**Patients might benefit from health literacy test**

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(Reuters Health) - Doctors often assume they're explaining things in a way patients understand. When patients are confused, doctors don't always realize it. A new study shows patients might benefit from having their "health literacy" tested.

Researchers at a large Arizona healthcare center looked at how a short health literacy test would affect the way patients felt about their treatment. They found it did no harm and may have helped to improve patient satisfaction.

"The main benefit of doing health literacy assessments is simply to make clinicians aware that there are patients with limited health literacy in their practice," said lead author Ian Komenaka at the Maricopa Medicine Center in Phoenix, Arizona.

"Most clinicians assume patients understand everything but this is frequently not the case. Patients may not realize they don't quite understand, or even when they know they don't understand, they are afraid or ashamed to tell the clinician," he told Reuters Health in an email.

Health literacy - the ability to understand and use health information - depends on individual skills and also on the complexity of the health information being presented.

People with lower health literacy, for example, might not know how to take their medications or why they have to follow specific doctor's instructions.

In 2003, a U.S. government study found that 89 million Americans had limited health literacy skills and they came from all segments of society.

"Patients with low or limited health literacy have poor outcomes from a number of disease processes which results in increased costs to society," Komenaka said.

But the tests have to be short and simple, so that patients don't feel badly about being tested or not performing well.

Health literacy tests aren't often done because most of the available ones take on average 8 to 22 minutes, Komenaka said. In addition, the tests can make patients feel ashamed when they don't know the answers.

When patients feel bad about these assessments, they might feel bad about the whole patient experience, or at least that's the concern of most clinics. Previous studies indicate patients will accept health literacy assessments, but those studies were all small and did not include minorities, Komenaka and his colleagues write in the journal Surgery.

The team wanted to know if shorter health literacy tests could be done in a busy clinic and how they would impact patient satisfaction. They used an assessment tool called the Newest Vital Signs (NVS), which only takes an average of two minutes.

**For two years, all patients seen at a Phoenix breast surgery clinic were given the test during the course of their routine medical visits.**

**They were shown a nutrition label, just like the ones on most packaged foods. Then an interviewer asked them five questions about that label in either Spanish or English, depending on the patient's preference. One point was given for each correct answer. Total scores of 4 - 6 indicated adequate health literacy and scores below 4 meant possible limited health literacy.**

**A total of 2,025 women took part in the study and 391 participants had scores of 4 or higher. More than half - 1,229 women - scored between 0 and 1 and 405 women had a score of 2 or 3.**

In separate surveys, patients were also asked to rate their overall satisfaction with their visits to the clinic on a scale of 1 to 5, both during the year before the NVS assessment was used and during the two-year study period. The average satisfaction rating the year before the study was 3.7. During the first year the assessments were used, the ranking rose slightly to 3.8, and went up to 4.1 the second year.

These results indicate the assessment procedure did not appear to have a negative impact on patient satisfaction, according to Komenaka's team.

The study did not determine why patient satisfaction actually rose, or whether clinicians changed their behavior with patients as a result of the testing.

But in 2011, the study's second year, the clinic made a formal effort to better communicate with patients with literacy scores between 0 and 2. These included using diagrams and informational videos, instead of text, to explain how treatments and procedures like biopsies would be done. Special efforts were also made to repeat key "take home" messages and information while talking with patients.

Because the study included only women, it's not clear if the results would be similar for men, Komenaka's team cautions.

According to Cindy Brach of the Agency for Healthcare Research and Quality, addressing health literacy can be valuable, but the tests shouldn't make doctors overconfident.

"We know that people with limited health literacy are less likely to use preventive services and manage their conditions and more likely to have unnecessary hospital admissions or visits to the emergency department," Brach told Reuters Health in an email.

"Everyone benefits from clear communication and we can't really tell - even with assessments - who is not understanding at any given time. My concern with assessment is that then health care providers think those who test as adequate health literacy are always understanding, when this is unlikely to be the case," Brach said.

SOURCE: [bit.ly/1cfTsGn](http://bit.ly/1cfTsGn) Surgery, online October 14, 2013