“The nexus between health literacy and patient outcomes: Initiatives on the horizon at UAB, in Alabama and across the nation”

Presented by:
Joy P. Deupree, PhD, MSN, RN, WHNP-BC
Assistant Professor and Director of Community Engagement
deupreej@uab.edu 205-934-6487
Objectives

At the conclusion of the presentation the audience will be able to:

• Identify disparities associated with low health literacy nationwide
• Compare and contrast the economic impact of low health literacy in regions of the U.S.
• Discuss initiatives and metrics used with research focused on health literacy at UAB
• Discuss initiatives and metrics used with research on the horizon in Alabama
• Discuss initiatives ongoing in the nation
Health Literacy

Health literacy goes beyond a narrow concept of health education and individual behavior-oriented communication, and addresses the environmental, political and social factors that determine health. (WHO, 1998)

Defined...“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” (HHS,2000)
National Assessment of Adult Literacy

Assessed functional skills in clinical, preventive, and navigational tasks

n=19,000 U.S. Adults
*(quantitative literacy)

Below basic
Hispanic: 41%
Native American: 25%
Adults ≥ 65: 29%

Intermediate
53%
*(33%)

Proficient
12%
*(13%)

Below Basic
14%
*(22%)

Basic
22%
*(33%)

Average

HS grad

Medicaid

510,000 of Alabama’s Adults (9.5%) lack *basic* literacy skills—*they cannot read*

25% lack a high school degree

(American Community Survey; NALS 2003)

Up to 59% of adults in Alabama suffer from low health literacy

(Source: http://nces.ed.gov/naal/estimates/StateEstimates.aspx)
Low literacy rates by county-Alabama

% Adults with Level 1 Literacy Skills – reads at or below the 5th grade reading level

- >30%
- 20%-30%
- 15% to 20%
- < 15%

(NALS, 1992; NAALs 2003)
Disparities/At-risk populations associated with low health literacy

Those disproportionately affected by low HL are:

- Poor
- Members of cultural and ethnic minorities
- Recent refugees and immigrants and Non-native speakers of English
- Southern and western region of the US
- Those with less than a HS degree or GED
- LARGEST GROUP: Those who are over the age of 65; (IOM, 2004; NCES 2003; 1993)
- 9 out of 10 American adults have difficulty with health information (Koh, HHS 2007)
- By **2030 close to ¼ of all US Adults** will be 65 years or older (US Census)

The FACE OF HEALTH LITERACY-Actual Patient Encounters #1
Health outcomes - Alabama

- 48/50 for diabetes
- 49/50 cardiovascular deaths
- 49/50 for infant mortality
- 47/50 for avoidable hospital use and costs
- 45/50 for overall health outcomes

(2016 America’s Health Rankings, United Health Foundation)
In plain language- health literacy contributes to

- Misunderstanding-routine for patient discharge
- Poor health outcomes
- Mistakes-especially with medication management
  
  Approximately 28% of hospitalizations of older adults is attributed to polypharmacy and adverse drug events (ADEs) yielding increased health care costs ($$$$$)

- Excess hospitalizations and less than 30-day readmissions ($$$$$)
- Unnecessary deaths

The FACE of HEALTH LITERACY-Actual Patient Encounters #2
Demographics: Low health literacy in U.S.

- The south has the greatest percentages of at literacy levels 1 and 2
- 9 states = 37-38% of population
- 18 states = 39-45%
- 14 states = 45-52%
- 7 states = 53-59% (Includes Alabama)
- Mississippi and Louisiana reported the largest number of residents ranked in the lowest literacy levels at 64% and 61%, respectively. (NALS, 1992)
Figure 2. National Adult Literacy Survey Rankings by State 1992: Percentage of Population in each State Scoring at Literacy Levels 1 and 2 (Below Basic and Basic).

Economic impact in the U. S.

