HEALTH LITERACY:
MEETING PATIENTS WHERE THEY ARE

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OBJECTIVES

1. Define health literacy and summarize current information, research, and its use in healthcare settings
2. Identify screening tools that can be used to assess health literacy
3. Learn about different opportunities and techniques to tailor teaching methods to specific populations

DEFINING HEALTH LITERACY AND NUMERACY LITERACY

Health literacy
Numeracy
"The degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions." *(U.S. Department of Health & Human Services, 2000).
"Ability to access, use, interpret, and communicate mathematical information and ideas, to engage in and manage mathematical demands of a range of situations in adult life." *(Centers for Disease Control & Prevention, 2016).

WHAT ARE HEALTH LITERACY LEVELS IN THE US?

• Approximately 36% of the adult US population was found to have "Basic" or "Below Basic" health literacy levels
• Low health literacy costs the U.S. economy between $106-238 billion annually

WHAT IS THE RELATIONSHIP BETWEEN HEALTH LITERACY AND HEALTH OUTCOMES?

• Communication barriers have been associated with patients being more likely to be hospitalized.
• Some evidence of an impact of parents' low literacy on children’s health outcomes (e.g., depressive symptoms, persistent asthma).
• Poverty plays a role such as with insurance status. Uninsured and publicly insured (e.g., Medicaid) are at higher risk of low health literacy.
• Education may also impact health literacy. In a study done across the Nation and cited in Healthy People 2020, almost 50% of adults who did not graduate from high school had low health literacy.
• CDC: "Researchers continue to debate and define what it means to be nutritionally literate and food literate.

SCREENING TOOLS TO ASSESS HEALTH LITERACY

• REALM-SF (Rapid Assessment of Adult Literacy): Measures ability to read common medical words, 7 questions/terms.
• SAHLSA (Short Assessment of Health Literacy for Spanish-speaking Adults): Form of the REALM for adults who speak Spanish as a primary language, 18 test terms.
• TOFHLA (Test of Functional Health Literacy in Adults): Measures reading and numeracy using common medical scenarios and materials.
• Results are categorized as “inadequate”, “marginal”, or “adequate” health literacy scores.
• Original - 22 minutes; Shortened - 7 minutes.

OTHER WAYS TO IDENTIFY HEALTH LITERACY LEVEL:

• Use a combination of informal and formal measures to gain a more specific understanding of individuals' abilities.
• Conduct assessments in private settings, and with sensitivity and respect, to ensure that patients do not feel humiliated or inferior.
• Distinguish low literacy skills from cognitive decline, developmental disability, or mental health disorder.
• Differentiate English proficiency from literacy. Individuals who are more proficient in a non-English language do not mean they have low literacy.
• Identify if any cultural differences exist that could impact understanding.
APPROACHES TO BEGIN CONVERSATIONS

Institute for Healthcare Improvement: Ask Me
3: Good Questions for Your Good Health
- Encourages patients and families to become more active with their health care team and ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy.
  1. **What is my main problem?**
  2. **What do I need to do?**
  3. **Why is it important for me to do this?**

Indian Health Service: Let’s Talk
- Designed to improve health communication between patients and providers through four steps for providers to encourage patients to talk about ways to maintain good health by incorporating the following in their visits.
  1. **Tell us what is going on.**
  2. **Ask us what you can do about it.**
  3. **Learn from us about where to get more information.**
  4. **Act on this to keep healthy.**

WHAT ARE CDC RECOMMENDATIONS FOR EDUCATION IN CONSIDERATION OF HEALTH LITERACY?
- Use pictures to improve health communication
- Make orally delivered health information accessible and actionable
- Use headings to help readers scan and find information.
- Use narrative communication
- Group information to improve audience comprehension and recall
- Explain risk and numbers
- Anticipate and assess audiences’ emotional reactions to risk information
- Understand how numbers affect comprehension and decisions
- Design for improved comprehension among limited health literacy populations.


