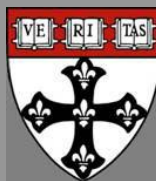


**The CUNY Institute for Health Equity
Multidisciplinary Conference on Health Literacy
Literacy Across the Health Continuum**

Health Literacy: Current Research, Theory, and Practice

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Background

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Literacy

Core Skills

- Reading
 - Prose
 - Documents
- Writing
- Numeracy
 - Calculations
 - Concepts
- Speaking
- Listening

**The Oral
Exchange**

Considerations

- **Contexts**
- Circumstances
- Background
- Culture

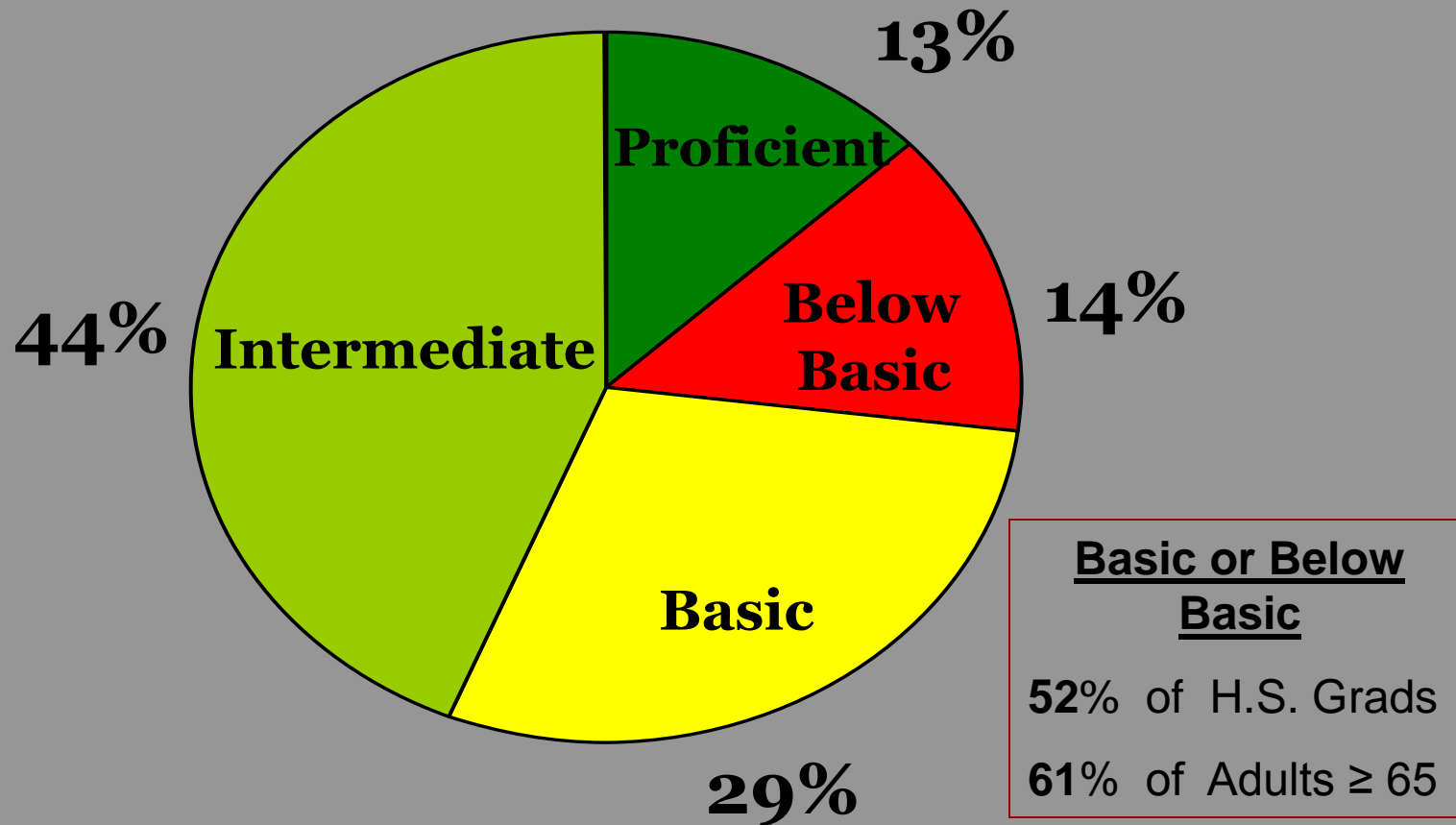
Literacy Skills for the 21st Century

Literacy influences one's ability to access information and to navigate the highly literate environments of modern society



93 Million Adults have Basic or Below Basic Literacy

2003 National Assessment of Adult Literacy



Functional Literacy

More than half of the adults in many industrialized nations [including the US] have low-level literacy skills that constrain their participation in the economy and in society.

