

AGRABILITY QUARTERLY



Promoting Success in Agriculture for People with Disabilities and Their Families

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The National Grant Program
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Improving the Lives of Farmers and Families

Mary Reyna began working with CalAgrAbility two years ago when she became the AgrAbility project coordinator at Easter Seals Superior California. On a daily basis, Mary serves as the first point of contact for many CalAgrAbility consumers. In addition to conducting intake interviews, Mary performs home and farm site assessments.

As a bicultural/bilingual Latina, Mary grew up with parents that worked in agriculture harvesting olives and peaches. In various capacities throughout her career, Mary has worked with people with disabilities. Mary has found that her personal and professional experiences enable her to understand the needs of many of her AgrAbility consumers and their families.

While her primary duties are providing assessments, Mary has also found that a significant number of her consumers require assistance in making informed medical decisions and navigating the health care system. Mary utilizes numerous resources, many of which were established by Martha Stiles, CalAgrAbility's principal investigator and extension partner. Martha has amassed well over fifteen years of experience in communicating health literacy to constituents.

Working with as many as ten consumers and their families per week, Mary serves as an information and communication liaison between her consumers and their medical professionals, insurance providers, and/or judicial system. "I assist consumers with their medical and legal appointments by being an advocate for services...and



Mary Reyna with a CalAgrAbility display

interpreting for them since I speak Spanish." CalAgrAbility provides several materials and resources in Spanish, as nearly 75% of their consumers are native Spanish speakers. CalAgrAbility also exhibits at health fairs in an outreach effort to inform potential AgrAbility consumers who speak solely Spanish.

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Case Study

Mary Reyna

Mary’s assistance goes beyond just interpreting documents for consumers. “While language is a barrier for the consumers we serve, it is not the whole issue.” Mary recognizes that consumers have a difficult time navigating the health care system as they try to manage their disabilities. She makes phone calls for consumers to help them understand the information they are receiving from various sources in order to ensure they receive appropriate services. She helps consumers locate health care professionals, make and confirm appointments, and prepare for their appointments by bringing required documents and completing paperwork. At other times, she assists in writing letters to insurance providers and the judicial system to advocate for appropriate medical treatment.

A majority of CalAgrAbility consumers are farmworkers—hired labor. If they sustain a work-related disability, they are often faced with complicated legal issues that may affect approval for medical care. “The consumers feel like they are not being heard by attorneys, employers, and

physicians... I follow up to help them put those pieces of information together.”

Working with multiple resources to get the appropriate medical care can be frustrating. “A lot of times, the consumers are frustrated with their disability and with the way the health care system works.”

“My goal is to teach consumers how to prepare for appointments, understand what is happening with their case, and have consumers learn what they need to do to be their own advocate and manage the health care system.”

Mary sees the impact of her work daily. “Once they understand where they are in the system and their role, consumers are able to move on and become independent. Lots of times, I am the one person who the consumer is able to talk to and show his/her real emotions. I love what I do and how I’m able to be that ‘hope’ for people.” ❖

Focus

Health Literacy

Health Literacy: A critical but hidden health issue

Health literacy is one of the most widespread obstacles to achieving better health outcomes in the United States. Since clear communication is a critical element to a successful health care system, understanding the impact of health literacy is paramount. The Partnership for Clear Health Communication (PCHC) defines health literacy as the ability to read, understand, and act on health information.¹ The Institute of Medicine (IOM) further defines it as the degree individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.^{2,5}

Health literacy is more than just reading. Health literacy refers to a variety of skills including reading, writing, numeracy, listening, and speaking.¹ The ability of the consumer to articulate health concerns, describe their health condition accurately, ask pertinent questions, and understand spoken advice

and treatment directions, in addition to locating and evaluating health information is critical to making informed health decisions. According to D. Nutbeam in *Literacies across the lifespan: Health literacy*⁴, health literacy can be broken into three ability levels:

- Functional health literacy - basic reading and writing skills to understand and follow simple health messages,
- Interactive health literacy - more advanced literacy, cognitive, and interpersonal skills to manage health in partnership with professionals, and
- Critical health literacy - ability to analyze information critically, increase awareness, and participate in action to address barriers.

