

Low Literacy: A Health Care Quality Issue

By Brigette Settles Scott, MA

Closing the Gap, First Summit Packs the House • January/February 2003

Take two tablets by mouth every six hours. When lying down, elevate limbs above heart level to reduce swelling. Simple instructions? For some. Yet many Americans cannot understand common medical terms or follow their doctors' instructions.

Very few adults in the U.S. are truly illiterate, but there are many adults with low literacy skills who lack the foundation they need to find and keep decent jobs, support their children's education, and properly manage their health, according to the National Institute for Literacy (NIFL).

"Year 2000 statistics indicate that 45 percent of the adult population, or 90 million people, perform at Levels 1 or 2 (8th grade or below reading level)," said Carolyn Staley, deputy director, NIFL, as she opened the Summit session-Health Literacy and Quality Health Care.

Almost all adults in Level 1 can read a little but not well enough to fill out an application, read a food label, or read a simple story to a child. Adults in Level 2 usually can perform more complex tasks such as comparing, contrasting, or integrating pieces of information, but usually not higher-level reading and problem-solving skills. Literacy experts believe that adults with skills at Levels 1 and 2 lack a sufficient foundation of basic skills to function successfully in our society.

Health Literacy

Loosely defined, health literacy is the degree to which people can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

"Health literacy impacts the quality of health and healthcare," said Dr. Cynthia Baur, health communication and e-health advisor from the Office of Disease Prevention and Health Promotion. "Reading health information materials, following prevention recommendations, filling out insurance forms, explaining the nature of a health problem, adhering to medication regimens, reading and signing informed consent documents—each of these routine tasks requires functional health literacy skills that we estimate a large segment of the adult U.S. population does not have. Moreover, many adults who do have low health literacy do not acknowledge it as a problem. They may be too ashamed, or they have developed coping mechanisms to deal with their limited skills. Yet, there is danger in leaving health literacy a hidden problem. The implications of limited health literacy for patient safety, medical errors, health status, and overall quality are enormous. Consider the implications if 25 percent of the adult population cannot read and understand directions, such as 'take four tablets daily by mouth.'"

"Health literacy impacts the quality of health and healthcare."

Racial and ethnic minorities with basic English skills are more likely to have low health literacy. The National Adult Literacy Survey (NALS) data concluded that African American, American Indian/Alaska Native, Hispanic, and Asian American/Pacific Islander adults were more likely than White adults to perform in the lowest two literacy levels. "Fewer years of schooling and English as a second language are important contributing factors. Twenty-five percent of those with the lowest level of literacy skills were immigrants. Lack of facility in English and lack of knowledge about the U.S. healthcare system and its norms and expectations compound the problem for these individuals," added Baur.

According to the non-profit Center for Health Care Strategies of Lawrenceville, NJ, patients with poor reading skills have a hard time understanding basic medical instructions, have difficulty complying with their recommended treatments, and struggle to understand even basic medical forms. People who have difficulty reading are often ashamed and hide their illiteracy from health care providers.

Currently, the full scope of the health literacy problem is unknown. There have been some extrapolations from data collected in the NALS, although it assessed literacy skills rather than health literacy. "In general, we estimate that about 50 percent of English-speaking adults in the U.S. have limited enough literacy skills that they would have trouble handling some of the more basic, routine aspects of health and healthcare activities, such as taking medication in a correct dose and on schedule," explained Baur. "For the first time, beginning in 2002, there will be a national assessment of health literacy. The data that we will get from the 2002 National Assessment of Adult Literacy (NAAL), which is being sponsored by the National Center for Education Statistics, U.S. Department of Education, will give us the first national estimates of the scope of the problem, at least for the adult English-speaking population."

Making the Connection

Professionals in the health community have long recognized that low literacy can be a barrier to quality health care. Likewise, literacy professionals have found that health is a topic often asked about most in the educational setting. So, would it make sense to simply marry the two?

Charged with making this connection, Health Literacy El Paso (HLEP) was created to develop and implement a health literacy program to serve academically and economically disadvantaged Texas residents, so that they might have a better understanding of health-related issues, take an active role in preventing health problems, access available health services, and improve their understanding of the healthcare system.



Low Literacy: A Health Care Quality Issue is based on the Summit workshop Health Literacy and Quality Health Care, Thursday, July 11, 2002.

continued on page 2>>>>



Low Literacy: A Health Care Quality Issue

By Brigette Settles Scott, MA

Closing the Gap, First Summit Packs the House • January/February 2003

Since its formation in 1998, HLEP has been incorporating health messages into its adult education and GED programs offered at El Paso Community College. “Philosophically, we believe that the best way to learn or improve communication and math skills in adults is to engage topics that have meaning to the participants,” said Andres Muro, manager, of the El Paso Community College, Community Education Program. “Instead of using a textbook that was published some time ago, we introduce topics that affect their lives directly and have an impact. For example, if while learning to read or write, I’m learning to fill out a questionnaire that may be used in a doctor’s office, or if reading about diabetes, cancer, or heart disease among Hispanics piques my curiosity, I’m going to have a greater desire to learn that information because it’s something that affects me, my children, my spouse, and so on.”

HLEP students range in age from 18 and up, but the majority are women, 30-35 years old, of Mexican ancestry, with one to two children. Because of this demographic, the emphasis on health issues is well received by program participants. To work the health information into the curriculum, classroom teachers partner with health educators already working in the community. The program uses local health service providers, such as the county hospital, local health clinics, and the city health offices, as well as national consumer organizations like Planned Parenthood, the American Diabetes Association, and the American Cancer Society. Representatives from these agencies come into the classroom and speak on a given health topic. The classroom teacher then incorporates their information into instruction. Breaking news items are mixed into lessons to add clarity and increase understanding.

One hot issue in El Paso is the high level of lead and arsenic in the environment as the result of a recycling plant that has allegedly polluted a large area of the community.

“Our instructor is incorporating this news and its impact on the health status of El Paso residents by integrating it into a discussion on the periodic table of elements, and how these chemicals in certain forms can be harmful to your health,” explained Muro.

Are We There Yet?

The idea of incorporating health information into every aspect of general education is new. Too many may recall their high school experiences, of having health education taught for a semester by someone like a football coach, whether or not the instruction was effective.

“In practice, there are still some barriers that have to do with professional development and training, that our teachers and health educators have to receive to turn health information into something that can be well received by the students,” Muro said. “There’s still a lot of work to be done. The whole idea that we are trying to implement is new. Some teachers are having difficulty changing their way of thinking about teaching. They want to teach from a book. They want to start on page 1 and end on page 10, with multiple-choice questions on tests. To tell teachers not to use a textbook and instead use a handout from the local health department for a lesson is difficult. Likewise, the students themselves expect a traditional class with textbooks. So, when you want to do something that is non-traditional, they resist. With resistance from the students, and resistance from the teachers, it requires a lot of work on our part. But, we believe it’s worth it.”

Results from HLEP’s initial evaluation demonstrate that the approach is making an impact on the community. Of the 500 participants in the program, 400 were screened for diabetes and all female participants (90 percent of the total) received information on breast cancer and learned to perform a breast self-examination. Male participants were instructed in testicular self-examination, and 160 participants now have primary health insurance where they were once uninsured.

“HLEP has had a significant and beneficial impact on the El Paso community,” concluded Muro.

For more information on Health Literacy El Paso and the curriculum, go to <http://www.worlded.org/us/health/docs/el Paso/index.htm>.

To reach Andres Muro, e-mail him at andresm@epcc.edu. For more information on literacy, visit the National Institute for Literacy at <http://www.nifl.gov> ❖

