Skills for Health Care Access and Navigation

Materials in Preparation for Session One

The following materials should be copied and sent out to participants at least two weeks before this Study Circle+ begins. Please ask participants to read these materials before attending Session One.

1) The Welcome Letter to Participants (customize your own version with appropriate information)
2) Participant Expectation sheet *
3) Participant Definition of Health Literacy
4) Skills for Health Care Access and Navigation: G0als and Objectives
5) Development of the Guides to the Health Literacy Study Circles+
6) A Letter from Rima Rudd -- Principal Investigator, Health Literacy Studies
7) A Letter to ESOL Adult Education Practitioners from Lee Hewitt, Teacher and Health Curriculum Developer
8) Guiding Questions for "A Maturing Partnership"
9) "A Maturing Partnership" by Rima E. Rudd. In *Focus on Basics*, Vol. 5, Issue C, February 2002. World Education/NCSALL
10) "Navigating Hospitals: When Words Get in the Way" by Rima Rudd. A more extensive report o this study can be found in *Literacy Harvest*, a publication of the Literacy Assistance Center of New York City, Fall 2004
11) Additional Resource List

* Should be completed by participants and returned to you before Session One begins.

Welcome Letter to Participants
(Template)

Dear Participant:

Welcome to the Health Literacy Study Circle+ (plus) on Skills for Health Care Access and Navigation. This program will be an exciting, enriching, and challenging experience that I truly hope you will enjoy.

In preparation for your participation in the Study Circle+, I would like you to note the dates, times, and locations of the five sessions:

	Date	Time	Location
Session One			
Session Two			
Session Three			
Session Four			
Session Five			

Given the highly interactive nature of this study circle, and the interconnectedness of its sessions, it is essential that you attend all sessions.

Please notify me immediately if you cannot attend one of these sessions.

The Study Circle+ will be an intense, hands-on learning experience. Study circles are generally designed to provide an opportunity for individuals to reflect in-depth about a topic and exchange ideas. In this Study Circle+, you will do that and more. You will

- Learn about recent health literacy research
- Think about ways of bringing health literacy skill development to your classrooms and students
- Identify your students' needs and interests related to health literacy
- Try out health literacy lessons with your students and create your own lessons and units

The Study Circle+ sessions themselves will provide a venue for preparing for and reflecting on your new teaching experiences. Come prepared to share your ideas, learn from others and "roll up your sleeves" as you engage in activities that may challenge your current thinking and practice.

This packet includes the following materials which were designed to help you prepare for Session One. Please read them and bring them with you to Session One.

- Participant Expectation sheet
- Participant Definition of Health Literacy
- Skills for Health Care Access and Navigation: G0als and Objectives
- Development of the Guides to the Health Literacy Study Circles+
- A Letter from Rima Rudd -- Principal Investigator, Health Literacy Studies
- A Letter to ESOL Adult Education Practitioners from Lee Hewitt -- Teacher and Health Curriculum Developer
- Guiding Questions for "A Maturing Partnership"
- "A Maturing Partnership" by Rima E. Rudd. In *Focus on Basics*, Vol. 5, Issue C, February 2002. World Education/NCSALL
- "Navigating Hospitals: When Words Get in the Way" by Rima Rudd
- Additional Resource List

Before Session One begins

- Read the materials included in this packet. They will serve as the basis for discussions.
- Please complete and return the Participant Expectations sheet to me, using the enclosed self-addressed envelope.
- Complete part 1 of the Participant Definition of Health Literacy and bring it with you to Session One.

If you are missing any of the materials listed above, please notify me immediately and feel free to contact me if you have any questions. I look forward to meeting you and working with you at our first session on _____(date).

Sincerely,

The Facilitator (Your Name)
Mailing Address
Phone number
Email address

Participant Expectations

~ Please complete and mail this back to the facilitator prior to Session One ~

List three things about health literacy and/or health literacy skill development that you are interested in learning.

1)

2)

3)

Participant Definition of Health Literacy

~ Please fill out part 1 and bring it to Session One ~

1) Before you do any of the reading, write down your own definition of "health literacy" below:

2) Once you have finished the readings, think about how you would change your definition – if at all. Write your new definition of "health literacy" below.

Skills for Health Care Access and Navigation:
Goals and Objectives

Study Circle+ Goals:

The overall goal of the Health Literacy Study Circle+ is to build the capacity of adult education instructors to incorporate health literacy skills into their curriculum and instruction.

The goal for the Health Care Access and Navigation Study Circle+ is to prepare participants to help their students develop basic skills needed for accessing health-related services and for navigating health care systems. These skills include filling out forms, reading signs, and interpreting rights and responsibilities.

Study Circle+ Objectives:

Participants in the Health Care Access and Navigation Study Circle+ will:

1) Develop a shared definition of "health literacy".

2) Identify the activities people engage in when seeking health care services.

3) Identify literacy-related barriers and issues faced by people seeking health care services.

4) Identify health literacy skills needed for health care access and navigation.

5) Teach, modify, and critique sample lessons designed to build students' literacy and numeracy skills related to health care access and navigation.

6) Create and pilot a lesson based on students' needs.

7) Outline a sequence of lessons for a health literacy unit and an evaluation plan.

8) Develop strategies for incorporating health literacy skills into classroom activities.

Development of the Guides to the Health Literacy Study Circles+

As the Health and Adult Literacy and Learning team (HALL) assembled to develop the guides to the Health Literacy Study Circles+, we listed the multiple health activities adults engage in when they are at home, at work, in the community, in health care settings, and even in the voting booth.

Health Activities

Health activities are part of everyday life. We maintain and safeguard our health and that of loved ones, fellow workers, and neighbors. We make decisions about food purchases and preparation. We buy and use home products that include food, cleaning chemicals, as well as appliances and equipment. We are concerned with the quality of our houses or apartments and community. We pay attention to work processes and chemicals. We take action when we are well to prevent illness and disease. We seek care when we do not feel well and make decisions about when we, or those we love, need to talk with a doctor, nurse, dentist, or pharmacist. We have to sift through papers and fill out forms when we apply for insurance or benefits. We need to be aware of and advocate for our rights.
The HALL team organized the many health related tasks of everyday life into the following five groups:

1) **Health Promotion:** Those actions we do to stay healthy. Included are everyday decisions about eating, exercise, and rest.

2) **Health Protection:** Those actions we do to protect our health and that of our community. Included are rules and regulations about product labels, clean air and water, and safe food and products.

3) **Disease Prevention:** Those actions we do to prevent disease and to detect disease at very early stages. Included are actions such as use of sunscreen or participation in a screening test.

4) **Health Care and Maintenance:** Those actions we do when we seek advice or help from health care professionals whether we are well, ill, in recovery, or when we need to manage a chronic disease. Included are well baby visits, checkups, and advice and care when we do not feel well.

