Health Literacy: Bridging the Gap

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Low literacy is difficult to detect, even by the most caring and experienced of physicians. The failure to detect this problem is costing the health-care system $73 billion annually in the U.S. alone, and puts one in three people at risk of poor health outcomes.[1]

Numerous studies have shown patients with limited literacy are more likely to be hospitalized and need emergency care. They have poorer health habits and are less likely to use prevention services to ward off disease. This, in turn, increases costs. Hospital spending is $993 U.S. higher, on average, for a patient with inadequate literacy.[2]

Low literacy affects not only those who speak English as a second language, but also the elderly, and those with chronic disease or a low socioeconomic background.

According to a survey published in 1996, 48% of Canadians have significant literacy problems.[3]

Marta's Secret

Marta, 64, was referred to the rheumatology clinic because of pain and swelling in her joints over the previous six months. She was on rofecoxib 25 mg daily.

Hydroxychloroquin, 200 mg twice daily, and methotrexate, 2.5 mg three tablets weekly, were started once it was determined Marta had rheumatoid arthritis. She was referred to the ophtalmologist and told about the retinal toxicity of hydroxychloroquin. She was given a laboratory form for the monitoring of her methotrexate and told about the possible side-effects.

Six weeks later, Marta was seen again. Her condition had significantly deteriorated because she had stopped taking the rofecoxib upon starting the hydroxychoroquin and methotrexate. She took both medications for only a month because she did not understand she could renew the prescription. She had dutifully done her laboratory monitoring, but had not seen the ophtalmologist "because her glasses were still good".

It was discovered at this point that Marta is functionally illiterate. She had been ashamed to let anyone know.

Have you ever asked yourself if the patients sitting in front of you understand what you are telling them?

Because people with low literacy—reading below the fifth-grade level—cannot properly read consent forms, medicine labels, inserts, or other health-care information. They also cannot act upon necessary procedures and directions, such as medications and appointment schedules. A physician may give 15 pieces of information and advice during a typical office visit, yet these patients will only remember a few of them. Many people who struggle with literacy are not comfortable asking questions about what they cannot comprehend; they feel "dumb" and ashamed.

Recent budget cuts have amplified health literacy problems, as patients are asked to assume more responsibility for self care in a complex heath-care system. This trend may be compounded in Canada because the ethnic and socio-economic status of medical school students differs significantly from the general population. This has inherent complications in the understanding and treatment of certain disadvantaged groups.

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In the largest study on health literacy to date, involving English-speaking patients at two U.S. public hospitals:

- 33% were unable to read basic health materials;
- 42% could not comprehend directions for taking medication on an empty stomach;
- 26% were unable to understand information on an appointment slip;
- 43% did not understand the rights and responsibilities section of a Medicare application; and
- 60% did not understand a standard informed consent document.[1]

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Another study, this one involving predominantly indigent African American patients, found of the 67.4% who admitted having trouble reading and understanding what they read:

- 67.2% never told their spouses;
- 53.4% never told their children; and
- 19% never told anyone.[4]

Shame is a deeply harboured emotion that plays an important role in understanding how low literate patients interact with health-care providers.

The World Health Organization (WHO) defines health literacy as representing, "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health." It adds, "by improving people's access to health information and their capacity to use it effectively, health literacy is critical to patient empowerment."[4]

While the WHO has made health literacy a priority, it should also be considered an ethical responsibility.

Rising to the challenge

With health literacy becoming an important area of concern, organizations, governments and the drug industry have risen to the challenge in an effort to improve the quality of communications with patients.

Since most physicians tend to give too much information on too high a level for many patients to understand, the Joint Commission on Accreditation of Health Organizations

Table 1

Guidellines for patient education material

- Short and simple (at or below a fifth-grade level)
- Contain culturally sensitive graphics
- Encourage the desired behaviour

(JCAHO) now requires physicians to give instructions on a level appropriate for the patient. Research demonstrates that physicians who speak in simple language, repeat their instructions, demonstrate key points, and avoid using too many directives, help improve patient understanding. Combining easy-to-read, written educational material with oral instructions has also been shown to greatly enhance comprehension. Table 1 outlines how to make education materials more effective for low-literacy patients.

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When written communication is essential, physicians should be conscious of supplementing with non-written communication. Compliance with therapy also may be improved by including family members in the decision-making process.

The Canadian Public Health Association's National Literacy and Health Program (NLHP) also promotes awareness of the links between literacy and health for health-care professionals. It provides resources to help health-care professionals serve low literacy clients more effectively. The program focuses on health information in plain language and clear verbal communication.

Pioneer work by the drug industry includes:

- the model "Ask Me 3" patient education program, funded by Pfizer U.S.,
- an eight country project, funded by Merck Sharp and Dohme in Europe, loooking at pateint's experiences and expectations, and
- guidelines for improving communication, funded by Johnson and Johnson with the World Health Professional Alliance.

Health Canada has also published an excellent guide, "Communicating with Seniors: Advice, Techniques and Tips", which focuses on clear communication and the choice of the proper medium.

Bridging the gap

Like all relationships, those with patients must be managed in order to be successful. The administration literature has, for the past 25 years, developed a rich tradition in areas such as relationship marketing, customer relationship management (CRM), and relationship quality. Perhaps the time has come to bridge the gap between the business world and the medical field.

Managers have found that learning what is important to customers is a major marketing challenge when trying to develop positive relationships, mainly because the nature of the relationship is determined by what each side

Take-home message

- Patients with limited literacy are more likely to have poorer health habits, be hospitalized, need emergency care, and are less likely to use prevention services.
- Combining easy-to-read, written educational material with oral instructions greatly enhances comprehension.
- Involving family members in the decision-making process may improve compliance with therapy.

receives in return for entering into the relationship. Case studies reveal patients may emerge short-changed, despite best intentions by health-care professionals.

In the realm of marketing, identified components of a quality relationship include both "hard" issues (*e.g.*, good/frequent communication, knowledgeable employees, information sharing) and "soft" issues (*e.g.*, respect, trust, commitment). Such issues remain relevant when applied to a doctor-patient context.

At the centre of relationship building lies communication—management literature has acknowledged it is essential in the development of high-quality relationships. However, recent WHO recommendations and a literary review revealed doctor-patient communication to be problematic in the health-care sector. Perhaps this is because communication differs in relationship building because it is a bi-directional flow of information, as opposed to an approach where a doctor instructs patients without understanding/considering their interaction needs. Such mutual communication and understanding is key in developing trust and commitment, two attributes of highly developed relationships.

There is clearly an emerging desire for improved communication and greater patient empowerment. While steps are being taken to achieve these goals, much work remains to be done. CME

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