

# Introduction to Health Literacy and the Teach-Back Method

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This training is supported by the Office of Minority Health (OMH) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,999,933.00 with 100% funded by OMH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OMH/OASH/HHS, or the U.S. Government.

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UT Health

San Antonio

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Center for Medical  
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# Objectives

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1. Describe how low health literacy might negatively impact COVID-19 health-related outcomes and behaviors.
2. Identify the role of CHWs in promoting health literacy in clinical and community settings.
3. Develop proficiency in practicing the health communication skill of teach-back.

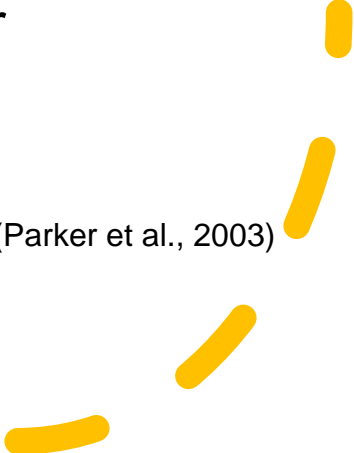
## A Health Literacy Scenario

A two-year-old is diagnosed with an inner ear infection and prescribed an antibiotic.

Her mother understands that her daughter should take the prescribed medication twice a day.

After carefully studying the label on the bottle and deciding that it doesn't tell how to take the medicine, she fills a teaspoon and pours the antibiotic into her daughter's painful ear.

(Parker et al., 2003)



# The National Health Care Plan for the United States

The National Health Care Plan to improve health care seeks to engage individuals, communities, employers, state and local governments, and families in a national effort to improve health care. The plan is based on the principle that (1) everyone has the right to health care that meets their needs and (2) health care services should be delivered in ways that are equitable and consistent with the values of health, equity, and quality of life. The goals of this plan are:

- Provides everyone with access to quality and affordable health care
- Promotes person-centered health care and services
- Supports innovation and research to improve health care

# Health Literacy Basics

1. Literacy & Health Literacy are different.
2. Low health literacy is common.
3. Health literacy is a predictor of health status.
4. Shame is a major barrier.
5. Low health literacy is associated w/higher health costs.
6. You can't tell by looking.
7. Providers have limited training.

# Health Literacy Basic #1

Literacy and Health Literacy are different.

# Literacy

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**Print Literacy** – Ability to read and understand text and locate and interpret information in documents.

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**Numeracy** – Ability to use quantitative information.

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**Oral Literacy** – Ability to speak and listen effectively.

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**Digital Literacy** – Ability to access and use digital health information



# Health Literacy Definition

The degree to which individuals have the capacity to



Obtain

Process

Understand

basic information and services needed to make appropriate health decisions

*(IOM 2004)*

# Common Areas Associated with Health Literacy

- Patient-physician communication
- Medication instructions
- Follow-up appointments
- Health information pamphlets
- Informed consent
- Insurance forms
- Giving patient history
- Public health training
- Directions to clinic

# Updated Health Literacy Definition

- From Healthy People 2030:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

- Emphasizes people's ability to *use* health information, not just understand it
- Focuses on ability to make “well-informed” decisions rather than “appropriate” ones
- Incorporates a public health perspective
- Acknowledges that organizations have a responsibility to address health literacy