5) **Navigation:** Those actions we do to obtain coverage and health care and to make our way through the hallways of health institutions, agencies, and service providers. Included are decisions about benefit packages, giving informed consent for procedures, and completing the many forms needed to obtain coverage and care.

The following table (Table 1) offers a brief description of each of these groups of activities with examples of materials we use and tasks we undertake.

Table 1: Health Activities, Materials, and Tasks

Health Activities	Focus	Materials Adults are Expected to Use	Tasks Adults are Expected to Accomplish
Health Promotion	Enhance and maintain health	Label on a can of food or recipes Articles in newspapers and magazines Charts and graphs such as the Body Mass Index Health education booklets (such as well baby care)	Purchase food Prepare a dish from a recipe Plan exercise Maintain healthy habits (re: nutrition, sleep, exercise) Take care of everyday health – self and family members
Health Protection	Safeguard health of individuals and communities	Newspaper chart about air quality Water report in the mail Health and safety posting at work Label on a cleaning product	Decide among product options Use products safely Vote on community issues Avoid harmful exposures
Disease Prevention	Take preventive measures and engage in screening and early detection	Postings for inoculations and screenings Letters reporting test results Articles in newspapers and magazines Charts and graphs	Take preventive action Determine risk Engage in screening or diagnostic tests Follow up
Health Care and Maintenance	Seek care and form a partnership with a doctor, dentist or nurse	Health history forms Labels on medicine Health education booklets Directions for using a tool such as a peak flow meter	Seek professional care when needed Describe symptoms Follow directions Measure symptoms Manage a chronic disease (follow regimen, monitor symptoms, adjust regimen as needed, seek care as appropriate)
Navigation	Access health services, and get coverage and benefits	Application forms Statements of rights and responsibilities Informed consent forms Benefit packages	Locate facilities Apply for benefits Fill out forms Offer informed consent

Health Materials, Tasks, and Skills

Many ordinary health tasks require us to use specific materials. Parents turn to the labels on packages to find out how much medicine to give children. Elders fill out Medicare forms to obtain needed services. Consumers read product labels as they mull over which products will best serve their needs. Patients are given discharge instructions when they leave the hospital to return home and minister to their own needs.

Sadly, over 300 articles in public health and medical journals indicate that health materials are often complex, contain scientific terms instead of everyday language, and are written at reading levels beyond the level of difficulty found in high school texts. Indeed, studies indicate a mismatch between the demands of health materials and the average reading skills of U.S. adults. Many health materials – the tools that are supposed to help us by providing information, directions, rights and responsibilities -- do not serve this purpose.

Being able to read health materials and carry out health care tasks requires background information that is often not provided nor made explicit. For example, consider the label on food products. Does everyone know the names of the types and forms of sugar? Or, consider what seems to be a simple direction: *take one tablet three times a day*. The doctor, dentist, nurse, or pharmacist knows that medicine needs to be in the body throughout the day. As a result, they want the patient to take the medicine at very different times of the day so that it is distributed evenly. However, this is not stated. The patient who anticipates a very busy day and who follows directions by taking one pill at 7 am, one pill at 7:30 am, and one pill at 8 am may harm him or herself. As another example, the chart on the box of an over the counter medicine often requires sophisticated reading and math skills in order to determine how much medicine to take.

Those responsible for health communication need to make changes in the materials we ask adults to use. Health-care professionals also need to improve their ways of explaining health care instructions so that adults are able to take care of themselves and their loved ones. At the same time, adult educators need to consider and improve the skills adults need as they engage in health related activities.

Reducing Health Disparities

As you might imagine, the full array of health-related activities, materials, tasks and skills can be overwhelming. We chose to focus on critical issues and needs that are related to health disparities in the United States. A growing body of public health and medical literature indicates that those who are poor and those with less education are more likely to face health problems than are those with higher income and more advanced education. For example, the 1998 report from

the Secretary of Health and Human Services to the President and Congress indicated that health status is related to income and education.

- Children in lower income families are less likely to receive needed health care than are children from higher income families.
- Adults under the age of 65 with low family incomes are less likely to have health insurance coverage compared to adults with higher incomes.
- Life expectancy is related to family income. People with lower family income tend to die at a younger age than are those with higher income.
- Adults with low incomes are far more likely to report fair or poor health status compared with adults who have higher incomes.
- Infant mortality is more common among the children of less educated mothers than among children of more educated mothers.
- Adults with less education are more likely to die from chronic diseases, communicable diseases, and injuries than are adults with more education.[*]

Unfortunately, a 2002 report, Chartbook on Trends in the Health of Americans, indicated that these disparities continue to exist. [**]

The Role of Adult Education

Improved health literacy is one of the objectives for our country as noted in *Healthy People 2010*, the document that offers the 10-year health goals and objectives for the nation. The Department of Health and Human Services calls for such partnerships in *Communicating Health (2003)*, an action plan for the nation. In addition, the importance of these partnerships is highlighted by the National Academies of Science in the Institute of Medicine report, *Health Literacy: A Prescription to End Confusion (2004).*

In 2004, Surgeon General Carmona noted that "health literacy is the currency for all I am trying to do to reduce health disparities in the United States". Increasingly, health policy makers are recognizing how much they can learn from adult educators who are experts in teaching literacy skills to adults. Health policy reports have highlighted the need for partnerships among professionals and practitioners in the two fields of health and adult education.

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[*] Pamuk, Majuc, Heck, Reuben, Lochner. *Socioeconomic Status and Health Chartbook. Health, United States, 1998*. Hyattsville, MD: National Center for Health Statistics. 1998.

[**] Pastor, Makuc, Reuben, and Zia. Chartbook on Trends in the Health of Americans, Health, United States. 2002. Hyattsville MD: National Center for Health Statistics. 2002.

The Health Literacy Study Circle+ Series

The HALL team developed three study circles, each one focused on a group of activities of critical importance to the people coming to adult education programs. Each of the three study circles focuses on a group of health activities where we see health disparities and where adults with limited literacy skills may face serious barriers.

- **Skills for Health Care Access and Navigation:** This study circle was developed because adults with less income and less education do not have the same access to health care as do adults with more income and education. Those with limited literacy skills face cumbersome signs, vocabulary, processes, and forms as they try to access care and make their way through various health care settings. Stronger skills in vocabulary, advocacy, and in completing forms, for example, can help adult learners gain access to coverage, care, and services and help them better understand their rights and responsibilities.

- **Skills for Chronic Disease Management:** This study circle was developed because adults with less education are more likely to die of a chronic disease than are adults with more education. Adults need strong skills related to using labels and documents, talking about and describing feelings and change in one's body, understanding and using measurement tools -- in order to manage a chronic disease such as asthma, diabetes, or hypertension.

- **Skills for Disease Prevention and Screening:** This study circle was developed because adults with less education and less income do not engage in disease prevention activities and take part in screening programs at the same rate as do those with stronger resources. Adults with limited literacy skills have difficulty with math concepts such as rates and proportions or risk and probability. Adults need strong literacy skills to grapple with consent documents and follow up reports.

