LCC Session

CanMEDS Competency: Advocacy; Health Literacy

What will happen in this session?

Health Literacy in Pediatrics – Outline

Pre-reading


<table>
<thead>
<tr>
<th>Health Literacy Session</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part One: Review of Evidence (20 min)</strong></td>
<td>• Large room set up for presentation 1A3</td>
</tr>
<tr>
<td>Presentation with video clips:</td>
<td>• Laptop with Powerpoint 2007 and Windows Media Player</td>
</tr>
<tr>
<td>• Canadian definition of ‘health literacy’</td>
<td>• Projector, Screen and Speakers</td>
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<tr>
<td>• Measurement of health literacy</td>
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<tr>
<td>• Prevalence of low health literacy</td>
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<td>• Populations at risk</td>
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<td>• Outcomes of low health literacy</td>
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<td>• Contributing factors</td>
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<td>• The patient’s experience</td>
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<td>• Health Literacy Universal Precautions</td>
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<tr>
<td><strong>Part Two: Group Activities (40 min)</strong></td>
<td>• Copy of Activity Guide for each participant</td>
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<tr>
<td>• Assessing health literacy</td>
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<tr>
<td>• Assessing the quality of patient education materials</td>
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<tr>
<td>• Writing clear language (optional, take-home activity)</td>
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References:
We rely on patients and parents to be partners in care

- Tell us about their health concerns, needs and preferences
- Understand our explanations and instructions
- Ask questions
- Make informed decisions
- Follow treatment protocols and manage their care at home
- Access appropriate services when needed

Health literacy: a Canadian definition

The ability to access, understand, evaluate and communicate information:
- as a way to promote, maintain and improve health
- in a variety of settings
- across the life course

Health literacy of Canadians

Low health literacy: 60% of adults (16+) 88% of seniors (66+)

Health literacy of parents at MCH

In the outpatient surgery clinic, 29% of parents had difficulty understanding and using health information.
Who is most at risk?

- born outside Canada
- limited proficiency in English/French
- low education
- low income, unemployed
- older adults (over 65 yrs)

Canadian Council on Learning, 2008; Rootman & Gordon-El-Bihbety, 2008

Why does health literacy matter?

Low health literacy is associated with:

- poorer health
- chronic disease
- medication errors
- less preventative care
- more emergency care
- increased hospitalization
- higher mortality (seniors)

AHRQ, 2011; Canadian Council on Learning, 2008

Health literacy impacts

- Access to care
- Patient safety
- Quality of care
- Health outcomes

What affects health literacy?

Health literacy emerges from the interaction among these factors

Person  Products

Providers  Places

It’s a ‘silent epidemic’

People with low health literacy:

- Tend not to ask questions
- Rely on other sources of information
- Use effective coping skills
- Don’t want you to know!

Patients who nod and don’t ask questions are being polite. It doesn’t mean that they understand.
Health Literacy in Pediatrics

How do parents feel?

- anxious
- tired
- stressed
- frustrated

How literate are parents?

Percent of Canadians 16 to 35 years of age with below proficiency literacy skills

Statistics Canada (2005) Building on our competencies

What is the strongest personal factor in predicting higher levels of health literacy?

Daily reading

Providers

You have acute sinusitis

Why, thank you!

Common mistakes

Delivering too much information, too fast.
Using jargon and difficult language.
Not checking for understanding.

Products

Health information is everywhere. Much of it is conflicting or confusing.

Print and online information is complex

I understand that the rationale for undertaking this procedure includes restoration of biomechanical alignment of affected segments in preparation for continued, and more comfortable, deformity management with orthoses.

Over 1000 studies: Mismatch between reading level of materials and reading skills of adults
Health Literacy in Pediatrics

**Hospital environment**

- unfamiliar, scary
- busy, noisy
- distractions, interruptions
- confusing signage

**Health care system’s expectations**

We expect patients and families to be:

- informed
- activated
- computer literate
- self-managing
- partners in care

**Low health literacy**

![Chart showing the balance between person's capacity and system's demands]

1. Create a shame-free experience
2. Use clear language
3. Use resources to make teaching more effective
4. Use teach-back to check for understanding

**What can you do?**

- Anticipate that patients and parents may have trouble understanding health information.
- Convey an attitude of helpfulness, caring and respect.
- Welcome a support person.
- Encourage questions, listen.
- Provide help with forms.

**Create a shame-free experience**
2 Use clear language

- A way of speaking and writing that is easy for most people to understand.
- Uses familiar, everyday (non-medical) language and a conversational style.

