



# Pediatric Clips

## *Health literacy in a physician office*

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Pediatric Clips from The Children's Medical Center are quick reviews of common pediatric conditions.

The Children's Medical Center is the region's pediatric referral center for a 20-county area. As the only facility in the region with a full-time commitment to pediatrics, Children's offers a wide range of services in general pediatrics as well as in 35 subspecialty areas for infants, children and teens. We welcome your inquiries about services available – call 937-641-3666 or e-mail marketing@childrensdayton.org.



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### CASE

A family checks in for a new patient appointment. The mother is given a medical history form to fill out as well as two other forms to sign. Fifteen minutes later, she still has not completed the forms. Mom and her 2-year-old son are directed into a

patient room where the nurse reviews the form and notices it is incomplete with many incorrect spellings. After the physical exam, as the doctor discusses the findings, he asks, "Do you have any questions?" The mother replies in the negative and takes

the written handout without further comment. When the nurse returns and again asks if she has any questions, the mother again replies in the negative and starts complaining about the long wait and asks if she can leave; she is late. The nurse discharges her.

### CASE DISCUSSION

According to the 1992 National Adult Literacy Survey, there are approximately 16 million adults with significant literacy needs. The survey estimates that 21% of our population is functionally illiterate with another 27% having marginal literacy skills. The National Assessment of Adult Literacy, completed in 2003, found that there have not been significant gains in the literacy skills of adults since 1992. Due to the prevalence of low literacy skills, it is important that health care providers utilize sound health care communication practices when interacting with families and patients.

The case listed above reflects potential barriers as well as parent reactions to barriers in the health care system experienced when accessing and providing care for their children. There are four basic strategies recommended by the AMA Foundation's health literacy materials to enhance the health literacy skills of patients and families. They are:

- Enhance assessment

techniques

- Create a shame-free environment
- Improve interpersonal communication with patients
- Create and use patient-friendly written materials

This article will provide suggestions relevant to each of the above strategies.

#### **Enhance assessment techniques.**

There are different methods for assessing literacy skills of the parent. Parents may not be comfortable disclosing their poor reading abilities, so it is best not to ask a direct question about reading skills. However, there are a number of "red flags" that can serve as clues to low literacy skills such as incomplete registration forms, frequently missed appointments, presenting at late stages of illness for therapy, unable to name medications or nonadherence to medication regimens. Low literacy adults, if asked to read something, may say they forgot their glasses or that they will take it home to read. Another, more direct approach, utilized by a group of

pediatricians in Chicago with moderate success is to ask parents "How happy are you with how you read?" This is a nonthreatening question. However, this approach requires having resources or referral sources identified for families with literacy issues.

#### **Create a shame-free environment.**

It is important that all staff in the office or medical setting is aware and sensitive to this issue. As illustrated in the case, all members of the team can impact on whether or not a child receives care. First impressions by front desk staff can make a big difference.

#### **Improve interpersonal communication with patients.**

There are several steps to enhancing interactions with patients and families.

- Conduct patient/family-centered visits. This includes creating a dialogue with patients and caregivers, listening more and encouraging questions.
- Explain things clearly in plain language. Medical professionals train for many years and one aspect of this training is

Continued from the front.

learning medical terminology so that we communicate precisely with other medical professionals. However, if you tell a patient he has a viral URI and the patient does not understand what you said, there has been a failure of communication. Telling the family that a child has a cold would improve understanding. It may not be as precise, but would have enhanced communication between the health care provider and patient.

- **Focus on key messages and repeat.** Limit information by focusing on one to three key points necessary to care for that child at home. Having other staff members reinforce these key messages will increase the likelihood that the information is

retained. One potential model for constructing key messages is the Ask Me 3 model ([www.askme3.org](http://www.askme3.org)):

- a. What is my main problem?
  - b. What do I need to do?
  - c. Why is it important for me to do this?
- **Use “teach back” or “show me” techniques.** This is a method of testing for understanding. It is important NOT to ask, “Do you understand?” For instance, if teaching inhaler technique, tell Mrs. Smith that you want to ensure you have taught her correctly, so could she “show you how she would teach Nora’s babysitter to use the inhaler?”

The process becomes one of checking

what has been taught rather than the parent’s understanding. It also gives the teacher an opportunity to assess what the parent has understood and to correct misunderstandings.

**Use patient-friendly materials to enhance interaction.** Find or create materials that focus on key points and emphasize what the patient/family needs to know to care for the child at home. A handout with a simple drawing can enhance understanding. Health education standards for written materials are that they be written at fifth grade reading level and succinct, with short sentences, no medical jargon and simple words. Keep these points in mind when assessing materials for use in your practice.

## FEATURED SPECIALIST



**SHALINI G. FORBIS, MD, MPH** is assistant professor of pediatrics at Wright State University, Dayton, Ohio and a partner at the Children’s Health

Clinic. Her main responsibilities include research, clinical patient care duties and medical education. Her research interests encompass the topic of health disparities in underserved populations with specific interests

in health literacy as well as pediatric asthma. Current professional activities include Chair of the Ohio Asthma Coalition and Co-Chair of Region V of the Ambulatory Pediatric Association.

Dr. Forbis completed a general academic pediatrics fellowship and a Master’s of Public Health at University of Rochester, NY. She completed medical school and pediatric residency training at the Medical College of Ohio at Toledo.

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**HEALTH LITERACY** has gained prominence as an important concept in the health care field in the past 10 years. Substantial work remains to fully address these issues. Dayton Children’s is currently involved in a system-wide health literacy initiative to assess our system and develop interventions to address these barriers.

## CONTACT INFORMATION

For more information, the AMA Foundation has materials available at [www.amafoundation.org](http://www.amafoundation.org) or contact Dr. Forbis.



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