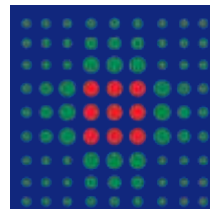




*Health Literacy: a **Challenge** for Health-care Quality*

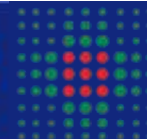
D. Orlandini, S. Baruzzo, A. Ceci, A. Chiarenza, I. Dall'Asta, F. Gazzotti, E. Poli, M. Predieri, P. Ragni, B. Riboldi, C. Ruozi, I. Simoni, D. Riccò, M. Martini



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The Province of Reggio Emilia

6 Districts

Primary care

5 Hospitals (800 beds)

13 Hospital departments

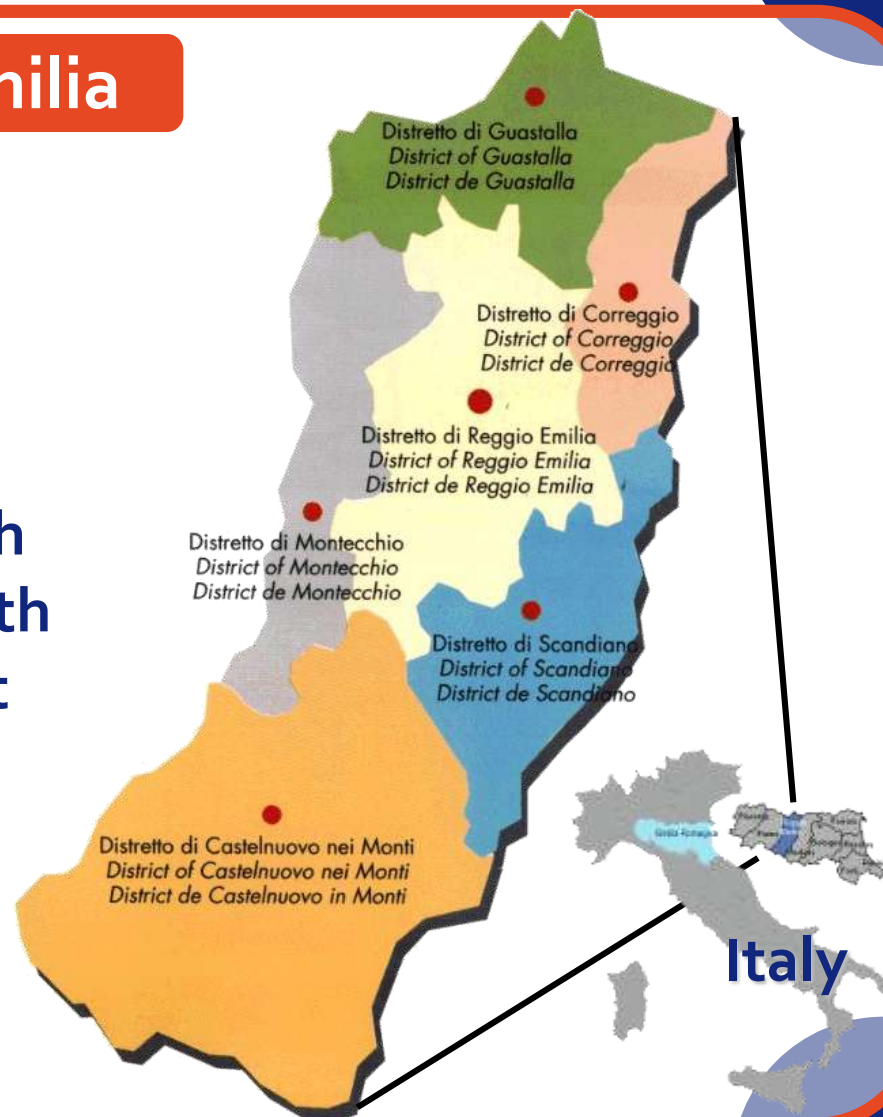
Department of Public Health

Department of Mental Health

Pharmaceutical department

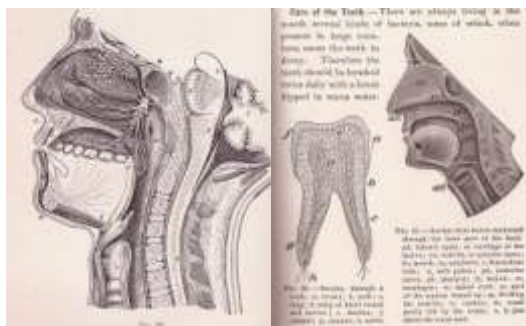
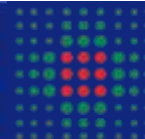


500,000 inhabitants



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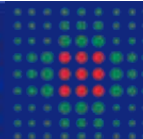
Health Literacy (HL) is *“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”*.

