SECRETARIAT GENERAL

Directorate General of Democracy

COUNCIL OF EUROPE CONSEIL DE L'EUROPE

COUNCIL OF EUROPE TRAINING PROGRAMME

HEALTH LITERACY FOR ELDERLY PEOPLE

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Content

Introduction

Advancements in medicine, technology and public health over the past decades have led to increased life expectancy and improvement in the quality of life. However, such progress has been coupled with increasing challenges to the well-being of the population. In particular, positive health behaviour, appropriate use of health services and improved health status are becoming more complex for the general public.

The medical or health instructions given out by health professionals, interpretation of test results, understanding and complying to drug treatment and informed consent are bewildering to the best of us, even for those with a high level of literacy.

These problems are more pronounced if the person has a low level of health literacy or inadequate skills in reading or intellectual capacity. Individuals who lack such basic skills have a higher tendency to misunderstand health information or to follow positive health advice to maintain and enhance their health status.

It is quintessential that older persons and their carers are provided with and understand appropriate health information to prevent and manage illness, improve well-being, follow public health advice and make choices about their own health care.

Differences in access to formal education and training in literacy, the complexity and technical nature of health information and the natural processes of ageing may impede older citizens' ability to peruse intelligently such information.

Main Objectives of the Course

The objectives of this training programme are to empower elderly persons to increase their:

- Health literacy;
- Knowledge of the legal and social aspects of health care;
- Capacity to access, read, understand and use health information and to adequately act upon it;
- Capacity to make informed decisions;

- Capacity to take appropriate action;
- Capacity to provide appropriate information on their health/state of ill health;
- Motivation to become physically, mentally and socially active;
- Capacity for active ageing.

Teaching Methods

The course may be delivered through different modalities and methods of teaching, including:

- Videos, that are freely available on the web;
- Group work;
- Role play;
- Practical sessions, such as preparing a health promotion leaflet on a particular topic like "healthy diet for the elderly";
- Critical appraisal of published health materials in terms of their ease of understanding;
- Case studies.

Practical sessions should be a major component of the course so as to transfer necessary skills to the participants.

The various ideas promoted in the modules should serve to focus on key issues; other ideas can be included.

Target Audience

This course is of benefit to professionals in the health and social care sector who provide services or information to elderly people.

It is also helpful for all citizens who want to enhance their health literacy skills, carers, patient organisations and civil society.

Module 1 – Concepts of Health Literacy

a. What is Health Literacy?

• There are various definitions of health literacy in the literature. The most accepted one is "the degree to which individuals have the capacity to obtain, process and understand basic health information and the services needed to make appropriate decisions to improve their well-being". This definition encompasses both the skills needed to seek information and the cognitive functions used to convert data into action.

• Difference between literacy and health literacy. Though well-educated persons are more likely to have higher health literacy, they may still have difficulties in understanding the complex nature of health information to enable them to respond positively to such information.

b. Individual skills needed to improve Health Literacy

Although the verbal and literacy skills of individuals are of significant importance, other skills are required to make appropriate decisions to enhance the person's degree of health literacy, including the ability to:

• Find and get the right information – what are the main sources of good quality information? – what are the risks of obtaining information from the internet?

• Understand and analyse the information for its worthiness, validity and quality – what advice can be given to elderly persons to make such judgements?

• Understand the various risks and benefits of a particular health intervention and the consequences that may arise if the intervention is not followed.

• Interpret test results and how these are used to monitor illness.

• Calculate drug dosages – why is it important to comply with treatment? – how are dosages calculated to avoid mishaps?

c. Population groups at risk of low Health Literacy

Everyone is susceptible to a low degree of health literacy. However, there are certain client groups at higher risks, namely:

• Elderly people, especially those over 65 years of age, due to cognitive and functional decline making it more difficult for them to read printed material, filling in health or social forms etc.;

• People with low educational attainments – low health literacy levels are higher amongst individuals who have not finished high school;

• People with a different cultural background. Culture can impinge on health literacy through taboos or customs;
• People with low income levels – Persons on the poverty line are more prone to low health literacy. How is this further compounded [e.g. hazardous jobs; inability to adopt healthy diets due to cost etc.]?
• Immigrants, especially if there is a language barrier. How can this be mitigated [e.g. health/cultural moderators etc.]?
• People with mental disorders – Their life expectancy is about 10 – 15 years lower than that of the general population most often due to mismanagement of co-morbid pathologies.

