Teaching Health Professionals about Health Literacy: Approach, Techniques & Tools

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Video

http://video.google.com/videoplay?docid=7532921727946987722#
Overview

Didactics – 60 min

- Background & rationale
- Health literacy best practices
- HL preparedness of health professionals
- Health professions training in health literacy
- HL competencies for health professionals
- Teaching techniques & tools
- Learner assessment and program evaluation
- A health literacy educational agenda

Workshop – 30 min

- Identifying and meeting educational needs of health professionals
Learning objectives

Participants will be able to...

1. Discuss the key elements of a health literacy educational competency for health professionals

2. List a variety of tools available for teaching health professionals about health literacy

3. Identify gaps in one’s own or others’ training around health literacy, and begin to identify practical means for filling those gaps
Background & rationale
Health literacy as *our* problem, not “*theirs*”

Traditional definitions leave out the roles and responsibilities of health care professionals

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Ratzan & Parker, 2000)

The Calgary Charter on Health Literacy (2009):

- Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information.

- Health care professionals can be “health literate” by presenting information in ways that improve understanding and the ability of people to act on information.

(http://www.centreforliteracy.qc.ca/Healthlitinst/Calgary_Charter.htm)
Calls to educate health professionals

Increasing and improving health literacy education for U.S. medical professionals is a priority area

(Coleman, 2011)
“Health professionals and staff have limited education, training, continuing education, and practice opportunities to develop skills for improving health literacy”

“Professional schools and professional continuing education programs in health and related fields, including medicine, dentistry, pharmacy, social work, anthropology, nursing, public health, and journalism, should incorporate health literacy into their curricula and areas of competence”

(Neilsen-Bohlman et al, 2004, p161)
Teaching health care professionals

Issues/Barriers:

- Health professions students not necessarily selected for communication skills
- Medical students learn 16,000 (?) new words
- Hidden nature of low health literacy
- Very limited health literacy training for health professionals
- Crowded curricula
- Barriers to continuing education
- Fast-paced health care encounters
- Clear communication is disincentivized in health care!
Health literacy best practices
Health literacy practices

“All patient-centered care activities and protocols involving assessment of patients’ health literacy or actions taken either to improve their low health literacy or minimize its negative consequences”

(Barrett et al, 2008)

Or, the things health professionals do to bridge the “health literacy divide”
Examples of best practices for health professionals

From the Health Literacy Universal Precautions Toolkit:

- **Improve spoken communication**
  
  Examples:
  
  - **Plain, non-medical language**: Use common words when speaking to patients
  
  - **Slow down**: Speak clearly and at a moderate pace.
  
  - **Teach-back**: Confirm patients understand what they need to know and do by asking them to teach back directions.

- **Improve written communication**

- **Improve self-management and empowerment**

- **Improve supportive systems**

(DeWalt et al, 2010)
Health literacy preparedness of health professionals
Are health professionals prepared?

Studies show that health professionals generally lack adequate health literacy:

- Awareness
- Knowledge
- Skills

(Coleman, 2011)
Are health professionals prepared?

Attitudes

- Less is known

<table>
<thead>
<tr>
<th>Table 1: Selected Questionnaire Items</th>
<th>% Strongly Agree or Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MDs</td>
</tr>
<tr>
<td>I can usually tell which of my patients have low literacy skills</td>
<td>35.5</td>
</tr>
<tr>
<td>I would be concerned about an adult with low literacy making health care decisions for him/herself</td>
<td>18.0</td>
</tr>
<tr>
<td>I would be concerned about an adult with low literacy making health care decisions for a young child</td>
<td>27.9</td>
</tr>
<tr>
<td>Screening to identify low literacy would produce an unacceptable amount of anxiety or shame among patients</td>
<td>16.1</td>
</tr>
</tbody>
</table>

(Coleman, unpublished)
Are health professionals prepared?

Attitudes

Figure 1: Perceived Barriers to Literacy Screening in Healthcare Settings

(Coleman, unpublished)
Are health professionals prepared?

Practices

- Many best practices for effective communication with low health literacy patients are not routinely used by physicians
  
  (Coleman, 2011)

- In one study, physicians used a teach back technique in only 20% of encounters with patients with low literacy

  (Schillinger et al, 2003)
Health professions training in health literacy
What are health professions schools doing?

