EVIDENCE-BASED CARE SHEET

Health Literacy

What We Know

- > Health literacy has been defined as the level to which patients are able to gather, process, and comprehend basic health information necessary for making appropriate choices about their health and treatment (1,2,3,5,8,9)
 - Research results link better health literacy with better health outcomes $(\underline{8})$
 - -Limited health literacy is associated with more hospitalizations and greater ED use. In older adults, limited health literacy is also associated with worse overall health status and higher mortality rates⁽⁸⁾
 - ⁻Low health literacy is also associated with higher healthcare costs (2,2)
 - Investigators in a study of 92,749 veterans in the United States estimated that marginal and low health literacy is associated with an excess of \$143 million in health care costs over a 3-yearperiod⁽²⁾
- According to the Institute of Medicine (IOM),meeting the challenges associated with health literacy requires system-level changes for healthcare professionals and healthcare organizations (HCOs)⁽¹¹⁾
- > A gap often exists between what healthcare professionals convey and what patients understand (3,5,8)
- Only 12% of adults in the U.S. have sufficient health literacy to understand and effectively use health information $(\underline{1},\underline{8})$
- One-third of adults are categorized as having basic or below-basichealth literacy $(1,\underline{8})$
- 8.7% of Americans are not proficient in English^(<u>8</u>)
- Basic or below-basic health literacy is more prevalent in the following groups:⁽⁵⁾
- -Older adults
- -Minority populations
- -Persons with low socioeconomic status
- -Persons with limited English proficiency
- Patients with basic or below-basic levels of health literacy can have difficulty with the following:
 - Medical terminology or "jargon" (terminology commonly used in communication among healthcare professionals⁽⁸⁾
 - -Understanding English treatment instructions and directions on medicine packaging^(5,8)
 - -Managing chronic health conditions^($\underline{5}$)
- ⁻Understanding the link between risky behaviors and health^($\underline{5}$)
- -Locating healthcare providers and services (5)
- -Completing complex health forms^($\underline{5}$)
- -Sharing medical history with providers^($\underline{5}$)
- -Seeking preventive health care (5,8)



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- > According to members of the IOM roundtable on he^alth literacy, the ten attributes of $ah^{e}alth$ literate HCO are as follows:⁽¹¹⁾
- Leadership makes health literacy integral to its mission, structure, and operations
- Health literacy is integrated in planning, evaluation measures, patient safety efforts, and quality improvement activities
- The workforce is prepared to be health literate and its progress is monitored
- The population served by the HCO is included in the design, implementation, and evaluation of health information and services
- The needs of the population served are met by utilizing a range of health literacy skills and avoiding stigmatization
- Health literacy strategies are used in interpersonal communications and understanding is confirmed at all points of contact
- Easy access is provided to health information and services and assistance navigating the healthcare system is provided
- Print, audiovisual, and social media content is designed and distributed that is easy to understand and respond to
- Health literacy is addressed in all situations, including care transitions and all aspects of evaluation and treatment
- Details are communicated clearly regarding what a patient's health plan covers and what costs he or she will have to pay
- > The U.S. Agency for Healthcare Research and Quality (AHRQ) is advocating for use of universal health literacy precautions, analogous to universal precautions to prevent pathogen transmissions. The precautions assume that all patients have low health literacy, and they encourage use of plain nontechnical language and written supplemental information, as well as use of the teach-back method⁽¹⁾
- > The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care are 15 standardsdesigned to provide effective and quality care, improved health equity, and prevention of health care discrepancies (12)
- The fifteen standards are organized into the following three themes:
- -Governance, leadership, and workforce
- -Communication and language assistance
- -Engagement, continuous improvement, and accountability
- > Three landmark federal policy initiatives enacted in the U.S. contributed to making health literacy a national healthcare priority^($\underline{8}$)
- The Affordable Care Act of 2010 (ACA) or Healthcare Reform $Law^{(7,\underline{8})}$
- -incorporated health literacy in professional training curriculum
- -required that health plans provide consumers with clear information regarding their benefits and coverage
- National Action Plan to Improve Health Literacy $(\underline{8})$
- -presents seven nationwide health literacy goals and strategies that are based on the following two principles:
 - All persons have the right to health information that helps them make informed decisions
- Health services should be delivered in ways that are understandable
- The Plain Writing Act of $2010^{(\underline{8})}$
- -requires federal agencies to write documents clearly so that the public can understand and use them
- -is not limited to health care, and applies to any information about federal benefits, services, or requirements
- > Additional national initiatives that promote health literacy include the following:
- Healthy People 2020 includes objectives related to health literacy^($\underline{6}$)
- Health Information Technology for Economic and Clinical Health (HITECH) 2009 promotes the adoption of electronic medical records (EMRs) to provide meaningful and useful health information to patients, including discharge instructions, patient reminders, and educational information^(<u>8</u>)
- A national program to certify and credential individuals who deliver public health messages (e.g., public information officers, health marketers, social media experts, health educators) is being developed⁽¹⁰⁾

What We Can Do

- > Learn about health literacy so you can share this information with your colleagues and help to support organizational health literacy goals on your unit
 - The Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services offers resources to address the unique culture, language and health literacy of diverse consumers and communities⁽⁵⁾
- > When a patient is admitted, ask about and document his/her preferred language for healthcare discussions $(\underline{5})$

- > When possible, identify the patient's reading and comprehension level to deliver appropriate information and material and enhance the patient's learning and retention experience (5)
- > Find out how to contact interpreter services in your hospital and evaluate each patient on the need for their use
- > Utilize the teach-back method to confirm patient understanding of treatment instructions or other directions being given or demonstrated⁽⁵⁾
- > Take advantage of free resources and materials for communication skills training to communicate more effectively with patients who are at basic or below-basic levels of health literacy:
- Training from HRSA for professionals in clinical settings at http://www.hrsa.gov/publichealth/healthliteracy/
- Training from the U.S. CDC for public health professionals at http://www.cdc.gov/healthcommunication/
- The Centers for Medicare & Medicaid Services (CMS) Toolkit for Making Print Material Clear and Effective at https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/WrittenMaterialsToolkit/
- The AHRO Health Literacy Universal Precautions Toolkit at http://www.ahrq.gov/sites/default/files/publications/files/ healthlittoolkit2 4.pdf

Coding Matrix

References are rated using the following codes, listed in order of strength:

- M Published meta-analysis
- SR Published systematic or integrative literature review
- RCT Published research (randomized controlled trial) R Published research (not randomized controlled trial)
- C Case histories, case studies
- G Published guidelines

- RV Published review of the literature RU Published research utilization report
- QI Published quality improvement report
- L Legislation
- PGR Published government report
- PFR Published funded report

- PP Policies, procedures, protocols
- X Practice exemplars, stories, opinions
- GI General or background information/texts/reports
- U Unpublished research, reviews, poster presentations or other such materials
- CP Conference proceedings, abstracts, presentation

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