

## POLICY &amp; PRACTICE

**Birth Control Coverage Ruling**

A major railroad company did not discriminate against its female employees when it refused to cover birth control under its health insurance plan, a federal appeals court ruled last month. The U.S. Court of Appeals for the 8th Circuit, based in St. Louis, overturned a lower court ruling that found against Union Pacific Railroad. The lower court had ordered the railroad to cover all prescription contraceptives approved by the Food and Drug Administration. Women's health advocates objected to the appeals court ruling, saying that it will open the door for other companies across the country to exclude contraceptive coverage. "This ruling is an outrageous step backwards for women's health," Cecile Richards, president of Planned Parenthood Federation of America, said in a statement. "Birth control is basic health care, and health insurance should cover it."

**Pregnancy Nutrition Survey**

FDA officials plan to survey physicians and other health care providers to find out what information and advice they offer to pregnant women about nutrition and food safety. Officials are specifically seeking information on recommendations related to methylmercury and seafood consumption, listeriosis prevention, weight control and nutrition, dietary supplement usage, food allergies, toxoplasmosis prevention, and infant feeding practices. Agency officials issued advice for pregnant women in 2004 and 2005, and new insights from the survey of health providers will be used to evaluate whether the FDA advice is being used by providers to educate their patients. FDA officials are seeking a sample of 400 ob.gyns., 200 nurse-practitioners who specialize in obstetrics, 200 nurse-midwives who specialize in obstetrics, 200 physician assistants who specialize in obstetrics, and 200 dietitians from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The survey will also ask physicians and other health care providers what resources they use to stay current on nutrition and food safety risks among pregnant women.

**Mississippi Abortion Ban Signed**

Mississippi Gov. Haley Barbour has signed into law a bill that would make it a crime to perform an abortion in the event that *Roe v. Wade* were overturned. Under the new law, abortions in the state would be illegal except in the case of preserving the mother's life or cases of rape. If *Roe v. Wade* were overturned, physicians or others in the state who performed abortions would face between 1 and 10 years in prison. Also included in the legislation is a provision that requires physicians to perform fetal ultrasound imaging before an abortion and offer the patient a chance to see the image and hear the fetal heartbeat. The ultrasound requirement is not linked to *Roe v. Wade* and is scheduled to go into effect July 1. Patients are required under the law to sign a certi-

fication form saying they had a chance to see an ultrasound and hear the fetal heartbeat. Physicians are required to keep that form in the patient's medical record. "This law is a near-total ban on abortion. It would deny Mississippi women necessary reproductive health care," Vicki Saporta, president of the National Abortion Federation, said in a statement.

**Adding Contraception to Sex Ed**

Federal lawmakers recently introduced legislation aimed at leveling the playing field when it comes to funding comprehensive sex education programs. The "Responsible Education About Life" or REAL Act (S. 972/H.R. 1653) was introduced in the Senate by Sen. Frank Lautenberg (D-N.J.) and in the House by Rep. Barbara Lee (D-Calif.) and Rep. Christopher Shays (R-Conn.). Under the legislation, the federal government would provide funds to states to offer "comprehensive" and "medically accurate" sexual education in their schools. Currently, the federal government offers funds to states for abstinence-only education but not for programs that teach about contraception to prevent pregnancy and sexually transmitted diseases, according to the bill's sponsors. "We should absolutely be teaching young people about abstinence, but we shouldn't be holding back information that can save lives and prevent unwanted pregnancies," Rep. Lee said in a statement. "Instead of 'abstinence only,' what we're proposing is 'abstinence plus.'"

**FDA to Study Ad Risk Data**

Saying that it has become more concerned about how much risk information is disclosed to consumers in print ads, and that the information is not usually in a consumer-friendly format, the Food and Drug Administration announced that it will study how to better present those data. One study will look at whether giving consumers more context—instead of a list of risks, for instance—will aid their understanding of a product's potential downside. Another will look at the usefulness of several different formats for presenting the data.

