

HEALTH LITERACY FACT SHEETS

# What is Health Literacy?

**Personal health literacy** is the “degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”<sup>1</sup>

**Personal health literacy** refers to the skills necessary for a person to participate in the health care system and maintain good health. These skills include reading and writing, calculating numbers, communicating with health care professionals, and using health technology.

But health literacy is a two-way street. The burden of limited health literacy should not lie solely on the individual. Health care *organizations* can adopt strategies to address health literacy and make it easier for people to use their services.<sup>2</sup>

**Organizational health literacy** is the “degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”<sup>3</sup>



## Who Has Limited Health Literacy?

Only about one in 10 English-speaking adults in the U.S. has “proficient” health literacy skills.<sup>4</sup> Among the remaining nine, about half have “intermediate” health literacy skills and a little over one-third have “basic” or “below basic” health literacy skills.<sup>5</sup>

**Limited health literacy disproportionately impacts Medicaid members.** Sixty percent of people with Medicaid coverage are either at “below basic” or “basic” health literacy levels compared to only 24 percent of those with employer-sponsored coverage.<sup>6</sup>

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Limited health literacy makes navigating health care systems is difficult for some people and very difficult for others. This especially includes:

- People ages 65 and older;
- Those living at a low socioeconomic status, income level, or education level;
- People who identify as Latino, Black, or American Indian/Alaska Native;
- People with limited English proficiency and/or non-native speakers of English; and
- Those insured by Medicaid or Medicare, or who are uninsured.<sup>7</sup>

## Why is Health Literacy Important?

**Health literacy is an everyday issue.** People make choices about their health every day, including what to eat, when to see a doctor, and how to take their medicine. All these tasks, outlined below, rely on health literacy skills. Anyone can struggle with health literacy, even those who read and use numbers well.

- Can you understand the labels on your medicine and food?
- Can you locate and get to the nearest clinic or hospital?
- Can you accurately and cohesively report your symptoms to health care professionals?
- Can you understand and complete insurance paperwork?

An inability to complete these tasks indicates that a person may have limited health literacy skills — and their ability to manage and access health care is at risk.<sup>8</sup>

**Health literacy is also a health equity issue.** Populations with limited health literacy skills disproportionately experience adverse health outcomes and poorer access to quality care. These inequities can reinforce one another. Factors such as race and ethnicity, age, primary language spoken, education level, and socioeconomic status all play a role in the prevalence of limited health literacy. One large systematic review found that patients who were non-white, older, non-English speaking, less educated, or lower earning faced greater challenges in effectively navigating the health care system, leading to increased costs, greater use of acute and emergency care, and poorer health outcomes.<sup>9</sup>

**Health literacy is an organizational and health system issue.** The Centers for Medicare & Medicaid Services and the Department of Health and Human Services both list improved health literacy as organizational priorities. Health care organizations that do not prioritize health literacy will face challenges providing high-quality, equitable care.<sup>10,11</sup>

### Health Literacy Snapshot

Sherry is a 65-year-old individual dually eligible for Medicare and Medicaid who did not graduate from high school and has limited reading skills. When she was discharged from a hospital stay, she received a printed list of medications. At her follow-up appointment, her doctor asked her how she was taking her medications. Sherry confessed she had not been taking them. She said she had been embarrassed to tell the hospital staff that she couldn't read well and didn't understand the instructions. No one at the hospital gave her the instructions verbally or checked with her to make sure she understood how to take her medicine.

