

Literacy and Health Equity

POSITION STATEMENT

Oklahoma Health Equity Campaign

What is literacy?

Literacy is an individual's ability to read, write, compute, and solve problems at levels of proficiency necessary to function on the job, in the family, and in society.

Literacy Statistics Across the Age Continuum

- 43% of Oklahoman's (more than one million) have below basic or basic prose literacy skills, and are unable to perform more than simple, everyday literacy activities (National Assessment of Adult Literacy, 2003).
- A mother's literacy level is one of the most significant predictors of a child's future literacy – more significant than income level and employment status (National Institutes of Health, 2010).
- The interactive nature of the relationship between a child and his caregivers is essential to the developing brain as it forms the complex web of visual, language, motor and social-emotional connections essential for later literacy learning. (Im, Osborn, Sanchez, et al. *Cradling Literacy*).
- On average, one out of every four (24%) students in Oklahoma starting high school as a freshman drops out of school prior to graduation (Oklahoma KIDS COUNT Factbook 2009).
- More than 31,000 students (2008, latest data) are native Spanish speakers, and 115 separate languages are spoken by Oklahoma school children. School district's capacities are strained by an increase of more than 10,000 new students in one school year (2008-09, latest data).
- More than 17 percent of Oklahoma's college freshmen must begin with non-credit remedial English coursework, and nearly one third cannot expect to make a grade of "C" or better in a regular English course (Oklahoma Regents for Higher Education, 2010).
- Children of adults who participate in literacy programs improve their grades and test scores, improve their reading skills, have improved attendance records and are less likely to drop out of school (National Institute for Literacy-NIFL).

Economic Impact for Oklahoma and the Nation

Oklahoma's future economic success is dependent on well-educated and literate citizens.

- Workers 25 and over with a bachelor's degree earn an average of \$50,050 a year, while those with a high school diploma earn \$27,350. Those without a high school diploma average \$20,149 (U.S. Census Bureau, 2013).
- A 1% increase in average literacy rates leads to a 1.5% permanent increase in the Gross Domestic Product (GDP) (ProLiteracy, <http://proliteracy.org/the-crisis/adult-literacy-facts>).
- 23.5% of children under 18 in Oklahoma are living below poverty level. 16.9% of all Oklahomans live below poverty level (Talk Poverty, <http://talkpoverty.org/state-year-report/oklahoma-2014-report/>).
- Patients with low literacy skills have a 50% increased risk of hospitalization (ProLiteracy, <http://proliteracy.org/the-crisis/the-us-crisis>).
- Low literacy creates economic instability, a figure estimated at \$60 billion (ProLiteracy, <http://proliteracy.org/the-crisis/the-us-crisis>).

How does literacy impact health?

Health literacy is defined in the Patient Protection and Affordable Care Act of 2010 as "The degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions". Health literacy requires a complex group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations.

- Persons with limited health literacy skills are more likely to skip important preventive measures such as mammograms, Pap smears, and flu shots.¹
- Patients with limited health literacy skills enter the healthcare system when they are sicker.²
- Persons with limited health literacy skills make greater use of services designed to treat complications of disease and less use of services designed to prevent complications.¹ Consequently there is a higher rate of hospitalization and use of emergency services among patients with limited health literacy skills.³⁻⁵ This higher use is associated with higher healthcare costs.⁵
- Low health literacy has negative psychological effects. Those with limited health literacy skills reported a sense of shame about their skill level as a result;⁶ they hide reading or vocabulary difficulties to maintain their dignity.⁷

The primary responsibility for improving health literacy lies with health professionals in both healthcare and public health. However, we must work together to ensure that health information and services can be understood and used by all Oklahomans. We must engage in skill building with healthcare clients/patients and health professionals. Adult educators are productive partners in reaching adults with limited literacy skills.

Vision: All people and communities are healthy with no one at a disadvantage in achieving the best possible health.

Mission: Maximize the health potential of all Oklahomans through resources and opportunities available in our communities.

POLICY RECOMMENDATIONS

GOAL: Oklahomans will possess the literacy skills they need to fully function in their community, workplace, and family. Health literacy efforts must:

CHILDREN

- Introduce coordinated school education including health literacy concepts for children enrolled in P-K in Oklahoma public schools.
- Implement Health and Safety education in all OK schools, complying with PASS requirements K-12 with emphasis on health and safety literacy.
- Offer corresponding health and safety literacy education for parents of children enrolled in P-K-12 public schools of Oklahoma.

ADULTS

- Assure Oklahomans with limited literacy and/or English skills will be aware of the impact improved literacy can have in their workplace, family, health, community, and general welfare.
- Assure individuals with low literacy skills will be aware of literacy resources available in their community including library, community based, and adult education programs.
- Assure local literacy and adult education programs will have the resources they need to meet the needs of the community.

GOAL: Low literate Oklahomans will have access to accurate, easy to read and understandable health information, and will be able to use the information to make informed decisions about their health and medical care. Health literacy efforts must:

CHILDREN

- Introduce coordinated school education including health literacy concepts for children enrolled in P-K in Oklahoma public schools
- Implement Health and Safety education all OK schools, complying with PASS requirements K-12 with emphasis on health and safety literacy
- Offer corresponding health and safety literacy education for parents of children enrolled in P-K-12 public schools of Oklahoma

ADULTS

- Provide accurate health information in formats suited to adults with limited literacy and English skills.
- Assure local literacy and adult education programs will provide information about health related resources, referral organizations, instructional resources, and health literacy training.

GOAL: Health professionals will have resources available to address barriers to effective patient communication including literacy and English competency. Health literacy efforts must target:

- ALL health professionals
- Continuing education for ALL health professionals

SOURCES

¹ Scott TL, Gazmararian JA, Williams MV, Baker DW 2002. Health Literacy and preventive healthcare use among Medicare enrollees in a managed care organization, *Medical Care* 40(5): 395-404.

² Bennet CL, Ferreira MR, Davis TC, Kaplan J, Weinberger M, Kuzel T, Seday MA, Sartor O. 1998. Relation between literacy, race, and stage of presentation among low-income patients with prostate cancer, *Journal of Clinical Oncology* 16 (9): 3101-3104.

³ Barker DW, Parker RM, Williams MV, Clark WS, 1997. The relationship of patient reading ability to self-reported health and use of health services, *American Journal of Public Health* 87 (6): 1027-1030.

⁴ Baker DW, Parker RM, Williams MV, Clark WS. 1998. Health literacy and the risk of hospital admission, *Journal of General Internal Medicine* 13(12):791-798.

⁵ Baker DW, Gazmararian JA, Williams MV, Scott T, Parker RM, Green D, Ren J, Peel J. 2002. Functional health literacy and the risk of hospital admission among Medicare managed care enrollees, *American Journal of Public Health* 92(8): 1278-1283.

⁶ Parikh NS, Parker RM, Nurss JR, Baker DW, Williams MV. 1996. Shame and health literacy: the unspoken connection, *Patient Education and Counseling* 27(1): 33-39.

⁷ Baker DW, Parker RM, Williams MV, Parikh NS, Coates W, Imara M. 1996. The health care experience of patients with low literacy, *Archives of Family Medicine* 5(6): 329-334.

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