

Supplementary material for online publication only

Health Literacy Workshop Series

By the end of this Health Literacy Workshop participants will be able to successfully:

1. Reorganise their clinical practice by integrating health literacy initiatives to improve client-centered care and outcomes.
2. Evaluate health literacy resources using elements of AHRQ's Toolkit/Resources in order to develop and implement health literacy strategies into routine practice.
3. Explain the effects of poor health literacy and its influence on the clinical process of OT and patient outcomes

Module 1, Session 1: Introduction to Health Literacy, Defining Health Literacy, the Universal Precautions Approach to Health Literacy, and Health Literacy Supports and Barriers

Intervention	Summary of Learning Assessment (PDSA Exercise)* Template for PDSA Exercise can be found in Toolkit, 2 nd edition, Appendix: PDSA Directions and Examples, page 162.	Time
AHRQ Tool #3: Raising Awareness (Toolkit, 2nd edition, page 155) Power Point Presentation*: Modified from Toolkit PowerPoint: Health Literacy: Barriers and Strategies: AHRQ Toolkit, 2 nd edition, page 155. Health Literacy Video: <i>Health Literacy: A Prescription to End Confusion-Patients</i> https://video.search.yahoo.com/yhs/search;_ylt=A0geKVuKzXlbJCMAwqcPxQt.?p=health+literacy+a+prescription+to+end+confusion&fr=yhs-Lkry-SF01&fr2=piv-web&hspart=Lkry&hsimp=yhs-SF01&type=ANYS_A03AT_ext_bsf#id=3&vid=6fabce11edf01edefaf5086b1dd9bb51&action=view	<ol style="list-style-type: none">1. Over the next week begin to incorporate a universal precautions approach to health literacy in your OT clinic.2. Based on the material provided in Module 1, your incorporation of a universal precautions approach to OT practice, and informal patient observations, can you identify any patients on your caseload that may be low health literate?	60 mins 30 mins
Module 1, Session 2: Virtual review of PDSA Exercise from Session 1 (URL https://zoom.us).		15 mins

Module 2, Session 1: An Introduction to Health Literacy Measurement Tools and Assessments

Intervention	Summary of Learning Assessment (PDSA Exercise)*	Time
Power Point Presentation**** Adapted from AHRQ Quality and Patient Safety Resources: Health Literacy Assessment Tools (Revised). https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html Using the Rapid Estimate of Health Literacy in Medicine (REALM)*** Using the Rapid Estimate of Health Literacy in Medicine-Short Form (REALM-SF)*** Using the Short Assessment of Health Literacy-English (SAHL-E)***	1. Over the next week perform the REALM, REALM-SF, and SAHLE-E on one patient or coworker. 2. Briefly explain your experiences while using these assessment tools.	60 mins 30 mins
Module 2, Session 2: Virtual review of PDSA Exercise from Session 2 (URL https://zoom.us).		15 mins

Module 3, Session 1: Client-Centered Practice: Tailoring Written Educational Materials Using Readability Formulas

Intervention	Summary of Learning Assessment (PDSA Exercise)*	Time
AHRQ Tool #11: Assess, Select, and Create Easy-to-Understand Materials (Toolkit, 2nd edition, page 158) Readability Exercise**** Power Point Presentation****		60 mins
How to use ReadabilityFormulas.com (www.ReadabilityFormulas.com, 2017)* Demonstration of ReadabilityFormulas.com****	1. Over the next few days, perform a readability assessment on at least one piece of written educational material you commonly provide to your patients. Report your findings. 2. Using ReadabilityFormulas.com or Microsoft Word, tailor your instructional material to a 5 th grade reading level.	30 mins
Module 3, Session 2: Virtual review of PDSA Exercise from Session 2 (URL https://zoom.us).		15 mins

Module 4, Session 1: Strategies to Improve Practitioner-Low-Health Literate Patient Verbal Communication

Intervention	Summary of Learning Assessment (PDSA Exercise)*	Time
AHRQ Tool #5: Use the Teach-Back Method (Toolkit, 2nd edition, page 156) and Toolkit #14: Encourage Questions (Toolkit, 2nd edition, page 159). Power Point Presentation*** Modified from AHRQ Quality and Patient Safety Resources: Pharmacy Health Literacy Center: Strategies to Improve Communication Between Pharmacists and Patients-Training for Pharmacy Staff https://www.ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/pharmlit/pharmtrain2.html#slides Ask-Me-3 Educational Material* The Teach-Back Method* Words to Avoid Handout* Role-Play Exercise****	<div>1. Practice discussed communication strategies with your patients/caregivers.</div> <div>2. Educate at least one patient on the Ask-Me-3 communication technique.</div> <div>3. Practice the Teach-Back Method with at least one patient.</div>	60 mins
		30 mins
Module 4, Session 2: Virtual review of PDSA Exercise from Session 1 (URL https://zoom.us).		15 mins