Limited health literacy adds between $106 billion to $238 billion of unnecessary costs per year to an already overburdened health care system nationwide

(Vernon, Trujillo, Rosenbaum, & DeBuono, 2007)
ARKANSAS economic impact

$1.3 to $3 billion each year in unnecessary health care costs
IOM Roundtable on Health Literacy


• Everyone should have the opportunity to use reliable, understandable information to make health choices;
• Health content would be basic curriculum for K-12;
• Accountability of all health literacy policies and practices;
• Public health alerts should be presented in plain language;
• Cultural factors integrated in all aspects of patient materials;
• Health care practitioners should communicate with each other using every-day language;
• Provide ample time for discussions between patients and health care providers;
• Patients should feel comfortable to ask questions as part of healing process;
• Rights and responsibilities for health care instructions-plain language;
• Informed consent docs developed so all understand if they want to give or withhold consent based on information they need to fully understand.
Health Literacy

Health Literacy Activities By State

K-12 Literacy and Numeracy State Data

- National Assessment of Educational Progress (NAEP) Reading, Math and Science scores for 4th, 8th and 12th graders
- Program for International Student Assessment (PISA) Reading, Math and Science Literacy scores for 15 year olds
CDC Online Training Modules

CREATE A PLAN
Planning tools and examples, including the National Action Plan and CDC’s action plan...

DEVELOP & TEST
Audience research, culture, plain language resources, visual communication...

COLLABORATE
Resources for working with health care providers, libraries, schools, community organizations & cooperative extensions...

RESEARCH
Federaled funded research, evidence reviews, and research summaries...

GUIDELINES, LAWS, & STANDARDS
Plain Writing Act, National Health Education Standards, federal agencies, committees...

EVALUATE
Program evaluation tools, health literacy measures, including health literate organization measures...

Health Literacy Activities by State

Health Literacy for Public Health Professionals - WB2364

To access this content, you first need to create an account. If you already have an account, please login.

This course has Continuing Education available. Continuing education certificates are not issued within TRAIN. Please follow the directions below in order to complete the continuing education requirements. If you do not complete the course, you will not receive a certificate.
Types of Assessments-
To determine population stats for competency

• Nationwide- NALs, NAALs-

• International PIAAC
  https://link.springer.com/article/10.1007/s11159-008-9105-0

• Individual Assessments- next slide

• How to assess Patient Materials- some automated, some individually analyzed, i.e. SMOG, Flesch Kincaid reading and ease; FOG,
Assessments for Low Health Literacy at the Individual Level

• Recommend- the Brief Health Literacy Screening Tool (BRIEF) (UAB is pilot testing this in two clinics); 4 items; 2 minutes or less
• Others-see link
• For a complete list of “tools” of the trade for assessments, visit the

Health Literacy Tool Shed

Universal Precautions for Health Literacy
https://www.alhealthliteracy.org/
Advocated for BRFSS Questions to be added 2016, 2017-(analysis expected mid-18)

• Alabama Hospital Association – collaborated with AlaHA for Quality Improvement project; analysis of 84 PEMs in 9 hospitals in AL and compared HCAHPS data for communication, and size of facility for analysis. Publication expected to be completed in September, 2017.

• Geriatric Scholars at UAB- Integrated a health literacy assessment into routine care at UAB Heart Clinic and Breast Clinic.

• Heart Failure Study at UAB- clinic based to implement the BRIEF

• DNP Mentor for Indigent Heart Failure Clinic and TKC for quality improvement

• Diabetes project-rural primary care with Leslie Pensa, student MPH/MD

• Redesigned Informed consent for M

• Alabama Board of Nursing to launch a survey for nurses in AL

• Strategic Plan established by the Alabama Health Literacy Partnership
Plans are to populate EMR in next study
Maine Hospital Informed Consent Revision

Patient Consent for Telehealth Services

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Medical Record #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Patient:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Name:</td>
<td>Date Consent Discussed:</td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Telehealth

My healthcare team has determined I may benefit from using telehealth service(s). Telehealth is the use of electronic communication to improve care. Telehealth includes a wide variety of communication methods, such as real-time video visits similar to "face time", electronic visits using a patient portal, and home monitors which record and send information such as weight and blood pressure to a healthcare team. Telehealth helps provide care at the location and time it is needed, eliminating the barriers imposed by distance and time. Telehealth can be used for physical examination and monitoring, consultation and diagnosis, counseling, education, care coordination and scheduling.

