

# Health Literacy

A Knowledge to Practice Program



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# Learning Objectives

By the end of this tutorial, you will:

- Be able to understand the nature and consequences of low health literacy on a person's health
- Have the skills to reduce and assess the literacy level of health information materials and websites

# Outline

Throughout this tutorial, you will cover the following topics:

- Defining Health Literacy
- Healthy People 2020
- National Action Plan to Improve Health Literacy
- Plain Language
- Suitability Assessment of Materials (SAM)



# So what is health literacy?

Health Literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand health information to make appropriate health decisions.

## Key words...



Obtain



Process



Understand

Make ***Appropriate*** Health Decisions

**Now watch the following video from  
the Institute of Medicine.**



<http://www.youtube.com/watch?v=39A9oU-gOOA>

# Which of these examples do you think is a part of health literacy?

Understanding instructions on prescription drug bottles

Reading health education brochures

Filling out appointment slips

Listening and understanding doctor's directions

Reading and filling out consent forms

Negotiating complex health care systems



**THEY ALL ARE!**



# Your patients/clients might need to:

Evaluate information for credibility and equality

Analyze relative risks and benefits

Calculate dosages

Interpret test results

Locate health information

Demonstrate oral language skills

**All of these things involve being  
health literate!**



# It's not just about being able to read...

## Visually literate

- Able to understand graphs or other visual information

## Computer literate

- Able to operate a computer

## Information literate

- Able to obtain and apply relevant information

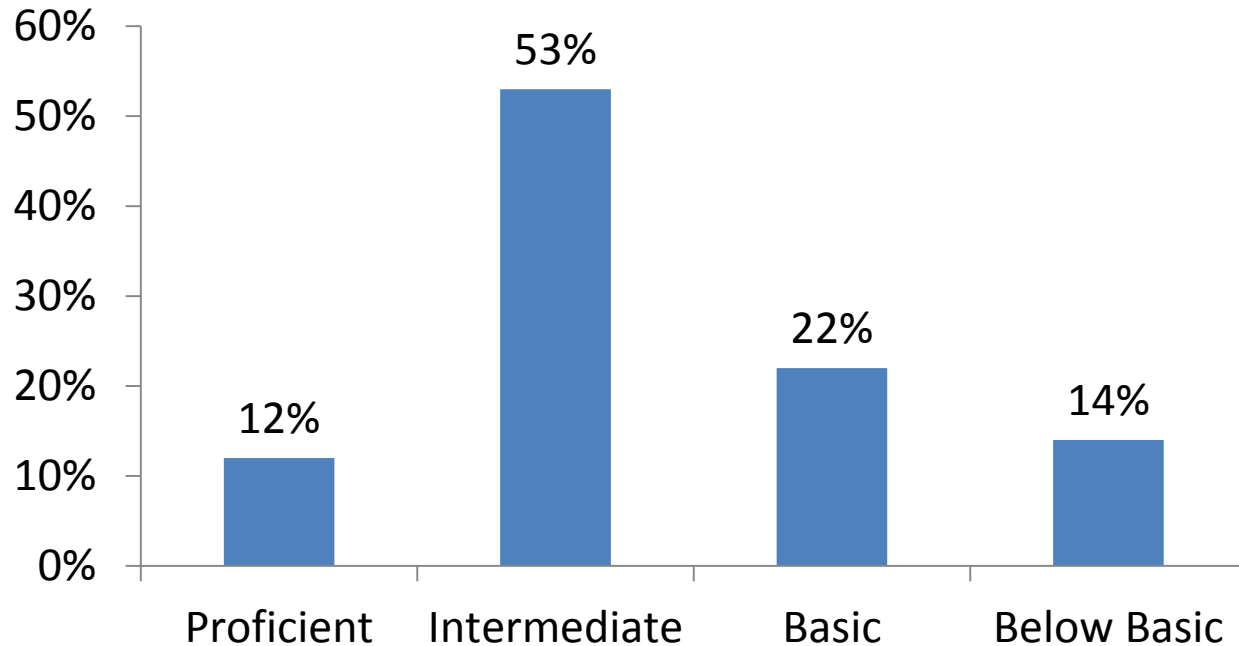
## Numerically or computationally literate

