

NCECE Webinar: Promoting Health Literacy in Older Adults

Presentation by Tamara Cadet, PhD, LICSW, MPH

School of Social Work, Simmons University

Oral Health Policy and Epidemiology, Harvard School of Dental Medicine

February 16, 2021



About NCECE

Who We Are: Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to older adults.

Our Mission is to build strong, innovative and competent health care models by partnering with CHCs, PCAs and FQHCs to provide quality and inclusive care for older adults.

Stay Connected With NCECE:

Twitter: twitter.com/NationalECE

LinkedIn: [linkedin.com/company/ncece](https://www.linkedin.com/company/ncece)

Website: ece.hsdm.harvard.edu

Email: ece@hsdm.harvard.edu



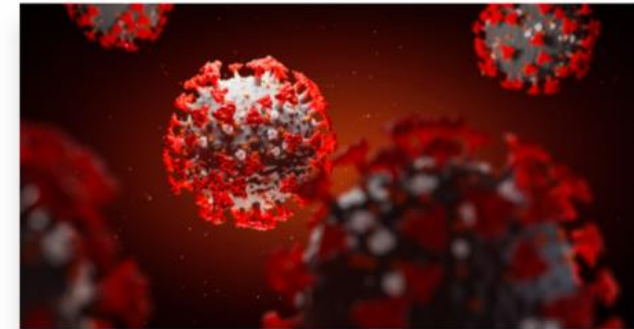
COVID-19 Resources



Introduction

This resource brief provides a selection of current, high-quality resources about **Novel Coronavirus (COVID-19)**.

These resources provide preparedness information for primary care providers, as well as answers to frequently asked questions. These resources also address the needs of special populations that can be vulnerable to the spread of COVID-19, including unhoused populations and the elderly.



<https://www.healthcenterinfo.org/priority-topics/covid-19/>



Reminders

- Please stay muted to prevent echo and background noise
- Use the Q&A or chat box to ask a question during the session
- This webinar is being recorded and materials will soon be emailed to participants
- We would love to hear your feedback – please fill out our brief evaluation at the end of the session!



Learning Objectives

Understand

the effect of age-related changes on health literacy levels in older adults

Develop

strategies for communicating effectively with older adults to reduce health disparities

Support

a shared decision-making approach to care that respects patients' preferences and goals

Today's Speaker



Tamara Cadet, PhD, LICSW, MPH

Understanding Health Literacy

Definitions

- Changes over time, from understanding to application, to utilizing in individual interactions and health system navigation

Why is thinking about health literacy important?

- Importance of plain language
- Universal precautions approach

What is health literacy?

- Assumptions:
 - "The word is not the privilege of some few persons but the right of everyone." *Paolo Freire*
- A complex variable:
 - Socially determined
 - A social determinant
- Literacy can change the culture of silence

A blurred background image showing laboratory glassware, including several test tubes in a rack and various beakers, suggesting a medical or scientific setting.

What is health literacy?

“THE DEGREE TO WHICH INDIVIDUALS HAVE THE CAPACITY TO OBTAIN, PROCESS, AND UNDERSTAND BASIC HEALTH INFORMATION AND SERVICES NEEDED TO MAKE APPROPRIATE HEALTH DECISIONS.”

