

How is Low Health Literacy Identified?

Low health literacy can seem invisible, but it is present among patients seeking care and made worse by the complexity of services provided by health care organizations.

Health care organizations should assume that every individual may have difficulty understanding health care information. They can use universal precautions¹ to reduce the complexity of their verbal and print communications to reach all patients more effectively. However, organizations that want to prioritize interventions for patients with the poorest levels of health literacy – and health status – may benefit from using some informal and formal health literacy assessments to identify these individuals and develop appropriate services and supports.

Informal Patient Assessments

Adults with low health literacy report feeling a sense of shame and may hide their struggles with reading or health vocabulary.^{2,3} There are, however, informal ways to identify individuals who may be at higher risk for low health literacy. Such patients may:

- Frequently miss appointments;
- Fail to complete registration forms;
- Be unable to name medications or explain their purpose or dosing;
- Identify pills by looking at them, not reading label;
- Be unable to give coherent, sequential medical history;
- Show lack of follow-through on tests or referrals; and/or
- Repeatedly use statements such as "I forgot my reading glasses," "I'll read through this when I get home," or "I'm too tired to read," when asked to discuss written material.

HEALTH LITERACY SNAPSHOT

A primary care physician finds that many of her diabetic patients do not schedule follow-up appointments and often miss their scheduled foot, cholesterol, and eye exams. The physician feels she can only do so much in brief appointments if patients do not speak up about their needs. Her clinic leadership is asking her to identify high-risk patients for a new diabetes quality improvement program.

During conversation, the following questions may help a provider or health administrator assess the health literacy needs of an individual:

- ***Medical terms are complicated and many people find them difficult to understand. Do you ever get help from others in reading prescription labels, completing insurance forms, or using health materials?***
- ***A lot of people have trouble reading and remembering health information because it is difficult. Is this ever a problem for you?***
- ***What do you like to read?*** (Newspapers are generally at 10th-grade reading level and news magazines are at the 12th-grade level). ***What do you rely on most to learn about health issues? Everyone has a unique source. TV? Radio? Internet? Friends and family?***

This is one in a series of health literacy fact sheets that address topics like improving print and oral communications and the role of culture in health literacy, produced with support from Kaiser Permanente Community Benefit. For more information, visit www.chcs.org.

Formal Patient Assessments

Formal assessments can help organizations systematically address health literacy in their quality improvement processes. Assessments can be administered separately or portions can be incorporated into existing tools such as performance metrics, patient and staff satisfaction surveys, and focus groups.

Below are three common tools used by organizations to identify individuals with low health literacy by assessing their word recognition and reading comprehension (visit the hyperlinks for more information):

- **REALM/D (Rapid Assessment of Adult Literacy in Medicine/Dentistry):** Measures ability to read common medical words.
- **SAHLA (Short Assessment of Health Literacy for Spanish-speaking Adults):** Form of the REALM for adults who speak Spanish as a primary language.
- **TOFHLA (Test of Functional Health Literacy in Adults):** Measures reading and numeracy using common medical scenarios and materials. Assigns *inadequate*, *marginal*, or *adequate* health literacy scores to users. Also available in a shortened seven-minute s-TOFHLA version (original version is 22 minutes long).

KEY CONSIDERATIONS WHEN IDENTIFYING LOW HEALTH LITERACY

- ✓ **Use a combination of informal and formal measures** to gain a more nuanced understanding of individuals' abilities.
- ✓ **Conduct assessments in private settings**, and with sensitivity and respect, to ensure that patients do not feel ashamed, inferior, or like "targets of study."
- ✓ **Distinguish low literacy skills from cognitive decline**, developmental disability, or mental health disorder.
- ✓ **Differentiate English proficiency from literacy.** Individuals who are more – or highly – proficient in a non-English language do not necessarily have low literacy.

Organizational Assessments

Health care organizations can also use the following tools to identify areas for improvement in their services and communication approaches (visit the hyperlinks for more information):

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Item Set for Addressing Health Literacy** (31 supplemental items for use with the CAHPS Clinician and Group Surveys);
- **Health Literacy Assessment Questions** (for primary care practices);
- **Health Plan Organizational Assessment of Health Literacy Activities**; and
- **Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide.**

¹ Agency for Healthcare Research and Quality (AHRQ). "Health Literacy Universal Precautions Toolkit." Accessible at: <http://www.ahrq.gov/qual/literacy/>

² M.S. Wolf, M.V. Williams, R.M. Parker, N.S. Parikh, A.W. Nowlan, and D.W. Baker. "Patients' Shame and Attitudes Toward Discussing the Results of Literacy Screening." *Journal of Health Communication*, 12, no.8 (2007), 721–732.

³ D.W. Baker, R.M. Parker, M.V. Williams, K. Ptikin, N.S. Parikh, W. Coates, et al. "The Health Care Experience of Patients with Low Literacy." *Archives of Family Medicine*, 5, no.6 (1996), 329–334.