

# The Importance of Health Literacy

## Overview and Call to Action: Health Literacy Improvement

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# Learning Objectives

- Define health literacy and know how it relates to other types of literacy
- Understand why health literacy is important and what factors contribute to low health literacy
- Describe strategies and tools health care providers can use to foster better patient understanding and improved health outcomes
- Apply health literacy principles to real-world examples of patients' challenges
- Explain Merck's commitment to improving health literacy

# **Chapter 1:** Awareness of Health Literacy

# Defining Health Literacy

- **Health literacy** is the capacity to<sup>1</sup>:



**Obtain, process, and understand** basic health information and services



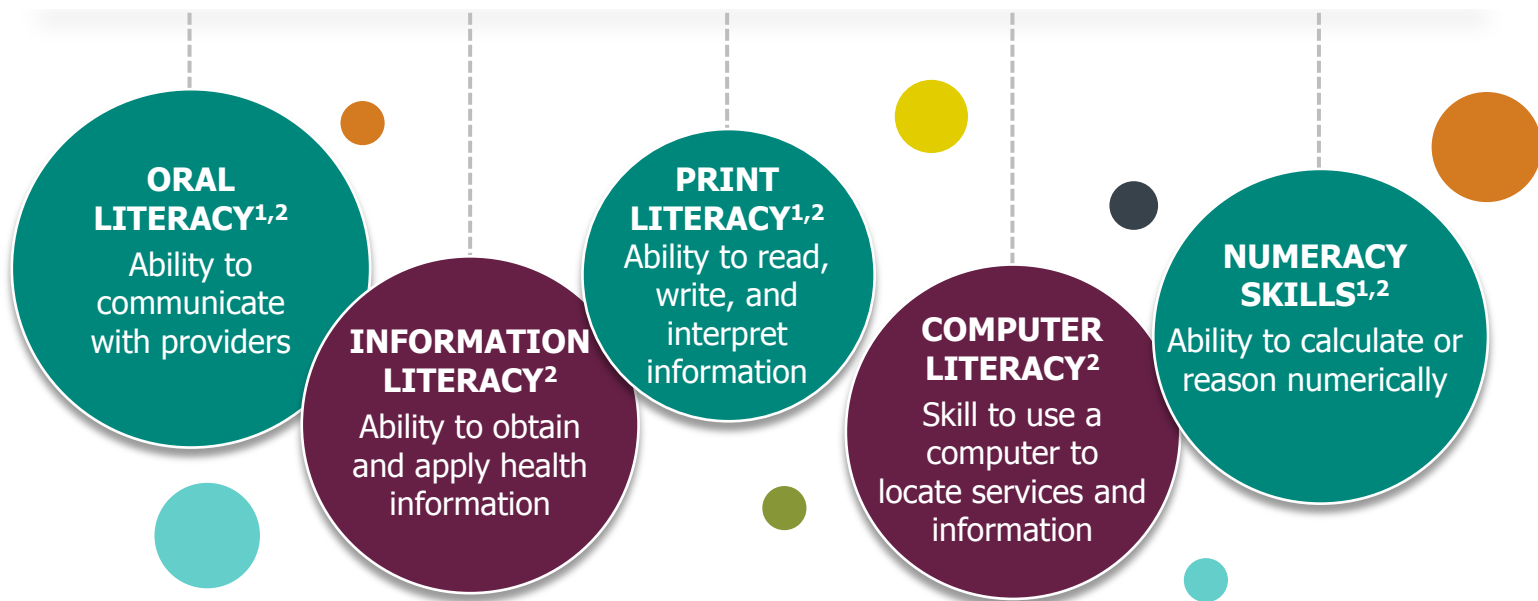
Make appropriate **health care decisions**



**Access services and navigate** the health care system

1. Agency for Healthcare Research and Quality. Executive Summary. Evidence Report/Technology Assessment Number 199. Health literacy interventions and outcomes: an updated systematic review. March 2011. <http://archive.ahrq.gov/research/findings/evidence-based-reports/litupsum.pdf>. Accessed February 5, 2016.

## Skills Involved in Health Literacy<sup>1,2</sup>



1. Agency for Healthcare Research and Quality. Executive Summary. Evidence Report/Technology Assessment Number 199. Health literacy interventions and outcomes: an updated systematic review. March 2011. <http://archive.ahrq.gov/research/findings/evidence-based-reports/litupsum.pdf>. Accessed February 5, 2016.
2. National Network of Libraries of Medicine. Health literacy. [http://nnlm.gov/outreach/consumer/hlthlit.html#Skills\\_Needed\\_for\\_Health\\_Literacy](http://nnlm.gov/outreach/consumer/hlthlit.html#Skills_Needed_for_Health_Literacy). Accessed February 8, 2016.

# National Statistics on Health Literacy

The 2003 **National Assessment of Adult Literacy** – *the first and only large-scale assessment of health literacy*<sup>1</sup> – showed that:

- **Only 12% of US adults have Proficient health literacy skills**, suggesting that most Americans lack important skills needed to prevent or manage disease<sup>2</sup>
- **36% of adults have Basic or Below Basic health literacy** and cannot perform moderately challenging health literacy tasks, such as<sup>3</sup>:



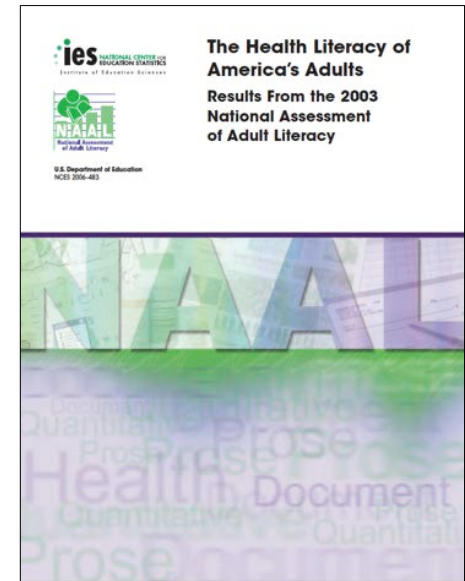
Determine a healthy weight range, based on a graph that relates height and weight to body mass index (BMI)



Find information to define a medical term by searching through a complex or unfamiliar document



Interpret a childhood immunization schedule using a standard chart



1. National Center for Education Statistics. Health literacy. <https://nces.ed.gov/naal/health.asp>. Accessed March 7, 2016.
2. Brega AG, et al. Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.
3. Kutner M, et al. The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. US Department of Education (NCES 2006-483). September 2006.

