



Life Skills to Life Saving: Health Literacy in Adult Education

The first time I went to the doctor, I had an accident and I was scared because I never had been. . . . I felt very sad because nobody was with me, and then I started to worry about my family because I was out of work for three weeks. (Felix)

As a telehealth nurse, I get calls from patients who do not understand the written instructions given to them by their doctor; the emergency department, and/or discharge instructions after hospitalization. This may include how to take their medication or manage chronic diseases, such as diabetes or asthma. (RN)

I work for an adult literacy program and see many people who do not read. . . . They talk about the stack of papers you get to fill out the minute you walk into the doctor's office.

— (Reading Center Manager)

As the educational environment becomes increasingly diverse, adult educators are poised to serve as invaluable resources to adult learners, both as links to reliable health information and builders of skills. My introduction to this role was in response to requests from students for information about HIV and AIDS. This was in 1992, a time when there was an “urgent [commitment] to search for a cure to the AIDS epidemic” and the world was described as divided and frightened (Clinton, 1992, ¶ 1). My English as a second language (ESL) class had just finished a brief activity called, “Dealing with AIDS” from an ESL textbook, which focused on the social stigma of the disease (Hamel, 1990). A 19-year old Romanian student named Adrian approached me with the request to teach more information about how AIDS is transmitted.

I carefully considered how to address such a sensitive topic. The class was comprised of students from various cultures, countries, and age groups. While I thought it would be best to invite a guest speaker to share this information, I did not know whether expert

resources were available in our community to give a free presentation to an evening class. However, when the idea was suggested, students gave enthusiastic approval, which encouraged me to find out more. My students wanted the facts about HIV and AIDS. They wanted to know how to protect themselves, and had limited access to this important health information. I arranged for a health educator from our local health department to visit, and ‘the facts’ were delivered a few classes later in an engaging, humorous, and sensitive way to a fully-attended classroom. The health educator used a combination of ESL-friendly verbal, written, and pictorial information, and created an open environment for dialogue and discussion. The class was a success—interesting, responsive to student needs, and immediately practical.

One month ago my child almost died choking on a piece of hot dog. Everything happened very fast . . . my wife and I ran to the car to rush him to the emergency room . . . we had to wait a long time The bills have started to come. The visit was very expensive. (Carlos)

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My most recent request was for first aid training. It came in response to a choking emergency one of my students, Carlos, experienced with his 3-year-old child the previous weekend. Carlos recounted to our class the panic that started the moment he and his wife realized their son was choking, the fruitless efforts of their attempts to dislodge the food, the tense car ride to the emergency room, and the confusion which resulted from the process of registering, consenting, and completing paperwork for their son's medical treatment. The panic and confusion continued as medical bills later arrived for this uninsured family. Carlos, a construction worker, was surprised at the high cost of medical treatment, and admitted that he signed papers (in Spanish) without fully understanding their meaning. His son recovered, and Carlos' family has spent a long time recovering from the experience and expense.

Students in our class wanted to learn life-saving skills that could prepare them for unanticipated situations like Carlos experienced. Most had never had the opportunity to learn basic first-aid. I was not sure how this class would go over, particularly since practicing skills would mean initiating physical contact between students.

A trainer from the American Red Cross taught a hands-on class that covered basic first-aid about a month after Carlos first shared his 'how was your weekend' story. Students donated \$3.00 each to cover the expense of materials, and spent the next two hours bandaging 'wounds' and practicing techniques for choking, among other things. It was a lively, well-attended class with no hesitations about partnering or practicing skills, even though students were encouraged to 'listen and

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observe' if they preferred. While students did not earn certification in basic first-aid (the class was not long/comprehensive enough), they left class more prepared for an emergency situation. They also became familiar with a community resource and information about how to train for first-aid certification if they wished.

Carlos' experience lent itself to a supportive discussion a few classes later about financial issues associated with health care. Information about our state's child health insurance plan, our local hospital's indigent care plan, and information about negotiating medical bills was spontaneously shared and discussed among students in the class.

