LACMF
LITERACY ACROSS THE CURRICULUMEDIA FOCUS
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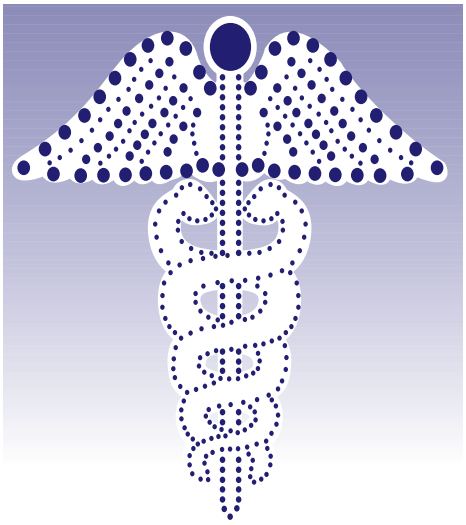
Connecting literacy, media and technology in the schools, community and workplace

Literacy, health, safety & quality: Connecting the dots

Literacy and health are connected. This claim sounds straightforward until you try to explain to healthcare providers or to literacy teachers exactly what the connections are and how they can contribute to better health or learning outcomes for individuals. In the West, the link between education and health has been recognized for years; in developing countries, the link between basic literacy, especially of mothers, and their own health and that of their families has been well documented.

The term "health literacy" though is relatively new, with use increasing over the past decade, and its meaning differs across countries and contexts. [See current definitions on web sites, page 2]. Articles on health literacy have used the terms "literacy," "functional literacy," "health literacy," and "functional health literacy" interchangeably. Earlier definitions focused narrowly on an individual's capacity to read and comprehend medical information and instructions. An expanded concept highlights the pathways through literacy, in facilitating access to information, that enable individuals to make informed choices, influence events and exert greater control over their lives.

Until now, the scope of practice and research in the fields of health care and of adult literacy education has remained fairly narrow and static, much of it focused on simplification and use of plain language. There are, however, indications of a movement to acknowledge the complexity, to consolidate knowledge, and to promote partnerships to integrate literacy and health initiatives more effectively. The 2004 report by the US Institute of Medicine (IOM) has made explicit the connection between the health literacy of



individuals and systems, culture and education [See To Ponder, p.4].

The IOM, however, may still not be going far enough in examining the implications of literacy for issues such as patient safety and quality care which have become mantras in healthcare policy discussions. Oddly, the term "health literacy" rarely appears in recent studies such as the Norton-Baker report on "adverse events" in Canadian hospitals or a US health care and quality report to a senate committee on root causes of medical errors [See pages 2 & 3]. They use the term "communication problems;" close examination reveals some overlap with "health literacy" as defined in the IOM report. Which term better describes the problem in ways that will prompt recognition and response? Where do we want to focus our attention?

At The Centre for Literacy, we have been engaged for several years with a health literacy project at the McGill University Health Centre (MUHC). In the past year, we have refined a conceptual framework to guide our research and action. Our latest version predated the IOM report but shares some common focus on barriers to health communication, shared responsibility between individuals and system, and impact of culture and language. We have specified that the health care provider start from the needs of those population groups most marginalized by current communication practices. Our rationale is that if an institution finds the means of reaching its most challenging clients, it can reach anyone further up the continuum; the process does not work in reverse. As we study practices in selected hospital units, we will look at explicit connections to safety and quality.

Health and literacy in diverse contexts

This edition of *LACMF* looks at some of the diverse approaches to literacy and health. A full section has papers and summaries from our 2003 Summer Institute that was

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Web sites with definitions of health literacy

www.nlhp.cpha.ca

www.hc-sc.gc.ca/hppb/healthpromotiondevelopment/pube/literacy-health

www.worlded.org/projects_topic_7.html

www.hsph.harvard.edu/healthliteracy

www.sabes.org/health/index.htm

www.iom.edu

www.nhsu.nhs.uk

Further reading:
Linda Shohet, Health and Literacy: Perspectives, *Literacy and Numeracy Studies,* Volume 13, Issue 1, 2004.

BOX 2

Most common root causes of medical errors

1. Communication problems represent the most common cause of medical errors noted by the error reporting evaluation grantees. Communication problems can cause many different types of medical errors and can involve all members of a health care team. Communication failures (verbal or written) can take many forms, including miscommunication within an office practice as well as miscommunication between different components of the health care system or health care providers working different shifts. These problems can occur between health care providers such as primary care physicians and emergency room personnel, attending physicians and ancillary services, and nursing homes and patient services in hospitals. Communication problems can result in poorly documented or lost information on laboratory results, diagnostic testing, or medication information, and can occur at any point along the communication chain. Communication problems can also occur within a health care team in one location, between providers at different locations, between health care teams and other non-clinician providers (such as labs or imaging centers), and between health care providers and patients.

Patient Safety Initiative, Agency for Healthcare Research and Quality (AHRQ) Interim Report to the Senate Committee on Appropriations, December 2003.

Source: http://www.ahrq.gov/qual/pscongrpt/psini2.htm#RootCauses

co-sponsored by the Canadian Public Health Association and World Education. One intriguing observation from the three-day event was how difficult it was for some individuals to grasp the way the literacy-health connection was conceptualized in different countries and different contexts.

For example, a U.K. pilot project investigated the impact of learning on health by creating closer links between learning advisors and three general surgeries in South Nottingham. This project enabled referrals to learning opportunities for patients and staff and tracked the outcomes. A much larger-scale UK project, the National Health Services University (NHSU), seeks to address patient quality care through investing in lifelong learning opportunities for the million-plus workers in the health care system. Peter Lavender and Alex Braddell lead us through discussions on these initiatives.

Irving Rootman and Marcia Hohn prepared short think papers that guided conversations about health and literacy research in health settings and adult education environments; a number of the participants agreed to share their experiences and studies. From all their presentations, we drew insights and refined questions that we hope will contribute to the deepening understanding of the health literacy issue.

This edition also includes reports from other conferences and gatherings and an article and bibliography on seniors and literacy, an area of research that has implications for health literacy policy. [LS]

LACMF
LITERACY ACROSS THE CURRICULUMEDIA FOCUS

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The Centre for Literacy is committed to supporting and improving literacy practices in schools, community and workplace. It is dedicated to increasing public understanding of the changing definition of literacy in a complex society.

Literacy for the 21st century

Literacy encompasses a complex set of abilities to understand and use the dominant symbol systems of a culture for personal and community development. In a technological society, the concept of literacy is expanding to include the media and electronic text, in addition to alphabet and number systems. These abilities vary in different social and cultural contexts according to need and demand. Individuals must be given life-long learning opportunities to move along a continuum that includes the reading and writing, critical understanding, and decision-making abilities they need in their community.

The Centre for Literacy acknowledges the National Literacy Secretariat, Human Resources and Skills Development, Canada, and Dawson College for their support.

Cognitive errors in clinical decision-making: A cognitive autopsy

Summary of a presentation by Dr. Pat Croskerry, MD, PhD, Dalhousie University, at the Quality Healthcare Network, Spring Forum, May 24- 26, 2004 Ottawa

The recent Norton Baker study on adverse events (AEs) in Canadian hospitals [See BOX 1] estimated that more than 70,000 of these were preventable annually at a potential saving to the healthcare system of more than $300 million. Dr. Pat Croskerry, a clinical consultant in patient safety and professor in the medical faculty at Dalhousie University, focuses on the role of human error in AEs. He suggests that following the 1999 Institute of Medicine report entitled "To Err is Human," "there was a stampede away from the individual towards the system..." until we have almost thrown out any focus on the individual. While Dr. Croskerry acknowledges the systemic factors involved in AEs, including the impact on practitioners of shift work and sleep deprivation, he has nevertheless identified 30 types of human "cognitive errors," or failures of thinking, that contribute directly to adverse events. His premise is that if medical professionals are taught explicit thinking skills as part of their training, they will be able to recognize these patterns of error and reduce their occurence. He suggests that one way to learn from past mistakes is to conduct what he calls a "cognitive autopsy" on AEs using the 30 categories.

Other ways of gaining insight into and learning from mistakes are root cause analysis, clinical incident investigation and analysis, and process mapping. Citing a December 2003 report to the US Senate Committee on Appropriations by the Agency for Healthcare Research and Quality (AHRQ) that identified the most common root causes of medical error, Dr. Croskerry noted that "communication problems" headed the list [See BOX 2]

While Dr. Croskerry did not explicitly mention health literacy, it is hard to overlook the role played by communication in medical errors and adverse events. If these reports are not making the connection explicit, then researchers inside the health literacy fields have an obligation to connect the dots.

BOX 1

Adverse events in Canadian hospitals – May 2004

Background: Research into adverse events (AEs) has highlighted the need to improve patient safety. AEs are unintended injuries or complications resulting in death, disability or prolonged hospital stay that arise from health care management. We estimated the incidence of AEs among patients in Canadian acute care hospitals.

Methods: We randomly selected 1 teaching, 1 large community and 2 small community hospitals in each of 5 provinces (British Columbia, Alberta, Ontario, Quebec and Nova Scotia) and reviewed a random sample of charts for non-psychiatric, non-obstetric adult patients in each hospital for the fiscal year 2000. Trained reviewers screened all eligible charts, and physicians reviewed the positively screened charts to identify AEs and determine their preventability.

Results: At least 1 screening criterion was identified in 1527 (40.8%) of 3745 charts. The physician reviewers identified AEs in 255 of the charts. After adjustment for the sampling strategy, the AE rate was 7.5 per 100 hospital admissions (95% confidence interval [CI] 5.7– 9.3). Among the patients with AEs, events judged to be preventable occurred in 36.9% (95% CI 32.0%–41.8%) and death in 20.8% (95% CI 7.8%–33.8%). Physician reviewers estimated that 1521 additional hospital days were associated with AEs. Although men and women experienced equal rates of AEs, patients who had AEs were significantly older than those who did not (mean age [and standard deviation] 64.9 [16.7] v. 62.0 [18.4] years; p = 0.016).

Interpretation: The overall incidence rate of AEs of 7.5% in our study suggests that, of the almost 2.5 million annual hospital admissions in Canada similar to the type studied, about 185,000 are associated with an AE and close to 70,000 of these are potentially preventable.

Patient safety is receiving growing attention in Canada. Numerous legal cases and media stories have highlighted the consequences of unintended adverse events (AEs). In 2002 the Canadian government budgeted $50 million over 5 years for the creation of the Canadian Patient Safety Institute, and many health care organizations have initiated efforts to improve patient safety.

Abstract from *The Canadian Adverse Events Study* by Ross Baker PhD, Department of Health Policy, Management and Evaluation, University of Toronto, & Peter Norton MD, CCFP, FCFP, Department of Family Medicine, University of Calgary & 15 co-authors, published in May 2004.

Source: http://www.cmaj.ca/cgi/content/full/170/11/1678

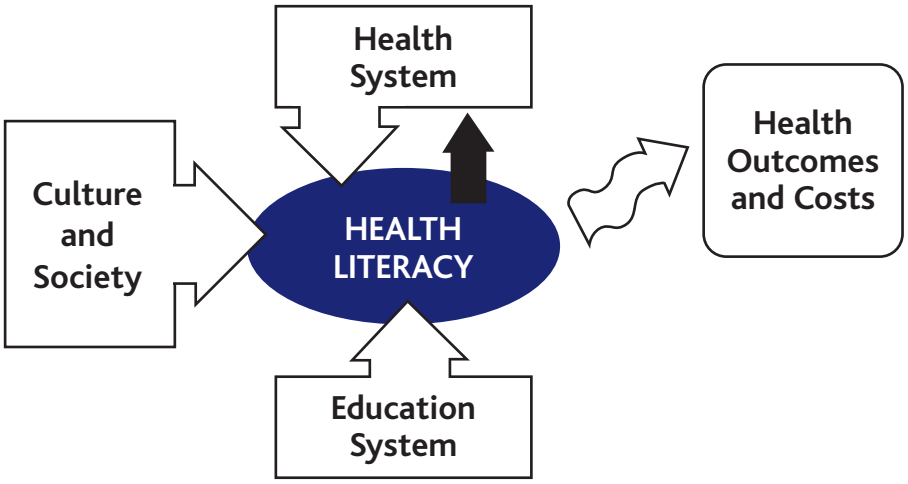
TO PONDER

1 What is health literacy? Institute of Medicine Findings

Findings 2-1
Literature from a variety of disciplines is consistent in finding that there is strong support for the committee's conclusion that health literacy, as defined in this report, is based on the interaction of individuals' skills with health contexts, the health-care system, the education system, and broad social and cultural factors at home, at work, and in the community. The committee concurs that responsibility for health literacy improvement must be shared by these various sectors. The committee notes that the health system does carry significant but not sole opportunity and responsibility to improve health literacy.

Findings 2-2
The links between education and health outcomes are strongly established. The committee concludes that health literacy may be one pathway explaining the well-established link between education and health, and warrants further exploration.

Finding 2-3
Health literacy, as defined in this report, includes a variety of components beyond reading and writing, including numeracy, listening, speaking, and relies on cultural and conceptual knowledge.



Potential points for intervention in the health literacy framework

Finding 2-4
While health literacy measures in current use have spurred research initiatives and yield valuable insights, they are indicators of reading skills (word recognition or reading comprehension and numeracy), rather than measures of the full range of skills needed for health literacy (cultural and conceptual knowledge, listening, speaking, numeracy, writing, and reading). Current assessment tools and research findings cannot differentiate among (a) reading ability, (b) lack of background knowledge in health-related domains, such as biology, (c) lack of familiarity with language and types of materials, or (d) cultural differences in approaches to health and health care. In addition, no current measures of health literacy include oral communication skills or writing skills and none measure the health literacy demands on individuals within different health contexts.

Committee on Health Literacy, Board on Neuroscience and Behavioural Health, Institute of Medicine (2004). "Executive Summary," Health Literacy: A Prescription to End Confusion. Washington, D.C.: The National Academies Press. 5 - 6.

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2 The need for information and support from health service providers: A story

"Health means a lot to me because my husband died of emphysema of the lung and I seen him suffer... The nurses used to come out home and see him and they were good, but that wasn't helping me, you know. You would ask them something and they would chew off on something. You say, "Well, how's his lungs today?" "Oh well, there's a little rattle," – well, what did that mean to me?—instead of saying, "Well, they're getting bad." You go to the doctor and he would be there looking at you shaking his head, "It don't look good." "Well, what do you mean, it don't look good?" He would sit down and write this big list out for you to go to the drug store... I thought emphysema was something you go to the drug store and get some pills. They never explained that it was a dread disease. I had to make it up in my own mind... It was about two years before the doctor set down and explained it to me... I got mad one day and I asked. I said, "What in the hell is this? Is he going to get better or is he going to get worse?" I wanted to know, you know, because I had to balance myself. Because I mean this is not, "Oh, well, he's going to go to the hospital and he's going to die and that's it." You got to get yourself prepared for loss."

Health Literacy in Rural Nova Scotia Research Project (2003). *Taking Off the Blindfold: Seeing How Literacy Affects Health,* A Discussion Paper. p.8 Available at http://www.nald.ca/healthliteracystfx/
Contacts: dgillis@stfx.ca or aquigley@stfx.ca

See Summer Institute report, p.23.

Literacy and health: **Prescription for progress**

Papers and summaries from Summer Institute 2003

June 26 - 28, 2003

The Institute was a three-day facilitated exchange that brought together adult basic education practitioners, health care professionals, researchers, and policy makers to explore questions, enlarge understanding, and identify strategies in an effort to move literacy health policy and practice forward across local, national and international boundaries. The next pages provide a synopsis of some presentations and discussions. Selected papers are available in full version on our website.

Key questions

We posed the following questions to begin the conversation:

There is no universal agreement on definitions of literacy and of health literacy. In planning this Institute, the Canadian Public Health Association asked, "How can we honour the broad scope that the term "literacy and health" implies, e.g. health communications and determinants of health/population health focus, in the areas of policy, research and practice?"

But, are the terms "literacy and health," "health and literacy," or "health literacy" interchangeable? Do we all have the same starting point and set of expectations? While there are some commonalities, vision, policy and practice around this subject differ between countries and between sectors.

The concepts of literacy and of health literacy have been evolving and broadening over the past decade, and interest has been growing in the connections between the two. Currently indications internationally are that there may be some movement to consolidate our knowledge, to form partnerships, and to integrate literacy and health initiatives for both learning and health outcomes. This Institute asks what we know, what we need to know, and how we can create policies that inform practice.

Key questions

- Where are the resources on literacy and health and how can we share them?
- What do Canadian, American, British, and Australian models of literacy and health have in common? How do they differ?
- What promising models of effective collaboration exist between the health and literacy fields at national, provincial/state and local levels? What lessons have we learned from these collaborations? What are the challenges?
- What can we learn from practices in developing countries where the connections between literacy and health are more visible and deeply understood?
- How can we foster constructive and productive collaboration between the literacy and health sectors, e.g. at the direct service level between literacy workers and health professionals

Institute Co-sponsors with The Centre for Literacy

Canadian Public Health Association (CPHA)

The Canadian Public Health Association (CPHA) National Literacy and Health Program raises awareness among health professionals in Canada about the links between literacy and health. The program promotes plain language health information and clear verbal communication in health professional practice through a partnership of 27 national health associations.
Web site: www.cpha.ca

WORLD EDUCATION

World Education, located in Boston, is a non-profit organization providing training and technical assistance in non-formal education. World Education works to strengthen adult literacy in the United States through professional development, curricula and materials development, research and special projects in areas such as literacy and health, technology, civic participation, and transitions to college. World Education also works in Asia, Africa, and Latin America in areas such as maternal and child health, HIV/AIDS education, environmental education, community development, micro-finance, and literacy.
Web site: www.worlded.org

in local hospitals, clinics, and community health centres?

- What can the literacy and health field learn from partnerships between literacy and other fields such as crime prevention? Are there models that we can adapt?
- What research questions need to be explored, and how should priorities be set?
- Does the adult basic education field need a common platform/statement around health and adult literacy? If so, who would develop it, how, and when?
- How can we sustain the health and literacy dialogue and set action plans?

What participants wanted to address

Before the Institute began, we asked participants to identify some issues and concerns that they wanted to address. These were categorized into two groups — information and issue questions. These groupings revealed both some overlap among issues and the degree of diversity among participants. While we could not reasonably answer all the questions in three days, we expected that individuals would find answers to the purely informational through talking, sharing materials on information tables, and using the resource library in The Centre. The Institute focused on issues. We offered many opportunities to consider and, perhaps, re-frame some of the more complex ones. Following is a selection of participants' issues by category:

Concepts

- Developing the language and a framework for discussing literacy and health
- Creating an agenda for addressing and improving practices and policies
- Defining health literacy …Evaluating health literacy

Sharing knowledge, lessons learned

- What can we learn from development models of health and literacy work?
- What are the problems in health and literacy world-wide? What concerns and solutions have been found in other jurisdictions?