- U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2000

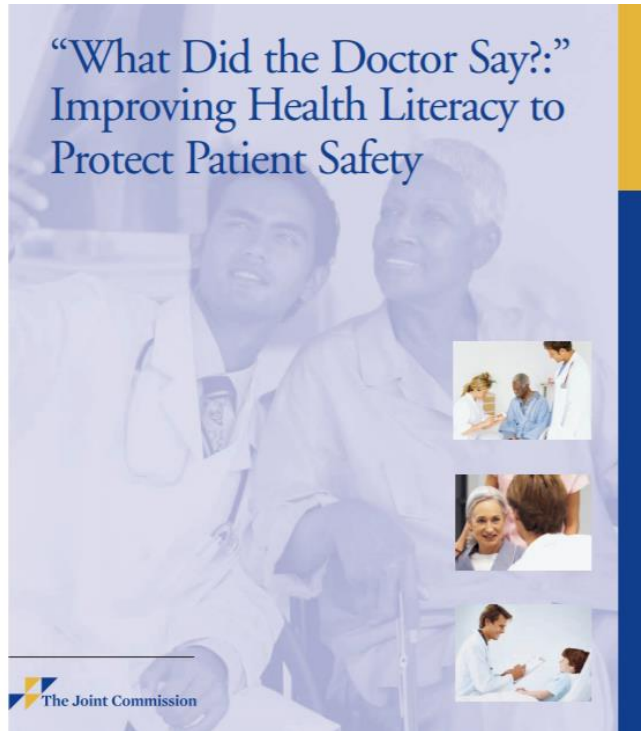
A solid orange horizontal bar at the bottom of the slide.

Expanded definition

“HEALTH LITERACY
IS AN INTERACTION
BETWEEN
DEMANDS OF
HEALTH SYSTEMS
AND INDIVIDUALS’
SKILLS.”

HEALTH LITERACY: A
PRESCRIPTION TO END
CONFUSION, INSTITUTE
OF MEDICINE, 2004

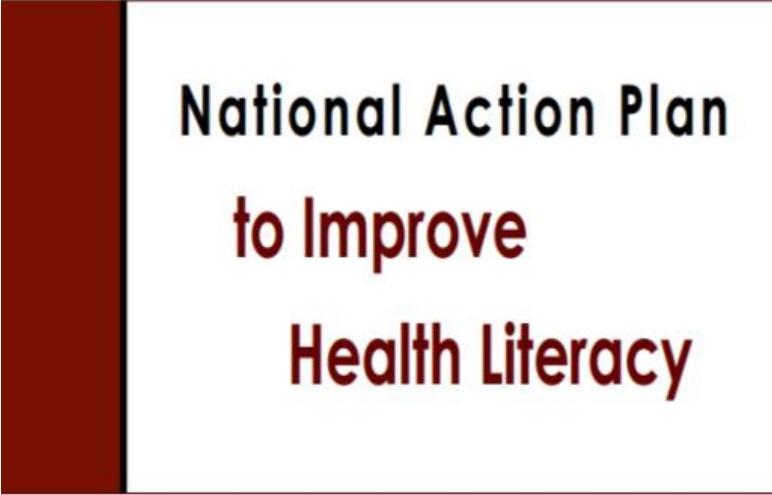
Expanded Definition



- “Effective communication is a cornerstone of health safety.”

https://www.jointcommission.org/-/media/tjc/idev-imports/topics-assets/what-did-the-doctor-say-improving-health-literacy-to-protect-patient-safety/improving_health_literacy.pdf?db=web&hash=0FC8437817D493B2C0223D100557889E

National Action Plan to Improve Health Literacy, 2010

The logo for the National Action Plan to Improve Health Literacy. It features a dark red vertical bar on the left. To its right, the text "National Action Plan" is in black, "to Improve" is in dark red, and "Health Literacy" is in dark red. The entire text is enclosed in a thin dark red border.

National Action Plan to Improve Health Literacy

- “Seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multisector effort to improve health literacy.”
- Vision of society:
 - accurate and actionable health information
 - person-centered health information and services
 - lifelong learning and skills to promote good health

