Health Literacy Challenges and Opportunities: Bringing Children's Mercy and Kansas City Together

Apr 18th, 10:00 AM - 11:00 AM

Health Literacy: Can We Confuse Patients Less?

Ruth Parker
Emory University School of Medicine

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/healthliteracy

Part of the Health Communication Commons, and the Interprofessional Education Commons

https://scholarlyexchange.childrensmercy.org/healthliteracy/workshop/Wednesday/7

This Presentation is brought to you for free and open access by the CONFERENCES, EVENTS, GRAND ROUNDS at SHARE @ Children's Mercy. It has been accepted for inclusion in Health Literacy Events by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact bpfannenstiel@cmh.edu.
Health Literacy—
Can We Confuse Patients Less?

Ruth M. Parker, M.D., MACP
Professor of Medicine, Pediatrics and Public Health
Sr. Fellow, Center for Ethics
Emory University
<table>
<thead>
<tr>
<th>External Industry Relationships *</th>
<th>Company Name(s)</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity, stock, or options in</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>biomedical industry companies or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>publishers**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board of Directors or officer</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Royalties from Emory or from</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>external entity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry funds to Emory for my</td>
<td>McNeil Consumer Products</td>
<td>Sub-contract to Northwestern U</td>
</tr>
<tr>
<td>research</td>
<td>Abbott</td>
<td>Sub-contract to Northwestern U (Co-I: Grants to improve patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>understanding of medication labels)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sub-contract to Northwestern U</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sub-contract to Northwestern U</td>
</tr>
<tr>
<td>Other</td>
<td>Johnson&amp;Johnson</td>
<td>Health policy for health literacy (PI-writing manuscripts for peer-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>review publication)</td>
</tr>
<tr>
<td></td>
<td>Merck</td>
<td>Co-chair Scientific Input Engagement</td>
</tr>
</tbody>
</table>

*Consulting, scientific advisory board, industry-sponsored CME, expert witness for company, FDA representative for company, publishing contract, etc.

**Does not include stock in publicly-traded companies in retirement funds and other pooled investment accounts managed by others.
Meet Dave.

- Husband
- Father (2 children)
- Employed full time
- Commute = 45 min.
- Occasional travel
- Type 2 diabetes
- Hypertension
- High Cholesterol
- Two prescribers
- 5 Rx medications daily
- Quarterly MD visits
- Overweight (BMI = 27)
- Variable diet
- Variable activity
- Frequently misses meds
Meet Dave.

- 8 years old
- Older of 2 kids
Meet Dave.

- 8 years old
- Oldest of 3 kids
- Missed school 22 days last year
- Hospitalized twice
- On 2-3 different meds
Meet Dave.

- 8 years old
- Older of 2 kids
- Missed school 22 days last year
- Hospitalized twice
- Asthma
- ADHD
- ‘allergies’
- Overweight (BMI = 27)
- Variable diet
- Variable activity
- Frequently misses meds
Meet Dave.

- 8 year old
- Older of 2 kids
- Missed 30 days school last year
- Hospitalized twice
- asthma
- ADHD
- ‘allergies’
- Two prescribers
- 2-3 meds every day
- Health insurance changed this yr

- Overweight (BMI = 27)
- Variable diet
- Variable activity
- Frequently misses meds
Meet Dave.

- 8 year old
- Oldest of 2 kids
- Missed 30 days school last year
- Hospitalized twice
- asthma
- ADHD
- ‘allergies’
- Two prescribers
- 2-3 meds every day
- Health insurance changed this yr

- Inconsistently controlled
- ?? plan for improvement
- Not activated, not empowered
  - Inadequate knowledge/skills
- Overwhelmed
A $200 Billion Problem

The business case for health literacy

- Inadequate/inaccurate knowledge of disease, treatment
- Poorer self-care skills (medication use, monitoring, device use)
- Inappropriate health services use

Translates to:

- Non-adherence
- Costly urgent services (Unscheduled visits, ED, Hospitalizations)
- Medication Errors & Adverse Events
- Poorer outcomes (HTN, Diabetes, CHF, Asthma/COPD)
Health Literacy