Roles and responsibilities

- While hospitals and other health care organizations are supposed to address the needs of all clients (as supported by their policy documents), this is rarely the case with respect to literacy issues.
- How can the adult basic education field help meet the health information needs of adults with limited literacy skills?
- How can the adult basic education practitioners and programs actively participate in the health literacy movement?
- How can we connect low literacy clients with the resources they need to access community and government services?

A participant said: "We need to spend less time identifying and confirming that low health literacy is a problem and more time seeing, hearing about, and working on some practical solutions to the problem."

"There is still a real resistance on the part of most professionals to embrace the use of plain language – how can we change this?"

Raising awareness

- Although [many] national organizations have endorsed 'Clear Writing', the message does not appear to have reached front-line workers.
- Building an understanding among people from varied sectors and disciplines about how limited literacy impacts health in many indirect as well as direct ways
- Need to find effective ways to communicate about this model outside local contexts so the work will be perceived as purposeful and adding value to literacy education

Plain language

- There is still a real resistance on the part of most professionals to embrace the use of plain language – how can we change this?

Relationship among variables affecting literacy and health

- What are some of the links between poverty, ill health and lack of education?
- As we now live in a "global village" I would like to see some discussion on how culture influences literacy and health in an immigrant population.
- Literacy as a determinant of health – current research and future research needs
- What are the links between environment and health?

Research and practice

- Need to develop policy and expand staff development support
- Need to document impacts and outcomes that will be perceived as valuable by the health care community – and develop their understanding of an empowerment approach
- Need to develop an assessment of practices and materials
- Need to develop an assessment test of functional health literacy
- How can we do participatory research with people who have lower literacy?
- How can we make research relevant to practitioners and policymakers?

Technology

- Use of Internet to communicate health information
- Media effects
- At times the medium can hinder the message. It is often necessary to teach adults how to use cancer education software and find reliable information on the Internet. Using these formats to educate patients with low levels of literacy is of interest to me.

Working in languages other than English

- We need to assess readability of material in French.

"While hospitals and other health care organizations are supposed to address the needs of all clients (as supported by their policy documents), this is rarely the case with respect to literacy issues."

Critical Issues in Literacy and Health

Irving Rootman, Ph.D.
Professor and Michael Smith Foundation for Health Research Distinguished Scholar, University of Victoria

Introduction

As a relative newcomer to the field of literacy and health I was surprised at the number of issues facing the field. Some of the critical issues that I have become aware of include: **Definitions, Measurement, Culture, Language, Evaluation and Research.**

Of course, my selection of issues reflect my own perspectives as a researcher interested in policy and practice, but hopefully presentation of them in this "think piece" will at least stimulate discussion at the Institute and perhaps suggest other issues of concern to participants.

Definitions

There are a number of definitions of "Literacy" and "Health Literacy" in use. Some of the common definitions of "Literacy" include:

A

the ability to decode and comprehend written language at a rudimentary level -- that is, the ability to say written words corresponding to ordinary oral discourse and to understand them"

(Kaestle et. al., 1993).

B

"ability to understand and employ printed information in daily activities–at home, at work and in the community– to achieve one's goals and develop one's knowledge and potential"

(International Adult Literacy Survey, 1995).

C

"ability to read, write and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential"

(US National Literacy Act, 1991)

D

"a complex set of abilities to understand and use the dominant symbol systems of a culture for personal and community development"

(Centre for Literacy of Quebec, 2000).

These definitions represent different perspectives on the concept of literacy. The first suggests a narrow technical view, limited to understanding the written word; the second, although also limited to the written word, goes beyond understanding to using the information in daily life; the third suggests that it includes speaking and writing as well as reading although it is explicitly limited to English; and the final definition suggests that it is not necessarily limited to English and that the abilities might be used for community as well as individual purposes.

Questions for us are: Which definition do we prefer and why?

Similar questions confront us when we consider definitions of "health literacy". Some of the definitions in use are:

1 "ability to read and comprehend prescription bottles, appointment slips, and other essential health-related materials" (Ad Hoc Committee on Health Literacy, 1999)

2 "the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health" (US Department of Health and Human Services, 2000)

3 "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health" (Kickbusch and Nutbeam, 1998)

Again, they go from narrow to broad, the first limiting itself to understanding written material within a health care context, and the second and third including other skills within a broader context. In addition to addressing the questions above, we may want to consider whether or not "health literacy" is a separate and distinct type of literacy or simply "literacy" within the health context?

Measurement

Related to the issue of definition is the issue of measurement. If we can't measure whatever definitions we chose, how will we be able to monitor and evaluate the effectiveness of what we do to address health problems related to literacy or health literacy? Unfortunately, although there has been some progress made in the past few years, we still have a long way to go before we have satisfactory measures of both literacy and health literacy.

With regard to the former, the International Adult Literacy Survey is the main source of measures of literacy in the general population in Canada and other countries, which allows us to make some useful comparisons. However, the survey measures only a limited number of components of literacy (reading and writing), and misses others (e.g. listening and speaking). The latter are critical in the health care context, so how can we proceed to evaluate literacy efforts in that context without such measures?

With regard to health literacy, again, there has been some progress through the development of measures such as the Rapid Estimate of Adult Literacy in Medicine (REALM) and Test of Functional Health Literacy in Adults (TOFHLA) tests. Once again, these tests measure only a limited range of capacities associated with health literacy and with the exception of the TOHFLA-Spanish version, are in English only. So the questions for us are how do we go about developing more adequate measures of literacy and health literacy and how do we go about our work in the meantime without having such measures?

With regard to practice and policy, the differences suggest that we need to take culture into account in developing both our professional practices and policies. But how do we do so in a health system in which prejudice and ignorance often get in the way of open-mindedness and cultural sensitivity?

Culture

A third issue is the issue of culture. It is clear that culture has a substantial impact on the relationship between literacy and health. Among other things, people from different cultural groups view both literacy and health differently, have different life experiences which affect both their literacy and their health and are exposed to different kinds of opportunities for improving both their literacy and their health. These differences have important implications for research, practice and policy in literacy and health.

With regard to research, they suggest that a "participatory research" approach might be most appropriate for the study of the relationship between literacy and health. They also suggest that it is important to study how literacy is perceived in different cultural groups, how culture affects literacy and the extent to which different approaches to improve literacy work in different cultural groups. With regard to practice and policy, the differences suggest that we need to take culture into account in developing both our professional practices and policies. But how do we do so in a health system in which prejudice and ignorance often get in the way of open-mindedness and cultural sensitivity?

Language

A fourth related issue is language which often gets mixed up with literacy. Health Canada has recently released a report on *Language Barriers to Health Care* (Bowen, 2001). Among other things, this report suggests that "in many cases, language rather than cultural beliefs may be the most significant barrier to initial contact with health services" (Bowen, p. vi). It also suggests that there appear to be significant direct and indirect health impacts of language barriers on health, but that these relationships are affected by other variables including socio-economic status and health literacy. So the questions for us are how do we disentangle the effects of language, culture, socioeconomic status and literacy

"...how do we build the relationships between researchers, practitioners and policymakers needed to carry out more relevant and useful research?"

on health, and what are the implications for practices and policies?

Evaluation

This brings me to the fifth issue, namely evaluation. Although Canada has a strong international reputation with respect to literacy and health interventions, partly because of the work of the National Literacy and Health Program, the amount of rigorous evaluation of such efforts has been minimal. The Canadian Literacy and Health Research Program is attempting to address this deficit, but has a long way to go before we can be satisfied that indeed, our efforts to improve health through literacy are effective and efficient. So the question for the Institute is, how do we enhance the climate and infrastructure for evaluation of literacy and health efforts in Canada?

Research

Finally, as suggested in the discussion of culture and language, we clearly need to do more research on literacy and health. Again, the Canadian Literacy and Health Research Program moves us some way in that direction through the identification of priorities for research (see http://www.nlhp.cpha.ca/clhrp/wrkshp_e/cover.htm). However, we still have some distance to go to develop the kind of research which will be truly helpful to practitioners and policymakers interested in improving health through literacy. Thus, a question for the Institute is: how do we build the relationships between researchers, practitioners and policymakers needed to carry out more relevant and useful research?

Conclusion

As mentioned, this is a somewhat biased view of the issues in the field of literacy and health. Nevertheless I hope that it will help participants at the Institute identify and express their own biases so that we can have a productive discussion leading to better understanding, if not consensus, on the issues that prevent us from moving forward in the field of literacy and health.

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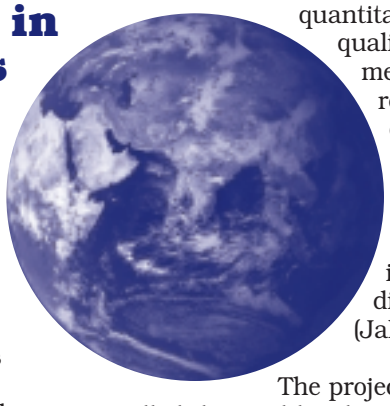
Irving Rootman is a Professor in the Faculty of Human and Social Development at the University of Victoria and a Michael Smith Foundation for Health Research Distinguished Scholar. His main research area is literacy and health. He has worked in the field of Health Promotion for more than 25 years, first at the federal level in the Health Promotion Directorate and then at the University of Toronto as Director of the Centre for Health Promotion.

Irving Rootman also spoke about the development of the National Literacy and Health Research Program supported by the Social Sciences and Humanities Research Council. He summarized what had been done to date and outlined plans for the future, including ways of involving interested participants in its further development.

Health literacy in other countries

by Irving Rootman, Professor and Michael Smith Foundation for Health Research Distinguished Scholar, University of Victoria



I conducted a search of the recent published literature as well as the World Wide Web to identify evaluated interventions related to health literacy from countries other than the United States. Unfortunately, I found very few peer-reviewed evaluations with the exception of projects in Chile, Bolivia, Bangladesh and Nepal.

The project in Chile involved the application of a plan for improving rural health, one aspect of which focused on literacy activities. The evaluation consisted of interviews with a representative sample of participating families about their satisfaction with the services that they received. Among other things, the evaluation suggested that literacy activities in the rural health initiatives contributed to improvements in the quality of life of the population (Gandolfo, et al., 1988).

The project in Bolivia which was also carried out in a rural area involved the delivery of multi-sectoral development programs, one of which was a literacy program. The evaluation consisted of a cross-sectional study with a comparison community. It was found that children of individuals participating in health, credit and literacy programs were significantly less likely than children from comparison communities to be malnourished or at risk of becoming malnourished, after controlling for social class, source of drinking water, and availability of health facilities (Gonzales, et al., 1999).

The project in Bangladesh was a Sanitation and Family Education initiative which went beyond traditional health education to use a dynamic communication process, with active community participation and needs assessments consistent with "interactive" or "critical literacy" (Nutbeam, 2000). The traditional approach was compared with the enhanced approach using both quantitative and qualitative methods and researchers concluded that the enhanced approach had a strong impact on diarrhoea (Jahan, 2000).

The project in Nepal, called the Health Education and Adult Literacy (HEAL) project, was intended to increase the literacy skills and health and family planning knowledge of locally recruited, illiterate female Community Health Volunteers and young mothers with whom they work. The evaluation of the pilot phase consisted of formative and summative components and included a comparison with women in another literacy program. Compared to the latter, the participants in the HEAL project demonstrated significant positive differences in both health knowledge and literacy acquisition skills, suggesting that literacy skills can be acquired in adult non-formal education programs and can contribute to health improvements and to other improvements related to health (Comings and Smith, 1994).

From the search of web-sites, a number of other initiatives were identified. However, only one mentioned that an evaluation was underway. This was a project in Guinea, West Africa which trained literate refugee women to assist less literate peers to learn the reproductive health content and words associated with "picture stories."[1] Thus, there does not appear to be a great deal of scientific evidence regarding the effectiveness of health literacy initiatives outside of the United States. Moreover, there is some question regarding the generalizeablity of the evidence that exists to the United States. Nevertheless, the evidence that does exist suggests that the concept of "health literacy" or at least the acknowledgement of the idea of a relationship between literacy and health does exist outside of the United States, and there appear to be programs which address this issue with some degree of effectiveness. Other sources confirm this conclusion.

For example, the search of websites identified what appear to be promising programs and policy initiatives in Sweden, the United Kingdom and Australia. The UK initiative includes a project to bring a "learning advisor" to patients and staff of three General Practice surgeries, one to raise awareness and knowledge of health practitioners to equip them to better deal with the issue of poor literacy skills among patients, and a project using theatre techniques to address communication and literacy difficulties affecting the access to health information and health care by people with learning disabilities.[2] The Swedish initiative involved the establishment of a group to encourage the implementation of plain language initiatives in Swedish state agencies, including the Ministry of Health, and the Australian initiative involved the establishment of "health literacy" as a National health goal – as has been done in the United States.

Notes

[1] http://www.worlded.org/projects_topic_8.html
[2] http://niace.org.uk/research/health/Prescription.htm
[3] http://www.health.gov.au/pq/bho/1999/v5n3/nhpa.htm

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The role of Adult Basic Education (Adult Literacy) in developing health literacy

by Marcia Drew Hohn, Ed.D.

Adult basic education is referred to as ABE in this document and includes English for Speakers of Other Languages. The term is used inter-changeably with adult literacy.
[See Working definitions below.]

Marcia Drew Hohn

Integrating literacy and health education – the U.S. experience

Working with health, including explicitly linking literacy and health education, is a new arena for adult basic education, which has developed primarily over the last decade. While many teachers have long incorporated health issues into their literacy and ESOL classes to spark student interest and to address life issues, the instruction was likely to be sporadic, inconsistent, and placed within a traditional teaching and learning framework.

In the last decade, adult basic education has struck out in new directions in seeing the ABE system as a critical part of addressing health literacy among limited literacy and limited English populations. These new directions have resulted from a convergence of trends that include:

- Research findings about the connections between limited literacy and poor health [Davis, Grosse & Auffrey, Perrin, Weiss, Williams, and others]
- The increasing recognition that health is central to one's ability to attend effectively to family, school, work, and community needs
- New perspectives within adult literacy and public health about the need for a learning together approach, community empowerment, and teaching and learning contextualized in adults' lives. [Arnold, Auerbach, Fingeret, and Freire on the literacy side. Labonte, Minkler, Rudd, and Zimmerman on the public health side].
- Passionate advocates on both the literacy and health sides having conversations and meetings

Canada has contributed significantly to the evolving dialogue; the Canadian Public Health Association, The Centre for Literacy and other agencies have been on the forefront of the issue. They were particularly helpful in beginning to address such questions as what could be done about health literacy in limited literacy-limited English populations. What was the role of the adult basic education system? What were the roles of public health and the health care systems? How could the systems work together to address this crucial social justice issue?

The role of the ABE system

In addressing the role of the adult basic education system in the U.S., the greatest level of experience comes from Massachusetts where literacy and health work began in 1993. Based in an empowerment model, building student leadership has been both the foundation and the outcome. The work emphasized the development of Student Health Teams. These teams comprised groups of students who work with facilitators, teachers, community health organizations and health practitioners. Using teamwork and creative methodologies such as drama, art, and music, the teams employ a peer teaching and learning together approach to engage in a variety of activities such as:

- researching health information
- teaching other students about health
- making and distributing brochures

Working definitions

ADULT BASIC EDUCATION (also known as ADULT LITERACY), as defined by the National Institute for Literacy (NIFL), serves adults who score in the bottom two of the five levels of reading, writing, and math skills identified by the National Adult Literacy Survey (NALS), who do not speak English well, or who do not have a high school degree. Specialty programs such as family literacy, workplace education and transition to higher education are also part of the ABE system

HEALTH LITERACY is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions (*Healthy People*, 2010).

- developing and conducting surveys
- participating in or running health fairs
- arranging for medical screening services at the program
- documenting and taking action around community health issues

Massachusetts' adult basic education learners have been articulate about what they see as the problems with health education for limited literacy individuals and groups. They see materials written at an appropriate level as important, but only the tip of the iceberg of the communication and learning issues.

There is too much reliance on written materials, they say. What is needed are settings where health information can be connected to everyday life and a psychologically safe environment for learning is present. Having or getting health insurance is an issue in the United States but understanding both private and public health insurance programs, especially HMOs, is equally important, say students. Deeper issues are also present. One of these issues is that immigrants often have little or no experience with the concepts of prevention and early detection and their allied community health programs. So they are not conscious of health promotion messages, and extra care has to be taken to ensure these concepts are communicated. Another issue is that adult students fear discrimination in health care settings when they do not know the language and/or do not have health insurance; they are therefore less likely to engage with prevention and early detection, and may delay seeking medical care until it is too late. Research from the American Cancer Center has established that poor women die more frequently from cervical cancer – a cancer that is 100% curable if found early – as poor woman often do not have

"...adult students fear discrimination in health care settings when they do not know the language and/or do not have health insurance; they are therefore less likely to engage with prevention and early detection, and may delay seeking medical care until it is too late."

the information to seek services early enough. (*Health Education and Adult Literacy: Breast and Cervical Cancer, 1999)*

To address these issues, Student Health Team members have developed an array of projects, interventions and materials. In the process, they have developed new knowledge, skills, awareness and vision for social action that promote new images of themselves as people who can make things change. Other adult students who benefit from these activities also report increased awareness, knowledge, skills and increased engagement with prevention and early detection practices. ABE programs and practitioners find that health topics catalyze and enhance literacy instruction in speaking and listening, reading, writing, math and critical thinking.

Selected approaches

A number of other programs and initiatives have addressed literacy and health initiatives issues in a variety of different approaches. Some of these efforts include:

- Project HEAL (Health Education and Adult Literacy) with a focus on early detection of breast and cervical cancer which grew out of a national cancer working group of health educators and educators. Now in its fourth iteration, HEAL provides curricula and lessons for ABE teachers in 16 states who want to offer in-depth health lessons, incorporating basic skill development, focused on specific health issues. Health Promotion for Adult Literacy Students and Rosalie's Neighborhood were similar curricula projects.
- Collaborative interagency projects where multiple agencies with a common interest in developing health literacy for specific populations work together to develop a coordinated effort. e.g. Pennsylvania developed interagency programming to address the health literacy needs of seniors with diverse cultural or linguistic backgrounds and/or limited literacy (Hohn, 2002).
- Enhancing current services and leveraging resources was an approach used in Virginia to enhance their technology initiative in adult basic education The importance of health literacy was recognized and teacher-student teams in adult basic education programs developed projects that were shared electronically across the state (Hohn, 2002).
- In Georgia, where many potential participants in adult basic education shy away from ABE programs because of the perceived stigma of illiteracy, special health programs were taught by health educators and ABE instructors together. The health programs became a venue for literacy instruction and a drawing card into other ABE programs (Hohn, 2002).
- Adult educators have worked across a number of initiatives with health care workers to simplify materials and to better understand the communication needs and learning styles of people with

limited literacy-limited English skills.

