

Wisconsin Health Literacy Workshop Summary

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Health literacy education initiatives are beginning to be implemented in a number of educational settings. As these initiatives move forward, there is a risk of overlaying these efforts on dysfunctional approaches to communication and care at the provider-patient level. In this workshop, participants worked together in small groups to define the core content for health literacy education, the educational principles and approaches necessary for effective teaching and learning in this area, and the key barriers to implementation and strategies to overcome them.

The starting point for the workshop was delineation of the problem- that there is a gap between what providers say and what patients are able to understand, take away, and are motivated to act on. Rather than taking a relatively narrow view of health literacy and its impact on communication, the group was challenged to examine how health literacy fits into the larger construct of provider-patient communication and how appropriate communication skills and behaviors can be fostered in health care providers.

What to teach? Key content areas

- Patient or relationship centered care - providers must be committed to providing patient or relationship centered care in order to meet the individual needs of low literacy patients
- Awareness of the scope of the problem of low health literacy and its costs
- Basic communication skills
- Clear communication strategies (avoiding medical jargon, use of plain language, use of concrete real-world analogies, prioritizing messages)
- Teach back techniques
- Empowering patients
- Cultural competency
- Bias and trust in the health care setting - creating a safe environment
- Motivational interviewing techniques
- Understanding evidence-based practice literature and communicating in practice

How to teach? Educational principles and strategies

- Raise awareness through didactic presentations
- Need to focus on development of skills and attitudes as much as knowledge
- Lectures are not enough, need to incorporate other teaching strategies based on adult learning theory
 - Small group learning
 - Learners need to be actively engaged in the learning process
 - Case-based learning
 - Practice skills through role-plays and use of standardized patients
 - Address learner barriers- why should we care about health literacy
- Partner with health literacy groups so that students can meet with and talk to patients with low literacy
- Reinforce teaching over time- one workshop is not enough

- Need to evaluate students, evaluations need to matter
- Develop interventions for practicing clinicians that involve entire staff from front office providers to physicians- SWAT team approach
- Identify incentives and rewards for appropriate provider behavior

What are the barriers?

- Time, time, time - clinicians feel they don't have enough time with patients
- Attitudes of clinicians - providers who are burned out/ depressed are less likely to feel empathic
- Hard to get buy-in with some clinicians
- No mandate from above. Often no accountability.
- Care delivery structure is often fragmented, complex, and disorganized

Strategies to overcome barriers

- Need institutional buy-in
 - Document clear effects of low health literacy and make business case
- Individuals need to be held accountable
 - Need measures of patient satisfaction
 - Reward effective communication
 - Hold providers accountable for not communicating effectively
- Create atmosphere where all employees see health literacy and effective communication as part of their jobs
- Promote inter-professional collaboration (team huddle)
- Think about barriers and define team members' role in health literacy
- Improve health professions school and clinical work-place environment to reduce burnout/ stress and promote empathy