**Action vs. Underage Drinking**

In its first Call to Action against underage drinking, the U.S. Surgeon General's office appealed to Americans to do more to stop the country's 11 million current underage drinkers from using alcohol, and to keep other young people from starting to drink. Acting Surgeon General Dr. Kenneth Moritsugu laid out recommendations for government and school officials, parents, other adults, and young people, saying that, while tobacco and illicit drug use has declined significantly, underage drinking has remained consistently high. "Research shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life," Dr. Moritsugu said in a statement.

—Mary Ellen Schneider

# Ask 3 Questions to Rate Patients' Health Literacy

*A lack of health literacy skills can lead to delayed diagnoses and poor adherence to medical advice.*

BY BRUCE JANCIN

Denver Bureau

PHOENIX — Three brief screening questions enable physicians to spot patients lacking the literacy skills necessary to understand and act upon health care information, Lorraine S. Wallace, Ph.D., said at a congress sponsored by the Association for Academic Surgery and the Society of University Surgeons.

"Surgeons should consider administering these three screening items to identify patients at increased risk of having limited health literacy skills," said Dr. Wallace of the department of family medicine at the University of Tennessee, Knoxville.

"Our results pretty much echo what other researchers have found regarding the three questions in primary care settings," he added.

According to the Institute of Medicine's landmark 2004 report, "Health Literacy: A Prescription to End Confusion," nearly 50% of English-speaking adults lack the literacy skills needed to adequately use the health care system.

The consequences of a lack of health literacy skills include delayed diagnoses, poor adherence to medical advice, less use of preventive services, deficient self-management skills, more hospitalizations, and worse short- and long-term health outcomes.

By one estimate, the price tag for poor health literacy adds up to \$69 billion per year.

Moreover, last year the Editorial Projects in Education Research Center, supported by the Bill and Melinda Gates Foundation, reported that fully 30% of U.S. ninth graders fail to finish high school with a diploma.

Dr. Wallace noted that more than 800 published studies demonstrate that patient education materials are far too difficult for the average patient to understand. The great majority of this research has been conducted in primary care settings and has relied upon assessment tools that are too cumbersome for use in clinical practice.

Despite this large body of evidence, however, limited health literacy "still isn't even on residents' radar screens" at most academic medical centers, Dr. Wallace said.

"The first issue for physician educators is to get them to understand that the high school dropout rate across America is 29%. That's who your patient population is," he said.

Dr. Wallace sought to determine whether the screening questions for

limited health literacy previously studied in primary care are also accurate in the surgical setting.

The questions were as follows:

► How often do you have someone (like a family member, friend, or hospital worker) help you read hospital materials?

► How confident are you filling out medical forms by yourself?

► How often do you have problems learning about your medical condition because of difficulty understanding written information?

Patients rate their answers to each question on a 1-5 scale.

Dr. Wallace studied 100 adult patients attending a vascular surgery clinic for an initial consultation.

None of these patients had overt psychiatric illness or severe cognitive impairment. They averaged 62 years of age.

Sixty-five of the patients were women. Ninety-six were Caucasian, reflecting the demographics of east Tennessee. A total of 32 had failed to complete high school.

All participants were assessed according to the Rapid Estimate of Adult Literacy in Medicine (REALM), which is considered the accepted standard for evaluating patient literacy skills. Thirty-nine patients scored in the limited or marginal

health literacy range.

The area under the receiver operating characteristic curves for each of the three screening questions using REALM scores as the reference standard was 0.83-0.86. That's a favorable result. It indicates these specific questions are effective in identifying patients at greatest risk of limited health literacy.

"These questions are nonthreatening. It's not like asking, 'Can you read?' Studies have shown that patients with limited literacy skills do indeed harbor a tremendous amount of shame," Dr. Wallace explained.

"It's information they're not about to offer to anyone, let alone their physician," he said.

The audience pressed Dr. Wallace as to what exactly she does differently when the screening questions identify a patient with a problem.

She replied that although it's clear the clinical interaction has to be tailored accordingly, "there is not really any hard evidence to date as to what will work, unfortunately."

Dr. Wallace and her coinvestigators hope to change that. The study that she presented is a part of a larger ongoing patient/surgeon communication project aimed at providing specific guidance to physicians. ■

**According to more than 800 published studies, patient education materials are far too difficult for the average patient to understand.**