



Unit 3-Part 1: Health Literacy

Slide 2 Unit 3 – Part 1: Health Literacy Objectives

Following successful completion of this unit, learners will be able to

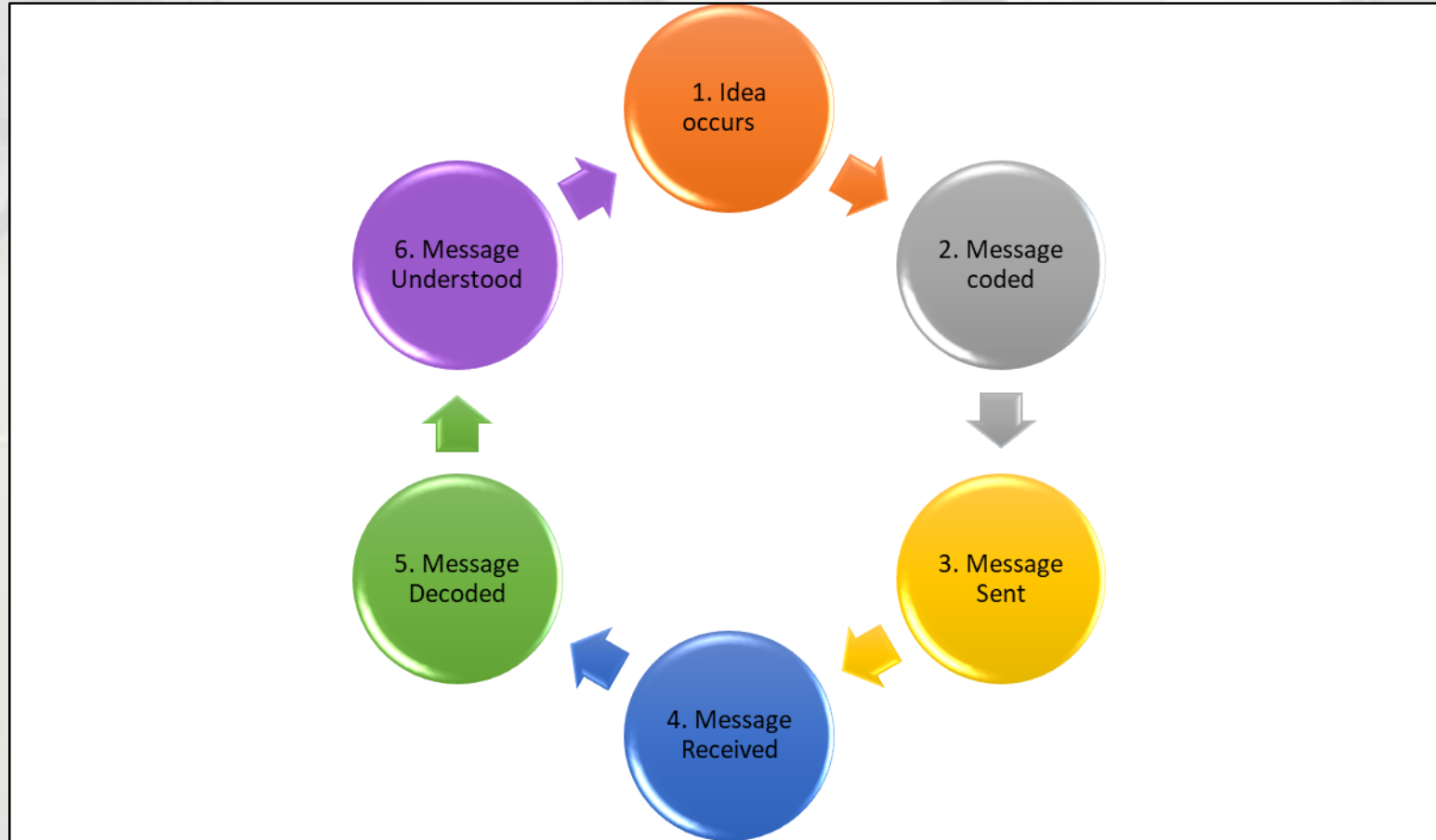
Objective 1: explain health literacy as it relates to health communication.

Objective 2: list the four levels of health literacy and recognize signs of low health literacy.

