

ASSOCIATION OF COMMUNITY
CANCER CENTERS

DEVELOPING A
HEALTH LITERACY
AND CLEAR
COMMUNICATIONS
E-COURSE

ASSESS & IMPROVE HEALTH LITERACY
AT YOUR CANCER PROGRAM



Introduction



Quality patient care begins with clear and compassionate communication between providers and patients. In fact, communication is the cornerstone to achieving positive patient outcomes. Patients with cancer have unique communication needs, which vary and can change at different points during their care. Providers who take time to assess where a patient is coming from (e.g., language, literacy level, culture, etc.) and who encourage open communication, have better patient health outcomes.

Health literacy is generally defined as an individual's ability to find, understand, and use information or services to make decisions for their care or the care of others.¹ A survey of Association of Community Cancer Center (ACCC) members found that 45 percent of respondents identified limited health literacy on behalf of the patient as a barrier to effective shared decision-making.² Yet, of those surveyed, only 28 percent said they always or frequently assessed for health literacy.

Patients with poor health literacy have difficulty with written and oral communications that can limit their understanding of cancer symptoms and tests, which can negatively impact their stage at diagnosis.¹ Beyond diagnoses, low health literacy can also impact shared decision-making on treatment options, informed consent for routine procedures, and participation in clinical trials. Improving the capacity of patients to understand information related to their cancer diagnosis, treatment, and post-treatment follow-up is key to closing gaps that impede health equity.

e-Course Development



In 2021, ACCC worked with a multidisciplinary advisory committee to develop an interactive electronic learning course (e-Course) titled, *Health Literacy and Clear Communications e-Course*. This dynamic online course provides cancer care team members with the tools needed to be clear and concise in communications with patients, build awareness and skills regarding health literacy, and improve health equity. Available on the ACCC Learning Management System, the self-paced e-Course provides:

- Actionable tips and strategies on clear communications with patients
- Evidence-based health literacy practices
- An explanation of the teach-back method
- Assessment of patient education materials.

The *Health Literacy and Clear Communications e-Course* identifies the following actionable strategies for learners:

- Use clear communication and body language
- Translate complex oncology concepts into plain language
- Calm patient fears and correct misconceptions
- Enhance cultural competency.

Funded and supported by *Lilly Oncology*, the *Health Literacy and Clear Communications e-Course* can be used by healthcare providers to immediately implement effective practices into their cancer programs. The e-Course includes the following key concepts.

Communication

Studies show patients with low health literacy levels struggle to understand medication regimens, disease progression, and management.³ However, cancer care providers may not know or even be able to assess literacy. This can create a tendency to overestimate the patient's literacy level. Because it is critical for cancer care providers to communicate with patients based on their literacy level, effective communication skills are promoted throughout the *Health Literacy and Clear Communications e-Course*.

Non-Verbal Communication or Body Language

The *Health Literacy and Clear Communications e-Course* examines how non-verbal communication impacts patient comprehension of health information. Non-verbal communication includes body language, mannerisms, facial expressions, and actions.⁴ Body language is a specific tactic highlighted within the e-Course. To provide clear communication, key factors to consider include:

- **Body position:** How and where the body is positioned, for example, folding arms, inclining the head, and where we are in relation to others
- **Facial expression:** Smiles, frowns, or raised eyebrows
- **Eye contact:** How and when we look at others. This can include staring, looking away, or looking over your shoulder
- **Touch:** How and where we touch ourselves, others, and objects, such as glasses, clothing, a computer, etc.
- **Physical reactions:** Blushing, rapid breathing, or sweating.

Teach-Back Method

This method is used to educate patients with necessary information and ensure they understand the information shared by their cancer care provider.⁵ The teach-back method follows four key steps: 1) Explain, 2) Teach Back, 3) Assess, and 4) Repeat, as needed. Providers explain information in short, plain language statements called “chunks.” Then, patients are asked to repeat back the information in their own words to check for comprehension. Cancer care providers will then assess whether patients understand the health information shared. If not, providers will repeat the process until they are comfortable that patients understand the health information being conveyed.

