

Communicating Effectively with Diverse Patient Populations

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EXECUTIVE SUMMARY

Effectively communicating complex health information to diverse patient populations can help to improve patient outcomes. Unfortunately, there are barriers to effective communication on both the provider and patient sides of the equation. One of the most significant barriers to successful communication is low health literacy.

The Institutions of Medicine report, *Health Literacy: A Prescription to End Confusion*, defines 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 decisions.”¹

According to the U.S. Department of Health and Human Services (HHS), nine out of 10 adults have difficulty understanding basic health information,² and this lack of understanding has a negative impact on patient outcomes. Patients with low health literacy have increased hospital readmission rates and are more likely to make errors when self-managing medications. The price tag associated with unnecessary health care costs due to low health literacy is estimated to be between \$106–\$238 billion per year.³

It is not enough to tell patients what they need to know, providers also must tell them *why* they need to know it. For example, telling a patient that he or she should maintain a certain blood glucose level is not as effective as telling a patient that maintaining a certain blood glucose level is essential to reduce his or her risk for limb amputation. Further, providers need to use the teach-back method — asking patients to state in their own words what they need to know or do about their health — to ensure that patients understand the information and instructions they have been given. Unfortunately, health care providers often lack adequate knowledge about health literacy and the skills that are needed to address low health literacy among patients and caregivers to do this.



One of the most significant barriers to successful communication is low health literacy.

Health care providers can begin to develop a framework for improving health literacy by better understanding the patient populations that are impacted by low health literacy, the barriers associated with communicating with at-risk populations, and evidence-based best practices related to culturally and linguistically appropriate communication.

1. IOM and Nielsen-Bohlman L, Panzer AM, Kindig DA. *Health literacy: A prescription to end confusion*. Washington DC: The National Academies Press; 2004.
2. Vernon J, Trujillo A, Rosenbaum S, DeBuono B. *Low health literacy: Implications for national health policy*. University of Connecticut. Storrs, CT: National Bureau of Economic Research; 2007.
3. Vernon J, Trujillo A, Rosenbaum S, DeBuono B. *Low health literacy: Implications for national health policy*. University of Connecticut. Storrs, CT: National Bureau of Economic Research; 2007.

AT-RISK POPULATIONS FOR LOW HEALTH LITERACY

Every day for the next ten years, 10,000 people will reach the age of 65.⁴ This age group — specifically native-born speakers of English who are 65 years of age and older — is the largest segment of the population at risk for low health literacy. The individuals in this group have been away from the education system the longest, and they also are more likely to have undiagnosed cognitive, vision, or hearing problems, which are all significant risk factors for low health literacy.

Other groups that are at greater risk, according to the National Center for Education Statistics, include people who are living in poverty, ethnic minorities, recent refugees and immigrants, and those who live in the Southern region of the United States.⁵

In addition to these population indicators, the following six behavioral factors can help clinicians recognize and treat patients with varying health literacy levels to drive better patient outcomes:

1. *Incomplete registration forms or registration forms with large number of spelling errors.* These are two of the biggest behavioral indicators that a patient has low health literacy.
2. *Missed appointments.* Patients with low health literacy may not understand transportation schedules or follow-up instructions.
3. *Medication non-compliance.* Patients with low health literacy may not understand the purpose of their medication, the dosing, or how to identify it. These patients may identify medications by color or shape rather than by reading the label.
4. *Inability to provide a coherent and sequential medical history.* Patients should be able to tell their health care providers about their diagnoses and how those diagnoses have progressed.
5. Patients with low health literacy will typically *ask fewer questions* because they feel intimidated in a health care setting. They may not understand their diagnoses and are too embarrassed to ask.
6. *Lack of follow-through on tests or referrals.* Patients with low health literacy may not understand the instructions they are given or the reason or value of following through with an assessment.

BARRIERS TO EFFECTIVE COMMUNICATION AND PATIENT UNDERSTANDING

A number of other factors contribute to low health literacy and prohibit the full and easy understanding of health care information:

- Vision and hearing issues
- Language and cultural differences
- Undiagnosed cognitive impairment
- Reading level of written materials

Vision and hearing issues are major contributors to low health literacy. Health care providers should not assume that patients who do not wear eyeglasses do not have impaired vision or people who do not use hearing aids do not have hearing loss. Using the teach-back method can help providers confirm that patients have heard or are able to read the material they have been provided, understand the information, and can articulate what they will do in relation to that information when they get home.

