

Literacy: More than words can say

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Literacy over time

- **Old view:** An absolute condition describing ability to read and write
 Dichotomy: Literate – illiterate
 No clear ways to measure
 Surrogate measures:
 Early 20th Century Canada: Census question – self-report
 Later- years of schooling – UNESCO measure
 Increasing demands over 20th century

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Literacy over time

- **Current view:** A continuum of skills/abilities related to making meaning from symbols, mainly associated with reading, but also including numbers.
 Direct assessment of adults; IALS(S) 1990s, 2000s
Literacy problem: Any gap between demand for reading and skill to do it
 - Depends on context

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International Adult Literacy & (Skills) Surveys

IALS 1994 & IALSS 2003

- 2003 data released in May 2005
- OECD, StatsCan, and NCES (US)
- Compares literacy rates in participating industrialized countries
- 5 levels of literacy on 3 or 4 scales
- 2003 survey included health literacy component

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IALSS Literacy levels

- **Level 1** - People have great difficulty reading simple text and using printed information
- **Level 2** - People are limited in their reading skills. They can only deal with material that is simple and laid out clearly..)
- **Level 3** - Respondents can make low-level inferences from what they read in a text. (The minimum literacy skills level required for today's workplace)
- **Level 4 and 5** - People can combine several pieces of information and solve complex problems.

Adapted from "IALSS Background Information", National Literacy Coalition. <http://www.ialss.org/eng/eng.html>

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IALSS

Measured Prose – Document – Numeracy – Problem-solving

Key Finding
Up to half of North American adults have some difficulty with the printed word
– Little change between 1994 and 2003

IALS: International Adult Literacy Survey Database <http://www.statscan.ca/english/freemh/89-588-XIE/about.htm#4>
IALSS <http://www.statecan.ca/cgi-bin/indb/p2SV.pl?Function=getSurvey&SDDS=4406&lang=en&db=IMDB&db=f&adm=8&dis=2>

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Average proficiency score and percent of population at each proficiency level, Canada, provinces and territories, 2003

Prose literacy	Average proficiency score	Level 1	Level 2	Level 3	Level 4/5
Newfoundland and Labrador	263	24.0	30.8	32.8	12.4
Prince Edward Island	272	19.9	29.6	34.0	16.6
Nova Scotia	276	17.3	27.5	38.4	16.8
New Brunswick	264	22.7	33.3	31.6	12.4
Quebec	266	22.3	32.3	32.8	12.6
Ontario	270	21.3	26.7	35.0	17.0

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Average proficiency score and percent of population at each proficiency level, Canada, provinces and territories, 2003

Prose literacy	Average proficiency score	Level 1	Level 2	Level 3	Level 4/5
Manitoba	274	18.2	28.1	37.2	16.5
Saskatchewan	283	13.5	26.6	38.9	21.0
Alberta	283	13.6	25.9	39.6	21.0
British Columbia	281	17.3	22.7	37.2	22.9
Yukon	292	10.5	22.9	39.3	27.3
Northwest Territories	275	19.3	25.8	35.1	19.9
Nunavut	230	47.2	25.8	19.5	7.5
Canada	272	19.9	27.8	35.4	17.0

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Health literacy

*Health literacy combines the thinking and social skills that determine the motivation and ability of **individuals** to find, understand and use information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.*

World Health Organization (WHO), 1998
* All definitions have been slightly edited. Bold lettering is mine. (LS)

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Health literacy: a pivotal moment

*...the degree to which **individuals** can get, process, and understand the basic health information and services they need to make appropriate health decisions. But health literacy **goes beyond the individual**. It also depends upon the skills, preferences, and expectations of health information providers: our doctors, nurses, administrators, home health workers, the media, and many others. Health literacy arises from a coming together of education, health services, and social and cultural factors, and combines research and practice from different fields.*

Health Literacy: A Prescription to End Confusion Institute of Medicine, 2004

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Health literacy


Four areas:

- *Fundamental:* includes language and numbers
- *Scientific/technological:* includes some understanding of physical and natural sciences, technology, and scientific uncertainty
- *Civic/community:* includes media literacy, knowledge of local, provincial and federal government processes
- *Cultural:* includes recognition of community beliefs, customs, view of the world, and social identity

C. Zarcadoolas, A. Pleasant & D.S. Greer. Center for Environmental Studies, Brown University

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Literacy for the 21st century

Literacy is a complex set of abilities needed to understand and use the dominant symbol systems of a culture – alphabets, numbers, visual icons – for personal and community development. The nature of these abilities, and the demand for them, vary from one context to another.....

