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Health Literacy and Occupational Therapy: A Discussion on Assessing and Addressing Limited Health Literacy

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Health Literacy and Occupational Therapy: A Discussion on Assessing and Addressing Limited Health Literacy

Abstract

Health literacy is multidimensional and goes beyond simply education level. In addition, age, gender, race and ethnicity, social network, and income level, among other things, can contribute to the level of health literacy and affect health outcomes. Many Americans cannot make sound decisions regarding their health care because of limited health literacy, yet health literacy is rarely considered during an occupational therapy evaluation and subsequent plan of care. This manuscript informs occupational therapists on strategies to address limited health literacy by using literature and evidence.

Keywords

health literacy, occupational therapy, health management, health literacy toolkit

Cover Page Footnote

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Credentials Display

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Health literacy can be defined as “the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others” (Office of Disease Prevention and Health Promotion [ODPHP], n.d.). An individual’s health literacy is multifaceted and can be associated with the person’s primary language, age, gender, race or ethnicity, education level, and income level (Kutner et al., 2006). Armstrong-Heimsoth et al. (2019) stated that 88% of American adults do not possess the health literacy skills needed to manage their health care adequately. Therefore, it comes as no surprise that in the United States, a national action plan for health literacy addresses the importance of effective delivery of health information through developmentally and linguistically appropriate curricula to facilitate informed decision-making (ODPHP, 2021).

The *Occupational Therapy Practice Framework: Domain and Process* (OTPF-4) includes health management as a general area of occupation (American Occupational Therapy Association [AOTA], 2020a). Thus, health literacy, a health management component, may impact multiple health management areas, including social and emotional health maintenance and condition management. *AOTA’s Societal Statement on Health Literacy* (2011) discusses the importance of tailoring health education and health information to individuals receiving occupational therapy services. However, a scoping review by Attard et al. (2021) found minimal evidence-based guidelines in occupational therapy research to serve as clinical practice guidelines for treating clients with limited health literacy.

Hahn et al. (2017) found that limited health literacy in individuals with spinal cord injuries, recent strokes, and traumatic brain injuries is associated with reduced mobility, lower cognition level, reduced social participation, and higher incidence of anxiety and sadness. In addition, Walters et al. (2020) reported that individuals in cardiac rehabilitation with limited health literacy were less physically active and had lower levels of motivation and self-efficacy. The severity of visual impairment has also been associated with reduced functional health literacy levels, impacting an individual’s ability to manage chronic health conditions (Fortuna, 2020). These studies illustrate the need for occupational therapists and occupational therapy assistants to consider health literacy when working with clients receiving skilled rehabilitation services.

Because occupational therapists and occupational therapy assistants are uniquely positioned to build rapport and trust over time, they can empower their clients to control their health by facilitating an improved understanding of health information. Furthermore, assessing and addressing barriers to literacy in specific areas of occupation, such as health management, promotes occupational justice (Grajo & Gutman, 2019). This paper aims to advise occupational therapists and occupational therapy assistants on how to assess health literacy and present health information in a comprehensible way for all.

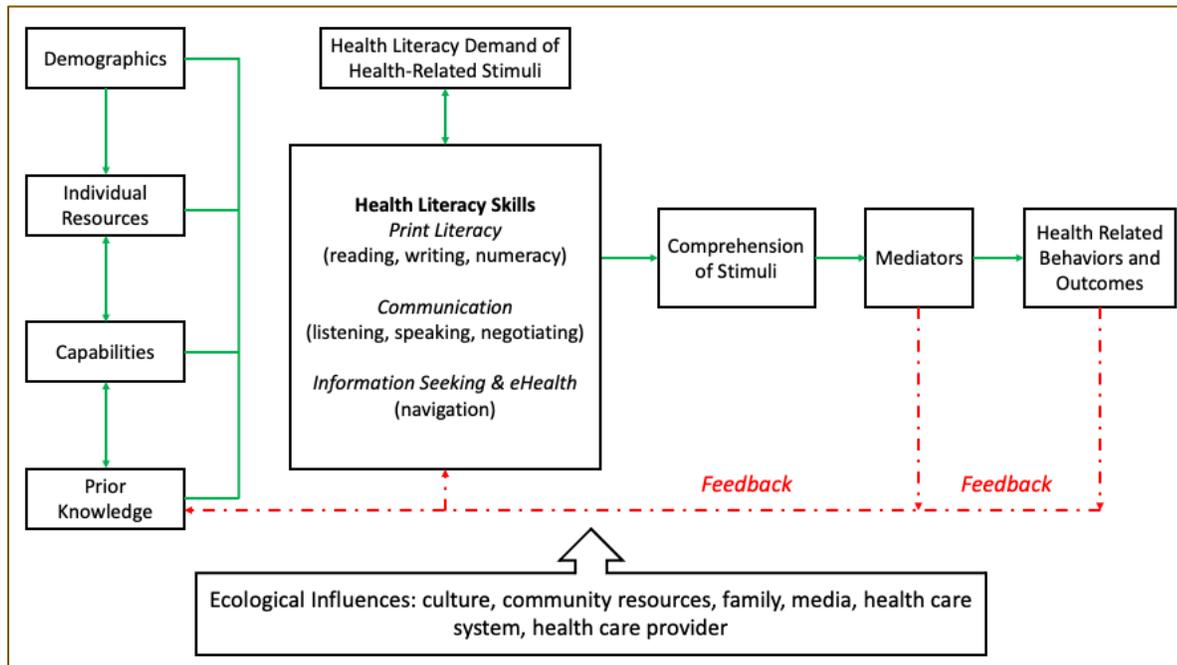
Theoretical Framework for Occupational Therapy and Health Literacy

