

Overview of Health Literacy Universal Precautions

Medical care is complicated, and many people struggle with understanding medications, self care, instructions, and followup plans. The way we organize our practice and communicate with patients can help to minimize confusion and lead to better health outcomes. This toolkit is designed to help practices take a systematic approach to reducing the complexity of medical care and ensure that patients can succeed in the health care environment.

Testimonials

“Before reviewing this toolkit, we had never heard the term health literacy. As we assessed our practice and reviewed the tools, we realized that the concerns addressed in this toolkit are things we see and struggle with every day. This toolkit made us more aware of the challenges that our patients face and guided us to make meaningful changes throughout our practice.”

-office manager, rural family practice clinic

“When we introduced this toolkit to our staff, they thought ‘oh great, more responsibilities for us to cram in to our busy day.’ But what we quickly realized is that it is not adding more, it is about learning how to do things differently. After implementing some of these tools, we really felt like we were more able to connect with our parents about the health of their child.”

-MD, urban pediatric practice

What is health literacy?

Seeking medical care, taking medications correctly, and following prescribed treatments requires that people understand how to access and apply health information. Health literacy is the ability to obtain, process, and understand health information to make informed decisions about health care. It involves using literacy as well as other skills (e.g., listening) to perform health-related tasks. According to a national survey, over one-third of the adult population has limited health literacy, meaning that they have basic or below basic health literacy levels.¹ Limited health literacy is associated with medication errors, increased health care costs, and inadequate knowledge and care for chronic health conditions.^{2,3,4}

What are universal precautions?

Universal precautions refers to taking specific actions that minimize risk for everyone when it is unclear which patients may be affected. For example, health care staff take universal precautions when they minimize the risk of spreading bloodborne disease by using gloves and proper disposal techniques. This toolkit offers practices a means to structure their services and their patient interactions to minimize the risk that any one of their patients will not understand the health information they are given, thus allowing patients to make informed decisions about their health care.

Why take universal precautions when it comes to health literacy?

Providers don't always know which patients have limited health literacy. Some patients with limited health literacy:

- Have completed high school or college.
- Are well spoken.
- Look over written materials and say they understand.
- Hold white collar or health care jobs.
- Function well when not under stress.

Experts recommend assuming that everyone may have difficulty understanding and creating an environment where patients of all literacy levels can thrive. In the case of health literacy universal precautions, primary care practices should ensure that systems are in place to promote better understanding for all patients, not just those you think need extra assistance. Improving patient understanding is beneficial for the patient and health care provider. Research suggests that clear communication practices and removing literacy-related barriers will improve care for all patients regardless of their level of health literacy.

If you are wondering how many of your patients may have limited health literacy, you can use the [prevalence calculator](#) 📱 to produce an estimate.

What are the tasks a patient needs to accomplish in a health care visit?

When we consider the tasks that a patient has to perform for a routine visit, we start to see how complex it is and understand the many points where things can go wrong. Let's consider a couple different types of visits. (See Figure 1.)

Figure 1. Patient Tasks for Diabetes and Asthma Followup Visit

	<u>Diabetes patient</u>	<u>Parent of child with asthma</u>
Pre-Visit	<ul style="list-style-type: none"> • Schedule an appointment. • Organize and bring blood glucose values and medications requested by the clinician. • Get transportation to the medical office. 	<ul style="list-style-type: none"> • Schedule an appointment. • Organize and bring the asthma symptom and medication record. • Make arrangement to get child and parent transportation to appointment (possibly pull out of school).
Visit	<ul style="list-style-type: none"> • Check in and fill out paperwork. • Update medical history and answer clinician's questions. • Report blood glucose values. • Review treatment plan and listen to education about diet and exercise. • Receive prescription and referral to an eye doctor. • Check out, pay bill and make followup appointment. 	<ul style="list-style-type: none"> • Check in and fill out paperwork. • Update medical history and answer clinician's questions. • Report asthma symptoms and medication taken. • Review treatment action plan and learn about how to use medication. • Learn about precipitants and how to avoid them. • Receive prescription. • Check out, pay bill, and make followup appointment.
Post-Visit	<ul style="list-style-type: none"> • Go to the pharmacy and have prescription filled. • Make an appointment with the ophthalmologist. • Get transportation to and find ophthalmologist's office. • Adhere to medication regimen. • Check and record daily blood glucose values. • Make diet and exercise changes. 	<ul style="list-style-type: none"> • Go to the pharmacy and have prescription filled. • Educate school teachers and others about treatment plan. • Adhere to medication regimen. • Check and record symptoms and adjust medicines. • Know when to contact the doctor.

