Health Literacy: Improving Quality through Patient-centered Communication

Cliff Coleman, MD, MPH
Assistant Professor
Department of Family Medicine
Oregon Health & Science University
colemanc@ohsu.edu

St. Charles Medical Center Grand Rounds
Bend, Oregon
February 24, 2012

“The greatest problem with communication is the illusion it has occurred”
- Attributed to George Bernard Shaw

Learning objectives
Following the presentation, attendees will be able to:

- Estimate the prevalence of low health literacy in the U.S. and among patients/clients in their local area.
- Describe the rationale for using a “universal precautions” approach to health communication.
- List at least 5 concrete steps they can take to improve communication with their patients/clients.

Overview
- Literacy in America
- Health literacy
- Health literacy best practices

Literacy in America: National Assessment of Adult Literacy, 2003

43% of English-speaking US adults have limited literacy skills

(Kutner et al, 2006)

National Assessment of Adult Literacy, 2003

(Kutner et al, 2006)
Literacy

Cultural & Conceptual Knowledge

Listening  Speaking  Writing  Reading  Numeracy

Oral Literacy

- Navigate a phone tree
- Describe symptoms
- Understand verbal instructions
- Ask questions

Print Literacy

- Fill out forms
- Understand consent forms
- Understand prescription labels
- Fill prescriptions
- Keep appointments
- Follow signage (navigating)
- Correspond electronically

Reading skills predict other skills

Reading Problems

- Poorer Oral Communication Skills
- Poorer Numeracy Skills

Reading ability vs. comprehension

- Most Americans can read (and write, speak, listen, and use numbers)
- The problem is language comprehension and utilization

Reading vs. comprehension

In a study of adults with literacy below the 6th grade level:

- 71% correctly read the instruction to “take two tablets by mouth twice daily”
- Only 35% could demonstrate the number of pills to actually take

(Davis et al, 2006)
"Health Literacy": One definition

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

(US DHHS, 2004)

"Health literacy" skills of US adults

• 42% of patients at two public hospitals misinterpreted directions to “take medication on an empty stomach”

(Williams et al., 1995)

Low "health literacy" is associated with...

• Worse knowledge about one’s chronic diseases (Williams et al., 1998a, 1998b)
• Worse compliance/adherence with medications and treatment plans (Kalichman et al., 1999a, 1999b; Williams et al., 1996)
• Less ability to name one’s medications (Wink et al., 2003)
• Greater misinterpretation of prescription labels (Wolfe et al., 2007; Davis et al., 2006)
• Lower utilization of preventive health services (Gott et al., 2002; Lindsa, 2004)
• Higher risk of hospitalization (Baker et al., 2002; Baker et al., 1998)
• Increased risk of harm to patients, and liability for providers (AMA Foundation, 2007)
• Worse health outcomes (Ockelfinger et al., 2002; Bennett et al., 1998)
• Higher all-cause mortality and cardiovascular death rates (Luss et al., 2007)
• Lower satisfaction with health care (Shea et al., 2007; Shea et al., 2003)
• $106 billion – $238 billion in excess cost annually (Vernon et al., 2007)
You can’t tell by looking!

- Most “below basic” readers are:
  - US-born
  - White
  - English as first language

Education & Health Literacy

Health literacy by race & ethnicity

Adult literacy by age, 2003

Shame

- Patients hide their literacy problems
  - “I forgot my glasses”
  - “I’m not going to fill out another one of these stupid forms.”
  - “I’ll read it with my husband when I get home.”
- Over 60% have not told their spouse

“Red flags”

- Forms incomplete or incorrectly filled out
- Non-adherence to medications
- Can’t name, medications, their purpose, or how taken
- Frequently missed appointments
- “I forgot my glasses”
- Anger

(Parikh et al, 1996)
To screen or not to screen?

- Do not routinely screen for limited health literacy. Risks outweigh benefits.

Solution: “Universal Precautions” for Communication

- The MAJORITY of people will struggle with health information
- You cannot tell by looking
- Health literacy can plummet under stress

“Universal precautions” means...

- We expect that every encounter is at risk for miscommunication
- We create a “shame-free” environment of care
  - Treat all patients equally
  - Anticipate communication barriers
  - Proactively work to minimize barriers

Won’t some patients be offended?

- Studies show that all patients prefer clear communication
- Clear plain-language communication is not “dumbing down”

Clear communication best practices: 10 things we can do right now...

...To improve
- Effective oral communication (6)
- Effective written communication (4)

Effective Oral Communication
1. Assess Patients’ Needs

- Ask about preferences for learning. 
  - “What is the best way for you to learn?”
  - “How happy are you with your reading skills?”
  (AMA Foundation, 2007)

- Assess baseline understanding. “Tell me what you already know about high blood pressure”
  (Kripalani & Weiss, 2006).

