

2023 Forum on Aging in Rural Oregon

Health Literacy and Systemic Ageism Better Outcomes for Older Adults through Clear Communication

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Thank you to our partners:



Disclosures/Conflict of Interest

I have no relevant financial relationships with commercial interests.

Pause



Arc of the story

- 1 out of 6 people in the U.S. (17%) are 65 years or older.
- Older adults have more chronic disease, take more medication, and use more health services than other age groups.
- Older adults also have the lowest average health literacy skills of any adult age group.
- Unnecessarily complicated communication (spoken and written) is tolerated throughout the healthcare system.
- Unnecessarily complex health information systematically disadvantages older adults.
- A universal clear communications approach would improve care and reduce inequities for older adults.

Session objectives

Following this session, participants will be able to...

- Describe how health literacy, clear communication practices, and age intersect to produce healthcare inequities for older adults.
- Provide examples of how commonly observed health communication practices contribute to systemic ageism.
- Discuss a “universal precautions” policy intervention that can mitigate systemic ageism in health communication.

Outline

- Health literacy disparities by age
- Health literacy implications for older adults
- Systemic ageism examples
- “Universal precautions” for health communication equity
- A call for reform
- Discussion



Health literacy disparities by age

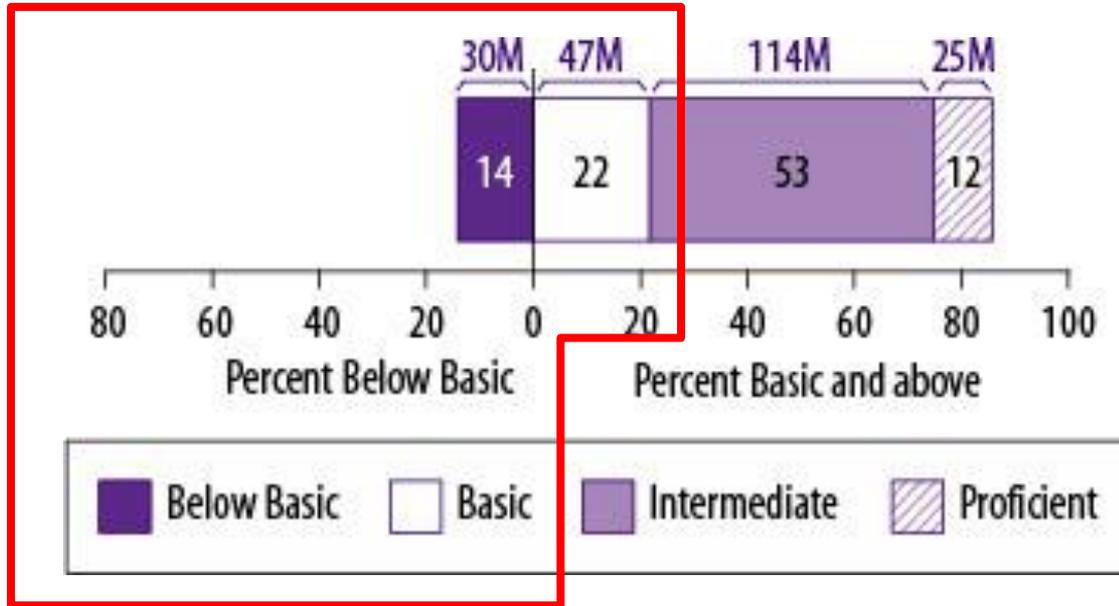
Health literacy – new definitions

- **Personal health literacy** – the ability to find, understand, and use information and services to inform health-related decisions and actions.
- **Organizational health literacy** – the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions.

(HHS, 2020)