....“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

Parker/Ratzan

NLM Complete Bibliographies of Medicine, 2000
Healthy People 2010
1st Health Literacy Assessment

Intermediate: 53%
Basic: 22%
Below Basic: 14%
Proficient: 12%

n=19,000 U.S. Adults

HEALTH LITERACY Tasks

Below Basic: Circle date on doctor’s appt. slip

Basic: Give 2 reasons a person with no symptoms should get tested for cancer based on a clearly written pamphlet

Intermediate: Determine what time to take Rx medicine based on label

Proficient: Calculate employee share of health insurance costs using table

67% probability individual can perform task
HEALTH LITERACY CHALLENGES

• Most people cannot understand health information they need

• It’s hard to be a patient and it’s easy to mess up

• An issue of quality—essential for self-management, reducing disparities and reducing costs
Percentage of adults in each health literacy level, by race/ethnicity, 2003

Source: NAAL
The Forecast for 2030

Proficiency Distributions

- 1992 NALS
- 2030 Projection

Proficiency

www.ets.org/stormreport
Health Literacy Framework

Skills/Ability

Health Literacy

Demands/Complexity

(Parker)
Not Aligned
Closer look…pill bottle label

Skills/Ability

Demands/Complexity
Over 10,000 Rx drugs in U.S. (FDA, 1999)
Over 300,000 OTC products on market in U.S. in 2001
Can you take these together?

Acetaminophen 650 mg

Acetaminophen 500 mg
Diphenhydramine HCl 25 mg

Acetaminophen 500 mg

Acetaminophen 325 mg
Chlorpheniramine maleate 2 mg
Dextromethorphan hydrobromide 10 mg
Phenylephrine hydrochloride 5mg

Acetaminophen 250 mg
Aspirin 250 mg
Caffeine 25 mg

Acetaminophen 250 mg
What Constitutes the Label?

1) Container Label

2) Consumer Medication Information (CMI)

3) Package Insert

4) Medication Guide

William H. Shrank, MD, MSHS, Nov. 2006
One capsule twice daily

One tablet by mouth twice a day for 3 days

One tablet two times a day

One tablet by mouth twice a day

Tomar 1 tab XLA boca vezdia X7 dias luego do XLA boca X7 dias

Take one by mouth 3? Times a day

Take as directed
A Current, Broken System of Patient Rx Information
| Lipitor 10 mg tabs   | - "Take one tablet daily."
|---------------------|-------------------------------------------------------------------
| Take one tab QD     | - "Take 1 tablet by mouth for high cholesterol."
| Dispense #30        | - "Take one (1) tablet(s) by mouth once a day."
| Indication: for high cholesterol | - "Take one tablet by mouth every day for high cholesterol." |
| No refills          |                                                                   |

| Fosamax 5 mg tabs   | - “Take 1 tablet by mouth daily.”
|---------------------|-------------------------------------------------------------------
| Take one tab QD     | - "Take one tablet by mouth every day for osteoporosis prevention. Do not lie down for at least 30 minutes after taking."
| Dispense #30        | - "Take 1 tablet every day, 30 minutes before breakfast with a glass of water. Do not lie down.”
| Indication: osteoporosis prevention | - “Take one tablet every day.” |
| Do not lie down for at least 30 minutes |                                                                   |
Bottom Lines from studies...

- Labels simple… not clear
- Mistakes are common
- Ability to read label does not mean correct interpretation
- Mistakes more likely the more meds patients take
- Variability of dosing instructions is source of confusion
A Few Important Take-Aways

- Plain language, written Rx labeling alone has limited ability to reduce disparities
- Variable Rx label content exists
- Spoken counseling (MD, RN, PharmD) is infrequent, inadequate
- Multi-faceted communication strategies needed-- co-develop with patients
Health Literacy $R_x$ Issues

Evidence of HL $R_x$ challenges:

- Reconciling medications
- Spacing out multi–daily dosing
- Remembering to take medications
- Organizing complex $R_x$ regimens
- Problem–solving (i.e. knowing about side effects, actions to take if missed or misused, etc.)
And...Pediatric Liquid Medications

- Hard to administer
  - Variation in dosing instrument accuracy
  - Different concentrations
  - Different units of measurement
    - mL /cc/ tsp / TBSP
S.A.F.E. Rx for Kids

- “Safe Administration for Every Rx for Kids”
  3 sites: NY, CA, GA

- Goal: Design & evaluate comprehensive low literacy labeling and dosing strategy for pediatric liquid medicines
Parent Dosing Errors by Tool Type/Capacity

For 7.5 and 10 mL doses, more errors with 5 mL syringe (multiple instrument-fulls needed)
A Prescription for Confusion.