Health Equity

Health literacy and health equity are connected. In laymen’s terms, health literacy makes health information clear and understandable, while health equity principles ensure inclusivity. Health equity refers to the ability of all people to achieve the highest level of health. Health literacy principles put into practice, help to advance health equity.⁶ In healthcare settings, these concepts include:

- Testing materials with patients
- Providing language services to those with limited English proficiency

- Creating materials at a sixth-grade reading level
- Communicating in a way that does not blame patients for their circumstances.

Research has shown that incorporating health equity principles into health information promotes better adoption of healthy practices because it meets patients where they are at—culturally and linguistically.

Cultural Competence

Health literacy is impacted by cultural competence. Studies show that unaddressed cultural differences and contrasting concepts of health and illness can lead to poor patient health outcomes.⁷ In addition, due to the aging and increasingly diverse patient population, these challenges are likely to increase. The *Health Literacy and Clear Communications e-Course* looks to train cancer care providers to identify and address health literacy and cultural competence to deliver patient-centered care that also reduces health disparities. Evidence shows training providers to address both issues can lead to less medication errors, improved patient adherence, and clear communication between patients and providers.

Results and What Learners Are Saying



In 2022, ACCC analyzed pre- and post-survey assessments to evaluate the outcomes and effectiveness of the *Health Literacy and Clear Communications e-Course*. In the initial pilot, 87 learners registered for the course; 37 completed the post-assessment following e-Course completion. These learners shared that they felt proficient in:

- Providing clear communication with patients
- Using evidence-based applications of health literacy practices
- Explaining complex oncology concepts in plain language
- Applying the teach-back method
- Assessing patient materials.

A look at pre- and post-survey results showed an increase for all learning objectives:

- Clear communication with patients increased from 70 percent to 94 percent
- Evidence-based application of health literacy practices rose from 43 percent to 83 percent
- Explanation of complex oncology concepts in plain language increased from 39 percent to 81 percent
- Use of the teach-back method rose from 41 percent to 89 percent.

In addition to these findings, 89 percent of learners reported that they were likely to recommend the e-Course to a colleague, and 75 percent reported they were likely to implement the e-Course within their cancer program or practice.

Qualitative interviews with learners also shared positive data:

“Reflecting on our own practice makes you think and consider elements that you may not have considered when reaching for a pamphlet...I really liked the cultural competency piece. At our cancer center, we must always use an interpreter if English is not the first language. And I don't feel that a lot of the education pieces have been modified to reflect cultural competency.”

— Sandi Vones, DNP, GNP, AOCN
Geriatric Oncology, Moffitt Cancer Center

“Excellent review on all the components involved in teaching and communicating with patients...Would recommend this course. It is a very nice basic course, very understandable, [and I] would like every new nurse to take it.”

— Vicki Vann, MS, APRN, OCN
Nursing Professional Development, Patient Education Specialist, Moffitt Cancer Center

Conclusions and Next Steps



Education programs like the *Health Literacy and Clear Communications e-Course* can help provider learners effectively communicate with patients. Cancer care providers can use evidence-based health literacy practices, such as the teach-back method and assessment of printed materials, to explain complex oncology concepts to patients. ACCC will examine future educational opportunities to conduct concurrent assessment of patient and caregiver perspectives and incorporate them into provider education and evaluation of health literacy training programs in clinical practice.

Additional Resources

- **Gap Assessment Tool.** By completing the assessment tool, cancer programs and practices can identify educational needs and pinpoint areas where targeted education could improve patient care. Available at acc-cancer.org/assess-your-program
- **Ask Me 3 Tool and Video.** Developed by health literacy experts at the Institute for Healthcare Improvement, this tool encourages patients to ask three simple questions each time they talk to a care team member: 1) What is my main problem?, 2) What do I need to do?, and 3) Why is it important for me to do this? Available at acc-cancer.org/ask-me-3-tool
- **Health Literacy: From Assessment to Action.** Available at acc-cancer.org/Health-Literacy

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