# Key Findings on US Adult Literacy Skills

The results from a 2013 international literacy survey known as the **Program for International Assessment of Adult Competencies (PIAAC)** indicate that a significant number of American adults have limited literacy skills. Some **key findings are**<sup>1,2</sup>:



## 1 in 6 American Adults Have Less-Than-Basic Print Literacy

Roughly 36 million US adults have only basic vocabulary knowledge and struggle when working with anything other than short texts



## Nearly 1 in 3 Have Less-Than-Basic Numeracy Skills

Almost 30 percent of US adults have difficulty solving anything beyond simple mathematical operations involving counting, sorting, and basic arithmetic



## The US Lags Behind in Digital Literacy, Problem Solving

American adults performed below the international average when it came to using digital technology to acquire and evaluate information, communicate with others, and perform practical tasks

1. National Center for Education Statistics. What is PIAAC? <https://nces.ed.gov/surveys/piaac/index.asp>. Accessed March 8, 2016.
2. PIAAC Gateway. PIAAC Fact Sheet: New data on the skills of American adults. <http://static1.squarespace.com/static/51bb74b8e4b0139570ddf020/t/55df6eafe4b071c5652995b7/1440706223683/Digital+Promise+Fact+Sheet.pdf>. Accessed March 8, 2016.



# Populations Vulnerable to Low Health Literacy



Health literacy challenges can affect people of all **ages, races, incomes, and education levels**<sup>1</sup>

However, some population groups are more vulnerable to low health literacy<sup>1</sup>

- The elderly (age 65+)
- People with less than high school education
- People living in poverty
- Racial and ethnic minorities
  - *Hispanic and black individuals in the US are 3 to 4 times more likely than white individuals to have low literacy skills<sup>2</sup>*
- People with limited English proficiency (LEP)
  - *One-third of adults with low-literacy skills are immigrants for whom English is a second language<sup>2</sup>*

1. US Department of Health and Human Services (HHS). Office of Disease Prevention and Health Promotion. National Action Plan to Improve Health Literacy. Washington, DC: Author. 2010.  
 2. OECD. OECD Skills Studies. Time for the U.S. to Reskill? What the Survey of Adult Skills Says. OECD Publishing; 2013. <http://dx.doi.org/10.1787/9789264204904-en>. Accessed March 17, 2016.

# Factors Affecting Health Literacy

A person's ability to **find**, **understand**, and **act upon** health information is affected by<sup>1</sup>:

- 1 **Communication skills** of lay persons and health care professionals
- 2 **Lack of knowledge** about health topics, such as understanding the relationship between lifestyle factors and various health consequences
- 3 **A person's embarrassment or shame** about their skill level, leading to misunderstandings or patient errors in following instructions
- 4 **Demands of the situation or context**, such as stressful health events or unfamiliar medical procedures
- 5 **Complexity of the health care system**, such as difficulty filling out forms, understanding costs, locating services, and accessing and evaluating information on the Internet
- 6 **Cultural** background and beliefs

# The Important Role of Culture in Health Literacy



Culture is integral to health communication; health literacy must be understood and addressed within the context of culture and language<sup>1</sup>

A person's understanding and response to health information is affected by their<sup>1,2</sup>:

- Cultural background – of both the patient *and* provider
- Attitudes and beliefs about health and illness
- Social and family influences
- Communication style, eg, native language, the meaning of words and gestures



Learning about patients' ethnic backgrounds and cultural traditions should not lead to stereotyping or assumptions, but should help providers deliver good patient-centered care

1. Institute of Medicine; Nielsen-Bohman L, Panzer A, Kindig DA, eds. Health literacy: A prescription to end confusion. Washington, DC: National Academy Press; 2004.  
2. National Network of Libraries of Medicine. Health literacy. [http://nnlm.gov/outreach/consumer/hlthlit.html#Skills\\_Needed\\_for\\_Health\\_Literacy](http://nnlm.gov/outreach/consumer/hlthlit.html#Skills_Needed_for_Health_Literacy). Accessed February 8, 2016.

## Chapter 2: Knowledge of Health Literacy

# Why Is Health Literacy Important?

**Health literacy** can affect a person's ability to<sup>1</sup>:

- 1 **Access** health care services
- 2 **Use** services appropriately
- 3 **Adopt** health-promoting behaviors
- 4 **Manage** chronic conditions
- 5 **Navigate** the health care system
- 6 **Act** on health-related news & information

## Poor health literacy...

is a stronger predictor of a person's health than age, income, employment status, education level, and race<sup>2</sup>

1. US Department of Health and Human Services (HHS). Quick guide to health literacy. <http://health.gov/communication/literacy/quickguide/Quickguide.pdf>. Accessed February 12, 2016.  
2. Weiss BD. Health Literacy: Health literacy and patient safety: Help patients understand. The American Medical Association (AMA) Foundation and the AMA. May 2007.

# Impact on Prevention and Wellness Efforts

Health literacy is **essential** in efforts to<sup>1,2</sup>



**Encourage use of appropriate preventive measures**, eg, health screenings, mammograms, recommended vaccinations



**Teach patients about health benefits**, risk factors, and adherence to treatment plans



**Inform and alert the public** about important health recommendations



“When people receive accurate, easy-to-use information about a health issue, they are better able to take action to protect and promote their health and wellness.”<sup>2</sup>

– Howard K. Koh, MD, MPH, Assistant Secretary for Health



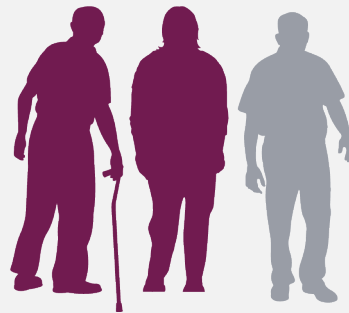
1. Berkman ND, Sheridan SL, Donahue KE, et al. Health Literacy Interventions and Outcomes: An Updated Systematic Review. Evidence Report/Technology Assessment No. 199. AHRQ Publication Number 11-E006. Rockville, MD. Agency for Healthcare Research and Quality. March 2011.
2. US Department of Health and Human Services (HHS). Office of Disease Prevention and Health Promotion. National Action Plan to Improve Health Literacy. Washington, DC: Author. 2010.

# Connection to Chronic Disease Management

**Self-management of chronic diseases**  
may be challenging for people with low health literacy<sup>1</sup>



In 2012,  
**About 1 out of every 2 adults**  
(117 million Americans) had  
**at least 1 chronic condition**<sup>2</sup>



In 2012,  
**2 out of 3 elderly adults**  
(aged 65 and older) had  
**multiple chronic conditions**<sup>3</sup>



“Without clear information and an understanding of the information’s importance, people are more likely to skip necessary medical tests, end up in the emergency room more often, and have a harder time managing chronic diseases such as diabetes or high blood pressure.”<sup>3</sup>

– *The State of Aging and Health in America 2013*, Centers for Disease Control and Prevention



1. US Department of Health and Human Services (HHS). Quick guide to health literacy and older adults. <http://health.gov/communication/literacy/olderadults/literacy.htm>. Accessed March 2, 2016.
2. Centers for Disease Control and Prevention. Chronic disease overview. <http://cdc.gov/chronicdisease/overview/index.htm>. Accessed February 14, 2016.
3. Centers for Disease Control and Prevention. The state of aging and health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2013.

# Impact on Health Care Costs

Low health literacy costs the US economy an estimated **\$106** (lower bound) to **\$238 billion** (upper bound)<sup>1\*</sup>



**For example, a health-literate male patient with diabetes would know<sup>2</sup>:**



His cholesterol level, blood pressure, and BMI—and what these mean for his health



How his disease can be managed with proper diet and exercise



What medicines he takes and how to use them safely and appropriately



How to test his blood sugar and what the results mean



How to choose the best health plan, doctor, dentist, and pharmacists

\* Based on an analysis of 2006 expenditure data from the Medical Expenditure Panel Survey (MEPS), 2006 US Census Bureau data, and the 2003 NAAL survey of US health literacy levels.

