

Core Concepts of HL and DHL

Effective communication for people with limited HL



Acknowledgement

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In this presentation we use slides from the following HELPE presentations:

- Lecture_01-03_Introduction HL
- Lecture_08-09_Digital health literacy, overview and technologies
- Lecture_10-13_Communication skills

Health Literacy

Definition, Categories and Levels

Learning outcomes:

Students should be able to:

- define health literacy and its importance in the context of lower health literacy between older adults
- define health literacy with its three categories
- describe the different aspects on health literacy on micro, meso and macro level





Image 1. Senior male patient meets therapist to receive medical consultation



Image 2. Healthy lifestyle

Health Literacy - Definitions

There are many definitions and the concept is constantly developing

Definition according to Sørensen et al. (2012):

“peoples’ knowledge, motivation and competences to **access, understand, appraise**, and **apply** health information in order to make judgments and take decisions in everyday life concerning

- healthcare (in case of disease),
- disease prevention (being in risk for disease) and
- health promotion (keeping sufficient health)”

Health Literacy Definition

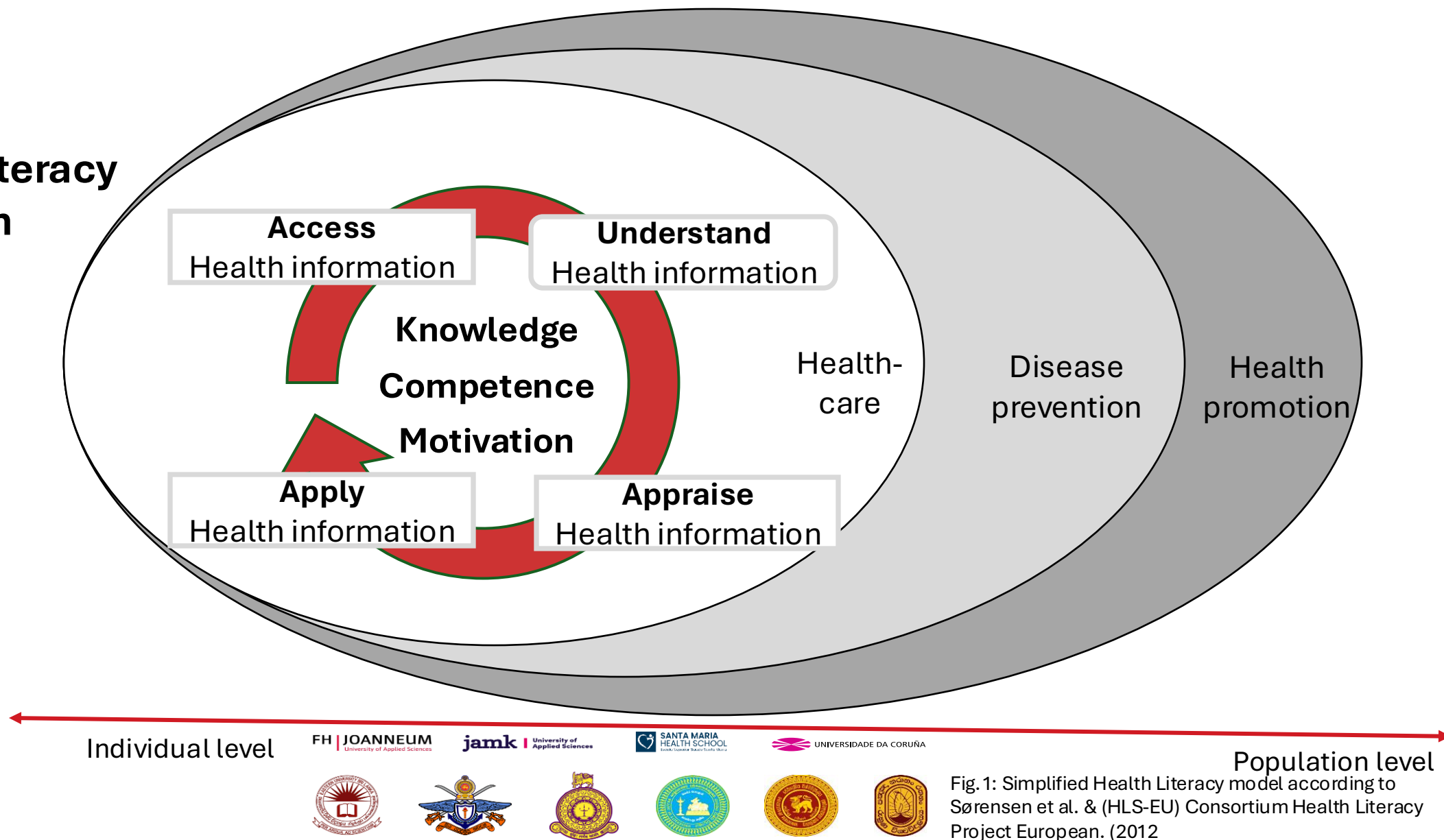


Fig. 1: Simplified Health Literacy model according to Sørensen et al. & (HLS-EU) Consortium Health Literacy Project European. (2012)

Categories of Health Literacy

Functional health literacy	Basic skills in reading and writing so as to be able to function effectively in a health context.
Interactive health literacy	More advanced cognitive, literacy and social skills to participate in healthcare actively.
Critical health literacy	The ability to analyse and use information critically to participate in action to overcome structural barriers to health



