



HEALTH LITERACY STANDARDS

Arkansas Adult Education



JULY 1, 2020



ARKANSAS ADULT EDUCATION HEALTH LITERACY STANDARDS

Updated 6/9/2020

Strand	Content Standard				
Strand 1 Understand Basic Medical Language and Core Concepts	Content Standard 1:				
	1.1 General Terms				
	911	Life- threatening	Ambulance	Hospital	Emergency Room/ ER
	Urgent Care	Primary Care	Pharmacy/ drugstore	Appointment	Checkup
	Insurance	Co-Pay	Clinic	Screenings	Test
	Contagious	Radiology/ X-ray	Medical Record	Lab	Admissions
	Lobby	Information Desk	Pediatrics	Exam/ Examine	Follow-up
	Referral	Asthma	Diabetes	Cancer	Heart Disease
	Prevent	Surgery	Sedate	CPR	Generic
	Bandage	Health History	Cast	Crutches	Reaction
Consent	Compliant				
1.2 Symptom Communication					
Symptom	Fever	Back Pain	Nausea/ vomiting (throw up)	Diarrhea	



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Headache	Pain/ Pain Scale	Breathe	Bleeding	Constipation
Sore Throat	Allergy/ Allergic	Sneeze	Dizzy/ Dizziness	Itching
Conscious/ Unconscious	Numb	Stomach Ache	Rash	Chronic
Blood Pressure	Urinate	Bowel Movement/ Poop	Menstruate/ Menstrual	Acute
Pregnancy/ Pregnant	Shortness of Breath	Seizure	Gas/ Fart/ Flatulence	Wheezing
Runny Nose	Stuffy Nose/ Congestion	Cough	Fatigue	

1.3 Body Parts and Descriptions

Arms	Back	Chest	Ears	Eyes
Feet	Hands	Head	Mouth	Neck
Nose	Shoulders	Stomach/ Belly	Bones	Muscles
Throat	Female	Male	Skin	Heart
Lungs	Colon	Stomach	Brain	Kidneys
Spleen	Liver			

1.4 Pharmaceutical

Label	Shot/ Injection	Syrup	Dose	Tablet
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Pill	Medicine/ Prescription (Script)/ Rx	OTC (Over the Counter)	Side Effect	Vitamin
Capsule	Immunization	Powder	Ointment	Drops
Inhalant/ Inhaler	Inhale	Swallow	Expire/ Expiration	Chew
Warnings	Refills	Poison	Overdose	With Food
Empty Stomach	Keep out of reach of children	Do not take with alcohol	Insulin	Measure

1.5 Tests, Prefixes, Suffixes

MRI/ Magnetic Resonance Imaging	CT/ CAT Scan	EKG	Bloodwork	Stress Test
-ologist	-ology	Neuro-	Psych-	Optha-
Pedi-	Cardio-	Oral	Derma-	Gastro-
Onco-	Intra-/ Inter-			

1.6 Personnel

Interpreter	Pharmacist	Doctor	Nurse	Patient
Medic/ EMT/ Paramedic (NOT "ambulance driver")	Customer Service Representative	Case Worker	OB/GYN	Specialist



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	Provider	Practitioner/ NP/ APN or APRN	Physician		
	1.7 Financial/ Insurance				
	HMO	PPO	Covered Expenses	Deductible	Co-Insurance
	Exclusions	Maximum out-of-pocket expense	Pre-existing Conditions	Premium	ARKids
Medicare/ Medicaid	Co-pay	Elective Procedure	Checkup	Preventative Care	

Strand 2	Content Standard 2:	
Navigate Healthcare Systems and Access Information	2.1 Know when to seek medical attention/ when telemedicine is appropriate.	a. Recognize an acute health condition requires help from a medical professional to prevent worsening. Examples: virus; flu; bronchitis; strain; mild to moderate pain.
		b. Recognize if chronic medical conditions require management from a healthcare professional to minimize impact on daily life. Examples: diabetes; heart disease; seizure disorders; obesity related conditions; high blood pressure.
		c. Recognize medical professionals may be required to help with screening activities to promote disease prevention and wellness. Examples: cancer screenings; cholesterol checks; colonoscopy; tobacco cessation programs.



