

Adult Literacy and Health Literacy: The Link To Health Communication

Kara L. Jacobson, MPH, CHES

Emory Center on Health Outcomes and Quality
Rollins School of Public Health of Emory University
404-712-8530; kljacob@sph.emory.edu



Outline

- Health communication
- Adult literacy
- Health literacy
- What do we know about health literacy?
- What can we do about health literacy?

Health Communication

"Study and use of communication strategies to inform and influence individual and community decisions that enhance health"

How Can Organizations Use Health Communication?

- To plan and create initiatives at all levels – whether a single brochure or public service announcement
- A comprehensive communication campaign
- Or a communication component of a multi-strategy health promotion program.

Health Communication Can Influence Audiences at Different Levels

- Individual
- Social network
- Organizations
- Community
- Society

Individual

- Most fundamental target for health-related change- since it is individual behaviors that affect health status
- Communication can affect the individual's awareness
 - Knowledge
 - Attitudes
 - Self-efficacy
 - Skills for behavior change

Social Network

- An individual's relationships and the groups to which an individual belongs can have a significant impact on his or her health.
- Health communication programs can work to shape the information a group receives and may attempt to change communication patterns or content.
- Opinion leaders within a network are often a point of entry for health programs.

Organizations

- **Organizations include formal groups with a defined structure.**
 - **Associations, clubs, and civic groups.**
 - **Worksites.**
 - **Schools.**
 - **Primary health care settings.**
- **Organizations can carry health messages to their membership, provide support for individual efforts, and make policy changes that enable individual change.**

Communities

- The collective well-being of communities can be fostered by creating structures and policies that support healthy lifestyles and by reducing or eliminating hazards in social and physical environments.
- Community-level initiatives are planned and led by organizations and institutions that can influence health: schools, worksites, health care settings, community groups, and government agencies.

Society

- Society as a whole has many influences on individual behavior, including norms and values, attitudes and opinions, laws and policies, and the physical, economic, cultural, and information environments.

Health Communication Alone Can...

- Increase knowledge and awareness of a health issue, problem, or solution
- Influence perceptions, beliefs, attitudes, and social norms
- Prompt action
- Demonstrate or illustrate skills
- Show benefit of behavior change
- Increase demand for health services
- Reinforce knowledge, attitudes, or behavior
- Refute myths and misconceptions
- Help coalesce organizational relationships
- Advocate for a health issue or a population group

Outline

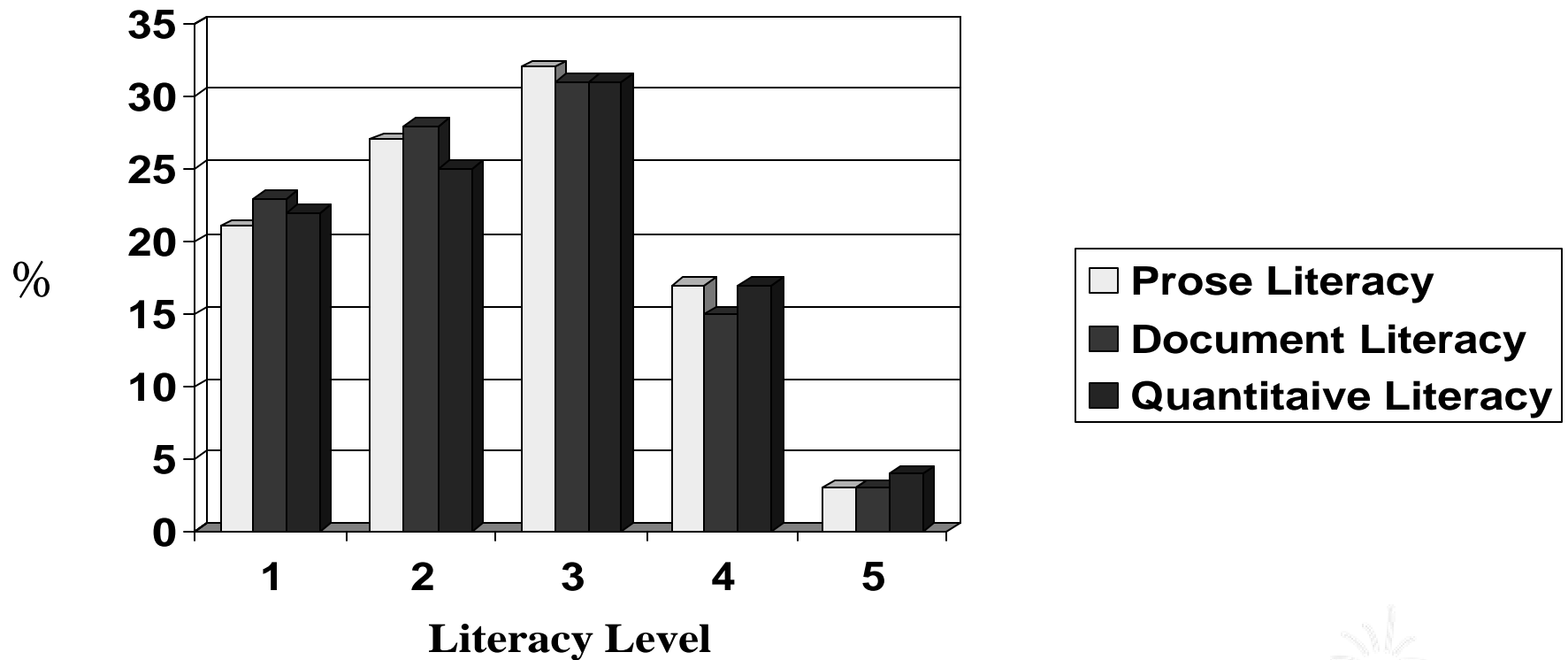
- Health communication
- Adult literacy
- Health literacy
- What do we know about health literacy?
- What can we do about health literacy?

Literacy

An individual's ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and to develop one's knowledge and potential.

— National Literacy Act of 1991

Literacy Level of Adult Americans



Outline

- Health communication
- Adult literacy
- Health literacy
- What do we know about health literacy?
- What can we do about health literacy?

Health Literacy

Health literacy is the ability of individuals to obtain, interpret, and understand basic health information and services and to use such information and services in ways which enhance health.

