Elections in November 2020 are expected to feature health care as a top concern of voters. Already, many Democrat candidates have expressed support for enacting Medicare for All legislation. Apart from the Patient Protection and Affordable Care Act of 2010, which became law to address problems involving access, cost and quality, since then: Congress passed the 21st Century Cures Act in December 2016, authorizing $1.8 billion in funding for the Cancer Moonshot over seven years; President Donald Trump signed the controversial "right-to-try" bill in May 2018, which bypasses drug regulators to enable gravely ill patients to have access to experimental medicines; and both the Administration and Congress continue to make strenuous efforts to rein in the high costs of many pharmaceutical products.

Assuming that enactment of Medicare for All occurs, resulting in free health care and affordable medications becoming available, what is the likelihood that health policy-related worries will cease to be of concern? An examination within the house of health care itself would suggest a need for caution. The ability to address a health problem successfully is contingent upon being able to identify it properly through an accurate diagnosis. A cursory examination across the professional landscape in domains for both physical and mental health reveals, however, that many deficiencies exist from the perspective of diagnostic capabilities.

According to an article that appeared in the August 2019 issue of JAMA Internal Medicine, in a large proportion of cases, there will be no apparent cause for a given patient’s condition—physical, psychological, or otherwise. Up to one-half of symptoms that present to physicians resist medical diagnosis, and 80% of symptoms resolve on their own within four to 12 weeks of onset. Moreover, ambiguous symptoms currently represent the fastest growing complaint by patients. Meanwhile, the results of a study published online July 11, 2019 in the journal Diagnosis confirm that diagnostic errors remain the most common, most catastrophic, and most costly of serious medical errors in closed malpractice claims. Nearly three-fourths of serious misdiagnosis-related harms are attributable to diseases in just three major categories – vascular events, infections, and cancers (the “Big Three”). A diagnostic error can mean the difference between life and death for patients. While estimates vary, it is likely that more than 100,000 Americans die or are permanently disabled each year due to medical diagnoses that initially miss conditions or are either wrong or delayed.

A paper in the September 2019 issue of the journal Psychiatry Research suggests that diagnostic errors and misclassifications are not confined to the physical realm of conditions. Study findings indicate that psychiatric diagnoses all use different decision-making rules; huge overlap exists in symptoms between diagnoses; almost all diagnoses mask the role of trauma and adverse events; and diagnoses may provide little guidance about patients and the treatment they need. Thus, expanding access to health care by providing adequate health insurance coverage to individuals who lack it is an obvious important policy step in the right direction. Yet, it is reasonably clear that upon their entering the health care system, a major challenge will persist in the form of striving to do the right thing for patients.
Happy start to the ever present fall semester!!! They seem to materialize like the movie “Groundhog Day” --- a reoccurring event that launches another academic year. Congrats to all of our new deans reading this issue and congrats to all deans who successfully hired all of the faculty they needed to start the fall in good shape---that dean would not be me however. It seems to get more difficult each year to find talented leaders for our high achieving students. But, thanks to our Leadership Committee (Tina Whalen, Chair), they are planning a concurrent session at the Annual Conference on “faculty recruitment” related to best practices—stay tuned.

Speaking of the Annual Conference, thank you for encouraging your faculty and students to submit abstracts for the Oct 16-18 conference in Charleston, SC. We had a record number of submissions so you will see and hear plenty of scholarly work that is always inspiring and very impressive. We also have a great line up of plenary speakers including General George Casey who will be kicking off the conference talking about leadership and one of our own, Lisa Saladin, Executive Vice President for Academic Affairs and Provost at the Medical University of South Carolina. In order to keep “ahead of the curve”, we have added speakers from industry, the federal government and others that I think will supply us with ample “food for thought.” I am very excited about our 2019 conference and appreciate the work of our staff, Barb Wallace (BOD) and Barry Eckert (BOD). In addition, we have a Charleston Harbor Cruise scheduled on Wednesday night that will give us plenty of time to network and enjoy the coastline of Charleston. With our business meeting, awards, committee meetings and the rest, it should be another productive time in the life of our Association.

