



Three steps to meeting health literacy needs

Ngā toru hīkoi e mōhiohia ai te hauora



**Te Kāwanatanga
o Aotearoa**
New Zealand Government

Te Tāhū Hauora
Health Quality & Safety
Commission





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Introduction | He kupu whakataki

Three steps to meeting health literacy needs | Ngā toru hīkoi e mōhiohia ai te hauora provides a process for you to follow with every person in every health care discussion. The three-step process will help you reinforce the useful knowledge and skills people already have, identify and build the knowledge and skills they need and check you've been effective at doing so.

Meeting health literacy needs is essential to providing health care because it gives people the information and skills they need to manage their health.

Using the three-step process will help you be sure your advice and explanations are effective for patients and whānau. The three-step process will support more focused and tailored care in the time available. It will also support better self-management and fewer complications and readmissions, as well as stronger relationships.

The complexity of our health system, services and information, along with the many health conditions people experience over a lifetime, means **every person will have health literacy needs at some point**. These needs could be new and significant because of a recent diagnosis, treatment or health service; or ongoing and complex when managing the progression of a long-term health condition.

As our health changes, people access new health services, and the health system changes too. As a result, the things we need to know and do to manage our health change as well. Health literacy includes knowing how to stay well and prevent health challenges, when and how to seek appropriate health care and how to engage in treatment and make informed decisions. It also includes understanding other health conditions people might have and supporting the health of whānau and communities.

To ensure people have the knowledge and skills they need to manage their health, **every health discussion** needs to appropriately identify and meet the individual's health literacy needs.

You cannot predict or make assumptions about who will have health literacy needs and who will not. People's understanding of their health is determined by many things including experiences, priorities, interests, stress levels, resources, guidance and the quality of information and communication people have received in the past. Health literacy is not determined by intelligence or income status (Speary 2010).

This guide, *Three steps to meeting health literacy needs | Ngā toru hīkoi e mōhiotia ai te hauora*, has been developed in the context of achieving equitable health outcomes for Māori and maintaining cultural safety.

Achieving equitable outcomes

Considerable evidence points to significant inequities in health outcomes for Māori. There are many different aspects to these inequities, including socioeconomic disadvantage as a result of colonisation, a greater burden of long-term conditions that increase the risk of more serious outcomes and poorer access to and quality of health care.¹

The three-step process provides a way of tailoring health care to improve health outcomes. It identifies how best to connect with people and meet their health needs in a way that respects their knowledge and values.

The three-step process promotes:

- uncovering and understanding people's knowledge, beliefs and values (worldview)
- building relationships
- having respectful conversations that acknowledge and build on people's prior knowledge and beliefs
- incorporating the Hui Process (see page 12) as a respectful way of working with people
- ensuring people understand their options and have time to consider them
- improving the quality of health care provided
- improving access to other services.

1 www.hqsc.govt.nz/consumer-hub/health-equity-links

Working in a culturally safe way

Working in a culturally safe way means identifying and respecting the values and beliefs of the people you are working with and using these as the basis for working together.

To provide culturally safe care, the health workforce needs to:

- be aware of how their own culture and biases impact on the quality of care provided²
- reflect on and then change what they do with the aim of improving the quality of care they provide.

In practice, this means actions such as:

- greeting people appropriately
- pronouncing people's names correctly. If you are not sure how to pronounce a name, ask people for guidance and check whether you are getting it right
- asking people about their knowledge, beliefs and values (worldview) and respecting these during the discussion and decision-making processes
- asking people whether they want to start their appointment with a prayer and respecting this as supporting wellbeing
- asking people whether they would like to have whānau or support people in the discussion and involving whānau in the discussion when the person would like this.

2 For the Health Quality & Safety Commission's learning and education modules on understanding bias in health care: www.hqsc.govt.nz/our-programmes/patient-safety-day/publications-and-resources/publication/3866/.

It may also take longer for some people or whānau to trust you because they have had prior experiences in the health system that were not culturally safe.

The three-step process supports cultural safety by encouraging you to ask questions about people's knowledge, feelings, beliefs and values before you provide new information or advice. It provides you with the background information you need to tailor information and advice to connect with the needs and preferences of the people you are supporting.



Foundations of the three-step process Ngā tūāpapa o te tukanga toru hīkoi

Three steps to meeting health literacy needs | Ngā toru hīkoi e mōhiotia ai te hauora is based on adult learning principles and the New Zealand Framework for Health Literacy.