The Powerful Role of Adult Education in Addressing Health Literacy Needs

Some students read and understand well enough to take meds, the right ones at the right times with (the) correct dosage. However, there are some that do the exact opposite. It's scary. (Instructor)
Adult educators are a crucial link to affecting health literacy

knowledge and skills, because we enjoy a sustained educational relationship with students in a friendly classroom environment meant for learning and practicing. This is particularly powerful because of the national scope of adult education efforts and the number of high-risk students we serve. According to the World Health Organization (WHO), health literacy "represents the cognitive and social skills, which determine the motivation and ability of individuals to gain access to, understand, and use information in ways to promote and maintain good health" (Nutbeam, 1998, p. 10).

Adults with low health literacy are often less likely to "comply with prescribed treatment and self-care regimens, make more medication or treatment errors, fail to seek preventive care, are at a higher risk of hospitalization and stay hospitalized longer, and lack the skills needed to navigate the health care system" (Partnership for Clear Health Communications, n.d., ¶ 2). Low health literacy does not only affect adults with low literacy; rather, it is a universal issue connected to both the complexity of the medical system and many of the materials disseminated through this system. It affects us all. If you have reviewed a standard consent form lately, you will likely understand what I mean. As the WHO definition suggests, it also does not just refer to reading and writing skills, but rather a much broader set of communication, cognitive, social, and inquiry skills that allow us to meet personal health goals. This means, for example, communicating concerns with a health provider and understanding instructions are considered health literacy skills.

The adult education arena is already building health literacy skills among adult basic skills learners, albeit framed in an overlapping 'life skills' context. For example, the CASAS system outlines many competencies that would fit under a health literacy rubric (see Table 1). What may be needed are organized, sustained efforts at the systems level to improve health literacy skills, by updating an engaging curriculum, to teach self-efficacy health-related basic skills, and develop stronger connections between adult education and health professionals to share common goals and resources.

Table 1. Sample CASAS Competencies Related to Health and Literacy

Nutrition Competencies	Health Competencies
Select a balanced diet	Locate medical and health facilities in the community
Interpret food packaging labels	Complete a personal information form
Interpret nutritional and related information on food labels	Identify emergency numbers and place emergency calls
Compute discounts	Describe symptoms of illness, including identifying parts of the body and interpreting doctor's directions
Use coupons to purchase goods and services	Use a telephone directory and related publications to locate information
Make comparisons, differentiating among sorting and classifying items, information, or ideas	Fill out medical health history forms

Health literacy is not a new concept, but has received growing attention since the release of a 1993 report prepared for Congress documenting the United States' literacy status (Kirsch, Jungblut, Jenkins, & Kolstad, 2002). The National Adult Literacy Survey (NALS) results reported that 21–23% of our overall national population scored in the lowest level (level one of five possible levels) of literacy scores, and almost 50% scored at level two or below. Persons who scored in the lowest level could perform tasks, such as signing one's name or locating the expiration date on a driver's license, but could not perform more difficult level two tasks, such as locating an intersection on a map, identifying and entering background information on a social security card application, or totaling the costs of a purchase on an order form.

Said in another way, almost one quarter of our country's population cannot understand most health messages, and almost 50% of our population has difficulty understanding most health messages, which are typically written at an 8–10 grade level. These figures indicate this is clearly not an issue reserved for ESL students, but affects many Americans. Preliminary data from the National Assessment of Adult Literacy (NAAL), released in December 2005, details the nation's current literacy status and builds upon the NALS report (Kutner, Greenberg & Baer, 2005). The report suggests that there is ample room for progress—the percentage of adults with basic literacy did not change significantly between 1992 and 2003 on the prose, document, or quantitative literacy scales.