The work in the study circles focuses on existing skills adult educators have and use to teach reading, writing, oral presentation, oral comprehension, and math skills – those skills needed to use health print materials, to apply basic math to health problems, and to engage in dialogue and discussion with health professionals. The focus of these study circles meets articulated goals and objectives of state education plans for ABE and ESOL instruction. At the same time, these study circle activities can help improve health literacy and the ability of adults to meet the many expectations and demands of everyday life.

We look forward to this partnership.

Rima Rudd

A Letter from Rima Rudd -- Principal Investigator, Health Literacy Studies

Dear Study Circle+ Participants,

This study circle, focused on Skills for Health Care Access and Navigation, was created by the Health and Adult Literacy and Learning (HALL) research team at the Harvard School of Public Health. The team consists of public health and adult education researchers and practitioners. We are part of the National Center for the Study of Adult Learning and Literacy (NCSALL).

This study circle is focused on health literacy skills development. Health literacy is now on the national agenda. The term "health literacy" is still defined in various ways. In general, the term indicates a growing recognition in the fields of public health, medicine, nursing, dentistry, and pharmacy that strong literacy skills are critical for health-related actions. Since 2003, the Surgeon General of the United States has been emphasizing the importance of health literacy and the link between literacy and health outcomes. Healthy People 2010, the nation's 10-year statement of health goals and objectives, includes the objective "improve health literacy." In April 2004, the Institute of Medicine of the National Academies of Science published a committee report on this topic: *Health Literacy: A Prescription to End Confusion*.

Over the past several years, various organizations have supported national and local forums, training programs, as well as films and educational materials for health researchers, practitioners, and institutional administrators to address issues related to health literacy. Many of these initiatives are designed to improve the communication skills of health professionals. Some are also focused on improving the written materials used in health care settings and the communication approaches used in community-based health programs.

Of course, U.S. adults need to improve their skills as well. When literacy is limited, words can get in the way. Adults with limited literacy skills may take a more passive role in their encounters with health professionals. They may lose their way, lose their coverage, lose their rights, or endanger their health. The adult basic education and ESOL systems are a wonderful vehicle for promoting such skill development. Note the emphasis on skills. Those of us at HALL feel it is inappropriate to ask adult education teachers to teach health content. Instead, we stress the importance of drawing on the expertise of adult education professionals in skills development.

Health literacy skills refer to those reading, writing, listening, speaking, and math skills adults need in order to use health materials and accomplish health-related tasks. Adults in today's society need to interact with social service agencies and find their way in health and dental care settings. They are expected to form partnerships with health providers and manage their own health needs

and the tasks involved in living with a chronic disease. They are also expected to learn health information and take action to prevent disease and to detect disease at early stages. These and other tasks can be daunting.

Many health professionals talk about the large numbers of people in care who do not follow their regimen. These patients might not, for example, follow dietary guidelines or may not take their medicine as instructed. Few professionals, however, have paid attention to the demands of the activities and to the skills needed. For example, following dietary guidelines may involve the following activities:

- Reading labels on food items to check salt or sugar content
- Reading and following directions for new ways to cook
- Understanding how professionals group foods and what the terms mean (e.g., carbohydrates, protein)
- Understanding and measuring correct "portion size"
- Substituting appropriate ethnic foods for the more generic lists found in most handouts

Thus, "following guidelines" demands very sophisticated reading and measurement skills. Similarly, "taking medicine" for a chronic disease is not a simple task. A person is expected to read and understand medicine labels, to differentiate among several different pills, to count dosage, and to use a clock and a calendar to plan when to take medicine.

We are asking you, as experts in adult education, to continue to focus on the skills you help your students develop. We do not ask you to become health experts. Instead, we hope you will be able to focus on skill development within a health context. For example, when you help your students learn to read a chart, you might want to use a weather chart and note that people with asthma (a chronic disease) often need to check the amount of pollen in the air. As a result, you will be making a profound contribution to health literacy.

We hope to engage you in a variety of explorations, to encourage you to analyze the needs and interests of your students, and to discuss and develop lessons designed to increase the health literacy of adult learners. We also hope to learn from you. We want to improve the processes/activities of study circles. We hope to add to a compendium of possible lessons and curricula. We hope that you will take an active role in providing feedback to us and in developing lessons to be shared with others.

Sincerely,

Rima Rudd

Rima E. Rudd, Sc. D.
Principal Investigator, Health Literacy Studies
Harvard School of Public Health

A Letter to Adult Education Practitioners From Lee Hewitt - an ESOL Teacher and Health Curriculum Developer

Dear Colleagues,

I have had many opportunities to work with health content in adult education classes with ESOL learners. Many of these experiences involved the publication of student written stories, plays, or essays about health topics. The students gave one such collection the title *Health Is Life - A Treasure to Take Care of*.

This title I believe captures why it is so important to deal with health issues in an adult education classroom. Good health allows us so many opportunities. Even challenges to our health that are taken care of or well-managed can still allow us to live a life we may treasure.

Over time I have come to realize that one of the most pressing health issues facing many adult education students is in fact literacy itself. Without at least basic literacy skills, the health of any individual in the U.S.A. is compromised. The seemingly simple task of navigating a hospital requires good literacy skills. Without these skills, getting from one place to another may become a debilitating experience. Without these skills, an individual may not be able to communicate valuable information to her health care provider. Without these skills, an individual may never be able to control the path of her own health care experience in a way she wants to or needs to for a truly healthy life.

A number of researchers have examined patients' skills as well as the literacy demands of the health care system and have found a mismatch.[1] For example, health care pamphlets frequently are produced at a reading level beyond the reach of many of our adult education students. Unfortunately, the medical establishment is only slowly recognizing how the limited literacy skills of many of its patients interfere with communication and quality care.

Where does this lead us as adult educators? I believe this leads us back to learning about the literacy issues of our students, so we can teach them the reading, writing and math skills they need. It also leads us back to learning *from* them. How do their literacy challenges influence their daily lives? How do these challenges influence their experiences with the health care system and with maintaining their own health? Most adult educators already invest a lot of time learning about their students. Many seek to learn from them. I believe this is what makes adult educators such a vibrant community of teachers.

I also believe that changes in the medical establishment will come from the learners that we teach who use their developing literacy skills to ask the questions

they need to ask to reach for the words that will clarify their confusion and to write down the truth of their lives.

Sincerely,

Lee Hewitt

ESOL Teacher
Health Curriculum Developer

[1] Beaver, K. and Kuker, K. (1993). Readability of patient information booklets for women with breast cancer. *Patient Education & Counseling*, 31(2).95-102.

Guiding Questions for "A Maturing Partnership"

Consider these questions before and after you read the article "A Maturing Partnership" by Rima E. Rudd. Note that answering these questions is an optional exercise. However, you are encouraged to take notes on your responses (e.g., in a reading journal) as this article is meant to complement the Study Circle+ discussions and activities.