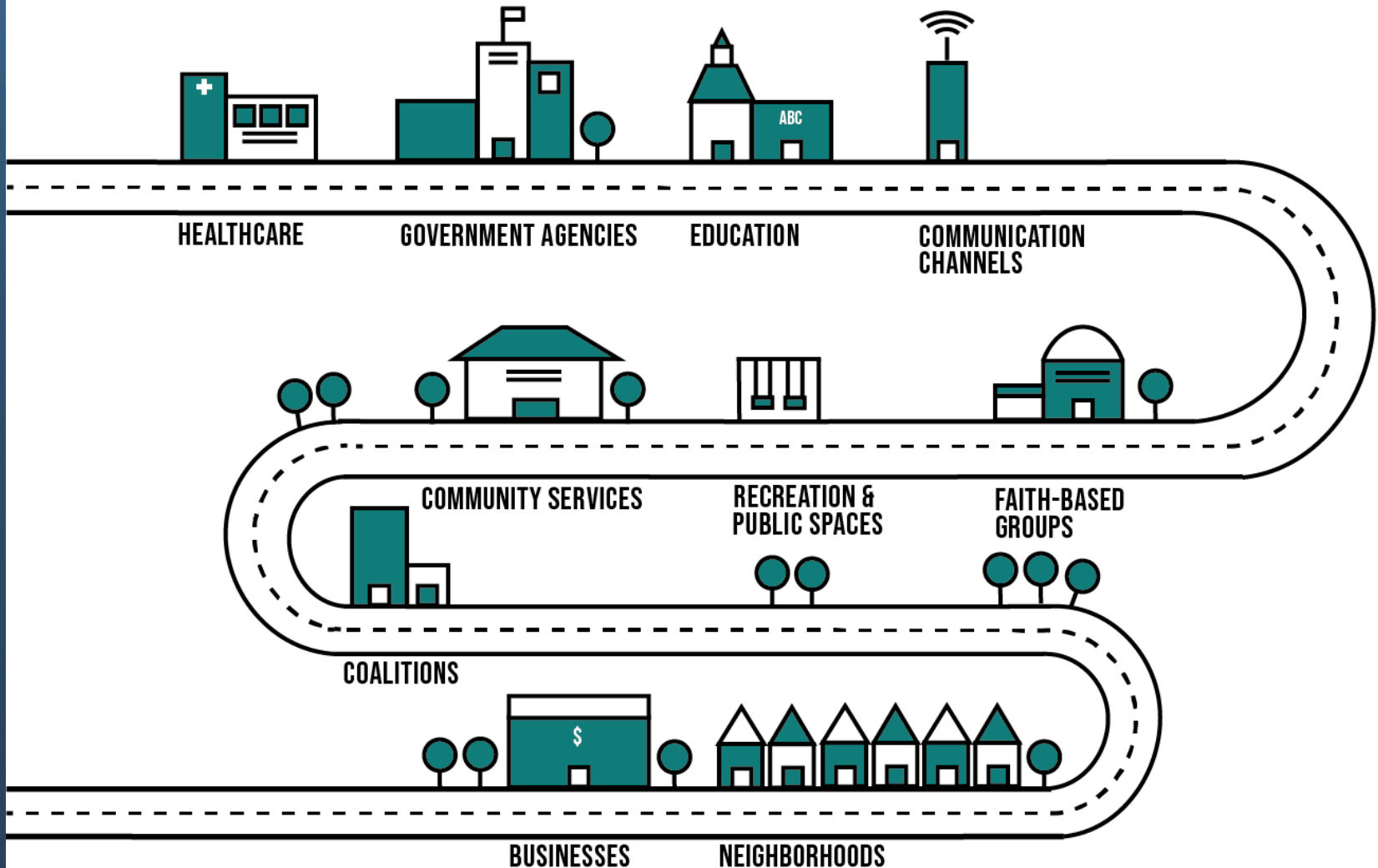
# Why does this matter?

What does this have to do with being a CHW?

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# COMMUNITY HEALTH LITERACY

*How can health literacy contribute to healthy communities?*



# Health Literacy Basic #2

Low health literacy is common.

How many Americans don't have good health literacy?

a. 10%

b. 50%

c. 75%

d. 90%



# Nearly 9 out of 10 adults have difficulty using everyday health information.\*

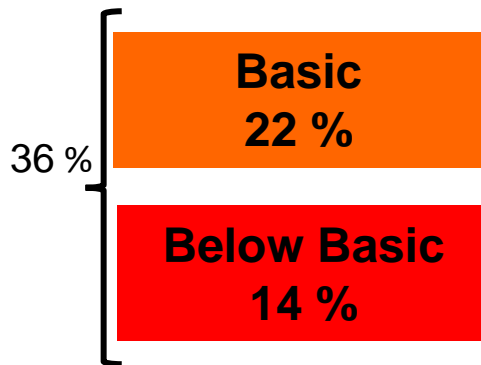
2003 National Assessment  
of Adult Literacy (NAAL)

