

The **Audiology** Bridge

Connecting Academia to Practice

Making Health Literacy a Priority in Audiology Education **September 2024**

Content curated by the Academic and Clinical Education Resources Committee of the American Academy of Audiology.

You are receiving this communication as a lead person for the AuD program at your institution. We hope that you will share this information with other faculty in your program.

Healthy People 2030 defines health literacy in two ways:

- Personal health literacy: “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”
- Organizational health literacy: “the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”

In audiology, health literacy is important for ensuring that patients can effectively navigate complex information related to their hearing health. As educators, we play a key role in preparing our students to become effective communicators. Low health literacy can lead to misunderstandings, missed appointments, and poor patient outcomes. In this edition of *The Audiology Bridge*, we'll share practical tips on how to incorporate health literacy into your teaching. From using plain language to being mindful of cultural differences, there are many ways we can help our students bridge the gap between their knowledge and the patient's understanding.

Health Literacy: A Prescription to End Confusion

Video offered by the National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division.

Health Literacy: A Prescription to End Confusion - Patients



How Do I Know Which Patients Have Low Health Literacy?

In 2003, the U.S. Department of Education, National Center for Education Statistics conducted the National Assessment of Adult Literacy (NAAL). It was the first follow-up study on adult literacy since the National Adult Literacy Survey (NALS) in 1992, and the first to have a specific component to evaluate health literacy in American adults. The survey examined prose literacy (continuous text such as news or brochures), document literacy (non-continuous text such as a job application or health questionnaire), and quantitative literacy (identify and perform computations). The health literacy tasks of this survey focused on those skills needed when encountering everyday health-related materials such as insurance forms, drug labels, and information on diseases (Cutilli and Bennett, 2010). There were 19,000 adults surveyed, including 1,200 incarcerated individuals.

The results of the survey (Kutner et al, 2006) identified the profile of the individual with low health literacy as:

- 65 years or older
- Black or Hispanic
- Spoke a language other than English prior to formal education
- Has less than a high school diploma
- Live at or below the poverty level
- Rate their overall health as poor
- Has Medicare, Medicaid, or no insurance
- Does not seek health information from print or non-print sources

Understanding which patients are most likely to have low health literacy assists us in how to best deliver health-care information that will be understood. Better understanding leads to improved compliance and outcomes.

References

Getting Rid of the Jargon?

As clinicians, we possess an extensive vocabulary of specialized terms and jargon, which, while essential for precise and accurate communication among ourselves, can often create barriers when interacting with patients. For student clinicians, this issue can be compounded by limited experience or lack of didactic training in using plain language when interacting with patients. Patients prefer providers who can communicate without using jargon and perceive these providers as better communicators and more empathetic or approachable (Allen et al, 2024). Patients are also more likely to obtain hearing aids when audiologists use less complex language (Sciacca et al, 2017).

In a [pilot study](#) involving medical students, participants were required to translate medical documents into plain language as part of a communication course. Following these exercises and peer feedback about performance, students rated themselves higher in areas of patient centered communication and were able to identify medical jargon more easily. Potentially, audiology students could complete similar exercises, such as translating materials from hearing aid manufacturers, to boost their skills in effective communication.

One skill that can be effective with improving patient understanding and compliance is the [teach-back method](#), and this is something that many clinicians do every day, though they may not have a name for it. With this intervention, clinicians teach patients about a skill, such as hearing aid insertion, and then ask the patient to demonstrate how to do it themselves. By following this method, clinicians can check for understanding and, if needed, explain in a different way, and check again. The benefit of the teach-back method is that clinicians can identify what the patient understands based on how they explain what they need to know or do. Patients often don't know what questions to ask of their provider or may be embarrassed to ask something they think they should know.

There are many resources available at no cost online that clinicians and students can use to learn more about health literacy and using plain language, including the [universal precautions toolkit](#), the [communication self-assessment](#), the [guide to providing effective communication and language assistance services](#), and [federal plain language guidelines](#).