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	<p>2.2 Determine appropriate type of medical facility; primary care, urgent care, emergency care/ambulance.</p>	<p>a. Determine that medical care is needed and that it is safe to wait a day. (Call or see primary care doctor.) Examples: runny nose, simple backache, sore throat, earache, low grade fever; medication refills</p>
		<p>b. Determine that medical care is needed and that it is safe to wait a few hours. (Go to urgent care.) Examples: tried to reach doctor but couldn't; general/primary doctor told to go to urgent care; cannot get an appointment within a reasonable amount of time</p>
		<p>c. Determine that medical care is needed and do not feel safe to wait. Emergency room and/or ambulance is needed; drive to ER or call 911. Examples: trouble breathing or chest pain; fainting or unconscious (blacking out); sudden numbness or weakness; uncontrollable bleeding; severe pain or traumatic injury</p>
	<p>2.3 Locate a specific provider within network, if applicable.</p>	<p>a. Find listings of healthcare providers or centers for appropriate services. Examples: health department; clinic; primary care doctor; walk-in clinic; women's health provider; children's health provider; services within a hospital.</p>
		<p>b. Research and choose a healthcare provider that takes specific insurance patient is covered under.</p>
		<p>c. Utilize insurance benefit website, forms, and resources in determining provider.</p>
	<p>2.4 Maneuver areas within a hospital using signage and information desk.</p>	<p>a. Locate and utilize Information Desk to ask questions and acquire help with services.</p>
		<p>b. Locate and utilize maps and index of health care centers or hospitals.</p>
		<p>c. Recognize names and know functions of hospital departments.</p>
		<p>d. Maneuver parking and validation process if necessary. Examples: find appropriate parking lot; bring ticket for validation to clinic; use kiosk to close out or pay for parking before exiting the building; exit garage using validated or paid ticket at gate.</p>
<p>e. Find lobby and waiting areas.</p>		
<p>f. Locate and utilize cafeteria, cafe, and vending areas.</p>		
<p>g. Locate and utilize phone charging stations.</p>		



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		h. Locate and utilize check-in kiosks and status updates/wait times boards or screens.
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Strand 3 Communicate Medical Issues/ Questions; Initiate Care	Content Standard 3:	
	Emergent Event:	
	3.1 Differentiate between emergency and non-emergent (non-emergency).	a. Recognize if condition or injury is life-threatening if not treated immediately. Examples: extreme blood loss; lack of consciousness; chest pain/weakness; traumatic injury; extremely high fever; dehydration.
		b. Recognize if emergency care is needed to prevent or lessen permanent bodily damage. Examples: obviously broken bones; wounds requiring stitches; mechanism of injury such as fall from height over 15 feet or severe car crash.
		c. Recognize signs and symptoms of mental health crisis requiring emergency services. Example: threat of self-harm or harm to others.
	3.2 Recognize how to call 911 or an ambulance.	a. Demonstrate/role play calling 911 or ambulance.
		b. Communicate service needed to dispatcher. Example: ambulance; fire; rescue; police.
		c. Communicate location to dispatcher.
	3.3 Tell what the emergency is and answer all questions.	a. Be able to appropriately respond to questions such as, “What is your emergency?” when the dispatcher asks. Examples: Who is the patient? What is wrong? When did it happen? Is anyone else hurt or in danger? How did this happen?
	3.4 If unable to	a. If not able to understand questions, say “I do not understand what you are asking.”



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	understand the questions, know how to communicate that.	b. Say, “I do not speak English. I need an interpreter”, if there is a language barrier.
		c. Disclose any disability that might impede communication or serve as a barrier to quick service. Examples: deaf/hard of hearing; blind or impaired vision; autism; cognitive condition.
	3.5 Wait with sick or injured person until ambulance arrives; find a way to get to the hospital if necessary (cannot ride in the ambulance with them).	a. Stay with patient until paramedic or rescue arrives and begins care.
		b. Give relevant information to rescue personnel.
		c. Confirm which/what hospital patient will travel to and locate transportation to hospital if necessary to meet patient.
	Non-emergent Event:	
	3.6 Know how to make an appointment.	a. Maneuver automated phone prompts to get to the front desk or appointments.
		b. Communicate reason for needing appointment and level of urgency.
		c. Re-state appointment time and date to confirm with receptionist.
		d. Ask if there is anything that needs to be brought or done for appointment. Examples: Should patient fast; bring meds; bring id or insurance information; specific co-pay amount needed to be seen.
e. Communicate specific information from an insurance card over the phone.		
3.7 Know how to ask for an interpreter.	a. Maneuver automated phone prompts requesting Spanish if needed.	
	b. Maneuver phone prompts using 0 to get to a live person.	
	c. Say, “I do not speak English and I need an interpreter.”	



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		<p>d. Notify representative of need for help communicating due to a disability.</p>
	<p>3.8 Ask who to talk to about getting help paying for health care.</p>	<p>a. Maneuver automated phone prompts to get to billing or insurance representative.</p> <p>b. Ask for financial counselor or billing specialist at facility.</p> <p>c. Communicate insurance policy, policy holder, group number, and member number to health provider representative.</p> <p>d. Identify outside agencies that provide assistance obtaining medical care. Examples: DHS; ARS; Easter Seals; VA; Agencies on Aging.</p>
	<p>3.9 Know what options are available if wait time is too long for an appointment.</p>	<p>a. If an appointment is not available within a reasonable time, (within 24-36 hours for acute or major illness; a few days for minor illness; a few weeks for preventative care, etc.), ask if may be put on a cancellation list to be notified if an appointment becomes available.</p> <p>b. Ask if there is another doctor available sooner.</p> <p>c. Ask for help determining when symptoms necessitate switching to a walk-in clinic or urgent care.</p>
	<p>3.10 Use standard pain rating scale.</p>	<p>a. Utilize a FACES pain scale.</p> <p>b. Utilize a numerical pain scale. Example: rate pain on a scale of 0-10, with 0 being no pain and 10 being the worst pain ever felt.</p>
	<p>3.11 Communicate and describe symptoms and severity.</p>	<p>a. Use descriptive vocabulary to describe symptoms. Examples: sharp; dull; radiates; spreads; stabbing; throbbing; weak.</p> <p>b. Communicate frequency/duration of symptoms. Examples: symptoms come and go; lasted three days so far; constant symptoms; started yesterday.</p> <p>c. Communicate what makes pain or symptoms better or worse. Examples: better laying down; ice helps.</p>



