



# Professional Development **Fact Sheet** **No. 3**

## HEALTH LITERACY

### What is Health Literacy?

The last decade has witnessed a growing national interest in health literacy. Adult education teachers routinely teach real-life health literacy skills such as reading medicine labels, filling out insurance forms, calling 911, and describing physical ailments to doctors. What about the adult basic education (ABE) life skills lessons they have been teaching on filling out insurance forms, calculating body mass index, and planning balanced meals—are those lessons part of health literacy as well? What about the lessons from the health chapter of the English as a second language (ESL) textbook? Is that health literacy? The answer to these questions is yes, but these topics represent only the tip of the iceberg. Students also need to know how to access and navigate health care systems and make personal health care decisions. They need a basic understanding of human anatomy and physiology and knowledge of environmental and public health issues that affect them, their families, and communities.

### The Literacy-Health Link

One's health can be seriously compromised if the individual cannot read health information, make informed health care decisions, and follow written medical instructions. Several medical studies reveal alarming statistics about the literacy-health connection:

- Asthma patients with low literacy skills have less understanding of the disease than asthma patients with higher literacy skills (Williams, Baker, Honig, Lee, & Nowlan, 1998).
- Patients with low literacy skills are five times more likely to misinterpret prescription instructions than those with adequate skills (Williams, Parker, Baker, Farikhj, Pitkin, Coates, & Nurss, 1995).
- Low literacy is a better predictor of advanced prostate cancer in low-income men than is race or age (Bennett, Ferreira, Davis, Kaplan, Weinberger, Kuzel, Seday, & Sartor, 1998).

Many adult education students are among the 36 percent of Americans whose literacy skills, according to the 2003 National Assessment of Adult Literacy (NAAL), are at *basic* and *below basic* levels. The NAAL survey also indicates that Hispanic adults struggle with health literacy more than any other group (National Center for Education Statistics, 2006).

### Definition from the Medical Field

Health care providers define health literacy in terms of concrete skills people need to use medical services, manage chronic diseases, and practice prevention. The definition from the U.S. Department of Health and Human Services (2000) reflects this perspective:

*"Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."*

### A Definition for Adult Educators

Educators may find health literacy specialist Rima Rudd's (2002) definition more in tune with their philosophies and approaches to working with second language learners and literacy students:

*"Health literacy is the ability to use English to solve health-related problems at a proficiency level that enables one to achieve one's health goals, and develop health knowledge and potential."*

Clinical care, prevention, and chronic disease management are the health literacy topics teachers most often address. With the introduction of the English literacy and civics (EL/Civics) program in recent years, ESL teachers have been designing and teaching lessons on challenging topics, such as access to health care and navigation of the health care system. The list below includes health literacy topics that benefit not just ESL students, but ABE and adult secondary education (ASE) students as well.

- Clinical care
- Disease prevention
- Chronic disease management
- Basic human physiology and diseases
- Navigation of the health care system
- Health care access
- Public health and safety
- Environmental health

### How can Students Benefit from Health Literacy Instruction?

The major benefit of health literacy instruction is better health. Students' well-being, and the well-being of their families and communities, depends on how well they read labels, respond to emergencies, practice disease prevention, advocate for clean air in their neighborhoods, and navigate the health care system. Having limited health literacy skills can be costly. A study by the National Academy on an Aging Society found that people with low health literacy skills have longer hospital stays than their peers with more advanced health literacy skills (1999). In addition, patients with low literacy skills are twice as likely to be hospitalized when they visit an emergency room as patients with higher literacy skills (Baker, Parker, Williams, & Clark, 1998).

### What Strategies can Teachers Use to Incorporate Health Literacy into Teaching and Learning?

In general, adult education teachers are experts in teaching basic literacy skills, not health care experts. As a result, they may be most comfortable focusing on basic skills and calling on guest speakers for content knowledge about subjects such as diabetes and heart disease (Rudd, 2002). Health-related field trips are another way for teachers to connect students and content experts and break down barriers to using the health care system. Basic skills taught in the context of health literacy may include



- Navigating new physical environments, such as hospital corridors;
- Asking questions about medical tests and requesting clarification;
- Reading charts and scales, such as height and weight charts;
- Calculating and measuring dosage amounts; and
- Locating information to guide health care decisions.

The following strategies for teaching health literacy skills are adapted from a research digest by Kate Singleton (2002).

**Always start with assessment.** Teachers should begin by assessing students' health needs and interests. A flu epidemic in the community may be a topic of great interest to the class, and this topic can serve as a platform for helping students build language and literacy skills.

