

Spring 2011

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Recommended Citation

Mackert, Michael, and Meg Poag. "Adult Basic Education and Health Literacy: Program Efforts and Perceived Student Needs." *Community Literacy Journal*, vol. 5, no. 2, 2011, pp. 67–73, doi:10.25148/clj.5.2.009413.

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Adult Basic Education and Health Literacy: Program Efforts and Perceived Student Needs

Michael Mackert and Meg Poag

This project examined health literacy efforts among adult basic education providers in Central Texas. A survey was conducted with all adult literacy providers in Central Texas (N=58). Most programs provide health-related information. Literacy programs see needs for helping students communicate with doctors, filling out insurance paperwork, and knowing where to go for treatment. Programs express interest in lessons designed to improve health literacy and networking workshops to collaborate with healthcare providers. Literacy providers recognize the health literacy needs of their students but do not always have the resources or capacity to improve their programs.

As researchers investigate factors that contribute to health disparities and unnecessary healthcare costs, one element receiving increased attention is health literacy. Health literacy is the ability to obtain, process, and appropriately act on health information (Nielsen-Bohlman, Panzer and Kindig). Low health literacy has been found to contribute to poorer health outcomes (DeWalt *et al.*; Kalichman *et al.*; Lindau *et al.*) and increased costs to the healthcare system (Howard, Gazmararian and Parker; Weiss and Palmer).

Problems associated with health literacy are widespread, as approximately half of all adults cannot follow the instructions on patient information brochures and medication bottles (Nielsen-Bohlman, Panzer and Kindig; Ad Hoc Committee on Health Literacy). Certain groups are more likely to have low health literacy, including those of low socioeconomic status, ethnic and racial minorities, non-native English speakers, and the elderly (Nielsen-Bohlman, Panzer and Kindig). As health researchers investigate challenges faced by low health literate populations, they have looked at everything from information designed to supplement drug advertisements (Kaphingst *et al.*) to medication instructions and medical forms (Williams *et al.*). Proposed solutions have ranged from improving written materials (National Cancer Institute) to the use of new digital media provided via mobile devices (Author). Such strategies can simultaneously

communicate health information and improve users' health literacy over time.

Health literacy has been investigated as an issue that can negatively impact doctor-patient interactions. Patients with low health literacy are more likely to have trouble understanding explanations of their health conditions and care (Schillinger *et al.*). Also, even though caregivers play a major role in many patients' care, providers and researchers do not seriously consider how to assess or improve their health literacy. In seeking to address interpersonal issues that arise due to low health literacy, one innovative strategy includes a curriculum challenging medical students to prepare education materials for low health literate patients (Primack, Bui and Fertman).

As medical educators strive to incorporate issues related to health literacy into the training of healthcare providers, the literacy provider community must seek new strategies for including health-related content in curricula. The purpose of this research was to learn more about how adult literacy programs are currently including health-related topics in their teaching. Adult literacy programs include GED preparation classes, adult basic literacy tutoring and English as a Second Language (ESL) instruction. The research also attempted to gain information on the perceived instructional needs of adult learners and their instructors in regard to promoting improved health literacy, as well as how programs seek additional opportunities to increase students' health literacy.

Methods

Directors of adult literacy programs in Central Texas were recruited via e-mail to complete an online survey. The method of recruitment and the survey instrument were approved by The University of Texas at Austin Institutional Review Board. Participants were not compensated in any way for participation.

The survey included questions about current student needs and the programs' efforts to incorporate health-oriented materials into adult literacy curricula. Additionally, respondents were asked about barriers to teaching health and tools that might help them incorporate more health topics into their lessons.

Responses to this survey (N=58) include the directors of 35 adult literacy providers in Central Texas. Several of these 3 organizations had multiple respondents representing different program site locations or different program components. For example, one adult literacy provider might hold GED preparation classes, English language instruction classes, and one-on-one tutoring for adults reading below the 5th grade reading level; in these cases, respondents directing various program components or

directing programs at different locations all responded to the survey. These 3 organizations include all the major adult literacy providers in Central Texas. Responding organizations provide over 90% of the adult education services in Central Texas, including both public agencies and private non-profit community-based organizations.

Results

Current Program Practices to Promote Health Literacy

Regarding literacy providers' current efforts, the majority of programs (71.9%) provide health-related information in their classes. Fewer (38.6%) provide specific lessons on navigating the healthcare system. Asked to provide topics of classroom lessons, the most common responses included interacting with doctors (73.7%), taking care of a sick child (52.6%), reading nutrition labels (52.6%), and taking medications (44.7%). Fewer providers taught how to find health-related information on the Internet (18.4%), how to find healthcare providers (18.4%), and how to fill out insurance forms (15.8%).

