

Health literacy & your patient's health outcomes

Shirin F. Pestonjee, MS, RN-BC
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Today's objectives:

- Describe factors affecting patients literacy levels
- Discuss the importance of literacy in attaining compliance with infection prevention processes
- Share an example of transforming instructions written at a high school level to a 4 – 5th grade level.

What is health literacy?

Health literacy:

- The ability to obtain, process, and understand basic health information and services to make appropriate health decisions
- The skills necessary for an individual to participate in the health care system and maintain good health (reading, writing, calculating numbers, communicating and using health technology).

Quick look at literacy statistics

National Assessment of Adult Literacy (NAAL) 2003

Literacy level percent of the adult US population:

- Proficient 12%
 - Intermediate 53%
 - Basic 21%
 - Below basic 14%
- Over a third of U.S. adults—77 million people—would have difficulty with common health tasks, such as following directions on a prescription drug label or adhering to a childhood immunization schedule using a standard chart.

<http://health.gov/communication/literacy/issuebrief/#top>

Bringing low literacy alive

- Parkland 1998 Reading Study incident re appointment dates
- Pam's story re 'non-resectable malignancy'
- CH (CMC) nurse story about timing of feeding for infant
- Pastoral care incident re 'resuscitative efforts'

Factors affecting patient's literacy levels:

Age

- Adults 65 or older were more likely to have below basic or basic health literacy skills than those under 65.
- Age had relatively little relationship to health literacy among adults who were under 65 years of age.
- For those over 75 years of age, more than two-thirds had below basic or basic health literacy

Factors affecting patient's literacy levels:

Education

- While health literacy increased with higher educational attainment, 44 percent of high school graduates and 12 percent of college graduates had below basic or basic health literacy.

Education	Proficient	Intermediate	Basic	Below basic
Less than high school	1%	23%	27%	49%
High school grad/GED	3%	53%	29%	15%
Other college attendance or degree	10%	65%	19%	6%
Bachelor's degree or higher	30%	58%	9%	3%

Factors affecting patient's literacy levels:

Ethnicity

Ethnic group	Proficient	Intermediate	Basic	Below basic
White	14%	58%	19%	9%
Black	2%	41%	33%	24%
Hispanic	4%	31%	24%	41%
Other	12%	54%	21%	13%

Factors affecting patient's literacy levels:

Insurance source

- Well over half of uninsured persons, Medicare beneficiaries, and Medicaid beneficiaries have basic or below basic health literacy.

Insurance source	Proficient	Intermediate	Basic	Below basic
Employer	14%	62%	17%	7%
Private	9%	54%	24%	13%
Medicare	3%	40%	30%	27%
Medicaid	3%	37%	30%	30%
No insurance	6%	41%	25%	28%

Factors affecting patient's literacy levels:

Income

- Based on the NAAL research, adults living below the poverty level have lower average health literacy than adults living above the poverty threshold.
- In adults who receive Medicaid, 30% have "Below Basic" health literacy.

<http://nnlm.gov/outreach/consumer/hlthlit.html>

Health information sources:

- Sixty two percent of adults with proficient health literacy use the Internet 'some' or 'a lot' for health information
- Adults in the below basic level rarely use digital resources for health information.
- Adults at the below basic level were the least likely to use any written material to obtain information on health topics.
- For all levels, no single type of print materials was as important as non-print sources, including broadcast media such as radio or television.
- Information from health professionals was one of the most important sources of information on health topics for all health literacy levels.

And, remember:

- Health literacy depends on the context. Even people with strong literacy skills can face health literacy challenges, such as when:
 - They are not familiar with medical terms or how their bodies work.
 - They have to interpret numbers or risks to make a health care decision.
 - They are diagnosed with a serious illness and are scared or confused.
 - They have complex conditions that require complicated self-care.

