

Other Considerations

Health Literacy

Health literacy is the “ability to read, understand, and act on health care information” (Center for Health Care Strategies, 2005). In the context of health promotion, an individual’s health literacy is critical to his or her buy-in and maintenance of healthy behaviors. It is important to understand that not all of your clients will have the same degree of health literacy.

Functional health literacy is the “ability to read and comprehend prescription bottles, appointment slips, and the other essential health-related materials required to successfully function as a patient” (American Medical Association Council of Scientific Affairs, 1999).

- **Patients with poor health literacy skills have a hard time understanding basic medical forms and instructions, such as:**
 - Intake forms
 - Informed-consent forms
 - Insurance enrollment forms
 - Prescription labels
 - Self care instructions
- **Most informed consent and insurance forms are at a high-school reading level or higher.**
- **People with low functional health literacy are less likely to:**
 - Understand written and oral information given by physicians, nurses, pharmacists, and insurers
 - Act upon necessary procedures and directions such as medications and appointments
 - Be able to navigate the health system to obtain needed services
- **Those with poor health literacy are more likely to have a chronic disease and less likely to get the health care they need.**

A study of public low-income hospital patients found that:

- 26% were incorrect about when their next appointment was scheduled
- 65% were incorrect about taking medication on an empty stomach
- 75% were incorrect about how to determine if they were eligible for financial aid

(Williams, et al., 1995)

Adapted from: Center for Health Care Strategies, Inc. (2005). *Health Literacy Fact Sheets 1, 2 and 4*. Retrieved from http://www.chcs.org/usr_doc/Health_Literacy_Fact_Sheets.pdf

Other sources:

American Medical Association Council on Scientific Affairs. (1999). Health literacy: Report of the Council on Scientific Affairs. *Journal of the American Medical Association*, 281(6), 552–557.

Williams, M. V., et al. (1995). Inadequate functional health literacy among patients at two public hospitals. *Journal of the American Medical Association*, 274(21), 1677–1882.

Strategies to Assist People with Low Health Literacy

Create an environment that is “shame-free.” Here, individuals can feel comfortable asking for help. Here are some suggestions:

- Provide surrogate readers
- Prior to an appointment, talk with the individual about what information will be necessary
- Tailor medication schedules to fit a person’s daily routine and/or use daily events as reminders to ensure compliance; you may also want to consider color-coding medicines, or asking the person what other measures would be helpful
- Providers might ask patients to “teach back” a medical concept in his or her own words to ensure thorough understanding

Verbal communication is a critical component of the patient-provider relationship. Individuals with poor health literacy tend to be more responsive to information designed to promote action, motivation, and self-empowerment than detailed facts. Here are some suggestions:

- If you think the person has difficulty understanding written or spoken directions, you might want to say, “A lot of people have trouble reading and remembering these materials. How can I help you?”
- Use commonly understood words (for instance, use “keeps bones strong” instead of “prevents osteoporosis”)
- Slow down and take time to listen; build an atmosphere of trust and respect
- Limit the information given during each visit

Oral and visual tools help patients to absorb new information. Here are some suggestions:

- Diagrams or pictures can help someone to understand a recommended action; consider making a clear and accessible diagram or picture that individuals can take with them
- Audiotaped instructions can be effective if limited to one to five minutes in length; the focus of the instructions should be on behavior rather than facts
- Videotapes are a useful instructional tool if interactive or instructional, and eight minutes or less in length
- Interactive computer programs that are user-friendly and geared toward a low reading level can be effective; these programs could also utilize touch-screen interaction and graphics to illustrate the intended behavior

Create patient education materials that are simple and attractive. Here are some suggestions:

- Brochures will not change behavior, but provide important and accurate information that is easy to digest
- Written materials used in conjunction with graphics and videos can help patients absorb new information
- Emphasize the intended behavior, rather than the medical facts

One study showed that elderly patients given a leaflet with **graphics** were more likely to follow the health-related behavioral suggestions than those who received a text-only brochure.

(Jacobson et al., 1999)

- Less is more; only include one or two educational objectives at one time
- Use clear headings, bullets instead of paragraphs, and ample white space
- Use short sentences, active voice, and conversational language
- Use examples and pictures to illustrate important points

Patients are your best source of information. Here are some suggestions:

- Consider pulling together a focus group to discuss how to make messages more attractive, relevant, and understandable to your target audience
- Field test, revise, and retest patient education materials to ensure effectiveness

Adapted from: Center for Health Care Strategies, Inc. (2005). *Health Literacy Fact Sheets 1, 2 and 4*. Retrieved from http://www.chcs.org/usr_doc/Health_Literacy_Fact_Sheets.pdf

Other source:

Jacobson, T. A., et al. (1999). Use of a low-literacy patient education tool to enhance pneumococcal vaccination rates: A randomized controlled trial. *Journal of the American Medical Association*, 282(7), 646–650.