

DOI: 10.4172/2472-1654.100133


The Call: Health Literacy and Chronic Disease Outcomes: Is Anybody Listening?

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Received: January 30, 2018; Accepted: February 23, 2018; Published: March 03, 2018

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Citation: Woody D (2018) The Call: Health Literacy and Chronic Disease Outcomes: Is Anybody Listening? J Healthc Commun Vol.3 No.2:23

“Can you hear me now?” We love this infamous inquiry, right? Often overheard with a cell phone pressed to the ear, this inquiry speaks volumes. We want to be heard! Imagine, if we used this inquiry with the same zealotry in health care delivery. You are in luck. The changing landscape of health care IS “calling” and asking the infamous inquiry: in fact, it’s screaming it. Unfortunately, this “call” is falling upon deaf ears; especially, the “call” to acknowledge health literacy as a pressing issue in chronic disease care delivery.

Defined by the Institute of Medicine (IOM) (2004) as having the capacity to obtain, process and understand basic health information to make health decisions to prevent illness; health literacy is a matter of grave concern in health care today. Health literacy is misunderstood and often overlooked in the environment of care, especially among health care providers who care for patients with chronic disease. With nearly 90 million adults having limited health literacy and more than 117 million noted as having a chronic disease, there is a pressing “call” to acknowledge this subject matter in care delivery [1]. Costing millions in dollars and cents, as well as lives, not listening to this “call” is NOT an option any longer. With only 12% of the population having a proficient level of health literacy, the need to appreciate this concept in the context of chronic disease is imperative [2]. Specifically, there is need to build practice and inform research in support of policy and guidelines for health care providers. Are your ears ready to take the call?

Recognized as a standard of care by the Joint Commission (2007), health literacy demands the attention of today’s practice environment; however, awareness of health literacy issues is low among health care providers. Research notes significant gaps in awareness, knowledge and clinical recognition of health literacy; skills and practices to address health literacy; and attitudes about patients with low health literacy exist among health care providers [3]. Identifying patients at risk for poorer outcomes due to low health literacy is the responsibility of the health care provider [4]. Health care providers “are not picking up” and are overlooking this health disparity and subsequently patient outcomes are being compromised. Are you listening now?

Health care is riddled with complex information and demands, from treatment plans and medication management, to lab values and diagnostic tests. Communication is mismatched;

there is static on the line. Health care providers are constantly providing information to patients, that’s it! The patient then, must understand, remember and act on it. From knowing how to access health care services to analyzing relative risks, to calculating dosages and evaluating information for credibility and quality, to interpreting health information: the demands are great for the patient in the health care setting. It is further noted that in order to accomplish these tasks, patients need to be visually and computer literate. In addition, oral skills and internet navigation skills are important, as patients need to articulate concerns, fill out forms, ask questions and be able to make decisions regarding their health. Health care providers may have been deafened by the health care business model and are not hearing the need for a patient-centered approach. The patient-centered approach is attentive to patient needs and is ready to take the “call” to acknowledge health literacy in care delivery. Health care providers need to acknowledge people’s skills, abilities and values, in order to support their learning needs and health outcomes [5]. Without acknowledging this need, that static overtakes the “call”. Is my voice clearer now?

The relationship between health literacy and health outcomes has been amply shown in research [6]. The Agency for Healthcare Research and Quality (AHRQ) notes that low health literacy is associated with a higher risk of death and more emergency room visits and hospitalizations (2010). Limited health literacy has also been associated with less knowledge of health care services, increased disease prevalence and severity and lower utilization of screening and preventative services according to the AHRQ (2010). Recognized as a stronger predictor of health than age, income, employment status, education level, or race, health

literacy demands the attention of the health care provider in the setting of chronic disease [7].

The “call” is loud and clear: to acknowledge health literacy in

care delivery [8,9]. Someone needs to “pick-up”, our patients outcomes are on the line. Nurses, what are we waiting for? Pick-up! “Can you hear me now?”

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