

Health Literacy for

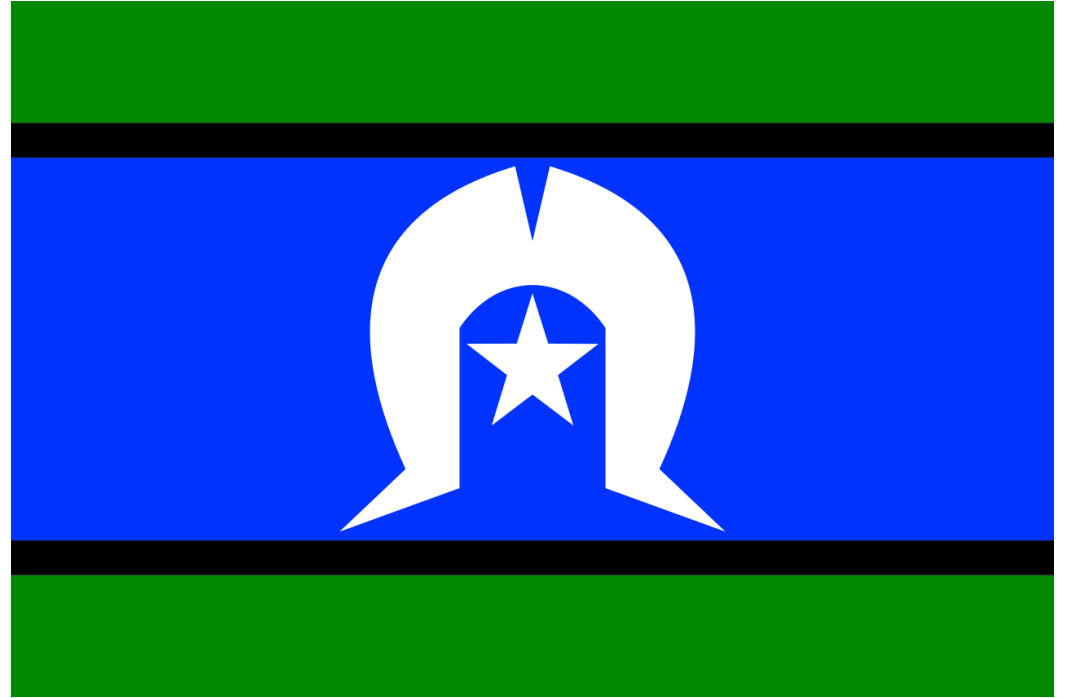
Written or Spoken Communication



centre for
culture,
ethnicity
& health

Facilitator

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Centre for Culture, Ethnicity & Health

**Helps organisations
work better with
people from
migrant & refugee
backgrounds**



Health Translations

Translated information about
health and wellbeing



Health Literacy at CEH

- First training course in Australia in 2013 with leading US Health Literacy scholar Dr. Sharon Barrett
- Run 14 Health Literacy courses and many shorter courses with hospitals, community health, condition specific organisations
- Watched Health Literacy grow in Australia from the work in US
- Developed Health Literacy eLearning healthliteracytraining.com.au

Topics

- Identify core Health Literacy principles
- Tools and strategies for:
 - Written Health Literacy, or
 - Spoken Health Literacy

What's your level of Health Literacy knowledge?

Expert- I'm a Dr of Health Literacy at Melbourne Uni

Knowledgeable- I've done work on Health Literacy

Familiar - My managers talk about it sometimes

Unfamiliar - Never heard of it

QUIZ

TRUE or FALSE

Health Literacy is the
knowledge, skills and capacity
a consumer has to understand
their health & healthcare

TRUE or FALSE

**Reducing the impact of Low
Health Literacy is the client's
responsibility**

Which of these are part of a consumers Health Literacy?

