

# Health Literacy

Farrah Schwartz, University Health Network  
Maja Filipov, Ministry of Health and Long-Term Care

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# Today's learning objectives

- Define health literacy and its impact on people's well-being and health outcomes
- Describe the state of health literacy in Ontario
- Identify strategies and tools to address health literacy in health promotion work

# What do these abbreviations mean?



ED

DC

CP

# How confident are you addressing health literacy in your work?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident

# What is health literacy?

“The ability to **access, comprehend, evaluate and communicate** information as a way to promote, maintain and improve health in a variety of settings across the life-course.”

[Public Health Agency of Canada \(PHAC\)](#)

Rootman et al. [A vision for a Health Literate Canada](#), 2008

# Health literacy and patient safety



**An individual** can be health literate by using the skills needed to find, understand, evaluate, communicate, and use information.

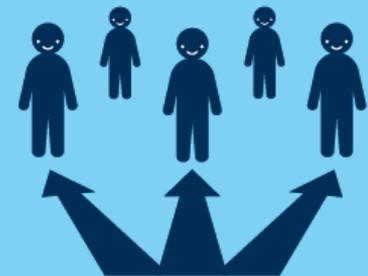


**Health care professionals** can be health literate by presenting information in ways that improve understanding and ability of people to act on the information.



**Systems** can be health literate by providing equal, easy, and shame-free access to the delivery of health care and health information.

Using a universal precautions approach for health literacy minimizes risk for everyone. This means taking **specific actions to minimize risk for everyone** when it is unclear who is health literate.



# Video Health and the City



**True or false:  
You can usually tell if someone has low  
health literacy.**

True

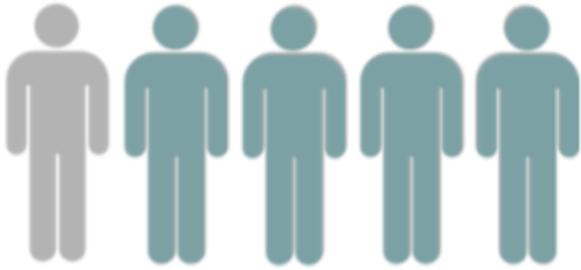
False

# The importance of universal precautions

“It was really tough. I just couldn’t get the knack of it.

“You’d prick your finger and I didn’t apply the right pressure, or I didn’t record it properly or the blood didn’t come out and I’d have to do it again. Sometimes I was next to tears. And I’d say to Mila, **‘I can’t do this.’**”





Approximately four in five Canadian adults have at least one modifiable risk factor for chronic disease\*



Increasing rates of chronic disease: more than one in five Canadian adults live with one of the major chronic diseases\*

Aging population

- ❖ Need for prevention and chronic disease self-management, including:
  - ❖ making lifestyle adjustments
  - ❖ understanding and applying complex medical and medication regimen
  - ❖ knowing where and how to access health care services
  - ❖ communicating health care information across the health care system