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	3.12 Know and communicate current prescribed and OTC medicines.	
	3.13 Know and communicate health history.	
	3.14 Do NOT just circle “NO” on a health history form if you do not understand what it is asking.	
Strand 4 Make Informed Decisions	Content Standard 4:	
	4.1 Choose a doctor you trust.	
	4.2 Give your doctor complete and true information.	
	4.3 Ask questions about your health care.	a. Clarify understanding/re-state summary of treatment plan to healthcare professional.
		b. Analyze and interpret lab and test results; clarify meaning.
		c. Distinguish other available treatment options.
	4.4 Investigate to find more information from a variety of valid resources and trusted media.	
4.5 Ask if a medical interpreter or patient educator is available if necessary to help you understand your doctor.		
Strand 5 Follow After-Care and Dosing Instructions	Content Standard 5:	
	5.1 Reading a thermometer; recognizing when to call the doctor about a fever; Celsius vs. Fahrenheit; kinds of thermometers.	a. Choose appropriate thermometer for situation and read results. Examples: Digital thermometer versus glass mercury thermometer; pacifier thermometer; forehead/temporal thermometer; ear thermometer; oral thermometer; rectal thermometer for infants under three months.
		b. Differentiate between Celsius or Fahrenheit readings; 98.6 degrees Fahrenheit constitutes a normal temperature.
		c. Distinguish that patients with an oral temperature of 99.6 degrees Fahrenheit have fever and should be kept home from school or work.
		d. Analyze situations to determine if a fever warrants a call or visit to a doctor.



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	5.2 Use dosing equipment appropriately (medicine spoons, syringes, medicine cups, droppers) with correct measurements.	
	5.3 Reading medicine labels; frequency; routes; and storage of medicines	a. Interpret and apply a dosing chart from a medicine label using weight and age.
		b. Distinguish how often and by what route to give medicine.
		c. Identify proper storage of medicines according to medication label.
	5.4 Understand and correctly apply USP pictograms.	
5.5 Reading and interpreting visit summaries and directions; follow up visit information		
Strand 6 Manage Care Plan/ Self-Advocate	Content Standard 6:	
	6.1 Understand the problem and what you need to do.	
	6.2 Ask questions at any point you do not understand something about your care or condition. (Ask what things mean; request pictures; ask staff to repeat; ask staff to write down what they are saying.)	
	6.3 Ask and understand how your health history impacts the current care plan.	
	6.4 Understand all parts of the treatment plan, including phone numbers to call if there's a question later.	
	6.5 Know your rights and responsibilities.	
	6.6 Ask what main problem is; what patient needs to do; why it is important to do this.	
	6.7 List questions you want to ask.	
	6.8 Respectfully decline procedures or treatments you do not consent to.	
Strand 7	Content Standard 7:	



