

McGill University Health Centre (MUHC) promising practices in health literacy

The Centre is collaborating with the McGill University Health Centre (MUHC) on a second patient navigation kit, this one for prostate cancer. The project aims to synthesize the most pertinent information for men (and their families), who have already been diagnosed, and to present it in clear digestible language and format. In 2008, we helped produce a breast cancer kit. These projects are of interest because the kits are being designed for use with the guidance of the health care provider rather than as stand-alone information, and try to take account of a broad range of factors, including literacy.

THE HEALTH LITERACY PROJECT: PHASES 1-3

It is estimated that fifty percent of adult Canadians have some degree of difficulty with everyday reading materials. However these difficulties can have different causes, including lack of education, visual, hearing or cognitive impairment, or language or cultural differences. Patients with any single or combination of these barriers are marginalized in the health care system, which today requires patients to manage and make significant decisions about their health. Successful health communication can occur when barriers to the process are recognized and appropriate tools are used to minimize the difficulties.

A joint health literacy initiative of The Centre for Literacy of Quebec and the Department of Nursing of the [McGill University Health Centre](#) (MUHC) studied the complex combinations of factors involved with literacy and health and attempted to identify how various specific barriers to patient communication can be recognized and addressed.

PHASE 1: Needs Assessment for the Health Education and Information Needs of Hard-to-Reach Patients

The Health Literacy Project of the MUHC began a first phase in 1999 -2000. We conducted a needs assessment of the health information and education needs of patients who were identified by nurses as hard-to-reach.

An interview and focus group-based survey of 114 invited patients, professionals, support staff and family members or caregivers revealed that:

- A majority of the patients found written documents not directly useful because of language barriers although this format is one of the most common forms of health information.
- Patients and professionals have different perceptions of the health education needs of this group.
- Family members want different information than patients.
- Family members and caregivers are interpreters, readers and mediators when there are barriers to communication.
- Professionals recognize the need to validate their teaching but they require the time, skills and tools to do so.

[Executive Summary and Recommendations](#)

[Part 1: Background Document on Literacy and Health](#)

[Part 2: Report on the Needs Assessment](#)

PHASE 2

Phase 2 of the project (2001-2002) set out to implement and evaluate recommendations from Phase 1. Participatory health education committees on three hospital units chose key health messages, and writers and designers created multiple versions of each with the intention of identifying the most effective ones.

This phase lead to the conclusion that we must have a clearer understanding of who comprises the “hard-to-reach”, before we can begin to develop differentiated means of communicating with them. Currently, health information is largely a one-size-fits-all enterprise.

[Executive Summary and Recommendations](#)

[More Than Plain Language: Adapting Health Communication for Hard-to-Reach Patients](#)

PHASE 3

In Phase 3, we conducted a review of the medical and education literatures on alternative methods of health communication such as plain language, audiotapes, videotapes, interactive media and visuals. The first two have been published as Research Briefs on Health Communications. To date, we have found that most evaluative studies excluded patients who did not speak English, who were unable to read or who had other physical or cognitive deficits, in other words, the marginalized groups we set out to help.

Research Briefs on Health Communications [Series]

[No. 1 : Plain Language and Patient Education: A summary of current research](#)

- [View in PDF](#) (256k)

[No. 2 : Audiotapes and literacy: A summary of current research](#)

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