- Health literacy curricula for health professionals are proliferating (Coleman, 2011)

- Such curricula can positively influence learners’ knowledge, skills and attitudes (Coleman, 2011)

- Little known about health literacy teaching in US health professions schools or programs (Coleman & Donald, In review)

- No published guidelines for the recommended content or structure of health literacy curricula for health professionals
Survey of HL teaching in U.S. medical schools

Email survey of 133 U.S. medical school deans, 2010:

- 63 respondents (47%)
- 72% reported teaching about HL in the required curriculum
- Median hours of HL instruction = 3
- Most instruction occurring in years 1 & 2

(Coleman & Donald, In review)
How is HL taught in U.S. medical schools?

Method of teaching about health literacy in U.S. allopathic schools of medicine having a required curriculum in health literacy, 2010

- Lectures/Didactics: 84.1%
- Standardized patients: 56.8%
- Workshops/Role playing: 45.5%
- Assigned readings: 31.8%
- Video: 31.2%
- Experiences with adult low literacy patients: 25%
- Online training: 6.81%

(Coleman & Donald, in review)
HL topics taught in U.S. medical schools

Topics taught about health literacy in U.S. allopathic schools of medicine having a required curriculum in health literacy, 2010

- Prevalence of low health literacy: 70.5%
- Health literacy and patient outcomes: 84.1%
- “Teach back”/“show me” technique: 70.5%
- Plain language skills (Oral): 95.5%
- Plain language skills (Written): 61.4%
- Other: 11.4%

(Coleman & Donald, in review)
Evaluation of HL curricula in U.S. medical schools

Method of evaluating learning about health literacy in U.S. allopathic schools of medicine having a required health literacy curriculum, 2010

- Standardized patients: 56.8%
- Clinical Observation: 45.5%
- Written examination: 38.6%
- Essay writing: 9.09%
- Other: 9.09%

(Coleman & Donald, in review)
HL competencies for health professionals
Competencies

In health care, often defined in terms of:

- Knowledge
- Skills
- Attitudes

Minimum standards (not necessarily proficiency)
Performance standards

- Competency does not ensure positive behavior
- Barriers to applying one’s competency exist
- The ultimate measure of educational success is the habitual application of desired behaviors in real world settings
  - Knowledge
  - Skills
  - Attitudes
  - Practices
- Especially useful for assessing professionals already in practice
Competency-based training

Translating best practices into competencies

- 3 Best practice examples (DeWalt et al, 2010)
  - **Plain, non-medical language**: Use common words when speaking to patients
  - **Slow down**: Speak clearly and at a moderate pace.
  - **Teach-back**: Confirm patients understand what they need to know and do by asking them to teach back directions.

- Competencies must be measurable
### Translating best practices into measurable competencies – 3 examples

<table>
<thead>
<tr>
<th>Best practice</th>
<th>Domain(s)</th>
<th>Competency. The learner…</th>
<th>Operationalization. The learner…</th>
</tr>
</thead>
</table>
| 1. Use common words when speaking to patients                                  | Knowledge Skills   | **Knows** which kinds of words, phrases, or concepts may be “jargon” to patients          | □ Uses little or no undefined jargon  
□ Uses 0-4 jargon terms in 15 minutes                                              |
| 2. Speak clearly and at a moderate pace                                        | Skills Practices    | **Demonstrates ability** to speak slowly and clearly with patients                        | □ Speech is perceived as appropriate pace, volume and clarity.  
□ Speech is always intelligible                                                   |
| 3. Confirm patients understand what they need to know and do by asking them to teach back directions | Knowledge Skill Practices | **Routinely uses** a “tech back” or “show me” technique to check for understanding    | □ Confirms patient’s understanding by asking patient to explain back in their own words (or show) what they have heard/seen at end of encounter  
□ Puts onus on self, by saying “I don’t always explain things well. Tell me what you’ve heard.” |
Defining health literacy competencies

Consensus development project

Federation of Associations of Schools of the Health Professions (FASHP):

- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Association of Colleges of Podiatric Medicine
- American Dental Education Association
- Association of Academic Health Centers
- Association of American Medical Colleges
- Association of American Veterinary Medical Colleges
- Association of Chiropractic Colleges
- Association of Schools & Colleges of Optometry
- Association of Schools of Allied Health Professions
- Association of Schools of Public Health
- Association of University Programs in Health Admin
- National League for Nursing
- Physician Assistant Education Association

Hosted by Health Literacy Missouri
Consensus development project

Overview of meeting and group

- 22 FASHP representatives met for 2 days in October 2010
- Engaged in a modified Delphi consensus development process
- Started with a literature review of health literacy best practices
- Debated and voted on:
  - 24 Knowledge items
  - 28 Skill items
  - 11 Attitude items
  - 32 Practice items
Delphi consensus method