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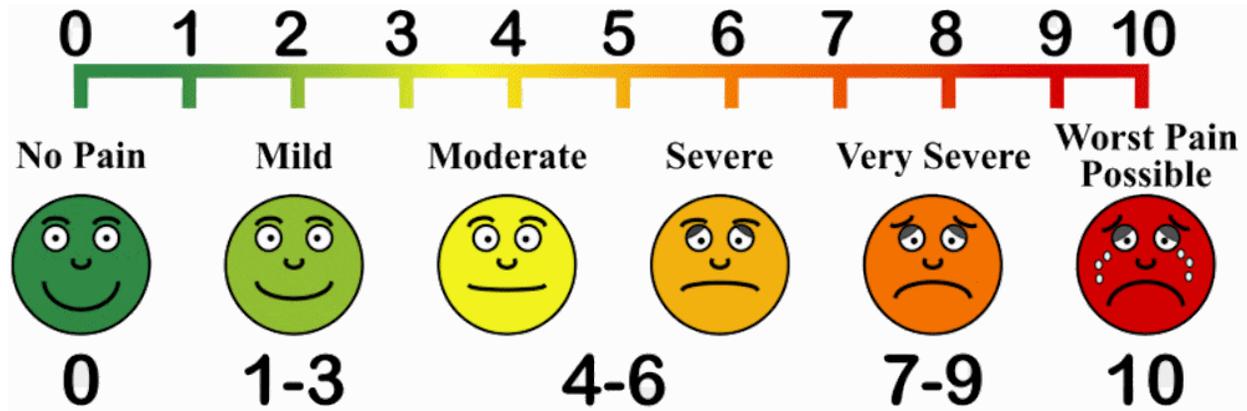
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Maintain Health/ Preventative Care	7.1 Understand a variety of methods for disease transmission and prevention, including food-borne illnesses, STD's, and other communicable diseases.	
	7.2 Analyze the impact of different communicable and non-communicable diseases on the overall health of self and others.	
	7.3 Develop strategies for lifetime behavior and activity that promote health and wellness.	
	7.4 Demonstrate skills and strategies that promote personal and mental health.	
	7.5 Evaluate personal eating and behavioral habits and patterns to determine a plan to live a healthy lifestyle.	
	7.6 Apply for health insurance.	a. Compare healthcare plans, costs, and co-pays.
		b. Complete insurance application forms.
	7.7 Analyze pros and cons of recommended medical treatment or vaccine Examples: pros and cons of immunizations; ADHD meds; alternative medicine versus opioids	
Strand 8	Content Standard 8:	
Maintain Mental Health	8.1 Recognize the importance of good mental health and how it relates and contributes to all other aspects of health.	
	8.2 Identify providers available for mental health services	
	8.3 Identify mental health crisis process	



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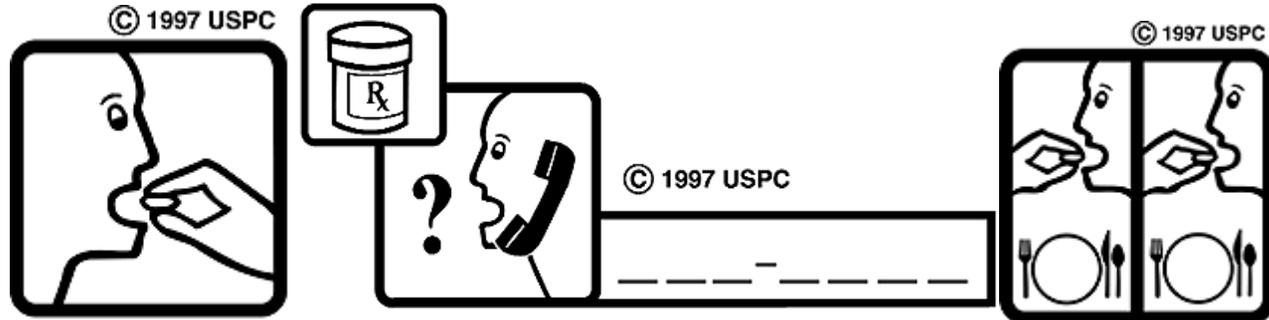


FACES and Number Pain Scale



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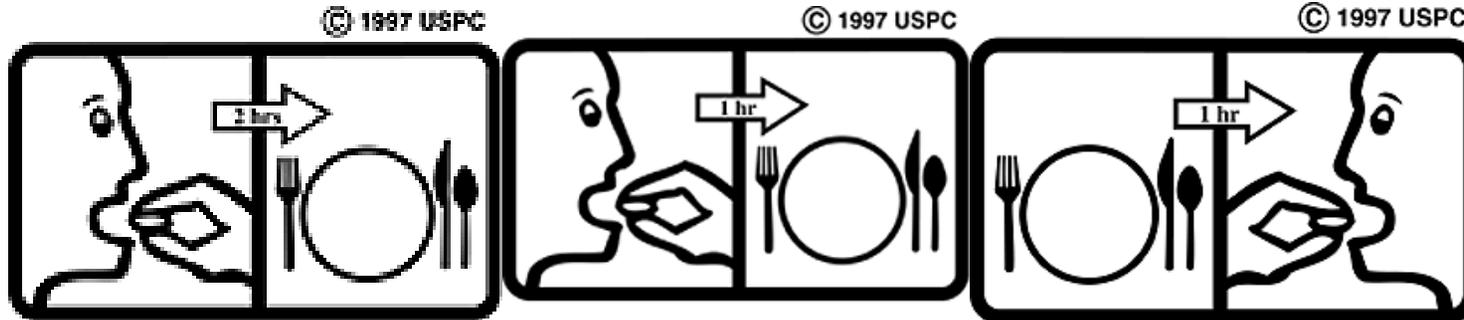