Find a simpler way to say it

- per
- onset
- elevated
- hand hygiene
- monitor the site
- practice social distancing

3 Use resources

- Blood tests should be drawn 4 hours post injection.
- Surgery may be required after exhausting all non-operative treatments.
- Ensure your child wears appropriate age/activity related protective equipment during physical activities.

Clear language benefits everyone

In the MCH study, parents were satisfied with clear language materials, regardless of their health literacy skills.

Grade 5.7

Patient Education Library

Search for clear language materials

Hospital guidelines for developing patient education materials
Check for understanding

• The responsibility for communicating clearly is yours.
• How do you know if a patient understands and knows what to do?

<table>
<thead>
<tr>
<th>Ineffective/Ambiguous</th>
<th>OK? All right?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less effective/Closed ended</td>
<td>Do you understand? Do you have any questions? Does this make sense?</td>
</tr>
<tr>
<td>Effective/Open ended</td>
<td>What questions do you have? What parts of this are hard to understand?</td>
</tr>
<tr>
<td>Most effective/Teach back</td>
<td>To make sure I explained this clearly, could you tell/show me what you are going to do?</td>
</tr>
</tbody>
</table>

Teach back

• Ask patients to repeat in their own words what they need to know or do.
• Not a test of the patient, but of how well YOU explained a concept.
• A chance to check for understanding and, if necessary, to re-teach the information in a different way.

Teach back

Teach -> Check -> Clarify

“Closing the loop” -> Understanding

America Academy of Pediatrics

Any patient or parent in your practice can have difficulty understanding health information. Low health literacy affects their health and safety, as well as the quality of their care and experience at the hospital.

You can help by:
1. Creating a shame free experience
2. Using clear language
3. Using resources to reinforce teaching
4. Using teach back to check for understanding
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Hamilton Health Sciences
Ext. 46624
wizowski@hhsc.ca
Health Literacy

IN PEDIATRICS

Activity Guide

Instructions for group activities:
1. Assessing health literacy
2. Assessing the quality of patient education materials
3. Writing in clear language (optional)

2012
Activity 1: Assessing health literacy

The **Newest Vital Sign** is a screening tool to identify patients at risk for low health literacy. The NVS consists of a nutrition label accompanied by six questions that assess the patient’s reading and numeracy skills. The tool can be administered in a clinical setting in just three minutes.

**Scoring:**

0 to 1 = Low health literacy is likely (greater than 50% chance that patient has marginal or inadequate health literacy and is at significant risk for poor health outcomes)

2 to 3 = Low health literacy is possible

4 to 6 = Adequate health literacy

The score provides information about the patient that will allow health care providers to adapt their communication practices in an effort to achieve better health outcomes.

1. **Simulation:** In your group, choose one person to play the role of a parent and another person to be the pediatric resident. The setting is a hospital pediatric outpatient clinic. This is the child’s first visit. At this clinic, a health literacy test is administered to a parent/caregiver as part of the family’s initial assessment.

2. Assess the parent’s health literacy:
   - The resident gives the parent the nutrition label. The parent can refer to it while answering questions. It is not necessary to give parents time to review the label before asking the questions. Rather, they will review the label as they are asked and answer the questions.
   - The resident asks the questions and records the patient’s responses on the scoring sheet, which contains the correct answers. Repeat questions as needed. Based on the number of correct responses, the physiotherapist estimates the patient’s health literacy level.

3. After the simulated assessment, discuss the experience of “health literacy screening” from the perspective of the parent and the resident.

4. What health literacy skills does the NVS measure? What health literacy skills are not measured?

5. Discuss the advantages and disadvantages of assessing patients’ health literacy in the clinical setting. What is your group’s recommendation regarding routine health literacy screening?
### Nutrition Facts

<table>
<thead>
<tr>
<th>Servings per container</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving Size</td>
<td>1/2 cup</td>
</tr>
</tbody>
</table>

**Amount per serving**

<table>
<thead>
<tr>
<th>Calories</th>
<th>250</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat Cal</td>
<td>120</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>%DV</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fat</td>
<td>13g</td>
</tr>
<tr>
<td>Sat Fat</td>
<td>9g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>28mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>55mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>30g</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>2g</td>
</tr>
<tr>
<td>Sugars</td>
<td>23g</td>
</tr>
<tr>
<td>Protein</td>
<td>4g</td>
</tr>
</tbody>
</table>

* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.
Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT: This information is on the back of a container of a pint of ice cream.

1. If you eat the entire container, how many calories will you eat?
   **Answer:** 1,000 is the only correct answer

2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?
   **Answer:** Any of the following is correct: 1 cup (or any amount up to 1 cup), Half the container. Note: If patient answers “two servings,” ask “How much ice cream would that be if you were to measure it into a bowl.”