Health literacy of U.S. Adults

36% of U.S. adults have inadequate health literacy skills at baseline



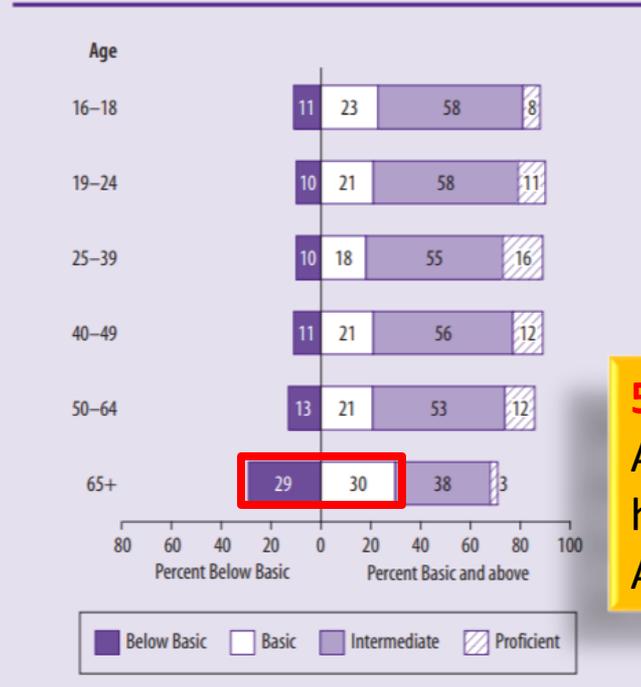
(Kutner et al, 2006)

Health literacy by age

Figure 2-6. Average health literacy scores of adults, by age: 2003



Figure 2-7. Percentage of adults in each health literacy level, by age: 2003



59% of older Adults have low health literacy At baseline

Why is health literacy lower in older adults?

- Lower education is associated with lower health literacy among older adults.

(Barnes et al, 2004)

- Older adults are less likely to have completed high school or college than other age groups.

(Statista, 2023)

- Literacy is strongly associated across measures of cognitive function among highly educated older adults.

(Barnes et al, 2004)



Health literacy implications for older adults

Information overload

- Occurs when the amount of information is greater than one's capacity to process it.
- Feelings of information overload increase with older age.

(Khaleel et al, 2020)

Information overload

On average, patients remember only 50% of what clinicians say...

- May not be the most important 50%
- And half of what they do recall is incorrect!

(Kessels 2003; McCarthy et al, 2012)

Information recall

In a study of 56 older adults (mean age 80.4 years), which controlled for working memory...

- Health literacy independently predicted recall of five signs of stroke 1 hour after reading a brochure.

(Ganzer et al, 2012)

Print materials

An analysis of National Assessment of Adult Literacy data for adults 60 or older found...

- 71% had difficulty using print materials.
- 80% had difficulty using documents such as forms or charts.
- 68% had difficulty interpreting numbers and doing calculations.

(CDC, 2020)

Low health literacy is associated with...

- ↓ Use of preventive services
- ↓ Understanding of medication use and prescription label instructions
- ↓ Overall health status
- ↑ Use of emergency care
- ↑ Rates of hospitalization
- ↑ Rates of hospital readmission
- ↑ Mortality
- ↑ Racial health disparities

(Berkman et al, 2011; Mantwill et al, 2015; Mitchell et al, 2012; Mosher et al, 2012; Muvuka et al, 2020)



Systemic ageism examples

Systemic ageism

Occurs “...when a rule, condition, policy or practice that is the same for everyone has an unfair effect on a person because of their age...”

(Seniors First BC, 2022)

