



It's Safe to Ask:

An Initiative to Improve Health Literacy in Manitoba

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Presented as a poster at Halifax 6: The Canadian Patient Safety Symposium
October 20-21, 2006, Vancouver, B.C.

What is the Problem?

INTRODUCTION

When we visit the doctor or another health professional, we expect to leave knowing what our health problem is, what we need to do about it, and why. But for patients with low health literacy, this is simply not the case. Over 43% of American adults are unable to read, understand, and act on basic health information (IOM, 2004; Schwartzberg, 2005). The figure is probably similar in Canada, where the 2003 Adult Literacy & Life Skills Survey found that 42% of adults lacked sufficient literacy skills to cope with the demands of life and work in our current society (Canadian Journal of Public Health, 2006).

Every patient has the right to receive healthcare instructions and information that they can understand. Yet health information is often communicated in a way that is not appropriate or useful to patients with low health literacy (Baker, 2005; Centre for Literacy, 2001). More than 300 studies indicate that current health-related materials far exceed the average reading skills of US adults (IOM, 2004). Information and instructions that patients receive may be complex, illegible, poorly designed, poorly written, and delivered in a way that does not match the clients' literacy and language level (Baker, 2005; Rudd 2005). Patients with low literacy may struggle with the multiple-step instructions, difficult text, and unfamiliar terms often found on prescription warning labels, and may even ascribe incorrect meanings to label colours and icons (Wolf et al., 2006). Signs displayed in hospitals and doctors' offices may contain words that are not understood by the general public, and health care professionals may make incorrect assumptions about an individual's ability to read, ask questions, and comprehend health information (IOM, 2004).

THE EFFECTS OF LOW HEALTH LITERACY

When people with low health literacy are given information and explanations that are difficult for them to understand, it is unlikely that they will apply them successfully to take care of themselves. Not surprisingly, patients with low literacy have less knowledge about their health problems (Weiss et al., 2005) and are more likely to be confused or inadequately informed about their condition and the processes of care needed to manage it (Shillinger, 2004). They have more difficulty identifying their medications and describing their treatment (Wolf et al., 2005), cannot easily read medication labels, and may take medications incorrectly or fail to comply with health care instructions (Perrin, 1998). Worst of all, fear, embarrassment, shame, and limited skills keep patients with low health literacy from asking important questions of healthcare providers and clarifying the answers (Speros, 2005). Patients often hide their inability to read and understand healthcare information, or they may overestimate their ability (Safer & Keenan, 2005). When low health literacy is invisible, communication is not adjusted to meet the level of the patient.

Although frequently overlooked, low health literacy is a serious threat to patient safety, promoting misunderstandings, miscommunication, healthcare mistakes, increased hospital admissions, longer hospitalizations, and poor health outcomes, not to mention higher healthcare costs (Baker, 2005; Schwartzberg, 2006; Rudd, 2005; Weiss et al., 2005; Wolf et al., 2005). According to an American report by the Institute of Medicine (2004), low health literacy increases hospital admission rates by up to 30% and may cost as much as \$73 billion annually. Weiss and Palmer (2004) found that the relationship between literacy and health status remained even after covariates such as income were taken into account. The perils of ineffective communication between healthcare providers and patients are underscored by the fact that communication (or a lack of it) was a root cause of 70% of sentinel events reported to the Joint Commission Resources (JCR, 2006).

American studies have found that low health literacy is most common among the elderly, minorities, persons with limited English proficiency, immigrants and those with low incomes (Baker 2005; Faguy, 2004). In Canada, seniors are particularly likely to have low health literacy; they are also more frequent users of the health care system, and take more medications (Centre for Literacy, 2001). Unfortunately, many seniors overestimate their literacy skills (Centre for Literacy, 2001); they may also be reluctant to ask for health information because of their respect for the doctor-patient relationship and their socialization patterns. With many seniors taking several different types of medication, the potential for medication errors in the community is great. Health literacy is also a particular concern for Aboriginal Manitobans, 45-70% of whom have less than a Grade 9 education (Statistics Canada, 2001). As treatment regimes become more complex, with many patients managing their health at home via multiple medications, inhalers, or devices to monitor blood sugar, health literacy and communication are becoming important issues for everyone.

What Do We Need to Do?