USP Pictographs

Take by mouth

If you have questions, call this number

Take 2 times a day with meals



Take 2 hours before meals

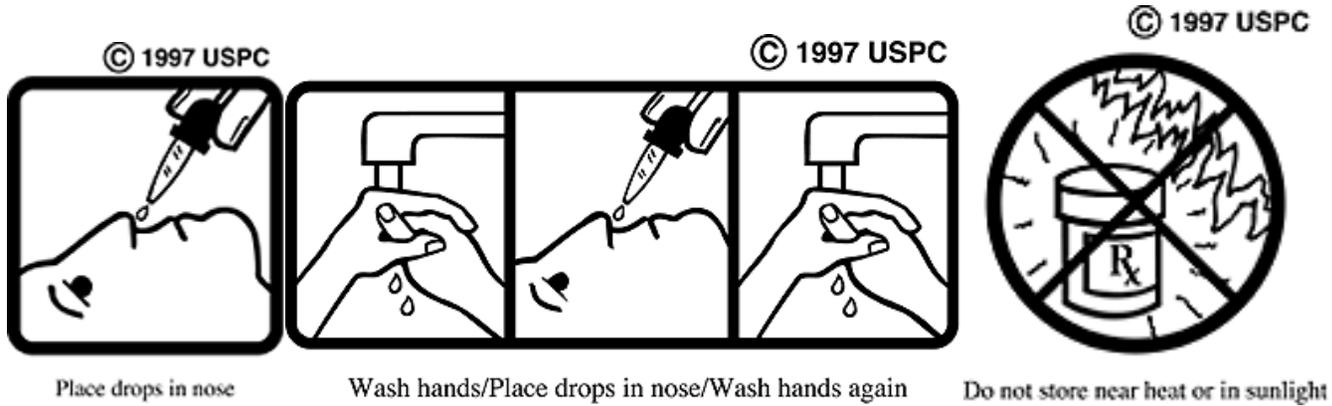
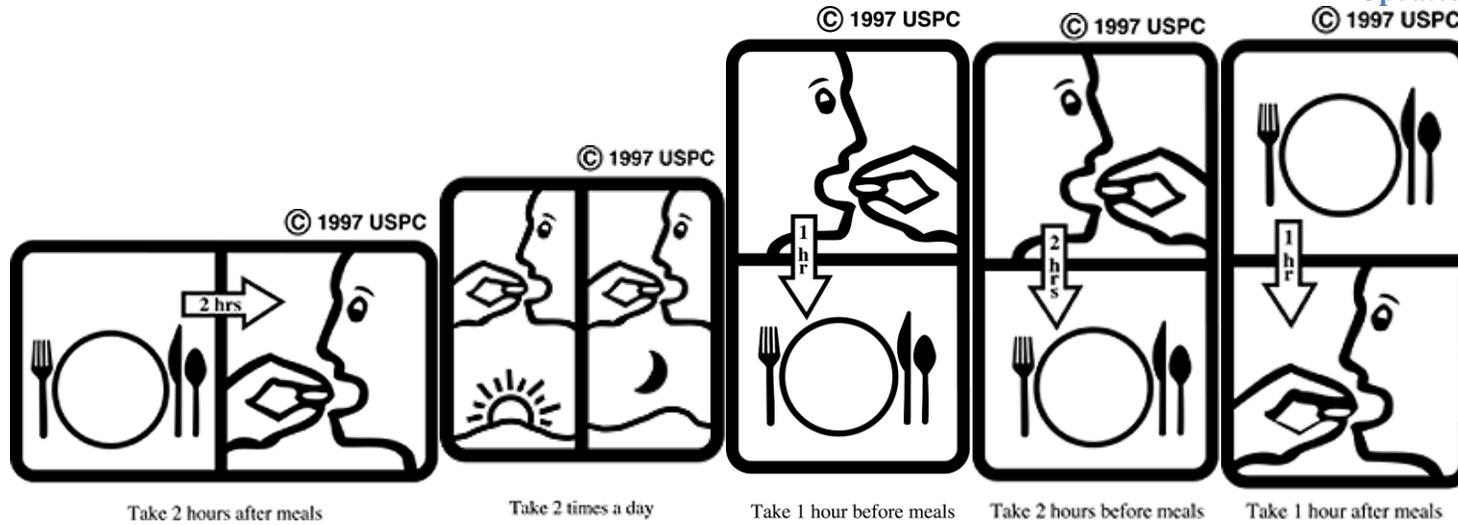
Take 1 hour before meals

Take 1 hour after meals



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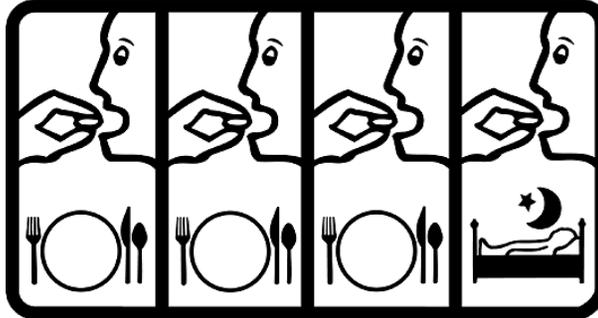