**Finally, health literacy is a costs issue.** The growing complexity of health care systems, medicine, and health insurance leads to challenges for patients in effectively navigating and using health care services, often leading to increased costs and poorer outcomes.<sup>12</sup>

## What is the Impact of Limited Health Literacy?

Limited health literacy can result in:

- Medication errors;
- Difficulty understanding and following care plans;
- Reduced use of preventive services;
- Challenges managing the complexities of chronic conditions;
- Longer hospital stays, increased hospital readmissions, and increased emergency department use;
- Confusion about appropriate responses to public health emergencies; and
- Higher mortality.<sup>14,15</sup>

### Increased Costs



Limited health literacy, through all its impacts — medical errors, miscommunication, increased illness and disability, loss of wages, and compromised public health — is estimated to cost the U.S. economy up to \$349 billion every year, when adjusted for inflation to 2023 dollars using the Bureau of Labor Statistics' CPI Inflation Calculator.<sup>13</sup>

### Additional Resources

**[The Health Literacy of America's Adults](#)**: Results from the 2003 National Assessment of Adult Literacy by the National Center for Education Statistics.

**[Health Literacy: A Prescription to End Confusion](#)**: Landmark report on health literacy from the Institute of Medicine.

**[Health Literacy Interventions and Outcomes](#)**: The Agency for Healthcare Research and Quality's systematic review of health literacy interventions and outcomes.

**[IHA Health Literacy Solutions Center](#)**: Resources compiled by the Institute for Healthcare Advancement to help integrate health literacy in the health care system through professional practice and development.

**[AHRQ Health Literacy Portal](#)**: Resources about the basics of health literacy, patient education and education, research tools, and more from the Agency for Healthcare Research and Quality.

**[5 Things to Know about Health Literacy](#)**: Short video from U.S. Department of Health and Human Services explaining what health literacy is and why it's important.

**[Ten Attributes of Health Literate Organizations](#)**: A 2012 discussion paper from the National Academy of Medicine outlines elements like leadership buy-in, workforce development, communications, and design as foundational factors for building organizational health literacy.

**[CHCS Health Literacy Fact Sheets](#)**: The full series of health literacy fact sheets produced by CHCS provide guidance in identifying and addressing limited health literacy.

**ABOUT THE CENTER FOR HEALTH CARE STRATEGIES**

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**ENDNOTES**

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# Identifying Limited Health Literacy

**Many people have limited health literacy skills. Even strong readers may have difficulty with unfamiliar health terms and concepts. The complexity of the U.S. health care system can exacerbate health literacy challenges.**

Health care organizations should assume that anyone may have difficulty understanding health care information and navigating the health care environment. A first step is the organizational adoption of **health literacy universal precautions**, communication practices in which providers interact with all patients as if they may have difficulty understanding health information, regardless of their background or educational level.<sup>1</sup>

Even with universal precautions in place, it may be helpful for health care organizations to evaluate patient health literacy through informational identification strategies. The information below outlines both simple informal strategies, as well as more formal options, for organizations seeking to develop appropriate services and materials for specific patient populations.



## Informal Patient Assessments

Adults with limited literacy or health literacy report feeling a sense of shame about their abilities.<sup>2</sup> They may hide their reading struggles from everyone, including health care providers.<sup>3</sup> Do not surprise them with a literacy test. Doing so may embarrass and alienate them. There are, however, informal ways to identify people who may have limited literacy skills. For example, do patients:

- Miss appointments frequently?
- Fail to complete or accurately complete registration forms?
- Identify pills by looking at them rather than reading their label?

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- Struggle to provide a coherent, sequential medical history?
- Avoid following up on tests or referrals?
- 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?

To conduct an informal literacy assessment, health care providers can casually ask the questions listed below. The answers often illustrate whether individuals are struggling to understand health information.

- ***Would you please show me how you are going to use your inhaler (or other item), so I know if I explained it well enough?*** (This is an example of a “Teach-Back” tactic.)
- ***I’m guessing a family member or friend may ask you what you found out at today’s appointment. What are you going to tell them?*** (Also a “Teach-Back” tactic.)
- ***People like to learn about health issues in different ways. Do you prefer written materials? A conversation? Videos? Or a different method?***

### Health Literacy Snapshot

A primary care physician notices that many of her diabetic patients do not schedule follow-up appointments and often miss their scheduled foot and eye exams. Since many of the patients in her clinic have limited literacy skills, she realizes that many of them may not be aware of or understand the importance of follow-up appointments and other exams. She asks a member of her care team to reach out to her patients, use the “teach-back” method to discuss the importance of these appointments, and jointly create individualized plans with minimal barriers to follow-through.