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?
   **Answer:** 33 is the only correct answer

4. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?
   **Answer:** 10% is the only correct answer

READ TO SUBJECT: Pretend that you are allergic to the following substances: Penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream?
   **Answer:** No

6. (Ask only if the patient responds “no” to question 5): Why not?
   **Answer:** Because it has peanut oil.

**Interpretation**

<table>
<thead>
<tr>
<th>Number of correct answers:</th>
</tr>
</thead>
</table>

Score of 0-1 suggests high likelihood (50% or more) of limited literacy
Score of 2-3 indicates the possibility of limited literacy.
Score of 4-6 almost always indicates adequate literacy.
**Activity 2: Assessing the quality of patient education materials**

The **Clear Language Checklist** is an abbreviated list of criteria for the quality of health information. It can be applied to printed information or webpages, to identify aspects of writing and design that make the material hard to read or understand. In practice, a checklist can help you determine whether materials are suitable for patient and family education.

**Instructions:**

1. Your group is planning education for parents of children having ear surgery (otoplasty). You want to provide parents with clear post-op instructions.

2. There are two resources to review. Half of your group will review the handout “Caring for your child after ear surgery” and the other half will review the webpage “Otoplasty” from [www.medicinenet.com](http://www.medicinenet.com).

3. Use the “Clear Language Checklist” to assess the writing, design and overall quality of these resources.

4. Compare the checklist results.

5. Discuss the role of the pediatric resident in selecting or developing “clear language” patient education materials.
## Clear Language Checklist

### Describe the target audience

<table>
<thead>
<tr>
<th>Writing</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the purpose clearly stated at the start?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it written in familiar, everyday language?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are unfamiliar words &amp; acronyms defined?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Are sentences less than 20 words?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Is it written in active voice?</td>
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<td></td>
</tr>
<tr>
<td>Is it written in a conversational style?</td>
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<tr>
<td>Is it organized in short sections (paragraphs 6-8 lines)?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do sections have useful headings or questions?</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Is it organized in a logical way and easy to follow?</td>
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<td></td>
<td></td>
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<tr>
<td>Does it clearly tell readers what they need to do?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Does it tell readers how to get more information or help?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Design</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Are there only 1 or 2 styles of type (fonts)?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Is the size of the type easy to read?</td>
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<tr>
<td>Are subheadings and headings in larger type?</td>
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<td></td>
<td></td>
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<tr>
<td>Are upper and lower case letters used throughout?</td>
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<td></td>
</tr>
<tr>
<td>Do paragraphs line up at the left margin only?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Does the most important information stand out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there white space at margins and between sections?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Are bullets used to present lists?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do pictures or colour help find or explain information?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Are pictures realistic and appropriate for the audience?</td>
<td></td>
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</tbody>
</table>

### Overall

<table>
<thead>
<tr>
<th>Overall</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>How suitable is the material for the audience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>How likely is the material to achieve its purpose?</td>
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<tr>
<td>How would you rate the quality of the communication?</td>
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</table>
Caring for your child after ear surgery
(Otoplasty)

What happens after surgery?

- Your child will go the Post Anesthetic Care Unit (PACU) to be closely monitored until he or she is fully awake. As soon as possible, the nurse will bring one parent into the PACU to be with your child.

- When your child is fully awake, you and your child will go to the Same Day Surgery Unit or to the children’s ward, if your child needs to stay in hospital. The nurses will continue to check your child until you go home.

How do I care for my child after surgery?

- Your child’s head will be wrapped in a bulky bandage. The bandage stays on for 1 to 3 weeks to protect the new shape of the ears and prevent infection. Do not wash your child’s hair during this time.

- The stitches under the dressing will be taken out at your child’s follow-up appointment.

Pain relief

- After surgery, the amount and type of pain is different for each child. Your child’s ears may throb or ache for a few days.

- Your doctor may give you a prescription for pain medication. If you do not have a prescription, you can give your child acetaminophen (Tylenol®). Follow the directions on package for your child’s age and weight.

Diet

- To prevent nausea and vomiting after surgery, we will start by giving your child clear fluids (water, apple juice or popsicles). Your child should be able to eat and drink as usual within 12 hours of surgery.

Please turn over →
Activity

- Most children are usually up and about within a few hours of surgery. Your child may return to school after 7 days, if he or she can be careful or supervised during playground activities.
- For 4 weeks after surgery, your child should not go swimming or do any activity in which the ear might be bent, such as wearing a hat or helmet.

When does my child need a follow-up visit?

- Your child needs to see the surgeon in 1 to 2 weeks. Make this appointment before you go home.

When should I call the doctor?