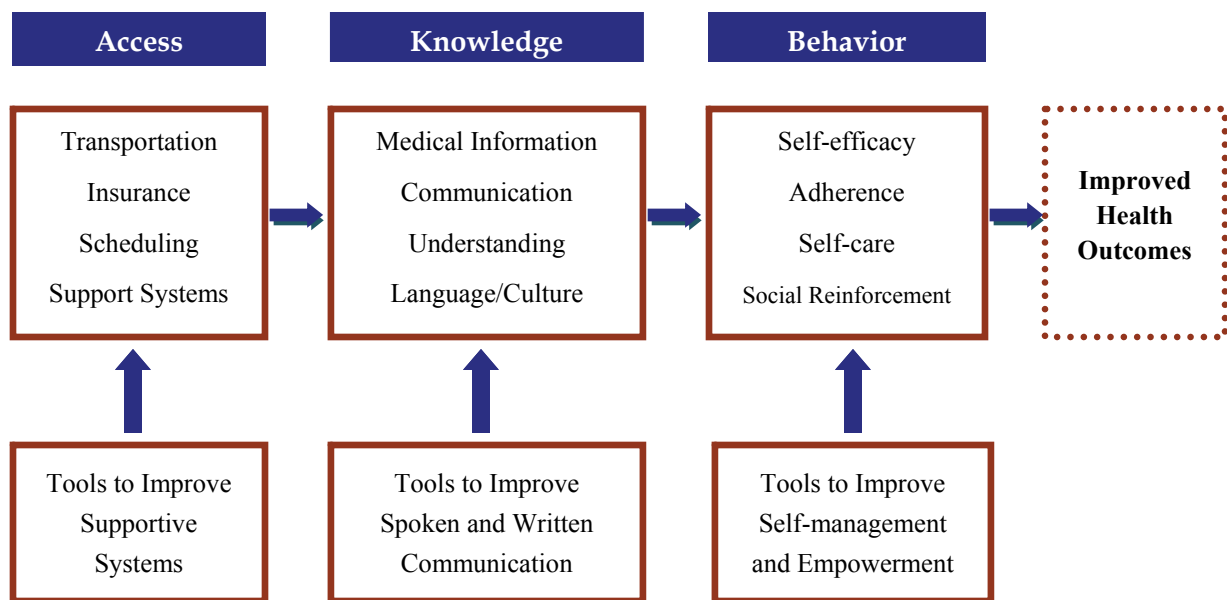
How will promoting health literacy improve health outcomes?

To obtain optimal health outcomes, people need health care access, health knowledge, and behavior change. (See Figure 2.) To help patients and their care givers accomplish these goals, the practice needs a structured approach. We have identified four change areas that are important for promoting health literacy in your practice:

1. Improve spoken communication.
2. Improve written communication.
3. Improve self-management and empowerment.
4. Improve supportive systems.

We include tools to address topics in each area. All areas are important and should be addressed over time as you make changes in your practice.

Figure 2. Factors Necessary to Improve Health Outcomes and Tools to Help



Key Change 1: Improve Spoken Communication

Studies indicate that patients have difficulty understanding health information that is communicated orally during the patient-clinician interaction. Patients understand and retain about 50 percent of the information discussed by their physicians.^{5,6} This can have an enormous impact on patient safety and adherence.

Studies show that those with limited literacy are less likely to:

- Ask questions during the medical encounter.⁷
- Seek health information from print resources.⁸
- Understand medical terminology and jargon.⁶

In addition, increased pressures on primary care physicians limit the time they are able to spend with patients, causing many to move rapidly through multiple points during the encounter. These factors lead to the problem of misunderstanding and poor retention of information. Studies show that patients often leave visits with a very different understanding of what they are supposed to do than their clinicians.⁹

There are multiple places in the patient care process where oral exchanges occur, from scheduling medical visits to communicating health information and treatment options. Each point where verbal communication occurs is an opportunity to improve the clarity and quality of the exchanges between practice staff and patients of all literacy levels and languages.

Tools to Improve Spoken Communication

[Tool 4: Tips for Communicating Clearly](#) 

[Tool 5: The Teach-Back Method](#) 

[Tool 6: Followup with Patients](#) 

[Tool 7: Telephone Considerations](#) 

[Tool 8: Brown Bag Medication Review](#) 

[Tool 9: How to Address Language Differences](#) 

[Tool 10: Culture and Other Considerations](#) 

Key Change 2: Improve Written Communication

Health care providers rely heavily on print materials to communicate with patients. Many health-related documents are written at a college level and contain a large amount of text in small print and complex terminology. What are the implications of this for the majority of Americans, who read at the 8th grade level or below? A number of studies have shown that those with limited literacy skills have difficulty understanding written information, including medication dosage instructions and warning labels;^{10,11} discharge instructions;¹² consent forms for treatment and participation in research studies;¹³ and basic health information about diseases, nutrition, prevention, and health services.¹⁴ The inability to read and comprehend such things can prevent clinicians from obtaining an accurate medical history. It can also impact your patients' ability to understand medical advice, take medication correctly and safely, engage in self-care behaviors, and make informed decisions about their health care. These things contribute to patient outcomes and practice liability.