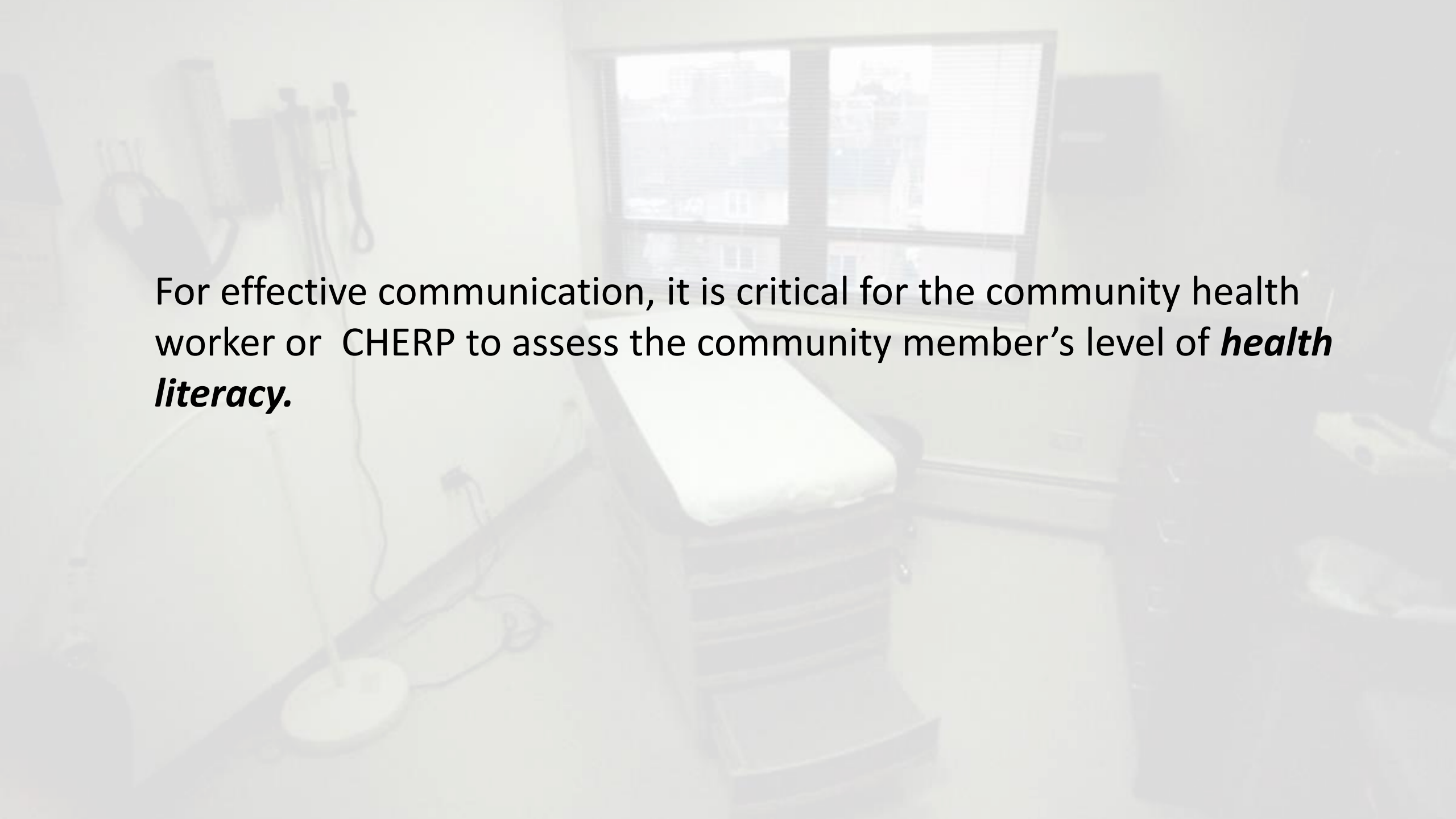
Objective 3: identify and describe strategies to improve health literacy.

Objective 4: explain how different types of culture affects health literacy.

Recall we learned in Unit 2 that the stages of communication are:



Communication breaks down when any stage in the communication process is flawed.



For effective communication, it is critical for the community health worker or CHERP to assess the community member's level of ***health literacy***.

