

# HEALTH LITERACY

**Note to readers and users of the *Healthiest Wisconsin 2020* Profiles:** This *Healthiest Wisconsin 2020* Profile is designed to provide background information leading to collective action and results. This profile is a product of the discussions of the Focus Area Strategic Team that was convened by the Wisconsin Department of Health Services during September 2009 through November 2010. The objectives from this Focus Area have been recognized as objectives of *Healthiest Wisconsin 2020*. (Refer to Section 4 of the *Healthiest Wisconsin 2020* plan.) A complete list of *Healthiest Wisconsin 2020* Focus Area Strategic Team Members can be found in Appendix A of the plan.

## Definition

*Health literacy* means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Institute of Medicine, 2004).

- Health literacy goes beyond the individual. It depends upon the skills, preferences, and expectations of health information providers, physicians, nurses, administrators, policy leaders, home health workers, media, health educators, environmental health specialists, nutritionists, epidemiologists, and many others.
- Health literacy arises from a convergence of education, health services, and social and cultural factors, and brings together research and practice from diverse fields (Institute of Medicine, 2004).
- Health literacy is the capacity of individuals, organizations and communities to obtain, process, understand and share basic health information and services needed to make appropriate health decisions (Wisconsin Literacy, Inc., 2008).

## Importance of the Focus Area

Health literacy has a significant influence on our daily lives. Imagine a mother with a sick baby who misunderstands the doctor's instructions for giving cough medicine to the child. As a result she accidentally gives the baby two *tablespoons* rather than two *teaspoons* of medicine, causing a severe reaction that requires rushing the baby to the emergency room in an ambulance. With more careful consideration for the communication process on the part of the health provider and the health care system this accident may have been avoided.

Health literacy affects the ability of people to understand and process health information, such as deciding how much cough syrup to give a child, choosing a health plan, preparing for a medical

procedure or finding and maneuvering within a health care facility. People with low literacy skills use more health services, take more prescriptions, are more likely to have chronic conditions, and experience poorer health outcomes (Potter, 2005); and they are also less likely to seek out preventive health care and screenings such as mammograms and immunizations (Scott, Gazmararian, Williams, et al., 2002).

In *Health Literacy: A Prescription to End Confusion*, the Institute of Medicine (2004) reported that 90 million people in the United States, nearly half the adult population, have difficulty understanding and using health information. Certain groups have an especially high occurrence of low literacy. These include the elderly, the poor, immigrants, people who have completed fewer years of education, people of certain racial or ethnic groups, and people with lower cognitive ability (Kirsch, 2002; Baker, 2000).

In addition to the human suffering, the economic costs of low health literacy are profound. Low health literacy costs the Wisconsin economy an estimated \$3.4 billion to \$7.6 billion annually. These costs are related to higher health care expenditures due to additional hospital and medical office visits, longer hospital stays, extra tests and procedures, and more prescriptions. Medicaid, Medicare, employers, and patients pay these costs (Vernon, 2007).

Addressing these challenges will require a systems approach. It will take cross-sector leadership to raise awareness of the importance of Wisconsin's health literacy issues and decrease the effects of low literacy on health outcomes. According to *What Works: Policies and Programs to Improve Wisconsin's Health*, programs and policies for health literacy improvement can reach up to half of the population when there is collaboration between partners from government, education, health care, business, and community organizations (Booske, 2009).

Both oral and written language skills are important to health literacy. Patients need to express their health concerns and describe their symptoms accurately. They need to ask pertinent questions, and not only understand written instructions but also understand spoken medical advice or treatment directions. In an age when responsibility for health care decisions is shared between patients and their physicians, patients need strong decision-making skills (National Network of Libraries of Medicine, 2010).

Surveys are often given to patients, asking them to assess the quality of patient-provider interaction in hospital and clinic settings. This feedback is used to improve the system of care, improve medical staff communication skills with patients, reduce medication errors, increase patient understanding and compliance with doctor's advice, and help patients better manage a chronic disease (U.S. Department of Health and Human Services, 2009).

To date, approximately 1,500 peer-reviewed articles have been published on health care inequalities and low literacy skills (Rudd, 2009). Researchers are in the process of identifying promising practices to add to the modest but growing list of interventions that work. These interventions need to be shared, implemented and evaluated if they are to add to the knowledge base and collective action needed to improve health literacy.

Involving consumers in the development and evaluation of printed, oral, and electronic health communications is important to improving health literacy. Community health centers, Adult Basic Education programs, and English as a Second Language classes are excellent settings in which to pre-test educational materials during their development.

Participation in materials development by the target audience can improve “informed consent” forms, enhance understanding of successful patient-provider interactions, and result in educational materials that are culturally and linguistically appropriate. For example, positive behavior change was documented in a smoking cessation program designed for pregnant women of color who were smokers and had low reading comprehension levels. Program results showed that those women who were given informational materials written at the third-grade level were more likely to achieve abstinence/cessation from tobacco during pregnancy and six weeks post-partum than those who received standard materials (Lillington L, Royce J, Novak D, et al., 1995).

