

Health Literacy and Diabetes Education: Motivating Patients to Take Action



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Utah Diabetes Telehealth Series

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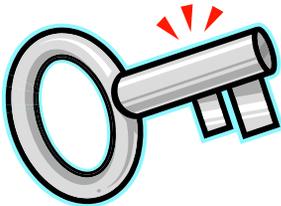
Objectives

Each participant will be able to:

1. **Define** health literacy concepts and their relevance to diabetes education.
2. **Describe** behavioral models that can be used to help motivate individual patients to take action.
3. **List** practical ideas to integrate health literacy and motivational tools into practice.
4. **Identify** key health literacy and patient education resources to improve diabetic education practice.

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Eight Key Points



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Let's examine...



Health Literacy

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Health Literacy

- In *Healthy People 2010*, health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (USDHHS, 2000, section 11, p. 20).

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Health Literacy Terms

- Illiterate
- Low literacy
- Functional illiteracy
- Readability
- Comprehension
- Numeracy

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The Problem

- “Poor health literacy may lead to serious negative consequences, such as increased morbidity and mortality when a person is unable to read and comprehend instructions for medications, follow-up appointments, diet, procedures, and other regimens” (Bastable, 2006, p. 168).

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Groups at Highest Risk

- Economically disadvantaged
- Older adults
- Immigrants
- Racial minorities
- High school dropouts
- The unemployed
- Prisoners
- Inner-city and rural residents
- Those with poor health status due to chronic conditions

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Impact of Low Literacy

- Limited literacy leads to poor health outcomes.
 - Higher hospitalizations
 - Higher healthcare costs
 - Poorer health status

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Literacy Assessment

- REALM Test and the LAD (Literacy Assessment for Diabetes) etc.
- Clues
 - Withdrawal and avoidance
 - Making excuses
 - Showing frustration and restlessness when attempting to read
 - Puzzled looks
 - Irrelevant statements

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People with Poor Reading Skills

- Have difficulty with:
 - Analyzing instructions
 - Assimilating and correlating new information
 - Formulating questions
 - Knowing what to ask
 - Fear of what others will think

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Teaching Strategies for Clients with Low Literacy

- Establish a trusting relationship
- Use the smallest amount of information needed to accomplish predetermined objectives
- Make information points as vivid and explicit as possible
- Teach one step at a time

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Teaching Strategies for Clients with Low Literacy

- Use multiple teaching methods
- Allow patients to restate information or demonstrate procedures
- Keep motivation high
- Tailor regimens into daily schedules
- Use repetition to reinforce

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Readability of Written Materials

- SMOG Readability Testing
- Content
- Organization
- Layout
- Linguistics
- Visuals
- Readability and Comprehension
- PRETEST, PRETEST, PRETEST

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1.



- **Target and Pretest ALL written materials**

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Let's Get...



Academic

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Bloom's Taxonomy of Learning Three Domains

- **Cognitive:** mental skills (*Knowledge*)
- **Affective:** growth in feelings or emotional areas (*Attitude*)
- **Psychomotor:** manual or physical skills (*Skills*)

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Determinants of Learning

- Learner needs – what the learner needs and wants to learn
- Readiness to learn – when the learner is receptive to learning
- Learning style – how the learner best learns

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What's Wrong?

Three Scenarios

- 1. [Jean](#)
- 2. [Chris](#)
- 3. [Adrianna](#)

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2.



- **“Assessment** of learners’ needs, readiness, and styles of learning is the first and most important step in instructional design--- but it is also the step most likely to be neglected” (Bastable, 2008. p. 95).

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The PEEK Model

- Physical readiness
- Emotional readiness
- Experiential readiness
- Knowledge readiness

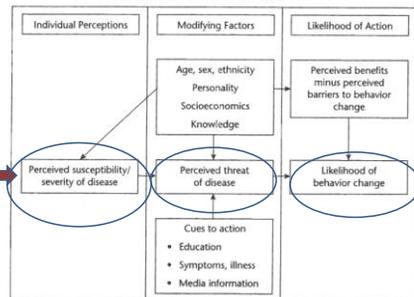
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Learning Style Preferences

- Observation
 - Learning style instruments
 - Interview - Ask “how to you learn best?”
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- How to you determine a patient’s learning style?

