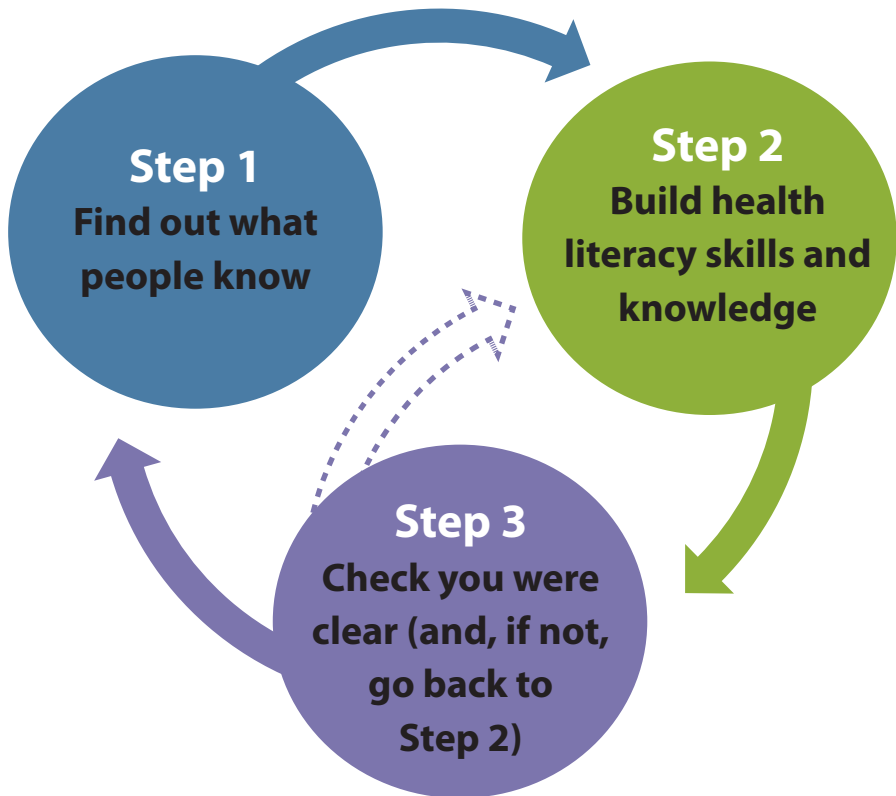


# *Three steps to better health literacy*



# A three step health literacy model for community pharmacies



# Step One

## Find out what people know

Everyone who comes into your pharmacy has existing knowledge, even if it is incorrect.

### **Step 1 helps:**

- uncover what people already know
- you plan how much information you will give people and in what order (Step 2).
- people recall what they already know so they can make connections to the new information you give them.

When you are talking to people, listen to what the person tells you and the words they are using. Acknowledge what they know.

Sometimes people will have incorrect knowledge or beliefs about their health condition. To add new correct information you are going to have to deal with that incorrect knowledge in a way that recognises the person may have held these beliefs for a long time. If you just add new information without addressing the incorrect beliefs the person may reject the new information because it doesn't fit with what they already know.

So if someone says to you:

*"I get gout because I eat too much seafood."*

You could say:

*"A lot of people think gout is about what they eat and drink. In fact, gout is mostly about how your body gets rid of uric acid."*

**Tips for  
finding out  
what people  
know:**

Ask these questions at the beginning in a conversational, friendly tone. The tone you use is important because suddenly asking someone to tell you everything they know about something could seem threatening and may put some people off.

Try putting the words *"Tell me"* in front of any questions you ask e.g. *"Tell me what your doctor or nurse said about this medicine."* This signals to the person that you are not expecting a very short answer.

Or you could prompt the person by saying *"Did your doctor or nurse say anything about changing your medicines?"* This helps the person remember something in their short term or long term memory.

- *"Codral has paracetamol in it – are you taking any other products with paracetamol in them like Panadol or Lemsip?"*
- *"Tell me what you know about your diabetes."*
- *"Have you ever used or heard about this medicine before?"*
- *"What did your doctor/nurse tell you about your health condition or disability?"*

# Step Two

## Build people's health literacy (knowledge and skills) to meet their needs

There are a number of strategies you can use in this step. You are likely to be using some of them anyway e.g. medicine reviews.

