

Using Health Literacy Fundamentals to Support Clear and Accessible Communication

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OBJECTIVES

1

Review
fundamentals of
health literacy

2

Discuss strategies
to improve health
outcomes and
advance health
equity for all

3

Apply Health
Literacy
strategies to
healthcare
settings



“Knowing is not enough; we must apply. Willing is not enough; we must do.”

—Goethe



A large, circular, close-up photograph of a baby's face, looking directly at the camera with a curious expression. The baby has dark hair and eyes.

HEALTH LITERACY

PERSONAL HEALTH LITERACY

The degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



ORGANIZATIONAL HEALTH LITERACY

The degree to which organizations implement policies, practices, and systems that “make it easier for people to navigate, understand, and use information and services for themselves and others.



1. <https://www.cdc.gov/healthliteracy/learn/index.html#:~:text=Emphasize%20people's%20ability%20to%20use,Incorporate%20a%20public%20health%20perspective>



PERSONAL HEALTH LITERACY

- **More than** an individual's proficiency in reading, writing, and using numbers
- Includes **listening, talking, using health technology, interpreting** images and results, **abstract skills** such as evaluating and weighing treatment options and engaging in medical decision-making.



PERSONAL EXPERIENCE

What is a personal experience you've had related to health literacy?

How did it impact you or a loved one?



FACTORS THAT IMPACT HEALTH LITERACY

Education

Income

Age

Culture, race
and ethnicity

Physical or
mental capacity

Relationships

Language

Self-care

Health
insurance
coverage

Housing status

Stress and
situation

Access to
technology

Job/Jobs of
family

Sexual
Orientation/
Gender Identity



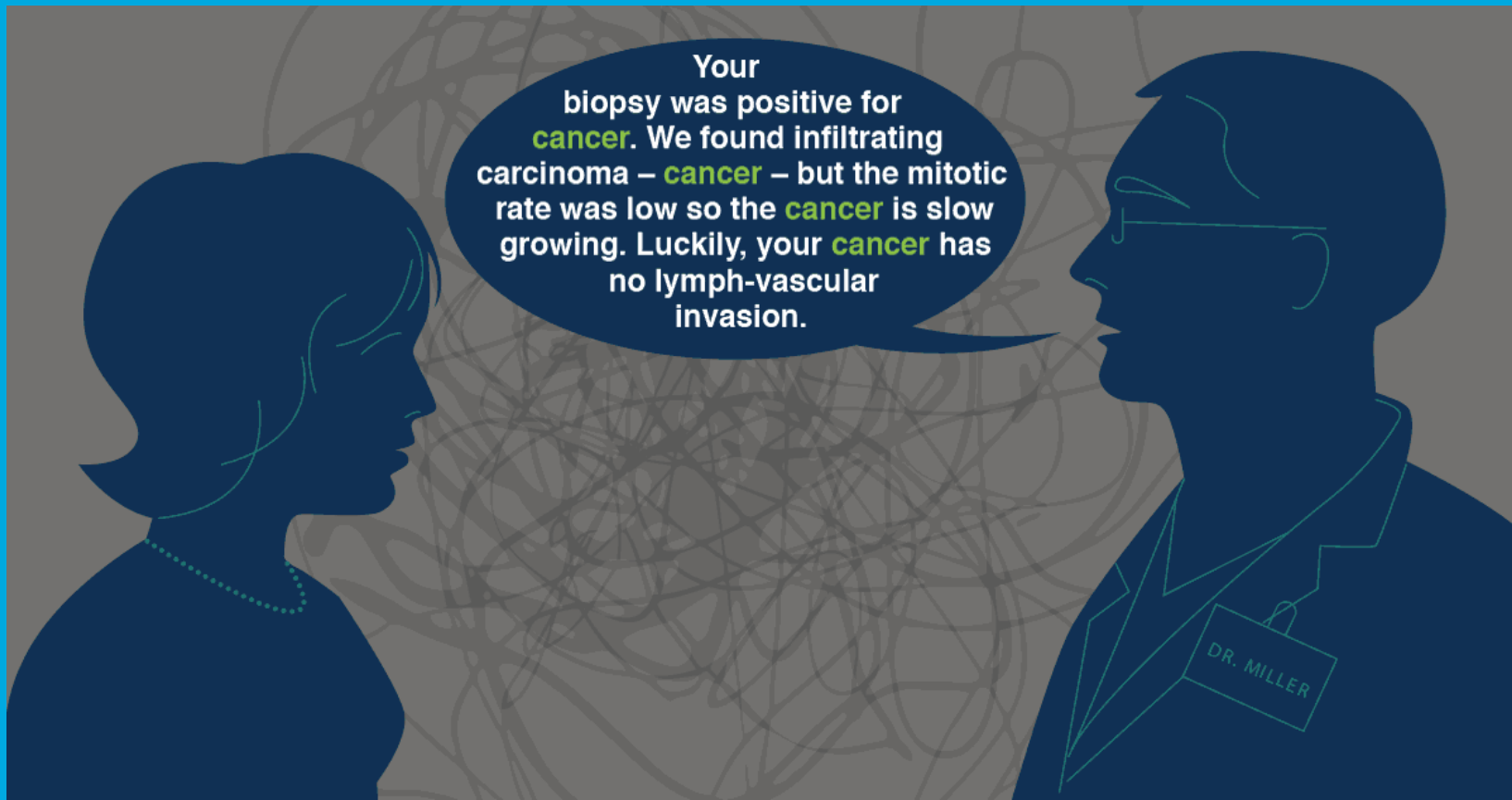
90% of all adults in the U.S. will struggle to understand and use health information at some point in their life.¹