Mother Master’s degree health educator

Father General internist

Daughter 6 years old with diagnosis of H1N1 influenza (‘swine flu’)

**To the Editor:** The medical community should be made aware of the serious potential for dosing errors in children prescribed Tamiflu (oseltamivir) oral suspension, as illustrated in the case described below.

After the diagnosis of novel H1N1 influenza, a 6-year-old received a prescription for Tamiflu (oseltamivir) oral suspension (12 mg per milliliter) at a dose of 3/4 teaspoon PO BID. However, the parents, one a primary care physician and the other one of the authors, had great difficulty determining the correct dose to administer to their child. The medication bottle was accompanied by a prepackaged syringe with markings of 30, 45, and 60 mg (Fig. 1). The label attached by the pharmacy specified the dose in volume units (“3/4 teaspoonful”) but the syringe provided only markings in mass units (milligrams). Despite training and measurement calculations, will be receiving the correct dose.
TAMIFLU®
(oseltamivir phosphate)
for Oral Suspension
12 mg/mL

Each mL contains
12 mg oseltamivir base
after constitution.

GIVE CHILD ¾ TEASPOONFUL BY
MOUTH TWICE A DAY FOR 5 DAYS
3/4 teaspoon dose:

5 ml (volume of teaspoon) x .75 x 12 mg per ml Tamiflu suspension =

45 mg on syringe

TO THE EDITOR: The medical community should be made aware of the serious potential for dosing errors in children prescribed Tamiflu (oseltamivir) oral suspension, as illustrated in the case described below.

After the diagnosis of novel H1N1 influenza, a 6-year old received a prescription for Tamiflu (oseltamivir) oral suspension (12 mg per milliliter) at a dose of 3/4 teaspoon PO BID. However, the parents, one a primary care physician and the other one of the authors, had great difficulty determining the correct dose to administer to their child. The medication bottle was accompanied by a prepackaged syringe with markings of 30, 45, and 60 mg (Fig. 1). The label attached by the pharmacy specified the dose in volume units (“3/4 teaspoonful”) but the syringe provided only markings in mass units (milligrams). Despite giving and measurement calculations\(^1\) will be relevant.
Reprogramming the \( R_x \) Label.

<table>
<thead>
<tr>
<th>Do not drink alcoholic beverages while taking this medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry or wear medical identification stating you are taking this medicine</td>
</tr>
<tr>
<td>You should avoid prolonged or excessive exposure to direct and/or artificial sunlight while taking this medicine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Michael Wolf</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/29/71</td>
</tr>
</tbody>
</table>

**Glyburide 5mg**

**Take for** Diabetes

**Take:**
- 2 pills in the morning
- 2 pills in the evening

<table>
<thead>
<tr>
<th>Morning 7-9 AM</th>
<th>Noon 11-1 PM</th>
<th>Evening 4-6 PM</th>
<th>Bedtime 9-11 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Rx #: 1234567**

9/8/2009

You have **11** refills

180 pills

**Discard after 9/8/2010**

**Provider:** RUTH PARKER, MD
Emory Medical Center
(414) 123-4567

**Pharmacy:** NoVA ScriptsCentral
11445 Sunset Blvd.
Reston, VA
(713) 123-4567

**NDC # 1234567**
### Universal Medication Schedule (UMS)

#### Figure 5.

The Enhanced Rx Label

<table>
<thead>
<tr>
<th>Time</th>
<th>UMS Label</th>
<th>Standard Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>2.1 (1.1-3.9)</td>
<td>2</td>
</tr>
<tr>
<td>Noon</td>
<td>1.9 (1.3-2.6)</td>
<td>30%</td>
</tr>
<tr>
<td>Evening</td>
<td>74%</td>
<td>59%</td>
</tr>
<tr>
<td>Bedtime</td>
<td>---</td>
<td>30%</td>
</tr>
</tbody>
</table>

