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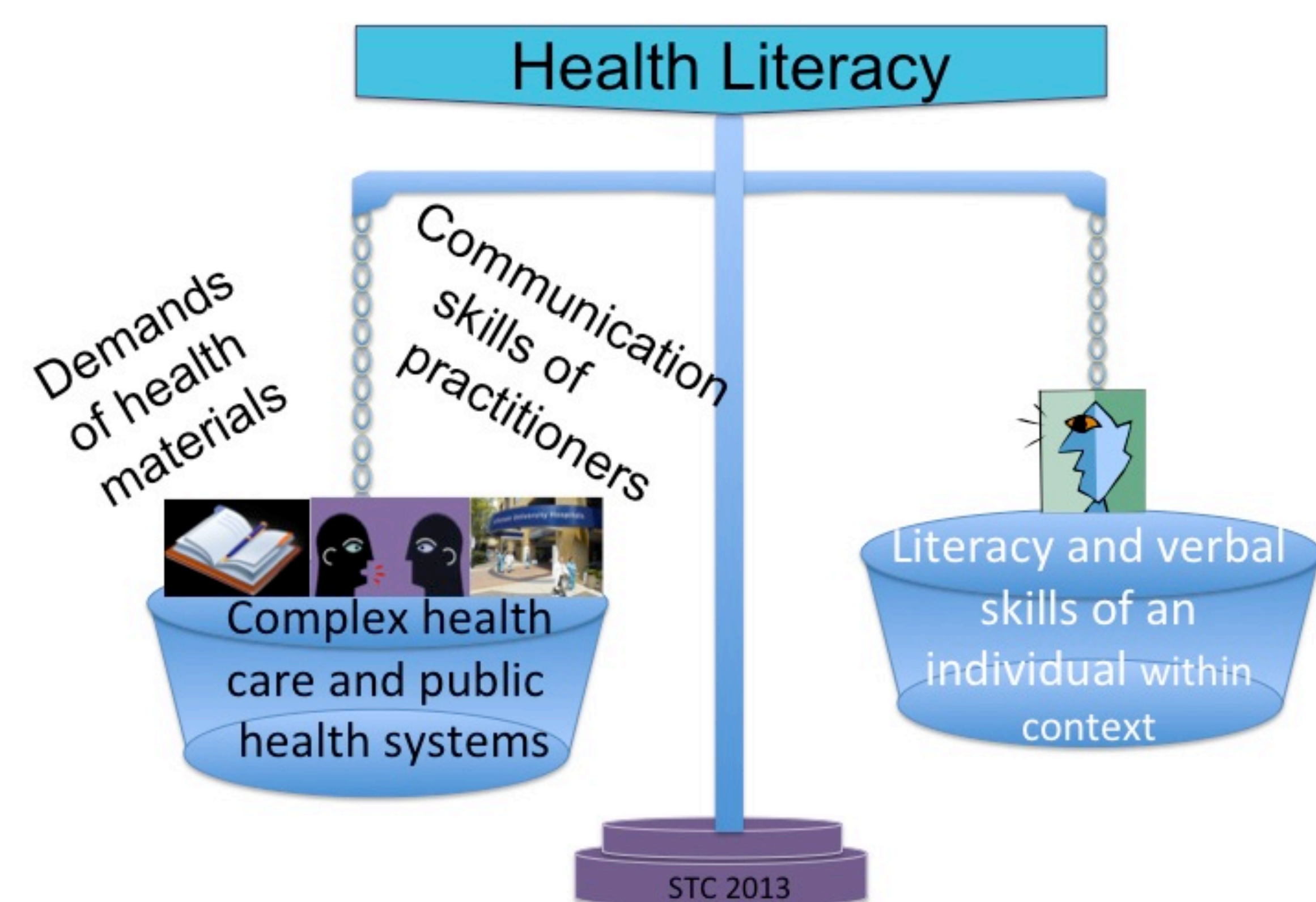
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Promoting Health Literacy through Leading Edge Occupational Therapy Education

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Definition from Harvard School of Public Health, 2011
<http://www.hsph.harvard.edu/healthliteracy/overview/>

Background: Why Does Health Literacy Matter?

- Healthcare practitioners often work with persons with low health literacy without realizing that this issues limiting the success of their interventions. They may also lack awareness of the serious impact that low health literacy can have, since it is associated with lower reported health status, increased hospitalizations, and increased morbidity (Levasseur & Carrier, 2011).
- The current US healthcare system places increase demands on consumers to manage their own health (Smith & Gutman, 2011).
- Educators in the health professions must instill a sense of responsibility in future practitioners to understand the important role they play in promoting health literacy.
- Students in the health professions must acquire the tools necessary to empower their clients using health literacy principles.

Federal Initiatives Related to Health Literacy

- The Joint Commission asserts that health literacy is central to quality care. See, e.g. Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals (2010).
- The Plain Language Act (2009) - All government documents must be written clearly so that citizens have increased access to information, see <http://www.plainlanguage.gov>
- Patient Protection and Affordable Care Act (2010) - Health literacy is identified as a key aspect of care. See: Somers, S.A. & Mahadevan. R. 2010). Health Literacy Implications of the Affordable Care Act. Center for Health Care Strategies, <http://www.iom.edu/>
- National Action Plan to Improve Health Literacy, 2010 – Provides resources for communities to improve health literacy and a national vision for a health literate society, http://www.health.gov/communication/hlactionplan/pdf/Health_Lit_Action_Plan_Summary.pdf

Synopsis:

Health literacy has become a vital focus of U.S. healthcare. **By incorporating health literacy knowledge, attitudes, and skills into entry-level education, occupational therapy professionals can enact a leading role** in health and human services teams to address our national healthcare goals.

Session Objectives

Comprehend health literacy principles related to current Federal initiatives, ACOTE standards, and trends in health and human services

Discuss the knowledge, attitudes, and skills needed for entry-level competency in health literacy and brainstorm curriculum content with co-participants

Develop plans for specific ways that entry level curriculum development can promote OT leadership of health and human services teams in the area of health literacy

Integrating Health Literacy within OT Curricula

Example: Adding a specific health literacy component to the previously established standardized patient experience in *Occupational Therapy Interventions Laboratory*

- Incorporate health literacy into assignment to create a patient handout for standardized patient – Students will switch handouts with a peer and use the health literacy checklist to provide constructive feedback. Students will turn in peer-reviewed copy, checklist, and final copy on the day of the standardized patient experience. This activity will provide students the opportunity to critically evaluate another handout and promote application of health literacy principles.
- Practice Teach Back technique with standardized patient
- Include a question in the standardized patient's feedback to students regarding the use of the teach-back method, use of jargon, and student's response to questions.

ACOTE Standards

New Standard for Health Literacy, B.5.18. “Demonstrate an understanding of **health literacy** and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.”

Examples of other key standards suitable for infusing health literacy content

B.1.4 – B.1.6 (Foundational Knowledge)

...knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors (B.1.4)

...ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services (B.1.5)

...knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions (B.1.6)

B.4.2, B.4.7 (Screening and Evaluation)

Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests (B.4.2)

Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context (B.4.7)

B.5.1, B.5.2, B.5.5 (Implementation Plan)

Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence (B.5.1)

Effectively interact through written, oral, and nonverbal communication.. (B.5.2)

Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration (B.5.5)

B.6.3 (Context of Service Delivery)

Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.

2011 Accreditation Council for Occupational Therapy Education (ACOTE®)
Standards and Interpretive Guide (effective July 31, 2013)

Health Literacy Principles in Action

3 Levels of Impact:

Patient, Provider, and System

