Health Literacy to Promote Quality of Care

ABSTRACT: Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand the basic health information and services they need to make appropriate health decisions. Multiple factors affect a patient’s understanding of health information, including cultural factors, a physician’s health knowledge and communication skills, the demands of the situation, the environment in which the health information is being conveyed, and time constraints. The responsibility for recognizing and addressing the problem of limited health literacy lies with all entities in the health care system, from primary care physicians to community-based or public health organizations. Because of the potential effect of health literacy on patient outcomes, obstetrician–gynecologists should take the appropriate steps to ensure that they communicate in an understandable manner so patients can make informed decisions about their health care.

Recommendations

The American College of Obstetricians and Gynecologists (the College) makes the following recommendations for addressing health literacy to promote quality of care:

• Because of the potential effect of health literacy on patient outcomes, obstetrician–gynecologists should take the appropriate steps to ensure that they communicate in an understandable manner so patients can make informed decisions about their health care.
• Personnel at all tiers of the medical system must learn to communicate with patients in a way that takes into account each individual’s unique circumstances and abilities for comprehending health-related information.
• Tools and methods accessible to all patients, including those with limited health literacy, should be developed to disseminate health-related information.

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand the basic health information and services they need to make appropriate health decisions (1). In general, literacy includes three components: 1) print literacy (writing and reading), 2) oral literacy (listening and speaking), and 3) numeracy (using and understanding numbers). When patients encounter the health care system, they are expected to understand and apply verbal information pertaining to consent, diagnosis, medical advice, and treatment; have access to and use various forms of technology, including computers and smartphones; calculate and interpret numerical data; and comprehend graphs and visual information. Furthermore, patients are expected to articulate accurate information about their symptoms, concerns, and medical history. The current health care system asks consumers to make sophisticated health-related decisions using information relayed in encounters that often are brief and may not consider the individual’s distinct information needs. Individuals with the greatest health care needs may have limited skills to synthesize and interpret health information (2).

Background

According to an Institute of Medicine National Academies report, Health Literacy: A Prescription to End Confusion, nearly one half of all people in the United States have
difficulty understanding health information (1). The
prevalence of low literacy may leave patients inadequately
prepared to interpret medical terminology and to under-
stand complex health-related constructs and, thus, to
make informed decisions about their care and adhere
to medical recommendations. The clinical scenarios in
which women need to make health-related decisions are
often complex, and the language used to explain available
therapeutic options is often unique and highly specialized.

Effect of Health Literacy

Limited health literacy is ubiquitous, and a growing body
of literature demonstrates a correlation between health
literacy and health outcomes (1). Adults with low health
literacy are at increased risk of hospitalization, encounter
barriers to accessing health services, and are less likely to
understand medical advice (3–6). In addition, individuals
with limited health literacy skills have poorer health sta-
tus than those with adequate skills, even after controlling
for a variety of sociodemographic variables (7).

 Patients who have specific educational or linguistic
challenges also may have limited health literacy. A
promised ability to adhere to therapeutic and medication
recommendations, often construed as “noncompliance,”
may be related to limited health literacy or other barriers
that limit a patient’s ability or desire to follow a treatment
plan. This is often the case with older patients and those
with limited or no English proficiency.

In the United States, seniors 65 years and older use
30% of prescription drugs and 40% of over-the-counter
drugs (8). Significant risks and consequences are posed to
the senior population by inadequate comprehension of
information on medication labels (9). Low health literacy
also may be a problem for immigrant populations for
whom English is a second language (10). According to
a California survey of language access conducted by the
College, 25% of College Fellows reported that one quarter
of their patients have limited English proficiency, and
38% reported an increase in patients with limited English
proficiency during the preceding 5 years (11).

When the concept of health literacy is taken into
consideration, all facets of the medical encounter, includ-
ing patient education and the informed consent process,
are important to improving the patient’s health and the
public’s health. Individuals with low health literacy are
vulnerable to receiving lower-quality care and to expo-
sure to medical errors because of communication barriers
(12). Consequently, health literacy may have an effect
on clinical outcomes and also may have ethical implica-
tions. According to the American Medical Association,
“patients have the right to understand health care infor-
mation that is necessary for them to safely care for
themselves, and the right to choose among the available
alternatives. Health care providers have a duty to provide
information in simple, clear and plain language, and to
check that patients have understood the information
before ending the conversation” (7).

Patient–Physician Communication

Multiple factors affect a patient’s understanding of health
information, including cultural factors, a physician’s
health knowledge and communication skills, the demands
of the situation, the environment in which the health
information is being conveyed, and time constraints.
Other factors include a patient’s ability to communicate
effectively with the health care team, to manage and com-
mit to her own health care needs, and to comprehend
complex concepts such as probability and risk. Under-
standing the unique capabilities and limitations inherent
to each patient will make the information provided more
accessible for the patient and those who care for her.

