

Health Literacy and Teach-Back: Patient-Centered Communication

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Presenters:

- Dodi Meyer, MD, Associate Professor Pediatrics, Columbia University
- Emelin Martinez, Program Manager Health Literacy, NYP

Health Literacy and Teach-Back: Patient-Centered Communication

Presented by

Dodi Meyer, MD, Associate Professor Pediatrics, Columbia University
Emelin Martinez, Program Manager Health Literacy, NYP

Objectives

- Learn the definition of health literacy (HL) and its implication in health care delivery and outcomes
- Recognize that HL is an integral part of cultural and linguistic competency
- Learn how to apply strategies to improve health literacy
 - ❑ Usage of plain language
 - ❑ Implementing the teach-back method
 - ❑ Selecting and/or creating health education that applies the tenets of health literacy
- Become familiar with health literacy tools and resources

What is Health Literacy?



Health Literacy Defined:

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

US Department of Health and Human Services, Healthy People 2010

Scope of Problem

National Assessment of Adult Literacy (NAAL):

- 90 million adults lack skills needed to navigate the health system

Source: IOM Report—Health Literacy: A Prescription To End Confusion (2004)

- More than 43% of US adults have limited literacy. Problems include the following: Difficulty locating, matching, and integrating information in written text
 - 50% of above population can perform simple and routine tasks but can not do this when tasks are complicated by distracting information and complex texts

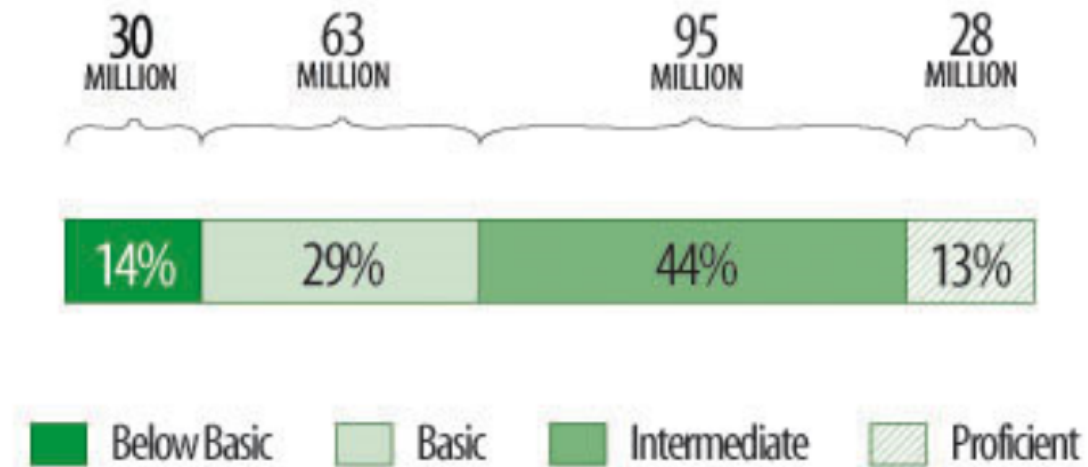
Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy

NAAL:

Number of Adults in Each Prose Literacy Level

Prose Literacy

- Below Basic:
 - no more than the most *simple* and *concrete* literacy skills
- Basic:
 - can perform simple and everyday literacy activities
- Intermediate:
 - can perform moderately challenging literacy activities
- Proficient:
 - can perform complex and challenging literacy activities



11 million adults could not be tested because they were non-literate. 7 Million could not answer simple test questions, and 4 million had language barriers.

Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy

Health Literacy: Why does it matter?

- Health outcomes:

 - Increased medication errors

 - Rise in doctor visits and hospitalizations

- Healthcare costs:

 - Estimated annual cost of limited health literacy in the U.S. may range between \$106 and \$236 billion dollars

 - Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC: Author.*

- Quality of care:

 - Miscommunication/dissatisfaction

Implication of Low Health Literacy...