The New Zealand Framework for Health Literacy

The Ministry of Health released *A Framework for Health Literacy* in 2015 (Ministry of Health 2015). The framework describes the role of the health system, health organisations and the health workforce in building health literacy and reducing complexity (known as health literacy demands) for individuals, communities and society. The three-step process supports the role the health workforce has in building health literacy.

The framework recognises that **meeting health literacy needs is fundamental to providing effective health care**. It supports a culture shift, where health literacy becomes core business at all levels of the health system. As a result, every system improvement needs to address health literacy demands if people are to live longer and healthier lives.

Prior knowledge as an adult learning principle

As adults we each have some prior knowledge about our health. A key step in building and retaining new knowledge is connecting new information to our prior knowledge. The most effective way of doing this is to identify what people already know, think and feel, so the information you provide is tailored to their needs and extends what they already know. This also avoids the common trap of wasting your time and theirs by telling people things they already know (which will also stop them listening to you).

Once you understand what people already know, you can work out the appropriate starting point for your discussion to build new knowledge, also known as building health literacy.

Teachable moments as an adult learning principle

Adults learn best when they are motivated to learn, know why something is relevant to them and are responsible for directing their own learning. A teachable moment occurs when someone asks you a question or makes a statement about their health that needs a response; for example, *'But I've always had high blood pressure, so why is it a problem now?'* or *'I don't need blood pressure tablets because I feel fine, there's nothing wrong with me'*. Take advantage of these teachable moments by acknowledging the person and saying, *'That's a good question'* or *'It's interesting you raise that'*, and then providing the information they need.

Even when the question doesn't seem relevant or you intend to discuss it later, providing a brief response at the time means people feel listened to and are not distracted by their unanswered question.



Other key components of the three-step process Ētahi atu tino wāhanga o te tukanga toru hīkoi

Oral communication is how we learn about our health

Most people build their understanding of health through discussions with the health care workforce about their health experiences, along with some trial and error. Sometimes their understanding is supplemented by discussions with whānau and friends, and written or online information, but these are seldom their main sources of reliable knowledge.

Discussion (oral communication) has great advantages because it is interactive and you can adapt what you say so it is relevant to a person's situation. However, oral communication also presents some challenges that you need to manage to prevent these from becoming barriers to understanding. Unfamiliar words in a discussion can stop people listening as they focus on trying to work out what a word means.

This means you need to use familiar language, explain anything unfamiliar and check you've been clear in your communication. It can be helpful to have all of your team communicating the same messages, in the same way, especially for long-term conditions. You could also create opportunities to provide a permanent reminder by suggesting people use their phones to record some key messages you are discussing so people can listen to them again later or share them with their whānau.



Listening is essential in using the three steps

An essential element of meeting health literacy needs and building health literacy is being a good listener. Showing you are listening to people will build trust and a willingness to share, which will help you meet people's needs.

There are two types of listening (Covey 1989).

1. Listening to reply can occur when, for example, you are getting ready to make a diagnosis or answer a question. Once you start listening to reply, you are thinking more about what you are going to say and less about what the other person is saying. In other words, you stop listening!

2. Listening to understand is when you are focused on the messages a person is sending to help you understand their thoughts and feelings. These messages will include what the person is saying as well as what they aren't saying, their tone, mood, facial expressions and body language.

During the three-step process you will be mainly listening to understand, because you are trying to better understand the knowledge, feelings and perspectives of the other person.

Health literacy may be held by an individual or whānau

People may independently manage their own health, or be supported to manage their health by whānau, carers or a similar group of support people. Where people agree this is appropriate, involving whānau or a support group in discussions can take advantage of the collective skills and knowledge the whānau or group already hold, and help build the health literacy of everyone involved. This reduces the pressure on a single person to hold all of the skills and knowledge needed to manage their health. Involving the whānau may also be helpful if a person has sight, hearing or cognitive disabilities.

The three steps to meeting health literacy needs

Ngā toru hīkoi e mōhiotia ai te hauora



You can use the three-step process in every health discussion to identify people's prior knowledge, thoughts and feelings, so you can work out how and why to provide new information, and then check your messages have been effective for the people you're working with. This will give you some assurance that people have what they need by the end of your discussion.