1. Vernon, et al. Low health literacy: implications for national health policy. The National Patient Safety Foundation. October 2007.
2. Parker RM, Jacobson KL. Health literacy (fact sheet). Emory Schools of Medicine and Public Health. February 2012.



# Impact on Adherence



Inadequate health literacy can be associated with **lower adherence to treatment plans**, due in part to poor communication between providers and patients<sup>1,2</sup>

Clear communication helps people feel more involved in their health care and increases the likelihood that they will follow through on their treatment plans<sup>3</sup>



A recent study of patients with type 2 diabetes found those with limited health literacy were more likely to be *unintentionally* nonadherent, such as forgetting or having trouble remembering to take medications<sup>3</sup>

1. Williams SL, Haskard KB, DiMatteo MR. *Clin Interv Aging*. 2007;2(3):453-467.
2. Fan JH, et al. *The Diabetes EDUCATOR*. 2016;42(2):199-208.
3. Brega AG, et al. AHRQ Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.

# Relationship to Health Disparities

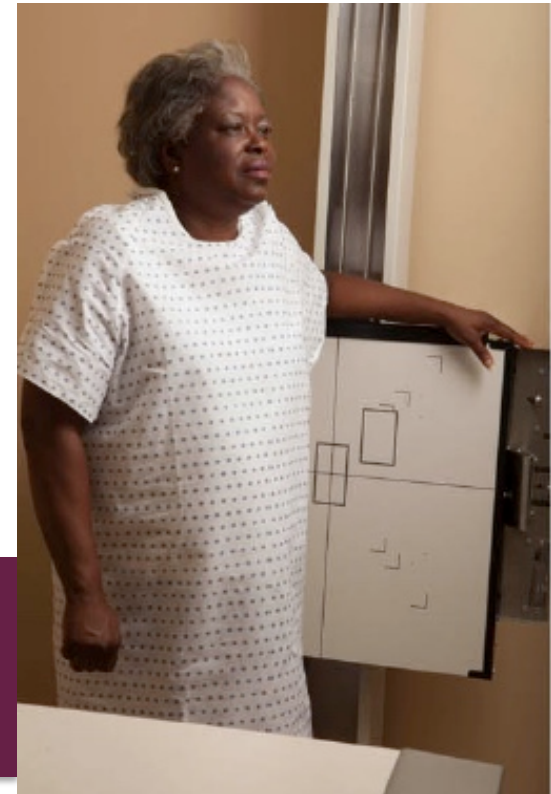
There is a strong correlation between health literacy and health disparities<sup>1</sup>

Patients' **cultural and linguistic differences** directly impact their health literacy levels<sup>1</sup>

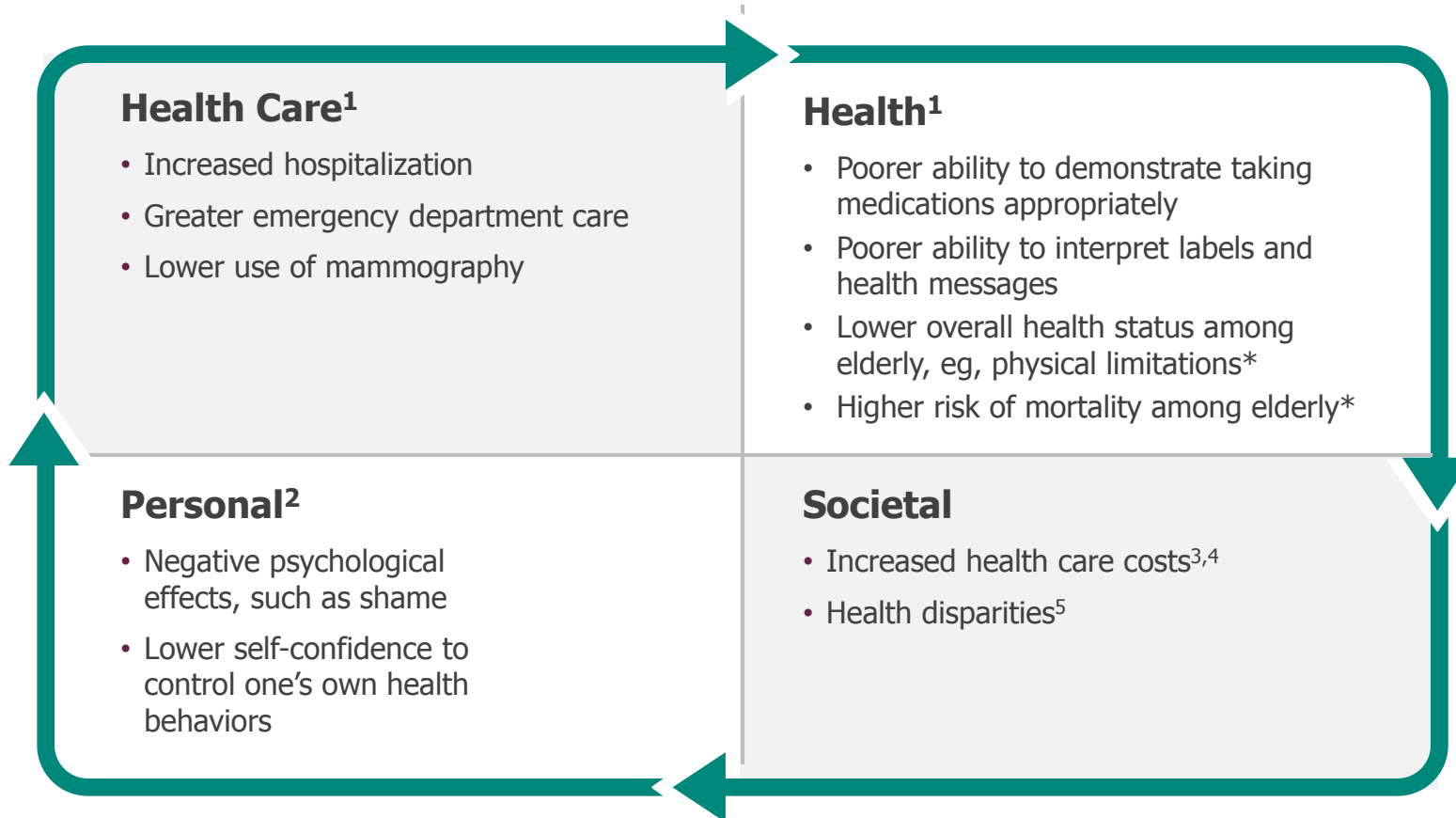
Low health literacy contributes to an increased prevalence of health disparities among vulnerable populations<sup>1</sup>



Promoting health literacy is a strategy to both reduce disparities and improve the provision of patient-centered care



