



Health Literacy 101: An Introduction

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The Institute for Healthcare Advancement's 18th Annual Health Literacy Conference

"Understanding Emerging Trends from a Health Literacy Perspective"

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What You'll Learn

1. Define health literacy and describe the prevalence of poor health literacy in the United States.
2. Discuss the general characteristics, abilities, and challenges of those with poor health literacy skills.
3. Describe two reasons why health literacy matters in the healthcare system.

Literacy / Health Literacy Definitions

Literacy

- “Using printed and written information to function in society, to achieve one’s goals, and to develop one’s knowledge and potential” (Kirsch et al, 1993)

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” (Ratzan and Parker, 2000)
- “The ability to read and comprehend prescription bottles, appointment slips, and the other essential health-related materials required to successfully function as a patient.” (AMA Council of Scientific Affairs, 2000)

Health Literacy

- “Health literacy is linked to literacy and entails people's knowledge, motivation and competences to 1) access, 2) understand, 3) appraise, and 4) apply health information in order to make judgments and take decisions in everyday life concerning a) healthcare, b) disease prevention and c) health promotion to maintain or improve quality of life during the life course.”

(Sørensen et al, *BMC Public Health*, 2012)

Another way to think of it...

- “Health literacy is a state, not a trait.”

--Brach C. AHRQ

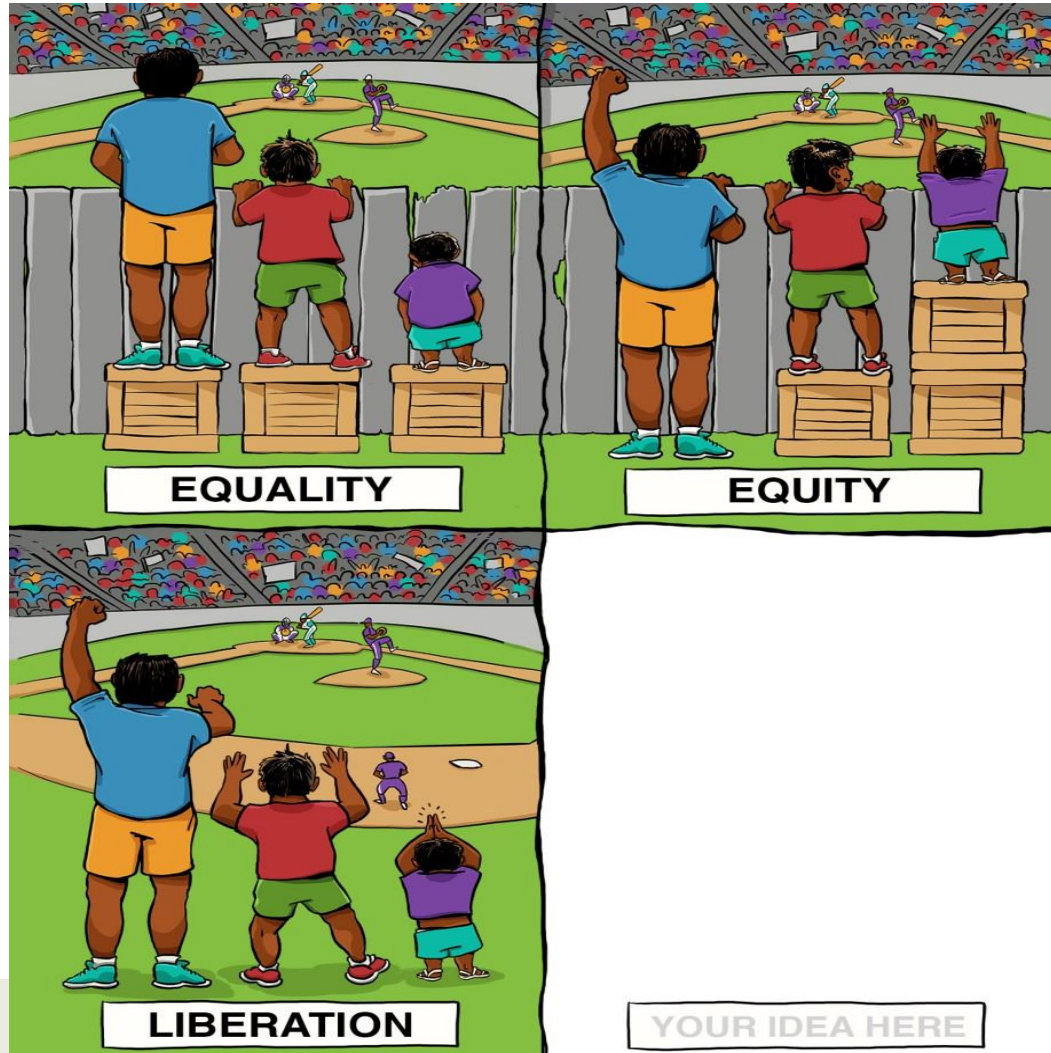
Health Literacy Components

- Reading and writing
- Listening and verbal communication (patient and provider)
- Numeracy
 - ✓ Computation skills
 - ✓ Interpreting / evaluating risk (%)
- Self-efficacy