Slide 5 Terminology

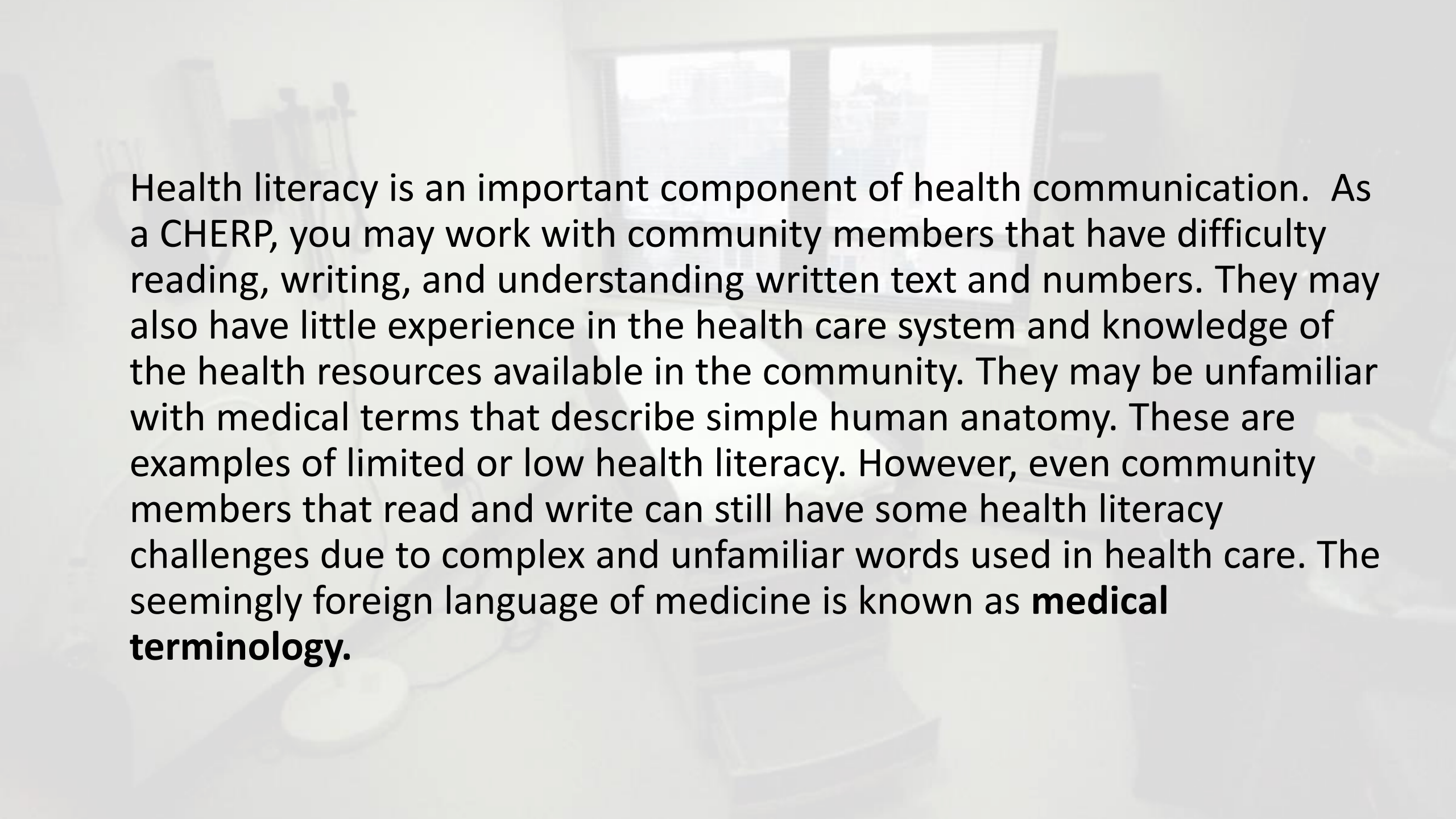
Health literacy is the degree to which an individual has the ability to accurately read, understand, and act on health information and health services to make appropriate health decisions and follow instructions for treatment. ***Health literacy*** is an important component of health communication.²



