

Health Literacy & Transitions in Stroke Care

Southeastern Ontario Stroke Navigation Workshop
April 2021

Objectives

- What is HL
 - HL in those recovering after a stroke
 - HL and transitions in care
- Universal HL precautions, PL & teach back methodology
- Key considerations in written materials
- Considerations for use of technology and virtual options

What is Health Literacy (HL)

- A broad set of skills that enable us to access, understand, analyse and use health information in order to make decisions about our health and health care.
- The skills and abilities of health care providers and health care systems to provide information in ways that are easy to access and understand.

Health Literacy and Stroke

Studies have shown:

- Low prevalence of stroke health literacy
- Significant correlation between adherence to rehabilitation treatment and the level of health literacy and education
- Clear relationship between health literacy skills and stroke education outcomes
- Health literacy links perception of risk and specific lifestyle behaviours

Health Literacy & Transitions in Stroke

Patients with limited HL have more transitional care needs:

- Limited understanding of diagnosis
- Inability to identify and respond to signs of stroke
- Inability to manage personal risk factors
- Challenges with medication regime
- Issues with use of medical devices, such as home O2
- Uncertainty with navigating multiple healthcare providers

Health Literacy and Cognition

- Low HL and impaired cognition are independently associated with reduced health knowledge
- Older adults with poorer cognitive functioning are at risk for having low health literacy
- Low HL and declining cognitive functioning might be a barrier for person-centered care, even in relatively young older adults
- Interventions to reduce HL disparities in healthcare should minimize the cognitive burden in behaviors patients must adopt to manage personal health

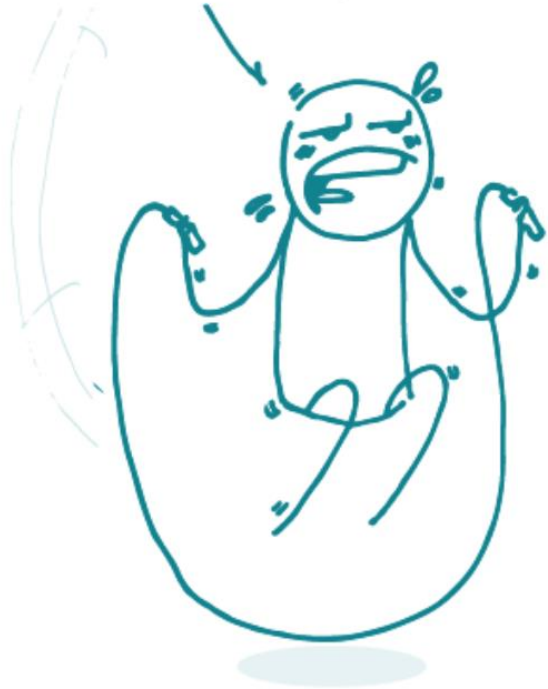
Universal Health Literacy Precautions

- Assumes that everyone may have difficulty understanding health information at some point
- Promotes the use of everyday plain language
- Uses “teach-back”
- Designs easy to understand and navigate resources
- Asks *“What questions do you have?”* instead of *“Do you have any questions?”*

Plain Language

WHHL PRESENTS:
"HYPER TENSION"

I'M MORE HYPER THAN
ALL YOU DWEBBS COMBINED!



FALSE! THIS IS MY THIRD
MARATHON TODAY!



YOU FOOLS! IT IS <BLANK>
I WHO WILL <BLANK> BE THE
MOST HYPER!! <BLANK>



I'VE BEEN FIDGET SPINNING
FOR MONTHS YA NERDS



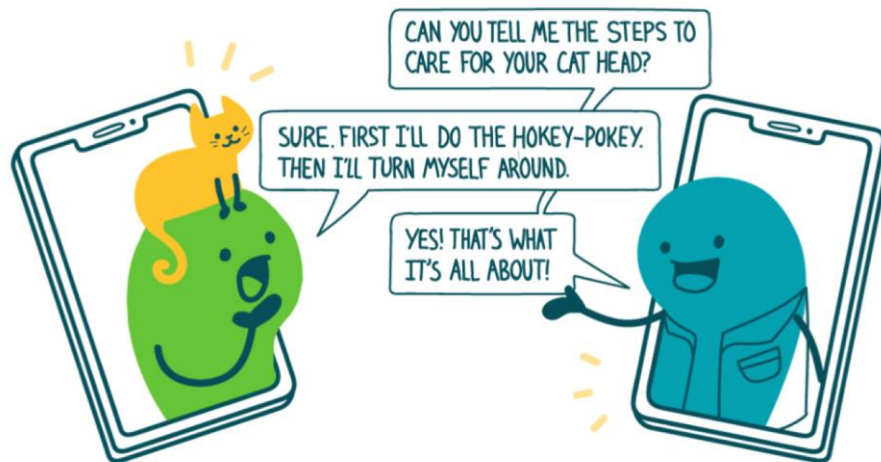
JUMPING JACKS
ARE THE ONLY TRUE
HYPER ACTIVITY
YOU **HOSERS!**



Using Teach-back

At its core, teach-back involves 4 steps:

