

# Health Literacy: Making It Easier for Patients to Find, Understand, and Use Health Information and Services

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# Overview

- Health Literacy: What It Is and Why It's Important
- Health Literacy Strategies

# Health Literacy: What It Is and Why It's Important

We'll start with some common experiences.



# Tell Health Literacy Story

Start with a story (see notes for ideas about possible scenarios).



# Quiz

**Which is an example of health literacy?**

**(Choose all that apply)**

- A. When people can read and understand health information.
- B. When people can act on health information to make informed decisions.
- C. When organizations make sure that people can find the health information they need.
- D. When organizations ensure that people can equitably access and use health services.



# Two Kinds of Health Literacy

## **Personal Health Literacy**

The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

## **Organizational Health Literacy**

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

[Definitions from Healthy People 2030](#)

# Health Literacy Is a Combination of Personal and Organization Health Literacy

**Personal  
Health Literacy**



**x**

**Organizational Health  
Literacy**



**=**



**Skills/Abilities**

**x**

**Ease or Complexity**

**=**

**Health Literacy**

# Why Health Literacy is Important

People need health information and services they can easily find, understand, and use to get and stay healthy.

Get insurance

Prevent  
disease

Get services

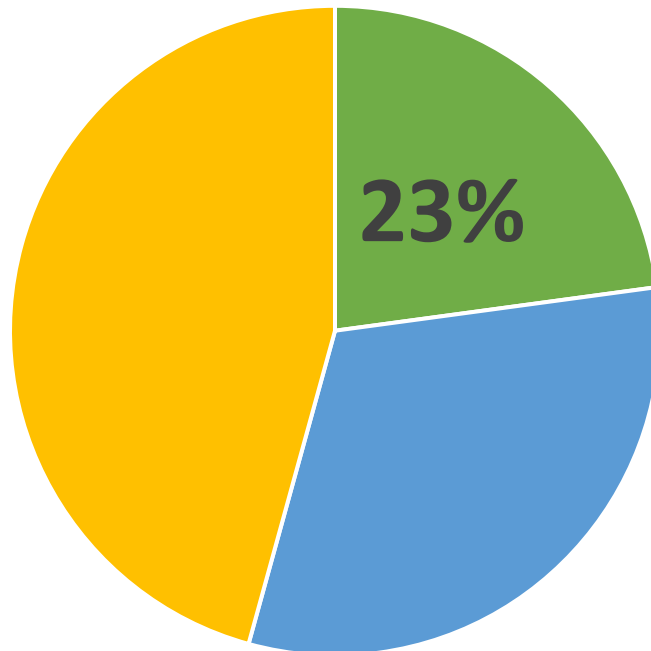
Choose tests  
and  
treatments

Manage  
conditions

# Many in the United States Struggle With Reading and Math

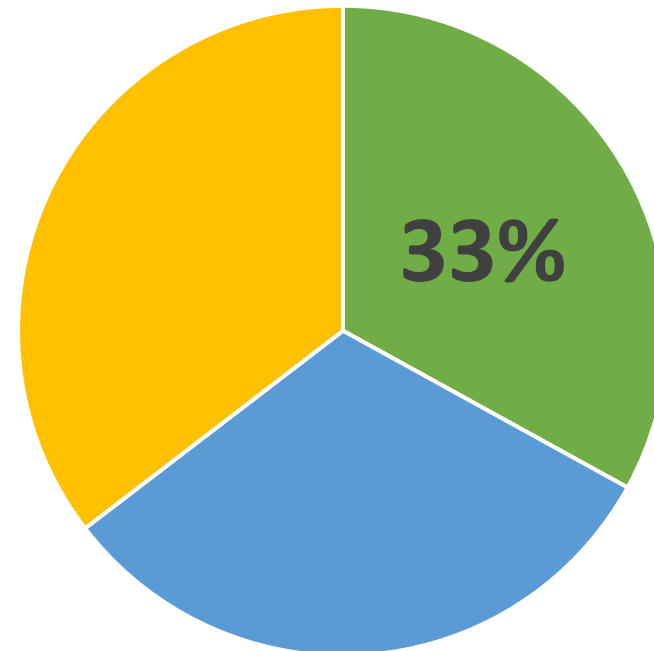
Adults Ages 16-65

**Low Literacy**



■ Low ■ Mid-Level ■ High

**Low Numeracy**



■ Low ■ Mid-Level ■ High

Source: 2017 Program for the International Assessment of Adult Competencies



# Not Just Reading and Math

**Health literacy includes:**

Written communication

Numbers and math

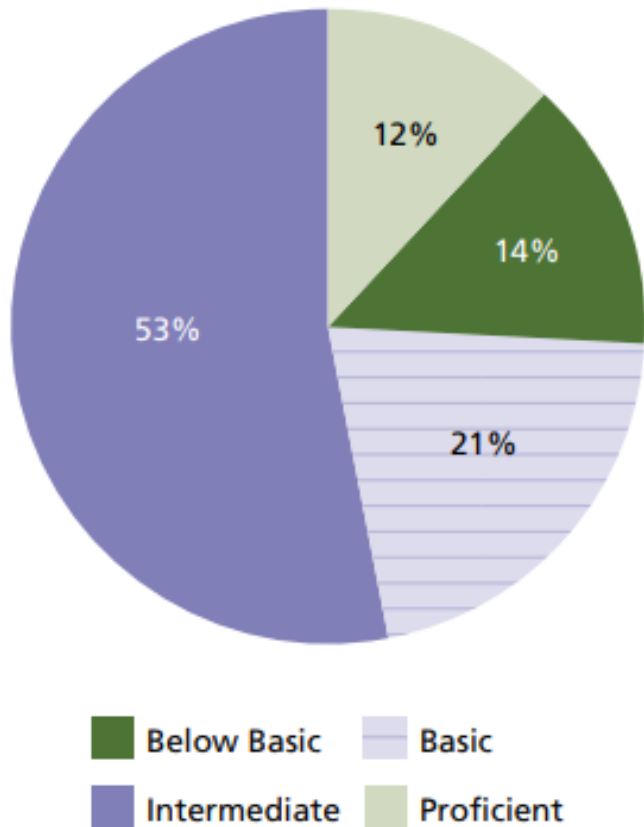
Spoken communication

Navigating healthcare system

Using health information

# You Can't Tell By Looking

Health Literacy in the United States