**Proficient**  
12%

Calculate an employee's share of health insurance cost

**Intermediate**  
53%

Determine what time a person can take a prescribed medication



Answer simple questions based on a clearly written health pamphlet

**Below Basic**  
14%

Circle the date of a medical appointment

\* National Action Plan to Improve Health Literacy, UD Dept of Health and Human Services, 2010



# Medications



People with Basic or below basic health literacy were **5 times more likely to misinterpret their prescriptions** than those with adequate skills.

# Medication Instructions



R<sub>x</sub>

Dr. Doe

Med Name

Give one teaspoonful  
by mouth 3 times daily

**Can you recognize the  
teaspoon?**



# Groups Overrepresented in Basic & Below Basic Levels

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“High Risk” Groups:

- Elderly
- Persons with limited education
- Members of Ethnic Minorities
- No English spoken before starting school
- Unemployed
- Insured by Medicare / Medicaid

# Health Literacy Basic #3

Health literacy is a predictor of health status.

# Low Health Literacy → Worse Outcomes

- Poorer adherence to medical advice
- Worse outcomes (e.g. glycemic control)
- Less healthy behaviors and use of preventive services (e.g. immunizations)
- More hospitalizations
- Higher mortality among the elderly

*(Berkman et al, Ann Intern Med;155 Med, 2014)*

Health literacy is a **stronger predictor** of a person's health status than educational level, socioeconomic status, gender and age.

*(Health Literacy Report of the Council of Scientific Affairs, AMA, 1999)*

# Health Literacy Basic #4

The shame and stigma associated with limited literacy skills are major barriers to improving health literacy.

# Shame





# Health Literacy Basic #5

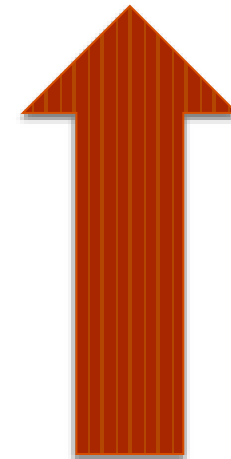
Low health literacy is associated with higher health costs.

# Higher Costs

## Medicaid Enrollees

- \$2,891 per enrollee
- \$10,688 for enrollees with limited literacy skills

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## Higher Costs

n = 92,749 veterans

Service utilization from 2007 - 2009

Literacy Level	AVG Cost
Inadequate	\$31,581
Marginal	\$23,508
Adequate	\$17,033



Estimated 3-yr cost  
= **\$143 million**

More than those  
with adequate  
health literacy

# Health Literacy Basic #6

You can't tell by looking.

# “You Can’t Tell By Looking”

- 58% of patients with reading difficulties had never told their spouses.

*(Parikh, et al. Pat Edu Counseling 1996;274)*

- Physicians could only identify 20% of their patients who were at the lowest literacy level (< 3<sup>rd</sup> grade).

*(Am J Obs Gyn 2002;186)*

# Hiding it



# Health Literacy Basic #7

Providers have limited training.

# Steps to take

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1

Practice universal precautions for health literacy.

2

Create a shame-free, patient-friendly environment.

3

Improve communication skills.



# What are “Universal Precautions” in health literacy?

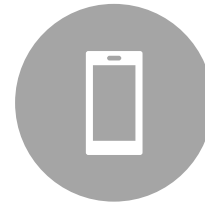
Taking specific actions, such as using plain language and clear communication, that minimize risk for **everyone** when it is unclear which patients may be affected



## Create a shame-free, patient-friendly environment:



be helpful



answer phones in person



help complete forms



review instructions



encourage questions



simplify signs

# Tips for Better Communication

1. Show empathy.
2. Be an active listener.
3. Use simple language.
4. Slow down!
5. Avoid information overload.
6. Include family and friends.
7. Tell stories.
8. Understand cultural contexts.
9. Use show and tell (A picture=1000 words).
10. Use teach-back method.