2. Focus on 1–3 Key “Need-to-Know” Items from the Encounter

- Patients typically retain < 50% of information
- Illness and stress are major barriers to learning
- Focus on what they need to do, not on facts
- Summarize the most important aspects of the encounter at the end
  (Kripalani & Weiss, 2006; Schwartzberg et al, 2007)

3. Learn to use “plain language”

- Surprise! Clinicians use jargon terms
  (Castro et al, 2007)

- Research shows that all patients prefer simple health information
  (Kripalani & Weiss, 2006)

- If you can’t avoid jargon, then define or explain the term, phrase, or concept

4. Teaching with visual aids helps all patients

<table>
<thead>
<tr>
<th>Type of Jargon</th>
<th>Description</th>
<th>Words</th>
<th>Phrases</th>
<th>Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical</td>
<td>Jargon terms only meaningful in clinical context</td>
<td>Glucometer</td>
<td>Cardiologist</td>
<td>Chronic</td>
</tr>
<tr>
<td>Quantitative</td>
<td>Jargon terms requiring clinical judgment</td>
<td>Unlikely</td>
<td>Increased</td>
<td>Twice daily</td>
</tr>
<tr>
<td>Lay</td>
<td>Jargon terms with many meanings, some of which are medical</td>
<td>Stable</td>
<td>Abnormal</td>
<td>Stool</td>
</tr>
</tbody>
</table>

Jargon is complex

- You cannot know what will be jargon to any given patient in any given situation

- The only solution is:
  1. Use universal precautions, and
  2. Check for understanding (see “teach–back” later)

(Weiss & Coyne, 1997; Barrett et al, 2008)
5. **Invite questions**

No: “Do you have any questions?”

Implies that you expect them to “get it” (if they don’t, something must be wrong with them…)

Yes: “What questions do you have?”

Implies an expectation that patients should have questions!

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6. **Assess understanding!**

Stop asking, “do you understand?” to assess comprehension. This implies that patients should understand (if they don’t, something must be wrong with them…)

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**Use a “teach back” technique**

Start using a “Teach Back” or “show me” technique

- Ask patient to explain back to you (or show you) what they are going to do
- Say “I want to make sure I have explained things well. Please tell me in your own words how you are going to use this medicine”
- Ask “how would you tell a friend to take this medicine?”
- “Show me how you use this inhaler.”
- “So, what do you need to bring to your appointment?”

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**Teach–back examples**

[http://www.nchealthliteracy.org/teachingaids.html](http://www.nchealthliteracy.org/teachingaids.html)
Research on “teach back”

- Use is associated with better glycemic control amongst diabetics (Schillinger et al., 2003)
- Does not appear to take longer than standard care (Schillinger et al., 2003; Kripalani & Weiss, 2006)
- Try it with the last patient of the day

Effective Written Communication

7. Use Written Materials Wisely

- Use written materials only to reinforce spoken instruction
- Always review written materials with patients
- Highlight key passages
- Evidence shows improved knowledge when appropriate written materials are used (Berkman et al., 2004)

8. Select Written Materials at 5th–6th Grade Level

- The average US adult reads at an 8th grade level
- Over 1000 studies show that health information is typically written well above the average reading level!
- “Most patients will not understand the majority of the educational handouts, consent forms, medical–history questionnaires, and insurance papers they receive” (Weiss & Coyne, 1997)

9. Use a “health literacy” style manual (see Resource List)

- Match content to explicit goals
- Keep to the essentials (“need–to–know” info only)
- Focus on action items
- Use short, simple sentences
- Use plain (“living room”) language, jargon–free
- Use large font (12+) and, lots of white space
- “Chunk” text with clear orienting sub–headings
- Use pictures to convey message
- Test your product before distribution

“Be careful about reading health books. You may die of a misprint.”

Mark Twain

Evidence shows improved knowledge when appropriate written materials are used (Berkman et al., 2004)
April 16, 2010
Dear _________
Your bloodwork is unremarkable without any signs to suggest parasitic infection, inflammation of blood vessels or other problems. I suspect your symptoms are functional in nature and not due to a specific disease process. I doubt that further testing would be productive. You may want to consider getting a second opinion and I would be happy to assist in arranging one. Please let me know if I can be of help in that regard.
Sincerely,
___________, MD

Years of formal education Needed to easily understand this text = 10.8

2 tablets by mouth every morning and every evening for high blood pressure

Resource List
Assessment

- Comprehensive Adult Student Assessment System (CASAS). Adult Literacy Estimate (State, county, congressional district, city/town). http://www.casas.org/estimates_search.htm

Training

- Agency for Health Care Research and Quality. Strategies to Improve Communication Between Pharmacy Staff and Patients www.ahrq.gov/qual/pharmcomm.htm
- Health Resources and Services Administration. Unified Health Communication (health literacy, cultural competence, limited English proficiency). www.hrsa.gov/healthliteracy/training.htm
- American Medical Association. Health Literacy Educational Kit. https://catalog.ama-assn.org/Catalog/product/product_detail.jsp;jsessionid=F1G31XPJSJFQNLA0MRPVX5Q?childName=&parentCategoryName=&parentCategory=&productId=prod1060004&categoryName=&prodId=&start=&parentId=
- ACP Foundation. Health Literacy (6 min video.) http://foundation.acponline.org/

Clear oral communication


AHRQ Pharmacy/Medication Adherence Tools

### Health information technology


### Developing print materials

- Agency for Health Care Research and Quality. Talking Quality: Testing Your Materials. [www.talkingquality.gov/docs/sections/5_1.htm](http://www.talkingquality.gov/docs/sections/5_1.htm)
- Group Health Center for Health Studies. PRISM Readability Toolkit. [www.centerforhealthstudies.org/sslerv/reading/reading_home.html](http://www.centerforhealthstudies.org/sslerv/reading/reading_home.html)

### Health education materials

- North Carolina Program on Health Literacy. Caring for Your Heart: Living Well with Heart Failure. [http://www.healthliteracy.org/comm_gds/Heart%20Failure%20Intervention%20Dec%2006%20v%201.pdf](http://www.healthliteracy.org/comm_gds/Heart%20Failure%20Intervention%20Dec%2006%20v%201.pdf)

### Health education materials