All these avenues are valuable pieces of the puzzle about the role of the ABE system in developing health literacy. The next section looks at the accumulating evidence about impact and outcomes on health literacy when health is explicitly integrated with literacy instruction

Impacts and outcomes of integration

Yes, it sounds wonderful for health to be addressed in ABE classrooms. Yes, student health teams sound like a empowering idea. But do adult learners want and appreciate health education? Do they develop new awareness, knowledge and skill about health topics? Do they engage more with preventive health practices? How does health work with literacy instruction?

In Massachusetts, a participatory action research study with a student health team, cumulative experience, and an investigative study of 13 ABE programs engaged with literacy and health work provides beginning evidence that integrated literacy and health education has substantial impact on adult learners' health literacy. The following were statistically significant findings among the Massachusetts programs: (Hohn, 1998; Hohn, 2004).

Learners' Perceptions about Learning about Health

- Adult learners say learning about health is important and that the information was useful and meaningful in their lives. Health also catalyzes their literacy learning. Teachers and learners report an intense engagement in conversation, reading, and writing activities that revolve around health topics.

"Yes, it sounds wonderful for health to be addressed in ABE classrooms ... But do adult learners want and appreciate health education?"

- Adult learners find ABE programs a good place to learn about health because the time, psychological conditions, and an understanding of their communication and learning needs are present. Many said this was the first time they understood health information.
- Adult learners appreciated being taught by "people like myself" (Student Health Team members working with health educators and ABE practitioners). Adult learners trusted peer teachers and the social space to talk about health.

On the Health Topics and Methods

- Adult learners usually choose the health topic to study. In Massachusetts ABE programs, stress and depression are the topics most frequently studied. Diet and exercise are also favorites. Other topics include violence (as a health issue), smoking, diabetes, HIV/AID, cancers, fire safety, cholesterol and heart disease, SARS, food safety, as well as community environmental issues. The emphasis is on prevention and early detection.
- Common method elements among the programs include:
  - Students choose the health topics (ensuring meaningful connection)
  - Student teams lead the learning (working with health groups and teachers)
  - Use of drama, small group discussions, posters etc. increased understanding
  - Emphasis is on developing understanding

What was learned?

- **Increased understanding**
  - about concepts of prevention and early detection
  - about how things are connected. e.g. diet and exercise relationship to well-being and preventing or managing illness, relationship of stress and back pain
  - about community health services for treatment and prevention services such as blood pressure, blood sugar, cholesterol checks, and immunizations
  - about rights and responsibilities in health care settings and insurance programs

- **Increased Skills**
  - Health vocabulary
  - Read nutrition labels
  - Talk about health – taking a risk to ask questions, more confident in talking about health, share health information, support others and others support me
  - Recognize symptoms from reading a health brochure
    - e.g., brochures on diabetes
  - Find and evaluate health information
  - Question information, see different perspectives

What are students doing differently?

- Eating more fruits and vegetables
- Drinking water rather than soft drinks like coke
- Avoiding fried foods
- Reading nutrition labels
- Requesting vending machines with healthy snack food

Literacy-linked health education promotes student-centered programming and instruction

"…health is a vitally important topic to the ABE learner and their families and communities. It is a common denominator in multilevel classrooms, illuminates the value of group learning, and can be jet fuel for programs to begin discussions about how contextualized curriculum and instruction is approached, and how curriculum can be reshaped." -- Bob Bickerton, Director of ABE, Massachusetts

"… I used to give a lot of lip service to being student-centered but I didn't really understand it until I worked with students around health issues and saw how self-directed they could be. I will never again assume I know what students want and need to know." – teacher in a Massachusetts program.

- Reducing stress through exercise, music, stretching, etc.
- Blood pressure checks
- Blood sugar screening
- Cholesterol screening
- Taking Pap tests
- Use of condoms
- Smoking less, trying to quit
- Exercising more – especially walking
- Showing more concern about weight
- Sharing learning with family and friends
- Washing hands more
- Asking doctor more questions concerning self, children and family
- Getting excited about learning about new health areas

Some Conclusions

Collectively, all these changes contribute to critical shifts for adult learners in:

- Belief about what a person can or cannot do about their health."I can be healthier" was a common refrain.
- Personal knowledge and skills for dealing with health issues in their lives and the lives of their families and communities – through more intense engagement with public health information and initiatives.

One group of students said that learning about health in their ABE programs and classrooms boosts learners to grab the strings of opportunity to learn health facts and information, see options, learn about resources, and get help. [See BOX, Literacy-linked…]

Emerging questions

As we move forward to develop the role of the ABE system working with the public health and health care systems, important questions are emerging. Some of these are:

1. When literacy and health are joined, what comes first, literacy or health?
2. Which approaches work best under what circumstances, e,g, an empowerment approach that emphasizes student leadership? A disease-specific approach that concentrates health learning on one health topic separated from regular instruction or an integrated curriculum approach?
3. In what ways do the practices of literacy teachers and programs change by being involved in health work?
4. How can we produce evidence that further documents changes in health knowledge, beliefs, and attitudes – ultimately behavior – through linking literacy and health education?
5. What influence does an inter-agency approach have on partners involved?
6. What kinds of financial, resource and program and staff development support need to be in place for effective linking of literacy and health education?

Further reading:

At the time of writing (May 2003), Marcia Drew Hohn was the Director of Northeast SABES (System for Adult Basic Education Support) in Massachusetts. She has long been a researcher, practitioner and advocate for the integration of literacy and health education and is currently Director of Public Education for The Immigrant Learning Center, Inc. in Malden, Massachusetts.

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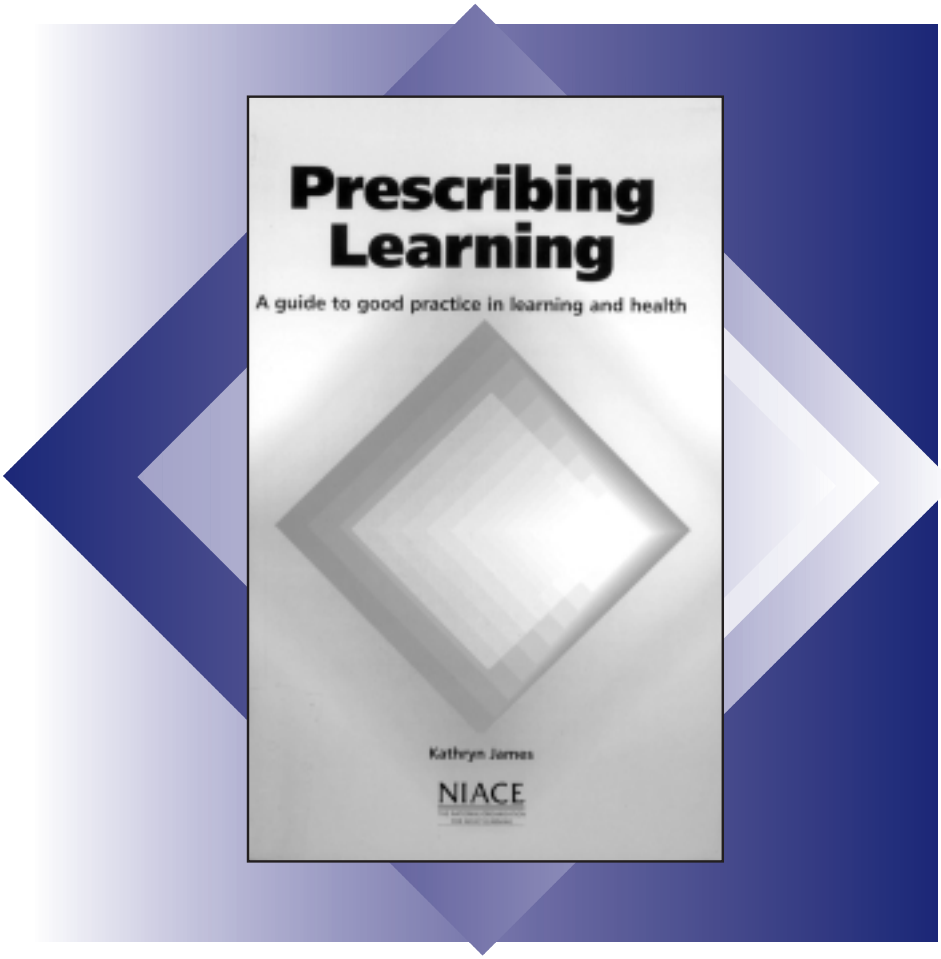
"Prescribing Learning" – The impact of learning on health

by Dr. Peter Lavender, NIACE



"It's visionary because health is bigger than medicine."

– Health care provider (UK)

Context for this project

"Saving Lives', White Paper from National Health Service (NHS), 1999

> "Education is vital for health. People with low levels of educational achievement are more likely to have poor health as adults. By improving education for all we will tackle one of the main causes of inequality in health". (16)

"The Impact of Learning on Health" NIACE, 1999, based on interviews with adult learners

- 89% said returning to learning had a positive impact on their mental health (self-esteem, lifted mood, improved sleeping, provided distraction from dwelling on problems).
- 87% said returning to learning had a positive impact on their physical health.

"Prescriptions for Learning" was developed by NIACE to place a learning adviser [See role] in GP surgeries and evaluate the outcomes. In February 2003, the Depart-ment for Education and Skills (DfES) gave NIACE funding to facilitate a Consortium of "Prescriptions for Learning" projects with 60 members from different organizations. The aims were to:

- Provide support to learning advisers engaged on projects
- Provide networking opportunities for learning advisers
- Share ideas, strategies and good practice
- Discuss concerns, difficulties and barriers
- Disseminate good practice and findings

The role of the learning adviser (self-described)

- to take referrals from healthcare staff and self referrals from individuals interested in learning
- to work with the individuals to help them identify what learning they are interested in and how best to access it
- to provide guidance and support necessary to help the individual access an appropriate and chosen learning opportunity
- to recognize that the guidance process can be a learning process; people in these situations and with health difficulties are likely to have poor self-esteem and low levels of confidence.

Challenges

- Education is rarely uppermost in the mind of the GP or other healthcare staff when they are seeing a patient.
- The role of the Practice Manager is therefore crucial
  - can remind clinic staff of the service
  - can help with practical details, e.g. finding a private interviewing space

Findings

In a six-month period

- 116 people were referred
- 26 failed to keep their appointment
- 90 people attended
- At the time of writing, 68 people were still attending some form of learning.

Types of Learning accessed

- Generally what the learners want rather than fitting them into an existing course
- Courses included: Tai Chi, Yoga, Computers, Art, Craft, Confidence Building, Childcare, Aromatherapy, Voluntary Work, literacy, numeracy and ESOL

Health impacts reported from involvement in learning opportunities

- increased confidence in abilities
- sense of purpose
- dense of achievement
- generally feeling happier
- distraction from pain and problems
- being more active – inside and outside home
- improved sleeping
- new friendships and social contacts
- benefits to relationships and family
- having fun
- improved job prospects

"Education is vital for health. People with low levels of educational achievement are more likely to have poor health as adults. By improving education for all we will tackle one of the main causes of inequality in health".
(16)

Impact on health and well-being

- mental health benefits – increased confidence and self-worth, positive outlook, lifted mood
- physical benefits – improved sleep, being more active
- dealing with pain more effectively
- feeling more able to cope
- feeling more in control
- distraction from dwelling on problems
- less frequent visits to doctors' offices
- reduction in taking some medications

Feedback from health care staff

- another service to refer people to
- "It has helped to provide something positive for "heart-sink" patients, and that feels good for me."
- "The effect on some patients is dramatic."
- "Very effective to use in conjunction with medical treatments."
- "It's visionary because health is bigger than medicine."

With Alex Braddell, Peter also presented a brief overview of the NHSU and its priorities, and discussion of the issues faced in developing a country-wide program for improving the literacy, language and numeracy of staff who work in and for the National Health Service.

Peter Lavender is Director for Research and Development at the National Institute of Adult Continuing Education (NIACE), the national organization for adult learning in England and Wales that advocates for more and different adult learners in every sector of education and training. Peter also works for the National Health Service University (NHSU), the corporate university for the NHS in England and Wales, where he heads programs for adult literacy, language and numeracy.

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Learning in UK National Health Service (NHS)

Alexander Braddell, Oxfordshire Skills for Health

Context for learning

1997: Blair government elected on a 'modernising' agenda.
Promise to address the "under-funding" of National Health Service (NHS)

2000: Published NHS Plan, an action plan to modernise National Health Service

Premise of reform

1948 NHS was established as "doctor-centred"
Previous NHS was under-funded

2000 Reformed NHS is "patient-centred"

Promises and priorities

NHS Plan promises

- £19 billion by 2005
- power, information for patients
- more hospitals and beds
- more doctors and nurses
- shorter waiting times
- cleaner wards, better food
- improved care for older people
- tougher standards, better rewards for staff

NHS Plan priorities

- target biggest killers, e.g. cancer, heart disease
- pinpoint changes needed to improve people's health and well-being
- deliver modern, fair, convenient services that "people want"

Fulfilling the promises

Key issue: resource management
Will increased funding deliver improvements?

Challenge: Recruit more staff, and use existing staff more effectively

2000 – 2003
Massive organisational restructuring

2000
Health Service of All the Talents Workforce development plan

2001
Working Together – Learning Together Lifelong learning framework

2002
HR in the NHS Plan 'More staff working differently' HR strategy

2003
Agenda for Change
Pay modernisation based on job standardisation

Skills escalator

Staff movement up, down, across the organisation 'Start as a domestic, end as chief executive'

- Old-style NHS: rigidly hierarchical, cultures within cultures, lots of demarcation
- New-style NHS: greater flexibility, job redesign (e.g. nurses taking on doctors' work), recognition of value of whole team (cleaner to consultant)

NHS as a microcosm of the UK workplace

- high proportion of non-professional staff with low or no qualifications
- denied access to opportunities for development, suspicious of 'learning'
- Wasteful of human resource and individual potential

Health Service of all the Talents Agenda for Change: staff to have access to learning and development as a right

Lifelong learning and 'Skills for Life'

- 1999 survey suggests 20% of UK population have limited literacy/numeracy
- 2001 National Strategy launched to improve adult literacy/numeracy
- NHS is required by government to engage with the strategy
- Of 1.2 million employees, 200,000 lack target qualifications for school leavers
- 50,000 + staff are thought to have limited literacy/numeracy

Limited literacy/numeracy restricts ability to:

- perform job
- cope with change

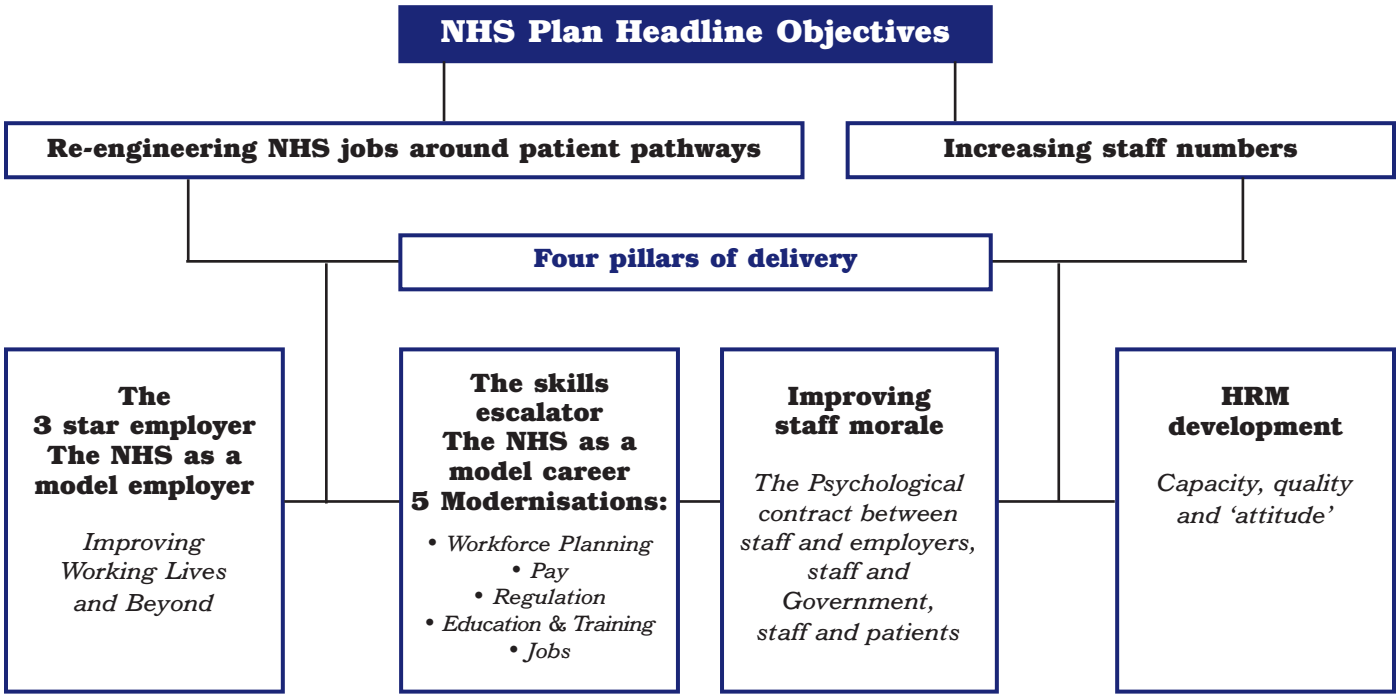
Learning and patient-centred service delivery

Lifelong learning and development are keys to delivering the Government's vision of patient-centred care in the NHS.
Our main aim is to ensure that the NHS, working with its partners and related sectors, develops and equips staff with the skills they need to:

– support changes and improvements in patient care
– take advantage of wider career opportunities; and
– realise their potential.

This is not simply a good thing in itself. There is increasing evidence that lifelong learning, as part of good employment practice, lies at the heart of effective organisational performance.