My health team has provided me with information about the benefits and risks of telehealth, and the types of services that I may find useful. I understand that I have the right to ask questions and receive instructions about the services offered to me.

Patient Consent for Telehealth Services

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Medical Record #:</th>
<th>Date Consent Discussed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Patient:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Name:</td>
<td>Location:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is telehealth and why would I want to use it? Telehealth uses e-communication to improve health care. It uses equipment that can stream live health care visits that are like "face time" and visits through a patient portal that use a screen so you can see the care team. Telehealth helps the healthcare team provide care at a distance — from the place where you are located and at the time you need care.

How can telehealth help me? Using Telehealth the care team can assess your weight and blood pressure and conduct other types of monitoring; the care team can counsel you on how to improve your health, provide education, help you manage your care and help you plan for your next visit. With telehealth, your care team can consult with other providers and sometimes diagnose your problem (telemedicine).

My consent to use telehealth: My healthcare team explained to me the benefits and risks of telehealth, and the types of services that might help me. I know that I have the right to ask questions and receive guidelines about the services offered to me. My use of telehealth is my choice and no one else can decide that for me. I know I have the right to ask questions and receive guidelines about the services offered to me. My use of telehealth is my choice and no one else can decide that for me. I know I have the right to ask questions and receive guidelines about the services offered to me. My use of telehealth is my choice and no one else can decide that for me. I know I have the right to ask questions and receive guidelines about the services offered to me. My use of telehealth is my choice and no one else can decide that for me.
Health Literacy Partnership of Alabama:  
Strategic Plan and Recommendations for 2017

Vision: All Alabamians have the understanding they need to make informed health decisions and achieve their best possible health.

Mission: The mission of the Health Literacy Partnership of Alabama is to support patient-centered educational opportunities, guide outreach activities, and create partnerships to advance health literacy and improve health outcomes.

Priority Areas

<table>
<thead>
<tr>
<th>Community Engagement</th>
<th>Educational Opportunities</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify critical needs</td>
<td>1. Establish professional development requirements</td>
<td>1. Develop sustainability plan</td>
</tr>
<tr>
<td>2. Develop partnerships/engage stakeholders</td>
<td>2. Develop public awareness campaigns</td>
<td>2. Establish a platform for the organization</td>
</tr>
<tr>
<td>3. Establish venue to disseminate resources</td>
<td>3. Explore opportunities K-12</td>
<td>3. Explore opportunities for funding</td>
</tr>
</tbody>
</table>

Strategies and Objectives (Action Steps)

1. Conduct a statewide needs assessment to prioritize areas in need of improved health literacy efforts.
   1a) Conduct a statewide inventory of existing health literacy assets and activities such as Adult Basic Education (GED), ESL courses, library based and faith based efforts for literacy classes, community resource centers, etc.
   1b) In association with the ADPH identify critical clinical and demographic needs for beginning health literacy efforts such as infant mortality, CVD, and diabetes
   1c) In association with the ADPH review analysis of the (4) Behavioral Risk Factor Surveillance System questions specific to HL previously added to ADPH data base for 2016 to determine next steps for action.

2. Develop and expand a network among healthcare organizations and other agencies to share resources for best practices of patient/provider communication.

1. Encourage health related professional associations and licensure boards in AL to offer health literacy continuing education for new graduates and practicing healthcare providers.
   1a) Seek partnerships to support health literacy education for all health related professionals.
   1b) Advocate for health literacy requirements in continuing education for healthcare providers who have been working in the field but have not participated in health literacy, cultural competency, and language access training.

2. Support efforts for institutions of academic learning to incorporate training for healthcare students to ensure health literacy, plain language, and culturally and linguistically appropriate services (CLAS) are included in curriculum.
   2a) Convene a meeting of deans and leaders from institutions to establish a plan to promote inclusion of coursework on health

1. Establish a sustainability plan
   1a) Create a governing board and infrastructure which includes members who are racially and ethnically diverse and/or bilingual.
   1b) Create a detailed business plan and budget to present to potential funding agencies to demonstrate need for financial support.
   1c) Develop metrics to assess organizational results from health literacy priority areas and goals of the strategic plan.