Module 2 – Research Tools and Results

a. Research Methods

• Description of the various methods and measures used in health literacy research, highlighting the problems encountered in measuring literacy; the reliability of such screening tests; and their advantages and disadvantages.

b. Research Results - Prevalence of Health Literacy Status

• What is the prevalence of the various degrees of health literacy found in major studies?
• Describe the methodology and results of the "Survey on a citizens consultation platform on the right to the protection of health" undertaken by the Council of Europe in cooperation with the European Health Literacy Network in 2012.

c. Research Results – Impact of Health Literacy on Health Status

Research indicates that a person's health status is influenced by the degree of health literacy, in particular that a low level of health literacy is associated with:
• Less frequent use of preventive services such as immunisation and routine screening tests;
• Higher risk to have chronic illness;
• Lower competence to self manage their health problems;
• Poor health outcomes of treatment;

• Increase utilisation of hospital services and higher in-patient stays. In the USA, the economic impact of such inefficiency is about 7-17% of all personal healthcare expenditure;
• Higher tendency to enter the health system when they are seriously ill;
• Higher risks of errors with medication and non-compliance to drug regimes;
• Inability to adopt healthy lifestyle;
• Higher morbidity and mortality rates.

d. Research Results – Implications

Given the research results on the prevalence of low health literacy and its impact on a person's health status:
• What are the implications for policy formulation at national or regional level?
• What are the implications for the health sector to effectively address low health literacy in the elderly population?
• What are the implications for health and social care providers caring for elderly people?

Module 3 – Empowering older citizens

a. Active or Passive Participation in Healthcare

• The core business of health care is improving the patients' wellbeing. In this light, most health policies and strategies are becoming patient-centered to improve health outcomes, quality of care and to reduce economic inefficiencies in the health sector. Patients and health professionals must work together to enhance positive outcomes. Patients need to take a more participative role in health-related decisions that influence their wellbeing.
• Most of the chronic diseases can be prevented or their progress delayed if healthy life choices are taken. This involves changes in attitude and behavior. Unless patients are empowered to take such decisions through appropriate health literacy skills, such eventuality is difficult to attain.
• The key issues to be presented are:
- The rationale for patients' active participation in the healthcare system to improve their health status.
- The rationale of involving older persons themselves and their immediate carers in the planning, design and formulation of health policies and strategies. Such participation will make the health

information more interesting, relevant and user friendly for the elderly client group one is trying to reach. How can health and social systems implement such ideas in practice?

- The Council of Europe "Model of a Citizens' Consultation Platform on the Right to the Protection of Health" (2013) is an excellent example of how the various stakeholders can work in partnerships to improve the participation of citizens, including the elderly, in the health care system. How can health ministries and agencies take simple practical steps to put the vision of this model into practice?

b. Patients' Rights and Obligations

• Most national legislation encompasses the right to healthcare and equal access to affordable good quality care that all citizens are entitled to.

The Revised European Social Charter [Article 11] delineates such concepts. The access to healthcare can be jeopardised by barriers such as lack of financial means, low health literacy and the complex nature in navigating the health system. How can health and social systems implement simple and practical processes that are more user-friendly to facilitate the access to such systems for the benefit of the elderly client group?

• Patients do have an obligation to maintain their health through healthy life choices and compliance with treatment. Misuse of health services is common amongst persons with low health literacy. How can health entities implement simple processes to empower elderly clients to use services efficiently?

c. Informed Consent

• Most national legislation requires that prior to any treatment or medical intervention, informed consent must be given by the respective patient.

