Health Literacy Practices and Educational Competencies for Health Professionals
Handout #1

Providers/students should know:	Source Example
1. One or more definitions of health literacy.	Nielsen-Bohlman et al., 2004
2. The basic literacy skill domains (reading, writing, speaking, listening, numeracy), and gives examples of health care related demands put on patients for each domain, including difficulties navigating health care systems.	Nielsen-Bohlman et al., 2004
3. The difference between the ability to read, and reading comprehension, and why general reading levels do not ensure patient understanding.	Nielsen-Bohlman et al., 2004
4. Years of educational attainment are an inadequate marker for health literacy skills.	Nielsen-Bohlman et al., 2004
5. Words, phrases, or concepts may be considered “jargon” to patients.	Weiss, 2007
6. The estimations of prevalence of low literacy (or low health literacy) among U.S. adults, and certain subgroups are at an increased risk.	Kutner et al., 2005; Paasche-Orlow et al., 2005
7. The average U.S. adult reads at an 8th-9th grade reading level, but most patient education materials are written at a much higher reading level.	AMA Foundation, 2007
8. Cultural and linguistic differences between patients and health care professionals can magnify health literacy issues.	Andrulis & Brach, 2007
9. Adults with low literacy tend to experience shame, and hide their lack of skills from health care professionals.	Parikh et al., 1996
10. It is not possible to judge which patients have low health literacy based on appearance.	AMA Foundation, 2007
11. How to recognize “red flag” behaviors which may suggest a patient has low health literacy.	AMA Foundation, 2007
12. Available tools to estimate individuals’ health literacy skills, but that routine screening for low health literacy has not been proven safe or acceptable.	Paasche-Orlow & Wolf, 2008
13. Health literacy is context-specific; Individuals with high general literacy may have low health literacy.	Nielsen-Bohlman et al., 2004
14. Health literacy may decrease during times of physical or emotional stress.	Nielsen-Bohlman et al., 2004
15. Everyone, regardless of literacy level, benefits from and prefers clear plain language communication.	Doak et al., 1996
16. Transition points, or “hand-offs” in health care (e.g., moving from in-patient to out-patient settings) are especially vulnerable to patient communication errors.	AMA Foundation, 2007
17. The rationale and principles for the need for a universal precautions approach to all health communication interactions.	DeWalt et al., 2010
18. Best practice principles of plain language and clear health communication for oral and written communication.	AMA Foundation, 2007
19. Patients learn best when a limited number of new	Sheridan et al., 2011

concepts are presented at any given time.

20.	Examples of the direct relationship between health literacy and knowledge about one's chronic disease(s) and medications, adherence to medications and treatment plans, receipt of preventative health services, and health outcomes or risk of harm.	Weiss, 2007; AMA Foundation, 2007; Berkman et al., 2011
21.	Potential legal implications for inadequately conveying health information to patients with low literacy or health literacy.	AMA Foundation, 2007
22.	Low health literacy has been associated with excess healthcare costs.	AMA Foundation, 2007
23.	The rationale for and mechanics of using a teach back or "show me" technique to access patient understanding.	Schillinger et al., 2003
24.	Community resources exist for helping adults improve their general literacy skills.	AMA Foundation, 2007

	Providers/students should demonstrate the ability to:	**Source Example**
1.	Use common familiar lay terms, phrases and concepts, and appropriately define unavoidable jargon, and avoid acronyms in oral and written communication with patients.	Weiss, 2007
2.	Recognize, avoid and/or constructively correct the use of medical jargon, as used by others in oral and written communication with patients.	Weiss, 2007
3.	Follow best-practice principles of easy-to-read formatting and writing in written communication with patients.	CMS, 2013
4.	Recognize plain language principles in written materials produced by others.	CMS, 2013
5.	Put information into context by using subject headings in both written and oral communication with patients.	AMA Foundation, 2007
6.	Write in English at approximately the 5th-6th grade reading level.	AMA Foundation, 2007
7.	Perform English-to-English translation of information from non-plain language format into a scientifically accurate low-literacy plain language format.	Osborne, 2005
8.	Speak slowly and clearly with patients.	Weiss, 2007
9.	Use verbal and non-verbal active listening techniques when speaking with patients.	Osborne, 2005
10.	Use action oriented statements to help patients know what they need to do.	Oates & Paasche-Orlow, 2009
11.	Select culturally and socially appropriate and relevant visual aids, including objects and models, to enhance and reinforce oral and written communication with patients.	Doak et al., 1996
12.	Make instructions interactive, such that patients engage the information, to facilitate retention and recall.	Doak et al., 1996

Competency	Source
13. Elicit the patient's full set of concerns at the outset of the encounter.	Osborne, 2005
14. Negotiate a mutual agenda for the encounter at the outset of the encounter.	Osborne, 2005
15. Elicit patients' prior understanding of their health issues in a non-shaming manner (e.g., asks "what do you already know about blood pressure?").	Doak et al., 1996
16. Non-judgementally elicit root causes of non-adherent health behaviors.	AMA Foundation, 2007
17. Use of teach back or "show me" technique for accessing patients' understanding.	Schillinger et al., 2003
18. "Chunk and check" by giving patients small amounts of information and checking for understanding before moving to new information.	AMA Foundation, 2007
19. Elicit questions from patients through a "patient-centered" approach (e.g., asks "what questions do you have?" rather than "do you have questions?").	Oates & Paasche-Orlow, 2009
20. Orally communicate accurately and effectively in patients' preferred language, using medical interpreter services.	Andrulis & Brach, 2007
21. Use written communication to reinforce important oral information.	Berkman et al., 2004
22. Emphasize one to three "need-to-know" or "need-to-do" concepts during a given patient encounter.	Sheridan et al., 2011
23. Convey numeric information, such as risk, using low numeracy approaches, such as through examples, in oral and written communication.	Osborne, 2005
24. Write or re-write ("translate") unambiguous medication instructions (e.g., "take 1 tablet by mouth every morning and evening for high blood pressure," rather than "take one tablet by mouth twice daily").	Sheridan et al., 2011
25. Assess the usability of web-based patient resources.	U.S. Department of Health and Human Services, 2012b
26. Ask patients about their learning style preferences (e.g., ask patients, "what is the best way for you to learn new information?").	AMA Foundation, 2007
27. Use examples or analogies to improve patients' comprehension.	**Doak et al., 1996**

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