

12-31-2015

Literacy: A Continuously Evolving Concept

Angelo P. Giardino
Texas Children's Health Plan, apgiardi@texaschildrens.org

Robert D. Sanborn
CHILDREN AT RISK, sanborn@childrenatrisk.org

Elvon Christopher Lloyd
University of Arkansas - Little Rock, ecloyd@ualr.edu

William V. Flores
University of Houston-Downtown, floreswi@uhd.edu

Follow this and additional works at: <https://digitalcommons.library.tmc.edu/jfs>

Recommended Citation

Giardino, Angelo P.; Sanborn, Robert D.; Lloyd, Elvon Christopher; and Flores, William V. (2015) "Literacy: A Continuously Evolving Concept," *Journal of Family Strengths*: Vol. 15: Iss. 2, Article 12.

DOI: <https://doi.org/10.58464/2168-670X.1293>

Available at: <https://digitalcommons.library.tmc.edu/jfs/vol15/iss2/12>

The *Journal of Family Strengths* is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact digitalcommons@exch.library.tmc.edu

In our work on both this, the *Journal of Family Strengths*, and in our *Journal of Applied Research on Children*, we have always taken a “big tent” approach to each issue; we do the same here with literacy. Literacy is often simply defined as “the ability to read and write.” If one is literate, then we assume one has those simple skills and can begin to read and learn new information beginning around third grade (approximately age eight).

In this issue on Multiple Dimensions of Literacy we again take this broad conceptual approach and expand the definition. What was once conceptualized as the ability to read a book or write a simple sentence has become a complex indicator of one's ability to function seamlessly in everyday life. We are hard-pressed to identify a single aspect of life that is not, at least in part, supported by the pillar of literacy. The numerous facets of literacy culminate to affect an individual's ability to communicate with another, learn new skills, acquire cultural competency, receive an education, navigate the internet, apply for jobs, perform in the workplace, fill out forms, receive medical care, make important life decisions, and numerous other variations of all of these.

It is with recognition of the structural necessity of fluid literacy in families and communities, and the continual evolvement of literacy multiplicities, that the *Journal of Family Strengths* publishes Volume 15, Issue 2: Multiple Dimensions of Literacy in Families and Communities. This issue addresses the sociocultural relevancy of evolving literacy in a rapidly growing, diverse and economically uneven society. Health literacy, cultural literacy, visual literacy and genetic literacy, along with some variations, are all covered in this issue.

Health Literacy and the Family

In regard to health literacy, the National Institutes of Health defines health literacy as the “degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions” (Institute of Medicine, 2004) The connection between health literacy and actual health outcome continues to be an area of interest and concern (Paasche-Orlow & Wolf, 2007). A 2005 report from the National Center for Education Statistics reported that half of American adults – at that time, approximately 90 million people in the United States had limited health literacy skills (Institute of Medicine, 2004; Rudd, 2007). Recent immigrants, persons of low socioeconomic status, and the elderly are significantly at risk although low levels of health literacy could affect anyone (Weiss, 2003; Schwartzberg, Cowett, VanGeets, Wolf, 2007). Communication and interaction between patients

and providers are affected by health literacy levels (Passche-Orlow & Wolf, 2007; Hironaka & Passche-Orlow, 2008). Clearly, poor communication may result in medication errors, a lack of compliance, an increase in healthcare costs, patient dissatisfaction, higher levels of physician frustration, and higher measured rates of malpractice claims (Levinson, Stiles, Inui, Engle, 1993; Levinson, Roter, Mullooly, Dull, Frankel, 1997; Castro, Wilson, Wang, 2007). While it is difficult to quickly change patients' overall health literacy skills on a population basis, healthcare providers could more easily learn how to employ strategies designed to address low health literacy and a mitigation strategy, which may improve communication with all patients and positively affect health outcomes (Hironaka & Paasche-Orlow, 2008). Towards that end, namely of improving health care providers' communication skills with patients who may have low health literacy skills, the American Medical Association Council report on Health literacy recommends 'the development of undergraduate, graduate, and continuing medical education programs that train physicians to communicate with patients who have limited literacy skills' (American Medical Association, 1998). Support for this approach comes from a systematic review by Davis *et al.* that found continuing medical education (CME) programs that are learner centered, interactive, engaging, and reinforcing, were effective in changing physicians' behavior, and occasionally positively impacted health outcomes (Davis, O'Brien, Feemantl, Wolf, et al., 1999).