Ageism

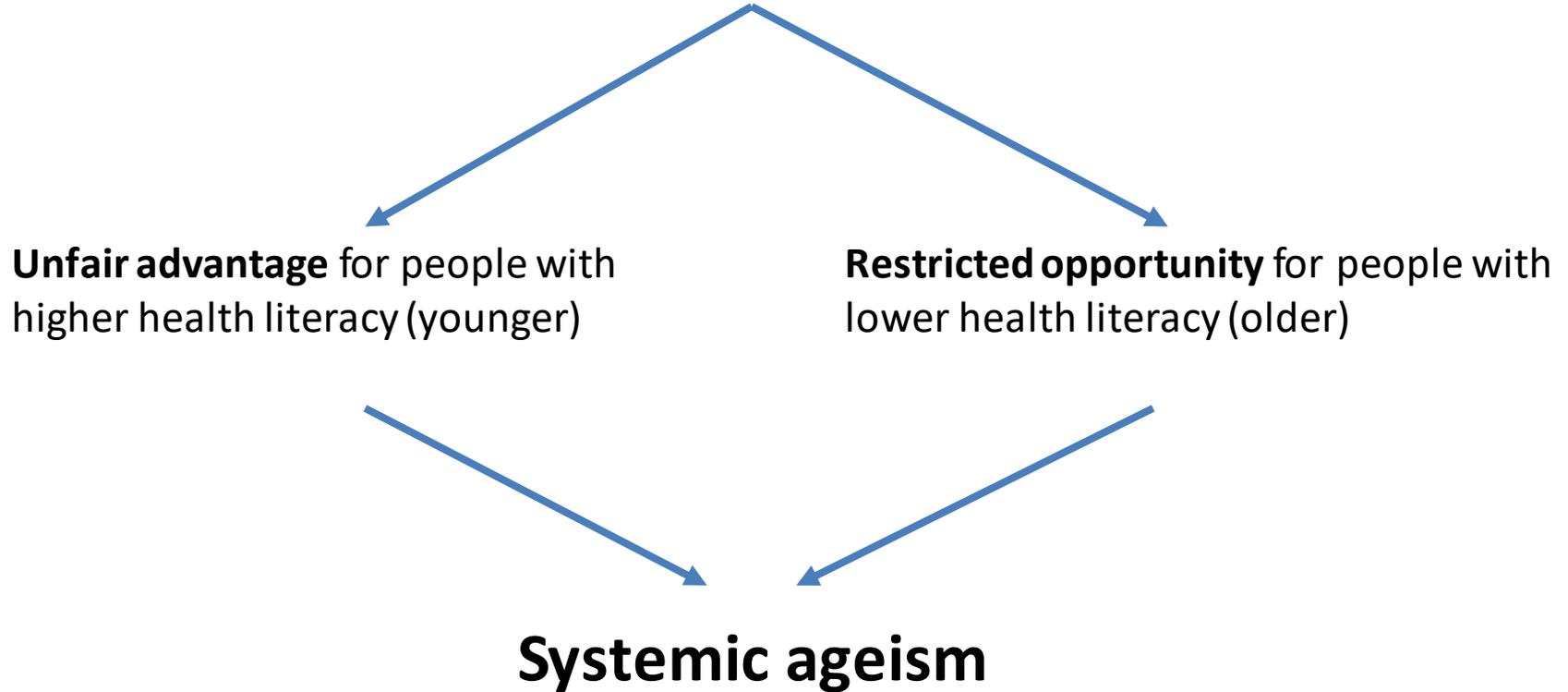
- Widespread, but under-examined in healthcare.

(São José et al, 2019)

- Associated with multiple healthcare inequities.

(Ben-Harush et al, 2016)

Unnecessarily complicated health information



Jargon

Heart disease

Cholesterol

Cardiovascular exercise

Protective mechanism

"AIDET®: Five Fundamentals of Patient Communication" [excerpt], The Studer Group, no date.

Results letter

Dear ___,

I am sending you this letter to make you aware that the recent biopsies of the **nodular mucosa** in your rectum did not contain any abnormalities. Certainly, this is good news. My suspicion is that these changes were caused by your previous hemorrhoid surgery.

As you are aware, you have internal hemorrhoids present in the rectal area. Most likely, these hemorrhoids are the cause of your **heme-positive stool**. Given the fact that you had no **polyps** on your colonoscopy, follow-up colonoscopy would be advised in 10 years for screening purposes. Our office will attempt to contact you at that time to arrange that examination.

If you have any questions about the above information, please do not hesitate to contact me. Thank you for allowing me to participate in your care.

Sincerely,

___, MD

Readability Grades:	
Flesch-Kincaid Grade Level:	9.2
Gunning Fog Index:	12.8
Coleman-Liau Index:	12
SMOG Index Score:	12
Automated Readability Index:	8.1

<https://www.wordcalc.com/readability/>

Example: Blood test results for thyroid gland function

~~Test~~
~~Component Results~~

Component Test name	Your Value Your test result	Standard Range Normal range for this test	Flag What your result means
TSH (Thyroid Stimulating Hormone)	Your Value 4.82 uIU/mL	Standard Range 0.47 - 7.11 uIU/mL	Your test was normal

Thyroid gland biopsy results sent to 76 year-old college-educated retired professional

SURGICAL PATHOLOGY - Details

Component Results

Do I read this left to right?

Sounds bad...

Sounds bad...

