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## FOREWORD

Here at last! The second edition of *Teaching Patients with Low Literacy Skills*. Long awaited by many of us—health-care providers and health educators—who have been inspired and instructed by its authors over the years. It is a pleasure to read this book and to reflect on the accumulated wisdom and clear thinking it contains, borne of years of experience and careful listening to the patients we serve.

Marginal literacy was a condition I always had associated with developing countries, not of particular relevance to U.S. health-care providers. This changed for me in 1987. At that time, our agency was working to set up high blood pressure control programs in Philadelphia. We had diagnosed hypertension in 25 percent of our adult population, but 40 percent had dropped out of treatment. *Noncompliant* or *nonadherent* were terms we used for these patients. Searching for ways to promote more effective blood pressure control, I made the rounds of inner-city primary-care practices, speaking to physicians and nurses, offering them stacks of patient information on high blood pressure.

In practice after practice, I received the same message: “No, thank you, I can’t use pamphlets; my patients don’t read them.” At this same time, my colleagues and I were fortunate enough to attend one of the early workshops given by Cecilia and Leonard Doak in Philadelphia in 1987. The workshop demonstrated how most health education messages, including those on high blood pressure control, were not comprehensible to the majority of people whom we were trying to reach. What we subsequently learned about how adults learn, and the nature of the literacy problems, changed our approach to health education forever. We began our own Health Literacy Project in 1988.

Since it was first published in 1985, *Teaching Patients with Low Literacy Skills* has become the major resource book available to health providers who knew that their patients weren’t getting the message. The Doaks and Jane Root were the sole voices cautioning health educators to check on not only the medical accuracy of their instructions but the “quality of the learning aspects of the instruction” as well.

*Teaching Patients* addressed “the mismatch between the literacy skills of Americans and the literacy demands of health-care instruction” and linked principles of health education and adult education. For myself and many of the professionals we have trained, the use of low literacy patient teaching techniques provides a breath of fresh air, empowering to patients and gratifying to us.

Many years have passed. Thousands of copies have been swapped, passed around, and are dog-eared from use. The literature on health and literacy has grown enormously, much of it informed and inspired by the early work of the Doaks and Jane Root. But surprisingly enough, this second edition of *Teaching Patients with Low Literacy Skills* will still be the *only* book on the topic. It, too, pays careful attention to both theory and application and offers us teaching skills that are always respectful of clients, practical, and cost-effective.

It also is attentive to the needs of health professionals. Written directly to the reader, in the personal and user-friendly style that characterizes all their teaching, each chapter gives detailed but clear instructions on how to use various patient teaching techniques and suggests specific activities.

Those readers already familiar with the first edition of *Teaching Patients* will be delighted and intrigued by the second edition. Several features I noted are of immediate use to me. First, a description of the REALM test for assessing clients' literacy skills in the health-care setting is included along with instructions on how to use it. Second is the Doaks' own Suitability Assessment of Materials (SAM) tool, which they recommend using to assess the appropriateness of materials for low literacy populations. A special feature of this tool, which goes far beyond readability, is its suggested method of assessing cultural appropriateness—critical in the United States today.

Third, and breathtaking in its simplicity and clarity, is a new chapter describing health education and adult education theories: what they are, which ones are appropriate for low literacy populations, and why and how to use them in patient teaching. This chapter, like all others, is thoroughly and thoughtfully referenced to expedite further study.

The Appendixes are worth the price of the book. They include the actual REALM test, a summary of the latest data on literacy levels including the 1993 National Adult Literacy Survey, clear and simple instructions on how to lay out an easy-to-read pamphlet, and tips on how to do effective field testing of materials called "Learner Verification and Revision."

Despite the press of time, health professionals at all levels are showing a high degree of learner readiness for information on how to teach growing numbers of patients who are very stressed, very sick, non-English-speaking, poor, and in many cases, come from oral or nonreading cultures.

As now required by JCAHO (Joint Commission on Accreditation of Healthcare Organizations) guidelines, hospitals are taking a look at their consent forms, advance directives, procedure instructions, and a multitude of other patient communications to see if they are understandable and culturally acceptable. Behind this increased interest lies several years worth of national health-care reform debates that have moved the status of disease prevention and its counterpart, patient education, to center stage.

For those who strive to build effective patient education—health professionals, health-care administrators, faculty and students in the health-care professions—this book will be extraordinarily useful. Happy reading!

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