

## 1.2 Health Literacy Basics

This document will give you a little helpful background information on health literacy in general before you take on ESOL health literacy. The health literacy movement in the U.S. is about 20 years old and involves many stakeholders. It is very much an evolving field.

### Health Literacy Definitions

[Many definitions](#) have been developed for health literacy. The most widely used definition in the U.S. is:

- Health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”  
— U.S. Department of Health and Human Services ([quoted by National Network of Libraries of Medicine](#))

Critiques of this definition include:

- Ambiguous wording, for example, “appropriate health decisions”: Who determines what is appropriate, patient or provider? Where do different cultural understandings of health fit into this?
- The definition implicitly puts responsibility for improving health communication on the patient.

### Readability

More than 20 years ago, when the term *health literacy* first came into regular use, it was most frequently interpreted as being about a mismatch between the individual patient’s reading ability and the reading difficulty of printed medical information. Many adults were found to be reading at a much lower grade level than medical information was written for. Since the early days of health literacy, functional literacy has been the main focus of health literacy research and intervention. Health information writers use *readability* scales to evaluate difficulty levels of new health information texts.



## Other Health Literacy Skills

Over time the health literacy field realized that skills beyond functional literacy are involved in making a person health literate. The exact array of skills that make a person health literate is still being determined. Here are some skills commonly associated with health literacy:

- Reading, writing, speaking, and listening skills
- English language skills
- Numeracy skills
- Critical thinking skills
- Social skills
- Cultural skills
- Information evaluation skills
- System navigation skills
- Self-advocacy skills
- Digital literacy skills

## American Medical Association Health Literacy Video Clip

Follow this link for a brief, informative health literacy training video put out by the American Medical Association. The video, which is part of many health literacy trainings for health care providers in the U.S., contains eye-opening interviews of patients with low health literacy and footage of them communicating with their doctors about their care.

AMA: Health Literacy and Patient Safety video:

[http://classes.kumc.edu/general/amaliteracy/AMA\\_NEW3.html](http://classes.kumc.edu/general/amaliteracy/AMA_NEW3.html)

or [http://www.youtube.com/watch?v=cGtTZ\\_vxjyA](http://www.youtube.com/watch?v=cGtTZ_vxjyA)

## Scope of Low Health Literacy

- [The National Assessment of Adult Literacy's](#) (NAAL) health literacy component showed that over 75 million U.S. adults had “basic” or “below basic” health literacy (Center for Education Statistics, 2003).
- On the NAAL, Only 12% of U.S. adults were considered to have “proficient” health literacy.
- Adults over 65 had the lowest health literacy of all age groups.
- NAAL results consider functional literacy skills only.



## At-Risk Populations

Populations in the U.S. found by the NAAL to be most at risk for low health literacy and related negative health outcomes include:

- Low-educated people (less than a high school diploma or GED® credential)
- Chronically ill people
- People over 65
- Racial and ethnic minorities
- Non-native speakers of English
- People with low income

**\*\*How many of your learners fit into one or more of these high-risk categories? \*\***

## Negative Health Outcomes Associated with Low Health Literacy

The following have been found through multiple research studies to be linked in some way with low health literacy:

- Under-utilization of health care services
- Increased medication errors/decreased medication adherence
- Poorer health outcomes (including worse depression)
- Increased ER visits and hospitalizations
- Increased health care costs (to individual and systems)
- Racial and ethnic health disparities

## Health Literacy Stakeholders

There are numerous stakeholders across many disciplines involved in the effort to improve health literacy and health care communication in the U.S. Here are some examples:

- Patients
- Care providers and provider systems
- Federal and state government departments
- Nursing and medical schools
- NGO human service providers
- Pharmaceutical companies
- Health insurance companies and employers who provide insurance
- Adult literacy and ESOL programs
- K-12 education programs



## Estimated Cost of Low Health Literacy

While many factors make it hard to assess, the annual cost of low health literacy in the U.S. has been estimated to be between **\$106 billion and \$238 billion** ([Vernon, et al., 2007](#)).

## Federal and Health Care Actions Related to Health Literacy

Agency	Action	Significance
U.S. Department of Health and Human Services	Adopted <a href="#"><u><i>National Standards on Culturally and Linguistically Appropriate Services (CLAS Standards) (2001, revised 2013)</i></u></a>	These federal standards outline how care providers and organizations should “provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.” While not mandates in themselves, individual standards are supported by <a href="#"><u>various state legislation</u></a> and Title VI of the Civil Rights Act of 1964.



Agency	Action	Significance
U.S. Federal Government	Enacted <b><i>U.S. Civil Rights Act of 1964, Title VI</i></b>	According to the <a href="#">U.S. Department of Justice</a> , this law, often informally referred to as "The Interpreter Law," "prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are limited English proficient (LEP)." The law is further explained by <a href="#">Executive Order 13166</a> .
U.S. Department of Health and Human Services	Issued <a href="#"><b><i>National Action Plan to Improve Health Literacy</i></b></a>	The action plan suggests seven goals for improving health information, access to health information and services, making care more patient-centered, and supporting lifelong learning to improve health literacy. Goal 4 states: "Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community."



Agency	Action	Significance
U.S. Federal Government	Enacted <a href="#"><u><i>Plain Writing Act (2010)</i></u></a>	This law requires all federal agencies, including those relating to health care (e.g., Center for Medicare and Medicaid Services), to provide written information in clear, simple language that the public can understand.
U.S. Federal Government	Enacted <a href="#"><u><i>Patient Protection and Affordable Care Act</i></u></a>	While health care communication is not this law's main focus, it mandates some changes that are positive steps toward improving patient understanding of health care, e.g., providing health care plan information in simpler formats that are culturally and linguistically appropriate.
Joint Commission (the privately run accrediting organization for U.S. hospitals)	Published standards: <a href="#"><u><i>Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals</i></u></a>	This publication issued new standards stating that U.S. hospitals must assess and provide for patient language, culture, and literacy needs and preferences as of 2012 to be re-accredited.



## Health Care Strategies to Improve Patient-Provider Communication

Technique	Description	Example
<b>Teach Back</b>	Provider asks patient to repeat back information to check comprehension.	Provider asks: "I want to be sure I did a good job explaining things to you. Can you tell me what it is I asked you to do?"
<b>Ask Me 3</b>	Provider encourages patient to ask questions about problem and care plan.	Patient asks: 1. What is my main problem? 2. What do I need to do? 3. Why is it important for me to do this?
<b>Plain Language</b>	Health information is written in simple, jargon-free English. Concepts can also be applied to speech.	Writing uses active voice, personal pronouns, section headings to organize text, short sections, bullet lists, short sentences when meaning is not compromised.

### Health literacy is ...

- **An evolving concept.**
- **A challenge impacting the health of many people in the U.S. and the U.S. economy.**
- **An interdisciplinary challenge that will require creative interdisciplinary collaboration to find effective solutions.**
- **A problem for both patients and health care providers. Both are part of the solutions.**
- **A vitally important issue for the success and well-being of adult literacy and ESOL learners and their families.**



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