Patients with limited health literacy may have difficulty:

**Locating
providers and
services**

**Filling out
health forms**

**Sharing medical
history with
provider**

**Seeking
preventive
health care**

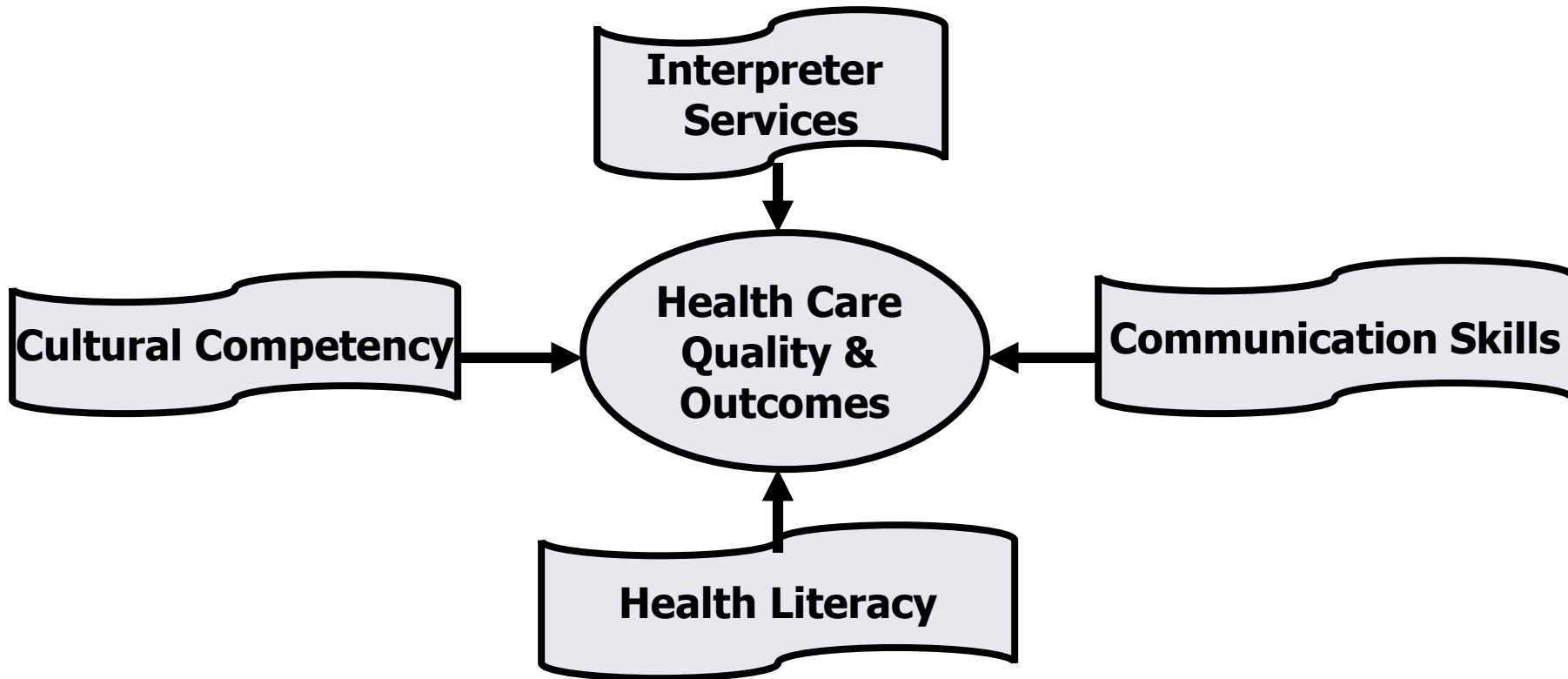
**Managing
chronic health
conditions**

**Understanding
directions on
medicine**

Health Literacy is dependent on both individual and systemic factors:

1. Communication skills
2. Individual's prior knowledge
3. Culture
4. Healthcare and public health systems

Integrating Silos



Integrating Literacy, Culture, and Language to Improve Health Care Quality for Diverse Populations. D. Andrulis PhD MPH, C. Brach MPP



Who is at risk?