- **Understanding**: 74%
- **Adherence (3 months)**: 49%

---

Davis et al J Gen Intern Med, 2010; Wolf et al Arch Intern Med 2011; Med Care 2011; Bailey J Gen Intern Med 2012
Reduce Cognitive Load

- plain language
- concise, explicit
- Sequence information w/ consumer perspective
- ONLY Use meaningful visual aids

You Have a New Medication

Date: August 1, 2008
Name: John Doe
Doctor: David Baker, MD

Please read the information below. This tells you how to take your medicine.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Lipitor®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Name</td>
<td>Atorvastatin (a TORE va sta tin)</td>
</tr>
<tr>
<td>Purpose</td>
<td>This medication can lower “bad” cholesterol.</td>
</tr>
<tr>
<td>Benefit</td>
<td>It can help prevent a heart attack or stroke.</td>
</tr>
</tbody>
</table>

How to Take: Take 1 tablet by mouth at bedtime.

<table>
<thead>
<tr>
<th>Morning 6:00-8:00</th>
<th>Noon 11:00-1:00</th>
<th>Evening 4:00-6:00</th>
<th>bedtime 8:00-11:00</th>
</tr>
</thead>
</table>

For How Long: You may need to be on this medication for the rest of your life.

Call Your Doctor: if you have any of these symptoms for more than 1 week:
- Headaches
- Stomach pain
- Diarrhea

Stop Taking and Call Your Doctor: if you ever have:
- Muscle pain
- Muscle weakness
- Joint pain

Important:
- Take this medicine only the way your doctors tells you.
- Tell your doctor or pharmacist if you are pregnant, think you are pregnant, or breastfeeding. You should not take this medicine.
- If you take over-the-counter medicines every day, tell your doctor.
- Limit how much grapefruit juice you drink every day.

Please call NoVA ScripteCentral Pharmacy at (123) 456-7890 if you have questions or concerns.

These websites can tell you more about your medicine:
**Universal Medication Schedule**

UMS benefits proper use, adherence for patients:

- taking more complex drug regimens
- with medications prescribed for multi-daily dosing
- with limited literacy skills

---

**A Patient-Centered Prescription Drug Label to Promote Appropriate Medication Use and Adherence**

Michael S. Wolf, PhD MPH\(^1\), Terry C. Davis, PhD\(^3\), Laura M. Curtis, MS\(^1\), Stacy Cooper Bailey, PhD MPH\(^4\), JoAnn Pearson Knox, MSW\(^5\), Ashley Bergeron, MPH\(^1\), Mercedes Abbet, BA\(^2\), William H. Shrank, MSHS MD\(^6\), Ruth M. Parker, MD\(^7\), and Alastair J. J. Wood, MD\(^8\)

\(^1\)Health Literacy and Learning Program, Division of General Internal Medicine, Feinberg School of Medicine at Northwestern University, Chicago, IL, USA; \(^2\)Department of Learning Sciences, School of Education and Social Policy, Northwestern University, Evanston, IL, USA; \(^3\)Department of Medicine-Pediatrics, Louisiana State University Health Sciences Center – Shreveport, Shreveport, LA, USA; \(^4\)Division of Pharmaceutical Outcomes and Policy, Eshelman School of Pharmacy, University of North Carolina – Chapel Hill, Chapel Hill, NC, USA; \(^5\)NoVA Scripts Central Pharmacy, Falls Church, VA, USA; \(^6\)CVS/Caremark, Woonsocket, RI, USA; \(^7\)Division of General Medicine, Emory University School of Medicine, Atlanta, GA, USA; \(^8\)Department of Pharmacology, Weill Cornell Medical College, New York, NY, USA.

