### PLENARY SESSION

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Health Literacy &amp; the Ethics of Clear Communication</th>
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<tbody>
<tr>
<td><strong>Speaker</strong></td>
<td>Cliff Coleman, M.D., M.P.H</td>
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<tr>
<td><strong>Date</strong></td>
<td>Friday, April 12, 2019</td>
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<tr>
<td><strong>Time</strong></td>
<td>8:05 – 9:20 AM</td>
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<tr>
<td><strong>Location</strong></td>
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### PLENARY SESSION OBJECTIVES

- Recognize the prevalence of low health literacy among patient populations.
- Describe the imperative for using a “universal precautions” approach to health communication.
- List five best practices to help ensure clear communication with patients and caregivers.

### PLENARY SESSION SPEAKER

Dr. Coleman is a national expert in the field of health literacy. His research and teaching focuses on improving health literacy and clear communication training for healthcare professionals. In 2010 and 2014 he was the principle investigator on a national consensus studies to identify a comprehensive set of health literacy educational competencies and clear communication practices for health professionals.

Cliff is an Associate Professor of Family Medicine at the Oregon Health & Science University (OHSU) School of Medicine, where he is responsible for the curriculum on health communication, professionalism and ethics. In 2014 he developed and implemented the first known health professions curriculum which integrates health literacy teaching as a running thread throughout the pre-clinical years. He also runs the curriculum on culturally responsive care. In 2018 he received the school’s Excellence in Education Award for “outstanding efforts in leading educational endeavors, creating novel curriculum, and providing outstanding learning environments.”

Cliff practices at a Federally Qualified Health Center clinic, and attends on the OHSU inpatient Family Medicine service. His clinical interests include healthcare for medically complex individuals and underserved populations.

Cliff received his Bachelor’s Degree in psychology from Dartmouth College, and his MD degree from Stanford University. He completed a dual residency in Family Medicine and Public Health & Preventive Medicine at OHSU, with a Master’s of Public Health from Portland State University in 2004.
Health Literacy & the Ethics of Clear Communication

Cliff Coleman, MD, MPH
Associate Professor of Family Medicine
Clinical Thread Director for Professionalism, Ethics, and Communication
Annual Kinsman Bioethics Conference
April 12, 2019

Disclosures/Conflict of Interest
I have no relevant financial relationships with commercial interests.
Session objectives

- Recognize the prevalence of low health literacy among patient populations.

- Describe the imperative for using a “universal precautions” approach to health communication.

- List 5 best practices to help ensure clear communication with patients and caregivers

Overview

- Literacy in America
- Health literacy
- Universal precautions for communication
- Best practices for spoken communication:
  1. “Universal precautions”
  2. Plain non-jargon language
  3. Limit information to “need-to-know” items
  4. Elicit questions in an open-ended manner
  5. Use “teach back” to confirm adequate communication
“The greatest problem with communication is the illusion it has occurred”

- Attributed to George Bernard Shaw

Does unequal access to complete and understandable health information drive all other healthcare inequities...?
Literacy in America
National Assessment of Adult Literacy, 2003

43% of English-speaking US adults have limited literacy skills

(Kutner et al, 2005)

Percentage of U.S. adults (English- and Spanish-speaking) by literacy level

(Kutner et al, 2005)
Literacy domains and examples of associated healthcare-related tasks

- **Literacy**
  - Cultural & Conceptual Knowledge
  - Listening
  - Speaking
  - Writing
  - Reading
  - Numeracy

**Oral Literacy**
- Understand concepts:
  - Germ theory
  - Pharmacokinetics
  - Risk
  - Prevention
  - Chronic vs. acute
  - Acknowledge cultural differences
  - Navigate the “foreign” world of healthcare
  - Navigate a phone tree
  - Describe symptoms
  - Understand vocabulary
  - Understand verbal instructions
  - Ask questions

**Print Literacy**
- Fill out forms
- Understand consent forms
- Understand prescription labels
- Determine medication doses
- Benefit from brochures
- Keep appointments
- Follow signage (navigate)
- Correspond electronically

(Adapted from Neilsen-Bohman et al, 2004)