2. Explore possibilities for a non-profit partnership(s)
   2a) Explore existing non-profit organizations that may want to serve as the platform for the HLP.
   2b) Explore opportunities to create a new non-profit organization.
   2c) Participate in and help recruit cross-disciplinary coalitions to promote, advocate, and increase awareness for health literacy initiatives.

3. Leverage partnerships for the development of annual programs.
2a) Develop a comprehensive network for partnership opportunities in order to leverage HLP A work (see List of Partnerships) that supports efforts to improve the health literacy skills of providers and consumers.

2b) Support evaluation studies that examine health literacy factors that influence other issues including but not limited to patient safety, emergency preparedness, health care costs and social determinants.

3. Develop and maintain a repository to serve as an information source for health literacy initiatives, activities, and resources and make them available to healthcare providers and consumers.

3a) Develop a website to make resources readily available to providers and consumers.

3b) Identify linkages to advance the sharing of health literacy resources.

3c) Identify existing nationwide health literacy resources for inclusion in the repository for providers and consumers.

4. Develop partnerships with the business community to raise awareness of the disparities of health literacy in Alabama.

4a) Identify champions in the business community that seek to support health literacy initiatives.

4b) Develop a white paper-A Business Case for a Statewide HL Initiative- using examples developed by other states such as Arkansas, Wisconsin.

4c) Develop pilot programs to establish ROI of health literacy improvement initiatives.

5. Establish Alabama Partners in Health Sciences Program (outreach to PreK-12)

5a) Use direct and developmentally appropriate health literacy curriculum to enhance understanding of health and health care.

5b) Incorporate health education into existing science, math, literacy, social studies, and computer instruction in grades K-12 by embedding health-related tasks, skills, and examples into lesson plans.

5c) Using existing best practices from other states provide professional development opportunities for K-12 educators with a focus on age-appropriate health literacy education.

4. Create /leverage public awareness campaigns addressing the challenges patients and families encounter when dealing with complex health care regimens.

4a) Leverage existing health literacy public awareness campaigns to bring awareness to health literacy issues in Alabama.

4b) Vet campaigns with non-traditional focus groups (e.g. low literate patients).

5. Establish funding for health literacy initiatives—both alone and integrated into existing programs.

5a) Access networks with community and faith-based organizations, social service agencies, and nontraditional partners—such as foster care services, poison control centers, and literacy service providers—to deliver health and safety information to different community programs and events.

5b) Support and participate in media sponsored events and projects.

5c) Develop a speakers bureau to expand outreach.

5d) Send quarterly newsletters and expand base of followers via social media efforts.

6. Seek grant opportunities.

6a) Develop a template for all partners to use to seek funding for health literacy initiatives.

6b) Establish a Health Literacy Consortium for the purpose of targeted grant solicitation to include members from UA, UAB, UAH, AU, Samford, Troy, USA and others with interest.

6c) Explore funding available from NIH, PCORI, Private Foundations, NIH, the business community and others to address critical needs as determined by needs assessment.

7. Host an annual event to maintain awareness and to raise funds for future projects sponsored by the HLP A.

7a) Plan annual event.

7b) Follow examples of events from organizations when they were getting started (example: Wisconsin, Minnesota, Florida, Arkansas)

7c) Include a training component at the annual event.
Using Literacy & Numeracy in Diabetic Education
Leslie Pensa
MD/MPH Joint Program
May 29th – June 23rd, 2017

Organizations
Trafanstedt Internal Medicine
• Primary care practice in Hoover, AL that provides quality healthcare to adults in the Birmingham area
• Preceptor: Darlene Trafanstedt, MD
Cahaba Medical Care
• FQHC & PCMH in Centreville, AL that provides comprehensive medical care to patients of all ages and backgrounds
• Preceptor: John Waits, MD

Description of the Experience
My Role
• Assess patient literacy & numeracy
• Teach basic diabetes pathophysiology, disease management skills, carbohydrate counting, & provide nutrition counseling

My Projects
• Develop a system to streamline literacy & numeracy assessments & incorporate them into primary care visits
• Promote understanding of individual deficits through the use of additional assessment tools
• Create universally user-friendly blood glucose log
• Integrate patient literacy/numeracy information into the EMR

