

The Health Literacy of U.S. Adults across GED® Credential Recipients, High School Graduates, and Non-High School Graduates

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Abstract and Executive Summary

Abstract

Health literacy is important for all adults. Because lower health literacy is associated with lower educational attainment, many adult basic and literacy education programs increasingly provide health education to low-literate adults to improve their health literacy. Using data from the 2003 National Assessment of Adult Literacy (NAAL), this study examined the health literacy of adults across General Educational Development (GED) credential recipients, high school graduates, and non-high school graduates by various demographic and socioeconomic characteristics. Specific populations with lower health literacy levels were identified so that adult education entities and policy makers can target these groups with more support, funding, and better programs to improve their health literacy skills.

Executive Summary

Although adequate health literacy is crucial for people to understand a complex health system and better manage their health, not all adults have the skills to do so. Previous research studies indicate that health literacy is strongly related to educational attainment. In a recent report on *The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy* ([NAAL] Kutner, Greenberg, Jin, & Paulsen, 2006), NCES found that more than 40 percent (about 90 million) of American adults age 16 years and older do not have adequate health literacy to obtain, process, and understand basic health information and services, and consequently can not make appropriate health decisions.

The 2003 NAAL also introduced the first-ever national assessment of adults' ability to use their literacy skills in understanding health-related materials and forms. The 2003 NAAL included a health literacy scale with prose, document, and quantitative items measuring three domains of health and health-care information and services: clinical, prevention, and navigation in the health-care system (Kutner et al., 2006).

How do average health literacy scores on the NAAL compare for adults with a General Educational Development (GED) credential and adults with or without a high school diploma? Average health literacy scores for adults across these three educational attainment levels were analyzed by ten demographic characteristics: race/ethnicity, gender, age, language spoken before starting school, country of birth, age of arrival in the United States, age learned to speak English, employment status, poverty threshold, and overall health.

The results indicate that GED credential recipients generally have statistically significant higher average health literacy scores than that of non-high school graduates across the ten demographic and socioeconomic backgrounds ($p < .05$). Exceptions were found for adults who indicated "other" race/ethnicity, who spoke English and another language (including Spanish) before starting school, and who started learning to speak English after 11 years of age. Within these three groups, GED credential recipients show levels of health literacy levels that are statistically equivalent to those of non-high school graduates ($p < .05$).

Comparisons of average health literacy scores of adults with a GED credential and high school graduates indicate that adults with a GED credential generally have statistically equivalent health literacy levels to those of high school graduates across the 10 demographic and socioeconomic backgrounds ($p < .05$). Adults with a GED credential who were between 25 and 39 years of age, and those who were below the poverty threshold, showed statistically

significant higher average health literacy scores than the high school graduates with the same demographics ($p < .05$). Only the high school graduates who were 50 years and older had statistically significant higher average scores than GED credential recipients.

This study provides critical evidence that not only do adults with a GED credential show higher levels of health literacy than adults with less than or some high school across many demographic backgrounds, but also that their levels of health literacy are generally comparable to those of high school graduates across similar sets of demographics. Specific populations with lower health literacy levels that adult educators and policy makers might consider for enhanced support with health literacy include adults aged 50 and older, adults who spoke English and another language before starting school, and English language learners who started learning to speak English after 11 years of age.

Reference

Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). *The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy* (NCES 2006-483). U.S. Department of Education, National Center for Education Statistics, Washington, D.C.: U.S. Government Printing Office.