- a) Reading, writing, speaking & listening skills
- b) Knowledge of the health system
- c) Ability to understand and use numbers
- d) All of these

What % of Australians aren't health literate*?

a) 19%

c) 37%

b) 24%

d) 59%

***unable to adequately sources understand and use health information/ services**

[ABS Adult Literacy and Life Skills Survey, 2006](#)

The Average Australian Consumer reads at a

a) Year 12 level (17-18 year old)

b) Year 10 level (15-16 year old)

c) Year 8 level (13-14 year old)

d) Year 6 level (11-12 year old)

Australian Online health information is at

a)Year 12 level (17-18 year old)

b)Year 10 level (15-16 year old)

c)Year 8 level (13-14 year old)

d)Year 6 level (11-12 year old)

Cheng and Dunn, 2015 goo.gl/2g83b2

TRUE or FALSE

**Australian health
consumers get 80% of
their information online**

Cheng and Dunn, 2015 goo.gl/2g83b2



**The average Australian reads at a year 8 level*
but many read at a year 5-6 level.**

**What level should we write health
information at?**

***SA health, 2013, Tool 7 goo.gl/e24cRE**

TRUE or FALSE

PLAIN LANGUAGE

=

DUMBING DOWN

TRUE or FALSE

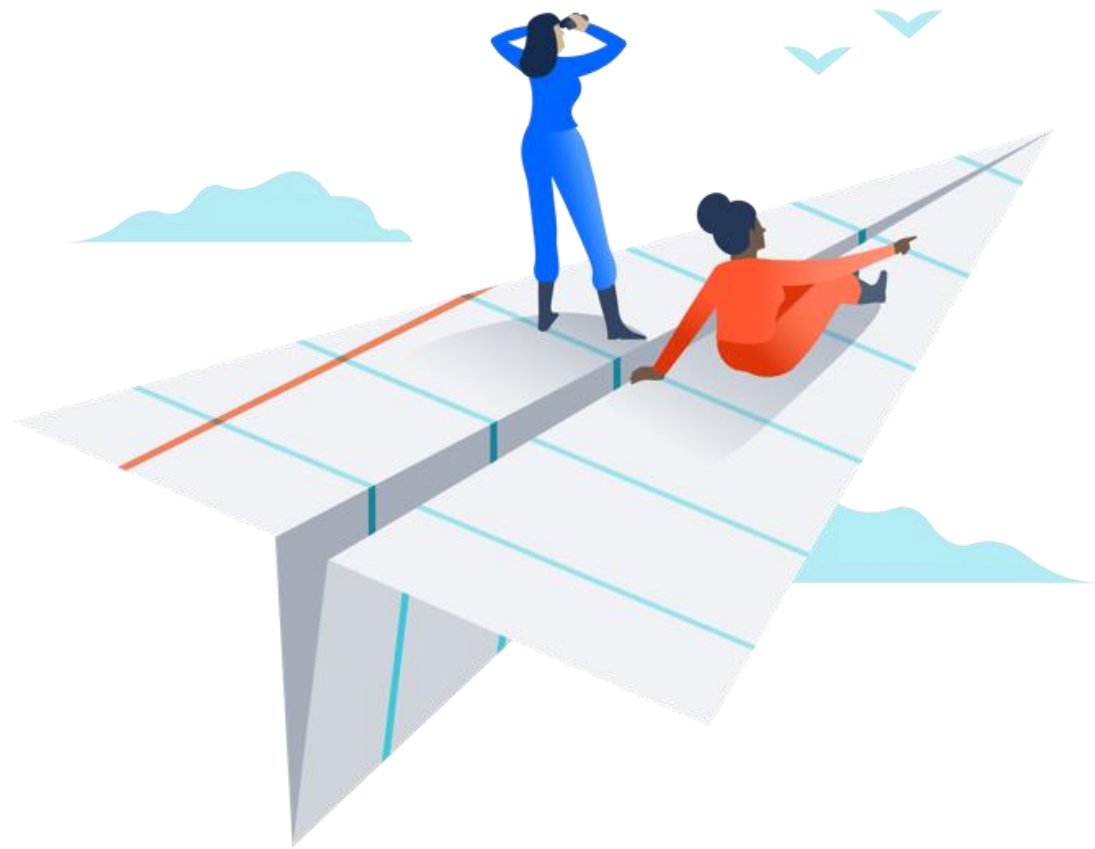
You can tell a person's Health Literacy by the grade they completed in school.

TRUE or FALSE

Being anxious affects a person's ability to absorb recall, and use health information.