I do want to mention a couple of things that I am sure you have already read about but I want to reinforce. ASAHP had its 2nd annual Summer Summit, this time in St Louis, MO. It was hosted by Kindred Healthcare and St Louis University. Special thanks to Tony Breitbach (IP subcommittee), Julie O’Sullivan Maillet (Clinical Education Task Force) and Barb Wallace (BOD). The team will be presenting the results of the summit at the conference so if you have interest in ICP, be on the lookout for their work. In addition, we would love to have your ideas for our 3rd Summer Summit---particularly any hot topics that we can organize a diverse group of individuals around to advance the subject.

Our partnership with CGFNS has been a very good one especially with our work around setting standards for global certification of rehab health workers. We have had great buy in from a whole host of countries around this topic. Special thanks to Julia ToDuka (CGFNS) and Rich Oliver (ASAHP) for their leadership to date. They have made great progress on this very exciting project in a short period of time. More to come on this!

Lastly, thanks to all who completed the Institutional Profile Survey. Right now we are tweaking the survey in preparation for the data collection period July 1, 2018 to June 30, 2019 (or whatever is near your fiscal year). Hopefully we can open the survey in September/early October. The data that has already been submitted is being “cleaned” and reviewed by a third party to ensure validity. The salary data is the most difficult to verify as there seem to be some outliers. As we have mentioned before, the first iteration of a new survey is the most difficult for our institutions as well as the people we have collecting, organizing and confirming the data. Be patient. You will have results soon. Let me know if there is anything that the Association can do to assist you.

Here’s to a great fall semester!

Susan Hanrahan, President
ACCELERATED PACE ON CAPITOL HILL

Prior to departing Washington, DC for their August recess, legislators adopted a quick pace in July and ASAHP was active in efforts to influence bills under consideration. The House Energy and Commerce Committee attracted noteworthy attention by approving 25 bills, including H.R. 2781, the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) for Health Act of 2019 that contains a provision to provide $5 million annually to support diversity efforts in physical therapy, occupational therapy, and speech language pathology. Association staff worked with both the Committee and other professional associations in supporting this effort. They also have been working closely with House Ways and Means Committee staff in support of H.R. 3398, the Pathways to Health Careers Act, a measure to reauthorize the Health Profession Opportunity Grant (HPOG program) that is set to expire on September 30.

Budget issues and appropriations are topics that have a tendency to attract significant amounts of attention at this time of year. A major breakthrough occurred when the Senate passed a two-year bipartisan budget deal (H.R. 3877) on a vote of 67-28 to increase budget caps, raise the nation’s borrowing limit, and develop a pathway to fiscal year (FY) 2020 government funding, which begins this coming October 1. President Trump signed the arrangement into law (P.L. 116-37) on August 2, 2019. As a result, spending will increase by $320 billion above current levels and the debt ceiling will be lifted for two years. The new law also is expected to add $1.7 trillion to the national deficit over the next 10 years in comparison to automatic spending cuts known as sequestration that otherwise would occur without such an agreement.

The next important piece on the legislative agenda is passage of appropriations bills. Ten of the necessary 12 bills already have been passed by the House. The Senate has not passed a single spending bill, but is expected to direct its attention to this matter when its members return to Capitol Hill on September 9. Senate Majority Leader Mitch McConnell (R-KY) will not allow his chamber to begin marking up and passing appropriations bills without producing a budget caps deal on total spending levels for defense and non-defense domestic programs.

High prices associated with the cost of drugs is a problem that continues to be of concern. Bipartisan leaders of both the Senate Finance Committee and the Senate Health, Education, Labor, and Pensions (HELP) Committee have initiated discussions on how to integrate their respective activities involving drug pricing and health care costs prior to measures pertaining to these topics being brought for a vote on the Senate floor. Democrats in that chamber have a strong interest in producing legislation that will enable the Medicare program to negotiate drug prices. A parallel effort involves the inclusion of a provision to require manufacturers to disclose the price of drugs in direct-to-consumer (DTC) advertising.

Additionally, the Senate has expressed interest in establishing a national telehealth program by introducing S. 2408 and also by introducing S. 2411 to create a rural health center innovation awards program and a rural health department enhancement program.