# Link Between Low Health Literacy and Patient Health Outcomes<sup>1,2</sup>



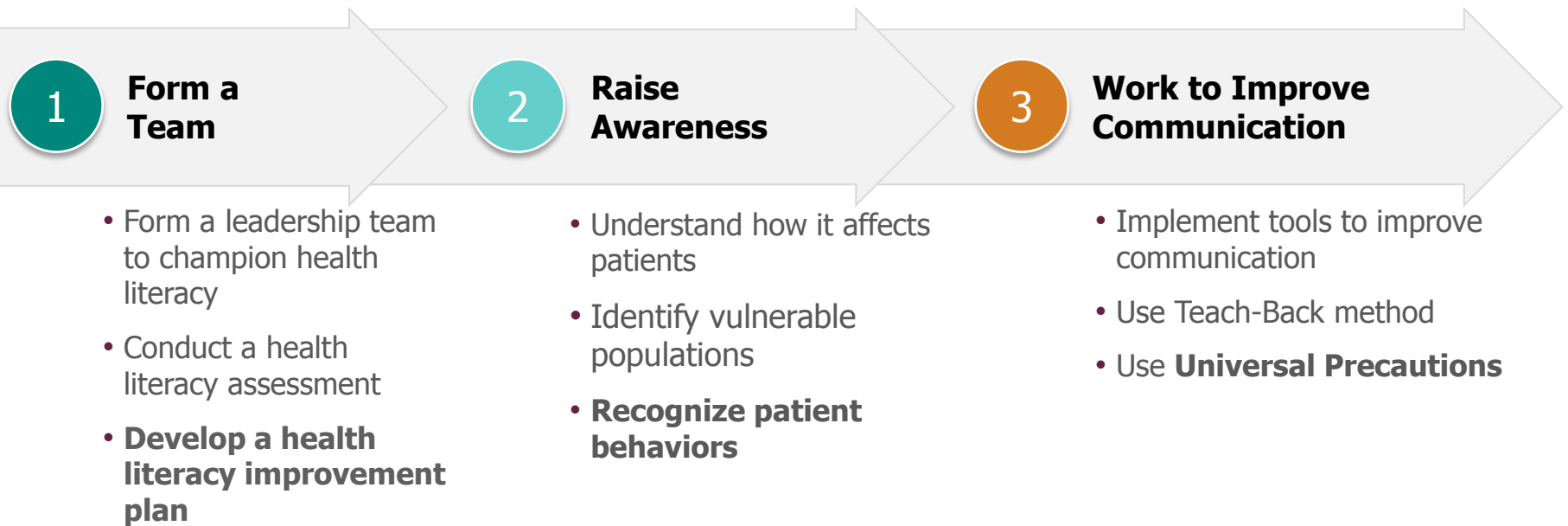
\* Refers to studies of elderly groups with inadequate vs adequate health literacy.<sup>1</sup>

1. Agency for Healthcare Research and Quality. Executive Summary. Evidence Report/Technology Assessment Number 199. <http://archive.ahrq.gov/research/findings/evidence-based-reports/litupsum.pdf>. Accessed February 5, 2016.
2. Lee TW, et al. *Asian Nurs Res*. 2012;6:128-136.
3. Haun JN, et al. *BMC Health Serv Res* 2015;15:249. doi:10.1186/s12913-015-0887-z.
4. Vernon, et al. Low health literacy: implications for national health policy. The National Patient Safety Foundation. October 2007.
5. Benjamin RM. *Pub Health Rep*. 2010;125(6):784-785.

## **Chapter 3:** Strategies for Health Care Professionals

# First Steps Toward Improving Patient Communication

Taking steps to assess your practice and raise awareness of health literacy may lead to strategies to help **improve communication with patients and help achieve better health outcomes<sup>1</sup>**



1. Brega AG, et al. AHRQ Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.

## 1

**Form a Team****Develop a Health Literacy Improvement Plan**

In order to identify areas of your practice that are in need of improvement, your health literacy leadership team should<sup>1</sup>:

- Conduct a health literacy assessment
- Review results and determine which areas you want to improve
- Select appropriate tools to improve communication with patients, such as:

### Examples of Tools to Improve Health Literacy<sup>1</sup>

• Universal Precautions	• Teach-Back Method
• Brown Bag Medication Review	• Trained Interpreters
• Reminders	• Action Plans
• Easy-to-Read Materials	• Friendly Environment
• Bulletin Boards	• Signs/Visuals

1. Brega AG, et al. AHRQ Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.

## 2

## Raise Awareness Patient Behaviors

Although you cannot look at a patient and assume low health literacy, it is helpful to be aware of some **common patient behaviors that could signal this<sup>1</sup>**:



Difficulty completing health forms



Frequently missed appointments



Lack of follow-through with laboratory tests or referrals to specialists



Noncompliance with medication regimens



Inability to list and describe the purpose of prescribed medications

## 3

## Work to Improve Communication Use Universal Precautions

Universal Precautions are an approach that assumes **anyone may have difficulty understanding health information**<sup>1</sup>

Implementing **Universal Precautions** means creating an environment where patients of all literacy levels can understand and participate appropriately in their health and health care<sup>1,2</sup>



*Universal precautions are beneficial for **both** the patient and the provider*

### Research suggests that:

“... while interventions and materials that address health literacy barriers may have greater effects on individuals with limited health literacy, many of those at higher health literacy levels also prefer and benefit from them.”<sup>2</sup>

— US Department of Health and Human Services

1. Brega AG, et al. AHRQ Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.
2. US Department of Health and Human Services (HHS). Office of Disease Prevention and Health Promotion. National Action Plan to Improve Health Literacy. Washington, DC: Author. 2010.



# A Systematic Approach to Promote Health Literacy

Practices can focus on **4 improvement areas**<sup>1</sup> to enhance clear communication and minimize risks of low health literacy in their patients' care