INITIATIVES TO IMPROVE HEALTH LITERACY

Presenting health information in clear, plain language (e.g., ensuring that written materials are at no more than a Grade 5 reading level; Mayer, 2004; Safer et al, 2005), and supplementing text with helpful graphics, cartoons, and photos (Baker, 2005; Davis & Wolf, 2004; Delp & Jones, 1996; Kickbusch, 2001; Rudd, 2005; Schwartzberg, 2005) are both ways to ameliorate the problem of low health literacy. However, better materials are only part of the solution. The key way to increase health literacy is to improve communication between patients and professionals. After all, a clear conversation in the doctor's office, hospital, or pharmacy is the only way to confirm that patients understand the information they have received and know how to act on it.

Effective communication is a two-way street. Healthcare providers need to be aware of the problem of low health literacy and recognize the importance of adjusting their verbal and written communication (Hixon, 2004; Kleinbeck, 2005). Patients need to ask the questions that will provide them with necessary information. In the USA, the Partnership for Clear Health Communication has developed *Ask Me 3*, a program to encourage patients to ask three basic questions about their healthcare. Preliminary research showed that, where the program was implemented, patients were indeed more likely to ask these questions. Almost all asked, "What is my main problem?" and a majority also asked, "What do I need to do?" although most did not ask the third question ("Why is it important for me to do this?") during follow-up visits (Allison-Otley, 2006).

INTRODUCING *IT'S SAFE TO ASK*

It's Safe to Ask, a Manitoba Institute for Patient Safety (MIPS) initiative patterned on *Ask Me 3*, encourages patients to ask three simple questions:

1. What is my health concern?
2. What do I need to do?
3. Why do I need to do this?

The questions are a guide patients can use to start conversations, organize their thoughts, and help keep track of information. **It's Safe to Ask** makes use of both brochures and posters (see below) in which information is presented at a Grade 4 reading level. These patient tools, which are also available in French and will be translated into several other languages, have been reviewed by literacy experts and pilot-tested in six healthcare settings across Manitoba: an inner-city community health clinic, a French healthcare centre, two community pharmacies, and an acute-care ward at a major teaching hospital. MIPS has also created a kit for healthcare providers,

which includes information on low health literacy and its impact on patients' experiences, and suggests strategies for more effective communication with patients and families. The initiative's goals are to raise awareness of health literacy issues, improve health literacy, and enhance communication between professionals and patients.

Both the tools and the accompanying implementation guide were evaluated by patients and providers at the six pilot sites from June to September of 2006, and participants' feedback has been used to refine and improve the program in advance of its province-wide launch. This will take place on October 25, 2006, as part of Patient Safety Week.

MIPS has developed strong ties with the regulatory bodies of the three main professional provider groups in Manitoba (College of Physicians and Surgeons, College of Registered Nurses, and Pharmaceutical Association), the Regional Health Authorities of Manitoba, and the First Nations and Inuit Health Branch (Health Canada). These groups have agreed to mail **It's Safe to Ask** display materials and healthcare provider information to all their respective members on behalf of MIPS. **It's Safe to Ask** has also been endorsed by the Manitoba Medical Association, Literacy Partners of Manitoba, Manitoba Society of Seniors, and the St. Boniface General Hospital.

The official launch, including a media event, will be the beginning of a three-month public awareness campaign. This will employ billboards, Transit bus ads, radio advertisements, public service announcements, community newspaper articles, and, if funding permits, television advertisements as well as more targeted approaches to vulnerable populations.

Future phases of the project will involve evaluating the initiative by assessing public awareness of **It's Safe to Ask**, examining the uptake and implementation of the program by facilities across Manitoba, and soliciting patient and provider feedback through both surveys and interviews. Further research will also explore the relationship between the use of **It's Safe to Ask** and health outcomes.

Why is it Important to Do This?

Increasingly, patients are asked to become more actively involved in their health care by engaging in decision-making, advocacy, information-seeking, and monitoring of their own health (IOM, 2004). Dialogue with health care providers is an essential part of being an active patient, yet people with low health literacy struggle – often invisibly – to cope with these demands. In many recent studies, including stakeholder consultations carried out by MIPS in 2005, patients and family members have reported difficulty in communicating with their doctors, and a lack of patient-friendly tools. Patients in particular groups – seniors, Aboriginal Canadians, people with low literacy, those who speak English as an additional language, and new Canadians – often describe feeling as if they have no voice, and are intimidated about asking questions of their healthcare providers. The patient tools of **It's Safe to Ask** are aimed at members of these

vulnerable populations, as well as children and youth, and consumers of disability and mental health services.

It's Safe to Ask is a step towards a healthcare culture that is open and welcoming of patient and family involvement. By providing vulnerable Manitobans with tools to help them request the information they need, and by offering supportive education to healthcare providers, **It's Safe to Ask** promises to have a significant impact on patient safety in Manitoba.

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