Tools to Improve Written Communication

[Tool 11: Design Easy-to-Read Material](#) 

[Tool 12: Use Health Education Material Effectively](#) 

[Tool 13: Welcome Patients: Helpful Attitudes, Signs, and More](#) 

Key Change 3: Improve Self-Management and Empowerment

An important part of patient-centered medical care is enabling patients to share responsibility for their health and health care. Ultimately, it is the patients who have to adopt a healthy lifestyle and manage their chronic condition.

Limited literacy has been associated with poor adherence, self-care behaviors, and understanding of health information. It is therefore not surprising that some studies show that patients with limited literacy skills have poorer control of chronic conditions such as diabetes, HIV, and asthma compared to those with adequate or above average literacy.² Studies also show that children of caregivers with low literacy have poorer control of their asthma and diabetes compared to children of caregivers with adequate or above average literacy.^{14,15} In addition, patients with limited literacy are less likely to ask questions or participate in the medical decisionmaking process than those with adequate or above average literacy.⁷

Fortunately, there are several health literacy tools that primary care practices can use to help patients manage their chronic conditions and otherwise empower patients to take care of themselves and their families.

Tools to Improve Self-Management and Empowerment

[Tool 14: Encourage Questions](#) 

[Tool 15: Make Action Plans](#) 

[Tool 16: Improve Medication Adherence and Accuracy](#) 

[Tool 17: Get Patient Feedback](#) 

Key Change 4: Improve Supportive Systems

All patients need support outside the primary care setting to make healthy choices and adhere to treatment plans. Literacy can affect many aspects of patients' lives, and those with limited literacy are more likely to have additional risk factors for poor health and social and economic well-being. Adults over age 65, some minority groups, low-income individuals, and those with lower educational attainment are more likely to have limited health literacy than others.¹ These individuals may face a host of barriers to achieving optimal health outcomes, many of which cannot be overcome within the walls of a primary care office.

However, primary care practitioners and staff can link patients to community organizations and government agencies. These organizations can assist patients with issues like obtaining insurance coverage, medication assistance, case management, mental health services, basic adult education, and support services for specific health needs (e.g., diabetes education, HIV/AIDS support groups, family planning services). Some patients, especially those with limited literacy, are not going to achieve their health goals unless you go the extra mile to help them access and obtain such services.

Tools to Improve Supportive Systems

[Tool 18: Link Patients to Non-Medical Support](#) ↗

[Tool 19: Medication Resources](#) ↗

[Tool 20: Use Health and Literacy Resources in the Community](#) ↗

Does paying attention to health literacy work?

A number of studies have shown that health literacy practices improve health outcomes.¹⁶ Below are a few research studies as well as case studies from practices that have used this toolkit, showing how health literacy practices can identify potentially dangerous situations and improve specific health behaviors and outcomes.

Research Studies

- **Colon Cancer Screening:** 📖 This study shows how easy-to-read brochures can increase participation in colon cancer screening.¹⁷
- **Depression Management:** 📖 This study shows that when patients who were low literate and depressed were referred to literacy programs, their depression symptoms significantly improved compared to the control group.¹⁸
- **Diabetes and Heart Failure Management:** 📖 These studies show that when provided self-management education with good health literacy practices, patients can successfully control their diabetes and heart failure.^{19,20,21}
- **Automated Telephone Self-Management Support System:** 📖 This study showed that with good self-management education and the use of automated telephone calls, patient were able to achieve better diabetes-related care, better communication with their provider, and greater functional status.²²

Case Studies

- **Medication Review:** Several practices implemented [Tool 8: Brown Bag Medication Review](#) 📖 in their practice. They found medication errors in 80 percent of 15 reviews conducted, such as:
 - ◇ Patients that had stopped taking medication without provider knowledge.
 - ◇ Patients taking discontinued medications.
 - ◇ Patients having two prescriptions for the same medication and taking both.
 - ◇ Patients taking medications or supplements without the doctor's knowledge.
- **Action Plans:** When one practice implemented [Tool 15: Make Action Plans](#) 📖 clinicians found that it was easy to do, focused the discussion, and most of all was very well received by the patients. The patients felt they had a prescription to address their problems and they felt empowered and energized.

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