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Using Nursing Knowledge to Improve Health Literacy

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Health Literacy: an ability to obtain and understand written, oral, and numerical health information, which allows people to make appropriate healthcare decisions for themselves and their family members.

Definitions all relate to a person having the capacity to *Read* *Write* Communicate *Compute* *Search and Process information. No Gold standard for measurement exists, therefore studies are often not comparable.

**THE PROBLEM**

*Low Health Literacy affects up to twenty percent of the adult population in the US and is not correlated with highest education achieved.

*Hospitals and healthcare professionals are increasingly being held accountable to create systems of care that address this issue with every patient encounter.

*AHRQ talks about implementing Universal Literacy Precautions.

**THE COSTS OF LOW HEALTH LITERACY**

MONETARY: One estimate is $106-$238 Billion Annually.

ETHICAL: Without adequate health literacy can there be informed consent?

OUTCOMES: Independently correlated to dosing errors, Expressions of shame, Decreased use of preventative services, Increased morbidity and re-hospitalization. Low health literacy may partially explain outcome disparities.

**CONSIDERATIONS**

How navigable is the task?

*Dosing cups versus spoons versus syringes

*Interpreting a thermometer

*Understanding a breast feeding brochure

Care may be missed or avoided without streamlined entry into programs.

**YOU DO NOT KNOW WHAT YOU DO NOT KNOW**

PROXY QUESTIONS TO ASSESS HEALTH LITERACY INCLUDE:

*Does someone usually fill out forms for you?

*Do you have trouble reading or filling out forms?

*Do you have trouble understanding written instructions?

*Do you know your medication names and why you take them?

**STRESS RESPONSE AND THE NURSE**

Those with increased stress have a decreased ability to make choices and therefore decreased understanding and health literacy.

*Nurses mitigate stress with education.

*Knowing what to expect aids coping skills and increases confidence.

*Parent understanding of discharge instructions increases with combined written and verbal instructions.

*Decision aids help a person consider options from their own point of view.

*Assessment of stress patterns and risk needs to be ongoing.

**CONCLUSIONS**

*Good communication improves the care experience and patient satisfaction scores increase.

*Nurses are well positioned to identify patient care goals, create tools and educational materials that are sensitive to individual literacy needs, and work collaboratively to foster an inclusive environment that allows each person to meet their full health potential.

*Our job and our challenge is to translate evidence to the lay public in a non-threatening way that informs, engages, and ultimately helps them take their health and that of their families into their own hands.

**RESOURCES FOR CONSUMERS**

ACOG.org
AHRQ.gov
NnLM.gov
HHS.gov
Healthcare.gov
Joint Commission.org
National-Coalition-Literacy.org

**Preparing Patient Materials**

*Use pictures

*Do not use all CAPS

*Have a clear reader and goal in mind

*Use small syllabic words in short sentences

*Use active tone- explain what the patient should do

*Focus groups will help you understand your audience

*US median reading level is 8th grade; aim for 5-6th level

*Make sure words are well spaced and easy to read- no italics, fancy or multiple fonts

**Teaching Families**

*Ask how the client learns best

*Written material never should stand alone

*Present material in 3-5 small pieces at a time

*Pictorial aids or picture novellas aid understanding

*Use the teach back method

Check readiness to learn. Discharge planning may begin at admission, but teaching may not.

**WHAT PEARLS OF WISDOM CAN YOU SHARE?**

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