

Incorporating Health Literacy into Adult Education

Chapter 5

To tackle the problem of health literacy, policies need to address both parties involved in provider-patient communication—improving providers’ materials and communication skills and improving patients’ reading, verbal communication, and listening skills. Chapters 3 and 4 discussed mechanisms for simplifying and clarifying health information. Those techniques are aimed at the producers of health information: providers, pharmacies, insurers, and public and private health programs. This chapter focuses on the consumers of health information and ways to increase their ability to better understand health information. One way to improve health literacy is to improve the literacy of all Americans through the education system.¹ However, improving the overall education system was beyond the scope of the NC IOM Health Literacy Task Force. Instead, the Task Force focused on ways to improve the health literacy of people with low overall literacy skills.

There are no direct estimates of the numbers of North Carolinians with low literacy. “Synthetic estimates”^{2,3} project 52% of North Carolinians would score in the lowest two levels of literacy.⁴ (See Table 5.1.) Persons who score in the lowest level of literacy can perform no more than the most simple and concrete literacy tasks, such as locating a single piece of information stated in short text, locating or entering specific information on a form, and solving one-step arithmetic questions. For example, individuals who score at this level can sign their name and locate the expiration date on a driver’s license. Persons who score in the second lowest level of literacy can perform more challenging literacy activities, such as making simple inferences, integrating information from parts of a document, and locating numbers to solve arithmetic questions. Individuals who score at this level can locate an intersection on a map, identify and enter background information on a social security card application, and total the costs of a purchase from an order form.

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Table 5.1
Synthetic Estimates of Adult Literacy: North Carolina, 1994 and 1997

	1994 Estimate	1997 Estimate
Mean Proficiency	268	265
Percent in Level 1	18%	22%
Percent in Level 2	32%	30%
Percent in Levels 3-5	50%	48%
Population 16 and Above	4,970,739	5,203,230

SOURCE: Siedow MD. Literacy in North Carolina. 1998. Available at: http://www.ncccs.cc.nc.us/Basic_Skills/publications.htm.

The Task Force believed incorporating health literacy skills into adult education is the most effective and practical way to begin improving consumers’ health literacy. Nationwide, adult education programs serve “hard to reach” populations. In 1992, these programs reached 178,000 disabled adults, 1.2 million immigrants, 1.2 million unemployed adults, more than 469,000 welfare recipients, 297,000 incarcerated adults, and 41,500 homeless adults.⁵ Many of these individuals suffer from low

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health literacy,⁶ and low health literacy is associated with less use of preventive screenings or services, less knowledge of health conditions, increased risk of hospitalizations, and worse health outcomes.⁷ As a result, the Task Force believed initial efforts aimed at improving consumers' health literacy should be targeted at the most vulnerable populations. Adult education provides an existing system through which to achieve that goal. Although adult education only reaches a small segment of the population (ie, between 2 and 3 million of the 94 million adults with limited literacy skills), these individuals can bring the skills they learn back to their families and communities.⁸

Adult education programs are meant to educate and train individuals and communities.⁹ In North Carolina, one out of every six adults enrolls at a local community college each year.¹⁰ The North Carolina Community College System served 627,993 students through its 58 institutions during the 2005-06 academic year.^{a,11} Adult education programs serve people in every county of the state.⁹

The Basic Skills Program within the North Carolina Community College System provides educational opportunities for adults who are out of school.¹² (See Table 5.2.) The mission of the program is to address the needs of adults who do not have a high school diploma or who lack sufficient mastery of basic education skills to enable them to function effectively in society. Classes are free of charge and are offered in a variety of settings and at convenient times. The Basic Skills Program enrolled a total of 135,892 students during the 2005-06 academic year.¹¹ There are four major component areas of the Basics Skills Program:

Table 5.2
Basic Skills Program

Program	Description	2005-06 Enrollment
Adult Basic Education (ABE)	A program of instruction designed for adults who lack competence in reading, writing, speaking, problem solving, or computation at a level necessary to function in society, on a job, or in the family.	75,793
English Literacy/English as a Second Language (ESL)	A program of instruction designed to help adults who have limited English proficiency achieve competence in the English language.	35,258
General Educational Development (GED)	A program of instruction designed to prepare adult students to pass the GED tests that lead to a high school diploma equivalency.	16,258
Adult High School (AHS)	A program of instruction offered cooperatively with local public school systems to help adults earn an Adult High School Diploma.	6,772

SOURCE: North Carolina Community College System. Basic Skills. Available at: http://www.ncccs.cc.nc.us/Basic_Skills/index.html. Accessed March 1, 2007.

a The mission of the North Carolina Community College System is to provide high-quality, accessible educational opportunities that minimize barriers to post-secondary education, maximize student success, develop a globally and multi-culturally competent workforce, and improve the lives and well-being of individuals.¹⁹