Other Considerations

- Culture / belief systems
- Mismatch between provider demand and patient skill level
- Mismatch of reading level / materials
- Strong relation to health disparities
- Strong relation to safety and quality

Equity / Equality / Liberation



Empathy Exercise

A Health Literacy Analogy: Do You Understand?

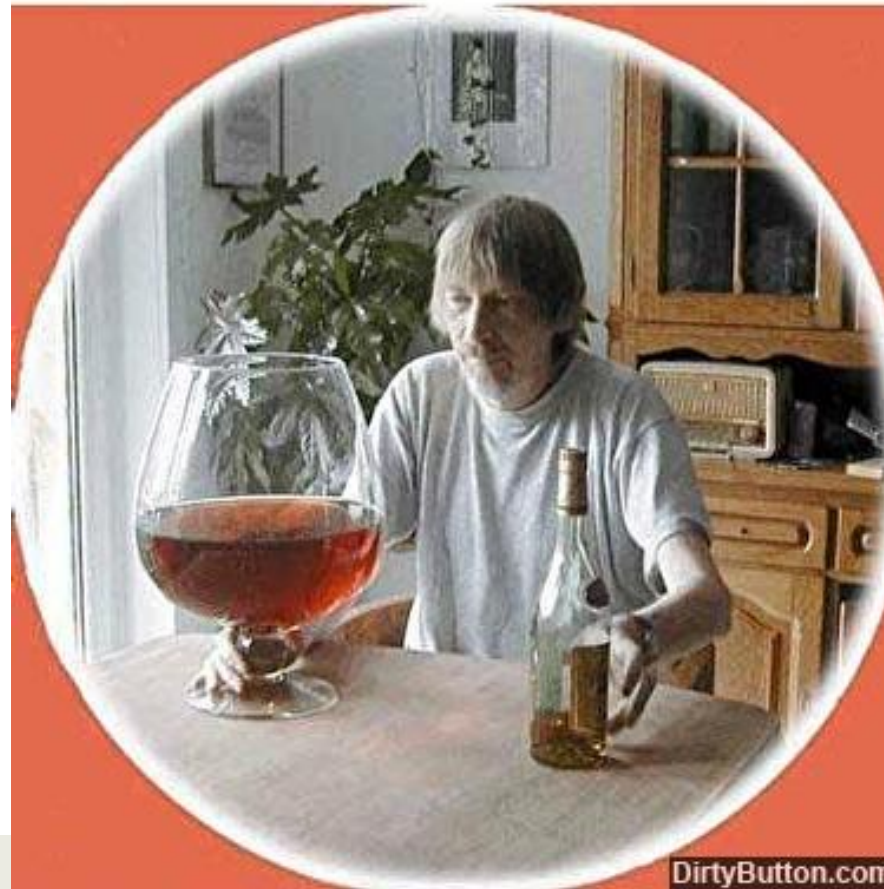
“Transverse and longitudinal response functions have been extracted for ^3He , ^{12}C , ^{40}Ca , ^{48}Ca and ^{56}Fe up to a momentum transfer of 550. The quenching of the longitudinal response function in the quasi-elastic region is significant and might be a signature of modification of the intrinsic properties of the nucleon in nuclear matter.”

--Zein-Eddine Meziani. Transverse and longitudinal response functions in quasielastic electron scattering from nuclei. Nuclear Physics A Volume 446, Issues 1-2, 16 Dec 1985, 113-122

You know what you mean...

But does he?

My Doctor said "Only 1 glass of alcohol a day". I can live with that.



This happens...

An 89-year-old man with dementia is diagnosed with an ear infection and is prescribed an oral liquid antibiotic. His wife understands that he must take one teaspoon twice a day. After carefully studying the bottle's label and not finding administration instructions, she fills a teaspoon and pours it into his painful ear.

Parker, R. et al. J Health Comm, 2003.

