Health Literacy & Health in DE
Objectives

• Recognize that low health literacy is a problem in the U.S.
• Describe health literacy universal precautions.
• Describe ongoing work in DE to address Health Literacy
The Problem of Health Literacy in the United States
What is Health Literacy?

According to Healthy People 2030

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
Why worry about health literacy?

1 out of 3 U.S. adults have low health literacy

9 out of 10 U.S. adults lack the skills to manage health and prevent disease.

Studies show...
- Patients forget 40-80% of the information they get in a healthcare encounter.
- Half of what they remember is incorrect.
- 98% of medical errors are related to communication problems.
How does age impact health literacy?
How does race impact health literacy?
Health Literacy in Delaware

**Dark green** indicates highest socioeconomic status and health literacy

**Light green** indicates middle to high socioeconomic status and health literacy

**Orange** indicates middle to low economic status and health literacy

**Red** indicates lowest socioeconomic status and health literacy

**Socioeconomic** status refers to gender, age, race/ethnicity, language spoken at home, income, education, and marital status
20.3% of adults in Delaware have low literacy
Delaware ranks 30 out of 50 in the U.S.

2 in 3 counties in Delaware have populations where 25% or more of the residents have below basic literacy.

How does low literacy affect equity and quality of life?
In counties where at least 25% of the population have below basic literacy, we see that many health, economic, and educational outcomes fall short.

- Unemployment: 6.4% low literacy counties, 6.5% other counties, 5.9% state
- Median Income: $59,814 (low literacy), $70,996 (other counties), $65,627 (state)
- Adults Without a High School Degree: 13.2%, 9.6%, 10.2%
- No Access to Healthcare: 7.7%, 6.0%, 6.0%
- Residents Below the Poverty Line: 12.5%, 11.9%, 10.3%

Demographics:
- The percent of 4th graders with below basic reading by race:
  - White: 26%
  - Latinx/Hispanic: 46%
  - Black/African American: 53%
  - Asian: 10%
  - State Average: 38%

Households Where Limited English is Spoken:
The percentage of households where no adult speaks English “very well.”
Impact on Patient Outcomes

Health Literacy

- Mortality
- Preventative Tests & Services
- Chronic Conditions
- Emergency & Hospital Care
- Medicines & Nutrition
Health Literacy
Universal Precautions
## Best Practices

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Literacy Practice</th>
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<tbody>
<tr>
<td>1</td>
<td>Consistently avoids using medical “jargon” in oral and written communication with patients, and defines unavoidable jargon in lay terms</td>
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<td>2</td>
<td>Routinely uses a “teach back” or “show me” technique to check for understanding and correct misunderstandings in a variety of health care settings, including during the informed consent process</td>
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<td>3</td>
<td>Consistently elicits questions from patients through a “patient-centered” approach (e.g., “what questions do you have?”, rather than “do you have any questions?”)</td>
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<td>4</td>
<td>Consistently uses a “universal precautions” approach to oral and written communication with patients</td>
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<td>5</td>
<td>Routinely recommends the use of professional medical interpreter services for patients whose preferred language is other than English</td>
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<td>6</td>
<td>Consistently negotiates a mutual agenda with patients at the outset of encounters</td>
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<td>7</td>
<td>Routinely emphasizes one to three “need-to-know” or “need-to-do” concepts during a given patient encounter</td>
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<td>8</td>
<td>Consistently elicits the full list of patient concerns at the outset of encounters</td>
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<td>9</td>
<td>Routinely ensures that patients understand at minimum: (1) what their main problem is, (2) what is recommended that they do about it, and (3) why this is important</td>
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<td>10</td>
<td>Routinely uses short action-oriented statements, which focus on answering the patient’s question, “what do I need to do” in oral and written communication with patients</td>
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<td>11</td>
<td>Consistently locates and uses literacy-appropriate patient education materials, when needed and available, to reinforce oral communication, and reviews such materials with patients, underlining or highlighting key information</td>
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Establish trust

• Greet patients warmly
• Listen actively and carefully
• Use caring behaviors
Prioritize Information

- Consider the patient's goals
- Limit topics
  - Need to know
  - Need to do
- Repeat key points
- Chunk & check
Speak Plainly

• Slow down
• Use patient words
• Avoid jargon
• Avoid acronyms
• Define terms

Speaking plainly includes using interpreter services for patients and families whose preferred language is not English.
Avoid medical jargon

Medical Jargon
Include the family caregiver

- Include the family caregiver in discharge teaching.
- Educate the family caregiver on tasks that need to be done at home.
- Record the name of the family caregiver in the medical record.
How to use teach-back

1. Explain key points using plain language
2. Ask patients to explain things back in their own words
3. Re-explain key points as needed
4. Check again
Why use Teach-Back?

Inhaler Fail
Teach-Back: Empower

Were we clear? Let us hear!
When you get information about your health, tell your care team what you heard in your own words.

Have questions?
It’s your health.
Just Ask!

ChristianaCare

2. Scroll to the bottom of the page.

3. Click on Health Library in the bottom left corner.
The Intersections Between Social Determinants of Health, Health Literacy, and Health Disparities

Dean Schillinger, M.D.
Professor of Medicine in Residence, University of California San Francisco (UCSF), U.S.A
Creating Awareness to Affect Change

We are creating awareness and helping Delawareans understand their healthcare through these strategies:

Policy & Advocacy Subcommittee

Community Outreach & Engagement Subcommittee

Education & Training Subcommittee
Thank you!

What questions do you have?