

**To Read, or Not To Read:
Is There Really Any Question?**

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Being able to read was not particularly important in early America. According to the U.S. Department of Education, "During the 1800's, people were deemed literate if they could write their own names."ⁱ A signature no longer suffices. True literacy is necessary for progressing in school, and eventually obtaining employment. Reading also has a significant impact on an individual's ability to enjoy good health--to understand medical information and avoid unnecessary errors.ⁱⁱ These realities force us to make literacy our responsibility. As providers of medical care, we must strive to ensure that the goal of a healthy nation is not compromised by a lack of reading skills.

The nature and extent of the literacy problem in this country is measured via the National Adult Literacy Survey (NALS). NALS defines literacy as "using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential."ⁱⁱⁱ In 1992, 21-23% of those studied were functionally illiterate, or unable "to use reading, speaking, writing and computational skills in common life situations."^{iv} An additional 25-28% of participants had only marginal literacy skills.^v The functionally and marginally illiterate groups represent more than ninety million American adults. While literacy in English is a problem in immigrant and under-educated populations, it impacts all demographic groups; the majority of functionally or marginally illiterate individuals in the NALS population were American-born, and 20% had high school diplomas.^{vi}

Inadequate literacy skills are costly because they directly impact an individual's ability to function in society.^{vii} Early literacy problems have long-lasting ramifications. Failure to learn to read in the early primary school years is linked to school failure, which in turn is linked to alcohol and drug use,^{viii} criminality^{ix} and teen pregnancy.^x Alcohol consumption itself has been shown to play a significant role in adolescent deaths, including those caused by accidents, homicides and suicides.^{xi} According to the National Center for Education Statistics:

Low levels of literacy limit life chances, and are directly linked to the substantial societal costs of incarceration, welfare dependency, and medical costs. Low levels of literacy in the population—even within developed nations—represent a potential threat to the economic well-being of individuals and society.^{xii}

Reading enables one to fill out a job application, follow written instructions and gain the education necessary to seek jobs with higher compensation. Reading is indeed a form of social currency: the most literate in our society earn 2.5 times the income of the least literate.^{xiii} Forty-three percent of functionally illiterate adults live in poverty.^{xiv}

Literacy is expensive from a health care perspective as well.^{xv} Reading is necessary for understanding consent forms, medicine labels and health care instructions. Adults who have the lowest levels of health literacy are five times more likely to misinterpret a prescription, and 52% more likely to require hospitalization.^{xvi} They also average 2 more health visits a year than literate patients.^{xvii} According to the American Medical Association (AMA), as many as 90 million Americans “may be affected by low health literacy—or the inability to adequately understand medical information.”^{xviii} Illiteracy has raised both inpatient and outpatient costs, as it strains our personal and public resources. Because of this, such major organizations as the Institute of Medicine,

the Agency for Healthcare Research and Quality, and the AMA have called for increased provider responsibility in the area of health literacy.^{xix}

While we realize that reading is necessary to function in the healthcare system, and society at large, it has become less of a priority for our country. Unfortunately, though some people don't read because they can't, others simply chose not to. A recent survey by the National Endowment for the Arts indicates that less than half of adult Americans read for pleasure: a 10% decline in the last twenty years.^{xx} This is troubling for our culture, as those who read for pleasure are more likely to volunteer, perform charity work, support museums and performing arts, and attend sporting events.^{xxi} Those who read also provide positive role models for the future of this nation: our children. It is hard to convince a child to read if those around her are not doing so.

Although convincing adults to read for pleasure falls beyond the purview of the office visit, encouraging basic literacy does not. Physicians and other health care providers have the potential for tremendous influence over patient behaviors. Contrary to how we might feel at times, patients do listen to their doctors. Office-based literacy interventions, in the form of book distribution and anticipatory guidance during well child visits, have demonstrated very favorable outcomes.^{xxii} The idea is simple: the presence of books in the home motivates parents to share reading activities. The 1985 National Commission on Reading called book sharing "the single most important activity for building the knowledge required for eventual success in reading."^{xxiii} Unfortunately, only 52% of children aged 4-35 months were read to daily.^{xxiv}