— National Health Education Standards,
American Cancer Society

Definition of Health Literacy

“The degree to which individuals have the capacity to *obtain, process, and understand* basic health information and services needed to *make appropriate health decisions.*”

Relationship of Literacy to Health Literacy

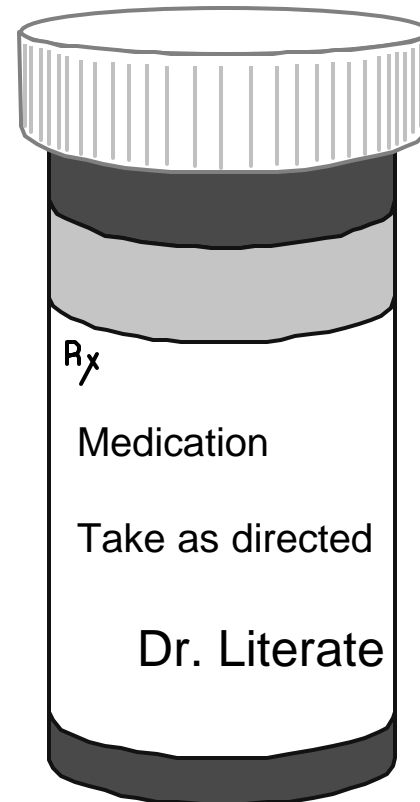
- Health literacy refers to all modes of communication
 - Written
 - Oral
 - Video
 - Internet
 - Literacy is a stronger correlate of health status than education level and other socio-demographic variables
-

Outline

- Health communication
- Adult literacy
- Health literacy
- What do we know about health literacy- the research?
- What can we do about health literacy?

Health Literacy

- **Pill bottles**
- **Appointment slips**
- **Informed consents**
- **Discharge instructions**
- **Health education materials**
- **Insurance applications**



TOFHLA

Test Of Functional Health Literacy in Adults

- Uses actual materials from hospital setting.
- LOW or INADEQUATE (< 60)
 - often misread dosing instructions and appointment slips.
- MARGINAL (60-74)
 - struggle with prescription instructions.
- ADEQUATE (= 75)
 - handle most health care tasks.
 - struggle with informed consents.



Low Health Literacy Affects All

- More than 66% of the elderly have inadequate or marginal literacy skills
- 40% of chronically ill patients are functionally illiterate
- 45% of all functionally illiterate adults live in poverty
- Whites, Hispanics, African Americans, Asians, immigrants

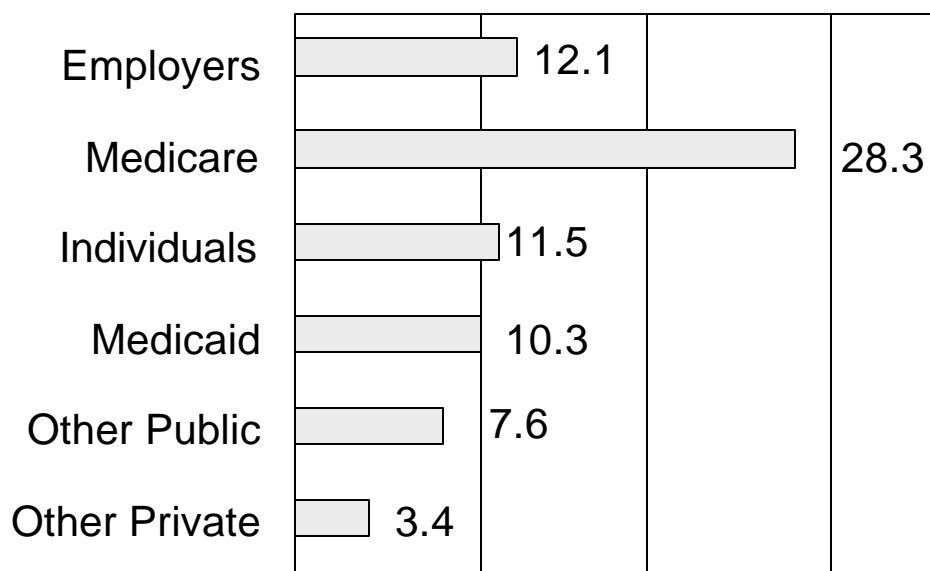
Health Literacy Fact Sheets. Center for Health Care Strategies, Inc.

Problems Associated with Low Health Literacy

- ↓ Compliance with medication
- ↓ Knowledge of basic self-care
- ↓ Follow-up visits
- ↓ Comprehension of informed consent, medical forms, insurance benefits

- ↑ Reported poor health status
- ↑ Hospitalizations
- ↑ Physician visits
- ↑ Costs