(More than 10% of the population works in healthcare.²)

Health literacy is situational.



1. <https://www.nlm.gov/guides/intro-health-literacy#:~:text=Nearly%209%20out%20of%2010,understanding%2C%20and%20using%20that%20information.>
2. <https://www.healthsystemtracker.org/chart-collection/what-are-the-recent-trends-health-sector-employment/#Cumulative%20%20change%20in%20health%20sector%20and%20non-health%20sector%20employment.%20January%201990%20-%20October%202023>



Limited Health Literacy can result in:

- Medication errors
- Difficulty understanding and following care plans
- Reduced use of preventive services
- Challenges managing the complexities of long-term conditions
- Longer hospital stays
- Increased hospital re-admissions, and increased emergency department use
- Confusion about appropriate responses to public health emergencies
- Higher mortality

Increased Cost

Limited health literacy through all its impacts, is estimated to cost the U.S. economy up to **\$349 billion** every year.



THE CHALLENGE

What are some challenges supporting personal and organizational health literacy?

- Time
- Preparedness
- Gaps in the system
- Stress and anxiety impacts memory
 - Patients remember **LESS THAN HALF** of what you say.
- Curse of knowledge



1. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0191940#abstract0>
2. <https://pubmed.ncbi.nlm.nih.gov/10829126/>

CURSE OF KNOWLEDGE



Understanding
of patients
and caregivers

Our
Expectations



HEALTH LITERACY STRATEGIES



**Shame free
environment**



**Clear and
accessible
communication
(verbal and written)**



**Teach-back to
evaluate
understanding**



SHAME FREE ENVIRONMENT



- Create trust by being informed and humble
 - Words can hurt or heal.
 - Names, pronouns, preferred spoken/written language, cultural practices, relationship of family present, etc.
- Warm welcome: start with introductions.
- Slow down, pause to care, and engage with clients.
 - Sit down and setup space for collaboration.
 - Pay attention to body language, non-verbal cues.
 - Actively listen to understand, rather than to reply.
 - “Being listened to, is so close to being loved that most people cannot tell the difference.” -David Oxberg



SHAME FREE ENVIRONMENT



- Remove distractions and outside noise.
- Encourage notetaking.
- Express empathy and find opportunities for connection.
- Support client's autonomy.
 - Open the conversation by understanding what clients already know.
 - Ask open-ended questions.
- Validate complexity of information.



1. <https://www.jstor.org/stable/10.1086/670392>
2. <https://www.ahrq.gov/health-literacy/improve/precautions/tool4.html>

Case Study 1

Leadership at your organization has identified creating a welcoming, shame free environment for clients as a top priority. They reach out to you to develop simple ways to improve the client experience.

Brainstorm strategies for creating a shame-free environment for clients. Consider the following questions:

1. How can you improve way-finding or physically navigating the space?
2. How can you improve the check-in process?
3. What other ways can you create a welcoming environment?