- Older adults
- People with low income
- People with limited education
- Minority populations
- People with limited English proficiency (LEP)

AMA Health Literacy Video

<https://www.youtube.com/watch?v=ubPkdpGHWAQ>



What can be done to address health literacy?



Tool to Assess Health Literacy Levels:

- Examples

- NVS (Newest Vital Signs)
- TOFHLA (Test of Functional Health Literacy in Adults)
- STOFHLA (Short Test of Functional Health Literacy in Adults)
- REALM (Rapid Estimate of Adult Literacy)

New Vital Signs

Nutrition Facts		
Serving Size		½ cup
Servings per container		4
Amount per serving		
Calories	250	Fat Cal 120
		%DV
Total Fat 13g		20%
Sat Fat 9g		40%
Cholesterol 28mg		12%
Sodium 55mg		2%
Total Carbohydrate 30g		12%
Dietary Fiber 2g		
Sugars 23g		
Protein 4g		8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.



Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT:

This information is on the back of a container of a pint of ice cream.

- If you eat the entire container, how many calories will you eat?
Answer: 1,000 is the only correct answer
- If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?
Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"
- Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?
Answer: 33 is the only correct answer
- If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?
Answer: 10% is the only correct answer

READ TO SUBJECT:

Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

- Is it safe for you to eat this ice cream?
Answer: No
- (Ask only if the patient responds "no" to question 5): Why not?
Answer: Because it has peanut oil.

ANSWER CORRECT?

yes	no

Number of correct answers:

Interpretation

Score of 0-1 suggests high likelihood (50% or more) of limited literacy.
Score of 2-3 indicates the possibility of limited literacy.
Score of 4-6 almost always indicates adequate literacy.



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COLUMBIA UNIVERSITY
MEDICAL CENTER



NewYork-Presbyterian
Ambulatory Care Network

Universal Precautions of Health Literacy

- Simplify communication and confirm comprehension
- Support patients' efforts to improve their health
- Help patients by making healthcare easier to navigate

Health Literacy in Verbal Communication

- Usage of plain language
 - ☐ Avoid jargon
 - ☐ Define technical or medical words
- Motivational interviewing skills
 - ☐ Open-ended questions
 - ☐ Establishing prior knowledge
 - ☐ Assessing readiness to change

Teach-Back: A Technique to Ensure Understanding

The **teach-back method** is a technique used by health care providers to assess patient's or client's understanding of what was conveyed to him or her.

Example:

Ms. Jones, we just talked about the things you will need to do before your next appointment when we check the inside of your stomach. I want to make sure I did a good job explaining; can you tell me what you will do the night before your next appointment?

Steps to implement teach-back method

- Decide beforehand what's important for the person to know.
- Break down information into segments (chunking method).
- Intermittently check the individual's comprehension.
- Ask the person to paraphrase what was discussed in a manner that he or she will not feel tested

[Always Teach-back Training Toolkit](#)

Tenets of Health Literacy in Written Communication

- Identify target audience
- Establish purpose of material
- Establish method of dissemination or delivery
- Use the “Round Robin” editorial writing process

CDC Guidelines:

3 A's of Health Literacy

- Accuracy – Provide health information that is accurate and up to date.
- Accessibility – Present the information in a way that is inviting and attainable for the target audience.
- Actionable – Share the information in a way that will encourage the audience to take action.

Tenets of Health Literacy in Written Health Information

- Layout and design: Visual traits of the documents
- Organization/Format: Flow of content written in a fashion that's easy to follow
- Plain Language: Simple and clear use of everyday language

Readability Range

Easy

- 4th Grade
- 5th Grade
- 6th Grade

Average

- 7th Grade
- 8th Grade
- 9th Grade

Difficult

- 10th grade
- Or higher

Formatting

- Establish purpose
- Implement chunking technique
- Use Q & A style format when possible
- Emphasize the message by providing a summary of key ideas

Layout and Design

- Provide as much blank space in the background (avoid clutter).
- Select pictures that represent the target audience.
- Pictures must also be relevant to the content.

