

# Health Literacy Guidelines at HealthPartners

## *An Evidence-Based Strategy*

Each year, HealthPartners Institute’s Patient Education Department creates or revises more than 400 materials for various audiences, including patients, plan members and the public. Our current database of customized patient education materials includes more than 1300 pieces, ranging from one-page handouts and brochures to booklets and multipaged care guides—as well as videos and online content. Over the past several years, we have developed a systematic process for creating these materials, which includes following nationally established standards to promote health literacy. To maintain consistent messaging across the HealthPartners system, Patient Education has led the institution-wide application of these health literacy guidelines. To ensure continued alignment and integration of this work, all HealthPartners and Park Nicollet specialties and departments should follow these best-practice standards.

This document is designed to outline our health literacy guidelines and summarize the research upon which these guidelines are based. The objective is to provide the information needed to help you implement health literacy standards in your practice and in plan member and patient communications.

### **What is health literacy? Is it the same as general literacy?**

General literacy is our ability to function in today’s society. It represents a constellation of skills, including reading, writing, basic mathematical calculations, listening, speaking, and cultural and conceptual knowledge. Health literacy challenges these general literacy skills by placing them in the context of the health care system, a multifaceted environment that includes the use of complex terminology, ever-evolving technology, and often-abbreviated interpersonal interactions between clinician and patient.

The US Department of Health and Human Services has defined 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.”<sup>1</sup>

### **At-a-glance: Health Literacy at HealthPartners**

- Research has shown that more than a third of Americans have health literacy levels at or below basic levels.
- Low literacy levels are associated with poorer outcomes, including increased hospitalizations, increased use of the emergency department, and decreased use of preventive screenings and services.
- The average reading level among Americans is between 7<sup>th</sup> and 8<sup>th</sup> grade. HealthPartners has adopted a target reading level of 5<sup>th</sup> to 7<sup>th</sup> grade for patient and member communications.
- HealthPartners follows the Universal Precautions Approach to Health Literacy. We strive to have **all** written, oral, and web-based communications be in clear, plain language—and that the same standard applies for **all** plan members and patients.

In addition to general literacy, health literacy also includes numeracy (the ability for the end user to understand mathematical ideas and information) and cultural competency (the ability for the communicator to recognize the beliefs, values and traditions of diverse populations). Numeracy and cultural competency will be discussed in future communications.

### **What research has been done to identify Americans' health literacy levels?**

The most comprehensive research conducted to assess Americans' health literacy levels is the 2003 National Assessment for Adult Literacy (NAAL),<sup>2</sup> which was administered to more than 19,000 adults. While the assessment is typically done every 10 years, the 2003 NAAL was the first—and to date, only—to include items for measuring the health literacy. As part of the assessment, participants were asked to complete certain tasks that adults living in the United States are likely to face as they (1) navigate their health care system (e.g., understand what a health insurance plan will and will not pay for), (2) participate in a clinical experience (e.g., fill out a patient information form or understand medication dosing instructions), and (3) work to maintain or improve their health (e.g., follow guidelines for preventive services, identify signs and symptoms of a health problem requiring clinical attention).

Health literacy was reported using four levels: Below Basic, Basic, Intermediate, and Proficient. Figure 1 (page 3) maps specific health tasks to the different levels of health literacy.

- *Below Basic* indicates no more than the most simple and concrete literacy skills (e.g., locating easily identifiable information and following written instructions in simple documents, such as charts and forms).
- *Basic* indicates skills needed to perform simple and everyday literacy activities (e.g., reading and understanding information in simple documents).
- *Intermediate* indicates skills needed to perform moderately challenging literacy activities (e.g., locating information in dense, complex documents and making simple inferences about the information).
- *Proficient* indicates the skills needed to perform more complex and challenging literacy activities (e.g., integrating, synthesizing and analyzing multiple pieces of information located in complex documents).

