

# Addressing Health Literacy: Health Literacy Universal Precautions

Improving patients' health literacy begins with training and educating healthcare professionals



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This paper is the third in a comprehensive four-part series that will cover health literacy, the correlation to the social determinants of health, and how these factors result in health disparities in the United States.

Part I: [Assessing for Health Literacy](#)

Part II: [Addressing Health Literacy: Educating Staff](#)

**Part III: Addressing Health Literacy: Health Literacy Universal Precautions**

Part IV: The Future of Successfully Addressing Low Health Literacy with Social Determinants of Health

In the second installment<sup>1</sup> in the series, we asserted that improved health literacy starts with better communication. Competing demands of administrative and clinical practices, along with a history of somewhat segregated medical language and acronyms, have never allowed health literacy to be a high priority for the medical community and health professionals. Yet, addressing patients' health literacy is ultimately the responsibility of the healthcare team. As the healthcare profession continues to move toward value-based care models, including emphasizing preventative care and self-management practices, health systems must support both clinician and patient with opportunities to assess health literacy skillsets.

In this paper, we will address the health literacy universal precautions and why making the assumption that every patient may have difficulty comprehending health information and accessing health services is essential.

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<sup>1</sup> <https://caravanhealth.com/resources/case-studies,-publications,-whitepapers/addressing-health-literacy-part-2/>

## Health Literacy Universal Precautions

Health literacy universal precautions<sup>2</sup> are essential steps providers can take when committing to the assumption that every patient may have difficulty comprehending health information and accessing health services.

Health literacy universal precautions are designed to:

- Simplify communication with and confirm comprehension for all patients, so the risk of miscommunication is minimized.
- Make the office environment and healthcare system easier to navigate.
- Support patients' efforts to improve their health.

According to Barry D. Weiss, M.D., who wrote the American Medical Association's Health Literacy training manual for physicians<sup>3</sup>, putting universal literacy precautions into practice is based on the recognition

that health literacy is common. Even patients who are well-read or seemingly "educated" can face health literacy challenges. Providers should assume that all patients need and want easy-to-understand explanations about their medical problems and what they need to do about those problems<sup>4</sup>. Yet, patients may not understand how to articulate those needs or be comfortable requesting information from their provider. Universal precautions should be implemented to address health literacy because we cannot always know or effectively identify which patients are challenged by healthcare information and tasks at any given time.

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<sup>2</sup> <https://www.ahrq.gov/health-literacy/improve/precautions/index.html>

<sup>3</sup> <https://www.ufjf.br/getmedicina/files/2015/11/BARRY-WEISS.pdf>

<sup>4</sup> <https://www.aafp.org/fpm/2014/0100/p14.html>



**“Providers should assume that all patients need and want easy-to-understand explanations about their medical problems and what they need to do about those problems.”**

**Dr. Barry D. Weiss**

Professor, Family and Community Medicine,  
University of Arizona

## Identifying Levels of Health Literacy

Research shows that clinicians have trouble identifying patients with limited health literacy<sup>5</sup>. According to Harris, et al<sup>6</sup>, providers must be proficient in the four domains of health literacy which include: Spoken Communication, Written Communication, Self-Management and Empowerment, and Supportive Systems as shown in Table 1.

### 1. To Improve Spoken Communication

To effectively improve spoken communication skills with patients, providers and healthcare teams can emphasize key areas. With a strategy geared toward training staff and removing stigma or blame, healthcare professionals can help bridge the gap for improved patient comprehension.

A first and effective step is to assess and address language differences. In order to do this, consider the culture, customs, and norms for your patient. For example: does your patient use the word “sugar” instead of “diabetes”? Healthcare staff must communicate clearly, using layman’s terms (and at times using the same words the patient uses), rather than medical jargon. A key component to effective communication is the ability to listen not only to what is being said, but to also what is not being said. If a member of a healthcare team is not hearing the patient, then communication will be compromised.