Key IP patient concerns:

- Reading and following through on isolation signs
- Follow through with instructions, treatments and precautions re protecting self, family or the public
- Taking medicines
- Understanding disease transmission
- Reporting key information to the healthcare professional in a timely way

Low literacy: impact on health care & IP

- Enter the healthcare system sicker
- Increased hospitalizations, longer stays
- Greater ER use
- Lower use of preventive services (mammography, flu shots, immunizations, well visits)
- More likely to have chronic conditions
- Ineffective use of prescriptions

Low literacy: impact on health care & IP

- Misunderstanding of treatment plans
- Poorer ability to demonstrate medication taking
- Poorer ability to interpret labels and health messages
- Physical navigation
- Completing forms – registration, questionnaires, consents

Low literacy: impact on health care & IP

- Difficulty with basic written directions and numerical information
- Regulatory information – rights & responsibilities
- Shame – avoid healthcare system, hide lack of comprehension, don't ask questions
- Increased morbidity and mortality
- Increased health care costs at all levels

Low literacy: impact on health care & IP

References:

http://www.agingsociety.org/agingsociety/publications/fact/fact_low.html

<http://health.gov/communication/literacy/quickguide/factsliteracy.htm>

<http://archive.ahrq.gov/clinic/epcsums/litsum.htm>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1492599/>

http://www.medscape.com/viewarticle/739582_2

http://www.cecity.com/ncpa/2012_projects/health_literacy/article.htm

Bringing low literacy alive

- Parkland ED story re diabetic patient
- Physician story re 'pushing fluids'

What to do

- Assume low literacy unless you know otherwise for sure
- Speak slowly
- Use common words, examples, visuals
- Focus on what to do, not the microbiology
- Simple handouts specifically formulated

What to do

- Low literacy videos
- Teach-back evaluation method
- Involve family, friends prn
- Push for better med labelling (simple words, explicit instructions)
- Electronic healthcare games and engagement with social media platforms
(<http://www.sciencedirect.com/science/article/pii/S0195670115000614>)

Word list

Use

- Tell your . . .
- Germs
- Wash your hands
- Use degermer
- Isolation
- Contagious
- Contact
- Resistant
- Medicine
- Cancer

Instead of:

- Notify your . . .
- Organisms
- Hand hygiene
- Hand hygiene
- Keep away from others
- Pass the germ to others
- Touch/touching
- Usual meds won't cure
- Medication
- Malignancy

Let's look at some handouts

- Hepatitis Overview handout from
<http://healthinfo.spectrumhealth.org/Library/Encyclopedia/85,P00395>

Excerpt from Hepatitis Overview handout

Hepatitis A

This type of hepatitis is usually spread by fecal-oral contact, or fecal-infected food and water. It may also be spread by blood-borne infection (which is rare). The following is a list of modes of transmission for hepatitis A:

- Consuming food made by someone who touched infected feces
 - Drinking water that is contaminated by infected feces (a problem in developing countries with poor sewage removal)
 - Touching an infected person's feces, which may occur with poor handwashing
 - Outbreaks may occur in large childcare centers, especially when there are children in diapers
 - Residents of American Indian reservations or Native Alaskan villages where hepatitis A may be more common
 - Sexual contact with an infected person
- A highly protective vaccine for hepatitis A has been developed and is now available.

Hepatitis B

Hepatitis B (HBV) has a wide range of clinical presentations.

Readability Statistics for Hepatitis Overview handout

The screenshot shows the Microsoft Word interface with the Readability Statistics dialog box open. The dialog box displays the following data:

Counts	
Words	986
Characters	9055
Paragraphs	48
Sentences	29
Averages	
Sentences per Paragraph	3.2
Words per Sentence	34.1
Characters per Word	4.9
Readability	
Passive Sentences	23%
Flesch Reading Ease	46.2
Flesch-Kincaid Grade Level	15.8

A red arrow points to the Flesch-Kincaid Grade Level of 15.8. The background text in the Word window includes the following content:

Hepatitis can be categorized into:

- Acute hepatitis
- Chronic hepatitis

There are 6 main types of Hepatitis A.

This type of hepatitis is usually spread by blood-borne infection (which is rare). It may also be spread by fecal-oral contact, or fecal-infected food and water.