\*[How Healthy are Canadians?](#), PHAC 2017



# What are the benefits of adequate health literacy?



Increases patient safety



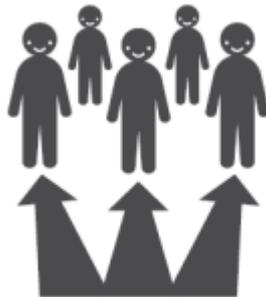
Improves outcomes

- diet
- medicine
- exercise

Helps people understand what they have to do



Saves time and money

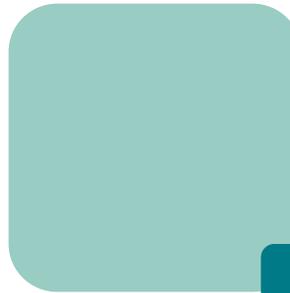


Reaches more people



Increases engagement

# Health Literacy in Ontario



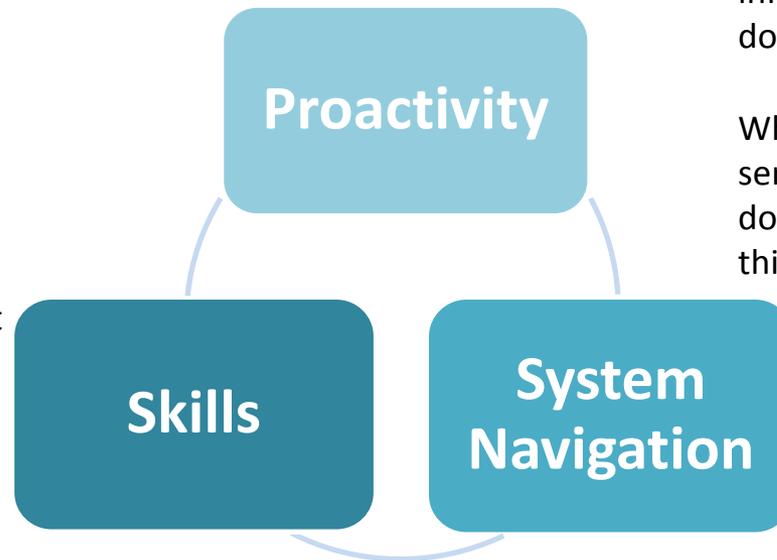
# Health Literacy Index

I have the reading and comprehension skills needed to understand any written information I see about health

I have the skills needed to figure things out on my own if I run across something I might not understand about health and healthcare

I have all the skills and resources needed to understand and assess health information that my family and I need

I can comfortably find information I might need about healthcare services online



I pro-actively seek out information on how to preserve my overall health and well-being

I generally do my own research to inform myself about things my doctor/caregiver tells me

When accessing health care services, I'd rather be told what to do instead of having to figure out things for myself

It is difficult to figure out where I need to go to get the healthcare services that I need

Our health care system is way too confusing for me

Since 2010, in individual MOHLTC surveys.

## THE HEALTH LITERACY INDEX CORRELATES WITH ACTUAL HEALTH BEHAVIOURS

There is a very clear relationship between Health Literacy and actual knowledge and what is considered to be healthy overall, including:

Healthy diet

Exercising

Proper sleep

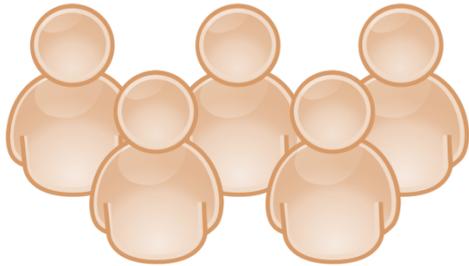
Ability to manage stress

Not smoking

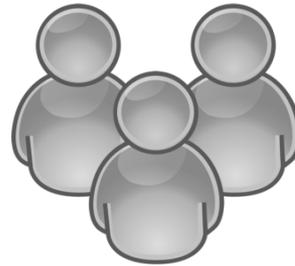
Limiting alcohol consumption

Maintaining a normal weight

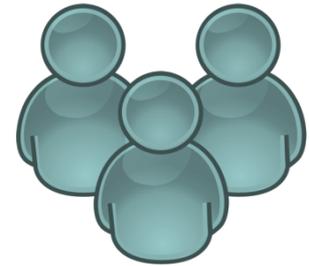
# Health literacy in Ontario



47% of Ontarians have  
**low**  
health literacy



27% of Ontarians have  
**moderate**  
health literacy



26% of Ontarians have  
**high**  
health literacy

But **anyone** can struggle to understand complicated health information under stress

# Health Literacy Strategies and Tools



# Do you currently use health literacy tools in your work?

- Yes
- No
- I don't know

# Health Literacy Strategies

1. Engage your audience

2. Use plain language and clear design

3. Focus on key messages

4. Promote teach-back techniques

5. Use patient friendly resources to enhance teaching

Adapted from  
California Health Literacy Initiative

# 1. Engage your audience

Engage with your user groups to:

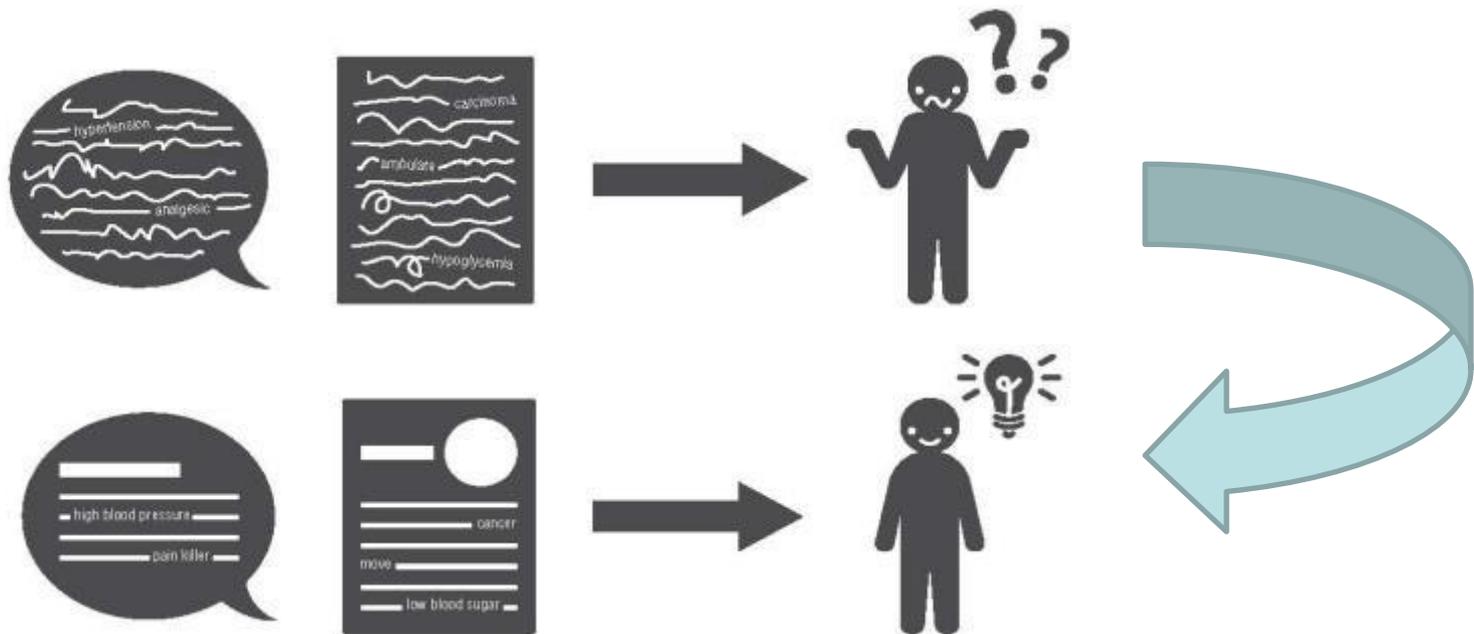
- Explore what they already know or want to learn
- Understand the situation from their perspective. What do they need to **know** or **do**?
- Inform content, tone, language of your work

Use interviews, focus groups, surveys, committees



## 2. Use plain language and clear design

A way of presenting information that is easy for a person to read, understand and use.



# Plain language tips

- ✓ Use common words
- ✓ Avoid jargon
- ✓ Explain health and technical terms
- ✓ Use the active voice
- ✓ Be concrete
- ✓ Stay positive
- ✓ Keep it short and simple

# Consent Form: Before

UNIVERSITY HEALTH NETWORK  
UNIVERSITY HEALTH NETWORK  
UNIVERSITY HEALTH NETWORK

CONSENT TO TREATMENT

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to perform the proposed procedure(s) described below (including all preliminary and related procedures, and any additional or alternative procedures as may become medically necessary during the course of the diagnostic procedure and/or treatment)

I understand that the University Health Network is a teaching hospital. I therefore give consent for supervised health practitioners-in-training to participate in my care and appropriate healthcare personnel to observe aspects of my care. I further agree that at his/her discretion, my physician (or other health practitioner) may call upon the assistance of other hospital staff or agents as appropriate, and may allow them to conduct, perform all or part of the diagnostic procedure(s) and/or treatment(s) and they shall have the same discretion in my life and/or treatment as my health practitioner.