Pediatric care providers can have an impact on reading. Both the American Academy of Pediatrics and the Maternal Child Health Bureau recommend counseling on

reading as part of well child visits, beginning as early as two months.^{xxv} We know that these conversations are important to parents. The 2000 National Survey of Early Childhood Health, found that children “were 1.66 times more likely to be read to [each day] if a pediatric provider discussed with parents the importance of reading to their children” at well child visits.^{xxvi}

There are several large shared reading interventions now in place. **Reach Out and Read**, founded in Boston in 1989, promotes literacy by having pediatric health care providers give out both books and advice on reading to parents and children at well child visits. The program now facilitates distribution of more than 3 million books yearly, to children in each state, the District of Columbia, Puerto Rico and Guam.^{xxvii} Maine’s **Raising Readers** provides books for children from birth to age five. Since it’s inception in 2000, this program has distributed more than a half million books. More than 95% of pediatric health care providers participate in this statewide program.^{xxviii}

The success of initiatives such as **Reach Out and Read** and **Raising Readers** lies in collaboration. **Reach Out and Read** provides seed money for local program start-up costs, then asks these programs to enlist the support of community organizations for ongoing funding. **Raising Readers**, a venture of Maine’s two largest healthcare systems and the philanthropic Libra Foundation, distributes books to medical offices throughout the state. It also helps these offices to network with literacy-oriented educational and social organizations in their areas.

Raising Readers relies on both local health care providers and literacy experts to build a foundation for childhood reading. Providers distribute the tools (i.e. books), while schools, daycare providers and libraries assist families in using these tools. The

hope is that children will continue to have an interest in books beyond early childhood. In 2005, **Raising Readers** will begin a “pre-library card” initiative for its graduating five year olds. Children in their final year of the program will be referred to local libraries with their parents. Visits to the library will not only provide them with ongoing access to books, but underscore the value placed on literacy in a non-school, community-based venue.

Literacy has many champions in the community. Teachers, day-care providers, librarians, adult education specialists: these individuals (and countless others not noted) have long recognized the value of reading. As health care providers, we need to work with those experienced in these fields, and participate in interventions appropriate to the medical setting. We are fortunate to have the ability to influence the behavior of others: we need to use this gift wisely. Encouraging our patients to read, and to read to our nation’s children, should be a priority. The well-being of our society depends on it.

ⁱ U.S. Department of Education, National Center for Education Statistics. The Condition of Education 2000. NCES 2000-602. Washington, DC: U.S. Government Printing Office, 2000.

ⁱⁱ Kefalides P. Illiteracy: The Silent Barrier to Health Care. *Annals of Internal Medicine* 16 February 1999. ACP-ASIM Online. American College of Physicians-American Society of Internal Medicine. 8 Mar. 1999

ⁱⁱⁱ U.S. Department of Education, National Center for Education Statistics. Reading Literacy in the United States: Findings from the IEA Reading Literacy Study. NCES 96-258. Washington, DC: U.S. Government Printing Office, 1996.

^{iv} Ibid.

^v Ibid.

^{vi} Ibid.

^{vii} Ibid.

^{viii} PAT ENDNOTE

^{ix} PAT ENDNOTE

^x PAT ENDNOTE

^{xi} PAT ENDNOTE

^{xii} U.S Department. Reading Literacy.

^{xiii} Ibid.

^{xiv} Ibid.

^{xv} Kefalides P. Illiteracy.

^{xvi} Ibid.

^{xvii} Ibid.

^{xviii} AMA website.

^{xix} AMA website.

^{xx} NEA website.

^{xxi} NEA website.

^{xxii} Cohen Weitzman, C. et al. More Evidence for Reach Out and Read: A Home-Based Study. *Pediatrics*. Vol. 113. No. 5 May 2004, pp. 1248-12.

^{xxiii} Kuo, A. et al. Parent Report of Reading to Young Children. *Pediatrics*. Vol. 113 No. 6 June 2004. pp. 1944-1951.

Needlman. Fight.

^{xxiv} Ibid.

^{xxv} Ibid.

^{xxvi} Ibid.

^{xxvii} Reach Out and Read website.

^{xxviii} Raising Readers website.