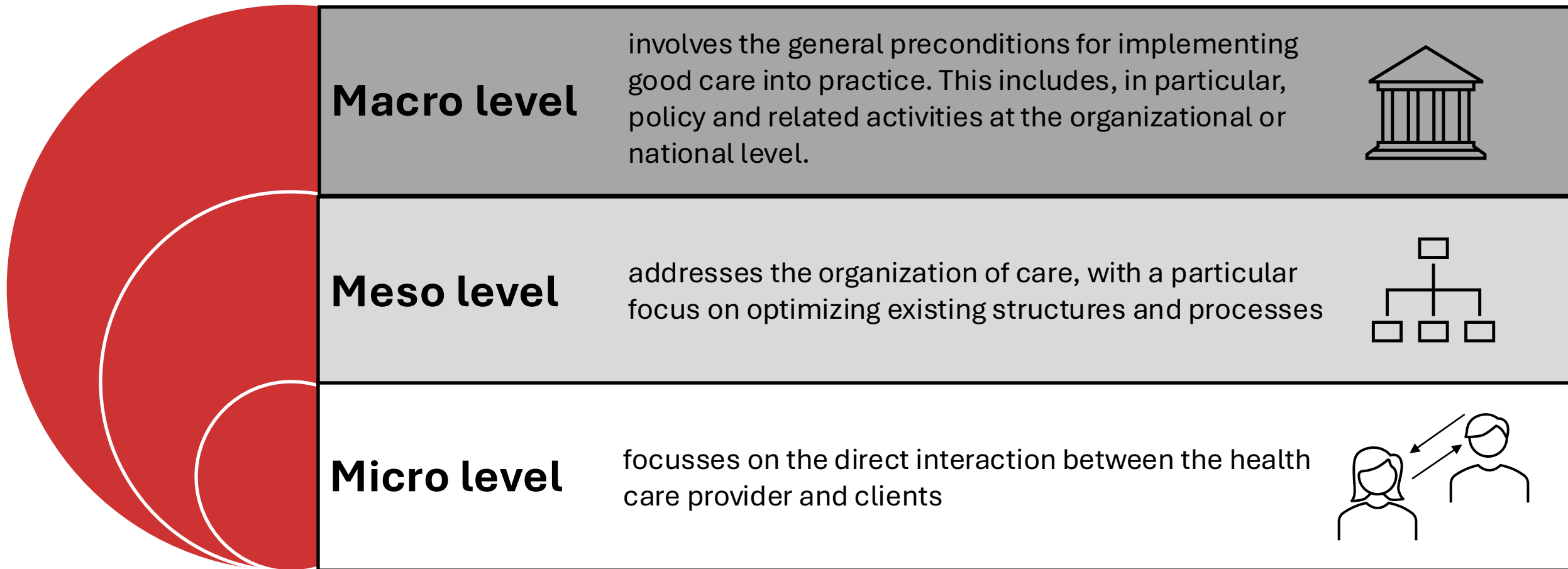
Image 1. Senior male patient meet therapist to receive medical consultation



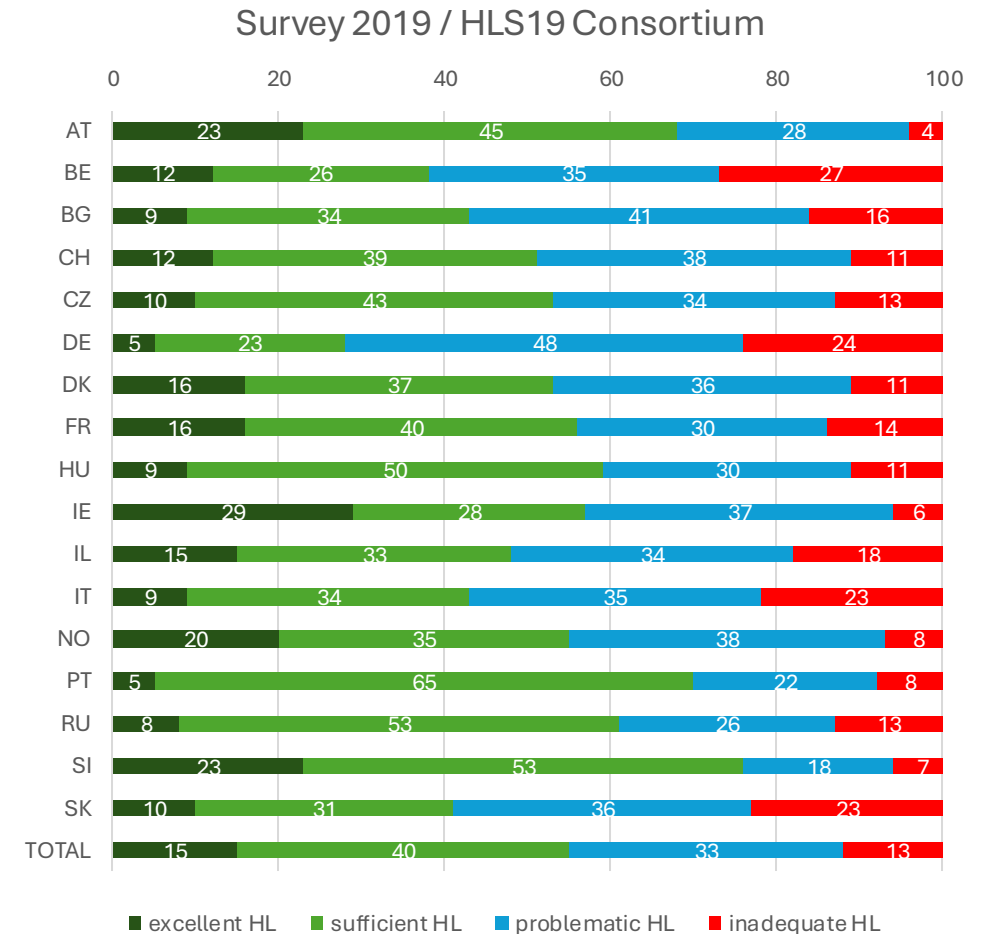
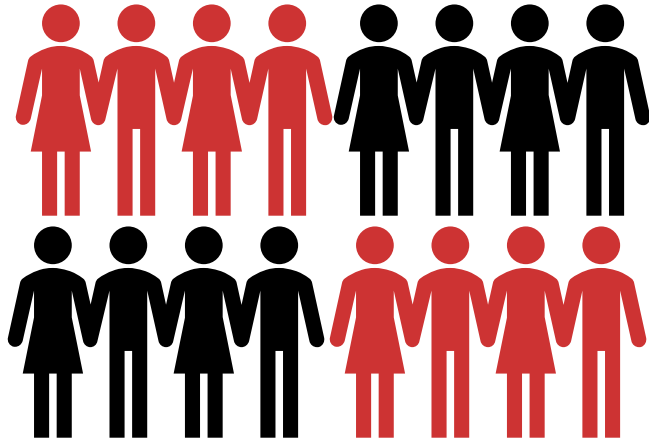
Image 2. Healthy lifestyle

[Nutbeam, 2008]

Levels of Health Literacy



Health Literacy in Europe (Examples)



References

- Image 1: [Senior male patient meet a therapist to receive medical consultation](#), Patient Service Unit, Department of Physiotherapy, Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka
- Image 2: [Healthy lifestyle](#) by [Chinnapong](#) from [shutterstock](#), free license by [shutterstock](#)
- Fig.1: Simplified Health Literacy model according to Sørensen et al. & (HLS-EU) Consortium Health Literacy Project European. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80. <https://doi.org/10.1186/1471-2458-12-80>
- All icons/pictograms from PowerPoint® for Microsoft 365 MSO (Version 2205 Build 16.0.15225.20172) 64 Bit)