Health literacy is not just the responsibility of the consumer. Health literacy also hinges on the skills, preferences, and expectations of those that provide

health information, such as health care professionals, the media, and at times, AgrAbility staff.

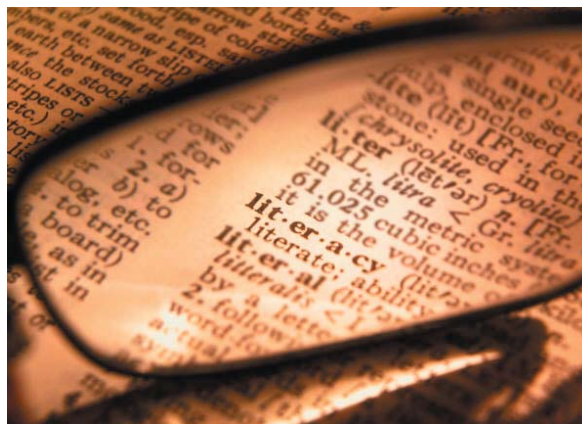
Scope of the problem

Low health literacy can affect anyone, regardless of age, race, education, or income, and it cannot be recognized by physical symptoms or upon examinations. Americans are more educated today than during any other time in history. The average educational level achieved by American adults is the 12th grade, but average reading skills are between the 8th and 9th grade level.³

Likewise, rural Americans are more educated than ever before – today 40% have education beyond a high school diploma.¹⁰ Though more educated, rural Americans are still lagging behind those living in metro areas where 55% have education beyond the high school level.¹⁰ Hired farmworkers are the least educated of all Americans in the workforce with 52% of them having less than twelve years of formal education and 31% having less than nine years of education.¹¹

According to IOM, ninety million people – more than half of all American adults – have difficulty understanding health information, because most medical information is written on a 10th grade or higher reading level.³ This would seem to imply that most Americans, with an average reading skill between the 8th and 9th grade, may lack the basic literacy skills required to effectively navigate and use the U.S. health care system.

The problem may be growing because consumers are expected to be more informed and involved in their own personal health care, while at the same time, the health care system is becoming increasingly more complex and difficult to understand.



Impact of health care

A deficit in health literacy leads to an incomplete understanding of health problems and/or treatments.⁶ Seventy-five percent of consumers in the U.S. with chronic health problems, such as hypertension, diabetes, and respiratory problems, are in the limited literacy category.⁶ Low literacy is related to higher instances of hospitalizations, use of emergency services, more medication and treatment errors, and noncompliance with treatments.⁶ In 2000, the Center for Health Care Strategies reported that the effects

of low literacy cost the U.S. up to \$73 billion each year.⁹ Unfortunately, many health care providers, the public, policymakers, and others remain unaware to the extent of the problem.

Compounding the issue is the fact that most patients hide their lack of health literacy and confusion from health care providers because they are too ashamed or intimidated to ask for help.

Populations at-risk for low health literacy

Populations most at-risk for low health literacy include poor, less educated, older, those with disabilities or chronic health conditions, and minorities.

The largest proportion of American adults with limited literacy is native-born Caucasian speakers of English.³ Rural Americans are one of the most at-risk populations for low health literacy because of the higher incidence of poverty and lower educational levels as compared to metro areas. Despite farm poverty being the lowest in history, rural areas still have higher instances of poverty than metro areas.¹⁰ Living in poverty tends to lead to higher instances of low health literacy.³

According to the National Adult Literacy Survey, people with disabilities/chronic health conditions are another large at-risk population for low health literacy. As an example, more than half of the individuals with

hearing, speech, and visual disabilities scored low in literacy.³ This may compound health issues because people with disabilities or chronic health conditions tend to interact frequently with the health care system. Health literacy may define their quality of life and ability to make sound health care decisions.

