Health Literacy Tip Sheet

Involve Patients Every Step of the Way

Health literacy, as defined by the Institute of Medicine, is the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment.

Inadequate health literacy is more common in certain demographic groups (e.g., the elderly, the poor and those who did not finish high school); however, research shows that highly literate, well-educated individuals also report difficulty understanding information provided by clinicians. Most patients with limited literacy have never told a healthcare provider, and many have never even told family members.²

Health Literacy Is the Law

Providing easy-to-understand health information is not just the right thing to do; it is a legal responsibility. The Joint Commission has mandated that hospitals ensure informed consent documents, drug dosing, and discharge instructions and other communication be understood by patients.³

sufficient health literacy to effectively undertake and execute needed medical treatments and preventive healthcare.¹

More than one third of

American adults lack

U.S. courts have consistently agreed that physicians have a duty to

educate patients to understand their diagnosis and treatment. Communication problems that have led to malpractice lawsuits include inadequate explanation of diagnoses or treatment; patients feeling ignored; clinicians failing to understand or devaluing patients' or relatives' perspectives; and patients feeling rushed.

Six Steps to Improve Communication Between Clinicians and Patients

From the American Medical Association's (AMA's) Foundation's "Health literacy and patient safety: help patients understand" manual for clinicians:

- 1. **Slow down.** Improve communication by speaking slowly and spending a little extra time with each patient. Encouraging patients to ask questions, sitting rather than standing, and asking patients to explain their understanding of their medical problems improves communication.
- 2. Use plain, non-medical language. Sometimes called "living room language," examples of plain language include:
 - Annually: Yearly or every year
 - Arthritis: Pain in joints
 - Cardiovascular: Having to do with the heart
 - Dermatologist: Skin doctor
 - Diabetes: Elevated sugar in the blood
- 3. **Show or draw pictures.** Simple visual illustrations and instructional videos, combined with written or verbal communication, can enhance patients' understanding of what they need to do.
- 4. Limit the amount of information provided, and repeat it. Focus your communication on the few most important things a patient needs to know at a visit, and repeat those things, preferably through handouts the patient can take home. Keep in mind that take-home material should be written at a 6th grade reading level or lower.

Note: To check for readability, first adjust your settings by going to File > Options and in the Proofing section, and select "Show readability Statistics." Then, in your document, you select Editor from the File or Review ribbon, and click on Document Stats. The website <u>www.readable.com</u> is another free resource available to assess the readability of your text.



- 5. Use the "teach-back" technique. "Teach back" involves asking patients to repeat back in their words what you have told them. Instead of asking a patient, "Do you understand?" say, for example, "I want to make sure I explained this clearly. When you get back home in a few days, what will you tell your friend/spouse about what we just discussed?"
- 6. Create a shame-free environment: encourage questions. Consider using the Ask-Me-3 program. Sponsored by the Partnership for Clear Health Communication, Ask-Me-3 encourages patients to ask and physicians to answer three questions at each medical encounter
 - 1. What is my main problem?
 - 2. What do I need to do (about the problem)?
 - 3. Why is it important for me to do this?

Health Literacy Resources

The <u>Agency for Healthcare Research and Quality Health</u> <u>Literacy Universal Precautions Toolkit, Third Edition</u> offers evidence-based guidance to help healthcare providers make health information easierr to understand, act on, navigate, and increase support for patients of all health literacy levels.

The <u>Plain Language Medical Dictionary</u> was created by the University of Michigan Taubman Health Sciences Library. This dictionary widget can be placed on your website for free. It includes a dropdown menu of high-level medical terms and a plain language translation for each.

Simply Put: A Guide for Creating Easy-to-Understand

<u>Materials</u> helps healthcare organizations and professionals transform complicated scientific and technical information into communication materials your audiences can relate to and understand. The guide provides practical ways to organize information and use language and visuals.

10 Attributes of a Health-Literate Organization

- 1. Has leadership that makes health literacy integral to its mission, structure, and operations.
- 2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
- 3. Prepares the workforce to be health literate and monitors progress.
- 4. Includes populations served in the design, implementation, and evaluation of health information and services.
- 5. Meets needs of populations with a range of health literacy skills while avoiding stigmatization.
- 6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
- 7. Provides easy access to health information and services and navigation assistance.
- Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
- 9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
- 10. Communicates clearly what health plans cover and what individuals will have to pay for services.
- 1. Committee on Health Literacy, Institute of Medicine, Nielsen-Bohlman LN, Panzer AM, Kindig DA, eds. Health Literacy: A Prescription to End Confusion. Washington DC: The National Academies Press. 2004.
- 2. Parkikh NS, Parker RM, Nurss JR, Baker DW, Williams MV. Data from: Shame and health literacy: the unspoken connection. Patient Educ Couns. 1996; 27: 33–39.
- 3. Andrus M, Roth M. Health Literacy: A Review: Addressing the Problem and Creating Solutions. Medscape. Accessed on September 30, 2024. Available at https://www.medscape.com/s/viewarticle/432047_10.



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