Strategies for Improving Health Literacy

The total number of people in the United States who have limited health literacy is more than 89 million. These patients have a difficult time obtaining, processing, and understanding basic health information and services and, therefore, are unable to make informed health decisions. The Joint Commission’s National Patient Safety Goal 13 requires organizations to encourage the active involvement of patients and their families in the patient’s own care. Part of involving patients in their own care is ensuring that patients understand information relevant to their care.

Health literacy is a stronger predictor of an individual’s health status rather than income, employment status, education level, and racial or ethnic group. Because health literacy can have a great effect on health outcomes, health care workers—from the support staff to the physician—must learn to apply strategies for improving health literacy.

**Strategy:** Recognize the behaviors of patients with low health literacy skills. When a patient says, “I left my reading glasses at home. Can you read this to me?” health care providers should dig deeper and assess this patient’s health literacy skills. Other behaviors might also indicate a literacy problem, including the following:

- The patient’s registration forms are incomplete or inaccurately completed.
- The patient frequently misses appointments.
- The patient does not comply with medication regimens.
- The patient does not follow through with laboratory tests, imaging tests, or referrals to consultants.

- The patient says he or she is taking medication, but laboratory tests or physiological parameters do not change in the expected fashion.
- The patient requests to bring a written document home to discuss it with a spouse or child.
- The patient complains of a headache or other health problem too severe to allow reading.

Education level is a poor indicator of a patient’s health literacy skills. Education level only measures the number of years an individual attended school—not how much the individual learned in school.

The providers at Presbyterian Medical Services, Santa Fe, New Mexico, use a past medical history form (in English and Spanish) that all patients fill out to assess the learning needs of a patient, including ability to read and to understand directions, says Marilyn B. Disher, M.A., quality manager, Presbyterian Medical Services. “Our New Mexico populations (mainly Hispanic, Navajo) are not comfortable with the past medical history form used by staff,” says Disher. (See Sidebar 1 on page 9.)

**Strategy:** Employ a “universal precautions” approach to all patient encounters by using clear communications and plain language. Although patients with low health literacy may exhibit some of the behaviors described earlier, you can’t tell if a patient has low health literacy skills just by looking at him or her. For that reason, health care workers need to provide their patients with easy-to-understand information.

To speak in plain language, health care providers should avoid the use of medical terminology (or define medical terms they use) and speak in short sentences. “Keep in mind the rule of 15 and simplify your sentences to less than 15 words when talking to patients,” says Linda Johnston-Lloyd, M.Ed., senior advisor, HRSA Center for Quality, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Rockville, Maryland. Providers can also look to the Web site http://www.plainlanguage.gov, for more tips on speaking in plain language.

**Strategy:** Employ multiple teaching methods to meet the needs of visual and auditory learners. Rather than just talking or writing to patients, providers can make use of videos, models, pictures, audiotapes, or drawings when educating patients. “Some of these models or pictures may already be in your office, or you could draw an impromptu picture to describe, for example, knee function and deterioration to a patient who is having knee problems,” says Johnston-Lloyd.

**Strategy:** Make the most of written materials. The effectiveness of written materials can be increased if providers read these materials aloud and highlight, underline, circle, or number key points for the patient to remember. Using pictograms in written materials can also enhance understanding. For example, a picture of a medication stored in a refrigerator could accompany information about proper storage of insulin. The U.S. Pharmacopeia offers 81 pictograms at http://www.usp.org/audiences/consumers/pictograms.

For any written material, such as informed consent forms, consult the Readability Toolkit created by The Group Health Center for Health
Studies in Seattle, Washington. This toolkit offers information on how to lower the reading level of written documents, gives alternative suggestions for words commonly used, and provides template language that can be adopted for consent forms.3

**STRATEGY** Keep it short and use repetitive messages. To avoid overwhelming patients, limit patient education to two to three key points. Focus on the key behaviors that a patient must put into action, such as walking five times a week or taking antibiotics every day for 10 days, rather than discussing the pathophysiology of his or her disease.3 Then, repeat those key points throughout the visit with the patient.

Some organizations will also call patients several days after delivering important information to further reinforce learning.3 A provider might say, “I just wanted to make sure everything I told you was clear and to find out how you are doing with the treatments I recommended.”2

**STRATEGY** Carefully assess what the patient has understood. One study found that many patients with low health literacy who were seeking medical attention for gastrointestinal issues did not know the meaning of the word polyp and did not know what the colon or bowel was or where it was located.4 It is important to gauge the patient’s understanding by employing the teach-back method or asking questions that begin with how and what. “The physician can ask, ‘Can you describe to me how you're going to take the medication?’” says Johnston-Lloyd. “But you don’t want to stimulate any closed-ended, yes-or-no answers.” (See Sidebar 2 below.)

**STRATEGY** Take action with patients who are chronically ill. Patients with inadequate health literacy have difficulty controlling complex chronic illnesses. One study showed that patients with diabetes and inadequate health literacy have worse glycemic control and higher levels of retinopathy than patients with adequate literacy skills.5 The same study showed that patients with asthma and inadequate health literacy do not use their inhalers properly.5

References

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**Sidebar 1. Health Literacy and Limited English Proficiency**

When addressing patients who have limited English proficiency and low health literacy, it can be helpful to use the following strategies:2

- Communicate in the patient's primary language by using a well-trained medical interpreter (rather than the patient's family member) and provide written information in the patient's primary language.
- Encourage patients to enroll in adult learning programs to improve reading, writing, and math skills. Take this one step further by assisting them with the enrollment procedures.
- Encourage partnerships among adult educators, adult learners, and health professionals to develop health-related curricula in adult learning programs (and to design patient-centered health care services and interventions).

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**Sidebar 2. Improving Health Literacy with Medications**

Low literacy is associated with an increased rate of poor medication adherence. “A majority of the problems occur,” says Johnston-Lloyd, “when patients don’t know how to take their medications, but they don’t want to tell their doctors.”

One way to ensure that patients know how to take their medications is to conduct a brown-bag medication review, wherein patients bring in all their prescription and over-the-counter medications to review with the physician. The provider can ask the following questions to assess the patient’s understanding of his or her medications:

- Why is this medication being prescribed for you?
- What benefits does it have?
- What side effects should you expect?
- When are you supposed to take the medication?
- Are you supposed to take this medication with food? Should you avoid any food while on this medication?

Providers may recognize that patients have low health literacy skills when they have difficulty answering any of these questions and refer to the medications only by color or shape instead of by name.2

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