5 | The Care Environment

> "I knew I was supposed to ask questions, but I didn't know what to ask."
> (Patient, Allen Hospital)

Each entry into a health care encounter sets the stage for subsequent interactions, perceptions, and outcomes. Whether a website, telephone call, clinic, dental office, emergency department, outpatient testing facility, rehabilitation center, inpatient unit, or health department, the ease and comfort with which people are able to find and use information to meet their needs can go a long way in creating a health literate culture within an organization.

It can also help decrease the shame and stigma that accompany low literacy.[1] But while especially true for patients with limited reading and math skills, confusion and embarrassment can affect *anyone* in the health care setting. And sometimes, the more educated people are, the more embarrassed they may feel asking for help.

The ideas and tools in this chapter are designed to help you:

- Understand what a shame-free care environment is and why it is needed.
- Make your health care setting more welcoming, safe, and patient-friendly by fostering dialogue and questions.
- Make it easier for patients to find, understand, and use your information and services to manage their health.

A Health Literate Health Care Organization Offers a Shame-free Care Environment

This chapter directly addresses Attributes 5 and 7, and will help you "provide easy access to health information and services and navigation assistance" to "meet the needs of populations with a range of health literacy skills while avoiding stigmatization."

Source: Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington, DC: National Academy of Sciences, 2012.

Why Do We Need to Change?

People Hide Their Reading Problems

Patients with limited literacy skills may feel like "less of a person" or that "something is wrong with me." This can make them anxious, fearful, angry, or suspicious.[2] Many patients with limited skills hide their reading problem because they have had bad experiences in school or, maybe, in the health care setting.

Nearly 20% of people with limited literacy skills have never told *anyone*.[2] That's one in five. So patients may not reveal their reading troubles, not even in a long-term trusting doctor-patient relationship. Even if they are asked about it in a caring way, they may not share their problems with reading, understanding, and learning.

Many patients who struggle with reading *never* ask for help.

The Ways Patients Cope

People who struggle with reading learn to cope in the health care setting. To avoid appearing uneducated or stupid, they may act in ways that adversely affect their health and health care. For example, they may:

- Wait to come into the health setting until they absolutely have to, when their illness has worsened.
- Act difficult by walking out of the waiting room before being seen, making excuses, becoming angry or demanding, or clowning around.
- Answer questions or talk about things in ways that sidestep the health provider's intent, so the provider misses the patient's real concern.
- Be quiet and passive, not bringing up a concern if it wasn't asked about directly.
- Or not ask any questions at all, to end the visit more quickly.[3]

These actions lead providers to assume the patient understands. Or, depending on the behavior, the provider may mistakenly label the patient as difficult, non-compliant, or even ideal when no questions were asked, keeping a visit short.

Screening for Low Literacy May Not Help

"A doctor's office is no place for a reading test." (New Readers of Iowa, 2004)

Several literacy screening tools are available, and have been used mainly for research. Should we test patients for reading skill in the clinical setting? Some think it might aid in finding those who need extra help. Providers could then refer patients to adult literacy programs and other services to enhance understanding. But we know there is the possibility of shame and embarrassment when people are tested. Adult learners say they have spent their entire lives being tested. They do not want to be tested when they seek help from a doctor or hospital when they are sick or in pain. Some say they won't come back if they are tested in the health care setting. Moreover, highly- and semi-skilled readers don't like taking tests either. They may find taking a reading test in a health care setting uncomfortable, alienating, or irritating.

Also, think about what you will or can do differently if you know a patient has trouble reading. Does your clinic have a library of easy-to-read handouts along with the usual materials? Will your providers teach and check for understanding differently than with other patients? If not, then it may not make sense to routinely screen patients' reading levels. In addition, testing alone won't improve patients' understanding. You may alienate them by testing them, and alienated patients may not return until their health problems are much worse.

At this time, there is not enough evidence to recommend routine screening for low literacy or low health literacy in the clinical setting. It hasn't been shown to be effective, and there is the potential for harm in the form of shame and alienation. So it is reasonable to conclude that the possible harm outweighs the possible benefit.[4]

At this time, health literacy testing in clinical settings is not recommended.

Tools used to measure health literacy are, however, used in research settings where people being tested know about it in advance and give their informed consent. You will surely hear about tools for measuring literacy and health literacy, so it's good to know about them.