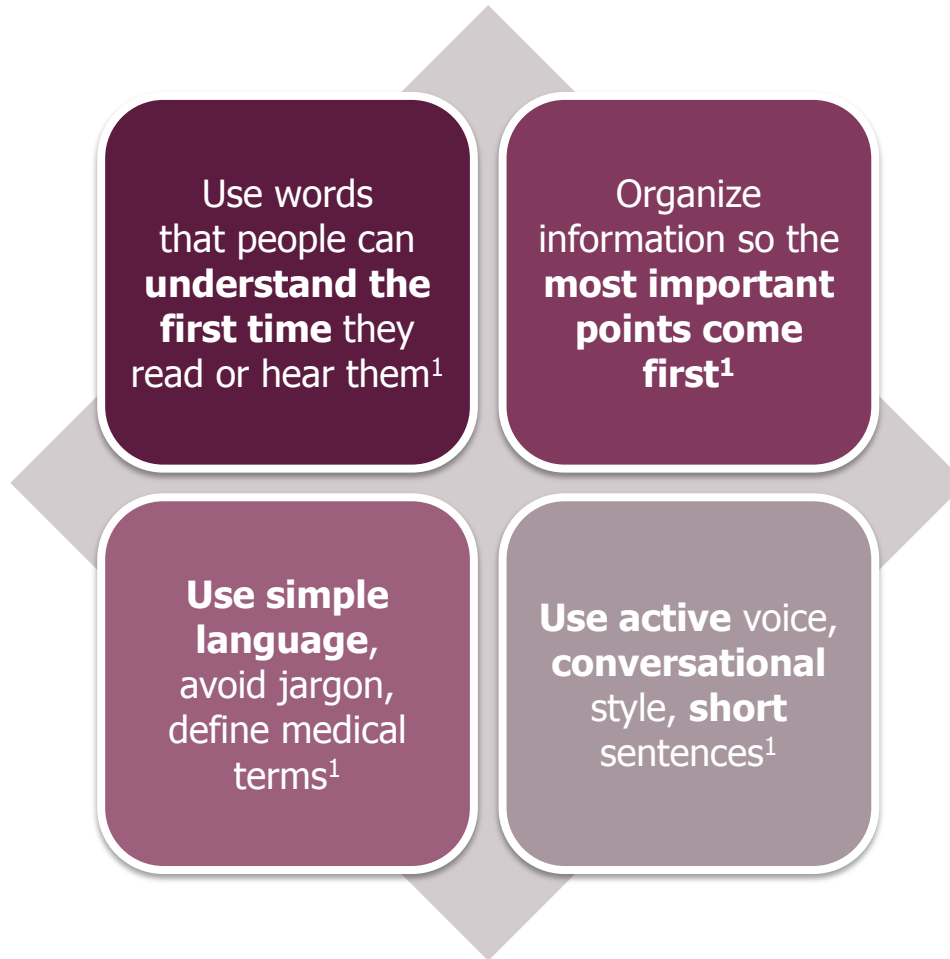
Four areas of focus:



1. Brega AG, et al. AHRQ Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.

# 1 Improve Written Communication

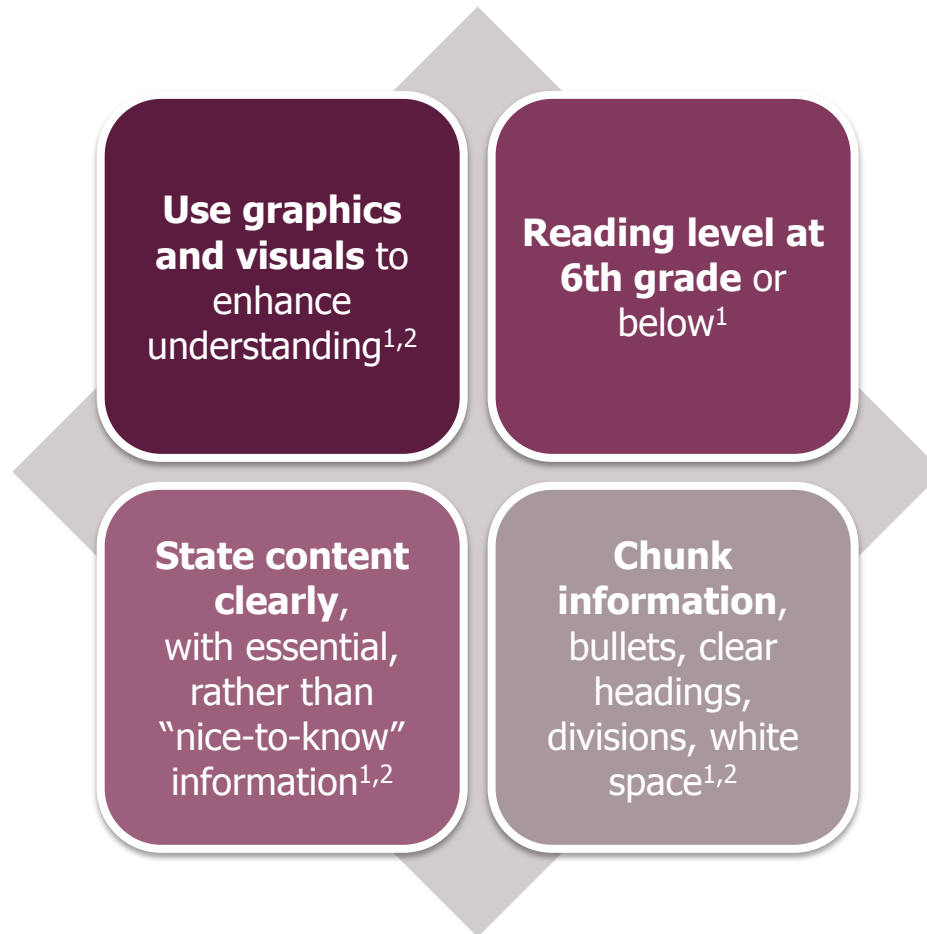
## Use Plain Language



1. US Department of Health and Human Services (HHS). Quick guide to health literacy. <http://health.gov/communication/literacy/quickguide/Quickguide.pdf>. Accessed February 14, 2016.

# 1 Improve Written Communication

## Design Easy-to-Read Materials



1. US Department of Health and Human Services (HHS). Quick Guide to Health Literacy. Fact Sheet. Basics. Available at [health.gov/communication/literacy/quickguide/factsbasic.htm](http://health.gov/communication/literacy/quickguide/factsbasic.htm). Accessed June 1, 2013.
2. DeWalt DA, et al. Health literacy universal precautions toolkit. AHRQ Publication No. 10-0046-EF. Rockville, MD: Agency for Healthcare Research and Quality; April 2010.

## 2

## Improve Spoken Communication

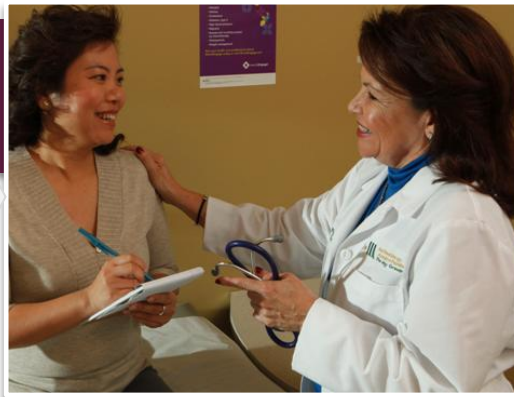
### Use Teach-Back Method

*Studies estimate that:*

**40% to 80%**

of medical information  
presented by HCPs is  
**forgotten immediately**<sup>1-3</sup>

Nearly **1/2** of what is  
remembered is **incorrect**<sup>2,3</sup>



The “**Teach-Back**” or the  
“**show me**” method may help<sup>2</sup>

It is a way for HCPs to confirm  
that information was explained  
to patients clearly

Patient understanding is  
confirmed when patients can  
explain it back<sup>2</sup>

1. Kessels RP. *J R Soc Med*. 2003;96(5):219-222.
2. Brega AG, et al. Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.
3. Anderson JL, et al. *Rheumatology*. 1979;18(1):18-22.

## 2 Improve Spoken Communication Teach-Back Tips

### Trying the Method

Plan the approach, use handouts, practice, and assess results  
**Make it part of the routine<sup>1</sup>**

### Asking for the Teach-Back<sup>2</sup>

I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?

Can you please describe the 3 things you agreed to do at home to help you manage your condition?

I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?



