

## NC IOM TASK FORCE ON HEALTH LITERACY

July 18, 2006  
NC Medical Society  
Raleigh, NC

### Meeting Summary

#### WELCOME AND INTRODUCTIONS

##### **L. Allen Dobson, MD**

Co-Chair  
Assistant Secretary for Health  
NC Department of Human and Human  
Services

##### **Pam Silberman, JD, DrPH**

President and CEO  
NC Institute of Medicine

Dr. Silberman and Dr. Dobson welcomed the task force members. Dr. Dobson remarked at the success of past task forces in promoting and initiating changes in public policy. A coordinated effort could have a substantial impact on health literacy within North Carolina. Dr. Silberman mentioned the urgency of health literacy with the growing Latino population, and highlighted the leadership role that Pfizer has taken in promoting health literacy across the country. One of the charges of the task force will be specifically looking at improving *health* literacy and not simply general literacy.

#### THE PROBLEMS ASSOCIATED WITH LOW HEALTH LITERACY

##### **Darren DeWalt, MD, MPH**

Assistant Professor of Medicine  
Division of General Internal Medicine  
The University of North Carolina at Chapel Hill

Dr. Darren DeWalt, Assistant Professor of Medicine at UNC-CH, provided an overview of the relationship between health outcomes and literacy. The definition of health literacy definition, as adopted by the national IOM and Healthy People 2010, is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” There are several different definitions of health literacy, however, the majority focus on the idea that individuals in society are trying to deal with health information in order to make health decisions.

According to the National Assessment of Adult Literacy, published in 2005, 93 million American adults have basic or below basic literacy, signifying such low literacy skills that it would be difficult to function well in a health environment. About 14% of population is in the below basic and about 29% are in the basic literacy categories. People in these categories generally cannot read a bus schedule or a bar graph, nor can they explain the difference in two types of employee benefits, or write a simple letter explaining an error on a bill. Fifty-two percent of those who graduate from high school, with no further education, will be in the basic or below basic range. A comparison between the National Assessment in 1992 and the subsequent

National Assessment in 2003 demonstrates that there has not been a significant change in adult literacy rates over the last 10 years.

Underrepresented minorities have, on average, lower health literacy. The disparities may be narrowing, but they are still evident. Among Hispanics, low literacy rates are greater because they include people who speak Spanish and not English, and it is testing their English literacy. In a study examining health literacy for English and Spanish speakers, it was found that among those who preferred English 35% tested as having low literacy, however, for those who preferred Spanish and were given Spanish materials, 62% tested as having low literacy. Therefore, creating materials in Spanish will not necessarily address Latino health literacy problems.

On average, literacy rates decrease when people have less employment. Those with less employment are more likely to have public insurance. Forty-three percent of those reading at a level one are living in poverty. Lower literacy is also more common in older age groups. The percent of people in the basic and below basic category of literacy is much higher as age increases. It is the belief among some people that schools have improved and the nation will age out of this problem. However, according to the Time magazine cover story in April 2006, 30% of students will not graduate high school. The young people of today will also be dealing with this issue in the future.

As of 1992, approximately 52% of adults in North Carolina read at a level one or two, comparable to the national average of 50%. However, since 1992 North Carolina has experienced an expansion of the Hispanic population, so the 1992 estimates of literacy levels are probably underestimated.

Low health literacy is associated with worse health outcomes and fewer received preventive services. Medication error is the most common medical mistake. About three billion prescriptions are written out each year and 90 million Americans have trouble understanding and complying with medication instructions. For example, as the diagrams on the prescription bottle increase in complexity there is less comprehension in interpreting the meaning. Even among patients in the highest reading level, there were some diagrams in which only 15% of the people understood the meaning.