I confirm that the nature of the treatment(s), expected benefits, material side effects, material risks, special or unusual risks, alternative courses of action, as well as the consequences of not having the treatment, have been explained to me by \_\_\_\_\_ (Health Practitioner) in a manner that I understand.

Date \_\_\_\_\_ Signature of Patient/Substitute Decision Maker  
If patient is U.S. or foreign resident, please complete the reverse side of this form.

Substitute Decision Maker, state relationship (and complete identification of Substitute Decision Maker, form D-2019B) on the following page.)

Name of Interpreter (Please Print) \_\_\_\_\_ Signature of Interpreter \_\_\_\_\_

Videotaping, Photographing and Use of Other Images for Teaching and Research  
UHN is a teaching hospital. Images of x-rays, microscopic slides of tissue and pictures of operations or other procedures are routinely used for teaching and research purposes. If any such images identifies you, your express consent will be obtained before it can be used for external teaching or research purposes.

**TO BE COMPLETED BY PHYSICIAN/HEALTH PRACTITIONER**  
(N.B. Failure to complete this portion of the Consent Form and Consent for Future Research Form attached hereto (Form 2019K) may result in the withholding of treatment to this patient.)

I confirm that I have explained the nature of the treatment(s), expected benefits, material side effects, the material risks, special or unusual risks, alternative courses of action as well as the likely consequences of not having the treatment and answered all questions.

Date \_\_\_\_\_ Health Practitioner \_\_\_\_\_

Nov 2016 (2/16/2016) See Over →

“I, \_\_\_ hereby authorize \_\_\_ to perform the proposed procedure(s) described below (including all preliminary and related procedures, and any additional or alternative procedures as may become medically necessary during the course of the diagnostic procedure and/or treatment).”

# Consent Form: After

University Health Network  
CONSENT TO TREATMENT

Doctor's Name: \_\_\_\_\_ Addressograph: \_\_\_\_\_  
Treatment: \_\_\_\_\_

Your doctor has proposed this treatment. You have the right to decide whether to accept this treatment or not. If there is anything you do not understand, ask the doctor or health practitioner.

The doctor or health practitioner has fully explained to me:

- what the treatment is;
- why the treatment is needed;
- how the treatment may benefit me;
- what risks and side effects are possible;
- what other choices for treatment I have; and
- what may happen if I do not have the treatment.

I have had the chance to ask questions, which were answered to my satisfaction.

I agree that the doctor or health practitioner(s) may perform all procedures that:

- need to be done before treatment starts;
- become medically necessary during treatment; and
- in exceptional cases, may allow other qualified health practitioners to do all or part of the treatment and make decisions about my care.

The University Health Network is a teaching hospital. I agree that health practitioners in training or visiting may watch my treatment, under the supervision of a fully-trained health practitioner.

I agree that health practitioners in training may participate in my treatment under the supervision of a fully-trained health practitioner.

I agree that my treatment (including x-rays and tissue samples) may be photographed, videotaped or electronically recorded for teaching or research purposes, as long as my identity remains unknown.

If you agree to the proposed treatment, please sign this form. You have the right to change your mind at any time, even after signing this form.

Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Signature of Patient: \_\_\_\_\_  
(or Substitute Decision Maker)

Name of Interpreter (Please Print) \_\_\_\_\_ Signature of Interpreter \_\_\_\_\_

TO BE COMPLETED BY DOCTOR/HEALTH PRACTITIONER

(N.B. Failure to complete this portion of the Consent Form and Consent for Future Research Form attached hereto (Form 2019K) may result in the withholding of treatment to this patient.)

