



IUPUI

SCHOOL OF INFORMATICS AND COMPUTING

DEPARTMENT OF BIOHEALTH INFORMATICS

Indiana University–Purdue University
Indianapolis

Health Literacy-INFO B537 Spring

Course Info: 3 Credit Hour

Location: Classroom

Prerequisites: None

COURSE DESCRIPTION

This course examines health literacy, its role in a multicultural society, and its impact on patient care. Students learn how to increase health literacy so that patients better understand their health issues. The course also examines communication problems between healthcare providers and patients and how to improve health communication.

Required Text(s):

Title: Understanding Health Literacy: Implications for Medicine and Public Health

Author: Schwartzberg, J.C., VanGeest, J.B., & Wang, C.C.

Edition: 1st edition (January 1, 2005)

Publisher: Chicago: AMA Press

ISBN-10: 1-57947-630-9

Title: Advancing Health Literacy: A Framework for Understanding and Action

Author: Zarcadoolas, C., Pleasant, A., & Greer, D

Edition: 1st edition (June 5, 2006)

Publisher: San Francisco, CA: Jossey-Bass

ISBN-13: 978-07879-5433-5

Additional Readings:

Articles and readings suggested by instructor.

STUDENT LEARNING & PROFESSIONAL OUTCOMES:

Upon completion of this course, students will

	RBT	PGPL	Assessments
1. Examine major factors influencing health literacy	4	1, 3	Quiz
2. Discuss the relation between health literacy and health behaviors, health outcomes, and patient care	2	1, 3	Quiz Essay
3. Examine factors that interact with health literacy to increase or decrease adherence to medication and other medical advice	4	1, 3	Quiz Essay
4. Interpret national and international statistics on health literacy	3	2	Quiz
5. Evaluate the role of interactive media and information technology in health literacy	6	2	Quiz
6. Evaluate the impact of low health literacy on public health	6	2	Quiz Essay
7. Compare health literacy among groups in the USA that are at risk of low health literacy, including minorities and nonnative English speakers, the particular barriers they face, and potential facilitators	4	1, 3	Quiz
8. Evaluate pedagogical strategies to increase health literacy among culturally and linguistically diverse patients and their families.	6	2, 3	Presentation Paper
9. Evaluate measures used in health literacy assessment	6	2	Presentation Paper
10. Evaluate the efficacy of health literacy materials and programs	6	2, 3	Presentation Paper
11. Devise a plan to improve health literacy in a health education standards content area	7	2, 3	Presentation Paper

RBT: Revised Bloom’s Taxonomy; *PGPL*: Principle of Graduate and Professional Learning

Principles of Graduate and Professional Learning (PGPL)

Learning outcomes are assessed in the following areas:

1. Knowledge and skills mastery (K&S) Some emphasis
2. Critical thinking and good judgment (CT) Moderate emphasis
3. Effective communication (EC) Major emphasis
4. Ethical behavior (EB)

All readings assigned for a particular class must be completed before that class begins.

Pop Quizzes will be given at the start of most classes on the assigned reading or on the content of guest speakers' talks. These will be True/False or simple answer quizzes. Your quiz grade will be the average of those quizzes. If more than ten are given, the lowest quiz grade(s) may be dropped.

Health Literacy Essay will reflect the student's engagement with issues of Health Literacy. Further details will be provided.

Book Report and Research Paper Guidelines will be posted on CANVAS. Your individual presentations will be related to your book reports or research paper. PowerPoint slides are not required in your presentations but may be included if they add materially to your presentation.

Course Requirements/Grading:

- 10% Health Literacy Essay (K&S, EC)
- 10% Class Participation (EC, EB)
- 30% Quizzes (K&S, CT)
- 15% Individual Presentation to Class (K&S, EC, CT)
- 35% Research Paper (K&S, EC, CT)

Grading Scale:

A+	97 – 100	Outstanding achievement, given at the instructor's discretion
A	93 – 100	Excellent achievement
A–	90 – 92.99	Very good performance and quality of work
B+	87 – 89.99	Good performance and quality of work
B	83 – 86.99	Modestly acceptable performance and quality of work
B–	80 – 82.99	Marginal acceptable performance and quality of work
C+	77 – 79.99	Unacceptable work (Core course must be repeated for credit)
C	73 – 76.99	Unacceptable work (Core course must be repeated for credit)
C–	70 – 72.99	Unacceptable work (Course must be repeated for credit)
D+	67 – 69.99	Unacceptable work (Course must be repeated for credit)
D	63 – 66.99	Unacceptable work (Course must be repeated for credit)
D–	60 – 62.99	Unacceptable work (Course must be repeated for credit)
F	Below 60	Unacceptable work (Course must be repeated for credit)

Course Schedule:

WEEK 1

Classroom introductions.