Teach-Back is **NOT** a test of patients' knowledge. It is a test of how well the concept was explained.<sup>2</sup>

1. Brega AG, et al. Health literacy universal precautions toolkit. AHRQ Publication No. 15-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2015.
2. DeWalt DA, et al. Health literacy universal precautions toolkit. AHRQ Publication No. 10-0046-EF. Rockville, MD: Agency for Healthcare Research and Quality; April 2010.

## 3 Improve Self-Management and Empowerment

Help **improve patient self-management and empowerment** by creating an environment that encourages patients to ask questions and get involved in their own care

Some examples<sup>1</sup>:

- **Encourage** patients to write down questions while waiting for their appointment
- **Work with** patients to discuss their health priorities and develop an action plan to promote behavior change
- **Explain** how to take medications correctly and offer patients assistance setting up a system (eg, reminders)
- **Review** medications with patients at least annually and after any significant medical event to ensure patient is following clinical recommendations

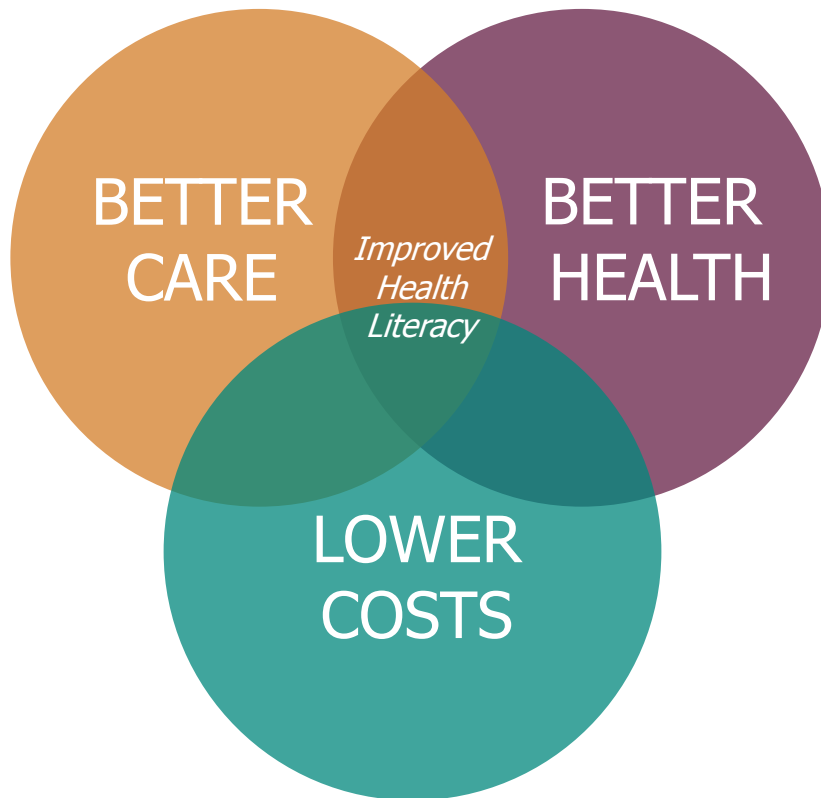
## 4

## Supportive Systems for Patients

**Implement supportive systems** for patients to improve health literacy, such as<sup>1</sup>:

- **Assess** patients' language preference
- **Communicate** in a linguistically and culturally-appropriate manner
- **Demonstrate** knowledge and sensitivity to patients' cultural beliefs and customs
- **Assist** patients in finding assistance for medication costs and filling out applications as needed
- **Ask** patients if they have questions or need extra support
- **Confirm** (by mail or phone) patient follow-through after a referral is made
- **Maintain** an updated list of community resources and refer patients as needed

# National Quality Strategy Supports Improved Health Literacy



The National Quality Strategy supports improved health literacy to help achieve its three overarching aims\* for quality improvement<sup>1</sup>:

- **Better health**
- **Better care**
- **Lower costs**

*\* The National Quality Strategy's three overarching aims build upon the Institute for Healthcare Improvement's Triple Aim<sup>®</sup>*

Brands mentioned are the trademarks of their respective owners.



1. Agency for Healthcare Research and Quality. 2014 National Healthcare Quality and Disparities Report. Rockville, MD; May 2015. AHRQ Pub. No. 15-0007.



## **Chapter 4:** Health Literacy Case Studies

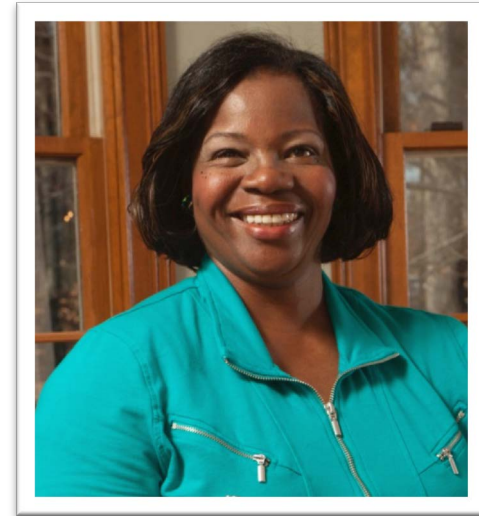
# Health Literacy Case Study #1

- Rhonda is a 23-year-old white female from a small rural community who completed high school, but reads at a 5th-grade level. She speaks rapidly, with a strong accent, and many of her words are not discernable. She prints when writing, with letters often reversed and misspelled. She smokes a pack of cigarettes a day. She brings her 5-year-old son to the clinic because of shortness of breath and wheezing. Her son is diagnosed with asthma, sent home with a nebulizer with albuterol and saline, steroid inhalers, spacers, two oral medications, and a peak flow meter.
- The nurse hands Rhonda a written sheet with medication instructions and reviews the information with her. Rhonda listens attentively, but doesn't ask any questions, and confirms to the nurse that she understands the instructions. She is also advised to stop smoking in the house and near her son, which she says she will do. She is asked to bring him back for follow-up in 1 week.
- Three days after her clinic visit, Rhonda brings her son to the emergency room in acute respiratory distress. She tried to use the nebulizer with albuterol but "it didn't work." She confused the oral medications, giving her son the 2 different pills twice per day rather than 1 of each once per day. Her son's clothing smells like cigarette smoke. Rhonda has no record of peak flow results because she did not use the meter, not remembering why it was needed.



## Health Literacy Case Study #2

- Ms. Jackson is a 50-year-old African American woman who works as a school bus driver. She is not married and lives alone, but she has one daughter who lives close by and visits once a week.
- She sees her doctor for a routine physical examination that included a normal breast examination, and a mammogram was recommended. She has never had a mammogram. She has a friend of the same age, who was recently diagnosed with breast cancer after finding a breast lump during a self-exam. Ms. Jackson had not found a lump in her breast on self-exam, and her breast examination with her doctor was normal.
- She was surprised when her doctor handed her a referral for a mammogram and told her to go to the front office to make an appointment with Radiology. The front office asked her preferences for the appointment time and confirmed she had transportation. However, on her appointment day, she decided not to show up for her mammogram. She did not discuss this further with her provider.



