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Theme: **Health Literacy: A Prescription to End Confusion**

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### **What is literacy?**

Literacy is the ability to use printed and written information to function in society, in order for individuals to achieve their goals and develop knowledge. It is important to note the difference between literacy and functional literacy. Functional literacy implies that individuals can read, but cannot compute and solve problems in information they receive through printed material. As a result, when considering literacy it is not only an issue of being able to read the material, but being able to perform on information through printed materials.

The focus in the United States is on English and English as a Second Language (ESL), but it is important to remember that it may be necessary to gauge the functional literacy of Spanish-speakers in Spanish.

### **What is health literacy?**

Health literacy is how people have access to information related to their health, how they are able to process it, how they understand it, and how they act upon the information. The health care realm relies heavily on written word to convey messages they wish to disseminate to the public. The messages are often written at college-level or higher. As a result of the high reading level, the materials often fail to have the intended impact on target populations. Individuals often have difficulty understanding the information and instructions are rarely specific enough.

### **How are literacy and health literacy assessed?**

There are three different categories of literacy: prose, document, and quantitative. The prose category assesses an individual's ability to identify a sentence in a text. The document category assesses an individual's ability identify portions of a document, for example looking at a driver's license and identifying the expiration date. The final

category is quantitative which assesses an individual's ability to differentiate between numerical values; for example, asking someone to identify the cheapest price of the same product with different prices listed.

There are four competency levels used to rate health literacy: below-basic, basic, intermediate, and competent. An example of below-basic competence is the ability to circle the date of appointment on an appointment slip. To test basic competency one might be asked to give two reasons of why you should be tested for a disease, after reading a pamphlet about the disease. Intermediate health literacy might be the ability to find health information on a table or chart, such as checking your Body Mass Index (BMI) on a chart. Proficient health literacy indicates the ability to define medical information by searching through a complex document.

The majority of adults perform at an intermediate level of health literacy though most health documents are written at proficient level. Women have higher average health literacy than men, as women tend to interact with the health system more frequently. Of minority populations, Asian and Pacific Islanders have the highest health literacy, while Hispanics have lowest.

### **How large of a problem is low literacy among Hispanic populations?**

Low literacy and health literacy among Hispanic populations is a significant area of concern. In a national assessment, 39% of Hispanics scored at the below-basic prose level of literacy. However, when considering these statistics it is important to remember that non-native English speakers and those who were not born in the U.S. provide challenges to gauging literacy. Limited studies about literacy proficiency in Spanish have been conducted. Baseline interviews with Hispanics show that 30% cannot complete task because they are unable to read and write.

### **Factors that Affect Health Literacy**

Stress can play a large role in an individual's ability to process health-related information, thus their health literacy. Individuals are nervous about information they will be given, concerned that something is wrong with them, self-conscious because they are in an uncomfortable environment, and/or learning something new about themselves and their health. As a result, they may be less prone to absorb the information that is presented to them.

People with low literacy levels have more difficulty accessing health care and understanding the care they receive. Low literacy reduces adherence to doctor instructions and medication regimens. Individuals in this group tend to use care less often, but have higher hospitalization rates and poor self-reported health. Most individuals in this group respond "fair" or "poor" to inquiries about their health.

Familiarity of navigating health care system impacts how much people can access and understand information related to health.

Cultural factors can also pose blockades to increasing health literacy. The expectations of the doctor versus the expectations of patient may vary greatly and affect the perceived quality of care that one received. The use of a qualified medical interpreter in situations with limited language proficiency can help to diffuse these issues by ensuring that both parties understand and communicate effectively with one another; however many health care facilities struggle with the costs associated with medical interpreters.

### **Issues Related to Medical Interpreters**

Some health care facilities use medical interpreters via phone to reduce the costs associated with these services. All methods have their short-comings, but over-the-phone interpretation is generally not comfortable. When bringing in an interpreter, whether in-person or via phone, it is important to consider the extent to which the providers are interacting with patient. Providers tend to be less interactive when an interpreter is involved, which can lead to patients returning with many questions.

It is important for providers to check for good interpretation. Providers can ask interpreters to repeat information back to them. The interpretation should be about the same length, since the interpreter should translate exactly and should not summarize. Interpreting should not vary between different types of providers/different contexts. Interpreters need to be able to give accurate information with out addition, alteration, or omission. A nearly proficient interpreter is not good enough.

Though the situation arises, children should not be used as interpreters for the emotional burdens that are involved. Information about sexual health, domestic violence, HIV, or a number of other sensitive issues may need to be discussed and can lead to unintended consequences for the child.

### **Ways to Address Low Health Literacy**

When trying to make health-related information more accessible it is important to ensure that materials are comprehensive, clear and each sentence expresses only one idea. Use lots of visuals in materials to enhance the message. Pilot materials in the community before their release. Ask people to summarize what they just read or saw in their own words. Ask about the extent to which the information is meaningful to them. Different content will elicit different reactions from different populations. Of course, information doesn't necessarily translate into behavior change which presents another challenge.

Emphasize oral forms of communication, and use written forms to support. Even when using oral ensure that recipient understands the material. Don't ask, "Do you understand?" They'll say yes. Use teach-back methods, such as, "If you were going to explain this to someone else, how would you do it?" If giving instructions, ask whether they have other people at home that can help them with the reading.

Consider to what extent providers engage the individual with patient-centered strategies. Ask patients about their routines and look for areas where they could add or subtract something to improve their health. Ask them about their typical day and use open-ended questions. Be a good active listener by rephrasing and asking follow-up questions. Use high-quality written materials and avoid low quality copies, etc. as these can cause more confusion. Finally, it is important to create a safe environment in which people feel comfortable saying, "I don't know how to read," so it is easier to work together to address the problem.

**For more information, please reference the following websites:**

[American Medical Association Foundation \(videos on health literacy\)](#)

[Cross-Cultural Communication Systems Inc.](#)

[National Assessment of Adult Literacy](#)