



Health Literacy Review

Promoting Wellness in American Indian Communities
Addressing Health Disparities and Health Literacy
Communicating with our Clients

ABOUT THIS REVIEW

Communicating complex health care and long term care information clearly and in ways that Native elders can truly understand is a major challenge for service providers. This review provides a background on the issue of health literacy; a summary of a seminar held recently on the topic and offers some tips on how to improve health communication with Native elders.

BACKGROUND

For the purpose of this review, we have accepted the standard definition of 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.”

According to Karen Katen, president of Pfizer Global Pharmaceuticals, “Low health literacy is the problem...Clearer health communication is the solution.”

Clear communication in the health care industry has been a barrier to improved health status, even for the most educated person. Experts in the field indicate that low literacy is far more than a reading problem, citing several studies that indicate that patients who have a hard time comprehending health instructions avoid care. Many prestigious groups, such as the Institute of Medicine, are studying the problem.

Some of the most frequent comments from patients on the issue and its importance can be best summarized by elders attending the seminar.

“That doctor seemed so busy that I didn’t want to take up anymore of his time,” stated one participant. “I don’t want anyone to know. They’ll think I’m stupid,” stated another.

Although the problem seems rather obvious after some study, the issue takes on an even

greater importance for Native people and especially Native elders because of the strong association between chronic disease and health literacy, particularly diseases such as type II diabetes and arthritis.

“Among patients with type II diabetes, inadequate health literacy is independently associated with worse glycemic control and higher rates of retinopathy. Inadequate health literacy may contribute to the disproportionate burden of diabetes-related problems among disadvantaged populations,” states a 2002 article in the Journal of the American Medical Association on the Association of Health Literacy with Diabetes Outcomes.

Health care communication appears in a variety of ways:

- In conversations with health care professionals
- On prescription and over-the-counter medication bottles
- Appointment slips
- Informed consents
- Discharge instructions
- Health education/promotion materials
- Insurance/Medicare applications and correspondence
- Other medical and health information

PROMOTING WELLNESS IN AMERICAN INDIAN COMMUNITIES: ADDRESSING HEALTH DISPARITIES AND HEALTH LITERACY

On October 29, 2003 several experts and Native elders were invited to participate in a one-day seminar at the Mystic Lake Conference Hotel in Prior Lake, Minnesota to discuss the difficulties many elders encounter in the area of health communication and to offer their recommendations for clearer health communications. Other participants included stakeholders from Native communities, the Indian Health Service (IHS), tribal groups and health care providers.

The first part of the seminar consisted of panel discussions on health literacy among Native elders including expert and elder presenters. The second half of the seminar was a series of discussions to address a variety of topics on health literacy.

The seminar was hosted by the Arthritis Foundation – Northwest Chapter, Minnesota Board on Aging – Indian Elder Desk, Pfizer Inc., IHS Bemidji Area Office, and the University of North Dakota School of Medicine and Health Sciences – Center for Rural Health – National Resource Center on Native American Aging (NRCNAA), through a Cooperative Agreement with the Administration on Aging (AoA).

What the Experts Say: A Panel Discussion

During the seminar a group of experts were asked to address the issue of health literacy. Panel members included Dr. Charles Grim, DDS, Director of the IHS; Dr. Larry Patnaude, Pharm D, Fond du Lac Tribal Health Services; Dr. Charles Moore, MD, Rheumatology Associates, St. Luke's Hospital, Duluth, MN; Dr. Bruce Finke, MD, IHS Elder Care Initiative; Dr. Nicole Lurie, MD, MSPH, Senior Natural Scientist and Alcoa Professor of Policy Analysis, RAND Corporation; Leander McDonald, Ph.D. NRCNAA; and Dr. Dawn Wylie, MD, Chief Medical Officer, Bemidji Area IHS.

Four elders were also on a panel to discuss issues of communication and health. They were Pat Ells, Wisdom Steps Chairperson; Beverly Gitzen; Dorothy Johansen; and Patricia McClellan.

Seven of the 10 presenters were of Native descent and all have strong connections to Native communities as service providers.

Wylie described health disparities impacting Native people that are prominent not only in the Bemidji Area (Minnesota, Wisconsin, and Michigan), but nationwide.

McDonald, presented results from the NRCNAA's Native Elder Survey documenting health disparities across the nation.

Lurie described the extent of the problem in the nation, the cost of poor health literacy, the effect on patients, the effect on disease management strategies, and then proposed some solutions to consider for improving health care communication.

Finke discussed a model/best practice that works in the Zuni Pueblo in New Mexico and shared his experiences with the IHS Elder Care Initiative that he directs for the IHS.

Moore led a panel of elders to share their knowledge and wisdom on the issues with the group through an oral case study and question and answer session.

