Low Parental Health Literacy: A Pediatric Nursing Concern

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Background

Health literacy (HL) is literacy within the context of the health care system and has been formally defined as:

“the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions” (Ratzan & Parker, 2000).

Importantly, HL includes a variety of skills beyond reading and writing, including numeracy, listening and speaking, and relies on cultural and conceptual knowledge.

A person’s level of HL can be categorized as:

- **Below basic**: No more than the most simple and concrete literacy skills
- **Basic**: Skills needed to perform simple, everyday literacy activities
- **Intermediate**: Skills needed to perform moderately challenging activities
- **Proficient**: Skills needed for more complex and challenging literacy activities

According to National Assessment of Adult Literacy (National Center for Education Statistics, U.S. Department of Education, 2003),

- 12% of U.S. Adults had proficient health literacy
- 53% of U.S. Adults had an intermediate level of health literacy
- 22% of U.S. Adults had basic health literacy
- 14% of U.S. Adults had below basic literacy

Thus, 36% of all adults do not possess the needed literacy skills to effectively use the U.S. Health System

Importantly, even adults with an intermediate level of health literacy may be challenged when confronted with changing needs or complexities of the health system

Low Parental HL is associated with:

- Inability to perform medication or health insurance related tasks (Shah et al., 2006; Yin et al., 2007)
- Increased use of rescue medications, number of emergency department (ED) visits and hospitalizations in children with asthma (Dewalt et al., 2007)
- Increased parental perception of disease burden of parent of children with asthma (Shah et al., 2009)
- Perceptions of barriers to care and attitudes regarding participatory decision-making (Yin et al., 2012)

And is:

- Predictive of glycemic control in children with type 1 diabetes (Ross et al., 2001)
- Predictive of higher ED use and use of the ED for non-urgent conditions (Morrison, et al., 2014)

Low Parental HL is associated with:

- **Written Materials**
  - Large print
  - Simple, clear language
  - Written at or below 5th grade level
  - Pictograms
  - White space

- **Verbal Communication**
  - Slow rate of speech
  - Simple, clear language
  - Common words
  - Short sentences
  - Limit information to a maximum of 3 key items
  - Repeat information at each visit

- **Medication Regimens**
  - Simplify!
  - Minimize number of medications, pills and frequency of administration

- **Assure Comprehension**
  - Elicit questions
  - Teach back (“Tell me what you heard”)
  - Teach to goal (learning mastery)
  - Teach to implementation intention (activated response)
  - Follow-up

Implications for Practice

Assessment

Suspect lower levels of HL when parents:

- Do not look at written materials
- Offer excuses when asked to read written materials
- Identify medications by color/shape rather than by name
- Cannot describe how medications should be taken
- Have difficulty keeping appointments
- Cannot complete forms or do so incorrectly

Resources / References

Please see handout.