- A validated method to capture expert opinions of groups
- Useful when empiric evidence is lacking
- Use is well described in healthcare competencies work
- Helps avoid overrepresentation of the loudest voice(s) in a group of experts
Example of consensus project rating scheme: knowledge item

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Appropriate for all health professions graduates?</th>
</tr>
</thead>
<tbody>
<tr>
<td>K5. Knows which kinds of words, phrases, or concepts may be “jargon” to patients</td>
<td></td>
</tr>
<tr>
<td>(1) Very Appropriate</td>
<td>(2) Appropriate</td>
</tr>
<tr>
<td>(3) Less Appropriate</td>
<td>(4) Not Appropriate</td>
</tr>
<tr>
<td>Important for health professions graduates?</td>
<td>Comments</td>
</tr>
<tr>
<td>(1) Very Important</td>
<td>(2) Important</td>
</tr>
<tr>
<td>(3) Less Important</td>
<td>(4) Not Important</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Appropriate for all health professions graduates?</th>
</tr>
</thead>
<tbody>
<tr>
<td>K6. Estimates the prevalence of low literacy (or low health literacy) among the US</td>
<td></td>
</tr>
<tr>
<td>(1) Very Appropriate</td>
<td>(2) Appropriate</td>
</tr>
<tr>
<td>(3) Less Appropriate</td>
<td>(4) Not Appropriate</td>
</tr>
<tr>
<td>Important for health professions graduates?</td>
<td>Comments</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>
Consensus development project

Decision rule – based on % of experts rating an item Very Appropriate/Very Important or Appropriate/Important

- $\geq 70\%$ considered “affirmative endorsement”
- $\leq 30\%$ considered “negative endorsement”
- $31\%-69\%$ considered “intermediate”
## Consensus development project

### Preliminary results

<table>
<thead>
<tr>
<th>Accepted Competencies</th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge (24)</td>
<td>19</td>
<td>5</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Skills (28)</td>
<td>21</td>
<td>4</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Attitudes (11)</td>
<td>11</td>
<td>-</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Practices (32)</td>
<td>27</td>
<td>4</td>
<td></td>
<td>31</td>
</tr>
</tbody>
</table>
Teaching techniques & tools
Planning a curriculum

- Conduct a needs and resources analysis
  - Who are the stakeholders?
    - Who are the champions?
  - SWOT – strengths, weaknesses, opportunities, threats

- Consider the optimal **approach** for the given environment

- Consider **teaching techniques**

- Select **tools**
Teaching approach

- Stand-alone?
  - Health literacy

- Episodic?
  - Health literacy

- Integrated?
  - Health literacy
  - Health literacy
  - Health literacy
  - Health literacy
  - Health literacy

- Continuing education formats?
Teaching techniques

- **Didactic**
  - One-way exchange of information
  - Knowledge transfer
  - Lower cost (time, expertise)

- **Experiential**
  - Hands-on
  - Better for skill-building
  - Higher cost

- **Mixed formats**
Didactic teaching tool examples

- Print materials:
- Video:
- Lecture:
- Web-based:

(Coleman, 2011)
Removing barriers to better, safer care

Health literacy and patient safety: Help patients understand

Manual for clinicians

Second edition

Barry D. Weiss, MD

A continuing medical education opportunity

Sponsored in part by AstraZeneca

AMA Foundation

• 56 pages
• Thorough
• Readable
• A good “single source”
• CME credit

Available at http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf
AMA Foundation Health Literacy Video

- 22 minute health literacy overview
- Free on-line
- Knowledge and awareness-building

Available at: http://classes.kumc.edu/general/amaliteracy/AMA_NEW3.swf
Various PowerPoint slide sets available online
- Variable content, quality
HRSA Unified Health Communication training module

- Free 5-hour on-line training module
- Continuing Education credit
- Integrates health literacy, cultural competency, & limited English proficiency training

- Well designed
- Ambitious
- Some interactivity
- Lengthy
- Some technical glitches

http://www.hrsa.gov/healthliteracy/default.htm
Experiential teaching tool examples

- Workshops, Small-group Exercises, and Role Plays
- Video Review
- Simulated Encounters
- Direct Observation, Modeling and Feedback
- Service Learning and Exposure to Adults with Limited Literacy
- Other

(Coleman, 2011)
Video Review

- OHSU Family Medicine residents participate throughout 3 years of training

- 1-hour sessions include 2-3 residents and 1-2 faculty members

- Residents:
  - Consent selected patients to video prior to a clinic visit
  - Identify issue(s) to discuss

- Faculty
  - Focus on verbal and non-verbal communication
  - Complete an evaluation form
Direct Observation, Modeling and Feedback

