BEYOND REACH OUT AND READ
Addressing Parental Literacy

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JUST ANOTHER DAY IN THE OFFICE…

Rebecca, a 9 month old is here for her well child visit:

- Typical well child visit. Reach Out and Read strategies employed.
- I ask mom, “How often do you get a chance to read together?”
- Mom replies: “Oh, reading to her is my oldest daughter’s job…”
Now What?!!

- What are your concerns at this point?
- What are your options to address those concerns?
ADDRESSING PARENTAL LITERACY IN THE CONTEXT OF REACH OUT AND READ

What can I do if I am worried about the parents reading ability?
- Ignore, hope message of Reach Out and Read will overcome
- Screen, formally or informally
- “Universal precautions”

How can I assess reading ability?
- Quickly?
- Accurately?
- Respectfully?

How does parental literacy affect children’s literacy?
OBJECTIVES

- Review some determinants of childhood literacy.
- Discuss how family characteristics, especially parental literacy, impact children.
- Discuss screening tools available for assessing literacy in adults.
- Brainstorm ideas for how best to incorporate this into the office visit.
EARLY CHILDHOOD LITERACY

- Learning to read is a critical milestone for children.
- Early reading ability is tied to ongoing academic success.
- Shared book reading promotes literacy as well as emotional development, attachment to parents, etc.
- Reading aloud to infants stimulates specific brain development.
EARLY CHILDHOOD LITERACY

Reach Out and Read: evidence-based model for addressing early childhood literacy.

- Increased Child Centered Literacy Orientation with Reach Out and Read intervention (High, et al)
- Increased vocabulary for older toddlers (High, et al)
- More parents report reading as a favorite activity
Family Environment and Early Literacy

- Children develop higher literacy if...
  - More reading materials in the home.
  - More frequent library visits.
  - More frequent “observable literacy-related behavior” (mom or dad reading to themselves).
  - Child is read to more often.
IMPACT OF FAMILY ON EARLY LITERACY

- Children (4-35 months) more likely to be read to every day if:
  - Age 19-35 months (older toddlers).
  - White.
  - Maternal education is more than high school.
  - Greater household income.
  - Two adults in household.
  - More books in the house.
EFFECTS OF MATERNAL LITERACY

- Association with higher rates of breast feeding

Low literacy in mother is associated with worse outcomes in children’s chronic diseases (asthma, diabetes).

Increased reading difficulty in mothers associated with MRI related differences in children’s brain morphology.
DEFINITIONS OF LITERACY

National Adult Literacy Survey (NALS 1992)
National Assessment of Adult Literacy (NAAL 2003)

“Using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential.”
Emphasizing reading with children means expecting parents to develop the knowledge and potential of their children.

We may be asking them to do this with inadequate skills themselves.
ASSOCIATIONS
(aka the Chicken and the Egg)

Poverty

Health

Educational level

Low literacy

Low income or unemployed
TYPES OF LITERACY

- **Prose**
  - Read and comprehend documents with continuous text.
  - Newspaper, instructions.

- **Document**
  - Non-continuous text.
  - Job application, map, bus schedule.

- **Quantitative**
  - Perform computations.
  - Review a bill, balance checkbook.
Scope of the Problem: NALS 1992

- Large national survey of adults over age 16
  - 47% of Americans had Level 1 or 2 literacy
  - Level 1
    - Can: sign name on document
    - Cannot: read bus schedule, complete job application
  - Level 2
    - Can: identify YTD gross pay on paycheck
    - Cannot: read bus schedule, write short letter to credit card company
Scope of the Problem: NAAL 2003

- Changed reporting nomenclature
  - Below basic
  - Basic
  - Intermediate
  - Proficient

- In prose literacy, 43% of adults were “basic” or “below basic”
- No real change since 1992
Percentage of adults with low literacy who have not told their:

- Co-workers
- Health Care Worker
- Spouse
- Friends
- Children
ADULT LOW LITERACY- SELF ASSESSMENT