On-Site Discoveries
• At CMC, about 35% of the diabetic patients I worked with fell into either the limited or marginally literate categories
• Marginal literacy: averaged 10th grade education
• Limited literacy: averaged between 8th - 9th grade education
• Many of these patients were noted as “non-compliant” in the EMR

Lessons Learned
Lesson 1: You have to gain the trust of the community in which you serve
• I had to get to know the patient population, before I could truly begin my assessment & intervention – without finding a connection to the patient & community, my efforts were futile

Lesson 2: You have to be willing to adapt
• It took several attempts to discover the best way to assess patient literacy/numeracy & how to best use that information to help the patients understand their diabetes & how to manage it

Public Health Context
Defining The Issue
• The average American reads at the 6th grade reading level
• Proper diabetes management requires basic numeracy & literacy skills
• Insulin-dependent diabetics must do basic math on a daily basis

The Tangible Impact
• A community health problem was identified & investigated
• Many admitted for the first time that they faced this barrier to health
• People were educated & empowered about their health
• Healthcare workers were given tools to improve community health

The Potential Impact
• Decreased health disparities
• Improved individual & community health
• Community partnerships to improve care
• Significant cost reduction

Competencies Demonstrated
Apply design & analytical methods to describe, implement, evaluate & interpret research addressing public health concerns:
• I identified health risk through meetings with community leaders and stakeholders & through extensive literature review

Design public health programs, policies & interventions, including planning, implementation, & evaluation:
• I carefully selected several literacy & numeracy assessments based on evidence-based practice:
• Brief Health Literacy Screen (B HLS)
• Subjective Numeracy Scale (SNS)
• Prescription Label Quiz
• Calendar Interpretation Activity

Communicate public health issues, research, practice, & intervention strategies effectively:
• At the halfway point, I met with my mentors to discuss my findings
• Educational attainment does not equate with health maintenance ability
• Universal precautions do not work for literacy
• Numeracy is overlooked as a necessary tool to health achievement

Personal Takeaways
• The universal precaution approach is not feasible
• You cannot predict a person’s literacy/numeracy level based on short conversation or occupational status
• Literacy level & grade level are not synonymous
• Most patients are much less confident in their numeracy skills
• Educated patients can still struggle with understanding math problems

Special thanks to my preceptors, Dr. Darlene Trafanstedt, Trafanstedt Internal Medicine, and Dr. John Waits, Cahaba Medical Care. In addition, thank you to Dr. Jay Deupree, who served as my faculty mentor at the UAB School of Nursing, and Mrs. Glenda Stanley, at the Alabama Area Health Education Center program for their coordination and support in making this internship possible.
The *Know Your Meds-Alabama Campaign* – (2016) CMS funding
Alabama Quality Assurance Foundation
Prevention of medication-related harm from antipsychotics and antibiotics
25,000 high-risk Alabama Medicare beneficiaries

By September 30, 2018, the care of 25,000 Alabama High Risk Medication (HRM) Medicare Beneficiaries will improve as evidenced by:

- 40% Reduction in adverse drug events (ADEs)
- Reduced 30-day hospital readmissions and avoidable readmissions
- Reduce antipsychotic medications among nursing home residents
- Recruit 100 outpatient settings to fully embrace and implement core elements of the Center for Disease Control and Prevention (CDC) Antibiotic Stewardship (AS) Program
Study of hospitals in the south
June 2017-June 2018-early analysis

Health Literacy: Associations between patient education materials used for discharge, HCAHPS data, hospital size and CMS 30-day readmission penalties.

Joy P. Deupree, PhD, RN at the UAB School of Nursing, Birmingham, Alabama; Dixie Peterson, DNP, RN at UAB School of Nursing, Birmingham, Alabama; Peng Li, PhD at the UAB School of Public Health; Rebecca S. Miltner, PhD, RN at the UAB School of Nursing, Birmingham, Alabama.
METHODS

• Convenience sample; cross-section pilot study - collaboration with rural and non-rural hospitals (N = 9) located in the southern region of the U.S.