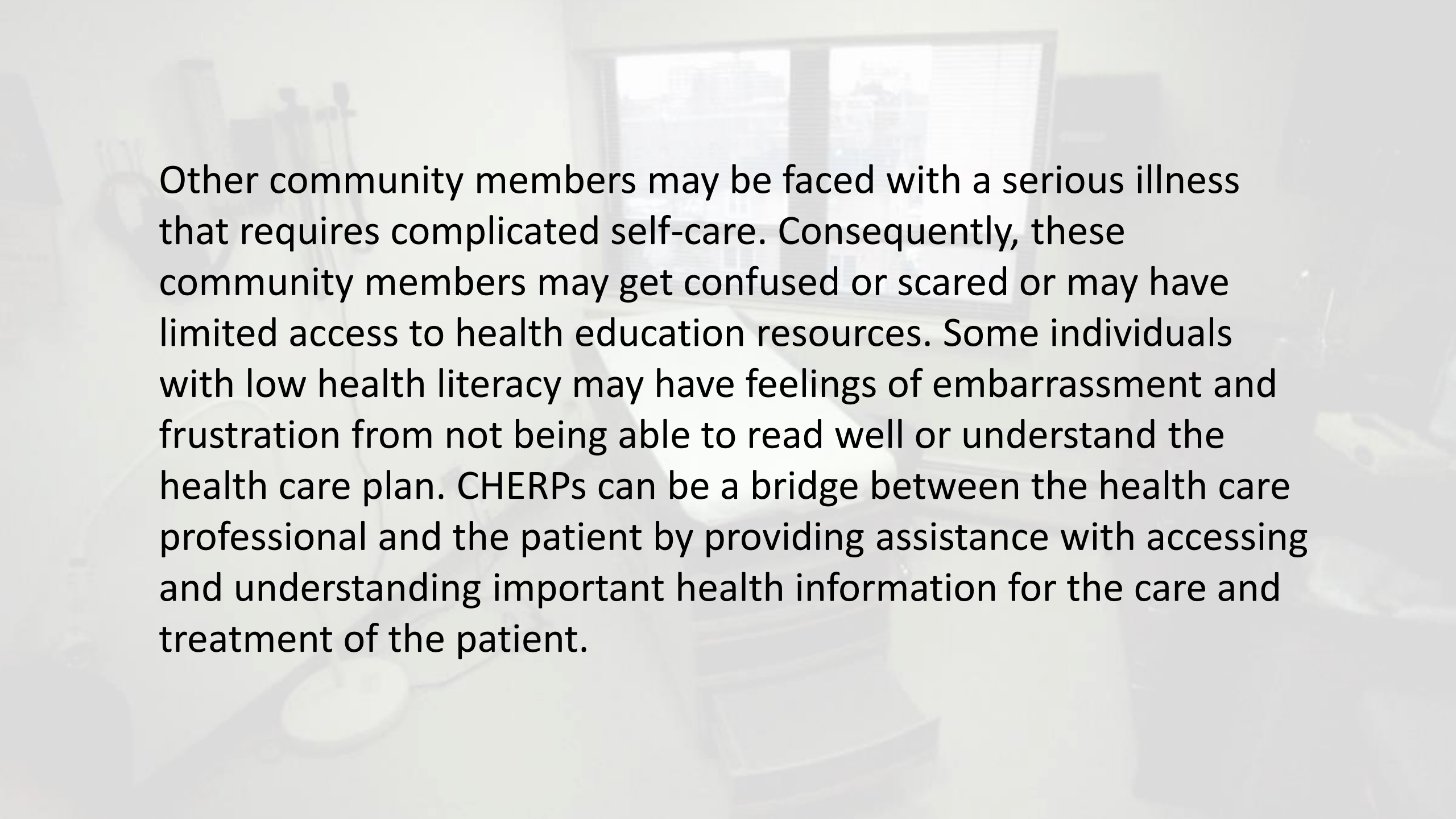
Regardless of the health information a community member may receive, if he or she does not understand the information shared, then the process of health education may be useless to improving health.



Obtaining, communicating, processing, and understanding health information and services are essential steps in making appropriate health decisions and following instructions for treatment.² Health care professionals who understand health literacy issues can assist in building their own skills as well as their patients' skills in order to improve health communication and can enhance positive health outcomes for patients.



