

VIEWPOINT

The Arc of Health Literacy

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It is a troubling paradox. In the midst of rapid expansion of medical knowledge intended to benefit many, too few actually understand medical information well enough to improve their health. A landmark 2006 report notes that only about 12% of US adults had a proficient state of health literacy whereby “individuals can obtain, process and understand the basic health information and services they need to make appropriate health decisions.”¹ Furthermore, the 2011 Programme for the International Assessment of Adult Competencies (the third wave of adult literacy assessments conducted among 23 industrialized nations) indicates continuing issues: US adults scored below the international average for literacy, numeracy, and problem solving in technology-rich environments.²

As a result, despite abundant messaging from health professionals, the media, the Internet, and other sources, too many patients still have difficulty with seemingly routine tasks such as taking the right medicine at the right time, properly self-managing diabetes, or correctly following hospital discharge instructions. In this increasingly complicated health information environment, even the most sophisticated adult can be overwhelmed by unfamiliar medical terms, unexplained acronyms, and technical jargon. The paradox is that people are awash in knowledge they may be unable to use.

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These limitations are clearly hazardous to health. Research has firmly linked limited health literacy to a cascade of suboptimal health outcomes, including worse overall health status and increased early mortality rates in elderly persons.³ To contribute to a healthier society, health literacy must improve in all its dimensions, including print literacy (writing, reading), oral literacy (listening, speaking), and numeracy (calculations, math concepts, and displays).

Initial strategies for improvement have largely focused on overcoming deficits of patients in clinical settings. For example, to address the profound mismatch between US adults' literacy skills and the complex written health information usually provided to them, researchers have urged the production of more jargon-free written materials aimed at a middle school education level. Such efforts have produced more understandable instructions about health activities and medical processes through intake forms, legal documents, patient brochures, and related materials. However, actionable health materials, in both print and online, remain inaccessible to many with a high school education.

Now, an array of forces has catalyzed a reframing of the field. Heightened national efforts to improve

health care quality bring renewed opportunity to apply health literacy research findings and insights. Enrolling millions of clients into health insurance through the Affordable Care Act requires understandable information for those considering new coverage.

The increasing racial/ethnic and cultural diversity of the country underscores that health literacy is critical to achieve health equity. Health literacy efforts are now extending well beyond a focus on written materials for individuals. Heightened attention also by clinicians, institutions, and systems creates a new arc of health literacy that promises broader reach and influence.

Clinicians

In the past, physicians and other health care professionals typically assumed that patients understood what they were being told unless proven otherwise. In contrast, a modern perspective now encourages clinicians to assume that patients may *not* understand unless proven otherwise. Practitioners can take “universal precautions” to reframe communication strategies and take responsibility by anticipating potential challenges. They also can more fully appreciate health literacy as a dynamic condition that can contract (or expand) for an individual patient depending on specific timing and context. When receiving an unexpected and frightening diagnosis, for example, even the most educated patient may not fully understand all that is being conveyed.

In the clinical setting, many specific practices can improve communication. With the “teach-back method,” for example, practitioners ask patients to review and summarize, in their own words, their understanding of information provided to ascertain if communication was successful.⁴ Instead of placing the sole burden of understanding on the listener (“Do you understand?”), practitioners can be proactive in checking successful communication (“Help me see if I left anything out”). Furthermore, asking “What are your questions?” rather than “Do you have any questions?” resets expectations.⁴ Instead of feeling embarrassed or inadequate, the patient now feels that having questions is normal.

Brown bag medication reviews, in which patients bring all prescription drugs into a clinic visit, can allow clinicians to revisit and reemphasize why and how each medication should be used. Tactics to simplify explanations of potentially confusing concepts can include using bar graphs to depict relative risk or recommending specific weight loss goals instead of percentages. The Agency for Healthcare Research and Quality Universal Precautions Toolkit can help clinicians gain proficiency in these and other areas.⁴

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Institutions

The institution ultimately shapes the care environment by creating norms and standards for health professionals and staff, setting policies, supporting normative behaviors, and providing materials and tools for use and distribution. This includes orientation protocols and skill-building opportunities that encourage shared decision making between clinician and patient as well as the provision of understandable, personalized e-health tools. Institutions can create cultures in which all patients, comfortable in asking basic questions, can expect clearly articulated explanations and rigorously developed take-home materials for review.⁵

Policies and regulations can promote rigorous formative research in developing critical texts, whether in print or online and whether developed "in house" or contracted out. For example, because the Joint Commission⁶ has linked health literacy to patient safety, hospitals committed to reducing errors and readmission rates can develop discharge instructions that follow recommended development processes, undergo pilot testing with members of the intended audiences, and receive careful assessment with available tools. Similarly, research-based communication principles can shape the design of electronic medical records for sharing with community-based clinicians as well as with patients.

Various private and public sector agencies in the United States and internationally are adopting or adapting the Institute of Medicine's concept of a health-literate organization.^{5,7} Also, a proposed health literate care model encourages organizations to integrate health literacy into areas such as delivery system design and clinical information systems.⁸ Both models urge less jargon, more attention to faulty assumptions about the public's comfort with math or scientific concepts, and greater emphasis on rigorous formative research for the production of materials, forms, and instructions. Furthermore, attention to *National Standards for Culturally and Linguistically Appropriate Services* from the US Department of Health and Human Services (HHS) can enrich care to diverse populations.

Systems

Integrated systems of care can support people in every community and throughout the life span. With implementation of the Affordable Care Act, technical insurance terms such as *deductibles, cost sharing, premiums, provider networks, and drug formularies* must be clearly explained so that consumers can easily compare and contrast coverage options.⁹ Plain-language protocols that ensure reading ease and comprehension for both print and online materials are essential to guide shopping for people seeking new coverage options and to help welcome and orient millions to new and preventive services. In addition, accountable care organizations and patient-centered medical homes, for example, can leverage health literacy strategies to improve patient satisfaction and quality.

The 2010 HHS *National Action Plan to Improve Health Literacy* as well as *Healthy People 2020* offer broad aspirations for integrated systems informed by health literacy. Accordingly, efforts now extend well beyond the walls of patient care institutions to include those dedicated to preventive services and social services. The articulated national health goals not only encourage coordinated system-wide action among a wide array of stakeholders but also call for partnerships to reach people regardless of age or cultural background, in the community as well as in the clinic setting. Doing so requires extending beyond the clinical sector to include public health efforts related to communication for epidemic and disaster management, for example, as well as social service sectors such as the K-12 education system, statewide adult education programs, housing services, and occupational settings.

Over the past 2 decades the lens of health literacy has widened greatly. In addition to focusing on the needs of individual patients, the field now brings the promise of greater commitment and shared responsibility from clinicians, institutions, and care systems. The arc of health literacy bends toward population health. Leveraging such an approach now can comprehensively address the paradox of limited literacy with the hope that someday all people can fully realize their full health potential.

ARTICLE INFORMATION

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