

## **American Association of Family & Consumer Sciences Resolution on Basic Health Literacy**

**Whereas**, health literacy is the degree to which individuals have the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

**Whereas**, health literacy is critical to obtaining and maintaining health.

**Whereas**, low health literacy is predictive of poor health status and outcomes.

**Whereas**, low health literacy is associated with health disparities experienced especially among people with limited education from culturally diverse communities.

**Whereas**, poor health outcomes cost individuals, families, and society.

**Whereas**, Increasing health literacy can save lives, money, and improve the health and well-being of millions of Americans.

**Whereas**, health and health policies are on the public's agenda as evidenced by local school wellness policies, the emerging Plain Language Act, the Children's Health Insurance Program Reauthorization Act of 2009, and the proposed National Health Literacy Act.

**Whereas**, supporting professionals whose work assists individuals, families, and communities in making informed decisions about their well being, relationships, and resources to achieve optimal quality of life is the mission of AAFCS.

**Whereas**, AAFCS has the capacity to address critical issues, for example creation and promotion of a recent initiative in regard to H1N1.

**Be it Resolved** that AAFCS supports initiatives, programs, and public policies that incorporate principles and practices of health literacy; provide funding for expanding the body of knowledge; and/or support school and community-based educational programs that increase the health literacy of individuals, families, and communities.

**Be it Resolved** that AAFCS encourages opportunities for further discussions to address this social issue, including but not limited to the action plan for state affiliates shown below.

## Background Information

Health literacy is complex and impacted by culture and society, health systems, and the education systems, all of which affect health outcomes. Health literacy as a concept is a recent entry into the literacy field. Consequently, definitions and the conceptual framework are in flux. Health literacy emerged from the medical field in response to changes in the population and resulting communications challenges. The Institute of Medicine (2004) defined health literacy as: “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

The World Health Organization uses this description: “Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use the information in ways which promote and maintain good health.” Ratzan & Parke offer: “The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.” And from the federal policy arena comes the *Healthy People 2010* definition: “The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

The first assessment of health literacy found that only 10% of American adults are health literacy proficient (Kutner, et al, 2006). Adults most at increased risk for low health literacy include the elderly, minority groups, and those with less than a high school education (IOM, 2004). Low health literacy predicts a person’s health better than age, income, employment status, education level, and race (Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, 1999).

A recent study estimated that the annual cost of low health literacy ranges between \$106 billion and \$238 billion dollars (Vernon et al, 2007). Individuals with low health literacy have increased use of emergency services, are less likely to be able to control chronic diseases such as diabetes, and have lower use of preventive procedures such as early childhood immunizations and mammograms.

Interest in health literacy has moved into the public policy arena. The proposed National Health Literacy Act of 2007 may be addressed in the new, 111<sup>th</sup> Congress and by the

new administration. Information on the act, introduced with no further action-to-date, is available at <http://www.govtrack.us/congress/bill.xpd?bill=s110-2424> .

### **Action Plan for State Affiliates**

- Internet discussions may be sponsored by affiliates, focus groups held at state conventions/annual meetings to address and personalize the issue for each state, and/or state work forces established to build awareness of the health literacy issue.
- Using tools developed at the national level for health literacy activities, Presidents may appoint an ad-hoc committee to implement the appropriate health literacy activities in their state.
- State meetings may include an orientation session on the issue and train members to go back to their communities and implement appropriate programs in their communities.
- District meetings within the state would be an ideal place to implement and train professionals who do not attend the state meeting.
- At the annual conference of AAFCS, states may share their efforts and ideas and perhaps develop a community for this concern.
- State affiliates may determine when and how effort needs to be adjusted, continued, or ceased.

### **Selected References**

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