Working as a volunteer physician in a predominantly Spanish-speaking clinic, my colleagues and I learned the importance of health literacy and its impact on patient care. Patients were willing to follow directions but we were not achieving medication compliance. Because medication bottle directions were in English, Spanish-speaking patients were being over- or under-medicated due to a communications problem. Compliance improved when we began ordering the prescription bottle directions to be written in Spanish. Additionally, directions were reviewed each time the patient presented for follow-up in the clinic.

This example typifies the pervasive impact of low health literacy on physician-patient communication, compliance, outcomes and informed consent. It determines a patient’s level of understanding about health conditions, preventative treatments, health insurance options, and every aspect of the health care system. Among the United States population, less than 60 percent has English as their first language. The Office of Management and Budget estimated in a 2002 report that there are 66 million patient encounters across language barriers annually.

The Arkansas Department of Health’s 2013 Health Assessment and Improvement Plan states that there are 820,000 Arkansas adults (37 percent of the adult population) with low health literacy. Health literacy means having the ability to obtain, process and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment. However, only about 12 percent of American adults meet this standard of health literacy. The National Institutes of Health report that these skills are absent in more than half the United States population. More than a third of American adults do not have a level of health literacy that is sufficient to understand typical medication information. Most studies report that more than 90 million American adults have limited health literacy skills.

The average American adult has an eighth-grade reading level; 20 percent of the population reads at or below a fifth-grade level. However, most medical information is written at a 12th-grade level or higher. Literacy includes more than reading skills. It includes the ability to analyze and decode instructions, understand charts and diagrams, understand and weigh risks and benefits, and mathematical skills needed to understand dosages, and calculate premiums, copays and deductibles.

The costs of low health literacy are staggering—$106 to $236 billion annually. Low literacy level Medicare beneficiaries’ health care costs were four times higher than for those with high-level literacy. Additionally, complex instructions, explained rapidly and delivered to a patient in a stressful situation, from unfamiliar clinicians, using unknown medical jargon are not likely to be understood, much less retained.

RISKS
The issue of health literacy is a fundamental component of efforts to reduce health disparities. Health literacy has a direct impact on health care compliance, outcomes and costs. Patients with low health literacy have poorer control over managing chronic diseases and have less understanding of and participation in disease prevention programs.

People of all ages, races, and income and education levels are challenged by health literacy. Minorities, immigrants, people with English as a second language, older adults, persons with limited formal education, low-income people and homeless people are especially vulnerable due to low health literacy. African- and Hispanic-Americans...
have about twice the rate of inadequate health literacy as Caucasians. Health literacy is most limited among people with the least education.

Among Americans over age 65, the low-health-literacy rates exceed 80 percent. Health literacy can have more impact on elderly patients because many have multiple illnesses and chronic conditions, and are prescribed more medications than any other age cohort. Their vision, hearing and cognition status also influences their reading and comprehension abilities.

It is impossible to determine health literacy levels by observation alone. Low-literacy adults have learned to hide their inadequacy due to feelings of shame and decreased self-worth about their skills and knowledge deficits. Most are too embarrassed to ask questions or fear asking a “stupid” question.

Other clues to low literacy include excuses such as “I forgot my glasses.” Low-health-literacy patients have difficulty explaining their medical or health concerns and cannot explain what their medications are for or how to take them. They may ask office staff for help or bring a person with them who can read. They don’t follow through with tests and appointments, and are non-compliant with medications, recommended interventions and treatments. They will postpone decision making “until I can talk to my family about this,” or “I’ll read this when I get home.” They may have many papers folded up in their purse or pocket. They seldom ask questions and if they do, the questions are very basic.

STRATEGIES

The primary responsibility for improving health literacy lies with health care professionals, hospitals and other providers. These links provide free downloadable tools to help physicians improve communication with low-health-literacy patients:

- **ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/pharmlit.pdf**

Making health care communication more effective can improve outcomes for all patients. Because observation alone cannot determine a patient’s health literacy level, the Agency for Healthcare Research and Quality recommends implementing a universal precautions approach, one that simplifies and reinforces all communications for all patients.

Asking patients to “teach back” what they have been told improves medical outcomes. Teach back to assess patient understanding was included as one of the top 11 patient safety practices for reducing medical errors.

After explaining a new concept, new medication or treatment plan, ask the patient to repeat what you said, in his or her own words. The response will tell you far more about his or her understanding than asking, “Do you understand? Continue to reassess comprehension and adjust your response until the patient has a full understanding.

Putting the burden of effective communication and understanding on yourself, makes patients more at ease and willing to make an effort to comprehend.

Dr. Milligan is vice president, corporate medical director with the Arkansas Foundation for Medical Care.

REFERENCES

3. Agency for Healthcare Research and Quality, US Dept of HHS, Strategies to improve communication between pharmacy staff and patients; pub 07(08)-0051-1-EF