About the Article

1. Does the cited evidence support a relationship between health outcomes and educational achievement?

2. Which of the many events in the fields of public health or adult literacy contributed the most to our understanding of the link between health outcomes and literacy skills?

3. Is the author's description of the influence of health education on adult education curricula consistent with your experience or knowledge?

4. What are the implications in the shift in focus from *health content* to *health-related tasks and literacy skills* for your teaching?

Connections to Health System Navigation

1. List two images of *health system navigation* that you came away with after reading this article.

2. Imagine it is the year 2010 and the federal initiative *Healthy People 2010* and its focus on health literacy are deemed a success. In what ways would you hope to see improvements in adult learners' basic skills related to navigation tasks?

3. What aspect of this article was most relevant to you as you think about how you might go about teaching basic skills with respect to health system access and navigation in your own ABE/ESOL classroom?

A Maturing Partnership[1]

by Rima E. Rudd

How did the literacy and health fields come to work together? Now that this partnership, tentative as it is, has begun, what direction should it take? As a public health researcher, I have worked to bring these two worlds together, believing passionately that the relationship will be beneficial for both fields, and, most importantly, for the clients of the health and literacy systems. In this article I will trace early innovations in this movement, through some current activities, and provide some suggestions for next steps.

Demographic information such as measures of age, race, income, and education are traditionally collected in all health surveys so that researchers can examine differences among various population groups. Two of these items, income and education, are considered measures of socioeconomic status. We have strong evidence that socioeconomic status and health are linked. Of course, adult educators who work with low-income learners will not be surprised to learn that those who are poor or have lower educational achievement have more health problems than do those with higher income or higher educational achievement.

The Secretary of Health and Human Services prepares an annual report to the President and Congress on national trends in health statistics, highlighting a different area each year. The 1998 report focused specifically on socioeconomic status and health (Pamuk et al., 1998). This report offered evidence from accumulated studies that health, morbidity — the rate of incidence of a disease — and mortality are related to socioeconomic factors. For example, life expectancy is related to family income. So, too, are death rates from cancer and heart disease, incidences of diabetes and hypertension, and use of health services. Furthermore, death rates for chronic disease, communicable diseases, and injuries are inversely related to education: those with lower education achievement are more likely to die of a chronic disease than are those with higher education achievement. In addition, those with less than a high school education have higher rates of suicide, homicide, cigarette smoking, and heavy alcohol use than do those with higher education. The lower your income or educational achievement, the poorer your health.

Thus, links between critical health outcomes and income/education are well established. However, until recently, health researchers had not examined any particular components of education such as literacy skills. This is because education itself was not the major consideration; education was only considered a marker of social status. Another barrier to examining any specific role that education might play was that specific skills such as literacy were not consistently defined or measured. A number of events have led some

[1] FOCUS ON BASICS, Volume 5, Issue C • February 2002. World Education, NCSALL

researchers to explore the possibility that limited literacy skills might influence a person's health behaviors and health outcomes.

Key Events

Dozens of articles in the 1980s and scores of articles in the early 1990s offered evidence that written documents in the health field were very demanding and were often assessed at reading levels beyond high school (Rudd et al., 1999a). While this comes as no surprise to anyone who tries to read the inserts in over-the-counter medicines, what is common knowledge had never been systematically documented.

In addition, a number of health analysts writing in the 1980s had noted connections between illiteracy and health (for example, Grueninger, 1986; Kappel, 1988). A literature review published in the *Annual Review of Public Health* highlighted growing evidence in international studies that a mother's literacy was linked to her child's health (Grosse & Auffrey, 1989). In 1991, the US Department of Health and Human Services published *Literacy and Health in the United States* (Aspen Systems Corp., 1991), which highlighted the importance of paying attention to literacy issues. It offered an annotated bibliography of journal articles and books that assessed health materials as well as studies that showed a relationship between literacy skills and health-related knowledge and behaviors. For example, some differences between people with high educational achievement and those who reported that they could not read were noted (Perrin, 1989; Weiss et al., 1991). A number of studies conducted in Ontario, Canada, drew attention as well (Breen, 1993).

The main focus of most of the literacy and health inquiries, however, were studies of the reading level of written health education materials. Among those researching this subject was Terry Davis, a medical school faculty member and researcher (Davis et al., 1990). Davis and colleagues wanted an easy-to-use tool to assess and document the reading level of patients so that they could study some health-related differences between people with limited and with strong literacy skills. They developed and tested a health-related literacy assessment tool called the Rapid Estimate of Adult Literacy in Medicine, or REALM (Davis et al., 1991). This tool enabled them to examine differences between people with high and low scores for literacy and health behavior differences, such as engaging in screening tests for early disease detection.

Later, for example, Davis and colleagues found that women with limited literacy skills did not understand the purpose of a mammogram and did not access screening (Davis et al., 1996). The REALM tests a person's ability to read through a list of medical words, moving from short and easy words to difficult and multi-syllabic words. It correlates well with reading tests and offers a good marker of literacy level. This tool helped a small group of researchers around the country to make health-related comparisons between those with and without strong literacy skills.

Further interest in this type of research was fueled by the first national assessment of functional literacy skills. The 1993 publication of the first wave of analysis of the National Adult Literacy Survey and the findings that half of the US adult population had limited literacy skills provided critical information (Kirsch et al., 1993). The National Adult Literacy Survey (NALS) focused on functional literacy, defined in the National Literacy Act of 1991 as "an individual's ability to read, write and speak in English, and 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."

The NALS measured people's ability to use the written word for everyday tasks. Thus, people's functional literacy skills were examined in terms of their ability to find and apply information from commonly available materials such as newspapers (prose), forms (documents), and common math processes such as computation for addition or percentages (numeracy). The NALS established a uniform measure of functional literacy and offered a portrait of literacy among adults in the United States. Fully 47 to 51 percent of adults scored in the lower range: unable to use the written word to accomplish many everyday tasks such as finding a fact or two in a newspaper article, finding information on a Social Security form, or calculating the tip on a bill.

This information was a wake-up call to some researchers in the health field. We must remember that it takes a while for information to spread and, especially, to cross over disciplinary lines. Of course, the 1993 NALS findings are still 'news' to many people in health and even in education (see the side bar on page 8 for a discussion of the diffusion process). But, as a result of these published findings, some health researchers began to think about people's ability to function in health care settings and carry through with tasks many doctors and nurses take for granted: the ability to read announcements and learn about screening, to read directions on medicine labels, to follow recommended action for self care.

Among those at the forefront were Ruth Parker and Mark Williams, medical doctors practicing in a public hospital in Atlanta. They were interested in measuring and documenting people's functional literacy skills related to medical tasks. In 1995, Parker and Williams worked with colleagues in education and measured people's ability to read appointment slips, medicine labels, and informed consent documents. They then used these tasks to develop a functional test of health literacy for adults in both English and Spanish (TOFHLA) modeled on the NALS. Studies undertaken by a team of researchers working with patients in a public hospital indicated that 41 percent of patients did not understand basic instructions, 26 percent did not understand appointment slips, and 60 percent did not understand informed consent forms (Parker et al., 1995; Williams et al., 1995). Findings from these studies are being used to convince doctors that literacy is something to which attention should be paid.

