

# **Health Literacy: Communication Techniques to Improve Patient Outcomes**

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Helen Osborne, M.Ed., OTR/L  
Health Literacy Consulting, 31 Highland Street, Natick, MA 01760  
[Helen@healthliteracy.com](mailto:Helen@healthliteracy.com) · 508-653-1199 · [www.healthliteracy.com](http://www.healthliteracy.com)

## About Health Literacy

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### There are several definitions of health literacy:

- **Widely-used definition:** “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” (as published in Healthy People 2010, Institute of Medicine, National Library Medicine, and other places)
- **Evolving definition:** “Health literacy occurs when the skills and ability of those requiring health information and services are aligned with the demand and complexity of health information and services.” (Parker, Ratzan 2010)
- **Functional definition:** “Health literacy is a shared responsibility between patients and providers. Each must communicate in ways the other can understand.” (Helen Osborne of Health Literacy Consulting)



*Health Literacy —When Patients and Providers Truly Understand One Another*

### Review of health literacy studies

There are now more than 1,000 health literacy studies and nearly all make a compelling case why health literacy matters. The federal Agency for Healthcare Research and Quality (AHRQ) recently reviewed many of these studies. Their report concludes: “Differences in health literacy level were consistently associated with increased hospitalization, greater emergency care use, lower use of mammography, lower receipt of influenza vaccine, poorer ability to demonstrate taking medications appropriately, poorer ability to interpret labels and health messages and, among seniors, poorer overall health status and higher mortality.” (AHRQ: *Health Literacy Interventions and Outcomes, Update*. Available at <http://www.ahrq.gov/clinic/tp/lituptp.htm>)

## **Six Factors That Can Affect Health Understanding**

Patients, family members, and caretakers often struggle to understand health information. There are many reasons this is so. Sometimes, it has to do with individual learning needs and abilities. Here are 6 factors that can affect health understanding.

**1. Literacy.** Literacy is more than just the ability to read and write. As defined in the *2003 US National Assessment of Adult Literacy (NAAL)*, literacy is the set of skills needed to use “printed and written information to function in society, to achieve one’s goals, and to develop one’s knowledge and potential.” NAAL asked nearly 20,000 adults in the United States to perform a variety of word-based tasks. Findings showed that:

- 33% of the adults in the US are at a basic or below basic level for *prose literacy* (continuous text)
- 34% are at a basic or below basic level for *document literacy* (non-continuous text)
- 55 % are at a basic or below basic level for *quantitative literacy* (numbers and calculations)

**2. Age.** Older adults, those who are 65 years and over, make up more than 12% of the US population. Many people in this age group have difficulty learning due to limited literacy, disease, chronic illness, drug interactions, social changes, stress, or anxiety.

**3. Disability.** People with limited vision or hearing may have problems learning because they have one less way to receive information. When people gradually lose these skills, they may be unaware of their diminished abilities and unfamiliar with other ways of communicating.

**4. Language.** Language refers to the words we use. About 20% of the US population speaks a language other than English at home. Besides English, more than 325 languages are spoken. It can take anywhere from two years to a lifetime to become fluent and have the language skills needed for complex concepts such as “how” and “why.”

**5. Culture.** Culture is the context in which people understand words. Culture includes people’s values, beliefs, traditions as well as language. Even people from the same country or region may not share the same point of view.

**6. Emotion.** People may have difficulty listening and remembering when they are scared, anxious, or overwhelmed. Given the right set of circumstances, everyone can have trouble understanding health information.

## **Eight Ways To Help Improve Health Communication**

**1. Know your audience, in general.** Begin by getting familiar with the “average” person in your intended audience. This means knowing about literacy level, language, culture, and age. It also means being sensitive to disabilities or emotional issues that may affect how the “average” person understands and uses health information.

**2. Tailor communication, in specific.** But no one really is “average.” After you know where to begin, tailor or adapt communication to meet the needs of each individual. This may be drawing pictographs for someone who speaks limited English. Or teaching just one concept at a time to someone who has trouble concentrating. You can also tailor communication by providing user-friendly lists of resources to learn more.

**3. Create a welcoming and supportive environment.** Whether your environment is in a building or somewhere in cyberspace, make sure that is safe, feels private, and encourages thought and reasoned action. As well, establish a tone in which people can comfortably ask questions, disagree, or let you know when they don’t understand.

**4. Communicate in whatever ways work.** People learn and communicate in a variety of ways. Beyond talking or using written materials, consider other communication strategies like sharing stories, using metaphors, or giving instructions with lots of pictures. Incorporate the principles of plain language in all communication. This means using words that people already know, teaching ones they need to learn, and presenting information from the other person’s point of view.

**5. Confirm understanding.** Communication is only effective when the other person understands. Confirm what people do and do not know. Rephrase, not just repeat, information when there are gaps or misunderstanding. Make sure, as well, that you truly understand what the other person is communicating to you.

**6. Offer ways to learn more.** You needn’t communicate everything to everyone all at once. In fact, this often adds to confusion. Instead, communicate what people need to know now and provide credible resources so they can learn more later.

**7. Weigh the ethics of simplicity.** Your role is to translate complex scientific and medical information into words and concepts that people can understand. This is often hard to do, especially when information is ambiguous or conflicting. Consider the implications of your choices as you decide which information to leave in or omit.

**8. Collaborate for good communication.** Health literacy and good communication go beyond just one person, profession, or program. Collaborate with your audience, colleagues, and community. Together, we can improve health communication.