Literature

- Koh, H. K., Brach, C., Harris, L. M., & Parchman, M. L. (2013). A proposed 'health literate care model' would constitute a systems approach to improving patients' engagement in care. *Health Aff (Millwood)*, 32(2), 357-367.
- Murugesu, L., Heijmans, M., Fransen, M. & Rademakers, J. (2018) *Beter omgaan met beperkte gezondheidsvaardigheden in de curatieve zorg: kennis, methoden en tools*. Nivel, Utrecht.
- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259–267.
<https://doi.org/10.1093/heapro/15.3.259>
- Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078.
<https://doi.org/10.1016/j.socscimed.2008.09.050>
- Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H., & (HLS-EU) Consortium Health Literacy Project European. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80. <https://doi.org/10.1186/1471-2458-12-80>
- The HLS19 Consortium of the WHO Action Network M-POHL (2021): International Report on the Methodology, Results, and Recommendations of the European Health Literacy Population Survey 2019-2021 (HLS19) of M-POHL. Austrian National Public Health Institute, Vienna

Demographic and sociocultural factors influencing Health literacy

Learning outcomes

Students should be able to:

- Identify and describe key demographic factors (e.g., age, gender, income, education, urban/rural residence) that influence health literacy
- Discuss the impact of sociocultural factors (e.g., language, religion, cultural beliefs, traditions, social norms) on health behaviors and access to health information
- Identify and describe key demographic and sociocultural factors that influence health literacy levels in Sri Lanka



Demographic factors influencing Health Literacy

These factors impact people's ability to obtain, comprehend, and apply health-related information to make well-informed decisions on their health

With an understanding about these factors of the client, healthcare providers can tailor interventions to deliver with better understanding and better outcomes for different populations.

IDENTIFY DEMOGRAPHIC FACTORS



Age



Gender



Income



Education

Image 1. Demographic factors

Demographic factors influencing Health Literacy (1)

- **Age:**

Older adults usually show lower health literacy because of declining of their cognitive skills with aging as well as reduced digital exposure (Bostock & Steptoe, 2012).

- **Education level:**

Presence of higher educational attainment is significantly associated with good health literacy (Paasche-Orlow & Wolf, 2007).

- **Gender:**

Women usually presence with higher health literacy because of the caregiving role they play within their families (Lee et al., 2015).

Demographic factors influencing Health literacy (2)

- **Income and Socioeconomic status (SES):** Low SES restricts access to healthcare resources and educational tools (Berkman et al., 2011).
- **Urban vs Rural residence:** Urban populations often have better access to health facilities and health information (Mendoza et al., 2022). Rural populations often rely on informal/traditional sources.
- **Employment status:** Exposure to health communications may be limited by unemployment and low-skilled jobs.



Image 2. Sociocultural factors

Sociocultural factors influencing Health literacy (1)

- **Cultural beliefs and norms:** In certain cultures, home remedies and traditional medicine may be preferred above clinical treatment (Ishikawa et al., 2008).
- **Language and communication barriers:** Communicating consistent health messages may be difficult in multilingual society.
- **Religious influences:** Treatment decisions may be influenced by religious beliefs (e.g., disability perceived as divine will or karma).

Sociocultural factors influencing Health Literacy (2)

- **Family and community structure:**

Strong family support contributed better adherence to treatment (Osborn et al., 2011).

- **Health system navigation:**

In complex or bureaucratic systems, some patients struggle to access care or understand processes (Sørensen et al., 2012).

Health Literacy in Sri Lanka

- The general literacy level in Sri Lanka as assessed in the population census in 2021 was 93.3%.
- However, a national survey revealed that presence of moderate to low health literacy in Sri Lanka, especially in rural regions (Ministry of Health, 2014).
- Even though having a higher general literacy rate in Sri Lanka, the limited health literacy rates in different population groups can be attributed to different skills needed in health literacy compared to general literacy.

Differences of health literacy levels in Sri Lanka can be based on following factors:

- Education and gender
- Language diversity
- Rural/urban
- Income level
- Influence of traditional medicine
- Role of media and technology

