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 most recent national survey of the health literacy of American adults, the National Assessment of Adult Literacy (NAAL), was conducted in 2003 by the US Department of Education. 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. 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 about 1/3 of adults have health literacy skills at the basic or below basic levels and are thus considered to have limited health literacy.

For older adults, the rates are even higher, with 59% having low health literacy. Furthermore, individuals with limited health literacy have higher rates of illness than the general population, and are thus over-represented in the health care system. Therefore, when dealing with older adults, there is a high likelihood that many of those patients don’t understand the health information you present to them.

Instruments are available for assessing health literacy in clinical settings. Most experts recommend only using them to assess the health literacy for research purposes. But, if you don’t believe that limited health literacy is prevalent in your practice, a one-time assessment of a sample of your patients will show you how common it is. Two quick (3 minutes) and easy to use instruments are the Rapid Estimate of Adult Literacy in Medicine (REALM), available only in English, or the Newest Vital Sign, available in English and Spanish.

Rather than routinely assessing a patient’s health literacy, experts recommend the use of clear communication techniques with all patients, regardless of their literacy skills - referred to as “universal health literacy precautions.” Even highly literate, well-educated patients can have trouble comprehending health care information, so keep it easy to understand. Several approaches are recommended.

The first is to speak slowly. Individuals with limited literacy skills are more likely to understand you if you do. Next, remember to explain the important information in plain language, like you might explain it to a friend or family member. Furthermore, studies have shown that patients will retain only 2-3 pieces of information per encounter, so limit the amount of information provided to those that are most important; 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, 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 to assure 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. Use easy-to-understand language for all patients, regardless of their education level or language skills. Appropriately written take-home information can further reinforce understanding for all patients.

**TIPS FOR IMPROVING COMMUNICATION WITH PATIENTS**

- Use easy-to-understand language with all patients, regardless of their literacy skills.
- 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 (AHRQ)
- 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

<table>
<thead>
<tr>
<th>Skill Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Basic</td>
<td>Circle the date on a hospital appointment slip.</td>
</tr>
<tr>
<td>Basic</td>
<td>Find basic information in a short paragraph.</td>
</tr>
<tr>
<td>Intermediate</td>
<td>Consult a chart to find out the age at which different vaccines should be given.</td>
</tr>
<tr>
<td>Proficient</td>
<td>Consult a complex table to figure out an employee’s monthly share of health insurance costs</td>
</tr>
</tbody>
</table>

MAKE YOUR PRACTICE HEALTH LITERACY FRIENDLY
The AHRQ Universal Precautions Health Literacy Toolkit provides 20 “tools” for assessing your practice’s communication methods and improving them as needed for patients. See web link on the reference and resources list.

REMEMBER: ONLY 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


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

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