2019-2020 ASSOCIATION CALENDAR OF EVENTS

October 16-18, 2019 —ASAHP Annual Conference in Charleston, SC

October 26-30, 2020—ASAHP Annual Conference in Long Beach, CA
HEALTH REFORM DEVELOPMENTS

During a typical session of Congress, elected officials in both chambers work strenuously to pass legislation that can be sent to the President where it is signed into law. The really heavy lifting often takes place, however, in the executive branch agencies that are responsible for developing the rules and regulations that furnish specific guidance on how a law is to be administered. Whatever finally emerges may be challenged by parties that objected to portions of the legislation when it originally was being considered in Congress. Such disputes then make their way into the judicial sphere.

Although the Affordable Care Act of 2010 (ACA) already is almost a decade old, certain features are as lively and combustible in policy circles as when they initially were proposed. As previously reported in past issues of this newsletter, a prominent example is the case of Texas v. United States wherein that state and 17 other states claim that the ACA’s individual mandate is unconstitutional, which in essence also renders the entire law invalid as well. California and 20 other states are in opposition, along with the U.S. House of Representatives. A federal judge ruled for the plaintiffs and the case subsequently proceeded to the Fifth Circuit Court of Appeals. Assuming the decision is upheld, the next step may involve consideration by the U.S. Supreme Court.

Similar ongoing actions represent additional efforts by Republicans to reverse other components of the ACA. New York is one of 12 states contesting a decision by the Trump Administration to extend access to insurance plans that do not comply with the law. That case currently is poised for oral argument at the D.C. Circuit Court of Appeals. Meanwhile on the campaign trail for the 2020 election, several Democrat candidates for the White House advocate enactment of Medicare for All legislation. It is safe to assume that if such a law ever becomes a reality, many law firms and courthouses will be kept busy in efforts to influence its various provisions to their satisfaction.

Enhancement of Quality Care In Hospitals
The Centers for Medicare & Medicaid Services (CMS) is an example of an executive branch agency that on a regular basis develops guiding principles for implementing various health laws. In August 2019, CMS announced plans to update the quality measurement methodology of the Overall Hospital Quality Star Ratings in 2021. As an interim step, the agency will refresh the Star Ratings using the current methodology in early 2020, ensuring patients have timely access to the most up-to-date hospital quality information while a new methodology is being finalized. The effort represents a major step forward in delivering on President Trump’s recent Executive Order on Improving Price and Quality Transparency in American Healthcare to Put Patients First, which seeks to enhance the ability of patients to choose the health care that is best for them.

Potential Impact Of Reimbursing At Medicare Rates On The Health Insurance Exchanges
As the 2020 U.S. election season unfolds, various options for expanding the Medicare program as a way of addressing gaps in health insurance coverage will be discussed. Medicare for All legislation suggests that present commercial insurance and Medicaid could be replaced by having Medicare pay providers using current Medicare rates. According to an analysis released in August 2019 by Navigant Consulting Inc., doing so could place as many as 55% of rural hospitals, or 1,037 hospitals across 46 states, at high risk of closure. It is estimated that 28% of rural hospitals would be at high risk of closure if only uninsured and current individual market participants shifted to the public option, and that more than half of rural hospitals would face high risk of closure if employers shifted 25% to 55% of their covered workers from commercial coverage to the public option.

If nothing else, this analysis reflects the seriousness of the next election and the importance of paying close attention to what is being proposed. The ACA became law in 2010 without a single Republican in the House or Senate voting in favor of it. Important pieces of social legislation demand bipartisan support. Otherwise, to move forward with new health laws that will affect millions of individuals without the incorporation of the best possible thoughts and ideas by members on both sides of the political aisle is destined to result in increased needless litigation and frustration for all concerned parties.
DEVELOPMENTS IN HIGHER EDUCATION

Unlike other portions of the higher education sphere, the health sciences are shielded from criticism about the declining value of spending money and devoting the amount of time necessary to obtain a college degree. A steady growth in the U.S. population accompanied by increases both numerically and proportionately of individuals age 65 and older, a group that generates a considerable amount of demand for health care services, means that the nation must continue to address the challenge of producing enough adequately prepared personnel to meet patient needs.

Higher education costs remain high for many students and their families. Some individuals might begin the pursuit of a college degree, but never complete what is necessary and they end up leaving school without that credential, but not without a large amount of debt that must be repaid. Unless their education is linked directly to specific job prospects, such as health care, questions have been raised about the wisdom of pursuing such an educational goal in the first place. An alternative in the form of vocational education has been receiving some attention lately.