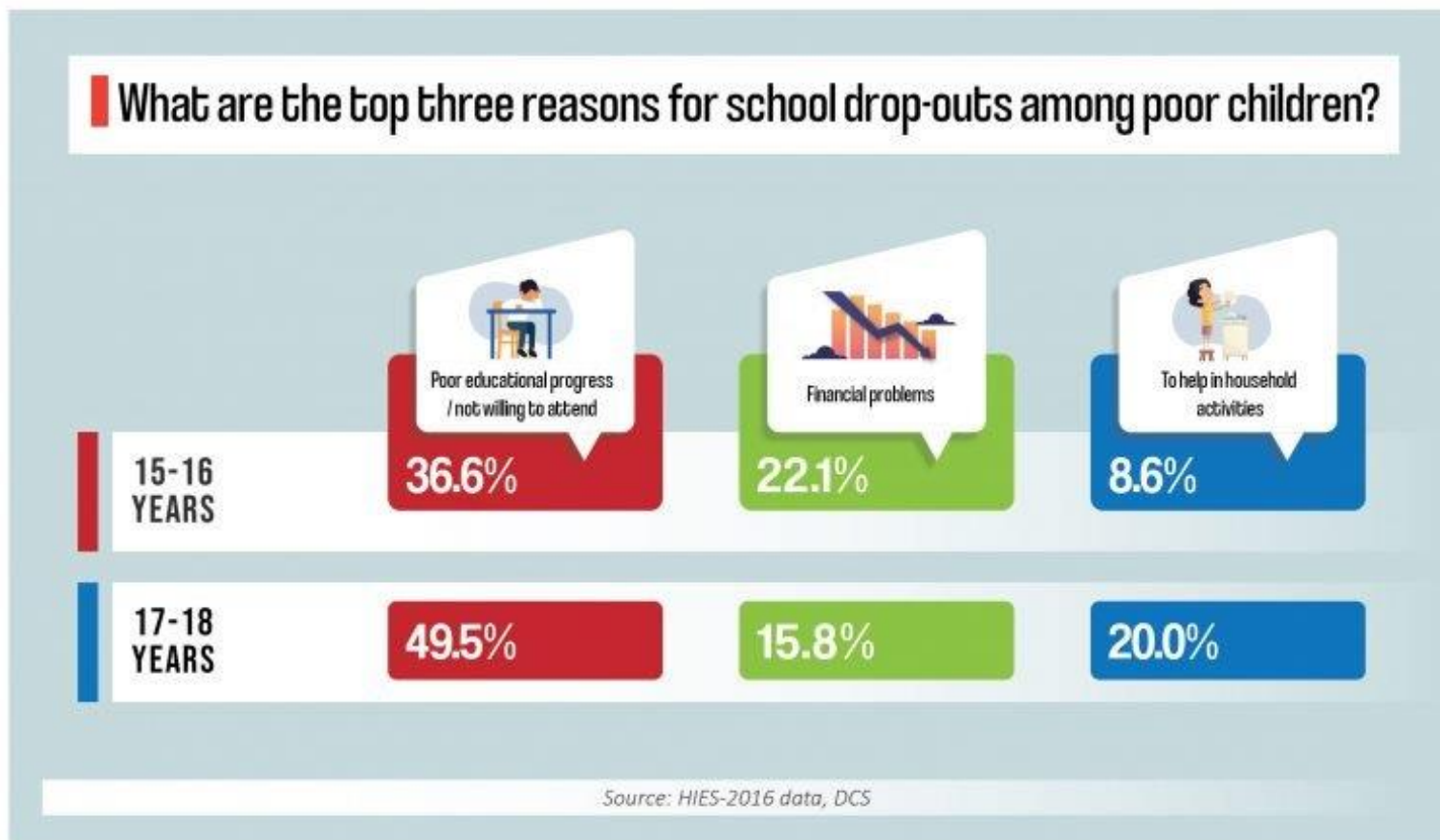
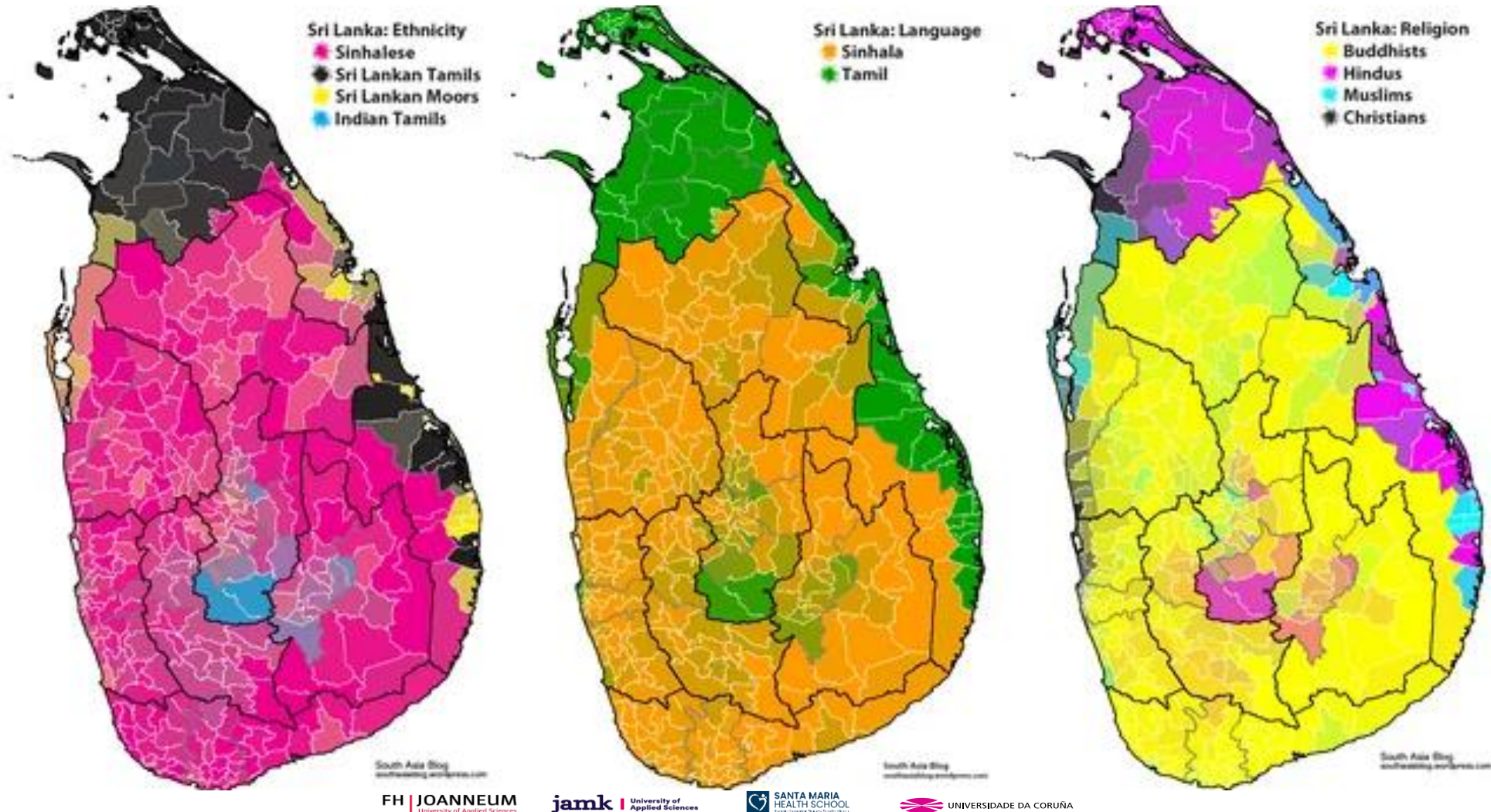


Image 3. School drop-outs



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Image 4. Differences in distribution of ethnic groups, language users and religions

Case

Patient's background

- **Name:** Mr. Kumar
- **Age:** 78
- **Gender:** Male
- **Ethnicity/Language:** Tamil speaker, limited Sinhala and no English
- **Residence:** Remote village in Nuwaraeliya District, Central Province
- **Occupation:** Retired tea plucker
- **Education:** No formal education
- **Religion:** Hindu
- **Referral:** Stroke rehabilitation
- **Family:** Lives with wife and adult son, who is a tea plucker
- **Health Coverage:** Relies on state healthcare services



Image 5. Tea plucking

Mr. Kumar is referred for physiotherapy rehabilitation 2 weeks post-discharge.

On his first visit:

- He arrives late, having taken multiple buses.
- He is quiet, avoids direct questions, and lets his wife speak.
- He nods in agreement but seems confused about the home exercise plan.
- When asked about daily exercises, his wife says: God will heal help him to cure. We light lamps to the god daily and apply an herbal oil”.
- He is reluctant to do movements on his right side.

Discussion questions

- What demographic and sociocultural barriers are present in Mr. Kumar's case?
- How can a physiotherapist effectively adapt care to his context?
- What strategies could you use to promote better health literacy and rehab compliance?
- What role does family play in health communication here? How would you engage them?