The Hui Process and the three steps Te Tukanga Hui me ngā toru hīkoi

The Hui Process (Lacey et al 2011) is taught to medical students and other health professionals for use in clinical discussions. The Hui Process and the three steps can be combined as described in Table 1.

Incorporating the Hui Process with the three steps is ideal because the Hui Process describes the importance of establishing a relationship and building rapport with a person or group before focusing on identifying the reasons for meeting and kaupapa (purpose) of the visit. Establishing respect and trust at the start of a discussion is essential to the open sharing of information in the three steps.



Table 1: Combining the Hui Process and the three steps

The Hui Process	The three steps
Mihi: Initial greeting and engagement	
Whakawhanaungatanga: Making a connection	Step 1: Ask questions to build rapport and get to know more about a person and what is happening in their life
Kaupapa: Attending to the main purpose of the encounter	<p>Step 1: Ask questions to find out what the person thinks, knows, feels and believes, including setting an agenda</p> <p>Step 2: Build new skills and knowledge on to existing skills and knowledge</p> <p>Step 3: Check you have been clear as each piece of new information is added</p>
Poroporoaki: Concluding the encounter	Step 3: Check you have been clear as part of a final recap

The three steps can be aligned in a similar way with other communication and consultation models used by health professionals, such as the Calgary–Cambridge communication process (Kurtz et al 1998; Silverman et al 1998).

Step 1

Step 1: Ask questions to find out what people know Hīkoi 1: Pātaihia kia rapua tā te tangata e mōhio ai

Step 1 is the most important step. Everyone who comes into your health setting has prior knowledge.

Step 1:

- helps you to uncover what people already know, think and feel
- helps you to understand their worldview
- helps you to plan how much information you will give people and in what order (step 2)
- helps people you are talking with recall what they already know so they can make connections with the new information you give them.

Step 1 is all about asking good questions that encourage people to describe their understanding of their health and what they believe, value and are worried about. For example, *'Please tell me more about what stops you having asthma attacks.'* Listen to what people tell you and the words they use.

People who work in health tend to ask a lot of questions seeking specific information, such as, *'Where is the pain? How bad is the pain? How long have you been feeling sick?'* However, the answers to these questions do not provide any insight into a person's understanding of their health. These questions are essential but are not step 1 questions because they don't provide information about people's knowledge, beliefs and feelings.

Once you have a good idea of a person's starting point, you can connect new information to their prior knowledge to help them make sense of and retain the new information. This is also an opportunity to confirm and validate the prior knowledge the person has. This will help you avoid telling them something they already know, which saves time and means they do not feel patronised.

By asking questions, you will sometimes find people have outdated knowledge or beliefs about their health. To add new information you are going to have to discuss the outdated knowledge in a way that recognises people may have held this knowledge for a long time and have very valid reasons for believing this knowledge to be accurate. If you just add new information without addressing the outdated knowledge, people are more likely to forget or reject the new information because it doesn't fit with what they already know. People might still be able to repeat the information you have given them (in **Step 3: Check**) but they are unlikely to act on the information because it conflicts with what they already know and believe.



For example:

Someone might say to you: *'I don't want to start on insulin because that means I'm really sick and I won't be around much longer. My mother went on insulin and died a few months later, it was horrible.'*

In response, you could say: *'That must have been really hard and it makes sense that what happened to your mother makes you feel worried about insulin. I don't know your mother's case, but it sounds like she may have been very sick as you suggest. Insulin is something our bodies naturally create, but with diabetes this production slows down and the injection replaces the insulin that your body still needs. People can live healthy lives on insulin for many years and I would expect that in your case. Would it be all right if we talk about your concerns with insulin some more?'*

Tips for finding out what people know

As covered in the training for all health roles, you need to ask questions in a conversational, friendly tone to show you are interested in the person and open to their thoughts. The tone you use is important because asking someone to tell you everything they know about their health can seem intimidating.

Use open-ended questions where possible, as this gives people an opportunity to talk about their knowledge and feelings.



For example:

- *'What do you think might be causing this?'*
- *'What have you already tried?'*
- *'What have you already been told about the procedure today?'*
- *'What have you heard about this medicine?'*
- *'What did the doctor say might happen?'*
- *'What can you remember from the last time this happened?'*

Or you could prompt people, for example by asking, *'Did anyone describe how to change the date of your appointment?'* to help them recall the relevant information.