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Reading skills predict other skills

**Reading Problems**

- Poorer Numeracy Skills
- Poorer Oral Communication Skills

Lower health literacy

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Reading ability vs. comprehension

• Most Americans can read (and write, speak, listen, and use numbers)

• The problem is language comprehension and utilization

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Reading ability vs. comprehension

In a study of adults with literacy below the 6th grade level:

• 71% correctly read the instruction to “take two tablets by mouth twice daily”

• Only 35% could demonstrate the number of pills to actually take

(Davis et al, 2006)

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Health literacy skills of US adults

• 42% of patients at two public hospitals misinterpreted directions to “take medication on an empty stomach”

(Williams et al, 1995)
Please read this out loud...

“Do not tilt the specimen beyond the limits. These settings will ensure the proper alignment of the transfer rod within the sample holder. This will also prevent a newly-introduced sample from breaking the backscattered electron detector.”

What does it mean?

Why is it hard to understand?

The answer...

“Do not tilt the specimen beyond the limits. These settings will ensure the proper alignment of the transfer rod within the sample holder. This will also prevent a newly-introduced sample from breaking the backscattered electron detector.”

Literacy is “context specific”
Video excerpt: Health Literacy and Patient Safety

(AMA Foundation, 2008)
Health Literacy

The degree to which individuals have the capacity to obtain, process, communicate and understand basic health information and services needed to make health decisions

(Somers & Mahadevan, 2010)
Low health literacy is associated with...

↓ Use of preventive services
↓ Understanding of medication use and prescription label instructions
↓ Overall health status
↑ Use of emergency care
↑ Rates of hospitalization
↑ Mortality rates among seniors
↑ Racial health disparities

(Berkman et al, 2011)

Figure 4: The continuum of confusion: How to home and safely manage your care

(AMA Foundation, 2007)
The average Oregonian with low health literacy:

- White
- Born in U.S.
- Spoke English as first language

Disproportionately affected populations:

- Seniors
- People eligible for Medicaid
- Racial and ethnic minorities
- People who’s first language was not English
- People with chronic diseases
- People with less education

(Kutner et al, 2005)
### Rapid Estimate of Adult Literacy in Medicine (REALM)

<table>
<thead>
<tr>
<th># correctly pronounced</th>
<th>Grade reading level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18</td>
<td>≤3rd</td>
</tr>
<tr>
<td>19-44</td>
<td>4th-6th</td>
</tr>
<tr>
<td>45-60</td>
<td>7th-8th</td>
</tr>
<tr>
<td>61-66</td>
<td>≥9th</td>
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</tbody>
</table>

The average English-speaking U.S. adult reads at the 8th grade level (Kutner et al, 2005)


<table>
<thead>
<tr>
<th>Fat</th>
<th>Fatigue</th>
<th>Allergic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>Pelvic</td>
<td>Menstrual</td>
</tr>
<tr>
<td>Pill</td>
<td>Jaundice</td>
<td>Testicle</td>
</tr>
<tr>
<td>Dose</td>
<td>Infection</td>
<td>Colitis</td>
</tr>
<tr>
<td>Eye</td>
<td>Exercise</td>
<td>Emergency</td>
</tr>
<tr>
<td>Stress</td>
<td>Behavior</td>
<td>Medication</td>
</tr>
<tr>
<td>Smear</td>
<td>Prescription</td>
<td>Occupation</td>
</tr>
<tr>
<td>Nerves</td>
<td>Notify</td>
<td>Sexually</td>
</tr>
<tr>
<td>Germs</td>
<td>Gallbladder</td>
<td>Alchoholism</td>
</tr>
<tr>
<td>Meals</td>
<td>Calories</td>
<td>Irritation</td>
</tr>
<tr>
<td>Disease</td>
<td>Depression</td>
<td>Constipation</td>
</tr>
<tr>
<td>Cancer</td>
<td>Miscarriage</td>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Caffeine</td>
<td>Pregnancy</td>
<td>Inflammatory</td>
</tr>
<tr>
<td>Attack</td>
<td>Arthritis</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Kidney</td>
<td>Nutrition</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Hormones</td>
<td>Menopause</td>
<td>Antibiotics</td>
</tr>
<tr>
<td>Herpes</td>
<td>Appendix</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>Seizure</td>
<td>Abnormal</td>
<td>Potassium</td>
</tr>
<tr>
<td>Bowel</td>
<td>Syphilis</td>
<td>Anemia</td>
</tr>
<tr>
<td>Asthma</td>
<td>Hemorrhoids</td>
<td>Obesity</td>
</tr>
<tr>
<td>Rectal</td>
<td>Nausea</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Incest</td>
<td>Directed</td>
<td>Impetigo</td>
</tr>
</tbody>
</table>
Clear communication