This happens, too...

Mr. G, 45, an Hispanic immigrant, native Spanish language speaker, has a job health screening. He is told his BP is high, can't work until it's controlled. Given β -blocker, diuretic, instructed to take each "once a day." 1 week later, presents @ ED, BP very low, dizzy. Docs can't figure out. Spanish speaker asks him how many pills he took each day

--Nielsen-Bohlman et al. IoM "A Prescription to End Confusion" 2004

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--Nielsen-Bohlman et al. IoM "A Prescription to End Confusion" 2004

Who's to Blame?

At a teaching hospital, an intern writes in a “Patient’s problems” section of the medical chart, “Speaks no English.”

The attending physician writes a note back in response, “Your problem, not his.”



Clancy C. AHRQ. Comments at Institute of Medicine
Health Literacy Roundtable 2/09.

And Now, A Word From Your Patients...

Clips from the AMA Foundation video, “Help Your Patients Understand” Available from <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-video.page>

Which of the following is the strongest predictor of an individual's health status?

- A. Age
- B. Income
- C. Literacy skills
- D. Employment status
- E. Education level
- F. Racial or ethnic group

Which of the following is the strongest predictor of an individual's health status?

- A. Age
- B. Income
- C. **Literacy skills** (75% who self reported poor health in Below Basic HL category)
- D. Employment status
- E. Education level
- F. Racial or ethnic group

Health Literacy Myths

- People who can't read, can't learn.
- Most people who are illiterate are immigrants or minorities.
- If someone can't read and I give them written instructions, they'll tell me they can't read.
- I can tell how well someone can read by the number of years they attended school.

From: Health Literacy Myths, Misperceptions and Reality
<http://www.idph.state.ia.us/fsbupdate/common/pdf/110804.pdf>

Health Literacy Myths

- Let's just “dumb it down.”

Health Literacy Myths



JUST... JUST STOP

Because the more you talk, the more you embarrass yourself.

Literacy / Health Literacy Statistics

Data Sources

- 1992 NALS (National Adult Literacy Survey)
- 2003 NAAL (National Assessment of Adult Literacy)
Added Health Literacy Module
- No further U.S. NAAL studies planned (PIAAC)
Programme for the International Assessment of Adult Competencies
www.oecd.org/skills/piaac/

Literacy Levels

- **Below Basic** — no more than the most simple & concrete literacy skills
- **Basic** — skills needed to perform simple, everyday literacy activities
- **Intermediate** — skills needed to perform moderately challenging activities
- **Proficient** — skills needed for more complex & challenging literacy activities

NAAL Literacy Findings

Percent of U.S. adult population with Below Basic or Basic skills in:

- Prose Literacy – 44%
- Document Literacy – 34%
- Quantitative Literacy – 55%

NAAL Health Literacy Findings:

- 36% have limited health literacy skills (22% Basic, 14% Below Basic)
- **About 12% considered proficient**
 - Includes 3% who did poorly on basic screening tasks, routed to alternative assessment
 - Does not include 2% who knew no English or Spanish
- About half (53%) had intermediate HL levels
- Women's avg. HL score 6 pts. higher (4% more men in Below Basic)

Who has poor health literacy?

- Nearly 60% of 65+ in Basic/Below Basic
- Health ins. from employer ↑ HL, Medicare/Medicaid/No ins ↓ HL
- Hispanics (12% of adult pop.) represent 35% of those in Below Basic HL category
- Below poverty level (17% adult pop.) represent 43% of those in Below Basic HL
- 75% who self-reported poor health in Below Basic HL

Why this is a BSD

Health Literacy Statistics

- 1 in 2 Americans can't read above an 8th grade level (Kirsch 2003)
- Most patient education materials written beyond recipients' ability to understand (IoM 2004)
- 26% couldn't understand when next appt.
- 42% couldn't understand "take on an empty stomach"
- 60% couldn't understand consent form (*JAMA* 1995)

