The Language of Understanding:

Effective Communication Strategies for Health Care Professionals

Working with Older Adults

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Abstract

Nearly 60% of adults over the age of 65 have basic or below basic health literacy skills. This puts them at a higher risk for not understanding instructions from their doctor, for making medication errors, and for not adhering to treatment. In turn, this can lead to poor health outcomes including preventable hospitalizations, adverse medication reactions, and even premature death. Health care professionals can decrease these risks by implementing evidence-based communication strategies designed to improve understanding with patients with low health literacy. Special consideration should also be given to the specific needs of elderly patients, including the decline in hearing and visual acuity and cognitive decline that is often part of the normal aging process.

This research paper will define health literacy and the special considerations that put older patients at risk for low health literacy, discuss several effective strategies for communicating with older patients, and explore research and resources for implementing these strategies when working with older patients.
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Health Literacy and Older Adults

In 2004, the Institute of Medicine published the report, “Health Literacy: A Prescription to End Confusion,” and in it they define health literacy as, “the degree to which individuals have the capacity to obtain, process, and understand health information and services needed to make appropriate health decisions” (Institute of Medicine, 2004). The World Health Organization defines health literacy as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health” (Nutbeam, D., 1998). This definition may better fit the older patient population, as some cognitive decline is a common part of the natural aging process. It reminds us that one’s ability to read, hear, process and understand information can change over a lifetime.

Note that both of these definitions of health literacy speak to the capacity and skills of individuals. We often think of “individual” as referring the patient or health care consumer. Dr. Joanne Schwartzberg, Director of Aging and Community Health for the American Medical Association, asserts that “health literacy also refers to the capacity and skills of professionals and institutions to communicate effectively so that patients and community members can make informed decisions and take appropriate actions to protect and promote their health” (National Institute for Literacy, health literacy discussion board, December 4, 2008).

Access to understandable health information is a component of patient-centered care. It empowers patients to take an active role in managing their health and health care. Patient-centered organizations must take the responsibility for providing access to health information that is easy for patients to understand and act on, which is the very definition of health literacy: obtaining, processing, and understanding health information and services needed to make appropriate health decisions.
To begin understanding health literacy, we first need to look at literacy in America. To date, there have been two national surveys: the National Adult Literacy Survey in 1992 and the National Assessment of Adult Literacy in 2003. Both surveys, sponsored by the National Center for Education Statistics, are nationally representative assessments of English literacy among American adults age 16 and older. In both surveys, literacy is divided into 3 types: prose, document, and quantitative. Prose literacy involves the skills needed to read and understand passages of text. Examples include newspaper articles, educational brochures, and feature stories in a magazine. Document literacy involves the skills to both read and interact with a document. Examples include filling out job applications, navigating a table that compares different health insurance plans, using bus schedules and maps, and reading drug and food labels. Quantitative literacy involves the skills used in reading to make simple calculations. Examples include balancing a checkbook, figuring out a tip, completing an order form, or determining the amount of a co-payment.

The findings in the first and second national literacy assessments are similar: approximately one third of adults in America have basic or below basic prose and document literacy skills, and about one half of the adult population has basic or below basic quantitative literacy skills (U.S. Department of Education, 2003).

The National Assessment of Adult Literacy also included an assessment of health literacy in the adult population. This part of the survey provided a wealth of information about how people read, understand, evaluate and use health information to make decisions. The health literacy assessment used texts and documents commonly used by clinics and hospitals, public health and prevention programs, and by the health insurance industry. These documents included
appointment reminders, prescription labels, patient education handouts about specific conditions, and information about how to select a family doctor and choose a health care plan.

Not surprisingly, health literacy is closely tied to overall literacy, with over one third of the adult population having basic and below basic health literacy skills. Only 12 percent is considered to have proficient health literacy skills, which means as much as 88% of the adult population at sometime may have difficulty following the directions on a prescription bottle or understanding tests results, or even filling out a health history form (U.S. Department of Education, 2003).