Economic Consequences

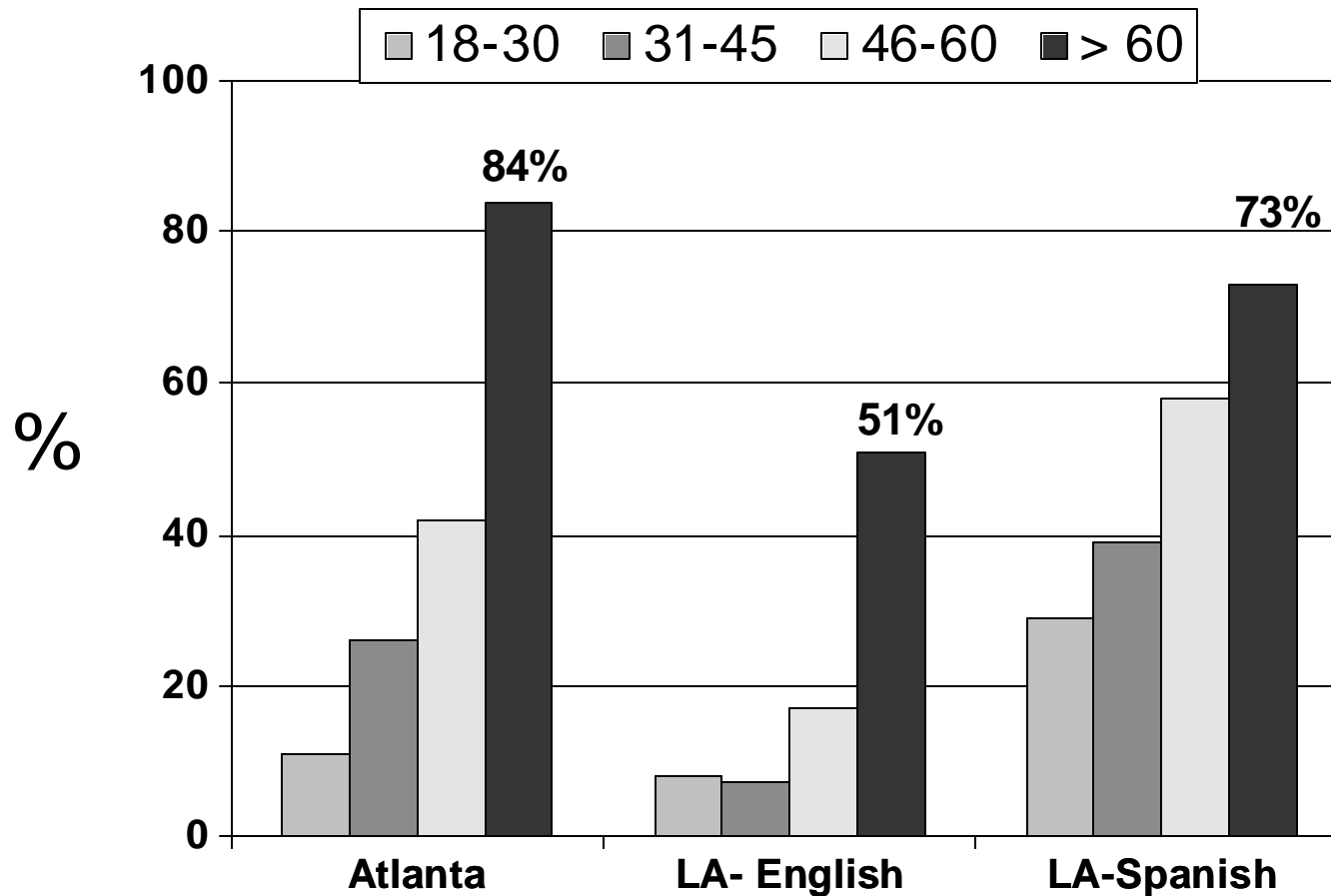


Billions of 1998 Dollars

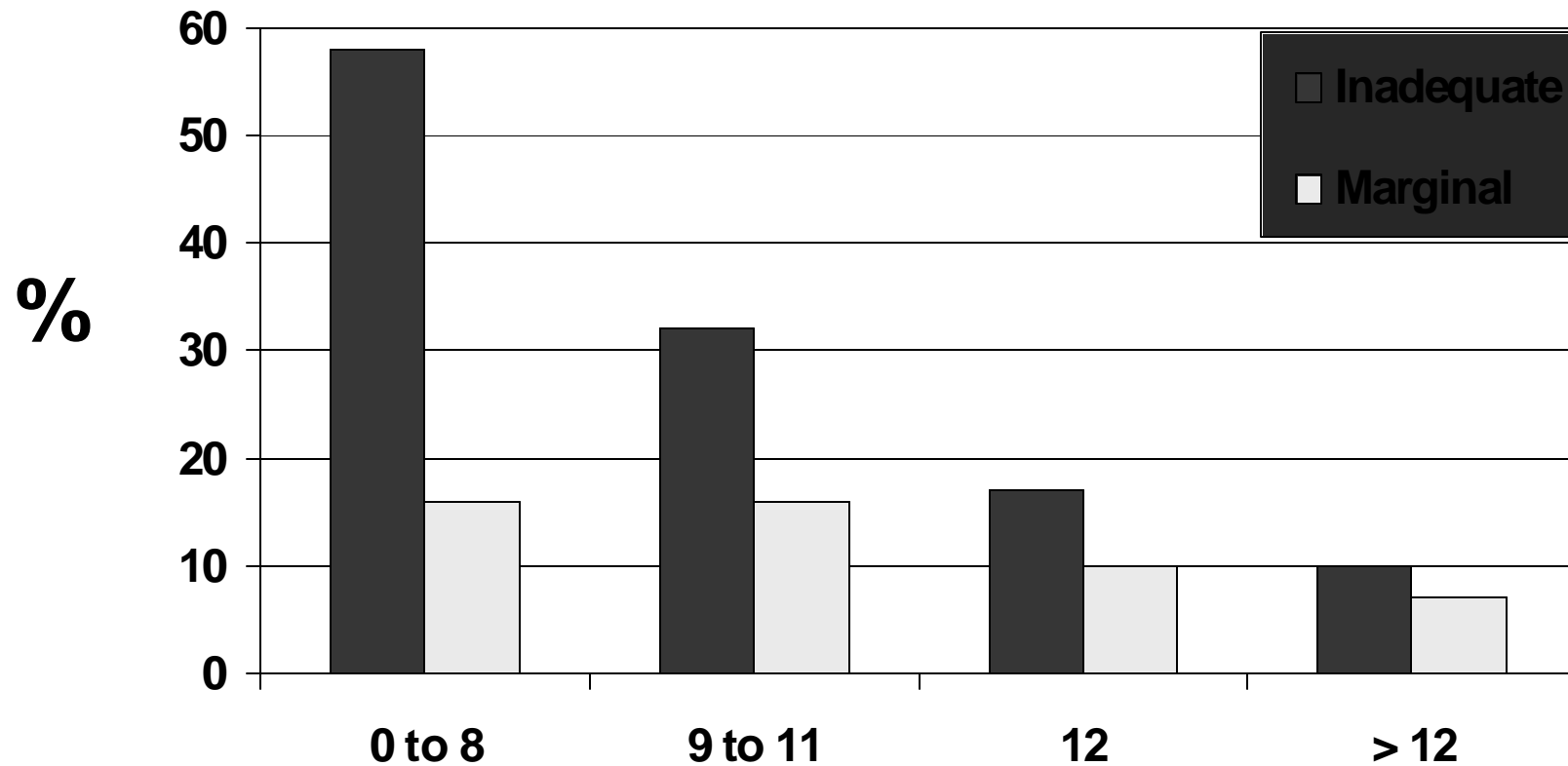
**Total Direct Cost:
\$30-\$73 Billion**