I confirm that I have explained the nature of the treatment(s), expected benefits, material side effects, the material risks, special or unusual risks, alternative courses of action as well as the likely consequences of not having the treatment and answered all questions.

Date: \_\_\_\_\_ Health Practitioner: \_\_\_\_\_

Form 2018A (18/02/21) See Over

“Your doctor has proposed this treatment. You have the right to decide whether to accept this treatment or not. If there is anything you do not understand, ask the doctor or health practitioner.”

The doctor or health practitioner has fully explained to me:

- What the treatment is
- Why the treatment is needed
- How the treatment may benefit me
- What risk and side effects are possible
- What other choices for treatment I have; and
- What may happen if I do not have the treatment”

# 3. Focus on key messages

Limit to 1 to 3 key messages

Identify 'need to know' or 'nice to know'?

Build in cues, links and other resources to help readers build knowledge



[Get the flu shot](#)

## Other tips to avoid getting – and spreading – the virus



### Wash your hands often

- even after getting the flu shot, washing with soap and water for at least 15 seconds helps prevent the spread of the virus, which can live on your hands for up to 3 hours
- if soap and water are not available, use a **hand sanitizer** (gel or wipes) with at least **60% alcohol**



### Cover your mouth when you cough or sneeze

- use a **tissue** and **throw it out** rather than putting it in your pocket, on a desk or table
- if you don't have a tissue, cough into your **upper sleeve**



### Don't touch your face

- the flu virus spreads when people with the flu cough, sneeze or talk and **droplets enter your body** through your **eyes, nose or mouth**



### Stay at home when you're sick

- viruses **spread more easily in group** settings, such as businesses, schools and nursing homes

## What the numbers mean

When you [check wait times](#) for a first surgical appointment or surgery, you will have access to a lot of data. Here's a preview of what the measurements mean and an example of how someone can use them to estimate their wait time and inform questions for their doctor.

### Priority level

To help doctors and hospitals care for patients most in need first, doctors assign each patient a priority level of 1 to 4. For non-emergencies, **priority 2 is the most urgent**. (Priority 1 means emergency, so those patients are seen immediately and not included in this wait times data.)

Because priority levels are assigned based on specific criteria, you can be sure your wait time is **appropriate for your condition**.



#### Meet Lori.

Lori needs surgery to remove a cancerous tumour from her breast quickly so her specialist has classified her as [priority 3](#).

### Target time

A target time is a common service standard that all specialists and hospitals in Ontario follow.

A common target time helps ensure your wait is **fair and reasonable** no matter which specialist you go to in Ontario.

Lori can see that, at the hospital where her specialist operates:

Lori can see that, at the hospital where her specialist operates:

last month

94%

of priority 3 patients had their surgery...

...within the target time of

28

days

the **average wait time** was

15

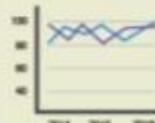
days



I'm booked to go on a short trip next week. It looks like my surgery won't happen before then, so I'm glad I can still go, as planned!

### Trend over time

This graph shows you how the province and particular hospitals have performed when it comes to wait times **over time**.



By looking at the [trend over time graph](#), Lori can see that the wait at the hospital where she'll be having her surgery has been consistently under the target time for the last several months **so her estimated wait time isn't unusual**.

## 4. Promote 'teach back' techniques

A way to make sure that we as healthcare providers have explained information clearly to both patients and their family members or other caregivers. By asking them to explain it back to us in their own words helps us to know that we've done a good job of explaining the matter clearly.

