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## HEALTH LITERACY

By: Kathy Harrington PhD, MPH, of the UAB Lung Health Center



Kathy Harrington PhD, MPH

Remember the conversation with the IT technician the last time you had computer problems? On his end it was a lot of technical words and expressions, and on your end it was a lot of “huh?” or “what?” or silence. That is the conversation that occurs when one knowledgeable person uses technical jargon and the other has limited understanding of the subject. When it comes to health care, we are the knowledgeable and 93 million of our adult

patients have limited understanding of our language about their or their family’s health. Almost half of U.S. adults have limited health literacy, while over 20% read at a 5<sup>th</sup> grade level or below, often making health information beyond their grasp.

Health literacy is, as the AMA defines it: “a constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment,” and includes oral, numerical and reading comprehension. As the health care environment and treatment options increase in complexity, so does the challenge for patients. Adults are expected to understand health information from sources as diverse as food and medicine labels to complex written pre-surgical instructions to oral descriptions of chronic disease treatment regimens.

There are significant health and financial outcomes related to health literacy. Research has provided evidence that adults with limited health literacy skills have:

- poorer adherence to medication and self-care regimens for chronic conditions
- less likelihood to get preventive tests, even when having equal access to care
- poorer perceived health
- poorer health outcomes
- increased hospitalizations with the estimated \$69 billion in associated costs
- greater likelihood to miss appointments or show up at the wrong time or on the wrong day

- difficulty completing health and insurance forms

Those patients with limited health literacy are more likely to be older which is particularly problematic as they are more likely to have chronic and complex health care needs. Those with limited health literacy also tend to be from minority groups, have lower level of education, or have Medicaid or no insurance. However, you can not identify any particular individual by these criteria and a patient will rarely tell you when they do not understand or can not read the materials they are given. Instead, consider low health literacy when you find a patient:

- asking staff for help
- bringing along someone who can read
- failing to keep appointments
- making excuses (“I forgot my glasses”)
- not taking medication as prescribed
- postponing decision making (“Let me take these papers home and think about it”)
- mimicking others’ behaviors
- asking inappropriate or no questions

But often a patient may just nod their head and agree without understanding, even when asked if they understand.

Do you think you can recognize your low literacy patients? When a group of residents were asked to identify their patients with low literacy, they only identified one-third of them. While there are several screening tests available for health literacy, the REALM, TOFHLA, Newest Vital Sign, and WRAP, they are often difficult to fit into a busy clinical practice. Asking the patient is not reliable either, as shame often precludes their admission of lack of understanding.

It has been suggested that physicians use universal precautions for health literacy, facilitating understanding by all patients. In light of the mixed success of education programs to improve patient literacy, it has become requisite for the physician and medical care team to provide the patient with information they can understand. Some recommendations for improving physician-patient communication include:

- be sensitive and respectful, inviting patients to participate in their own health care.

. . . CONTINUED ON PG 2

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## HEALTH LITERACY . . . CONTINUED

- use simple and clear language when explaining the medical condition and treatment; avoid technical jargon.
- assess patient understanding as you go along; a little more time spent ensuring that the patient understands now can improve patient outcomes, and reduce their need for future health care utilization.
- encourage patients to ask questions; promote Ask-Me-3 (<http://www.npsf.org/askme3/>) with your patients
- use teach-back methods to ensure understanding; ask the patient to explain what you have just told them, especially for treatment regimens and understanding of treatment necessity.
- use graphic depictions to enhance understanding, but keep them simple
- limit the information given at any time and repeat the basics at every encounter; when patients are upset, as in acute care settings, their ability to comprehend information is even more compromised.
- review your office's patient information materials. At what level are they? Do they have graphics to enhance understanding? Is there too much material covered? Consider creating simple, bulleted information to convey key points.

- concentrate on communicating information related to the patient experience (what they need to do, when and why) rather than pathophysiology.

For more information about improving communication with your patients and the issues related to health literacy, check out:

[www.amafoundation.org](http://www.amafoundation.org)

[www.chcs.org](http://www.chcs.org)

[www.iom.edu/project.asp?id=3827](http://www.iom.edu/project.asp?id=3827)

[www.fifl.gov](http://www.fifl.gov)

[www.pfizerhealthliteracy.com](http://www.pfizerhealthliteracy.com)

We know that practicing medicine is not just science, it is also art and part of that art is communicating information so that our patients understand their health. Like good patient care, it is an art we can learn and it will be greatly appreciated by our patients.

*Kathy Harrington PhD, MPH, is guest author of this month's column. She is a faculty member in the UAB Lung Health Center with an expertise on this subject which is critical to understand as we try to improve communication with our patients.*

## ANNOUNCING NEW MEMBER BENEFITS!!!

We are pleased to announce two additional benefits that are available to JCMS members. Both of these entities offer discounted pricing to members of the Jefferson County Medical Society—when you contact them, please make sure to ask for your special JCMS member pricing.