Syllabus.

Lecture: Introduction to Health Literacy.

WEEK 2

Literacy vs. Health Literacy, Measuring Health Literacy

Readings:

Schwartzberg – Chapters 2, 3 and 10.

WEEK 3

Measurements of Literacy/Health Literacy:

Readings:

Bass, P.F., Wilson, J.F., & Griffith C.H. (2003). A shortened instrument for literacy screening. *Journal of General Internal Medicine*, 18, 1036-1038.

Chew, L.D., Bradley, K.A., & Boyko, E.J., (2004). Brief questions to identify patients with inadequate health literacy. *Family Medicine*, 36(8), 588-594.

Davis, T., Crouch, M., Long, S., Jackson, R., Bates, P., George, R., et al. (1991). Rapid assessment of literacy levels in adult primary care patients. *Family Medicine*, 23(6), 433-435.

Lee, S.D., Bender, D.E., Ruiz, R.E. & Cho, Y.I. (2006). Development of an easy-to-use Spanish health literacy test. *Health Services Research*, 41(4 Pt 1), 1392-412. doi: 10.1111/j.1475-6773.2006.00532.x.

Parker, R., Baker, D., Williams, M., & Nurss, J. (1995). The test of functional health literacy in adults: a new instrument for measuring patients health literacy. *Journal of General Internal Medicine*, 10, 537-541.

Wallace, L.S., Rogers, E.S., Roskos, S.E., Holiday, D.B., & Weiss, B.D. (2006). Brief Report: Screening items to identify patients with limited health literacy skills. *Journal of General Internal Medicine*, 21, 874-877.

WEEK 4

Health Literacy in a Multicultural Society

Readings:

Andrulis, D.P. & Brach, C. (2007). Integrating Literacy, Culture, and Language to Improve Health Care Quality for Diverse Populations. *American Journal of Health Behavior*, 31(Suppl. 1): S122-133.

Schouten, B.C., & Meeuwesen, L., (2006). Cultural differences in medical communication: a review of the literature, *Patient Education and Counseling*, 64, 21-34.

WEEK 5

Public Health literacy, Role of Education

Readings:

Freedman, D., Bess, K., Tucker, H., Boyd, D., Tuchman, A., & Wallston, K. (2009). Public health literacy defined. *American Journal of Preventive Medicine* 35(5), 446-451.

Sentell, T.L. & Halpin, H.A. (2006). Importance of adult literacy in understanding health disparities. *Journal of General Internal Medicine*, 21, 862-866.

Singleton, K. (2004). An Adult educator's journey into health literacy: Developing health literacy curriculum for ESOL learners. *Literacy Harvest* II(1), 30-34. http://issuu.com/hice_newsletters/docs/literacyharvest (pp. 33-37)

WEEK 6

Health Literacy and Impact on Health Outcomes; Health Literacy

Models Readings:

Schwartzberg Chapter 11

Schwartzberg Chapter 12

Zarcadoolas Chapter 4

WEEK 7

Health Literacy and Impact on Health Outcomes; Health Literacy Models

(continued) Readings:

Baker, D. The meaning and the measure of health literacy. *J Gen Intern Med* 2006; 21:878-883.

Paasche-Orlow, M., & Wolf, M. (2007). The Causal pathways linking health literacy to health outcomes. *American Journal of Health Behavior*, 31(Suppl. 1), S19-S26.

Pignone, M.P. & DeWalt, D.A. (2006). Literacy and health outcomes: Is adherence the missing link? *Journal of General Internal Medicine*, 21, 896-897.

