

In serving the aging network, communicating effectively with people from all walks of life is important. Communication can be most effective when linguistic accommodation and health literacy are considered.

What is Linguistic Accommodation?

Linguistic accommodation is the process in a conversation where a speaker will adjust their pronunciation, phrasing, or other characteristics of language according to the style of speech of the other participant in the conversation. An example would be when a teenager is speaking to a grandparent versus a teenage friend. The teenager may change their language (linguistic accommodation) to speak slower and more clearly to the grandparent rather than speaking more quickly and in slang terms with a group of friends.

What is Health Literacy?

Consumers' life differences can significantly impact their understanding of health materials provided. This is called health literacy. The [Centers for Disease Control and Prevention](#) define two types of health literacy:

- Personal health literacy is "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."
- Organizational health literacy is "the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."

The definitions help to:

- Emphasize people's ability to use health information rather than just understand it
- Focus on the ability to make 'well-informed' decisions rather than 'appropriate' ones
- Acknowledge that organizations have a responsibility to address health literacy
- Incorporate a public health perspective

A study found that health literacy is strongly associated with patients' being able to engage in complex disease management and self-care. Patients who are unable to successfully interpret health information have increased hospitalization rates, develop more diseases, and experience higher mortality. Low health literacy is associated with patients who are older, have limited education, lower income, chronic conditions, and those who are non-native English speakers. It was concluded that health literacy should be routinely assessed as the population continues to age and live with complex comorbid conditions. It is the role of an aging network professional to incorporate health literacy into standard operating procedures with ready- and easy-to-use tools ([Source](#)).

The role of those serving the aging network is to help enable consumers to understand the health information being provided and how to use the information to make decisions that are right for the consumer.

Why is it Important?

A study found that individuals with low health literacy were significantly more likely than individuals with adequate health literacy to delay or forego needed care or to report difficulty finding a provider, even after controlling for other factors including health insurance coverage, employment, race/ethnicity, poverty, and general cognitive function. Bottom line: Health literacy matters for access to care ([Source](#)).

Steps to Address Health Literacy:

It is important to understand that messages can be misunderstood at any level. It is reported that the average adult can understand messages that are written at or below an eighth-grade reading level ([source](#)). Some steps include:

- Use plain language. Avoid using acronyms and jargon and use an active voice in written communications. The Centers for Disease Control and Prevention has a [resource](#) to help provide easier-to-understand language as an alternative to public health jargon that is commonly used among professionals.
- Use a readability formula. A common readability formula is [The SMOG Index](#). Other readability tools include [Readable](#), [Readability Checker](#), and [Web FX Readability Test](#).
- Use a variety of communication methods. Written materials could include photos, charts and graphs to help consumers visualize data as well as links to videos.

- ! In conclusion, creating resources, completing nutrition education and ultimately reaching targeted consumers with health literacy in mind will take time, but each will also ensure services are offered in a more equitable way.