The National Institutes of Health (NIH) has developed a [checklist](#) that can be used when using plain language, whether this concept is new to you or you are revising current materials. When writing information for patients, consider the needs of your specific audience. Use language that your audience would know and would help them understand the message you are conveying. Organize the resource with the main message first and answer likely questions that readers would ask. Writing should be concise and use familiar words for your audience rather than technical terms. Don't forget to include helpful visuals and bullet points or lists as appropriate as these can make resources more readable.

Following these tips can help clinicians reduce the use of jargon in verbal patient interactions as well.

Gilligan and Weinstein (2016) offer a practical example of how to reduce jargon and develop resources that are patient-friendly. In developing written instructions to use an assistive listening device for older adults with untreated hearing loss, the authors used an [online tool](#) to identify the reading level of their material. They further revised their instructions to include graphics, larger font sizes, and more white space in addition to using familiar words, shorter sentences, and the active voice in the writing.

References

Allen KA, Charpentier V, Hendrickson MA, et al. (2023) [Jargon be gone—patient preference in doctor communication](#). *Journal of Patient Experience*.

Sciacca A, Meyer C, Ekberg K, Barr C, Hickson L. (2017) [Exploring audiologists' language and hearing aid uptake in initial rehabilitation appointments](#). *American Journal of Audiology* 26(2):110–118.

Bittner A, Jonietz A, Bittner J, Beickert L, Harendza S. (2015) [Translating medical documents into plain language enhances communication skills in medical students – A pilot study](#). *Patient Education and Counseling* 98(9):1137-1141.

Gilligan J, Weinstein BE. (2016) [Incorporating Health Literacy into Your Hearing Care Practice](#). *The Hearing Review*.

Simplifying Patient Education Resources

“Hearing Loss: The Basics” is a sample patient education brochure that shows how to offer important information in an easy-to-read format and comprehension level.

Sample Excerpts:

- Hearing aids: devices worn on the ears to help amplify sounds
- How do I know if I have hearing loss? Hearing loss can happen slowly over time, so the signs are not always clear. “What did you say?”

[Download the Brochure](#)

Health Literacy Resources

Agency for Healthcare Research and Quality Guidelines and Materials Guidelines

- <https://www.ahrq.gov/health-literacy/improve/precautions/tool11.html>
- <https://www.ahrq.gov/health-literacy/improve/index.html>
- <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

Centers for Disease Control and Prevention Materials

- <https://www.cdc.gov/niosh/mining/userfiles/works/pdfs/2008-102.pdf>

- <https://www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/understanding-challenges.html>
- <https://www.cdc.gov/healthliteracy/index.html>
- https://www.cdc.gov/hearing-loss/about/index.html?CDC_AAref_Val=https://www.cdc.gov/nceh/hearing_loss/comprehensive_hearing.html
- <https://www.cdc.gov/healthliteracy/education-support/healthcareproviders.html>
- https://www.cdc.gov/hearing-loss/about/index.html?CDC_AAref_Val=https://www.cdc.gov/nceh/hearing_loss/toolkit/index.html
- <https://www.cdc.gov/healthliteracy/guidelines.html>

CLAS Guidelines on Literacy

- <https://thinkculturalhealth.hhs.gov/resources/presentations/8/the-national-class-standards-health-literacy-and-communication>

Teach-Back Training

- <http://www.teachbacktraining.org/home>
- <https://hearingreview.com/practice-building/practice-management/incorporating-health-literacy-hearing-care-practice>

Other Resources

- <https://www.sciencedirect.com/science/article/pii/S2452301117301037>
- <https://readabilityformulas.com/>
- https://ogg.osu.edu/media/documents/health_lit/HOSAM2006.pdf
- <https://www.asha.org/slp/healthliteracy/>
- https://www.asha.org/slp/health_lit_resources/

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11480 Commerce Park Drive Suite 220 | Reston Virginia, 20191 | 800-AAA-2336
www.audiology.org

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