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Literacy for the 21st century (cont'd)

In a technological society, literacy extends beyond the functional skills of reading, writing, speaking and listening to include multiple literacies such as visual, media and information literacy. These new literacies focus on an individual's capacity to use and make critical judgments about the information they encounter on a daily basis.

- The Centre for Literacy of Quebec

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Information-literate person

"... able to recognize when information is needed and have the ability to locate, evaluate and use effectively the needed information"

American Library Association (1989)

"One who has the analytical and critical skills to formulate research questions and evaluate results, and the skills to search for and access a variety of information types in order to meet his or her information need."

Lenox and Walker (1993)

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IALSS Level 4-5

Integrates skills to read, analyze and synthesize ideas from multiple sources

In Canada: 17%

In Quebec: 12.6%

Most health materials are written beyond a Grade 12 level /IALSS 4-5

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Health Literacy in Canada

- IALSS sub-analysis from 2003
- Applying literacy in a health context
- Asked questions in five areas of health
- Data used in 2008 reports
- Health literacy map of Canada

<http://www.ccl-cca.ca/CCL/Reports/HealthLiteracy/?Language=EN>

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Health literacy reports 2008

- Canadian Council on Learning
Health Literacy in Canada: A Healthy Understanding. Canadian Council on Learning, 2008, Ottawa, ON
- Canadian Public Health Association
Rootman, Irving; Gordon-El-Bihbety, Deborah. Expert Panel on Health Literacy, *A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy: Executive Summary*. Canadian Public Health Association, 2008, Ottawa, ON

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Health literacy events 2008-09

- Health Literacy Curriculum: A Learning Institute
Calgary, October 2008
Draft of Calgary Charter – principles to develop health literacy curriculum
http://www.centreforliteracy.qc.ca/whatsnew/Healthlitinst/HLinstIndex.html>About_the_Institute
- Achieving a Vision for a Health Literate Canada
Ottawa, May 2009
Canadian Council on Learning

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Literacy, health and safety

Limited research – mainly reading medication labels

- Davis, Wolf, Bass, et al. Literacy and misunderstanding of prescription drug labels, *Annals of Internal Medicine* 2006; 145:887-94
- Franks, Ray, Wallace, Keenum, Weiss. Do medication samples jeopardize patient safety? *Annals of Pharmacotherapy*. 2009; Jan; 43 (1): 51-56
- Persell, Osborn, Richard, Skripkauskas, Wolf. Limited health literacy is a barrier to medication reconciliation in ambulatory care. *Journal of General Internal Medicine*, 2007. Nov: 22(11):1523-6

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Literacy, health and safety

Johnstone & Kanitsaki. Culture, language and patient safety; making a link. *International Journal for Quality in Health Care* 2006: Volume 18, Number 5: pp. 383-388.

Emerging evidence that patients from minority cultures and language backgrounds are disproportionately at risk for preventable adverse events while in hospital, compared with mainstream patient groups.

Patient safety programs tend to underestimate and understate critical relationship between culture, language and the safety and quality of care of patients from minority racial, ethno-cultural and language backgrounds

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Where literacy, health and safety meet

Health promotion


- Activities that focus on enhancing and maintaining health
Tasks: Purchase lowest fat content
Plan exercise program

Health protection

- Activities that focus on safeguarding health of individuals and communities
Tasks: Decide on safest product
Use/avoid product
Vote

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Where literacy, health and safety meet

Disease prevention


- Activities that focus on preventive measures and early detection
 - Tasks: Do early screening, act on diagnoses
 - Follow up on results

Health care and maintenance

- Activities that focus on seeking care and working with providers
 - Tasks: Describe symptoms
 - Calculate medicine dose, read medicine labels
 - Gather information, read discharge instructions

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Where literacy, health and safety meet

Systems navigation

Activities that focus on accessing needed service and understanding rights


Tasks: Locate a clinic

Apply for insurance

Give informed consent

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What do we know?