Reprogrammed, Default ‘Sigs’

Epic EHR view
**Old Method**

Take two pills by mouth twice daily

**New Method**

Take 1 pill in the morning, and take 1 pill at bedtime

---

**Universal Medication Schedule (UMS)**

| Take       | 1 pill in the morning
|------------|------------------------
| Morning:   | 6-8 am                 
| Noon:      | 11-1 pm                
| Evening:   | 4-6 pm                 
| Bedtime:   | 9-11 pm                

**Inervention**

1. Usual Care
2. UMS Interventions
3. EHR Tools
4. EHR Tools + SMS
Lessons from the field

Patients/consumers are the real experts…
partner with them to communicate
Confirm Patient Presents With Influenza Like Illness
- Age >14
- Fever ≥ 38 degrees Celsius or history of fever
- Cough or sore throat

Conduct modified CRB-65 Assessment
- Is the person confused?
- Is the person’s respiratory rate greater than twenty-four (>24) breaths per minute?
- Is the person’s systolic blood pressure less than one hundred (<100)?
- Is the person sixty-five years of age or older (≥ 65)?

How many “yes” answers to the mCRB-65 assessment?
- No positive answers
- 1 or 2 positive answers
- 3 or More Positive answers

Direct Person to the Emergency Department

Review Co-morbid Factors
- Chronic Obstructive Pulmonary Disease (COPD)
- Organ transplant recipient
- Renal Dialysis
- Liver failure
- Heart failure – Congestive Heart Failure (CHF)
- Currently taking oral steroids
- HIV/AIDS
- Currently on chemotherapy treatment or completed treatment regimen in the past 30 days
- Pregnant – gestation ≥ 24 weeks

Does the patient have one or more co-morbid factors?
- Yes
- No

Direct Person to the Clinic or their Primary Care Physician for care

Instruct individual to provide self-care at home
H1N1 Flu Self-Evaluation

This is provided for informational purposes only. It should not be used as a substitute for evaluation and treatment by a healthcare professional. This self-assessment information does not capture identifiable information in any manner.

Severity Assessment

Have you had a fever or felt feverish? If you are taking aspirin, acetaminophen, ibuprofen, answer yes.

YES  NO

START OVER
Do you have any of these health problems?

- Asthma, cystic fibrosis, or emphysema
- Very overweight (size XXL or larger)
- Diabetes
- Heart disease or heart failure
- Liver disease, hepatitis or cirrhosis (suh-roh-sis)

[Buttons: Yes, No]
She's one smart mom
She's got text4baby

Text BABY to 511411
Get FREE messages on your cell phone to help you through your pregnancy and your baby's first year

text4baby	text4baby.org

Es una mamá inteligente
Tiene text4baby

Escribe BEBE al 511411
Recibe mensajes GRATIS en tu teléfono que te ofrecerán ayuda durante tu embarazo y el primer año de tu bebé.

text4baby	text4baby.org
Message from HMHB:

• Free msg: The flu can be dangerous for pregnant women & their babies. Talk to your doctor about seasonal flu & H1N1 flu shots. More from CDC: 1-800-232-4636.

Message with edits from Emory:

• Free msg: If you get the flu while you are pregnant, you and your baby can get very sick. Ask your doc if you need a flu shot. 1-800-232-4636.
meets needs of all
Deadline: March 31, 2014

The New Health Care Law and You

The Affordable Care Act (ACA) is the new law that requires everyone to get health insurance, and there are some new health insurance choices starting in October 2013.
Let’s Ask 4…

*a shared conversation for providers and consumers about getting and using health insurance*

1. What are my choices for health insurance?
   2. How do I get it?
   3. How do I use it?
   4. How much will it cost me?
Do you have health insurance?

We will help you understand how to get, pay for, and use health insurance.
Every year Maria must pay $3,000 of her medical bills before her insurance company will pay anything. After she meets her $3,000 deductible, she will pay 20% of the cost of her bills for covered services. Maria will pay more if she goes out-of-network.

For hospital approvals call: 1-800-555-1234
Deductible/co-insurance: In-network $3000 / 20%
REFERRALS ARE NOT REQUIRED
For customer service call: 1-800-555-1234
Send Medical Claims to:
Insurance Company Name
PO Box 123
City, USA 12345

If you have to be admitted to the hospital, call your insurance company.