Written or spoken communication which helps patients to understand and act on health care information

(Pfizer Inc., 2004)

Adapted from Ruth Parker: http://www.iom.edu/~media/Files/PublicHealth/HealthLiteracy/Parker.pdf
Health Literacy Practices and Educational Competencies for Health Professionals: A Consensus Study

Health Literacy Competencies for Registered Nurses: An e-Delphi Study

BMJ Open. Exploring health literacy competencies towards patient education programme for CI profes.,

Health Literacy Competencies for European Health Care Personnel

Prioritized Health Literacy and Clear Communication Practices For Health Care Professionals

(Coleman, Hudson & Pederson, 2017)
Top 5 Best Practices

1. Practice “universal precautions” for health communication
2. Use plain non-jargon language to facilitate understanding
3. Limit information to 1-3 “need-to-know” items
4. Elicit questions in an open-ended manner
5. Use “teach back” to confirm adequate communication

(Coleman, Hudson & Pederson, 2017)
Low health literacy is ubiquitous

(Kutner et al, 2005)

- Patients hide their literacy problems
  - “I forgot my glasses”
  - “I’m not going to fill out another one of these stupid forms.”
  - “I’ll read it with my husband when I get home.”
- Over 60% have not told their spouse

(Parikh et al, 1996)
“Red flags” are inadequate

- Forms incomplete or incorrectly filled out
- Non-adherence to medications
- Can’t name, medications, their purpose, or how taken
- Frequently missed appointments
- “I forgot my glasses”
- Anger

(AMA Foundation, 2007)

You can’t tell by looking

- Physicians are poor at estimating patients’ health literacy skills.

(Coleman, Hudson & Maine, 2013)
Screening is inappropriate

• Condition is too common.
• Screening is not acceptable to patients.
• Specific interventions are lacking.
• Risks outweigh benefits.

(Paasche-Orlow & Wolf, 2008)

“Universal precautions”

• Treat all patients with the same dignity and respect.
• Assume all are at risk for low health literacy in any given moment.
• Use clear communication best practices, including plain language, as your default style with all patients.

(Dewalt et al, 2010)
Won’t some patients be offended?

- Studies show that all patients prefer clear communication.
  
  (Kripalani & Weiss, 2006)

- Clear plain-language communication is not “dumbing down.”

  (HHS Office of Disease Prevention and Health Promotion, 2012)

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(Coleman, Hudson & Pederson, 2017)
Use plain non-jargon language

• Even experienced clinicians use jargon
  (Castro et al, 2007)
• Jargon = Specialized words, phrases, or concepts, which might not be fully understood, or may be misinterpreted by the recipient
  (Nielsen-Bohlman et al, 2004)

Jargon Blitz https://www.youtube.com/watch?v=uu7v4yRc4vw
# Three types of medical jargon

