

**Health  
Literacy**

Take time to ask.  
Make time to listen

# **HEALTH LITERACY TOOLKIT**



## Use Simple Language

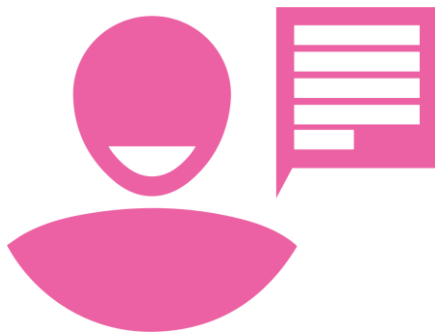
The terminology used in healthcare can often be confusing for people, especially at times of distress when people may struggle more than usual to take in information. In health, a range of jargon and acronyms are used routinely and we may forget that this language is unfamiliar to our service users. Therefore, you should use simple language as much as possible, try explaining things to people as you would to a friend or family member. You may find that having examples to use can support you in this.

Letters, forms and medical tests are just some examples, in addition to face-to-face consultations, where medical and health terminology could cause confusion. An example could be, inviting someone to x-ray by letter but when they arrive at the hospital the signage is for radiology. They may not be aware of what radiology is and they could search for x-ray, causing more stress and anxiety and affecting their attendance.

Simple changes can help, why not think of the terms you currently use in your practice and what other words and phrases you could use to support understanding.

Some examples could be:

- Smoking cessation - stop smoking
- Diet - what you eat and drink
- Referral - being sent to see someone else



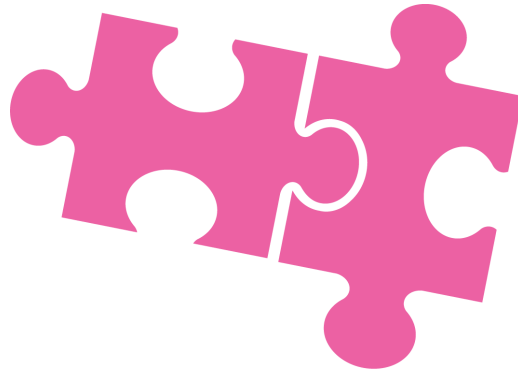
## Universal Precautions

Because limited health literacy is common and is hard to recognise, experts recommend using health literacy universal precautions. Practices should assume that all patients and carers may have difficulty understanding health information and should communicate in ways that anyone can understand.

Everyone gains from health literacy universal precautions. Research shows that interventions designed for people with limited health literacy also benefit those with stronger health literacy skills.

Communicating clearly helps people feel more involved in their health care and increases the chances of following through on their treatment plans. All patients appreciate receiving information that is clear and easy to act on.

Assume that all service users may have difficulty understanding health information and communicate in ways that anyone can understand

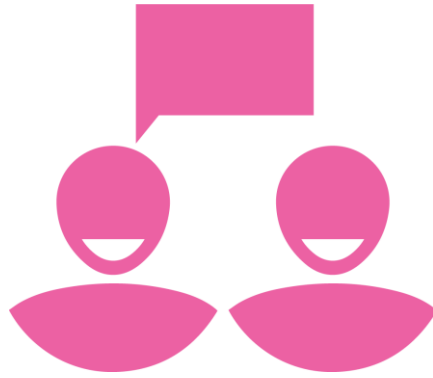


## **Chunk and Check**

Chunk and check can be used alongside tools such as teach back to assist in promoting understanding. When we speak to service users there is often a lot of information to be discussed and we may have to explain more than one concept. People can struggle to take on board a long list of things they are being asked to take in or do, and yet this is often how information is presented. Sometimes the explanation of what people are being asked to understand and to take away and put into practice is left until the end of the consultation/discussion.

To implement the chunk and check technique, break down the information that you need to discuss and that you need the person to understand into smaller more manageable chunks rather than providing it all at once. In between each 'chunk' use methods such as teach back to 'check' for understanding before moving on.

Patients may have questions as things are being discussed with them, if the information is provided all together they may hold their question until the end, meaning their understanding may be affected. Chunk and check should address this by stopping conversations at appropriate moments to check understanding and also to give the opportunity for questions at key points.



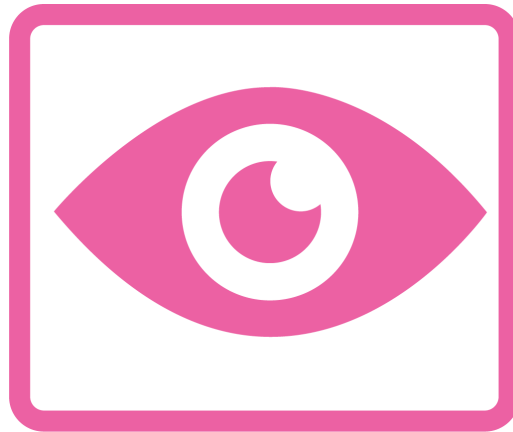
## Teach-Back

This method can be used to confirm whether a patient or carer has heard and understands what they have been told, by inviting the patient to repeat or ‘teach back’ the information that they have just received. If a patient understands, they will be able to ‘teach back’ the information accurately. The technique also enables the health professional to check that they have clearly explained information in a way that the patient understands.

Examples of what this might sound like are:

- “We discussed a lot today. Can you tell me what you found most important?”
- “To check that I’ve explained everything properly, can you explain to me how you are going to take your medicines?”
- “Just to make sure that my instructions make sense to you, can you tell me what you are going to do next?”

This technique goes beyond asking questions such as “Is what I have explained to you clear?” or “Have you understood everything that you have heard?” because the health professional asks the patient to explain or demonstrate, in their own words, that they have heard and understood what has been discussed. The related ‘show me’ technique allows the health professional to check that the patient has understood an action – for example, applying a cream or using an inhaler.



## Pictures and Visuals

Spoken and written word is often misheard or misread and also misunderstood. Pictures and visuals may be effective in improving understanding when communicating new or complex ideas to people. It may be that pictures are used to compliment text, for example, when explaining a self-management procedure such as giving an injection or caring for a wound it may assist people if they have it explained to them in words but also shown what to do using images.

In some cases, pictures alone may be enough, but pictures alone should only be used as an option where you are sure the person has enough understanding and knowledge to interpret it correctly. Ideally, as with written materials, pictures should be used to assist and support explanations not to replace them. One outcome which has been identified in the use of pictures is that they support recall, people are more likely to recall information they have been provided with if they receive pictures in addition to written or spoken information.



## Encourage Questions

While it should primarily be the responsibility of professionals to ensure that they are providing information that is accurate, relevant and understandable - it can also be beneficial to support service users in feeling comfortable to ask questions. As part of this service users need to feel that it is acceptable to ask questions, that the questions will be listened to and to know the types of questions they should ask. There may be specific questions that a person wishes to ask. It is important that they feel comfortable and confident in asking questions and in being active partners in any decisions that are being made about their health or care.

Encourages service users to ask three questions which should provide them with the key information that they need to know about their condition and situation:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?



## Paperwork

We suggest that all services take a universal approach to offering support to those who have to fill in forms and paperwork. Ask all staff to operate in this way across your service to ensure that support is available at all points of contact from the first encounter with the reception staff in your service. You may also wish to consider the paperwork that you post out to people and whether this may cause unneeded anxiety and stress for people before they present for their appointment.

To reduce stigma ensure that everyone is offered help. Why not practice some skills development in how to approach this with those who use their service by asking staff to practice with each other and share experiences of times it has worked well or not so well with patients.

Offering routine support can reduce pressures on people who may struggle with the forms and also support your service in gathering the information that they require.