Health Literacy

A Knowledge to Practice Program
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)

- Proficient: 12%
- Intermediate: 53%
- Basic: 22%
- Below Basic: 14%
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...

Lower health literacy is linked to...

higher rates of hospitalization and use of expensive emergency services
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

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Develop and disseminate health and safety information that is accurate, accessible, and actionable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>Promote changes in the healthcare delivery system that improve information, communication, informed decision-making, and access to health services</td>
</tr>
<tr>
<td>Goal 3</td>
<td>Incorporate accurate and standards-based health and developmentally appropriate health and science information and curricula into child care and education through the university level</td>
</tr>
<tr>
<td>Goal 4</td>
<td>Support and expand local efforts to provide adult education, English-language instruction, and culturally and linguistically appropriate health information services in the community</td>
</tr>
<tr>
<td>Goal 5</td>
<td>Build partnerships, develop guidance, and change policies</td>
</tr>
<tr>
<td>Goal 6</td>
<td>Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy</td>
</tr>
<tr>
<td>Goal 7</td>
<td>Increase the dissemination and use of evidence-based health literacy practices and interventions</td>
</tr>
</tbody>
</table>
And you can make sure you use Plain Language when talking to patients/clients.

- **Plain Language**: Use common, everyday words except for necessary technical terms.
- **Active voice**: Use active voice in sentences to make the text more engaging.
- **Logical organization**: Organize the content in a logical format, including bullets, tables, and free use of whitespace.
- **Personal pronouns**: Use personal pronouns like “we” and “you” to make the text more personal and engaging.
The National Institute of Health (NIH) has created an online Plain Language training.
This is what it looks like:

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.
This training gives you helpful advice like...

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

Readability
- The relative difficulty of decoding words

Comprehension
- The relative difficulty of understanding the meaning
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.

<table>
<thead>
<tr>
<th>Check One</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Superior</td>
<td>Purpose is explicitly stated in the title, cover illustration or introduction.</td>
</tr>
<tr>
<td>□ Adequate</td>
<td>Purpose is not explicit. It is implied or multiple purposes are stated.</td>
</tr>
<tr>
<td>□ Not Suitable</td>
<td>No purpose is stated in the title, illustration or introduction.</td>
</tr>
</tbody>
</table>

**Comment:**

### 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.

<table>
<thead>
<tr>
<th>Check One</th>
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</tr>
</thead>
<tbody>
<tr>
<td>□ Superior</td>
<td>Thurst of the material is application of knowledge aimed at desirable reader behavior.</td>
</tr>
<tr>
<td>□ Adequate</td>
<td>At least 40% of content topics focus on desirable behaviors or actions.</td>
</tr>
<tr>
<td>□ Not Suitable</td>
<td>Nearly all topics focus on non-behavior facts.</td>
</tr>
</tbody>
</table>

**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

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.

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

The first thing you have to do is try breastfeed. 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 breastfeed. 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 the early weeks, breastfeed 8-12 times every 2-4 hours to build your milk supply. You can tell if your baby is getting enough if she has 4-6 wet diapers a day. 2 mostly bowel movements, is not fussy right after breastfeeding and is gaining weight. Do not worry that breastfeeding will make your baby fussy. 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. Expressing or feeding your baby 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 return. An added bonus is how happy your baby will be to see you!
And this one is from the American Academy of Pediatrics (AAP)
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.”

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

61 women total participated in the study.
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61 women total participated in the study.

- 69% (or 42 women) initiated breastfeeding after delivery.
- 31% (or 19 women) never initiated breastfeeding.
- 10 of the 19 women could only read at 7th- to 8th-grade level.
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 of the 42 women could read at high school level.
  - 11 of the 42 women could only read at 7th- to 8th-grade level.
- 31% (or 19 women) never initiated breastfeeding:
  - 9 of the 19 women could read at high school level.
  - 10 of the 19 women could only read at 7th- to 8th-grade level.
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