Layout and Design

- Use headings and subheadings.
- Use bullets or short passages.
- Do not print words on shaded areas.
- Avoid capitalizing every letter in a word.

Layout and Design

- Use appropriate space between lines 1.2 to 1.5.
- Use readable type font (serif) in 12 to 13 point size.
- San serif is preferable for headings.
- Serif is appropriate for the body of the text.

San Serif Font Examples:

- **Arial Black**
- Century Gothic
- Lucida Sans

Serif Font Examples:

- Times New Roman
- Century
- Georgia

Examples of Written Materials and their Reading Ease Score

- Bill of rights
- Application for SNAP (Supplemental Nutrition Assistance Program)

Parent's Bill of Rights Template*

[HOSPITAL] is committed to providing each child with the best care possible and to ensuring that you, as your child's primary protector and caregiver, are assured certain rights and freedoms. [HOSPITAL] views every parent and legal guardian as a valued member of the health care team and encourages you to speak with HOSPITAL staff about your child's care.

[Hospital's] Parent's Bill of Rights, in addition to the "Patient's Bill of Rights," sets forth the rights of patients, parents of minors, legal guardians or other persons with decision-making authority to certain minimum protections required by the regulations governing the provision of care in New York State's hospitals.

[Hospital's] Parent's Bill of Rights is subject to laws and regulations governing confidentiality, and is in effect if your child is admitted to the hospital or during an emergency room visit.

As a parent, legal guardian or person with decision-making authority for a patient receiving care in this hospital, you have the right, consistent with the law, to the following:

- To be asked the name of your child's primary care provider and have this information documented in your child's medical record.
- Qualified and appropriately credentialed staff in a setting and with equipment appropriate for the unique needs of children.
- To the extent possible given your child's health and safety needs, at least one parent or guardian may remain with your child at all times.
- For all test results completed during your child's admission or emergency room visit to be reviewed by a physician, physician assistant, or nurse practitioner who is familiar with your child's presenting condition.
- For your child not to be discharged from our hospital or emergency room until any tests that could reasonably be expected to yield critical value results are reviewed by a physician, physician assistant, and/or nurse practitioner and communicated to you or other decision makers, and your child, if appropriate. Critical value results are results that suggest a life-threatening or otherwise significant condition that requires immediate medical attention.
- For your child not to be discharged from our hospital or emergency room until you or your child, if appropriate, receives a written discharge plan, which will also be verbally communicated to you and your child or other medical decision makers. The written discharge plan will specifically identify any critical results of laboratory or other diagnostic tests ordered during your child's stay and will identify any other tests that have not yet been concluded.



Readability Score

Text Readability Consensus Calculator

Purpose: Our Text Readability Consensus Calculator uses 7 popular readability formulas to calculate the average grade level, reading age, and text difficulty of your sample text.

Your Results:

Your text: Parent's Bill of Rights Template*
[HOSPITAL] is ...([show all text](#))

Flesch Reading Ease score: 25.1 (text scale)
Flesch Reading Ease scored your text: [very difficult to read.](#)

Gunning Fog: 22.6 (text scale)
Gunning Fog scored your text: [very difficult to read.](#)

Flesch-Kincaid Grade Level: 18.4
Grade level: [College Graduate and above.](#)

The Coleman-Liau Index: 13
Grade level: [college](#)

The SMOG Index: 16.3
Grade level: [graduate college](#)

Automated Readability Index: 20.4
Grade level: [College graduate](#)

Linsear Write Formula : 25.3
Grade level: [College Graduate and above.](#)

Readability Consensus

Based on 8 readability formulas, we have scored your text:

Grade Level: 18

Reading Level: very difficult to read.