- Able to calculate or reason numerically

**For example...**

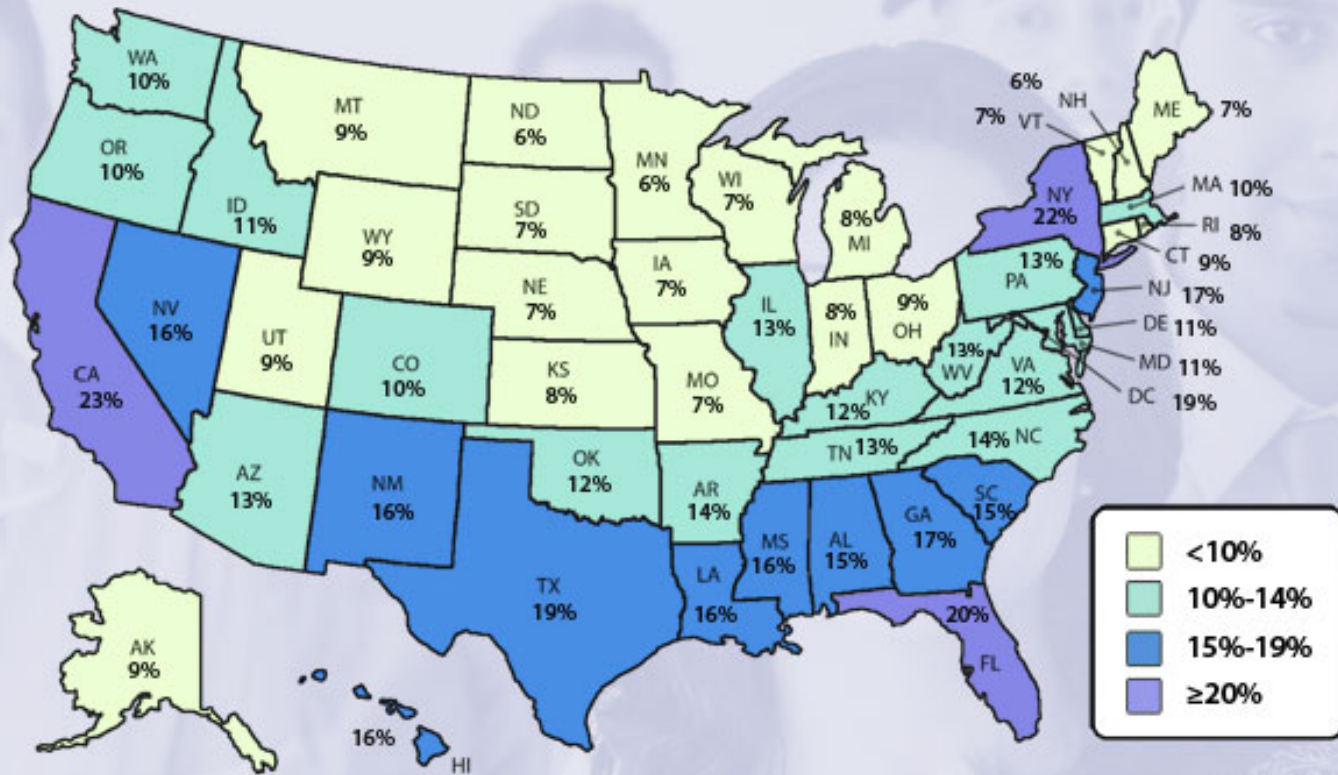
# Can you understand this graph?

**Percentage of U.S. Adults in each Health Literacy Level (2003)**




# Or this map?

## Percent of adults with below basic prose literacy skills



All data are estimates among English-speaking adults developed using statistical models and have a large margin of error.

