

Q&A Summary

Promoting Health Literacy in Older Adults

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Presenter: Michael S. Wolf, MA, MPH, PhD, Professor, Medicine & Learning Sciences; Associate Vice Chair, Research, Department of Medicine; Associate Division Chief, General Internal Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL

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1. At what age does health literacy appear to decline?

Typically, mid-seventies. Seventy-five and older. Evidence is moderate at this point, but a handful of studies support this.

2. Shouldn't we do an individual assessment of the health literacy of each person (with respect to their social/cultural factors) in addition to addressing the systemic changes in the hospital, clinic and community? Should we not construct interventions for each individual?

There is no current call for clinical screening for low health literacy, but I agree that as a psychosocial determinant of health with so much evidence behind it, you may see more health systems finding ways to assess this as part of a social history, etc. The key is to have a very clear plan in place ahead of time that would guide the deployment of any interventions if you were to determine a patient to be at risk.

3. Do you think dealing with multiple people from the health care team (in our case telephonically) can be confusing for the older population? Is there a better way to approach it?

Yes, it probably would be of high value to have one point person. A case manager approach may be a more beneficial approach.

4. We have been moving more toward infographics, which targets both millennials and older adults. Have you noted any success in this area?

Infographics can be very beneficial to some, but also exceptionally confusing to older adults. Not only should they be co-developed with a target audience, but I would recommend following evidence-based practices for ensuring that a print or online infographic educational tool is suitable for less health-literate audiences. I would recommend looking at the AHRQ website and specifically the Patient Education Materials Assessment Tool (PEMAT).

5. Do you think moving to a more web/internet-based health care system, for example, moving lab results to a portal on an app, leaves some of the older population behind?

I think the age disparity in technology use will slowly be narrowed, but I agree that use of portals has not delivered on the promise of increasing information access and patient engagement, particularly among older adults, who are less likely to use them. Issues around modality preferences, forgotten passwords, etc., can make this very frustrating. However, we have yet to optimize portals in terms of user-centeredness, particularly on mobile devices. I still think this channel can be quite promising as we see more improvements.

6. What does TEAM stand for?

Technology-Enabled Alliance for Medication Therapy Management

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