

# **Health Literacy Bridging Research and Practice**

## **Summing Up with 5 Major Calls-to-Action**

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# **Bridging Research into Practice**

**What to DO??**

# **5 Major Calls to Action:**

## **A Conceptual Framework**

- 1. Be clear about definitions and overall goals**
- 2. Persuade and inspire others to respond**
- 3. Instruct each other on best practices**
- 4. Implement best practices**
- 5. Continue to question, improve and expand**

# Be Clear About Definitions and Goals

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# 1. Be Clear About Definitions and Goals

## What is “Health Literacy”

### A. One widely used definition:

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

# 1. Be Clear About Definitions and Goals

## “Health Literacy”

**B. A less widely used definition:**

**“An Expanded model of health literacy”:**

**“The wide range of skills, and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks and increase quality of life.”**

**Includes 4 domains...**

Zarcadoolas, Pleasant and Greer Understanding health literacy: an expanded model, 2005.  
Oxford University Press

# 1. Be Clear About Definitions and Goals

## “Health Literacy”

### 1. Fundamental literacy

The skills and strategies involved in:

- reading
- speaking
- writing
- interpreting numbers (numeracy)

# **1. Be Clear About Definitions and Goals**

## **“Health Literacy”**

### **2. Science literacy**

**Refers to levels of competence with science and technology, including some awareness of the process of science.**

- knowledge of fundamental scientific concepts**
- ability to comprehend technical complexity**
- an understanding of technology**
- an understanding of scientific uncertainty and the fact that rapid change in the accepted science is possible**

# **1. Be Clear About Definitions and Goals**

## **“Health Literacy”**

### **3. Civic literacy**

**Refers to abilities that enable citizens to become aware of public issues and to become involved in the decision-making process. Categories in this domain of health literacy include:**

- media literacy skills**
- knowledge of civic and governmental processes**
- an awareness that individual health decisions can impact public health**

# 1. Be Clear About Definitions and Goals

## What is “Health Literacy”?

### 4. Cultural literacy

Refers to the ability to recognize and use collective beliefs, customs, world-view and social identity in order to interpret and act on health information.

This domain includes a recognition and skill on the communicator's part to frame health information to accommodate powerful cultural understandings of

- health information
- science
- individual and collective action

# 1. Be Clear About Definitions and Goals

## “Health Literacy”

### C. A new possible definition

“Health literacy allows the public and personnel working in health-related contexts to find, understand, evaluate, communicate and use information.”

(Pleasant 2008)

# **1. Be Clear About Definitions and Goals**

## **What are the Issues?**

- 1. Where do the problems lie?**
- 2. What do we want to DO to address them?**
- 3. What is the most efficient and effective way to get these problems addressed?**

# **1. Be Clear About Definitions and Goals**

## **What are the Issues?**

- 1. Where do the problems lie?**

# **1. Be Clear About Definitions and Goals**

## **What are the Issues?**

### **1. Where do the problems lie?**

**-With consumers/patients/clients**

**- With providers of information, care and service**

# Problem: Part A - Inadequate Health Literacy

## What Contributes To It – Patient Factors

- Having marginal fundamental literacy skills, and / OR...
- Being unfamiliar with medical and health care terminology
- Being unfamiliar with medical and health care concepts
- Having limited English literacy and proficiency
- Having perspectives that differ from the mainstream based on:
  - A person's cultural perspectives and/or health beliefs
  - A person's experiences with group-based discrimination  
(ethnic group, income, age, gender, sexual orientation, disability, physical appearance) ...*and so on...*

# **Problem: Part A - Inadequate Health Literacy**

**What Contributes To It – Patient Factors**

*and so on...*

**This is a list that can, should be, and has been expanded**

# **Problem: Part B - Inadequate Health Literacy**

## **What Contributes To It – Provider Factors**

- **The increasing complexity of the health care system**
- **Lack of awareness of inadequate health literacy as an issue**
- **Providers with ineffective skills in:**
  - **consumer friendly verbal communication**
  - **consumer friendly written communication**
  - **consumer friendly web-based communication**
  - **effective cross-cultural communication**
  - **language interpreting and translation**