**Total Indirect Cost:
\$100 Billion**

Inadequate Health Literacy Increases with Age



Less Educated have Poorer Health Literacy



READING ERRORS for Medicare Enrollees with Inadequate Literacy

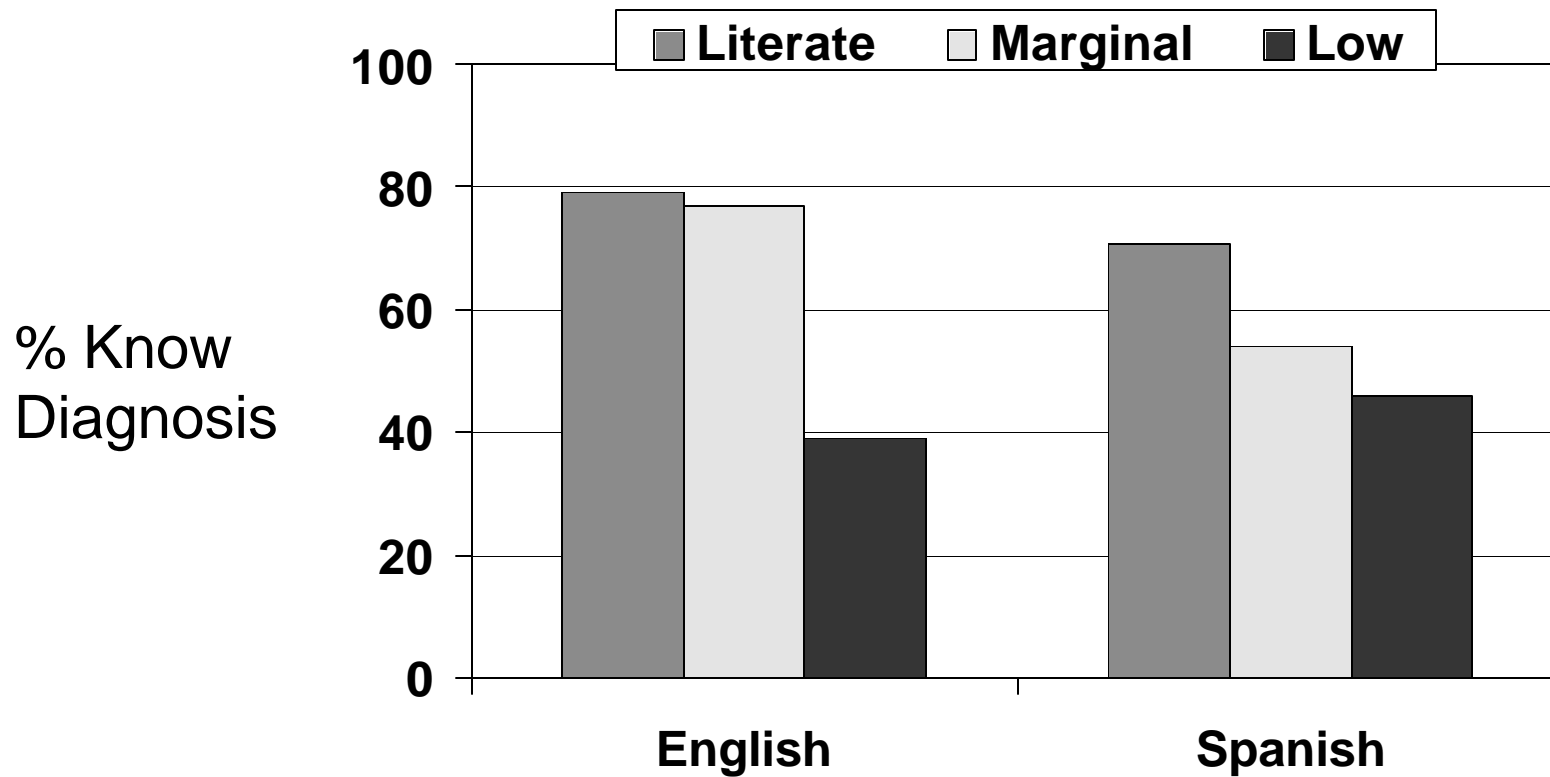
- Take medicine every 6 hours 48%**
- Interpret blood sugar value 68%**
- Identify next appointment 27%**
- Take medicine on empty stomach 54%**
- Upper GI instructions (4th grade) 76%**
- Medicaid Rights (10th grade) 100%**

