

# **Health Literacy from a student's perspective: Utilizing health promotion programs at the worksite to reach underserved populations.**

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# FACTS

- Low health literacy affects nearly half of the U.S. population.
- Technology has improved health outcomes, but have increased the complexity of managing health.
- Health literacy has been identified as a barrier to knowledge of personal health.
- Individuals with low health literacy as less likely to participate in health prevention
- The U.S. Centers for Disease Control and Prevention has identified health literacy as a priority area in disease prevention and health promotion.

CDC (2015))

Cormier, CM & Kotrilik, JW (2009)

Macabasco-O'Connell A, Fry-Bowers EK (2011)



# Health Literacy Knowledge and Experience Survey

- Developed and tested on nursing students
  - Health Literacy Knowledge
  - Health Literacy Experience
- No similar instrument exists to test knowledge of health educators, wellness practitioners
  - Survey was adapted for Health Promotion Students
  - Piloted on 12 students studying abroad Summer 2015

Cormier & Kotrlik, 2009



# Findings

- Similarities between senior US BSN nursing students and HPW students
  - Approximately half identified 65 and older as the group at risk
  - Half identified reading 3 – 5 grades lower than level of school completed
  - Both identified that all ethnic groups
  - Both groups (37%BSN; 8% HPW) understood materials should be written at the 5<sup>th</sup> grade level



# Differences

## • US Nursing Students

- 83% recognized low health literacy means late diagnosis have fewer treatment options than those with adequate health literacy skills.
- Less than half identified the appropriate way to assess literacy by having participants read back health information.

Nursing professionals indicate limited knowledge of health literacy and role in health outcomes.

Health Literacy also reported to be a low priority among organizations and providers.

Macabasco-O'Connell & Fry-Bowers,

2011

## US Health Promotion Students

- 42% recognized low health literacy means late diagnosis late and fewer treatment options than those with adequate health literacy skills.
  - 50% felt those with low health literacy would rate health status higher
- 92% identified appropriate way to assess literacy by having participants read back health information.



# Curriculum Gaps

- 90% of HPW students indicated they only never or sometimes received training in health literacy and how to use a screening tool.
- 50% felt they received training on developing culturally appropriate materials but responses were mixed on how to evaluate readability at the appropriate levels.



# Application to Worksite Wellness

- Students need more training beyond cultural competence with training to develop practical tools to deliver information to a broad audience.
- Many students still felt a survey would be an appropriate assessment of literacy so emphasis on more personal interaction with participants and training is needed.
- Open ended responses indicated linkage between cultural diversity knowledge and the potential gaps that may exist in literacy and ability to manage health.



# Strategies for curriculum development

- Learn how to develop workplace policies that increase and improve health information and services for employees and families
- Learn to select information and services are culturally and linguistically appropriate.
- Understand the importance of engaging employees in evaluating health and wellness information.
- Develop knowledge of how health insurers can provide appropriate health information.
- Provide training, tools and resources to help employees improve information seeking and decision making skills.

USDHHS, 2010