The responsibility for recognizing and addressing the
problem of limited health literacy lies with all entities in
the health care system, from primary care physicians to
community-based or public health organizations. Much
of the available patient-centered education materials are
written at a level of literacy above what would be expected
for many adults (13). Tools and methods accessible to
all patients, including those with limited health literacy,
should be developed to disseminate health-related infor-
mation. Personnel at all tiers of the medical system and
in all settings where patients interact with that system
(e.g., hospitals, physicians’ offices, insurance companies,
administrative offices, public health initiatives) must
learn to communicate with patients in a way that takes
into account each individual’s unique circumstances and
abilities for comprehending health-related information.

It probably is most beneficial to tailor all methods of
communication with the assumption of low or limited
literacy. Each member of the medical team should be
equipped with the appropriate training and resources
to guide every patient through the health care system
with appropriate resources to determine that the patient
actually comprehends the information. Additionally,
interpreters should be used for patients who do not speak
fluently English or who prefer to communicate in another
language.

Given the scope of low health literacy, the U.S.
Department of Health and Human Services identified
three objectives within the Healthy People 2020 topic
area on health communication and health information
technology: 1) to improve the health literacy of the popu-
lation, 2) to increase the proportion of individuals who
use electronic personal health management tools, and
3) to increase the proportion of individuals who report
that their health care providers always involved them in
decisions about their health care as much as they wanted
(14).

Policy Initiatives to Address Health
Literacy

Three federal policy initiatives have integrated health
literacy into mainstream health policy and initiatives,
stressing the importance of system-level changes for
the health professional and the setting in which care is delivered:

1. The Affordable Care Act incorporates health literacy into professional training and streamlines the procedures for enrollment into federal and state insurance programs. Health plans and insurers now are required to provide patient-oriented summaries that give consumers clear, consistent, and comparable health information in a standardized summary of benefits (15).

2. The National Action Plan to Improve Health Literacy states that everyone has the right to health information that helps them to make informed decisions and that health services should be delivered in ways that are understandable and lead to health longevity and good quality of life (16).

3. The Plain Writing Act of 2010 requires federal agencies to write documents clearly so that the public can understand and use them.

These federal policies related to health literacy share the goal of improving health care access and quality (17).

The Role of the Obstetrician–Gynecologist in Addressing Health Literacy

The College is committed to providing patients with clear, understandable, and actionable science-based health information to address the challenges of limited health literacy and supports the following guidelines (adapted from the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion’s Quick Guide to Health Literacy [18]):

• Tailor speaking and listening skills to individual patients.
  — Speak slowly and clearly.
  — Repeat vital information.
  — Organize information into two or three short components.
  — Ask open-ended questions using the words “what” or “how” to start the sentence (eg, “What questions do you have for me?” rather than “Do you have any questions?”).
  — Use medically trained interpreters when necessary (eg, to assist in the informed consent process).
  — Check for comprehension by asking patients to restate the health information in their own words (eg, “Tell me how you are going to take this medication.”). This is particularly useful during the informed consent process.
  — Encourage staff and colleagues to use plain language that is culturally sensitive and to obtain training in improving communication with patients (19). For more information, refer to Committee Opinion No. 587, Effective Patient–Physician Communication [20]).

• Tailor health information to the intended user.
  — When developing health information, make sure it reflects the target group’s age, social and cultural diversity, language, and literacy skills.
  — When developing information and services, include the target group in the development (pretest) and implementation (posttest) phases of the process to ensure the program is effective.
  — In preparing health information, consider cultural factors and the influence of culture on health, including race, ethnicity, language, nationality, religion, age, gender, sexual orientation, income level, and occupation (19).

• Develop written materials.
  — Keep the messages simple.
  — Limit the number of messages (the general guideline is four main messages).
  — Focus on action. Give specific recommendations based on behavior rather than the medical principle (eg, “Take a warm-water bath two times a day” instead of “Sitz baths may help healing.”).
  — Use the active voice instead of the passive voice (eg, “These pills can make you sick to your stomach” instead of “Nausea may be caused by this medication.”).
  — Use familiar language and avoid jargon (eg, “You may have itching” instead of “You may experience pruritus.”).
  — Use visual aids, such as drawings or models, for key points. Make sure the visual messages are culturally relevant.
  — Use at least a 12-point type size to make the messages easy to read.
  — Leave plenty of white space around margins and between sections.

Because of the potential effect of health literacy on patient outcomes, obstetrician–gynecologists should take the appropriate steps to ensure that they communicate in an understandable manner so patients can make informed decisions about their health care.

For More Information

The American College of Obstetricians and Gynecologists has identified additional resources on topics related to this document that may be helpful for ob-gyns, other health care providers, and patients. You may view these resources at www.acog.org/More-Info/HealthLiteracy.

These resources are for information only and are not meant to be comprehensive. Referral to these resources does not imply the American College of Obstetricians
and Gynecologists’ endorsement of the organization, the organization’s web site, or the content of the resource. The resources may change without notice.

References