(Healthy People 2010)



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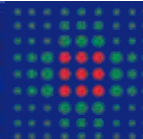
Reggio Emilia Health Authority

The Healthcare Board has a Communications department which produces **communication tools** (printed and published on the web) for all its services, placing close attention on clarity and making sure the contents are understandable.

Many departments also produce information materials themselves, or use material prepared by others (e.g. pharmaceutical companies).

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Reggio Emilia Health Authority

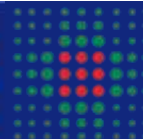
The Communications staff makes a **great effort** to produce an increasingly large amount of material directly, collaborating with professionals, for use in related departments and clinics (for example, all obstetrics and general medicine departments, all territorial services), and works alongside the departments to help them review their own materials.

The materials produced by the departments relate in particular to:

treatment instructions, pre- and post-operative care, diet and nutrition, explanation of diagnostic procedures, informed consent, etc.

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A small test

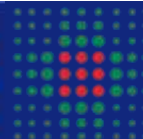
To assess the clarity of the material available in the hospitals, the General Management recommended the collection of the information material available in one of our 5 hospitals: Scandiano Hospital.

So two health-care professionals went, **unnoticed**, to the selected hospital, collected all the material readily available to the operators in order to communicate with patients.



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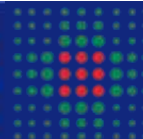
Outcomes

129 materials (*leaflets, forms, discharge letters, etc.*) were collected from 10 hospital wards:

- medicine,
- cardiology,
- pneumology,
- diabetes,
- general surgery,
- obstetrics-gynaecology,
- orthopaedics,
- radiology,
- digestive endoscopy,
- home-nursing service

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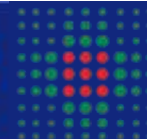
Outcomes

Out of a total of 129 printed documents, 16% were produced by the Communications department or other bodies (Regional Health Service, Ministry of Health, etc), while 84% were produced directly by the ward, department or third parties (pharmaceutical companies, voluntary associations, etc)



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The Gulpease index

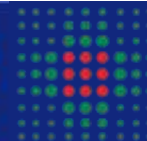
The result is between 0 and 100, where 100 indicates the greatest **readability** and 0 the lowest. Generally speaking it is considered that tests with an index of:

- less than 80 are difficult to read for those with only a junior school qualification
- less than 60 are difficult to read for those with only a senior school qualification
- less than 40 are difficult to read for those with only a university qualification

The assessment of the common vocabulary used in the text, which refers to the “reputation” of the individual terms used, is Complementary to the Gulpease index.

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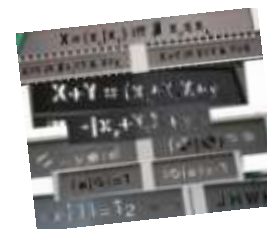
The Gulpease index

Readability index of a text calibrated for the Italian language. Compared to others, this has the advantage of using the length of words measured in letters rather than syllables, to simplify automatic calculation.

The Gulpease Index keeps into account two linguistic variables: the length of words and the length of the sentence compared to the number of letters.

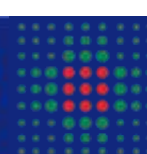
It is calculated using the following **formula**:

$$89 + \frac{300 \times (\text{number of sentences}) - 10 \times (\text{number of letters})}{\text{number of words}}$$