The strategies you use will depend on what information you have to pass on, what will work best for the person, the time you and the person have, the resources you have and what the person prefers.

Remember, link all new information back to what the person knows (Step 1). Use the words the person used and build on these words.



# Give information in logical steps

People are more likely to understand and remember information if you give information in a logical sequence and explain why someone has to do something.



Each piece of information builds upon the previous piece so the person finds it easier to make sense of the new information. For example:

*"You know aspirin can upset your stomach. So take your aspirin in the morning with breakfast and then wait one hour before you take your indigestion medicine. You need to wait one hour because your indigestion medicine works best on an empty stomach."*

## Tips for giving information in logical steps

### Try this

1. Problem (this is your problem)
2. Action (this is what needs to be done about it)
3. Rationale (this is the reason why).

Adapted from AskMe3 see:  
[www.npsf.org/for-healthcare-professionals/programs/ask-me-3/](http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/)

**Make sure you don't speak too quickly, especially if people don't have English as their first language.**

# Give information in chunks to help the consumer understand

People can only take in so much information before their short term memory is overloaded.

So, be careful not to overwhelm the person with too much information. If you think the person needs more information at a later stage, agree with them how you will do this – a follow up phone call, another appointment, text message, email, a website link, and so on.

## Example:

Someone comes in to see you after being diagnosed with Type 2 diabetes. They know very little about diabetes and their GP has already given them a lot of information. At this stage, important messages include *“the sugar level in your blood is too high, and you must start taking medicine to bring your sugar level down.”*

The person may not need to know about the pancreas and the role of insulin but you may give them a pamphlet with key information highlighted about possible complications.

The main purpose of the discussion is to get the person to take their new medicine and understand why. Later, when the person is ready to take on more information, add new information to what they already know. Building health literacy (knowledge and skills) involves ongoing discussions, repetition and review.



**Tips for giving  
information in  
manageable  
chunks**

- Make sure you link new information to what people already know.
- Try and limit the information you are giving to 3-5 pieces of information.
- If the information is complex check you have been clear after each chunk (Step 3) before going onto the next chunk.
- Use visuals and diagrams to reinforce new information.
- Make sure you don't speak too quickly, especially if people don't have English as their first language.



# Ask questions

Questions are critical to confirming the person understands. Find out specific information as well as general information about the person you are talking to.

Closed questions are used for getting specific information.

For example:

*"How often do you take this medicine?"*

This question is seeking a specific answer.

Open questions encourage the person to open up and share more background information and context.

For example:

- *"Tell me what you know about this medicine?"*
- *"Tell me about the best time for you to take these medicines?"*



## Tips for asking questions

- Think about the purpose of your question – to get specific information **or** find out more about what would work for this person.
- Make sure you wait long enough for the person to think about an answer to your question, particularly if they don't have English as their first language.
- Encourage people to ask you questions e.g. *"Most people have lots of questions about their heart medicines - what questions do you have?"*, rather than *"Do you have any questions?"*

For more information, see Tool 14, page 60 of the Universal Precautions Toolkit: [www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf](http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf)

# Explain technical words

People will not be able to talk about their condition or medicines unless they learn the appropriate terms. So you need to help them understand technical terms.

Examples include:

- the names of medicines (both scientific and generic names), the name of the condition or disability, and how to pronounce them
- parts of the body affected by the condition or disability
- common medical terms and what they mean
- common acronyms e.g. CVD
- everyday words that have special meaning in a pharmacy e.g. repeat.

## Tips for explaining technical terms:

### You say "beater blocker"

- Monitor the language you use - don't use technical terms such as PRN.
- Try and use plain English words and explain key medical words, particularly if people need to know those words.
- Repeat new vocabulary. People don't learn new words just by hearing them once.
- Write down new words or underline or highlight them in written material.
- Ask questions such as *"Did your doctor or nurse explain what the word anti-inflammatory means?"*
- Provide visuals and diagrams and label them with new words.
- Link the words you use to the words they use - if they say high blood pressure use that term, not hypertension. Later you can explain that high blood pressure means the same thing as hypertension.

# Use visuals

The saying ‘a picture is worth a thousand words’ is very relevant in health situations. Research on graphics and visuals shows that the brain recalls visual information better than written or spoken information.