<table>
<thead>
<tr>
<th>Jargon Type</th>
<th>Description</th>
<th>Examples</th>
<th>Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical</td>
<td>Words, phrases or concepts with meaning only in a clinical context</td>
<td>- Glucose meter&lt;br&gt;- Cardiologist&lt;br&gt;- Insomnia&lt;br&gt;- Abdomen&lt;br&gt;- Cath lab&lt;br&gt;- Ortho&lt;br&gt;- Hypertension&lt;br&gt;- Hemoglobin&lt;br&gt;- A &amp; P&lt;br&gt;- Speculum</td>
<td>- Acronyms: GERD&lt;br&gt;- COPD&lt;br&gt;- UTI&lt;br&gt;- IV fluid&lt;br&gt;- Advance directive&lt;br&gt;- After Visit Summary (AVS)</td>
</tr>
<tr>
<td>Quantitative</td>
<td>Words, phrases or concepts requiring clinical judgment or knowledge</td>
<td>- Unlikely&lt;br&gt;- Increased&lt;br&gt;- Tablespoon&lt;br&gt;- High fever</td>
<td>- Excessively wheezing&lt;br&gt;- Twice daily</td>
</tr>
<tr>
<td>Lay</td>
<td>Words, phrases or concepts with two or more meanings or interpretations, one of which is medical</td>
<td>- Stable&lt;br&gt;- Abnormal&lt;br&gt;- Stool&lt;br&gt;- Frequency&lt;br&gt;- Course&lt;br&gt;- Positive&lt;br&gt;- Negative&lt;br&gt;- Tissue&lt;br&gt;- Tungus blade&lt;br&gt;- Admitted&lt;br&gt;- Diet</td>
<td>Idioms: - Come down with&lt;br&gt;- Break out&lt;br&gt;- Run a fever&lt;br&gt;- Stomach bug</td>
</tr>
</tbody>
</table>
Write explicit instructions

Prescription labels often include technical, quantitative, and lay jargon terms, and require a high degree of numeracy.

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Jargon – bottom line

• You cannot know what will be jargon to any given patient in any given situation

• The **only** solution is:

  1. Use universal precautions, and

  2. Check for understanding (see “teach-back” later)

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Top 5 Best Practices

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(Coleman, Hudson & Pederson, 2017)

Limit information to 1-3 “need-to-know” items

• Patients typically retain < 50% of health information
• Illness and stress are major barriers to learning

TIP: Focus on what people need to do, not on facts

(Kripalani & Weiss, 2006; Schwartzberg et al, 2007)
Top 5 Best Practices

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(Coleman, Hudson & Pederson, 2017)

Invite real questions

Don’t ask: “Do you have any questions?”

- Seems like you expect them to “get it.” If they don’t, something must be wrong with them...
- Patients do not answer this honestly.

Ask: “What questions do you have?”

- Seems like an expectation that patients should have questions!

(CDeWalt et al, 2010)
**Top 5 Best Practices**

1. Practice “universal precautions” for health communication
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(Coleman, Hudson & Pederson, 2017)

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**Teach-back to confirm understanding**

**Don’t ask:** “*Do you understand?*”

- Implies that patients *should* understand. If they don’t, something must be wrong with them…
- Patients do not answer this honestly.

**Use:** a “teach-back” or “show-me” technique. Say:

- “I want to make sure I have explained things well. In your own words how are you going to use this medicine?”
- “How would you explain this plan to your partner?”
- “Show me how you use this inhaler.”

(Schillinger et al, 2003)
Research on “teach back”

• A “top safety practice.”
  (National Quality Forum, 2003)

• Associated with better glycemic control in people with diabetes.
  (Schillinger et al, 2003)

• Does not take longer than standard care.
  (Schillinger et al, 2003; Kripalani & Weiss, 2006)
Barriers to adopting clear communication

• An estimated $106 billion to $238 billion is “wasted” on low health literacy annually
  (Vernon et al, 2007)

• But to health systems, this may just be profit...

Session objectives

☑ Recognize the prevalence of low health literacy among patient populations.

☑ Describe the imperative for using a “universal precautions” approach to health communication.

☑ List 5 best practices to help ensure clear communication with patients and caregivers
One’s destination is never a place but rather a new way of looking at things

—Henry Miller

References


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References cont.


References cont.


References cont.


Schillinger D, Piette J, Grumbach K et al. Closing the loop. Physician communication with diabetic patients who have low health literacy. Arch Intern Med 2003;163:83-90


Schillinger D, Piette J, Grumbach K et al. Closing the loop. Physician communication with diabetic patients who have low health literacy. Arch Intern Med 2003;163:83-90

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Somers SA, Mahadevan R. Health literacy implications of the Affordable Care Act. Center for Health Care Strategies, Inc., November 2010


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