**LOW
LITERATE**

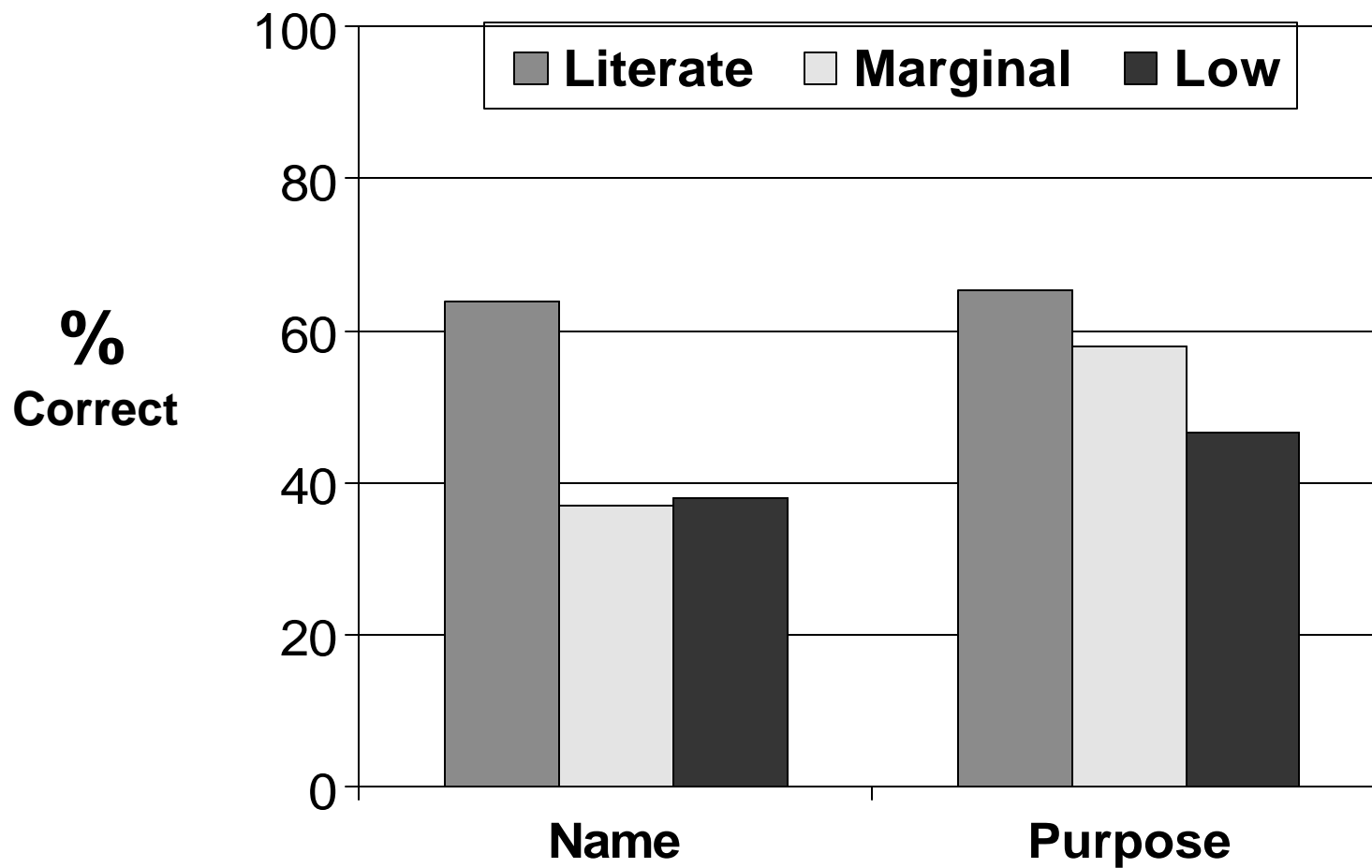
**MARGINALLY
LITERATE**

LITERATE

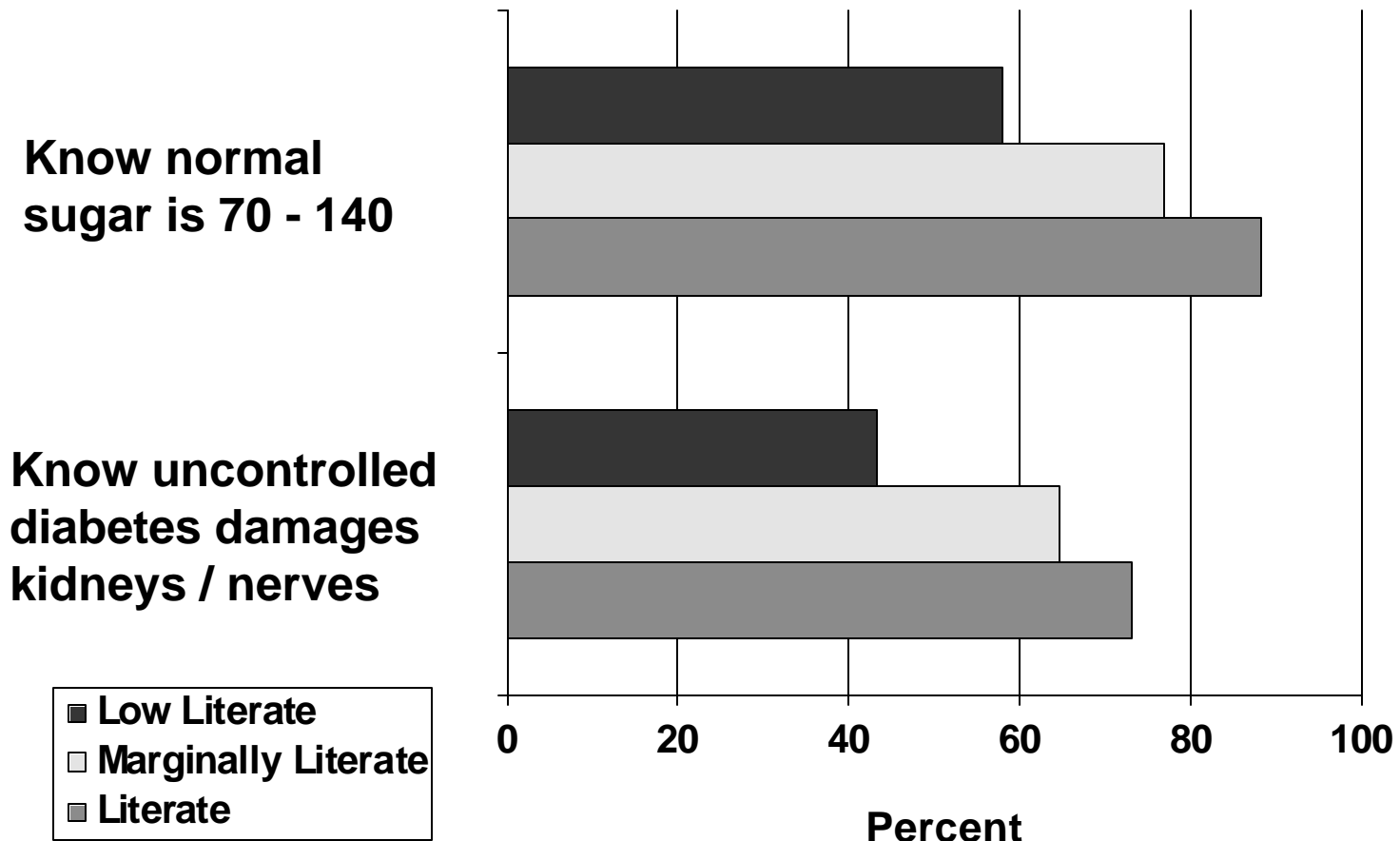
Low Literate Patients Less Likely to Know Diagnosis



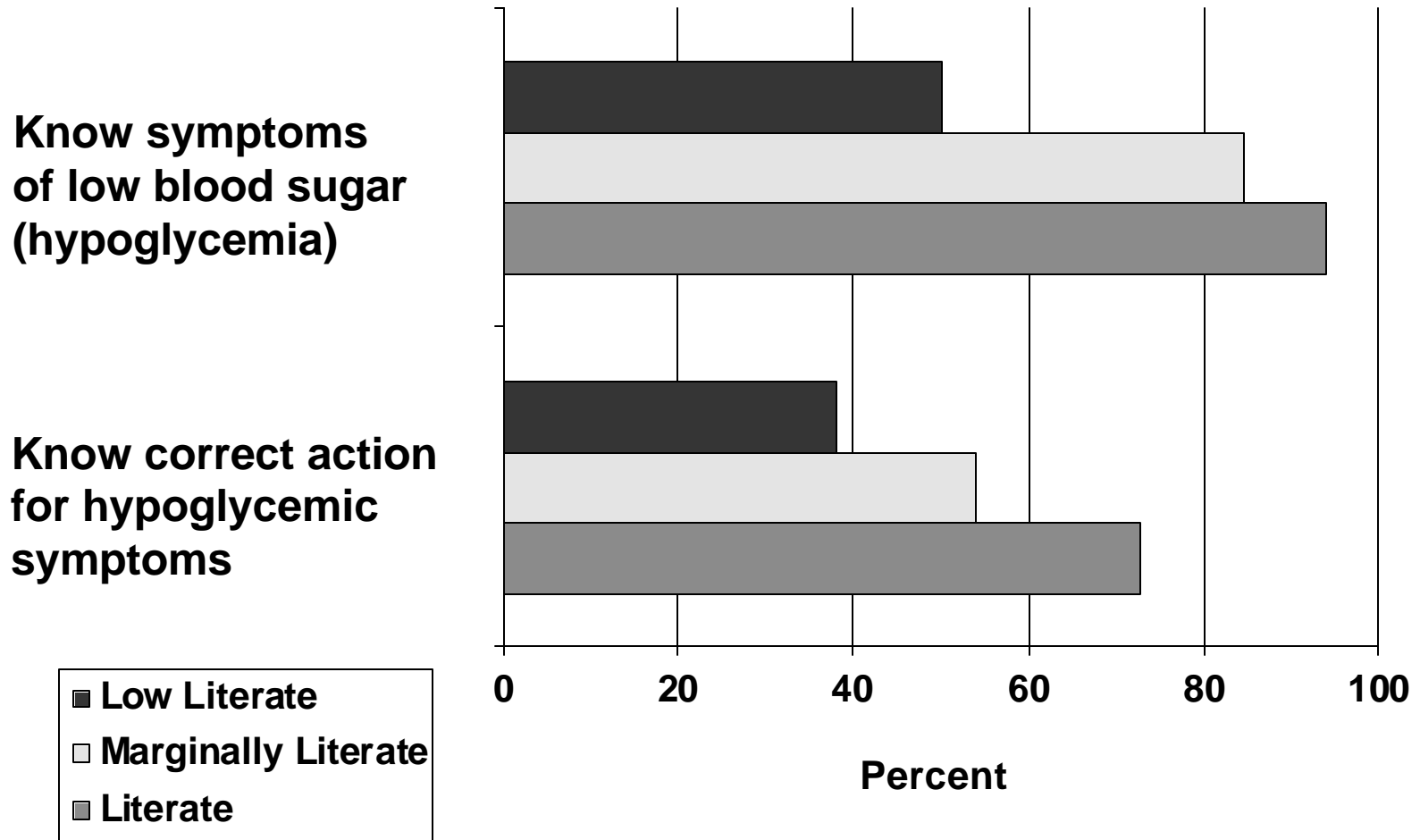
Low Literate Patients Less Likely to Know Name and Purpose of Medications