Low literacy is also related to poorer management of chronic illnesses, such as diabetes, HIV, and depression. Asthma patients with low literacy have poorer metered dose inhaler skills. Out of the four steps necessary to properly use an inhaler, the group with the best health literacy performed only 1.7 steps correctly. It has been found that there is a 52% increased risk of hospitalization for patients with low literacy. Low literacy may also partially contribute to racial and ethnic disparities.

Dr. DeWalt concluded that low literacy is very common and healthcare providers should recalibrate how they present and provide healthcare to address low literacy issues. Low literacy can compromise patient safety, and is related to worse health outcomes in a variety of settings. Since the problem of health literacy is so great, there is potential to make a significant impact in addressing this problem.

### **Comments/Questions**

The discussion focused on the different definitions of health literacy and whether the problem is with low reading levels or if the health care system is providing health information that most adults can understand and act upon. Literacy also is related to understanding verbal instructions. However, most of the research that has looked at health literacy has measured the ability to read, so that is part of the limitation. There was also discussion about the importance of cultural competency.

### **LOW HEALTH LITERACY: A CONSUMER PERSPECTIVE**

#### **Toni Cordell**

Patient Advocate

Toni Cordell began by stating that every patient should be a full partner in their medical decisions. This requires crystal clear communication with compassion and mutual respect. There are different ways of communicating. Toni gave examples from her own experience about dealing with health information. Toni went to a gynecologist who told her that it would be an “easy repair.” She did not ask any questions. Toni signed numerous papers that the hospital clerk gave her, knowing that she wouldn’t understand them even if she read them, and that they wouldn’t perform the procedure without signing the papers. When Toni went for her 6-week post surgical check up, the nurse asked her how she was doing after her hysterectomy. Toni was unaware until that moment that this was the procedure they performed but was too embarrassed to mention the misunderstanding. Toni also talked about the personal experience of dealing with her husband’s battle with prostate cancer and the necessity for medical care to be practiced with mutual respect. Toni stressed that every patient has the right to clearly understand what kind of decisions they are making regarding their health care. That requires crystal clear communication with compassion and mutual respect.

### **Comments/Questions**

There was a comment concerning cultural competency. A task force member talked about his own experience practicing medicine in an area with a low literacy rate, and how patients do not participate or question a physician’s medical decision because of the prestige with which they hold doctors.

### **PFIZER’S CLEAR HEALTH COMMUNICATION CAMPAIGN**

#### **Jason M. M. Spangler, MD, MPH**

Consultant

Public Health and Policy

Pfizer Global Pharmaceuticals

Dr. Spangler gave an overview of Pfizer’s work in the area of health literacy, which began in 1997, to promote awareness and solutions for low health literacy. Pfizer has provided research, advocacy, and action to address low health literacy. Pfizer developed the Clear Health

Communication (CHC) continuum, which focuses on awareness, risk assessment/screening, intervention, and self-management aspects of health literacy.

Pfizer developed CHC principles to make company-produced materials easier to understand. Print materials that are given to patients must adhere to these principles before they can be disseminated. Close to 98% of all Pfizer materials comply with the CHC principles. All employees receive a full-day of training on the principles so that they are familiar with principles when they develop written materials. Pfizer has even developed a committee to review all materials before they are distributed to ensure that they are compliant with CHC principles. Before these principles were developed, about 15% of the material came to the committee already adhering to the principles, now about 50% of the material comes in adhering to the principles, so the training is clearly effective.

Pfizer initiated the Ask Me 3 campaign which examined the best way to improve communication between the provider and patient. The campaign encourages patients to ask their doctor three questions: What is my main problem? What should I do about this problem? Why is this important to me? More than a million pieces of material have been distributed for the Ask Me 3 campaign. Pfizer has also initiated The Newest Vital Sign, which is a screening tool to identify patients at risk for low literacy. The Newest vital Sign provides tips on how physicians can more effectively communicate with patients. The screening takes approximately three minutes and asks the patients six questions.

