

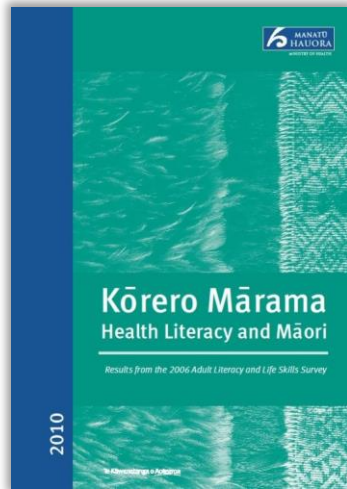
Health Literacy and long term conditions

What do we mean by health literacy?

Good health literacy means people:

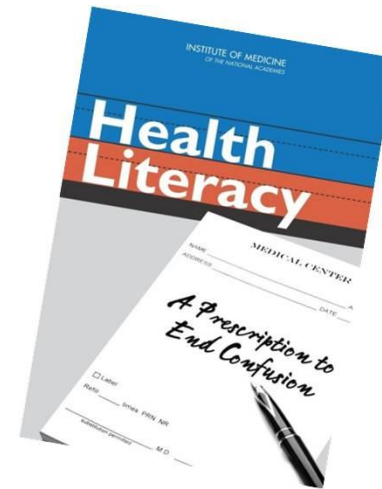
“have the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions”

Kōrero Mārama, 2010

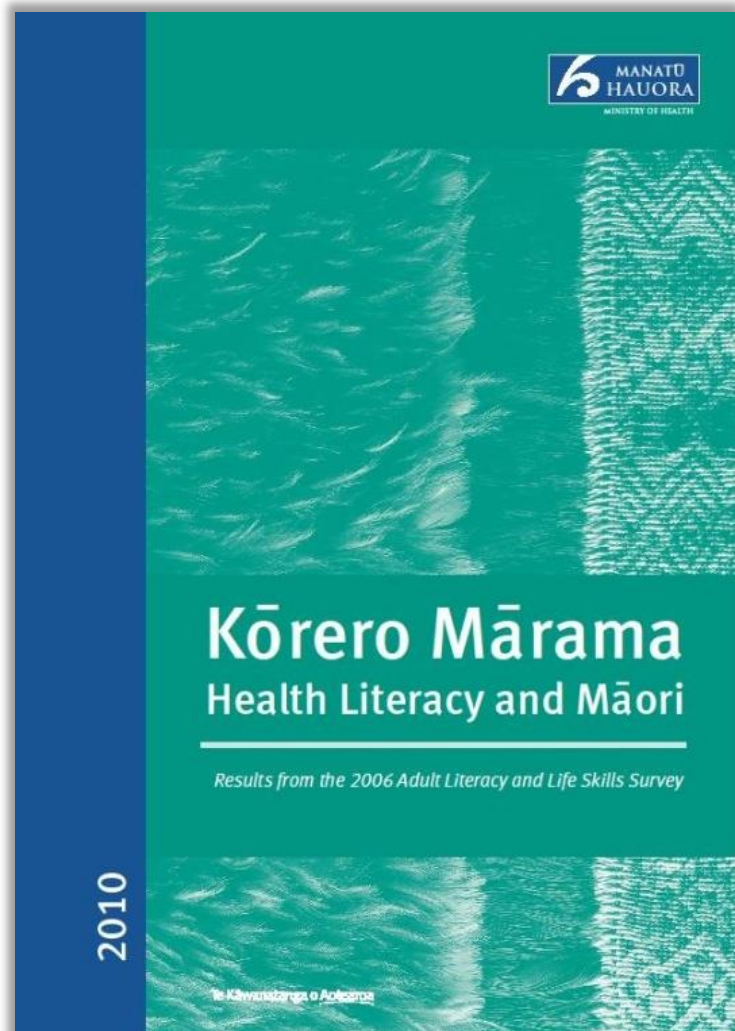


<http://www.moh.govt.nz/moh.nsf/indexmh/korero-marama-health-literacy-maori-feb2010>

Health literacy is an interaction between the skills of individuals and the demands of the health system



Health literacy statistics in New Zealand



More than **56.2%** of adult New Zealanders (**1,626,000** adults) have low levels of health literacy

