Lesson Content Notes to Instructor

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| Hello, my name is \_\_\_\_\_\_\_\_\_\_\_ and this \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_. We are your instructors for today. I would like to welcome you to our training session on “Understanding Health Literacy: The Difference Between Life & Death.”  Please refer to your table of contents on page two of your manuals. As you can see, on page three we have listed both the instructional objectives and behavioral objectives. From pages 15 through 17 are the activities we will be doing today. The rest of your manual includes our PowerPoint slides that we will be presenting to you, a vocabulary list, and our references.  If you could please turn the page to page three, I will now review the instructional and behavioral objectives.  *Instructional Objective #1:*  Understand the definition of health literacy.  *Instructional Objective #2:*  Understand the behavioral indicators of a person with low health literacy.  *Instructional Objective #3:*  Understand the three instruments to assess a person's literacy.  *Instructional Objective #4:*  Understand the four categories of problem words and the acceptable alternatives.  *Instructional Objective #5:*  Understand cognitive chunking.  *Behavioral Objective #1:*  Be able to identify a person with low health literacy.  *Behavioral Objective #2:*  Be able to use at least one of the three instruments to assess a person's literacy.  *Behavioral Objective #3:*  Be able to apply the acceptable alternatives of problem words in everyday life.  *Behavioral Objective #4:*  Be able to put information into chunks for those with low health literacy.  I will now turn the presentation over to \_\_\_\_\_\_\_\_\_ who will discuss the beginning of your training with the definition of literacy and health literacy.  Literacy is defined as an individual’s ability to read, write and speak English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals and develop one’s knowledge and potential.  Literacy is composed of three dimensions: prose, document, and quantitative ability. Prose is the ability to find information and have the skills necessary to follow instructions. Document refers to the ability to integrate or make sense of information. Lastly, quantitative ability reflects the ability to find numbers and be able to perform basic calculations.  In attempting to understand the concept of literacy and its impact on society and healthcare, one must understand the unique vocabulary necessary to critically assess such an impact. The language of literacy includes terms, such as the ones that are listed on this slide of the PowerPoint. You can reference these terms and their definitions at a later time as a vocabulary list is available on **page 11??** of your manuals.  Although literacy affects all of a person’s life, there is no other important area where literacy can mean the difference between life and death than that within the healthcare context. There is a clear distinction between the two definitions of literacy and health literacy. Literacy refers to the general ability to read and write, while health literacy goes far beyond that. Health literacy is defined by the American Medical Association as a constellation of skills that constitutes the ability to perform basic reading and numerical tasks for functioning in the healthcare environment and acting on healthcare information. Health literacy includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor’s directions and consent forms, and the ability to negotiate complex healthcare systems. I will now pass the presentation over to \_\_\_\_\_\_\_\_\_\_\_.  The American Medical Association identified four areas of health literacy that need to be addressed by researchers. These consist of methods of health literacy screening.  For example, the ways in which health literacy is assessed. The second area is the efforts to improve communication with patients with low literacy. For example, the communication strategies to be used by the healthcare practitioner to increase patient understanding. The third and fourth areas are reductions in the cost and outcomes associated with poor health literacy and the negative impact that poor health literacy has on the entire healthcare system. Health literacy is such a major factor in current healthcare effort that it is considered the currency for success.  Most patients, regardless of their level of literacy, seek the answers to the four basic questions that are listed on the PowerPoint slide. It is in the answering of these questions where literacy significantly affects patient understanding and compliance.  Three health literacy statistics that we, as a group, found interesting are listed on this slide of the PowerPoint. Nearly half of the U.S. adult population (90 million people) has low functional health literacy. 11 million adults are not literate in English. 7.8 million seniors can only perform the most simple and concrete literacy skills.  