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FIGURE 3.1. HEALTH BELIEF MODEL COMPONENTS AND LINKAGES.



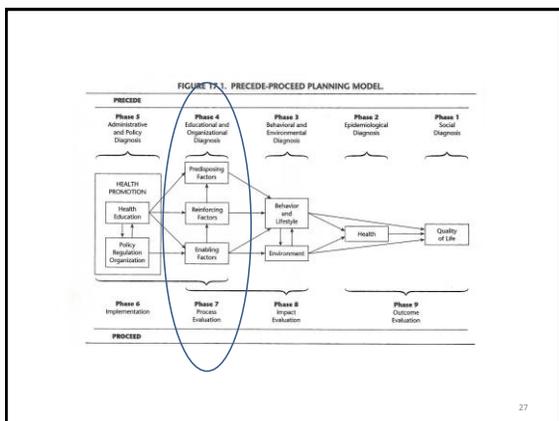
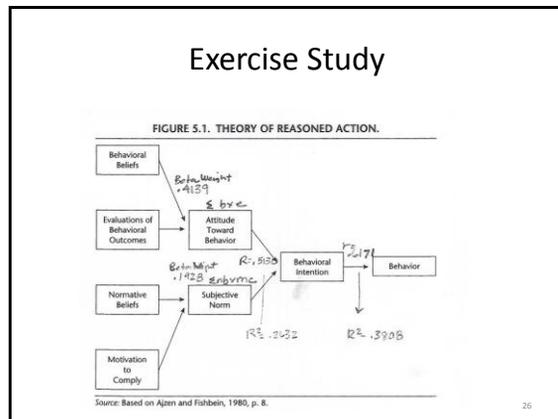
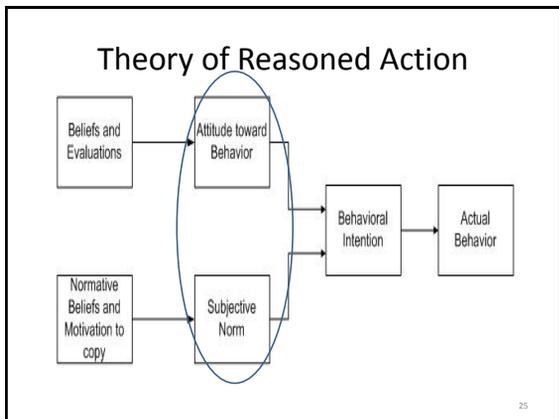
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3.



- **Customize your teaching for each person or group**

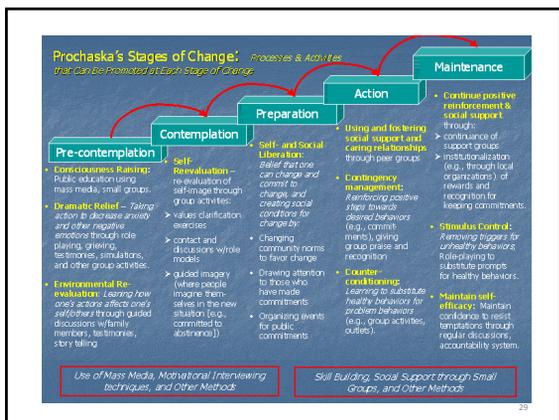
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4.



- Understand the wide range of factors that affect behavior
- Motivation varies greatly from person to person



5.



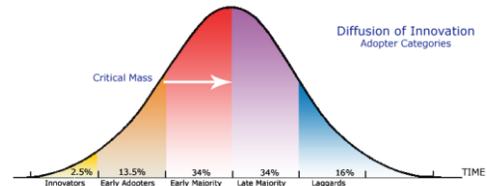
- Recognize where individuals are in the **Stages of Change** and help them move forward toward the desired behavior

Social Marketing

- The social marketing approach “draws from traditional marketing theories and principles and adds science-based strategies to prevention, health promotion, and health protection” (Glanz, Rimer, & Viswanath, p. 437).

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Roger’s Diffusion of Innovation



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6.



- Utilize **leaders** to reach diverse cultural groups
- Utilize “**innovators**” and “**early adopters**” to motivate others in their social groups

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Let’s Explore...