## Formal Health Literacy Assessments

Formal health literacy assessments can help health care organizations systematically identify patients with limited health literacy skills. This should only be done if the organization has committed to integrating quality improvement practices to better serve people identified with limited health literacy skills. Ideally such health literacy assessments should be scheduled in advance, conducted only with full patient consent, and administered outside of the clinical setting. This will help alleviate fears of going to future medical appointments. Trained, trustworthy, and culturally diverse staff should administer the assessments, and patients should receive meaningful compensation for their time.

Below are several common tools used to assess individuals’ health literacy skills.

- **REALM-R (Rapid Assessment of Adult Literacy in Medicine)**: Measures the ability to read common medical words. There is a Spanish version of this assessment called the **SAHLSA-50 (Short Assessment of Health Literacy for Spanish-Speaking Adults)**.
- **TOFHLA (Test of Functional Health Literacy in Adults)**: Measures reading and numeracy using common medical scenarios and materials. It assigns health literacy scores of *inadequate*, *marginal*, or *adequate*. There is also an abbreviated version called the **S-TOFHLA**.
- **The Newest Vital Sign**: Measures health literacy and numeracy using an ice cream pint nutrition label. It requires just three minutes to complete and is available in English and Spanish.

- **Brief Health Literacy Screening Tool:** Measures patient health literacy with four questions that can be integrated into a clinical appointment. Assigns scores of *limited*, *marginal*, or *adequate*.
- A database of additional health literacy measures is available at Tufts Medicine's [Health Literacy Tool Shed](#).

### Important Considerations for Assessing Health Literacy Levels

- ✓ **Use a combination of informal and formal measures** to gain a more nuanced understanding of individuals' abilities.
- ✓ **Conduct assessments in private**, with sensitivity and respect, to ensure that patients do not feel ashamed, inferior, or like targets of a study.
- ✓ **Distinguish limited literacy or health literacy skills** from cognitive decline, a developmental disability, or a mental health disorder.
- ✓ **Differentiate English proficiency from health literacy.** Individuals who are not proficient in English (but are proficient in another language) can have limited literacy or limited health literacy skills. Or they may function quite high in either or both.

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## ENDNOTES

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# How Improving Health Literacy Can Advance Health Equity

**Improved health literacy is crucial to advancing health equity.** Limited health literacy can inhibit access and efficacy in care by creating gaps in provider-patient communication and trust, reducing use of preventive services, and increasing costs. It can perpetuate existing health inequities related to and intersecting with race and ethnicity, age, education, and socioeconomic status.<sup>1</sup> National surveys show that limited health literacy is prevalent among marginalized populations. Older adults, those with lower income levels, those who are uninsured or insured by Medicaid or Medicare, and those who identify as Latino, Black, and American Indian/Alaska Native often experience limited health literacy levels in addition to poor health outcomes.<sup>2</sup>

Both **personal health literacy**, the degree to which people can find and use health information, and **organizational health literacy**, how organizations equip people to find and understand that information, have a role to play in advancing health equity.

Improving health literacy is a national health equity imperative. The Centers for Medicare & Medicaid Services lists health literacy as a top priority in its 10-year strategy for health equity, citing its impact on care, quality, system utilization, and health outcomes.<sup>3</sup> The Centers for Disease Control and Prevention prioritizes health literacy as a driver of public health, and the Department of Health and Human Services (HHS) has demonstrated its commitment through its cross-agency Health Literacy Workgroup, which has met regularly for more than two decades.<sup>4,5</sup>



## What is health equity?

*“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”*

Source: [Robert Wood Johnson Foundation](#)

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One key factor in advancing health equity at scale is prioritizing health literacy at the organizational level. Health care organizations, providers, state Medicaid agencies, and health plans are in a unique position to have a systems-wide impact by integrating health literacy best practices into their operations and communications.