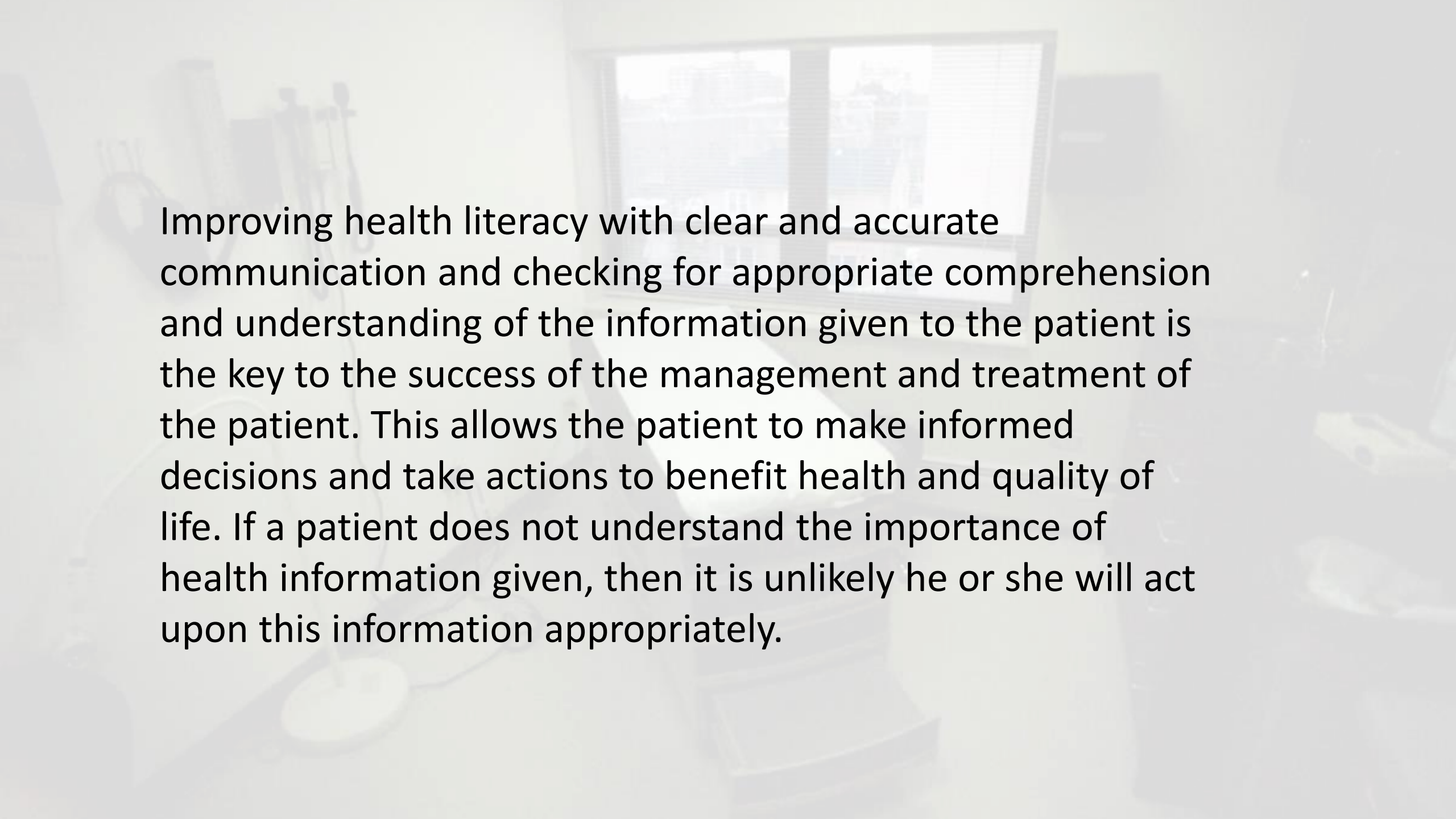
Health literacy is an important component of health communication. As a CHERP, you may work with community members that have difficulty reading, writing, and understanding written text and numbers. They may also have little experience in the health care system and knowledge of the health resources available in the community. They may be unfamiliar with medical terms that describe simple human anatomy. These are examples of limited or low health literacy. However, even community members that read and write can still have some health literacy challenges due to complex and unfamiliar words used in health care. The seemingly foreign language of medicine is known as **medical terminology**.



Other community members may be faced with a serious illness that requires complicated self-care. Consequently, these community members may get confused or scared or may have limited access to health education resources. Some individuals with low health literacy may have feelings of embarrassment and frustration from not being able to read well or understand the health care plan. CHERPs can be a bridge between the health care professional and the patient by providing assistance with accessing and understanding important health information for the care and treatment of the patient.

Since low health literacy at some level is very common, health care professionals should use effective communication strategies with patients (refer to communication skills of unit 2). Most health care professionals have received some type of health literacy training. However, it can be difficult to distinguish whether the patient has health literacy problems and to what level or extent the health literacy problems exist.





Improving health literacy with clear and accurate communication and checking for appropriate comprehension and understanding of the information given to the patient is the key to the success of the management and treatment of the patient. This allows the patient to make informed decisions and take actions to benefit health and quality of life. If a patient does not understand the importance of health information given, then it is unlikely he or she will act upon this information appropriately.



Patients with low health literacy may be more likely to miss appointments, skip preventive health screenings or necessary medical tests, take medications inappropriately, or have a difficult time managing chronic diseases such as high blood pressure (hypertension) or diabetes.

How do you determine if a community member has *low* health literacy? There are some common behaviors or responses that may indicate low health literacy. Here are just a few signs that may indicate that a person has low health literacy.



Slide 14 Low Health Literacy

Clues to low health literacy include:

Clue 1: Frequently missed appointments or medical tests.

Clue 2: Incomplete or inaccurate patient medical history or registration forms.

Clue 3: Person does not take medications according to the directions.

Clue 4: Person does not fill his or her prescription on schedule.

Slide 14 Continued Low Health Literacy

Clues to low health literacy include (continued):

Clue 5: Person does not know the name of a medication or why it is used.

Clue 6: Statements like, “I forgot my glasses... can you read this to me... I’ll read it later.

Clue 7: Statement like, “I would like to take this information home with me so I can discuss it with my spouse.”



Community members may also have difficulty performing some of the following tasks:

Slide 16 Clues of Low health literacy 2

The community member may have trouble:

Clue 1: Locating appropriate health information.

Clue 2: Locating health care professionals and health care facilities.

Clue 3: Understanding laboratory test results or other test results.