INSURANCE COMPANY NAME

MEMBER NAME: MARIA HERNANDEZ
MEMBER ID: 54321-123-321
EFFECTIVE DATE: 01-01-2014
GROUP #: 12345-987-654
PRESCRIPTION GROUP #: 23456
PCP: $25 / $30
SPC: $35 / $50
HO: DED/COINS
ER: $150

Your Plan Type
(HMO, POS, or PPO)

Your ID Number
POS

HOSPITAL ADMISSIONS
REQUIRE PRIOR APPROVAL

If you have to be admitted to the hospital, call your insurance company right away.

How much you pay up front:
PCP: $25 in-network; $30 out-of-network
SPC (specialist): $35 in-network; $50 out-of-network
HO (hospital stay) DED (deductible) / COINS (co-insurance): For hospital stays and some other services, your deductible and co-insurance apply
ER (emergency room): $150

Address to file a claim

Number to call with questions

SAMHSA
Health Literacy Principles Checklist

**Ensure that materials are plain, simple and understood.**

The best way to do this is by following as many of these principles as possible.

<table>
<thead>
<tr>
<th>PLANNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the Communication Objective</td>
</tr>
<tr>
<td>• Agree upfront on the purpose</td>
</tr>
<tr>
<td>Define Target Audience</td>
</tr>
<tr>
<td>• Know audience needs, interests, and behaviors</td>
</tr>
<tr>
<td>Engage Your Target Audience</td>
</tr>
<tr>
<td>• Create a way to include them in your development and testing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose/Objectives</td>
</tr>
<tr>
<td>• Focus and limit the purpose/objectives</td>
</tr>
<tr>
<td>• Explicitly state purpose/objectives in the title, cover illustration, introduction</td>
</tr>
<tr>
<td>Based on facts</td>
</tr>
<tr>
<td>• Content is accurate and reflects evidence</td>
</tr>
<tr>
<td>• State what is known and when relevant, what is not known</td>
</tr>
<tr>
<td>Scope</td>
</tr>
<tr>
<td>• Limit to essential information- the “need to know” not the “nice to know”</td>
</tr>
<tr>
<td>• Be sure all information is relevant and meaningful to the intended audience</td>
</tr>
<tr>
<td>• Focus on behaviors, skills and how “to do”</td>
</tr>
<tr>
<td>• Material is action orientated and goes beyond merely providing facts</td>
</tr>
<tr>
<td>• Main points are stressed, repeated and summarized</td>
</tr>
<tr>
<td>Language and culture</td>
</tr>
<tr>
<td>• Ensure you have high quality translation and interpretation of content</td>
</tr>
<tr>
<td>Demographics</td>
</tr>
<tr>
<td>• Ensure content reflects age, education, income, gender, occupation, and residence of intended audience</td>
</tr>
<tr>
<td>Clarity</td>
</tr>
<tr>
<td>• Information is clear and stated as simply as possible</td>
</tr>
<tr>
<td>Tone and appeal</td>
</tr>
<tr>
<td>• Content is positive, truthful and helpful</td>
</tr>
<tr>
<td>• Material is free from bias and prejudice</td>
</tr>
<tr>
<td>References</td>
</tr>
<tr>
<td>• Key sources are noted</td>
</tr>
<tr>
<td>• Where to go for more information is included</td>
</tr>
<tr>
<td>Date/authorship</td>
</tr>
<tr>
<td>• Include author(s), date of publication or revision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LITERACY DEMANDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Level</td>
</tr>
<tr>
<td>• Ensure as many people as possible can read and understand the materials</td>
</tr>
<tr>
<td>• If you use a readability calculator- be sure you understand its limitations</td>
</tr>
<tr>
<td>Choice of Words</td>
</tr>
<tr>
<td>• Use common, every-day, explicit words that are 2 syllables or less</td>
</tr>
<tr>
<td>• Avoid using jargon, abstract words, technical terms, statistics, abbreviations and acronyms</td>
</tr>
<tr>
<td>• Include the pronouimation of words that may not be understood to teach people how to say them</td>
</tr>
<tr>
<td>• Explain words, expressions and phrases through simple definitions- consider word/picture association or example</td>
</tr>
<tr>
<td>• Use positive statements- limit sentences beginning with “don’t” or “never”</td>
</tr>
</tbody>
</table>
Agree on a Common Goal

- Establish shared objectives - this can be tough as it involves negotiating competing political/economic interests and priorities.
- Define clear long and short-term objectives.
- Monitor effectiveness - Define an evaluation process for revising strategies in real-time.