**People with low health literacy levels might not be able to.**



# These populations are the most likely to experience low health literacy

Elderly

Minorities

Immigrants

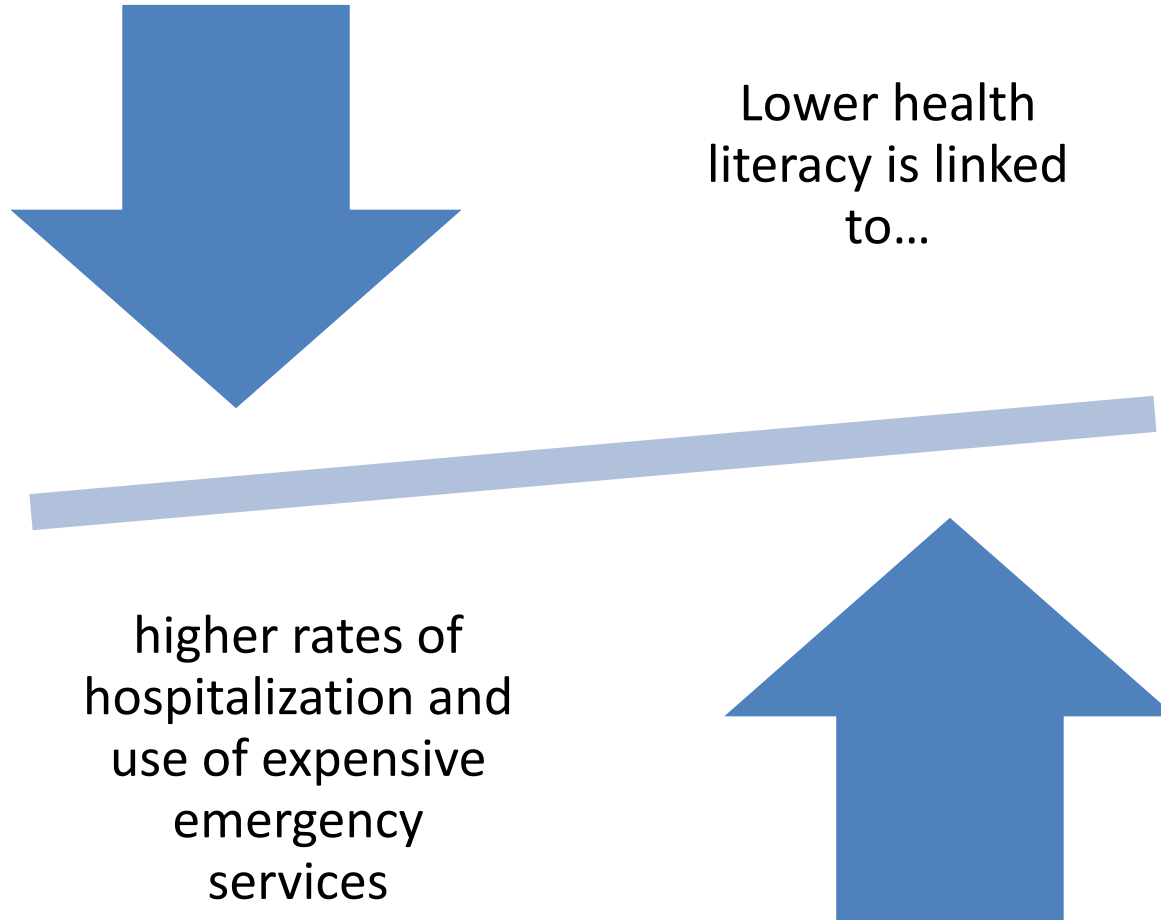
Low-income populations

People with chronic mental and/or physical health conditions





# In fact...





**Health literacy is such an important issue, it was even made into a Healthy People 2020 objective.**



# Health Communication/Health Information Technology (HC/HIT) Objective #1:

Improve the health literacy  
of the population

**So what can I do to reduce the health literacy burden?**

# Well, there is a National Action Plan to improve health literacy

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## Goal 1

Develop and disseminate health and safety information that is accurate, accessible, and actionable

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## Goal 2

Promote changes in the healthcare delivery system that improve information, communication, informed decision-making, and access to health services

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## Goal 3

Incorporate accurate and standards-based health and developmentally appropriate health and science information and curricula into child care and education through the university level

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## Goal 4

Support and expand local efforts to provide adult education, English-language instruction, and culturally and linguistically appropriate health information services in the community.