Clue 4: Taking appropriate prescribed dosages of medications.

Clue 5: Understanding health risks and benefits or certain behaviors.

Clue 6: Communicating and describing symptoms accurately.

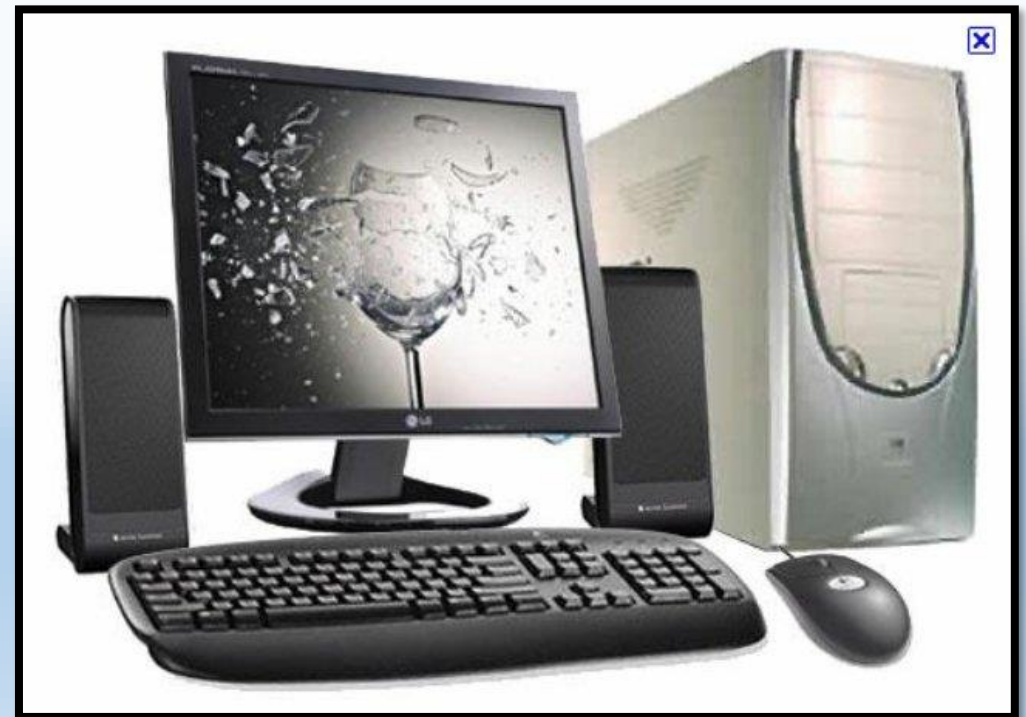


As a CHERP, you will work with community members that have different levels of literacy. Therefore, each community member will have different needs for communication and understanding of health information.

We can categorize health literacy into four levels: ***Below Basic, Basic, Intermediate, and Proficient***. As you assess each community member, you can develop a literacy plan with strategies specific to the needs of the community member to help improve his or her health literacy.



Let's use computer literacy to illustrate the **four levels of health literacy**.