With the development of the REALM (1991) and the TOFHLA (1995), people assessing the readability of written health materials could now more precisely examine the match between the materials and the reading ability of members of the intended audience. Furthermore, researchers now had tools for a quick assessment of literacy skills so that they could include measures of literacy in health studies. As a result, we've learned that people with low literacy skills come into care with more advanced stages of prostate cancer (Bennett et al., 1998); that they have less knowledge of disease, medication, and protocols for asthma, hypertension, and diabetes (Williams et al., 1996, 1998); and that they are more likely to be hospitalized than are patients with adequate literacy (Baker et al., 1998). These studies set the foundation for rigorous research into ways that limited literacy skills may affect health.

On the Literacy Side

Health topics have long been included in curricula for students in adult basic education (ABE) classes and in English for speakers of other languages (ESOL) courses. Making appointments and identifying body parts in English were seen as necessary survival skills, particularly, for example, in refugee resettlement classes in the 1980s. Topics such as nutrition and hygiene were popular with many teachers, who reported that health issues interested their students and could be used as the subject of reading materials for developing reading and writing skills (Rudd et al., 1999a).

In the early 1990s, links were being forged between health educators and adult educators. For several years, the National Cancer Institute supported regular working group meetings of health and education researchers. Local initiatives such as those developed by Sue Stableford at a medical school in Maine, Kathy Coyne at a cancer center in Colorado, and Lauren McGrail at a nonprofit organization in Massachusetts worked across disciplinary lines and linked health researchers and practitioners with adult educators. They could now work together on developing appropriate health materials and on bringing health curricula to adult education programs. Over time, some model program funds from the National Institutes of Health, the Centers for Disease Control and Health Promotion, and, in some cases, state Departments of Public Health, supported the development of adult education curricula in specific topic areas such as breast and cervical cancer or smoking prevention. The idea of integrating health topics into adult learning centers was based on the assumption that health curricula would enhance the goals of the health field while also supporting the goals of adult education. Health practitioners working with the adult education systems gained access to and communicated with adults who are not reached through the more traditional health outreach efforts and communication channels. Thus, adult education learning centers provided the health field with an ideal site for reaching poor, minority, and medically underserved populations.

Bringing health topics to adult education programs was similarly viewed as beneficial to the adult education system. Teachers focused on health-related lessons would be building skills for full participation in society. In fact, NCSALL studies indicated that state directors and teachers considered that a health-related content would likely engage adult students and thereby increase learner interest, motivation, and persistence (Rudd et al., 1999a, b). Several curricula, such as the *Health Promotion for Adult Literacy Students* (1997), *Rosalie's Neighborhood, What the HEALTH?,* and *HEAL: Breast and Cervical Cancer* offered substantive full curricula for teachers who wished to offer in-depth health lessons incorporating basic skill development. However, the NCSALL survey revealed that teachers' and directors' were cautious about the appropriateness of asking adult education teachers to teach health content. This is not, after all, their area of expertise.

Literacy for Health Action

Teachers' and directors' discomfort with responsibility for certain health information led a number of us working in this area to move away from a focus on health content towards a closer examination of literacy skills needed for health-related action. After all, adult educators have the expertise to help learners build basic skills related to reading, writing, vocabulary, verbal presentation, oral comprehension, as well as math. These skills are critical for adults who need to fill out insurance and medical forms, describe or monitor symptoms, manage a chronic disease, listen to recommendations, and make health-related purchases and decisions. Furthermore, many of us were interested in expanding our work beyond the medical care setting and a focus on disease to a more public health focus with attention to maintaining health at home and in the community.

New opportunities for productive partnerships may come about because of a growing emphasis on health literacy. The term has been defined in several ways. The US Department of Health and Human (HHS) Services' publication Healthy People 2010 defined health literacy in terms of functional literacy related to health tasks: "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (US DHHS, 2001). This definition, although focused on health care, is general enough to include health-related activities outside of medical care settings such as maintaining our well being, caring for ourselves and others, and protecting our health at home, in the community, and on the job. Tasks can include reading a patient education brochure, deciding whether to buy a brand of food based on nutritional labeling, figuring out how to use a particular product, or choosing a health insurance plan.

A partnership between the US Department of Health and Human Services and the developers for the National Assessment of Adult Literacy (NAALS) planned for 2002 led to the inclusion of health-related tasks in this second

wave of adult literacy assessment. Therefore, the 2002 NAALS will include three different clusters of key types of health and health care information and services that the general population is likely to face, identified as clinical, prevention, and navigation. The clinical area will include activities such as filling out patient information forms or determining how to take a medicine. The prevention area will include tasks such as identifying needed changes in eating or exercise habits. Finally, the navigation area will include tasks related to understanding rights in health care or finding information in health insurance plans.

In addition, health literacy is included in the goals and objectives for the health of the nation. *Healthy People 2010* is the planning document that sets health objectives for the nation and is used in national and state plans and to shape requests for proposals for federal funds. It offers 467 objectives in 28 focus areas, making this decade's report, according to the Surgeon General's report, an encyclopedic compilation of health improvement opportunities (US DHHS, 2001). This document now includes literacy-related objectives for the first time. Objective 11.2 is *to improve the health literacy of persons with inadequate or marginal literacy skills*. The listing of a specific literacy-related objective is listed under health communication and is also referenced under oral health. This attention is viewed as a milestone.

Professionals in public health and health care do not have the skills or mechanisms to improve the literacy skills of their community population or of their patients. They can, however, work to improve their own communication skills, the procedures followed for communicating with and interacting with people, and the forms and materials they write. Health workers at all levels would benefit from interactions with adult educators who could help them better understand the communication needs and learning styles of people with limited literacy skills. In addition, those in the health field are increasingly aware that a population with good literacy skills may make better use of health information and health services than those with limited skills. The potential benefits from partnerships between those in the health fields and those in adult education are becoming clearer.

New Collaborations

The health literacy objective in *HP 2010* may offer new and different opportunities for collaboration between practitioners in health and in education. Many of the early partnerships, as noted above, were focused on bringing health-related topics and curricula to basic education or language programs. The emphasis was on bringing new information to adult learners. Because the health literacy objective in *HP 2010* focuses on skills, new partnerships may more easily emphasize health-related tasks and related literacy skills rather than specific health topic areas such as cancer or diabetes.

Adults take health-related action in multiple settings; they determine priorities and consult and solve problems with family, friends, neighbors, and fellow workers about health-related issues and actions. In today's society, adults may need to find information on the Internet, differentiate fact from myth, or establish the source of information. Thus, skill-building opportunities related to forms, directions, and information packets are important but do not suffice.