References

Image 1. Created with ChatGPT

Image 2. Created with ChatGPT

Image 3. <https://www.ips.lk/talkingeconomics/2020/12/28/education-equity-in-sri-lanka-a-pathway-out-of-poverty/>

Image 4. https://www.reddit.com/r/MapPorn/comments/j5im7d/sri_lanka_demographics/

Image 5. https://www.tripadvisor.com/LocationPhotoDirectLink-g304138-d13974411-i436106533-Jems_Tours-Kandy_Kandy_District_Central_Province.html

Literature 1

- Bostock, S., & Steptoe, A. (2012). Association between low functional health literacy and mortality. *BMJ*, 344, e1602.
- Denuwara, S. S., & Gunawardena, N. S. (2017). Health literacy among school teachers in the Colombo Education Zone, Sri Lanka. *Sri Lanka Journal of Public Health*, 40(2), 52-59.
- Fernando, T., et al. (2020). Language and communication in Sri Lankan health care. *Asian Bioethics Review*, 12(2), 117-130.
- Ishikawa, H., et al. (2008). Functional, communicative, and critical health literacy. *Patient Education and Counseling*, 75(3), 414-417.
- Lee, K. H., Kim, J. H., & Kim, S. H. (2015). Gender differences in health literacy and factors associated with health literacy among Korean adults. *Journal of Korean Medical Science*, 30(6), 843-849.
- Mendoza, J. A., Garcia, J. L., & Torres, R. F. (2022). Urban-rural differences in access to health care and health information in Latin America. *Journal of Health Policy*, 45(4), 512-523.
- Osborn, C. Y., Egede, L. E., & Fisher, L. (2011). Family support and medication adherence in diabetes. *Diabetes Research and Clinical Practice*, 92(3), 295-300.

Literature 2

- Samarasekara, K., et al. (2021). E-health literacy and health behaviors among young adults in Sri Lanka. *Journal of Public Health*, 29(3), 547–556.
- Sentell, T., & Braun, K.L. (2012). Low health literacy and limited English proficiency. *Journal of Health Communication*, 17(Suppl 3), 82–99.
- Sørensen, K., et al. (2012). Health literacy and public health. *BMC Public Health*, 12, 80.
- Paasche-Orlow, M.K., & Wolf, M.S. (2007). The causal pathways between health literacy and health outcomes. *American Journal of Health Behavior*, 31(Suppl 1), S19–S26.
- Perera, R., et al. (2019). Health literacy in Sri Lanka: A community-based study. *BMC Public Health*, 19(1), 1162.

Digital Health Literacy

Overview

Learning Outcomes

Students should be able to:

- identify the importance of DHL in current and future health care
- explain the obstacles that clients with limited DHL face
- describe characteristics of effective DHL in physiotherapy practice



Digital health technologies



Image 1



Application in physiotherapy



Advantages of digital health technologies (1)

- Convenience of accessibility to available information, independent of time/place (Kloek et al., 2018)
- Enables client-centered care (Button et al., 2018; Hinman et al., 2017)
- Problem solving outside clinical settings
- Reduction of travel expense (Cottrell et al., 2020; Nelson et al., 2021; Pastora-Bernal et al., 2018; Tousignant et al., 2015)
- Improve communication between client and healthcare professional (Dunn & Hazzard, 2019)
- Cognitively and emotionally engagement for therapy (Lam et al., 2017)
- Possibility to monitor clients health status/behavior (Cai et al., 2017; O'Malley et al., 2014)

Advantages of digital health technologies (2)



Definition DHL (1)



*“Digital Health Literacy is the ability to seek, find, understand, or appraise health information from **electronic sources** and apply the knowledge gained to addressing or solving a health problem”* (Norman & Skinner 2006).



Additional knowledge and skills:

computer literacy

media literacy

information literacy

Definition DHL (2)



*“Digital Health Literacy is the ability, knowledge and motivation to use digital technologies in a **self-determined manner** in the areas of **health promotion, prevention and disease management**. This also includes to recognize and weigh up possible health risks through the use of digital offerings. Digital health literacy enables people to **find, understand, evaluate and use digital health information and applications** in order to make informed decisions” (SVR 2021).*

Factors influencing individual level of DHL (1)

Individual level of DHL is **predetermined and influenced** by several factors:

- **age** of the client (Neter & Brainin, 2012)
- **educational** attainment (Neter & Brainin, 2012)
- **socio-economic status** (Neter & Brainin, 2012)
- **willingness** to use digital technologies (Krebs & Duncan, 2015)

Factors influencing individual level of DHL (2)

Individuals with **limited DHL**:

- **have difficulties in accessing health care** and insurance services (Neter & Brainin, 2012)
- suffer more often **chronic diseases** (Neter & Brainin, 2012)
- **have a limited use of digital resources** (Neter & Brainin, 2012)



Image 2

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Use of actual, standardized,
comprehensive, readable
concise information that are
easy to navigate

Considering client's
characteristics (e.g. age,
health beliefs, language level
etc.)

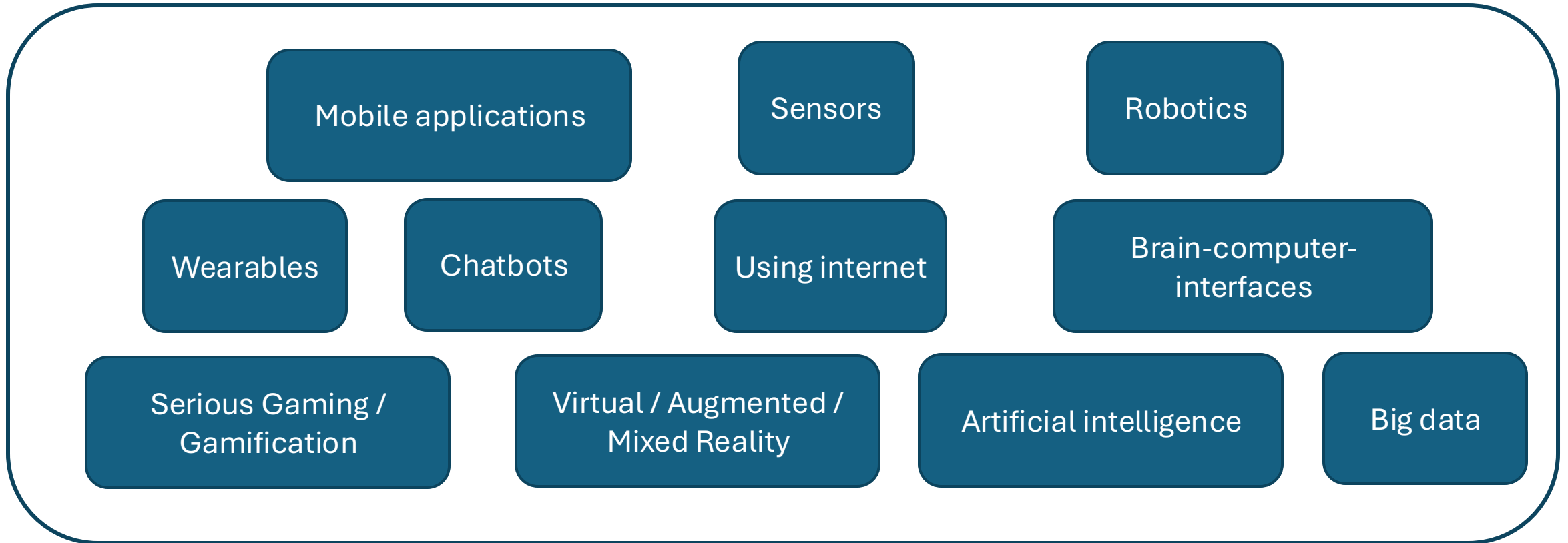
Provide information in different
formats (e.g. video, audio)