As a reflection of that emerging interest, Senator Josh Hawley (R-MO) on July 16 of this year introduced the Break the Higher Education Monopoly Act of 2019 (S. 2123) and the Skin in the Game Act (S. 2124). S. 2123 would amend the Federal Pell Grant program to allow job training and apprenticeship programs to be eligible for Pell Grants. The bill directs the U.S. Department of Education Secretary to devise an alternative certification program that would not require accreditation, state authorization, minimum instructional hours, or minimum classroom time for educational programs to be Pell-eligible. S. 2124 would require colleges and universities to pay off 50% of student loans that are in default and are associated with their institution. The bill would prohibit institutions from raising tuition or creating other fees to cover loan repayments.

Update On The National Advisory Committee On Institutional Quality And Integrity

The National Advisory Committee on Institutional Quality and Integrity (NACIQI) conducted a meeting in Alexandria, Virginia on July 30-31, 2019. The purpose of this entity is to provide recommendations to the U.S. Secretary of Education on recognition of accrediting organizations. Recognition by the Department of Education (USDE) affirms that the standards and processes of accrediting organizations and state accreditation approval agencies demonstrate compliance with criteria. A current effort involves publishing a final rule before November 1, 2019 on proposed regulations regarding accreditation, innovation, and other issues so that the rules will be effective on July 1, 2020. The Department received a total of 198 comments on the proposed regulations that reflect some concerns expressed regarding: retroactive accreditation for institutions and programs, and increasing the time allowed for institutions and programs to come into compliance with accreditor requirements.

Repeal Of The “Gainful Employment” Regulation

During the Obama Administration, a successful attempt was made to crack down on low-performing programs at for-profit schools and other career colleges by implementing a “gainful employment” regulation. The past decade has witnessed an ongoing series of debates and litigation about this matter. Democrats have viewed the rule as an important necessary safeguard for both students and taxpayers while the for-profit sector of the education industry opposed it on the rationale that it unfairly held for-profit colleges to standards that non-profit and public institutions were not required to meet. As published on July 1, 2019 in the Federal Register, the Secretary of the Department of Education amends the regulations on institutional eligibility under the Higher Education Act (HEA) of 1965, as amended, and the Student Assistance General Provisions to rescind the Department’s gainful employment regulations. The repeal of the regulation is scheduled to go into effect on July 1, 2020. As a means of accelerating the process, the Trump Administration announced that it was exercising its authority to permit "early implementation" of the repeal, effectively freeing schools of the regulation immediately.
Trends

QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Aerobic Activity And Time Spent on Sedentary Behavior Among U.S. Adults
The updated 2018 Physical Activity Guidelines (PAG) for Americans reaffirmed key recommendations regarding aerobic activity in the 2008 edition and recently introduced health risks of sedentary behaviors and their association with physical activity. Time spent on sedentary behavior significantly increased over time from a weighted mean (SE) of 5.7 (0.3) hours per day in 2007-2008 to 6.4 (0.2) hours per day in 2015-2016 ($P < .001$ for trend). The weighted proportion of individuals not adhering to the PAG for aerobic activity and reporting long sedentary time (>6 hours per day) increased from 16.1% (95% CI, 14.4%-17.8%) in 2007-2008 to 18.8% (95% CI, 17.7%-20.0%) in 2015-2016. The findings suggest that the adherence rate to the PAG for aerobic activity in US adults has not improved since the release of the first edition in 2008, but that time spent on sedentary behavior has significantly increased over time. Further nationwide efforts appear to be warranted not only to promote physical activity, but also reduce sedentary time in the United States.

Unintentional Injury And Death Rates In U.S. Rural And Urban Areas
A Data Brief from the National Center for Health Statistics (NCHS) in July 2019 indicates that from 1999 through 2017, the age-adjusted unintentional injury death rate increased 40% from 35.3 deaths per 100,000 standard population to 49.4. Motor vehicle traffic death rates increased across all levels of urbanization between 2014 and 2017, with the largest increase in small metropolitan (metro) counties. Unintentional drug overdose death rates increased across all levels of urbanization between 2014 and 2017, with the largest increase in large fringe metro counties. Unintentional fall death rates increased across urbanization levels except for large central metro counties between 2014 and 2017, with the largest increase in rural counties. Unintentional injury is a leading cause of death in the United States. As with many other prominent causes of deaths involving cancer, cardiovascular disease, and suicide, behavior plays a significant role in generating these unfavorable outcomes.

