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### Improving Health Literacy in Underserved Youth

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## Improving Health Literacy in Underserved Youth

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### Background



**Figure 1. Components of Health Literacy**  
Health literacy measures include preventive services, self-reported health, healthcare provider communication, and better chronic care.

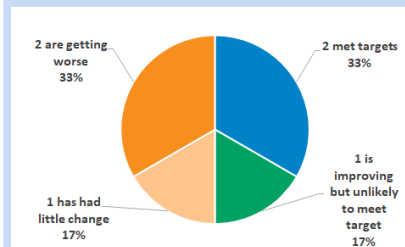
Health literacy is an individual’s capacity to obtain, process, and understand basic health information needed to make appropriate health decisions. There are disparities in health literacy across age, gender, ethnicity, location, and socioeconomic status. Children aged 12-17 are an important target group regarding health literacy research because of the fundamental cognitive, physical and emotional development processes occurring that affect health related skills and behaviors.<sup>1</sup> Relevant early health education can help this population navigate the healthcare system and take charge of their own healthcare.<sup>2</sup> Health literacy is important in underserved communities because adolescents may have parents who have faced language barriers, limited access to healthcare, and other deterring factors that have limited their ability to seek quality care. Children often grow up mirroring these outcomes simply because they are not educated about their options. There is a need for adolescent education in health literacy to help long-term health outcomes.

### Objectives

- **Identify** the disparities of health literacy in varying demographics with regards to age, gender, location, and socioeconomic areas.
- **Determine** barriers affecting health literacy comprehension and knowledge in the target population.
- **Create** effective education methods stemming from evidence-based practices allowing target communities to increase health literacy in a manner that is both meaningful and sustainable.

### Results

- **Methods:** Information was gathered from peer-reviewed articles from Google Scholar search engines and government agencies, such as Health Resources and Services Administration and Centers for Disease Control and Prevention to identify the target demographic.
- **Disparities in Health Literacy:** In 2010, 17 percent of children under the age of five lived in poverty. Research also showed that the main barriers to healthcare access and health literacy for low-income families were affordability, availability and quality.<sup>6</sup> Child care costs is a higher percentage of family expenditures for lower-income families than for higher-income families. Children from lower-income households who have access to high quality healthcare are most likely to demonstrate better health outcomes than children without this access.<sup>7</sup>



**Figure 2. Leading Health Indicators (LHI)**

*A small set of healthy New Jersey 2020 objectives selected to communicate high-priority health issues and actions that can be taken to address them.<sup>9</sup>*

### Proposed Intervention

Youth between the ages of 12-17 are highly impressionable and have much to gain from an improvement of health literacy. Partnering with local high schools would be an effective way to disseminate knowledge and bridge health literacy gaps in an underserved community. It would be beneficial to develop presentations on the most pertinent health-related areas that are lacking in students’ current curriculum. These presentations should be delivered along with a presenter’s guide will be given to leadership at schools, so that they may be replicated for future generations of students.

### Conclusion

There is a large disparity in health literacy among socioeconomic status. Children from low-income families tend to have lower rates of health literacy. This can be attributed to factors including: food accessibility, healthcare accessibility, health insurance status, and medical mistrust. Poor health literacy can lead to low income youth populations developing habits that lead to negative results physically and mentally. Low health literacy correlates to less food accessibility and poorer nutritional choices. Youth who do not receive proper health literacy information from schools and parents tend to have lower qualities of care later on in life. It is imperative for health professionals to connect with youth outside the clinic to improve health literacy.

### Acknowledgments

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### References QR Code