There also are 28 community-based literacy councils that address the literacy needs of North Carolinians. In general, literacy councils teach adults how to read and write better through the use of volunteer, one-on-one tutors or small group programs. For example, the Literacy Council of Wake County helped 350 adults reach their personal literacy goals last year through 21,500 volunteer hours.¹³

Adult education can play an important role in improving consumers' health literacy, especially in low literate populations. One of the advantages of the community college system and community-based organizations is they can be flexible and adapt to the needs of the local population. The instructors and tutors come from a variety of backgrounds and are adept at meeting diverse learner needs, including those of non-native English speakers. Adult education is an appropriate venue for literacy initiatives because it is usually open entry, provides a friendly environment to learn and practice, employs instructors who have expertise in literacy, and is meant to improve functional skills.¹⁴

Adult education teachers, state directors of adult education, and basic skills programs all see the benefits of using health issues to teach literacy. In a survey of adult basic educators, over 90% of teachers viewed adult education as an appropriate setting to teach and learn about health issues.¹⁵ Teachers who used health to educate their students reported lessons based on health issues enhanced students' dialogue, discussion, vocabulary, reading, language development, and critical thinking. Teachers reported students' interest, participation, and motivation was greater when health was the vehicle for education, as compared to other topic areas. A national survey of state directors of adult education found respondents believed health is an appropriate topic for adult education both as a content area and as a skills area.⁸

State directors did identify several barriers to incorporating health into adult education: lack of curricula, lack of teacher training and confidence, and time constraints. However, basic skills instructors do not have to be health experts. Instructors can use their experience as patients to try to incorporate health issues into literacy lessons. They also can work with health care experts to design stronger health literacy programs for classes with various skill levels. In addition, health literacy curricula are available through several organizations.^b

Incorporating health issues into adult education also has benefits for the basic skills programs within the community college system. A focus on health literacy allows basic skills programs to teach literacy skills and improve functional skills at the same time. Many adult basic education programs evaluate student progress using the Comprehensive Adult Student Assessment System (CASAS). To measure students' functional reading, math, listening, writing, speaking, and critical thinking skills, CASAS assesses critical competencies and skill areas related to success in the workplace, community, and family.¹⁶ Health is one of the eight areas in which students have to demonstrate competency. Health care provides a good contextual field to teach literacy because health is an important issue to adults and they may

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^b For example, health literacy curricula can be found at the following websites: <http://www.nald.ca/index.htm>, <http://www.hsph.harvard.edu/healthliteracy/curricula.html>, and <http://healthliteracy.worlded.org/teacher-1.htm>.

be more motivated to learn about this subject matter. In addition to improving health literacy skills, literacy training also may have a positive impact on the health of low literate populations. For example, adult literacy education lowered depression levels of individuals suffering from depression and low literacy.^{17,18}

One local example of incorporating health literacy into an adult education program is Expecting the Best, a program developed for use with English as a Second Language students.^{c,14} The curriculum is tailored to the expressed learning needs and interests of non-native English speaking adult learners. The curriculum focuses on skills such as where to access health care, how to make an appointment, how to communicate health concerns, how to understand medicine labels and safety instructions, how to call 911, and how to complete or request help to complete written consents and paperwork. Role-play, dialogue, and stories are used to explain health information and practice health skills. A process evaluation of Expecting the Best found it was most useful if incorporated into an existing curriculum, rather than being taught as an entire semester course focused on health literacy. An outcome evaluation with 177 students in 11 counties showed a significant change among the intervention group in health-related knowledge and skills.

The NC IOM Health Literacy Task Force made the following recommendation to encourage adult literacy programs to incorporate health literacy strategies into their programs:

Recommendation 5.1

Adult Basic Education and English as a Second Language programs within the North Carolina Community College System, local literacy councils, and other community-based organizations that provide literacy education should disseminate and incorporate health literacy curricula. The curricula should incorporate evidence-based guidelines or best practices for enhancing health literacy.

- a) The curricula should include, but not be limited to:
 - i) basic information about the US health system and where to go for care;
 - ii) information about health insurance programs and billing;
 - iii) information on nutrition and health-related topics; and
 - iv) tools designed to encourage consumers to more actively engage in dialogue with their health care providers.
- b) Teaching resources should include access to best practices through on-line resources.^d

c A more complete description of the program can be found at www.expectingthebest.org.

d For example, the ESL Virtual Library contains materials for ESL instructors to use in their classroom teaching.²⁰

In addition to having adult education programs incorporate health literacy strategies into their programs, the Task Force recognized the need for health care professionals to learn from the experience and expertise of adult literacy experts. Thus, the Task Force recommended the Health Literacy Center of Excellence work collaboratively with experts in adult literacy in identifying best strategies to improve the health literacy of North Carolinians (Recommendation 3.1). Health professionals and adult literacy experts can learn from each other and together can strengthen the services provided to people with low health literacy.

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