Because these organizations serve large populations, adopting **health literacy universal precautions** is a common starting point. Key steps in doing so include:

- **Testing** health communication materials with intended audiences;
- Providing **professional translation services** for people with limited English proficiency;
- **Using plain language principles** in written and verbal communications; and
- Designing websites and digital materials that are **accessible** to people who use assistive technology.<sup>6</sup>

Organizations can then adopt specific strategies that best serve the unique characteristics and needs of the communities they serve.

## Organizational Health Literacy Strategies to Advance Health Equity

Many health care organizations are integrating health equity into their missions. Improving organizational health literacy is an excellent way to make progress in an equity journey. Clinicians and providers can facilitate clear, consistent, and effective communications for a diverse patient population by using the following strategies.

### Provider-Patient Communication

- Provide culturally relevant education and resources to facilitate self-care and shared decision-making.
- Give nutrition and lifestyle guidance that aligns with patients' cultural, dietary, and religious values.
- Be sensitive when asking questions that are meant to clarify understanding or dispel preconceived notions.
- Practice [cultural humility](#) in communicating with patients. This can improve patients' experiences and lead to improved health outcomes among diverse populations.
- Train providers and front-line staff in cross-cultural communication, trust-building, and motivational interviewing.<sup>7</sup>

### Health Information

- Translate health materials into multiple languages and make relevant cultural adaptations. Provide professional interpreter services for in-person and virtual encounters.

- Include racially and ethnically diverse groups in the images and content of health communication materials.
- Seek input on health communication materials from intended audiences. Tailor messages to diverse audiences.
- Communicate in plain language. Avoid health industry jargon.

## Spotlight on Limited English Proficiency

About 25 million people in the United States — more than 8 percent — speak English “less than very well” according to 2021 American Community Survey data.<sup>8</sup> It is important to differentiate health literacy from English language proficiency. For example, someone with adequate health literacy may be more adept with a language other than English. Individuals with limited English proficiency experience similar problems to those with limited health literacy, such as delay or denial of services, issues with medication management, and underutilization of preventive services.<sup>9</sup> While English language skills do not necessarily predict health literacy, it is important to design health care communication practices from within a multilingual context. Translation and interpretation services are recognized as best practices in engaging individuals with limited English proficiency.<sup>10</sup> Title VI of the Civil Rights Act of 1964 requires all entities receiving federal funds (e.g., state Medicaid agencies and public hospitals) to provide these services.<sup>11</sup>

The [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#), created by the Office of Minority Health within HHS, describe how individuals and health care organizations can provide culturally and linguistically appropriate services. The standards are designed to offer a practical framework for providers, payers, accreditation organizations, policymakers, health administrators, and educators. State Medicaid agencies are increasingly requiring plans and providers to demonstrate adherence to CLAS standards, which are also part of the NCQA Health Equity Accreditation Standards.



### Additional Resources

[Health Literacy: A Necessary Element for Achieving Health Equity](#): National Academy of Medicine paper provides insights into the connection between health literacy, health disparities, and health equity.

[Health Resources and Services Administration – Culture, Language, and Health Literacy](#): Tools, assessments, and articles for health care providers, particularly those serving uninsured and medically underserved populations.

[Health Literacy Universal Precautions Toolkit, 2<sup>nd</sup> Edition – Consider Culture, Customs, and Beliefs](#): Resource to help clinicians better understand patients’ cultures and devise treatment plans consistent with patient values.

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# Improving Written Communication to Promote Health Literacy

More than half of adults living in the U.S. have limited reading skills.<sup>1</sup> But most health materials are written at or above the 10<sup>th</sup> grade level. To create health communications that are effective and easy to understand, use plain language, simple design principles, and clearly organized content.

