



# **HEALTH LITERACY OVERVIEW**

## **Introduction & Clinical Implications**

Health literacy is a person's ability to understand health content from multiple sources.<sup>2,3</sup> Low health literacy consistently leads to various adverse effects in patient clinical care: 3,12

- Higher rates of hospitalizations;
- Higher utilization of emergency care services;
- Lower usage of preventative services, such as screenings and vaccines;
- Higher misuse of medication; and
- Lower understanding of medical instructions.







## **Common Patient Behaviors & Findings**

Patients typically experience shame about challenges with reading or comprehension and try to hide this from their providers. 10,12 Patients report not wanting to ask providers additional questions that may reveal their literacy barriers. 4,12

Patients can also express concerns with health literary through written documentation and/or in-person discussions. Providers should be aware if a patient asks little or no questions, frequently misses appointments, have low engagement, have minimal follow-through, and have psychosomatic symptoms (i.e. headaches). Patients may also tend to forget their reading glasses, indicate that they will read materials later, and prefer to discuss literature with others (e.g., family, friends).11



1 of 5 people in the United States report basic reading skills are a limiting factor. 1,6



8 of 9 adults have low health literacy, which results in higher, preventable healthcare costs.<sup>7,8</sup>

## **Best Practices and Strategies**

Using visual representation, like icons, graphs, and videos, has been found to increase comprehension of health information for all individuals regardless of education level.<sup>5,9</sup> For optimal benefits, patient health visuals should be written at a 6th grade reading level or below. 12 This involves the utilization of plain language that a general audience would understand (e.g., saying lung doctor as opposed to pulmonary physician). In addition, there are two primary methods commonly used to address health literacy in patients. The next section describes the sign posting method<sup>1,12</sup> and the teach-back method<sup>2</sup> in more detail.

Implement sign posting and teach back methods

Do not assume basic healthcare knowledge

Utilize plain language

Do not use medical or healthcare jargon









### **Sign-Posting Method**

Show the treatment regimen in clear steps to help patients to understand by answering the following questions:

- What do I have?
- What caused it?
- How long will it last?
- What are the short-term and long-term consequences?
- How are my treatment options?
- What can I do to prevent further complications?

Sign-Posting is using visuals to clearly display each major step in a patient's healthcare process to ensure the patient understands the process. It breaks up treatment regimen into standalone, concrete steps.

In the Teach-Back method, it is imperative to ask patients to repeat the information back to the provider. These skills should be integrated into every touchpoint with a patient.

#### Teach-Back Method

- 1. Identify the most important information that the patient needs to understand.
- 2. Ask **open-ended questions** to determine what the patient understands.
- 3. Emphasize that you are **not testing them**, but you care about their understanding.
- 4. Ask for action-oriented explanations.
- 5. Check-in **throughout** the appointment rather than only at the end.
- Provide written instructions in the **patient's own words**.
- **Debrief** with your team on teach-back implementation.



## **Developing Appropriate Resources**

Applying Universal Response is a continuous process. Resources are available to help ensure verbal and written interactions with patients is the most impactful. You can use the resources below to help reword text in established and new patient-facing documents:

- Test readability: <a href="https://readable.io/text/">https://readable.io/text/</a>
- Generate new sentence structures/verbiage for complex words: https://rewordify.com/
- Adult learning literacy education: https://www.nala.ie/
- Plain language checklist: <a href="https://www.plainlanguage.gov/resources/checklists/checklists/">https://www.plainlanguage.gov/resources/checklists/checklists/</a>

- Barclay PA, Bowers CA. Design for the Illiterate: A Scoping Review of Tools for Improving the Health Literacy of Electronic Health Resources. Proceedings of the Human Factors and Ergonomics Society Annual Meeting, 2017;61(1):545-
- Batterham RW. Hawkins M. Collins PA. Buchbinder R. Osborne RH. Health literacy: applying current concepts to improve health services and reduce health inequalities. Public Health. 2016;132:3-12
- Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low Health Literacy and Health Outcomes: an Updated Systemic Review. Ann Intern Med. 2011;155(2):97-107. Easton P, Entwistle VA, Williams B. How the stigma of low literacy can impair patient-professional spoken interactions and affect health: insights from a qualitative investigation. BMC Health Services Research. 2013;13(319):1-12.
- Galesic M, Garcia-Retamero R, Gigerenzer G. Using icon arrays to communicate medical risks: overcoming low numeracy. Health Psychol. 2009;28(2):210-216.
- Goodman M, Finnegan R, Mohadjer L, Krenzke T, Hogan J. Literacy, Numeracy, and Problem Solving in Technology-Rich Environments Among U.S. Adults: Results from the Program for the International Assessment of Adult Competencies 2012.: National Center for Education Statistics; 2013.
- Greene JC, Haun JN, French DD, Chambers SL, Roswell RH. Reduced Hospitalizations, Emergency Room Visits, and Costs Associated with a Web-Based Health Literacy, Aligned-Incentive Intervention: Mixed Methods Study. J Med Internet Res. 2019;21(10):e14772.
- Kutner M, Greensberg E, Jin Y, Paulsen C. The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy. Washington, D.C.: National Center for Education Statistics; 2006. Mayer RE. Multimedia Learning. The Psychology of Learning and Motivation. 2002; 41:85-139.
- 10. Parikh NS, Parker RM, Nurss JR, Baker DW, Williams MV. Shame and health literacy: the unspoken co nection. Patient Education and Counseling. 1996:33-39
- 11. Simonds SK, Health Education as Social Policy, Health Education Monographs, 1974;2(1):1-10.
- 12. Wittink H, Oosterhaven J. Patient education and health literacy. Musculoskelet Sci Pract. 2018;38:120-127.