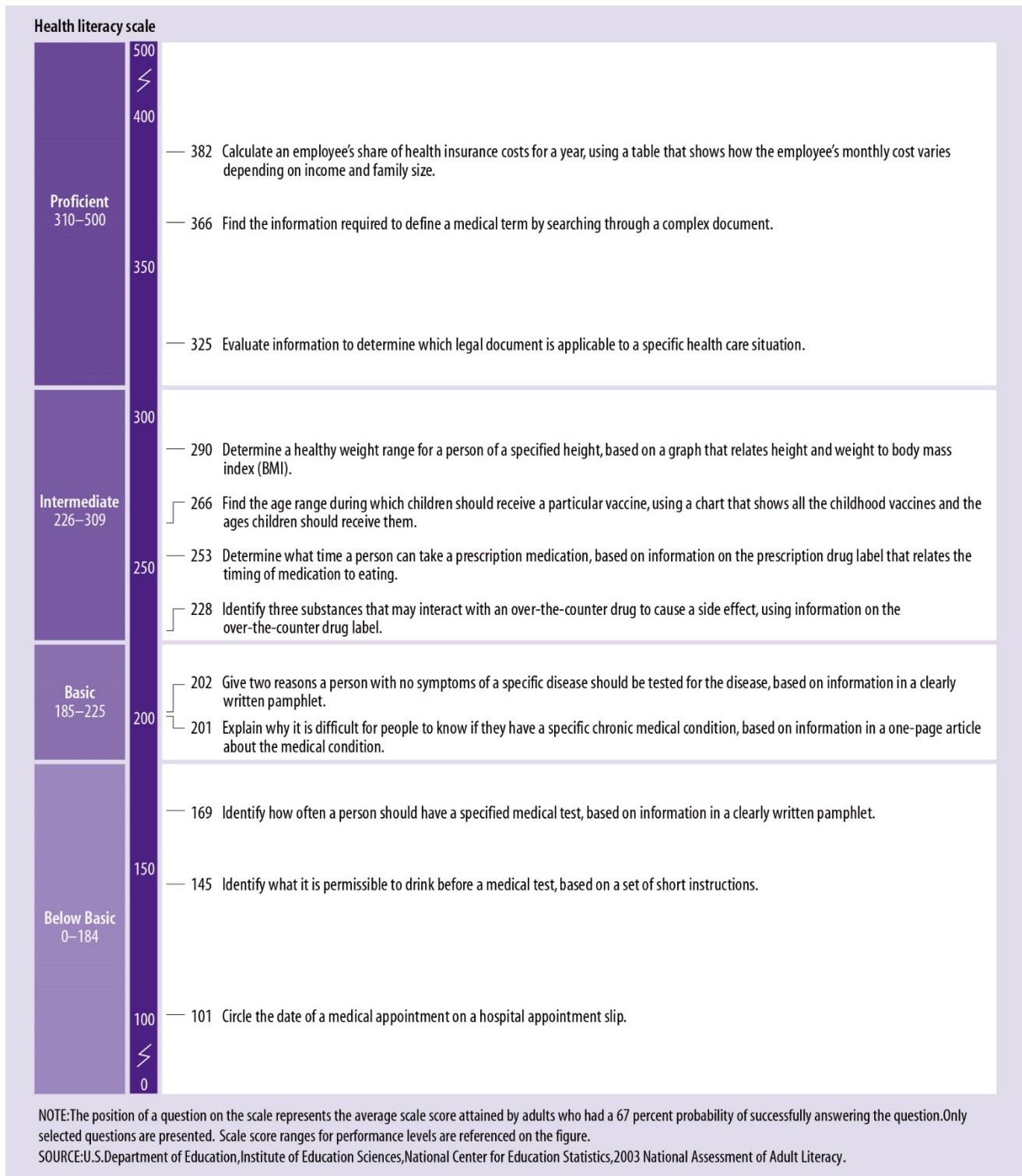
### **What does the data show?**

The NAAL results showed the majority of adults (53%) had Intermediate health literacy. ***About 22% of participants surveyed had Basic and 14% had Below Basic health literacy—accounting for more than a third of the Americans surveyed.*** Only 12% had Proficient health literacy levels.