Nearly 9 out of 10 adults have difficulty using everyday health information.

Limited health literacy affects:

- All racial and ethnic groups.
- People of all ages.
- Even highly educated people.



# Anyone Can Experience Limited Personal Health Literacy

**Health literacy can change.**

People's ability to find, understand, and use health information and services is affected when they are:

- Tired
- Sick
- Anxious
- Overwhelmed

Health literacy is  
a state not a trait.

# Discussion Questions

What have you noticed that would suggest patients may have a difficult time understanding what you say?

What information do we give patients that you notice is hard to understand or use?



# Organizational Health Literacy in the United States is Low

- Health information is routinely written at a level that **the majority** of adults cannot understand.
- Clinical teams frequently **do not check patients' understanding and do not follow up.**
- There is a **lack of communication** among providers, so people have to coordinate their own care.
- Providers often **do not check what barriers patients face and do not connect them to resources** that could help.

# What Happens If Organizations Do Not Address Health Literacy? (Afra)



Afra Salah

## Bad health outcomes

- Afra Salah got birth control pills from her doctor. She did not read the dense, confusing handout.
- Afra thought the pills protected her from STDs.
- No one checked her understanding of STDs and how to prevent them.
- She wound up with chlamydia, which resulted in her not being able to have children.

# What Happens If Organizations Do Not Address Health Literacy? (Ed)



Ed Williams

## **Medical errors, preventable hospitalizations**

- Ed Williams' doctor switched him to a new beta blocker.
- Ed did not realize he should stop taking his old medicine, and the doctor did not check his understanding.
- Ed wound up in the hospital from taking both medicines.

# What Happens If Organizations Do Not Address Health Literacy? (Jose)



Jose Torres

## **Fewer preventive services, more disease**

- Jose Torres' doctor sent a message through the patient portal that he was due for a flu shot.
- Jose doesn't know how to log onto the patient portal.
- Jose lost his job when he was out sick with the flu.