While literacy and health literacy are closely related, they are not mutually inclusive. Someone with adequate literacy skills can have low health literacy, simply from the fact of not being familiar with medical terminology, for example knowing what LDL means or that hypertension means the same thing as high blood pressure. There are other factors that affect our ability to process and understand health information, including depression, pain, fatigue, anxiety, and even some medications. For example, hearing bad news, such as a diagnosis of cancer, can make it very difficult for a person to listen and understand what the doctor is saying. But mostly, the same risk factors for low literacy also apply to low health literacy: for example, poverty, race and ethnic background, level of education, and age.

Looking at health literacy skills broken down by age (Figure 1), there is very little change over the lifetime span throughout adulthood, until the
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age of 65 and above, with nearly 60% of the population in this age group having basic or below basic health literacy skills (nearly twice as high than all other age groups). This suggests that older people are more likely to have lower health literacy skills. There are many contributing factors, including the decline in vision and hearing that is a normal part of the aging process, as well as cognitive changes including difficulty with memory. Also, health care itself becomes more complicated for many older people. As much as 80% of the population over age 65 has at least one chronic disease (Centers for Disease Control and Prevention, 2004). Older adults is the largest group of consumers of prescription medications, with 81% of seniors taking a prescription medication regularly, and almost 30% of seniors taking at least five prescription medications on a weekly or daily basis (Qato, D.M., et.al, 2008).

Because health care is more complicated for older adults, it often requires them to learn new information. A new diagnosis of a chronic disease, new medications, weighing the risks and benefits of treatments and procedures, and participating in shared decision making about their care require older patients to learn and understand complicated health concepts and difficult medical terms, much of which may be new and confusing information. Learning new health care information requires strong reading skills as well as strong math and problem-solving skills. Studies have shown, however, that older adults often have difficulty in these three areas (Osborne, 1999).

Joanne Schwartzberg, MD, director of Aging and Community Health at the American Medical Association, points out that many factors can contribute to learning difficulties in older adults. For instance, early in this century many people only went to school for a few years. Consequently, they may never have acquired strong reading skills. In addition, reading skills decline if they are not used. Other factors that may affect an older person’s ability to read and
learn new information are the sensory and cognitive changes that often accompany aging. Also, the side effects of some medications can impair both cognitive processing and problem-solving skills. (Osborne, 1999).

Because nearly 60% of adults over the age of 65 have basic or below basic health literacy skills, this puts them at a higher risk for not understanding instructions from their doctor, for making more medication errors, and for not adhering to treatment plans. To lower these risks, it is important to implement appropriate communications strategies to help older patients better understand their health conditions and what they can do to manage chronic disease and maintain their health.

**The Cost of Low Health Literacy**

Health care costs for patients with low health literacy skills are on average 4 times higher than patients with adequate health literacy skills. A health care policy report published in 2007 estimates that in the United States, low health literacy adds $106-238 billion to overall annual health care costs. In the future, annual costs for low health literacy are expected to be as high as $1.6-3.6 trillion (Vernon, J., et. al, 2007).

There are several contributing factors. People with low health literacy skills are less likely to obtain preventive health services such as cancer screenings like colonoscopies and mammograms, and immunizations such as an annual flu shot. People with low health literacy skills are twice as likely to be hospitalized, and when they are, they remain in the hospital more days per each admission compared to patients with adequate health literacy skills. People with low health literacy skills are less likely to adhere to treatment recommendations, are more likely to misunderstand directions for taking medications, are more reluctant to ask questions and seek
clarification from their health care providers (Agency for Healthcare Research and Quality, 2004).

**Effective Strategies to Improve Communication**

There are a number of effective strategies that can improve communication with older patients. Because there is an element of shame and embarrassment associated with low literacy, it is important to first create a “shame-free” environment that supports older patients who may have difficulty reading, hearing, and understanding health information. It is also important to choose education materials and methods that are appropriate for each patient and based on their preferred method of learning. Checking for understanding, by initiating a “teach back” can help identify key areas where patients may be struggling to understand, offering the health care provider opportunities to correct and reinforce important care instructions and recommendations.