– Working Together – Learning Together 2001



HR in the NHS Plan 'More staff working differently'

• engage critically with workplace issues
[See p. 20 for an NHS workplace example]

NHS University (NHSU) 'Learning for everyone'

A corporate university to support NHS modernisation by unlocking the potential of a 'million hard-working, talented people'

> "For far too long education and training in the NHS has been a privilege for a few - the NHSU will make it a right for everyone. Everyone should have access to a professional qualification."
> – Labour Party manifesto pledge for 2001 election – to launch in autumn 2003

Provide practical learning for everyone at every level: staff, patients, carers, volunteers
'Bricks and clicks'
Grow the skills needed for modern healthcare
Still evolving
– See www.nhsu.nhs.uk

NHSU launch portfolio

Improving patient care

- Induction to the NHS
  First-ever standard induction for NHS
- Communication skills
  General and specialised
- First contact (triage)
  Supporting new ways of working in the NHS
- Hygiene and infection control
  HAIs currently cost NHS £1bn plus annually

Supporting staff

- Skills for life, health and work, literacy, numeracy and language skills of staff
- Health informatics
  Information management
- "Educator" support for educators working in NHS to support learners and learning
- Management Skills
  Leadership and management also Junior scholarship program and Foundation Degree opportunities for employees

On the ground

Challenges

- Three tiers of learning
  – Statutory responsibilities – legislated training e.g. health and safety
  – Compulsory – called for by hospital policy e.g. local induction
  – High priority – recognised as valuable e.g. supervisory skills
  – Staff shortages, acute difficulties around release time, lack of back-up staff
  – Equity
  – Resources (e.g. facilities for learning)

Some possible solutions

- Protected time and range of learning opportunities e.g. skills training courses
  – reading
  – e-learning
  – research
  – experiential learning
- Job shares
  – shadowing schemes
  – networking
  – courses
  – work experience
- The kindness of strangers (or is it "With a little help from my friends")

Alexander Braddell is Program Manager at ORH-Stepping Stones. He works with Oxfordshire Skills for Health, an initiative based on partnership work between Oxfordshire NHS organisations, Oxfordshire County Council, and the South East England Development Agency (SEEDA).

ORH-Stepping Stones: Literacy in a healthcare workplace

by Alexander Braddell

The UK National Health Service (NHS) is currently undergoing a radical overhaul. In 2000 the Department of Health published the NHS Plan – an ambitious ten-year program of investment, expansion and 'modernisation'. Human resource development is a key issue. The NHS needs to not only attract more staff but persuade the 1.2 million staff already employed to embrace new working practices designed to a deliver a more patient-centred service.

To support these changes, the NHS has embraced the concept of the learning organisation wholeheartedly. "[1]There is increasing evidence that lifelong learning, as part of good employment practice, lies at the heart of effective organisational performance.' Moreover for the first time, the emphasis is on learning and development for all staff – cleaners as well as consultants.

This extension of learning beyond clinicians and senior managers has led to a new interest in literacy – coinciding with Skills for Life, the UK's national strategy to improve adult literacy and numeracy. As a result, literacy programs have sprung up in numerous healthcare workplaces across the UK. ORH-Stepping Stones is one of the more ambitious.

Based at the Oxford Radcliffe Hospitals Trust – a 10,000-employee teaching trust spread over four hospital sites – ORH-Stepping Stones aims to do more than just improve the reading and writing skills of individual employees. The program which is staffed by literacy workers and paid for by an economic development agency offers communications, IT and maths training, but it also offers consultancy around operational systems and procedures, organisational strategy development, mentoring and management development. From 2000 - 2003, over 400 staff members participated in the program.

The program's motto is 'Towards a workplace learning culture'. By that we mean the sort of "enchanted" workplace envisioned by NHS policy-makers: a workplace where everyone is a committed partner, fully engaged in meaningful work, understanding and controlling their own job, supervising themselves, and actively seeking to improve their performance through communicating their knowledge and their insight[2].

To achieve a workplace even remotely resembling this high performance ideal, an organisation must ensure:

- management that is (and is perceived to be) supportive of subordinates' efforts
- participatory decision-making
- staff trust in management
- freedom to communicate openly
- an organisation-wide commitment to high performance.

Teamwork based on mutual respect is at the core of this fairytale workplace. To achieve such teamwork, each member of the team must have a voice and a voice worth not only hearing but listening to. For its part, the organisation must be willing not only to listen to such voices but respond to them. Developing such voices and the organisation's ability to respond are the goals of Stepping Stones.

ORH would be the first to admit it faces challenges as an organisation – and yet this very willingness not only to own its problems but to welcome the literacy team's engagement with those problems is precisely what makes ORH-Stepping Stones such a fruitful collaboration.

ORH-Stepping Stones' mantra is 'The learner is the workplace.' The ultimate measure of any intervention we make is: What is its impact on the workplace? We believe that if it doesn't make an impact on the workplace as a whole, its impact on any single individual will be limited.

Meanwhile, the mantra of NHS modernisation is 'Improving the patient experience'. The ultimate measure of every initiative – from pay modernisation to the creation of the new NHS University (www.nhsu.nhs.uk) is: How does it improve the patient experience?

To better understand how this plays out in practice, listen to two stories…

STORY 1

"Wake up and smell the toast"

Once upon a time, in a faraway land, there was a hospital.

In this hospital there was a child. The child lay in a coma, mother at the bedside.

The ward cleaner looked at the child and at the distressed mother.

"I'm sure your child will wake up soon," the cleaner said in the morning.

In the afternoon the cleaner said, "Wave toast under your child's nose. That will wake your child."

"Leave us alone," the mother said.

Her child did not recover.

A week later the hospital received a letter from the bereaved family complaining about the cleaner's inappropriate overtures.

When confronted by hospital managers, the cleaner was mortified.

"I only meant to help," the cleaner said. "I saw doctors on television use toast."

The television 'doctors', it transpired, were actors in a medical soap opera.

STORY 2

"Here are the paper towels we used"

Elsewhere in the hospital, an internal audit of catering procedures was underway. The inspectors were particularly interested in temperature probing.

(At the hospital, pre-cooked patient food is delivered chilled by a contractor ready for hospital staff to reheat at mealtimes. Before reheating the food, catering assistants must probe it to check that it is still safely chilled. After reheating the food, the catering assistants probe it again to check that it has reached a safe heat.)

That day, the inspectors entered a ward kitchen and asked to see the daily temperature probe record sheet. The catering assistants claimed there had been a rush and they had forgotten to record the probes that day.

"But we really did probe the food," said the catering assistants. "We can show you the discarded paper towels we used to clean the probe thermometers."

"It is hospital policy to clean probes with alcohol wipes," the inspectors said. "We'd better see your managers."

The managers arrived. The inspectors asked them why their staff had not used alcohol wipes.

"Why didn't you use alcohol wipes?" the managers asked their staff.

"We know nothing about alcohol wipes," the catering assistants replied.

"You should have requested alcohol wipes from us," the managers said.

On the inspectors' instructions the managers wrote disciplinary reports on the catering assistants, documenting the events and omissions, to be put in the staff's files. During the process one of the catering assistants was asked to sign and date a piece of paper on which nothing had yet been written.

Later that day the catering assistants asked their colleagues in other ward kitchens if they had been told of the policy to use alcohol wipes. No one had. Next day, management issued alcohol wipes to every ward kitchen.

The catering assistants, employees with good track records, handed in their notices shortly afterwards, citing this incident as the reason they had decided to go.

These stories illustrate the close relationship between general literacy in a healthcare workplace and health literacy. They also illustrate the kind of teamwork healthcare demands and the barriers to achieving it. To make any impact on these issues, one has to address more than the skills of the cleaner or the catering assistant. At the same time, the cleaner and the catering assistant, – even more than their managers, – must understand the relationship between the tasks they carry out and healthcare.

Learning and development for this group of staff should offer not only a more effective healthcare system but a growing pool of people taking an expanded awareness of health back into their homes and communities.

NOTES

[1]Department of Health (2001) *Working Together – Learning Together*, London p vii

[2]Gee, J. Hull, G. & Lankshear, C. (1996) *The New Work Order* Sydney, p. 30.

Alex Braddell is Program Manager at ORH-Stepping Stones, a large workplace literacy project for the Oxfordshire NHS (National Health Service) organisations in Oxford (UK). This involves developing a regional strategy for workplace literacy in the NHS organisations. Alex is interested in the relationship of workplace literacy to organisational effectiveness. He has set up and run many workplace literacy programs and done professional development for workplace literacy educators. His travel to participate in the Summer Institute was funded by The British Council.

Thanks to the British Council for their support.

BRITISH COUNCIL

More Institute presentations....

Sabrina Kurtz-Rossi

Evaluation results and lessons learned from the Health Education and Adult Literacy Breast and Cervical Cancer Project (HEAL:BCC)

The Health Education and Adult Literacy Breast and Cervical Cancer Project was a first of its kind study to collect both qualitative and quantitative outcome data to evaluate the effectiveness of introducing health content into adult basic education classes. World Education worked with 26 adult learning centers in nine states to pilot, and then replicate and evaluate HEAL:BCC materials and processes. Implementation of the HEAL:BCC Curriculum took place between January and May 2001; data collection continued through the summer of 2001. Findings indicate that the HEAL:BCC Project had significant impact on increasing students' knowledge about breast and cervical cancer and how to detect them early; increasing the proportion of women who obtained Pap tests; and increasing the proportion of students who suggested mammograms and Pap tests to other. Feedback from teachers and students suggest the need for a more modular and flexible curriculum and a particularly strong interest in health content among English for speakers of other languages (ESOL) students.

Sabrina Kurtz-Rossi, a trained health educator, has been at World Education's Health and Literacy Initiative since 1994. Her focus is on integrating health education into non-formal adult basic education setting. She coordinated the Health Education and Adult Literacy: Breast and Cervical Cancer Project (HEAL:BCC), and is responsible for the LINCS Health & Literacy Special Collection website, (www.worlded.org/us/health/lincs) a health information resource for adult basic education teachers and students with limited English literacy skill. She is also involved with the National Network of Libraries of Medicine.

The Health Education and Adult Literacy: Breast and Cervical Cancer (HEAL:BCC) Project promotes the diffusion of information about breast and cervical cancer to adult learners with less than a high school education. A high proportion of these learners live in poverty, are from minority populations, and/or are new immigrants. HEAL:BCC locates its activities within adult learning centers because they offer a pre-established network that the target population accesses and trusts. In-depth breast and cervical cancer health education is done in adult basic education (ABE) classes and English for speakers of other languages (ESOL) classes that offer numerous opportunities for in-depth discussion, structured learning, and skill building.

The HEAL:BCC model works at three levels: (1) the adult learning center, (2) the adult education classroom, and (3) the social network of the adult learner.

- Level one activities include an orientation for adult learning staff and teachers, appropriate resource materials, and linkages with staff from state literacy resource centers and CDC-supported breast and cervical cancer early detection programs.
- Level two focuses on the design and implementation of a core curriculum (materials and activities for classroom learning), a teacher training followed by on-going technical assistance, and easy-to-read materials for learners.
- Level three focuses on the adult learner as an educator within her/his family, social group and community. Adult learners take action for themselves and help mothers, sisters, aunts, friends and neighbors to understand the issues of breast and cervical cancer early detection and to access needed services.

http://www.worlded.org/us/health/heal/

Doris Gillis

Collaborating across sectors: Challenges and insights

Preliminary findings of the Health Literacy in Rural Nova Scotia Research Project point to a strong link between the literacy level of adults and their physical, mental, social, and economic health, and to a strong impact, direct and indirect, on the health of their families and communities. This circle of connectedness comes as no surprise, but dealing with it effectively remains a challenge.

Based on the social determinants of health, this project examined the lived experience and insights of adults with limited literacy, and the community professionals who provide support and services. Through this process questions arose about effective ways of working across sectors to address literacy and health. Problems included difficulties identifying literacy issues, uneasiness with "naming" the issues, and reluctance to take on additional responsibilities beyond one's "job description." In a world of increasing cutbacks, the gap is widening between lessons learned from research and the capacity to effectively act on recommendations.

The challenge of collaborating across health and literacy sectors requires a transformation of perspective, language, and policy that goes beyond rhetoric. Sometimes the unique perspectives of these disciplines serve to maintain a patchwork approach by filtering experience through a recognizable lens, comfortable language, and traditional policy frameworks. True collaboration requires changes in the structure of our organizational relationships that match our discourse on the integrated nature of literacy and the social determinants of health. There are lessons to be learned here from communities, where this appears to happen more naturally than within bureaucracies.
See To Ponder, p.4.

Reports from the Nova Scotia project are available at http://www.nald.ca/healthliteracystfx/project.htm

Doris Gillis teaches in the Department of Human Nutrition at St Francis Xavier University and was the Principal Investigator for the Health Literacy in Rural Nova Scotia Research Project. Doris is currently at the University of Nottingham pursuing graduate studies in health and literacy.

Contact: dgillis@stfx.ca

Andrew Pleasant

Defining health literacy

Andrew Pleasant, Christina Zarcadoolas, Ph.D., and David Greer, M.D., have deveoped a broad definition of health literacy as the evolving skills and competencies that people develop and use to seek out, comprehend, evaluate, and use health information and concepts to make informed choices, reduce health risks, and increase quality of life. Existing quantitative measures of health literacy generally focus on the ability of individuals to interact with health care providers. Some, such as the TOFHLA (Test of Functional Health Literacy in Adults) and the REALM (Rapid Estimate of Adult Literacy in Medicine), have demonstrated a relationship between the likelihood of possessing and being able to act on knowledge about health. However, they remain relatively little used in an international context and sparsely tested in different

Marketing and Social Marketing of Health. An example from HEALTH LITERACY: Can the public be healthy without it?

languages. While education and basic literacy are generally found to have a positive relationship with health, that relationship is not the same between countries, regions, states, or between individuals with the same education or literacy level. Thus, there is a need to develop a fuller understanding of what makes up a person's broad constellation of abilities to understand and engage with information about health and health research. This presentation offered an expanded model and examples of health literacy that includes domains of fundamental, civic, cultural, and scientific literacies.

Andrew Pleasant's recent work has focused on issues related to health literacy and communicating scientific information to the public. A major project is a NIH-funded book, "Health Literacy: Can the public be healthy without it" written with colleagues Christina Zarcadoolas and David Greer at Brown University. Other projects involve work with the World Health Organization on a health research utilization assessment project and the Health InterNetwork India. He has also collaborated with Zarcadoolas and Greer on a textbook entitled *Health Literacy: A Guide for Health Professionals* to be published in 2004.

Information:
http://envstudies.brown.edu/Dept/people/faculty/czcdl/literacy.html

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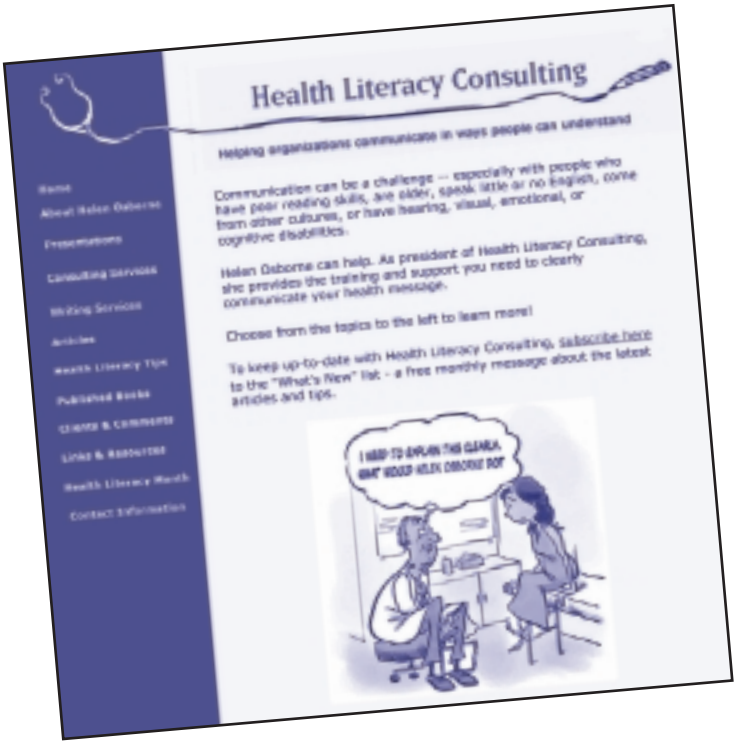
Helen Osborne

Growing pains: Building a sustainable Health Literacy Month model

Helen focused on the business side of creating, growing, financing and leading a worldwide health literacy initiative.

She also facilitated a discussion about ways to get involved in Health Literacy Month to raise awareness about the need for understandable health information. Organizations create and run awareness-raising events that meet the specific needs of their communities. The Health Literacy Month web site is www.healthliteracymonth.com.



Helen Osborne was as an educator and occupational therapist before she began her current work in health literacy. As a consultant and speaker, she helps health professionals communicate in ways patients and families can understand. She is founding director of Health Literacy Month. Helen writes a monthly column about healthcare communication for The Boston Globe's "On Call" magazine. She has written two books on literacy and health, *Overcoming Communication Barriers in Patient Education* and *Partnering with Patients to Improve Health Outcomes* (Aspen Publishers, Inc.). Helen's consulting website is at www.healthliteracy.com.

Winston Lawrence

Establishing a Health Literacy Resource Center

The Literacy Assistance Center in New York was developing a Health Literacy Resource Center. This presentation discussed the genesis of the initiative, some of the political, organizational and pedagogical challenges, and the responses to the challenges. Winston outlined the questions they confronted [see BOX]

Winston Lawrence is Senior Associate in Professional Development at the Literacy Assistance Center in New York City, where he conducts workshops for literacy teachers and facilitates professional development activities. Before joining the LAC, Winston organized adult and continuing education programs at the Institute of Adult and Continuing Education, University of Guyana. He also worked with the Ministry of Health, training community health workers in how to teach adults and organizing health education sessions for young mothers and young adults. In the mid 1980's he was involved with PAHO, surveying the health needs of the elderly in the Caribbean.

Questions in establishing a Health Literacy Resource Center

- **Making the connection clear:** Is it health? Is it literacy? Is it health and literacy? Is it health literacy? Is it health education?
- **Political issues:** Who leads such an initiative? What is the prevailing health and literacy policy? Who are the stakeholders? What is the role of the City?
- **Pedagogical issues:** What curricular models are appropriate? Who will teach? What do we expect of the teachers? What is the context of the instruction?
- **Institutional issues:** Who are the partners and what are their roles? What role do adult literacy agencies in particular play? What are the sources of funding? What kind of governance should be set up? How will evaluation be carried out?

Charles B. Moody

Literacy and health: Defining links and developing partnerships

This presentation reported on work-in-progress at a Literacy Partners of Manitoba project bringing together literacy and health practitioners to consider ways of "overcoming barriers". The project focussed on how health professionals could reach low literacy clients, suggested how ABE practitioners might incorporate health topics in their curr-iculum, and encouraged the two fields to establish partnerships. He presented lessons learned to date.