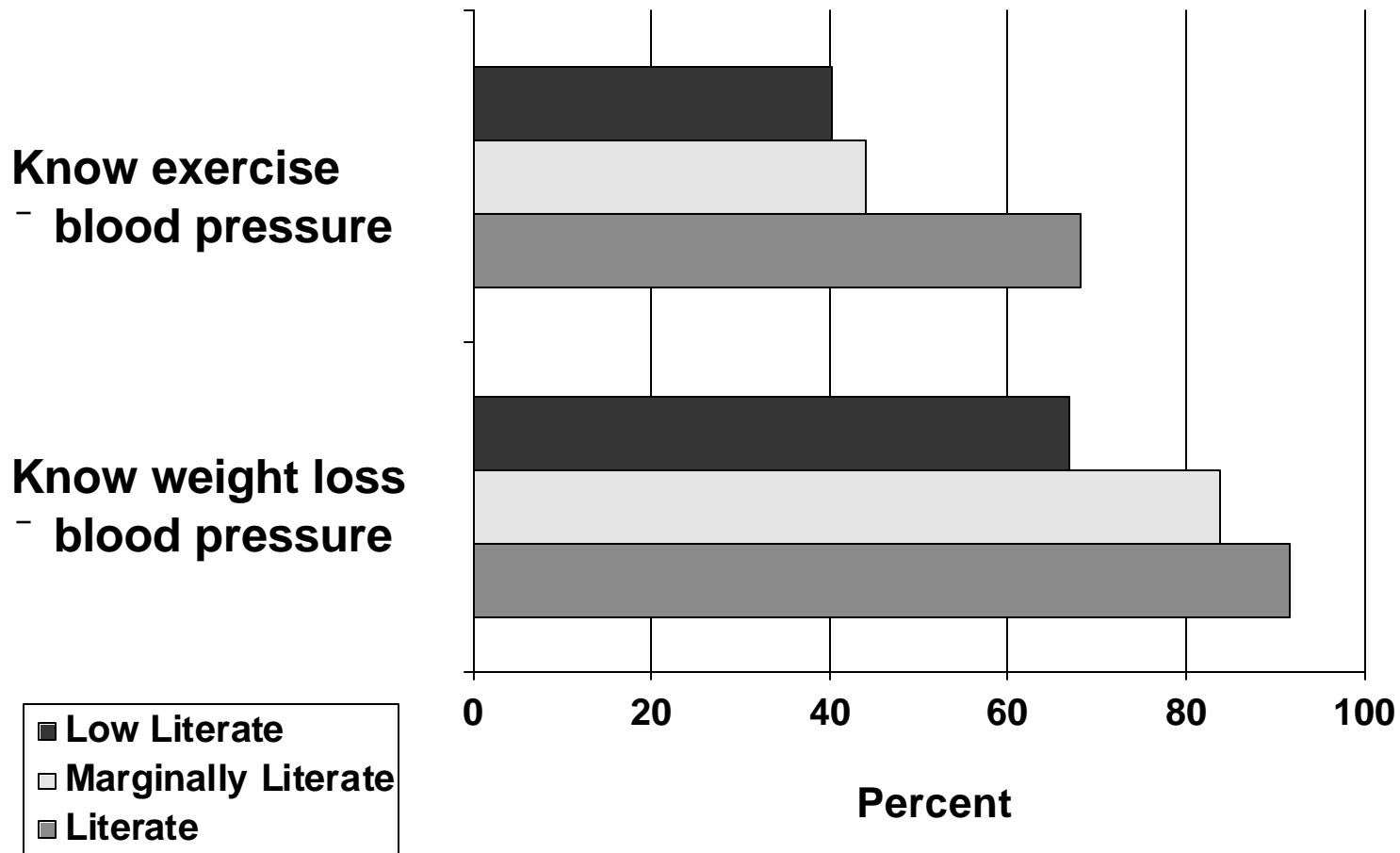
Low Literate Diabetic Patients have Less Knowledge of Their Illness