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## Goal 5

Build partnerships, develop guidance, and change policies

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## Goal 6

Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy

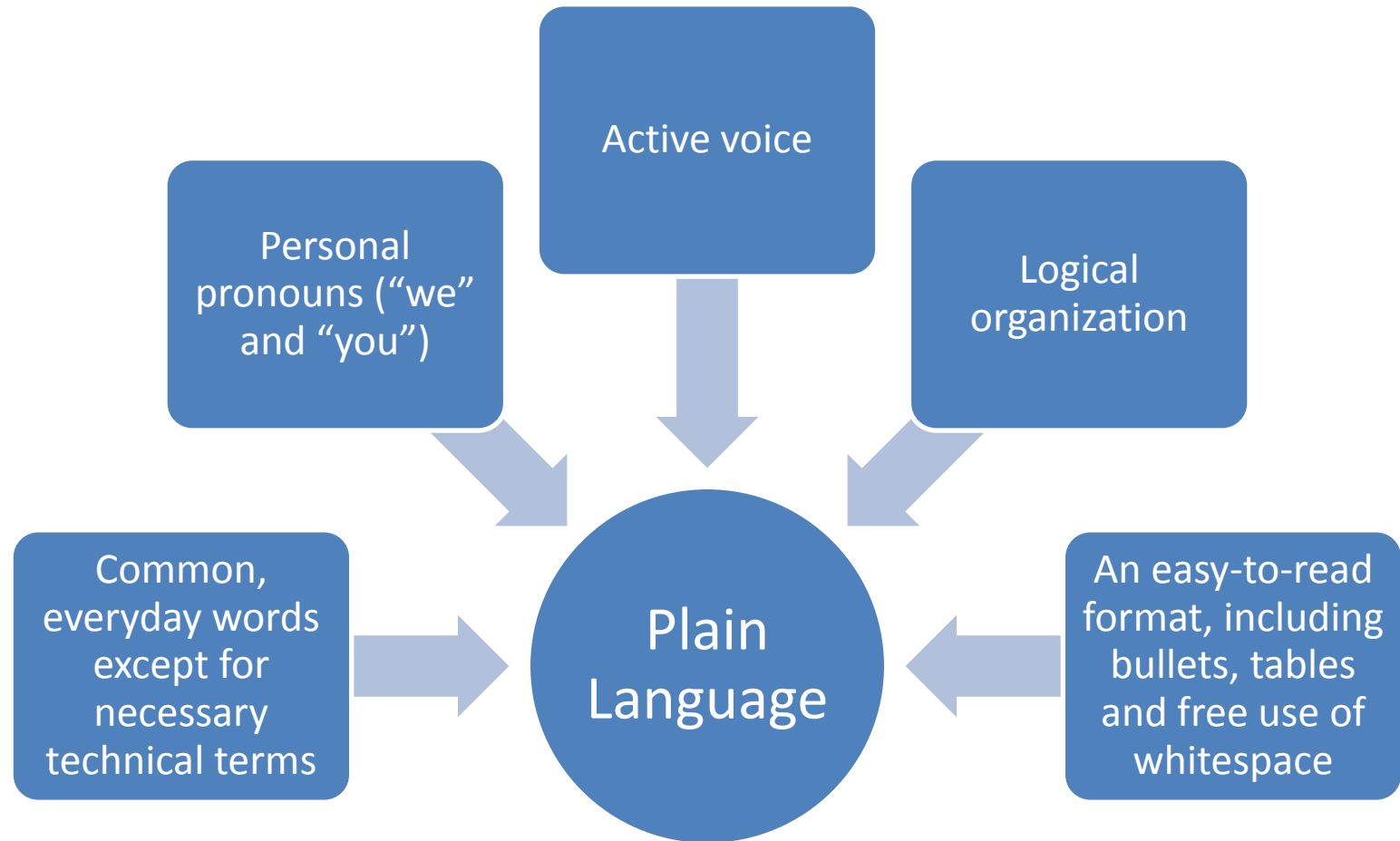
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## Goal 7

Increase the dissemination and use of evidence-based health literacy practices and interventions

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# And you can make sure you use Plain Language when talking to patients/clients



**The National Institute of Health (NIH)  
has created an online Plain Language  
training.**



## NIH plain language training



### Main Menu

We designed the modules so you can read and do the exercises in a manner that we believe will logically build your skills in writing in Plain Language. However, you can do them in any order.