- Consuming food made by someone who touched infected feces
- Drinking water that is contaminated by infected feces (a problem in developing countries with poor sewage removal)
- Touching an infected person's feces, which may occur with poor handwashing
- Outbreaks may occur in large childcare centers, especially when there are children in diapers
- Residents of American Indian reservations or Native Alaskan villages where hepatitis A may be more common
- Sexual contact with an infected person

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Readability statistics in 'Word'

Set up:

- File
 - Options
 - Proofing
 - When correcting spelling and grammar in Word
 - Show readability statistics

In the document:

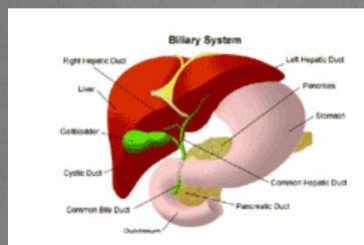
- Review
 - Spelling & Grammar
 - ? Word finished check the selection. Do you want to continue checking the remainder of the document?
 - Yes or No
 - Readability Statistics

Hepatitis Overview handout

Viral Hepatitis Overview

What is hepatitis?

Hepatitis is inflammation of the liver that results in liver cell damage and destruction.



Hepatitis can be categorized in 2 groups:

Acute hepatitis

Chronic hepatitis

There are 6 main types of the hepatitis virus that have been identified:

FAQs

about
"Catheter-Associated Bloodstream Infections"
(also known as "Central Line-Associated Bloodstream Infections")

What is a catheter-associated bloodstream infection?
A "central line" or "central catheter" is a tube that is placed into a patient's large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection occurs when bacteria or other germs travel down a "central line" and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?
A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections? Every year, thousands of catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give fluids.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- If you do not see your providers clean their hands, please ask them to do so.
- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?
Some patients are sent home from the hospital with a catheter in place. Before you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before touching the catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:

What Is Air-borne Isolation?*

III-10-28
R.D. 1106
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*Isolation is a way to protect visitors, patients and hospital workers from infection.

Air-borne isolation is a way to protect visitors, patients and hospital workers from germs that float in the air. Patients will be in a special room and all people who come into the room must wear a mask.

Rules for Patients


- The door to your room must stay closed.
- You must check with your nurse before leaving your room.
- You will need to wear a surgical mask if you go to another clinic or hospital area.
- Cover your mouth with a tissue when you cough.
- Catch your phlegm (spit) in a tissue and put it in the trash.
- Wash your hands after touching your phlegm (spit).

Rules for Visitors

If there is a AIR-BORNE ISOLATION sign on the door you must follow these rules:


- Check with the nurse about having children visit.
- Wear a mask over your nose and mouth. Fit it tightly.
- While you are in the patient's room:
Do not take off your mask.
Do not use the patient's personal belongings.
Do not use the patient's tissues.
Do not eat or drink while you are in the room.
- After you leave the room take off your mask, throw it in the trash, and wash your hands with soap and water.

**Visiting A Patient
In An Isolation Room**


 III.FV-144
R.D. 106
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The patient you are visiting is in "Isolation". Isolation is a way to keep germs from spreading from the patient who has them to other people.


- You will **not** need to wear gowns, gloves and/or masks unless:
 - You are visiting more than one patient.
 - You are helping care for the patient.
 - You want to wear them.




- Only 2 visitors during each 8 hour nursing shift, unless the nurse manager or charge nurse allow more visitors.



- It is important that you:
 - Wash your hand for at least 15 seconds with soap and water when you leave the room.
 - Ask the nurse for bed linens, ice or any other supplies you need.
 - Do not touch or get supplies from carts, or go into the kitchen area.



- If you do choose to wear a gown, gloves and/or a mask, you should take them off before you go into public places, such as a waiting room, snack vending area or lobby.



Thank you for helping to keep germs from spreading!

Take away points:

- Talk and teach as if your patient has low literacy skills until/unless you know otherwise for sure!
- Use teaching techniques that optimize learning in patients with low health literacy
- Know what to look for in handouts formatted for low literacy patients and choose these
- Evaluate patient learning: use the teach-back method, return demonstration. Re-teach prn