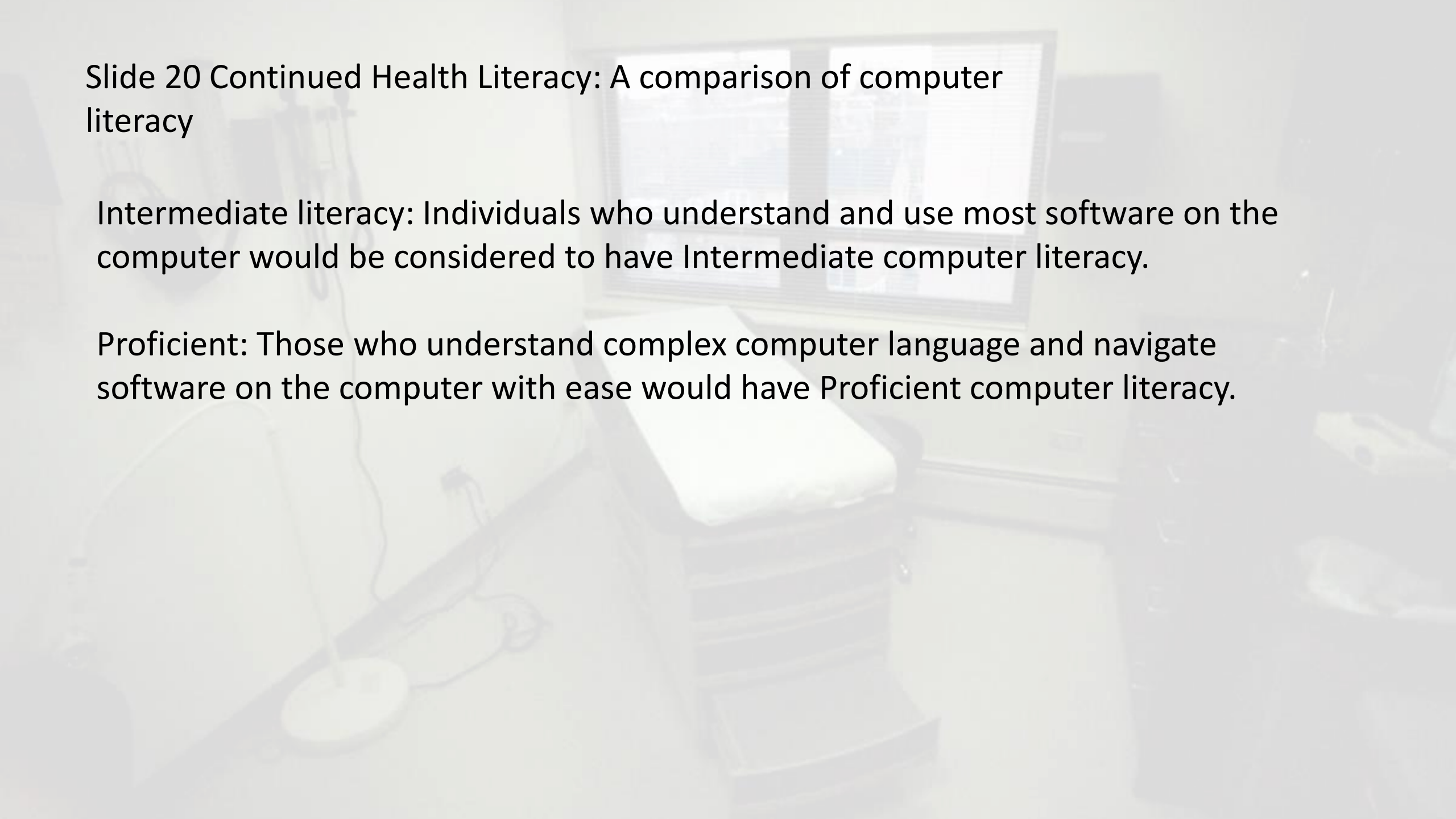


Slide 20 Health Literacy: A comparison of computer literacy

Computers have become a major part of everyday existence in the world. A good way to illustrate the four levels of health literacy is to look at the four levels of computer literacy.

Below basic literacy: Individuals who have very little or no experience with computers and may only know how to turn on a computer have *Below Basic* computer literacy.

Basic literacy: Individuals who can access and read emails would be considered to have *Basic* computer literacy.



Slide 20 Continued Health Literacy: A comparison of computer literacy

Intermediate literacy: Individuals who understand and use most software on the computer would be considered to have Intermediate computer literacy.

Proficient: Those who understand complex computer language and navigate software on the computer with ease would have Proficient computer literacy.

As a person has more experience with computers and learns more skills, he or she will improve their level of computer literacy.



As a patient has more time and experience with a health care provider, he or she may develop a relationship for better understanding the provider, learn to communicate more clearly with the provider, and have more experience communicating within the health care setting. Therefore, the health literacy of the patient may improve. As a CHERP, you can assess aspects and factors of health literacy that will be individualized for each person, and use strategies to build skills and assist the community member with improving limited areas of health literacy.

