

Three steps to better health literacy – a guide for health professionals



A three-step model for better health literacy



Step 1

Find out what people know

This is the most important part of the model. Everyone who comes into your health setting has existing knowledge, even if it is incorrect.

Step 1 helps:

- you uncover what people already know
- you plan how much information you will give people and in what order (Step 2)
- people recall what they already know so they can make connections to the new information you give them.

When you are talking to people, listen to what the person tells you and the words they are using. Acknowledge what they know.

Sometimes people will have incorrect knowledge or beliefs about their health condition. To add new correct information you are going to have to deal with that incorrect knowledge in a way that recognises the person may have held these beliefs for a long time and that there are very valid reasons for those beliefs. If you just add new information without addressing the incorrect beliefs the person may reject the new information because it doesn't fit with what they already know.

So if someone says to you:

'I get gout because I eat too much seafood.'

You could say:

'A lot of people think gout is about what they eat and drink because, like you, they get a gout attack when they eat seafood. In fact gout is mostly about how your body gets rid of uric acid. Let me explain how eating seafood is linked to uric acid...'

**Tips for
finding out
what people
know**

Ask these questions at the beginning in a conversational, friendly tone. The tone you use is important because suddenly asking someone to tell you everything they know about something could seem threatening and may put some people off.

Try putting the words *'Tell me'* in front of any questions you ask, eg, *'Tell me what you know about what could happen next.'* This signals to the person that you are not expecting a very short answer.

'Tell me what you know about your diabetes.'

Or you could prompt the person by saying *'Did anyone say anything about changing the date of your appointment?'* This helps the person remember something in their short-term or long-term memory.

'Have you ever used or heard about this medicine before?'

'What did they say about your health condition or disability?'

Step 2

Build people's health literacy (knowledge and skills) to meet their needs

There are a number of strategies you can use in this step. You are likely to be using some of them anyway.

The strategies you use will depend on what information you want to give, what will work best for the person, the time you and the person have, the resources you have and what the person wants to know.

Remember, link all new information back to what the person knows (Step 1). Use the words the person used and build on these words.

'So you said when you eat seafood you get gout. This is because eating seafood makes a lot of uric acid in your body. If you have too much uric acid in your body it can turn into crystals in your joints and you will get a gout attack.'



Give information in logical steps

People are more likely to understand and remember information if you give information in a logical sequence and explain why someone has to do something.



Each piece of information builds upon the previous piece so the person finds it easier to make sense of the new information. For example:

'You know aspirin can upset your stomach. So take your aspirin in the morning with breakfast and then wait one hour before you take your indigestion medicine. You need to wait one hour because your indigestion medicine works best on an empty stomach.'

Tips for giving information in logical steps

Try this

1. Condition (this is your condition)
2. Action (this is what needs to be done about it)
3. Rationale (this is the reason why).

Make sure you don't speak too quickly, especially if people don't have English as their first language.

Give information in chunks to help the consumer understand

People can only take in so much information before their short-term memory is overloaded.

So, be careful not to overwhelm the person with too much information. If you think the person needs more information at a later stage, agree with them how you will do this – a follow-up phone call, another appointment, text message, email, a website link and so on.

Example:

A patient comes to see you in the clinic after having their blood sugar levels tested at a community event and being told they have type 2 diabetes. The patient is quite upset. There is no history of diabetes in their family and they know very little about the condition.

You arrange for them to have a blood test to find out their HbA1c levels.

At this stage, important messages include:

- *'We need to confirm this diagnosis.'*
- *'There is a much more accurate test than a finger prick blood test.'*
- *'Once we have these results we can talk more about diabetes.'*

In the meantime, you may want to talk to the person about diet and exercise, and give them the Diabetes New Zealand pamphlets as these messages will be helpful whether they have type 2 diabetes, pre-diabetes or don't have diabetes at all.

The main purpose of the discussion is to get the person to understand that once you get the results of their HbA1c test you will get in touch with them to come in and have a discussion.



