Health Literacy Assessments May Be Inconsistently Conducted in IBD Patients

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To the Editors,

We read with interest the article by Tormey et al titled “Limited Health Literacy Is Associated With Worse Patient Reported Outcomes in Inflammatory Bowel Disease” and are in agreement that health literacy assessments can be important in IBD management. The authors noted that Crohn’s disease patients with limited health literacy have more symptoms of active disease, more depression, and worse overall health status.¹ Low health literacy has been associated with difficulty managing chronic conditions, decreased medication adherence, and more hospitalizations.^{2, 3} Additionally, there are simple health literacy screening tools that can be easily administered.^{2, 4, 5} We offer additional data about health literacy assessments during IBD consultations.

We evaluated university gastroenterologists’ understanding of health literacy and methods of assessment and frequency of health literacy documentation. An anonymous survey

of gastroenterologists revealed universal knowledge of health literacy assessment tools. A subsequent 6-month retrospective chart review evaluated the frequency of health literacy assessments and documentation during IBD consultations. Two hundred seventy-one consecutive medical encounters of IBD patients (151 women, 120 men; mean age 42.7 years) were reviewed. There were 146 Caucasians, 81 African Americans and 44 of other or undocumented ethnicity. One hundred sixty patients had Crohn’s disease, 110 had ulcerative colitis, and 1 had indeterminate colitis. Health literacy assessments occurred more frequently ($P = 0.0387$) in Caucasians (46 of 146; 32%) compared with African Americans (16 of 81; 20%), and these assessments were documented more often ($P = 0.04$) in men (40 of 120; 33%) compared with women (35 of 151; 23%). However, there was no difference ($P = 0.4$) in assessments of patients with Crohn’s disease (41 of 160; 25.6%) compared with those with ulcerative colitis (14 of 110; 30.9%). Notably, health literacy was more often documented ($P = 0.0001$) in encounters in which procedures were recommended (65 of 89; 73%) compared with encounters without procedural recommendations (9 of 89; 4.9%).

Our study demonstrates that health literacy assessments may be inconsistently conducted in patients IBD patients, with some gender and ethnic disparities. Our study, paired with

the outcomes study by Tormey et al, supports the need for more consistent and perhaps systematic health literacy evaluations in IBD patients. We further encourage physicians to perform health literacy assessments in all patients regardless of gender, ethnicity, or type of encounter to optimize clinical outcomes.

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