

Working with Literacy Program Students

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A Focus Group Evaluation of Health Literacy Issues

Local Literacy Council Recruitment

- Adult Basic Education students (ABE)
- English language learners (ELL)
- 2 groups at each location
- 61 participants



Getting Started

- Engaging with literacy programs
- State Director identified interested programs
 - Sent introductory email to local Directors
 - Sent brief description of project

Getting Started

- Phone conversation with local Director
 - Explained details
 - Confirmed potential for recruiting enough appropriate students

Encouraging Student Participation

- Participation request from Director or tutor
- Tutor can accompany student
- Meeting held at literacy program site
- Child care available

Encouraging Student Participation

- \$20 incentive
- Bus passes
- Convenient time
 - Late afternoon, early evening
- Healthy dinner served before or after

ABE and ELL

- Fewer ABE students available
- Groups conducted in English
 - Multiple native languages
 - Accents made transcription difficult
- Mixing ABE and ELL influenced conversation

A Focus Group Questions

Questions about:

- Where to go
- Understanding what to do
- How to stay healthy
- Problems encountered

5 Themes Define Barriers

1. Difficulty communicating and understanding verbal and written health information
2. Medication errors
3. Problems with accessing healthcare
4. Hard to read and understand forms
5. Low literacy causes anxiety and shame

Communication and Understanding

- Providers speak too fast
 - “And then they speed up and speed up.”
- Difficult to find right word to explain what is wrong.
 - “When you go to the doctor, you would like to explain how you feel, but sometime you couldn't because you don't have the good words for that.”

Medication Errors

- Dose and side effects not explained well
 - “I was taking some medicine one time, and I was taking too much... (I got) really sick from it, you know ...all I did was sleep.”

Accessing Healthcare

- The health care system is complex.
 - “Then you ain’ t going to be able to find healthcare unless you have some kind of interpreter that would guide you in the right direction.”

Forms and Consent

- Open-ended questions can be difficult
 - “(It would be) easier if they have like questions, not write anything, just have a checkmark on them... words that I could check it off.”

Forms and Consent

- Some sign consent forms without understanding
 - “I don’t understand. I just sign.”
 - “You know, it's like, and then it's like you could sign your life away, and you don't even know that you did it.”

Anxiety and Shame

■ Shame

- “I feel stupid, really stupid, and I’ ve been doing it for years, you know, it’ s like, you know, it gets . . . after awhile..”

■ Male interpreters with female patients

- “She has to say all her things, her personal things, to the interpreter, and then the interpreter to the doctor. And so she was thinking . . . that was very embarrassing.”

Anxiety and Shame

- Disengagement can occur.
 - “Just like from my case, sometimes I can't understand what the person is saying, and I just stop asking.”

Summary

- Work with trusted intermediaries
- Make it easy to participate
- We still have a lot of work to do.

Contact Information

Power Point file on your flash drive and
will be posted on:

www.healthliteracywisconsin.org

www.wren.wisc.edu

or contact:

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Questions?

Comments?