General considerations for an
effective DHL in physiotherapy
practice

Using client's personal
experiences and preferences

Adapted approach to clients with
limited HL and DHL

Types of digital technologies



Examples for DHL in physiotherapy practice (1)



Image 3

Telerehabilitation

<https://www.youtube.com/watch?v=352QhUXDtWQ>



Image 4

Self-monitoring systems

https://www.youtube.com/watch?v=ARj_8_f4uiE

Examples for DHL in physiotherapy practice (2)



Image 5

Electronic prosthetic and
other supportive devices
<https://www.youtube.com/watch?v=zeySwhjdqj8>



Image 6

Virtual/augmented reality
<https://www.youtube.com/watch?v=hocvsEMnWrA>



Image 7

Artificial intelligence
<https://www.youtube.com/watch?v=6HVMdkAkUfI>

References

Image 1: [Brain neural stimulation chip implants installation rehabilitation](#) by [marcovector](#), free license by [freepik](#)

Image 2: Adapted from [Flat young and old people slip on wet floor or stumble elderly with cane fall down](#) by [redgreystock](#), free license by [freepik](#)

Image 3: [Free vector online doctor flat design](#) by [freepik](#), free license by [freepik](#)

Image 4: [Free vector healthcare trackers wearables and sensors abstract concept illustration](#) by [vectorjuice](#), free license by [freepik](#)

Image 5: Klinik für manuelle Therapie, 2021, Trailer zur Dokumentation HAL-System, <https://youtu.be/zeySwhjdgj8?t=138>

Image 6: [Free vector people using vr glasses illustration](#) by [pikisuperstar](#), free license by [freepik](#)

Image 7: [Free vector wireframe robot. ai artificial intelligence in robotic hand. machine learning and cyber mind domination concept](#) by [iurimotov](#), free license by [freepik](#)

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Literature (1)

- Button, K., Nicholas, K., Busse, M., Collins, M., & Spasić, I. (2018). Integrating self-management support for knee injuries into routine clinical practice: TRAK intervention design and delivery. *Musculoskeletal science & practice*, 33, 53–60. <https://doi.org/10.1016/j.msksp.2017.11.002>
- Cai, R. A., Beste, D., Chaplin, H., Varakliotis, S., Suffield, L., Josephs, F., Sen, D., Wedderburn, L. R., Ioannou, Y., Hailes, S., & Eleftheriou, D. (2017). Developing and Evaluating JIApp: Acceptability and Usability of a Smartphone App System to Improve Self-Management in Young People With Juvenile Idiopathic Arthritis. *JMIR mHealth and uHealth*, 5(8), e121. <https://doi.org/10.2196/mhealth.7229>
- Cottrell, M. A., & Russell, T. G. (2020). Telehealth for musculoskeletal physiotherapy. *Musculoskeletal science & practice*, 48, 102193. <https://doi.org/10.1016/j.msksp.2020.102193>
- Dunn, P., & Hazzard, E. (2019). Technology approaches to digital health literacy. *International Journal of Cardiology*, 293, 294–296. <https://doi.org/10.1016/j.ijcard.2019.06.039>
- Hinman, R. S., Nelligan, R. K., Bennell, K. L., & Delany, C. (2017). "Sounds a Bit Crazy, But It Was Almost More Personal:" A Qualitative Study of Patient and Clinician Experiences of Physical Therapist-Prescribed Exercise For Knee Osteoarthritis Via Skype. *Arthritis care & research*, 69(12), 1834–1844.
- Kloek, C., Bossen, D., Spreeuwenberg, P. M., Dekker, J., de Bakker, D. H., & Veenhof, C. (2018). Effectiveness of a Blended Physical Therapist Intervention in People With Hip Osteoarthritis, Knee Osteoarthritis, or Both: A Cluster-Randomized Controlled Trial. *Physical therapy*, 98(7), 560–570. doi:10.1093/ptj/pzy045

Literature (2)

- Koopman, R. J., Petroski, G. F., Canfield, S. M., Stuppy, J. A., & Mehr, D. R. (2014). Development of the PRE-HIT instrument: patient readiness to engage in health information technology. *BMC family practice*, 15, 18. <https://doi.org/10.1186/1471-2296-15-18>
- Lam, M., Choi, M., Lam, H. R., Agarwal, A., Chow, R., Chow, S., Rowbottom, L., McDonald, R., Lam, H., Chan, S., Chow, E., & Henry, B. (2017). Use of multimedia in patient and caregiver education for cancer pain management: A literature review. *Annals of Palliative Medicine*, 6(1), 66–72. <https://doi.org/10.21037/apm.2016.11.06>
- Nelson, M., Russell, T., Crossley, K., Bourke, M., & McPhail, S. (2021). Cost-effectiveness of telerehabilitation versus traditional care after total hip replacement: A trial-based economic evaluation. *Journal of telemedicine and telecare*, 27(6), 359–366. <https://doi.org/10.1177/1357633X19869796>
- Neter, E., & Brainin, E. (2012). eHealth literacy: Extending the digital divide to the realm of health information. *Journal of Medical Internet Research*, 14(1), e19. <https://doi.org/10.2196/jmir.1619>
- Norman, C. (2011). eHealth literacy 2.0: Problems and opportunities with an evolving concept. *Journal of Medical Internet Research*, 13(4), e125. <https://doi.org/10.2196/jmir.2035>
- Norman, C. D., & Skinner, H. A. (2006). eHealth Literacy: Essential Skills for Consumer Health in a Networked World. *Journal of Medical Internet Research*, 8(2), e9. <https://doi.org/10.2196/jmir.8.2.e9>