Motivating Patients

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Motivation and Compliance

(Bastable, 2006)

- Often noncompliant behavior is, instead, the simple inability to comply.
- 21 to 23 % of adult patients are functionally illiterate and another 25 to 28 % have low literacy skills.
- Literacy levels are highly correlated with noncompliance.
- Illiteracy leads patients to behave in ways that seem uncooperative, not because they are unwilling, but rather **they are unable to do so**.

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What do you think?

- **Knowledge** alone **does not guarantee** that the learner will engage in health-promoting behaviors.
- **Compliance** is a term used to describe submission or yielding to pre-determined goals. **Adherence** and compliance mean the same thing.
- **Motivation** is movement in the direction of meeting a need or toward reaching a goal.

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Motivational Factors

In what ways do these factors help or hinder learning?

- Personal attributes
- Environmental influences
- Learner relationship systems
- State of anxiety
- Learner readiness
- Realistic Goals
- Learner satisfaction/success
- Uncertainty-reducing dialogue (self-talk)
- Educator-learner relationship

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Let's Get...



Practical

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7.



Prioritizing Learning Needs

- Mandatory
- Desirable
- Possible

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Did you know?

- That over **90 million Americans** struggle to locate, comprehend and appropriately use health information (Zarcadoolas, Pleasant & Greer, 2006, p. XV).
- "... that most patients forget up to 80 % of what their doctor tells them as soon as they leave the office and that about 50 % of what they do remember is recalled incorrectly" (Pfizer Public Health Group, 2008, para. 1).

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Clear Communication Strategies

(Kripalani & Weiss, 2006)

1. Assess patients' baseline understanding.
2. Explain things in plain language.
3. Emphasize 1 to 3 points.
4. Ask, "What questions do you have?"
5. Use the teach-back method to confirm understanding.
6. Write down important instructions.
7. Provide useful education materials.

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The Teach-Back Method

(Pfizer Public Health Group, 2008)

1. Ask your patients to repeat **in their own words** what they need to do when they leave your office.
2. **Place the responsibility on yourself** – "I want to be sure that I did a good job explaining your diabetes medications, because this can be confusing. Can you tell me what changes we decided to make and how you will take the medication?"
3. If patient's response is not accurate, **rephrase** the information and then repeat the process until you feel comfortable the patient understands.

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Your Homework



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Practice in Groups of Two

- One person plays the role of a **patient** with low literacy. The other person plays the role of the **diabetes educator** during an office visit.
- Scenario – Your patient has Type 2 Diabetes. Instruct your patient about what do for some aspect of diabetes management (medications, exercise, diet etc.). Then use the teach-back method to confirm patient understanding. You may include information on:
 - The risks associated with the condition,
 - The use of a new medication,
 - Changes in diet and exercise, and
 - The need for a follow-up appointment in six-weeks.
- Change roles

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8.



When in doubt,
USE THE TEACH BACK
METHOD

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Tips of the Trade

(Pfizer Public Health Group, 2008)

- Use visual aids and illustrations
- Personalize materials
- Chose words carefully
- Provide a health context for numbers
- Slow down and take pauses
- Be an active listener
- Address quizzical looks. Re-phrase
- Create a comfortable environment

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Your Challenge

- Understand the effects of poor health literacy on patient understanding and compliance.
- Use clear communication strategies.
- Practice using the teach-back method.
- Explore other “Tips of the Trade” to improve communication.

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Eight Keys



1. Target and pretest all materials for teaching	2. Assess the learner
3. Customize your teaching for each person or group	4. Many factors affect behavior and motivation varies from person to person
5. Recognize where people are in the stages of change	6. Utilize leaders and innovators in working with groups
7. Prioritize learning needs	8. When in doubt, use the Teach Back Method

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Resources for Diabetes Educators

- <http://www.hrsa.gov/healthliteracy/>
Health Literacy Training Opportunities
- <http://nnlm.gov/outreach/consumer/hlthlit.html>
Health Literacy Information (multiple links)
- <http://clinicians.org/our-issues/acu-diabetes-patient-education-series/>
Low Literacy Diabetes Patient Education Materials - Insulin
- <http://mn-dc.org/downloads/flipchart2010-resources.pdf>
Resources for Multilingual and Low Literacy Diabetes Education (multiple links)
- <http://www.cdc.gov/healthliteracy/Learn/Resources.html>
Health Literacy Resources (multiple links)

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