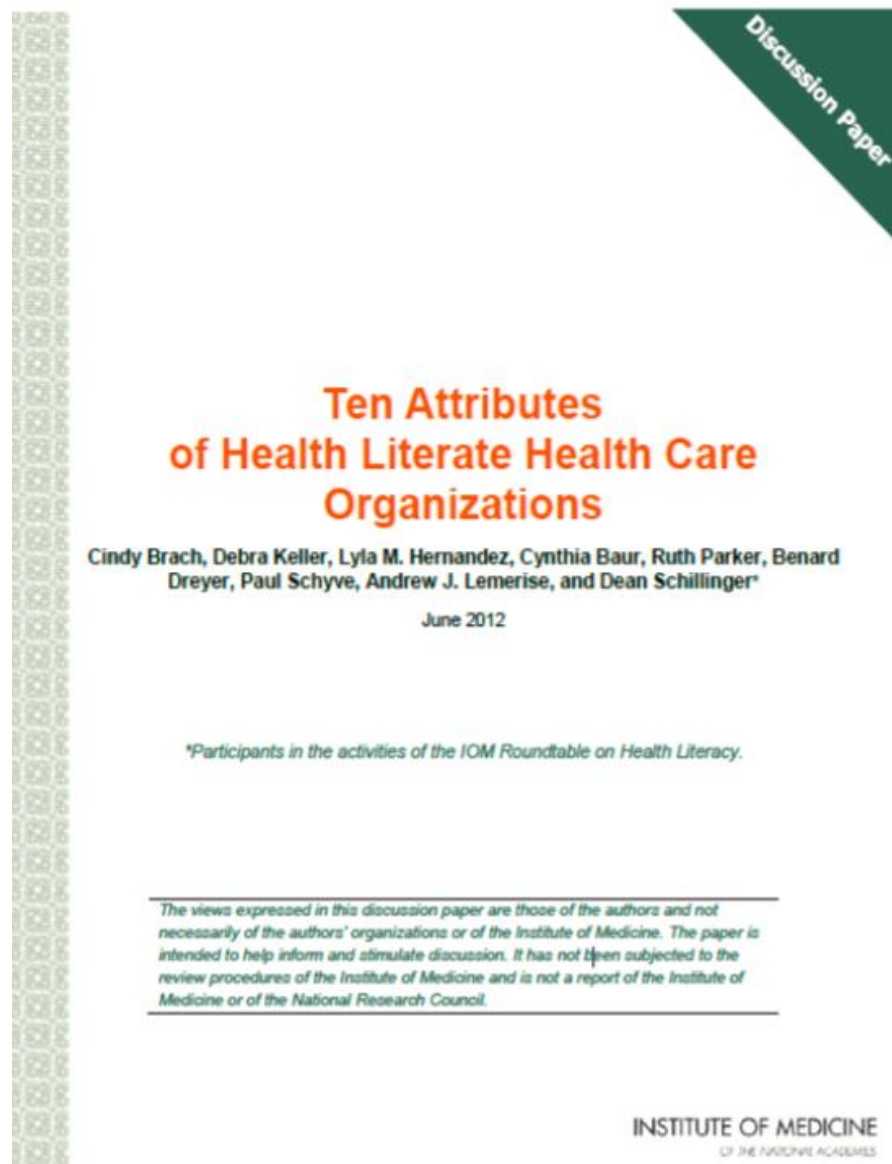
Universal Precautions Approach

- “Universal precautions refers to taking specific actions that minimize risk for everyone...”

