

# Health Care Language Literacy

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Arkansas Assessment Initiative

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# George Bernard Shaw

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*“The main problem with communication is the assumption that it has occurred.”*

# Health Care Language Literacy: What is it?

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

\*<http://www.health.gov/communication/literacy/default.htm>

# Health Literacy Components

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- Cultural and Conceptual Knowledge
- Oral Literacy
  - including speaking and listening
- Print Literacy
  - including reading and writing
- Numeracy
  - Ability to complete basic computations

# Health Literacy Components

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- Plain Language. Plain language is a *technique* for communicating clearly. It is one **tool** for improving health literacy.
- Cultural Competency. Cultural competency is the ability of *professionals* to work cross-culturally. It can **contribute** to health literacy by improving communication and building trust.

# What Factors Affect Health Literacy?

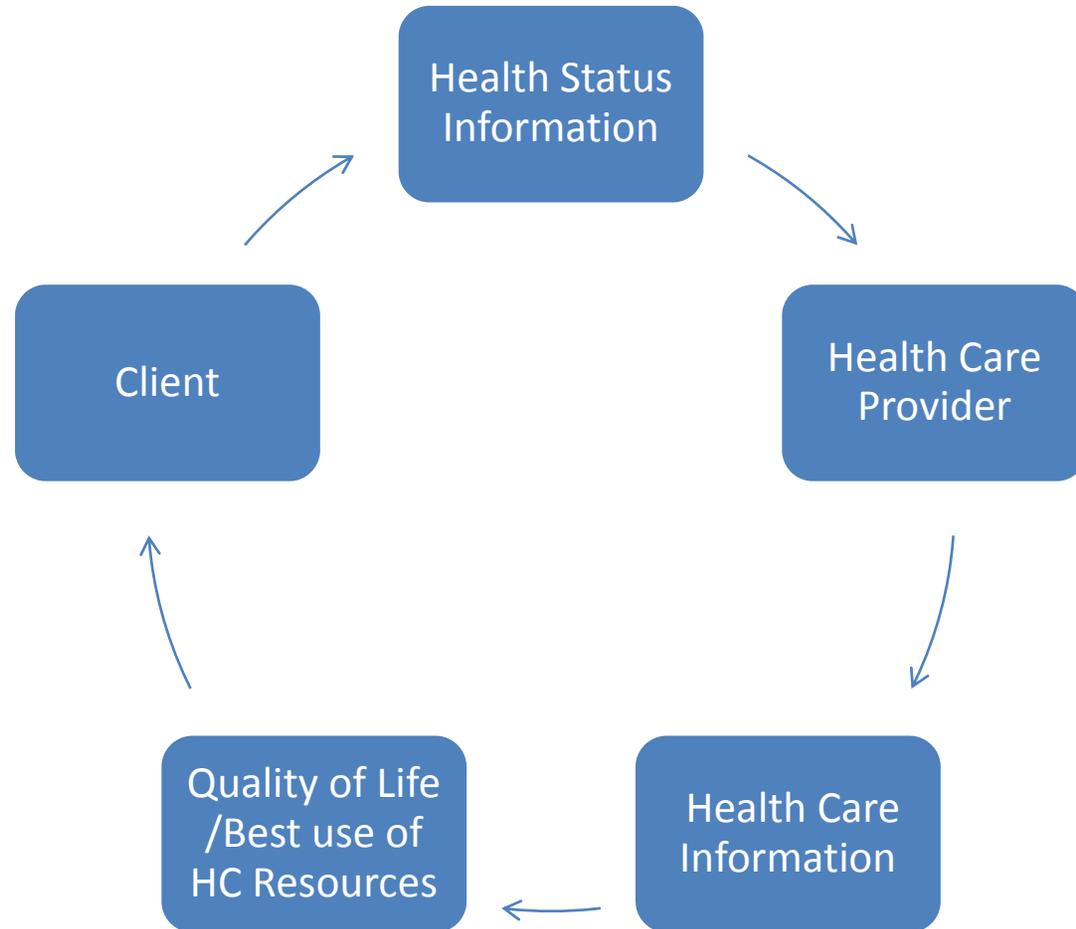
## ***Health Literacy is dependent upon:***

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1. Communication skills of lay people and health professionals.
2. Lay person and professional knowledge of various health topics.
3. Culture.
4. Demands of healthcare and public health systems.
5. Demands of the situation/context.

# Health Literacy Cycle

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# Why do we care?

## Health Literacy and Health Outcomes

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- Persons with limited health literacy skills have:
  - Higher utilization of treatment services
    - Hospitalization
    - Emergency services
  - Lower utilization of preventive services
- Higher utilization of treatment services results in higher healthcare costs.