• Pearson correlation coefficients (r) - relationship between variables

• Wilcoxon test was used for the group comparisons

• Patient education materials (PEMs) used for DC teaching (n = 84)

• Public data –
  
  HCAHPS questions (n=5) patient satisfaction scores for communication with physicians, nurses and staff

  Size of hospital

  2016 CMS penalties for less than 30 day hospital readmission.
Self-reported hospital size, reflecting the number of inpatient beds, was stratified into three groups:

- 3 small (< 100)
- 4 medium (100-199)
- 2 large (> 200)
PEMS- should be \( \leq 6^{th} \) grade reading level (NIH & AMA)

(5) hospitals average – meet a sixth-grade reading level
Regarding readmissions penalties, penalties are negatively correlated with HCAHPS for nurse (r=-0.62, p=0.0750) and staff (r=-0.63, p=0.0669) but not for doctors (r=-0.08, p=0.8444)
The patient satisfaction rates for communications are roughly equal or better than the national average for doctors but fall short for nurses and **staff comparisons**.
• Hospital size was negatively correlated with patient satisfaction rates on communication with physicians \( (r = -0.77, \ p < 0.0001) \), nurses \( (r = -0.68, \ p < 0.0001) \), and staff \( (r = -0.35, \ p = 0.0010) \). The smaller the hospital, the higher the satisfaction rates with communication.

• The patient satisfaction rates on communications with physicians were 90.0 ± 4.6%, 85.0 ± 3.2%, and 83.5 ± 0.7% for small, medium, and large hospitals, respectively.
Readmission penalties

negatively correlated with HCAHPS for nurses (r=-0.62, p=0.0750) and staff (r=-0.63, p=0.0669) but not for doctors (r=-0.08, p=0.8444)

*As patient satisfaction scores increase for nurses and staff; penalties decrease*
Approximately 10-15% of patients report that did not receive information at discharge. For those who report receiving it, on average less than 50% understood the discharge information.
Wisconsin will soon pilot test of new pharma labels

Still Time to Vote for Your Favorite Label!

Over 800 people have already completed the Favorite Label survey and shared their opinions on what makes a good prescription label. We are well on our way to our goal of 1000 responses. Have you taken the survey yet?

If you haven't, please take a moment to take the (very short) survey. You can also choose to share a story about when you or someone else was confused by medication labels. Keep reading for a look at some of the stories we've received so far.

Click HERE to begin.

Please share the link -- bit.ly/VoteMedLabel -with your friends and family.

Here Are Some of the Stories: What's Yours?

Here are a few stories from the Favorite Label Vote. These cases illustrate the impact of unclear prescription medication labels:
Patient-Centered Label - Improve Understanding and Adherence*

RCT in 11 FQHCs. 429 pts w DM and/or HTN. Average 5 meds  
Mean age 52, 28% W, 39% low literacy

<table>
<thead>
<tr>
<th>Take</th>
<th>Standard Label</th>
<th>PC Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pills at breakfast</td>
<td>59%</td>
<td>74%</td>
</tr>
<tr>
<td>2 pills at dinner</td>
<td>30%</td>
<td>49%</td>
</tr>
</tbody>
</table>

*State Board of Pharmacy in CA passed legislation for this label
The Re-Engineered Discharge Toolkit
Organizational Change to Improve Health Literacy

WORKSHOP SUMMARY

The National Academies of Sciences, Engineering, and Medicine

HEALTH AND MEDICINE DIVISION

Building the Case for Health Literacy
A WORKSHOP
NOVEMBER 15, 2017
WASHINGTON, DC
The 10 Attributes of a Health Literate Organization

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications; confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

Brach C., et al. IOM Roundtable, 2012
How to re-create easy-to-understand materials

Student Assignment in NUR 383 at UAB School of Nursing using CDC Tool “Simply Put”

Flesch Reading Ease of 62.7, and a Flesch-Kincaid Grade Level of 5.2.
After years of preparation we have now launched the new International Health Literacy Association (IHLA). With many supporting colleagues across the world we held three unifying launching meetings in Europe, Geneva; North-America, Washington; and Asia, Haiphong in October and November 2016.
Someone from the Gyna Colleges called. They said the Pabst Beer is normal.

I didn't even know you liked beer.
 References