Ideas for Action-Systems Level

Many opportunities exist for adult educators to affect health literacy at the systems level. For example, California has created the California Health Literacy Initiative to “inform and partner with individuals and organizations to craft collective, lasting solutions, which will positively impact the health and well-being of individuals with low-literacy skills, their families, and their communities” (California Health Literacy Initiative, 2005, ¶ 1). This model initiative is broad-based and includes advocacy and awareness efforts, as well as a resource center and services for the adult education and health fields. In 2005, North Carolina engaged in several decentralized statewide initiatives, including the piloting and promotion of a new health literacy curriculum, Expecting the Best for ESL students; a conference for physicians hosted by the North Carolina Institute of Medicine; a networking, education, and policy-informing conference for education and health leaders hosted by University of North Carolina-Chapel Hill; and a series of regional health literacy workshops for health and education practitioners hosted by UNC–Public Television. California is currently moving toward a more centralized approach.

Another opportunity lies in setting and/or promoting curriculum. For example, in 2000, the Georgia Department of Technical and Adult Education, Office of Adult Literacy developed the Health Literacy Program, and a special curriculum to help Georgia's adult population better navigate the health care system (Health Literacy Pilot Project, 2004). This program serves as a gatekeeper to other adult literacy programs in the state.

Lastly, partnership opportunities for adult educators to work with health professionals exist. Opportunities include serving as experts in the creation or adaptation of health education materials to simpler, consumer-friendly formats, in serving as educators or trainers for health professionals who want to communicate better with patients, and in mutual referrals to each other's programs or systems.

Ideas for Action-Classroom Level

Program administrators and teachers can foster health promotion and build health literacy skills and self-efficacy through incorporating relevant curriculum into classroom activities. When curriculum or teacher confidence is not enough, guest speakers can serve as effective resources to respond to students' needs or requests. That being said, it is important to distinguish between responding to need and generating need. For example, I know of an unsolicited presentation on sexually transmitted diseases that did not go over well with ESL students because it made them feel stigmatized. In my experience as an ESL instructor, I have found that students want to know:

- Where to find low-cost medical and mental health care
- Information about specific health concerns (e.g., diabetes)
- How to make healthy decisions (“What is better to eat—tortillas or bread?”)
- How to prepare healthy foods (e.g., the ‘smoothie’)

Students are highly interested in learning about health when it is taught as part of a diverse life skills program. Instructors sometimes feel that they lack the expertise to teach health information. However, a well-designed curriculum should alleviate those concerns. Here are some ways to promote health literacy and raise awareness in your community.

- Arrange meetings between health educators and literacy organizations to share resources. Literacy workers can learn how to incorporate health materials into their classrooms, while health care workers can learn how to reach low literacy groups and can refer patients to adult education classes.
- Arrange a health fair at your local adult education program setting that includes literacy/health literacy materials and information on classes.
- Invite a health educator to come and speak about a specific health issue (like HIV or diabetes) that interests your students. Contact your local health department, community health center, or hospital for more information.
- Ask local wellness programs to visit your class and perform free fitness testing and health screening, etc. Contact your local health department, community health center, or hospital.
- Coordinate with your local cooperative extension and their *Expanded Food and Nutrition Education Program* (EFNEP). Health educators from EFNEP can come to your classroom and do nutrition analyses, demonstrate food preparation, and provide shopping tips.
- Read to patients in waiting rooms and provide books for kids to take home.

- Take a class field trip to your local farmer's market, health department, or community health center.
- Get involved with the “Reach Out and Read” program, which encourages pediatric providers to give books to parents/children and encourages reading. For more information, see <http://www.reachoutandread.org/>.

Final Thoughts

Health literacy skills are important tools that prepare learners to access, understand, and use information to make informed health decisions and to meet personal health goals. This is particularly salient as we shift to a more collaborative decision-making model between health providers and patients, and patients are asked more frequently to participate in their health care decisions. It is also important for well-managed self-care. The adult education system is a strong, experienced, wide-reaching resource with knowledge and skills to make a difference in adult learners' lives, and to work in tandem with efforts from health and communication professionals to share information, build skills, and distill information.

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