When asked what strategies are currently most useful in preparing students for healthcare visits, activities in class (76.9%) and health-oriented materials (51.3%) were popular responses. Having healthcare representatives visit classes (35.9%) was another favored strategy for building students' health literacy.

Asked for details on what types of lessons students find most helpful, open-ended responses pointed to a consistent theme – students appreciate hands-on learning. Examples provided included interactive class activities dealing with real life situations, such as describing an illness and using role-plays to demonstrate the “how-to’s” of interacting with medical professionals. Another common theme was the efficacy of using current events, such as an outbreak of food poisoning, swine flu, or another public health issue in the news, which become timely topics for course instruction.

Perceived Needs of Programs and Their Students

When asked about the health literacy needs of students, respondents reported their students expressed frustration with such key activities as navigating the healthcare system (60.0%), communicating with doctors (55.0%), filling out insurance paperwork (40.0%), and not knowing where to go for treatment (37.5%). Most programs (70.3%) actively adapt health-related materials to the literacy levels of students. Of the programs that do not, 46.2% have tried in the past; reasons cited for not adapting health materials included limited time and the adaptation of more general educational materials to meet program needs.

Program directors were asked what types of materials would be useful to their instructors. Respondents expressed interest in classroom lessons designed to improve health literacy (80.1%), a healthcare referral guide to help students access local medical providers (78.7%), and hard copy (70.2%) and electronic (38.3%) resources on navigating the healthcare system. The majority of respondents (73.9%) also sought networking workshops to collaborate with healthcare providers to improve instruction.

Discussion and Conclusion

This research has implications for both the literacy field and medical professions. Literacy programs clearly identify a need for improved health literacy among adult learners but lack adequate resources to effectively address students' needs. While the majority of programs incorporate some health-related material in the classroom, there are opportunities for improving their efforts and thus the health literacy and health outcomes of their students.

This research points to numerous directions to advance research and practice in improving the health literacy of at-risk populations. There exists an opportunity for increasing instructional resources available to adult literacy programs to target the health literacy needs of students. The research also highlights an opportunity to increase collaboration among literacy programs and medical education programs to help students of all types – adult basic education, doctors, nurses, and pharmacists – learn together. Medical students can develop materials for low health literate audiences (Primack, Bui and Fertman), and extending such efforts by inviting those students into adult basic education classrooms could improve medical professionals' expertise working with low health literate patients and those patients' efficacy interacting with health providers.

Results indicate adult literacy programs do not currently incorporate instruction to address what they perceive to be key student needs. A majority of respondents do not have classroom lessons pertaining to navigating the healthcare system, despite respondents reporting that was their students' biggest challenge. This implies that while programs understand the primary needs of students, they do not always have the resources to address those needs in the classroom.

Results also demonstrate some lack of understanding of students' needs among program leadership. When programs currently not using health-related materials in the classroom were asked if they had tried in the past, one respondent stated that "ESL students are generally adults with mature life skills, including health awareness. Lack of access to health care is generally due to lack of money and insurance, not lack of language skills." This statement contradicts research that health literacy is a stronger

indicator of health outcomes over demographic and socioeconomic factors (Lindau *et al.*).

Considering practical implications of this work, adult basic education programs that recognize the need to incorporate health-oriented materials into their curricula must also establish plans for assessing students' needs and progress. Umbrella organizations like national, state and local literacy coalitions can help support and coordinate these efforts. Such larger-scale coordination will help determine a more comprehensive picture of how best to improve students' health literacy, eliminate unnecessary duplication of effort, and spread best practices across literacy programs.

Additionally, as these literacy programs take strides to further integrate health information into their curricula, it would be useful to utilize established measures of health literacy such as the Test of Functional Health Literacy in Adults (Baker *et al.*) or Newest Vital Sign (Weiss *et al.*) to test students' progress and enable comparisons of different programs around the country. New instruments assessing literacy in a particular health domain, such as nutrition (Diamond) or cancer (Williams, Mullan and Fletcher), can provide more nuanced perspectives on students' progress. Such measures, which are widely used by health communication and medical researchers, would make it easier to interpret research results and educational outcomes across literacy programs.

The limitations of this research, particularly that the surveyed literacy providers are from one metropolitan area, must be kept in mind when considering implications for future research and practice. For example, literacy providers in other regions of the country that do not have substantial immigrant populations might have different capacities and needs for ESL students.

While many community-based programs serving adults with low literacy are making efforts to improve the health literacy of their students, they need additional resources to comprehensively address the large and increasing need for improved health literacy in their communities. Possible interventions include providing additional classroom resources for adult literacy programs, facilitating collaboration between literacy programs and healthcare professionals and schools of medicine, and improving the awareness and assessment of patient health literacy levels among healthcare professionals and literacy instructors. Emerging promising practices should be shared to avoid duplication and add to this burgeoning realm of study and community-level intervention.

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