



## HEALTH LITERACY IMPACTS WHAT YOU DO EVERY DAY

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About 36% of U. S. adults have trouble reading and understanding moderately long health-related texts. Research indicates that people with low health literacy often experience poorer health outcomes than those with adequate health literacy. They may have more difficulty understanding common medical terms and instructions, navigating the healthcare system, managing their health, understanding their condition and proposed treatments, and understanding how their lifestyle affects their health. People who misunderstand instructions for self-care or follow-up are at higher risk for complications and adverse events.

### When patients or family members have trouble understanding health information, providers and their staff can also be affected.

Examples of negative effects on the organization include adverse events, poor-quality care, inefficient use of healthcare and barriers to patients' self-determination. Studies have shown that people with low health literacy understand health information less well; get less preventive health care – such as screenings for cancer – and use expensive health services such as emergency department care more frequently.<sup>1</sup> Also

patients who do not understand their condition or treatment options cannot provide truly informed consent or refusal, and ineffective communication between patients and providers is a common allegation in malpractice lawsuits.<sup>2</sup>

While the landmark Institute of Medicine report *To Err is Human* (IOM 2004) was an influential and transformative call to action, urging our health care system to ensure that patients not be harmed by care that is intended to help them, it's only in recent years that the importance of health literacy has gained the attention of federal and state governments, professional associations, and accrediting agencies. For example, improving the health literacy of the population and improving providers' communication skills are two objectives of Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov)).

In 2014 we presented a three part webinar series, *How Health Literacy Impacts What You Do Every Day*, to increase awareness about the associations between low health literacy and health outcomes. This issue of *WiscRisk* will continue the discussion of how health literacy affects virtually every aspect of a patient's health care experience and provide strategies and resources to improve health literacy.

<sup>1</sup> Institute of Medicine (April 2004), *Health Literacy: A Prescription to End Confusion*. Washington, DC

<sup>2</sup> Why do people sue doctors? *Lancet*, 1994

Health literacy is defined by the Institute of Medicine as *the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health*. The 2003 National Assessment of Adult Literacy (NAAL) data indicates that more than a third of American adults – some 89 million people – lack sufficient health literacy to effectively undertake and execute needed medical treatments and preventive health care. This includes the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities. Common use of dense, sophisticated and complex language by healthcare systems and providers creates significant demands on patients that they are often unable to meet.

Health literacy issues can affect individuals' ability to manage their health and perform self-care tasks. Research shows that people with low health literacy may have trouble understanding basic health concepts. They may not understand the link between lifestyle and health outcomes, such as people with hypertension – those with low health literacy skills are less likely to know that exercise and weight loss reduce blood pressure. Also many with low health literacy have difficulty understanding prescription labels and forms that they need to fill out.

In a study at three community health centers, 395 English-speaking patients were asked to read the instructions on prescription labels for five common medications and were asked how they would take each. Patients with low or marginal literacy were more likely to misunderstand instructions.<sup>3</sup> This happens... *An 89-year-old man with dementia is diagnosed with an ear infection and is prescribed an oral liquid antibiotic. His wife understands that he must take one teaspoon twice a day. After carefully studying the bottle's label and not finding administration instructions, she fills a teaspoon and pours it into his painful ear.*<sup>4</sup>

While education about health literacy will help, health literacy is not only about education. A person who has finished high school and knows how to read may still not be able to navigate the health system. Health literacy comes from the merging of education, cultural and social factors, and health services. While reading, writing and math skills make up part of the basis of health literacy, many other skills and abilities are also important, such as speaking, listening, having adequate background information, and being able to advocate for oneself in the health system.

The need for today's patients to be "health literate" is greater than ever, because medical care has grown increasingly complex. Physicians treat patients with an ever-increasing array of medications, and ask patients to undertake more and more complicated self-care regimens. Health literacy is a dynamic process that involves both the patient and the provider; which is why even people with adequate health literacy sometimes have trouble understanding health information. Low health literacy is more common among vulnerable populations such as the elderly, minorities, people who do not read well, and people who do not speak English as their primary language.