# Why?

Teach Back is a research-based health literacy intervention

- Improves patient-provider communication
- Improves patient health outcomes
- Helps reduce potential medication errors and mistakes with care instructions.
- Assist patients to understand treatment regimens & disease warning signs
- Predictive of subsequent adherence
- Reduces readmission

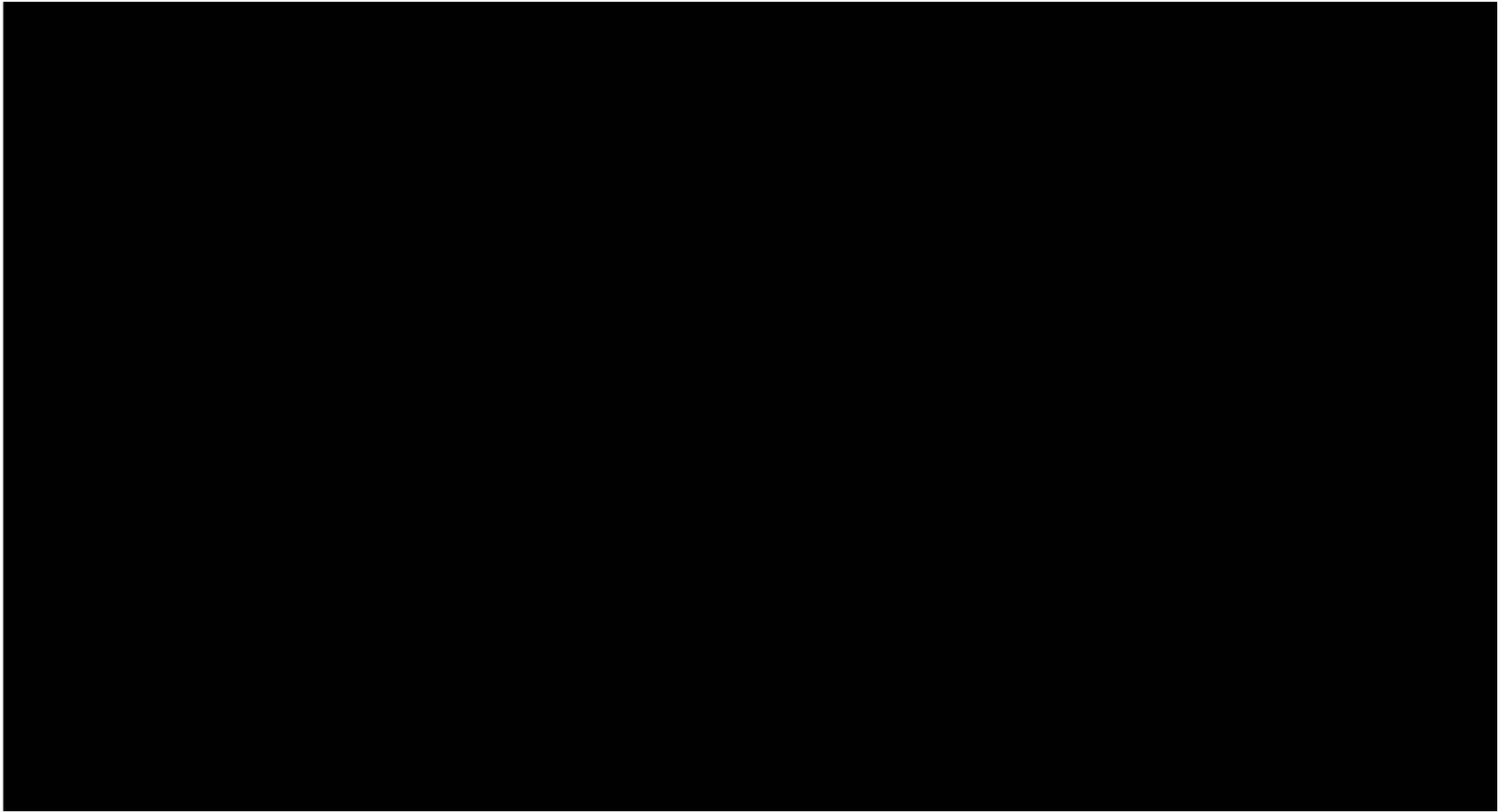


*“Asking that patients recall and restate what they have been told” is one of 11 top patient safety practices based on the strength of scientific evidence.”*

*AHRQ, 2001 Report, Making Health Care Safer*

# Teach-back demonstration

<https://youtu.be/2N0gCzdVFnM>



# 5. Use patient friendly materials to enhance teaching

## How to lie in bed for patients with weakness

U.S. National Library of Medicine

### 1. How to lie on your back



- Lie in a comfortable position on your back with a pillow under both knees if it helps.
- Place a folded towel under your left arm on a pillow. Make sure that your arm is supported.
- Keep your elbow slightly bent.
- Keep your wrist straight and supported.
- Keep your fingers open in a relaxed position.