- What are the legal parameters that must be present for consent to be informed?

- What safeguards and checks and balances need to be in place when a patient cannot give informed consent due to his state of mental capacity? If in such cases a responsible carer or curator is appointed, what safeguards are needed to prevent neglect or abuse of the elderly person?

d. Complaint Mechanisms

• Elderly persons must have effective redress mechanisms if they are dissatisfied with the care received or if their rights are not upheld. How can complaint mechanisms or health

ombudspersons be more user-friendly and effective towards this client group?

Module 4 – Effective communication

There is a discrepancy in the degree of knowledge on health issues between the professional and the patient. This can interfere with the outcome of treatment. Hence, it is important that both parties communicate in a way that maximises the outcome of treatment.

Low health literacy is often viewed as a deficit in a person's knowledge of health issues. However, it should be viewed as a failure in the health system which often does not address the needs and mental capacity of older people to understand information or to enhance their ability to navigate the health care system.

Ineffective communication may place patients at a greater risk of preventable adverse effects, diminish their competence for self-management and create barriers to access health and social services.

a. Barriers to communication

In addition to a low level of health literacy, there are 3 key barriers when communicating with elderly people:

• Professional attitude – Most health professionals write and speak technical jargon when communicating with patients rather than using plain language used in everyday exchange. They may wrongly assume that older persons do not understand messages being conveyed. Professionals need to be trained in effective communication and take extra care to ensure that older people understand the information given to them. How best to carry out such training? What are the key elements of such training programmes?

• The natural processes of ageing such as impaired vision, loss of hearing and cognitive problems may compromise the capacity of older people to understand and use health information.

• Whether the elderly person can read or write.

b. Preparing for a consultation with a doctor

• Communication is a two-way system. It helps the professional to assess and give the appropriate advice if the patient can communicate well during the interaction with the health care system.

• Prior to a consultation with a health professional, it is best that the elderly person and his or her carer prepare themselves by writing down the symptoms, problems or other relevant information to be conveyed to the health professional; any queries they have about their condition, medication or test result.

• Preferably, older adults should be accompanied by a relative or a carer of their choice.

• The quality of healthcare and avoidance of errors can be enhanced if patients ask relevant questions, such as:

- What is the problem I have?
- What should I do to improve my wellbeing and control the problem?
- What will be the consequences if I do not follow the instructions?

• Take all medicines, whether prescribed or bought over the counter, for the consultation including food supplements and alternative medicines.

• If the person is being monitored by self or others (e.g. for blood pressure or glucose level), such results should be kept in a logical sequence and presented during the consultation.

c. How to communicate

• The message should be personalised to older persons in terms of age, gender, culture, literacy skills, cognitive and physical functioning.

• Only main issues should be communicated. A lot of unnecessary information might mislead them or they may get lost in a lot of detail.

• Only plain language should be used, but should be tailored to the degree of literacy of the patient. This applies to all modalities of communication.

• The message should be solution-oriented. Give specific directions and advice that need to be followed, not actions that they should be avoided. Mixing positive and negative information may confuse people.

• Make communication empowering. Older people prefer to be in control of their health, so the way the message is conveyed should ease their confidence to manage their problems.

• Talk clearly and maintain eye contact. Use active voice.

• Repeat essential information or use alternative media, such as pamphlets, video or audio tape to reinforce the message.

• Make them repeat what they have understood; this helps the professional to assess their comprehension of the key messages conveyed – "teach back technique".

• Provide adequate time for conveying the information. A slower pace may be needed with elderly persons.

• Limit background noise especially if the patient has a hearing impairment.

d. Published material

• Text

- Font should be large to aid low vision problems;
- Typeface should be plain, no fancy script;
- Margins should be about 2.5 c.m;
- Never clatter information; use 1.5 space between lines of text.

• Layout and Design

- Use plain paper; glossy paper may cause glare;
- Present information in a clear and logical way. Important messages should come first;
- Lengthy information should be broken into shorter understandable sections;
- Use headings and subheadings;
- Do lists in bullets;
- High contrast colours should be used such as black type on white background;
- Give the actions you want people to take.