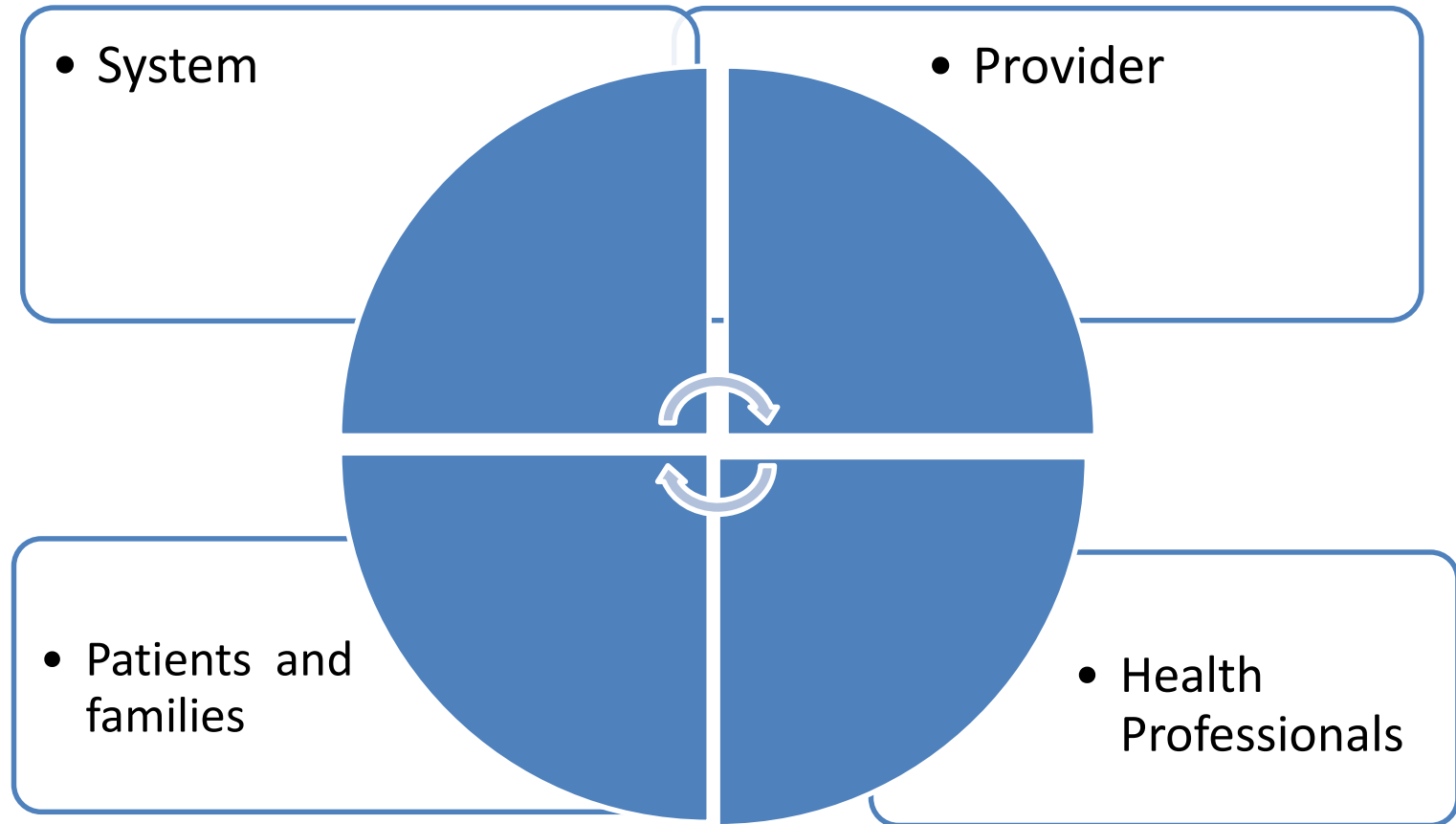
Low levels are a result of **unfamiliarity** and **complexity** of health information

Most people with low skills are **Pākeha** and **employed** and **unaware** they have low health literacy