However, significant gaps exist in physician awareness, knowledge, skills, and practices designed to address low health literacy (Jukkala, Deupree, Graham, 2009; Bourhis, Roth, MacQueen, 1989; Turner, Cull, Bayldon, et al., 2009). Physicians tend to overestimate the literacy skills of their patients and, when provided with this information, physicians appear to be caught short and are deemed ill-prepared to communicate effectively with low health literacy level patients (Kelly & Haidet, 2007; Rogers, Wallace, Weiss, 2006; Powell & Kripalani, 2005; Lukoschek, Fazzari, Marantz, 2003; Segilman, Wang, Palacios, et al., 2005; Bass, Wilson, Griffith, et al, 2002; Schlinger, Grumbach, Piette, et al, 2002). Years of specialty training and the medical culture itself promotes the use of jargon among physicians who may find it difficult to speak in plain language as a result during patient encounters (Deuster, Christopher, Donovan, et al., 2008; Castro, Wilson, Wang, et al, 2007; Farrell, Deuster, Donovan, Christopher, 2008). Regretfully many best practices for effective communication with patients with limited health literacy are not routinely observed to occur in everyday practice (Turner, Cull, Bayldon, et al, 2009; Deuster, Christopher, Donovan, et al., 2008; Farrell & Kuruvilla, 2008;

Schwartzberg, ,Cowett, VanGeest, et al, 2007). Practicing pediatricians have reported that the main barrier to communicating effectively with parents during an office visit revolves around the limited time they have to discuss and explain complex information (Turner, Cull, Bayldon, et al, 2009).

Multidimensional & Cultural Literacy

There is a collaborative power in literacy. Multiple studies presented in this issue expand upon the unparalleled influence of literacy in creating, understanding or preserving one's own cultural identity. The cultivation of literacy skills is of the utmost importance during a child's developmental years where parents serve as the first teachers. For refugee and immigrant students this can often times mean that the child begins school already behind in their understanding of basic literacy concepts raising the risk of leaving school without a diploma and incarceration. Teachers who possess the ability to engage parents in the educational process, understand the culturally diverse experiences of their students, encourage the preservation of cultural identities, and employ tailored, accurate assessments of progress, are the teachers who are garnering the greatest successes in overcoming knowledge gaps.

Genetic Literacy

Genetic literacy, while a form of health literacy, may be defined as the knowledge, skills and attitudes necessary to individual understanding of genetic information, and genetic-based health, behavior, technology and services, making it a vital component of sexual and reproductive decision-making. Findings from the research indicate that online health-related support groups can evolve into a socially-constructed "family" of individuals affected by specific disorders. Like biological families of origin, this "familial" context may then exert particularly strong influences on members' social and health decision-making via co-constructed cultural and conceptual knowledge of the disorder. When viewed through a scientific or medical lens, individuals with this cultural/conceptual knowledge may lack the genetic literacy necessary for informed and competent health decision-making.

Literacy can take on different aspects and appearances, and this issue highlights but a few of those. The important message is that for families to grow and strengthen, agencies, practitioners, and parents must understand and have an appreciation of the different modes of literacy, but perhaps most importantly have an appreciation of a literacy of learning.

References

American Medical Association. Council on Scientific Affairs. (1999). Health literacy: report of the Council on Scientific Affairs. Ad Hoc Committee on Health Literacy *Journal of the American Medical Association*, 281(6), 552-7.

Bass III, P.F., Wilson, J.F., Griffith, C.H., et al. (2002). Residents' ability to identify patients with poor literacy skills. *Academic Medicine*, 77, 1039-1041.