Try putting the words *'Please tell me'* in front of any questions you ask because this signals to people that you are not expecting a one-word answer.

For example:

- *'Please tell me more about your diabetes.'*
- *'Please tell me what you know about what happens next.'*
- *'Please tell me about your asthma medicines.'*
- *'Please tell me about the exercise you like doing.'*
- *'Please tell me what is most important to you about your health.'*
- *'Please tell me how your treatment is going.'*

Take a similar approach if you want to know more about people's understanding of a technique or a type of equipment. Rather than asking them to describe the technique or equipment, it can be helpful to ask people to demonstrate what they do.

For example:

- *'Please show me how you use your inhaler.'*
- *'Please show me how you get up out of a chair.'*
- *'Please show me your shoulder exercise.'*

Another way of finding out what people already know is to use a pictorial resource.

The benefits of using this approach include that:

- it engages people and gets them talking
- the pictures help people to read the text
- it uses only a few words
- the resource can be used multiple times at different stages of a discussion or as a health condition changes
- people can have a copy of the resource to take away
- it breaks down the information into manageable chunks, making it easier for people to build their understanding of their health condition.

Step 2

Step 2: Build the health literacy people need

Hīkoi 2: Whakaritea te hauora e hiahiatia ana e te tangata

Step 2 is about connecting new information and ideas to the knowledge, feelings and perspectives people already have. There are a number of strategies you can use in this step. You are likely to be using many of them already.

Which strategies you use will depend on what information you want to give, what will work best for people, the time and resources you have and what people want to know.

Remember, connect new information to what people know (identified in step 1). Use the words and phrases a person used in their initial discussion with you and build on these terms.

After providing a new piece of information, it can help to pause for 10 seconds to give the person a chance to think about the information and see how it fits with their understanding of their health.

Step 2: Build - explain and repeat essential health terms

People will not be able to talk about their condition or medicines unless they learn some essential health terms. Remember that not understanding health terms is the most common reason why people stop listening to you. Once you have asked questions to find out what people know, for example, '*Did anyone explain what the word anti-inflammatory means?*', you will know the terms you need to help them with.

However, health is full of non-essential terms that you might be able to avoid. For example, if someone says they have a *sore tummy*, it may not be helpful to refer to it as a *gastrointestinal problem*. Similarly, it's clearer to say to people they need to see the *nurse*, rather than the *practice nurse*; or visit the *hospital*, rather than the *DHB*.

If it is essential to use a health term, explain it using plain language.

Examples of essential terms include:

- parts of the body affected by the condition or disability
- common medical terms, such as *high blood pressure* or *hypertension*
- common abbreviations, for example, *CVD*
- everyday words that have a special meaning in a health setting, for example, *practice*, *stool*, *positive*
- health service terms, for example, a *consultant* is a doctor with special expertise in an area of health.

Tips for explaining health terms

- Repeat new terms. People need to hear a new word multiple times before they feel comfortable using it (Nagy and Herman 1987).
- Write down new words or underline or highlight them in written material.
- Provide visuals and diagrams, and label them with the new words.
- Link the words you use to the words people use. For example, if they say *high blood pressure*, use that term rather than *hypertension*. Later you can explain that *high blood pressure* means the same thing as *hypertension*.

Step 2: Build – use visuals

The saying ‘a picture is worth a thousand words’ is very relevant in health situations. Research on graphics and visuals shows that the brain recalls visual information better than written or spoken information.

Pictures and diagrams help people understand sequences as well as difficult and unfamiliar concepts (including how their body works). Pictures and diagrams also have a greater emotional impact than words only.

Tips for using visuals

- Select visuals that concentrate on the main message, for example, how to use a turbuhaler.
- Where possible, use colour pictures and diagrams.
- Label diagrams with any new health terms you have discussed.
- If a diagram contains lots of complex writing, replace it with simple text focusing on key concepts and new words you have introduced.
- If necessary, draw a diagram or a sequence numbering the steps 1, 2, 3 and so on.

Step 2: Build – use written materials

Health professionals often give people written information to read *'when they get home'*. Discussing the materials with people before they leave makes it more likely they will read the information.

