Health Literacy & SDM in Taiwan Health Care Services

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Patient-friendly & Smarter Healthcare
Population Projection in Taiwan

Age 65+ yrs. 3.139 million (13.33%) > Age 15+ yrs. (13.31%) in February, 2017

Million

Based on TFR=1.1

Trend of Top 10 Leading Causes of Death in Taiwan

Cancer: 28.6%
Heart dis., stroke & H/T: 21.9%; DM: 5.8%; CKD: 2.9% (30.6%)
Ch. Liver dis & liver cancer: 2.9%
Pneumonia: 6.6%; Ch. Lower Respiratory dis.: 3.9%
Inj.: 4.3%; Suicide: 2.2%

2. Chronic lower respiratory disease mortality rates are available from 1995.
NCDs recognized as one of the key challenges to post-2015 human development

- NCDs caused 36 million deaths (2/3 of total deaths) in 2008. 1/4 of these happened before the age of 60.
- The 4 major risk factors: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.
Development of Health Promotion

**Ottawa Charter** for Health Promotion (1986)

- Combined use of the Ottawa Charter strategies are far more effective than single strategy
- Combination can be adapted for use in different settings
- The population should be involved in the action and decision making process
- Learning and communication, granting autonomy to the communities and population.

**Jakarta Declaration** on Leading Health Promotion into the 21st Century (1997)

- Building Healthy Public Policy
- Creating Supportive Environment
- Strengthening Community Action
- Developing Personal Skills
- Reorient Health Services

**Shanghai Charter** Health Promotion (2016) Healthy cities and Health Literacy

**Helsinki Statement** (2013), health in all policies, universal health coverage

**The Bangkok Charter** for Health Promotion in a Globalized World (2005)
Health Literacy is an important factor in improving health outcomes.

- Increase knowledge to help people to make healthiest choice and decision for themselves or theirs family to achieve the goal:
  - Empowering citizens
  - Reducing health inequities
### Definitions of health literacy

<table>
<thead>
<tr>
<th>Organization</th>
<th>Definition</th>
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<tbody>
<tr>
<td>WHO (1998)</td>
<td>“The cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health”</td>
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<tr>
<td>American Medical Association’s (1999)</td>
<td>“The constellation of skills, including the ability to perform basic reading and numeral tasks required to function in the healthcare environment”</td>
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<tr>
<td>Nutbeam (2000)</td>
<td>“The personal, cognitive and social skills which determine the ability of individuals to gain access to, understand, and use information to promote and maintain good health”</td>
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<tr>
<td>Institute of Medicine (2004)</td>
<td>“The individuals’ capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions”</td>
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## Nutbeam’s three-level model of health literacy

| **Functional health literacy** | The ability to **obtain, understand and use factual information** on health risks and on how to use the health system. Information will generally convey limited goals directed towards **improved knowledge of health** risks and services, and compliance with prescribed actions. Typically, such information does **not invite interaction, critical thinking** or autonomy in decision-making. |
| **Interactive health literacy** | Defined as the ability to **extract health information and derive meaning from different forms of communication**, and to apply new information to changing circumstances. It is characterized by the **self-confidence to act independently** on advice, and to interact successfully with the health-care system and providers. |
| **Critical health literacy** | reflects the **literacy and numeracy skills** that **support critical reflection on information** or advice received, including recognition of the influence of **wider social determinants of health**. These include the ability to obtain, understand and critically appraise different sources of information, and the ability to engage in shared decision-making. |
Integrated model of health literacy

Sørensen et al. BMC Public Health 2012, 12:80
The matrix with four dimensions of health literacy applied to three health domains

<table>
<thead>
<tr>
<th>Access/obtain information relevant to health</th>
<th>Understand information relevant to health</th>
<th>Process/appraise information relevant to health</th>
<th>Apply/use information relevant to health</th>
</tr>
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<tbody>
<tr>
<td><strong>Health care</strong></td>
<td>Ability to access information on medical or clinical issues</td>
<td>Ability to understand medical information and derive meaning</td>
<td>Ability to interpret and evaluate medical information</td>
</tr>
<tr>
<td><strong>Disease prevention</strong></td>
<td>Ability to access information on risk factors for health</td>
<td>Ability to understand information on risk factors and derive meaning</td>
<td>Ability to interpret and evaluate information on risk factors for health</td>
</tr>
<tr>
<td><strong>Health promotion</strong></td>
<td>Ability to update oneself on determinants of health in the social and physical environment</td>
<td>Ability to understand information on determinants of health in the social and physical environment and derive meaning</td>
<td>Ability to interpret and evaluate information on health determinants in the social and physical environment</td>
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Sørensen et al. BMC Public Health 2012, 12:80
Health Literacy in Healthcare Services:
Study and Results