There are four literacy levels of an adult in America: below basic, basic, intermediate, and proficient. An example of the below basic level is searching a short simple text and signing a form. The basic level would be using a television guide to find out what programs are on or comparing the ticket prices for two events. An example of the intermediate level is consulting reference materials to find out which foods contain a certain vitamin or identifying a specific location on a map. Then the last level is proficient. An example would be comparing viewpoints in two editorials or computing and comparing the cost per ounce of foods items.  The average reading level in the U.S. is 8th grade, and 20% read at the 5th grade level or below.  43% of the overall population is at a literacy level of basic and below basic. Refer to the PowerPoint slide in your manual to see the levels of the different age groups. I will now turn the presentation over to \_\_\_\_\_\_\_\_\_\_.  When looking at the demographics of health literacy, there are five groups that are disproportionately affected. The first is the poor. Approximately half of Medicare recipients read below the fifth-grade level. Secondly, are the elderly. Two thirds of the U.S. adults age 60 and over have inadequate literacy skills, and 81% of patients age 60 and older at a public hospital could not read or understand basic materials such as prescription labels. Third and fourth we have minority populations and immigrant populations. Lastly, there are people with chronic mental and or physical health conditions.  Next, there are several reasons why some people are more prone to limited literacy skills. There is the lack of educational opportunity. People with only a high school education or lower tend to have lower literacy skills. Also people with learning disabilities and cognitive declines in older adults. When it comes to literacy skills you either use it or you lose it. Reading abilities are typically three to five grade levels below the last year of school completed. Therefore, people with a high school diploma, typically read at a seventh or eighth grade reading level.  Moving on, there is a high cost difference between high literate and low literate people. A study done investigating these costs resulted in a huge difference. People that are high literate pay about $2,891 in overall healthcare costs, whereas people that are low literate pay around $10,688. Then looking at greater impatient costs people that are low literate pay $7,038 where high literate people pay only about $824. Overall, the findings of this and other studies indicate that patients with poor literacy skills have an overall poorer health status, are hospitalized more often, and make more visits to the emergency rooms than patients with high literacy skills. I will now turn over the presentation to \_\_\_\_\_\_\_\_\_who will discuss behavioral indicators of a person with low literacy.  Most physicians attempt to measure the literacy of their patients by making the mistake of asking the patient the highest grade or level of education they have completed. As indicated earlier, the final grade that patients report completing is often higher than their literacy level.  Due to this, a typology of behaviors was developed that lists possible indicators of low health literacy. These indicators are: asking staff for help with paperwork, bringing along a family member or friend who reads documents to them, failing to keep appointments or avoidance behavior, making excuses such as “I forgot my glasses.” Not complying with directions, for example not taking the proper dose, and last, having poor adherence to recommended interventions. If a patient indicates any of these, there is a high chance that they are low illiterate.  When communicating with a patient of low health literacy providers should use pictures or visual aids, be repetitive and redundant, and use reflective or active listening techniques. The use of visual aids will improve information retention by 20%.  There are some skills that patients may be required to have when faced with complex information and treatment decisions. These are evaluating information for credibility and quality, analyzing relative risks and benefit, calculating dosages, interpreting test results, and/ or locating health information. In order to accomplish these tasks, individuals may need to be visually literate meaning able to understand graphs or other visual information, computer literate meaning able to operate a computer, information literate meaning able to obtain and apply relevant information, and numerically or computationally literate meaning able to calculate or reason numerically. In addition to these skills, oral language skills are just as important. Patients must be able to address concerns, describe their symptoms accurately, and also be able to ask questions and understand spoken medical advice and treatment directions.  Now if you would turn to page \_\_ of your training manual we will continue with the “Can you Find the Behavioral Signs?” activity.  Switch Speaker  Now, I will continue this training session by talking about the assessment tools there are for health literacy. There are three different instruments used; the Wide Range Achievement Test, the Rapid Estimate of Adult Literacy in Medicine, and the Test of Functional Health Literacy in Adults.  First, the Wide range Achievement Test is a widely used general literacy assessment tool. This test is a literacy measure that assesses a person’s ability to read words, comprehend sentences, spell, and compute solutions to math problems. It was originally developed in 1941 and is now in its fourth edition.  