• Visual Material

- Pictures, drawings or graphs should be simple, clear and relevant to the topic;
- They should convey the actions that the older person has to take to self-manage his/her problems.

e. Medical Forms

Most medical forms are complex, full of jargon and mind-boggling to most people. How can such forms be made user-friendly by using plain language and adapted for persons with low health literacy?

e. Information to carers

If the older person is accompanied by a carer of his/her choice, specific instructions should be provided to the carer to participate in the care plan. Such information is to support and not replace the information needed by the older person.

• Explain the problems, interventions needed and anticipated outcomes in plain language;
• Give precise instructions on medication needed;
• If any physiological monitoring is needed, give appropriate advice of how to do it or who can help in this regard;
• Give a list of important telephone numbers in case of emergency;
• Suggest reliable web sites for further information.

f. Web-sites

The internet and social media are a rich source for increasing one's health literacy. The problems for elderly persons are:

• They need to be computer literate - give them advice of how to attain such skills.
• A lot of misinformation is available on the net which can jeopardise health outcomes. One needs to guide the patient to reliable sources. The best option is to print a list of such sites.

Module 5 – Avoiding Medication Errors

Medical errors are common. Medicine labels and package inserts are often inappropriate for the elderly patient due to the technical language used and the format of the information. The risk increases if a patient has low health literacy, is a passive receiver of health information, and when there is ineffective communication.

Some guidelines to avoid such errors are:

• The doctor should be informed on all pharmaceutical products the patient is taking including prescription and over the counter drugs and dietary supplements.
• The doctor should be informed on any allergies or adverse reactions to drugs.
• For any prescribed drug, the patient should ask:
- The reason for taking the medicine;
- The possible side effects and what to do if these occur;
- The dosage, frequency per day and for how long to take the medicine;
- Whether the drug is to be taken before, with or after meals;
- What medicines, food supplements, food, drinks or activities should be avoided when taking the medicine;
- If the drug is in liquid form or injection, how to measure the right dosage;
- If any monitoring is needed such as blood glucose level, for example, one should be educated on how to do it, on the frequency of such monitoring and on how to keep records.

Module 6 – Enhancing Well-being in the Elderly

a. Active Ageing

• WHO defines active ageing as the "process of optimising opportunities for health, participation and security in order to enhance quality of life as people age". Older persons are a resource to their immediate social network and to society at large. The difference between "healthy ageing" and "active ageing" is that in the latter concept opportunities must be available for the elderly client group to participate actively in the socio-economic environment rather than being passive recipients of care and services.
• To attain such a vision, there needs to be a shift in policy from a "caring based approach" to a "rights based approach" whereby every elderly person has a right to independence, participation, dignity, care and self-fulfilment.

• **Key issues to be discussed are:**
- What are the benefits to society and the individual of an active ageing policy?
- How can national policies and strategies implement in practical means the vision of active ageing?

b. Healthy Choices

• Healthy lifestyles and self management are quintessential to improve well-being, prevent disease and functional decline whilst extending the number of years of healthy living.

• The key issues that can be discussed are:

- The importance of diet, physical exercise, non smoking and control of alcohol consumption on the health status of elderly persons.
- How can such health messages be conveyed to the elderly in a language they understand?
- What support services should be available in the health sector to empower older citizens to make healthy life choices?

Module 7 – Applying Health Literacy to common Chronic Diseases and Self Care in the Elderly

• The degree of health literacy skills influences the person's ability to comply with care plans and of self-management of medical conditions that are prevalent in old age, such as:

- Diabetes
- Cancer
- Hypertension
- Heart disease
- Stroke
- Depression

• Low health literacy also impedes the person from taking measures to prevent accidents, e.g. falls.

• Some of the key issues to be discussed are:

- What health information should be given in these conditions to enhance well-being, prevent complications and limit the risk of accidents?
- How should such information be conveyed?