Literature (3)

- Norman, C. D., & Skinner, H. A. (2006). eHEALS: The eHealth Literacy Scale. *Journal of medical Internet research*, 8(4), e27. <https://doi.org/10.2196/jmir.8.4.e27>
- Pastora-Bernal, J. M., Martín-Valero, R., & Barón-López, F. J. (2018). Cost analysis of telerehabilitation after arthroscopic subacromial decompression. *Journal of telemedicine and telecare*, 24(8), 553–559. <https://doi.org/10.1177/1357633X17723367>
- O'Malley, G., Dowdall, G., Burls, A., Perry, I. J., & Curran, N. (2014). Exploring the usability of a mobile app for adolescent obesity management. *JMIR mHealth and uHealth*, 2(2), e29. <https://doi.org/10.2196/mhealth.3262>
- SACHVERSTÄNDIGENRAT, zur Begutachtung der Entwicklung, & im Gesundheitswesen. (2021). *Digitalisierung für Gesundheit- Ziele und Rahmenbedingungen eines dynamisch lernenden Gesundheitssystems*. https://www.svr-gesundheit.de/fileadmin/Gutachten/Gutachten_2021/SVR_Gutachten_2021.pdf
- Tousignant, M., Moffet, H., Nadeau, S., Mérette, C., Boissy, P., Corriveau, H., Marquis, F., Cabana, F., Ranger, P., Belzile, É. L., & Dimentberg, R. (2015). Cost analysis of in-home telerehabilitation for post-knee arthroplasty. *Journal of medical Internet research*, 17(3), e83. <https://doi.org/10.2196/jmir.3844>

Health Literacy

General communication strategies in addressing HL
micro level

Learning outcomes

Students should be able to:

- describe characteristics of a shame free environment and how to establish this environment
- select and describe effective communication techniques to
 - make contact
 - adjust your communication to the client's level of HL



5 most common challenges

The client:

1. leaves the decision with me
2. is unable to clearly state the care demand or complaints during the consultation
3. does not follow my advice/ or not correctly
4. does not arrive or arrives too late for the appointment [Murugesu et al., 2018]
5. does not show what he or she wants.



Image 1

The client with good HL ...

- ...can formulate realistic goals
- ...completes questionnaires without complaining
- ...recalls information and asks questions
- ...is compliant to therapy
- ...benefits from the therapy



The ideal physiotherapist

- ✓ Is aware
- ✓ Improves accessibility (information, practice and therapist)
- ✓ Creates a shame free environment
- ✓ Makes contact
- ✓ Adjusts communication – (non) verbal and written

Challenges for physiotherapist

There are different challenges in the following phases

Before the consultation

During the consultation

After the consultation

[Murugesu et al., 2018]

What can you do to create a shame free environment?

Before consult

- ✓ Awareness
- ✓ Accessibility
Information
Practice
Therapist



Image 2. Consultation by using technical terms

What can you do to create a shame free environment?

During consult

- ✓ Welcoming
- ✓ Make contact / connect
- ✓ Without judgement



What can you do to create a shame free environment?

During consult

- ✓ Speak slowly
- ✓ Use plain language
- ✓ Do not presume much basic knowledge of the body
- ✓ Use “Normalising statements”
- ✓ Use visuals / pictograms

[Murugesu et al., 2018; Wittink & Oosterhaven, 2018]

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Skills for communicating with clients with limited HL?

Language

- ✓ Use short sentences and simple words
- ✓ Speak in the present time
- ✓ Speak clearly and not fast
- ✓ Connect to the client's language use
- ✓ Be specific and concrete, use examples from clients' ADL
- ✓ Avoid sayings and expressions

[Murugesu et al., 2018; Wittink & Oosterhaven, 2018]

More information: [Health Literacy: Hidden Barriers and Practical Strategies](#) | Agency for Healthcare Research and Quality (ahrq.gov)

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Examples

Complicated & commonly used words	Examples plain language
Hypertension	High blood pressure
Diabetes	Elevated sugar in the blood
Annually	Every year
Arthritis	Pain in joints
Cardiovascular	Having to do with the heart
Prevention	
Screening	
Referral	



Image 3. plain language

Skills for communicating with Limited Health Literacy Clients

- ✓ Do not presume much basic knowledge of the body
- ✓ Ask what the client knows, thinks and feels about his condition
- ✓ Use normalising statements

Normalising statements

Acknowledge and connect to the experience of the client

- "How hard it must be for you to...", " or
- "Many people have difficulty with the language used by physiotherapists and doctors".