Component	Your Value	Standard Range	Flag
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Clinical History	Your Value SUSPICIOUS THYROID NODULE		
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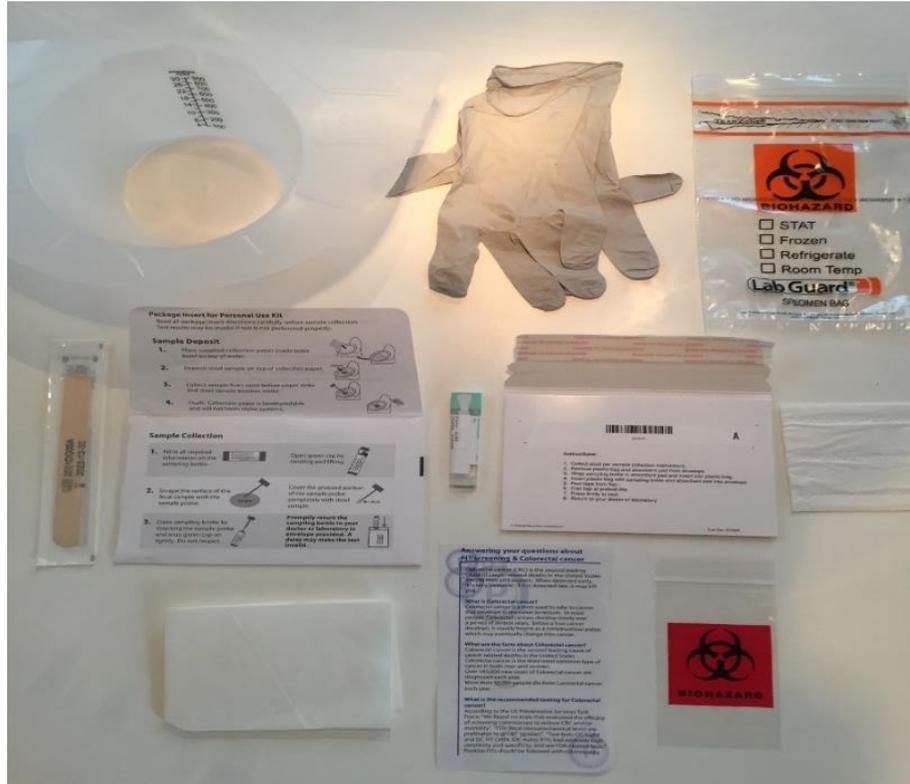
Final Pathologic Diagnosis	Your Value A. Neck, Pre-Laryngeal Tissue, Excision: <ul style="list-style-type: none">• Adipose tissue and skeletal muscle.• Negative for malignancy. B. Neck, Right Lobe and Isthmus, Hemithyroidectomy: <ul style="list-style-type: none">• Nodular hyperplasia with areas of cystic degeneration, please see comment.• Biopsy site changes identified.		
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Comment: Groups of cells with nuclear irregularities including nuclear inclusions and grooves are identified that may represent what was sampled. Additional levels of the inferior nodule were examined. No malignancy is identified in this specimen.

Case seen by:

“Negative” – that’s definitely bad, right!?

Routine colon cancer screening



OHSU patient prescriptions

Requested Medications

eRx ELIQUIS 5 MG TABLET
Will file in chart as: ELIQUIS 5 mg tab
take 1 tablet by mouth twice a day TO PREVENT
THROMBOEMBOLISM
Disp: 60 Tab (Pharmacy requested 60)
Refills: 0
Class: e-Prescribing Start: 2/15/2018
Documented: 4 months ago
Last refill: 12/9/2017

eRx DULOXETINE HCL DR 60 MG CAP
Will file in chart as: DULoxetine (CYMBALTA) 60 mg DR capsule
take 1 capsule by mouth once daily VIA FEEDING TUBE
FOR CHRONIC **MUSCLESKELETAL PAIN**
Disp: 30 Cap (Pharmacy requested 30) **"BACK PAIN"**
Refills: 0
Class: e-Prescribing Start: 2/15/2018
Documented: 2 months ago
Last refill: 12/9/2017

To be filled at: RITE AID-7440 N DENVER AVE. -
PORTLAND, OR
Phone: 503-286-5680

Source: Coleman, C.

"STROKE"

"BACK PAIN"

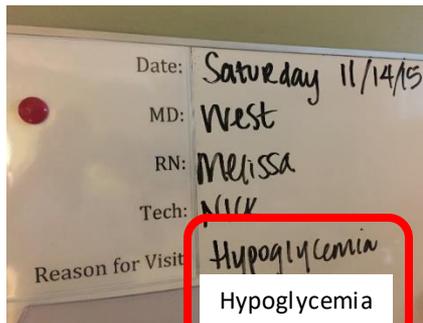
In a study of 359 adults:

- 29-67% misinterpreted "Twice daily" instructions.
- 39-70% misinterpreted "Every 12 hours" instructions.
- Only 8-24% misinterpreted "Every morning and evening" instructions.