Since 2003, the LPM health literacy project has grown into a province-wide program with a dedicated web site.

http://www.health.mb.literacy.ca/health/health2.htm

Charles Moody taught English for

Margot Kaszap

Doing research on the needs of low-literate elderly: Some focus group adaptations

Research in social sciences frequently uses qualitative methods to obtain points of view and gain understanding. In this context, focus groups are used by students and researchers to collect data. However, Margot Kaszap suggests that existing protocols must be adapted to take into account peculiarities of research with elderly people. This presentation had two sections: In the first part, Margot discussed models for setting up effective focus groups with low-literate elderly. She then presented research results from a study with more than 60 low-literate old seniors, gathered from nine focus groups, who described their concerns/experiences within the healthcare system and expressed their health education needs.

Margot Kaszap is a University of Laval professor in science education. She has been doing research on health literacy since 1996 with members from two Faculties of Nursing (in Laval and Montreal).

many years in Australia, England and Canada, and now works as an editor and plain language consultant in Winnipeg. He ran a series of training sessions organized by Literacy Partners of Manitoba for Manitoba Regional Health Authorities, emphasizing the links between literacy and health and discussing ways of breaking down barriers to "hard-to-reach" clients.

Janet Chandler Allingham discussed her work using institutional ethnography to investigate health issues of her clients, many of whom have limited literacy. She outlined the method of investigation and gave examples and references. Janet, a public health nurse, was in an MA program in Linguistics and Applied Language Studies at Carleton University, with a focus on Health Literacy.

Tannis Atkinson, editor of *Literacies,* introduced the new Canadian journal about literacy research and practice. She is also a 'plain language' editor, who has worked on materials about HIV/AIDS, nutrition and reproductive health, and shared her experiences in the field.

Anelise Santo and **Vanessa Spyropoulos,** graduate students working at the McGill University Health Centre (MUHC) Nursing Research Office, in collaboration with The Centre for Literacy, shared work-in-progress of their literature reviews on the impact of various forms of health information (written, audio, video) in reaching marginalized patient groups.

Since then, two Health Communication Research briefs on plain language and audiotapes have been published. See p. 28.

IHA Health Literacy conference 2004

The Institute for Healthcare Advancement (IHA) is a California-based not-for-profit private operating foundation dedicated to advancing healthcare delivery through demonstration of innovative healthcare practices and education of healthcare professionals and consumers.

Founded in 1993, IHA publishes and designs education materials and programs in health literacy, operates freestanding medical and dental clinics for disadvantaged children, consults on a variety of healthcare issues, and organizes seminars and other educational programs for healthcare professionals and consumers. IHA has organized an annual health literacy conference since 2001.

The conference offers high quality presentations and discussions with invited "faculty" who are engaged with cutting edge research or practice. Two presentations from the 2004 conference are summarized on this and the next page.

Information and summariesof all 2004 conference presentations: www.iha4health.org

Research, Education, Practice and Policy

Dean Schillinger, M.D., associate professor of medicine at the University of California, San Francisco, and a primary care physician at San Francisco General Hospital, is a pioneer in health literacy research who contributed to the IOM Report. His presentation first focused on communication, specifically, on some research on screening, jargon, and medication discordance.

Diabetes patients with limited health literacy experience lower quality communication, though he noted that the results of several randomized controlled trials had been "somewhat paradoxical." In one study, for example, he and colleagues found that patient-directed interventions could improve satisfaction and functional status among diabetes patients, yet they also found lower diabetes knowledge, higher body mass index, and no difference in blood pressure or HbA1c levels. Although drawing attention to low health literacy can be stigmatizing, 96% of patients in the intervention group and 97% in the control group felt that informing their doctor of their reading abilities would be useful. However, Dr. Schillinger and colleagues concluded that informing physicians was unlikely to change patient health outcomes in the short run.

Another study suggested that patients had trouble understanding jargon even when the terms were clarified. Visual aids, however, may help. In a study involving atrial fibrillation patients who used warfarin (a blood thinner that requires close monitoring and frequent dose adjustments), visual aids improved concordance; when clinicians pointed to pictures of the drug while taking patient reports, concordance improved among non-English speakers and those with limited health literacy.

Dr. Schillinger described promising results from the IDEALL (Improving Diabetes Efforts Across Language and Literacy) Project at San Francisco General where they are tracking the use of an automated telephone disease management system in the patient's preferred language as well as group medical visits designed to

Improving health outcomes among Head Start families:

Calculating the return on investment

Ariella D. Herman, Ph.D., senior lecturer of operations and decisions at The Anderson Graduate School at the University of California, Los Angeles (UCLA), presented an ongoing research project, a cooperative effort between UCLA and Johnson & Johnson that has shown a promising return on investment using both qualitative and quantitative measures.

In a pilot study, Dr. Herman and colleagues set out to create and evaluate training programs that teach Head Start parents how to best manage the health care needs of their children. Initially, over 400 English- and Spanish-speaking parents at four Head Start agencies were administered pre- and post-surveys and were interviewed. A control group received IHA's easy-to-read self-help health book, What to Do When Your Child Gets Sick, with no training, while an intervention group received the book with training in how to use it. A train-the-trainer component prepared on-site coordinators to run the parent program.

Pre-training surveys revealed that although parents claimed to be confident and know how to take of their sick children, 74% did not have a book on child health in the house, and of the remaining group, 3% had a handbook from an insurer, 4% had a magazine or a flyer, and the rest could not recall the name of the book. When asked what they did if their child had a fever of 99.5 F, 44% said they went to a clinic or called a doctor, 26% kept the child home from school, and 7% called 911 or went to an ER.

After the training, confidence among parents and coordinators increased significantly. Two-year follow-up data indicated a reduction in missed work and school days by parents and children, fewer clinic and emergency department visits for non-emergency conditions, and other benefits. Using Medicaid costs, Dr. Herman estimated an average annual savings of $198 per family trained. By training 10,000 families, Medicaid could save almost $2 million dollars annually just in ER and clinic visits.

"But it's more than just quantitative results," she said. "The qualitative impact of this kind of training is powerful both for parents and children."

After the training, parents can keep better track of immunizations, provide better well-child care, resist panicking when their children become sick, and even offer some minor health care to family members.

Herman's research team has developed an education and research model based on continuous improvement. The trainer's component ensures that every agency involves a team of six, including its health services and social services director/coordinator as well as family literacy specialist and community partners.

"Our objective for the end of next year," Dr. Herman told attendees, "is to train 11,000 parents in 74 Head Start families [representing] all of the regions of Head Start." The ten-year goal is to serve 400,000 parents, reaching approximately half of all Head Start agencies in the United States.

"I'm a dreamer," she said, "but hopefully we'll get there."

encourage patients to become active in self-care through participatory learning and peer education. Both the automated system and the group visits appear to generate significant levels of engagement and clinical activity, and could be used as adjuncts to traditional care in a public health setting.

He concluded by stressing that health professionals need further training and support. He called for accreditation bodies to become more engaged, and posed some questions about public policy. "How can we ensure that the current focus on those with limited literacy does not get diluted?" he asked.

"Can we develop quality measures that capture the experience of those with limited health literacy? Can we use quality measures to generate standards to improve care for those with limited health literacy?"

Audiotapes and literacy:
A summary of current research

ISBN: 0-9734295-2-6
ISBN [SERIES]: 0-9734295-0-X

This brief is the second in a series on evaluative research into health communication using media other than print. A search of the medical and education literatures was conducted to answer the question: What impacts have been documented on the use of audiotapes for communicating health information to patients with limited literacy or other communication barriers? While no studies focused specifically on these populations, and in many cases explicitly excluded them from study, the 31 articles that were reviewed tin the Brief addressed outcomes with potential interest for further research.

The studies evaluated:

- Knowledge/recall – long- and short-term retention of medical information
- Behavioural change – how individuals apply new knowledge in their daily lives by following medical advice and/or changing their lifestyle
- Anxiety – emotional distress and fear following a diagnosis or before a medical procedure
- Self-care – patients' interest and consistency in managing their healthcare
- Satisfaction – how valuable and/or helpful patients find an intervention

Key Findings

- Medical research has not explicitly considered the impact of recorded medical information or consultations on people with limited literacy or other barriers to communication.
- Patients and their families in the study samples found recorded medical consultations and information valuable.
- Patients experienced positive results in behavioural change and self-care when they were given recordings of their consultations or information on their procedures.
- The literature is inconclusive about the impact of audiotapes on reducing patient anxiety or increasing their knowledge and/or recall of information.
- More research needs to be done to study the impact of recorded medical information and/or consultations on patients in specific at-risk populations.

*The Brief is the second in a series developed through the Health Literacy Project of The Centre for Literacy of Quebec and the Nursing Department of the McGill University Health Centre (MUHC). It can be downloaded from The Centre for Literacy web site at: http://www.nald.ca/PROVINCE/QUE/litcent/health/briefs/no2/1.htm

A print copy can be ordered from The Centre for $10 including postage and handling.

Seniors and literacy: Revisiting the issue

by Linda Shohet, Editor *LACMF*

Having recently done a literature review on seniors and literacy, I was struck by the considerable body of research on the literacy needs and interests of older people, much of it in the field of educational gerontology. Nevertheless, despite many years of interest, experience and research, there has been little policy or action. Many questions remain unanswered about this complex issue. This summary outlines a few of these and suggests some possible directions.

The 1994 International Adult Literacy Survey (IALS) confirmed what many researchers and practitioners had long claimed -- that seniors have lower levels of literacy skills than any other segment of the population. The IALS, still the main source of comparable data on adult literacy in Canada until the recent IALSS is released, found that 38% of Canadians between 56 and 65, and 53% of those over 65 fell into Level 1. A further 26% and 27% of the same age groups fell into Level 2. IALS also found correlations among literacy level, health and poverty, links that have since been explored more fully in relation to seniors.

Who are seniors and what is literacy?

However, there is ongoing debate about who constitutes the senior population and about the nature and extent of the literacy problem among seniors. In studies across disciplines, seniors are variously called "older adults," "the aged" and "the elderly". The age cut-off is not fixed. People 45+ are called "older workers." IALS provided data for groups to age 69; other studies have looked at those over 80. Seniors are not a homogenous population. Studies in gerontology confirm that physical and psychological differences increase with each decade among those over 65. Additional distinguishing factors include geography, place of residence, and culture.

The definition of "literacy" differs in various studies. In some it is reading only, in some a set of reading and writing skills, and in others a broader set of information-processing skills.

The definition of "literacy" differs in various studies. In some it is reading only, in some a set of reading and writing skills, and in others a broader set of information-processing skills. Health literacy is a growing concern. The current notion of "multiple literacies" involves media other than print, or other ways of making meaning from symbols. Computer literacy is sometimes included as a component of general literacy and sometimes presented as a different but necessary type of literacy for today's world.

Ways of measuring literacy have changed over time. In place of proxy measures (self-reporting, grade levels, etc), recent "direct measures" evaluate how samples of individuals perform everyday reading tasks of increasing difficulty. Since data from different measures are not comparable, we have no reliable way of comparing literacy over generations. Some researchers assert that none of the measures provide accurate portraits of seniors' abilities since the designs did not take account of their interests or special needs. Few studies have looked at groups older than 69.

Is seniors' literacy a problem?

There are conflicting claims about the impact of low literacy on seniors. Some suggest that low literacy interferes with daily functioning. Others propose that seniors who have functioned effectively for many years may perceive the value of literacy differently than younger people do. Older adults and literacy service providers may also identify seniors' educational needs differently. Seniors may rely quite effectively on family,

social networks and means other than print to communicate and receive information.

There are arguments about whether seniors' literacy merits attention and action. Some suggest that the problem is time-limited since, as the current generation is replaced by a more highly-educated group, the literacy gaps will diminish. Others conclude that with people living longer, the current generation will be with us for many years. Some suggest that the aging process itself brings some natural loss of physical and mental capacity, and that literacy among seniors will always be an issue, although its meaning may change.

Despite the disagreements, however, there is a large body of interdisciplinary knowledge about seniors and learning.

Research on the connection between learning and successful aging confirms that seniors have the capacity and the desire, the time and interest, to continue learning to a very advanced age. Learning keeps mental capacities strong and enhances health and a sense of well-being. Seniors have different reasons for learning than younger people do. Employment is not a motive for those over 65. They generally return to basic education for self-actualization, personal fulfillment, or socialization.

Early studies of functional literacy and the elderly in the 1980's found that little attention had been paid to older age groups in terms of conceptualization, measurement criteria, or treatment of data. Nevertheless, they consistently found that the elderly are less advantaged than younger people in meeting the literacy demands of our society. One strand of research and practice has examined materials, teaching methods, recruitment and funding models for literacy programs for older adults.

Early studies of functional literacy and the elderly in the 1980's found that little attention had been paid to older age groups in terms of conceptualization, measurement criteria, or treatment of data.

Literacy programs for older adults have been designed since the late 1970's and 1980's, in many American states and in Alberta, Saskatchewan, Ontario, and PEI. In Canada, One Voice, a seniors' advocacy group sponsored a study, set up a national task force and in 1991 published a National Literacy Strategy for Older Canadians, much of which remains pertinent today.

Studies have also focused on computers and seniors. Some look at computers as a tool for literacy instruction and for motivation, while others consider computer literacy and online communication as ways to deal with isolation and to maintain family and community links in a mobile society.

Seniors in Canada today

Life expectancy in Canada is increasing, baby boomers are approaching retirement, retirement age is being extended, and some seniors are re-entering the workforce. Social and technological change are straining our ability to cope. Families are mobile, often leaving older parents isolated and alone. With people living longer, their social networks become more fragile due to illness and the death of family and friends. Seniors in Canada are an increasingly diverse group. The percentage from visible minorities will increase greatly over the next two decades.

With predicted worker shortages and the possibility that some older workers will have to or want to stay in the workforce longer, the right type of programming and marketing might reach the group between 45 and 56, traditionally one of the hardest to reach in any country. This is likely the only segment of an "older" population who might respond to job-related literacy upgrading.

However, the problems presented by older Canadians who will not participate in the labour market still warrant attention and action. A strand in the literature recommends compensation or accommodation in social and government systems to meet the needs of the large majority of seniors who may not or do not want to enter literacy programs.

What we know

The givens: Older Canadians are disproportionately represented at the lowest levels of literacy regardless of the measures. They have many health problems, some the result of

aging, and limited literacy is a barrier to access and to self-care. Individuals with low literacy are disadvantaged in a print and computer-based society. On the other side, older adults have the capacity and interest to learn. Learning brings wider benefits in terms of health, self-esteem, and independence. International and Canadian research and experience on program design, materials, and teaching methods can tell us what older adults prefer in literacy programs and introductory computer programs. We know that only a small percentage of older adults expresses a demand for literacy when it is called "literacy" or "basic education," but that many more respond to the idea of improving reading or writing skills.

We know that older adults are increasing in numbers and influence, and that education levels are rising. But we also know that aging brings about a natural decrease in physical and cognitive capacity, including some loss of hearing, vision and memory, that interfere with reading and communication. We know how to accommodate special needs with the use of adaptive technologies, although we have not generally applied this knowledge to the needs of seniors.

What we do not know

We do not have specific assessment tools for an older population. We do not distinguish different age groupings among those over 65. We do not know what the actual demand is for reading and writing upgrading among the various age groups. We do not know to what extent negative impacts, such as non-compliance with medical instructions or financial abuse by unscrupulous care-givers, are attributable to low literacy. We do not know what role literacy plays among a combination of factors that create risk situations for seniors.

We know that older adults are increasing in numbers and influence, and that education levels are rising. But we also know that aging brings about a natural decrease in physical and cognitive capacity.

We do not know how accommodating special needs could mitigate some of the effects of low literacy among seniors.

Although direct assessment such as IALS has actually increased the estimated numbers of seniors with literacy problems, little has changed in terms of policy or practice in more than twenty years.

What now?

The literacy issue as it relates to seniors has to be addressed in the context of research agendas and of adult literacy policy, and in the broader context of policies and programs for seniors across the spectrum of programs of the federal government, between layers of government, and in national and local health, education and social service agencies.

The 1991 *National Literacy Strategy for Older Canadians* prepared by One Voice deserves to be revisited.

Research should address questions such as development of appropriate literacy assessment tools, analysis of literacy and learning needs by age group and sub-populations, and testing of hypotheses about the impact of literacy on seniors. Strategies that can help seniors cope with low literacy have to be compared for effectiveness. Cross disciplinary perspectives have to be shared.

Funding agencies, government departments at all levels, institutions and organizations should examine their agendas to identify the programs and policies that touch on or are affected by the issue of literacy and seniors in all its complexity.

Program provision and funding guidelines in many jurisdictions have to be broadened. If funding remains heavily tied to labour market outcomes or to higher education, there is little likelihood that the interests or needs of a majority of older learners can be met.

The Movement for Canadian Literacy should consider the weight they want to give to seniors issues as they continue to promote a Pan-Canadian adult literacy agenda

Literacy, and its counterpart, accommodation, are essential for the participation of every individual, regardless of age, as citizens in an open democratic society. The current interest in lifelong learning and skills has tended to focus a disproportionate amount of attention on early childhood learning. It's time to redress the imbalance.

See the bibliography on p.31 for selected references on seniors and literacy. The full annotated bibliography can be accessed at: www.nald.ca/litcent.htm

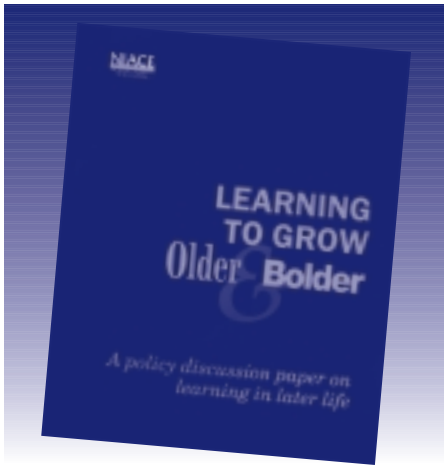
RESOURCES:

SELECTIONS FROM SENIORS AND LITERACY: AN ANNOTATED BIBLIOGRAPHY 2004

This bibliography, recently published by The Centre, provides references and annotations of research articles, project reports, resource guides and other documents that address the issue of seniors' literacy levels and practices. It includes web sites from a range of governmental and non-profit agencies in Canada and around the world. The annotations are descriptive and do not analyse or evaluate. Most were abridged from abstracts provided in ERIC or by the authors themselves. If these were not available, the annotation was written by researcher Claire Elliott. Original source is indicated in square brackets. Excerpts below have been abridged and relate to topics discussed in other articles in this issue of *LACMF*.