Module 5, Session 1: Client-Centered Practice: Health Literacy, the OTPF 3rd Edition and the American Occupational Therapy Association's (AOTA's) Vision 2025

Intervention	Summary of Learning Assessment (PDSA Exercise)*	Time
Power Point Presentation****	1. Review all material presented in Modules 1-5. 2. Application of Workshop Modules 1-5 to a simulated case study	60 mins
		30 mins
		45 mins

Module 6, Session 1: Sustainability of a Universal Precautions Approach to Health Literacy in Clinical Practice; Workshop Wrap-Up

Intervention	Summary of Learning Assessment (PDSA Exercise)*	Time
Review of Module 5 Learning Assessment Power Point Presentation**** Workshop Discussion Completion of Post-Intervention Health Literacy Quiz and Survey	N/A	60 mins
		Total Time: 620 minutes = 10.3 hours

*AHRQ Toolkit Resource modified by primary investigator

**AHRQ Toolkit Resource

***AHRQ-Supported Tool

****Developed by principal investigator (VEK)

Health Literacy Workshop: Pre-Post-Intervention Survey

Health Literacy Workshop: Pre-and Post-intervention Survey

Code:_____

For each statement given below, please indicate, by checking the appropriate box, whether you strongly agree (SA), agree (A), neutral-neither agree or disagree (N), disagree (D), strongly disagree (SD)

	SA (5)	A (4)	N (3)	D (2)	SD (1)
1. I am capable of identifying typical behaviors exhibited by individuals who may be low health literate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am knowledgeable about the patient populations that are at high risk for low-health literacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am familiar with formal health literacy assessment tools that can be used to determine a patient's literacy level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I believe that I can perform a formal health literacy assessment in order to identify low-health literate patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am confident that my patients are able to understand written educational materials that I provide to them during therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I believe that I could modify the readability of written material, if necessary, to match my patient's reading level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I think I can effectively communicate with low health literate patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Health literacy can influence a patient's progress while on therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Health literacy is a vital component of effective patient self-management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Health literacy is a vital component of effective patient outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Health literacy is a vital component of health wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am willing to incorporate health literacy initiatives into my daily practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code:_____

13. How can occupational therapists address health literacy with their patients? _____

14. What are some of the strategies occupational therapists can use to effectively work with low health literate patients?

15. Evidence indicates that health literacy initiatives can improve patient outcomes. How can health literacy be integrated into occupational therapy practice in order to improve outcomes?

Demographic Information

Please put an "X" on the line, which is most accurate.

1. Gender: Male_____ Female_____ I prefer not to answer_____

2. Ethnicity: White_____ Black/African American_____ Asian_____

 Hispanic/Latino_____ Other (please specify)_____ I prefer not to answer_____

3. What is your role/position within the occupational therapy department?

 OT_____ COTA_____ Other (please specify)_____

4. How many years have you been working in the role identified in Question #3?

 Less than one year_____ 1-3 years_____ 4-9 years_____ More than 10 years_____

5. What is your highest level of education?

 PhD_____ Clinical Doctorate_____ Master's_____ Bachelor's degree_____ Associate's _____

 Other (please specify)_____

6. Is English your second language? Yes_____ No_____

Health Literacy Workshop: Pre-Post-Intervention Quizzes with Answer Keys

Pre-Intervention Health Literacy Quiz

Code#_____

Please read each statement/question below and circle the best answer. Each question is worth 10 points.

True/False

1. An individual's health literacy level is contingent on their level of schooling.

True or False

2. A Universal Precautions Approach to health literacy includes modifying existing educational material to an 8th grade reading level to ensure all patients will be able to understand provided instructions.

True or False

3. The Rapid Estimate of Adult Literacy in Medicine (REALM) is a health literacy measurement tool that converts raw scores to grade range equivalents in order to determine a corresponding literacy skill.

