Addressing Intergenerational Literacy in Pediatrics: A Long-Term Approach Toward Improved Health Outcomes

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Imagine you are at your child's doctor's appointment and handed important materials containing information on how to manage his diabetes. You see a slew of numbers and words, but your challenges with literacy—the ability to read, write and understand language—make it hard for you to understand what they say and mean. You don't want to bring this challenge up to his provider because you are worried your parenting ability will be judged or questioned. You want to care for your child in the best way that you can, but limited understanding of your doctor's recommendations is a challenge.

Like many other determinants of a child's health outcomes, research is increasingly showing parent/caregiver literacy significantly impacts children's health outcomes. Specifically, parental literacy has repeatedly been shown to impact their child's own early literacy, developmental and behavioral health outcomes.

In addition, researchers have found that parents with poor literacy have less health knowledge and have exhibited worse health-related behaviors, both of which negatively impact the health of their children. The 2010 Affordable Care Act (ACA) defines this application of literacy as "health literacy." Just as it would seem, good health literacy can often be dependent on basic literacy skills.

However, literacy programs in health care settings can be difficult to implement and sustain. Clinic-level barriers such as short appointment times make it difficult for providers to have in-depth conversations with patients and parents about literacy challenges. Additionally, it can be challenging to find sustainable funding for

programming aimed at addressing non-medical interventions, particularly since they are not reimbursable. To address barriers such as these, health care systems and others are creating innovative solutions to improve access and care for families.

Improving intergenerational literacy by overcoming systemic barriers

There are many opportunities to improve literacy through intergenerational models of care. A notably successful intergenerational literacy intervention example is the Reach Out and Read program, which since 1989 has given out books to families at their children's regular check-ups, encouraging parents and children to read together.

In addition, administrators in clinical settings are implementing structural and practice-based changes to address challenges of low literacy among patients and their parents/caregivers. For example, providers use communication techniques with patients and parents/caregivers to assess their degrees of understanding when discussing health, such as asking open-ended questions to encourage patients to explain what they know or need to learn. Another example is the "teach back" method, through which a provider repeats what patients and parents say back to them to ensure mutual understanding. Providers also distribute health information materials that are written in easily accessible language to accommodate various reading levels—which are tested and created with the input of the intended user groups—and use visuals and easy-to-read fonts.

Taking a community-driven approach

Low literacy and health-literacy rates underlie health disparities related to difficulties interacting with health care providers, reading medication labels, accessing insurance programs, identifying high-quality health information, among others. Therefore, health care systems and clinics might consider additional methods for creatively addressing poor literacy and health literacy in their practices and interventions, particularly those which reflect their communities' unique needs.

For instance, some pediatric hospitals have begun implementing interdisciplinary clinical teams, including non-medical staff like community health workers (CHW) and peer navigators, allowing for more staff capacity to spend individual time with families in understanding their individual circumstances influencing their literacy needs. Evaluators have found that the personalized care delivered through the home-visiting model that many pediatric CHW programs utilize successfully improves health outcomes of both children and parents alike. Another method pediatric hospitals may consider using is community-based participatory research to include families in the process of improving health information and deployment of resources to meet their literacy needs. Both of these methods could help to create more effective interventions and health information materials, as well as improve health care systems' understanding of their local communities' educational needs.

Children from low-income communities face higher rates of language and literacy delays, making efforts toward improving intergenerational literacy disparities key to addressing other disparities in educational outcomes across socioeconomic brackets. The long-term benefits of improved intergenerational literacy include improved health-related decision-making and greater health equity in outcomes for generations of families to come.

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