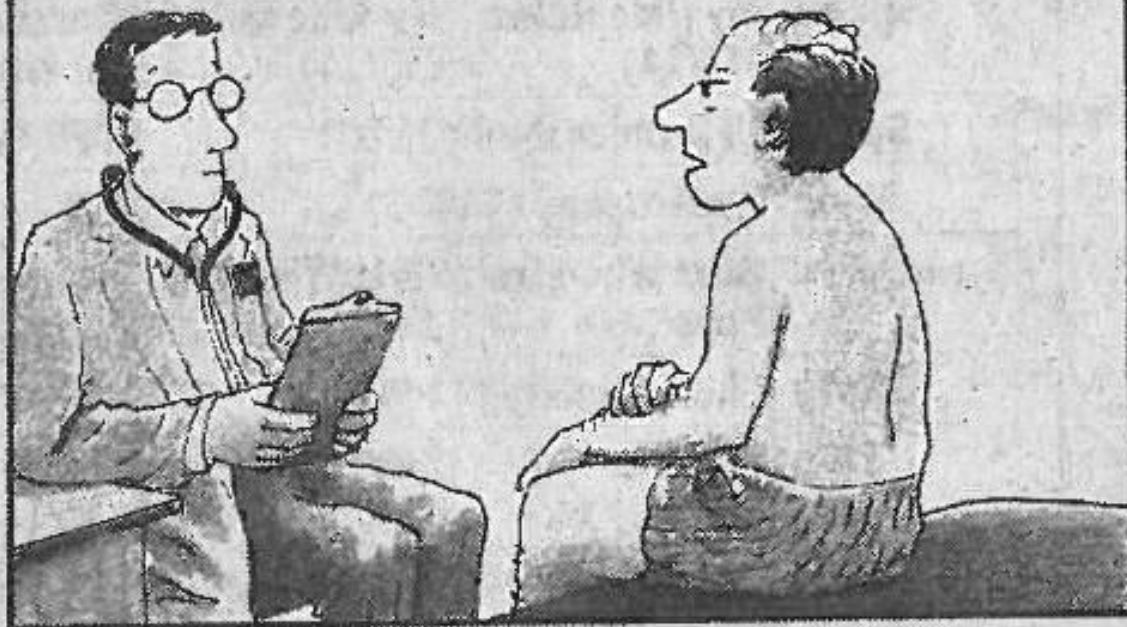
Stir In...

- 381 languages spoken/signed in U.S.
- 40 million foreign-born people live in the United States (2013)
- 60 million Americans (~20%) speak a language other than English at home
- 24 million Americans (~8%) have LEP (*limited English proficiency*)
- 75-90% of patients in the 2 lowest reading levels describe themselves as being able to read/write English “well” or “very well”

Oh, and then there's...

- Cognitive impairment
- Hearing / visual impairment
- Medications
- Stress (most forget at least 50% of what healthcare provider told them)
- Shame re Illiteracy:
 - ✓ 78% thought they should hide it/cope
 - ✓ 77% never told their doctor
 - ✓ 67% never told their spouse
 - ✓ 19% never told anyone

Parikh, N.S., et al. Patient Educ Couns, 1996



"Doc, enough with the 'English' — just give it to me in plain academic medical terminology!"

...said no one, ever...

Why Does Health Literacy Matter?

Those with limited literacy skills:

- Report poorer overall health
- Have poorer ability to manage chronic diseases
- Have poorer outcomes
- Less likely to understand their diagnosis
- Less likely to have screening / preventive care
- Present in later stages of disease
- Are more likely to be hospitalized / rehospitalized

Why Does Health Literacy Matter?

Cost of Poor Health Literacy:

- \$73 billion in unnecessary costs annually
(Friedland, Georgetown University, 2003)
- \$106-\$238 billion in unnecessary costs annually
(Vernon, University of Connecticut, 2007)

Cost of Chronic Disease:

- \$1.7 trillion (75% of HC expenditures)
- 1 in 2 Americans live with a chronic disease (2012)
- 90% >65 have a chronic disease; 77% have 2+
- 70% of annual US deaths (CDC 2010)

Explore...

- www.iha4health.org
- www.healthliteracysolutions.org
- nnlm.gov/outreach/consumer/hlthlit.html
- nces.ed.gov/naal
- www.health.gov/communication
- www.ahrq.gov/browse/hlitix.htm
- medlineplus.gov
- healthfinder.gov
- www.hsph.harvard.edu/healthliteracy

Explore...

- <http://nationalacademies.org/HMD/Activities/PublicHealth/HealthLiteracy.aspx> (NASEM Roundtable on Health Literacy)
- plainlanguage.gov
- www.centerforplainlanguage.org
- www.healthliteracy.com
- <http://sph.umd.edu/center/hchl> (Horowitz Center for Health Literacy)
- ama-assn.org (Foundation/Health Literacy)
- http://www.acponline.org/about_acp/foundation/
- <http://www.iom.edu/Activities/PublicHealth/HealthLiteracy.aspx>

Thank you!

What questions do you have?

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