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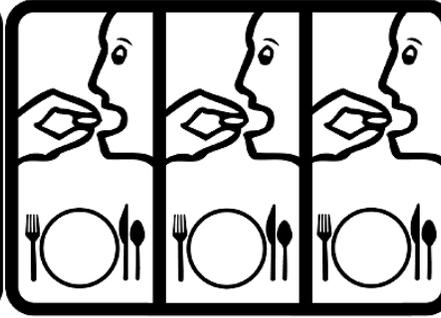
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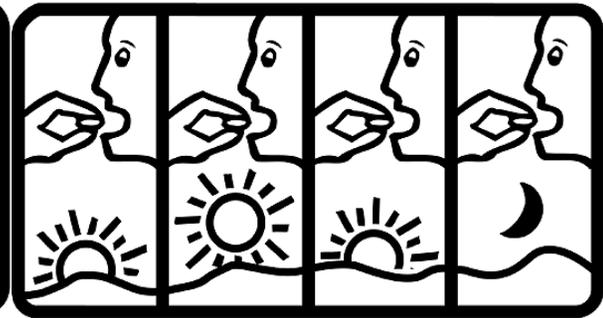
Take 4 times a day, with meals and at bedtime

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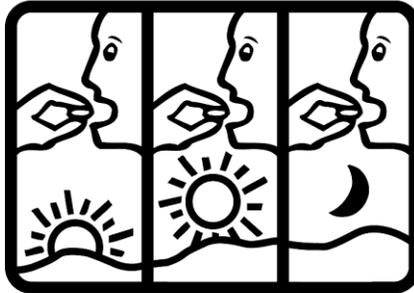
Take 3 times a day with meals

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Take 4 times a day

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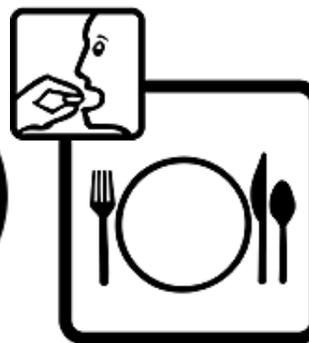
Take 3 times a day

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Do not store medicine where children can get it

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Take with meals

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Do not take with meals

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Store in refrigerator

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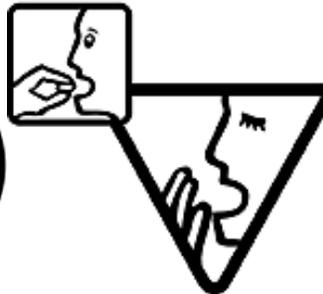
Take at bedtime

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Do not take with milk or other dairy products

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This medicine may make you drowsy

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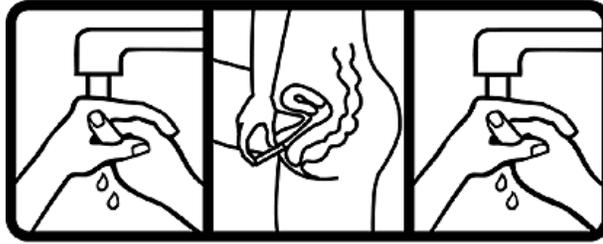
Insert into vagina



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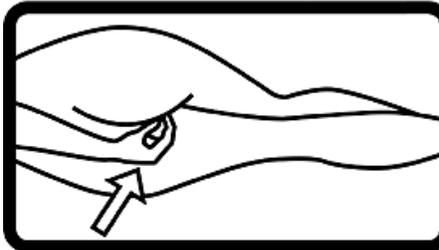
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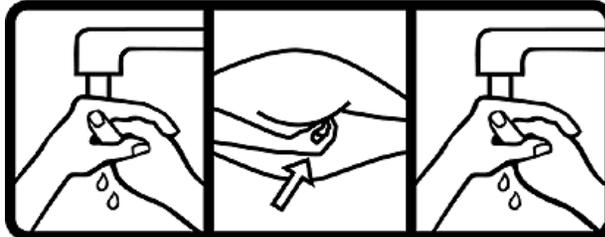
Wash hands/Insert into vagina/Wash hands again

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Insert into rectum

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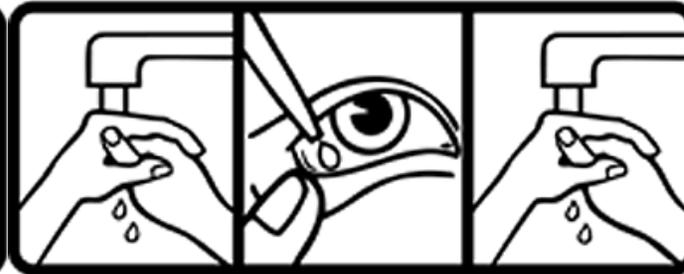
Wash hands/Insert into rectum/Wash hands again

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Place drops in lower eyelid

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Wash hands/Place drops in lower eyelid/Wash hands again