A single question: "How confident are you filling out medical forms by yourself?" This question may be useful for detecting patients with inadequate health literacy, although it has only been evaluated in selected settings. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2324160/?tool=pubmed

The Newest Vital Sign: This is a 3-minute test in English and Spanish where the person is given an ice cream nutrition label and asked six questions about it. It assesses document and number literacy. http://www.pfizerhealthliteracy.com/physicians-providers/newestvitalsign.aspx

REALM: The Rapid Estimate of Adult Literacy in Medicine is a list of 66 medical terms in English and Spanish that the person is asked to read aloud in 2-3 minutes. It checks word recognition and reading but not understanding of numbers. http://www.hsph.harvard.edu/healthliteracy/files/2012/09/doakappendicies.pdf

TOFHLA: The Test of Functional Health Literacy in Adults is available in long (10-22 minutes) and short (5-12 minutes) form in English and Spanish. The person answers multiple choice fill-in-the-blank questions on a page of medical instructions to check reading and understanding of numbers. Long version available at: http://www.ncbi.nlm.nih.gov/pubmed/8576769. Short version available at: http://www.nmmra.org/resources/Physician/152_1485.pdf

Taking a Universal Approach

Reading problems aren't the only reason patients have trouble understanding or remembering all the information they get during a health care encounter. Here are some other reasons:

- The health system is more and more complex.
- There is a growing need for self-care due to the aging population and increasing chronic illness.
- Providers rely on printed materials to teach patients about their condition. Yet, they often lack simple written handouts to give along with their spoken instructions.
- Pain or illness, worry, medication, lack of sleep, preoccupation, and other concerns can all make it hard to understand and retain health information.

Interventions for people with low literacy can also help those with higher literacy skills.[5] Even good readers prefer information that is concise and easy-to-read.[6,7] This is

why we need to use a universal approach to address health literacy—to improve health communication for *everyone*.

Even good readers prefer information that is concise and easy-to-read.

There are several basic principles for using a universal approach to address health literacy:

- *Everyone* benefits from clear information.
- Many patients are at risk of misunderstanding, but it's hard to identify them.
- Screening literacy levels does *not* ensure patient understanding.[8]
- Interventions for people with low literacy also help people with higher literacy.[5]

Acting on these principles leads to a safer health care environment, one where patients:

- Understand health events.
- Make informed health decisions.
- Know what they need to do.
- Do not experience a sense of shame or embarrassment at any time.

By creating a safer, shame-free care environment we address our duty to recognize, anticipate, and act on potential patient harm or risk and mitigate or avoid risk through system change.[8]

What Does Success Look Like?

Here is what it could look like when a health care organization creates a shame-free environment that fosters dialogue and offers navigation assistance.

- All patients are greeted with eye contact and a smile.
- All patients are offered help with paperwork in a friendly way.
- Patients and families know that questions are welcome and expected.

- Patients get easy-to-understand directions when they move from one department or location to another, or are referred to a specialist.
- Information on paper and websites is easy to read, understand, and use.
- Websites include audio, video, and interactive learning tools.
- Signs and wayfinding tools are easy to understand and use.
- Facilities and materials, including websites, are easy to access, navigate, and understand for people with disabilities.
- Facilities and materials, including websites, are easy to access, navigate, and understand for people who do not have English as their main language.
- Patients, families, volunteers, or other non-clinicians participate in planning and evaluating interventions to improve the care environment.
- Patients, families, volunteers, or other non-clinicians routinely provide input about print and web materials intended for patients and families.
- Patient surveys show very high scores for questions about satisfaction with communication.
- Written training and education policies ensure all workers recognize signs that suggest patients do not understand, and know what to do to help.
- All staff use patient safety methods like SBAR (Situation-Background-Assessment-Recommendation) to pass along concerns about patient understanding.
- Trained interpreter services are readily available for patients who do not speak English as their primary language.

Making Your Environment Shame-Free

A shame-free care environment is welcoming. Everyone is greeted with a smile, help is offered proactively and sensitively, questions are encouraged, and signs, directions, and electronic information are easy to read and follow. This kind of setting allows patients to feel comfortable:

- Saying they don't understand.
- Asking questions.
- Talking openly about their health and concerns.

Encourage People to Ask Questions

Ask Me 3 http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/, a program of the National Patient Safety Foundation, promotes the use of three questions to help encourage patient-provider communication.