4. U.S. Social Security Administration. *Annual performance plan for fiscal year 2012 and revised final performance plan for fiscal year 2011*. Washington, DC: Author; 2011.

5. National Center for Education Statistics (1992). *National adult literacy survey: A nationally representative and continuing assessment of English language literary skills of American adults*. Washington, DC: Author. 233 233.

Culture and language differences can also negatively impact health literacy. It is incumbent upon hospitals and clinics to ensure that the providers who are delivering health care information are meeting the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care established by the HHS Office of Minority Health.



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Patient education materials that are written at an advanced reading level contribute to low health literacy. The average American reads at a 7th grade reading level, but health information is often written at a much higher grade level. The National Institutes of Health recommends the readability of patient information material should be no higher than the 6th grade level.⁶

BEST PRACTICES FOR EFFECTIVE COMMUNICATION

Hospitals are increasingly engaging with health literacy specialists to evaluate their patient education materials for cultural and linguistic appropriateness. Software and online tools can also be used to test the literacy level of patient education information.

One of the best ways to learn how to analyze patient education materials is to understand how to develop them. The following best practices can be used to address health literacy issues and improve provider-patient communication.

1. Ensure print materials are written at a 5th or 6th grade reading level. *Simply Put*, a manual published by the Centers for Disease Control and Prevention, provides practical guidance on how to transform complicated scientific information into material that readers can relate to and understand.⁷
2. Assess staff understanding of health literacy. A workforce that is prepared to communicate effectively with all patient populations will provide the best outcomes for patients and reduce unnecessary hospital readmissions.
3. Implement a health literacy assessment in the clinic environment and link it to the electronic medical record. While Universal Precautions work for blood borne pathogens, nurses who are primarily responsible for patient education and understanding are required to do more with less in an increasingly complex health care system. A one-time assessment takes just minutes to administer and ensures patients receive more attention if they are at risk for low health literacy.

Tips for Developing Effective Health Communication Materials

1. Use plain language.
2. Limit information to three to five key points.
3. Be specific and concrete.
4. Use visuals.
5. Include a summary that repeats the key points.
6. Use positive, hopeful, and empowering language.

6. National Institutes of Health. *How to write easy to read health materials*; Retrieved from National Library of Medicine website: <http://www.nlm.nih.gov/medlineplus/jetr.html>

7. U.S. Department of Health and Human Services Centers for Disease Control and Prevention. *Simply put: a guide for creating easy-to-understand materials*. Atlanta, GA: Author; 2009.

Re-Engineered Discharge Toolkit

Developed by researchers at Boston University Medical Center and the Agency for Healthcare Research and Quality (AHQR), the Re-Engineered Discharge (RED) toolkit includes evidence-based tools that hospitals can use during and after the hospital stay to ensure a smooth and effective transition at discharge.

To study its effectiveness, AHQR rolled out the RED toolkit at 10 hospitals in 2011. Hospitals that implemented the toolkit achieved significant reductions in hospital readmission rates and post-hospital emergency department visits, and higher patient satisfaction ratings.⁸

CONCLUDING SUMMARY

Successful provider-patient communication can help drive positive patient outcomes. Unfortunately, health literacy issues often inhibit successful communication. By prioritizing effective communication through the implementation of health literacy initiatives, health care organizations can drive change that will positively impact patient outcomes. Because nurses typically spend more time with patients than other health care providers, they are in an ideal position to take ownership of health literacy initiatives.

Like any quality improvement program, implementing a health literacy initiative takes time. A typical roll-out period is six to eight months. While that time commitment may seem daunting, successfully implementing a health literacy initiative like the RED Toolkit can save time, money, and decrease nursing workload.

For optimal results, health literacy initiatives require buy-in from nurses as well as nursing and hospital administrators. AHQR found that when a hospital was unsuccessful with the RED toolkit, it did not have a complete commitment from the nursing and executive administration.

A commitment to addressing health literacy issues can help to ensure that everyone has access to reliable, easy-to-understand health information.

8. Jack, B. *Re-engineered discharge (RED) toolkit*. 2017; Retrieved from Agency for Healthcare Research and Quality website: <https://www.ahrq.gov/professionals/systems/hospital/red/toolkit/index.html>

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