

OT and Health Literacy—what you can do to meet and promote your client’s health literacy

Definition: Obtain, process, communicate, and understand basic health information (CDC, 2015)

Classifications of health literacy (From the National Assessment of Adult Literacy (Kutner et al.,2006)

Level	Actions associated with level
Below Basic*	Completing basic tasks such as locating basic information on forms and performing simple math.
Basic Level *	Reading/understanding simple information and documents. Locating information and using to solve simple, one-step problems.
Intermediate Level	<ul style="list-style-type: none"> • Reading/understanding moderately dense information. Making simple inferences about the information and using it to solve math-type problems without being directly told. • 56% of Americans here
Proficient Level	Reading complex/abstract texts as well as synthesizing information. Abstract quantitative functions.

*Considered to be low health literacy

- Average American reading level at 6th grade but health information at 10th grade (Smith and Gutman, 2011).
- Poor health outcomes when have low health literacy
 - Medication error.
 - Hospital readmissions
 - Healthcare costs
 - Decreased health status
 - Limited access to preventative services.
- Some groups are more vulnerable
 - Older adults (65 and over)- 29% had Below Basic Health literacy level
 - Low income
 - Minorities- Hispanics rated as lowest health literacy
 - Limited education- 49% adults <high school completion-Below Basic
 - Non English speaking
- Formal assessments
 - Rapid Assessment of Adult Literacy in Medicine-Short Form (REALM-SF)
 - Test of Functional Health Literacy in Adults (TOFHLA); Spanish version available, TOFHLA-S.
 - Short Assessment of Health Literacy for Spanish Adults (SAHLSA-50)
 - Short Assessment of Health Literacy-Spanish and English (SAHL-S&E)
 - Newest Vital Sign (NVS): Free - <https://www.pfizer.com/health/literacy/public-policy-researchers/nvs-toolkit>
 - Health Literacy Questionnaire
- Informal signs
 - Excuses to read information at a later time.
 - Being late to appointments
 - Being a member of a vulnerable population.
 - Rule out other client factors to understanding (i.e. vision and hearing)

- Universal Precautions
 - Toolkit as a resource: <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>
 - Make healthy system easy to navigate to facilitate patient's effort to improve health
 - In client interactions ensure:
 - Assess grade level of communication, both verbal and written
 - Assess/plan organization of information being communicated
 - Inform patient information about to be communicated.
 - Break up information into manageable pieces
- Ensuring Readability
 - Use readability formulas to examine written materials
 - Flesch-Kincaid Grade Level- outputs U.S. grade level equivalent
 - SMOG/FOG
 - Add readability to Word: <https://support.office.com/en-us/article/test-your-document-s-readability-85b4969e-e80a-4777-8dd3-f7fc3c8b3fd2>
 - Use short sentences, short words to get readability down
- Strategies to ensure clients understand information they receive
 - Ask me 3
 - What is my main problem?
 - What do I need to do?
 - Why is it important for me to do this?
 - Teach-Back
 - Clarify that it's not a test but a means to assess understanding.
 - "Chunk and Check." (AHRQ, 2015)
 - Use of clear communication/plain language: <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication>
- Good OT-related resources
 - AOTA's Societal Statement on Health Literacy: <https://search.proquest.com/openview/34dc4ba4e226f1a8573b1e528ecab947/1?pq-origsite=gscholar&cbl=47935>
 - Evidence-Based Health Literacy Training Program for OT professionals—Cheryl Miller-Scott https://nsuworks.nova.edu/hpd_ot_student_dissertations/2/
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