Help your patient “get” what you just said: A health literacy guide

These simple strategies can help patients with limited health literacy grasp—and retain—vital information about chronic conditions, medications, and more.

Half of all adults are unable to understand basic health information and services needed well enough to make appropriate health decisions, according to the Institute of Medicine.¹ Findings from the 2003 National Assessment of Adult Literacy (NAAL), the National Center for Education Statistics’ only study of Americans’ ability to understand health-related information, painted a similarly grim picture. Although 53% of US adults had “intermediate” health literacy (HL), the NAAL found that up to 90% lacked the skills needed to manage their health and prevent disease.²

The National Patient Safety Foundation reports that low HL is associated with an additional $106 to $238 billion in health care costs per year.³ Among the reasons:

• Up to half of all prescription and over-the-counter medications are taken incorrectly,⁴ which helps explain why roughly 1.5 million preventable adverse drug reactions occur each year.¹

• Chronically ill patients incur higher health care costs as a result of low HL. Consider, for instance, that patients with asthma have more frequent hospitalizations,⁵ and patients with diabetes have higher glycohemoglobin (HbA1c) and a higher incidence of nephropathy and retinopathy.⁶

• Elderly patients with low HL are more likely to use the emergency department, and have significantly worse mental health and greater all-cause mortality than their counterparts with higher HL.⁷

Clearly, this is a problem primary care physicians cannot afford to ignore. The strategies discussed in the text and tables that follow will increase your awareness of the effects of limited HL—and help you take positive steps to address them.

Put health literacy on your radar screen

Anyone can have trouble comprehending medical information at times, but patients who are elderly (≥65 years), cog-
Patients with low health literacy may have trouble filling out forms or submit forms that are incomplete or have multiple misspellings.

Incorporate an HL assessment tool
According to the National Healthcare Disparities Report, poor HL contributes not only to differences in access to care, but also to provider bias and to poor patient-provider communication, which directly affects patients’ understanding of, and adherence to, medications and treatment plans. But in a busy practice setting, clinicians may have limited time to screen for HL or to devote to patient education. They may also be concerned about embarrassing patients who have low HL and unsure of how to appropriately address the issue.

**Routine using an HL assessment tool is an important first step.** There are several screening tests that reliably assess HL, but they vary in their approach and the time needed to administer them. (See Table 1 for details on the most widely used screening tools.)

**Assessing time and cost.** The Newest Vital Sign (NVS), a screening tool in which patients are asked to use a sample product label to determine things like fat content, calories, and serving size, was included in a study assessing the time and cost of HL interventions. Distributing the NVS and explaining how to complete it added <30 seconds to the patient intake process. Scoring the test and recording the results in the patient’s electronic medical record, tasks completed by the front office staff, took <2 minutes. The office visit itself took 2 to 5 minutes more than it otherwise would have—the extra time needed for the clinician to adapt his or her communication style to the patient’s documented HL level and to assess patient recall and understanding.

Implementation added up to $8,000 in start-up and training costs, plus costs for refresher training and system maintenance. Using free materials, such as the Agency for Healthcare Research and Quality (AHRQ)’s Health Literacy Universal Precautions Toolkit (detailed in a bit), limiting training fees, and relying on existing staff members to do the training could significantly cut the cost of an HL intervention.

**Tools to help boost your communication skills**
A number of online resources are available to help health care professionals address HL. Take a look at the following examples to see which might be most helpful to you:

**AHRQ Health Literacy Toolkit.** Available at [http://www.ahrq.gov/qual/literacy/index.html](http://www.ahrq.gov/qual/literacy/index.html), the AHRQ’s HL toolkit starts with the assumption that most patients have difficulty understanding health information at...
times. It outlines a systematic approach to assessing clinical practices, evaluating patients’ HL, improving provider-patient communication, and teaching patients self-management skills. AHRQ provides 20 tools, specific implementation steps, worksheets, and sample forms, among other resources.

Communication course for providers. The Health Resources and Services Administration (HRSA) is another valuable resource. Noting that ensuring effective health communication is a shared responsibility, HRSA offers a free online course (http://www.hrsa.gov/publichealth/healthliteracy/) titled “Effective Communication Tools for Healthcare Professionals.” The curriculum incorporates HL, cultural competence, and LEP.

“Ask Me 3” campaign. Developed by the National Patient Safety Foundation, this program (available at http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/) is designed to promote provider-patient communication by encouraging patients to ask 3 questions at each visit:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

The role of providers is to ensure that patients understand the answers. Ask Me 3 brochures, posters, and patient handouts, which can be purchased on the foundation’s Web site, are designed to remind patients to speak up.