Helen Osborne, a leading expert in health literacy, and founder of National Health Literacy Month, provides these and other recommendations for health care professionals working with older patients:

- Create a “shame-free” environment for learning. Use a gentle and supportive approach, and be non-judgmental about people’s reading difficulties. Let the person know that many people have difficulty learning new information.

- Ask about a person’s learning preferences, and then adapt your teaching style to meet that person’s needs. For example, you can read materials aloud with a patient and then highlight key points to personalize this information.

- Encourage the patient to invite family or friends into the teaching sessions. Not only does this establish a warm and supportive environment, but it also educates those who later can reinforce and clarify information.

- Choose teaching materials that use large print, upper- and lower-case letters, and illustrations that depict seniors. Also, look for materials that are verifiably written at a sixth-grade or lower reading level.

- Verify understanding by finding out what a person understands and what he or she doesn’t. Find out what patients think is happening, and what they still need to
learn. You can do this by asking concrete questions and offering opportunities for patients to let you know how they will implement their care plan. Rather than asking, “Do you understand?” ask instead, “Tell me what you do and show me how you will do it when you are on your own tomorrow.”

(Osborne, 1999)

While these are good recommendations for improving communication with older patients, there are also special considerations specific to the elderly that should be taken into account.

**Special Considerations for Working with Older Adults**

**Recommendations for communicating with patients with decreased hearing acuity**

Many older patients experience decreased hearing. They may have more trouble filtering out background noise, or be unable to hear high and middle frequency sounds. Also, their reaction to hearing and processing verbal communication may be slower (Speros, C., 2009).

Recommendations include speaking slower and also facing the patient when you speak. Many people who have trouble hearing often compensate by reading lips, or they pick up cues from facial expressions, gestures, and body language. Eliminate as much background noise as you can by closing the door and turning off background music or equipment that makes noise (such as a running fan). It is also a good strategy to use the “teach back” method. Ask patients to repeat back what you said to not only check for understanding, but also to clarify the information. It is also a good idea to provide patients with a pen and paper, or to write down your instructions for them (Speros, C., 2009).

**Recommendations for communicating with patients with decreased visual acuity**

Older patients may also have decreased vision, more sensitivity to glare, decreased peripheral vision, and other vision problems caused by cataracts, glaucoma, macular
degeneration, or retinopathy. Older patients may also have difficulty distinguishing colors (Speros, C., 2009).

Recommendations include using print materials with larger fonts, including larger fonts on medication bottles, supplying a magnifying glass or reader, facing the patient while speaking, and turning on additional lights. Allowing patients to tape record your instructions to play back later can also help patients with decreased vision (Speros, C., 2009).

**Recommendations for communicating with patients with decreased cognitive ability**

Older patients can also experience a decline in cognitive functioning, including difficulty processing too much information at one time, and having difficulty remembering (Speros, C., 2009).

Recommendations include slowing down and providing additional time for learning, also limiting information to what the patient needs to know and repeating key concepts. It is also helpful to avoid vague or abstract concepts and words such as “get adequate sleep” or “don’t lift anything heavy.” Use clear, concrete concepts such as “get at least 7 hours of sleep each night” and “don’t lift anything over 5 pounds, which is about how much a gallon of milk weighs.”

Focus on what you want the patient to do instead of what activities or foods you want them to avoid, such as “Take this pill on an empty stomach two hours after you eat breakfast and dinner” as opposed to saying, “Do not take this pill with food” or “Avoid taking this pill on a full stomach.” It is important to be specific. Rather than directing a patient to “increase the calcium in your diet,” list specific foods that are good sources of calcium and note how many times a day these foods should be eaten. To help the patient remember what to do and when, relate new information or behaviors to cues within the patient’s home or daily routine. For example, suggest
that the patient take medication or perform a learned behavior every time teeth are brushed, a favorite television show is watched, or after the dog is walked (Speros, C., 2009).

**The Effects of Patient Communication Skills Training:**

A Case Study from the Literature

While much of the health literacy research focuses on what health care professionals can do to improve their communication skills, an interesting study looked at providing communication skills training to older patients. The study examined the effect this training had on communication between patients and health care providers, as well as the length of medical appointments in comparison to a control group of older patients who did not receive any communication skills training.