Strategies for Working with Low Health Literacy Populations

Slide 24 Strategies for low health literacy

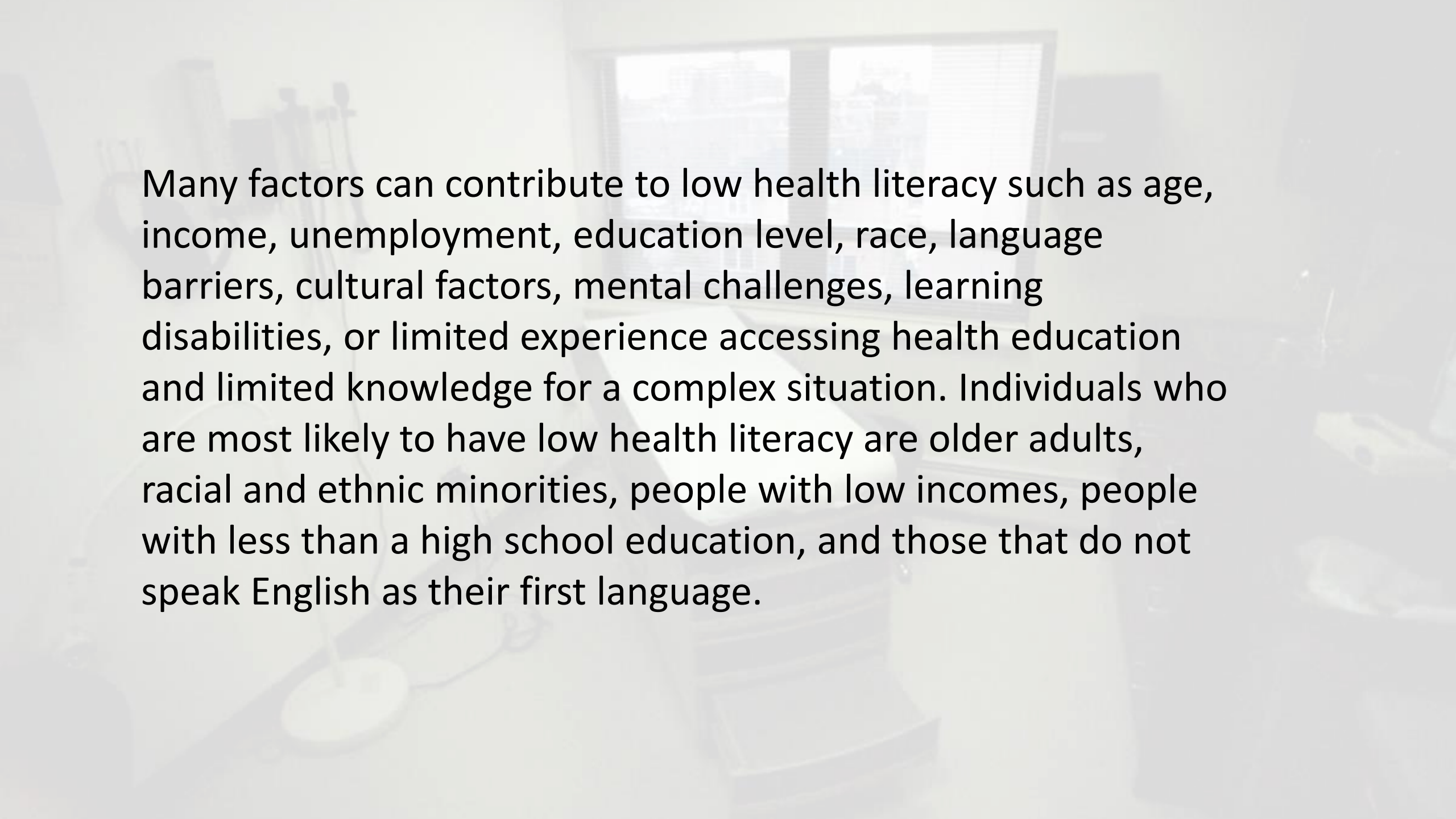
The use of medical terminology can be challenging. However, difficult or unfamiliar words are explained by using replacement words, which an individual easily understands.

Strategy 1: A technique called **plain language** focuses on organizing information so the most important information comes first, breaking complex information into smaller understandable chunks of information, and using simple language to define medical terms.

Slide 24 Continued Strategies for low health literacy

Strategy 2: **Teach-Back** is another technique used to improve communication and health literacy for community members. The community member, in his or her own words, reiterates or repeats the instructions or information received from the sender, who might be their health care provider, another health care professional, or the CHERP with whom they are working. If the information the receiver shares with the sender is inaccurate then the process is repeated until the information is clear and complete. This technique is a useful tool to check for patient or community member understanding; especially in cases where a person is prescribed new medications, pre and postoperative instructions, home care instructions, or in chronic disease management.

Strategy 3: The use of **visual** (picture) **tools** to explain a health concept can be extremely helpful for improving understanding and health literacy. Simple drawings can be used to explain difficult concepts. This technique can be extremely useful when a language barrier exists.



Many factors can contribute to low health literacy such as age, income, unemployment, education level, race, language barriers, cultural factors, mental challenges, learning disabilities, or limited experience accessing health education and limited knowledge for a complex situation. Individuals who are most likely to have low health literacy are older adults, racial and ethnic minorities, people with low incomes, people with less than a high school education, and those that do not speak English as their first language.



Let's recap what we've learned so far.


Slide 27 Health Literacy Recap

Communication: There are six stages in the communication process. A breakdown in any of the stages prevents understanding and may cause confusion or worse.

Medical terminology: is the foreign language of medicine.

Health literacy: is the degree to which an individual has the ability to accurately read, understand, and act on health information. As a CHERP, you will work with community members who have different levels of literacy.

Strategies: There are strategies you can use in your role as a community health worker for dealing with low health literacy community members.

You have come to the end of this lesson. To advance to the next activity please click on the **Green Arrow** ► below at the bottom right of the screen or use the button to navigate within the course. Click on  at the top right to take you back to the course outline.