Everyone will have low health literacy at some stage in their life

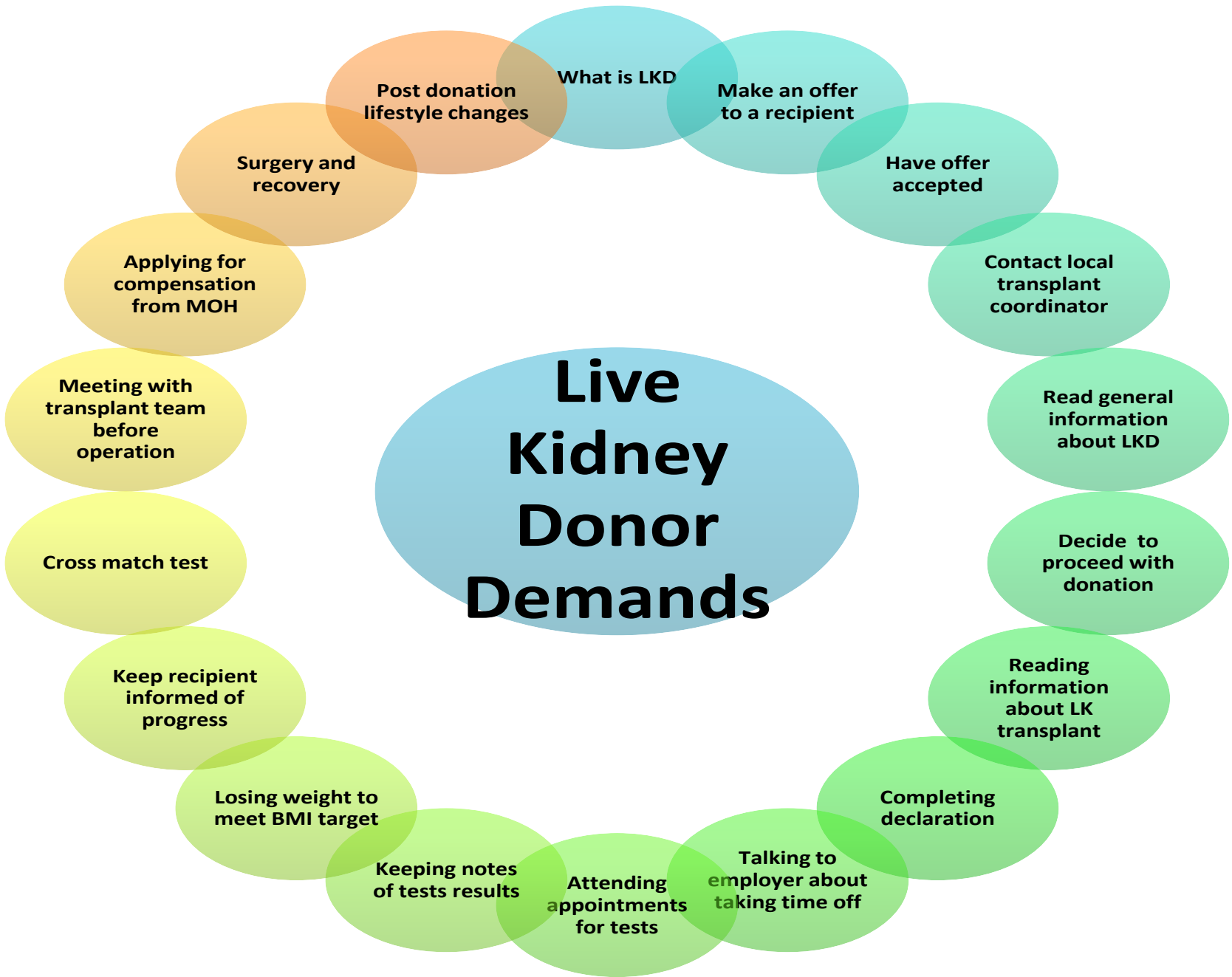
Particular issues for Māori, Pacific peoples, non English speakers, rural, younger, older & unemployed adults

NZ's Framework for Health Literacy



<http://www.health.govt.nz/publication/framework-health-literacy>

Live Kidney Donor Demands



Assumptions

- <https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/publication/1194/>

Super tool 2 Listening

“Most people do not listen with the intent to understand; they listen with the intent to reply.”

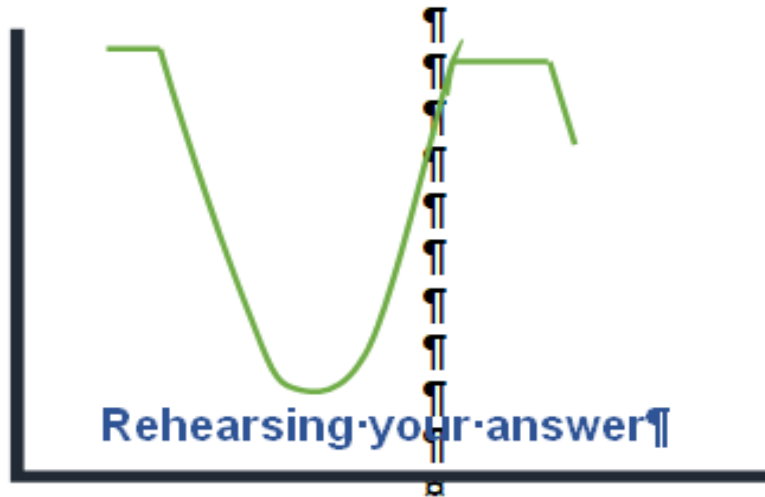
Stephen R. Covey

(1932-2012)