Identifying patients who may be low in health literacy is not always easy in a clinical setting. It is not uncommon for patients to deny their limitations regarding reading and understanding health information. And other patients may acknowledge their limitation, but try very hard to hide them so as to avoid embarrassment. For example, patients with low health literacy may avoid asking questions when medical information is not clear to them. According to the National Patient Safety Foundation some signs providers should watch for that may indicate patients have low health literacy skills or be completely illiterate include;

- Forms that are incomplete or incorrectly filled out.
- Patients who do not read any printed material during the patient-healthcare provider interaction.
- Patients who are unable to assume the self-management role successfully.

A complicating factor in identifying patients who may have difficulty understanding health information is the differences among ethnic groups with regard to level of health literacy skills. The health literacy problem and its consequences are compounded for the 18% of Americans who do not speak English as their primary language at home. Not only do these individuals often lack access to health information, but when the information is obtained, they also struggle to process and understand it. This happens... *Mr. G a 45-year-old Hispanic immigrant, native Spanish language speaker, has a job health screening. He is told his Blood Pressure is high and he can't work until it's controlled. He is given a  $\beta$ -blocker and a diuretic and is instructed to take each "once a day." One week later he presents to the ED – he is dizzy with a very low BP. Docs can't figure out what going on. A Spanish interpreter asks him how many pills he took each day. "22," says Mr. G. (In Spanish, once means 11.)<sup>5</sup>*

Communication is a key element for the effective delivery of health care, and is one of the most powerful tools in a clinician's arsenal. Unfortunately, there is often a mismatch between a clinician's level of communication and a patient's level of comprehension. In fact, studies have shown that patients often misinterpret or do not understand much of the information given to them by clinicians. This lack of understanding can lead to medication errors, missed appointments, adverse medical outcomes, and even allegations of malpractice.

## Improve Access and Navigation

Filling out registration forms, health histories, and consent forms are particularly difficult for those with low health literacy skills. It is important to remember that even people with good literacy skills find that understanding healthcare information is a challenge. They often don't understand medical vocabulary and the basic concepts in health and medicine, such as how the body works or how to navigate the healthcare system. Stress and anxiety can limit a patient's (and their families') ability to listen, learn, and remember. Creating an environment that promotes health literacy requires helping patients navigate the healthcare system; preparing them to interact productively with their healthcare provider; and providing a respectful and caring environment.

3 Literacy and Misunderstanding Prescription Labels. Davis et al. Ann Intern Med 2006; 145:887-894

4 Parker, R. et. Al. J Health Comm; 2003

5 Nielsen-Bohman et al. IOM "A Prescription to End Confusion" 2004

Providers and hospitals should consider conducting a walk-through (ideally, involving someone with low health literacy) to identify barriers to access and navigation a patient may encounter throughout a typical encounter. Issues to consider include the paperwork patients must fill out, including consent forms; difficulties patients may have in understanding their insurance coverage; rules and procedures patients must follow; paperwork patients receive regarding discharge, follow-up, or referral; and difficulties patients may face in arranging and obtaining postacute consultations, tests and referrals. The American Medical Association Foundation has a video “Health Literacy and Patient Safety: Help Your Patients Understand” available for free at <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health-literacy-program/assessing-nations-health.shtml>.

### Adopt Universal Precautions Approach to Health Literacy

Since it is not easy to identify people with low health literacy, and because even people with high health literacy may have difficulty understanding health information at times, experts like Dr. Paul Smith, Medical Advisor with Wisconsin Health Literacy, recommend taking universal precautions – in other words, making all written and oral information easy to understand. Research indicates that people of all literacy levels prefer and benefit from easily understood health materials<sup>5</sup>.

The Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit is based on the principles of universal precautions, or specific actions that providers can take to make health information more understandable for all patients. It is designed to be used by all levels of staff in practices providing primary care for adults and or pediatric patients. The toolkit is available at <http://www.ahrq.gov/qual/literacy/>.