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Estimate the Prevalence of Low Literacy

To help raise awareness and stimulate action to address health literacy, you may find it helpful to estimate the prevalence of low literacy in your patient population. The Prevalence Calculator applies a simple formula to estimate the number of patients in your practice who have demographic risk factors associated with low literacy. You can't use the prevalence calculator to tell whether an individual patient has limited literacy skills, but it can give you an idea of what percentage of *your* patients might have trouble understanding health information. This helps motivate staff to improve the care environment, as well as start using ways to communicate more clearly.

To find a rough percent of your patients who may have limited literacy skills, try using the Prevalence Calculator:

http://www.pfizerhealthliteracy.com/physicians-providers/PrevalenceCalculator.aspx

Take a Look Around Your Care Setting

It might be best to bring some fresh eyes to your care setting. Invite a friend, colleague, volunteer, or willing patient to walk through in a navigational interview.[9] To do this, you ask the volunteer to find or go to a specific place in your setting. You have them talk aloud about what they are seeing and experiencing. You ask them to tell you what is guiding them as they find their way.

This type of exercise can tell you a great deal. It can give a starting point for your work to improve your care environment. It can alert staff to problems with signs, directions, and instructions. It may bring to light communication problems that usually go unspoken, like a sign that's hard to read because of color, size, or wording.

You can also assess your printed materials, telephone systems, how providers and staff talk to patients, and common procedures. Tools like a *Checklist for Patient-Friendly Office Procedures*[3] and getting patients' and families' input can help you.[5,10] Findings from such assessments can serve as a baseline to follow your progress in addressing problems and testing interventions.

You can also raise awareness and brainstorm responses with your staff by asking them to think about times when they or a family member:

- Were not greeted when they came to a clinic registration desk.
- Were put on hold or got bewildered in an automated telephone answering system.
- Lost their way trying to find the right department.
- Wanted to ask a question but felt like they couldn't because a doctor or nurse was too busy.

Then get started making improvements. Creating a patient-friendly care environment doesn't take a lot of money. Take a look at the hospitality industry. Hotel and restaurant workers are trained to greet people with a smile and eye contact, and to say hello and ask if they can help. These are easy things to do. Smiles and eye contact are free, and they can change the entire atmosphere.

Tools for Assessing the Health Care Setting

- Health Literacy Universal Precautions Toolkit
  http://www.ahrq.gov/legacy/qual/literacy/healthliteracytoolkit.pdf
- The Health Literacy Environment of Hospitals and Health Centers. Partners for Action: Making Your Healthcare Facility Literacy-Friendly
  http://www.ncsall.net/fileadmin/resources/teach/environ.pdf
- Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide
  http://www.ahrq.gov/legacy/qual/pharmlit/

Create a Welcoming Setting

AIDET[11] (Acknowledge, Introduce, Duration, Explanation, Thank you) is a tool intended to reduce anxiety, inform people of what is about to happen, make them feel comfortable and cared for, answer basic questions, provide patients opportunities to ask questions, and confirm understanding before tests and treatments. Here is an example of how using AIDET as a health literacy tool helps create a welcoming and shame-free care environment.

Using AIDET in A Health Literate Care Environment

A – Acknowledge. Welcome the patient or client by name. This helps patients feel confident that you know and care about them, and understand why they are here.

I – Introduce. "My name is Nicole. I am here to draw some blood. I've had 7 years of experience so this should be quick and easy." Introduce yourself by position or role in terms people understand. This creates confidence you are the right person for the job. And they know who to follow up with, if needed.

D – Duration. Tell the patient how long this will take. For example, "Registration takes about 5 minutes and then I will take you to X-ray." Patients want to know how long they will be here or how long it will be until they get answers. When you respect a person's time they become less anxious and can concentrate on what you are saying.

E – Explanation. In plain language, explain the need-to-know information about what is going to happen. For example, "I will put warm gel on your shoulder and move the ultrasound wand over the sore area in small circles. It should not hurt at all. And it will help lessen your pain and swelling. What questions do you have before we start?" Using plain language allows the person to understand what is about to happen, how it will feel, and what it is for. It allows for questions before things progress. This is a time to use teach-back if needed.

T – Thank you. Thank the patient for allowing you to care for them. Include an open-ended question regarding follow-up or other issues. Use teach-back one last time, if needed. It is common for people to think of a question at the end, especially if they are anxious or distressed about anything. People have choices. Let them know you appreciate their confidence and trust.