- **Healthcare Financial Services** offers account receivables management services including pre-collection, active receivable billing, credit bureau reporting, skip tracing and bad check recovery services to all types of medical practices. Robin Long is the marketing manager responsible for the Birmingham area. He can be reached by telephone at (601) 927-3243 or 1-877-747-7072 or via e-mail at [rlong@hfsllc.com](mailto:rlong@hfsllc.com).
- **Infinity Business Group, Inc.** through its Federal Automated Recovery Systems offers merchant services for credit card processing as well as electronic check processing which converts a patient's check to an electronic transaction for immediate processing—funds are deposited into your account on the next business day. For more information, please contact Donald Herman at 802-7910 ext. 102 or via e-mail at [dherman@frgco.com](mailto:dherman@frgco.com).

Do not forget that the following groups also offer discounts to JCMS members:

- Chart Capture offers a discount on its electronic document scanning systems—contact them at 866-558-8098 or check out their website at [www.chartcapture.com](http://www.chartcapture.com).
- Office Depot—free next day delivery with no minimum order and discounted prices on office supplies—contact Theresa Tuck at [Theresa.tuck@officedepot.com](mailto:Theresa.tuck@officedepot.com) or at 837-0439.

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# SAVE THE DATE

Save the Date of **November 11, 2008**, for the JCMS Annual Dinner meeting.

This year the Annual Meeting returns to The Club and a special evening is planned. Award-winning actress and storyteller, Dolores Hydock, will entertain us with stories about home remedies, bonnets, bow-tie quilts, tomato stakes, poke salad and other things Southern.



## DOLORES HYDOCK

Ms. Hydock is a touring artist for the Alabama State Council on the Arts, a speaker with the Alabama Humanities Foundation and a member of the Southern Order of Storytellers. As an actress, she has been featured in the one-woman plays *Shirley Valentine*, *The Search for Signs of Intelligent Life in the Universe*, *Fully Committed*, *Talking Heads*, *The Lady With All the Answers*, and *Nothing Sacred: An Evening of Stories* by Ferrol Sams.

Mary Colurso of *The Birmingham News* describes Dolores' stories as "heartwarming tales of wit and intelligence" and United States Supreme Court Justice Ruth Bader Ginsburg says "[she is] a **very good storyteller!**" JCMS members who have seen her perform have given her a unanimous "thumbs-up!"

Watch your e-mail or mail for the invitation coming in September!!!!

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# New Members

- Michael Scott Bailey, M.D. . . . . Internal Medicine . . . . . St. Vincent's East  
 James Logan Casey, M.D. . . . . Family Medicine . . . . . St. Vincent's Hospital  
 William Smith Craig, IV, M.D. . . . . Physical Med & Rehab  
 Gerald Clarence Dey, M.D. . . . . Pulmonary Medicine . . . . . St. Vincent's East  
 Noah Jack Fitzpatrick, IV, M.D. . . . . Internal Medicine . . . . . St. Vincent's Hospital  
 Carlos Jose Gallegos, M.D. . . . . Resident . . . . . UAB  
 Brendon Haikes, M.D. . . . . Surgery . . . . . Brookwood Med Ctr  
 Jason Michael Jack, M.D. . . . . Plastic Surgery . . . . . Trinity Medical Center  
 Laura Lee R. Joiner, M.D. . . . . Obstetrics-Gynecology . . . . . UAB  
 Sophia Lal, D.O. . . . . Physical Med & Rehab . . . . . UAB  
 Mark Steven Mardia, M.D. . . . . Internal Medicine . . . . . St. Vincent's Hospital  
 Nicholas T. Mansuetta, D.O. . . . . Orthopedic Surgery . . . . . UAB  
 Peter Damian Ray, M.D. . . . . Plastic Surgery . . . . . UAB  
 Rena Lorraine Stewart, M.D. . . . . Orthopedic Surgery . . . . . UAB  
 Ann Christine Still, M.D. . . . . Anesthesiology . . . . . St. Vincent's Hospital  
 Jason Clint Swanner, M.D. . . . . Ophthalmology . . . . . UAB Callahan Eye Foundation  
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*ask for JCMS member discount!*

# Upcoming Events

- Aug. 18 Executive Committee Meeting – 5:30 pm
- Aug. 27 Certified Professional Coder Course Begins
- Sept. 15 Foundation Trust Meeting – 5:00 pm  
 Executive Committee Meeting – 5:30 pm  
 Board of Directors Meeting – 6:30 pm
- Sept. 16 The Wayne Finley 811 Breakfast Club Meeting – Panel Discussion on Syphilis: Tuskegee Experiment, Current Epidemic in Jefferson County with Bayard Tynes, MD, serving as Moderator. Panelists: Elizabeth Turnipseed, MD, MSPH, Director, Disease Control, Jefferson County Health Department; Edward Hook, MD, Prof. Medicine, Director, STD Program, UAB; Michael Flannery, MS, MLS, Assoc. Director, Historical Collections, UAB. 8:30 a.m. in the JCMS Board Room
- Oct. 20 Executive Committee Meeting – 5:30 pm
- Oct. 21 The Wayne Finley 811 Breakfast Club Meeting – Henry Hoffman, PhD, will speak on Observations about Medical School Admissions at 8:30 a.m. in the JCMS Board Room
- Nov. 11 The JCMS Annual Dinner Meeting – The Club

Contact Juanita Pruitt at 933-8601 for more information regarding any of the above events.

## In Memoriam

The JCMS wants to acknowledge the recent passing of the following JCMS members:

Robert S. Pearson, M.D.  
 May 31, 2008

Milton B. Rubin, M.D.  
 June 21, 2008

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