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Place drops in ear

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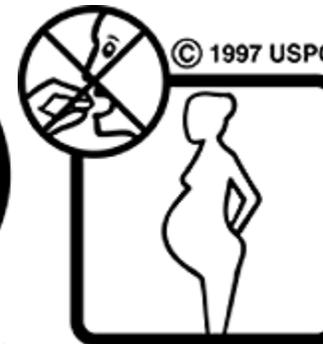
Wash hands/Place drops in ear/Wash hands again

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Do not break or crush tablets
or open capsules

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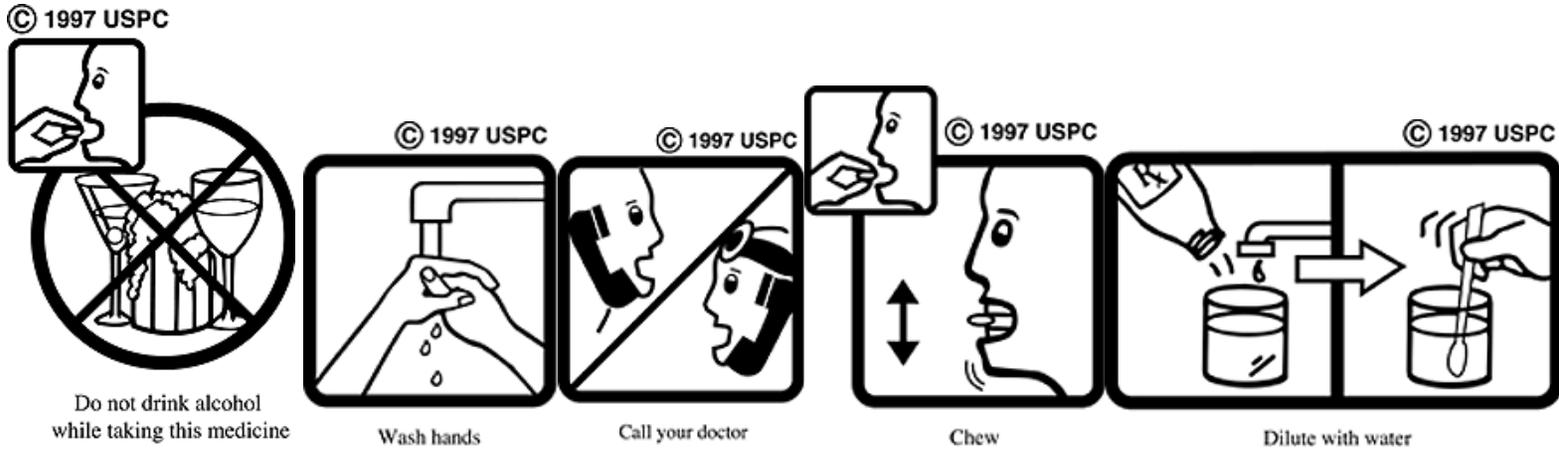
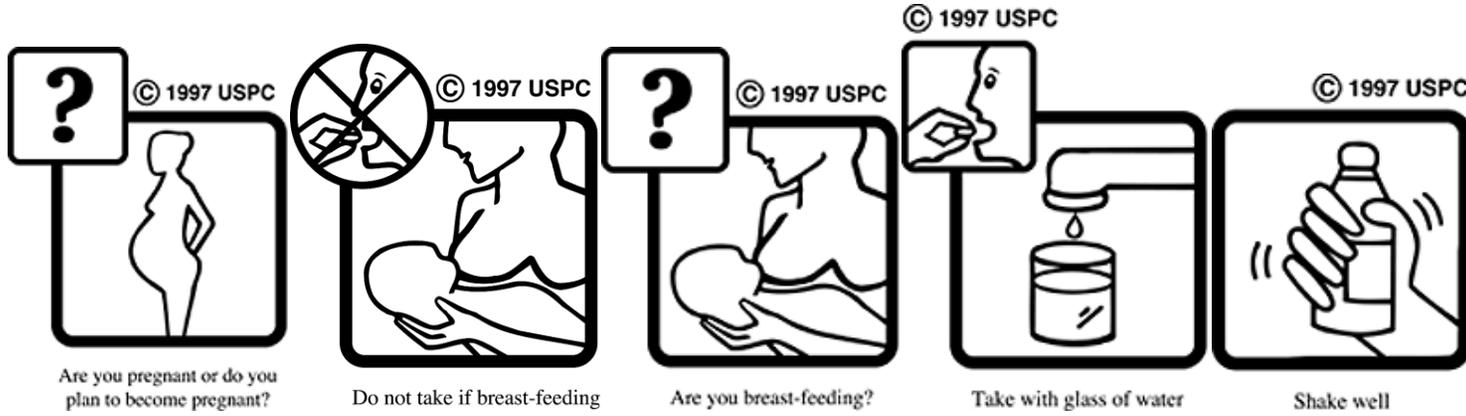


