

INTRODUCTION

Policy Forum: *Effective Patient-Practitioner Communication*

The Institute of Medicine of the National Academies released its report, *Health Literacy: A Prescription to End Confusion*, in April 2004. The report made clear that low health literacy affects the educated and wealthy as well as the uneducated and poor, touching the lives of countless individuals. Miscommunication affects every facet of our lives. It occurs for many different reasons including someone not listening closely, people misinterpreting what they hear, or someone not understanding. Regardless of how miscommunication occurs, it can lead to inappropriate action, inaction, frustration, or anger. When miscommunication happens in a relationship, it can be hurtful or confusing. When miscommunication occurs within the patient-practitioner relationship in a health care setting, it can lead to illness, inappropriate procedures, slow or no recovery, and even death.

The potential for such serious consequences prompted the North Carolina Division of Public Health and North Carolina Institute of Medicine to form a task force on health literacy. The task force was supported with funding from the Heart Disease and Stroke Prevention Branch in the Chronic Disease and Injury Section of the Division of Public Health via a US Centers for Disease Control and Prevention grant and with additional support from the NC Division of Medical Assistance. The task force found that low health literacy is a major, perhaps the most important, contributor to poor patient-practitioner communication. The health care system is very complex, medical terminology takes years of training to master, and the stress of illness can make the simplest things difficult. Communication between practitioner and patient can be impaired by these and other things including differences in language and cultural perceptions of disease and health care.

This issue of the *North Carolina Medical Journal* explores many facets of the patient-provider communication process. We draw on national and state-level work on health literacy and communication to highlight problems that occur and to suggest improvements to make our health care system safer and more effective. North Carolina is fortunate to have some of the nation's foremost researchers in the area of health literacy, and we are pleased that Darren DeWalt, MD, has shared some of his research on the epidemiology of low health literacy as well as naming possible interventions. Strategies are explored for improving practitioner-patient communication in physician and dentist offices, pharmacies, long-term care facilities, and hospitals. We also focus on the role of lay health educators and advisors whose use and effectiveness in North Carolina has been demonstrated. We present the perspectives of individuals with low literacy and English as a second language and offer ideas for implementing communications strategies for practitioners and low literacy adults through education and public marketing.

One-third of the nation's population may have difficulty understanding basic health information. It is imperative that we take a closer look at health communication, improving individuals' understanding of their health and how to appropriately manage illness when it occurs.

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