Reader's Age: College graduate



Patient's Bill of Rights

What is the Patient's Bill of Rights?

Here you will find a summary of the Consumer Bill of Rights and Responsibilities that was adopted by the US Advisory Commission on Consumer Protection and Quality in the Health Care Industry in 1998. It is also known as the Patient's Bill of Rights.

The Patient's Bill of Rights was created to try to reach 3 major goals:

1. To help patients feel more confident in the US health care system; the Bill of Rights:
 - Assures that the health care system is fair and it works to meet patients' needs
 - Gives patients a way to address any problems they may have
 - Encourages patients to take an active role in staying or getting healthy
2. To stress the importance of a strong relationship between patients and their health care providers
3. To stress the key role patients play in staying healthy by laying out rights and responsibilities for all patients and health care providers

This Bill of Rights also applies to the insurance plans offered to federal employees. Many other health insurance plans and facilities have also adopted these values. Even Medicare and Medicaid stand by many of them.

The 8 key areas of the Patient's Bill of Rights

Information for patients

You have the right to accurate and easily-understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, help should be given so you can make informed health care decisions.

Choice of providers and plans

You have the right to choose health care providers who can give you high-quality health care when you need it.



Readability Score

Text Readability Consensus Calculator

Purpose: Our Text Readability Consensus Calculator uses 7 popular readability formulas to calculate the average grade level, reading age, and text difficulty of your sample text.

Your Results:

Your text: Patient's Bill of Rights What is the Patient's Bi ...([show all text](#))

Flesch Reading Ease score: 57.8 (text scale)

Flesch Reading Ease scored your text: [fairly difficult to read.](#)

Gunning Fog: 11.9 (text scale)

Gunning Fog scored your text: [hard to read.](#)

Flesch-Kincaid Grade Level: 9.6

Grade level: [Tenth Grade.](#)

The Coleman-Liau Index: 11

Grade level: [Eleventh Grade](#)

The SMOG Index: 9.2

Grade level: [Ninth Grade](#)

Automated Readability Index: 10.5

Grade level: [15-17 yrs. old \(Tenth to Eleventh graders\)](#)

Linsear Write Formula : 11.3

Grade level: [Eleventh Grade.](#)

Readability Consensus

Based on 8 readability formulas, we have scored your text:

Grade Level: 10

Reading Level: fairly difficult to read.

Reader's Age: 14-15 yrs. old (Ninth to Tenth graders)





SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION



This application can ONLY be used to apply for SNAP

If you are blind or seriously visually impaired and need this application in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available and how you can request an application in an alternative format, see the instruction book (LDSS-4826A), or www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ☐ Yes ☐ No

If Yes, check the type of format you would like: ☐ Large Print ☐ Data CD ☐ Audio CD ☐ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

If you are only applying for SNAP you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

When You Are Applying For SNAP

- You can file an application the same day you receive it. We must accept your application if, at a minimum, it contains your name, address, (if you have one), and a signature. This information will establish your application filing date.
- You must complete the application process, including having an interview and signing the certification statement on page 8 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.



Text Readability Consensus Calculator

Purpose: Our Text Readability Consensus Calculator uses 7 popular readability formulas to calculate the average grade level, reading age, and text difficulty of your sample text.

Your Results:

Your text: Text Readability Consensus Calculator Purpose: [\(show all text\)](#)

Flesch Reading Ease score: 73.4 (text scale)

Flesch Reading Ease scored your text: [fairly easy to read.](#)

[\[t\]](#) | [\[a\]](#) | [\[r\]](#)

Gunning Fog: 7.4 (text scale)

Gunning Fog scored your text: [fairly easy to read.](#)

[\[t\]](#) | [\[a\]](#) | [\[r\]](#)

Flesch-Kincaid Grade Level: 6.9

Grade level: [Seventh Grade.](#)

[\[t\]](#) | [\[a\]](#) | [\[r\]](#)