## Guidelines for Creating Effective Written Health Communications

Patients and their families rely on written communications, whether digital or in print, to learn about health care issues, receive instructions, schedule and manage care, and engage with legal documents. To develop written health materials that are easy to understand, follow the three principles below. Then, as described below, test your documents.



### 1. Organize information clearly.

- Begin with relevant background information or context. Prioritize “need to know” information.
- Write in a logical flow so that each section builds on previous information.
- Group information into meaningful sections with clear and consistently formatted headings. Use bold font rather than italics or underline to indicate new sections.

### 2. Use plain, clear language and content that is relevant to your audience.

- Use short, familiar words. Explain new words and concepts. Provide concrete examples.
- Use sentences that average no more than 15-20 words. Keep your messages clear and simple.
- Avoid jargon and unfamiliar acronyms. Tailor your message to what your audience knows.

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- Present numbers simply. For example, say “one out of every four people” instead of “25 percent of people.” Do not require your reader to do any calculations.
- Use words, examples, and a tone that are culturally relevant and appropriate for your audience.

### **3. Use simple layout and design techniques to facilitate reading and comprehension.**

- Create a lot of blank/white space. Use wide margins to create ample space between paragraphs.
- Use bulleted lists to break up blocks of information. Limit lists to between three and seven items.
- Use images of people who look like your intended audiences. Images should “explain” the content.
- Be consistent with font sizes and styles throughout the document. Use a familiar font in at least 12-point size.
- Avoid writing in all capital letters. Use upper and lowercase for easier reading.
- Use dark text on a white or light background. This helps older adults and anyone with visual impairments.

## **Guidelines for Assessing the Content and Readability of Written Communications**

After creating new health communications, an important next step is assessing their content and readability. A number of tools and readability formulas are available for assessing literacy levels in written documents, as described below.

Readability formulas calculate a score that shows the general difficulty of text. The formulas are designed to give “grade level” equivalents, but they also show a general score on a continuum. Most readability formulas calculate the average number of syllables per word and average number of words per sentence. Long words and sentences increase the reading level.

### **Health Literacy in the Health Care Environment**

Confusing or unreadable signage, intimidating check-in processes, complicated paperwork, and inadequate time to ask questions are all environmental factors that impact patients and families.

Simple improvements to your organization’s environment can enhance patient experience. For example:

- Use signs with plain, everyday words such as “X-Rays” in addition to or instead of “Radiology.”
- Ensure signage is large, well-placed, and translated into languages of major population groups.
- Revise and translate forms so that they are reader friendly. Train staff to offer help if they see someone struggling.

## Tools to Assess the Reading Level of Health Information

- **The AHRQ Patient Education Materials Assessment Tool:** Assesses the understandability and actionability of patient education materials.
- **The CDC Clear Communication Index:** Assists in developing and assessing public communication materials.
- **Flesch-Kincaid:** Analyzes readability based on the number of syllables per word and words per sentence in addition to other measures.
- **Gunning Fog:** Assigns grade level of language based on sentence length, number of words, and number of polysyllabic (more than three syllables) words.
- **SMOG Readability Formula:** Analyzes reading level of prose in sentence and paragraph format.

Finally, make sure to consider the features that readability formulas do not assess. These tools cannot measure the utility or relevance of design and imagery, determine cultural appropriateness or appeal. Even if your document is written at a basic reading level, it may be difficult to comprehend or use if the content is poorly organized, poorly designed, or not culturally relevant.

## Guidelines for User-Testing Written Communications

The next step in creating useful, understandable, and culturally relevant health communications is to test them with members of your intended audience. This includes actively seeking input from audiences and using that input to make relevant changes. Do this after conducting content assessments and readability tests to ensure you are user-testing the best possible versions.

### Process for User-Testing Health Communications Materials

**Step 1.** Define your key health problem or areas interest (e.g., *low use of preventive services*) and identify your intended audience (e.g., *Black and Latina women or adults over 65*).