# **Problem: Part B - Inadequate Health Literacy**

## **What Contributes To It – Provider Factors**

- **Regulatory requirements for complicated language**
- **IT limitations on using effective layout and typography**
- **Lack of an effective plan to address inadequate health literacy as an issue**

# **Problem: Part A - Inadequate Health Literacy**

## **What Contributes To It – Provider Factors**

*and so on...*

**This is a list that can, should be, and has been expanded**

# 1. Be Clear About Definitions and Goals

## What are the Issues?

1. Where do the problems lie?
2. What do we want to DO to address them (goals)?

# **1. Be Clear About Definitions and Goals**

## **What are the Issues?**

- 1. Where do the problems lie?**
- 2. What do we want to DO to address them (goals)?**  
**Find ways to minimize or eliminate contributing factors:**
  - for consumers/patients/clients**
  - for providers of information, care and service**

# **1. Be Clear About Definitions and Goals**

## **What are the Issues?**

- 1. Where do the problems lie?**
- 2. What do we want to DO to address them?**  
**Find ways to minimize or eliminate contributing factors:**
  - for consumers/patients/clients**
  - for providers of information, care and service**
- 2. What is the most efficient and effective way to get these problems addressed? Let's see...**

# Persuade and Inspire Others to Respond

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## **2. Persuade and Inspire Others to Respond**

### **Present the Basic Issues**

**Michael Villaire**

**Health Literacy 101**

- **Definitions (basic – some still being expanded by researchers)**
- **Magnitude and scope of the issue**
- **Human costs**
- **Other costs**

## 2. Persuade and Inspire Others to Respond

### Frame It As an Issue of Social Justice

Rima Rudd

#### Research in Health Literacy: Bridging the Gaps

- Here is the “problem”, but who needs to change?  
The patients...or the providers?
- “Literacy is tied with issues of social justice”!
- Create better measures of the communications skills of *providers*, not just patients
- Remove barriers to effective communication
  - change materials and tools
  - use assistive technologies
  - provide navigational aids
  - improve skills of providers
  - improve dissemination
  - improve program planning

## **2. Persuade and Inspire Others to Respond**

### **Provide a Sense of History**

**Rima Rudd**

**Research in Health Literacy: Bridging the Gaps**

**Reminder and a notice:**

**IHA is giving all attendees a free copy of the Doak, Doak and Root  
“bible”**

***Teaching Patients with Low Literacy Skills***

## **2. Persuade and Inspire Others to Respond**

### **Make the Business Case**

**George Isham**

**Making the Business Case for Health Literacy**

- **Why is it needed?: A new concept for people. People need convincing.**
- **How to go about it?: Align health literacy with existing organizational goals**

# Instruct Each Other on Best Practices

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# **3. Instruct Each Other on Best Practices**

## **Improve Print Communication**

### **Using Readability Formulas**

**Doug Seubert**

- **What formulas have been used**
- **How they can be used correctly**

## **3. Instruct Each Other on Best Practices**

### **Improve Print Communication**

#### **Fixing Common Document Design Problems for Easy Reading**

**Jeanne McGee**

- **Forthcoming toolkit for making written materials clear and effective (Centers for Medicare and Medicaid Research)**
- **Tips for being reader-centered in your approach**
- **Guidelines for writing and design**

## **3. Instruct Each Other on Best Practices**

### **Improve Verbal Communication**

#### **Improving Patient-Centered Communication and Shared Decision-Making in a Clinical Setting**

**Cliff Coleman and Cindy Brach**

- **Why inadequate and marginal health literacy is a hidden epidemic**
- **How to improve the effectiveness of oral communication**
- **How written materials can help**