You do not need to complete all the modules in one session. If you exit before completing a module and then log in again, you will return to this menu. After logging in, select the unfinished module to begin where you left off.

When performing exercises, be sure to close each answer box before going to the next page, otherwise the next answer box will be hidden behind the main training window.

Please select a module below to begin the training.

Module 1: How People Read

Module 2: Concise Writing

Module 3: Clarity

Module 4: Format

Module 5: Organizing Your Ideas

Module 6: Choosing Words

Module 7: Tone

Module 8: Optional Exercises

### Additional Resources

If you have comments regarding this training, please email us at [execsec1@od.nih.gov](mailto:execsec1@od.nih.gov).

This is what it looks like:



# This training gives you helpful advice like...

NIH plain language training

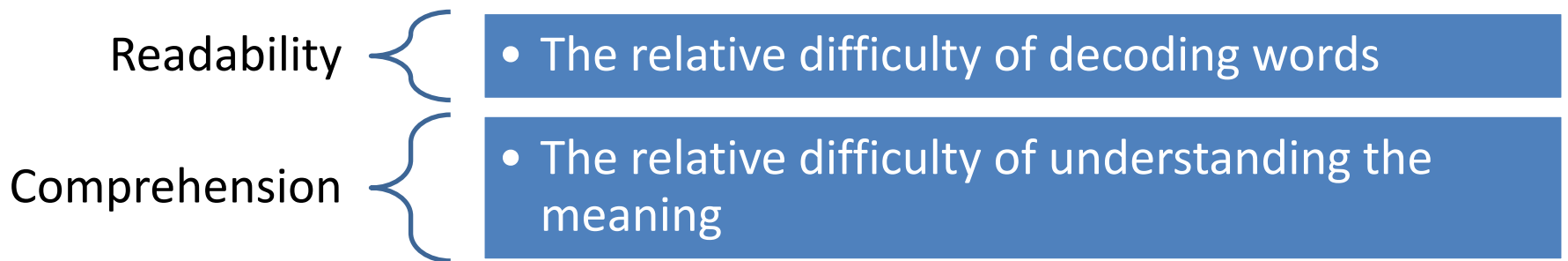
| <b>Instead of using these words:</b> | <b>Use these:</b> |
|--------------------------------------|-------------------|
| With regard to                       | About             |
| By means of                          | By                |
| In the event that                    | If                |
| Until such time                      | Until             |
| Accordingly                          | So                |
| At a later date                      | Later             |
| In close proximity to                | Near              |
| Utilize                              | Use               |
| In view of the fact that             | Because           |
| Subsequent to                        | After             |
| With a view to                       | To                |
| It is probable that                  | Probably          |
| Adequate number of                   | Enough            |

**You can also use the Suitability  
Assessment of Materials instrument  
(SAM)**



# What does SAM do?

It offers a way to test the literacy levels needed to understand various health information materials, such as brochures and websites. It guides you to rate materials on factors that affect:





# SAM rates materials in 6 areas:

Content

Literacy Demand

Graphics

Layout and Type

Learning  
Stimulation &  
Motivation

Cultural  
Appropriateness



# This is an example of what one area of SAM looks like

## Content

**Purpose:** It is important that readers readily understand the purpose of the materials. If they don't clearly perceive the purpose, they may miss main points.

- Check One:
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Superior:    | Purpose is explicitly stated in the title, cover illustration or introduction. |
| <input type="checkbox"/> Adequate     | Purpose is not explicit. It is implied or multiple purposes are stated.        |
| <input type="checkbox"/> Not Suitable | No purpose is stated in the title, illustration or introduction.               |

*Comment:*

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**Content Topics:** Adult learners usually want to solve their immediate health problem, rather than learn medical facts. The content of most interest and use to readers is behavior information that helps solve problems.

- Check One:
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Superior:    | Thrust of the material is application of knowledge aimed at desirable reader behavior. |
| <input type="checkbox"/> Adequate     | At least 40% of content topics focus on desirable behaviors or actions.                |
| <input type="checkbox"/> Not Suitable | Nearly all topics focus on non-behavior facts.   |

*Comment:*

**Let's practice! Take a look at the following brochures on breastfeeding.**

# This one is from WIC



## BUSY MOMS

BREASTFEEDING WORKS AROUND MY SCHEDULE



Seek loving support from those around you.