For example, adults who have accessed care and successfully developed the needed skills to follow the complicated regimen to manage asthma may still face difficulties with asthma triggers beyond their control. Living in a multifamily dwelling with exposure to cigarette smoke, dust, mold, mildew or roaches; living in a neighborhood with heavy traffic or idling buses; and working with a variety of chemicals all have asthma-related consequences. Becoming aware of new findings, gathering information, participating in tenants' associations, and involvement in community or labor action groups require skills related to research, discussion, analysis, decision making, and action. Thus, as we explore this area and define needed skills, we must be sure to move beyond the realm of medical care and include action taken at home, at work, in the community, and in the policy arena.

Many of these broader communication skills are already being taught in adult education programs. Adult educators focus on language and vocabulary acquisition, reading, writing, numeracy, oral comprehension, dialogue, and discussion. Their expertise can support and enhance health literacy goals. Health-related curricula incorporating attention to these skills can enrich adult learners' experiences and will support health literacy goals. With a focus on health literacy skills, the *HP 2010* objectives will encourage health practitioners to work with adult educators on the delineation of needed skills to support health literacy rather than on a transfer of health information.

Another task is at hand as well. Many of the health-related literacy tasks under discussion involve the use of existing medical documents such as appointment slips, consent forms, and prescriptions. An underlying assumption is that the materials and directions are clear and appropriately written. Yet, we know from the results of more than 200 studies that the reading level of most health materials is well beyond the reading ability of the average reader and that the format or presentation of information is similarly inappropriate (Rudd, 1999a). The links between literacy skills and oral comprehension have not been explored in health studies and the vocabulary of medicine and health may well provide barriers in spoken exchange.

Twofold Strategies

As a consequence of these findings, strategies must be twofold: increase adults' health-related literacy skills and increase health professionals' communication skills. Adult educators can contribute to these efforts. Their skills and experience can help health professionals to understand better the factors that contribute to reading and oral comprehension. Educators can also help health

professionals to improve written materials and, perhaps, verbal presentation of information as well. The Canadian Public Health Association, for example, has mandated that all materials geared for the general public use so-called plain language and avoid the jargon, scientific vocabulary, and complex sentences that make materials difficult to read. Accreditation committees are increasingly encouraging hospitals and health centers to examine and redesign their documents and procedures for informed consent. Expert advice from adult education professionals will clearly be needed and welcomed.

A new partnership between health and adult education researchers and practitioners can also contribute to improved teaching and learning in both fields. Studies of participatory programs, participatory pedagogy, and efficacy-building in classrooms, community programs, and doctors' offices indicate that learning is enhanced and change is supported through experiential learning opportunities. Roter and colleagues (2001), for example, provide evidence for the value of adopting lessons from participatory pedagogy in doctor/patient encounters. Minkler (1989) and Green and Kreuter (1999) have long supported such approaches for health promotion on the group and community levels. However, participatory programs and experiential learning are still not the norm in either heath or adult education settings. Perhaps partnerships among practitioners in both fields will lead to rich explorations of approaches that support adult learning.

Health literacy is a new concept that is getting a good deal of attention. We can support healthful action by considering the skills needed for active engagement and by envisioning the adult, healthy or ill, as an active partner and decision maker. Educators, researchers, and practitioners can work together to explore strategies for improving communication, increasing needed skills, and fostering efficacy.

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Navigating Hospitals: When Words Get in the Way

By Rima E. Rudd
Harvard School of Public Health

A more extensive report on this study can be found in *Literacy Harvest*, a publication of the Literacy Assistance Center of New York City.*

Introduction

The specialized institutions of government, medicine, and other social services are shaped by the services provided and by the needs of those working within; furthermore, they are inhabited by professionals and bureaucrats. The written word, in signs, postings, and forms reflect professional and bureaucratic language and are often used to welcome, to direct, and sometimes screen visitors. The density and complexity of these materials establish a literacy environment. This exploratory study focuses on the literacy environment of hospitals and on those factors that hinder or support the ability of people to make their way to, and within, a hospital. While the health literature is replete with studies focused on materials assessments, a literacy environment shaped by signs, postings, and handouts has not been addressed.

Interviewers met and walked through hospital hallways with a convenience sample of 25 informants who had not previously visited the institution. Informants consisted of people with high literacy skills as well as people with limited literacy skills. Informants shared impressions, paused at decision points, and discussed their actions with interviewers. Informants commented on written and verbal instructions and offered suggestions for improvement. All informants, regardless of literacy skills, reported difficulty finding their way from place to place in the hospitals. This article reports on specific barriers to successful navigation and offers preliminary recommendations for eliminating barriers and enhancing communication.

Many people, including those who successfully find their way about the streets, transportation routes, shops, and malls of small and large cities, may well find themselves ill at ease within specialized institutions of government, medicine, and other social services. Hospitals may even be more daunting than other institutions. The hospital is a work place for people from various fields including medicine, nursing, pharmacy, laboratory sciences, and the service industry. However, the culture and language of medicine predominates. The oral language used by the professionals working within the institution and the written

* *Literacy Harvest*, Fall 2004, Volume 11, Number 1.
More information can be found on the web site for the Literacy Assistance Center of New York City at http://www.lacnyc.org/resources/publications/harvest/harvest.htm.

words used in the various postings and materials are often not the words of everyday speech. Furthermore, many aspects of a hospital are shaped by a scientific and medical logic that is not necessarily intuitive to others not trained in this field. Anyone unfamiliar with the common parlance of medicine and the traditional groupings of diseases and disorders might have problems navigating their way.

The written word, like elements of design, sets an atmosphere and influences perceptions and actions. A literacy environment is established by the prevalence of the written word and the demand placed on individuals to use the written word in order to gain entry or accomplish tasks. The use of the written word (in signs, postings, and handouts) may be sophisticated or simple. It may have been considered in the design of an entrance, a lobby, a hallway, or an office or it may have been an afterthought. Consequently, the literacy environment could be straightforward or foreign, logical or confusing, coordinated or haphazard.

Process

This small exploratory study of hospital navigation issues was designed to garner insight into the literacy environment of hospitals and into those factors that may hinder or support people as they attempt to make their way about. Interviewers walked with informants around the public areas of a municipal hospital. The pilot exploration and the walking interviews took place within ten municipal hospitals and involved graduate students, research staff, adult education teachers, and students enrolled in adult education programs.

The process begins in the lobby of the main entrance to the hospital where the interviewer and informant meet for an initial discussion and then make their way from the information desk to the hospital cafeteria and to a pharmacy (designated as the place people could buy their medicines). The interviewer and the informant then choose the third destination together from an array of options including a specific service area such as ambulatory care or outpatient department, medical records, or specialty department such as one for asthma, women's health, or physical therapy.