**Step 2.** Engage your intended audience. Conduct one-on-one interviews, hold focus groups, and engage community forums like Patient and Family Advisory Councils to seek input. Determine your audience's needs, beliefs and values, knowledge level, and perceived barriers related to the identified health topic.<sup>2</sup>

**Step 3.** Determine key concepts and messages based on your knowledge of the audience.

**Step 4.** Design a draft of the materials.

**Step 5.** Pilot the materials with your intended audience. Community-based organizations are a good resource for a pre-test audience. Ask both broad and specific questions. Be prepared to make significant changes. Provide meaningful compensation to the people you interview.<sup>3</sup>

**Step 6.** Revise drafts according to feedback from the pilot audience.

**Step 7.** Publish and distribute materials. Whenever possible, provide translations of materials created by professional translators or in consultation with community members.

**Step 8.** Evaluate the audience’s satisfaction, understanding, and desired behavior change via one-on-one interviews, focus groups, and advisory groups.

### Additional Resources

**[Beyond Translation: Promoting a New National Standard for Equity in Health Materials Translated from English](#)**: A call to action discussing the strategy of addressing health equity and patient-centered care by ensuring translation of health care communications.

**[Centers for Medicare & Medicaid Services’ Guidelines for Effective Writing](#)**: CMS guidelines for clear communications.

**[Language, Interpretation, and Translation: A Clarification and Reference Checklist in Service of Health Literacy and Cultural Respect](#)**: Resources for providers to help navigate multilingual health care interactions and improve health literacy.

**[Plain Language Writing Act of 2010](#)**: A 2010 law requires federal agencies to use clear communication that the public can understand and use.

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org).

## ENDNOTES

<sup>1</sup> Kutner, M., Greenberg, E., & Baer, J. (2005). *National assessment of adult literacy (NAAL): A first look at the literacy of America’s adults in the 21st Century*. U.S. Department of Education. National Center for Education Statistics. (NCES 2006-470). <http://nces.ed.gov/naal/pdf/2006470.pdf>

<sup>2</sup> Institute for Patient and Family Centered Care. (n.d.) *Engaging patient and family advisors in research effective patient and family advisory councils*. <https://www.ipfcc.org/bestpractices/sustainable-partnerships/engaging/effective-pfacs.html>

<sup>3</sup> Spencer, A., & Jacobs, L.S. (2023, October). *Engaging community members: A guide to equitable compensation*. Center for Health Care Strategies. <https://www.chcs.org/resource/engaging-community-members-a-guide-to-equitable-compensation/>

HEALTH LITERACY FACT SHEETS

# Improving Verbal Communication to Promote Patient Health Literacy

**Delivering verbal health information in a clear, friendly, and culturally relevant manner can promote understanding and self-empowerment — no matter the literacy level of the patient.**

Verbal communication, particularly between providers and patients in a health care setting, is a critical way to share vital information, make joint decisions, and express empathy and understanding. Following are approaches to improve verbal communication and create a comfortable, equitable environment for patients. These strategies can help health care providers — as well as other professionals interacting verbally with patients, such as care managers or health plan administrators — promote patient understanding, health literacy, behavior change, and comfort. When starting out, some providers find it helpful to try just one technique at a time. As their comfort and success grow, they can add more strategies.



## Guiding Verbal Communications Principles

- **Create a safe and respectful environment.** Greet your patients warmly. Make eye contact. Sit down. Take time to get to know your patient and earn their trust.
- **Use speech that is easy to understand.** Speak slower than usual. Remember that even though information might be obvious to you, it is likely new to your patients. Limit content to a few key, specific points. Avoid generalization and vagueness. For example, instead of telling a patient to get “adequate” sleep, say “get seven to eight hours of sleep each night.” Use words that are simple and familiar. Stay away from acronyms and complex technical jargon (see *Simplified Language* examples on the next page).
- **Engage your patients.** Use pictures, physical models, or videos to illustrate technically complex topics. Ask open-ended questions to facilitate conversation. Get to know what your

### HEALTH LITERACY FACT SHEET SERIES

This fact sheet is part of a series addressing the impact of limited health literacy and providing strategies for organizational improvement. For more information, visit [www.chcs.org/health-literacy](http://www.chcs.org/health-literacy).



patients care about most — including family, friends, work, and hobbies — and incorporate those into your conversations.