Make Sure Signs are Understandable

Make clear signs and maps available whenever patients need to find their way. This is especially important when making referrals for tests or procedures or to a specialist in a different care setting.

When you have wayfinding tools, point them out so patients can use them. Consider using wayfinding symbols that have been shown to be helpful in health care settings.[12]

Follow the Green Arrows

A patient came out of a clinic exam room and couldn't find checkout. A nurse noticed and showed him the way, saying this happens a lot, in a friendly way. While this did make the man feel better about being lost, why wait for him to be confused? The clinic had green arrows in the carpet to help patients find their way out. Try pointing those out up-front. This can prevent the patient from feeling confused and embarrassed, and the nurse from being interrupted.

Give Patients Help with Paperwork

Staff should offer help with paperwork to *everyone*. Make it clear that it's no trouble by saying something like: "These forms are complicated. A lot of people need a little help filling them out. I'm happy to help you. We do it all the time."

Point to the parts of forms you are talking about and give simple explanations. For example: "This is a form that tells about the laws that keep your health information private." Be sure to:

- Always point to exactly where people should sign a form.
- Ask for the same information only once.
- Give patients the chance to fill out paperwork before they come to see you.

Watch for Clues that a Patient May Need Help

All staff should be able to spot clues that a patient may struggle with reading. These may include taking too much time filling out forms, incomplete or inaccurate answers, or asking if it's okay to take paper work home to complete. These tell providers and other staff to:

- Take extra measures to ensure understanding.
- Consider asking about reading comfort.
- Pass along the patient's need for extra help to other providers.

Make sure staff know how to convey concerns about lack of understanding or low literacy to other members of the health care team. Also, investigate the adult literacy, adult basic education, and English-as-a-second language (ESL) programs in your area, so you can make referrals when appropriate.

Clues that May Indicate Limited Literacy

Behaviors

- Forms that are incomplete or inaccurately completed
- Frequently missed appointments
- Non-adherence to medication regimens
- Lack of follow-through with lab tests or referrals
- Reports taking medicine but has no change in condition
- Becoming angry and walking out of the waiting room
- Clowning around and using humor
- Being quiet and passive
- Having difficulty explaining health concerns
- Detouring—letting doctor miss the concerns
- Having no questions

Responses to receiving written information

- "I forgot my glasses. I'll read this when I get home."
- "I forgot my glasses. Can you read this to me?"
- "Let me bring this home so I can discuss it with my children."

Responses to questions about medication regimens

- Unable to name medications
- Unable to explain what medications are for
- Unable to explain timing of medication administration

Adapted from: Weiss BD. *Health Literacy and Patient Safety: Help Patients Understand: Manual for Clinicians*. Second Edition. American Medical Association Foundation and American Medical Association. Chicago, IL, 2007.

Literacy, Language, and Culture

The United States population is becoming more and more diverse. This diversity includes great variety in culture and language, and in people's oral and written language skills. Many U.S. adults understand, speak, read, and write English very well. Others may understand, speak, read, and write well in several languages. Still others may understand and speak both English and another language very well, but read and write only in a language other than English. And there are those who cannot read or write in their own language.

Note these trends:

- By 2060, half the people in the U.S. will belong to a racial or ethnic minority.[13]
- Between 1980 and 2010, the number of Americans who spoke a language other than English at home grew from 23.1 million to 59.5 million (a 158% increase).[14]
- Nearly 21% of U.S. residents speak a language other than English at home.[14]
- About 25.3 million people in the U.S. report their English-speaking ability as something below "very well."[14]

Health literacy skill levels tend to be lower among people who are elderly, have less education, are poor, belong to minority groups, are recent immigrants, or have limited English.[15] Language barriers add to communication problems for patients and stand in the way of good health care.[16] When cultural differences and language barriers combine, the results can be misunderstanding, non-adherence, harm, or poor outcomes.

Culture and language barriers can lead to poor health outcomes and even harm.

What Is Cultural and Linguistic Competence?