# Six Communication Skills



SETTING THE  
TONE



ACTIVE  
LISTENING



USE PLAIN  
LANGUAGE



ACKNOWLEDG  
E DIFFERENT  
PERSPECTIVE  
S



BRIDGE  
RESPECTFULL  
Y



USE TEACH-  
BACK TO  
CHECK FOR  
UNDERSTANDI  
NG



# The teach-back method



**What:** An evidence-based tool to assess a patient's understanding of their medical situation



**Why:** We cannot assume understanding. When a patient tells you what they understand, you can identify any gaps in knowledge and provide additional education.



**How:** After explaining the material, ask the patient to “teach” you back in their own words what they learned, noting this is NOT a test

# Teach back is supported by research.

- Systematic review: overall positive effects in wide range of outcomes: knowledge, adherence, self-efficacy, inhaler demo

Ha Dinh et al. 2016;14(1):210-247.

- Better patient outcomes (e.g. glycemic control)

Schilling D, et al. 2003;163:83–90.

- Improved patient safety; effective communication between healthcare providers and patients.

Klingbeil C, Gibson C. 2018;42:81-85.

- Increased efficiency—fewer surgeries delayed or cancelled because patients hadn't understood instructions.

— *National Quality Forum.2005*

- Best practice for health literacy education.

Saunders C, Palesy D, Lewis J. 2019;5(1):13-29.

First: Explain  
the health  
information.

- Use plain language.
- Focus on 2-4 key points.
- Use educational materials that are culturally and linguistically appropriate.
- Supplement with visual aids: pictures, diagrams, and models

Next: Use  
teach-back to  
check for  
understanding

.

- Confirm the patient's understanding with teach-back or for demonstrations, "show-me"



Finally: Re-explain (if needed)

- If the patient could not teach back correctly, don't repeat yourself.

Instead:

- Praise what the patient got right (provides encouragement and re-focuses attention.)
- Explain the information in a different way (e.g. use analogies, remove any jargon.)
- State that it is your job to clear (to place the burden on you, not the patient.)
- Recheck understanding with teach-back.