# What Happens If Organizations Do Not Address Health Literacy? (Terri)



Terri Nolan

## **Skipped medicine, preventable hospitalizations**

- Terri Nolan's asthma had been well controlled for years.
- After a severe attack landed her in the hospital, her doctor suggested increasing her controller medicine.
- Terri admitted she had only been taking her medicine once a week to save money.
- No one had asked if she had trouble affording her medicine.

# Discussion Questions: Stories

Do these stories remind you of any of your patients?

Can you think of a time when you and a patient didn't understand each other? What happened?

# Health Literacy Strategies

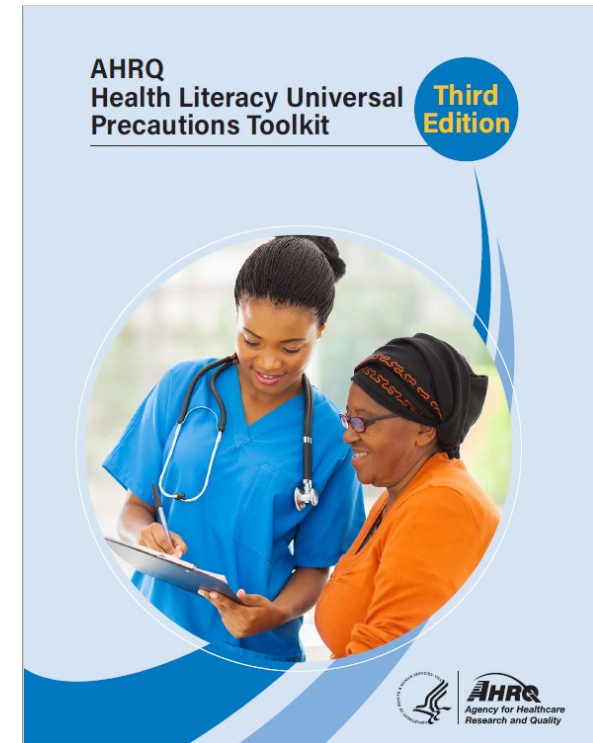
Let's talk about ways to improve health literacy.

# Use Health Literacy Universal Precautions

Structure health information and the delivery of care as if everyone may have limited health literacy.

- You can't tell by looking.
- People are busy.
- Let's not make people work hard to understand.
- Everyone appreciates and benefits from clear communication.

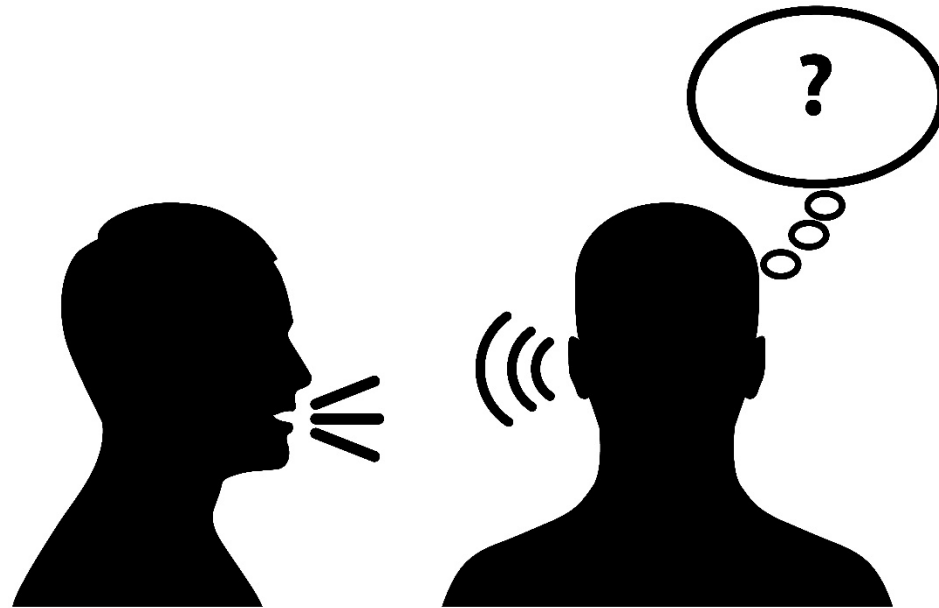
[AHRQ Health Literacy Universal Precautions Toolkit, 3<sup>rd</sup> edition](#)



# We Think We Are Being Clear

The greatest problem with communication is the illusion it has occurred.