The report also delineated the relationships between health literacy and background and demographic variables. Some highlights:

- Women had higher average health literacy than men
- White and Asian/Pacific Islander adults had higher average health literacy levels than Black, Hispanic, American Indian/Alaska Native, and Multiracial adults. Hispanic adults had lower average health literacy than any other racial or ethnic group.
- Adults who were native English speakers (spoke only English before starting school) had higher average health literacy than adults who spoke other languages alone or with English.
- Adults who were age 65 and older had lower average health literacy than adults in younger age groups.
- Adults who had never attended or did not complete high school had the lowest average health literacy levels compared with those who received a diploma or attended high school.

**Figure 1. Difficulty of selected health literacy tasks**



## What are HealthPartners' health literacy guidelines for patient education?

We know our members and patients need to be engaged in their care in order to optimize their health. Today's health care consumers cannot manage their chronic conditions or follow appropriate self-care measures when they are uncertain about what they are supposed to do. Evidence points to a large gap between how health information is presented and the literacy skills of half of all Americans. This gap is dramatically affecting the quality and cost of health care.

***The average reading level among Americans is between 7<sup>th</sup> and 8<sup>th</sup> grade.<sup>3</sup> To address the literacy level specific to conferring health information, HealthPartners has adopted a target reading level of 5<sup>th</sup> to 7<sup>th</sup> grade for its patient communications,*** as recommended by several organizations, including the Agency for Healthcare Research and Quality, the Minnesota Health Literacy Partnership, America's Health Insurance Plans: Health Literacy Task Force, and the Centers for Disease Control and Prevention. To determine whether our written communication materials meet this reading level range, Patient Education uses an evaluative process that includes electronic reading indices (available online and through various word-processing platforms) as well as reviews by health literacy experts and plan member and patient partners.

## Why do we need to have these reading-level parameters in place for every member and patient—across the HealthPartners system?

Health care providers do not always know which patients have basic or below basic health literacy. Evidence demonstrates that many patients with limited health literacy:

- Have completed high school or college
- Are well spoken
- Look over written patient materials and instructions and indicate that they understand the information
- Hold white collar or health care jobs
- Function well when not under stress<sup>4</sup>

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*HealthPartners strives to have all written, oral, and web-based communications be in clear, plain language, and to have that same standard apply for all members.*

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Just as clinicians take universal precautions to reduce hospital complications, prevent disease transmission, and maintain patient safety, ***health care institutions must adopt universal precautions to optimize plan members' and patients' understanding of the health information they receive.*** At HealthPartners, we follow the Agency for Healthcare Research and Quality's (AHRQ's) Universal Precautions for Health Literacy, which includes the following:

*Experts recommend assuming that everyone may have difficulty understanding and creating an environment where patients of all literacy levels can thrive. In the case of health literacy universal precautions, primary care practices should ensure that systems are in place to promote better understanding for all patients, not just those you think need extra assistance. Improving patient understanding is beneficial for the patient and health care provider.<sup>4</sup>*

HealthPartners strives to have all written, oral, and web-based communications be in clear, plain language, and to have that the same standard apply for all members.

Adopting universal precautions ultimately helps ensure that all patients can make informed decisions about their health care. Although certain demographic risk factors increase the risk for limited health literacy, these factors cannot alone identify patients who are at or below basic health

literacy levels.<sup>5</sup> In addition, while several studies have shown that creating materials that address health literacy barriers has the greatest effect on individuals with limited health literacy, those at higher health literacy levels also prefer and benefit from these interventions.<sup>6,7,8</sup>

### **But isn't our patient population more "health literate" than average?**

Research demonstrates that care team members can overestimate their patients' level of literacy and health literacy.<sup>9,10</sup> ***There is no evidence to suggest that HealthPartners plan members and patient populations and plan members have fewer health literacy barriers or higher health literacy levels than national averages.*** Patient advisory councils and patient partners who have reviewed patient education materials within our system have confirmed that health literacy is a key variable affecting how HealthPartners members and patients understand and apply health information. As the AHRQ notes, "research suggests that clear communication practices and removing literacy-related barriers will improve care for all patients, regardless of their level of health literacy."