Insights

Not surprisingly, given that hospitals have multiple entry points, many informants had difficulty locating the exact "main entrance". One teacher noted that several of the hospital's entrances were prominent and well trafficked. Some entrances were named with terms such as *admitting, receiving, ambulatory care, emergency entrance.* The teacher found this confusing for her own appointment and noted that this could be very difficult for students looking for a *main entrance.* In addition, she noted that a poor reader or even a good reader with an average vocabulary might confuse *ambulatory* with *ambulance.*

Literacy Environment

More than one teacher noted that those settings with numerous signs and postings had a *high literacy demand* – meaning that people with low literacy skills entering such settings might feel overwhelmed by print. Interviewers noted that several hospitals had signs written in languages other than English. Spanish was the most frequently used second language, but one hospital that serves a large immigrant population also had signs in Portuguese and Haitian Creole. Two hospitals included in this project featured large signs in their lobbies with *Welcome* written in several languages.

Staff

The interviewer asked informants to request directions from the information desk to the cafeteria in order to begin the walk. For the most part, both teachers and students reported that the information desks were prominent and easy to access; many of the desks were labeled either with the word *Information* or with a question mark. Overall, both teachers and students noted that the staff members they spoke with were friendly and knowledgeable. Interviewers noted that two of the larger hospitals had volunteers waiting at the desks, ready to escort visitors or patients to their destinations.

Maps

Because the protocol instructed informants to get a map at the start of the walk (if available), almost all of the students attempted to use this tool to help find their way through the hospital. Most could not. In one case, a student did use an "enhanced map" successfully. A hospital staff member had traced a route with a pen on a map for the informant and highlighted the easiest way to find the desired location.

Interviewers listed several problems with maps. These included: the size of the drawings and use of small print, the use of medical jargon and abbreviations for names of locations, the lack of consistent vocabulary between the map and the names actually used in the hospital, and the complex color-coding and symbol schemes in the map that were not linked to hospital signs.

Signs and Postings

One teacher and several students noted that some words on the signs were hard to understand. Several teachers noted that many of their students would have problems with the signs because of the medical jargon and abbreviations. Examples of medical jargon and abbreviations are numerous and included: *Pulmonary Diseases, Nuclear Medicine, EEG, EKG, EMG,* and *Rheumatology*.

The format and placement of signs and directories were problematic as well. Many teachers reported that the print was too small to read easily, that the signs were inconsistently placed around the hospital, that they contained too much information to process at one time, and that the vocabulary was inconsistent. One teacher indicated that the use of proper names to identify particular wings, rooms, and clinics was confusing.

Most of the students said that they had problems reading text with small font and that the language was confusing. Interviewers noted that the size of the print on wall posters was too small to be read easily.

Signs and Other Resources

Several teachers noted that many people with limited literacy skills often ignore the written word and use other tools to find their way around. Interviewers noted that many of the students ignored the signs and other written materials from the onset. Interviewers reported that many of the students did not note or comment on signs until asked to do so. A student explained that she always arrives early for medical appointments, making certain that she has time to find the place she needs to go to by asking lots of questions and feeling her way around. She anticipates getting lost and builds this into her plan. During the walking interviews, some teachers and students stopped hospital personnel in the hallways to ask directions, and in several cases, hospital staff offered unsolicited help to informants who appeared to have lost their way. Unfortunately, in several instances, people working in the hospital did not know how to get to different locations.

Summary

Overall, the most successful navigators used a combination of different strategies: begin with a map and some verbal directions, walk for a while, look for some signs, and ask a staff member along the way. Nearly all of the informants, regardless of reading ability, experienced some kind of difficulty finding their way from place to place. Teachers, those informants with strong literacy skills, tended to rely more heavily on the written word—maps and signs—during the process than did the students. They seemed to assume that the maps from the front desk or the signs on the walls would be logical and that their reading skills would make them decipherable, even when the maps were poorly designed and the signs contained inconsistent, highly technical vocabulary. The students, on the other hand, did not operate under this assumption. They relied upon people and asking for directions to find their way around the hospital, a strategy that seemed to be effective and was, in fact, eventually used by almost all informants.

Discussion

A hospital is, of course, a place of great complexity. It serves as the workplace for multiple specialists, practitioners, and staff and draws in both patients and visitors. At any given time, these professionals, staff members, patients, and visitors are making their way along the various corridors to special services, patient floors, testing facilities, record rooms, and offices.

This limited exploratory study is based on a small convenience sample of informants and of institutions. Findings are in the form of insights and need to be further explored and confirmed through more rigorous studies.

Overall, the participating teachers and students offered a great deal of insight into barriers faced by visitors to hospitals. They also provided insightful suggestions to those interested in lowering these barriers.

This preliminary study indicates that a dense and demanding literacy environment may intimidate people; that complex signs are confusing for most; and that average person may not be familiar with the many medical terms used on signs, postings, and in forms. Hospital administrators might identify some barriers by starting with relatively simple walking tours with local informants and then assessing signs and maps, orientation materials, postings of patient rights, educational materials, descriptions of procedures, directives, informed consent documents, and medical history and insurance forms. Overall, policy boards within hospitals and outside accreditation boards need to consider the literacy environment of hospitals and further explore the development of formal literacy-related audit procedures to be certain that words do not interfere with access for needed health care.

Additional Resources

(For Your Information)

In order to help you explore, understand and engage in an active dialogue around the issue of health literacy, the following readings and Websites have been recommended. It is not necessary to read all of these materials but do look through them and read ones of interest to you.

Literacy and Health in America

Rudd, R., Kirsch, I., & Yamamoto, K. (2004)
Available online at: http://www.ets.org/research/pic/literacy&health.pdf

Summary: The report, *Literacy and Health in America*, is the third in a series of reports using information collected from existing surveys, the National Adult Literacy Survey (NALS) and the International Adult Literacy Survey (IALS), conducted by ETS for the U.S. Department of Education. For the first time, the authors, Rima Rudd of Harvard School of Public Health, and Irwin Kirsch and Kentaro Yamamoto of ETS, identified 191 health-related tasks among the survey data and created a Health Activities Literacy Scale (HALS), a 0 to 500 scale that reflects a progression of five levels of health literacy.

The researchers found that some 12 percent or 23 million of U.S. adults are estimated to have skills in the lowest level (Level 1) on the HALS, while an additional 7 percent or 13.4 million are not able to perform even simple health literacy tasks with a high degree of proficiency (below Level 1). Those performing below Level 1 are about evenly divided between U.S.-born and foreign-born adults.

Results are alarming for at-risk and vulnerable populations. For example, among adults who have not completed high school, almost half scored at or below the lowest literacy level.