True or False

4. Integrating a universal precautions approach to health literacy into routine practice is an evidence-based practice that can be used on individual, community, organizational, and political levels.

True or False

Multiple Choice

5. What is the average reading level for U.S. adults?

- A. Grades 4-5.
- B. Grades 6-7.
- C. Grades 8-9.
- D. Grades 10-11.
- E. 12th Grade.

6. What are considered red flags for low health literacy?

- A. Patient is unable to provide a coherent, sequential medical history.
- B. Patient is non-compliant with prescribed medication.
- C. Patient is frequently late for medical appointments.
- D. Patient is unable to name medications, explain purpose or dosing.
- E. All of the above.
- F. A, B, and D.

7. Readability formulas assess written text for:
- A. Complexity.
 - B. Multi-syllable words.
 - C. Grade level.
 - D. All of the Above.
 - E. A and C.
8. Effective communication strategies include(s):
- A. Avoiding vague terms.
 - B. Limiting information to 1-3 key points.
 - C. Discussing behaviors rather than general concepts.
 - D. All of the above.
 - E. A and B.
9. Health Literacy initiatives in OT practice respond to AOTA's Vision 2025 by developing:
- A. Cultural responsiveness.
 - B. Customized services.
 - C. A specific and exclusive role for OT in the health care sector.
 - D. All of the above
 - E. A and B.
10. Limited health literacy is associated with:
- A. Higher mortality rates.
 - B. Poor medicine adherence.
 - C. Greater use of inpatient and emergency department care.
 - D. Reduced use of rehab services.
 - E. All o the above.
 - F. A and B.
 - G. A, B and C.

Pre-Intervention Health Literacy Quiz Answer Key

- 1. False
- 2. False
- 3. True
- 4. True
- 5. C
- 6. E
- 7. D
- 8. D
- 9. E
- 10. G

Post-Intervention Health Literacy Quiz

Code # _____

Please read each statement/question below and circle the best answer. Each question is worth 10 points.

True/False

1. Health literacy encompasses reading and math skills.

True or False

2. Effective health literacy measurement tools always require a great deal of time to administer, are usually valid from a scientific perspective, and applicable in real-life contexts.

True or False

3. A Universal Precautions approach to health literacy includes modifying existing medical material to a 5th grade reading level to ensure all patients will be able to understand instructions.

True or False

4. Awareness and integration of a Universal Precautions approach to health literacy contributes to the scientific base of OT by allowing clinicians to objectively consider solutions to clinical problems applicable in specific practice settings and specific patient populations.

True or False

Multiple Choice

5. What is the average reading level of U.S. adults?

A. Grades 4-5.

B. Grades 6-7.

C. Grades 8-9.

D. Grades 10-11.

E. 12th Grade.

6. What are considered red flags for low health literacy?

- A. Lack of follow through with medical tests and referrals.
- B. Lack of follow through with discharge instructions.
- C. Patient's inability to provide a coherent, sequential medical history.
- D. All of the above.
- E. A and B.

7. Readability formulas have the ability to:

- A. Predict the reading level required to understand specific written material.
- B. Assess reading levels using MS Word.
- C. Make it easier for all patients to understand written instructions.
- D. All of the above.
- E. A and C.

8. Effective communication strategies include(s):

- A. Developing short explanations for common medical conditions and side effects.
- B. Using teach back to check understanding.
- C. Promoting the "What is, What do, and Why" questions into every health care interaction.
- D. Using plain language and avoiding medical jargon.
- E. All of the above.
- F. B and D.

9. Health literacy initiatives are in alignment with AOTA's Vision 2025 because:

A. Health literacy initiatives tactically position OTs to meet the challenges associated with an ever-changing global health care system.

B. Health literacy initiatives can lead to an improvement in overall population health.

C. Health literacy initiatives can improve customized services and outcomes with only a small increase in average treatment costs.

D. Health literacy initiatives are a strategic operative that expands OTs reach to diverse groups of people, populations, and communities.

E. All of the Above.

F. A, B and C.

G. A, B and D.

10. Limited health literacy is associated with:

A. Lower levels of health knowledge.

B. Improved outcomes.

C. Decreased sustainability of OT services.

D. Diffusion of innovation.

E. All of the above.

F. A, B and D.

Post-Intervention Health Literacy Quiz Answer Key

1. True
2. False
3. True
4. False
5. C
6. D
7. D
8. E
9. G
10. A