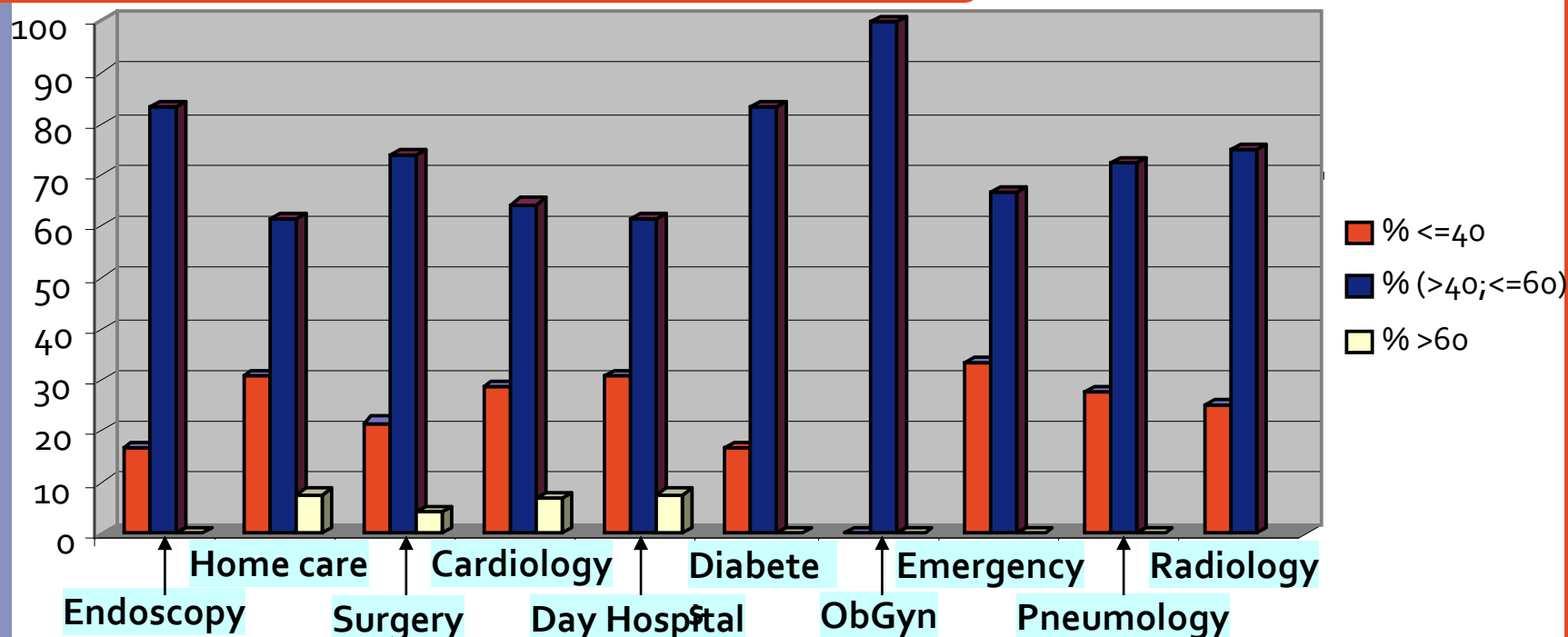


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Gulpease score of 129 documents



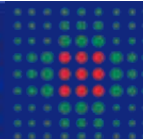
ORANGE: most difficult material (degree level)

BLUE: average understandability material (senior school level)

YELLOW: higher understandability material (junior school level)