- Attributed to George Bernard Shaw





# Do Not Make Assumptions About:

## Health Literacy

- Literacy
- Numeracy
- Medical terminology
- Medical concepts (e.g., contagion, titration)
- Body functions

## Culture

- Language
- Western medicine
- Health beliefs
- Religious beliefs
- Health and cultural practices
- Diet and supplements
- Family and community roles

# Improve Spoken Communication



Healthcare  
Encounters



Telephone  
Access



Front Desk



Billing

## Related Tools

- [Communicate Clearly: Tool #4](#)
- [Use the Teach-Back Method: Tool #5](#)
- [Be Easy to Access: Tool #7](#)
- [Address Language Differences: Tool #9](#)
- [Consider Culture: Tool #10](#)
- [Encourage Questions: Tool #14](#)



# Clear Communication

- Get a qualified interpreter.
- Engage with your patients.
  - Be respectful and caring.
  - Invite patient participation.
  - Listen actively.
  - Encourage questions.
- Limit content and reinforce key points.
- Use plain, non-medical language (no jargon).
- Slow down.
- Be specific and concrete.
- Use pictures.
- Show how it's done.
- Use teach-back.

Source: [AHRQ Health Literacy Universal Precautions Toolkit, Tool 4](#)

# Pause, Listen, and Do Not Interrupt

Listen for 60 seconds.



Patients are interrupted by their providers in the first 11 to 18 seconds of telling their story. (Singh Ospina et al. 2019)

79 percent of diagnostic errors are related to the patient-clinician encounter. (Singh Ospina et al. 2013)

Source: [Toolkit for Engaging Patients To Improve Diagnostic Safety](#)



# Do Not Use Technical Terms

Say	Not
Pain killer	Analgesic
Swelling	Inflammation
Feverish	Febrile
High blood pressure	Hypertension
Wound	Lesion
Injury	Insult



# Use Common, Everyday Language

Say	Not
Use	Utilize
Enough	Sufficient
Helpful	Beneficial
Make worse	Exacerbate
Come back	Recur
About	Regarding