Do not take if pregnant



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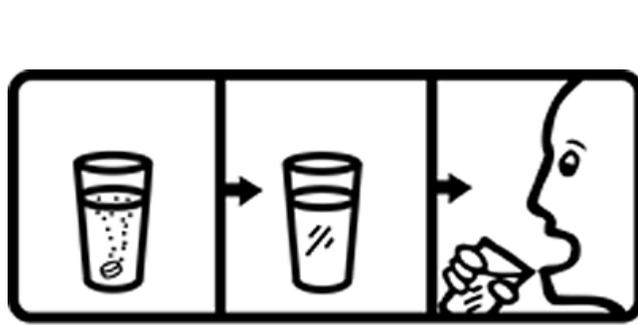




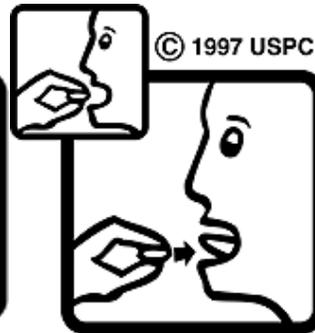
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Dissolve in water © 1997 USPC



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Dissolve under the tongue



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This medicine may make you dizzy

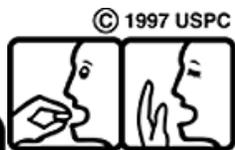


Do not chew



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Do not take at bedtime



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Do not drive if this medicine makes you sleepy



Do not freeze



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Do not refrigerate



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Do not shake



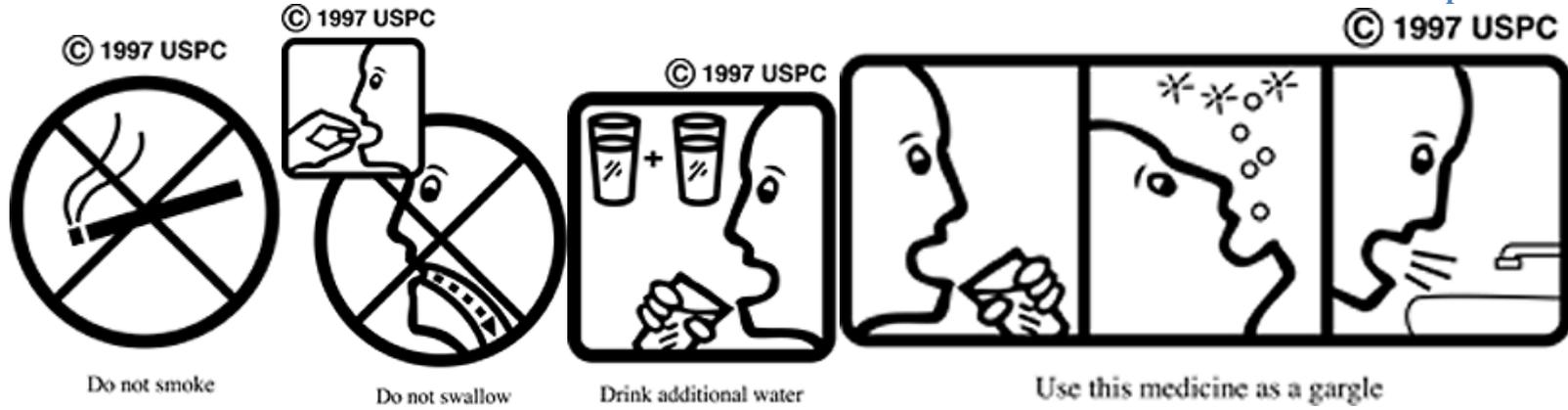
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Do not share your medicine with others



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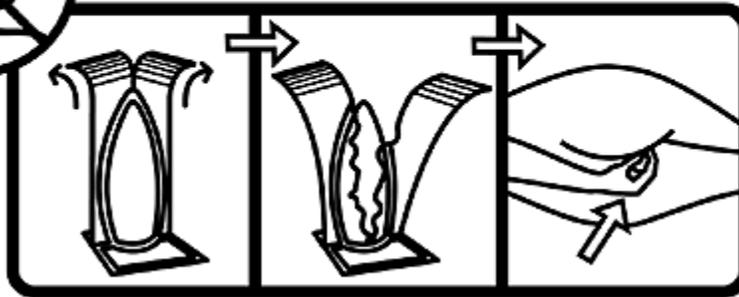
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Avoid too much sun or use of sunlamp



Do not take other medicines
with this medicine



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Inhaler



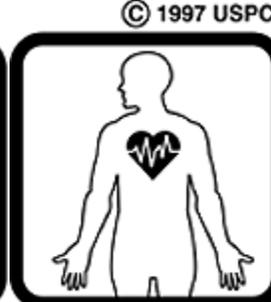
If this medicine makes
you dizzy, do not drive



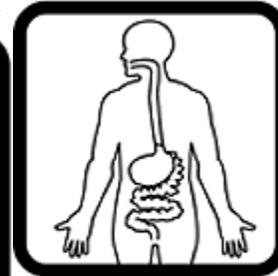
Check your pulse



For headaches



For heart problems



For stomach/
intestinal problems



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