- Study by the Tzuchi University found that the health literacy status of patients seeking medical attention in health-promoting hospitals are: high (18.7%), intermediate (56.0%), low (25.3%)
- The health literacy of medical professionals in district and regional hospitals are lower than health centers and others, which may be positively correlated with age, years of work experience, and years of medical education.
- Over 80% of medical institutions have leadership capacity to plant and implement strategies to improve health literacy; health promoting hospitals in Taiwan have started promoting health-literacy improvement projects.

### HL survey for medical service users and providers

<table>
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<tr>
<th>Service Provider</th>
<th>31 items</th>
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<tr>
<td>• Knowledge, attitude, skill</td>
<td></td>
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<table>
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<tr>
<th>Care organization</th>
<th>61 items</th>
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High HL: 18.70%
Intermediate HL: 56%
Low HL: 25.30%
Development of HL Measurement Instruments

**Settings**
- Childhood
- Adolescence
- Adult
- Ageing

**Special Issue**
- Weight management HL for children (interview questionnaires)
- Adolescent media HL survey and interview questionnaires

**Special Target**
- Research on HL of health care service - **Health provider** and patient - Questionnaires

1. HL instruments for Adult weight management
2. HL instruments for weight management of parenthood

- The national healthy dietary patterns of HL questionnaire in web media
- HL instruments for initial diagnostic cancer patient
- HL instruments for Diabetes

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Organization change to improve health literacy

- **National Action Plan to Improve Health Literacy**
  (US Department of Health and Human Services, 2010)

- **Health Literacy Universal Precautions Toolkit — IOM**
  (DeWalt et al., 2010)

- **10 attributes of a health literate organization — IOM**
  (Brach et al., 2012)

- **Health-literate Hospitals and Healthcare Organizations**
  (Pelikan, 2015)
WHO - foundations of a health-literate organization

Leadership promotes
Has leadership that makes health literacy integral to its mission, structure and operations

Includes consumers
Includes populations served in designing, implementing and evaluating health information and services

Plans, evaluates and improves
Integrates health literacy into planning, evaluation measures, patient safety and quality improvement

Meets everyone’s needs
Meets the needs of populations with a range of health literacy skills while avoiding stigmatization

Prepares workforce
Prepares the workforce to be health literate and monitors progress

Designs easy-to-use materials
Designs and distributes print, audiovisual and social media content that is easy to understand and act on

Ensures easy access
Provides easy access to health information and services and navigation assistance

Targets high risk
Addresses health literacy in high-risk situations, including care transitions and communication about medicines

Communicates effectively
Uses health-literacy strategies in interpersonal communication and confirms understanding at all points of contact

Explains coverage and costs
Communicates clearly what health plans cover and what individuals will have to pay for services

Source: Adapted from WHO-health literacy
Health Promoting Hospital in Taiwan 2006-2016

2006 Start

2008 the awards of HPH

2012
1. Inter-sectoral collaboration
2. Supplement the fund

2017 Integrate
Health Promoting Hospital and Healthcare Organizations (MOHW)

- Reorient medical care to health promotion
- 163 members as of Feb 2017
- Hospital coverage: service totally covered 70% of acute beds (29.6% hospitals)

Patient

Staff

Healthcare outcomes
+ Health gains

Community

People gains

- Patient satisfaction 83%
- Staff awareness 88%

International Participation

As of end of February 2017, 25 National/Region Networks, 721 hospitals; 163 members in the Taiwan Network
The largest WHO-HPH Network in the world
Indicators and program integration

Core Indicator Integration
- Service Indicator Integration
- Integrated care
- Service-oriented integration