# Why do we care ?

**Health literacy is important because it affects people's ability to:**

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- **Navigate** the healthcare system, including locating providers and services and filling out forms
- **Share** personal and health information with providers
- **Engage** in self-care and chronic disease management
- **Adopt** health-promoting behaviors, such as exercising and eating a healthy diet
- **Act** on health-related news and announcements

# Why do we care ?

## Inadequate Literacy has an Detrimental Impact:

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- ✓ Inferior Health Outcomes
- ✓ Increased Healthcare Costs
- ✓ More frequent use of intensive services
- ✓ Underuse of preventative services
- ✓ Poorer understanding of Chronic Disease management techniques
- ✓ Engagement in more risky behaviors
- ✓ Quality of Care concerns
- ✓ Decreased Quality of Life

# Who Is at Risk?

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- The problem of limited health literacy is greater among:
  - Older adults
  - Those who are poor
  - People with limited education
  - Minority populations
  - Persons with limited English proficiency (LEP)

# Who Is at Risk?

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- Many of the same populations at risk for inadequate health literacy also suffer from Disparities in health status, illness (*including heart disease, diabetes, obesity, HIV/AIDS, oral disease, cancer deaths, and low birth weight*), and **death**.

The Health Literacy of America's Adults:  
2003 National Assessment of Adult Literacy  
(<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483>)

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- 4 classifications of Adult scoring results
  - Below Basic: 14 %
  - Basic: 22 %
  - Intermediate: 53 %
  - Proficient: 11 %
- Relationships between health literacy and background variables were also examined and reported.
  - Below Basic or Basic classifications were less likely than those with Intermediate or Proficient classifications to get information about health issues from written sources (newspapers, magazines, books, brochures, or the Internet) and were more likely receive health information from the radio and television.



## National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

CLAS **guidelines** are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).

CLAS **recommendations** are suggested by OMH for voluntary adoption by health care organizations (Standard 14).



## Language Access Services (Standards 4-7),

- **Standard 4**  
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- **Standard 5**  
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- **Standard 6**  
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
- **Standard 7**  
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

# Healthy People 2010 Health Literacy Objectives

(<http://www.healthypeople.gov/default.htm>)

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- 11-2 Improve the health literacy of persons with inadequate or marginal literacy skills.
- 11-6 Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

U.S. Dept of Education: Institute of Education Sciences  
National Center for Education Statistics (NCES)

<http://nces.ed.gov/naal/estimates/StateEstimates.aspx>

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Release date 1/20/09:

NCES derived basic literacy estimates for all states and counties in the US and produced web based tables to compare literacy estimates calculated for the years 1992 & 2003.

# (<http://nces.ed.gov/naal/estimates/Estimates.aspx?SearchType=3>)



National Assessment of Adult Literacy

## State & County Estimates of Low Literacy

Return to NAAL 

» | [Estimates Home](#) | [Overview](#) | [Frequently Asked Questions](#) | [Estimation Approach](#) | [General Cautions](#)

### Compare two counties in the same state

Compare two counties in the same state

State 1:

Arkansas

County 1:

Drew County

Survey Year 1:

2003

County 2:

Pulaski County

Survey Year 2:

2003

[Download Excel](#) 

Indirect estimates of the percent lacking *Basic* prose literacy skills and corresponding credible intervals

Location	Population size <sup>1</sup>	Percent lacking <i>basic</i> prose literacy skills <sup>2</sup>	95% credible interval <sup>3</sup>	
			Lower bound	Upper bound
Drew County, Arkansas (2003)	13,882	16	7.7	27.0
Pulaski County, Arkansas (2003)	272,605	10	5.6	17.0
Difference		6	-4.0	17.5

# Health Literacy: Healthcare Costs\*

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- Predicted inpatient spending for persons with inadequate health literacy (measured by the S-TOFHLA) was \$993 higher than that of persons with adequate health literacy.
- An earlier analysis found that the additional healthcare resources attributable to inadequate health literacy were \$29 billion (assuming that inadequate literacy was equivalent to inadequate health literacy):
  - This number would have grown to \$69 billion if even one-half of marginally literate adults were also considered not health literate.

\*<http://www.health.gov/communication/literacy/default.htm>

# Funding Opportunities

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- NIH program announcement: *Understanding and Promoting Health Literacy*
  - NIH spending in FY05 for these grants was close to \$3 million, and it will total more than **\$8 million** during the life of the awarded grants.
- HRSA provides funding to community-based organizations for health literacy activities and research.  
(<http://grants.nih.gov/grants/guide/pa-files/PAR-07-018.html>)

# Four Strategies for Improving Health Literacy

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1. Improve the usability of health information.
2. Improve the usability of health services.
3. Build knowledge to improve decision making.
4. Advocate for health literacy improvement.