Health Literacy Universal Precautions Toolkit, AHRQ,
2010

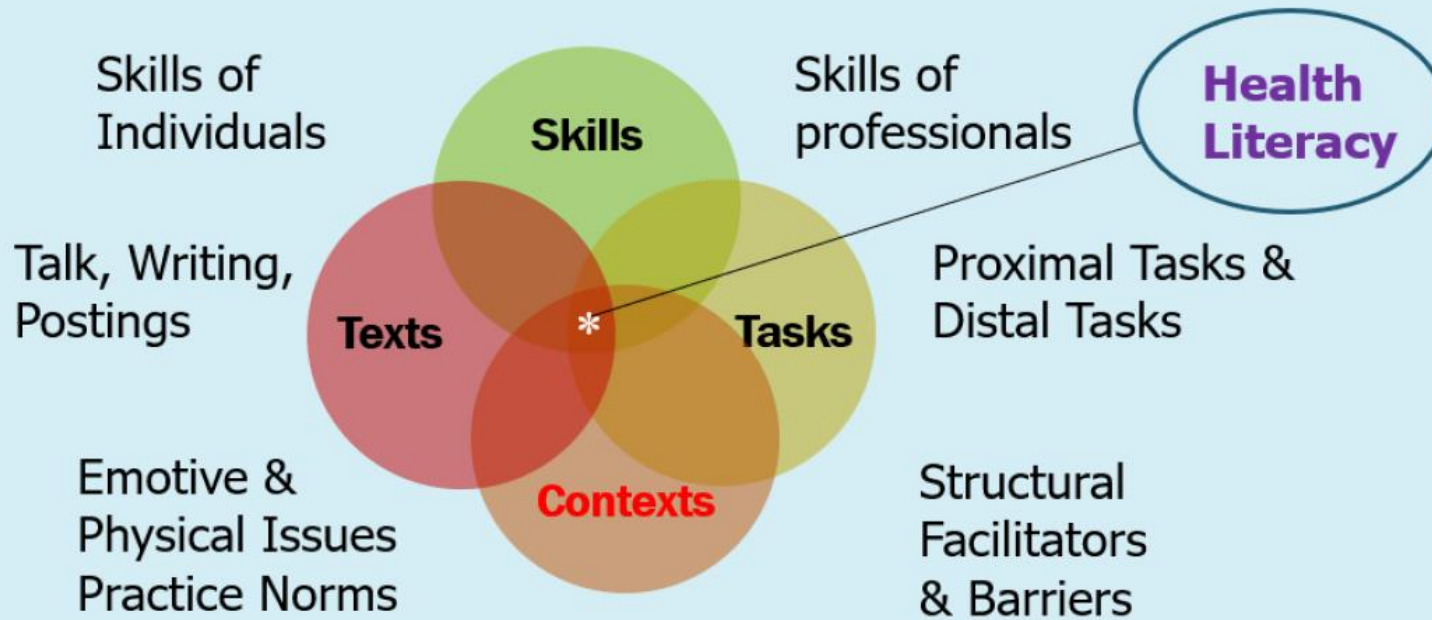
**Health Literacy
Universal Precautions
Toolkit**





Ten Attributes of Health Literate Organizations, 2012

“HEALTH LITERATE HEALTH CARE ORGANIZATIONS: “... ORGANIZATIONS THAT MAKE IT EASIER FOR PEOPLE TO NAVIGATE, UNDERSTAND, AND USE INFORMATION AND SERVICES TO TAKE CARE OF THEIR HEALTH.”



Today

SERIES OF INTERACTING
VARIABLES

Equality



Equity



Justice



So what are our goals?

What can we do?

- Communication breakdowns are the most common reasons for adverse events in the health care setting
- Tools for improving health literacy
 - Universal Precautions
 - Plain Language

Universal Precautions

- Treating all patients as if they are at risk of not understanding health information
- When health care providers use this approach, they acknowledge that:
 - Professionals can't accurately identify who understands and who doesn't.
 - Health literacy is situational
 - Even individuals with proficient health literacy skills may sometimes have trouble understanding health information — especially when they're sick, frightened, or in pain.
 - Everyone benefits from clear, actionable information.

<https://health.gov/our-work/health-literacy/health-literate-care-model/resources-implementation#:~:text=A%20universal%20precautions%20approach%20means,Health%20literacy%20is%20situational>



Plain Language

Principles:

- Communication with your audience so they can understand the **first time** they hear or read it
- Using language that allows people to **find** what they need, **understand** what they find, and **act** appropriately on that understanding
- Makes it easier for everyone to understand and use health information

Plain Language...

- Is using everyday words. It is simple, clear and concise. It is communication your audience can understand the first time they hear or read it. It is easy.
- allows people to find what they need, understand what they find, and act on that to best meet their needs.
- *Is not* unprofessional writing or a method of "dumbing down" or "talking down" to the reader.
- does not remove important information that is needed to make informed choices.
- does not create imprecision. Clarity and precision are complementary goals.

