Health Literacy

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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)
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’.”
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
Limited health literacy is associated with increased healthcare costs and worse health outcomes.

In older adults, those with low health literacy were **2 times** more likely to die within 5 years.

Out of 197 serious safety events reported to the Joint Commission, **127** had root causes of failures in communication and **26** of patient education.

People with low health literacy are less likely to be able to identify their own medications, understand how to take them and potential side effects, and are more likely to misinterpret warning labels.

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Mitic and Rootman 2012 [Intersectoral approach for health literacy](http://www.bmj.com/content/344/bmj.e1602)

Bostock, BMJ 2012 [http://www.bmj.com/content/344/bmj.e1602](http://www.bmj.com/content/344/bmj.e1602)

[Joint Commission](data 2014-15)

Institute of Medicine Roundtable summary, 2017
What are the benefits of adequate health literacy?

- Increases patient safety
- Improves outcomes
- 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

Aggregated Ministry research, 2016
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
“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

“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
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 specialty you go to in Ontario.

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
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
  
  [link]

• Intersectoral approach for health literacy
  
  [link]

• Calgary Charter on Health Literacy
  
  [link]

• Health Literacy in Canada, A Primer for Students, Hoffman-Goetz, Donelle and Ahmed 2014

• Canadian Health Literacy and Patient Education (CHLPEN)

• Health Literacy PHAC: [link]
Health Literacy Training

Centers for Disease Control & Prevention (CDC)
Universal Precautions Approach

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

![Universal Precautions Toolkit](#)

- [Health Literate Care Model](#)
Communicate Health

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.
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:

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Thank you!