### Use Plain Language, Avoid Medical Jargon

Doctor – “Your foot infection is so severe that we will not be able to treat it locally.”

Patient – “I hope I don’t have to travel far, doctor. I don’t like to drive out of town.”

People use and process only a small amount of information when making decisions. As information gets more complex, people innately simplify it in order to consider only some of the information. When people encounter too much information or information that is too complex they have a tendency to ignore some or all of the information. Which is why focusing on a few key messages, presenting the information in a clear manner, and checking for understanding is important.

Medical Term	Another Way to Say
Adverse	Bad
Anti-inflammatory	Helps swelling and irritation go away
Intermittent	Off and on
Angina	Chest Pain
Depression	Feeling sad or down

The Office of Disease Prevention and Health Promotion (ODPHP) “Quick Guide to Health Literacy” (<http://www.health.gov/communication/literacy/quickguide>) suggests the following strategies that can be used in all types of communications with patients and family members:

- Consider why the material is important from the patient’s point of view.
- Focus on “need to know” or “need to do” concepts.
- Limit the number of messages (e.g., four or less).
- Present the most important information first
- Use language that is familiar to the person
- When medical or technical terms must be used, define them
- Phrase statements in positive terms (e.g., “Take the pill with food.”) rather than negative terms (e.g., “Do not take the pill on an empty stomach.”).
- Use teach-back to check for understanding.

A critical element of ensuring that patients understand relevant health information is checking for understanding. Perhaps the most effective method of checking for understanding is the teach-back method. Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands. Use the teach-back method by asking patients to explain, in their own words, what they are going to do when they go home. For example, staff may ask the patient “When you go home and your family asks what the doctor told you, what will you tell them?” What you DO NOT want staff to ask the patient “Do you understand?”. For more information on the Teach-back Method go to [www.nchealthliteracy.org/toolkit/tool5.pdf](http://www.nchealthliteracy.org/toolkit/tool5.pdf).

While recognizing low health literacy in patients may not be easy, health literacy issues which go unrecognized and unaddressed undermine the ability of health care providers and organizations to comply with patient safety goals and accreditation standards meant to protect the safety of patients. The safety of patients cannot be assured without mitigating the negative effects of low health literacy and ineffective communications on patient care.

## FIVE ESSENTIAL HEALTH LITERACY RESOURCES

1. Ten Attributes of Health Literate Health Care Organizations,  
[https://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH\\_Ten\\_HLit\\_Attributes.pdf](https://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf)
2. Building Health Literate Organizations: A Guide to Achieving Organizational Change.  
<http://www.unitypoint.org/filesimages/Literacy/Health%20Literacy%20Guidebook.pdf>
3. Anthem Health Literacy Toolkit,  
[WisconsinHealthLiteracy.org](http://WisconsinHealthLiteracy.org)
4. Re-Engineered Discharge (RED) Toolkit,  
<http://www.ahrq.gov/professionals/systems/hospital/red/toolkit/index.html#>
5. The Patient Education Materials Assessment Tool (PEMAT) and User's Guide,  
<http://www.ahrq.gov/pemat>

## 2015 HEALTH WISCONSIN HEALTH LITERACY SUMMIT

### BETTER HEALTH THROUGH BETTER COMMUNICATION

April 13 -15, 2015

Monona Terrace Community and Conference Center, Madison, Wisconsin.

Plan now to attend the *2015 Wisconsin Health Literacy Summit: "Better Health through Better Communication."* This conference will focus on how improved health communication can lead to better outcomes. This is increasingly important in the changing health care environment in which reimbursement is more closely tied to results and population health must be better managed.

Six plenary sessions, twenty-five breakout sessions, a poster presentation and networking opportunities provide attendees with the opportunity to learn more about health literacy and evidence-based interventions, as well as to network with experts and colleagues in the field from many states and some other countries.

To Register for the Summit go to [www.wisconsinhealthliteracy.org](http://www.wisconsinhealthliteracy.org)

## About WiscRisk

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