WEEK 8

Advantages and Challenges of Using Plain Language

Readings:

Sableford, S. & Mettger, W. (2007). Plain Language: A Strategic response to the health literacy challenge. *Journal of Public Health Policy*, 28, 71-93.

Zarcadoolas, C. (2010). The simplicity complex: exploring simplified health messages in a complex world. *Health Promotion International*. doi:10.1093/heapro/daq075.

Connor, U., Ruiz-Garrido, M., Rozycki, W., Goering, E., Kinney, E., & Koehler, J. (2008). Patient-directed medicine labeling: Text differences between the United States and Spain. *Communication & Medicine*, 5(2), 117-132.

Wolf, M.S., Davis, T.C., Shrank, W., Rapp, D.N., Bass, P.F., Connor, U., Clayman, M., & Parker, R.M. (2007). To err is human: Patient misinterpretations of prescription drug label instructions. *Patient Education & Counseling*, 67, 293-300

WEEK 9

Culture-specific approaches

Readings:

Zarcadoolas Chapter 7, 11, and 12

WEEK 10

Signs, Forms, Advertisements; Navigating information, systems and

care Readings:

Schwartzberg Chapter 5

WEEK 11

Competency Standards, Oral Communications, Training Doctors

Readings:

Schwartzberg Chapter 6

Schwartzberg Chapter 7

WEEK 12

Schwartzberg Chapter 8

WEEK 13 and 14

Risk Communication, Public Health Campaigns, Internet and Health Literacy

Readings:

Schwartzberg Chapter 9

Zarcadoolas Chapter 5

Zarcadoolas Chapter 6

Zarcadoolas Chapter 8

Zarcadoolas Chapter 9

Zarcadoolas Chapter 10

Note: Probably one or two chapters will be assigned to each student to help lead the discussion, but you should read all of them.

WEEK 15

Presentations and Course Evaluations

Date for each class meeting:

- Specific pre-class readings
- Specific subject matter/topics covered
- Goals and objectives of each class period

EXPECTATIONS, GUIDELINES, AND POLICIES

Attendance:

A basic requirement of this course is that you will participate in all class meetings, whether online or face-to-face, and conscientiously complete all required course activities and assignments. Class attendance is required for classroom-based courses. It entails being present and attentive for the entire class period. Attendance shall be taken in every class. If you do not sign the attendance sheet while in class, you shall be marked absent. Signing the attendance sheet for another student is prohibited. The instructor is required to submit to the Registrar a record of student attendance, and action shall be taken if the record conveys a trend of absenteeism.

Only the following are acceptable excuses for absences: death in the immediate family (e.g. mother, father, spouse, child, or sibling), hospitalization or serious illness; jury duty; court ordered summons; religious holiday; university/school coordinated athletic or scholastic activities; an unanticipated event that would cause attendance to result in substantial hardship to one's self or immediate family. Absences must be explained with the submission of appropriate documentation to the satisfaction of the instructor, who will decide whether missed work may be made up. Absences that do not satisfy the above

criteria are considered unexcused. To protect your privacy, doctor's excuses should exclude the nature of the condition and focus instead on how the condition impacts your attendance and academic performance.

Missing class reduces your grade through the following grade reduction policy: You are allowed two excused or unexcused absences. Each additional absence, unless excused, results in a 5% reduction in your final course grade. More than four absences result in an F in the course. Missing class may also reduce your grade by eliminating opportunities for class participation. For all absences, the student is responsible for all covered materials and assignments.

Incomplete:

The instructor may assign an Incomplete (I) grade only if at least 75% of the required coursework has been completed at passing quality and holding you to previously established time limits would result in unjust hardship to you. All unfinished work must be completed by the date set by the instructor. Left unchanged, an Incomplete automatically becomes an F after one year. <http://registrar.iupui.edu/incomp.html>

Deliverables:

You are responsible for completing each deliverable (e.g., assignment, quiz) by its deadline and submitting it by the specified method. Deadlines are outlined in the syllabus or in supplementary documents accessible through CANVAS. Should you miss a class, you are still responsible for completing the deliverable and for finding out what was covered in class, including any new or modified deliverable. In fairness to the instructor and students who completed their work on time, a grade on a deliverable shall be reduced 10%, if it is submitted late and a further 10% for each 24-hour period it is submitted after the deadline.