TRUE OR FALSE

Reducing the reading level of a document, increases the number of people who will understand it.



Health literacy overview

HEALTH
LITERACY

ENVIRONMENT



Individual



Health Literacy is complex. Individual, organisational, and health system factors all contribute to it.

**But at its simplest,
Health Literacy is just the interplay of:**

**CONSUMER SKILLS, CAPACITY AND
KNOWLEDGE**

&

THE DEMANDS OF THE HEALTH SYSTEM

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

- **coordinates key improvements in safety and quality in healthcare across Australia.**
- **has developed [resources](#) to assist managers, executives, clinicians support Health Literacy, and improve outcomes for consumers.**



Measuring Health Literacy

There are many methods of measuring Health Literacy at a population and individual level.

[Health Literacy Toolshed](#) is an online database of Health Literacy measures. It has information about measures from a review of the peer-reviewed literature.



Universal precautions approach

Assume all patients may have trouble understanding health information and accessing health services.

**Universal precautions approach:
recommended by**

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care



SPOKEN

WRITTEN

Spoken communication

1. Find out client's view and knowledge
2. Enable question asking and note taking
3. Limit what you say
4. Plain language and simple graphics
5. Check Understanding



1. Find out client's view & knowledge

Culture influences how people want to access services and make decisions.

Ask your client questions to determine:

- how they see the situation
- what their level of knowledge is

Good open questions

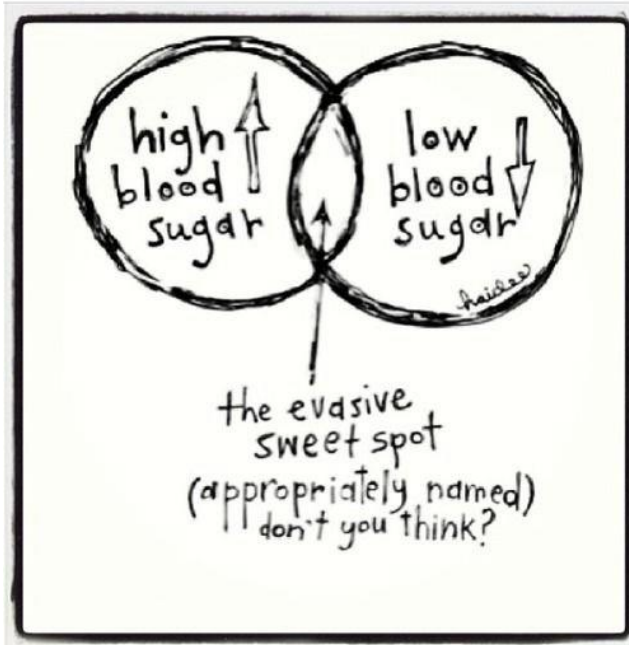
1. What do you think has caused the problem?
2. What do you know about the _____* and how it works?
3. How severe is the _____*? How worried are you about it?
4. What kind of treatment/help do you think you should receive?
5. What do you fear most about the _____*?

* Use patient's words

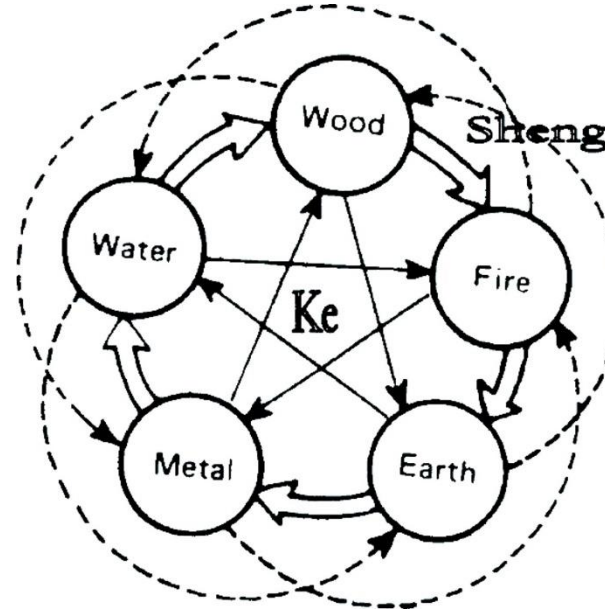
Kleinman's Explanatory Model

Source: Kleinman, A. 1988, *The Illness Narratives: Suffering, Healing and the Human Condition*

