



**Literacy, Health Literacy and
Other Influences on Health and Health Care:
What Ohio's Legislators Need to Know
(The Nickel Tour)**

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Presentation Objectives

Following this presentation you will be able to:

- Define literacy and health literacy
- Explain the impact of literacy on health
- Describe reader-friendly written materials
- Describe some other influences on health and health care
 - relationship between health beliefs and health action
 - relationship between socio-economic status (SES) and doctor/patient communication
 - relationship between SES and patient satisfaction
- Take action to help improve health care

Definitions

Literacy

“An individual’s ability to read, write and speak English, compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and develop one’s knowledge and potential.”

National Literacy Act, National Institute for Literacy, Fact Sheet
Kutner et al, 2006

Functional Literacy

“Literacy skills needed to function in society. This is generally interpreted as having reading skills above the 5th grade level.”

Doak, Doak and Root, 1996.

Health Literacy

“The degree to which individuals have the capacity to obtain, process and understand – and use – basic health information and services needed to make appropriate health decisions.”

Kutner et al. 2006; Institute of Medicine, 2004

General Principles

Health Literacy and General Literacy in Context

- Limited health literacy is not restricted to adults with limited general literacy skills.
- Most health education materials are too difficult for people with low literacy, and are also “above the heads” of average and above-average readers.
- Many people suffer from low health literacy as a side effect of medication, illness, anxiety, fear, being in a medical environment, and many other factors.

Groups Likely to Have Literacy Problems

- People 65 and older
- People living in poverty
- Some ethnic minorities
- People with chronic health problems (mental and/or physical)
- People with visual or hearing problems
- People with learning problems

Groups with Lower Levels of Health Literacy

- Those with low general literacy
- Those 65 and older
- Those living in poverty
- Those who never attended or did not complete high school
- All racial and ethnic groups except whites and Asian/Pacific Islanders
- Those who speak other languages alone or other languages and English

A Few Facts

- 1/4 of the adult population is not functionally literate – cannot read above the 5th grade reading level
- 1/2 of American adults struggle with basic reading and reasoning skills (\leq grade 8)
- 1 in 5 cannot properly address an envelope
- 1 in 5 do not know the meaning of 98.6°

Distribution of Health Literacy Skills

14% **Below Basic** (no more than the most simple and concrete literacy skills)

22% **Basic** (simple, everyday literacy activities)

53% **Intermediate** (moderately challenging literacy activities)

12% **Proficient** (more complex and challenging literacy activities)

Example of an Advanced Intermediate Health Literacy Skill

Determine a healthy weight range for a person of a specified height, based on a graph that relates height and weight to body mass index (BMI)

		WEIGHT															
HEIGHT	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	
5'0"	20	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	
5'1"	19	21	23	25	26	28	30	32	34	36	38	40	42	43	45	47	
5'2"	18	20	22	24	26	27	29	31	33	35	37	38	40	42	44	46	
5'3"	18	19	21	23	25	27	28	30	32	34	35	37	39	41	43	44	
5'4"	17	19	21	22	24	26	27	29	31	33	34	36	38	39	41	43	
5'5"	17	18	20	22	23	25	27	28	30	32	33	35	37	38	40	42	
5'6"	16	18	19	21	23	24	26	27	29	31	32	34	36	37	39	40	
5'7"	16	17	19	20	22	23	25	27	28	30	31	33	34	36	38	39	
5'8"	15	17	18	20	21	23	24	26	27	29	30	32	33	35	36	38	
5'9"	15	16	18	19	21	22	24	25	27	28	30	31	32	34	35	37	
5'10"	14	16	17	19	20	22	23	24	26	27	29	30	32	33	34	36	
5'11"	14	15	17	18	20	21	22	24	25	26	27	28	30	32	33	35	
6'0"	14	15	16	18	19	20	22	23	24	26	27	28	30	31	33	34	
6'1"	13	15	16	17	18	20	21	22	24	25	26	28	29	30	32	33	
6'2"	13	14	15	17	18	19	21	22	23	24	26	27	28	30	31	32	
6'3"	12	14	15	16	17	19	20	21	22	24	25	26	27	29	30	31	
6'4"	12	13	15	16	17	18	19	21	22	23	24	26	27	28	29	30	