More research and evaluation are needed to develop and assess evidence-based health literacy interventions that are tied to specific improvements in health outcomes. Although such actions call for creativity, partnerships and perseverance, the outcomes will assure that people are better able to understand and participate in their health care and health decisions.

## Data Highlights

- In Wisconsin, 7 percent of people 16 years of age and older lack basic writing skills. At the county level, the rates are projected to range from 4 percent to 11 percent (National Center for Education Statistics, 2006).
- Low health literacy costs the Wisconsin economy an estimated \$3.4 billion to \$7.6 billion annually (Vernon, 2007).
- The 2007-2008 high school graduation rates in Wisconsin reflect disparities by race and ethnicity. These disturbing findings show that graduation rates for Blacks/African Americans, American Indians and Hispanics/Latinos were significantly below their Asian and White counterparts (Wisconsin Department of Public Instruction, 2009).

<b>Race/Ethnicity</b>	<b>Graduation Rate 2007-2008</b>
Blacks/African Americans	67 percent
American Indians	75 percent
Hispanics/Latinos	75 percent
Asians	90 percent
Whites	93 percent

- Parents with low literacy skills are less likely to take their children for well-child visits and report fewer dental check-ups for themselves and their children. They struggle to understand health risks, manage their own health and the health of their family (U.S. Office of Disease Prevention and Health Promotion, 2007).

- People with low literacy are less likely to comply with prescribed treatment and less likely to demonstrate self-care skills. They are more likely to make medication errors and lack the skills needed to navigate the health care system (Weiss, 1999).
- Racial and ethnic minority and immigrant populations bear more consequences of poor health outcomes due to lower levels of health literacy (Institute of Medicine, 2004).
- Estimates based on national survey results indicate that 41 percent of Hispanics/Latinos, 24 percent of African Americans, and 25 percent of American Indians/Alaskan Natives have low health literacy (Kutner, 2006).

## **Objective 1**

**By 2020, increase awareness of the impact of literacy and health literacy on health outcomes.**

### **Objective 1 Indicators**

- Proportion of Adult Basic Education and English Language Learners programs that include a health literacy component. (Indicator to be developed.)
- Proportion of health professional curricula that include literacy and health literacy. (Indicator to be developed.)
- Number of organizations represented at annual Wisconsin Health Literacy summits. (Indicator to be developed.)

### **Objective 1 Rationale**

Although the association between low health literacy and poor health outcomes is increasingly acknowledged by many sectors in Wisconsin's public health system, a pressing need exists to expand awareness among all sectors identified in the *Healthiest Wisconsin 2020* framework. By understanding the magnitude and effects of the problem, partners can begin to implement strategies to improve oral and written health communications. These strategies include selecting easy-to-read educational materials for consumers, using application forms and consent forms with lower reading levels, developing discharge and prescription information in large print, and using materials that are culturally and linguistically appropriate. Clearer communication and understanding will help reduce medical errors and increase compliance with medication instructions, disease management, preventive screenings and self-care regimens.

## **Objective 2**

**By 2020, increase effective communication so that individuals, organizations, and communities can access, understand, share, and act on health information and services.**

### **Objective 2 Indicator**

Proportion of health care providers with effective consumer communication (Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Indicator to be developed.)

### **Objective 2 Rationale**

Health literacy improvement is a shared responsibility between patients, families, providers, and organizations, with increasing responsibility on the health care system to make certain that health information is written at a level that can be understood by patients, and that oral and written communication are culturally and linguistically competent. In this era of shared decision-making in health care, an informed consumer will have greater ability to make decisions that are positive, proactive, and health-promoting. Knowledge and information improve self-care knowledge, skills, and abilities that in turn have a beneficial effect on the health of individuals, families, and communities.

### **Potential evidence- or science-based actions to move the focus area objectives forward over the decade**

- Over 9,000 Head Start families enrolled in a health literacy program were tracked in 53 states, affecting nearly 20,000 children. Parents were trained to use the easy-to-read medical guide *What to Do When your Child Gets Sick* (Mayer and Kuklierus, 2005),
- which offered clear information on more than 50 common childhood illnesses. The University of California at Los Angeles and the Johnson & Johnson Health Care Institute for Head Start conducted the study and found that visits to a hospital emergency room or clinic dropped from 58 percent to 42 percent following the intervention (Herman, 2007).
- Linguistically appropriate services can improve patient-provider communication, decrease risks to patient safety, and improve patient satisfaction and clinical outcomes. Karliner (2007) found positive benefits of interpreter services on communication, patient satisfaction, and clinical outcomes.
- *Health Literacy Practices in Primary Care Settings: Examples from the Field* identifies five promising health literacy practices that primary care providers commonly use to improve communication with patients during clinical visits. This report, prepared by the Association of Clinicians for the Underserved, suggests that patients can receive high-quality, patient-centered care regardless of any difficulties they may initially have with low health literacy (Barrett, et al., 2008).

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