

## Health Literacy and Universal Precautions

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Did you know that people with low health literacy tend to seek health care when they are sicker and to use fewer preventive health services? They also tend to have more chronic conditions and manage those conditions poorly; make more medication errors; be hospitalized more often, and have more visits to the emergency department. Patients with low health literacy are also at greater risk for not being engaged in their own care at a time when our model of health care requires active participation and partnership in medical care and decision-making.

The question becomes how can patients be engaged? The answer that more and more health professionals are recognizing is to boost health literacy. Health literacy is often defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions” (IOM 2004). With a focus on individual patients, researchers constructed health literacy measures. They tested patients’ health literacy levels and conducted research showing associations between low health literacy and poor health outcomes, as mentioned above.

Who are these individuals with low health literacy? A national survey (NAAL 2003) showed that only 12% of the total US population has adequate health literacy which enables them to be successful in taking care of themselves in all medical settings. Minorities and the elderly have lower health literacy. For example, over 60% of Latinos, African Americans, and those over the age of 65 scored in the two lowest levels. These groups face major barriers to understanding and acting on information to better their health.

As time passed, some of these same researchers working in the field of health literacy began to examine themselves, as health providers. They found that they were not communicating clearly, that there were lots of demands on patients, and that the healthcare system had become more and more complex. For example, there is heavy reliance on written documents that patients cannot read, because the documents’ writing level is too high and full of medical jargon. They also acknowledged that patients had to manage more and more prescribed medications, prepare for more and more tests and procedures, and meet greater and greater self-care requirements. As a consequence, the definition of health literacy expanded from “an individual’s capacity” to the interaction between the individual’s capacity and the demands and complexity of the health care system. When there is balance, health literacy grows; when there is imbalance, health literacy shrinks. Researchers probed further and discovered that when people are sick and facing a poor diagnosis or prognosis, their capacity to take care of themselves and navigate the healthcare system is diminished, no matter how health literate they may have been. For example, a colleague who is a physician related that recently, her parents – a nurse and a doctor – called her because

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one was having chest pains. She told them to hang up and dial 911. Health literacy researchers have concluded that even highly educated people can become low health literate, depending on the situation or context.

There is now a push to weave or infuse health literacy universal precautions into the care process, analogous to universal precautions routinely applied to the handling of blood products. The “assumption is that everybody is at risk for not understanding,” according to the Assistant Secretary for Health, Dr. Howard K. Koh. Through a contract with the University of North Carolina, the Agency for HealthCare Quality and Research offers a free online Health Literacy Universal Precautions Toolkit. The toolkit contains twenty tools in five categories -- ways to form a health literacy team, verbal communication, written communication, patient empowerment, and ways to link patients to needed services in the community. For example, the “teach-back method” gives a provider assurance that the patient has understood his message. Some other tools address language and cultural differences, medication reconciliation, and linkages to community non- medical supports.

The DNCC urges you to learn more about health literacy by first taking the one hour [online course](#), “*Bringing Outcomes into Focus: Recognizing and Managing Low Health Literacy in Primary Care*” with one free CME credit.

Second, review the [“Health Literacy Universal Precautions Toolkit”](#) to discover ways to infuse health literacy strategies into your work with all patients. Check out Tool #5: The Teach-Back Method, and start using it during all your interactions with patients.

Third, read [“A Proposed ‘Health Literate Care Model’ Would Constitute a Systems Approach to Improving Patients’ Engagement In Care,”](#) Howard K. Koh, Cindy Brach, Linda M. Harris, and Michael L. Parchman.

Fourth, form a health literacy team and implement the [“health literate care model,”](#) starting your journey to becoming a health literate organization.

“The primary responsibility for improving health literacy lies with public health professionals and the healthcare and public health systems. We must work together to ensure that health information and services can be understood and used by all Americans. We must engage in skill building with healthcare consumers and health professionals.”

Let’s start now!

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