

A Global Perspective on Incorporating Health Literacy Modules into College Curriculum

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ABSTRACT

Preparing students enrolled in healthcare programs for industry is paramount. While providing administrative and clinical education is essential, students must understand the health literacy levels of the population they serve and work diligently to ensure the population understands and comprehends the health information. Adults with low or limited health literacy levels need help understanding health information and making informed decisions. Research shows that improvements in health literacy result in decreased ER visits, medication errors, increased patient satisfaction, and better health outcomes. Health literacy is an issue throughout the world. This reflection seeks to provide a narrative comparing health literacy concerns in the United States and Spain. The objective is to shed light on the need for all colleges and universities to teach students about health literacy and how to determine patients' health literacy levels. Increasing students' understanding can improve the comprehension and awareness of patients and the population that they serve, thus leading to more appropriate health decisions and outcomes.

Keywords: Health Literacy, Health Curriculum, Global Health, College Students, Health Care

Health literacy is defined as the possession of the knowledge and literacy skills needed to make an informed health-related decision. Health literacy often needs to be clarified with reading levels and literacy levels. While there is a correlation, they are all fundamentally different. There are many definitions, but at the core of health literacy are the common elements regarding the ability to obtain, understand, and use health information to make informed decisions regarding health and treatment that will significantly impact health outcomes (Sorensen et al., 2012).

Low and limited health literacy levels are associated with higher emergency room visits, medication errors, and an increased mortality rate. Studies have demonstrated that people with limited health literacy struggle with medication adherence, communicating effectively with health providers, and understanding diagnosis and treatment (Wood et al., 2023). Determining patients' health literacy level can illuminate their understanding of their health conditions and lead to more appropriate health decisions and outcomes.

Dealing with patients and populations with low and limited literacy is a global concern. This paper seeks to provide a scoping narrative comparing health literacy concerns globally and specifically in the United States and Spain.

Global

Health literacy is not an issue in one country but a global concern. One of the World Health Organization's (WHO) priorities is to develop integrated and people-centered health services that reduce health costs and improve the quality of life. As such, WHO included health literacy promotion as a critical focus area in the 2030 Agenda for Sustainable Development. Health literacy is not simply deemed a personal resource; it is more than reading brochures and understanding prescription labels from a health care provider. The growing vitality of health literacy is making it an essential concept that shows that health literacy is not simply on the patient; however, it is the equal responsibility of governments, health systems, and health providers to ensure that they are presenting easy-to-understand and easily accessible information for culturally diverse individuals (WHO, n.d.).

Of significant note, a section of WHO discusses the need for quality education, including access to sexual and reproductive health information. Many students have a prerequisite and information in the curriculum regarding adopting a healthier lifestyle. Their understanding and attainment of the information need improvement. Improving health literacy in K12 (early education) schools and college settings is needed and can start indirectly with ensuring that literacy is improved through reading, writing, and critical thinking skills. After these essential concepts are met, there is the opportunity to ensure that healthier behaviors are taught and understood early in their lives.

Globally, during COVID-19, it was revealed that critical and digital health literacy skills were needed globally. Much information was being obtained

and pushed out to communities from different health professionals. The need for health literacy skills grew increasingly acute and shed light on many inequities. Even though we are across the globe and cross borders, it is crucial to understand that we have shared health and well-being goals. The responses to health issues are interconnected globally, mainly with much global travel. Many countries still need to be represented in health literacy research. This mainly includes portions of Africa and those countries with regional crises and distress (Sentell et al., 2020).

United States of America

According to a report by Milken Institute, approximately 88% of adults in the United States need better literacy to navigate the healthcare system. This includes maneuvering through insurance companies, pharmacies, hospitals, and outpatient clinics. People with lower and limited health literacy are more apt to miss doctors' appointments and have decreased continuity of care. Additionally, they need help understanding their diagnosis, treatment and reading prescription medications (Lopez et al., 2022). The data shows that Hispanic populations have the lowest health literacy rates. Additionally, those who speak only English at home have higher health literacy rates. From a socioeconomic status, higher health literacy rates are linked to people who have higher income and education levels (Lopez et al., 2022).

Approximately 17.5 million students attended college for the first time in Fall 2020. Traditional college students live and interact in close quarters due to living on campus. Any health-related decisions and behaviors impact many aspects of their lives, and they are left without their parents to assist them in making significant decisions. Data has shown that while college students are educated and informed, they still need more knowledge and limitations regarding health literacy and digital health literacy (Patil et al., 2021). One study found that many college-aged adults need more electronic health literacy knowledge and help to access accurate information from reliable sources (Stellesfson et al., 2011).