Aitkens, A. (1991). *A national literacy strategy for older Canadians.* Toronto, ON: One Voice, the Canadian Seniors Network.
Describes a national strategy to provide literacy education for older Canadians, in response to a 1989 survey finding that 64 percent of Canadians aged 55-69 experience some degree of difficulty with everyday reading material. The strategy includes a rationale, objectives, and a 3-year start-up plan to develop the commitment, the tools, and the impetus to work toward "a society where low literacy is not a barrier to full participation of seniors." [ERIC]

Askov, E. & Forlizzi, L. (1989). *Assessing the educational needs and interests of students enrolled in a reading program at a center for older adults.* University Park, PA: Institute for the Study of Adult Literacy.
Offers insight into the diverse skills, values, needs, and educational interests of a small population of older adults, aged 60 to 80 years, enrolled in a reading program. Highlights general desire for self-improvement and self-sufficiency, while stressing the crucial role of the tutor in providing motivation and encouragement. [ERIC]



Brown, H., Prisuta, R., Jacobs, B. & Campbell, A. (1996). *Literacy of older adults in America: Results from the National Adult Literacy Survey.* Washington, DC: National Center for Education Statistics. http://nces.ed.gov/pubs97/97576.pdf
Details findings of the 1992 National Adult Literacy Survey with respect to the prose, document, and quantitative literacy skills of senior adults, aged 60 and above. Draws attention to the lower, assessed skill levels of this group compared to those of the under-60 population. Correlates variations in over-60 scores with variables such as employment status, educational attainment, language background and income. [ERIC]

***Celebrating older learners: Seminar report. (2001).* Retrieved January 17, 2004 from the Lifelong Learning web site: http://www.lifelonglearning.co.uk/cols/report.pdf.**
Discusses the aims and background of a 2001 Celebrating Older Learners seminar in the UK, and offers statements and recommendations for good practice developed by seminar participants. Provides text of selected speeches, summaries of innovative projects targeted to older adults, and suggests further readings and useful web sites. [CE]

Courtenay, B.C., Stevenson, R.T. & Suhart, M.P. (1982). Functional literacy among the elderly: Where we are(n't). *Educational Gerontology* 8 (4), pp. 339-352.
Reviews and analyzes studies on functional literacy among older adults. Results indicate conceptual confusion, an undereducated older population, inadequate measurements, and samples with disproportionate percentages of older persons. Conclusions indicate the need for educational gerontologists to increase efforts at improving literacy education. [Author]

Cusack, S.A. (1995). Developing a lifelong learning program: Empowering seniors as leaders in lifelong learning. *Educational Gerontology* 21(4), pp. 305-320.
Describes the use of an emancipatory education model, wherein 9 older women (65-85) were trained as research associates to conduct needs assessments of their peers. Posttest and focus group results support the effect of learning on seniors' mental, physical, and social health; increased self-esteem; and ability to express ideas and be heard. [ERIC]

Fisher, J.C. (1987). The literacy level among older adults: Is it a problem? *Adult Literacy and Basic Education* 11(1), pp. 41-50.
Describes the low level of participation in ABE by older adults with minimal education, and considers impact that illiteracy has on older adults. Argues that little evidence exists by which to assess the severity of the problem, or to measure the degree to which low level literacy skills are detrimental to the well-being of older adults. Discusses role of reading in this group, the adequacy of commonly-used definitions and measures, and makes recommendations. [Author]

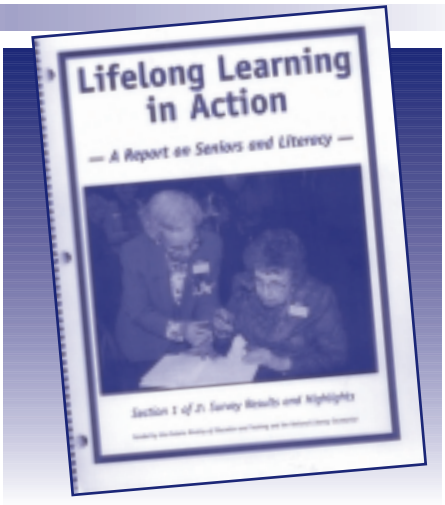
Fisher, J.C. (1990). The function of literacy in a nursing home context. *Educational Gerontology* 16, pp. 105-116.
Examines the literacy use of 28 older adult nursing home residents in relation to life experiences and perceptions of retirement and aging. Focuses on the emergent themes of continuity and change between present literacy usage and that of earlier life stages, perceptions of the purpose of literacy, the role of need in motivating older adults to use literacy skills, and contextual support for their use. [Author]

Fisher, J.C. & Wolf, M.A. (1998). *Using learning to meet the challenges of older adulthood.* San Francisco, CA: Jossey Bass.
Seven papers examine the nature, role and impacts of learning in the lives of older adults, as determined by existing research and best practices in the field of educational gerontology. Discusses past policy initiatives, the role of technology, new approaches, and implications for the future in light of a growing senior population. [CE]

Fraser, J. (2002). *Determinants of health maintenance among older adults learning to use computers.* Thunder Bay, ON: Confederation College of Applied Arts and Technology. Retrieved January 17, 2004 from the CATALIST web site: http://prometheus.cc.uregina.ca/catalist/research/Papers/no%20end.htm.
Reports findings of a survey of older adults who participated in a computer course designed on principles of educational gerontology research. Identifies positive statistical correlations, as reported by participants, between health maintenance variables and participation in the course. Concludes participation in "learning...is an active choice, which opens avenues of coping and adjusting skills..." that will aid participants in their older lives. [CE]

Freer, K.J. (1994). How the rural elderly view literacy in their lives. *Educational Gerontology* 20(2), pp. 157-169.
Discusses the findings of interviews with 10 rural elderly residents with less than elementary education. Describes factors contributing to an increased need for literacy in respondents' lives, such as a growing desire to satisfy coping and expressive needs, the reduced effectiveness of earlier coping and compensation strategies with advancing years, and the generally adverse effect of low literacy on quality of life. [ERIC]

Goettler, D.L. (1994). *Older adult literacy resource materials: An annotated bibliography.* Regina, SK: Seniors' Education Centre, University of Regina.
Lists twenty-five titles that focus on older adult literacy needs, issues, and programs. Includes current



Canadian literature in the area, as well as pertinent U.S. documents. Materials cover topics ranging from older adult literacy program development and learning resources to titles of selected general literacy materials. [ERIC]

Hart, D., Long, E., Breslauer, H. & Slosser, C. (2002). *Nonparticipation in literacy and upgrading programs: A national study.* Toronto, ON: ABC Canada.
Details findings of a national survey into individuals' reasons for not participating in literacy programs, despite widespread advertising and availability of services. Statistics were based on responses of a representative sample from across Canada, of whom 40% were over the age of 50 years. Most frequent reasons for nonparticipation among older adults included work/family commitments, followed by lack of interest. [CE]

Heisel, M.A. (1980). Adult education and the disadvantaged older adult: An analytical review of the research literature. *Educational Gerontology* 5(2), pp. 125-137.
Offers an overview of existing research on older adults and education, and argues that participation in educational activities may provide relief from social isolation, illiteracy, or lack of information about health care and services, and be instrumental in preventing intellectual decline, increasing self-confidence and enhancing the quality of life. [Author]

Jacobs, B. (1987). *Combating illiteracy among the elderly: A cost-effective strategy: Final project report.* Washington, DC: Literacy Education for the Elderly Project (LEEP).
Describes final outcomes of the Literacy Education for the Elderly Project (LEEP), designed to target literacy education to the older adult. Implemented in 27 sites nationwide, the program sought to establish relevant and accessible senior literacy programs by linking existing aging services networks with local literacy networks, and providing specific training to administrators and tutors in the needs of older adults. [ERIC]

Kasworm, C.E. & Medina, R.A. (1989). Perspectives of literacy in the senior adult years. *Educational Gerontology* 15, pp. 65-79.
Observes that literacy in the senior adult years has historically been defined by concepts created for youth and young adult literacy research and programs. Explores alternative perspectives and research on adult literacy. Identifies key principles affecting literacy in the senior adult years that highlight relationship of literacy and its use to senior adults' frame of reference, their social context, self-education activities, and age/life context. [Author]

Kenan, S. (1991). *Literacy for older adults: A how to manual for practitioners.* Toronto, ON: The Office for Senior Citizens' Affairs.
Offers tips/advice to groups and practitioners to establish effective literacy programs for older adults. Outlines elements of successful programming: planning, recruitment, training, tools, content, and delivery. Based on secondary research, open-ended interviews, and participatory observations and experiences of the author. Includes profiles of learning partnerships, and useful facts about literacy and its purposes for older adults. [CE]

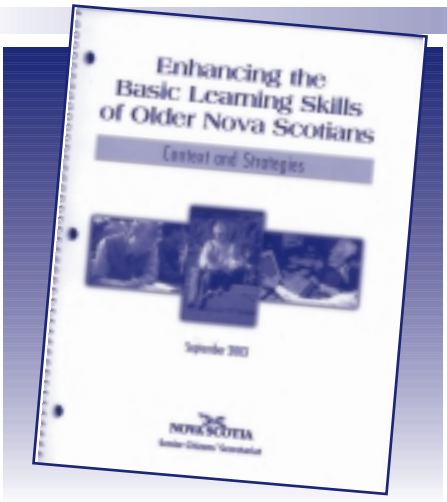
***Manning, M. (1993). Education for the fourth age: Opportunities for older people.* Melbourne, Australia: Council of Adult Education.**
Examines the educational needs and interests of older housebound adults, and identifies practical issues in the delivery of educational programs,

based on findings from interviews with seniors and a research review. Highlights value of education for older adults, but stresses need for appropriate content and flexible delivery systems. Outlines the 'challenges' and makes recommendations for further research. [CE]

McCardle, L.A. (2002). *Seniors' literacy research project.* Charlottetown, PEI: Women's Network of PEI.
Reports outcomes of a research project that investigated the role of literacy in the lives of seniors, to determine the best ways to attract those interested in joining a literacy program. Provides a summary discussion of the literature, a description of interview methodology, and analysis of responses from the male, female, and combined group of participants. [CE]

Millar, P. & Falk, I. (2000). *Seniors online: Literacy and learning by senior citizens in rural centres.* Melbourne, Australia: Language Australia Ltd.
Reports findings of a qualitative inquiry into the use of online technologies by older adults in rural Tasmania. Discusses key barriers, including transportation costs, attitudinal factors, limited literacy, and lack of confidence. Documents positive outcomes, such as extension of social practices, including literacy and numeracy. Suggests online technology provides opportunities for seniors to improve their communication skills, become aware of potential as learners, and engage in self-develop-ment. Promotes the importance of online access centers to creation of social networks and capital. [ERIC]

Mullen, D. (1992). *Saskatchewan older adult literacy survey: Final report.* Regina, SK: Seniors' Education Centre, University of Regina.
Offers an overview of older adults and literacy in Saskatchewan, based on a survey of 16 literacy programs in the province. Identifies barriers to participation, such as: negative attitudes toward self and ability to learn, stigma, misconceptions of others about the learning abilities of older adults, and gaps in current literacy programming. Stresses the importance of accessibility and relevance, and promotes the



concepts of peer tutoring and lifelong learning. [ERIC]

Murphy, P.W., Davis, T.C., Jackson, R.H., Decker, B.C. & Long, S.W. (1993). Effects of literacy on health care of the aged: Implications for health professionals. *Educational Gerontology* 19 (4), pp. 311-316.
Argues that patients must be able to understand oral and written instructions and health care materials. Suggests that patients with low literacy levels need educational programs and materials designed to teach them how to manage their health needs. [ERIC]

***NACA position paper on lifelong learning.* (1990). Ottawa, ON: National Advisory Council on Aging.**
Outlines NACA's official position on learning in older adulthood. Makes recomendations to all sectors with a mandate to inform, train and educate. Calls for more and better quality information, education, and training programs and services targeted to seniors, and for greater inclusion/consultation of seniors in their development and delivery. Touches on needs of literacy-deficient seniors and older adult immigrants Argues for basic literacy and language courses to facilitate access to information and participation in Canadian society. [CE]

***Older people and learning: Some key statistics* [NIACE Briefing Sheet 32]. (2002). Leicester, UK: National Institute for Adult and Continuing Education. http://www.niace.org.uk/information/Briefing_sheets/Older_learners_stats.pdf**
Provides a summary of recent key statistics relating to the participation of older people in learning. Provides evidence from the latest surveys of current participation, recent trends, the types of learning that older people are involved in, future intentions, and the correlation between learning in later life and initial education. Also raises issues for consideration. [NIACE]

One Voice. (1990). *Learning - that's life! A national conference on literacy and older Canadians: Conference report and recommendations.* Ottawa, ON: One Voice, the Canadian Seniors Network.
Reports outcomes and recommendations from a national conference, that brought together seniors, researchers, literacy project leaders, education professionals, community agencies and policy makers to examine the senior literacy problem and its solutions. Discusses the research, experiences, and information shared by participants, and summarizes the historical, political and cultural roots of the issue. Outlines solutions, and recommends that seniors be granted a leading role in the development of literacy education programs. [ERIC]

Paul, M. (1997). *Lifelong learning in action: A report on seniors and literacy.* Waterloo, ON: Project READ Literacy Network.
Discusses the issues surrounding seniors and literacy, with implications for literacy training, program development and promotion. Details the findings of surveys, interviews, and discussion groups with both seniors and instructors or tutors; and offers ideas and suggestions on the development of relevant and appropriate programs. Includes a selected annotated bibliography. [CE]

Perrin, B. (1998). *How does literacy affect the health of Canadians? A profile paper.* Ottawa: Health Canada. http://www.nald.ca/fulltext/howdoes/cover.htm
Discusses the significant impact that literacy can have on health, and explains why the health field and Health Canada should be concerned. Provides an overview of the literacy situation in Canada, outlines the direct and indirect influences of literacy as a determinant of health, and suggests ways in which the health field can respond. [CE]

Roberts, P. & Fawcett, G. (1998). *At risk: A socio-economic analysis of health and literacy among seniors*. Ottawa, ON: Statistics Canada & Human Resources Development Canada. National Literacy Secretariat. http://www.nald.ca/NLS/ials/atrisk/cover.htm
Explores the links among socio-economic variables, such as income and education, and health status, with a specific focus on implications for seniors. Compares the health-related characteristics of seniors with their literacy skills and practices, based on data from the 1994 International Adult Literacy Survey. Supports the claim that low literacy skills can impede good health care practices and decisions, and identifies literacy as an important policy issue for health promotion. [CE]

Rutherford, J. (1989). *Illiteracy and older Canadians: An unrecognized problem: Literature review & summary report*. Ottawa, ON: One Voice, the Canadian Seniors Network, Inc.
Summarizes literature about the learning capabilities of older adults, their interest in acquiring literacy skills, deterrents to program participation, and program design based on special needs and interests of particular groups and age categories of seniors. Recommends literacy programs be based on input from gerontologists, literacy experts, community needs assessments and older adults themselves. Offers suggestions for further study and action. [ERIC]

***Seniors Canada on-line survey: 2001 senior survey results*. (2001). Retrieved January 17, 2004 from the CATALIST web site: http://dev.www.uregina.ca/catalist/research/Papers/Seniors%20Canada%20online%20Survey%202002.htm**
Offers findings of a three-part qualitative survey conducted by Seniors Canada On-line. Describes the methodology, which employed an on-line survey and field consultations with clients and providers of 24 community/seniors organizations offering Internet and computer-based training in Ottawa and Vancouver. Offers a basis for discussion and action on best practices for training programs, and ways of overcoming common barriers. [CE]

***Something special for seniors*. (1991). Medicine Hat, AB: Medicine Hat College, Division of Community Education.**
Reports the outcomes of a demonstration seniors' literacy project developed at Medicine Hat College in Alberta. Describes the successes with a model for recruiting seniors to participate as both students and trained volunteer tutors. Key components rest on the engagement and consultation of seniors at all levels of program development and delivery, and the provision of 'read-to' services for those who cannot read for themselves. [CE]

Sussman, S.B. (2002). *Moving the markers: New perspective on adult literacy rates in Canada*. Ottawa, ON: The Movement for Canadian Literacy.
Investigates how Canadian adult literacy statistics are used in development of adult literacy policies and programs, and discusses technical and conceptual limitations of existing methods used to develop literacy statistics. Identifies demographic patterns within the literacy rate statistics that are relevant to developing interventions for target groups. Five of 26 recommendations focus on low literacy among seniors. [CE]

Weinstein-Shr, G. (1993). *Growing old in America: Learning English literacy in the later years*. Washington, DC: National Center for ESL Literacy Education. http://www.cal.org/ncle/digests/GROW_OLD.HTML
Discusses the increasing contribution of new immigrants and refugees to the growing seniors' population in America. Argues the importance and feasibility of providing language and literacy instruction for this population, and describes the needs and resources of these learners. Highlights promising programs and practices, and outlines factors that influence language and literacy acquisition. [ERIC]

Weinstein-Shr, G. (1995). *Literacy and older adults in the United States* [NCAL Technical Report TR94-17]. Philadelphia, PA: National Center on Adult Literacy. http://www.literacyonline.org/products/ncal/pdf/TR9417.pdf
Examines literacy needs and resources of older adults in the U.S., based on individual profiles and demographic trends that have implications for literacy education. Investigates cognitive, physical, sociocultural, and motivational factors that influence learning and literacy acquisition among elderly, and examines availability/appropriateness of existing literacy services. Offers recommendations for research, policy and programming. [Author]

Wolf, Mary Alice. (1994). *Older adults: Learning in the third age*. Columbus, OH: Center on Education and Training for Employment, College of Education, the Ohio State University.
Examines and synthesizes the literature about persons over 60 – the Third Age -- particularly as they engage in learning. The discussion spans the literature of psychology, sociology, gerontology, education, and other fields, and relates to four main themes: the inner life, cognitive changes of aging, psychosocial development, and socioeconomic factors. Concludes with speculations about the direction and structure of the field of educational gerontology. (Includes 256 references and a list of resources.) [ERIC]

The research and writing of the bibliography were funded by the National Literacy Secretariat, Human Resources and Skills Development Canada (HRSD).

The printing was funded by Canada Post.

The full text can be downloaded from http://www.nald.ca/province/que/litcent/Publication_Products/ab-seniors/cover.htm

Print copies can be ordered from The Centre for $10 including postage and handling

Summaries of research

Literacy for women on the streets:

A participatory action research project

Descriptive summary*

by Pat Campbell, Adjunct Professor, Department of Education, University of Alberta

Introduction

Street-involved sex-trade workers find it difficult to embrace learning when they are dealing with social issues of poor health, poverty, substance abuse, violence, and victimatization. They also do not always access community education opportunities for a myriad of reasons such as feeling unwelcome or judged because of their work. In 1999-2000, the board members of the Women's Information and Safe House Drop-in Centre Society (WISH) in the Downtown Eastside of Vancouver approached Capilano College to consider setting up a literacy program for these women.

