

Recommended Solutions for Low Health Literacy: What the Healthcare Community Can Do

HEALTH LITERACY

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Without minimizing the importance of reading, writing, numeracy and critical thinking skills, it is important to note that communication skills lie at the heart of health literacy. For that reason, the Partnership for Clear Health Communication, a consortium of governmental and private organizations, have joined forces to promote the objective cited in its name.¹ Because healthcare organizations have a crucial role to play in the resolution of problems associated with low health literacy, the following recommendations for improving communication begin with them. These are followed by steps for healthcare practitioners, who must also make a concerted effort in this regard.

Recommendations for Healthcare Organizations

Because communication is central to health literacy, the Joint Commission's white paper, "*What Did the Doctor Say?*" *Improving Health Literacy to Protect Patient Safety*, offers the three following recommendations for overcoming the challenges of low health literacy.³

- *Make effective communications an organizational priority to protect the safety of patients:* Steps include raising awareness of the problem at all organizational levels; training staff; creating patient-centered, culturally sensitive environments; and using trained medical interpreters.
- *Address patients' communication needs across the continuum of care:* This means from their entry into the system, to the actual healthcare encounter, to the transition to self-management and for self-management. Plain language should be used in any written information that is provided as well as in the spoken word. Other steps include encouraging patients to play active roles in their care and partnering with them in shared decisionmaking.
- *Pursue policy changes that promote improved practitioner-patient communications.* Steps here include referrals of low health literacy patients to adult learning centers, and the encouragement of partnerships between adult learners, their educators and healthcare professionals.

Recommendations for Clinicians

Good doctors tell you things in plain English and break them down into what's really important. If you don't understand what the doctor says, you are comfortable asking him to repeat the explanation. When the doctor repeats and you still don't understand, the doctor goes out of his way to make sure you do.

Statement by patient, cited in *Health literacy and patient safety: Help patients understand*⁴

Regardless of the clinician's discipline (physician, nurse, allied health professionals), and regardless of the care setting, communicating in ways that mitigate the effects of low health literacy begin with ATTITUDE – an attitude of helpfulness and caring that should permeate throughout the healthcare organization. The AMA offers this advice in its manual, *Health literacy and patient safety: Help patients understand*. With the goal of helping patients feel comfortable by communicating an attitude of helpfulness, they note that the people patients encounter first (receptionists, for instance) play an extremely important role here.⁵

For clinicians, this attitude is central for building therapeutic relationships. Six strategies for doing so are offered by Lazare, Putnam, and Lipkin in their three-function approach to the medical interview. With the objective of building relationships by listening for feelings and actively responding, they suggest using a 'PEARLS' approach where clinicians establish **Partnerships** with patients; show **Empathy**; **Apologize** (when patients voice anger over perceived harms– *I'm sorry I/we/they...upset you*); **Respect** patients' choices (acknowledge difficulty of the choice, even if the clinician might have chosen differently); provide **Legitimation** (validate feelings); and offer **Support** (I'll be here to help you).⁶ Sitting so as to be at eye level with the patients during this and other exchanges can also be comforting to them.

It is also important for clinicians to look for signs of low literacy skills – something which patients are often adept at hiding. Some behaviors that might suggest a literacy problem include incomplete or inaccurate forms, missed appointments, and lack of follow through; while responses to written materials might include: "*I forgot my glasses*" or an inability to name medications or explain what they are for.⁷

See What Can Do Pg PS2

What Can Do, *continued from Pg PS1*

When talking with patients, whether it is to explain a diagnosis or to discuss treatment options/care plans, it is vitally important that clinicians use plain, nonmedical language. As indicated in the article on page 2 of this issue, the choice of words can make all the difference between understanding and not understanding. This is, of course, not as easy as one might hope. When certain words are imbedded in our vocabulary – whether they are medical or nonmedical – it may not even occur to us that they may confuse others. Help with plain language is, therefore, needed and offered by a number of sources, including the AMA manual previously cited. Another, more comprehensive listing of problem words and their plain-language substitutes can be found in *Pfizer Principles for Clear Health Communication*.⁸ This same document also offers guidelines for preparing written information in an easy-to-read format – another crucial element to consider.