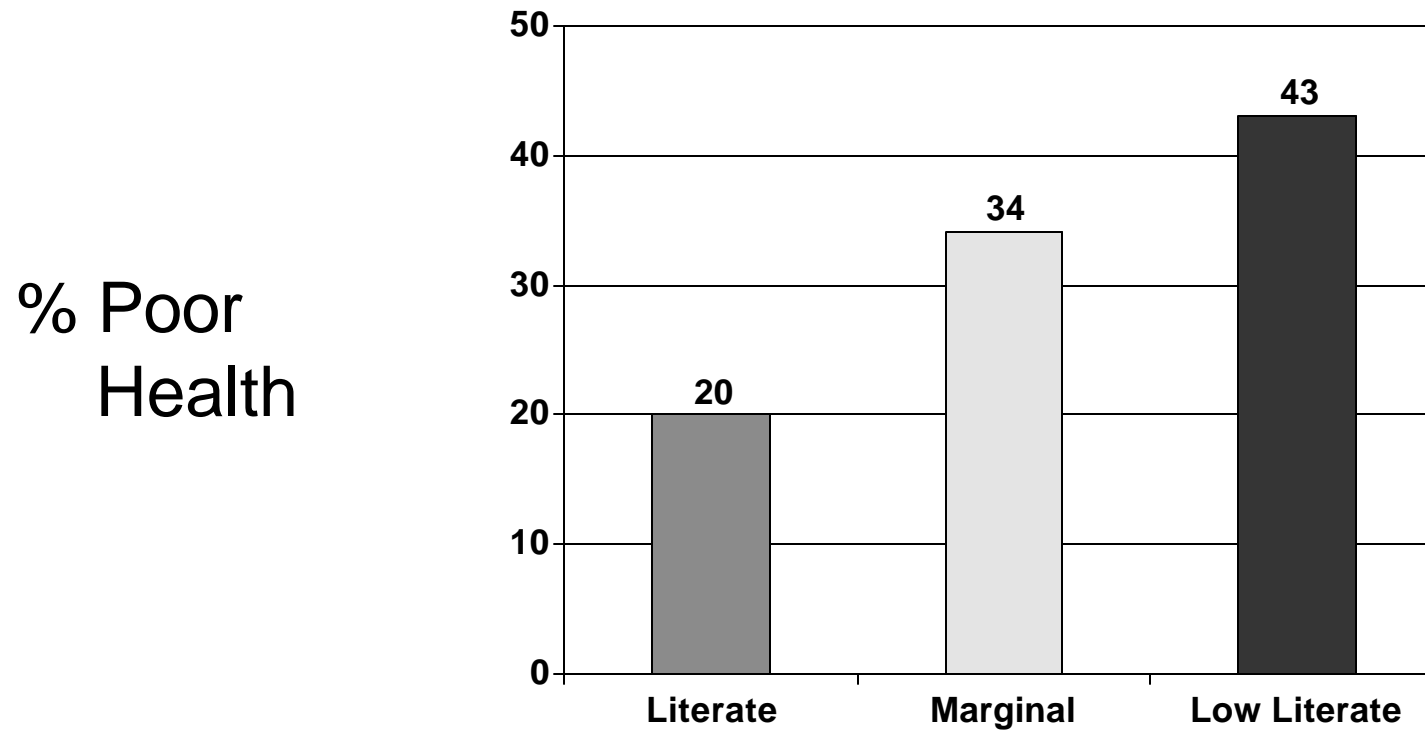
Low Literate Diabetic Patients Less Likely to Know Correct Management



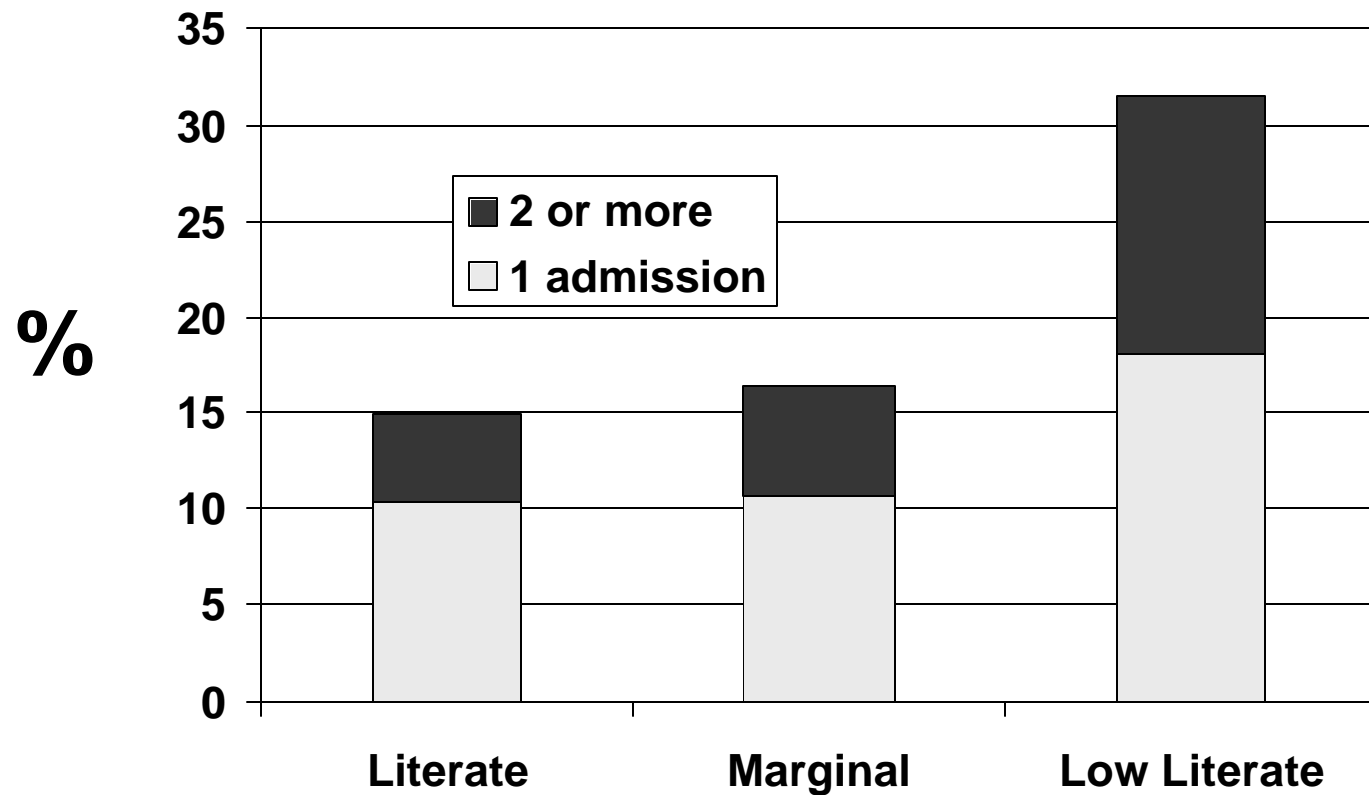
Patients with Hypertension Less Likely to Know Correct Health Behaviors