The Rapid Estimate of Adult Literacy in Medicine test focuses specifically on health literacy. It was designed to accurately assess a patient’s level of health literacy. This test consists of lists of several dozen commonly used medical terms. If you would please turn to page \_\_ of your manual you will find an example of what this test looks like. The patient is instructed to read aloud the lists of terms to the best of their ability. The more words the patient is able to pronounce correctly, the greater the level of health literacy that person has. Is there anyone that would like volunteer to do this test out loud?  The third measure of health literacy is the Test of Functional Health Literacy in Adults. Unlike the previous two assessment tools that measure word recognition, this test assesses both the reading and numerical comprehension of the patient. This test asks the patient to read passages in which every fifth and seventh word is deleted and the patient must insert the correct word from a choice of four words. In addition, the patient may also be asked to respond to a prompt such as information found on pill bottle instructions and appointment slips.  One of the main drawbacks of these three instruments is that they were all developed in English. Recently a new instrument known as the Newest Vital Sign was created and made applicable in both Spanish and English. This test involves reading a nutrition label and a label on a container of ice cream. The patients are then asked six questions regarding what they have read. This entire test takes approximately three minutes. Now if you would all please refer to page \_\_ of your manual to complete this activity.  Switch speaker  The National Patient Safety Foundation outlined a list of historically problematic words and phrases for patients with low literacy divided into four categories: medical words, concept words, value judgment words, and category words. Medical words are frequently used by doctors and in healthcare institutions. Concept words are frequently used to describe an idea, metaphor, or notion. Category words are frequently used to describe a group or subset that may be unfamiliar to the patient. Lastly, value words are those that may need an example or visual to convey their meaning with clarity. The list also offers more easily understandable alternatives for each problematic words and phrases. These words are listed on the PowerPoint slides in your manuals. There is also an enlarged version on pages ??? of your manuals.  The last section we will be discussing today is a concept called cognitive chunking. Cognitive chunking is the grouping of related information in a way that is easy for a person to commit to both short-term and long-term. A study applying the cognitive chunking technique to warning labels on medication bottles was conducted in reaction to the fact that more than half of adults misunderstood common drug warnings placed on prescription labels.  If you would refer to the slide in your manual, you can see a list of ten instructions on how to use a metered-dose inhaler.  The next slide shows the same instructions, but with chunking. There are fewer instructions, and they are easier to read. As mentioned, putting the instructions into this format helps reduce the misunderstanding of directions.  Switch user (if necessary)  In conclusion, we hope that you all have a better understanding of health literacy and the several aspects that go along with it.  Thank you for being attentive and joining us today.  If you would like to learn anything more about this subject, these are our references. Feel free to expand on your research of health literacy by using these sources.  In return for your attendance, we have candy for all of you and certificates of completion. | The following supplies are needed to conduct a successful training session:   1. Instructor’s manual 2. Participant’s manual (one per trainee, plus one for trainer’s reference) 3. PowerPoint capabilities 4. Activity handouts (included in trainer and trainee manual) 5. Glasses (for skit) 6. Candy 7. Certificate of completion   Show slide # PP – 1  Tell trainees to turn to page **two** in their manuals.  Tell trainees to turn to page **three** in their manuals.  Show Slide # PP – 2.  Show Slide # PP – 3.  Show Slide # PP – 4.  Show Slide # PP – 5.  Refer to PowerPoint.  Show Slide # PP – 6.  Show Slide # PP – 7.  Show Slide # PP – 8.  Refer to PowerPoint.  Show Slide # PP – 9.  Refer to PowerPoint.  Show Slide # PP – 10.  Show Slide # PP – 11.  Refer to PowerPoint.  Show Slide # PP – 12.  Show Slide # PP – 13.  Show Slide # PP – 14.  Show Slide # PP – 15.  Show Slide # PP – 16.  Tell trainees to turn to page **two** in their manuals.  Give candy to volunteer(s)  Show Slide # PP – 17.  Show Slide # PP – 18.  Show Slide # PP – 19.  Tell trainees to turn to page **two** in their manuals.  Give candy to volunteer.  Show Slide # PP – 20.  Show Slide # PP – 21.  Tell trainees to turn to page **two** in their manuals.  Give candy to those that answer the questions aloud.  Show Slide # PP – 22.  Show Slide # PP – 23.  Show Slide # PP – 24.  Show Slide # PP – 25.  Show Slide # PP – 26.  Show Slide # PP – 27.  Show Slide # PP – 28. |