(Davis et al, 2009)

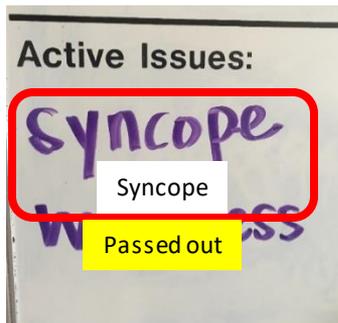
(Coleman & Hadden, unpublished)

OHSU inpatient whiteboard communication



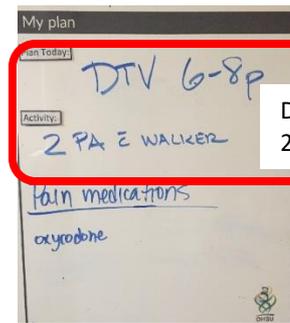
Hypoglycemia

Low blood sugar



Syncope

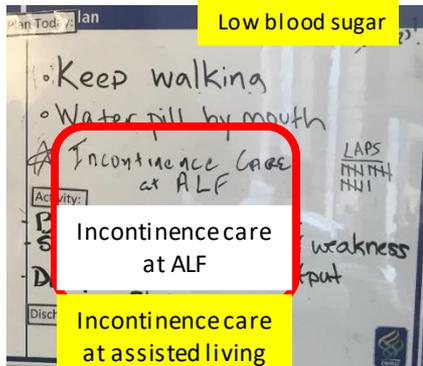
Passed out



DTV 6-8p

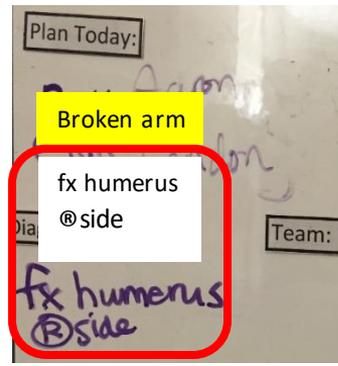
DTV 6-8p
2 PA & walker

???
Help from 2 people and a walker



Incontinence care at ALF

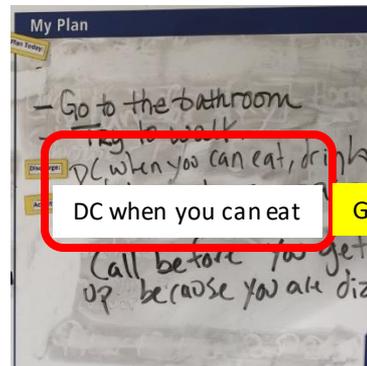
Incontinence care at assisted living facility



