Health Literacy Component of the 2003 National Assessment of Adult Literacy

What is the new health literacy component of NAAL?

The health literacy component (HLC) of the 2003 National Assessment of Adult Literacy (NAAL) is the first-ever national assessment designed specifically to measure adults' ability to use literacy skills to read and understand health-related information. The *health literacy score* produced by the HLC establishes a baseline for future assessments of health literacy. The score, for example, will help the U.S. Department of Health and Human Services (HHS) to gauge progress toward its *Healthy People 2010* goal "to improve the health literacy of persons with inadequate or marginal literacy skills" (HHS 2000).

Sponsored by the National Center for Education Statistics (NCES) in the U.S. Department of Education, NAAL is a nationally representative assessment of the English language literacy skills of Americans age 16 and older. The HLC, first administered as part of the 2003 NAAL, was developed at the request of and in partnership with HHS.

What is health literacy?

The NAAL definition of health literacy focuses on one key aspect of health literacy:

the ability to understand and use health-related printed information in daily activities at home, at work, and in the community to achieve one's goals and to develop one's knowledge and potential.

The HLC is designed to provide objective data on health literacy as defined above, based on respondents' performance on health-related tasks similar to those encountered in their daily lives. The HLC does *not* measure other aspects of health literacy, such as (1) the ability to *orally* consult about a condition or treatment; (2) *knowledge* of health issues, such as how to prevent hypertension; and (3) the ability to understand health materials containing *medical jargon* and *scientific terms*.

How can HLC data be used?

NAAL reports health literacy scores for the nation's adults as a whole—and for specific populations of interest (e.g., the elderly, immigrants, minorities, low-income persons, the less educated, and prison inmates). Thus HLC data can help policymakers, health communicators, and literacy practitioners to

- identify the health literacy skills of target audiences;
- develop health information tailored to the literacy strengths and weaknesses of target audiences; and
- develop programs to improve the health literacy skills of specific audiences.

What does the HLC measure?

The HLC assesses responses to health-related tasks presented in written form. These tasks fall into three categories: clinical, prevention, and navigating the health system. Examples of health-related tasks might be to determine the correct dose of a prescribed medication from a prescription label; to understand from written material the health risks of obesity; or to determine the benefits of a health insurance plan.

The health literacy score derives from respondents' performance on 28 health-related prose, document, and quantitative tasks embedded in the main NAAL assessment (out of a total of 152 NAAL tasks). Two of these tasks are repeated from the NAAL forerunner, the 1992 National Adult Literacy Survey (NALS); the remaining 26 are newly created for NAAL. To perform the HLC tasks, respondents must apply general literacy skills such as

- searching texts (especially documents) efficiently to obtain specific health information;
- drawing appropriate inferences from health-related prose and documents;
- identifying and performing computations on numbers embedded in health-related prose and documents; and
- using searched, inferred, or computed information to make appropriate health decisions.

What information does NAAL provide, based on analyses of HLC data?

The HLC provides a portrait of American adults' ability to use literacy skills to read and understand health-related information. In addition to reporting health literacy scores for all adults and for at-risk populations such as the elderly, minorities, low-income persons, immigrants, the less educated, and the nation's prison population, NAAL reports

- the relationship of other NAAL literacy scores with health literacy scores;
- the health literacy skills of adults with marginal or inadequate general literacy skills;
- the relationship of health literacy scores with the newly developed literacy levels;
- the types of health literacy tasks that adults scoring at different percentiles and scale scores can and cannot perform;
- the percentages of the population giving a correct answer to each of the 28 health literacy tasks;
- the general literacy *skills* required to successfully complete health literacy tasks and the deficits in general literacy that prevent successful completion of these tasks; and
- statewide health literacy scores for states that choose to participate in the separate state assessments conducted by NAAL (six states in 2003: Kentucky, Maryland, Massachusetts, Missouri, New York, and Oklahoma).

For more information about NAAL and its components, visit the NAAL website at <u>http://nces.ed.gov/naal</u> or contact Sheida White, NAAL Project Officer at the National Center for Education Statistics, by e-mail at Sheida.White@ed.gov.