Additionally, more than two-thirds of Americans, age sixty and over, have either inadequate or marginal literacy skills.³ Research suggests that 40% of senior citizens cannot read the simplest brochure and at least 70% of older Americans living in rural areas have twelve years of education or less.^{3, 10} A disproportionate number of minorities and immigrants are estimated to have health literacy difficulties because of language and/or cultural differences. In 1993, Kirsh et. al. reported results from the National Adult Literacy Survey indicating that over 50% of Hispanics, nearly 40% of African Americans, and 26% of Native Americans/Alaska Natives have low literacy.³

Recognizing the crisis

Health literacy is a “hidden crisis” arising from educational, social, and cultural factors. The problem is often hidden because people feel ashamed or overestimate their skills. A person may be articulate and have attained higher levels of education yet possess low literacy skills. Some common signs of low health literacy include:

- routinely missing appointments,
- failing to adhere to treatment instructions, and
- failure to complete forms beyond name and address.

Health literacy is a growing concern in health care, especially for those at-risk populations. Several public and non-profit health care organizations are hard at work creating resources to improve health literacy and promote a greater awareness of the issue. The IOM calls for a concerted effort by the public health and health care systems, the education system, the media, and health care consumers to improve the nation’s health literacy. ❖

Additional Health Literacy Resources

- Medicare Rx -- <http://www.cms.hhs.gov/medicarereform/factsheets.asp>
- Plain Language.gov -- <http://plainlanguage.gov/>
- US Department of Health and Human Services, Health Resources and Services Administration -- <http://www.hrsa.gov/quality/healthlit.htm>
- National Library of Medicine -- <http://www.nlm.nih.gov/pubs/cbm/healthliteracybarriers.html>
- Institute of Medicine -- <http://www.iom.edu/report.asp?id=19723>
- American Medical Association Foundation -- <http://www.ama-assn.org/ama/pub/category/8115.html>
- Consumer Health Literacy: Preparing for changing roles, rights, and responsibilities in health and health care -- <http://www.pophealth.wisc.edu/UWPHI/publications/briefs/may04brief.pdf>
- Children, Youth, and Families at Risk (CYFAR) -- <http://www.csrees.usda.gov/nea/family/cyfar/cyfar.html>
- University of Tennessee, Family and Consumer Science Cooperative Extension -- http://fcs.tennessee.edu/healthsafety/t_healthliteracy.htm
- University of New England, Maine Area Health Education Center Network -- <http://www.une.edu/hlit/>
- California Health Literacy Initiative -- <http://cahealthliteracy.org/>
- Virginia Adult Education Health Literacy Toolkit -- <http://www.aelweb.vcu.edu/publications/healthlit/>

Health Literacy Resources

Health literacy is one of the seven public health priorities identified by the Office of the Surgeon General, housed within the Department of Health and Human Services. The National AgrAbility Project (NAP) and the State and Regional AgrAbility Projects (SRAPs) have an opportunity to promote awareness and create solutions that improve the health outcomes for people in rural America.

Building partnerships

NAP is working with the Partnership for Clear Health Communication (PCHC) to increase awareness of health literacy issues. PCHC is the first national non-profit coalition of organizations working together to promote awareness and solutions to the issue of low health literacy and its effect on health outcomes. PCHC offers free and low-cost resources that deliver information and medical education to patients and professional staff. PCHC conducted a health literacy session at the 2005 National AgrAbility Training Workshop in November in support of this initiative. For more information on PCHC, please visit <http://www.askme3.org>.



NAP has also developed a National Health Care Organizations webpage, <http://www.agrabilityproject.org/resources/>, which provides access to comprehensive information about common health care conditions affecting AgrAbility clients.