Early research indicated that health literacy garnered attention from a dedicated, but small group of academics in healthcare. Therefore, Pfizer sought to create a larger movement through the Partnership for Clear Health Communication. The Partnership is a national non-profit coalition of almost 400 organizations working to build awareness and advance solutions to improve health literacy and positively impact health outcomes.

### **Comments/Questions**

Task force discussion following the presentation focused on how Pfizer attempted to target providers who have not shown an interest in health literacy. Dr Spangler stated that Pfizer was trying to work through the Partnership, medical societies, and other associations to increase awareness. When asked about Pfizer's incentives for addressing health literacy, Dr. Spangler stated that Pfizer considers itself a health management and health outcomes company.

### **ADULT LITERACY/ADULT BASIC EDUCATION: RESOURCES AVAILABLE IN NORTH CAROLINA**

#### **Karen M. Brown**

Adult Basic Education/English as a Second Language Coordinator  
NC Community College System

Ms. Brown provided a broad overview of the resources that exist in North Carolina's Community Colleges and an overview of the Basic Skills Program. The community college systems provide services in education and training to communities and individuals. The instructors and tutors, from a variety of backgrounds, are on the front lines of helping semi-literate to non-English speakers every day.

The NC Community College System served 779,228 students through its 58 institutions in 2005, and the Basic Skills program enrolled a total of 140,019 students last year. There are five major component areas of the Basics Skills Program: Adult Basic Education (ABE), which served 77,708 students, English as a Second Language (ESL), which served 36,883 students, General Education Development (GED) program, which served 16,543, adult high school program, which served 7,090 students, and the Compensatory Education Program.<sup>1</sup>

One of the advantages of a community college system is that it can be flexible and adapt to the needs of the local community. A health literacy program at a community college is a great idea. The idea of having a health literacy program and incorporating health literacy as part of the Basic Skills Program is great. The healthcare field provides a good contextual playing field to work with because it allows community colleges to teach language within a framework/context.

Ms. Brown also mentioned that according to language learning theory, there is an effective filter in language learning when there is a high level of stress and anxiety.

Basic skills instructors realize they don't have to be health experts. Instructors can use their knowledge and try to incorporate literacy lessons with health, and tap into the healthcare experts and use them to build and design good health literacy programs for various basic skills classes.

#### Questions/Comments:

There were a number of questions concerning the differences between community colleges and other adult basic education classes within the community. There was also a question of whether or not the community college system had already trained educators to teach basic health issues, and Ms. Brown responded that there are some classes (for a charge) that address health issues. There is also a program funded through the March of Dimes, Expecting the Best, which teaches ESL in a health context.

#### **TASK FORCE DISCUSSION QUESTIONS**

**Pam Silberman, JD, DrPH**

President and CEO

**Mark Holmes, PhD**

Vice President

NC Institute of Medicine

Dr. Silberman asked the task force what they would like on the agenda and information on the topic that is needed before moving forward. There were several comments concerning whom to target in improving health literacy and how to overcome socio-economic, racial, ethnic, and gender biases. It was mentioned that it is difficult to make changes on the individual level; therefore, proposed changes should address changes to the system. Also, 80% of care from physicians/providers is provided by small practices that are fee for services. Therefore, the small practice provider may be integral to improving literacy.

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<sup>1</sup> For information about contacting or locating one of the 58 community colleges for more information, visit: [www.nccommunitycolleges.edu](http://www.nccommunitycolleges.edu).

Discussion also focused on the role of Community Care of North Carolina (CCNC) and Healthy Carolinians and the unique and advantageous situation of North Carolina for having such strong systems for care and collaboration. There was discussion concerning the role of primary prevention and education and the difficulty of trying not to take on all health promotion and rather to keep to the charge of the task force. There were several comments concerning the need to address cultural competency/humility along with health literacy. There was a request for information concerning the best practices of existing health literacy promotion campaigns to determine what is worth investing in. There were also questions concerning what age group(s) would be most appropriate to target.