

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 others. 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 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 developed 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 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>



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