Broken arm

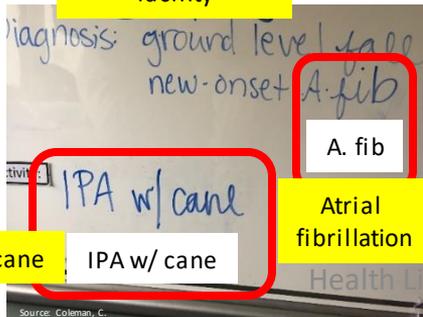
fx humerus @side

fx humerus @side



DC when you can eat

Go home when you can eat

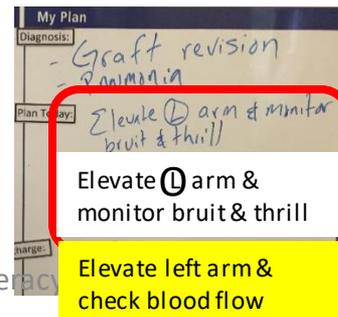


A. fib

Atrial fibrillation

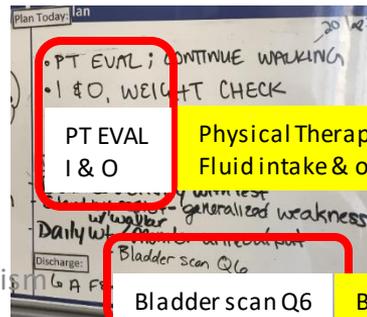
??? with cane

IPA w/ cane



Elevate @ arm & monitor bruit & thrill

Elevate left arm & check blood flow



PT EVAL
I & O

Physical Therapy evaluation
Fluid intake & output

Bladder scan Q6

Bladder scan every 6 hours



Source: OHSU News, March 31, 2021. An Ruan, a second-year student in the OHSU School of Medicine Physician Assistant Program, dabs community member Weigong Yes upper arm. Ruan injected Yes second dose of the COVID-19 vaccine March 27, 2021, at a clinic hosted by the Asian Health & Service Center. (OHSU/Erin Hoover Barnett)

“Universal precautions” for health communication equity

Health Literacy Practices and Educational Competencies for Health Professionals: A Consensus Study

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Original Research

Prioritized Health Literacy and Clear Communication Practices For Health Care Professionals

Cliff Coleman, MD, MPH; Stan Hudson, MA; and Ben Pederson, MD

ABSTRACT

Background: Health care professionals need more and better training about health literacy and clear communication to provide optimal care to populations with low health literacy. A large number of health literacy and clear communication practices have been identified in the literature, but health professions educators,

(Coleman et al, 2017; Coleman et al, 2013)

Prioritized best practices

TABLE 3

Agreement of Group 1 Health Literacy Practices Among Expert Participants

Mean Rank Order	Group 1 Health Literacy Practice	Number (%) of Participants ($n = 25$) Ranking Item ≥ 7 on Importance
1	Routinely uses a “teach back” or “show me” technique to check for understanding and correct misunderstandings in a variety of health care settings, including during the informed consent process	16 (64)
2	Consistently avoids using medical “jargon” in oral and written communication with patients, and defines unavoidable jargon in lay terms	15 (60)
3	Consistently elicits questions from patients through a “patient-centered” approach (e.g., “what questions do you have?”, rather than “do you have any questions?”)	9 (36)
4	Consistently uses a “universal precautions” approach to oral and written communication with patients	14 (56)
5	Routinely recommends the use of professional medical interpreter services for patients whose preferred language is other than English	12 (48)
6	Consistently negotiates a mutual agenda with patients at the outset of encounters	12 (48)
7	Routinely emphasizes one to three “need-to-know” or “need-to-do” concepts during a given patient encounter	10 (40)
8	Consistently elicits the full list of patient concerns at the outset of encounters	10 (40)

(Coleman et al, 2017)

Why “universal precautions”?

- Low health literacy is common (Kutner et al, 2006)
- People hide their lack of understanding due to shame (Parikh et al, 1996)
- You can't tell by looking who is understanding (Coleman, Hudson, Maine, 2013)
- Health literacy screening is not appropriate (Paasche-Orlow & Wolf, 2008)
- All patients prefer simple messages (Sudore et al, 2007; Davis et al, 1998)

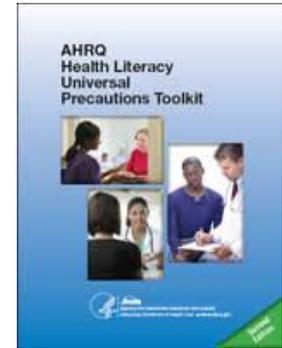
“Universal precautions”

- Assumes all are at risk for low health literacy in any given moment.
- Uses clear communication best practices, including plain language, as the default style with all patients.

(DeWalt et al, 2011)

- Supports patients’ dignity, autonomy, and safety.

(Killian & Coletti, 2017)





A call for reform

Training for health professionals

- Health care professionals do not demonstrate clear communication *habits* currently.
- A “universal precautions” approach should center on a core set of clear communication competencies and target behaviors.

(Coleman et al, 2017; Hernes & Ott, 2018)

- Health professions training programs and their accrediting agencies should set and enforce measurable competency standards for clear communication practices.

Health system accountability

- Health system accrediting agencies, such as the Joint Commission, should set practice standards for assuring that clear communication occurs, and is delivered equitably.
- Accountability should be based on observable behavioral outcomes resulting from clear communication, not self-report.

Conclusion

Until “universal precautions” become standard practice, older adults will experience systemic ageism in the form of inequitable access to usable health information.

Session objectives

Following this session, participants will be able to...

