



November 2007 (updated May 2015)

ELDER CARE

A Resource for Interprofessional Providers



A program of the Hartford
Geriatric Nursing Initiative

Health Literacy

Barry D. Weiss, MD, College of Medicine, University of Arizona

Health literacy is the ability to obtain, read, understand and use health related information, to navigate the health care system, and to make informed decisions about medical care. It is closely related to general literacy – the ability to read and write text and to understand numbers – but refers specifically to health information. Numerous studies have shown that people with limited health literacy have higher rates of illness, worse health status, worse health outcomes, and higher health care costs than do individuals with adequate literacy. These differences persist after adjusting for many sociodemographic factors, including ethnic group, education and income. Indeed, literacy is one of the strongest, if not *the* strongest, predictors of health.

The US Department of Education conducts a comprehensive survey of the literacy skills of American adults every 10 years. The most recent survey, the 2003 National Assessment of Adult Literacy (NAAL), involved assessments of the literacy skills, including health literacy, of some 20,000 individuals, sampled from all geographic areas and socioeconomic groups in the country, including Native Americans. The NAAL classified health literacy skills into four categories: below basic, basic, intermediate and proficient (See Table 1). As expected, nearly all health care providers have literacy skills at the proficient level, but only about 12% of the overall population falls into that category. NAAL results show that 48% of Native Americans and

Alaska Natives have basic or below basic skills, and are thus considered to have limited health literacy.

For older adults, the rates are even higher, with 59% having low health literacy. Considering that nearly half of Native Americans and Alaska Natives have limited health literacy, and that more than half of people over 65 fall below basic levels, there is a high likelihood that many of your patients don't understand the health information you present to them.

Instruments are available for assessing health literacy in clinical settings. Most experts recommend using them to assess the health literacy level of the patient population in a specific practice. Individual patients can also provide information regarding their literacy. For example, a person who did not finish high school has an 80%+ chance of having low health literacy. This is also suggested when patients avoid reading printed material in the office, or when they are chronically noncompliant, miss appointments, or fill out intake forms improperly.

Experts recommend the use of clear communication techniques with all patients, regardless of their literacy skills. In fact, even highly literate, well educated patients can have trouble comprehending health care information. Several approaches are recommended by experts to improve communication between patient and provider. While these techniques are essential for communication with people

who have limited literacy, they are effective and will be well received by all patients. The first expert recommendation is to speak slowly. Next, remember to explain the important details in plain language. Studies have shown that only 2-3 pieces of information will be retained per encounter, so limit the amount of information provided; book a second appointment to discuss other issues if necessary. Finally, encourage the patient to repeat the information back to you, and to ask questions, in order to assure their understanding.

Providing patients with written information is also a valuable communication tool. Experts recommend that both the language and presentation of the material be prepared at the fifth grade level in order to ensure maximal understanding. Pictures are also helpful to explain medical issues. Avoid medical jargon whenever possible. The reference listed from Doak and Doak is an excellent resource on effective patient education materials.

Communication is a two-way process, and health literacy is a vital concern for all health care providers. Remember, older adults are particularly at risk for not understanding medical information. Assessing the level of health literacy in your practice, in both the general population and in specific individuals, is essential for quality patient care. Appropriately written take-home information can further reinforce understanding for all

TIPS FOR IMPROVING COMMUNICATION WITH PATIENTS WITH LIMITED LITERACY

- Talk slowly.
- Explain things without medical or anatomical words – as you would explain them to your grandmother.
- Focus on only 2-3 key messages per visit. Patients rarely remember more than that.
- Encourage patients to ask questions. Simply asking “do you have any questions?” isn't enough.
- Verify understanding by asking patients to repeat back what you have told them.
- If written materials are used, they should be at no higher than the 5th grade level and include pictures.

ELDER CARE

Continued from front page

Health Literacy—A Hot Topic

National Organizations Reporting on or Instituting Health Literacy Initiatives

- The Institute of Medicine
- The Joint Commission
- American Medical Association
- Agency for Healthcare Quality and Research
- American Academy of Family Physicians
- American College of Physicians

THE “TEACH-BACK” TECHNIQUE

At the end of your encounter with patients, ask them to repeat back what you have told them. This will permit you to verify they understand everything correctly. Evidence shows that patients of providers who use this approach have better outcomes – such as better diabetes control.



Table 1. Sample Health Literacy Skills from the National Assessment of Adult Literacy

Below Basic:	Circle the date on a hospital appointment slip.
Basic:	Find basic information in a short paragraph.
Intermediate:	Consult a chart to find out the age at which different vaccines should be given.
Proficient:	Consult a complex table to figure out an employee's monthly share of health insurance costs

HEALTH LITERACY INSTRUMENT

Newest Vital Sign – presents patients with a nutrition label and asks 6 questions about the label's content. The assessment takes about 3 minutes, is acceptable to patients, and is highly sensitive for detecting low literacy.

REMEMBER “2-3 MESSAGES” PER ENCOUNTER

Research demonstrates that most patients recall less than half of what providers tell them. This finding is concordant with the results of communication research, which indicate that people generally remember only 2 or 3 key points at a time. Thus, experts recommend limiting the information provided to patients to only 2 or 3 key messages per encounter, focusing on what patients need to do, and repeating and reinforcing those key messages. Don't worry that you are giving patients too little information. If you give them more, they likely won't remember it.

Check it Out! - Health Literacy Education Module—15-Minute, Interactive, Online

<http://healthlit.fcm.arizona.edu/>

Produced by the Arizona Reynolds Program of Applied Geriatrics

References and Resources

- Doak CC, Doak LG, Root JH. *Teaching patients with low literacy skills*. 2nd ed. Philadelphia: JB Lippincott Company. 1996.
- Institute of Medicine Report: Health Literacy: A Prescription to End Confusion. 2004. <http://www.nap.edu/catalog/10883.html#toc>
- US Department of Education. National Assessment of Adult Literacy. 2003. <http://nces.ed.gov/naal/>
- Weiss BD. *Health Literacy and Patient Safety: Help Patients Understand: A Manual for Clinicians*. 2nd ed. American Medical Association Foundation, 2007. <http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf>
- Weiss BD, Mays MZ, Martz W, Merriam Castro K, DeWalt D, Pignone M, Mockbee J, Hale FA. Quick assessment of literacy in primary care: The Newest Vital Sign. *Annals of Family Medicine*. 2005; 3:514-522. <http://www.annfammed.org/content/3/6/514.full.pdf+html>

Interprofessional care improves the outcomes of older adults with complex health problems

Editors: Mindy Fain, MD; Jane Mohler, NP-c, MPH, PhD; and Barry D. Weiss, MD

Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; David Coon, PhD; Jeannie Lee, PharmD, BCPS; Lisa O'Neill, MPH; Floribella Redondo; Laura Vitkus, BA

The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 | (520) 626-5800 | <http://aging.medicine.arizona.edu>

Supported by: Donald W. Reynolds Foundation, Arizona Geriatric Education Center and Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB4HP19047, Arizona Geriatric Education Center. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.