- More than half of all Canadians have some difficulty reading/understanding print
- The percentage with difficulty vary across the country
- The percentage of population who have difficulty with health information is 60%+
- Difficulties are identifiable in specific populations

Source: IALSI, 002, 2007

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What do we know?

- 90% + of health information is still via print.
- Health literacy is about more than literacy.
- It is also about other media “literacies”: visual, audio, television, and communication
- Research on health literacy has been narrow: Focus on print materials, readability, individual skills, healthcare settings
- Promising interventions, limited evaluation

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An immodest proposal

More responsibility lies with health care providers and systems than with individuals

Philip’s story: When a health care professional becomes a patient

What part is literacy? What part health literacy?

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Three vignettes

- 75% of women with breast implants....
- It’s “behind the ear”, not “under the ear”.
- “Never try to seduce the patient.”

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Patient Safety Initiative: Interim report to the Senate Committee on Appropriations (2003)
- Identified communication as #1 root cause of adverse events
<http://www.ahrq.gov/qual/pscongrpt/psin2.htm#RootCauses> Retrieved 01/10/07

Literacy and Health Outcomes Summary (2004)
- Low reading skill and poor health are related
- Effectiveness of interventions less well known
<http://www.ahrq.gov/clinic/epcsums/litsum.pdf> Retrieved 01/10/07

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One way to think about health literacy

Work in progress with thanks to Dr. Ruth Parker, Emory University

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What next? Thoughts from the Calgary Charter

Defining health literacy
Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information.

- Health literacy is the use of a wide range of skills that improve the ability of people to act on information in order to live healthier lives.
- These skills include reading, writing, listening, speaking, numeracy, and critical analysis, as well as communication and interaction skills.
- Improving health literacy can contribute to more informed choices, reduced health risks, increased prevention and wellness, better navigation of the health system, improved patient safety, better patient care, fewer inequities in health, and improved quality of life.

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Thoughts from the Calgary Charter

The health literacy of a society can be improved by both developing the skills of individuals and by lowering the barriers created by health service providers and systems. Prior definitions have largely identified health literacy as relating to the patient, and have under-emphasized the role of health system personnel.

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Thoughts from the Calgary Charter

Health literacy applies to all individuals and to health systems. For example:

- An individual can be health literate by using the skills needed to find, understand, evaluate, communicate, and use information.
- Providers can be health literate by presenting information in ways that improve understanding and ability of service users to act on the information.
- Systems can be health literate by providing equal, easy, and shame-free access to and delivery of health care and health information.

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Thoughts from the Calgary Charter

Health literacy and communication are related but distinct. Health literacy is the use of a set of skills and abilities. Communication is the process of exchanging information. Some, but not all, of the skills are the same. e.g., a person could have excellent communication skills, but not be very health literate.

To communicate effectively about health, one would have to be health literate. Both health literacy and communication should be addressed, measured, and evaluated.

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Core principles of health literacy curricula development and evaluation

- Health literacy curricula can be written for all people, regardless of educational level, culture, or literacy skills. All people, not only those with low literacy skills, will benefit from improving the health literacy of individuals, health system personnel, and health systems.

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Core principles

- Development and use of health literacy curricula and evaluation/ measurement tools should:
 - Use a participatory approach by involving the intended audience at all stages.
 - Be based on, and designed to advance, theory about health literacy.
 - Target different health conditions and groups of individuals (e.g. health care professionals or adults with low literacy) but be based on the same underlying understanding of health literacy to allow comparison across contexts.
 - Attempt to take account of all the common skills and abilities associated with individual health literacy and all the cultural, social, and policy issues associated with health systems.

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Core principles

- Many current health literacy curricula primarily teach health communication or plain language. Plain language is one means to communicate effectively, but plain language, health communication, and health literacy are not synonymous.

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Core principles

- A health literacy curriculum should take an integrated approach to the social, cultural, political, economic, and environmental determinants of health in order to most effectively help people and health systems address the complex paths to better health.

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Literacy and health literacy are about more than looking at words and simplifying language

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Promising directions

- Growing body of research on health literacy, on visual communication, on the oral
- Convergence across disciplines
- Research in practice – trying approaches and evaluating outcomes - MUHC examples
- Addressing literacy and health literacy on the provider side – UK examples

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