Please visit the NIH Patient Education website for more health information: [www.nih.gov/patient-education](http://www.nih.gov/patient-education)  
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### Medical Dictionary from Merriam-Webster

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### Easy-to-Read Materials

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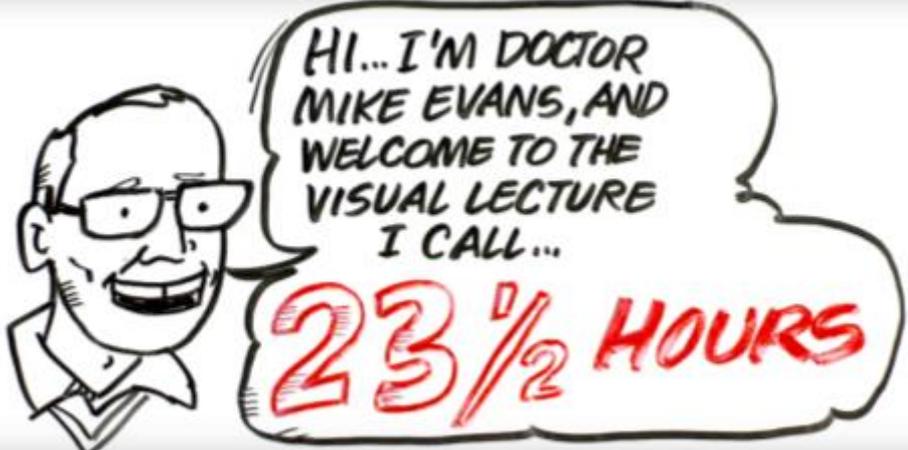
- Diets: Don't Replace Fat Processed Carbs
- More Evidence High-Fiber Diet Is Good for You
- Tagging T1s a Risk to Kill
- More health news

Clinical Trials

Search ClinicalTrials.gov for treatment studies

U.S. National Library of Medicine 800 Rockledge Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services  
Please feel confident on 02 September 2010 LPL 1

23 and 1/2 hours: What is the single best thing we can do for our health?

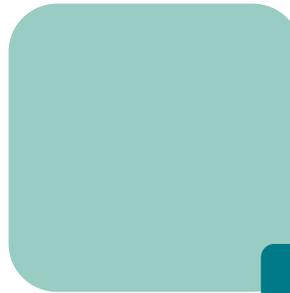


HI... I'M DOCTOR MIKE EVANS, AND WELCOME TO THE VISUAL LECTURE I CALL...

**23 1/2 HOURS**

0:00 / 5:15

# Resources and Further Reading



# Connecting the champions

- Webinar series in partnership with CHLPEN (The Canadian Health Literacy and Patient Education Network), UHN, CHEO and the ministry:
  - #1: [CMD Health Literacy Index](#)
  - #2: [Health Literacy and Medication Use](#)
  - #3: [Plain Language and Clear Design](#)
  - #4: [Using Teach-Back for Health Literacy](#)
- A full day Health Literacy Symposium in Toronto: March 19, 2018 – [registration link](#)

# Canadian Resources

- A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy

[http://www.cpha.ca/uploads/portals/h-l/report\\_e.pdf](http://www.cpha.ca/uploads/portals/h-l/report_e.pdf)

- Intersectoral approach for health literacy

<http://www.phabc.org/userfiles/file/IntersectoralApproachforHealthLiteracy-FINAL.pdf>

- Calgary Charter on Health Literacy

[http://www.centreforliteracy.qc.ca/sites/default/files/CFL\\_Calgary\\_Charter\\_2011.pdf](http://www.centreforliteracy.qc.ca/sites/default/files/CFL_Calgary_Charter_2011.pdf)

