

Health Literacy and an Aging Population: What Can Be Done?

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Public health is a field that constantly faces new and complex challenges. Two challenges that public health workers will increasingly face are a population with low health literacy skills and an aging population. The aging of our population is, in many ways, a public health triumph; however, the high rate of poor health literacy among members of our aging population is a public health tragedy. This convergence of these factors poses a great challenge to the public health profession; on the face of it, improved communication appears to be a necessary part of the solution.

Health literacy can be defined as the ability to gain, process, and understand basic written and spoken health information and services needed to make an informed decision regarding health.¹ Based on this definition health literacy is much more than the ability to read health information well. It encompasses the need to comprehend the health information and use it to make decisions in which one can be confident. An estimated 90 million Americans, about half of all adults, lack adequate health literacy skills.¹ Most of these people read adequately and function well in personal and professional capacities, however when it comes to navigating health forms, following prescription instructions, and communicating with physicians, they

lack the ability to effectively translate health information into well-informed decisions. Additionally, people with low functional literacy levels, older adults, those with low incomes, and minorities are particularly at risk of this problem,² and as a consequence they are less likely to get the healthcare they need,³ more likely to be unhealthy,² and will end up paying more for their healthcare as compared to those who are health-literate.³ When considering those facts in the context of a rapidly growing population of older adults in America -- the segment of the population that is 55 and older will increase from 21 to 30 percent between 2000 and 2025⁴ -- there is the considerable potential for many negative implications. An increasing level of disparity between the health “haves” and the “have nots” appears almost certain to be one of those implications.

While it is the individual who suffers the consequence of low health literacy, it is *our duty* as public health and health care professionals to change *our actions* so as to reduce literacy-related health disparities. Consumers cannot be held solely responsible for misunderstanding complicated paperwork or not comprehending a physician after receiving overwhelming news. By going beyond aesthetics and facts public health professionals can create educational materials that

convey the right information, in the right way, to the right audience. In this manner they improve the communication effectiveness of health information, and thereby they indirectly improve the health literacy of the information's intended audience. Setting the bar this high can appear daunting, as it is one more thing that public health professionals must do in programs that are already strapped for valuable resources, especially time and money. The case study *Screen for Life: Using Targeted Health Messages to Increase Participation in a State Colorectal Cancer Screening Program* shows us, however, that achieving this level of communication effectiveness need not be a daunting task.

Screen for Life showcases a pilot program to increase the number of adults who participated in a colorectal cancer screening program in the St. Louis metropolitan area. An integral part of this program was changing the eligibility forms, which were found to be confusing, with the hope of increasing

the number of participants. The program planners had less than one month to make needed changes while facing the additional constraint of having to use some language in the form that they knew to be problematic. The resulting form was color coded, had simple yes/ no answer options, used an easier to read font and was produced at a cost no more expensive than the original forms (after initial production). These changes, in combination with changes to recruitment letters sent to potential participants, resulted in an increase in the number of patients who were screened for colorectal cancer.

Virtually any public health professional can use the lessons learned in *Screen for Life* when planning their programs. Even when operating with limited time and budget, relatively simple changes to the organization of program materials can make an important difference in improving their impact.

Available at: http://www.casesjournal.org/volume1/editorial/cases_1_04.cfm

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