

SUMMARY OF GAPS SESSION SMALL GROUP DISCUSSIONS

Mechanisms/Pathways

- Mechanistic studies – the elucidation of the underlying mechanisms of action will critically focus and inform intervention efforts, which should be multifaceted and empirically based.
- Life course research to understand trajectories of health outcomes in relation to health literacy is needed to inform interventions.
- Underlying constructs from which education or literacy are proxy.
- How providers deliver health information and how patients receive/process information
- What are the neuropsychological and cognitive determinants of health literacy? How does it apply to a patient that attends medical appointments, has to move between practices and providers, deals with different provider communication styles and messages. How does the clinical experience result in medication adherence or not?
- We do not know enough about why people have problems remembering, problem solving, and understanding medication risk.
- Pathways elucidating connection between health literacy and health outcomes.

Measurement & Methods

- Measurement tools that measure more than print literacy.
- Better assessment of public health literacy.
- More research on the relationship between current measures of health literacy and the NAL.
- Define components of health literacy and how to measure them. Include focus on context/dynamic nature of health literacy.
- Develop score cards to measure health literacy.
- We need to understand more about health literacy and numeracy and how the two interact.
- Measures of provider health literacy.
- Healthcare literacy – how do people make decisions regarding how to access the health system?

Descriptive

- What is the relationship between health literacy and safety?
- Health literacy and OTC drug unintentional overuse.
- What is the best interpretation, interest, trust, motivation to adopt and integrate information about health literacy for specific target groups?
- Is health literacy the best brand to promote generally?
- How does health literacy align or conflict with perceptions of personal health information disclosure to others (providers, public, peers, etc.)?
- What is the role of health literacy within different cultures and different populations?
- In addition to the social context, we need to consider the social role of the Internet and health literacy.

- Understand differences health promotion in older Americans who have a disease-dependent model.
- Disparities and specific diseases and broaden definition of underserved to include hearing and vision impaired and disabled.
- Understand differences in use of HIT by age cohorts
- Understand consumer health readability.

Interventions

- Transitions of care – address a variety of issues emergent at or post discharge.
- Don't just educate – activate
- Systems approaches to intervention, including reimbursement changes.
- Practice change strategies.
- Comparative effectiveness of interventions.
- Quality improvement.
- Technology use to enhance health literacy.
- Community-based interventions (need to move interventions from academia to community based health centers).
- Strategic approaches – using interpersonal and family approaches in community context.
- Funding for small demonstration projects that have shown preliminary promise
- Bridging the gap between formative and academic research to the business world (how to enhance the exchange of information, need to transform exchange of information to something of interest to business leaders)
- Limited English proficiency – what works best for LEP? How to improve health literacy for this group. Interpreter issues and others.
- Public health/social determinants approaches.
- Environmental approaches to inform “health literate” policies that target populations as a whole rather than individuals.

Translation/Dissemination

- Translational research in collaboration with communities and real world contexts.
- What are the barriers to dissemination and adaption in the local context?
- We need to adapt research questions for dissemination and sustainability.
- How to judge ‘evidence’ when it is not applied?
- How do we scale up interventions to new context?
- Establish CBPR methodologies, trust, and interact with different cultures. Conditions are different for each individual. How to account for “uncontrolled” variation in a community?
- Create (NIH) consumer health websites focused on patient/caregiver/consumer health/clinical decision support targeted to specific audiences (e.g., adults with chronic conditions).
- Explore approaches to translate improved health literacy into action of non-health sectors (e.g., urban planning, transportation departments, school boards, policy makers)

Training/Collaboration

- Collaboration between health and education investigators and DOE.
- Inter-disciplinary or trans-disciplinary research.
- Media expertise and message expertise are needed (need people who understand media technologies and also people who develop messages)
- International collaborative and comparative health literacy research.
- Early training of physicians/fellows and the entire clinical care team.