**Meeting the health literacy needs of older adults: A Nursing imperative**

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**The importance of addressing health literacy**

Health literacy is the ability to ‘gain access to, understand, and use information’ for health ([Nutbeam 2008](#_ENREF_2)). Negotiating the healthcare system and developing sound health literacy skills can be complex and being health literate is not simply the ability to read and write; it requires many different skills, including navigation though health care systems, comprehension, listening and interacting, analytical and decision-making abilities.

Low health literacy levels are associated with higher mortality rates, poor health outcomes and increased healthcare costs. Approximately one in three older adults have difficulties reading and understanding basic written health information.

Whilst many older adults struggle to access, understand and use health information, printed health materials are often inaccessible and healthcare providers regularly use complex terminology without realising. If health information is inaccessible and older adults are not supported to develop their health literacy abilities, the unintended consequence of exacerbating social inequalities in health is possible.

**Identifying individuals with low health literacy and creating a positive health literacy environment**

Due to feelings of shame and anxiety, many patients may be reluctant to disclose literacy issues or gaps in their understanding about their health. Nurses, and other healthcare professionals, will often overestimate patients’ health literacy. Given these two factors, Nurses need to use systematic strategies for identifying individuals with lower health literacy. There are a number of health literacy screening tools available, ranging from measures which assess individuals’ abilities to self-reports of abilities. Examples of validated tools which have been used in clinical settings include the Newest Vital Sign-UK (NVS-UK), the Rapid Estimate of Adult Literacy in Medicine (REALM) and the Single Item Literacy Screener (SILS). However, health literacy screening has the potential to cause anxiety in patients. Nurses may also use other indicators of low health literacy such as assessing patients’ understanding during medication review, obtaining a detailed social history and looking out for subtle indicators, such as a patients’ reluctance to fill out forms or advising they have forgotten their glasses. It is important to create a shame-free environment which enables patients to be open about their health literacy.

To create a health literacy friendly environment, Universal Precautions (evidence-based communication strategies used with all patients) can be implemented and/or healthcare tailored to the abilities and preferences of patients ([DeWalt et al. 2010](#_ENREF_1)). Communication techniques recommended for use with patients with lower health literacy include checking understanding, using simple language, providing accessible written materials, slowing down, reading aloud instructions, using visual aids and making follow-up calls. Providing accessible information to all patients is often timely and practical. However, many patients will have different information needs and preferences. Therefore, beginning a dialogue with patients regarding their preferences and tailoring information provision accordingly will ensure that we are working in a patient-centred manner.

**Conclusion**

Fundamentally, to begin to address the health literacy needs of older adults, pre-registration and qualified Nurses should be provided with adequate training to recognise and respond to patients with lower levels of health literacy. Health literacy affects everyone and all health care professionals should be responsible for adapting practices in order to facilitate patients’ access, understanding and use of health information and supporting improvement in patients’ health literacy. Such changes need not be timely or costly, but require enhanced empathy and communication.

**References**

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Nutbeam D (2008) The evolving concept of health literacy. *Social Science & Medicine* 67(12): 2072-2078