In 2000, the organizations received funding that enabled them to design and implement a a two-year participatory action research project entitled "Literacy for Women on the Street." The project involved both the delivery of a literacy program through the WISH Learning Centre and a process to examine the impact of literacy activities on the lives of women working as sex-trade workers. The research explored the following key question, "How can literacy activities empower and

stabilize the lives of women in the sex trade?" (Alderson & Twiss, p. 10. All subsequent page references are to this report).

Participants

Over the course of two years, 640 women came through the Learning Centre. In Year One, 24 women attended regularly and in Year Two, 30 women formed a core group who attended despite barriers such as health, homelessness, addictions, and poverty.

Methodology

The experiences of the three instructors (Lucy Alderson, Diana Twiss and Catherine Minchin) and the learners were documented through qualitative methods such as instructor logs, questionnaires, Women's Advisory Group (WAG) minutes, collaborative reflection, and women's writing. Sign-in sheets were used to track individual attendance.

Challenges

Participation was one of the greatest challenges in creating a literacy program and implementing research in a systematic and ongoing fashion. For the women, the desire for literacy competed with the desire for sleeping, needing to use, making money, finding shelter, and feeding themselves, etc. The harsh daily realities of the women's lives combined with the reality of running an under-funded crisis centre had an impact on participation and continuity.

The instructors met this challenge by developing a range of learning experiences that met the needs of two sets of learners: women who dropped in and women who attended regularly. These experiences included non-threatening, hands-on, entry-level activities such as crafts that enabled the women to successfully complete a project and express their feelings of the day. The core group of women who attended regularly were eager learners who became quite demanding. These women were invited to teach others and to become involved in skills development and leadership opportunities.

The majority of sex-trade workers do not have abundance in their lives; on the contrary, they do not have enough of anything. They have learned to cope with scarcity by "getting there first" or "getting as much as you can." In the Learning Centre, this would translate into some women taking too many refreshments or craft supplies. Consequently, dealing with scarcity was a tremendous challenge for instructors and women at the Learning Centre. Sometimes the instructors found that verbally addressing the women's need would defuse a negative encounter. They noted, "When a woman heard "her need expressed by the instructor, her usual abrasive reaction melted into a quiet response of thanks" (p. 49).

Findings

- **Practicing "Harm Reduction" Strategies**
  The majority of adult basic education programs provide upgrading to individuals who are detoxed. The WISH Learning Centre is unique in that the women can be

"active in their addictions and active in their learning" (p. 26). The learning process stimulated creativity, productivity, and healing. This, in turn, "created positive energy which assisted them in harm reduction" (Personal correspondence, February 27, 2004). The women explored harm reduction strategies such as decreasing their dependency on drugs. Fewer drugs resulted in fewer "dates", which meant that the women had more to time to focus their energies on learning and health issues.

- **Feeling Safe**
  The findings also indicated that the women needed a place for learning and being that felt safe, emotionally and physically. The instructors believed that in order to learn and heal, it was important for the women to experience unconditional acceptance, regardless of their emotional state of mind. This means that the women felt accepted, whether they were "withdrawn, happy, sad, angry, have just been beat up, are sick, need help, need to help, want to be busy, are using, are not using, etc" (p. 23). The instructors played a key role in establishing a non-judgmental learning space that inspires trust.

  The instructors also had to find ways to deal with conflict that would respect individuals and the safe environment. Rather than name it "dealing with conflict," the instructors reframed the issue and talked about creating a calm atmosphere for learning. Rather than questioning women's emotions or anger, the instructors appealed to women to exercise self-restraint.

Rather than questioning women's emotions or anger, the instructors appealed to women to exercise self-restraint.

- **Taking Charge**
  The sex-trade workers who attended the Women's Advisory Group (WAG) meetings developed their leadership and decision-making skills. The WAG was a place where the women could establish their own learning agenda and express their issues and thoughts. Since the WISH Learning Centre was established, the women have introduced over a dozen new initiatives that integrate learning and action. For example, they established a WISH newsletter, an annual Literacy Picnic and a Missing Women's Committee in response to the disappearance of Downtown Eastside sex trade workers. The women who attend the meetings became more adept at "conducting meetings, taking minutes, initiating new ideas, and advocating for themselves" (p. 32). As the women implemented their initiatives, they became more confident and assertive in their self-expression and their lives.

Conclusion

During the research process, the women used collaborative reflection to generate myths about sex-trade workers and learning. These myths permeated their lives, restricting their access to learning and shaping their day-to-day experiences.

Myth 1
Women who work in the sex-trade are just objects, they have no minds.

Myth 2
Women who work in the sex-trade and/or who use drugs are not "ready" to learn.

Myth 3
Street involved women are not interested in building their minds or getting pleasure from thinking, reading, discussion or analysis (p.1).

Clearly, the findings in this research challenge the three myths that were generated by the sex-trade workers.

Further Reading:

For more information on this study, see the Directory for Canadian Adult Literacy Research in English at http://www.nald.ca/crd/

Alderson, L. & Twiss, D. (2003). *Literacy for women on the streets*. Vancouver, BC: Capilano College.

*This is the first in a series of descriptive summaries of recent research studies that raise questions for further consideration.

Reality Check! Integrating Information Literacy Skills Across the Curriculum

A review of *Reality Check! Evaluating Online Information* produced by the Media Awareness Network, 2004.

by Linda Shantz-Keresztes

As a senior high school teacher-librarian, and past district library consultant and Web Awareness trainer, I was excited to hear about the Media Awareness Network (MNet) classroom resource for evaluating online information.

I was one of twelve educators trained through Alberta Learning in 2000 to deliver MNet's Web Awareness professional development workshops – Safe Passage, Kids for Sale and Fact or Folly. After three years of working with teachers, our training group identified a clear need for student resources to promote quality research practices and ethical use of online information. I was therefore delighted to hear that MNet had produced a classroom resource for just that purpose.

Reality Check! Evaluating Online Information, applies the journalistic framework "who, what, when, where, why and how" to Internet content. The package – which is available on CD or can be downloaded from the Internet – consists of three components: a PowerPoint presentation (for teachers who have access to a data projector and want to stimulate full-class discussion); an Independent Study Unit (for individual student use), and a Teacher's Guide containing discussion guides, handouts and assignment sheets. The first two components are interchangeable; teachers can decide to use one or the other – or take a "mix and match" approach, covering some units as a class, and assigning others to be done independently in the lab or from an Internet-connected home computer.

Reality Check! covers a wide range of topics – from optimizing online searches, and investigating the originators of Web site content, to examining bias and purpose in online information and applying ethical considerations to copyright and plagiarism. An Introduction provides general background and encourages self-assessment around teens' own online research practices.

This resource is timely, as schools are becoming increasingly frustrated with time wasted on poor quality searches, questionable findings and plagiarism. I particularly liked the way *Reality Check!* handles the plagiarism issue, addressing two types – intentional and inadvertent. It treats the issue delicately and responsibly by allowing students to reflect on their own ethical frameworks for use of online information and by providing practical guidelines for references and citations from online information sources. The When module, regarding timely versus accurate information, is an important lesson; it is currently part of the pre-planning requirement for our student research unit. The Who and What modules teach Web content deconstruction skills – essential if students are to become more critical users of online information. The strategies in the How module for effective Internet searching are a blue-print for any school.

Teacher-librarians have always appreciated the Media Awareness Network's advocacy for credible library resources, both print and online reference databases. In the Why module, students are challenged to pick a research topic and compare their research experiences in the library and on the Internet – the point being that often one research source is not enough and that sometimes one, or the other, may in fact be a better bet, depending on the topic and type of research. The *Reality Check!* approach to all these issues parallels the strategies we currently use in effective school library programs.

Reality Check!'s interactive Independent Student Unit is designed for learning through critical inquiry and response around key Internet literacy issues. Each module links students directly to Web sites for reflection and examination. This, and the fact that the examples are on young people's radar screens, make the resource relevant and engaging. The Canadian content, including a survey of 6000 students across this country in 2001, also lends credibility and authenticity to the unit for students, who can identify with the information. The acknowledgement that the majority of Canadian students turn to the Internet first for research (41%), ahead of the school library (19%) and the public library (16%) would be, I think, an accurate reflection of our student body.

This is an outstanding resource for senior high schools and provides an excellent vehicle for infusing information literacy and technology skills, as they apply to Internet information, across the curriculum. After completing *Reality Check!*, students will be life-long learners who are better equipped to engage effectively and ethically with online information.

Linda Shantz-Keresztes is Curriculum Liaison/Teacher-Librarian at Central Memorial High School (Performing and Visual Arts Program) in Calgary.

COST: A two-year licence for *Reality Check* offers unlimited use, with a CD for every licensed school. Individual school licence – $300; District licence – $200 per secondary school in district.

To preview or order *Reality Check*, visit <www.realitycheckforstudents.ca>, e-mail licensing@media-awareness.ca or call the Media Awareness Network at 1 (800) 896-3342.

Chronological Conference Listing

Quebec events

Quebec Provincial Association of Teachers (QPAT)
Congrès 2004 Convention
November 11-12, 2004
Montreal, QC
Telephone: (514) 694-9777 or 800-361-9870
Fax: (514) 694-0189
Web: http://www.qpat-apeq.qc.ca

Learning Disabilities Association of Quebec (LDAQ)
LDAQ Conference: 30 years of making a difference ... and continuing on!
April 7- 9, 2005
Montreal, QC
Telephone: (514) 847-1324
Fax: (514) 281-5187
Email: info@aqeta.qc.ca
Web: http://www.aqeta.qc.ca/

Association of Teachers of English in Quebec (ATEQ)
Annual Conference: Springboards 2005
April 19, 2005
Montreal, QC
Telephone: (514) 935-9352 ext 303

National & International

ProLiteracy Worldwide
2nd Annual ProLiteracy Worldwide Conference
October 6-9, 2004
Oklahoma City, OK United States
Telephone: (315) 422-9121 ext 352
Web: www.proliteracy.org/conference/

National Even Start Association (NESA)
Annual Conference
October 9-13, 2004
San Diego, CA United States
Telephone: 1 800 977 3731 or (619) 297-3423
Fax: (619) 297-9107
Email: NESAChair@aol.com
Web: http://www.evenstart.org/conference2004.htm

Canadian Public Health Association (CPHA)
2nd Canadian Conference on Literacy and Health
October 17-19, 2004
Ottawa, ON
Telephone: (613) 725-3769 ext 112
Fax:(613) 725-9826
Email: lchiarelli@cpha.ca
Web: www.cpha.ca/literacyandhealth

Institute on Urban Health Research (IUHR)
3rd International Conference on Urban Health
October 20-22, 2004
Boston, MA
Telephone: (617) 373-7615
Web: www.iuhr.neu.edu/conference/welcome.html

Canadian Society for International Health
11th Canadian Conference on International Health
The Politics of Health: Whose Reality Counts
October 24-27, 2004
Ottawa, ON
Telephone: (613) 241-5785 ext 326
Fax: (613) 241-3845
Email: conference@csih.org
Web: www.csih.org/what/conferences2004.html

National Association for Multicultural Education (NAME)
14th Annual International Conference
October 27-31, 2004
Kansas City, MI
Telephone: (202) 628-6263
Fax: (202) 628-6264
Email: name@nameorg.org
Web: http://www.nameorg.org/conferences.htlm#international

Canadian Society of Training and Development (CSTD)
CSTD's Knowledge Exchange Conference 2004
November 1-4, 2004
Toronto, ON
Telephone: (416) 322-0783
Fax: (416) 322-7129
Email: smingail@humansense.com
Web: http://www.cstd.ca/conference/index.html

Association for the Advancement of Computing in Education (AACE)
E-Learn: 2004 World Conference on E-Learning in Corporate, Government, Healthcare, & Higher Education
November 1-5, 2004
Washington, DC
Web: http://www.aace.org/conf/elearn

National Research and Development Centre for adult literacy and numeracy (NRDC)
Skills for Life Conferences
November 1, 2004
London, United Kingdom
Telephone: 01564 797620
Fax: 01564 797621
Web: www.nrdc.org.uk/s4l

International Dyslexia Association (IDA)
55th Annual Conference
November 3-6, 2004
Philadelphia, PA
Telephone: (410) 296-0232 or 1 800 ABCD 123
Fax: (410) 321-5069
Email: conference@interdys.org
Web: www.interdys.org

The American Association for Adult and Continuing Education (AAACE)
53nd National Adult and Continuing Education Conference
November 3-6, 2004
Louisville, KY
Telephone: (302) 739-7078
Email: pauldhughey@hotmail.com
Web: http://www.aaace.org/conferences/index.html

Literacy Alberta
The Provincial Literacy Conference
November 4-6, 2004
Calgary, AB
Telephone: (780) 450-2856
Email: margaret_eastwood@eLit.ca
Web: www.literacy-alberta.ca/whatwedo.htm#plc"

PEI Literacy Alliance
PEI Literacy Summit 2004
November 4-5, 2005
Charlottetown, PE
Telephone: (902) 368-3260
Fax: (902) 368-3269
Email: peiliteracy.alliance@pei.sympatico.ca
Web: http://www.pei.literacy.ca

National Research and Development Centre for adult literacy and numeracy (NRDC)
Skills for Life Conferences
November 11, 2004
York, United Kingdom
Telephone: 01564 797620
Fax: 01564 797621
Web: www.nrdc.org.uk/s4l

CONFERENCE LISTING

National Educational Association of Disabled Students (NEADS)
November 13-14, 2004
Ottawa, ON
Telephone: (613) 526-8008
Fax: (613) 520-3704
Email: conference2004@neads.ca
Web: www.neads.ca/conference2004

National Education Business Partnership Network International Partnership Network (NEBPN/IPN)
November 16-19, 2004
London, United Kingdom
Telephone: +44 (0) 1635 279911/+44 (0) 7970 613 198
Fax: +44(0) 1653 279919
Web: www.nebpn.org/conferences.htm

Adult Learning Australia (ALA)
The 44th Annual National Conference
November 18-20, 2004
Glenelg, Adelaide, Australia
Email: info@ala.asn.au/
Web: http://www.ala.asn.au

National Council of Teachers of English (NCTE)
94th Annual Convention
November 18-23, 2004
Indianapolis, IN
Telephone: 1-877-364-6283
Email: public_info@ncte.org
Web: http://www.ncte.org/profdev/conv/annual

National Research and Development Centre for adult literacy and numeracy (NRDC)
Skills for Life Conferences
November 23, 2004
Birmingham, United Kingdom
Telephone: 01564 797620
Fax: 01564 797621
Web: www.nrdc.org.uk/s4l

National Reading Conference (NRC)
54th Annual Meeting
December 1-4, 2004
San Antonio, TX
Telephone: (414) 768-8000
Fax: (414) 768-8001
Email: help@nrconline.org
Web: http://www.nrconline.org

National Workforce Association (NWA)
3rd Annual Conference
Answering the Challenge of Workforce Development in a Global Economy
December 4-7, 2004
St. Petersburg, FL
Telephone: (202) 842-4004
Fax: (202) 842-0449
Web: http://www.nwaonline.org

Modern Language Association (MLA)
120th Annual Convention
December 27-30, 2004
Philadelphia, PA
Telephone: (646) 576-5263
Fax: (646) 458-0030
Email: convention@mla.org
Web: http://www.mla.org/

East West Council for Education and Asia-Pacific Research Institute of Peking University
2005 Hawaii International Conference on Education
January 4-7, 2005
Honolulu, HI
Telephone: (808) 838-1455
Fax: (808) 947-2420
Email: education@hiceducation.org
Web: www.hiceducation.org

BETT
2005 The Educational Technology Show
Teaching and Learning with ICT
January 12-15, 2005
London, United Kingdom
Telephone: +44 (0)20 8339 7446
Fax:+44 (0)20 8339 7441
Email: bettpr@livewirepr.com
Web: www.bettshow.com

National Association for Bilingual/Multilingual Education (NABE)
34th Annual Conference
January 19-22, 2005
San Antonio, TX
Telephone: (202) 898-1829
Fax: (202) 789-2866
Email: nabe@nabe.org
Web: http://www.nabe.org/

Technology, Reading and Learning Disabilities (TRLD)
Annual International Conference
January 27-29, 2005
San Francisco, CA
Telephone: 888-594-1249
Email: frost@trld.com
Web: http://www.trld.com

Reading Recovery Council of North America (RRCNA)
2005 National Reading Recovery and Early Literacy Conference
February 5-8, 2005
Columbus, OH
Telephone: (614) 292-7111
Fax: (614) 292-4404
Web: http://www.readingrecovery.org/

East York - Scarborough Reading Association
29th Annual Language Arts Conference
February 10-11, 2005
Toronto, ON
Web:
http://www.readingfortheloveofit.com/

American Council on Education (ACE)
87th Annual Meeting
February 12-15, 2005
Washington, DC
Telephone: (202) 939-9410
Fax: (202) 833-4760
Email: annualmeeting@ace.nche.edu
Web: http://www.acenet.edu/meeting/

The Learning Consortium
11th Annual Conference
February 25-26, 2005
Toronto, ON
Telephone: (416) 923-6641 ext 2078
Fax: (416) 926-4727
Email: learning consortium @oise.utoronto.ca
Web: http://fcis.oise.utoronto.ca/~learning

Society for Information Technology and Teacher Education & Association for the Advancement of Computing in Education (SITE, AACE)
SITE 2005 16th Annual International Conference
March 1-5, 2005
Phoenix, AZ
Telephone: (757) 623-7588
Fax: (703) 997-8760
Email: info@aace.org
Web: http://www.aace.org/conf/site/

Learning Disabilities Association of America (LDAA)
42nd Annual International Conference
March 2-5, 2005
Reno, NV
Telephone: (412) 341-1515
Fax: (412) 344-0224
Email: info@ldaamerica.org
Web: http://www.ldanatl.org/conf/index.html

California State University Northridge (CSUN)
20th Annual International Conference Technology and Persons with Disabilities
March 14-19, 2005
Los Angeles, CA
Web: http://www.csun.edu/cod/

National Council of Teachers of English (NTCE/CCCC)
56th Annual Conference on College Composition and Communication (CCCC)
March 16-19, 2005
San Francisco, CA
Telephone: 800-369-6283
Fax: 217) 328-9645
Email: public_info@ncte.org
Web: http://www.ncte.org

The Education Show
March 17-19, 2005
NEC (National Exhibition Centre), Birmingham, United Kingdom
Telephone: 0870 429 4580
Web: http://www.education-show.co.uk

Teachers of English to Speakers of Other Languages (TESOL)
39th Annual International Convention
March 30-April 2, 2005
San Antonio, TX
Telephone: (703) 836-0774
Fax: (703) 836-7864
Email: info@tesol.org
Web: http://www.tesol.org/tesol2005