International Findings: Adult Literacy & Lifeskills Survey 2003

History: Health Literacy Inquiries

- Established links between SES & health
- DOE Findings
- Concern re: consequences in the health sector
- Materials Assessments [on going]
- Explorations of differential outcomes
 - KAP
 - Behaviors
 - Measurable health outcomes

Research Findings from ~ 1,000 Publications

Over 800 peer reviewed articles in medical and public health journals indicate that most health materials are written at a level that exceeds the reading skills of the average high school graduate

Outcome Studies

Patients with limited reading skills are

- Less likely to engage in screening & preventive action
- Less likely to have chronic disease under control
- More likely to be hospitalized
- More likely to report poor health
- More likely to die earlier

Issues & Gaps

- **Lack of explanatory model/theoretical construct**
- **Limited Scope**
 - Focus on deficits re: skills of patients, lay public
 - Emphasis on reading health texts
 - Focus on the clinical encounter
- **Unbalanced Measures**
 - Focus on Skills of patients / lay public
 - Emphasis on reading [1 of 5 literacy skills]
- **Research Gaps**
 - Measures of providers' skills and capabilities
 - Examinations of demands & expectations, tasks & tools
 - Efficacious Action

Explanatory Models

Literacy does not take place in a vacuum

- Skill & tool

Communication as Dialogue

- Sender & receiver

Communication models

Diffusion of Innovation

Pedagogy

Exchange theory

Expectancy value theories

Basic Linguistics

Characteristics of Common Definitions

■ Focus

- Skills, ability, capacity
- Health information
- Action terms: seek, use, understand, access, obtain, evaluate

■ Central Actors

- Lay public and patients
- Terms: individuals, personal, public, community

Consequences

- Attention to skills of individuals
- Measures of skills of individuals
- Assignment of responsibility
- Explanations for untoward outcomes

Broader Concept of Health Literacy

Health literacy is a shared function of social and individual factors Rudd

Sources:

Health Literacy Studies, 1999

Health and Human Services

Communicating Health, 2003

Institute of Medicine

Health Literacy: A Prescription to End Confusion, 2004

Key Components:

- Social/institutional demands and assumptions
- Skills of individuals

Critical Issue:

Consequences of a mismatch

New Developments: Broader Scope of Inquiry

Range of Activities

- Health Promotion
- Health Protection
- Disease Prevention & Screening
- Health Care Maintenance
- Navigation

Range of Skills

- Prose/Documents
- Oral exchange
- Quantitative and Numeric tasks

Focus

- Professionals
- Private sector
- Government

New Research Directions

- Words on paper -> web, hand held devices
- Prose -> documents, displays
- Words -> concepts, numbers
- Written word -> speaking & listening
- Skills -> demands
- Intrapersonal -> interpersonal->exchange
- Health activities in everyday life:
 - Health care setting -> home, workplace, community, policy arena
- Health literacy environment expectations & demands

Attention to Changes

Changes in the Social & Physical Environment

- Social determinants
- Global change

Population changes

- The elderly population is growing
- The minority population is growing
- The number of Americans with limited English proficiency is growing

Health System Changes

- The number of medications prescribed has increased
- Hospital stays are shorter
- Heavier reliance on forms, written directions
- More self-management occurs in the home

The complexity of the care system exacerbates literacy vulnerabilities

Demands of the Health Sector



World wide, we see an increased demand from complex health care systems & increased responsibility for individuals interacting with health care systems

Adult Literacy and Lifeskills Surveys 2003

Filling the Research & Practice Gap: Focus on Mismatch

- Analyses of wide range of health activities
- Focus on exchange
- Studies of Ameliorative Actions
 - Oral Exchange: Skills of the Listener/ Skills of the Speaker
 - Numeracy Expectations: Concepts & Calculations
 - Guidelines/regulations for messages & documents

Taking Action

- Examine assumptions
- Analyze demands
- Eliminate barriers
- Change processes, environments, policies
- Apply rigor
- Improve skills

Examine Assumptions

- Background knowledge
- Literacy skills
- Culture
 - Meaning
 - Language
 - Processes
 - Priorities

Examples of common Expectations


- Engage in healthy behaviors
- Know how the body 'works'
- Be able to name body parts and systems
- Understand disease causation
- Understand scientific and math concepts such as likelihood, probability, and risk
- Read labels
- Fill out form and questionnaires
- Observe and describe changes / symptoms
- Comprehend and follow directions
- Use tools and monitoring devices
- Take action [advocate & vote]