- Listening for jargon activity at OHSU
Time To Talk CARDIO: Creating Real Dialog In the Office

- Free on-line communication skill-building tool
- Developed by American Academy of Family Physicians Foundation, Canyon Ranch Institute, and RAISWorks
- Designed to improve communication skills of both patients and health professionals
- Over 550 brief videos demonstrating effective communication techniques
- Individualized video recommendations made based on responses to a brief questionnaire
- 5 Domains (LEAPS): Listening, Educating & counseling, Assessing, Partnering, Supporting & building rapport
- Pilot tested on 100 patients and 5 providers at OHSU in Fall 2009

(http://www.timetotalkcardio.com/)
IT'S TIME TO TALK CARDIO!
Creating a Real Dialogue in the Office...
about heart health

What it is
Time to Talk CARDIO is a program to help patients and health care professionals make the most of their conversations by building communication skills to help better manage heart health.

How it works
- Rate statements about communicating with your health care professional or patient
- See the top six skills most relevant to you
- View your needed skills in action by watching short videos of simulated office visits
- Print or save your list of skills
- Use the skills you learned during your next medical visit or patient interaction

Get started
For Patients
For Health Care Professionals

Resources
Free worksheets, brochures, and more for patients and health care professionals to download or order.

Time to Talk CARDIO Announcements
Cynthia MacDowell and 17th U.S. Surgeon General
Dr. Richard Carmona Introduced Time to Talk CARDIO,
An Innovation Program That Encourages Patients To
Take Control of Their Heart Health

- National Research on Patient-Provider Dialogue
  Showed Improvement in Scaled Communication Skills

Date: February 17-18, 2010

http://www.timetotalkcardio.com/
Learner assessment and program evaluation
Assessment

How will we know if someone is “competent?”

- Knowledge scale items being tested currently
  (Devraj R & Gupchup GV, In review)

- “Learner Clinical Communication Checklist”
  - Video review
  - Standardized patient encounters

- Scales for assessing written skills, attitudes, and practices are needed
Please review the information on the back. Rate the learner's performance on the following health communication and plain language (see back) best practices.

<table>
<thead>
<tr>
<th>The learner...</th>
<th>Not tried (0)</th>
<th>Inconsistently (1)</th>
<th>Consistently (2)</th>
<th>Comments (use back)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Elicits the patient's full set of concerns at the beginning of the encounter</td>
<td>□ Did not ask if pt wanted to discuss anything beyond the chief complaint, or asked later in the encounter</td>
<td>□ Asked if pt wanted to discuss anything in addition to the chief complaint at the beginning of the encounter</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>2 Speaks clearly, at a moderate pace</td>
<td>□ Speech is perceived as too fast, tooQuite, or garbled □ Pt asks provider to repeat her/himself</td>
<td>□ Speech is perceived as appropriate pace, volume and clarity □ Speech is always intelligible</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>3 Avoids using jargon (see back), and defines unavoidable jargon</td>
<td>□ Frequently uses undefined jargon □ Uses 11 or more jargon terms in 15 minutes</td>
<td>□ Occasionally uses undefined jargon □ Uses 5-10 jargon terms in 15 minutes</td>
<td>□ Uses little or no undefined jargon □ Uses 0-4 jargon terms in 15 minutes</td>
<td>□ List undefined jargon on back →</td>
</tr>
<tr>
<td>4 Summarizes the key elements of the encounter at the end of the encounter</td>
<td>□ Does not attempt to summarize, list, or prioritize key elements of the encounter (diagnosis, recommended tests, medications, referrals, follow-up plan)</td>
<td>□ Attempts to summarize, list, or prioritize key elements of the encounter □ But does not limit the list of key items to 5 or less items</td>
<td>□ Attempts to summarize, list, or prioritize key elements of the encounter □ Limits key items to 5 or less</td>
<td></td>
</tr>
<tr>
<td>5 Elicits questions in a patient-centered manner at the end of the encounter</td>
<td>□ Does not provide a specific opportunity for patient to ask questions at end of encounter</td>
<td>□ Asks &quot;do you have any questions?&quot; or &quot;does this make sense?&quot; at end of encounter</td>
<td>□ Asks &quot;what questions do you have?&quot; at end of encounter</td>
<td></td>
</tr>
<tr>
<td>6 Checks understanding with a &quot;teach back,&quot; or &quot;show me&quot; technique, in a non-shaming manner, at the end of the encounter</td>
<td>□ Does not check whether patient understands provider's advice or directions at end of encounter</td>
<td>□ Checks patient's understanding by asking &quot;does that make sense?&quot; or &quot;OK?&quot; at end of encounter □ Or, confirms patient's understanding by asking patient to explain (or show) back in their own words, but puts onus on pt. by asking &quot;tell me what you understand?&quot;</td>
<td>□ Confirms patient's understanding by asking patient to explain back in their own words (or show) what they have heard/seen at end of encounter □ Puts onus on self, by saying &quot;i don't always explain things well. Tell me what you've heard.&quot;</td>
<td></td>
</tr>
</tbody>
</table>
Standardized patients