Elements of Plain Language

- <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/plain-language>
- <https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html>
- <https://www.archives.gov/open/plain-writing/10-principles.html>
- <http://www.coveringkidsandfamilies.org/resources/docs/stylemanual.pdf>

Common words:

- Use simple, easy-to-understand words.
 - Think about language you use at home with friends and family.
- Try not to use medical or insurance jargon.
- Define medical and insurance terminology.

Keep it short:

- Stick to 1-3 ideas.
- Remove words you don't need.
- Use short sentences.

Active voice:

- Identify who is doing what.
- Keep the subject up front.



Elements of Plain Language

- **Positive tone:**

Write and speak in a friendly tone.

Instead of “don’t forget to take your medicine,” try “remember to take your medicine.”

Think about what can be done, not what can’t.

- **Logical organization:**

Put the most important points first.

Break down complex information into understandable pieces.

- <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/plain-language>
- <https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html>
 - <https://www.archives.gov/open/plain-writing/10-principles.html>
- <http://www.coveringkidsandfamilies.org/resources/docs/stylemanual.pdf>



Discussion



How does low health literacy impact older adults?



How should we assess
health literacy levels
in our older patients?



What strategies can be used to encourage older adult patients to ask questions about their health?



Can you talk about your experience developing materials that support shared decision making for older adults?



Developing materials

Lessons Learned

- Important to include older adults or get their feedback in the design and implementation of health educational materials
- Important to determine how best to use professionals (medical and non-medical) to help in ensuring older adults have access to the materials

Developing materials

- National recommendations suggest that health educational materials be written using low literacy principles so that all patients can benefit from these tools
 - Formative research and pilot testing are among the recommended strategies to examine the language, organization and structure of materials in collaboration with and feedback from members of the intended audience.
 - Two components of obtaining feedback include asking questions of the intended audience and applying the teach-back method (i.e. having the patient repeat key information).

Should I Continue Having Mammograms? -For Women Age 75 to 84 Years-



*This is a workbook to help you make this decision.
You will need a pen/pencil to complete parts of this workbook.*

Copyright ©2013 by Beth Israel Deaconess Medical Center

Developing materials

- One example
 - Modify an existing mammography screening decision aid for use among older women ≥ 75 years at risk for low health literacy

What happened?

Based on structured interviews using think-aloud method, the following problems were identified:

- the language was too advanced
- difficulty understanding how to interpret the pictographs
- no pictures that represented the racial and ethnic backgrounds
- too many words on a page
- did not understand the tables
- too long
- difficulty understanding what continuing or discontinuing a mammograms meant;
- difficulty understanding what it meant to discuss their thoughts with their doctors;

Changes made

Shortened the original DA from 11 to 8 pages

Eliminated pictographs and converted the information to table format

Created more white space

Added more pictures

Added explanation for stopping mammograms and doctor's recommendation

Made word changes

- Changed the word “risk” to “downside”
- Changed the phrase “getting mammograms” to “having mammograms”
- Changed the word “overdiagnosis” to “just laid there”

Developing Materials

- Make it empowering
 - Older adults want control of their health. Frame your messages so older adults feel confident they can use the information in a way that will impact their lives.
- Make it self-directed
 - Older adults like to learn new health information through a variety of methods (spoken or printed words, illustrations, or a combination of both).
 - Think about using different approaches to present your information, such as pamphlets, brochures, videos and audiotapes.
- Make it solution-oriented
 - Do not bogged down with tons of health information.
 - Provide short, concise health messages that detail the specific action steps your older adult audience must take to achieve the desired health goal.

Questions?



Thank You!

We appreciate your participation in this webinar. Please take a moment to provide your feedback by taking a brief survey!

The link will be in the chat box and will also open in a separate window when you exit this session.