# **3. Instruct Each Other on Best Practices**

## **Implement Hospital-Based Programs**

### **Health Literacy in Hospital Systems: Two Case Studies**

**Marge Kars**

- **What they did**
- **How it worked**
- **Lessons learned**

## **3. Instruct Each Other on Best Practices**

### **Choose a Good HL Curriculum**

#### **Choosing, Evaluating and Implementing a Health Literacy Curriculum**

**Andrew Pleasant**

- **How to develop a common framework**
- **How to conceptualize the issue of health literacy to convey its multidimensional nature**
- **How to construct a curriculum based on an expanded, and common, concept of what health literacy really is**
- **The need to consider the skills of providers, as well as consumers, when dealing with the issue of health literacy**

# **3. Instruct Each Other on Best Practices**

## **Communicate Across Languages**

### **Working Effectively with LEP Patients and Medical Interpreters**

**Elizabeth Abraham**

- **The challenges of working with limited English proficiency (LEP) patients**
- **The liability associated with ineffective communication**
- **Best practices for working with medical interpreters**

# **3. Instruct Each Other on Best Practices**

## **Communicate Across Fundamental Literacy Levels**

### **Numeracy: Conveying Concepts of Quantities, Time and Risk**

**Helen Osborne**

- **How people struggle with quantitative issues and tasks**
- **How to make concepts and tasks easier to manage**
  - **in person**
  - **in print**
  - **with technology and devices**

# Implement Best Practices

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## **4. Implement Best Practices**

### **Promote More Effective Informed Consent**

**Promoting Comprehension for Research:  
The IRB Consent and Authorization Toolkit**

**Michael Paasche-Orlow**

- **What is at stake**
- **What can be done**

## **4. Implement Best Practices**

### **Implement Statewide Interventions**

#### **Developing a Statewide Health Literacy Initiatives**

**Missouri - Arthur Culbert**

**Iowa - Mary Ann Abrams**

**Minnesota - Alisha Ellwood**

**Wisconsin - Arthur Culbert for Sue Gaard**

- **What they have done**
- **Lessons learned, so far**
- **Where to start**

## **4. Implement Best Practices**

### **Build Consumer/Patient Skills**

**Ariella Herman**

**A Breakthrough Health Literacy Program**

**Empowering Parents, Benefiting Children, Improving the Healthcare System**

- **What they did**
- **How they did it – across literacy levels, languages and cultures**
- **Their impressive outcomes**

## **4. Implement Best Practices**

### **Create Effective Print Materials**

#### **Exhibitors**

- **LA Care**
- **California Family Health Council**
- **Medical Library Association**
- **Health Research for Action at UC Berkley's School of Public Health**
- **Institute for Healthcare Advancement**

# Continue to Question, Improve and Expand

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## **5. Continue to Question, Improve and Expand**

**Michael Paasche-Orlow**

**Causal Pathways Between Health Literacy and Health Disparities**

- **The need to sort out race and ethnicity from educational access and from income**
- **Caution about jumping to incorrect conclusions and designing interventions based on those conclusions**

## **5. Continue to Question, Improve and Expand**

**George Isham for Ruth Parker**

**From the IoM Roundtable: Translating Research into Practice**

- **Improving informed consent**
- **Assessing consumer ability to navigate increasingly complex systems of care**
- **Improving medication labeling**
- **Assessing the role of health literacy in reducing health disparities**
- **Designing understandable e-health records**
- **Measuring health literacy (individual, population, system levels)**

## **5. Continue to Question, Improve and Expand**

**Ruth Parker/George Isham**

**From the IOM Roundtable: Translating Research into Practice**

**Forecasting a perfect storm**

**Skills and ability vs. Demands and complexity**

- **Declining literacy**
- **Shifting demographics**
- **Changing job market**

## 5. Continue to Question, Improve and Expand

**Lawrence Gostin**

### Informed Consent and Ethical Duty in Health Literacy

- Questioning the premise that consent should work as intended
- Making the case that consent, as intended:
  - does not really work, for a number of reasons
  - is essentially a flawed model – is “legal fiction”

