



THE OHIO STATE UNIVERSITY

COLLEGE OF NURSING

**Innovative Educational Strategies to
Achieve Health Literacy Competencies for
Advanced Practice Nurses and
Interprofessional Students**

Joyce Karl, DNP, APRN-CNP, ANP-BC, COHN-S



Epsilon Chapter



Disclosures

The author declares no conflicts of interest with respect to this presentation.

Learning Objectives

- Describe the significance of health literacy for individual and population health
- Discuss educational strategies that can be used to help students (and health care professionals) achieve/improve ongoing health literacy competency



Health Literacy (HL)

“the ability to obtain, process, communicate, and understand basic health information and services in order to make appropriate health decisions” (Brega et al., 2015)

- HL is a strong predictor of individual & population health





Health Literacy (HL)

HL is stronger predictor of health status than age, income, race, ethnicity, education level or employment status

- People with low HL levels:
 - Poorer health outcomes
 - Higher hospitalization rates
 - Higher health care costs
 - Less likely to access preventative health



Health Professionals

- Often overestimate their patients HL level
- May lack the skills to effectively communicate with patients and populations with HL challenges



HL Experts



Have Developed Evidence-Based Competencies and Toolkits

- Based on principle that everyone benefits from clear, simple and culturally appropriate language



Top HL competencies for nurses

- **Knowledge domain: Knows**
 - Everyone benefits from/prefers clear plain language
 - “You cannot tell who has low literacy by looking”
 - Which kinds of word, phrases, or concepts = “jargon”
- **Skills domain: Demonstrates**
 - Ability to speak slowly and clearly with patients
 - Ability to use common familiar lay terms/explanations
- **Attitudinal domain: Exhibits**
 - Attitude that all patients are at risk for communication errors- a universal HL precautions approach is needed

(Toronto, 2016)



Multifaceted Active Educational Strategies

- Active learning strategies- “best practice”
 - Use multiple strategies with repeated opportunities to practice application
- Outcomes similar to traditional methods
- More positive
 - Student attitudes & retention of information
 - Critical thinking & clinical performance
 - Academic achievement & lifelong learning



Outcomes of Teaching HL (2017-2018)

Family Nurse Practitioner students

(presentation, active exercise, multiple assignments
“scripting” patient education or role play) (n=29, 100%
response rate)

Likert scale: “Least confident” – “Most confident” (1-5)

- I feel confident in my ability to communicate clearly with patients
 - 100% (4 or 5 rating) [27.6% (4), 72.4% (5)]
- I am able to use HL principles in my oral and written communication with patients
 - 100% (4 or 5 rating) [20.7% (4), 79.3% (5)]



Outcomes of Teaching HL (2017-2018)

Adult Gerontology Nurse Practitioner students

(presentation, active exercise, two assignments: “scripting” patient education and creating an infographic or patient education handout) (n=19, 63.3% response rate)

Likert scale: “Strongly disagree” – “Strongly agree” (1-5)

- I was able to apply health literacy principles in the design of the activity
 - 73.7% (4 or 5 rating) [15.8%(2), 10.5%(3), 26.3%(4), 47.4% (5)]
- I feel confident in my ability to apply health literacy principles to my patient teaching and communication
 - 94.8% (4 or 5 rating) [5.2% (3), 31.6% (4), 63.2% (5)]



Examples: Key Content

- HL background
- Impact of low HL on health outcomes & costs
- Factors that contribute to low HL
- How to recognize actual/potential problem
- Review of HL evidence
 - tools used in studies
 - HL interventions and outcomes
- Conceptual models, policy, & future research/
evidence-based practice recommendations
- Nurses well-positioned to lead initiatives to
mitigate HL challenges



Examples: Activity/Assignment

- Watch video of patients with array of HL challenges-reflect
- Role play- realize using clear, simple language without medical jargon is more difficult than they expected
- Have students “script” their patient education explanations- perform a readability assessment with valid tool
- Incorporate health communication with patients into simulations, videotaped clinical exams, and criteria for written and clinical assignments



HL Considerations/ Resources

- Importance of understanding culture and health beliefs cannot be overstated
- When/how to use interpreters
- Identify community resources
- How to access and use free educational tools and resources
 - <https://www.cdc.gov/healthliteracy/research/index.html>
 - <http://www.who.int/healthpromotion/conferences/9gchp/health-literacy/en/>
 - <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/health-literacy>



Summary

- Anyone (even if they usually have adequate health literacy) can face “situational” health literacy challenges
- Everyone should receive health information in ways he/she/they can understand and use
- System-wide strategies are needed to address individual and population needs



Implications for Practice/Research

- Research should continue on best interventions and policies to address HL challenges
- Evidence-based practice initiatives essential to identify HL best practices and outcomes (high quality & cost-effective for all)
- Nurses are prepared/well-positioned to lead interprofessional HL efforts world-wide



References

- Batterham, R. W., Hawkins, M., Collins, P. A., Buchbinder, R., & Osborne, R. H. (2016). Health literacy: Applying current concepts to improve health services and reduce health inequalities. *Public Health, 132*, 3-12. doi:10.1016/j.puhe.2016.01.001
- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine, 155*(2), 97-107.
- Betihavas, V., Bridgman, H., Kornhaber, R., & Cross, M. (2015). The evidence for 'flipping out': A systematic review of the flipped classroom in nursing education. *Nurse Education Today, 38*, p. 15-21.
- Brega, A. G., Barnard, J., Mabachi, N. M., Weiss, B. D., DeWalt, D. A., Brach, C., . . . West, D. R. (2015). *AHRQ health literacy universal precautions toolkit*. . (AHRQ No. Publication No. 15-0023-EF). Rockville, MD.: Agency for Healthcare Research and Quality. ((Prepared by Colorado Health Outcomes Program, University of Colorado Anschutz Medical Campus under Contract No. HHS290200710008, TO#10.))
- Dawkins-Moultin, L., McDonald, A., & McKyer, L. (2016). Integrating the principles of socioecology and critical pedagogy for health promotion health literacy interventions. *Journal of Health Communication, 21*, 30-35. doi:10.1080/10810730.2016.1196273
- Dickens, C., Lambert, B. L., Cromwell, T., & Piano, M. R. (2013). Nurse overestimation of patients' health literacy. *Journal of Health Communication, 18*, 62-69. doi:10.1080/10810730.2013.825670
- Koh, H. K., Brach, C., Harris, L. M., & Parchman, M. L. (2013). A proposed 'Health literate care model' would constitute a systems approach to improving patients' engagement in care *Health Affairs, 32*(2), 357-367. doi:DO 10.1377/hlthaff.2012.1205
- Poureslami, I., Nimmon, L., Rootman, I., & Fitzgerald, M. J. (2017). Priorities for action: Recommendations from an international roundtable on health literacy and chronic disease management. *Health Promotion International, 32*(4), 743-754. doi:10.1093/heapro/daw003
- Shin, I. S., Kim, J, H. (2013). The effect of problem-based learning in nursing education: A meta-analysis. *Advances in Health Science Education, 18*, p. 1103-1120.
- Toronto, C. E. (2016). Health literacy competencies for registered nurses: An e-delphi study. *Journal of Continuing Education in Nursing, 47*(12), 558-565. doi:10.3928/00220124-20161115-09



THE OHIO STATE UNIVERSITY

COLLEGE OF NURSING

Questions?



THE OHIO STATE
UNIVERSITY