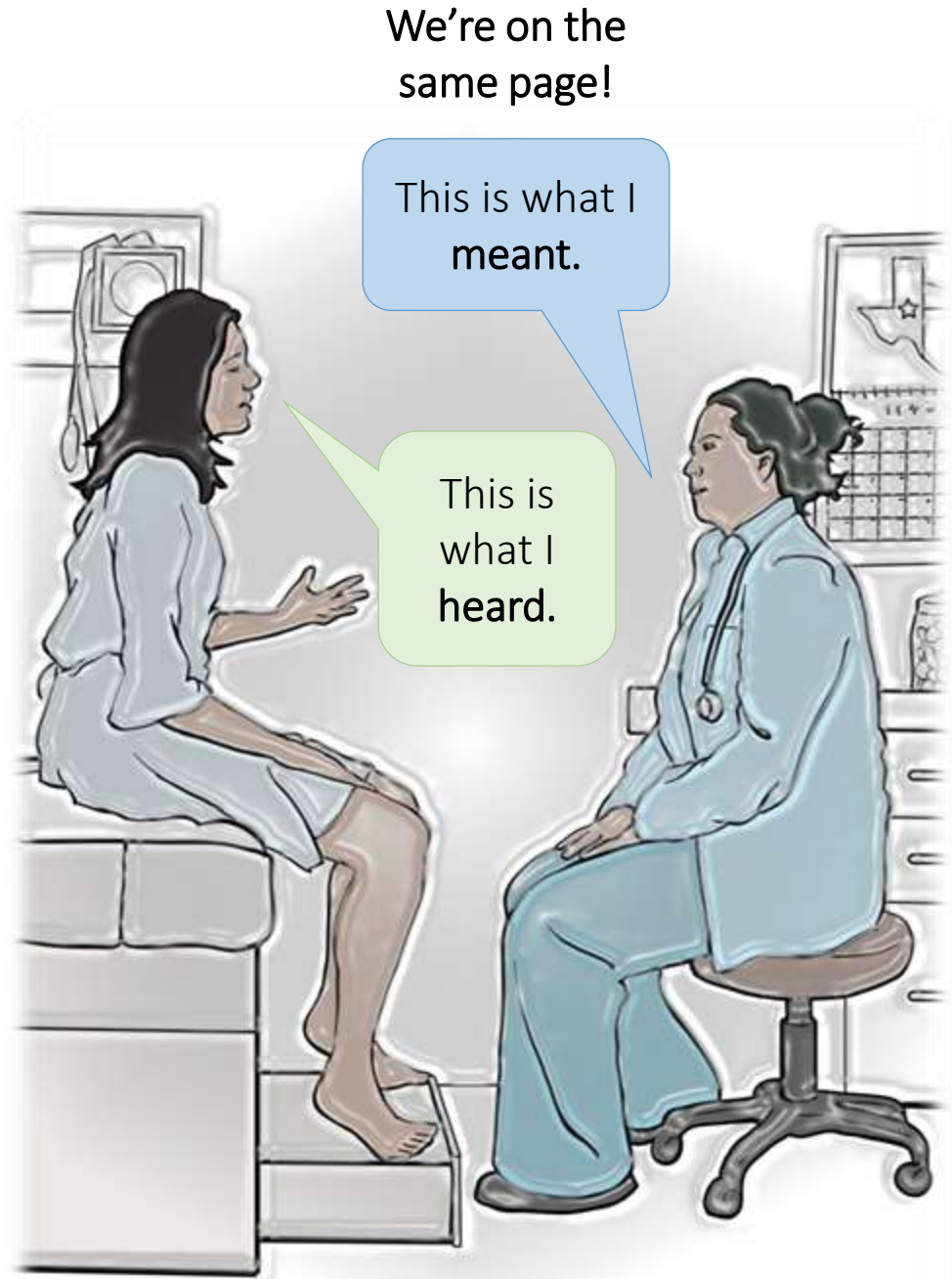


What teach  
back is not

# Teach back is...

- Asking patients to repeat **in their own words** what they need to know or do.
- A process that allows you and the patient to **discover gaps** in information, misunderstanding, and missing context.

Allows for immediate clarification.



Most patients forget up to \_\_\_% of what their doctor tells them as they leave the office.

a. 10%

b. 33%

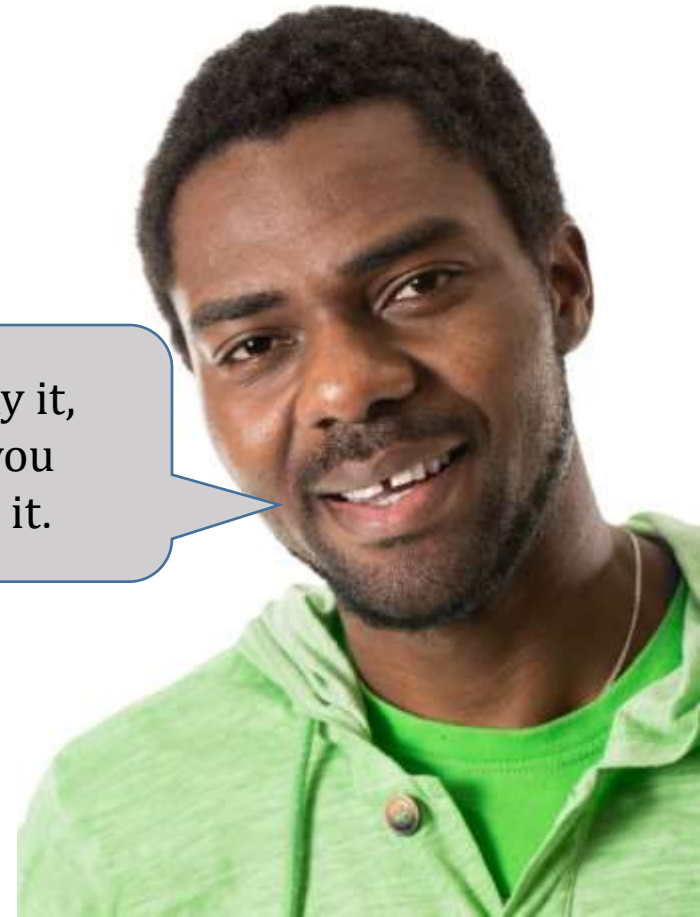
c. 50%

 d. 80%

# Teach Back is also...

- It's a non-judgemental non-shaming way to confirm that a patient understands health information.
- Not a test of how well the patient understood you, but of how clearly you explained the information.
- A chance for patients to process and repeat information

