I didn’t bring my glasses, can you please read this for me?” This is a familiar refrain of those who cannot read. I was shocked into another reality following an address on adult illiteracy at a recent Rotary Club meeting. Have we all not recognized these words from patients and ignored a major problem—illiteracy? I left this 20 minute discussion with many questions: How can they access health care? How can health care information be understood? These were only two basic questions with more to emerge the next day. As nurses, the answers lie within us to change the manner in which we practice, run our offices, and educate students.

A soon-to-be published National Assessments of Adult Literacy report used this definition of literacy:

- Using printed and written information to function in society, to achieve one’s goals and to develop one’s knowledge and potential (National Center for Education Statistics, 2002).

This definition is comprehensive because it goes beyond decoding and comprehending, including a broad range of information processing skills adults use in their lives each day in many areas—work, school, and community. Are you stuck, as I am, by the words “function in society?” Have we taken for granted that which we use each day? This editorial may not provide many answers. Its purpose is to create an awareness that may lead to action and intervention.

This report, commissioned by Congress, found that 90 million adult Americans function at the lowest levels of functional literacy (National Center for Education Statistics, 2002). Approximately 40 million functionally illiterate adults cannot perform the basic reading tasks required to function in society. Another 50 million have only marginal literacy skills. The paucity of research prompted the Robert Wood Johnson Foundation to develop a funding priority. What follows are reports of these initiatives.

**PATIENT-PROVIDER INTERACTIONS**

Dr. Ruth Parker and her associates at Emory University, Atlanta, GA, conducted a study, “Effects of Illiteracy on Patient-Provider Interactions,” which developed a tool: Test of Functional Health Literacy in Adults (TOFLA) (Bass, 2000). They tested adults in two adult care outpatient settings in Atlanta and Los Angeles. Findings indicated more than 35% of English-speaking and 61% of Spanish-speaking patients had inadequate or marginal health literacy skills (Bass, 2000). Patients with inadequate health literacy
  - Were almost twice as likely to report their health as poor.
  - Were more likely to misunderstand medication instructions and return appointments.
  - Had difficulty navigating to and within the hospital.
  - Had difficulty understanding informed consent.
  - Were more likely to feel shame about their inability to read.

The research shows inadequate health literacy had a negative impact on patient management of both diabetes and hypertension. These findings were more prevalent among the older adults in their study. Implications for clients with chronic health problems have emerged.

**PATIENT LITERACY IN MANAGED CARE**

Another Robert Wood Johnson Foundation grantee, Julie Gazmarrian, PhD from the Prudential Center for Health Care Research Foundation, Inc. conducted a study, “Determining Patient Literacy in Managed Care,” which assessed the health literacy of 3,260 clients in four Prudential Health Care sites. In-person interviews were conducted with new Medicare enrollees (Green, 2000). The TOFLA was used and 23.5% of English-speaking and 34.2% of Spanish-speaking respondents were found to have inadequate functional health literacy, interpreted as having difficulty understanding directions on prescription bottles, appointment cards, and informed consent issues (Green, 2000).

**WHAT CAN NURSES DO?**

More funds must be appropriated to study these issues in order to encourage intervention studies among university faculty and students. There is a need to ask for feedback, and be sensitive to the fact that many of older patients cannot read adequately. With the myriad sensory limitations experienced by older adults, illiteracy is another one to consider. There are local Literacy Volunteer programs in many areas that may be a clinical site for students, as well as pilot programs that can lead to a larger scientific effort. It is worth more than just a try. This silent disability has to be heard loud and clear so we can provide adequate health care to those who are inadequate in a skill many take for granted.


**REFERENCES**


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