Reprinted and adapted from Osborne H, 2004. *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message*. Sudbury, MA: Jones & Bartlett Publishers.

# Health Literacy Is About Teaching and Learning

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There are three components to consider:

- 1. Teaching frameworks.** These look at learning and teaching along the lifespan:
  - **Pedagogy (teaching children).** A teacher designs the curriculum, defines objectives, and measures whether learning has occurred.
  - **Andragogy (teaching adults).** Based on Malcolm Knowles' adult learning theory, adults usually learn best when they:
    - Feel a need to learn and that learning is relevant to their goals.
    - Share responsibility for planning the learning experience.
    - Participate actively in the learning process.
    - Sense that information relates to and makes use of life experiences.
    - Feel a sense of accomplishment and success.
  - **Gerogogy (teaching older adults).** Takes into account changes related to:
    - Cognition. This includes working memory and short-term memory along with the ability to process information, perceive relationships, and manage distractions.
    - Physical/psychological factors. These include fatigue, depression, stress, motor function, and pain.
    - Senses. These include diminished auditory and visual skills.
- 2. Learning styles.** People learn in different ways:
  - **Auditory learners** learn best when listening to lectures or reading instructions aloud. They might benefit from 1-1 (individual) and group conversations or media such as the radio and CDs.
  - **Visual learners** understand more fully when reading text or seeing information presented as diagrams, sketches, photographs, maps, or other visual ways.
  - **Kinesthetic learners** absorb information when touching objects or doing activities. This can be practicing on models or objects and trying new techniques or exercises.
  - **Mixed learners** learn from a combination of methods. Their learning needs and preferences may change depending on the subject and situation.
- 3. Content.** Health information is inherently complex with content that may be unfamiliar, ever-changing, numbers-based, future-oriented, yet life-sustaining.

# Metaphors

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## **Metaphors (or analogies) are like outside pieces of jigsaw puzzles.**

They provide familiar frameworks to help people understand unfamiliar concepts.

Metaphors should be short, clear, and visual. They include 3 components:

- Target - unfamiliar word, term, concept
- Analog - familiar example
- Connector - word such as “like” or “as”

## **Five steps to using metaphors**

1. Decide when one is needed. Some healthcare concepts are straightforward and a simple explanation is sufficient. Save metaphors for teaching something new, unfamiliar, hard to understand, or especially important.
2. Use familiar words, terms, and examples for all analogs.
3. Explain the metaphor. Give a fuller explanation and acknowledge limitations.
4. Confirm understanding. Make sure that the other person understands the metaphor and its fuller explanation.
5. Move beyond the metaphor. Transition to the correct medical terminology.

## **Examples of metaphors**

Taken from the *Altoona List of Medical Analogies* (<http://www.altoonafp.org/analogies>) these metaphors help answer the question, “Why don’t we use antibiotics for colds, acute bronchitis, and other viral illnesses?”

- “You don’t use bug spray to kill weeds in your lawn.”
- “Using antibiotics for viruses is like using a large net to catch minnows. They just go through the holes.”
- “Using antibiotics for viruses is like putting gas in your gas tank if your battery is dead.”
- “Treating a cold with antibiotics is like using an umbrella to stay warm in winter. It just doesn’t work and when it starts to rain, your umbrella might be worn out.”

# Putting Health Literacy Ideas Into Action

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Health literacy is ultimately up to you.

Knowing what you know now, what will you **START** doing?

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Knowing what you know now, what will you **STOP** doing?

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What one idea or action will you put into practice by May 9, 2011?

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## Ways to Learn More

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- *Altoona List of Medical Analogies*, <http://www.altoonafp.org/analogies.htm>
- Centers for Medicare & Medicaid Services, *Toolkit for Making Written Material Clear and Effective*. Written for CMS by Jeanne McGee PhD of McGee and Evers Consulting, Inc. At <http://www.cms.gov/WrittenMaterialsToolkit/>
- Doak C, Doak L, and Root J, 1996. *Teaching Patients with Low Literacy Skills*. J.B.Lippincott Company, Philadelphia. Available online at <http://www.hsph.harvard.edu/healthliteracy/doak.html>
- *Health Literacy Consulting* at [www.healthliteracy.com](http://www.healthliteracy.com). Includes the full text of Helen Osborne's articles, tips, links, and a free "What's New" e-newsletter.
- *Health Literacy Out Loud podcasts*, <http://www.healthliteracyoutloud.com/>
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## About Helen Osborne

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**Helen Osborne M.Ed., OTR/L** is recognized for her expertise in health literacy. She provides consulting, training, and writing services to professionals – helping them communicate health information in ways patients and their families can understand.

Helen is president of Health Literacy Consulting based in Natick, Massachusetts. She is also the founder of Health Literacy Month, a worldwide campaign to raise awareness about the importance of understandable health information. In addition, Helen produces and hosts the podcast series, *Health Literacy Out Loud*.

Helen brings clinical experience, educational training, and patient perspective to all her work. She gives health literacy presentations across the United States and around the world. She also serves as a plain language writer/editor on numerous projects. Several of these have won plain language awards from the National Institutes of Health.

For many years, Helen was a columnist for the Boston Globe Media's *On Call* magazine, writing about patient education and healthcare communication. She is the author of several books, including the award-winning *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message* that is considered by many as the most important health literacy reference today.

To learn more about Helen's work and consulting services, please visit the Health Literacy Consulting website at [www.healthliteracy.com](http://www.healthliteracy.com).



Here's to communicating clearly and simply  
~Helen