The Health Literacy Skills (HLS) framework suggests that health literacy skills are shaped by ecological influences such as culture, community resources, family, media, health care systems and providers, and the demand for health-related stimuli, such as medical jargon in brochures, demographics, resources, capacities, and prior knowledge (Squiers et al., 2012). The HLS was developed to describe factors affecting an individual’s health literacy, including their health-related outcomes, and to detail how an individual may respond to health-related stimuli (Squiers et al., 2012). The framework outlines how one acquires health literacy skills, which leads to comprehension of health information that is subsequently affected by mediators, such as social support or motivation, and is eventually linked to health behaviors and health-related outcomes.

The HLS framework reminds occupational therapists and occupational therapy assistants to consider multiple factors when providing information to their clients (see Figure 1).

Figure 1

The Health Literacy Skills Framework



Note. This chart illustrates the health literacy skills conceptual framework. Adapted from “The Health Literacy Skills Framework,” by L. Squiers, S. Peinado, N. Berkman, V. Boudewyns, and L. McCormack, 2012, *Journal of Health Communication*, 17(suppl_3), pp. 30–54.

Occupational therapists and occupational therapy assistants can use this framework as a guide when capturing an occupational therapy profile and developing intervention plans for clients that meet their health literacy needs. The aforementioned variables may determine how much clients understand the information provided, affecting their health behaviors and, in turn, impacting their health outcomes. Since occupational therapists and occupational therapy assistants consider all of these areas (for example, family, demographics, or culture), it is suggested that they also assess health literacy on a practical and consistent basis. Through building rapport with clients and tailoring education to their needs and preferences, occupational therapists and occupational therapy assistants can enhance the client’s perception and understanding of health care and health management and also act as a positive ecological influence. That is to say that occupational therapists and occupational therapy assistants can help rewrite the script for individuals who have had a previous negative experience with the health care system or with understanding health information. Occupational therapists and occupational therapy assistants can also influence the demands of health-related stimuli by changing how health information is presented, such as removing medical jargon, using pictures or graphs instead of text, and ensuring handouts are written at a reading level that meets the client’s need based on client factors determined through the occupational profile. In this way, the client’s knowledge can be directly influenced.

Health Literacy Assessment

While demographic data may provide some information, it cannot be the sole predictor of a client’s health literacy abilities. Adding a health literacy screening or assessment is an effective way to gain additional insight, but with over 200 health literacy assessments available, choosing one can be

overwhelming (Boston University, 2021). The first author recommends administering the *Single-Item Literacy Screener* (SILS) as a routine part of acquiring intake information (Morris et al., 2006). The SILS is easy to use for both the client and the evaluating occupational therapist. It is a cost-free assessment and does not require permission to use. Because it uses a single-item question, it can easily be translated into other languages; however, an interpreter would need to be present as the measure has not been standardized in other languages. The SILS is implemented to help identify individuals who may have a limited general reading ability. The single-item question is, “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?” Respondents then complete Likert type responses, 1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Often*, and 5 = *Always* (Morris et al., 2006).

Goodman et al. (2015) found that in a fast-paced setting, the use of the SILS in addition to demographic information helped clinicians identify individuals with limited health literacy. Regrettably, no information was available regarding the reliability and validity of the SILS. However, it was found to have a 54% sensitivity and an 83% specificity, giving healthcare providers valuable information about their client’s literacy level (Morris et al., 2006). For the occupational therapist with high caseloads and the associated paperwork, the SILS is a valuable and cost-effective resource that may be integrated into demanding clinical schedules.

For clinicians interested in more thoroughly assessing health literacy, the Rapid Estimation of Adult Literacy in Medicine – Short Form (REALM-SF) is a validated ($r = 0.94$) instrument for assessing client literacy (Arozullah et al., 2007). The 7-item word and letter recognition test can help occupational therapists identify individuals with limited health literacy.