Performance
- Care outcomes
- Care/screening rate
- Employee Health Promotion

Healthy Hospital-Advance level
- Cancer diagnosis and treatment quality certification hospital
- Baby-Friendly Hospital
- Tobacco Free Hospital

Healthy Hospital-Basic level
- WHO–HPH–46 items
- Age-friendly Healthcare–18 items
- Tobacco Free Hospital–48 items
- Environment-friendly Hospital–10 issues

Service indicator
- Responsibility
- Quality of care
- health literacy

Pay for performance
- regular reporting and health information

Using PFM (patient-focused method)
Using Paper review Or PFM

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### 3.2.4 The organization has strategies to improve the health literacy of the staff and patients, allowing the service users easier access to obtaining, understanding and applying the health information and services in care and health

<table>
<thead>
<tr>
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| (2 of the following items completed for “Incomplete”; 3-6 for “Partially completed; 7-8 for “Completed”)
1. The institution has policies and structure in place to **promote health literacy**
2. The development of education material and services incorporated user input and participation
3. Has **health literacy training program** for the staff
4. Information to assist user in navigating the medical environment
5. Diverse ways of communicating health information that follows **the principles of health literacy** (e.g. oral, graphics, texts, audio/visual or digital information)
6. Events or activities that improve **health literacy in patients and family members**
7. Strengthen integrated and sustained healthcare so patients can access the information and resources available for disease management
8. Activities or events to improve **the health literacy in the community**
The Importance of Health Literacy and Applications

Health Literacy

- An extra 3-5% of medical costs due to Insufficient health literacy

Health Promotion

Medical Care

Disease Prevention

Apply

Aware

Access

1. Health awareness
2. Utilization rate of health services
3. Health outcomes (healthy behaviors, diabetes, hypertension, overall health status, etc)

1. One-on-one to group education
2. Professional to volunteers
3. From hospitals to community settings

1. Improve information readability
2. Improve accessibility,
3. Improve acquisition and distribution
Shared Decision Making (SDM) to Promote HL

- Shared decision making (SDM) is a process where a patient and clinician in shared decision making based on EBM and focus on patients’ values and preferences.
- SDM is essential to quality health care by improvement the health literacy.

Source: TC Hoffmann, the Connection Between Evidence-Based Medicine and Shared Decision Making
JAMA 2014, Vol.312, No.13
Decision-Making Models

Shared decision making, SDM

Paternalistic

Informative

shared

Source: User’s Guide to the Medical Literature, 3e
Patient Decision Making “3E”
Best Research Evidence
Clinical Experts Experience
Patients' Value and Expectation
IMPROVING HEALTH LITERACY & SDM

- Written health information – use plain language guides
- Prescription drug labels – use precise instructions
- Verbal communication – use ‘teach back’ method
- Risk communication – using formats which aid understanding

(Sheridan et al 2011, 2013)
International Patient Decision Aids Standards, IPDAS

-30 items assessment indicator-
Patient Education Materials Assessment Tool PEMAT

- Internet Citation: The Patient Education Materials Assessment Tool (PEMAT) and User’s Guide: An Instrument To Assess the Understandability and Actionability of Print and Audiovisual Patient Education Materials. October 2013. Agency for Healthcare Research and Quality, Rockville, MD.
The importance of health literacy friendly materials

- 30.2% of adults in Taiwan are in low health literacy (Lee et al., 2010), which will result in low rates of cancer screening, high probability of hospitalization, and poor health information Health results.

- It is an important policy to provide the public with understandable, enforceable and applicable health information.

- Refer to “CDC clear Communication index”, developed a local guideline “Health literacy friendly materials assessment index guidelines” as a basis for the review of health material, in order to maximize the effectiveness of the spread.
Health literacy friendly materials assessment index guidelines
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**衛生福利部**

**醫病共享決策平台**

*Ministry of Health and Welfare, Platform for Shared Decision Making*

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**醫病共享決策介紹**

- 醫病共享決策 (SDM) 緣起
- 醫病共享決策輔助工具介紹
- 醫病共享決策響應活動
- 醫病共享決策輔助工具競賽

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**醫療共享決策輔助工具競賽**

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<td>2016.06.02</td>
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Promotion, Prevention, Protection, Participation, Partnership!