After all is said and done, however, it is imperative that clinicians make sure they and their patients part from one another with the same understanding of what has been discussed and decided. This can be accomplished easily by using the ‘Teach Back’ strategy advocated in the AMA and Pfizer documents as well as others. That is, clinicians might say: *Just to make sure we’re on the same page, here, please tell me what we decided to do about your condition.*

Toolkit for Addressing Low Health Literacy

On Assessing Literacy Levels and Talking With Patients

www.askme3.org - for patient handouts
www.ama-assn.org/ama/pub/category/8035.html - video
www.pfizerhealthliteracy.org - for free assessment tool, “The Newest Vital Sign” and much more.

www.ihs.gov - for REALM screening instrument and patient education resources, search ‘Patient Education and Administrative Resources.’

On Using Plain Language

www.plainlanguage.gov
www.hsph.harvard.edu/healthliteracy/how_to/clear.html
<http://healthliteracy.worlded.org/docs/family/fhl.pdf> - for a guide to easy-to-read health education materials & websites

On Using and Training Interpreters

www.med.nyu.edu/cih - The Center for Immigrant Health at NYU Medical School offers training for interpreters and health professionals who use interpreter services.

http://www.hablamosjuntos.org/pdf_files/INTERPRETE_R_TRAINING_PROGRAMS.PDF - for a report/review of medical interpreter program throughout the U.S.

Book: *Multilingual Manual for Medical History-Taking* by Louis.R.M. Del Guercio, MD. ISBN 0-316-18025
Provides questions and instructions translated into Spanish, French, Russian, Polish, Italian and German.

When Using Interpreters

Clinicians working with linguistically diverse patient populations often require the assistance of professional interpreters. Training clinicians to work with interpreters is recommended, but guidelines such as those provided at <http://www11.georgetown.edu/research/guchhd/nccc/features/language.html> can help. Whether or not patients are fluent in English, however, the importance of clear communications reigns supreme.□

¹ Visit www.askme3.org click on PCHC Membership.

² Visit <http://books.nap.edu/openbook.php?isbn=0309091179>. Click on ‘PDF EXECUTIVE SUMMARY’ in left hand column; Visit www.jointcommission.org. Enter ‘Improving Health Literacy’ in the search box; and see www.ama-assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf for an office guide regarding LEP patients.

³ See Note 2, Joint Commission.

⁴ See www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf.

⁵ See Note 4.

⁶ Aaron Lazare, Samuel M. Putnam, and Mck Lipkin, Jr., “Three Functions of the Medical Interview,” in *The Medical Interview: Clinical Care, Education, and Research*, (NY, Springer-Verlag, 1995) 3-19.

⁷ See Note 4.

⁸ See www.pfizerhealthliteracy.org/pdf/PhizerPrinciples.pdf

BOOK REVIEW

Narrative in Health Care:

Healing Patients, Practitioners, Profession, and Community

By John D. Engel, Joseph Zarconi,
Lura L. Pethtel, and Sally A. Missimi
Radcliffe Publishing • \$49.95

How can you know what treatments are in your patients’ best interests? Should Evidence-based medicine or, in the absence of evidence, should current medical knowledge be the sole guides? The authors of this book would suggest not.

They present a case that draws heavily on the scholarship of theorists across several disciplines and use stories to convincingly illustrate those positions. The point, they claim, is that listening to patients’ stories, or narratives, can not only provide insights regarding patients’ best interests, but can serve other essential purposes as well – for example, establishing the kinds of therapeutic clinician-patient relationships that facilitate healing not only of patients, but of clinicians, the healthcare profession and its community as well.

Having outlined the theoretical contexts for narratives in healthcare, the authors then shift to the practicalities of same. After identifying and describing the required skills for such practice (compassionate presence, mindful listening, empathy), they go on to show how to successfully teach those same skills – skills that are mistakenly considered to be unteachable.

At a time when the AMA and the Joint Commission, among others, are calling for clinicians to be inquisitive about their patients’ backgrounds so as to improve the effectiveness of care, this book points the way.□