In addition to health literacy screeners and assessments, the *Occupational Profile* may further aid occupational therapists and occupational therapy assistants in gaining insight into the client’s ability to navigate health information, enabling them to create appropriate interventions to meet client-centered goals (AOTA, 2020b). Environmental and personal contexts contribute to health literacy, so they are valuable when developing a plan of care and determining how best the client will receive and process health-related information (Squiers et al., 2012). Learning about performance patterns will help occupational therapists and occupational therapy assistants gain insight into habits and facilitate manageable change to improve health outcomes among clients. Understanding client factors, values, beliefs, body functions, and body structures will enable the occupational therapist and occupational therapy assistant to present health information in a way that is respectful and accessible for the client from a health literacy standpoint.

Health literacy assessments can provide occupational therapists and occupational therapy assistants with valuable insight into a client’s ability to interpret health information. However, the priority for occupational therapists and occupational therapy assistants should initially be to establish best practices for the way we educate our clients.

A Health Literacy Focus on Client or Caregiver Education

Adding a health literacy screening to the client demographic information collected can be a first step in helping occupational therapists enhance evaluation and the client’s occupational profile. However, health literacy must become a central part of the occupational therapy plan of care. The *Health Literacy Universal Precautions Toolkit* suggests that most people benefit from health information communicated in plain language or language free of medical jargon (Agency for Healthcare Research and Quality [AHRQ], 2020). Using AHRQ-supported resources can improve health workers’ ability to communicate

clearly with clients and integrate strategies for improved client comprehension into their interventions (Green et al., 2014; Koenig et al., 2018).

When interacting with clients, clear verbal communication to ensure engagement and comprehension is imperative. To assist with this, the *Health Literacy Universal Precaution Toolkit* recommends using non-medical, plain language and integrating words that the client uses into the conversation (AHRQ, 2020). Speaking slowly and using concrete information while limiting the content needed for education is also recommended. Eye contact, friendliness, and active listening will help occupational therapists and occupational therapy assistants communicate clearly and facilitate improved client rapport. This is essential for sharing the education necessary to improve clients' understanding of health information. Encouraging clients to be active participants in their care plan, asking open-ended questions, and confirming understanding by using teach-back are helpful strategies for improved ability to process and understand health information (AHRQ, 2020). Something as small as changing the wording when inviting questions can encourage clients to ask more questions and increases participation in the plan of care and intervention. Instead of asking clients if they have questions or understanding, occupational therapists and occupational therapy assistants can ask clients what questions they have or what can be reviewed again (AHRQ, 2020).

The way occupational therapists and occupational therapy assistants present information, both during treatment sessions and through educational resources (printed and multimedia-based materials) and home programs, plays an essential role in the client's ability to understand the information (AHRQ, 2020). During an intervention, drawing pictures or using illustrations with only the necessary information, demonstrations, and client participation can aid in the cognitive processing of health-related information (AHRQ, 2020). Readability test tools, such as the Flesch-Kincaid readability test, can help occupational therapists and occupational therapy assistants determine whether written materials are appropriate for client use (<https://www.webfx.com/tools/read-able/flesch-kincaid.html>).

When presenting information either verbally or through educational handouts, there are several other things to consider. Try only to share the necessary or essential information first (Peters et al., 2007). Consider using visual aids, such as a table or graph, instead of only text (Tait et al., 2010). Avoid using images that are not easily identifiable and do not support the information provided (Rotter, 2006). A video tutorial may also be more effective than text (Jay et al., 2009). For many occupational therapists and occupational therapy assistants, it is not practical to have a video tutorial for every educational scenario. But, consider recording the client doing their home exercise program on their multimedia device while explaining the intervention.

When creating a physical handout for a client or caregiver, additional things to consider are using contrast, boldface print, larger font, text boxes, and highlighted text to draw attention to the critical information; however, avoid using italics or mixing font (Rotter, 2006). Effectively using white space (avoiding too much text) and typing, when possible, with font oriented to the left and the handout easily reading top-to-bottom, right to left have also been shown to increase reader comprehension (Rotter, 2006). Stonecypher (2009) suggests personalizing handouts when possible; using short sentences, bullet points, and common words; and avoiding technical terms.

It can be challenging for clinicians to recognize when they use jargon linked to their profession instead of plain language. Asking a non-medical professional friend or client for feedback on the material is a great way to gain insight into what works and does not work when presenting educational information. Occupational therapists and occupational therapy assistants are well versed in analyzing clients'

occupational performance. Similarly, skills can be developed to examine whether the information facilitates improved client comprehension.

Conclusion

Occupational therapists and occupational therapy assistants should be stakeholders in conversations regarding health literacy intervention. Researchers should continue evaluating the effectiveness of instructional materials designed to support health and health literacy (Levasseur & Carrier, 2010). Finally, occupational therapists and occupational therapy assistants should strive to use current best evidence related to health literacy interventions. Health literacy is still a challenge in many ways, but occupational therapists and occupational therapy assistants can seize this unique opportunity to leave an imprint on this critical topic.

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