Assess comprehension and recall
Studies suggest that up to 80% of medical information received is forgotten by patients immediately, and nearly half of the content that’s retained is incorrect.24 Prioritizing information you wish to provide and limiting yourself to 3 to 5 key points per visit is one way to increase the likelihood that patients will remember what you said. Using open-ended questions (eg, “Tell me what you’ll do when you get home”) and the “teach back” method—that is, asking patients to repeat in their own words what you’ve taught them about

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<table>
<thead>
<tr>
<th>Assessment tool</th>
<th>Description</th>
<th>Administration time</th>
<th>Scoring</th>
<th>Advantages</th>
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<tbody>
<tr>
<td>Newest Vital Sign (NVS)</td>
<td>6-question test of ability to interpret an ice cream nutrition label</td>
<td>&lt;3 minutes</td>
<td>0-1 correct=high likelihood of limited HL; 2-3 correct=possibility of limited HL; ≥4 correct=adequate health literacy</td>
<td>Quick, widely accepted; available in English and Spanish</td>
</tr>
<tr>
<td>Rapid Estimate of Adult Literacy in Medicine, Short Form (REALM-SF)</td>
<td>7-item health word recognition test</td>
<td>2-3 minutes</td>
<td>0 correct=≤3rd grade; * 1-3 correct=4th-6th grade; 4-6 correct=7th-8th grade; 7 correct=high school</td>
<td>Quick; large font available</td>
</tr>
<tr>
<td>Test of Functional Health Literacy in Adults (TOFHLA)</td>
<td>Timed reading comprehension test†</td>
<td>18-22 minutes (7 minutes for S-TOFHLA)</td>
<td>75-100=adequate HL; 60-74=marginal HL; 0-59= inadequate HL</td>
<td>Available in short version, very short version, and in Spanish</td>
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*≤3rd grade: unable to read most low-literacy materials; 4th-6th grades: needs low-literacy material and may be unable to read prescription labels; 7th-8th grades: will struggle with most patient education material; high school: able to read most patient education material.
†Uses modified Cloze procedure (every 5th to 7th word is replaced with a blank space and the patient selects the word from 4 multiple choice options).

HL, health literacy; S-TOFHLA, Short Test of Functional Health Literacy in Adults.
their medications and treatment plan—helps to reinforce key take-home points.

The focus of “teach back” should be on how well the provider has explained things, AHRQ emphasizes. Thus, the toolkit suggests saying something along the lines of, “I want..."
In one study in which 9 practices implemented brown bag medication reviews, errors were found in 80% of the reviews.

**Zero in on medication adherence**

Another method highlighted in AHRQ’s toolkit is the “brown bag” medication review—asking patients to bring every prescription drug and over-the-counter product they take every time they come in and carefully reviewing each one (Table 2). The NAAL found that 36% of patients do not read at the level required to understand medication labeling. The percentage of adults who do not adhere to prescribed medication regimens is considerably higher.

In one study in which 9 practices implemented brown bag medication reviews, errors were found in 80% of the reviews. Among the most common errors: patients who stopped—or started—taking a drug without the knowledge of their provider, or continued to take a medication after it had been discontinued.

**Consider visual aids, group visits, and other interventions**

In attempting to simplify patient handouts, consider using simple graphics (Table 3). In a randomized controlled trial (RCT) including 120 women—48% of whom had limited HL—a graphics-based educational tool significantly improved patient understanding of preeclampsia. Another RCT demonstrated that patients who had inadequate or marginal reading skills, had not completed high school, or were cognitively impaired

<table>
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<td><strong>Tips for helping patients with limited health literacy</strong></td>
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<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Warmly greet each patient</td>
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<tr>
<td>Use plain language (eg, high blood pressure rather than hypertension; liver instead of hepatic; heart attack, not myocardial infarction) and nonmedical terms, and speak clearly and at a moderate pace</td>
</tr>
<tr>
<td>Limit content</td>
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<tr>
<td>Use visual aids</td>
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<tr>
<td>Provide encouragement</td>
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<tr>
<td>Assess recall and comprehension</td>
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<tr>
<td>Take steps to provide additional patient support</td>
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</table>

LEP, limited English proficiency.
were most likely to regularly refer to a medication schedule illustrated with pictures of their pills. More than 90% of the study group agreed that the illustrated schedule was easy to understand and helped them remember the name and purpose of their medications, as well as the time to take them.27

For patients who have low HL and are chronically ill, having the support of family or friends—any trusted confidante—is associated with better medication adherence. Group visits (in which a physician or other health care professional meets with a group of patients who have the same condition or diagnosis) is one way to provide such support. In one study, patients with diabetes who participated in group visits had higher rates of breast and cervical cancer screening and were more likely to get influenza and pneumococcal vaccinations and take ACE inhibitors, among other measures recommended by the American Diabetes Association.26

● Take advantage of telemedicine . . .

Health care delivered by telephone, Internet, video conference, or any other remote network may also be helpful. A Cochrane review found that patients with asthma who were the recipients of such interventions had a significant reduction in hospitalizations, particularly among those with more severe asthma.28 A systematic review found that for patients with diabetes, mobile phone interventions were associated with a statistically significant improvement in glycemic control and self-management.30

● . . . and other providers. Interdisciplinary care has also been found to have a positive effect on management of chronic disease. One study found that patients with diabetes who received telephone coaching by nurses or nutritionists achieved a greater reduction in cholesterol and adherence to lipid-lowering medications than those who received the usual care.31 Direct patient care provided by pharmacists has also been associated with increased medication adherence and improvements in blood pressure, cholesterol levels, and HbA1c levels.32

References


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