“I believe I have above average reading skills”

<table>
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<th></th>
<th>Total Reporting</th>
<th>&lt;=6th grade reading level</th>
<th>7-8th grade reading level</th>
<th>&gt;=9th grade reading level</th>
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<tr>
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<td>21.1%</td>
<td>35%</td>
<td>35.6%</td>
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<tr>
<td>Agree</td>
<td>70.1%</td>
<td>55%</td>
<td>53.3%</td>
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<td>8.8%</td>
<td>10%</td>
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</table>

Adapted from Ferguson, et al. Assesing Literacy in Clinical and Community Settings: The Patient Perspective.
**Red Flag Statements**

- “I forgot my glasses.”
- “I will read this at home.”

Statements I have become suspicious of:
- “Reading to the baby is my older daughter’s job.”
- “He doesn’t really like to read.”
- Others?

Need to distinguish lack of parental information, from lack of parental skill.
AMATEUR ATTEMPTS AT SCREENING

- Are you a good reader?
  - A: Yes!

- What concerns do you have about being able to read with your child?
  - A: None!

- Do you have any difficulty with reading? Reading in English?
  - A: Of course not!

- Would you be interested in some information about services to help you improve your reading skills?
  - A: No!
SCREENING IN THE HEALTH CARE SETTING

- Screen certain individuals or everyone?

- Ramifications of identifying very low literacy patients.
  - Labeling.
  - Employment concerns.
  - How will you use the information.
Barriers to Screening

- May take too long.
- Patients might be offended or alienated.
- Lack of provider familiarity with tools.
- Absence of evidence that screening leads to improvement.
TOOLS: BRIEF ASSESSMENTS

- Number of books in the home
  - >10 adult books.
  - >10 children’s books (PPV 0.91, NPV 0.24).
  - Only useful with parents.

- Systematic review
  - Three useful single item questions
    - “Do you usually ask someone to help you read materials you receive from the hospital?”
    - “How confident are you filling out medical forms by yourself?”
    - “How would you rate your ability to read?”
**TOOLS: BRIEF ASSESSMENTS**

- **SILS: Single Item Literacy Screener**
  - “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”
  - 1-never, 2-rarely, 3-sometimes, 4-often, 5-always.
  - score >2 is positive.

- **Informal Assessment**
  - Patient read-back.
TOOLS: FORMAL TESTS - WORD RECOGNITION

- Rapid Estimate of Adult Literacy in Medicine (REALM)
  - List of 66 common medical words.
  - Patient asked to read aloud.
  - Measures word recognition and pronunciation, not comprehension or integration.
  - Provides reading level range.
  - Takes 2-3 minutes for experienced person to administer.
TOOLS: WORD RECOGNITION

- REALM- SF (short form)
  - Only 7 words
  - “Behavior, exercise, menopause, rectal, antibiotics, anemia, jaundice.”
TOOLS: COMPREHENSION ASSESSMENT

- Test of Functional Health Literacy in Adults (TOFHLA)
  - Available in English and Spanish.
  - Can take up to 22 minutes to complete.
  - 50 items, sentences with word removed.
  - Find the missing word.

- Newest Vital Sign (NVS)
  - Nutrition label.
  - Asked to find information, do calculations.
  - Takes about 3 minutes per person.
TECHNIQUE

- Do in quiet room.
- Oral administration when appropriate.
- Single person doing assessments.
TOLERANCE

- Literature suggests 89-90% of people surveyed were comfortable with screening in the physician’s office.
- Tendency toward preferring the physician to administer.
- 10-11% were not comfortable with this screening.
  - Implications for program?
OPTIONS FOR INTERVENTION

- Tailor your own handouts, patient education materials
  - For the individual.
  - “Universal precautions.”

- Referral to local services
  - Based on screening results.
  - Offer to everyone.
PUTTING IT TOGETHER

- How would you use/how have you used these ideas to identify and intervene for low literacy adults, especially parents of young children, in your own clinics?
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