<sup>5</sup> [https://www.ajog.org/article/S0002-9378\(02\)45687-6/fulltext](https://www.ajog.org/article/S0002-9378(02)45687-6/fulltext)

<sup>6</sup> <https://www.nam.edu/a-model-collaboration-to-develop-a-health-literate-care-curriculum-preparing-the-next-generation-of-physicians-to-deliver-excellent-patient-outcomes-and-experiences/>

<sup>7</sup> <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>

### Teach-Back

To reduce the risk of patients misunderstanding important health information that is shared with them, the Teach-Back method is one to consider. This technique can assist patients with understanding and engaging in their care using language that makes sense to them.

**Step 1** Explain one concept of a diagnosis or treatment plan to the patient. Be mindful of the information conveyed. Break information into smaller, more digestible steps.

**Step 2** Assess the patient’s ability to recall and understand by asking them to explain what they heard.

**Step 3** If the patient has demonstrated that they have understood the information, introduce the next concept. However, if they have not shown an understanding of any aspect of the information, revert to Steps 1 and 2. Repeat the process until the patient demonstrates that they understand the information being shared with them.

**Table 1. The Four Domains of Health Literacy Skillsets for Health Professionals**

<p><b>To Improve Spoken Communication</b></p> <ul style="list-style-type: none"> <li>• Communicate clearly</li> <li>• Use the Teach-Back method</li> <li>• Conduct Brown Bag Medicine Reviews</li> <li>• Follow up with patients</li> <li>• Address language differences</li> <li>• Consider culture, customs, and beliefs</li> </ul>	<p><b>To Improve Self-Management and Empowerment</b></p> <ul style="list-style-type: none"> <li>• Encourage questions</li> <li>• Make actions plans</li> <li>• Get patient feedback</li> <li>• Help patients remember how and when to take their medicine</li> </ul>
<p><b>To Improve Written Communication</b></p> <ul style="list-style-type: none"> <li>• Assess, select, and create easy-to-understand materials</li> <li>• Use health education material effectively</li> <li>• Welcome patients by reducing literacy barriers</li> </ul>	<p><b>To Improve Supportive Systems</b></p> <ul style="list-style-type: none"> <li>• Link patients to non-medical support</li> <li>• Direct patients to medicine resources</li> <li>• Connect patients with literacy and math resources</li> <li>• Make referrals easy</li> </ul>

AHRQ Health Literacy Universal Precautions Toolkit<sup>7</sup>

## 2. To Improve Written Communication

A key step to improve written communication is to assess the literacy level and learning preferences of patients prior to sharing health information and education. Do not make the assumption that a patient education flyer will suffice. Determine whether or not a patient learns better by watching videos or following infographics. Would they rather be directed to a website to read on their own or would an explainer video on YouTube be more successful?

If written communication is the method of choice, consider the 12 Principles of Plain Language as shown in the list on the right. Plain language ensures that your messaging is clear, concise, organized, and appropriate for the intended audience.

Lastly, whenever possible, use pictures and images that best describe information being shared. Retention and comprehension rates of patients, just like consumers and students, improve when images and graphics accompany the instructions.

## 3. To Improve Self-Management and Empowerment

Encourage patients who might have low health literacy by empowering them to speak up and ask questions. Give them a handout while in the waiting room to write down their questions or teach them how to use apps like [AHRQ Question Builder](#).

Implement the [“Ask Me 3”](#) campaign in your clinic. Ask Me 3® is an educational program that encourages patients and families to ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy.

Provide patients with strategies and tips to help them remember to take their medication or attend scheduled appointments. For example, clinic staff can assist patients by taking pictures of their medication and labeling the pictures, so they know what their pills look like even when they are not in the bottle. Additionally, creating a calendar or schedule for them, or creating a prescription pill card with a list of all of their medications on it may be the tool that resonates best with them and will help to improve compliance.

Reduce health literacy barriers patients face when they try to access healthcare. Your clinic should be prepared to provide resources to community programs that help to overcome these barriers which can include financial, transportation, mental health, lack of time, availability of convenient appointments, and more.

## 12 Principles of Plain Language



Write for your reader, not yourself.



Use pronouns whenever possible.



State your major point(s) first before going into details.



Stick to your topic.



Limit each paragraph to one idea and keep it short.



Write in an active voice and rely on passive voice rarely.



Use short sentences as much as possible.