Association for Supervision and Curriculum Development (ASCD)
Annual Conference
April 2-4, 2005
Orlando, FL United States
Telephone: Toll-free from U.S. and Canada: 1-800-933-2723
Fax:1-703-575-5400
Email: member@ascd.org
Web: http://www.ascd.org/

The Higher Learning Commission
Annual Meeting
April 8-12, 2005
Chicago, IL
Telephone: (800) 621-7440, ext. 103
Email: svk@hlcommission.org
Web: www.ncahigherlearningcommission.org/AnnualMeeting/

American Educational Research Association (AERA)
86th Annual Meeting
April 11-15, 2005
Montreal, QC
Web: http://www.aera.net/

2nd Biennial Conference of the International Society for Language Studies
April 18-20, 2005
Montreal, QC
Email: john@isls-inc.org
Web: www.isls-inc.org/conference2.htm

National Center for Family Literacy
14th Annual National Conference on Family Literacy
April 24-26, 2005
Louisville, KY
Telephone: 502-584-1133
Email: cmackin@famlit.org
Web: http://www.famlit.org/

International Reading Association (IRA)
Celebrating 50 Years of Literacy Leadership
May 1-5, 2005
San Antonio, TX
Telephone: (302) 731-1600
Fax: (302) 731-1274
Web: www.reading.org/meetings/conv/

Commission on Adult Basic Education and the Ohio Association for Adult and Continuing Education (COABE/OAACE)
2005 Annual Conference
May 4-7, 2005
Anaheim, CA
Web: http://www.coabe.org

National Institute for People with Disabilities Network (YAI)
26th Annual Conference
International Conference on MR/DD
May 9-13, 2005
New York, NY
Telephone: Phone:212-273-6100
Fax: 212-629-4113
Web: http://www.yai.org

International Association for the Improvement of Mother Tongue Education (IAIMTE)
Fifth International Conference
May 11-13, 2005
Albi, France
Email: iaimte@ilo.uva.nl
Web: http://www.ilo.uva.nl/development/iaimte/

Association of Canadian Community Colleges (ACCC)
June 5-7, 2005
Moncton, NB
Telephone: (613) 746-5916
Email: gmullhall@accc.ca
Web: http://www.conference.accc.ca/appel/2005.htm

American Library Association (ALA)
28th Annual Conference
June 23-29, 2005
Chicago, IL
Telephone: 1-800-545-2433
Web: www.ala.org/

Alliance for a Media Literate America (AMLA /NMEC)
National Media Education Conference 2005
Giving Voice to a Diverse Nation
June 25-28, 2005
San Francisco, CA
Telephone: 1-888-775-2652

The Centre for Literacy
Summer Institute 2005
Adult Literacy: New Media and Technology Challenges to Policy and Practice
June 27-29, 2005
Montreal, QC
Telephone: (514) 931-8731 ext 1415
Fax: (514) 931-5181
Email: literacycntr@dawsoncollege.qc.ca
Web : http://www.nald.ca/litcent.htm

Association for the Advancement of Computing in Education (AACE)
ED-MEDIA: World Conference on Educational Multimedia, Hypermedia & Telecommunications
June 27-July 2, 2005
Montreal, QC
Telephone: (757) 623-7588
Fax: (703) 997-8760
Email: info@aace.org
Web: http://www.aace.org/conf/edmedia

Council of Writing Program Administrators (WPA)
Summer Workshop, Institute and Conference
July 7-10, 2005
University of Alaska, USA
Telephone: (765) 494-3730
Fax: (765) 494-3780
Email: rose@purdue.edu
Web: http://moose.uaa.alaska.edu/wpa2005/

United Kingdom Literacy Association UKLA
41st Annual Conference
July 8-10, 2005
University of Bath, Bath
United Kingdom
Telephone: +44 1763 241188
Fax: +44 1763 243785
Email: admin@ukla.org
Web: www.ukla.org

The Learning Conference
The 12th International Literacy and Education Research Network Conference on Learning
July 11-14, 2005
University of Granada, Granada
Email: info@commongroundconferences.com
Web: http://learningconference.com/

NCTE/Whole Language Umbrella (NCTE/WLU)
Literacies for All Summer Institute
July 14-17, 2005
San Diego, CA
Telephone: 1-800-369-6283, ext. 3673
Web: www.ncte.org/profdev/conv/wlu

Learning Disabilities Association of Canada (LDAC)
15th National Conference–
September 28-30, 2005
Saskatoon, SK
Telephone: (306) 652-4114
Fax: (306) 652-3320
Email: laurie.garcea@ldas.org

Association for the Advancement of Computing in Education (AACE)
E-Learn: 2005 World Conference on E-Learning in Corporate, Government, Healthcare, & Higher Education
October 24-28, 2005
Vancouver, BC
Web: http://www.aace.org/conf/elearn

International Dyslexia Association
56th Annual Conference
November 9-12, 2005
Denver, CO
Email: conference@interdys.org
Web: www.interdys.org

ANNOUNCEMENTS: AT THE CENTRE

Poetry Challenge
to be repeated!

The Poetry Challenge organized in collaboration with the Quebec Writers' Federation will run again in April 2005.

The event generated excitement, but many people told us that early September is too stressful a time because it is the beginning of the school year and several major charitable sponsorship activities. They suggested we do it in April to coincide with National Poetry Month.

Thanks to Gazette columnist Bill Brownstein who helped us launch the first one on September 8.

Watch for another Challenge next spring.

GRASSROOTS:

Community Writing and Arts at Blue Metropolis 2005

The theme is "Can we talk?" The focus is literacy and oral traditions and culture. We have lined up a scintillating group of presenters.

Mark your calendar for April 1 and 2, 2005.

Integrating comprehension strategies across the curriculum for intermediate to advanced adult basic students

Facilitator: Pat Campbell, Adjunct Professor, University of Alberta

Date: February 2005 (date tba)

Place: Montreal

Audience: Coordinators, practitioners/instructors and tutors who teach social studies, science, and language arts to ABE students who are reading between Grades 8 to 12

How often have you heard the refrain, "Nothing sinks in?" In this workshop, we will discuss why adult basic education students have difficulty comprehending text. We will explore ways to help students understand, remember, and retain information from their textbooks. Participants will leave with comprehension strategies that can immediately be integrated into lessons.

Check our web site for the date.

Workshops Winter/Spring 2005

Health Communication workshops

Facilitator:
Linda Shohet

Dates:
February 4, 2005 and April 2005 (date tba)

Effective health communication can occur when barriers such as language, low education, culture, and disability are recognized, when written and verbal communication are adapted, and when alternative tools are used appropriately.

Check our web site for dates.

Summer Institute 2005

Co-sponsored by the National Adult Literacy Database (NALD) and Cambridge Training and Development (UK)

Adult literacy, media and new technologies:

Challenging notions, policy and practice

June 27-29, 2005
Monday, Tuesday, and Wednesday
Montreal, Quebec

Calendar helps transfer research into practice

Researchers and partners with The Canadian Language and Literacy Research Network [See BOX BELOW] recently launched a calendar that translates cutting-edge research findings on language and literacy development into activities that child care professionals can use with children in their care.

The bilingual calendar presents the latest research information in a colourful format appropriate for a child care centre, class-room, lunchroom, parent area or professional development workshop environment. Each month and week of the 16-month calendar (September 2004-December 2005) features easy-to-use tips and techniques.

Network researchers claim to have cut the historical statistical time frame of 10 to 15 years from research to practice to less than two years. "The calendar facilitates the transfer of knowledge from the research arena to everyday classroom practices in record time,' says researcher Luigi Girolametto, of the University of Toronto and The Canadian Language and Literacy Research Network. He is one of the 10 researchers who contributed research findings to the calendar project. The project evolved from a research symposium organized in October 2002 by the Network partners, the Hanen Centre and University of Toronto. The symposium brought together leading experts from Canada and the United States to share the most up-to-date findings on how language and literacy development can best be supported in child care environments. The published proceedings set the stage for the development of this calendar that brings research to life - and to frontline child care workers, clinicians and educators who interact daily with children.

To receive a complimentary printed calendar, contact The Canadian Language and Literacy Research Network, jill@cllrnet.ca or call (519) 850-2524. It is also available in an electronic format (personal, non-commercial use) from The Network's Web site http://www.cllrnet.ca (Resource focus area).

Additional information: The Hanen Centre Web site http://www.hanen.org.

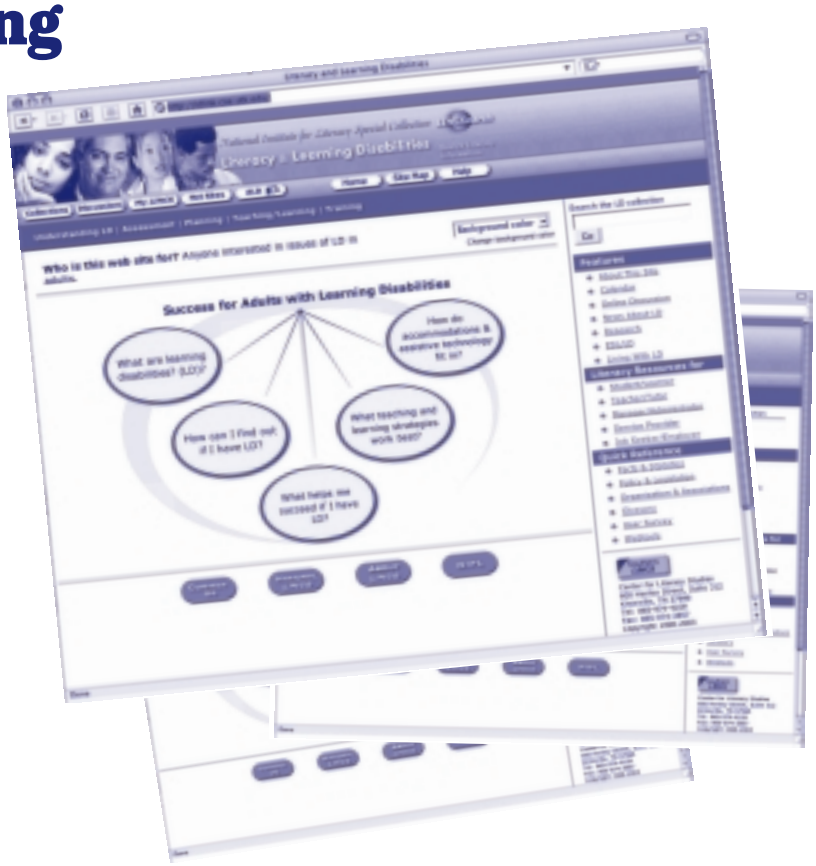
Beginning in 2006 the calendar will only be available in electronic downloadable format from The Canadian Language and Literacy Research Network web site.

THE CANADIAN LANGUAGE AND LITERACY RESEARCH NETWORK

The Canadian Language and Literacy Research Network brings together leading scientists, clinicians, students and educators as well as public and private partners. Its mandate is to generate, integrate and disseminate bias-free scientific research and knowledge that is focused on improving and sustaining children's language and literacy development in Canada. The Network is funded through the Networks of Centres of Excellence Canada (NCE). The NCE program is a joint initiative of the Social Sciences and Humanities Research Council, Natural Sciences and Engineering Research Council, and the Canadian Institutes of Health Research and Industry Canada.

Information: Jill Wright, Communications Officer, Canadian Language and Literacy Research Network, jill@cllrnet.ca or (519) 850-2524

Literacy and Learning Disabilities Special Collection (NIFL) makes it easy



The National Institute for Literacy (NIFL) has recently redesigned its Literacy and Learning Disabilities Special Collection web site at **http://ldlink.coe.utk.edu**

It is intended to be more accessible and to offer a richer collection of resources. Accessibility has been enhanced through new pull down menus, a "Search the Collection" feature, and alternate paths to the same information. They will be adding "Webspeakster", a browser that will allow users to listen to anything on the site as well as to linked sites.

The Research, Teacher/Tutor, and Student/ Learner pages have been completely redone.

- The Research page provides access to current scientifically-based research in the fields of literacy and learning disabilities. For example, you can find articles on the neurobiology of learning disabilities, current thinking on how to assess LD, results of a 20-year study on success attributes, and research in reading, thinking, and learning.

- The Student/Learner page is designed for learners. They can find independent learning activities, help with GED preparation, and true stories of other adults with LD.

- The Teacher/Tutor page is for teachers. Find teacher preparation for teaching basic skills and GED subjects to those with LD, learning activities to use with learners, stories of other teachers, and discussion groups related to LD.

- A new page, LD and Work Issues, offers resources for workers and employers.

NIFL is inviting feedback! Contact Margaret Lindop at glindop@utk.edu to request a copy of the survey. She will e-mail it to you, or complete the user survey as you go through the site.

While the LD site highlights American materials and contexts, it is still useful and adaptable to anyone anywhere working in literacy or LD

Information:

Margaret Lindop, Coordinator, LINCS Literacy & Learning Disabilities Special Collection
http://ldlink.coe.utk.edu/

Center for Literacy Studies
The University of Tennessee
600 Henley St., Suite 312
Knoxville, TN 37996-4135
Tel.: 865-974-6659,
Fax: 865-974-3857
email: glindop@utk.edu

FROM NALD:

Internet resource evaluation and instructor professional development "Training for the Enhancement of Online Educational Resources"

If you have browsed the NALD Literacy Collection (www.nald.ca/CLR/search/) recently, you may have noticed that some listings have a logo that looks like this:

This logo means that the document has been evaluated and is recommended for adult learning by literacy coordinators and instructors of the Community Academic Services Program (CASP) in New Brunswick* through a project called "Training for the Enhancement of Online Educational Resources." They used a star rating for each document, the highest being 5 stars.

Each evaluation includes details about the subject area, the intended audience, the format, and how appealing it is likely to be to students.

The project set out to make it easier for CASP instructors to find appropriate learning materials to use with their learners. This is facilitated by having all the evaluated materials accessible through one central location at: www.nald.ca/EvalToolNALDResources/search/eval_list.asp.

Work on the project also became a professional development activity for CASP instructors helping them increase their skills searching the Internet for online educational resources.

The developers believe this tool can be helpful to other instructors, tutors and learners.

*The Community Academic Services Program in New Brunswick is a free community-based literacy program for adults, customized to meet the needs of the individual learner.
Information: www.anbi-lnbi.nb.ca/English/WhatWeDo.htm#CBL.

SECOND CANADIAN CONFERENCE ON LITERACY AND HEALTH

Staying the Course

Literacy and Health in the First Decade

Fall 2004 Ottawa, Ontario

This **Second Canadian Conference on Literacy and Health** will provide a national forum to discuss the contributions being made to improve the health of Canadians with low literacy skills. This event will identify effective health interventions, advance the skills of literacy practitioners, identify policy issues, and highlight Canadian best practices and research. It will build upon the first Canadian conference on literacy and health, held in 2000, which focussed Canadian attention to this critical issue.

This event will bring together **learners, practitioners and leading experts** from Canada and the United States to present the latest perspectives on issues affecting literacy and health.

Who should attend?

- learners
- literacy practitioners and advocates
- health professionals
- representatives of health institutions
- educators and academics from all levels of educational institutions
- policy makers and analysts
- community-based researchers
- private sector employers
- pharmaceutical company representatives
- pharmacists
- lawyers
- union officials
- voluntary sector organizations

A three-week, online discussion for registrants and interested parties around conference themes will precede the actual event.

Help plan the conference program...

Conference organizers want to hear your thoughts on what should be included in this exciting conference. You can **help shape the conference** by participating in an on-line discussion and sharing your perspective. The "Staying the Course" electronic discussion group will be set up and if you are interested, send an email to « nlhp@cpha.ca » to find out more.

CPHA is committed to maintaining and improving personal and community health according to the public health principles of prevention, promotion, protection and effective public policy. We believe that increased awareness and attention to literacy issues will help to **improve health for many Canadians.**

The National Literacy and Health Program was established in 1994 and works with 27 national health association partners to raise awareness about literacy and health.

The Second Canadian Conference on Literacy and Health is hosted by the Canadian Public Health Association (CPHA) and sponsored by the **National Literacy Secretariat, Human Resources Development Canada.**

For more information, please contact:
2nd Canadian Conference on Literacy and Health
Canadian Public Health Association
400-1565 Carling Avenue
Ottawa, Ontario, K1Z 8R1
613-725-3769 613-725-9826
nlhp@cpha.ca www.nlhp.cpha.ca

Human Resources Development Canada
National Literacy Secretariat

Développement des ressources humaines Canada
Le Secrétariat national à l'alphabétisation

ANNOUNCEMENT

Call for contributions

International Association for the Improvement of Mother Tongue Education (IAIMTE)

"Youth literature at home and at school: Learning and teaching of mother tongues"

May 11-13, 2005

Pre-conference for PhD Candidates: May 10th
Albi, France

Hosted by Jacques Fijalkow, Laurence Pasa & Serge Ragano

Deadline for proposals: December 1, 2004

Selected themes include:

- Home literacy practices and signs of children's emerging literacy
- Various approaches to literacy instruction at every level of education
- Reading and writing practices that promote early literacy instruction in kindergarten and primary school
- Pre-adolescent and adolescent literacy: Supports and learning opportunities that enable them to grow into confident and independent readers and writers
- Exploring world culture and culturally diverse literature with children and adolescents
- The use of literature in culturally heterogeneous classrooms
- New literacies emerging from the internet and other information and communication technologies
- Implementing literacy in teacher training
- Literature and mother tongue curriculum: reading, writing, speaking & listening.
- 'Have a look', showing real classrooms from different countries on video, discussing cultural specific routines and particularities.

and more...

Information:
http://www.ilo.uva.nl/development/iaimte/Conferences/Conference2005/IAIMTEenglish.doc
Registration: iaimte@ilo.uva.nl

Summer Institute 2005

Co-sponsored by the National Adult Literacy Database (NALD) and Cambridge Training and Development (UK)

Adult literacy, media and new technologies:

Challenging notions, policy and practice

- How are new media and technologies changing the nature of literacy?
- What does research tell us about how new media affect reading, writing, speaking, listening and seeing?
- How does literacy policy reflect these shifts?
- How do practitioners understand and use the relationship of these media to literacy?

June 27-29, 2005
Monday, Tuesday, and Wednesday
Montreal Quebec

Watch the web site for details in December

To subscribe, complete this form and mail it with your cheque to:

Literacy Across the CurriculuMedia Focus **is published twice a year. Between issues, original material is published on our web site.**

The Centre for Literacy,
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Multiple subscription (20)	**$175**

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LOOK AT OUR WEBSITE AT: **www.nald.ca/litcent.htm**