Tips for using written materials effectively

- Explain to people **why** they need to read the material (their purpose for reading). For example, *'This booklet has useful information about side effects that you need to watch for when you start the treatment.'*
- Help people understand how the material is organised. For example, *'First there is information about your condition, information about medicines here, and these headings help you find the right information.'*
- Help people locate the key information for their stage. For example, *'Look at page 3 – it's best if you focus on the part about using your inhaler. You can read the rest later but this is the most important bit for you to read first.'*
- Try highlighting, underlining, circling or numbering key information to make the material more personal and meaningful to people.

Step 2: Build – help people anticipate the next steps

Explain the possible next steps people can expect with their health. This helps people better navigate the system, ask questions, understand how long it could take for their condition to improve and be better prepared for any changes they might experience.

Tips for helping people anticipate the next steps

- Explain what to expect when taking a new medicine, such as side effects.
- Explain when and why they need to contact you again. For example, *'If there is no improvement in a week, we need to try a different medicine.'*
- Explain how long it should take for the treatment to start working.
- Explain if they are going to get a letter or phone call about a hospital appointment and what they need to do if so. For example, *'You will need to ring and change your appointment if the time doesn't suit you.'*

Step 3

Step 3: Check you were clear

Hīkoi 3: Whakaarohia ina mārama rānei tō kōrero

Checking you have been clear involves getting feedback from people about how clear your communication was. If you do not check you have been clear, you have no idea if people have what they need to manage their health. Relying on non-spoken and non-verbal cues such as nodding or brief verbal cues such as people saying 'Yes' occasionally does not give an accurate indication of how clear you have been.

The most common, but largely ineffective, way of checking you have been clear is to ask questions such as, *'Do you have any questions?'* or *'Does that make sense?'* or *'Do you understand?'* Avoid these closed questions as they will not identify whether people have the messages you think are the most important or essential for their wellbeing. People will have understood something from what you have said, but a short response 'Yes' gives you no idea about what they are taking away from the discussion. Similarly, a 'No' response to *'Do you have any questions?'* tells you nothing about the messages people are taking away.

Checking you have been clear is about getting specific information and feedback from people you have been talking to. This means people have what they need to manage their wellbeing.

Checking you were clear isn't a test of how well people have understood you. Instead it is checking how clearly and effectively you communicated. The responsibility for your effective communication lies with you.

Tips for checking you have been clear

- Ask people to say, in their own words, what they now know or need to do. Find a question that works for you such as:
'I want to check I have given you the important messages, so can you tell me what you have to do and I will see if I explained it properly?'
'We have discussed a number of topics today. To make sure I didn't miss something out, would you please run through the key actions we agreed on?'
- Use prompts if people have only missed out a small piece of information. For example: *'That was all great. One small thing, do you also remember what to do if you are retaining fluid?'* (and if necessary *'I'm happy to go through that again if it helps.'*).
- Use pictures and diagrams when people haven't found spoken information or instructions effective.
- Link back the information to what people know. For example: *'You told the doctor you sometimes feel you are retaining fluid because your shoes get too tight. You want to do something about that before that happens, so what earlier signs will you be looking out for?'*
- Take responsibility if you were not clear. For example: *'Sorry I wasn't clear - is it OK if I go through that bit again?'*

If you use **Step 3: Check** and find that the person does not recall some of the information you have given them, think about what you said that wasn't clear for them. Was there a problem with the language you used, or maybe you gave too much information at once? Or perhaps the person was just too stressed or unwell to take on much information. At this point you can go back to **Step 2: Build** and try to explain the missing information again, **in a different way**.

Remember, this is about you providing the right information in the right way for people, so you may need to try a different approach. Find another way of phrasing or stating the information, maybe using visual reminders to help people.

For example:

- *'How about I write it down for you?'*
- *'Would you like me to give you a picture to show what is going on in your body?'*

Building your confidence

Some people find **Step 3: Check** difficult to use at first. Here are some ways you could get more confident using **Step 3: Check**.

- Practise with a colleague.
- Start by using **Step 3: Check** with the first or last person you see each day.
- Tell the people you are seeing that you are trying something new.
- Once you have used **Step 3: Check**, make some notes about what you did well and what you could improve next time.
- Develop a 'script' of one or two questions you can use that will work for you.
- Talk to your colleagues about approaches they are finding useful when using **Step 3: Check**.

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ISBN: 978-1-98-859960-1 (online)
978-1-98-859961-8 (print)

Published in January 2022 by
Te Tāhū Hauora Health Quality & Safety
Commission, PO Box 25496, Wellington 6146,
Aotearoa New Zealand.



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