Several federal and state laws require health care organizations to provide care that takes into account the cultural and linguistic differences of patients and families. An organization is said to be culturally and linguistically competent when it can deliver this kind of care. In 2000, the Office of Minority Health issued Standards for Culturally and Liguistically Appropriate Services (CLAS). The recently enhanced CLAS Standards (2013) explicitly address health literacy and expand the scope to include physical, mental, social, and spiritual health, and health care of individuals and groups.[17]

Providing Culturally Competent Care

To provide culturally and linguistically appropriate services, an organization must have the policies, resources, and commitment to meeting the needs of a diverse patient population. For example:

- Having trained bilingual/bicultural staff and interpreters available.
- Training service providers so they can communicate effectively in ways that can be easily understood by different audiences.
- Providing equal access to services for all groups.
- Being respectful of traditional healing systems and beliefs, and integrating them where possible.
- Creating an environment in which patients feel comfortable talking about their beliefs and practices and how they relate to treatment.
- Providing print materials in the languages of the community.
- Weaving knowledge of a patient's culture and community into policy and practice.
- Involving the community in evaluating the quality of services.

Source: U.S. Department of Health and Human Service. Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*, 2013.

The Institute of Medicine (IOM) report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare,*[18] concluded that "low health literacy may contribute to health disparities." The IOM attributes health disparities to a variety of other factors as well. These include: differences among patients' help-seeking and attitudes toward treatment; cultural and linguistic barriers; mistrust of the health care system; and discrimination on the part of health care providers, including biases, stereotyping, and hesitancy.

All these factors point to the need to improve the health literacy of both patients and providers. This can help reduce health disparities and promote health equity.

Make Your Environment Accessible

Meeting the needs of people with disabilities is part of providing optimal care. Your care environment should be accessible for people with limited vision, hearing, motor, or other impairments, including limited literacy. This also includes making your information accessible. Structure and simplicity are the foundation for making documents and websites accessible. While digital information is still primarily text-based, the Internet provides unique opportunities to make information accessible through audio, visual, and interactive content. And, accessible design provides flexibility that benefits *all* users.

To Learn More about Accessible Web-based Materials

- WebAim.org – information and resources about web accessibility including a web accessibility tool
- 4Syllables.com.au – training, resources, and services for writing accessible web content
- W3c.org/wai – web accessibility initiative developing and sharing protocols and guidelines to help make websites work

What To Do When You See a Problem

Any member of the health care team who sees signs that patients may be struggling with reading or understanding should pass their concerns along. A standardized patient safety communication tool—SBAR (Situation, Background, Assessment, Recommendation)[19]—can be useful for front office and other non-clinical staff to pass communication concerns to clinicians who can look into it further and take steps to ensure understanding and offer help.

SBAR Example - Front Office Staff to Medical Assistant

Situation: Mrs. Reston seems to have something bothering her.

Background: She is here for a diabetes check and when I gave her the paperwork to update her forms, she kept the clipboard a lot longer than most people, and when she gave it back to me, it was only half-filled out.

Assessment: I think she may have trouble reading or at least not be able to see the forms very well.

Recommendation: Can you make sure everyone goes over her health problems and medicines very clearly, and makes sure she really understands when to come back? Maybe someone should ask if she wants to bring somebody with her to her appointments.

Talk with patients about their reading when the time is right. Understanding is vital to health care, and literacy is key to understanding. But it's also important to raise the subject of reading comfort in a non-threatening way. Explore reading comfort in the context of a trusting patient-provider relationship. Physicians can use the social history to explore this and open the door to talk about literacy issues. Ask patients questions like these:

- How comfortable are you with your reading?
- How confident are you filling out medical forms by yourself?[20]
- Have you ever had trouble reading the materials you get from your health care provider?
- Would you be interested in a program to help you read better?[21]

The DIRECT Approach

If you choose to ask patients about their reading comfort, this approach can be used to find out if patients have problems with reading and then refer them for help.

D – Ask about **difficulty reading**: "Have you ever had a problem with reading?"

I – Ask if they have an **interest in improving**: "Would you be interested in a program to help you improve your reading?"

R – Have **referral information** for adults and family literacy programs ready to give to patients identified with reading difficulty.

E – Ask **everyone** about their literacy skills. Let patients know it is your policy to ask everyone.

C – Emphasize that low literacy is a **common problem** and they are not alone: "Half of Americans have some difficulty with reading!"

T – **Take down barriers** to joining literacy classes (e.g., help with the initial phone call, make follow-up contact to see if they find the right class, etc.).

Source: Abrams MA, Dreyer BP. Plain Language Pediatrics: *Health Literacy Strategies and Communication Resources for Common Pediatric Topics*, 2009.

