Policy Proposal for Standardized Health Literacy Practice

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Background

The foundation of the healthcare system includes healthcare providers' communications with patients who need to understand health information to correctly follow a plan of care.

Adequate literacy skills are a critical link to both maintaining and improving health. However, when patients lacks adequate literacy skills there is often a breakdown in this communication system.

Thus, it is crucial that the healthcare system enact policies to assist persons with low health literacy, and not assume that it is the educational system's task or even worse, the patient's responsibility. The healthcare system must take ownership of the health literacy problem to ensure equity of care for all patients.

Objectives

Present a policy analysis that provides goals for a standardized heal literacy practice particularly for low literate individuals

Policy Analysis Includes

- Policy alternatives rationale
- Criteria for evaluating each goal
- Rationale for each goal
- Implementation barriers
- Perceived capacity
- Stakeholders
- Recommendation for a national health literacy policy in clinical settings

Table 1: Summary and Assessment of Three Health Literacy Assessments

Health Literacy Assessments

	Rapid Estimate of Adult Literacy in Medicine (REALM)	Test of Functional Health Literacy in Adults-Short Form (TOFHLAS)	Newest Vital Sign (NVS)
Description	Medical word recognition test	Reading comprehension and numerical ability test	Reading and comprehension ability test
Directions	Patient is asked to read aloud from a list of 66 medical terms	Patient is given sample medical instructions and asked to fill in the missing word, choosing from a list of 3-4 words	Patient is given a nutritional label and asked six questions related to the label
Admin. Time	< 3 minutes	~12 minutes	~3 minutes
Scoring	Four levels - Approximated grade level equivalent: ≤3rd grade 4th-6th grade 7th-8th grade ≥ 9th grade	Three levels: Inadequate health literacy Marginal health literacy Adequate health literacy	Three levels: Inadequate health literacy Possible low health literacy Adequate health literacy
Available in Spanish	No	Yes	Yes
Advantages	+ Quick + Easy to use in a clinical setting	+ Is self-administered-after directions are given + Evaluates reading and comprehension skills	+ Quick + Uses a common tool (nutritional label) + Patient may learn nutritional facts while being tested

Goals

1. Improve healthcare provider identification of low literate patients
2. Provide quality healthcare for low literate patients
3. Maintain human dignity
4. Provide a practical plan for healthcare providers

Conclusions

- A policy matrix was created as a means to quantify the results of this analysis. The results found that the Teach Back method was the best alternative for health literacy reform.
- The Teach Back method is simple, yet action oriented. Communication during a clinic visit, while using the Teach Back method, can be tailored to ensure patient understanding.
- The Teach Back method is more likely to meet patients' approval.

Table 2: Health Literacy Policy Alternatives Matrix

1. Policy Goal: Improve Healthcare Provider Identification of Low-literate Patients

	Teach-Back Method		Ask Me 3 Method		Standardized Assessment	
I. Evaluation Criteria: Level of care matched to patient's needs						
	Provider is encouraged to rephrase information	+	No provision to match care with needs	-	Health literacy is identified and same level of care can be given	+
II. Evaluation Criteria: Providers aware of patient health literacy level						
	Provider knows ability of pt to repeat information	+	No provision for making providers aware of literacy	-	Health literacy is assessed	+
III. Evaluation Criteria: Provide a means to track health literacy						
	No means to track	-	No mean to track	-	A means to track	+

2. Policy Goal: Provide Quality Healthcare for Low literate Patients

	Teach-Back Method		Ask Me 3 Method		Standardized Assessment	
I. Evaluation Criteria: Verify patient understanding of health information						
	Program verifies pt understanding. Can be culturally sensitive	+	No provision to verify pt understanding. Can be used in native language if interpreter is available	-	Program has the ability to verify pt understanding, but may not. Some assessments are available in Spanish	-
II. Evaluation Criteria: Universality of program						
	Adaptable to various clinic settings	+	Adaptable to various clinic settings	+	Information targeted to low literate pts	+

3. Policy Goal: Maintain Human Dignity

	Teach-Back Method		Ask Me 3 Method		Standardized Assessment	
I. Evaluation Criteria: Public acceptability						
	Accepted if discrete	+	Easily accepted	+	A major concern	-
II. Evaluation Criteria: Confidentiality						
	Easily accomplished in private setting	+	Pt can ask questions in private setting	+	Care must be taken in documentation	-
III. Evaluation Criteria: Provide a shame-free environment						
	Care must be taken to make pt feel comfortable	-	Easily accepted	+	Pts are often embarrassed of their low literacy skills	-

4. Policy Goal: Provide a Practical Plan for Healthcare Providers

	Teach-Back Method		Ask Me 3 Method		Standardized Assessment	
I. Evaluation Criteria: Administration efficiency						
	Minimal time & training. Program is flexible	+	Minimal time & training. Program is flexible	+	Minimal time & training. Program is flexible	+
II. Evaluation Criteria: Cost effectiveness						
	Similar start-up costs to the other programs being evaluated	+	Similar start-up costs to the other programs being evaluated	+	Similar start-up costs to the other programs being evaluated	+

All three programs should be matched to the patient's literacy level

Grading Scale:
- \+ = the policy rates positively with regard to the evaluation criteria
- -- = the policy does not fulfill the evaluation criteria
- ± = the policy rating is mixed with regard to the evaluation criteria

NET GAIN/LOSS of Policy Matrix:

Teach Back Method	+ = 8	± = 1	- = 1
Ask Me 3 Method	+ = 6		- = 4
Standardized Assessment	+ = 6	± = 1	- = 3