### **Why is health literacy important to address in Minnesota?**

Given Minnesota's changing demographics and HealthPartners' continued focus on quality patient care and an optimal patient experience, health literacy must remain at the forefront of our work. As Table 1 illustrates (page 6), maintaining this focus is particularly important in the context of what the NAAL survey reveals regarding who faces the greatest health literacy barriers.

### **Do low health literacy levels affect outcomes?**

The causal relationship between health literacy and health remains unknown. A systematic research review conducted by the AHRQ<sup>11</sup> has revealed that lower levels of health literacy are associated with:

- Increased hospitalizations
- Greater use of the emergency department
- Lower mammography rates
- Lower influenza vaccine rates
- Lower medication adherence
- Poorer overall health status among older adults

### **Do health literacy interventions improve outcomes?**

The AHRQ has also reviewed the literature to evaluate the effectiveness of health literacy interventions on various outcomes, including health literacy scores as well as health care service use, disease prevalence and severity, health knowledge, self-efficacy, treatment adherence, quality of life, and health care costs. To date, the results of these studies have been mixed—with the strength of evidence ranging from "insufficient" to "moderate."<sup>11</sup>

### **Are national initiatives in place around health literacy?**

In its 2004 report, *Health Literacy: A Prescription to End Confusion*, the Institute of Medicine recommended that health care systems "develop and support programs to reduce the negative effects of limited health literacy."<sup>12</sup> As result of this report and research from the past two decades, the Department of Health and Human Services has established a *National Action Plan to Improve Health Literacy*<sup>13</sup> that seeks to engage and unify organizations, professionals, policymakers, communities, individuals, and families to improve health literacy. Increasingly, government-sponsored grants and proposals require applicants to demonstrate that their institution has established a plan to address health literacy among its plan members, patient populations,

members, and other constituents. Thus, in addition to creating a better experience for our patients, adopting evidence-based health literacy standards and policies ensures that HealthPartners continues to remain a highly desirable entity with respect to funding opportunities and multicenter collaborations.

**Table 1. NAAL Findings At-a-Glance: A Minnesota Perspective on Patients at Risk for Health Literacy Challenges**

<i>Population at risk for health literacy challenges</i>	<i>NAAL survey findings*</i>	<i>The Minnesota factor</i>
<i>Older adults</i>	29% of patients > age 65 are at Basic or Below Basic health literacy	The population of Minnesotans age 65+ will increase by 500,000 between 2015 and 2035. <sup>†</sup>
<i>Ethnic and racial minorities, people who have limited English proficiency</i>	41% of Hispanic, 25% of American Indian/Alaska Native, and 24% of Black adults had Below Basic health literacy	The percentage of Minnesotans who are nonwhite and/or Latino will grow from 14% in 2005 to an estimated 25% in 2035. <sup>†</sup> 4.2% of Minnesotans have limited English proficiency.
<i>People with limited education</i>	Adults who had not attended or completed high school and were not currently enrolled in high school had lower average health literacy scores than those who were enrolled in high school or had a higher level of education.	About 23% of Minnesotans listed “high school graduate or GED” as their highest level of education; an additional 6% did not receive a high school diploma. <sup>‡</sup>
<i>People with low socioeconomic status</i>	Adults living at 125% of the poverty level or below had average health literacy scores in the Basic health literacy range.	11.4% of Minnesotans live in poverty. <sup>†</sup>

\* Kutner M, Greenberg E, Jin Y, and Paulsen C. The Health Literacy of America’s Adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483). US Department of Education. Washington, DC: National Center for Education Statistics, 2003.

† Minnesota State Demographic Center, [mn.gov/admin/demography/data-by-topic/population-data/our-projections/](http://mn.gov/admin/demography/data-by-topic/population-data/our-projections/)

‡ U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates

### **What else can we do about health literacy within our organization?**

In addition to adopting a “universal precautions” approach to health literacy and ensuring that patient education materials are at or below a 7<sup>th</sup> grade reading level, HealthPartners follows these best-practice steps for addressing health literacy across the enterprise:

- Creates a home for the health literacy program at an appropriate level in the organization, signaling that the program is a priority and that clear health communication is a company-wide expectation. Patient Education oversees health literacy initiatives through the HealthPartners system, with solid support from our executive leadership team.