The Coleman-Liau Index: 1

Grade level: [First Grade](#)

[\[t\]](#) | [\[a\]](#) | [\[r\]](#)

The SMOG Index: 7.2

Grade level: [Seventh Grade](#)

[\[t\]](#) | [\[a\]](#) | [\[r\]](#)

Automated Readability Index: 1.6

Grade level: [6-8 yrs. old \(First and Second graders\)](#)

[\[t\]](#) | [\[a\]](#) | [\[r\]](#)

Linsear Write Formula : 8.2

Grade level: [Eighth Grade.](#)

[\[t\]](#) | [\[a\]](#) | [\[r\]](#)

Readability Consensus

Based on 8 readability formulas, we have scored your text:

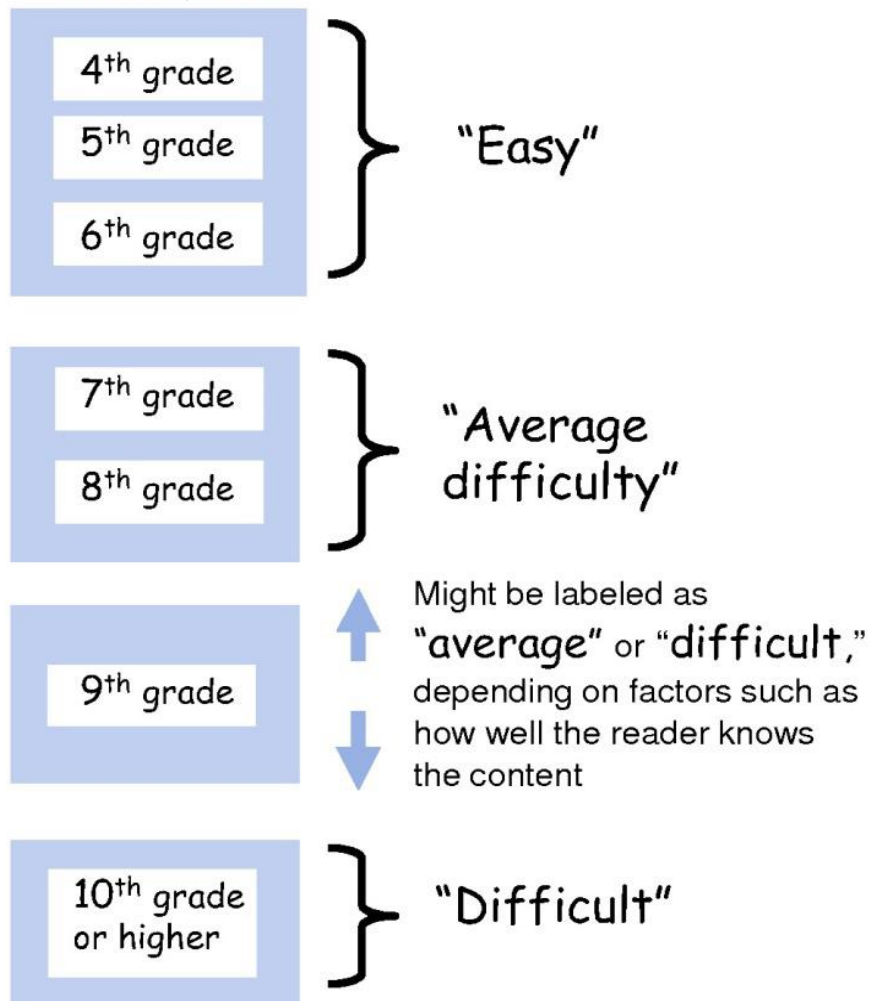
Grade Level: 5

Reading Level: fairly easy to read.