Patnaude shared his experience with "Medicine Talk," an education and communication effort designed to build stronger relationships and trust with Native people used at the White Earth Clinic in White Earth, Minnesota.

Grimm discussed the intent and efforts of the IHS to raise the health of Native people to the highest possible level and to support efforts to improve health communications, especially with Native elders.

Several of the panel members' presentations on health literacy are available for viewing on the NRCNAA web site at <http://medicine.nodak.edu/crh/nrcnaa>.

All participants were furnished a binder which included all slides, several handouts on health literacy and a *2003-2004 Pfizer Clear Health Communication Initiative* book all of which are available through the NRCNAA.

Group Discussion

The second half of the seminar was a group process that addressed the problem of health literacy by focusing on four topics:

- Compliance and Follow-up

- Preventative Health Care
- Management of Medications
- Self-care and Support Systems

The eight small group discussions used four questions to address each topic:

- What are the Health Literacy barriers around this topic?
- What is the impact?
- Who is most vulnerable?
- What can be done?

A great deal of discussion centered on the amount of information that one is expected to absorb while in a provider's office, the pharmacy, or just participating in a health care encounter. It is easy for the Native elder to become overwhelmed.

Another part of the discussion included the difficulty with the health care language such as terms, acronyms, and multi-syllable words.

Still another part focused on emotions, and how upset or frightened one might be when sick or believed to be seriously ill. This anxiety may affect the patient's ability to listen and understand.

There may also be other distractions such as children, other ill people, emergencies, etc. that may preoccupy the patient's mind, making it difficult to concentrate.

The group recognized that there are many different styles of learning and obtaining information caused by any number of things including age, language, reading capacity, or cultural perspectives.

A lack of understanding may cause a patient to refuse medical treatments or procedures, such as colonoscopy or mammogram, that are not well explained.

CONCLUSIONS/RECOMMENDATIONS/ TIPS FOR COMMUNICATION

The partnership developed the seminar to promote awareness of health disparities and poor health communication and to use the forum to develop some possible solutions for dealing with low health literacy, thus reducing health disparities.

The following are suggestions from the experts for use when communicating with patients:

- **Plan what you are going to say.** Logical order and one step at a time.
- **Define new health care terms.** Explain any and all acronyms
- **Verify understanding.** Restate and rephrase in a way that the patient understands, but it isn't condescending.
- **Establish an environment conducive to discussion.** Select a quiet place where one can sit near the elder. Speak clearly allowing time for the elder to process the information.
- **Organize your message.** Omit extraneous information and repeat the most important information.
- **Adjust to the needs of the patient.** Be respectful of the need for silence always watching, listening, and reading the patient. Choose your words carefully!
- **Encourage active participation in appointments.** Ask the patient to write down concerns or make lists. Be sensitive that many older adults will be reluctant to ask questions of people in authority. Encourage family participation.
- **Pay attention to non-verbal communication.** Try to make sure the patient encounter is welcoming and respectful.

The following are suggestions from the elders:

- **Provide more time for elders.** Elders need more time than the normal office appointment allows. Allow time for interaction.
- **Help elders formulate their questions.** Put your self in their shoes, what would you want to know?
- **Be positive.** Native healers are positive and support the notion that a remedy will work, often times non-native providers indicate that the elder should try the remedy, if it doesn't work come back. That may be contrary to the culture.
- **Definitions and the anatomy.** Not everyone understands the human

anatomy, use patient-friendly terms if possible.

- **Deal with biases.** Fear of going to doctors, not wanting to hear the results, denial, anger, fatalism, etc.
- **Understand the probability of co-morbidity, economic, and transportation problems.** Perhaps an elder needs to care for grandchildren or can only access transportation on certain days.
- **Be attentive to non-verbal communication.** Notice silence, gestures, posture, etc. It may be considered rude to make eye contact.

It was recognized that good patient questions have a better chance of enhancing or improving the health of the patient. The Pfizer *Ask Me 3* tool is a quick and effective tool designed to improve health communication between patients and providers. *Ask Me 3* promotes three simple but essential questions that patients can ask their providers in every health care situation.

1. What is my main problem?
2. What do I need to do?
3. Why is it important to me?

Information about *Ask Me 3* is available at <http://www.askme3.org>.

RESOURCES

Arthritis Foundation North Central Chapter listed as a resource for information, pamphlets and videos, and programs, exercise and self-care, for people with arthritis. (800) 333-1380, (651) 644-4108, info.mn@arthritis.org, <http://www.arthritis.org>, 1902 Minnehaha Ave. West, St. Paul, MN 55104.

Wisdom Steps. A partnership between American Indian communities and the Minnesota Board on Aging. (800) 882-6262, <http://www.wisdomsteps.org>, 44 Lafayette Road North, St. Paul, MN 55155

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