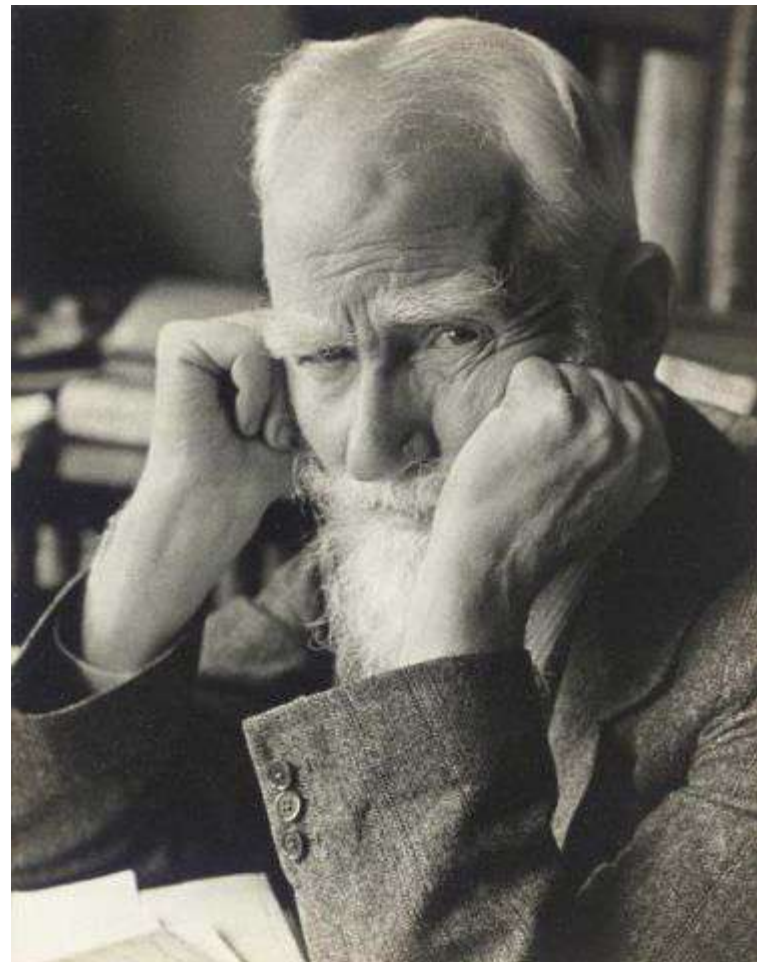
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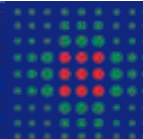
The single
biggest
problem with
communication
is the **illusion**
that it has taken
place.

George Bernard Shaw



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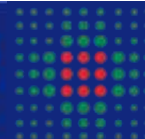
The big challenge

Working with the operators of a healthcare organisation in changing communication is very difficult. Indeed, **more than 80%** of healthcare professionals do not perceive their own communication style to be incomprehensible



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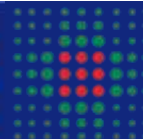
Conclusions

“When we define health literacy as the set of skills or possibilities of the individual, then the responsibility would seem to fall on that individual; instead, the healthcare organisation must also recognise the **role it plays** in guaranteeing the delivery of information in an effective manner and with the highest possible level of comprehensibility”

Rima Rudd
Harvard School of Public Health

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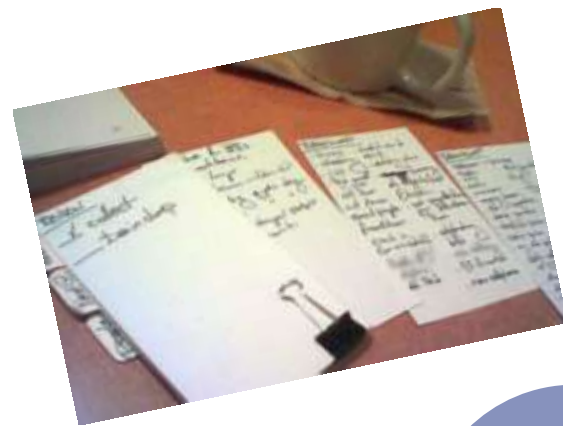
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Conclusions

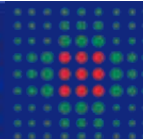
The first batch of documents we are **reviewing** using the HL criteria concern information materials used for chronic patients in treatment for:

- cardiac insufficiency
- COPD (chronic obstructive pulmonary disease)
- OAT (oral anticoagulant therapy)
- cancer pathologies
- diabetes
- chronic paediatric pathologies.



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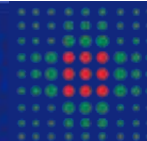
Conclusions (1)

Therefore, in the healthcare field, we must not aim to improve the health literacy skills of individuals, because that is not our field of competency and because we do not have time to do this; we must assure change in the existing literacy capacities; we must **lower the level of skills required** to understand our communications.

This is not a question of designing and applying "a project", but **creating** permanent, favourable **conditions** to assure that all professionals are able to communicate orally and in writing using a clear, understandable language.

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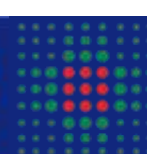
Conclusions (2)

The aim is not only to make the material simpler (also with the help of voluntary associations), but also to standardise documents covering the same issue (which currently exist in different versions) throughout the healthcare board.



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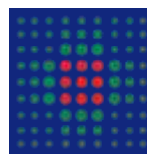


THANK YOU
for your attention



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