

Maximizing health literacy and client recall in a developing context: speech–language therapist and client perspectives

Vanessa de Oliveira Martins-Reis¹, Juliana Nunes Santos¹

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The authors begin the article highlighting the role of the client and the speech- language therapist in the intervention, and the importance of the contextualized, informed and aware customer, since he is responsible for the development of actions in favour of his own health. In that sense, the authors discuss two important concepts: health literacy and the client recall.

Health literacy is an emerging concept, a central theme of the 7th International Conference on Health, held in Kenya in October 2009, based on the idea that health and literacy are critical resources for everyday life. According to the World Health Organization (WHO), health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to access, understand and use information as ways to promote and maintain good health. Health literacy means more than being able to read leaflets and successfully make appointments*. Low health literacy is related to poorer health, higher rates of hospital admission, lower adherence to prescribed treatments and health care, more prone to incorrect intake of drugs and less use of preventive services⁽¹⁾.

The customer's memory refers to the patient's ability to recall information and instructions received during consultation. This recall involves information retained in the memory of long term and short term and is also critical to treatment adherence. The authors cited a study which shows that 80% of medical information presented in a query is immediately forgotten and about half of the information remembered is incorrect⁽²⁾.

Health literacy has been studied in several areas, but little discussed in the field of speech-language therapy. In general, the studies include intrinsic factors to the individual, environment and relationship between client and health professional**. In terms of individual factors, patients with communication disorders face greater challenges when they need to apply literacy skills in health, suggesting that the speech-language therapist should be particularly concerned about the health literacy of their clients. In terms of contextual factors, cultural and linguistic barriers and the client's religious beliefs can determine if the changes needed for health promo-

tion will be held. Relative to the relationship between client and speech-language therapist, if the customer feels inferior in the relationship, he will tend to have a passive attitude in the therapeutic process and will not ask the questions necessary for the understanding of care.

According to the authors, the socio-cultural characteristics of South Africa and dialectal variation difficult the widespread of health information and interfere with the relationship between therapist and patient. In conformity with the literature, is consensus among health professionals of the region to provide written information to clients in order to assisting them to manage their own health after the consultations. In this surrounding context, the authors state that there are strategies of high and low technology to promote patient adherence to treatment and to improve understanding of the process. To supplement the reader's understanding, they have provided in the appendices a framework with advantages and disadvantages of each strategy, including detailed explanations and demonstrations during the sessions; review of clinical information during the sessions and after consultations; illustrations; support for the family during the therapeutic process; telephone contact and intensive modules with reduced short-term goals. It is best to use them in combination for the authors.

The aim of the present study was to investigate the issues around health literacy and the recall of health information from clients who have undergone speech-language therapy in public health units in Cape Town and also how can these issues be overcome, focusing on clients with dysphagia, voice disorders (including laryngectomy) and cleft lip and/or palate.

The authors conducted an exploratory study with a focus on speech-language therapist and their clients who had received treatment during the six months prior to data collection. They were recruited from two hospitals of the public health system of Cape Town in South Africa. Data were collected through four focus groups discussions and qualitatively analysed.

It was identified five themes and 13 subthemes from the

(1) Department of Speech-Language Pathology and Audiology, School of Medicine, Universidade Federal de Minas Gerais – UFMG – Belo Horizonte (MG), Brazil.

Correspondence address: Vanessa de Oliveira Martins-Reis. Faculdade de Medicina, Departamento de Fonoaudiologia. Av. Prof. Alfredo Balena, 190, sala 251, Santa Efigênia, Belo Horizonte (MG), Brasil, CEP: 30130-100. E-mail: vomartins81@gmail.com

* Health literacy is fundamental to the empowerment of the population and can be classified into three levels: functional health literacy, which involves basic skills in reading and writing; conceptual health literacy, which involves social skills that enable active participation in health care; critical health literacy or health literacy as "empowerment", which involves the ability to critically analyse and use information to participate in actions that overcome the structural barriers to health (WHO, 2009).

** A policy named Health People 2010 was implemented, in 2010, in the U.S., and health literacy was one of the points of order of this politics.

four focus groups. From the standpoint of health professionals it was raised the difficulties of customers to remember clinical information and recommendations from other professional assistance prior to speech-language therapy; the possibility of overestimation of client's understanding about their own health and treatment; the existence of differences among the priorities of the therapist and client and the understanding's difficulties of local languages and lack of trained interpreters.

It was possible to realize the importance of motivation and emotional factors in the uptake of health information from the viewpoint of customers. Clients often end up acting in accordance with their own convictions. Currently, when they do not continue the treatment correctly, it is because they do not understand the reasons for and the importance of the recommendations of the therapist from the beginning of the process. In addition, they reported that they had difficulty in understanding, remembering and organizing information when they were at home, which is aggravated by the lack of support from family and professionals.

The article showed that speech-language therapists need to learn the culture and the reality of their customers. However, they already use low-tech strategies to manage the issues of health literacy and favour the client recall. The authors conclude the text referring that an understanding of context of health literacy and intercultural agreement with the client are factors that should be part of the clinical practice of speech-language therapy. There is a need to develop effective strategies for information provision and review post-consultation. In this sense, the article proposes a scheme to elucidate the structure of speech-language therapy. This scheme includes the individual, the environment, the individual profile, the role of the therapist and the activation of changes and also the agreement between client and therapist. Under the scheme, individuals with communication disorders (or feeding/swallowing) are at the heart of intervention and must be contextualized in the environment. The individual profile is an information system that grows as the individual makes their accounts, depending on factors such as the emotional state of the individual and the relationship between individual and therapist. The mediating role of the therapist means to interpret available information and present them back to the client, so that ultimately, the change may be caused. Related to the agreement, speech-

-language therapist and client together can negotiate the way forward based on knowledge of the speech therapist about communication disorders/swallowing and familiarity with their client's life circumstances.

As can be seen in the text, health literacy and the client recall appear to be strongly linked to education level and social vulnerability of the population. Some regions of Brazil have similar characteristics to those of South Africa. According to the Paulo Montenegro Foundation, 52% of Brazilians aged 15 and 64 reached a maximum of the rudimentary level of literacy, which means ability to locate explicit information in short terms or perform simple math, but are not able to understand long texts, locate information that requires some inference or even determine a strategy for calculating the resolution of problems. Thus, it is possible that health professionals working in public services, especially in areas of social vulnerability, are not achieving the anticipated results in the treatment of their customers and the problem is not the disease but education and communication of the clients.

We agree with the authors in the sense that such studies are essential to the health and the speech-language therapist has an important role in health teams in order to better share information between clients and professionals, which will result in increased adherence to treatment and prevention of possible injuries. Thus, it is important that health policies designed to identify users with low health literacy, capacitate health professionals in terms of strategies and information technology and train users to seek, receive and use health information to be implemented in Brazil.

The population's access to information is a matter of social justice and therefore the health literacy should be seen as a powerful opportunity to reduce health disparities by allying themselves to the public policy of health promotion.

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