LET’S GET PRACTICAL…
WHEN PATIENT AND EDUCATION MEET

ASSESSING THE CURRENT SITUATION:
- Some patients report that My Native Plate/MyPlate can be difficult if they don’t eat directly from a plate.
- Patients report they want more guidance/structure than just using a plate.
- Utilizing food models are helpful for classroom teaching but can’t be taken home.
- Observed confusion at carbohydrate counting.

What is Food?
- Carbohydrates
- Fat
- Protein

Foods Containing/Not Containing Carbohydrates
- Food Models
- Demonstrates
- Identification of food items on the CHO

How Much Carbohydrate to Eat
- Carbohydrate Counting or Points System
- My Native Plate
- My Home Plate

HOW MUCH DO WE EAT?…TRADITIONAL CARBOHYDRATE COUNTING

**MEN:**
- Meals: 2-3 carbohydrate servings per meal (45-60 grams carb/meal)
- Snacks: 1-2 carbohydrate servings per snack (15-30 grams carb/snack)

**WOMEN:**
- Meals: 2-3 carbohydrate servings per meal (30-45 grams carb/meal)
- Snacks: 1-2 carbohydrate servings per snack (15-30 grams carb/snack)

Meal Timing: Recommended 3 meals/day, every 4-6 hours. Snacks: 2-3 meals/day if between meals.
HOW MUCH DO WE EAT? …USING THE POINTS METHOD

MEN:
- Meals: 3 – 4 points (carb servings) per meal (45-60 grams carbs/meal)
- Snacks: 1 – 2 points per snack (15-30 grams carbs/snack)

WOMEN:
- Meals: 2 – 3 points per meal (30-45 grams carbs/meal)
- Snacks: 1 – 2 points per snack (15-30 grams carbs/snack)

Meal Timing: Recommended 3 meals/day, every 4-6 hours
Snacks: 2-3 snacks per day in between meals

“Points” Worksheet:
- In-class instruction
- Practice “points” calculations through examples and independent practice
- Problem-solving exercises and techniques for real-life situations
- Reference for serving sizes using hands as measuring tools
- Additional instruction for individuals reading Nutrition labels or interested in learning (basic Overview)
- Application of points and grams
- Use of Plate method and My Native Plate

ANECDOAL REPORTS
- Patient reported a weight loss of 10+ pounds after using the points system
- Patient had been prescribed multiple BG medications and had uncontrolled diabetes for about 20 years — “I never understood until now...I’m counting points, watching what I eat and taking my medicine correctly!”

For a subset of patients...
- No patients reported preference for CHO Counting
- Majority of patients preferred points method

IN SUMMARY: CARBOHYDRATE COUNTING METHODS COMPARED

Traditional Method (CHO):
- Requires ability to:
  - Read a food label correctly
  - Use of measuring cups
  - Make conversion from grams of carbs to carb serving (division/multiplication)
- 15 grams of carbs = 1 carb serving
- Meal recommendations in both servings and grams

“Points” Method:
- Optional: Read a food label, convert grams to points using chart provided
- Points from fat, protein, and carbs to 5
- Avoid for measuring
- Simplified language - 15 grams = 1 point
- No need for conversion

Modified Points Method
- Reference for serving sizes using hands as measuring tools
- Additional instruction for individuals reading Nutrition labels or interested in learning
MOST IMPORTANTLY, WE NEED TO MEET PATIENTS WHERE THEY ARE...

- Research suggests that health literacy is linked to health and health outcomes.
- Health literacy can be difficult to measure despite some existing tools.
- Use plain language and watch for patient cues to gauge understanding.
- Health literacy and comprehension may also be dependent on culture – seek to incorporate cultural components into education.

AS DIETITIANS AND HEALTH EDUCATORS, WE NEED TO BE ABLE TO MEET PATIENTS WHERE THEY ARE...

"Health care practitioners literally have to understand where their patients “are coming from” – the beliefs, values, and cultural values and traditions that influence how health care information is shared and received."

- The Joint Commission, “What Did the Doctor Say?” Improving Health Literacy to Protect Patient Safety

REFERENCES:


THANK YOU!