## For Discussion

- 1 ? What are some of the health literacy issues that may have led to this situation?
- 2 ? Were there signs that this patient may not understand the instructions given?
- 3 ? If you were this patient's doctor, how would you handle this situation?
- 4 ? How would you communicate information to the patient about her procedure or medications and negotiate a treatment plan with her?
- 5 ? What patient support systems could the clinic put in place to improve adherence and outcomes for patients in the future?

## Chapter 5: Commitment From Merck

## Merck's Commitment

“Health literacy is vital to achieving the best possible results from medical care, medicines, and vaccines... We must partner with patients to promote their understanding of their medical condition or disease, the reasons they are being treated, and the appropriate use of medications and other treatments. This will result in maximizing the benefit and minimizing issues when using our medicines. Merck is committed to improving health literacy as part of our mission to improve health.”<sup>1</sup>

– 2014 Merck Corporate Responsibility Report

# Merck's Commitment to Developing Health Literacy Resources

Merck is committed to improving health communication and supporting quality improvement through its efforts to:

- Use a Standardized Health Literacy Approach
- Apply Health Literacy Principles to Patient Educational Materials
- Develop Culturally Appropriate Patient Health Educational Materials
  - Use diversity in images
  - Translate materials into multiple languages
- Develop Customer/Consumer Resources
  - Health Literacy Customer Presentation
  - Cultural Competence brochures for HCPs
  - *Teach-Back* Technique Communication Guide for HCPs
  - Merck Connect
  - MerckEngage®

Brands mentioned are the trademarks of their respective owners.

# Use a Standardized Health Literacy Approach

Merck's **standardized health literacy approach** integrates health literacy principles in the design of patient health education materials, including (but not limited to) the following steps<sup>1</sup>:

- **Identify** the target audience and know their needs, interests, and behaviors
- **Define** purpose and state objectives in the title, cover illustration, and/or introduction
- **Limit** the scope of the content; include “need to know” information relevant to the audience, not “nice to know”
- **Focus** on concrete behaviors, skills, and instructions
- **Ensure** reading level is appropriate and allows as many people as possible to read and understand the materials
- **Write** using plain language, conversational style, active voice, simple sentences, short lists, explanations of technical terms and data that are easy to understand
- **Choose graphics** that are friendly, relevant, action-oriented, and reinforce objectives, as well as reflect the age, gender, and culture of the intended audience
- **Translate** using high-quality translation services and interpretation of content



# Apply Health Literacy Principles to Patient Educational Materials

## Develop Easy-to-Read Brochures

### DIABETES

#### Diabetes and your eyes

Diabetes can damage your eyes and is the leading cause of blindness among adults.

Diabetes may cause these common eye problems

- Cataracts. These make your vision foggy or cloudy.
- Glaucoma. This is high pressure in your eye. It can also damage your vision.
- Diabetic retinopathy. This is damage to the retina. The retina is a thin layer of tissue covering the back of the eye.

If you have diabetes, be sure to have your eyes checked by an eye doctor at least 1 time every year.



Normal vision



Blurry vision



Vision with retinopathy\*

\*You may be able to see clearly and still have retinopathy.

The material uses a **visual aid** to illustrate diabetic retinopathy, making a complex topic **easier to understand**

# Develop Culturally Appropriate Patient Educational Materials

## Use Diversity in Images

### The diabetes portion plate for a Japanese meal

#### How to divide your plate

The diabetes portion plate is an easy to use tool that can help you visualize your portion sizes and make smart, healthy choices about what you eat.



#### Nonstarchy vegetables

Fill 1/2 of your plate with nonstarchy vegetables, such as cabbage, mushrooms, snow peas, eggplant, bamboo shoots, bean sprouts, broccoli, green beans, carrots, spinach, and cucumbers.



1/2

Use a 9-inch plate.

1/4

#### Whole grains and starches

Fill 1/4 of your plate with grains and starchy foods, such as white and brown rice, soba, somen and udon noodles, dried beans, and low-fat crackers.

1/4

#### Protein

Fill 1/4 of your plate with protein, such as skinless chicken, lean cuts of beef or pork, eggs, fish, shrimp, and tofu.



Provided as an educational resource by Merck

Patient brochure depicting a culturally appropriate diabetes meal for **Japanese patients** — in English

# Develop Culturally Appropriate Patient Educational Materials

## Translate into Multiple Languages

Patient brochure depicting a culturally appropriate diabetes meal for Japanese patients — **in Japanese**

糖尿病のためのポーション・プレート (日本食用)

**お皿の分け方**  
糖尿病のためのポーション・プレートとは、自分に適した食事の分量を視覚的に把握できるようにし、健康的で賢明な食事の選択を手助けする使いやすいツールです。

**糖質の少ない野菜**  
お皿の1/2に、糖質の少ない野菜を置きましょう (キャベツ、キノコ類、サヤエンドウ、ナス、タケノコ、モヤシ、ブロッコリー、サヤインゲン、ニンジン、ホウレン草、キュウリなど)。

**全粒穀物とデンプン類**  
お皿の1/4に穀類と糖質の多い食品を置きましょう (白米・玄米、蕎麦、そうめん、うどん、乾燥豆、低脂質のクラッカーなど)。

**タンパク質**  
お皿の1/4にタンパク質を置きましょう (皮なし鶏肉、牛肉や豚肉の脂肪分の少ない部位、卵、魚、海老、豆腐など)。

9インチ (約23センチ) 大のお皿を使いましょう。

MERCK 教育目的の資料としてMerck社より提供

# The *Teach-Back* Technique

## Communication Guide for HCPs

### The *Teach-Back* Technique

Communicating Effectively With Patients



### What Is the *Teach-Back* Technique?

*Teach-Back* is a communication technique used to help patients remember and understand the important information regarding their diagnosis, treatment, or medication. The *Teach-Back* technique involves asking patients to recall and then explain or demonstrate the important information discussed during an interaction with their health care team. This technique can be used any time a health care team member interacts with patients. Using the *Teach-Back* technique may increase the likelihood that patients will better understand information and instructions.<sup>1</sup>

This booklet will provide you with helpful tips and interactive examples of the *Teach-Back* technique to assist you in your daily interactions with patients.

#### Why Use the *Teach-Back* Technique?

Poor communication between health care providers (HCPs) and their patients is a common problem. It may result in a lack of understanding by the patient about his or her diagnosis and treatment. The reasons for these communication problems vary and may include the factors in the following section.<sup>2-4</sup>

#### Health Care Provider Factors

- Difficulty simplifying complex or confusing medical terms or concepts
- Limited time for discussion
- Having to communicate a lot of information at once
- Overestimating the patient's understanding of information