Analyze Demands: Deconstruct Health Activities

- Activity
- Associated Tasks
- Available Tools

Literacy skills
needed for each

Tool for Action?
Analysis of Quality

Health Activities	Tasks	Materials & Tools	Skills
<p>Disease Prevention e.g. screening</p> 	<ul style="list-style-type: none"> • Determine risk • Schedule activities • Follow directions for needed prep • Locate results • Interpret results 	<ul style="list-style-type: none"> • Postings • Radio & TV news • Newspaper articles • Risk charts • Family history forms • Risk benefit analysis • Letters 	<ul style="list-style-type: none"> • Numeracy: Use numbers and concepts [risk, normal, range] • Planning: Schedule tests • Reading comprehension [consent, results, medical vocabulary, follow up]

Action In Social Service & Health Care Settings

- Adopt well tested strategies
- Focus on the exchange
 - Improve understanding/skills of all staff
 - Eliminate barriers
 - Ease the process
 - Maintain dignity of all involved

Identify and Eliminate Environmental Barriers

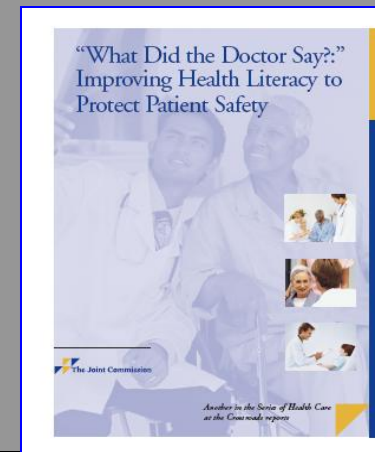
- How 'literacy friendly' are settings?
- Are navigation tools/aides readily available?
- Is technology put to good use?
- Do words serve as barriers to access, navigation, care, consent, dignity?



Establish Institutional Responsibility

Failure to provide patients with information about their care in ways that they can understand, will continue to undermine other efforts to improve patient safety.

Joint Commission on Accreditation of Hospitals & Health Centers,
Public Policy White Paper, 2007



Create a Shame Free /Blame Free Environment

Shame Free

- Encourage questions
- Let patients know that others have difficulties and encourage them to share concerns and problems
- Define medical and scientific words

Literacy and Patient Safety: Help Patients Understand. Manual for clinicians. AMA Foundation, 2007

Blame Free

- An expectation of collaboration across ranks
- A willingness of the organization to direct resources

Adopt *Universal Precautions*

- Focus on interpersonal communication
- Develop/Use Communication aids
- Institute system-wide communication strategies
 - Train staff
 - Simplify paperwork demands on the client /patient
 - Ensure medication review & reconciliation
 - Schedule adequate time for education

Change Norms Re Word Use

Use 'living room' language Terry Davis, University of Louisiana Medical School

Support *bi-lingual* education for social service and health care training

Redesign Materials and Tools

Consider use

- Consider needs

- Organize according to use/needs

Focus on action

Design for reading/listening ease

Pilot test with members of the intended audience

Redesign as needed

For example:

R_x

Dr. Smith
Med Name

Take one tablet 4
times daily by
mouth

- Is the purpose clear?
- Is the tool useful?
 - Clear
 - Simple
 - Complete
- Do we offer all needed information?

Note: The label assumes that patients know about titration

Check for Clarity



Finding: Patients' ability to understand health and medical issues and directions is related to the clarity of the communication.

Communicating Health: Priorities and Strategies for Progress, Health and Human Services 2003

Conclusion: Health professionals must take responsibility for clarity

Use Teach Back

- “I want to be sure I went over everything. Tell me how you will take this medicine.”
- “Just to check if I’ve covered everything: Tell me what you will say to your wife when you return home.”
- “Just to be sure I was clear: Show me how you will use this peak flow meter.”

Improve Care & Care Coordination

- Improve education and training
- Improve communication skills
- Use tested tools and processes [check lists, teach back...]
- Regulate applications, forms, documents
- Outreach to vulnerable/ at-risk clients & patients
- Help clients navigate
- Eliminate barriers of access [medication, transportation] and communication

Transform Practice

- Assess the current state of the environment
- Increase awareness of existing mismatches
- Build a sense of accountability for change
- Train staff
- Take action with new skill sets once they are developed
- Assess progress

Who Takes Action?

- Skill side:
 - Improve literacy skills
- Demand side:
 - Recalibrate the norm
 - Renew training/education
 - Match demands with known skills [lower demands]

Where Do We Begin?

- Raise awareness
- Correct faulty assumptions
- Modify communication approaches
- Change practices and procedures
- Modify regulations
- Change materials and tools
- Enhance professional and staff education

Study & Contribute

