



Health Literacy Assessments: Implications for Speech-Language Pathologists &
Audiologists

Health Literacy in the Affordable Care Act



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HEALTH LITERACY

An individual's capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions for self and children (Sanders et al., 2007).



DEFINITION

The Institute of Medicine (IOM -2004) described health literacy as including four components:

- ▶ (1) cultural and conceptual knowledge
- ▶ (2) oral literacy
- ▶ (3) print literacy
- ▶ (4) numeracy



WHY IMPORTANT?

- ▶ Health literacy growing concern with Affordable Health Care Act
- ▶ Health care of infants and young children is dependent upon the health literacy of their parents
- ▶ With growing Hispanic & other immigrant population, it is important to make sure we are communicating effectively
- ▶ Health literacy plays in the success of one's health care outcomes
- ▶ Health care professionals have a responsibility to ensure that the information that they share is prepared in ways that are sensitive to the varying health literacy levels of the clients and families that they serve

PURPOSE & METHOD OF STUDY

PURPOSE

- ▶ The present study examined available assessments of health literacy to
- ▶ (1) identify and describe the assessments; and
- ▶ (2) determine the extent to which each allows for the assessment of individuals whose primary language is not English.

METHOD

- ▶ Using search of literacy “health literacy assessment” yielded most commonly used assessments of health literacy
- ▶ *Test of Functional Health Literacy in Adults (TOFHLA), the Short Test of Functional Health Literacy in Adults (S-TOFHLA), the Rapid Estimate of Adult Literacy in Medicine (REALM), the Rapid Estimate of Adult Literacy in Medicine-Revised (REALM-R), and the Newest Vital Sign Test (NVS).*
- ▶ Used examiner manual/available literature to analyze each assessment

Test	Purpose	Components of Health Literacy Assessed	Number & Types of Test Items	Admin. Time	Measures of Validity	Measures of Reliability	Non-English Availability
TOFHLA	Ability to read passages and phrases	Functional (print, numeracy)	50 reading comprehension, 17 numerical ability items	22 minutes	Correlation with WRAT-R 0.74, REALM 0.84	Cronbach's alpha level 0.92 overall	Available in Spanish (TOFHLA-S)
S-TOFHLA	Same as TOFHLA	Functional (print, numeracy)	38 reading comp items, 4 numerical ability	12 minutes	Correlation with REALM 0.80	Cronbach's alpha 0.68 for reading comp. 0.97 for numeracy	Available in Spanish
REALM	Reading recognition for medical words lay terms for body parts & illnesses	Functional (print, oral)	66 words in ascending order of # of syllables & increasing difficulty	2-3 minutes	Correlation with WRAT-R 0.88, TOFHLA 0.84	0.97 test-retest reliability	Not available in Spanish
REALM- R	Rapid screening same as REALM	Functional (print, oral)	8 items in ascending order of difficulty	Less than 2 minutes	Correlation with WRAT- R 0.64, REALM 0.72	Cronbach's alpha level 0.91	Not available in Spanish
NVS	Analytical & conceptual skills for reading nutritional label on pt. of ice cream	Functional (oral, print, numeracy)	6 questions orally asked about nutritional label	Approx. 3 minutes	Correlation with REALM 0.41, S-TOFHLA 0.61	Cronbach's alpha level in English 0.76, Spanish 0.69	Available in Spanish

RESULTS!

- ▶ The results revealed variability across the five health literacy assessments in terms of the components of health literacy that are assessed and the number of items included to assess specific health literacy skills
- ▶ No single assessment encompassed all of the components of health literacy identified in the literature. Measures of validity and reliability were limited or not reported at all. Additionally, the majority of the tests were developed for use with individuals for whom English is their primary language.
- ▶ The results illustrate the need for health literacy assessments that provide a more comprehensive and accurate assessment of the health literacy knowledge and skills of individuals so that clinicians can effectively share information in ways that take into account the health literacy needs of the clients and families that they serve.

WHAT TO DO?

“If we can improve communication tools and training, it may become unnecessary to screen for health literacy. Instead of screening, it may be better to assume that all patients experience some difficulty in understanding health information, and we should adopt universal precautions and use plain language, communication tools, and teach back with all patients”

–Baker, “The Meaning and Measure of Health Literacy”



DISCUSSION

- ▶ Health care professionals can incorporate a range of strategies for preparing and presenting clinical information that have been suggested to be sensitive to varying levels of health literacy, such as:
- ▶ **Plain language** (write clearly and succinctly to ensure understanding)
- ▶ **Teach back** (What is my main problem? What do I need to do? Why is it important for me to do this?)
- ▶ **Reduced jargon** (minimize use of discipline-specific terminology).



Resources

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