The training included a communication skills training booklet that was mailed to patients 3 days before their scheduled appointments. Patients were also instructed to check in 30 minutes early to participate in a face-to-face follow-up session before seeing the doctor.

This relatively simple and inexpensive intervention was very effective. Patients who received the training provided more information about their health status and concerns. They also sought out more information, namely by asking more questions. Patients in the trained group also verified information more frequently. For example, they would repeat back what they understood the doctor had just said to them and asked if they were correct, much like a self-initiated “teach back.” During follow-up interviews, both patients and providers had higher satisfaction about communication and patients felt they had a better understanding of the doctor’s recommendations.

This study also looked at the length of the appointments. Patients who were trained to be active by providing and seeking out more information, asking more questions, and verifying
information did not require longer appointments. In fact, on average, appointments with trained patients were nearly four minutes shorter than appointments with patients who did not receive communication skills training (Cegala D.J., Post D.M., McClure L., 2001).

**Putting it Into Practice: A Review of “Time to Talk CARDIO”**

Time to Talk CARDIO (www.timetotalkcardio.com) is a program designed to help patients and health care professionals make the most of their conversations by **Creating A Real Dialogue In the Office** (CARDIO).

A patient begins by completing a survey, rating statements about a recent medical appointment on a scale of “strongly agree” to “strongly disagree.” Statements for patients include:

- My health care professional sometimes used confusing medical terms.
- My health care professional did not explain my medical problem in a way that I could easily understand.
- I was not comfortable asking questions.
- My health care professional did not help me feel that I could take care of my health and understand my treatment.

After completing the survey, patients can view a list of the top five recommended communication skills that are most relevant to them. These skills are demonstrated by short videos of simulated office visits. For example, patients can learn to ask for clarification by repeating what they understood the health care provider has just said to them. In a way, it is a “teach back” in reverse. The patient initiates the clarification of information by asking questions such as, “So, you want me to take this new medication twice a day: once in the morning with
breakfast, and then again in the evening with dinner?” and “You said this medication is for treating my high blood pressure?”

By watching video clips (Figure 2) of each skill in action, patients can gain the confidence to try these communication strategies at future appointments. It activates the patient to take the lead and not have to rely on the health care provider to initiate a “teach back.” The Web site also has an option for printing a list of communication skills with helpful tips and reminders for future reference.

The goal is for the patient to practice and then use these new communication skills during future medical appointments.

Time to Talk CARDIO has a separate portal for health care providers. Like the tools designed for patients, the process begins with the provider completing a survey about a recent interaction with a patient. Survey questions for health care providers include:

- I did not get all of the detail I wanted on the patient's current problem and symptoms.
- The patient has difficulty remembering my instructions.
- The patient was unfamiliar with medical terms.
- The patient does not take responsibility for his/her own health.
Based on the survey results, the top five communication strategies from the health care provider point of view are demonstrated in a series of short video clips. Health care providers can learn more about each communication strategy and practice the skills that can improve communication with their patients.

**Conclusion**

Low health literacy affects the majority of older adults, resulting in poorer health status and higher health care costs for people over the age of 65. By promoting evidence-based strategies to improve communication, the risks associated with low health literacy can be decreased. Special consideration needs to be given to the unique circumstances that often create barriers when health care professionals communicate with older patients. Eliminating these barriers and providing communications skills training to both health care providers and patients can result in the following benefits:

- Improved patient satisfaction -- patients have fewer complaints about not understanding what the doctor tells them and leave their appointments with answers to their questions.
- Improved understanding – patients receive health information they can understand and act upon to be active participants in their care.
- Improved safety – there are less opportunities for misunderstandings, mistakes and errors.
- Improved adherence -- patients not only know what they need to do but why it is important, and understanding that their actions and behaviors do impact their health.
- Improved outcomes -- improved understanding and adherence leads to better care management and improved health outcomes.
- Helping older patients not only manage their health, but enjoy a better quality of life.


Time to Talk CARDIO. Available at http://www.timetotalkcardio.com.