Pictures and diagrams help people understand sequences and difficult and unfamiliar concepts (including how their body works). Pictures and diagrams also have greater emotional impact than words only.

**Tips  
for using  
visuals**

- Select visuals that concentrate on the main message e.g. when to take medicine.
- Where possible use colour pictures and diagrams.
- Label diagrams with new technical words.
- If a diagram has lots of complex writing, cover this up and replace it with simple text focusing on key concepts and new words you have introduced.
- Keep a folder with copies of good visuals, graphics, diagrams, and pictures so that you can access them quickly to use with people.
- If necessary, draw a diagram or a sequence – 1, 2, 3, and so on.



# Use written materials

People are often given a lot of written information to read “when they get home”. Discussing the materials with the person beforehand means they are more likely to read the information.

## Tips for using written materials effectively:

- Think about the specific needs of the person when you select resources. Medsafe Consumer Information sheets and other sources may not be appropriate. Even people who are good readers don't want to read highly complex material.
- Choose written information that isn't too complex and technical.
- Highlighting, underlining, circling or numbering key information will make the material more meaningful to the person.
- Explain to the person **why** they need to read this material (their purpose for reading e.g. *“This pamphlet has got useful information about the serious side effects of this medicine – that's all you have to read at this stage.”*)
- Help the person to understand why the material was written in the first place (the writer's purpose) e.g. *“This was written by Diabetes NZ for people just like you who are at risk of getting diabetes.”*
- Help the person to understand how the material works e.g. *“First there is information about the condition, information about medicines here, and these headings help you find the right information.”*
- Help the person locate the key information for their stage *“There is a lot of information in this pamphlet – you need to focus on this part about taking your medicines – if you want to read the rest later that is good but right now you need to just look at this part.”*

# Help people anticipate the next steps

Explaining the next steps helps people better navigate the system, ask and answer questions, understand how long it could take for their condition or disability to improve, and be better prepared for any changes that they could experience.

## Tips for helping people anticipate the next steps



Examples:

- *“Now you have started your warfarin you will need to have regular blood tests in case your doctor or nurse needs to adjust your dose. When did your doctor or nurse say you would need to have your next blood test?”*

- Tell people what to expect when taking a new medicine e.g. side effects.
- Tell people when they need to go back to their doctor or nurse e.g. serious side effects.
- Tell people how long before the medicine should start working and what to do if things don't get better.
- Tell them when they need to go back to the doctor or nurse and get a new prescription (a repeat).

# Medicine reviews

You may already be doing medicine reviews in your pharmacy. Make sure you use the person's actual medicines as this helps link spoken information to the actual medicine.

## Tips for medicine reviews

You may also be using a medicine card which lists all the medicines the person is currently taking, when to take them, what they are for, and any special instructions. Again, always use these cards with the person's actual medicines.

Medicine reviews are an opportunity to use closed questions such as *"What is this medicine called and why do you take it?", "When do you take it?", "Are there any foods you have to avoid?", "Have you had any side effects from this medicine?"*

They are also an opportunity to use more open questions such as *"Tell me about any problems you have managing your medicines."*

- Find out what the person already knows about their medicines e.g. *"Tell me which medicine you know the most about?"* or *"Tell me which medicine you know the least about."*
- Ask the person which medicine they want to start with – it might be the one they know the most about or the one they know the least about.
- If you are using medicine cards make sure they are written using ordinary clear language, not *"To reduce acid secretion in the stomach"* or *"Take care with activities requiring alertness."*

## For more information

See Tool 8, page 37 of the Universal Precautions Toolkit:  
[www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf](http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf)



# Reinforce and emphasise



Use this in two ways:

1. **Reinforce what the person already knows about their health condition or disability.** This helps the person realise they already know something and motivates them to take on new information. For example:

*"It's great you understand that you are likely to get gout attacks because your family has a history of getting gout."*

2. **Reinforce information when you want to emphasise a particular piece of information.** People need to be reminded of key points a number of times before these become part of their working memories. If you use Step 3 (check you have been clear) and find that the person does not recall information given previously, think about why the person didn't understand it the first time. Was there a problem with the language you used or did you give too much information the first time? Or perhaps the person was distracted.