Is breastfeeding on a busy schedule worth it? Just ask the women like you who have made it work. They will tell you not only of the health benefits (fewer upset tummies, allergies, illnesses) but also how close they have felt to their babies, even though they could not always be there. And if they were lucky, they will also tell you about the loving support they received from family and friends. See how breastfeeding can work around your schedule. You will be proud.



For information, call WIC

Funded by United States Department of Agriculture, Food and Nutrition Services. Developed by Best Start, Inc.



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## YES, busy moms can keep breastfeeding. Here's how.

Like many new mothers today, you may have demands outside your home. But you can still breastfeed. And enjoy all the benefits of breastfeeding. Like the closeness and relaxing moments you share with your baby. The good nutrition. The fewer illnesses and allergies. The special feelings breastfeeding gives those around you. With a little effort, you can make breastfeeding work around your schedule.

the early weeks, breastfeed 8-12 times every 24 hours to build your milk supply. You can tell if your baby is getting enough if she has 6-8 wet diapers a day, 2 mushy bowel movements, is not fussy right after breastfeeding and is gaining weight. Do not worry that breastfeeding will make your baby spoiled. Breastfeeding only makes your baby feel safe and loved.



Learn how to "express" your milk. It's easier than you think.

You can feed your baby breast milk even when you are away. Just ask your health care provider or a breastfeeding counselor for help with hand expressing your milk or using a breast pump. She can also show you how to store breast milk and how to keep up your milk supply.

Don't miss out. Even if you're not sure you can keep up, try breastfeeding.

The first thing you have to do is try breastfeeding. Even if you know you have only a couple weeks to be at home with your baby. Many women with busy schedules do not even try breastfeeding. Or they give it up after a few days, just before it begins to feel easy, natural and truly special. These early days and weeks are so important in your baby's life. Here's how to give breastfeeding a fair chance:



Breastfeeding 2-4 weeks before giving any bottles.

While bottles and pacifiers may be fine later on, try not to use them in the beginning. They can confuse your baby, making it harder to get your baby to breastfeed. During

Let your sitter give the bottle, not you.

Your baby is used to breastfeeding when she is with you. She may take a bottle or cup better from someone else—dad, a sitter, a grandparent. Make sure to breastfeed right before you leave the baby, and as soon as possible after you return. Try to hand express or pump your milk every 2-3 hours while away from your baby. If you are at work or school, ask about storing your breast milk in the refrigerator until you leave. An added bonus is how happy your baby will be to see you!

# Breastfeeding is going well when:

- Your baby nurses 8 or more times in a 24-hour period (about every 2 to 3 hours)
- Your baby nurses for at least 15 minutes on each breast
- Your baby has at least 3 wet diapers a day during the first few days and 6 wet diapers by the end of the first week
- Your baby has one or more yellow, seedy bowel movements a day by the end of the first week
- You can see and hear your baby continue sucking and hear swallowing while nursing
- Your full breasts are softer after the baby nurses
- Your baby seems satisfied after nursing

*Some parents find it helpful to keep a diary of when their infant eats, has a wet diaper, and has a bowel movement*

## Help is available

- Your infant should be seen by the pediatrician 2 to 3 days after discharge and again at 2 weeks of age
- Your baby's pediatrician and your lactation consultant can provide you with help and support during your breastfeeding experience

## Nursing your newborn

*Breastfed Babies are Healthier Babies*

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®  
New York Chapter 2

American Academy of Pediatrics  
NY Chapter 2 Nutrition Committee

420 Lakeville Road, Room 244  
Lake Success, NY 11042  
<http://www.ny2aap.org>

# And this one is from the American Academy of Pediatrics (AAP)

## Tips for Successful Breastfeeding

## Breastfeeding Benefits Your Baby

- Provides the best feeding for infants
- Contains all the nutrients that your infant needs for the first 6 months of life\*
- Protects against illnesses such as ear and respiratory infections
- Decreases allergies
- Creates a special bond between you and your baby
- Supports optimal brain development

### \*Vitamin D

Your Pediatrician will prescribe Vitamin D for your nursing infant.