1. Explain the information
2. Check understanding
3. Re-explain if needed
4. Re-check understanding



Teach-back

Teach-back is a powerful tool that can make the difference between successful and failed patient outcomes

Here are some examples:

- “I want to be sure I explained how to take this medicine clearly. Can you please explain it back to me so I can be sure I did?”
- "I want to make sure I was clear about the pros and cons of taking this medicine. Could you tell me about the possible side effects of the medicine and how it could lower your chance of a stroke?”
- “We’ve gone over a lot of information about adding exercise to your day. In your own words, tell me what we talked about and how you will make it work at home.”

Key Considerations in Written Materials

- Strive for jargon-free language that establishes a personal connection to the reader (plain language)
- Use active voice & establish a conversational quality
- Font should be large (at least size 12), consider sub headings
- Lists should be bulleted
- Aim for appropriate reading level
- Field test with intended audience

Before

Stroke neurologists are physicians with specialized training in diagnosing, treating and managing brain illness, with a focus on stroke. Neurologists perform examinations of the body to see how the nervous system is working. They examine muscle strength and movement, balance and walking ability. They may also test vision, hearing, reflexes, sensation, thinking, memory, speech and language. A neurologist may diagnose the initial stroke, and will look for a cause. He or she will often prescribe treatment, including lifestyle changes, medications and other therapies, as needed, to help treat a stroke, to help deal with symptoms from the stroke and to help reduce the risk of future problems. Across Canada, many stroke patients are not seen by stroke neurologists. General neurologists and specialists in internal medicine can fill this role, often with consultation or even telemedicine support from specialists as needed.

After

Stroke neurologists are physicians with specialized training in diagnosing, treating and managing brain illness, with a focus on stroke. Neurologists perform examinations of the body to see how the nervous system is working. They examine muscle strength and movement, balance and walking ability. They may also test vision, hearing, reflexes, sensation, thinking, memory, speech and language. A neurologist may diagnose the initial stroke, and will look for a cause. He or she will often prescribe treatment, including lifestyle changes, medications and other therapies, as needed, to help treat a stroke, to help deal with symptoms from the stroke and to help reduce the risk of future problems. Across Canada, many stroke patients are not seen by stroke neurologists. General neurologists and specialists in internal medicine can fill this role, often with consultation or even telemedicine support from specialists as needed.

Stroke neurologists are doctors with special training to look after your brain. They focus on stroke.

Neurologists check your body to see how your nervous system is working. They check your muscles, balance, walking, and other things.

A stroke neurologist may find a stroke. They will look for a cause. They often help treat your stroke.

They will help deal with symptoms from your stroke and help lower your risk of other problems.

In Canada, many stroke patients are not seen by stroke neurologists. General neurologists and internal medicine specialists can also treat a stroke.

They often do this with help from stroke neurologists.

Technology and Virtual Options

While telehealth certainly can't take the place of *all* in-person visits, it's a great option because:

- Safe
- Fast
- Can increase access



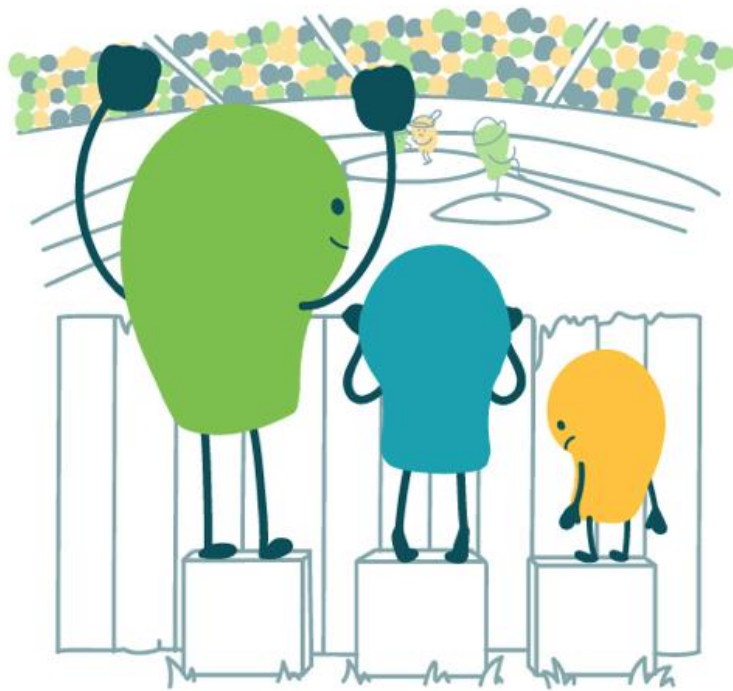
Technology and Virtual Options

- Patients want/need a variety of virtual health services
- Individuals with better health literacy, more access to sophisticated technological devices, and more education are more likely to access health information on the internet

