Teach-back involves clients repeating back instructions *in their own words*

- telling you what they are going to do
- can be used at any time or in any context
- Allows you to quickly identify when someone has health literacy difficulties



Step 1. Use simple terms to explain and/or demonstrate

Minimise jargon

- Clarify the meaning of words, avoid acronyms

Break things down into short statements

Step 2: Ask the person to demonstrate understanding *in their own words*

- Avoid 'yes/no' questions like "Do you understand?"
- Ask questions about how they will use the information in practice:
 - "Could you just go through how you will make it work for you?"

Step 3: Address any misunderstandings

- Have they misunderstood anything?
- Provide feedback, focusing on what is not understood
 - e.g. I haven't been clear in regard to the part about....
- Don't just repeat what you said the first time.
 - Try a different approach, e.g. a simple drawing or demonstration

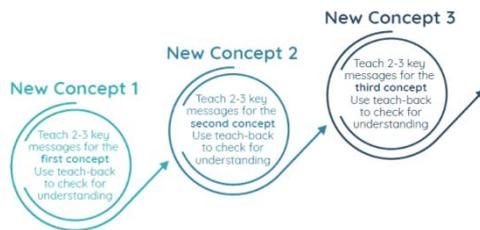
Step 4: Repeat steps 2-3 until misunderstandings are clarified

- Teach-back is not a 'one size fits all' approach.
 - Some people will need you to use teach-back just once
 - Others will require a much gentler, tailored approach
- Repeat the process of re-checking and re-clarifying up to three times

Step 5. Close the loop: Ask the person to repeat everything back in their own words again

- Ask them to tell you from the beginning.
 - This helps people to remember everything in sequence.
- Re-checking next time you see them is a good idea.

Deliver information in bite-sized pieces. Use 'chunk and check' with teach-back



Teach back practice

Find a partner to teach something to and practice "teach back"
 You should teach something you know well, but that they have little knowledge of

Examples - the route to your home
 - a favourite recipe

Swap roles so that everyone is able to practice teach back

The Conversational Health Literacy Assessment Tool (CHAT)



- CHAT – designed to help you quickly understand each client's health literacy as part of routine assessment
- Uses a **conversational** approach - builds rapport and reduces the need for questionnaires

The CHAT – 10 questions in 5 sections to cover most aspects of health literacy

Supportive professional relationships	Q1. Who do you usually see to help you look after your health?
	Q2. How difficult is it for you to speak with [that person] about your health?
Supportive personal relationships	Q3. Aside from healthcare providers, who else do you talk with about your health?
	Q4. How comfortable are you to ask [that person] for help if you need it?
Health information access and comprehension	Q5. Where else do you get health information that you trust?
	Q6. How difficult is it for you to understand information about your health?
Current health behaviours	Q7. What do you do to look after your health on a daily basis?
	Q8. What do you do to look after your health on a weekly basis?
Health promotion barriers and supports	Q9. Thinking about the things you do to look after your health, what is difficult for you to keep doing on a regular basis?
	Q10. Thinking about the things you do to look after your health, what is going well for you?