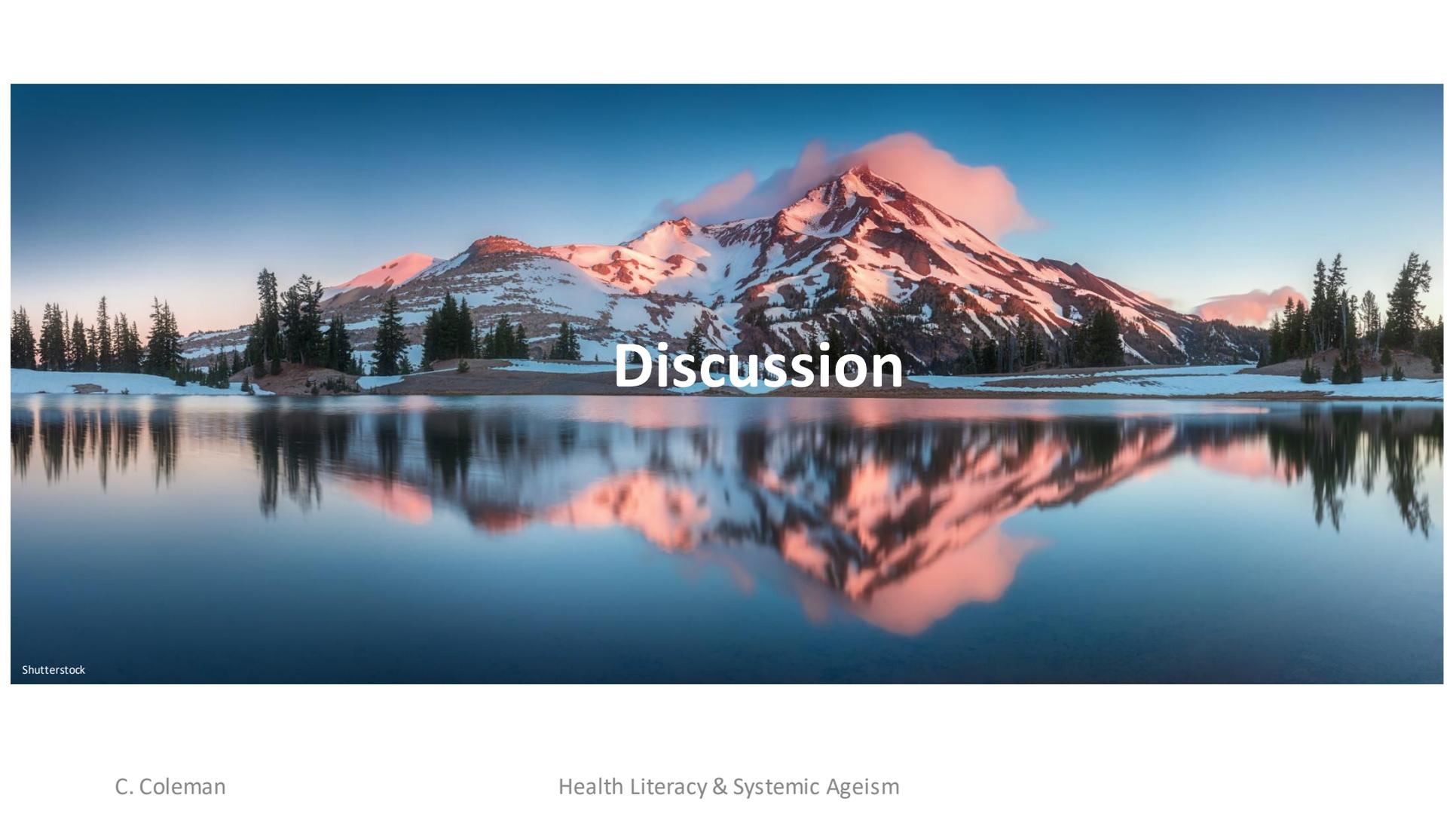
- Describe how health literacy, clear communication practices, and age intersect to produce healthcare inequities for older adults.
- Provide examples of how commonly observed health communication practices contribute to systemic ageism.
- Discuss a “universal precautions” policy intervention that can mitigate systemic ageism in health communication.

2023 Forum on Aging in Rural Oregon

Thank you!

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Discussion

Shutterstock

C. Coleman

Health Literacy & Systemic Ageism

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