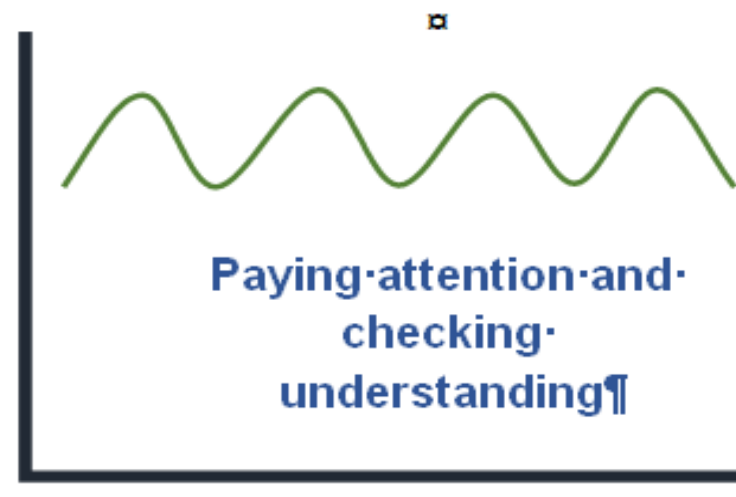
InspirationBoost.com

Two types of listening

Listening to reply



Listening to understand

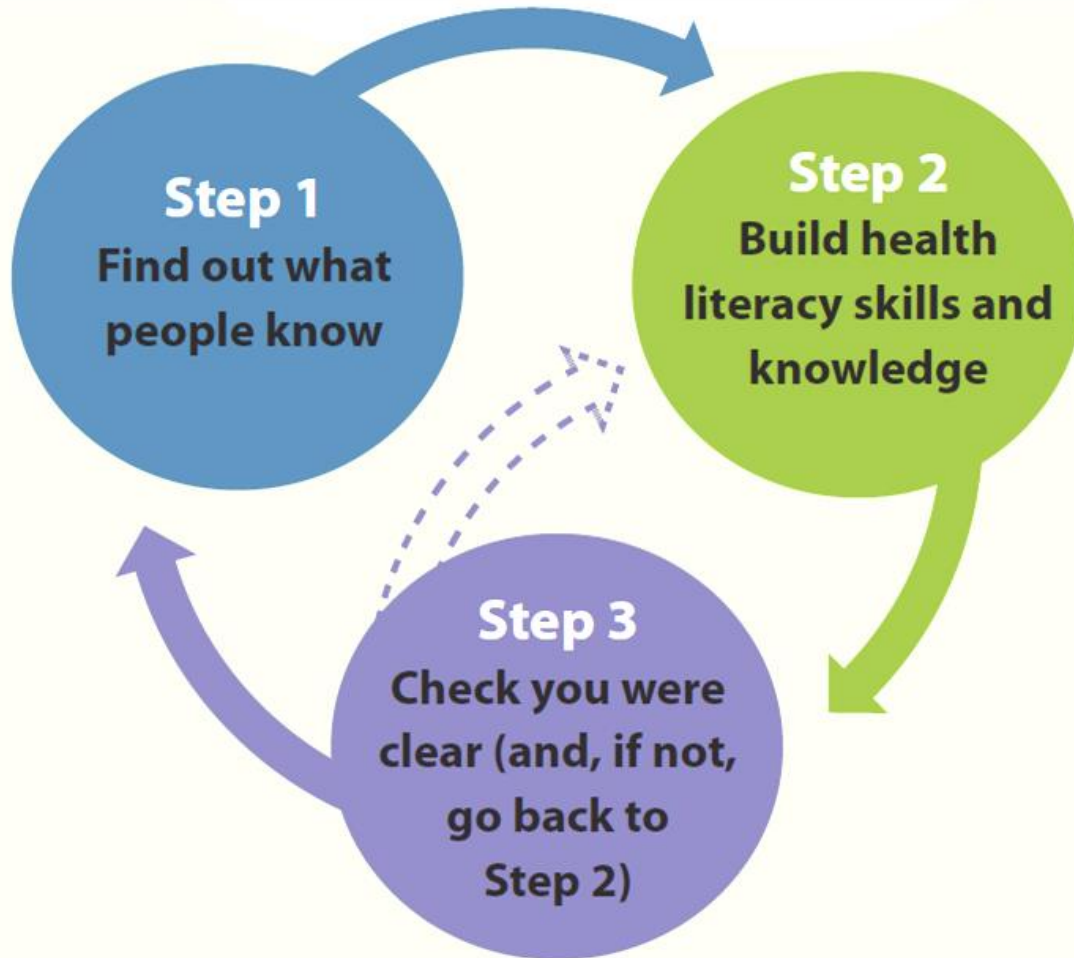


You can't tell by looking so use a Universal Precautions approach



- As a starting point treat everyone as if they might have low health literacy.
- Adjust your starting point depending on what the person knows.

Three Steps to better health literacy





Step 1

**Find out what people know,
believe and do**

**This is the most important and easiest step
Get this one right first**

Background knowledge – the reason for Step 1

Everyone relates new knowledge to what they already know or have experienced



Step 1 Ask

- **Ask them what they already know, think, do and believe**
Focus on asking open questions, listening and uncovering person's background knowledge
– *“Tell me what you know about*”
- **Set an agenda**
Today I want to find out how you have been since I saw you last and then talk about your blood tests. Tell me what you would like to talk about (write it down)
And keep asking *anything else – anything else*
- **And then prioritise**
So we won't be able to cover all these things today so tell me what are the most important things you want to cover



Step 2

**Build health literacy skills and
knowledge and link them to
what people already know**

If you are talking then you are at Step 2

We think health professionals do some of this already

Step 2: Build health literacy skills and knowledge

- Link it to what the person already knows
- Give information in logical steps
- Give information in manageable chunks
- Explain technical words
- Use visuals and actual equipment
- Use written materials
- Help people anticipate next steps
- Medicine review
- Reinforce and emphasise



How people learn new words



At end of 20 minute appointment