Use plain visuals / pictograms

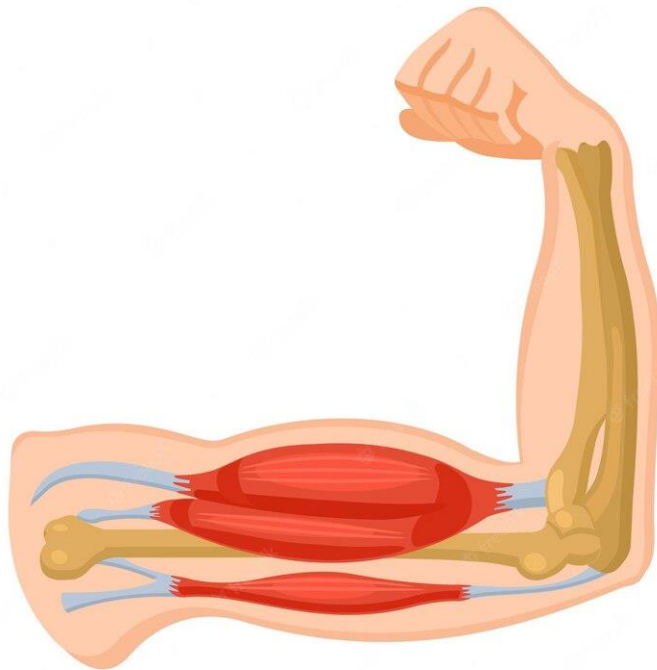


Image 4. pictogram muscle

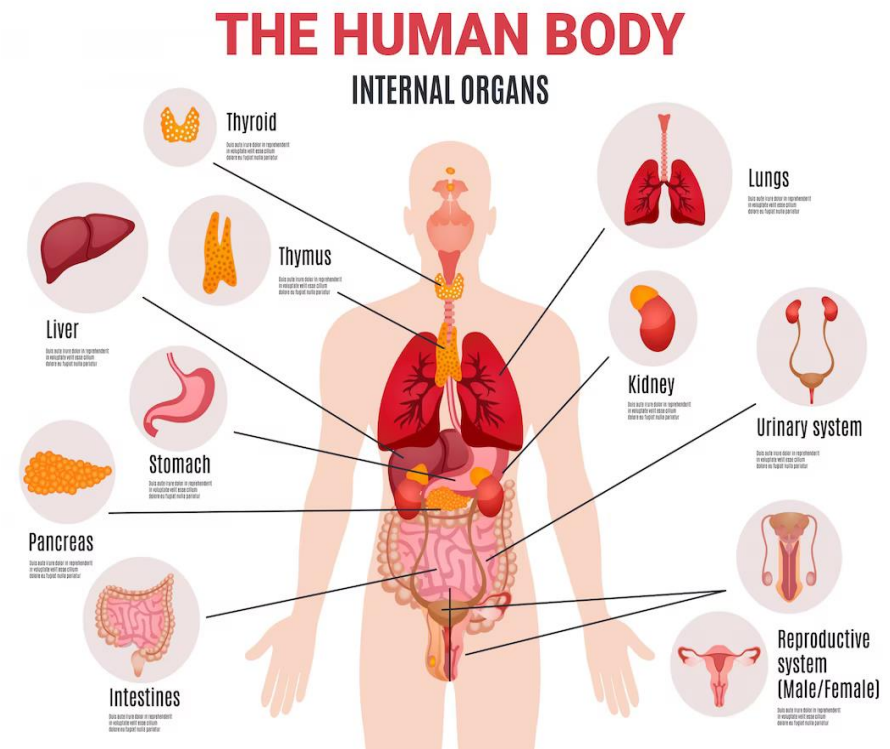


Image 5. pictogram internal organs

Questionnaire/Self-reflection

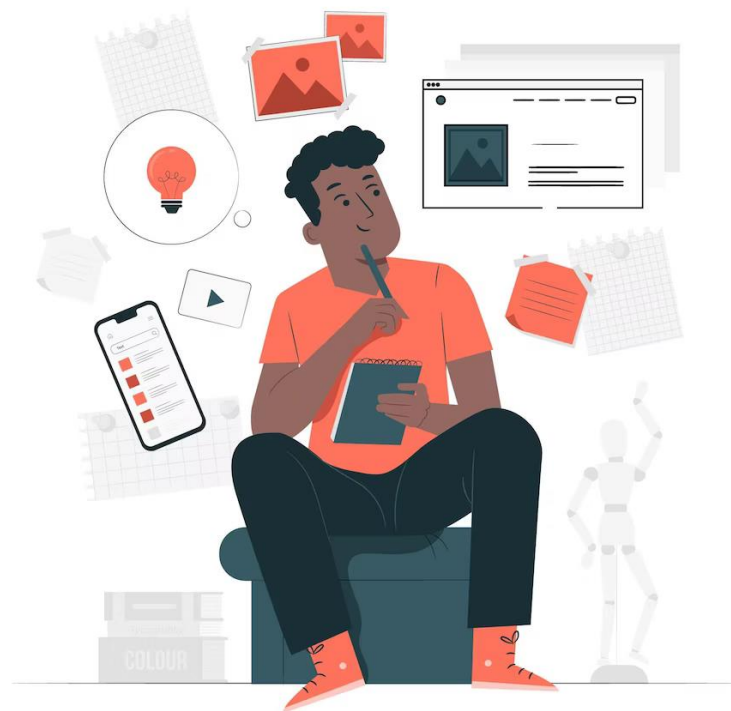


Image 6. Self-reflection

Questionnaire/Self-reflection (1)

**Fostering the relationship –
I engage with the patient in a personal though professional way**

4. I greet the patient in a manner that is personal and friendly (e.g. ask patient how s/he likes to be addressed, use patient's name).

5. I ask the patient what he/she hopes to achieve by attending therapy.

6. I attempt to elicit all of the patient's concerns

7. I show interest in how the problem is affecting the patient's life

8. I encourage patients to ask additional questions

9. I consider working with a (professional) interpreter, if necessary.

Fig.1:[HELPE_Health-Literacy-Questionnaire-for-Students_v2.pdf](#)

Questionnaire/Self-reflection (2)

Gathering information –

I have appropriate skills to identify and to gather adequate information from patients with limited health literacy

10. I use instruments/ questionnaires to identify patients with limited hl

11. I identify behavior typically exhibited by people with limited hl

12. I consider limited health literacy: do you need help to fill in forms?
Cues: missed appointments, excuses, and inconsistent information.

13. I encourage the patient to discuss his/her concerns by using active listening techniques (e.g., using various continuers such as Aha, tell me more, go on).

14. I observe non-verbal cues to gather information about (not) understanding information

Fig.2: [HELPE_Health-Literacy-Questionnaire-for-Students_v2.pdf](#)

Questionnaire/Self-reflection (3)

- | |
|---|
| 15. I create a shame-free environment. |
| 16. I am sensitive to and capable of gathering information about the illness beliefs and the possible influence of personal/ environmental problems on physical problems (and I explain these facts to the patient) |
| 17. I ask about the (cultural) background and taboos of the patient which may influence their (illness) beliefs about cause and treatment and their coping style |

Fig.3: [HELPE_Health-Literacy-Questionnaire-for-Students_v2.pdf](#)

References

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Fig.1-3: [HELPE_Health-Literacy-Questionnaire-for-Students_v2.pdf](#)

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Literature

- Murugesu, L., Heijmans, M., Fransen, M., & Rademakers, J. (2018). *Beter omgaan met beperkte gezondheidsvaardigheden in de curatieve zorg: Kennis, methoden en tools*. Nivel.
https://www.nivel.nl/sites/default/files/bestanden/Beter_omgaan_met_beperkte_gezondheidsvaardigheden_in_de_curatieve_zorg.pdf
- Wittink, H., & Oosterhaven, J. (2018). Patient education and health literacy. *Musculoskeletal Science and Practice*, 38, 120-127.
- picture All ears: Koops van 't Jagt, Ruth, et al. "Development of a communication intervention for older adults with limited health literacy: Photo stories to support doctor–patient communication." *Journal of Health Communication* 21.sup2 (2016): 69-82.

THANK YOU