

Health Literacy

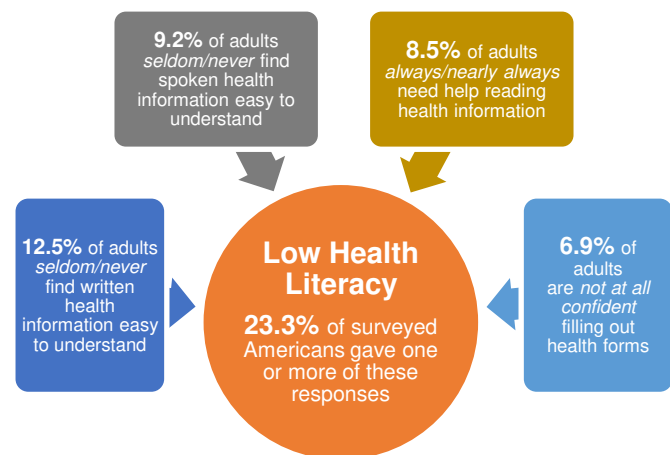
Findings from the PRC National Health Survey



PRC is the only research firm to conduct regular national studies (since 1995) to collect comparative data for its CHNA clients. The latest **PRC National Health Survey** reflects a random sample of 1,000 Americans interviewed through a mixed-mode protocol, including telephone (landline and cell phone) and internet surveys.

“Health literacy” can be described 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.¹ To help gauge understanding of health information, PRC has developed a composite health literacy score based on four self-reported survey items:

- How often is health information written in a way that is easy for you to understand?
- How often do you need to have someone help you read health information?
- How often is health information spoken in a way that is easy for you to understand?
- In general, how confident are you in your ability to fill out health forms yourself?



As illustrated in the figure at right, respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” filling out health forms.

The PRC National Health Survey found that the following groups demonstrate a statistically higher proportion of members with low health literacy when compared to their demographic counterparts: men; Hispanics/Latinos; those with lower incomes; those with a high school education or less; and those who are unemployed or unable to work.

Why is it a problem?

Access to Medical Care. Compared with the general population, those with low health literacy are significantly less likely to have had recent preventive health services, including a dental visit in the past year, blood pressure check in the past two years, cholesterol check in the past five years, and blood sugar test in the past three years (non-diabetics). Further, 58.1% of the low health literacy population has a specific source for ongoing medical care compared to 74.0% of the national population. This is far below the Healthy People 2020 objective of 95.0%.

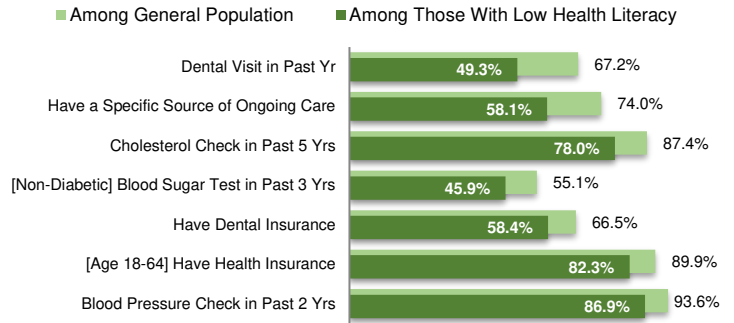
¹ Ratzan SC, Parker RM. 2000. Introduction. In *National Library of Medicine Current Bibliographies in Medicine: Health Literacy*. Selden CR, Zorn M, Ratzan SC, Parker RM, Editors. NLM Pub. No. CBM 2000-1. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.



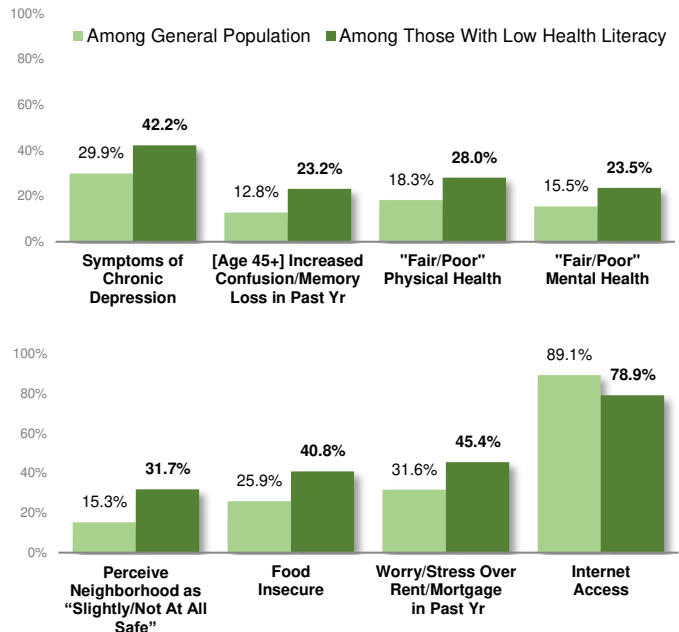
Access to medical care may be a source of this disparity as 9.4% more residents with low health literacy had difficulty accessing healthcare in the past year than did US adults in general. This population also has a significantly lower proportion of adults age 18 to 64 with health insurance and a lower proportion with some kind of insurance to help pay for dental care expenses. Not surprisingly, nearly twice as many individuals with low health literacy (26.2%), compared to the general population (14.2%), rate the local health care services available to them as fair or poor.

Health Status. With a higher prevalence of symptoms of chronic depression and a higher prevalence of increased confusion and memory loss in those ages 45 and older, this population truly needs access to health services. A greater proportion of this group rates their physical and mental health as fair or poor.

Social Struggles. This population may also benefit from community services that could help reduce the proportion (40.8%) that is food insecure, meaning adults who ran out of food or have worried about running out of food in the past year, and the proportion (45.4%) that has worried about paying their rent or mortgage in the past year. A total of 31.7% of these families live in neighborhoods that they consider slightly or not at all safe. Internet access is more than 10 percentage points lower in this population than among all US adults.



Source: PRC National Health Survey, Professional Research Consultants, Inc.



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What are YOUR Numbers?



When PRC conducts a customized, local Community Health Needs Assessment (CHNA) for YOUR community, these up-to-date national data provide an important and consistent level of comparison not available through other sources. Only the PRC CHNA offers you the flexible, timely, and robust measurement you need to monitor changes in short, three-year implementation cycles.

To learn what PRC's custom data can do for you, contact us at 800-428-7455 or visit www.PRCCustomResearch.com.