If the person didn't understand you the first time, simply repeating what you said won't work. Instead find another way of rephrasing or restating the information, maybe using visual reminders to help the person. For example:

*"How about I write it down as 1... 2... 3."*

*"Would it help if I wrote it down for you?"*

*"I think this diagram/picture will help explain what is going on in your body."*

**Tips for  
reinforcing and  
emphasising**

- Use prompts if they have only missed out a small piece of information e.g. *"Do you remember what we said about weighing yourself to check if you are retaining fluid."*
- Use pictures and diagrams when people haven't understood spoken information or instructions.
- Take responsibility for not being clear e.g. *"Sorry I haven't been clear - what do you think would help you remember this information?"*
- Link it back to what the person knows – *"you told me that you sometimes feel you are retaining fluid because your shoes get too tight. We want to find out about it before it gets to that stage so ....."*



# Step Three

## Check you were clear

This is often the step that gets overlooked because you run out of time. Or else you use questions such as *“Do you have any questions?”* or *“Does that make sense?”* as a way of checking people have understood. Asking closed questions such as these are not effective to find out if the person understood you. People are most likely to say they don’t have any questions and they do understand even when they don’t.

Checking you have been clear is getting feedback from the person you have been talking to about how effective you were at communicating.

If you do not check you have been clear, the only indication that the person did not understand may be a medicine error or if a repeat is not collected. Relying on spoken and non-spoken and non-verbal cues such as the person saying *“yes”* or nodding is not accurate.

If feedback shows you that your communication wasn’t clear then go back to Step 2 and re-explain the missing information again, in a different way.

In the USA, checking understanding is called Teach-back or Teach to goal because you are asking the person to ‘teach back’ to you what you have just discussed with them.

# Teach-back

Studies show that when done effectively, teach-back doesn't take any longer and actually improves understanding and outcomes.

The responsibility for effective communication is on you as the person giving the information. So teach-back isn't a test of how well the other person has understood you. Instead teach-back is about how clearly and effectively you passed on the information.

If the person can't explain or demonstrate what they need to do then you have to start again by checking what the person does understand, re-explaining the missing information again in a different way, and then using teach-back again.



- Ask the person to repeat, in their own words, what they now know or need to do. For example:  
*"I want to check I have been clear, so can you tell me what you have to do and I will listen to make sure I explained it properly."*  
*"Just to be sure I haven't missed something, can you tell me what I have told you about this medicine."*
- Make sure it is obvious to the person that you are taking responsibility for the clarity of the conversation.
- Some health professionals find teach-back difficult to use at first so try using it at the beginning or the end of the day.
- Practise with another staff member.
- Once you have used teach-back think about what you did well and what you could improve next time.
- Develop a 'script' that works for you.
- Talk to other staff in your pharmacy about things they are finding useful.

For more information, see Tool 5, page 28 and pages 138 to 160 of the Universal Precautions Toolkit:

[www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf](http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf)

For a video of USA health literacy expert Dr Rima Rudd giving an example of a teach-back script see:

[www.youtube.com/watch?v=\\_tG2ewud1hs&list=UU8\\_p3mo72sDxkyzL1HQUUA&index=11](http://www.youtube.com/watch?v=_tG2ewud1hs&list=UU8_p3mo72sDxkyzL1HQUUA&index=11)

For videos of a cardiologist (good example) and a rheumatologist (not such a good example) using teach-back see:

<http://www.nchealthliteracy.org/teachingaids.html>

# Other actions you can take in your pharmacy

The Agency for Healthcare Research and Quality (AHRQ) in the USA has published a number of literacy tools for use in pharmacies.

While these tools have been developed for the USA, some can be adapted for the New Zealand context. In particular, the Pharmacy Health Literacy Assessment Tool and User's Guide will help you identify how you can improve the environment and services in your pharmacy.

To download the Tool see:

[www.ahrq.gov/pharmhealthlit/tools.htm](http://www.ahrq.gov/pharmhealthlit/tools.htm)

In July 2012, the Institute of Medicine published Ten Attributes of Health Literate Health Care Organizations to help organisations identify what they are doing well and areas they could work on.

To view these attributes in more detail see:

[http://iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH\\_Ten\\_HLit\\_Attributes.pdf](http://iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf)



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