Reader's Age: 8-9 yrs. old (Fourth and Fifth graders)

Interpret scores from readability formulas as reflecting a general **range of difficulty** rather than a specific grade level

Readability score:



Source: U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

Resources Provided by AHRQ's Universal Precautions Health Literacy Toolkit :

[Free Text Readability Calculator](#)

Additional tools

- [AHRQ Universal Precautions of Health Literacy Toolkit](#)
- [University of Michigan Plain Language Dictionary](#)
- [CMS Making Written Language Clear and Effective Toolkit](#)
- [Harvard University's Health Literacy Environment of Hospitals and Health Centers Guidebook](#)

References

- AHRQ Report—Literacy and Health Outcomes (2004):
www.ahrq.gov/clinic/epcsums/litsum.htm
- CDC - National Action Plan to Improve Health Literacy
<https://www.cdc.gov/healthliteracy/planact/national.html>
- AHRQ-Health Literacy Universal Precautions Toolkit
https://www.ahrq.gov/sites/default/files/publications/files/healthlittoolkit_2_3.pdf
- Healthy People 2010 (2000): www.healthypeople.gov

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<http://www.nationalacademies.org/hmd/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>
- Making Written Material Clear and Effective -Using readability formulas: A cautionary note - U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
<https://www.cms.gov/outreach-and-education/outreach/writtenmaterialtoolkit/downloads/toolkitpart07.pdf>

Questions?

Upcoming Webinars: <http://www.nyp.org/pps/resources/pps-webinars>

- **Gender Identity and Sexual Orientation**
- **Disability**
- **Linguistic Barriers**

Online Resources:

- **NYP PPS Cultural Competency / Health Literacy web page**
<http://www.nyp.org/pps/cultural-competency/training-resources>
- **Quality Interactions Resource Center**
<http://www.nyp.org/pps/resources/quality-interactions>
- **Healthify (Phased Implementation)**
- **HITE (Health Information Tool for Empowerment)**
<https://www.hitesite.org/>

Thank you for joining us today!



NYP PPS Cultural Competency and
Health Literacy
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Presenter Biographies:

Dodi Meyer is an Associate Professor of Pediatrics at Columbia University Medical Center and Attending Physician at New York Presbyterian, Morgan Stanley Children's Hospital. She also serves as the Lead for Cultural Competency & Health Literacy for the NYP PPS. Dr. Meyer's main areas of work are health disparities, community health and cultural competency. She has expertise in developing and sustaining community-academic partnerships for the purpose of training, service and research. As director of Community Pediatrics, she oversees several population health initiatives that address major challenges to children's health through the interlinking contexts of biology, family and community such as obesity, mental health, and early literacy.

Dr Meyer oversees the Community Pediatrics training for pediatric residents using Service Learning as the main educational methodology therefore embedding the training within established community-academic partnerships. As a member of the Division of Child and Adolescent Health she sees patients and teaches residents and medical students at a community-based, hospital-affiliated practice in Washington Heights, Northern Manhattan.

Dr Meyer is a graduate of the University of Buenos Aires, Medical School and arrived to the US in 1988 to do her training in General Pediatrics.

Emelin Martinez has over 16 years of experience in developing curricula, training, creating strategic plans, and managing staff development projects. Currently, Emelin is the Program Manager for the Waiting Room As a Literacy and Learning Environment (WALLE) Program at NewYork Presbyterian Hospital. She has played an instrumental role in training pediatric providers on the tenets of health literacy as well as increasing awareness of low health literacy issues affecting the Washington Heights/Inwood community. Through waiting room initiatives, such as WALLE, she has sought out ways to address this issue, as well as other social determinants of health. Prior to this, she worked for two years in an elementary and intermediate school in the Dominican Republic as the English Curriculum Coordinator. In this position, she managed the development of the bilingual education program. She has served as a faculty member of an ethnically diverse elementary school in Broward County, Florida. In this position she taught second and fifth graders, served in the multi-intelligence learning committee, and facilitated after school workshops for at-risk ESL youth.

Ms. Martinez obtained her B.A. degree in Human Services with Specialized Training in Education from St. Thomas University.