

State of Maryland

# Department of Health and Mental Hygiene



**Martin O'Malley**, Governor

**Anthony G. Brown**, Lt. Governor

**John M. Colmers**, Secretary

## Overview of Health Literacy

Orientation for New Employees

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Cigarette Restitution Funds Programs Unit  
Center for Center Surveillance and Control

# Training Goals

- Provide an overview of health literacy and approaches to working with individuals with low literacy skills
- Highlight challenges and strategies to increase CRC screening

Health Literacy:  
Building an Individual's Capacity to  
Obtain, Process, and Understand  
CRC Information



# Health Literacy: A Major Barrier to Using Health Care Services

- Health literacy
  - Is the ability to *read, understand, and act* on health information (JAMA, 1999)
  - Occurs in health care setting vs. other settings for general literacy
  - Involves concepts & language used in health information and education
  - Is measured by using:
    - Rapid Estimate of Adult Literacy in Medicine (REALM) & Test of Functional Health Literacy in Adults (TOFHLA)

American Medical Association, Understanding Health Literacy, 2005 (AMA, 2005)



# Adults with Limited Health Literacy Skills

- Are less likely to use preventive services and report poorer health status
- Are less knowledgeable of disease management and health-promoting behaviors
- Have higher rates of health services use  
(AMA, 2005)
  - 29% more likely to be hospitalized
  - 69% more likely to be in hospital for 2 years

IOM, Health Literacy: A Prescription to End Confusion, 2004 (IOM, 2004)



# Adults with Limited Literacy Skills

- Have higher health care costs
  - \$10,688 per year for people with limited literacy skills
  - \$2,891 per year for people with higher literacy skills
  - Excess health care cost is estimated to up to \$73 billion dollars per year due to excess health care costs

AMA, 2005



# Fact Sheet: Health Literacy

- About 90 million have difficult understanding and acting on health information (IOM, 2004)
  - Worse among the elderly and people with poor health (JAMA, 1999)
  - 27% did not understand when the next appointment was scheduled.
  - 48% could not understand directions for taking medications
  - 60% could not understand a consent form.

Cleveland Clinic Journal Of Medicine, May 2002



# Contributors to the Problem of Limited Health Literacy

- Medications (more medications and usage)
- Time
  - Providers spend less time with patients
- Patient self care
  - more personal responsibility and outpatient care
- Fragmentation of care
  - People seek care at multiple places resulting poor care coordination and communications
- Insurance and paper work

AMA, 2005



# Working With Individuals Who Have Low Health Literacy



# Practical Clues to Limited Literacy Include:

- Claim they have forgotten their reading glasses
- Bring family members with them
- Fill out intake forms incompletely or inaccurately
- May be ashamed to ask questions
- Prefer to receive health information in a verbal form as compared to written information

(D. Falvo, 1994)

# Assessing Literacy

- The best method to assess the degree of literacy involves:
  - Being observant
  - Being alert to cues
  - Asking sensitive and direct questions
  - Establishing trusting and helping environment

(D. Falvo, 1994)

# Working With Low-literacy Groups

- Principles of Adult Learning says people retain:
  - 10% of what they read
  - 20% of what they hear
  - 30% of what they see
  - 50% of what they hear and see
  - 70% of what they say
  - 90% of what they do and say

# Working With Low-literacy Groups (cont.)

- Slow down
- Use short sentences
- Use “active voice”
  - Active voice: “You give your doctor this form,”
  - Passive voice: “This form is given to your doctor.”
- Give only essential information
- Use terms that are familiar to the individual
  - Gut vs. colon, bowels, intestines

# Working With Low-literacy Groups (cont.)

- Use visuals
  - Use graphics and video to enhance the message, stimulate discussion, and emphasize a topic. (CDC)
- Repeat instructions
  - Use a "teach back" or "show me" approach to confirm understanding.  
(Davis et.al., 2002)

# Working With Low-literacy Groups: Moving Beyond the Brochure

- Brochures do not substitute for direct communication with the public
  - Public will take information more seriously if time is taken to point out major points
  - People should be told why they are being given the teaching aids & how they are to use them

(D. Falvo, 1994)

The next four slide lists recommendations  
as written by American Medical Association  
and American Medical Foundation

# Checklist for patient-friendly office procedures

- Exhibit a general attitude of helpfulness.
- When scheduling appointments...
  - Have a person, not a machine, answer the phone.
  - Only collect necessary information.
  - Give directions to the office.
  - Help patients prepare for the visit. Ask them to bring in all their medications and a list of any questions they might have.

Removing barriers to better, safer care  
Health literacy and patient safety: Help patients understand  
Manual for Clinicians

American Medical Association Foundation and American Medical Association (2007)

## Table 9. Checklist for patient-friendly office procedures

- Use clear and easy-to-follow signage.
- Ask staff to welcome patients with a general attitude of helpfulness.
- During office check-in procedures...
  - Provide assistance with completing forms.
  - Only collect essential information.
  - Provide forms in patient's language.
  - Provide forms in an easy-to-read format.

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## Table 9. Checklist for patient-friendly office procedures

- When referring patients for tests, procedures, consultations...
  - Review the instructions.
  - Provide directions to the site of referral
  - Provide assistance with insurance issues.

Removing barriers to better, safer care

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## Table 9. Checklist for patient-friendly office procedures

- When providing patients with information...
  - Routinely review important instructions.
  - Provide handouts in an easy-to-read format.
  - Use non-written modalities.

# Colorectal Cancer Screening Saves Lives!

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END