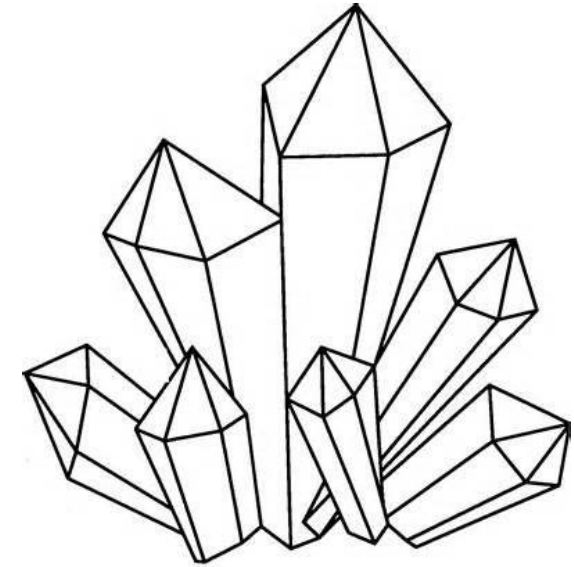
Diabetes treatments



Biomedical



Traditional



Magico-spiritual

If you don't know what people believe, it's hard to have an effective conversation.

Encouraging question asking

2. Encourage Questions and Notes

“While we’re talking today, I’ll ask what questions you have. I can help better if you ask anything you want to know. Is that okay?”

What will help you remember this? Do you want a pen and paper to take notes?





What phrases do you use to encourage question asking?



3. Limit what you say

NEED TO KNOW, NOT NICE TO KNOW

- What does the client want to know?
- What are they worried about?
- Pause briefly, Think
- Choose 3-5 main points



4. Plain language & graphics

Plain language is the style of communication where the words, structure and the way information is presented all help the receiver take in the information.

Information in plain language is easy to take in, understand and use to make decisions.

Pushback against plain language

... comes from people who think plain language is just changing easy words for hard words.

It's not just words. It's not dumbing down. It's about the whole communication: words, sentences, paragraphs & graphics."

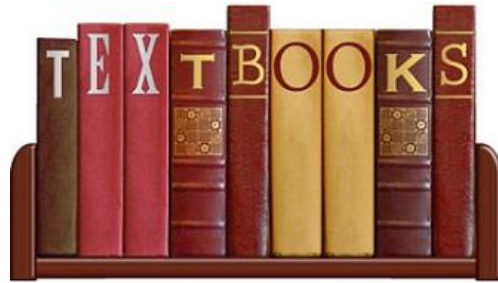
"evidence shows plain language works for all, young & old, experts & novices, first & second-language readers.

Karen Schriver, Ph.D, President of KSA Communication Design and Research

Podcast bit.ly/2OrU05l

How do you recognise Jargon?