Raising awareness

Raising awareness about health literacy among AgrAbility staff and clients is important and may be accomplished by including the message of health literacy in written resources and outreach materials. Another way staff and clients can learn more about health literacy is by watching *Low Health Literacy: You Can't Tell By Looking*, a video produced by the

American Medical Association, available at <http://www.ama-assn.org/ama/pub/category/8035.html>

A patient education program, Ask Me 3 created by PCHC, may be a simple yet valuable resource to share with clients. It promotes three essential questions that clients should ask their providers (physicians, nurses, occupational/physical therapists, etc.) during every health care interaction:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Tips on developing resources

By understanding that low health literacy is an issue for many rural Americans, resources can be developed that are written at a lower literacy level. In keeping resources near an 8th grade readability level, there is a greater likelihood that the informational materials will be understood and used. One method to assess the reading level of written materials is to use readability tests. Several readability tests are available free of charge, such as:

- SMOG readability formula -- <http://www.cdc.gov/od/ads/smog.htm>
- Flesch-Kincaid formula, automatically generated in Microsoft Word -- search for Readability in Word Help

Large print resources for those with visual impairments and materials published in multiple languages are useful, especially when serving a diverse population. Several websites offer free document and webpage translation services. One source is AltaVista's Babel Fish Translation at <http://world.altavista.com/>.

It is suggested that a person fluent in the translated language review the document before it is published.

For more information and resources, please visit the websites in the previous section. ❖

CalAgrAbility

Since 2002 the California AgrAbility Project, also known as CalAgrAbility, has been working with the agricultural community through a partnership between the University of California at Davis—Farm Safety Project and the California Superior Easter Seals. CalAgrAbility serves the state of California, with roughly 155,959 square miles, approximately 87,500 farms, and one million migrant/seasonal workers.

More than 20,000 disabling injuries occur on California farms annually, many resulting in permanent disabilities. There are over 350 commodities produced in California, with some parts of the state maintaining production year round. That diverse agricultural production, coupled with year round operations, translates into many different ways of possibly sustaining an injury or disability from farming. CalAgrAbility project staff assist farmers and farmworkers by designing and customizing assistance plans based on the specific farming operation, job tasks, disability type, and

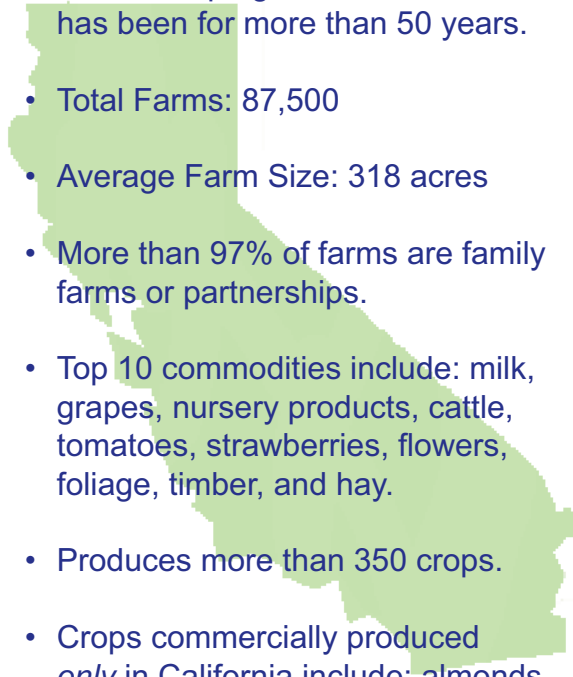
individual needs of the farmer, farmworker or family member. This plan includes recommendations for worksite modifications, peer support involvement, farm job restructuring, farm safety, equipment purchase or modification, referrals to funding sources, and/or assistance with worker compensation or other health and employment issues.

Nearly 75% of the consumer base for CalAgrAbility are Spanish speaking farmworkers. In addition, CalAgrAbility has worked with Mixtecas farmworkers who speak neither Spanish nor English but communicate through their native language of Mixtec. CalAgrAbility has also recognized a recent growth in new farmer populations of Hmong and Punjabi from Southeast Asia. Almost 100% of CalAgrAbility clients are uninsured or underinsured, whether they are farm owners or farmworkers.