- **Confirm understanding.** Ask your patients to tell you what they understood about what you shared (see “teach back method” described below). Take responsibility for clear communication by ensuring that they can accurately summarize key points.

Examples of Simplified Language Swap-Outs	
<i>Frequently Used Term</i>	<i>Suggested Modification</i>
<b>Chronic disease or condition</b>	A health problem that will not improve, that goes away and comes back, and/or that lasts forever. Examples are diabetes, asthma, and high blood pressure.
<b>Hormone</b>	Natural or manmade chemical that can impact your energy, mood, and/or growth
<b>Hypertension</b>	High blood pressure
<b>Myocardial infarction</b>	Heart attack
<b>Deductible</b>	The amount you must pay for health services before your insurance starts to pay.

(Source: Modified from [CDC’s Plain Language Thesaurus for Health Communications](#))

## Help Patients Prepare for Health Care Appointments

To improve the quality and content of in-person and virtual patient appointments, providers, care managers, health plan administrators, and other patient-facing professionals can recommend that their patients:

- Make a list of two or three questions they want answered.
- Bring photos or the actual bottles of all prescriptions, over the counter products, vitamins, and herbal medicines or supplements they are taking or have recently taken.
- Bring copies of recent test results or reports from other health care providers, including any personal health records, including digital records.
- Ask a family member or friend to come with them to take notes, ask questions, and help remember what was discussed.
- Report all symptoms and anything that does not seem quite right and ask their provider to repeat instructions at the end of the visit.

**Questions are the Answer** is a resource from the Agency for Healthcare Research and Quality (AHRQ) that helps patients think about what questions to ask their health care providers. Examples include:

1. **What is this test (or procedure) for?**
2. **When will I get the results?**
3. **How do you spell the name of that drug?**
4. **Are there any side effects?**
5. **Are there any other options?**

The resource also offers an app that helps patients and caregivers organize their questions so that they can maximize their appointment time.

# Clear Communication Strategies for Health Care Providers

There are many tools and techniques that health care providers and other patient-facing professionals can use to better communicate. AHRQ's [Health Literacy Universal Precautions Toolkit](#) recommends the following strategies.<sup>1</sup>

- **Teach-Back Method:** This helps health care providers confirm their patients' understanding of the information conveyed to them during their appointments. First, the provider takes responsibility for clear communication by saying something such as, "I want to make sure I explained things clearly." Then, they ask the patient a *specific* question about what they need to do or what they heard the doctor tell them. This is the "teach back" part of the process. For example, "I want to make sure I explained everything clearly enough. Please tell me in your own words how you're going to take your new medicine."
- **Patient Follow Up:** This is the act of following up with patients or their caregivers to answer questions and check in. Providers, such as doctors and nurses, or other patient-facing staff can do the follow up, depending on its content. It is important to first find out patients' preferred communication methods (e.g., patient portal, email, text messages, phone call) and document those preferences in their medical record.
- **Motivational Interviewing:** This patient-centered communication method is based on addressing goals that the patient has defined and doing so in a comfortable, familiar environment. Throughout the interview, patients will gradually feel "motivated" to work toward more ambitious goals. Health care providers are increasingly using motivational interviewing to support their patients with complex chronic conditions and significant social barriers. The technique can also help patients with limited health literacy skills who may need assistance mapping out a step-by-step process to reach their health care goals.
- **Language Access:** Ensure that staff know how to obtain qualified medical interpreters both when needed and in advance of appointments.

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## ENDNOTES

<sup>1</sup> Agency on Healthcare Research and Quality. *AHRQ health literacy universal precautions toolkit* (2nd edition). (2020, September). U.S. Department of Health and Human Services. <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>