CLEAR AND ACCESSIBLE VERBAL COMMUNICATION



- Use universal precautions!
 - Health literacy is a state, not a trait.
 - You can't see health literacy.
- Communicate clearly and concisely.
 - Focus on the “need to know” vs. “nice to know” information.
 - Use familiar terms that you would use in your own living room.
- Use plain, non-medical language. If you need to use a specific medical term, include a definition in plain language:
 - **Catheter:** A tube for putting fluids into the body, or helping them flow out of the body
 - **Anesthesia:** a drug that makes your child sleepy and relaxed
 - **Abnormal:** Different from what we expect



CLEAR AND ACCESSIBLE VERBAL COMMUNICATION



- SHOW and tell as much as possible.
 - Use pictures, diagrams, video, chart, hand gestures and online images to help clients visualize information.
 - Refer to written materials as you're explaining information out loud.
- Clearly explain how/when clients can reach you.
 - Make sure they know who to contact and how with questions.
- Avoid vague language. Be specific with what clients can expect.

This is about their experience and their understanding.



1. <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication>
2. https://www.chcs.org/media/Improving_Oral_Communication.pdf

Let's play the Plain Language Game!

Instead of...	Try...
Adhere	follow
Administer	give
Annually	one time a year
Contains	has
Congenital	present before birth
Chronic	never ending, does not go away
Prior to	before
Provider	Doctor, care team
Nausea/vomiting	sick to stomach/throwing up



CLEAR AND ACCESSIBLE WRITTEN COMMUNICATION

Focus on the design of the resource to make reading easier by using:

- Headings
- Bullets or check boxes
- Numbered lists/steps
- Lots of white space
- Helpful pictures/drawings or videos
- Charts or tables
- Same font throughout




1. <https://www.ahrq.gov/health-literacy/improve/precautions/tool4.html>

CENTER FOR CHILDREN'S SURGERY


The Journey to Surgery

Children's Hospital Colorado

Before surgery




Surgeon recommends surgery.




Surgery scheduled with the Children's Colorado team.

Day of surgery




Come through the main entrance and check in at the welcome desk.




Go to the waiting room for the surgery center or procedure center for check-in.

Getting ready for surgery




- ✓ A care team member will take you back to a room and check the patient's temperature, heart rate, breathing rate and blood pressure. They will ask safety questions and collect a pee test as needed.
- ✓ You may need to help clean the patient's skin before surgery as explained by the care team.
- ✓ The patient will change into hospital pajamas or a gown.
- ✓ A nurse will do an assessment, and may give medicines and place peripheral intravenous line (PIV) if needed.
- ✓ A member of your care team will collect health history and do a medical assessment.
- ✓ A member of your care team will give details about the medicine used during surgery, answer questions and have you sign a consent form.
- ✓ The surgeon will talk about the details of the surgery, answer questions and have you sign a consent form.
- ✓ A child life specialist may come in to help the patient prepare for surgery.
- ✓ An operating room nurse will do a safety check.
- ✓ The patient will go back to the operating room, while you wait in the hospital until the surgery is over.


In the operating room




The patient will get medicine to put them to sleep for surgery.



Surgery will take place.



You will get text message updates or phone calls from the care team.



Family Resource Center

You can spend time in our cafeteria, coffee shop, library or Family Resource Center while you wait. Please check in with waiting room staff before leaving the waiting area.

CLEAR AND ACCESSIBLE WRITTEN COMMUNICATION



Use logical organization:

- Use headings in the form of questions readers will likely have
- Put most important information first
- Include “need to know” information vs “nice to know”
 - **Limit content and reinforce key points to avoid information overload.**
- Focus on the action the reader should take
 - **Contact your care team if you have any questions. VS. You will get information about who to contact in case you have questions.**



CLEAR AND ACCESSIBLE WRITTEN COMMUNICATION



Reduce text complexity by using:

- Shorter sentences. Less = More!
- Plain language
- Bulleted lists
- Active voice

Active: Medicare covers the wheelchair.

Passive: The wheelchair is covered by Medicare.

- Contractions like don't, it's, can't, etc. are okay and sometimes helpful!
- Consistent wording instead of using different words that have similar meanings. (**Examples:** contact/call, vaccine/immunization, clinic visit/clinic appointment)



1. <https://www.ahrq.gov/health-literacy/improve/precautions/tool4.html>

Acetaminophen (Patient Education - Pediatric Medication)

You must carefully read the "Consumer Information Use and Disclaimer" below [in order to](#) understand

Pronunciation

(a ~~see~~ a MIN oh fen)