Coordinate the Leadership

- Identify one lead institution - to manage and reconcile the common agenda, its priorities and resources, and all active parties in consultation with national governments.
- Identify credible individuals and organizations - build confidence and trust among key audiences - healthcare providers, media, and communities.
- Establish a strategic role - for public and private entities, the media, academia, and others for engagement.
- Be flexible - the disease is spreading. This may require rapid, nimble adaption, message surveillance, and shifting of resources.

Develop a Communication Strategy

- Prioritize the key messages - for the credible lead to disseminate.
- Prioritize the key audiences - for diffusing communication in multiple channels so that strategic alignment is attained.
- Develop a communication plan - delineating who is delivering what messages, how, and with what frequency.
- Recruit credible individuals or organizations - to diffuse the communication strategy.

Prevent the rapid spread of Ebola in the U.S.

Long-term goals:
- Decrease the likelihood that someone will be infected with Ebola in the U.S.

Short-term goals:
- Educate the public on ways Ebola is transmitted, and empower them to make informed decisions.
- Assist the public in making decisions by providing evidence-based messaging.

Lead Institution:
- World Health Organization, Department of Health and Human Services.

Key messages:
- Prevention strategies, how disease spreads, reduce panic and fear.

Key audiences:
- Health workers, media, the public.

Credible community and medical liaisons:
- Head of the State Public Health Agency.
THE WOMEN’S GUIDE TO HEALTH

RUN WALK RUN®, EAT RIGHT, AND FEEL BETTER

A Health Literate Action Guide
Make Writing Easier to Read

- Reduce complexity
- Organize content
- Use short words, sentences and paragraphs
- Choose common words
- Be concrete
- Be explicit

Goal: accurate, accessible, navigable, useful
Health Literacy and Teach-Back

Teach-back is a direct and clear way to find out if your patients understand the health information you give them.
Using Teach-Back Well

• **Avoid yes/no questions.**
  Instead of asking, “Do you understand why I’m prescribing this medicine?” ask, “Please tell me why I’m prescribing this medicine for you.”

• **When you are explaining more than one concept, “chunk and check.”**
  Teach two or three main points for the first concept, do a teach-back, then go to the next concept.

• **Speak in a caring tone of voice and approach each patient with respect.**
  A patient’s inability to understand health information may be a reflection of how you have explained it.

Adopted from: North Carolina Program on Health Literacy
Meet Dave.

- 8 year old
- Older of 2 kids
- Missed 30 days school last year
- Hospitalized twice
- asthma
- ADHD
- ‘allergies’

- Two prescribers
- 2-3 meds every day
- Health insurance changed this yr
- Overweight (BMI = 27)
- Variable diet
- Variable activity
- Frequently misses meds
“We envisage a society in which people have the skills they need to obtain, interpret, and use health information effectively…and within which a wide variety of health systems and institutions take responsibility for providing clear communication and adequate support to facilitate health promoting actions”.
Opportunities...

- ...everyone participates, reflects all
- …affordable, accessible to all

- Health literate by design
- Content/processes personalized, convenient, outcomes oriented
- Relevant across life cycle
Health Literacy Framework

Skills/Ability

Health Literacy

Demands/Complexity

(Parker)
References

Health Literacy: A Prescription to End Confusion (IOM Report)

Center for health guidance
http://www.centerforhealthguidance.org

Roundtable on Health Literacy/National Academy of Medicine
https://nam.edu/perspectives-2013-lets-ask-4-questions-for-consumers-and-providers-about-health-insurance/

AHRQ Universal Precautions Toolkit
• www.ahrq.gov/qual/literacy/