**Focus on communication skills.** Health care interactions can be rife with miscommunication. Literacy learners may be unable to record appointment times, comprehend hospital discharge instructions, or read signs directing them to the laboratory for tests. Medical staff may interpret missed appointments and lack of adherence to directions as inconsiderate or uncooperative behavior on the part of patients. In addition to teaching basic language skills, teachers can create problem-solving activities that incorporate role play and develop dialogs to help students handle difficult health care situations.

**Engage students in participatory or project-based learning.** Students can research and compose simple health care brochures to share with their peers, families, and communities. An example of a powerful learning activity is to involve students in a class project that addresses a real community issue, such as an unsafe playground or the need for sex or drug education programs for teenagers.

**Use the many Internet resources on health literacy.** Health educators have created an array of easy-to-read booklets and brochures for adult literacy students. Look for materials written in *plain language* (non-technical language) on Web sites listed at the end of this publication.

**Use community resources.** Local hospital administrators and public health officials may welcome the opportunity to speak to learners in adult education classes about local health, safety, and environmental issues and resources.

**Address cultural factors.** Adult education teachers often explore cultural differences and similarities among students on topics such as family, food, and education. Students also can benefit from dialogs about health care attitudes and traditions. ESL students can discuss whether it would be acceptable in their native countries for the patient to ask questions of the doctor, to ask for an interpreter, or to ask the doctor to write out home-care instructions.

### What Additional Resources are Available on Health Literacy?

**The California Health Literacy Initiative**  
<http://cahealthliteracy.org/>

**The CALPRO Health Literacy Reference Guide**  
[www.calpro-online.org/o\\_guides/healthli/1.asp](http://www.calpro-online.org/o_guides/healthli/1.asp)

**Center for Health Care Strategies (CHCS)**  
[www.chcs.org/publications3960/publications\\_show.htm?doc\\_id=291711](http://www.chcs.org/publications3960/publications_show.htm?doc_id=291711)

**Florida Department of Education – “Teaching Health Literacy to English Language Learners”**  
[www.floridatechnet.org/in-service/esol2/home.html](http://www.floridatechnet.org/in-service/esol2/home.html)

**Health Literacy Network**  
<http://literacyworks.org/hln/>

**The Harvard School of Public Health**  
[www.hsph.harvard.edu/healthliteracy/innovative.html](http://www.hsph.harvard.edu/healthliteracy/innovative.html)

**Outreach and Technical Assistance Network (OTAN)**  
[www.otan.us](http://www.otan.us) (Search by the keyword *health*.)

**The Virginia Adult Education Health Literacy Toolkit**  
[www.eric.ed.gov/ERICWebPortal/Home.portal](http://www.eric.ed.gov/ERICWebPortal/Home.portal), (Search for ERIC Document 482788.)

### References

Baker D., Parker R., Williams M., & Clark, W. (1998). Health literacy and the risk of hospital admission. *Journal of General Internal Medicine: Official Journal of the Society for Research and Education in Primary Care Internal Medicine*. 13(12), 791-8.

Bennett C., Ferreira, M., Davis, T., Kaplan, J., Weinberger, M., Kuzel, T., Seday, M., & Sartor, O. (1998). Relation between literacy, race, and stage of presentation among low-income patients with prostate cancer. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*. 16(9), 3101-4.

National Academy on an Aging Society. (1999). Low health literacy skills increase annual health care expenditures by \$73 billion. *Health Literacy Fact Sheet*. Retrieved August 30, 2007, from [http://www.agingociety.org/agingociety/publications/fact/fact\\_low.html](http://www.agingociety.org/agingociety/publications/fact/fact_low.html)

National Center for Education Statistics. (2006). *The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy* (NCES 2006-483). Washington, DC: U.S. Department of Education.

Rudd, R. (2002). A maturing partnership. *Focus on Basics*, 5(C), 1-8.

Singleton, K. (2002, February). Health literacy and adult English language learners. *Center for Adult Language Acquisition (CAELA) Research Digest*. Retrieved June 26, 2007, from <http://www.cal.org/caela/esl%5Fresources/digests/healthlit.html#>

U.S. Department of Health and Human Services. (2000). *Healthy people 2010: Understanding and improving health* (2nd ed.). Retrieved August 30, 2007, from <http://www.healthypeople.gov/publications>

Williams, M., Baker, D., Honig, E., Lee, T., & Nowlan, A. (1998). Clinical investigations - Inadequate literacy is a barrier to asthma knowledge and self-care. *Chest: Official Publication of the American College of Chest Physicians*. 114(4), 1008.

Williams, M., Parker, R., Baker, D., Farikhj, N., Pitkin, K., Coates, W., & Nurss, J. (1995). Inadequate functional health literacy among patients at two public hospitals. *JAMA: the Journal of the American Medical Association*. 274(21), 1677.

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