- Lay individuals (lay “actors”) trained to simulate patients in a realistic consistent manner

- SPs learn the details of a case, including history of present illness, past medical history, medications, social history, and family history. They simulate the physical signs of the case

- SPs play the scripted role of a patient, and are interviewed and examined by students
Observed Structured Clinical Exam (OSCE)

- Competency assessment method of choice
- Widely used in US medical schools
- Can provide formative and summative evaluation
- 2 hours of testing time needed to achieve reliability coefficients above 0.7 for communication skills
- Relatively costly, and time- and energy-intensive

(Turner & Dankoski, 2008)
OHSU Clinical Performance Exam

- A variation on the Observed Structured Clinical Examination (OSCE)

- 4th-year medical students; 2nd-year Physician Assistant students

- 6 cases, including 1 “health literacy” case
Experience with the health literacy Clinical Performance Exam

- Used since 2007

- 140-150 medical students and physician assistant (PA) students each year
Clinical Performance Exam “Health Literacy” case

% students needing the prompt: "I need to tell you why the diabetes has been hard for me. I have trouble reading"

PA students (n=33)
MD students (n=99)
Clinical Performance Exam
Did the student...

% students “done well”

<table>
<thead>
<tr>
<th>Activity</th>
<th>PA students (n=33)</th>
<th>MD students (n=99)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-shaming?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask about learning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use “teach back”?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use plain lang.?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example curriculum
# OHSU Family Medicine Residency Health Literacy Curriculum

<table>
<thead>
<tr>
<th></th>
<th>1&lt;sup&gt;st&lt;/sup&gt;-Year Residents</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;-Year</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt;-Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intro to health literacy</td>
<td>• Pre-test &amp; overview (30 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• AMA Video (30 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discussion (30 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Winter</strong></td>
<td>Communication didactics</td>
<td>Written communication workshop</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Read health literacy booklet (Weiss, 2007)</td>
<td>• Best practices review (30 min)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health literacy lecture (60 min)</td>
<td>• Assessing written materials (30 min)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cultural competency lecture (60 min)</td>
<td>• Lab results letter exercise (60 min)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Limited English proficiency lecture (30 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spring</strong></td>
<td>Oral communication workshop</td>
<td></td>
<td>Senior capstone activity</td>
</tr>
<tr>
<td></td>
<td>• Best practices review (30 min)</td>
<td></td>
<td>• Resident-led case presentations with evidence-based solutions (120 min)</td>
</tr>
<tr>
<td></td>
<td>• Listening for jargon exercise (30 min)</td>
<td></td>
<td>• Post-test (15 min)</td>
</tr>
<tr>
<td></td>
<td>• Teach back exercise (30 min)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Video review and OSCE evaluations run throughout all 3 years
Translating evidence into practice

- How will innovations make their way into teaching standards?
  - Role of accrediting agencies
  - How to incentivize clear communication?
    - Pay-for-performance?
A health literacy educational agenda
A Health Literacy Educational Research Agenda

**Determine HL core competencies for health professionals**

- FASHP Consensus (in progress)

**Develop validated tools for assessing:**
- Knowledge
- Skills
  - Oral
  - Written
- Attitudes
- Practices

**Assess health professions school graduates’ core competencies (gap analysis)**

- Oral skills scale (in development)

- Knowledge scale (in review)

**Determine what HL elements are currently taught in health professions schools**

- Med school study (in review)

**Identify existing educational resources for teaching about HL**

**Develop new & validate existing educational tools for teaching HL competencies**

**Develop a HL teaching “toolbox” for educators**

**Determine optimal approach & timing for delivery of HL curricula**

**Determine whether competency-based HL education for health professionals can improve patient-centered outcomes**

**Policy work to disseminate/translate evidence-based educational research results & Incentivize clear communication**
Thank you!
Workshop
References

- Coleman C & Donald S. Health literacy teaching in U.S. medical schools. In review.
- Schillinger et al. Closing the loop: physician communication with diabetic patients who have low health literacy. Arch Intern Med 2003;163:83-90