A study conducted at a U.S. college sent an online survey to students. The students received \$6 or less for participation in the study, which took approximately 10 minutes to complete. Health literacy was measured with a single-item health literacy screener, and digital health literacy was measured by an abbreviated version of the digital health literacy instrument (DHILI), which the global COVID-Health Literacy Consortium used. The results revealed that the majority of students were 23.9 +/- 4.3, male, and the majority identified as Non-Hispanic White (38%), followed by Non-Hispanic Asian (36%) and Non-Hispanic black (14%). More than half of the respondents demonstrated low health literacy, and respondents who identified as female or binary were approximately twice as likely to have adequate health literacy levels compared with those identifying as male. The study revealed that college students receive

and share information from various sources. This is an area where universities can help combat misinformation and start social marketing with reliable and valid health information.

The research reveals that students need help with their health care and have low health literacy. Therefore, this further shows the need to ensure that students enrolled in health programs are well-equipped to interact with patients and the population as a whole appropriately. According to the Centers for Disease Control and Prevention (CDC, 2023), health professionals and educators must help people become familiar with health terms, information, and services to make informed decisions. This involves ensuring we build our health literacy skills and communication to communicate efficiently and effectively.

Spain

It is estimated that nearly 30% of the population in the European Union has low health literacy rates. A cross-sectional study conducted at a healthcare center in the Madrid region (Spain) by Garcia-Garcia and Perez-Rivas involved adult patients requiring primary care nursing services. One hundred and sixty-six participants were randomly recruited. The Health Literacy Questionnaire (HLQ) was used. People with a better-perceived health status showed a higher level of health literacy. People over 65, those with an incomplete secondary education, and those unemployed returned lower scores for several literacy dimensions (Garcia-Garcia & Perez-Rivas, 2022). The study reported that the European Health Literacy Survey returned results that approximately half of the people (47.6%) surveyed in Europe had low or limited health literacy. This number increased to (58.3%) in Spain. The study revealed exciting information that showed that only 10.3% of people in Northeast Spain (such as Catalonia) demonstrated inadequate health literacy. In comparison, 5.1% had low or deficient health literacy levels (Garcia-Garcia & Perez-Rivas, 2022).

Juvinya-Canal et al. (2020) conducted research that looked at the health literacy levels of students from the Universities of Girona and Barcelona (Spain) and the Regional Institute of Social Work in Perpignan (France). Surveys were given to students enrolled in one of the following disciplines: Nursing, Social Work, Primary Education, and Special Education in the 2017–2018 academic year. In total, 219 students completed the survey, and 64.4% were studying Social Work, 23.7% Nursing, 5.9% Primary Education, and 5.9% Special Education. Of the total sample, 36.5% were classified as sufficient in health literacy. Nursing students obtained the best results, and healthcare was the highest-rated subdomain, more than disease prevention and health promotion.

Health literacy studies conducted in Spain revealed the need to improve health literacy and the need for training programs. These programs are needed across the health, education, social work, and psychology degrees. These results are consistent with studies in the United States.

Health Literacy Education

Regardless of the country of residency, training and educating healthcare students and those involved in patient care is essential to improve health literacy rates and quality of life. Incorporating health literacy training into the health curriculum ensures that future employees can communicate with diverse populations.

Incorporate	Teach	Ensure	Redesign
<p>Incorporate health literacy into educational programs</p> <ul style="list-style-type: none">• Teach children, teenagers, and young adults at younger ages	<p>Teach college students (especially those in health industry) how to identify people who have limited or low health literacy levels</p>	<p>Ensure that cultural beliefs and customs are considered when creating and adopting health literacy programs</p>	<p>Redesign current policies to improve health literacy</p>

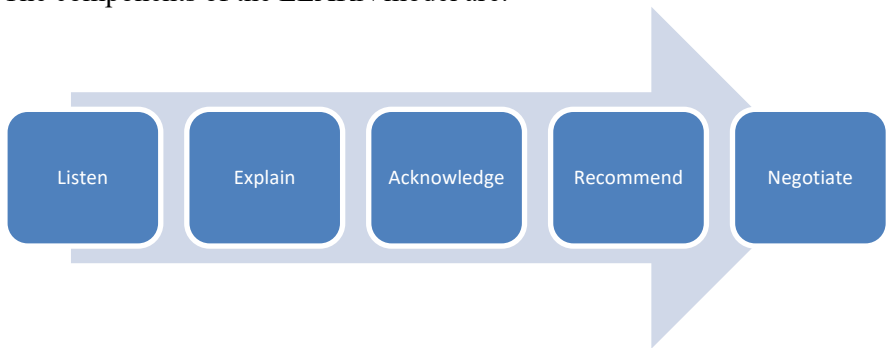
The health curriculum should include the following components:

1. Educating health students and faculty: The curriculum should be fashioned so that students understand the importance of health literacy and can improve their health literacy skills. This portion of the curriculum should also include cultural sensitivity training and discussion on cultural and linguistic norms needed to communicate with diverse populations.
2. Oral and Written Communication: The curriculum should include training regarding writing and communicating information in a way patients and the general population can understand. There are better ways to share information with patients/general population than medical jargon and technical terms. This may include avoiding medical jargon and technical terms.
3. Organizational leaders must be aware of the need to build health-literate organizations. Leadership must ensure that the directional signs in the hospital are easy to read and understand.