**Tips for giving
information in
manageable
chunks**

- Make sure you link new information to what people already know.
- Try and limit the information you are giving to 3–5 pieces of information.
- If the information is complex, check you have been clear after each chunk (Step 3) before going onto the next chunk.
- Use visuals and diagrams to reinforce new information.
- Make sure you don't speak too quickly, especially if people don't have English as their first language.

Ask questions

Questions are critical to confirming the person understands. Find out specific information as well as general information about the person you are talking with.

Closed questions are used for getting specific information.

For example:

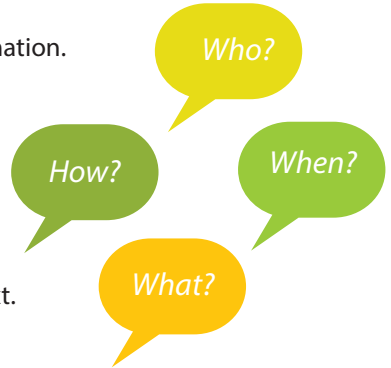
'How often do you get this pain?'

This question is seeking a specific answer.

Open questions encourage the person to open up and share more background information and context.

For example:

- *'Tell me what you know about how to use your peak flow meter.'*
- *'Tell me about the best time for you to get some exercise.'*



Tips for asking questions

- Think about the purpose of your question – to get specific information **or** find out more about what would work for this person.
- Make sure you wait long enough for the person to think about an answer to your question, particularly if they don't have English as their first language.
- Encourage people to ask you questions, eg, *'Often people have lots of questions about their heart condition – what questions do you have?'* rather than *'Do you have any questions?'*

For more information see Tool 14, page 60 of the Universal Precautions Toolkit: www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf

Explain technical words

People will not be able to talk about their condition or medicines unless they learn the appropriate terms. So you need to help them understand technical terms.

Examples include:

- the names of medicines (both scientific and generic names), the name of the condition or disability and how to pronounce them
- parts of the body affected by the condition or disability
- common medical terms and what they mean
- common acronyms, eg, CVD
- everyday words that have special meaning in a health setting, eg, practice.

Tips for explaining technical terms

- Monitor the language you use – don't use technical terms.
- Try and use plain English words and explain key medical words, particularly if people need to know those words.
- Repeat new vocabulary. People don't learn new words just by hearing them once.
- Write down new words or underline or highlight them in written material.
- Ask questions such as *'Did anyone explain what the word anti-inflammatory means?'*
- Provide visuals and diagrams, and label them with the new words.
- Link the words you use to the words they use – if they say high blood pressure use that term, not hypertension. Later you can explain that high blood pressure means the same thing as hypertension.

Use visuals

The saying 'a picture is worth a thousand words' is very relevant in health situations. Research on graphics and visuals shows that the brain recalls visual information better than written or spoken information.

Pictures and diagrams help people understand sequences and difficult and unfamiliar concepts (including how their body works). Pictures and diagrams also have greater emotional impact than words only.

Tips for using visuals

- Select visuals that concentrate on the main message, eg, when to take medicine.
- Where possible use colour pictures and diagrams.
- Label diagrams with new technical words.
- If a diagram has lots of complex writing, cover this up and replace it with simple text focusing on key concepts and new words you have introduced.
- Keep a folder with copies of good visuals, graphics, diagrams and pictures so that you can access them quickly to use with people.
- If necessary, draw a diagram or a sequence – 1, 2, 3, and so on.



Use written materials

People are often given a lot of written information to read 'when they get home'. Discussing the materials with the person beforehand means they are more likely to read the information.

Tips for using written materials effectively

- Think about the specific needs of the person when you select resources. Medsafe consumer information sheets and other sources may not be appropriate. Even people who are good readers don't want to read highly complex material.
- Choose written information that isn't too complex and technical.
- Explain to the person **why** they need to read this material (their purpose for reading), eg, *'This pamphlet has got useful information about the side effects of this treatment – that's all you have to read at this stage.'*
- Help the person to understand why the material was written in the first place (the writer's purpose), eg, *'This was written by Diabetes New Zealand for people just like you who are at risk of getting diabetes.'*
- Help the person to understand how the material works, eg, *'First there is information about your condition, information about medicines here, and these headings help you find the right information.'*
- Help the person locate the key information for their stage, eg, *'There is a lot of information in this pamphlet – it's best if you focus on this part about using your inhaler – you can read the rest later but let's concentrate on this most important bit first.'*
- Highlighting, underlining, circling or numbering key information will make the material more meaningful to the person.