Brand Names: US

7T Gummy ES [DSC]; 8 Hour Pain Reliever [OTC]; Acetaminophen 8 Hour [OTC]; ~~Acetaminophen~~ [OTC]; Apra [OTC]; Arthritis Pain Relief [OTC]; ~~Aspirin~~ Childrens [OTC] [DSC]; ~~Aspirin~~ Childrens [OTC]; Childrens Acetaminophen [OTC] [DSC]; Childrens APAP [OTC]; Childrens Non-Aspirin [OTC]; Childrens ~~Aspirin~~ [OTC]; Childrens ~~Aspirin~~ [OTC] [DSC]; ~~Celecoxib~~ [OTC]; Ed-APAP [OTC]; ~~Excedrin~~ Fever/Pain [OTC]; ~~Excedrin~~ Adults [OTC]; ~~Excedrin~~ Childrens [OTC]; ~~Excedrin~~ Infants [OTC]; ~~Excedrin~~ Junior Strength [OTC]; FT 8 Hour Pain Relief [OTC]; FT Arthritis Pain Reliever [OTC]; FT Children's Pain/Fever [OTC]; FT Pain & Fever Childrens [OTC]; FT Pain & Fever Infants [OTC]; FT Pain Relief Adult Extra St [OTC]; FT Pain Relief Extra Strength [OTC]; FT Pain Relief [OTC]; FT Pain Reliever Ex Str Adult [OTC]; ~~GoodSense~~ Pain & Fever Child [OTC]; ~~GoodSense~~ Pain & Fever Infants [OTC]; ~~GoodSense~~ Pain Relief Extra St [OTC]; ~~GoodSense~~ Pain Relief [OTC] [DSC]; Healthy Mama Shake That Ache [OTC]; Liquid Pain Relief [OTC]; M-PAP [OTC]; ~~Motrin~~ Acetaminophen Extra Str [OTC]; ~~Motrin~~ Arthritis Pain [OTC] [DSC]; ~~Motrin~~ Childrens [OTC]; ~~Motrin~~ Max Relief Jr Child Pain/Fever [OTC]; Max Relief Junior [OTC]; Non-Aspirin Extra Strength [OTC]; Non-Aspirin Pain Reliever [OTC] [DSC]; Non-Aspirin [OTC]; ~~Oralogen~~ [DSC]; Pain & Fever Childrens [OTC]; Pain and Fever Relief Kids [OTC]; Pain Relief Childrens [OTC]; Pain Relief Extra Strength [OTC]; Pain Relief Regular Strength [OTC]; Pain Relief [OTC]; Panadol Childrens [OTC]; Panadol Extra Strength [OTC]; Panadol Infants [OTC]; ~~Panadol~~ Extra Strength [OTC]; ~~Panadol~~ [OTC]; ~~Tachol~~ Extra Strength [OTC] [DSC]; ~~Tachol~~ [OTC] [DSC]; Tylenol Fever Reducer [OTC]; Tylenol 8 Hour Arthritis Pain [OTC]; Tylenol 8 Hour [OTC]; Tylenol Childrens ~~Chewables~~ [OTC]; Tylenol Childrens Pain + Fever [OTC]; Tylenol Childrens [OTC]; Tylenol Dissolve Packs [OTC]; Tylenol Extra Strength [OTC]; Tylenol for Children + Adults [OTC]; Tylenol Infants ~~Chewables~~ [OTC]; Tylenol [OTC]

Warning

- This drug has acetaminophen in it. Liver problems have happened with the use of acetaminophen. Sometimes, this has led to a liver transplant or death. Most of the time, liver problems happened in people taking too much acetaminophen in a day. People were also often taking more than 1 drug that had acetaminophen in it. If you have questions, talk with your child's doctor.

What is this drug used for?

- It is used to ease pain and fever.

What do I need to tell the doctor BEFORE my child takes this drug?

- If your child is allergic to this drug; any part of this drug; or any other drugs, foods, or substances. Tell the doctor about the allergy and what signs your child had.
- If your child has liver disease.

- This is not a list of all drugs or health problems that interact with this drug.
- Tell the doctor and pharmacist about [all of](#) your child's drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe to give this drug with [all of](#) your child's other drugs and health problems. Do not start, stop, or change the dose of any drug your child takes without checking with the doctor.

What are some things I need to know or do while my child takes this drug?

- Tell [all of](#) your child's health care providers that your child is taking this drug. This includes your child's doctors, nurses, pharmacists, and dentists.
- Avoid giving your child other products that have acetaminophen in them. Check labels closely. Too much acetaminophen may cause liver problems.
- Follow the directions exactly. Do not give your child more acetaminophen in a day than directed. If you do not know how much acetaminophen you can give to your child in a day, ask your child's doctor or pharmacist. Call your child's doctor right away if you have given your child too much acetaminophen in a day, even if your child feels well.
- Alcohol may interact with this drug. Be sure your child does not drink alcohol.
- This drug may affect certain lab tests. Tell [all of](#) your child's health care providers and lab workers that your child takes this drug.
- If your child has phenylketonuria (PKU), talk with your child's doctor. Some products have phenylalanine.
- Different brands of this drug may have different doses for children. Talk with the doctor before giving this drug to a child.
- **If your child is pregnant or breast-feeding a baby:**
- Talk with the doctor if your child is pregnant, becomes pregnant, or is breast-feeding a baby. You will need to talk about the benefits and risks to your child and the baby.