Patients with Low Literacy More Likely to Report Poor Health

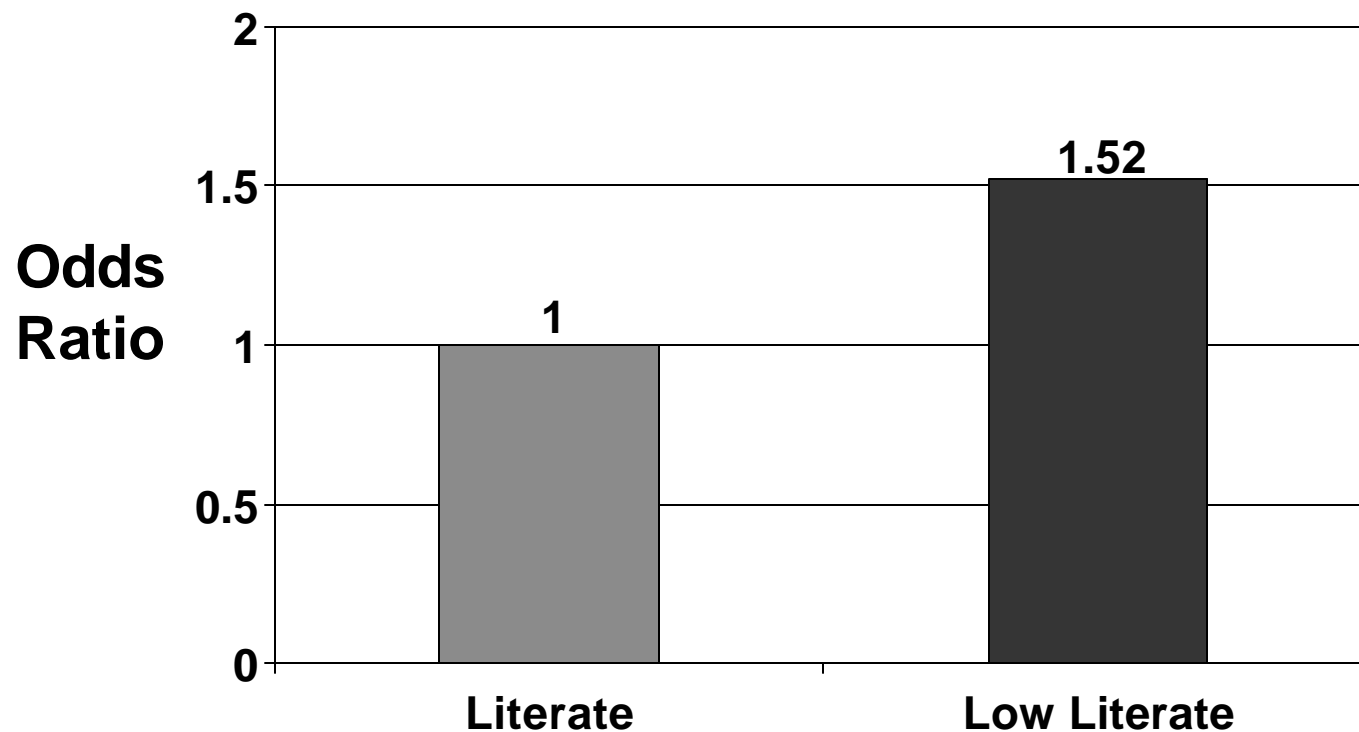


Patients with Low Literacy More Likely to be Hospitalized



$p < .001$ for comparison of one or more admissions and
 $p < .001$ for comparison of two or more admissions.

52% Increase in Odds of Hospitalization for Patients with Low Literacy*



*Adjusted for age, gender, socioeconomic status, health status, and regular source of care.

Shame and Low Literacy

- 40% admit shame
- Patients don't tell anyone
 - 2/3 have not told their spouses
 - 1/2 have not told their children
 - 19% have never told anyone
- 90% believe it helpful for doctors to know
- 31% opposed to documentation on hospital card

“Physicians who act as literacy police to identify patients with limited literacy skills, will only chase patients out of their office.”

Outline

- Health communication
- Adult literacy
- Health literacy
- What do we know about health literacy?
- What can we do about health literacy?

What Needs To Be Done?

- **Raise awareness**
 - **Policy makers**
 - **Health care delivery systems**
 - **Demonstration projects**
 - **Community outreach programs**
 - **Best practices**
 - **Research**
 - **Prevalence, demographics**
 - **Outcomes (e.G., Cost-effectiveness)**
-

Communication Tools

- **Verbal**
- **Demonstration**
- **Print**

Verbal

- **Giving your audience information by the spoken word**
- **Enhanced with visual aids, demonstration, and learner practice**

Verbal Communication

- **Repeat main concepts at least 3 times**
- **Define new terms**
- **Use or create “teachable moments”**
- **Provide a comfortable physical environment that facilitates learning**
- **Supplement verbal presentation with visual aids, demonstrations, and learner participation**

Verbal Pros

- **Able to adjust your message (what you say) and your tone (how you say it) spontaneously with each listener or group.**
- **Easy to tailor message to the audience.**
- **Audience can personalize the message or associate the message with the teacher. As a result, if the audience values the teacher, they are more likely to value the message.**
- **Teacher is available to answer questions or clarify information immediately.**

Verbal Cons

- **No visual reinforcement or aids to help the audience remember the info once they get home.**
- **If audience does not value the teacher, they may not value the message.**

Demonstration

- **Showing your audience a skill by performing it yourself**
- **Demonstrations may be actual or simulated (role-played)**

Demonstration Pros

- Audience can witness a skill being performed
- Possible increase in self-efficacy
- Teacher is available to answer questions or clarify information immediately
- Skill can be demonstrated as slowly and detailed as necessary for audience comprehension

Demonstration Cons

- **None.**
- **Value of demonstration is enhanced if audience is given an opportunity to practice the demonstrated skill and receive feedback from the teacher.**

Print Pros

- **Visual reinforcement will help audience remember information**
- **Tangible resource to which audience can refer back if they forget the information once they get home**

Print Cons

- **Some audience members may have difficulty reading (low literacy skills, poor vision, non-English speaking)**
- **Limited opportunity for feedback; audience not able to ask questions or practice a skill.**

Learner Verification: Did the Learner Get It?

***Questions That Won't Tell You Whether or
Not the Learner Understood***

- **Do you understand?**
- **Do you have any questions?**
- **Do you think you can...(check your blood sugars now)?**

Teach Back and Demonstration Activities

- **How would you explain (this information) to your husband?**
- **Tell me what you know about...?**
- **How would you know if (your blood sugar was low)?**
- **Show me how you would...**
- **What would you do if (you felt dizzy or shaky)?**
- **Who would you call if (....)?**
- **What have I forgotten to explain? What could I/this brochure/video/etc. have explained better?**

Patient Communication

- **Relies predominately on written materials (brochures, booklets)**
- **Patients report wanting printed materials more than any other source**

Summary

- There are many things that we can do to better communicate with our patients
- Improving our communication skills
- Being aware of individuals' difficulty in understanding and acting on health information
- We can help to improve compliance and disease self-management behaviors