Help people anticipate the next steps

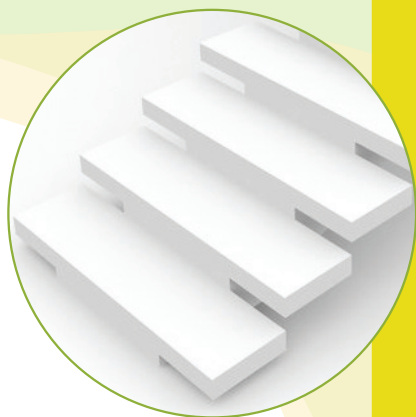
Explaining the next steps helps people better navigate the system, ask and answer questions, understand how long it could take for their condition or disability to improve and be better prepared for any changes they could experience.

Example:

'Now you have started your warfarin you will need to have regular blood tests in case we need to adjust your dose. So I need you to come back for another blood test in two weeks.'

Tips for helping people anticipate the next steps

- Tell people what to expect when taking a new medicine, eg, side effects.
- Tell people when they need to contact you again, eg, no improvement.
- Tell people how long before the treatment should start working and what to do if things don't get better.
- Tell people if they are going to get a letter about a hospital appointment and what they need to do, eg, *'You will need to ring and confirm your appointment.'*



Medicine reviews

You may already be doing medicine reviews in your health setting. Make sure you use the person's actual medicines as this helps link spoken information to the actual medicine.

Tips for medicine reviews

Medicine reviews are an opportunity to use closed questions such as:

- *'What is this medicine called and why do you take it?'*
- *'When do you take it?'*
- *'Are there any foods you have to avoid?'*
- *'Have you had any side effects from this medicine?'*

They are also an opportunity to use more open questions such as *'Tell me about any problems you have managing your medicines.'*

You may also be using a medicine card which lists all the medicines the person is currently taking, when to take them, what they are for and any special instructions. Again, always use these cards with the person's actual medicines.

- Find out what the person already knows about their medicines, eg, *'Tell me which medicine you know the most about?'* or *'Tell me which medicine you know the least about.'*
- Ask the person which medicine they want to start with – it might be the one they know the most about or the one they know the least about.
- If you are using medicine cards make sure they are written using ordinary clear language, not *'To reduce acid secretion in the stomach'* or *'Take care with activities requiring alertness.'*

For more information

See Tool 8, page 37 of the Universal Precautions Toolkit:
www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf



Reinforce and emphasise



Use this in two ways:

- 1. Reinforce what the person already knows about their health condition or disability.** This helps the person realise they already know something and motivates them to take on new information. For example:

'It's great you understand that you are likely to get gout attacks because your family has a history of getting gout.'

- 2. Reinforce information when you want to emphasise a particular piece of information.** People need to be reminded of key points a number of times before these become part of their working memories. If you use Step 3 (check you have been clear) and find that the person does not recall information given previously, think about what you said that wasn't clear. Was there a problem with the language you used or did you give too much information the first time? Or perhaps the person was distracted.

If you weren't clear the first time, simply repeating what you said won't work. Instead find another way of rephrasing or restating the information, maybe using visual reminders to help the person. For example:

'How about I write it down as 1... 2... 3.'

'Would it help if I wrote it down for you?'

'I think this diagram/picture will help explain what is going on in your body.'