What are some side effects that I need to call my child's doctor about right away?

- **WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your child's doctor or get medical help right away if your child has any of the following signs or symptoms that may be related to a very bad side effect:



- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Rarely, some allergic reactions have been life-threatening.
- Signs of liver problems like dark urine, tiredness, decreased appetite, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes.
- Not able to pass urine or change in how much urine is passed.
- A severe skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause severe health problems that may not go away, and sometimes death. Get medical help right away if your child has signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in the mouth, throat, nose, or eyes.

What are some other side effects of this drug?

- All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your child's doctor or get medical help if any of these side effects or any other side effects bother your child or do not go away:
- Upset stomach or throwing up.
- Trouble sleeping.



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- If your child has liver disease.
- **This is not a list of all drugs or health problems that interact with this drug.**
- Tell the doctor and pharmacist about **all of your child's drugs (prescription or OTC, natural products, vitamins)** and health problems. You must check to make **sure that it is safe to give this drug with all of your child's other drugs** and health problems. Do not start, stop, or change the dose of **any drug** your child takes without checking with the doctor.

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- Avoid giving your child other products that have acetaminophen in them. Check labels closely. Too much acetaminophen may cause liver problems.
- Follow the directions exactly. Do not give your child more acetaminophen in a day than directed. If you do not know how much acetaminophen you can give to your child in a day, ask your child's doctor or pharmacist. Call your child's doctor right away if you have given your child too much acetaminophen in a day, even if your child feels well.
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- **Signs of liver problems** like dark **urine**, tiredness, **decreased appetite**, upset stomach or stomach pain, light-colored **stools**, throwing up, or yellow skin or eyes.
- **Not able to pass urine** or **change in how much urine is passed**.
- A severe skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause severe health problems that may not go away, and sometimes death. **Get medical help right away if your child has signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in the mouth, throat, nose, or eyes.**

What are some other side effects of **this drug?**

- **All drugs may cause side effects**. However, many people have no side effects or only have minor side effects. Call your child's doctor or get medical help if any of these side effects or any other side effects bother your child or do not go away:
- Upset stomach or throwing up.
- Trouble sleeping.



Case Study 2

In this semi-post pandemic environment, your supervisor is asking all team members to teach clients how to effectively wash their hands. Brainstorm with your group how you will teach clients about hand hygiene.

Consider the following questions:

- How will you communicate the importance of good hand hygiene using clear and accessible written communication?
- How will you explain how to wash your hands in a way that is easily understood by a diverse population of clients?



TEACH-BACK TO CHECK UNDERSTANDING



- Gold standard for assessing knowledge/understanding
- Ask patient to explain using their own words (NOT yes/no).
- “Chunk and Check” information
 - If you are teaching more than one concept, remember to “chunk and check”.
 - Teach the 2-3 main points for the first concept & check for understanding using teach-back.
 - Then go to the next concept



TEACH-BACK TO CHECK UNDERSTANDING



- Prompt asking questions:
 - “What questions do you have about [topic]?”
 - “What is your greatest worry or concern about [topic]?”
- Validate complexity of information.
 - “I’ve gone over a lot of information...”
- Provide sample questions to reinforce key points, especially if caregivers say, “I don’t have any questions.”
 - “You may be wondering about...”
 - “Let’s say, you/your child needs _____. If that happens, we will....”



Helpful Resources for You

Inclusive Language

- [CDC's Health Equity Guiding Principles for Inclusive Communication](#)

Plain Language Glossary

- [CDC's Everyday Words for Public Health Communication](#)
- [UnitedHealth Group Just Plain Clear Glossary](#)

Digital Communication

- [Health Literacy Online: A Guide for Simplifying the User Experience](#)

Health Literacy Principles in Action

- [U.S. Department of Health and Human Services, Health Literacy in Healthy People 2030](#)





**Everyday, focus on
your purpose.
Remember WHY
you do what you do.**

“We don’t get burned out
because of WHAT we do.
We get burned our because
we forget WHY we do it.”

-Jon Gordon

Questions?

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**THANK
YOU!**



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