LEARN Model

One way to teach health literacy to the general population is via The LEARN model. The LEARN model is a model used for cross-cultural communication. It helps build mutual understanding among healthcare professionals and patients. The model is a great way to prepare students for cross-cultural communication and to help assess patients' health literacy levels.

The components of the LEARN model are:



Listen refers to the health care professional assessing the patient's understanding of their condition. The model provides an excellent opportunity to ensure they know the condition, understand the cause and symptoms, and adequately understand the treatment. It is essential that patients are comfortable answering questions and that there is patience and empathy from the health care professional. The next step is to explain the condition in simple terms. Acknowledgment is the third step of the model. This step involves acknowledging the differences between the patients' and healthcare professionals' views. It is essential to share similarities and differences. During this time frame, healthcare professionals should ensure that they continue to use easy-to-understand terms and even consider sharing examples. The next step is to recommend a treatment plan. During this step, the healthcare professional should explain the treatment options. The benefits and risks should be discussed. Again, the patients and their families should have adequate time to ask questions and have their questions answered satisfactorily. Giving the patients and family members time to consider the options and schedule a follow-up appointment may be necessary. The last step of the model is to negotiate or reach an agreement regarding the treatment plan. The treatment should be understood and fit with the patient's perceptions of healing.

Conclusion

Consistent health literacy training is a global concern. Improving health literacy and incorporating education and training within college curriculum is necessary to improving health outcomes and helping people understand their health conditions and treatment options. Increasing the knowledge and awareness of future healthcare professionals' health literacy levels can increase the ability of the healthcare industry to meet the needs of all people served. This will translate to empowering people and populations to make informed decisions, decreasing errors due to limited understanding, and thus improving global health outcomes.

References

- Berlin EA, Fowkes WA Jr (1983). A teaching framework for cross-cultural health care. Application in family practice. *The Western Journal of Medicine*, 139(6):934–38.
- Centers for Disease Control and Prevention (2023). Understanding health literacy. Retrieved from, <https://www.cdc.gov/healthliteracy/learn/understanding.html>
- García-García D, Pérez-Rivas FJ. Health Literacy and Its Sociodemographic Predictors: A Cross-Sectional Study of a Population in Madrid (Spain). *International Journal of Environmental Research and Public Health*. 2022; 19(18):11815. <https://doi.org/10.3390/ijerph191811815>
- Juvinyà-Canal, D., Suñer-Soler, R., Boixadós Porquet, A., Vernay, M., Blanchard, H., & Bertran-Noguer, C. (2020). Health Literacy among Health and Social Care University Students. *International Journal of Environmental Research and Public Health*, 17(7), 2273. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph17072273>
- Lopez, C., Kim, B., & Sacks, K (2022). Health literacy in the United States: Enhancing assessments and reducing disparities. Milken Institute. Retrieved from https://milkeninstitute.org/sites/default/files/2022-05/Health_Literacy_United_States_Final_Report.pdf
- Patil, U., Kostareva, U., Hadley, M., Mangnello J.A., et al. (2021). Health literacy, digital health literacy, and COVID-19 pandemic attitudes and behaviors in U.S. college students: Implications for interventions. *International Journal Environmental Research and Public Health*. Retrieved from,
- Sentell, T., Vamos, S., & Okan, O. (2020). Interdisciplinary perspectives on health literacy research around the world: More important than ever in a time of COVID-19. *International journal of environmental research and public health*.
- Sorensen, K., et al. (2012). Measuring health literacy in populations: illuminating the design and development process of the European Health Literacy Survey Questionnaire. *BMC Public Health*, 13, 948.
- Stellefson, M., Hanik, B., Chaney B., Chaney D., et al (2011). eHealth literacy among college students: A systematic review with implications for eHealth education. *Journal of Medicine Internet Research*. Retrieved from, <https://pubmed.ncbi.nlm.nih.gov/22155629/>
- Wood, H., et al. (2023). Student health and social care professionals' health literacy knowledge: An exploratory study. *Pharmacy*, pp. 11, 2.
- World Health Organization. WHO global strategy on people-centered and integrated health services INTERIM report; 2015. p. 1–50.

World Health Organization (n.d.). Health literacy. Health promotion. Retrieved from, <https://www.who.int/teams/health-promotion/enhanced-wellbeing/ninth-global-conference/health-literacy>

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