HEALTH TECHNOLOGY CORNER

Achieving Better Health Care Integration Of Radiology
An article published online July 9, 2019 in npd Digital Medicine indicates that although radiology images and reports have long been digitalized, the potential of the more than 3.6 billion radiology examinations performed annually worldwide has largely gone unused in the effort to transform health care. The Bionic Radiologist is a concept that combines humanity and digitalization for better health care integration of radiology. At a practical level, this concept will achieve critical goals: (1) testing decisions being made scientifically on the basis of disease probabilities and patient preferences; (2) image analysis done consistently at any time and at any site; and (3) treatment suggestions that are linked closely to imaging results and are integrated seamlessly with other information. To achieve this potential, barriers that must be overcome include: reluctance to delegate decision making, a possible decrease in image interpretation knowledge, and the perception that patient safety and trust are at stake.

Manufacture Of Thread-Based Transistors For A Wide Range Of Health Applications
A study published on August 5, 2019 in the journal ACS Applied Materials and Interfaces describes engineering the first thread-based transistors (TBTs), which can be fashioned into simple, all-thread based logic circuits and integrated circuits. Electronic devices are made entirely of thin threads that could be woven into fabric, worn on the skin, or even (theoretically) implanted surgically for diagnostic monitoring. Fully flexible electronic devices could enable a wide range of applications that conform to different shapes and allow free movement without compromising function. "Soft" electronics are enabling applications for devices that conform and stretch with the biological tissue in which they are embedded, such as skin, heart, or even brain tissue. Compared to electronics based on polymers and other flexible materials, thread-based electronics have superior flexibility, material diversity, and the ability to be manufactured without the need for cleanrooms,
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Investing In Interventions That Address Non-Medical, Health-Related Social Needs

On April 26, 2019, the Board on Population Health and Public Health Practice of the National Academies of Science, Engineering, and Medicine held a public workshop to explore the potential effects of addressing non-medical, health-related social needs on improving population health and reducing health care spending in a value-driven health care delivery system. The presentations and discussions highlighted in a Proceedings of a Workshop were released on August 19. They provide a general discussion of the issues, trends, and opportunities and challenges of investing in interventions that address patients’ non-medical, health-related social needs. While health care services are essential to health, there is growing recognition that social determinants are important influences on population health. Supporting this notion are estimates that while health care accounts for some 10-20% of the determinants of health, socioeconomic factors and factors relating to the physical environment are estimated to account for up to 50%. Challenges at the individual level include housing quality, food insecurity, limitations in access to transportation, and lack of social support. The Proceedings can be obtained at https://www.nap.edu/read/25544/chapter/1.

Joint Commission Educational Campaign On Preventing Falls

The Joint Commission in July 2019 debuted its new Speak Up to Prevent Falls campaign featuring free, downloadable educational materials in English and Spanish to help educate patients and their health care providers on how to avoid unnecessary falls. Ready-made, easy-to-read resources include: an infographic poster/flyer for patients and their families, an animated video to incorporate in hospital programming, and a distribution guide with recommendations on how health care organizations can use and distribute the materials to patients and their families, caregivers, and advocates. Hundreds of thousands of patients fall in hospitals every year and 30-50% of these patients sustain an injury. Between 50-75% of elder patients suffer from a nursing home fall each year. Of these multiple falls: one out of five cause a serious injury such as broken bones or head injury, with the overall average cost for a fall injury totaling about $14,000. Speak Up to Prevent Falls outlines how to prevent falls and offers four primary areas of direction that patients, their caregivers, and advocates can follow to prevent the risk of falls. More information about the program can be obtained at https://www.jointcommission.org/speakup.aspx.