## 5. Continue to Question, Improve and Expand

**Stacy Cooper Bailey**

**The Availability of Spanish Prescription Labels**

- **Documenting the large number of community pharmacies with no ability to meet communication needs of Spanish-speaking consumers**

*Congratulations on being an Award Winner!*

## 5. Continue to Question, Improve and Expand

**Ariella Herman**

**UCLA/Johnson & Johnson Health Care Institute**

- **Demonstrating what can be accomplished on a multi-state basis to empower a large number of parents (improve the health literacy skills) using effective materials and training techniques**

*Congratulations on being an Award Winner!*

## **5. Continue to Question, Improve and Expand**

**Catherine Arnold**

**Healthy Living Dialog Weight Loss Toolkit**

- **Demonstrating how improving the quality of materials can help to improve the delivery of care**

*Congratulations on being an Award Winner!*

## **5. Continue to Question, Improve and Expand**

**Poster presentations, in the evening....**

- Beautifully done!**
- Important information**
- Good demonstrations of what is possible**
- Good questions raised for what we still need to know more about**

## 5. Continue to Question, Improve and Expand

### An Overview of Health Literacy Research

Michael Wolf

- An overview of what we actually know, at this point
- A continued exploration of what “health literacy” really is (and the need to include the issue of cognitive deficits)
- What is involved in responding to the needs of patients - For example, understanding what we want people to DO and then helping them to *remember* it, as well as *problem solve*, in order to actually follow through

## **5. Continue to Question, Improve and Expand**

**John Comings**

**Lessons from the Intersection of Adult Literacy and Health Literacy**

- **How to look at national literacy statistics**
- **How to look at various skills as components of literacy**
- **What to, therefore, consider when assessing adult literacy skills**
- **The need to respond by providing “universal access” to health information and finding the best ways to do so – including assistive technologies – and making “everything accessible to everybody”!**

## **5. Continue to Question, Improve and Expand**

**John Comings**

**Lessons from the Intersection of Adult Literacy and Health Literacy**

- Adults with limited literacy skills are ready and willing to learn and to improve skills and increasingly have access to computers**
- Having a high school diploma is not a good proxy for literacy skill – more related to income and access to good schools than to race**

## **5. Continue to Question, Improve and Expand**

**John Comings**

**Lessons from the Intersection of Adult Literacy and Health Literacy**

- The need to address discriminatory attitudes towards people with limited literacy skills**
- Opportunities for health literacy research in the adult education sector – need to true collaboration**

# **5 Major Calls to Action:**

## **A Conceptual Framework**

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# **Thank You IHA for Your Leadership!**

- 2002 - Health Literacy - State of the Art**
- 2003 - Organizational Solutions**
- 2004 - Clinical and Educational Solutions**
- 2005 - Culture, Language and Clinical Issues**
- 2006 - Beyond the Written Word: Alternative Solutions**
- 2007 - Chronic Illness Management**
- 2008 - Primary Care - Best Practices and Skill Building**
- 2009 - Health Literacy – Bridging Research and Practice**

# **Thank You Attendees for Your Concern and Hard Work!**

- **Researchers**
- **Program Officers, Managers Coordinators, Advisors**
- **Executives, Administrators**
- **Health Educators**
- **Nurses**
- **Health Communicators**
- **Librarians**
- **Physicians**
- **Professors, Associate Professors, Assistant Professors**

# **Thank You Attendees for Your Concern and Hard Work!**

- **Instructors**
- **Pharmacy Technicians**
- **Pharmacists**
- **Marketing Copywriters**
- **Dietitians**
- **Grant Managers**
- **Medical Writers**
- **Graphic Designers**
- **Analysts**

# **Thank You Attendees for Your Concern and Hard Work!**

- **Editors**
- **Literacy Specialists**
- **Translators**
- **Publications Specialists**
- **Social Workers**