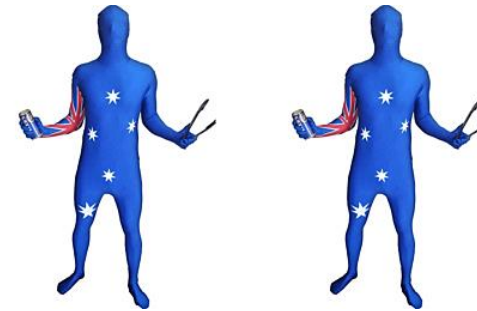
Easier to identify jargon



Textbook Jargon

e.g. episode, bipolar, cardiac, obs

Harder to identify jargon



Two meaning jargon

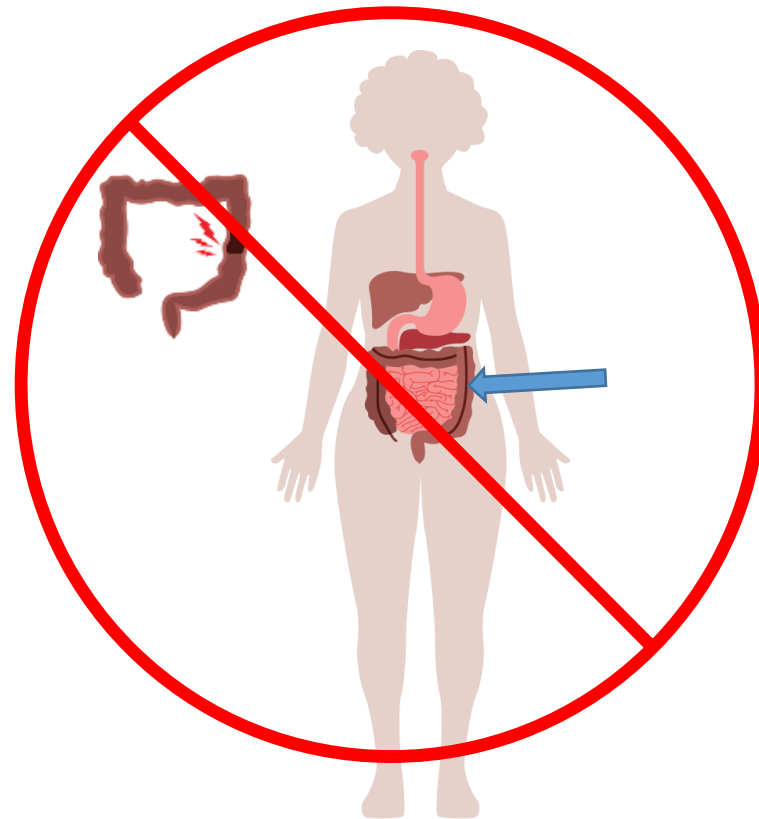
e.g. stable = balanced, horse's home or unchanged condition

Culturally specific jargon

e.g. keep an eye on it, clean bill of health, kick habit

Graphics

But remember, it's not a biology lesson!



Use images

**1 in 100 people
have significant
complications**

or



Why Check Understanding?



5. Check understanding

- Do you understand?
- Does that make sense?
- Is that clear?

**aren't
good.**

Instead try:

That was a lots of information, what questions do you have?

Checking understanding with Teach Back

1. Explain information to client in small chunks.
2. Asks client to explain, or 'teach back', what they understood in their own words (or show)
3. If client and you don't have a shared understanding, explain again.

Repeat process until a shared understanding is achieved.

See Teach Back - bit.ly/teachceh

ACTIVITY: Explain one of these to a partner using

*or use your own example

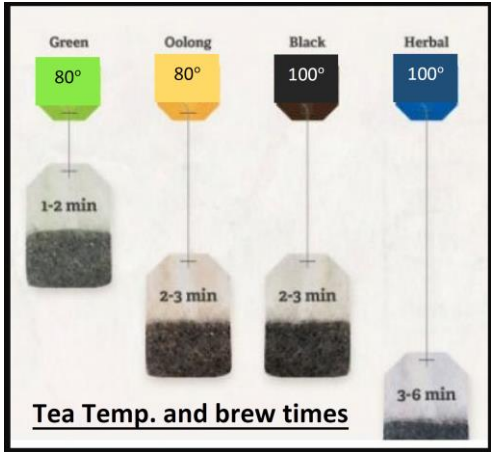
Difference between



Food storage times



Tea steep times



Difference between



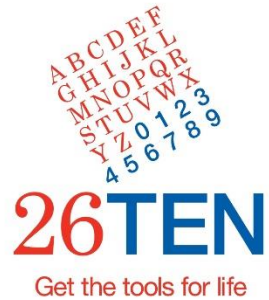
5 steps to effective spoken communication

- 1 Find out client's view**
- 2 Enable question asking and note taking**
- 3 Limit what you say: Stop. Dot Pt. Proceed.**
- 4 Plain language and simple graphics**
- 5 Check Understanding**

Plain language resources



An Australian Government Initiative



[Health Literacy Checklist.](#)

[Plain language writing guide](#)



[Free plain language eLearning courses](#)

Thanks for listening