Tips for reinforcing and emphasising

- Use prompts if the person has only missed out a small piece of information, eg, *'Do you remember what we said about weighing yourself to check if you are retaining fluid?'*
- Use pictures and diagrams when people haven't understood spoken information or instructions.
- Take responsibility for not being clear, eg, *'Sorry I haven't been clear – what do you think would help you to remember this information?'*
- Link it back to what the person knows, eg, *'You told me that you sometimes feel you are retaining fluid because your shoes get too tight. We want to find out about it before it gets to that stage so...'*

Step 3

Check you were clear

This is often the step that gets overlooked because you run out of time. Or else you use questions such as *'Do you have any questions?'* or *'Does that make sense?'* as a way of checking people have understood. Asking closed questions is not effective to find out if the person understood you. People are most likely to say they don't have any questions, and they do understand, even when they don't.

Checking you have been clear is getting feedback from the person you have been talking to about how clear your communication was.

If you do not check you have been clear, the only indication that the person did not understand may be a medicine error or failure to follow up. Relying on spoken, non-spoken and non-verbal cues such as the person saying 'yes' or nodding is not accurate.

If feedback shows you that your communication wasn't clear then go back to Step 2 and re-explain the missing information again, in a different way.

In the USA, checking understanding is called 'Teach-back' or 'Teach to goal' because you are asking the person to 'teach-back' to you what you have just discussed with them.

Teach-back

Studies show that when done effectively, Teach-back doesn't take any longer and actually improves understanding and outcomes.

The responsibility for effective communication is on you as the person giving the information. So Teach-back isn't a test of how well the other person has understood you. Instead Teach-back is about how clearly and effectively you passed on the information.

If the person can't explain or demonstrate what they need to do then you have to start again by checking what the person does understand, re-explaining the missing information again in a different way and then using Teach-back again.



**Tips for checking
you have been
clear (using
Teach-back)**

- Ask the person to repeat, in their own words, what they now know or need to do. For example:
'I want to check I have been clear, so can you tell me what you have to do and I will listen to make sure I explained it properly.'
'Just to be sure I haven't missed something, can you tell me what I have told you about this x-ray.'
- Make sure it is obvious to the person that you are taking responsibility for the clarity of the conversation.
- Some health professionals find Teach-back difficult to use at first so try using it at the beginning or the end of the day.
- Practise with another staff member.
- Once you have used Teach-back, think about what you did well and what you could improve next time.
- Develop a 'script' that works for you.
- Talk to other staff in your health setting about things they are finding useful.

For more information, see Tool 5, page 28 and pages 138 to 160 of the Universal Precautions Toolkit:

www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf

For a video of USA health literacy expert Dr Rima Rudd giving an example of a Teach-back script see:

www.youtube.com/watch?v=_tG2ewud1hs&list=UU8_3mo72sDxkyzL1HQUA&index=11

For videos of a cardiologist (good example) and a rheumatologist (not such a good example) using Teach-back see:

<http://www.nhealthliteracy.org/teachingaids.html>

Always use Teach-back:

www.teachbacktraining.org

Other actions you can take in your health setting

The Ministry of Health has published Rauemi Atawhai – A guide to developing health education resources in New Zealand:

www.health.govt.nz/publication/rauemi-atawhai-guide-developing-health-education-resources-new-zealand

The Agency for Healthcare Research and Quality (AHRQ) in the USA has published a number of health literacy tools for use in your health setting. While these tools have been developed for the USA, some can be adapted for the New Zealand context.

- AHRQ – Universal Precautions Toolkit:

www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf

There are also versions for cardiology and rheumatology:

www.nchealthliteracy.org/toolkit/Cardio/toolkit.pdf

www.nchealthliteracy.org/toolkit/Rheum/toolkit.pdf

- AHRQ – Pharmacy Health Literacy Center:

www.ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/

Contains a pharmacy assessment tool, communication training modules and other resources for pharmacists and pharmacy owners. Some of these resources have been adapted for use in New Zealand.

- Patient Education Material Assessment Tool (PEMAT):

www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html

Dr Rima Rudd from Harvard University developed The Health Literacy Environment of Hospitals and Health Centers:

www.hsph.harvard.edu/healthliteracy/files/2012/09/healthliteracyenvironment.pdf

Always use Teach-back:

www.teachbacktraining.org

Health Literacy for Public Health Professionals (online course):

<http://tinyurl.com/yye4cuy>



New Zealand Government

