| Care-Coordination-banner-portraitHealth Literacy Assessment |
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| 1. When providing oral communications: |
| a. Speak slowly and distinctly, using plain language.   * Watch for signs that indicate the patient cannot hear you. *For example*, the patient does not respond to a question you ask, appears to be straining to hear, or moves closer to you. * Watch for signs that the patient has “tuned out,” perhaps because you are speaking too fast or using medical jargon. *For example*, referring to “abdomen” may be the correct term to use, but “stomach” will be better undersood by the patient. * Use animation to emphasize key words or actions when possible. *For example*, point to your abdomen when saying stomach. * Watch for signs that the patient has become overwhelmed because you are supplying too much information at one time or are not provding enough opportunity for the patient to ask questions. *For example*, if the patient is no longer looking at you, nods his or her head when there is nothing to agree to, does not seem ready to ask a question, or simply seems dazed, pause and ask a brief question to draw the patient back to the conversation. Even just a pause may draw the patient back to concentrating on what is being said. |
| b. Organize the message logically and in short components.   * First, explain to the patient what you are going to tell him or her. If there are several components to the message, state how many things you are going to relate. *For example*, if there are four steps to doing X, tell the patient, “I am going to tell you how to do X. There are four steps.” * Tell the patient each step in order. Pause after each step to allow time for questions. However, avoid repetitive asking if the patient has any questions, as this can be both annoying and distracting. The patient may simply need time to process what has been heard. If there appears to be any uncertainty after an appropriate time for the patient to think about the statement, restate the step and use an example. If possible, find an example that includes some animation. If restatement is necessary, try to shorten the statement. The natural inclination is often to lengthen it and provide more information. This only becomes more overwhelming. * Then repeat to the patient what you have told them. Summarize that you have told them how to do X, there are four steps, including 1..., 2..., 3…, and 4…. * Finally, use teach-back to confirm understanding for something especially important. However, avoid asking the patient to repeat what they have just been told, as that can be intimidating and insulting. Instead, turn it around so you are comfortable that you have done your job. *For example*, if you have just explained the need to take a medication within five to ten minutes of starting a meal, you could say, “It is very important that this medication be taken in the correct way. To reassure me that I’ve been clear, can you please tell me in your own words, how and when you are going to take the first pill.” Respond by thanking the patient. |
| 2. When providing written communications: |
| a. If the written communication is the same as what the patient has been told, tell the patient you are giving him or her a copy of what you just said in case the patient wants to refer back to the information later or there is a family member/caregiver who may want to know more. |
| b. If the patient is being asked to use a document ‒ such as in developing the Patient Action Plan, track health status on a diary, check warning signs for subsequent action, or to join an online support group ‒ two key steps should be taken:   * Ensure that the patient can read well enough to complete the documentation. * Provide easy to read materials. |
| c. If there is any indication during oral communications that the patient may not be able to read, one way to check on this is to have the patient look at the My Action Plan section on the Patient Action Plan tool.  Observe how the patient responds:   * *Does the patient accept the document and appear to read it?* If the patient offers an excuse to not read the form, such as “I don’t have my glasses,” “I’m too tired, I’ll read it later,” etc., that is an indication that the patient may not be able to read. * *State that the action steps are designed to be like a stoplight*, with green meaning he/she is well, yellow suggests a problem, and red is an emergency. Ask, “Is it clear when you might be starting to not feel well?” If the patient responds without reading or at least paraphrasing the content of the document, it is possible that the patient cannot read. * When develop the Patient Action Plan with the patient, put the document in a place where both you and the patient can see the document and will be easy for either of you to write on it.   *State you would like the patient to fill in the form as you discuss it*. If the patient does not reach to do so, read the first item. State, “Shall I record this for you?” As you proceed, ask the patient if he/she would prefer to record the information him/herself. You might ask if the print is too small to see, although this is more a “way out” for the patient than a true indicator of literacy. If the patient prefers you to continue documenting, make sure you ask what the patient wants you to record. If the patient can read and write, it is likely the patient will eventually start documenting.   * *If the patient cannot read and write, you will need to find strategies to communicate* any information that would normally be written, such as electronic transmission of vital signs from a “smart” monitoring device, more frequent check-in calls, tape-recording information, or using documents with photographs (called photonovela). |
| d. If the patient can read, but there is an indication that higher level skills that may impact lifestyle choices are an issue, a test of health literacy called “The Newest Vital Sign” can be used. It is suggested that you introduce the test by indicating that food choices are very important in maintaining health and that they can sometimes be tricky to understand.  State: *“I would like to go over a label with you and have us do some exercises so you can be sure you are making the right food choices.”* Then conduct the test, which takes about 5-6 minutes to administer. It consists of asking the patient to read the label that would be on an ice cream container then answer some questions. The test can be downloaded for free from the Pfizer Clear Health Communication Initiative website: <http://www.pfizerhealthliteracy.com/asset/pdf/NVS_Eng/files/nvs_flipbook_english_final.pdf>  e. If it is found that higher level skills are inadquate for what you would like the patient to do, again it will be necessary to make appropriate adjustments, such as communicating more frequently, using documents with more pictures, and giving more directives. *For example*, if you wish the patient to make low-sodium food choices but fails the ice cream label test, you may need to specify things like “Buy Campbells soup that has a green sign with yellow letters.” |

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