Call the surgeon if your child has any of the following problems:
- your child feels ill or has a fever (temperature higher than 38.5°C (101.3°F))
- bleeding or drainage (discharge) through the bandage or dressing
- redness or swelling around the incisions
- pain that does not go away or seems to be getting worse
- unable to eat or drink as usual
- nausea or vomiting

Surgeon: _______________________ Phone: _______________________

After hours or on the weekend, call the hospital and ask to speak to the Plastic Surgeon or the Ear, Nose and Throat (ENT) Surgeon on-call.

If you are not able to reach the doctor, bring your child to the nearest hospital emergency room.

For questions that are not urgent, please call your family doctor or pediatrician.
Otoplasty (cont.)

What happens after surgery?

After surgery, you will be taken to the recovery room where a nurse will monitor you. You will be able to go home the same day as the surgery once you have fully recovered from the anesthetic. This usually takes several hours. You will need a friend or family member to pick you up from the surgical facility and to take you home. He or she should spend the first night after surgery with you. When you arrive home from the surgical facility, you should go to bed and rest with your head elevated on 2-3 pillows. By keeping your head elevated above your heart, you can minimize edema and swelling. You may get out of bed with assistance to use the bathroom. It is best to eat a light, soft, and cool diet as tolerated once you have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though you may be hungry immediately after surgery, it is best to go slowly to prevent postoperative nausea and vomiting. Occasionally, you may vomit one or two times immediately after surgery; if it persists, your doctor may prescribe medication to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

You will be prescribed antibiotics after surgery, and should finish all the pills that have been ordered. Some form of a narcotic will also be prescribed (typically hydrocodone/Vicodin), and is to be taken as needed. If you require narcotics you are cautioned not to drive. In some situations your doctor may give you steroids to be taken either preoperatively and/or post-operatively. It is very important that you take this medication as prescribed, and not discontinue it prematurely. If you have nausea or vomiting post-operatively, you may be prescribed medications for nausea (anti-emesis), such as phenergan. If you have any questions or you feel that you are developing a reaction to any of these medications, you should consult your doctor. You should not take any other medication, either prescribed or over-the-counter, unless you have discussed it with your doctor.

Next: What are the general instructions and follow-up cares?
What happens after surgery?

After surgery, you will be taken to the recovery room where a nurse will monitor you. You will be able to go home the same day as the surgery once you have fully recovered from the anesthetic. This usually takes several hours. You will need a friend or family member to pick you up from the surgical facility and to take you home. He or she should spend the first night after surgery with you. When you arrive home from the surgical facility, you should go to bed and rest with your head elevated on 2-3 pillows. By keeping your head elevated above your heart, you can minimize edema and swelling. You may get out of bed with assistance to use the bathroom. It is best to eat a light, soft, and cool diet as tolerated once you have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though you may be hungry immediately after surgery, it is best to go slowly to prevent postoperative nausea and vomiting. Occasionally, you may vomit one or two times immediately after surgery; if it persists, your doctor may prescribe medication to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

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**Activity 3: Writing in clear language** (optional, take-home assignment)

**Clear language:**
- ✓ Is a way of writing that is easy to understand
- ✓ Uses familiar language and a conversational style to convey information clearly
- ✓ Makes health information accessible to a wide audience
- ✓ Is recommended for printed and web-based health information

**Instructions**

1. Review the sample of health information “What is adolescent medicine?”. This is an excerpt from a pamphlet that is being developed for teens who are referred to an adolescent medicine clinic.

2. Consider what information teens need to know, and the language you use with teens. Revise this part of the pamphlet to make it more suitable for teens.

**What is adolescent medicine?**

Adolescent medicine physicians are pediatricians with a specialty in working with and understanding the unique medical needs of teenagers. Adolescence is a transition period between childhood and adulthood. It is a normal developmental period filled with major changes in physical maturity and sexuality, cognitive processes (ways of thinking and thought content), emotions or feelings, and relationships with others. Adolescence is a special stage of development that requires the support of health professionals who can assist young people as they gradually accept increasing responsibility for their own health and transition from childhood to adulthood.

Adolescents require more than routine check ups. They have diverse health needs – including those related to their physical development, body image, nutrition, sexuality, mental health, use of substances and other risk behaviours. Difficulties within the family, school, or peer group often emerge or manifest as health concerns during the adolescent years. Adolescent medicine physicians provide health education to ensure understanding and encourage compliance. They provide holistic medical care and pay particular attention to coordinating medical, mental health, social and other services. They provide adolescents with confidential care while encouraging family involvement.

*Flesch-Kincaid Grade 14.5*
Health Literacy in Pediatrics

References