- It may take two to three weeks to feel secure that your baby is thriving on your breast milk
- Try to nurse your infant in the delivery room or as early as possible
- Nurse your baby frequently
- Early and frequent breastfeeding will allow your milk supply to become established to satisfy your baby's needs
- Do not give your infant water or formula unless directed by your pediatrician
- Drink a lot of fluids and eat well
- Breastfeeding will become easy and natural

- No preparation
- No cost
- Always readily available to feed your baby
- Helps you lose your pregnancy weight gain faster
- Helps your uterus return to its normal size faster
- Evidence suggests there is a decreased incidence of breast cancer, ovarian cancer, and osteoporosis in women who breastfeed

## Breastfeeding Benefits You





# Some questions to ask yourself:

**Content:** Is the purpose explicitly stated in the title or introduction?

- Yes, both brochures are about breastfeeding.

**Literacy Demand:** Is active voice used?

- Mostly in the AAP brochure (ex. “Nurse your baby frequently”).

**Graphics:** Do the illustrations present key messages visually?

- The WIC brochure has images of a mom breastfeeding and of a supporting dad.

**Layout and Type:** Do the pages appear cluttered?

- The WIC pages contain a lot more information, whereas the AAP brochure has more whitespace.

**Learning Stimulation & Motivation:** Are complex topics subdivided?

- The AAP brochure uses bullet points effectively to subdivide the information.

**Cultural Appropriateness:** Do images present culture in positive ways?

- The WIC brochure uses images to demonstrate that women of various races can breastfeed.



**Those were only a few of the variables you would consider when using SAM to test the literacy level of health information materials.**

# Speaking of breastfeeding...

“The fact that poorer women with less formal education tend to breastfeed less may be linked to their **literacy skills**, which prevent them from accessing breastfeeding literature as a source of education and support.”

Kaufman, H., Skipper, B., Small, L., Terry, T., & McGrew, M. (2001). Effect of literacy on breast-feeding outcomes. *South Med J*, 94(3), 293-296