A New Proposed Fix For Long-Term Care

As Americans live longer, more and more families are caring for older adults and facing tough financial circumstances that give rise to a bigger question: How will this nation care for a growing number of older individuals with complex needs once they can no longer take care of themselves? So far, there is not any good answer. With smaller families and half reporting no savings at all, many 60-year-olds simply don’t have the necessary resources to pay for the care they will need during the additional 23 years they are expected to live. Refusing to continue to be stymied by this vexing issue, as a means of answering that important question, Milbank Memorial Fund President Christopher Koller and John A. Hartford Foundation President Terry Fulmer in a paper published on June 25, 2019 highlight an innovation in Washington state that merits national attention. Washington Governor Jay Inslee signed a first-in-the-nation bill to help finance the long-term care needs of all the state’s residents. It’s a solution that may provide a template for other states, and possibly the federal government. New public policies are needed because the private market has failed. Long-term care insurance tends to be highly expensive and has limited benefits. In 2016, of the 89 million individuals in the United States over age 55, only about seven million were covered by long-term care policies and far fewer are buying new policies now than they used to do so previously. The paper can be obtained at https://www.politico.com/agenda/story/2019/06/25/finance-long-term-health-care-000928.
GAP BETWEEN WHAT IS SAID BY PROVIDERS AND HEARD BY PATIENTS

An article published in the July 2019 issue of the journal *Cambridge Quarterly of Healthcare Ethics* discusses how empirical work has shown that patients and physicians have markedly divergent understandings of treatability statements. For example, in the context of a serious illness, a physician might say, “This is a treatable condition,” or “We have treatments for your loved one.” Although in this particular instance, the emphasis is on the doctor-patient relationship, it is not difficult to imagine how interactions of a similar nature occur regularly between members of the allied health professions and the patients whom they treat.

A suitable venue to explore this phenomenon would be a rehabilitation center. Patients arrive there after the occurrence of traumatic brain injuries, various kinds of cancer, heart disease, stroke, and injuries sustained in falls and accidents, to mention just a handful of problems that necessitate long-term treatment. Usually, teams involving physicians and nurses from different specialties and allied health personnel (e.g., physical therapists, occupational therapists, respiratory therapists, and speech-language pathologists) work in sync with one another to address the many ailments that can affect patient well-being. It clearly is in the best interest of patients and their caregivers to begin their interactions on a positive note by recognizing that treatment interventions can produce salubrious outcomes. A key ingredient in achieving success is to foster patients’ resilience by encouraging them to maintain a belief that all the effort and time they must devote to becoming healthier are worth such an investment of personal stamina, combined with a willingness to continue undergoing treatment.

As the journal article points out, physicians often do not intend treatability statements to convey improvement in prognosis or quality of life, but merely that a treatment is available. Similarly, patients often understand treatability statements as conveying encouragement to hope and pursue further treatment, although this result may not be intended by physicians. A radical divergence in understandings may lead to severe instances of miscommunication, a situation that can arise from the lack of shared experience between practitioners and patients accompanied by differing assumptions that each party makes. Thus, apart from the laying on of professional hands, it is incumbent on the part of caregivers to pay close attention to the quality of communication that occurs with patients. Informed consent and shared decision-making are two aspects of this process that can play a definitive role in improving an agreed-upon understanding of everything that treatment statements actually entail.

ASSESSMENT OF ADULT COMPETENCIES

Apropos of the above item on patient-provider communication is the issue of adult literacy. The National Center for Education Statistics (NCES) on July 2, 2019 released information about the *Program for the International Assessment of Adult Competencies (PIAAC)*, a large-scale global study of working-age adults (ages 16–65) that assesses adult skills in three domains (literacy, numeracy, and digital problem solving) and collects information on adults’ education, work experience, and other background characteristics. Data summarize the number of U.S. adults with low levels of English literacy and describe how they differ by nativity status and race/ethnicity. PIAAC reports five literacy proficiency levels: from below level 1 to level 4/5. Adults with low levels of literacy are defined, consistent with international reports (OECD 2013), as those performing on PIAAC’s literacy assessment at “level 1 or below” or those who could not participate in the survey.

Four in five U.S. adults (79%) have English literacy skills sufficient to complete tasks that require comparing and contrasting information, paraphrasing, or making low-level inferences, literacy skills at level 2 or above in PIAAC. In contrast, one in five U.S. adults (21%) has difficulty completing these tasks, which translates into 43.0 million U.S. adults who possess low literacy skills: 26.5 million at level 1 and 8.4 million below level 1, while 8.2 million could not participate in PIAAC’s background survey either because of a language barrier or a cognitive or physical inability to be interviewed. Adults classified as below level 1 may be considered functionally illiterate in English.