



Applying Health Literacy Principles: Strategies and Tools to Develop Easy-to-Read Patient Education Resources

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Health literacy is an important construct in health care that affects patient outcomes and overall health. The impact of limited health literacy in cancer care is wide, and it can affect patients' ability to make treatment decisions, follow directions on a prescription label, or adhere to neutropenic precautions. This article describes strategies and tools for nurses to use when developing written patient education resources in their daily practice.

At a Glance

- Health literacy refers not only to the skills and abilities of patients, but also of those providing health education and care, including nurses.
- Oncology nurses play an important role in patient education and can reduce the negative impact of limited health literacy by assessing patients for learning barriers, providing verbal teaching, and evaluating comprehension.
- Nurses must have the skills to apply health literacy principles to written patient education resources.

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Health literacy, or “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions,” is a relatively new construct in the healthcare field; however, its impact on health is undeniable (Nielsen-Bohlman, Panzer, & Kindig, 2004, p. 4). Although this definition focuses on the ability of the patient, health literacy also depends on the skills, preferences, and expectations of those providing health education and services (Nielsen-Bohlman et al., 2004).

Advances in cancer therapies and the trend toward shared decision making

have resulted in wider acceptance of health literacy as a valued component of patient-centered care. Patients with cancer face steep learning curves throughout the care continuum. They must learn about a new disease, complex treatment options, and self-care strategies. Effective communication about risks, benefits, and prognosis is essential to ensure that patients make informed treatment decisions.

Limited health literacy poses a significant challenge in the United States. More than 90 million people have limited health literacy skills, which means they have difficulty with common health tasks, such as following

directions on prescription labels (Kutner, Greenberg, Jin, & Paulsen, 2006; Nielsen-Bohlman et al., 2004). The prevalence of limited health literacy is higher among older adults, ethnic minorities, individuals with lower education levels, and those with chronic diseases (Kutner et al., 2006). People with limited health literacy skills may use fewer preventive services, participate less in treatment decisions, adhere less to medication and non-medication therapies, and have poorer health outcomes (Aboumatar, Carson, Beach, Roter, & Cooper, 2013; DeWalt, Berkman, Sheridan, Lohr, & Pignone, 2004; Miller, 2016; Scott, Gazmararian, Williams, & Baker, 2002).

Evidence from research has shown that nurses and physicians are often not effective at estimating a patient's health literacy skills (Dickens, Lambert, Cromwell, & Piano, 2013). Many tools are available for nurses to use to assess their patients' health literacy and adapt print resources accordingly; each tool has strengths and limitations. For example, the Rapid Estimate of Adult Literacy in Medicine has excellent reliability (with a Cronbach alpha of 0.99), uses health-related terms, and requires only two minutes to administer (Friedman & Hoffman-Goetz, 2006). However, it only measures reading skills, not comprehension, so patients who can pronounce words well may score highly even if they do not understand what the words mean (Friedman & Hoffman-Goetz, 2006). The Test of Functional Health Literacy in Adults measures comprehension, not reading skills, and has high reliability (with a Cronbach alpha of 0.92), but it requires 22 minutes to