Know Your Community's Adult Education Resources

Search ProLiteracy Worldwide http://proliteracy.org/our-solutions/referral/national-literacy-directory to find out about adult literacy programs in your area. They give information about what adult literacy education is available, contact information, hours, and directions. When you make a referral to an adult literacy program, do it in the context of the patient-provider relationship. And do it with sensitivity.

Preventing Low Literacy through *Reach Out and Read*

Programs like *Reach Out and Read* http://www.reachoutandread.org can be used to incorporate literacy promotion into doctors' practices and explore reading comfort among parents or other caregivers. *Reach Out and Read* prepares young children to succeed in school by partnering with doctors to prescribe books and encourage families to read together. This research-based intervention helps parents learn how to support their children's literacy development, have more books in their home, and read to their children more. At every well-child visit from 6 months through 5 years, providers:

- Advise parents about reading aloud to their children.
- Give a new book tailored to the child's age and development.
- Offer literacy-rich waiting areas.

The Joint Commission report, *"What Did the Doctor Say?:" Improving Health Literacy to Protect Patient Safety,* describes *Reach Out and Read* as a precedent for addressing literacy in health care and a way to start talking with parents about literacy. It can be used to help prevent low literacy and low health literacy among both children and their adult caregivers. In addition to preparing children to enter kindergarten ready to read, learn, and succeed, providers can use *Reach Out and Read* to explore parents' reading comfort and respond appropriately (e.g., improved communication, referral to adult reading programs).

Source: Joint Commission. *"What Did the Doctor Say?:" Improving Health Literacy to Protect Patient Safety*, 2007.

Use Data from Surveys to Help You Improve

Use *Consumer Assessment of Healthcare Providers and Systems* (CAHPS),[22] *Hospital Consumer Assessment of Healthcare Providers and Systems* (HCAHPS),[23] the *CAHPS Item Set for Addressing Health Literacy Supplement,*[24] or patient satisfaction data to track patients' care experiences. Look at data on communication with nurses and doctors, new medications, and discharge processes, and set goals for improving these scores. Since hospital reimbursement is influenced by HCAHPS scores, this is an ideal way to link staff health communication skills and patient involvement with other efforts to improve quality of care and promote the business case. Target low-performing items with interventions to raise those scores, and follow them frequently.

Sample HCAHPS Domains and Items Related to Health Literacy

Communication with Doctors

- How often did doctors treat you with courtesy and respect?
- How often did doctors listen carefully to you?
- How often did doctors explain things in a way you could understand?

Communication with Nurses

- How often did nurses treat you with courtesy and respect?
- How often did nurses listen carefully to you?
- How often did nurses explain things in a way you could understand?

Communication about Medicines

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

Discharge Information

- Did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

Source: U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services. *Patients' Perspectives of Care Survey*, 2013.

Use the results from health literacy survey tools to give your organization baseline and period feedback on health literacy related to the care enviornment.[5,9,10]

Sample Health Literacy Survey Items Related to the Care Environment

- Does your staff offer everyone help regardless of appearance (e.g., filling out forms, giving directions)?
- Does your office have an automated phone system with an option to speak with a person?
- Are signs written in English and in the primary languages of the populations being served?
- Do your patient handouts show awareness of and respect for diversity, and use culturally-appropriate words and examples?
- Does your pharmacy use simple visual graphics or illustrations in patient education brochures that the patient takes home?
- Do you have a call-in telephone line for patients to ask questions?

Summary of Key Points

- Even patients with high literacy skills can have trouble understanding. Approach patient communication with universal communication principles.
- Shame and stigma are major barriers to improving health literacy. There is a risk of driving patients away by routinely testing their reading skills.
- Patients who have trouble understanding health care information often hide the problem. So it's important to always use clear communication principles and check for understanding.
- A shame-free care environment allows patients to feel comfortable saying they don't understand, asking questions, and talking about their health.
- For many minority groups, language or cultural barriers can contribute to communication problems.
- Be sure your organization, materials, and websites are accessible to people with disabilities.
- Learn to recognize signs of reading trouble and treat it like other awkward but important health topics.

- Health care organizations can learn from businesses like hotels and restaurants that work hard to make people feel welcome.
- Learn about resources in your community that offer help with literacy, as well as English for non-native speakers.
- Use tools to help people find their way around your care setting, feel comfortable asking questions, and get the information they need.

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