Bourhis, R.Y., Roth, S., MacQueen, G.. (1989). Communication in the hospital setting: a survey of medical and everyday language use amongst patients, nurses and doctors. *Social Science and Medicine*, 28, 339-346.

Castro, C., Wilson, C., Wang, F., Schillinger, D. (2007). Babel Babble: Physicians' Use of Unclarified Medical Jargon with Patients. *American Journal of Health Behavior*, 31(Suppl 1), S85-S95.

Davis, D., O'Brien, M., Freemantle, N., Wolf, F., Mazmanian, P., Taylor-Vaisey, A. (1999). Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? *Journal of the American Medical Association*, 282(9), 867-874.

Deuster, L., Christopher, S., Donovan, J., et al. (2008). A method to quantify residents' jargon use during counseling of standardized patients about cancer screening. *Journal of General Internal Medicine*, 23, 1947-1952.

Farrell, M., Deuster, L., Donovan, J., Christopher, S. (2008). Pediatric residents' use of jargon during counseling about newborn genetic screening results. *Pediatrics*, 122(2), 243-249.

Farrell, M.H., Kuruvilla, P. (2008). Assessment of parental understanding by pediatric residents during counseling after newborn genetic screening. *Archives of Pediatric and Adolescent Medicine*, 162(3), 199-204.

Hironaka, L, Paasche-Orlow, M. (2008). The implications of health literacy on patient-provider communication. *Archives of Disease in Childhood*, 93(5), 428-32.

Institute of Medicine. (2004). *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academies Press.

Jukkala, A., Deupree, J.P., Graham, S. (2009). Knowledge of limited health literacy at an academic health center *Journal of Continuing Education in Nursing*, 40, 298-302.

Kelly, P.A., Haidet, P. (2007). Physician overestimation of patient literacy: a potential source of health care disparities. *Patient Education and Counseling*, 66,119-122.

Levinson, W., Roter, D., Mullooly, J., Dull, V., Frankel, R. (1997). Physician patient communication. The relationship with malpractice claims among primary care physicians and surgeons. *Journal of the American Medical Association*, 277(7), 553-9.

Levinson, W., Stiles, W., Inui, T., Engle, R. (1993). Physician frustration in communicating with patients. *Medical Care*, 31(4),285-95.

Lukoschek, P., Fazzari, M. Marantz, P. (2003). Patient and physician factors predict patients' comprehension of health information. *Patient Education and Counseling*,50, 201-210.

Paasche-Orlow, M., Wolf, M. (2007). The causal pathways linking health literacy to health outcomes. *American Journal of Health Behavior*, 31(Suppl 1), S19-S26.

Powell, C.K., Kripalani ,S. (2005). Brief report: resident recognition of low literacy as a risk factor in hospital readmission. *Journal of General Internal Medicine*, 20, 1042-1044.

Rogers, E.S., Wallace, L.S., Weiss, B.D. (2006). Misperceptions of medical understanding in low-literacy patients: implications for cancer prevention. *Cancer Control*, 13, 225-229.

Rudd, R. (2007). Health literacy skills of U.S. adults. *American Journal of Health Behavior*, 31(Suppl 1), S8-18.

Schillinger, D., Grumbach, K., Piette, J., et al. (2002). Association of health literacy with diabetes outcomes. *Journal of the American Medical Association*, 288(4), 475-482.

Seligman, H.K., Wang, F.F., Palacios, J.L., et al. (2005). Physician notification of their diabetes patients' limited health literacy. A randomized, controlled trial. *Journal of General Internal Medicine*, 20(11), 1001-1007.

Schwartzberg, J., Cowett, A., VanGeest, J., Wolf, M. (2007). Communication techniques for patients with low health literacy: a survey of physicians, nurses, and pharmacists. *American Journal of Health Behavior*, 31(Suppl 1), S96-S104.

Turner, T., Cull, W., Bayldon, B., et al. (2009). Pediatricians and health literacy: descriptive results from a national survey. *Pediatrics*, 124 (Suppl3), S299-S305.

Weiss, B. (2003). *Health Literacy: a Manual for Clinicians*. Chicago, IL: American Medical Association.