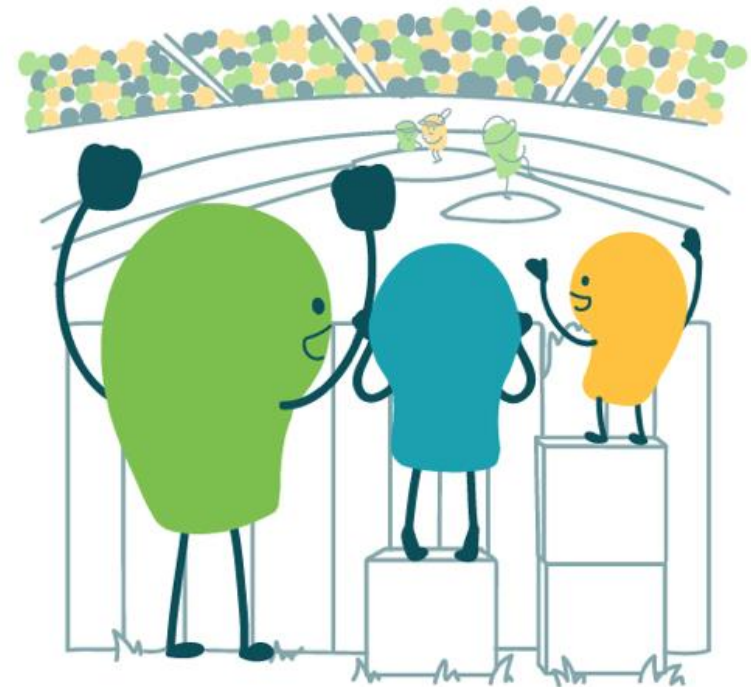
Factors to consider:

- Meeting the needs for timely access to healthcare
- Opportunities to mitigate inequities in access to healthcare
- Need to promote digital health literacy:
 - *the ability to seek, find, understand and appraise health information from electronic sources and apply the the knowledge gained to addressing or solving a health problem*

Aiming for Equity in Health Materials



EQUALITY



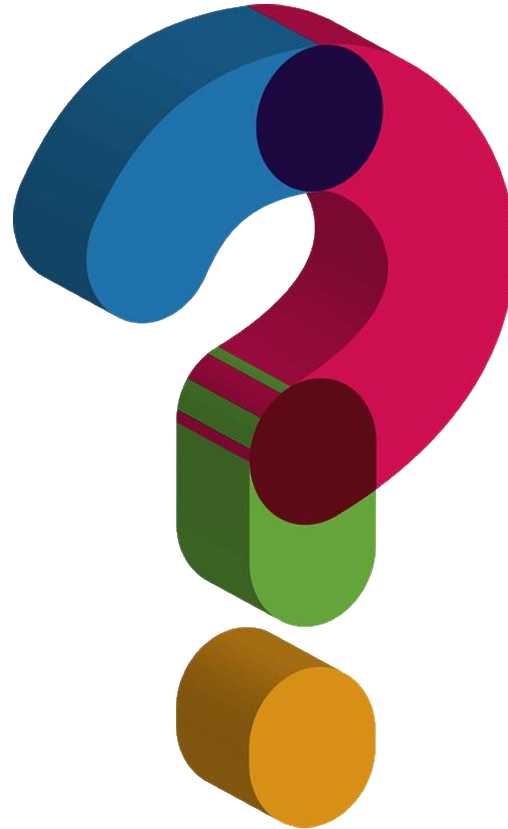
EQUITY

INSPIRED BY THE INTERACTION INSTITUTE FOR SOCIAL CHANGE + ANGUS MAGUIRE

Post-discharge phone calls

- Review discharge plan
 - Provide support
 - Symptom recognition
 - Strategies in the home
 - Help with appointments
 - Identify and mitigate medication discrepancies
 - Connect with community resources and Primary Care Provider
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- 28% of patients reached required at least one intervention
 - Approximately 30% experienced at least one medication discrepancy

What Questions Do You Have?



Darlene.bowman@kingstonhsc.ca