Consequences of Low Health Literacy

- Disproportionately high rates of disease and mortality
- Increased use of emergency room for primary care
- Can't take medicine as prescribed or follow treatment plans (30% - 50%)
- Poorer communication with health care provider
- Less likely to understand an illness or to recover from it
- Poor health outcomes – less frequent preventive health screening and increased hospitalization

Reading Ability

- Average adult reads at the 6th – 8th grade level
- Reading level is typically 3 – 4 grades lower than formal education level
- Most health care instructions are written at the 9th grade level or above

Reading Level Examples

- Driver's license manual
 - 6th grade
- Over-the-counter Tylenol instructions
 - 10th grade
- Medical consent forms
 - College and above

Good Readers

- Fluent
- Interested in reading
- Read more completely
- Get help, if needed; ask questions more easily and readily
- Use prior knowledge and experience
- Skip words knowing the overall context

Poor Readers

- Read one syllable at a time
- Read one word at a time
- Tend to read only the first sentence in a paragraph
- Skip over words
- Make random associations
- Easily distracted; not focused

Reader-Friendly Written Materials

- Use of visuals
- Content
- Design and layout
- **Style of writing**
- **Reading level**

Use Plain Language

“Plain language is communication that users can understand the first time they read or hear it. With reasonable time and effort, a plain language document is one in which people can find what they need, understand what they find, and act appropriately on that understanding.”

³Plain Language Action and Information Network. What Is Plain Language? Available at www.plainlanguage.gov, last accessed May 11, 2015.

Style of Writing and Reading Level

- Use mainly 1-2 syllable words
- Use mainly short sentences (8-10 words)
- Short paragraphs (3-5 sentences)
 - First sentence contains the most important information
- Use active voice
- Interactive

Words to Avoid and Alternatives (a few examples)

- Physician
 - doctor
- Medication
 - medicine
- Prevalent
 - often
- Orally
 - by mouth
- Contraception
 - birth control

Layout

- 12-14 point type with serifs (serifs)
- 50% white space
- Use heading and bullets
- Use **bold** or **color** for emphasis (not *italics*, underline, or CAPS)
- Use upper and lower case letters
- Use black ink on white paper

Other Considerations

Other Important Considerations

- Health beliefs
- Doctor/patient communication
- Patient satisfaction

Health Beliefs

- How health, or illness, happens
- Locus of Control
 - Internal
 - External
- Varies with SES

Doctor/Patient Communication

- Good communication leads to better health outcomes
- Patient-centered communication leads to better health outcomes
- Doctor-patient communication in lower SES groups tends to be more doctor-centered

Patient Satisfaction

- Variability in ratings
 - Quantitative: little variability
 - Qualitative: more concerns apparent
- Associated with patient-centered communication
- Expectations drive rating of experience

Call to Action

- What the legislature can do
 - Ensure that **all** written materials distributed to the general public meet readability standards
- What physicians can do
 - Ensure that materials intended for patients meet readability standards
 - Use patient-centered communication
 - Educate patients properly
 - Empower patients

Call to Action (cont'd)

- What patients can do
 - Become involved in health care decisions and actions
- What general action can be taken
 - Ensure basic education for all

Health Literacy in Patient Care: *Helping Your Patients Understand*



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- Module Two:** Effective Strategies for Verbal Communication with Patients
- Module Three:** Characteristics of Easy-to-Read Print Materials
- Module Four:** Teaching Patients Who Have Low Literacy Skills
- Module Five:** Evaluating the Reading Level of Patient Education Materials

Questions