- *Dr: They did a precautionary scan because his head is a little asymmetrical. It showed an enlarged ventricle - which could be caused by many things. These kind of asymmetries might be a sign of brain issues but his scan looks good. A variant of normal rather than an 'issue'. It's quite unlikely he has neurological problems. But there are no guarantees of learning ability. But there is no need for further testing or scans. You could argue that nothing will be clear for a couple of years anyway but his alertness is a great sign.*
- *Dr: Any other questions?*
- *Mother: No this has been reassuring.*
- *Dr: I'll send a note to your doctor.*

Confusion around medical procedures

- *Nurse: Would you prefer me to take blood from your baby's foot or hand? He'll cry either way.*
- *Mother: I'm not sure, what do most people pick?*
- *Nurse: It's your choice – does he have good veins?*
- *Mother: I'm not sure.*
- *Nurse: Is baby allergic to latex?*
- *Mother: I don't know.*
- *Nurse: Little baby's veins are small so sometimes we miss and have to try again.*
- *Mother: Oh right*
- *Nurse: OK, shall we try the foot?*
- *Mother: Yes*



Step 3

**Check you were clear (and, if not,
go back to Step 2)**

This is the hardest step and needs the most practice

Step 3: Check **YOU** were clear

Don't say *"Have you got any questions?"* or *"Do you understand?"*

Most people will not tell you they don't understand because that means they are dumb

Remember It is your responsibility to be clear

Instead say

"We have talked about a lot of things today, I want to check I have been clear can you tell me what is going to happen next and what you are going to do?"

"I want to check I have been clear what are you going to tell your family when you get home?"

We have talked about a lot of things today. Most people have questions.
What are your questions?

References

- Kōrero Mārama

<http://www.moh.govt.nz/moh.nsf/indexmh/korero-marama-health-literacy-maori-feb2010>

- Prescription to end confusion

<https://www.nap.edu/catalog/10883/health-literacy-a-prescription-to-end-confusion>

- Framework for Health Literacy

<http://www.health.govt.nz/publication/framework-health-literacy>

- Three Step model to better health literacy

<http://www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/health-literacy-booklet-3-steps-Dec-2014.pdf>