With such a diverse agricultural client base, paired with a complicated health care system, CalAgrAbility has identified one of

CA in a Minute: Fast Facts

- Nation's top agricultural state, and has been for more than 50 years.
- Total Farms: 87,500
- Average Farm Size: 318 acres
- More than 97% of farms are family farms or partnerships.
- Top 10 commodities include: milk, grapes, nursery products, cattle, tomatoes, strawberries, flowers, foliage, timber, and hay.
- Produces more than 350 crops.
- Crops commercially produced *only* in California include: almonds, artichokes, dates, figs, kiwifruit, olives, persimmons, pistachios, pomegranates, prunes, raisins and walnuts.



California AgrAbility Project Contact Information

<http://calagrability.ucdavis.edu>

California AgrAbility Project, Farm Safety & Rural Health
 University of California, Dept. of Biological and Agricultural Engineering
 One Shields Avenue
 Davis, CA 95616-5294

Email: mcstiles@ucdavis.edu or maryr@easterseals-superiorca.org

Phone: 800-477-6129

its most important outreach efforts—health literacy. CalAgrAbility actively supports farmers and farmworkers with health literacy challenges by providing translations, coordinating referrals and assistance to community health care programs, stress management resources, and other health service agencies. CalAgrAbility produces bilingual materials in both Spanish and English to accommodate their diverse client populous. Materials include individual reports, brochures, a monthly newsletter, and the project’s website.

The California AgrAbility Project has been a leader in the forefront of forging relationships with other organizations that share a common mission of helping rural people in California. CalAgrAbility has partnered with organizations such as the Arthritis Foundation, Access Adventures, Muir Foundation, and California Centers for Independent Living to further strengthen and expand their outreach efforts into rural California. ❖

CalAgrAbility Staff



Martha C. Stiles, M.S., has served as the primary investigator of the California AgrAbility Project and the Safety Literacy Project since 2002. Martha is a faculty member at the University of California-Davis, Department of Biological and Agricultural Engineering and has worked for UC-Davis for thirty years, primarily with farm and rural populations.



Mary C. Reyna, M.S. has been the California AgrAbility Project coordinator with Easter Seals since 2003. Mary usually serves as the first point of contact for CalAgrAbility clients. Mary conducts intakes, interviews, and worksite assessments, provides assistance with medical/legal appointments, interprets for Spanish speaking clients, and makes presentations about CalAgrAbility at agricultural shows and disability conferences.



Catalina Rivas has served as the media outreach assistant for the California AgrAbility Project since May 2004 with the University of California-Davis. Catalina maintains the website and produces a monthly newsletter and PSAs on CalAgrAbility and farm safety that are translated into Spanish and broadcast throughout California.



Selina Rose Harrington has been with the California AgrAbility Project since August 2005 as an outreach assistant with the University of California-Davis. Her duties include participating in agricultural events and fairs throughout the state of California, assisting with publications, and managing the database.



Lesley Naliboff is a 5th year student at UCD majoring in Spanish and Exercise Biology. The most recent addition to the California AgrAbility Project staff, her duties include translating the newsletters from English to Spanish and disseminating CalAgrAbility information in Spanish. Lesley will be attending medical school in the fall of 2007.

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The AgrAbility Project promotes success in agriculture for individuals with disabilities and their families through on-site assistance and educational resources. For additional information on the National AgrAbility Project or for a current list of state project sites, addresses and telephone numbers contact:

University of Wisconsin - Cooperative Extension

460 Henry Mall
 Madison, WI 53706
 866-259-6280 or 608-262-5166

Easter Seals, Inc.

700 Thirteenth St., NW, Suite 200
 Washington, DC 20005
 800-914-4424 or 202-347-3066

<http://www.agrabilityproject.org>

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