Health Literacy

Purpose

Nurses practicing in emergency settings are strong advocates for their patients. Collaboration, communication and coordination are essential and integral to the care that they provide. Emergency nurses can become strong agents of change in assuring that health care information is provided in a manner that is understandable to the patient and that empowers them to actively participate in their care. There is increasing evidence that links health outcomes with health literacy. The purpose of this topic brief is to provide an overview of health literacy to support emergency nurses in their efforts to create an environment that addresses health literacy needs of their patients and families.

Overview

In 2004, the Institute of Medicine published a report on the significant problem related to the number of adults who had difficulty understanding and using health care information.¹ This report titled Health Literacy: A Prescription to End Confusion, included a definition of health literacy as the “degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health care decisions.”² When the Department of Health and Human Services noted that only 12% of adults in America are proficient enough to use and understand health information,³ it became clear that limited health literacy posed a major challenge to any improvement efforts in health care. In the intervening years, the topic of health literacy has not moved into a priority role in health care improvement activities. Recent federal policy initiatives may propel the issue of health literacy into a more prominent role in the coming years.⁴

The elements of healthy literacy are the basic skills that an individual needs to apply in any health care situation where understanding and decision-making need to take place. To be health literate, those basic skills need to be applied in health-related situations or tasks. In the U.S., these skills include reading and writing in English, speaking and listening in English, numeracy, and critical thinking and decision-making. These basic skills certainly become more complex when cultural practices related to health issues and decisions enter into the picture.

Most health care professionals anticipate that health explanations or written instructions are readily understood by patients and their families. The reality is that most current patient instructions are written at a reading level that does not match the individuals that are being served. Low literacy is sometimes a hidden
problem because there is an unspoken assumption that low literacy means low intelligence. Many adults who have low literacy levels have developed extensive coping skills that allow them to function in most general situations; however, the health care system presents unknown variables that they may have not encountered before. Completing registration forms, documenting health histories and understanding consent forms for surgical procedures or diagnostic tests are significant barriers for those who cannot read them. The inability to follow written instructions has led to patients being identified as noncompliant by some practitioners when the real issue is their inability to read and understand the instructions.

Speaking and listening are also basic skills in the realm of health literacy. The ability to listen and respond effectively requires a level of English proficiency that the individual may not have. Individuals with limited proficiency however, may be very literate in their native language. The language of health care can also be a significant barrier in communication. Plain language is needed. For example, a typical phrase such as “high blood pressure” should be used instead of “hypertension.” The medical jargon is so commonplace to the health care team that a focused effort may be required to avoid its use in conversations with patients. The technique of teach back or read back can be employed to determine if what was said was heard and interpreted correctly.

Numeracy is another basic skill that is needed in health care discussions and decisions. Those who lack numeracy skills may make poor health care decisions because they misinterpret or do not understand concepts related to numbers, percentages and calculations. Instructions such as take four times a day can be misunderstood if dose spacing is not identified. The ability to understand and act on numerical benchmarks is a significant barrier if changes in those numerical benchmarks require a decision to be made. Patients accessing emergency care due to health literacy barriers can experience high costs because of repeated trips to the emergency department.

Decision-making is a part of health literacy when the patient is asked to make important decisions involving the selection of treatment options. The patient may be ill-prepared to select treatment options or understand the risk of not selecting the appropriate action if their decision-making skills are poorly developed. Patients with limited health literacy are less likely to use preventative services.

Cultural diversity also has an impact on health literacy and may create additional challenges toward assuring safe practice and care and optimal outcomes for the patient. Simple actions such as speaking slowly and clearly without the use of medical jargon, breaking down information into smaller segments, and asking patients to repeat back can be easily utilized at the bedside. These very basic techniques assist the understanding of the individual who has a low literacy level as well as an individual who may be from a different culture.

**Tools**

**Patient Evaluation**

In primary practice situations there are diagnostic tools that have been developed to identify patients who are at risk for low health literacy. They are Test for Health Literacy in Adults (TOFHLA) and The Rapid Estimate of Adult Literacy in Medicine (REALM). These tools have been translated into multiple languages. The TOFHLA measures the patient’s ability to read and understand commonly used medical skills within a 12-22 minute evaluation time. The REALM is a word recognition test that is completed with a clinician in less than three minutes by having the patient read a list of medical terms of increasing difficulty. While the time required to complete these tests may limit their
applicability in the emergency department setting, they provide some background that nurses should be aware of on the topic of health literacy.

**Written Document Evaluation**

When creating written materials for patients such as discharge instructions, consent documents, written test schedules or testing requirements, the application of one of a variety of readability formulas can help determine the approximate reading level of the material. It is recommended that written material be written at a fifth grade reading level and in some areas at a third grade reading level. The following reading evaluation tools are available to approximate the reading level of a document prior to its use:

1. The *Flesch Reading Ease Formula* is used by many U.S. government agencies to determine the difficulty of written passage. It applies a mathematical formula to the passage and evaluates the ease, sentence length and average number of syllables.

2. The *Flesch-Kincaid Grade Level Calculator* is a modification of the reading ease formula. It was developed by the U.S. Navy for use in education.

3. The *Gunning’s Fog Index* is a readability formula developed by American textbook publisher Robert Gunning who decided that both newspapers and business documents were full of “fog” and unneeded complexity.

4. The *SMOG Readability Formula*, developed by G. Harry McLaughlin, is used to estimate the years of education a person needs to understand a piece of writing.

5. The *Coleman-Liau Readability Formula* is an assessment test designed to approximate the usability of a textbook. It was developed to help the U.S. Office of Education calibrate the readability of textbooks for the public school system.

6. The *Automated Readability Index* is a test that outputs a number which approximates the grade level needed to comprehend the text.

**The Future**

In 2010, three major federal policy initiatives that affect the application of health literacy were issued. The Affordable Care Act incorporates the need for staff training and improving the enrollment process for federal programs such as Medicaid. Individuals will need to be provided with clear information about benefits.

There is the National Action Plan to Improve Health Literacy, which identifies goals and strategies for the country. It emphasizes that all patients have a right to health information in order to make informed decisions, and that health services must be delivered in a manner that is understandable. The Plain Writing Act of 2010 requires all federal agencies to use plain language. In 2011 the National Prevention and Health Promotion Strategy focuses on patient-centered care and includes requirements for health literacy in communication and coordination.
In addition, the Health Information Technology for Economic and Clinical Health (HITECH) provision of the American Recovery and Reinvestment Act outlines the adoption of electronic health records that provide health information that is meaningful and useful to the patient.

**Conclusion**

One of the Healthy People 2020 initiatives challenges health care providers to act on the health needs of the nation by actively addressing the health literacy needs of patients and their families. The opportunity exists for nurses to be strong advocates for their patients’ understanding of their health care needs and ability to make clear and informed decisions.

**Definitions of Terms**

**Health Literacy:** The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health care decisions.

**Numeracy:** Basic mathematical skills needed to cope with life and an understanding of information.

**Readability Formula:** Mathematical calculations that can be employed to determine the readability of text.

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**References**


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