# A study at a WIC office in New Mexico looked at breastfeeding initiation and literacy levels

61 women total  
participated in the  
study

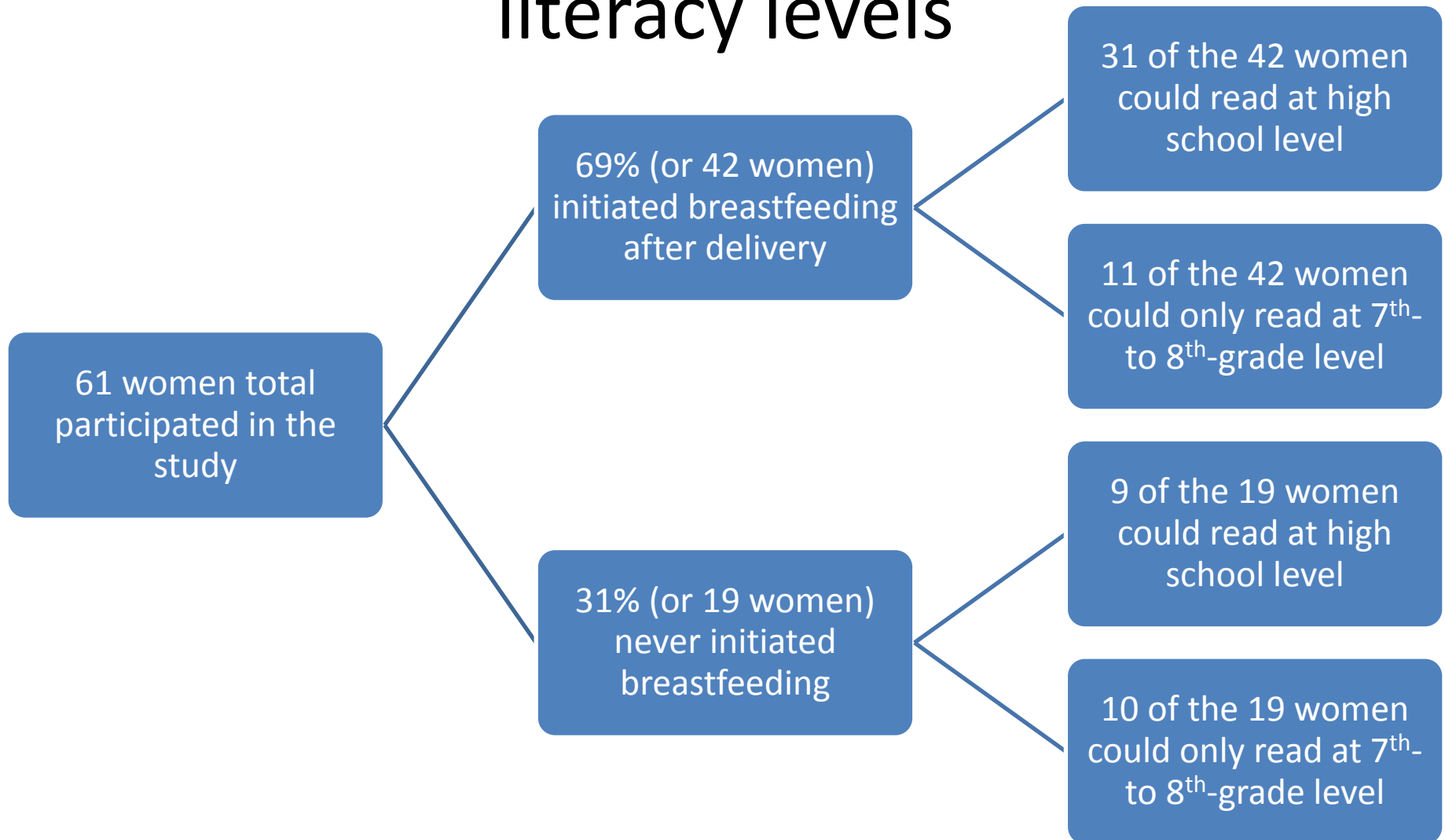
# A study at a WIC office in New Mexico looked at breastfeeding initiation and literacy levels

61 women total participated in the study

69% (or 42 women) initiated breastfeeding after delivery

31% (or 19 women) never initiated breastfeeding

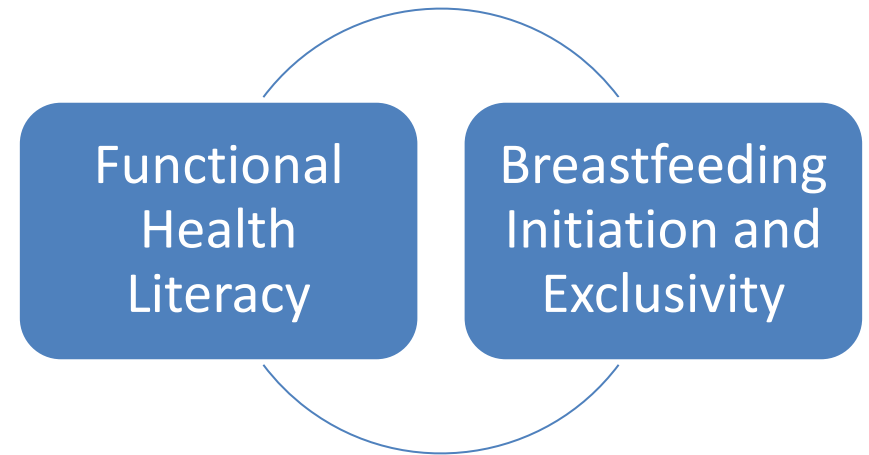
# A study at a WIC office in New Mexico looked at breastfeeding initiation and literacy levels



# The study further found...

There was an association between functional health literacy and breastfeeding.

Only 23% of the women in the lower literacy group exclusively breastfed during the first 2 months compared with 54% of women in the higher literacy group.



# In Conclusion

- Health literacy is not just about being able to read
- Many people in the United States have low health literacy skills, which leads to poorer health outcomes
- Using Plain Language and the SAM instrument might help medical or public health professionals communicate with patients or clients that have low health literacy