- *Health Literacy in Canada, A Primer for Students*, Hoffman-Goetz, Donelle and Ahmed 2014
- Canadian Health Literacy and Patient Education (CHLPEN)
- Health Literacy PHAC: <http://www.phac-aspc.gc.ca/cd-mc/hl-ls/index-eng.php>

# Health Literacy Training

[Centers for Disease Control & Prevention \(CDC\)](http://www.cdc.gov/healthliteracy/gettraining.html)

v/healthliteracy/gettraining.html

## Health Literacy

CDC > [Health Literacy](#)

- Health Literacy
- Introduction
- Leaders Talk About Health Literacy
- Learn About Health Literacy +
- Find Training -**
- Health Literacy for Public Health Professionals +
- Writing for the Public
- Using Numbers and Explaining Risk
- Creating Easier to Understand Lists, Charts, and Graphs
- Speaking with the Public
- Non-CDC Training
- Plan and Act +
- Culture and Health Literacy
- Develop Materials +
- Education and Community Support for Health Literacy
- Research and Evaluate +
- Disseminate +
- Organizations and Committees
- Activities by Region +
- Activities by State
- Contact Form

### Find Training

[f](#) [t](#) [+](#)

Training in health literacy, plain language, and culture and communication is essential for anyone working in health information and services. Whether you are new to these topics, need a refresher, or want to train your entire staff, the following courses are a good place to start.



### Start your health literacy training here...

CDC offers five online health literacy courses for health professionals. We recommend that you take the introductory course "Health Literacy for Public Health Professionals" first and "Writing for the Public" second. The other courses can be taken in any order, depending on your interests.

1. Health Literacy for Public Health Professionals (free continuing education)
2. Writing for the Public (printable completion certificate)
3. Using Numbers and Explaining Risk (printable completion certificate)
4. Creating Easier to Understand Lists, Charts, and Graphs (printable completion certificate)
5. Speaking with the Public (printable completion certificate)

### Additional Training Resources

#### Good Questions for Good Health Training

A consumer and patient communication skill building module. It encourages question-asking and provides strategies for formulating and asking questions before, during, and after medical appointments. The [Toolkit](#) includes a [presentation](#), presentation notes, skill building activity, take-home handout, and an evaluation form.

[Listen to Dr. Rima Raddi](#), health literacy expert, Harvard T.H. Chan School of Public Health, explain health literacy.

For more training materials on health literacy, plain language, culture competency, consumer-patient skill building, and shared decision making, please visit our [Other Training Page](#).

# Universal Precautions Approach

- [Agency for Healthcare Research and Quality](#)



**UNIVERSAL PRECAUTIONS TOOLKIT**

**21 Tools** that can help you improve your accreditation, including:

- Spoken communication
- Written communication
- Self-management and empowerment
- Supportive systems

AHRQ Health Literacy Universal Precautions Toolkit

- [Health Literate Care Model](#)



# Communicate Health



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## Testing Techniques Part 9: In-Depth Interviews

by We ♥ Health Literacy

For our latest installment on [testing techniques](#), we're talking about in-depth interviews, or IDIs. We ♥ interviewing because it's an effective, versatile, and affordable way to get great feedback on health materials, messages, or tools.



What is an in-depth interview? It's simply a one-on-one conversation between a moderator and a participant. Interviews usually take an hour or less — and they can be done via phone, video chat, or in person.

we ♥ health literacy

Do you ♥ health literacy? We sure do! Sign up to get practical health literacy tips and tricks — delivered to your inbox every week.

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### Archive by Category

About Us

# How confident do you feel addressing health literacy in your work?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident

# Questions?

**For further questions please contact:**

**[Farrah.Schwartz@uhn.ca](mailto:Farrah.Schwartz@uhn.ca)**

**[Maja.Filipov@ontario.ca](mailto:Maja.Filipov@ontario.ca)**

**Thank you!**