Health Literacy: A Prescription to End Confusion

Nielsen-Bohlman, L., Panzer, A., & Kindig, D.,(Eds.) (2004)
Committee on Health Literacy, Board on Neuroscience and Behavioral Health (NBH), Institute of Medicine (IOM)
Available online at: http://books.nap.edu/openbook/0309091179/html/

Summary: The Institute of Medicine, National Academies of Science, impaneled a Committee on Health Literacy. Rima Rudd served on that committee. The IOM committee has concluded and the resultant report was announced at the National Press Club on April 8, 2004. The report, *Health Literacy: A Prescription to End Confusion*, defines health literacy and its scope, identifies obstacles to creating a health literate public, assesses the approaches that have been attempted to increase health literacy, and identifies goals for health literacy efforts as well as key players who may contribute to these goals.

An Overview of Medical and Public Health Literature Addressing Literacy Issues: An Annotated Bibliography
Rudd, R., Colton, T. & Schacht, R. (2000).
(NCSALL Report #14)
Available online at:
http://www.ncsall.net/fileadmin/resources/research/report14.pdf

Summary: Increasingly, limited literacy is being cited as an inhibiting factor in accessing health information such as patient education materials, informed consent, discharge documents, and directions for self-care or medication. This report presents results from a computer assisted search of the medical and public health literature addressing literacy issues in health care and in health promotion education published between 1990 and 1999. Following a brief introduction on the subject of health and literacy, the literature search methods are described and the choice of citation categories is discussed. Finally, an annotated bibliography is presented for articles meeting the inclusion requirements.

Health and Literacy: A Review of Medical and Public Health Literature
Rudd, R., Moeykens, B.A., & Colton, T. (1999).
Annual Review of Adult Learning and Literacy, Vol. 1: Chapter Five
Available online at: http://www.ncsall.net/?id=512

Summary: In Chapter Five of the *Annual Review of Adult Learning and Literacy*, Vol. 1, Rima Rudd, Barbara A. Moeykens and Tayla C. Colton share their examination of the medical and public health literature regarding links between health and literacy, and identify trends in research and practice. Too often, research shows, the literacy demands of material encountered by patients exceed the literacy abilities of the readers. Such has been shown to be the case with informed-consent materials, package inserts and a variety of health education materials on topics including diabetes, prenatal care and cancer, among others.

Findings from a National Survey of State Directors of Adult Education
Rudd, R., Zahner, L. & Banh, M. (1999). (NCSALL Report #9)
Available online at:
http://www.ncsall.net/fileadmin/resources/research/rep9.pdf

Summary: State Directors of Adult Education were asked to consider health within the context of adult learning and to offer priority ratings for health as a content area through which other skills may be taught, as a subject of study, as a skill area, and as a barrier to learning. The state directors offered relatively high priority ratings for health issues. The most frequently listed barriers were lack of curriculum on health and lack of teacher training.

Integrating Health and Literacy: Adult Educators' Experiences
Rudd, R., Zacharia, C. & Daube, K. (1998).
(NCSALL Report #5)
Available online at:
http://www.ncsall.net/fileadmin/resources/research/rep5.pdf

Summary: This exploratory study addresses the experience of adult educators in Massachusetts who have integrated a health unit into adult education classes focused on reading, writing, and communication skill development. Health as a topic area may serve to motivate learners and support critical skill development and, at the same time, offer a venue in which health issues and information can be presented, discussed, and critically analyzed.

The participating teachers indicate that health units helped them meet classroom objectives and supported the teaching of reading, writing, vocabulary building, and speaking skills. Teachers note that they value health as a subject of study because of its relevance to learners' lives and that their learners were interested and motivated to read or write on health issues and speak in class or in groups about the subject.

Literacy Demands in Health Care Settings: The Patient Perspective
Rudd, R, Renzulli, D, Pereira, A, and Daltroy, L (2005).
(in J. G. Schwartzberg, J.B. VanGeest, and C. Want (Eds.) *Understanding Health Literacy: Implications for Medicine and Public Health,* Chicago: AMA Press)

Summary: A summary of research into health literacy and its impact on health outcomes, this resource aims to help physicians and other health care practitioners improve the quality of care for patients who are now at a disadvantage in communications regarding medications, tests, procedures and informed consent. The editors hope that this volume will stimulate research aimed at reducing or eliminating literacy-based barriers to effective medical diagnosis and treatment.

Teaching Resources

The Virginia Adult Education Health Literacy Toolkit
(from The Virginia Adult Learning Resource Center, located at Virginia Commonwealth University, is funded primarily through the Virginia Department of Education.
Available online at http://www.aelweb.vcu.edu/publications/healthlit/

Summary: This Toolkit is a resource to help adult education instructors and administrators better understand the problem of health literacy as it affects their learners. It is designed to support creative approaches to help learners increase health literacy as they engage in sound, productive adult literacy instruction.

Information and resources are provided to educate the educator about health care in the United States and cultural issues relating to health, and to simplify creation of health lessons and curricula for teachers and programs.

Chapter 30: Navigating the Health Care System: How to Evaluate Health Information on the Internet
(from Our Bodies Ourselves Companion Website)
Available online at: http://www.ourbodiesourselves.org/book/excerpt.asp?id=39

Summary: While the amount of material available on the Internet is vast, the quality of the information varies greatly. When you visit a Website, it's important to consider the source of the information and to view critically any material you find. Separating questionable or misleading information from accurate and reliable material can sometimes be daunting. This Website presents some questions to ask yourself to help you evaluate the quality of online health information

Talking With Your Doctor
(From Medline Plus, a service of the U. S. National Library of Medicine and the National Institutes of Health)
Available online at:
http://www.nlm.nih.gov/medlineplus/talkingwithyourdoctor.html

Summary: This page contains links to different sources of information for how to talk with your doctor. Links include:

- Talking to Your Doctor (National Eye Institute)
- Your Health Care Team: Your Doctor Is Only the Beginning (National Cancer Institute)
- Be an Active Member of Your Health Care Team (Center for Drug Evaluation and Research)
- Communicating with Your Doctor (American Medical Association)
- Getting the Most Out of a Visit with Your Doctor (American Academy of Orthopedic Surgeons)
- Tips for Talking to Healthcare Professionals (American Heart Association)

Healthy Roads Media
(from the Northern Wisconsin Area Health Education Center, the American International Health Alliance (AIHA), Migrant Health Services, Inc. of Moorhead, Minnesota and a North Dakota State University Community Projects Award. Initial development for this project was funded by the National Library of Medicine.)
Available online at: http://www.healthyroadsmedia.org/

Summary: Health information access is a basic healthcare need. Limitations related to literacy, health-literacy and language can be a barrier for attempts to

obtain basic health information. This site contains free audio, written and multimedia health education materials in a number of languages. Topics include *How to Use the 911 Emergency Telephone System*, *When to go to the Emergency Room*, and *What to expect in the Emergency Room*. These materials are being developed to study the value of these formats in providing health information for diverse populations.

Children's Health Topics: Navigating the Health Care System
(From American Academy of Pediatrics)
Available online at: http://www.aap.org/healthtopics/navsys.cfm

Summary: This Web site addresses how to get appropriate, high quality health care for your child. Look here for information on how to help you understand and effectively access the health care system.