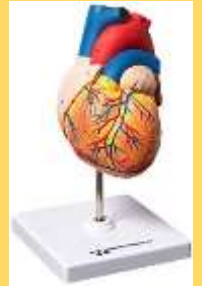
When you say it,  
you **know** you  
understand it.



# Breaking it down: Five **T**s for teach back

**Triage**—focus on just one topic for teach back.

**Tools**—Use a model, a written tool, a poster, graphics, a pill pack, a pill organizer to help you explain/review what you want your patient to know.



**Take responsibility** for the communication: “I want to make sure I did a good job explaining...”

**Tell me** (or show me)—ask the patient to tell you, in her own words, what she will do or what she understands. Be explicit and specific about what you want the patient to say back.

**Try again**— if necessary

# Teach Back Lead-In



That was a lot of information I just gave you! I want to make sure I did a good job of explaining, because this topic can be confusing. So, can you tell me, in your own words, how you are going to take your medication?

# Putting it all together—a real life example

## Instructions from Birth Control Packet:

If you miss 2 light pink active oral contraceptive pills (OCPs) in week 3 or week 4 of your packet and if you are a day one starter, take the 2 OCPs you missed today and two OCPs tomorrow at the regular time.



# Putting it all together—a real life example

**Health Educator:** I ask the client, okay, tell me, if you miss a pill, what should you do? If she doesn't know how to explain it to me, right there, I already know, okay, she's not really grasping this information.

So I go over it with her again. This is what you do if you miss one pill, this is what you do if you miss it for two days. I give her an example. I say, "Let's say you left town for the weekend and left your pills at home. So you missed two pills. What are you going to do now?"

I also give her the pill packet. If she can't show me what to do, I really don't feel comfortable.

Because they're bound to miss their pill. It's going to happen. So it's just like, okay you've got to really break it down for them.

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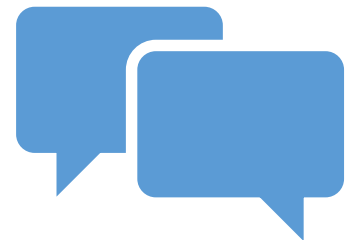
# Situations you might use Teach-Back with COVID

**Explain:** How to prevent COVID through masking.

Teach Back: I want to be sure I explained how you can get COVID. What will you do when you go home to help keep you and your family from getting COVID?

**Explain:** How to interpret a COVID-19 home test

Teach Back: Sometimes knowing what to do next after getting a test result is confusing. What will you do if your child's COVID-19 home test is positive?



# Resources

- US Department of Health and Human Services
  - National Action Plan to Improve Health Literacy:  
[http://health.gov/communication/hlactionplan/pdf/Health\\_Literacy\\_Action\\_Plan.pdf](http://health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf)
- The Joint Commission
  - Patient Safety:  
[http://www.jointcommission.org/assets/1/18/improving\\_health\\_literacy.pdf](http://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf)
  - Patient-Centered Communications:  
[http://www.jointcommission.org/facts\\_about\\_patient-centered\\_communications/](http://www.jointcommission.org/facts_about_patient-centered_communications/)

# Resources

- Institute of Medicine
  - 2004 Report: Health Literacy: A Prescription to End Confusion  
<https://iom.nationalacademies.org/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>
- Agency for Healthcare Research and Quality (AHRQ)
  - Health Literacy Universal Precautions Toolkit  
<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

# Acknowledgements

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- Oralia Bazaldua, PharmD
- Kathryn Anderson, MA
- Institute for Healthcare Advancement