Use everyday words.  
If you must use technical terms, explain them on the first reference and use the teach-back message to make sure they understand.



Omit unnecessary words.



Keep the subject and verb close together.



Use headings, lists, and tables to make reading easier.



Proofread your work and have a colleague proof it as well.

## 4. To Improve Supportive Systems

The first paper<sup>8</sup> in this series addressed the role of the social determinants of health (SDoH) and how these challenges have magnified the disparities in healthcare including access to testing, vaccinations and treatment, the quality of available care, and outcomes. This is why it is important to improve supportive systems. One way to do this is by developing community-clinical linkages to help connect healthcare providers, community organizations, and public health agencies to improve patients' access to care services.

Consider the use of cultural brokers and/or Community Health Workers (CHWs) to further break down barriers that are preventing access to health and optimal patient care outcomes. These individuals help to bridge the cultural divide in healthcare. They often “speak” the same language as patients and employing these individuals as members of your clinic team can help to build trust, rapport, and respect within the patient community. Additionally, CHWs have multidimensional skillsets and can serve in additional roles including health educator, care navigator, unlicensed care coordinator, to name a few.

Do you know how easy (or difficult) it is for your patients to navigate your hospital or clinic? Is the environment designed to facilitate high health literacy? Consider the signs inside and outside of your facility. Signage can either help or hinder your patients from accessing care in a timely, and welcoming, manner.

<sup>8</sup> <https://caravanhealth.com/resources/case-studies,-publications,-whitepapers/assessing-for-health-literacy/>

<sup>9</sup> <https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/health-literacy-and-numeracy.pdf?sfvrsn=2>

## Methods to Accessing Health Literacy

The two primary methods to accessing a patient's health literacy skills fall into informal and formal categories<sup>9</sup> (as is on the page).

### Informal Methods

Your patients may have low literacy if they:

-  Ask for help in filling out forms
-  Always seem to “forget their glasses”
-  Ask you to review a handout with them

You can also ask open-ended questions such as:

-  Do you have trouble reading and understanding medical brochures?
-  Do you have any trouble reading or writing in your native language (for non-English speakers)?

### Formal Methods

When administering a formal test, it is important to consider:

-  A self-administered approach is less stressful on the individual and respects their privacy
-  An interview model can be more stressful and potentially embarrassing for the individual
-  When possible, use disease specific tools (see examples below)

- [Brief Health Literacy](#)
- [Diabetes Numeracy Test \(DNT\)](#)  
Includes a short 5-item and long 15-item version
- [Rapid Estimate of Adult Literacy in Medicine \(REALM\)](#)

## Additional Health Literacy Resources

- [Health Literacy Training](#)
- [Health Literacy Introductory Courses](#)
- [Improving Patient Safety Systems](#)
- [Universal Precautions Toolkit](#)

## One Conversation at a Time

Improving patients' health literacy requires taking steps forward, and together, with them. Addressing and assessing health literacy is not enough to improve a patient's understanding and comprehension but with training and educating, healthcare professionals can rely on new skillsets and resources to help improve a patient's health literacy, one conversation at a time.

Increasingly, as the connection to health literacy and patient care outcomes becomes more obvious, healthcare professionals will have more resources and options to help bridge a gap that has not been addressed with fervency in the past.

In the fourth and final paper in this series, we will tie the plight of low health literacy to the social determinants of health and address what to anticipate as our nation's healthcare system places more emphasis on low health literacy, the social determinants, and other factors that impede access to health and healthcare.

[Fill out the form here](#), to be notified when the next installment of the series is available



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Dr. Ashok Roy is a practicing board-certified internal medicine physician who joined Caravan Health as the Chief Medical Officer in August 2020. Dr. Roy comes with over 20 years of experience in population health, health care consulting and health care administration during his work with health care systems, payers, outpatient clinics and governmental/military organizations.



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Quisha develops uniquely specialized content, curriculums, and training programs with multi-level clinical interventions for Caravan Health partners and stakeholders. With more than 20 years of health care experience, Quisha has developed, implemented, and overseen numerous health initiatives including the topics of clinical social determinants of health and health literacy.