- Provides training in principles of clear health communication for all staff who draft and/or design written communications for members and/or interact directly with members over the phone and/or in person.
- Takes other important steps known to foster clear health communication, (e.g., uses a glossary of plain language health care terms; incorporates graphic design elements that promote readability and action; includes clear “calls to action” in materials; conducts campaigns that focus on encouraging plan members and patients to ask questions). Whenever possible, we integrate these steps into our patient education programs, materials, and projects.

### Where can I learn more about health literacy?

HealthPartners Patient Education provides presentations about health literacy and expert consultation for developing materials and projects. For more information, call 952-993-3454.

Additional resources include:

- *Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit*  
[ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html](http://ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html)  
 Provides evidence-based resources to help health care professionals implement universal precautions for health literacy. Describes how implementing health literacy can help meet standards for patient-centered medical home certification or recognition.
- *Centers for Disease Control and Prevention’s Health Literacy Web Site*  
[cdc.gov/healthliteracy/index.html](http://cdc.gov/healthliteracy/index.html)  
 Provides information and tools to improve health literacy and public health.
- *Minnesota Health Literacy Partnership*  
[healthliteracymn.org](http://healthliteracymn.org)  
 Trains health care professionals about health literacy, empowers patients to ask for clear communication, and shares health literacy resources among stakeholders
- *Wisconsin Health Literacy*  
[wisconsinliteracy.org](http://wisconsinliteracy.org)  
 Sponsors the biennial Wisconsin Health Literacy Summit. Presentations from the 2015 Summit are available on the site.

### References

1. US Department of Health and Human Services (HHS). [Healthy People 2010: Understanding and Improving Health](#). Washington, DC, 2000.
2. Kutner M, Greenberg E, Jin Y, and Paulsen C. [The Health Literacy of America’s Adults: Results from the 2003 National Assessment of Adult Literacy](#) (NCES 2006-483). US Department of Education. Washington, DC: National Center for Education Statistics, 2003.
3. National Center for Education Statistics. [National Assessment of Adult Literacy \(NAAL\) 2003](#). Available at [nces.ed.gov/NAAL/kf\\_demographics.asp](http://nces.ed.gov/NAAL/kf_demographics.asp). Accessed December 29, 2016.
4. Agency for Healthcare Research and Quality. [Universal Precautions Toolkit](#). 2<sup>nd</sup> Edition.
5. Weiss BD. “Health Literacy in Clinical Practice.” *Medscape*. November 28, 2007.
6. Kripalani S, Robertson R, Love-Ghaffari MH, et al. Development of an illustrated medication schedule as a low-literacy patient education tool. [Patient Education and Counseling 2007;66\(3\):368–377](#).
7. Gerber BS, Brodsky IG, Lawless KA, et al. Implementation and evaluation of a low-literacy diabetes education computer multimedia application. [Diabetes Care 2005;28\(7\):1574–80](#).

8. Sudore RL, Landefeld CS, Barnes DE, et al. An advance directive redesigned to meet the literacy level of most adults: A randomized trial. [Patient Education and Counseling 2007;69\(1-3\):165-95.](#)
9. Kelly PA, Haidet P. Physician overestimation of patient literacy: a potential source of health care disparities. [Patient Education and Counseling 2007;66\(1\):119-122.](#)
10. Dickens C, Lambert BL, Cromwell T, Piano MR. Nurse overestimation of patients' health literacy. [Journal of Health Communication 2013;18:62-9.](#)
11. Berkman ND, Sheridan SL, Donahue KE, et al. [Health Literacy Interventions and Outcomes: An Updated Systematic Review.](#) Evidence Report/Technology Assessment No. 199. AHRQ Publication Number 11- E006. Rockville, MD. Agency for Healthcare Research and Quality. March 2011.
12. Institute of Medicine. [Health Literacy: A Prescription to End Confusion.](#) Washington, DC: The National Academies Press, 2004.
13. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. [National Action Plan to Improve Health Literacy.](#) Washington, DC, 2010.

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