# Limit Content: Stop Information Overload

## What to know

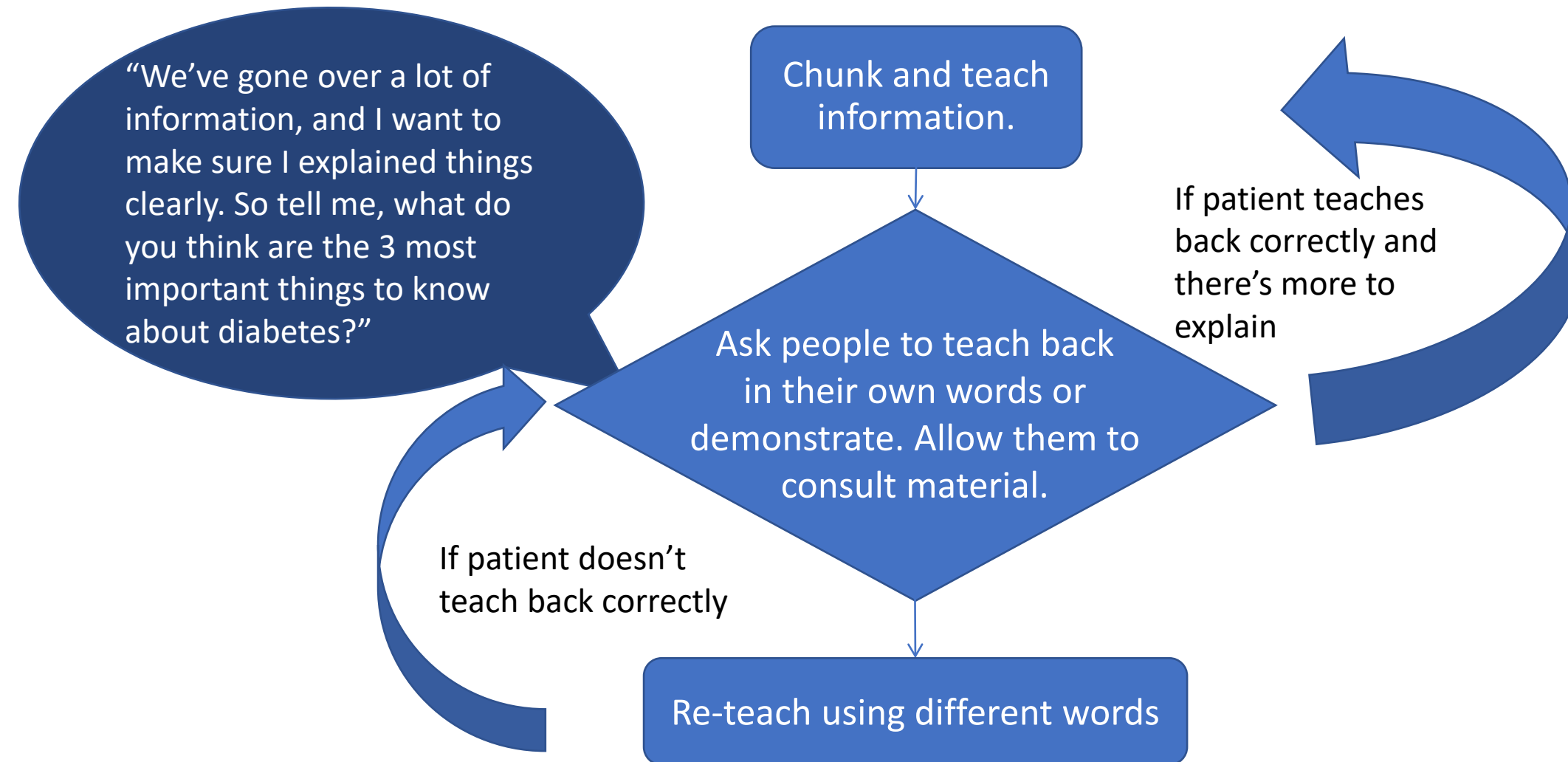
- 40% to 80% of information shared in a primary care visit is immediately forgotten by patients
- There's a 50/50 chance that what is remembered is correct

## What to do

- Limit yourself to 1-3 key points and reinforce them.
- Focus on what patients **need** to know and do.

Source: Kessels 2003

# The Teach-Back Method



Source: AHRQ Health Literacy Universal Precautions, Tool 5



# Encourage Questions

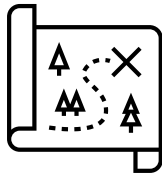
- Let patients know you expect questions.
  - “What questions do you have?” (**NOT** “Do you have any questions?”)
  - “This is the first time you are hearing about this condition, and I expect you have questions. What would you like to know more about?”
- Use body language to invite questions.
  - Sit, look, listen, show you have the time.

Source: AHRQ Health Literacy Universal Precautions, Tool 14

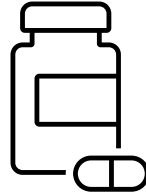
# Write Effectively and Use Easy-to-Understand Materials



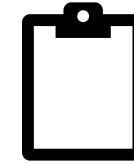
Messages



Directions



Instructions



Forms



Educational  
Materials

## Hallmarks of easy-to-understand writing:

- Clear purpose, logical flow.
- Everyday language, no jargon, active voice.
- No distracting content, visuals reinforce messages.
- Make numbers easy.
- Short sections, informative headings, large font size, bulleted lists, short lines, white space.

# Discussion Questions: Communication

What is the most important thing that **you** could change to promote better communication?

What ideas do you have for changes **we** could make to improve patients' and families' understanding and use of health information and services?

What will you do differently **tomorrow**?