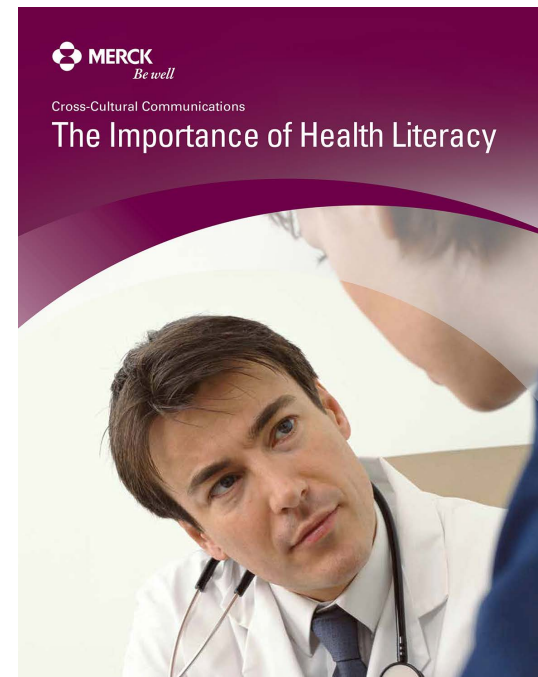
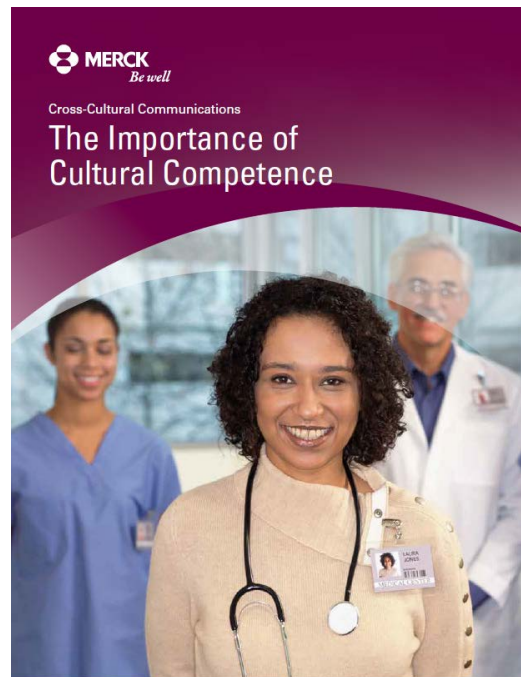
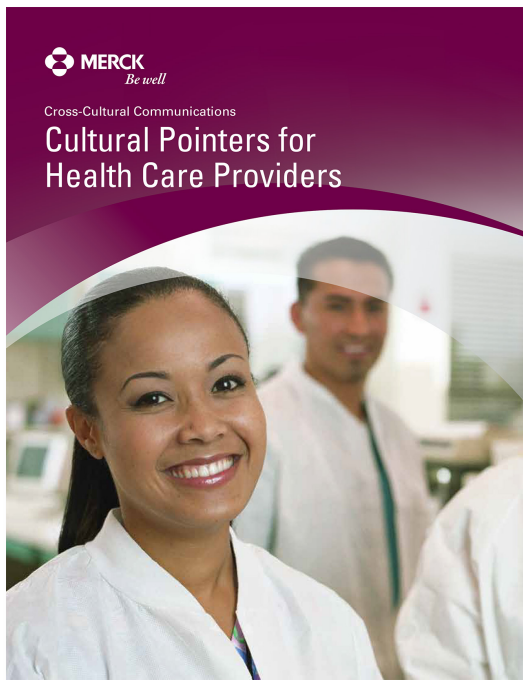


Among patients who could recall their doctor's instructions, nearly half of the patients remembered the information incorrectly<sup>5</sup>

3



# Cultural Competence and Health Literacy Brochures for HCPs





# Merck Connect



**Merck Connect:** An integrated suite of resources for health care professionals to provide educational materials, disease state information, patient support content, and product information

An online video by Dr Ruth Parker teaching and modeling the use of **"Teach-Back"**



**Teach-Back Technique**

*Dr. Ruth Parker*

18:35 min

[Learn more >](#)

[View Now >](#)

An online video by Dr Darren DeWalt that provides tips on implementing **universal health literacy precautions**



**Implementing Universal Precautions for Health Literacy (Ensuring Clear Communication and Patient Understanding)**

*Dr. Darren DeWalt*

25.35 min

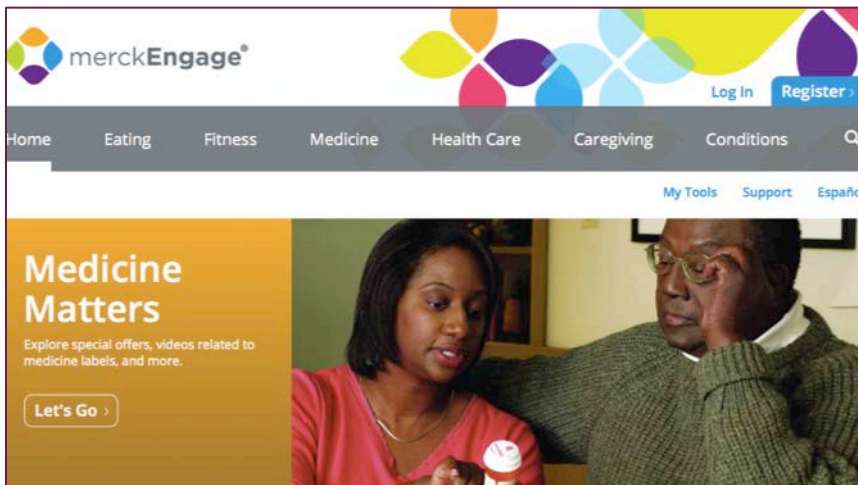
[Learn more >](#)

[View Now >](#)

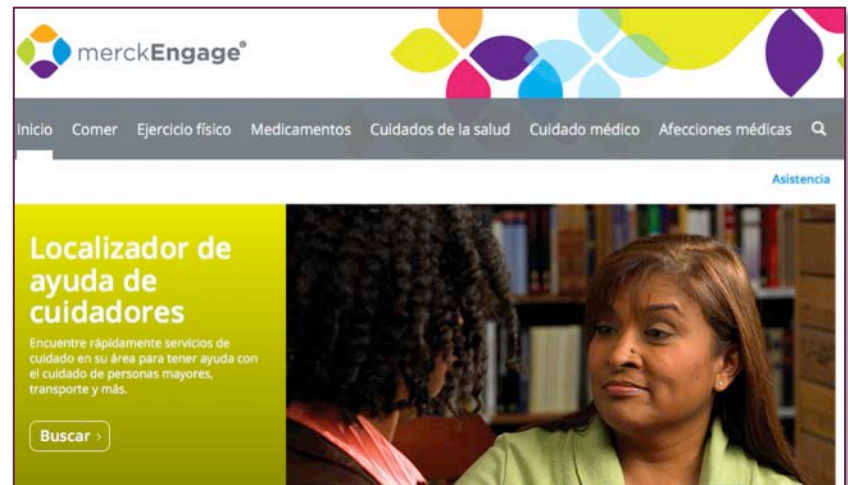
# Customer Engagement Platform

## MerckEngage.com

- **In English**



- **In Spanish**



# Conclusions

- A significant number of Americans have limited health literacy skills, and/or may face health literacy challenges
- Health literacy is essential to prevention and wellness, chronic disease management, adherence, and reducing health disparities
- There is a correlation between low health literacy, higher health care costs, and poorer health outcomes
- There are many strategies HCPs may use with their patients to enhance communication, such as implementing Universal Precautions and using the Teach-Back method
- Merck is committed to creating and sharing customer health communication resources and supporting quality improvement