

Some Current Research on Health and Literacy

From May 28-30, 2000, the [Canadian Public Health Association \(CPHA\)](#) hosted the First Canadian Conference on Literacy and Health. Entitled "Charting the Course for Literacy and Health in the New Millennium," it brought together more than 300 participants including many pioneers in the field. The five conference themes were:

- Making health services and health information easy to use for all Canadians
- Looking for ways to improve the training of health professionals
- Learning through more research
- Learning from learners
- Building literacy and health partnerships.

Themes 1 and 2 were chaired by Dr. Owen Hughes. Theme 3 was chaired by Dr. Rima Rudd. Themes 4 and 5 were chaired by John Daniel O'Leary, President of Frontier College.

Here are some comments from presentations by Dr. Hughes and Dr. Rudd.

On doctors' communication skills

Dr. Hughes, a family doctor in Ottawa and Community Faculty Teacher at the University of Ottawa, who has done research and taught communications for 28 years, addressed the conference first. He is concerned that most doctors still do not get enough training in communication skills in medical school. According to research, Dr. Hughes says, their communication skills actually deteriorate as they progress through medical school. It has been documented that most doctors begin a response to the patient in 19 seconds, forgetting the basic principle, "Before you tell, ask."



Dr. Owen Hughes

This continues despite the knowledge that better consultation skills lead to better health outcomes, less frustration and more satisfaction for providers and patients. Dr. Hughes ended his opening remarks with a call to change medical training, "We need to convince medical schools that effective communication is essential to the practice of health care--it is no longer an option."

On current research in health and literacy – Gaps and Silence

The determinants of health in both the US and Canada are seen to include income and education. Every increase in social position increases the likelihood of good health. Issues such as age, neighbourhood, welfare policies, race/ethnicity, discrimination, gender bias, and income distribution have all been subjects of research in relation to health. However, the research on literacy and health has been



Dr. Rima Rudd

narrow in both scope and focus, says Dr. Rima Rudd.

Dr. Rudd, the Director of Educational Programs at the Department of Health and Social Behaviour, Harvard School of Public Health, is Principal Investigator and Fellow of the National Center for the Study of Adult Learning and Literacy. She cites the growing interest in the medical and public health fields of the connections between literacy and health, as evidenced by the surge in journal articles since the 1970's when 11 articles were published in professional journals. In the 1980's, the number rose to 37, while in the past decade, there have been more than 200. However, almost all of the articles start from the finding in national surveys that 47% of North American adults have some difficulty with the printed word.

Who do patients ask?

In a separate workshop session, Dr. Rudd shared some findings from a research project with adult basic learners in the Boston area. Walking through a hospital with learners, researchers used a talk-aloud protocol to record the strategies the learners used to find their way. Apart from the difficulties posed by many of the signs, the study showed that when they need help, learners asked hospital personnel for information, and frequently chose to ask cleaners or housekeeping staff --- "people who look like us." Dr. Rudd wondered how often hospitals have considered their housekeeping staff as potential "partners" in providing certain types of information to patients.

Gaps

The scope of this research has been on the reading level of materials; patient comprehension; the match between patients' abilities and reading materials; the utilization of services; and, in the past three to four years, health outcomes related to literacy levels. The focus, says Dr. Rudd, is equally narrow, looking at comprehension; effective functioning; adherence/compliance; use of available services; and health outcomes. There is a tendency to examine these only in the context of medical encounters, usually without acknowledging the vast array of tasks, besides accessing information, involved in a medical encounter.

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Silences

Dr. Rudd points out that we still have little understanding of how literacy influences health action and outcomes. In the US, she notes, many health actions do not involve the written word at all; yet there is almost no research on verbal communication. We do not

know how low literacy shows up in oral communication. We also have not explored possible collaboration and more coordinated links between the health and adult education professions.

Expanding the scope

The research agenda should be moving outside the medical community. Dr. Rudd offered a schematic diagram to illustrate the many possible perspectives and sites through which the concept of health literacy could be examined. The permutations and combinations are enormous. [See Health Literacy box, p. 4] Dr. Rudd believes that future research should be examining literacy and participation in health-related decisions and health related action.

Rima Rudd believes that the field needs to move beyond plain language and medical encounters to help people become their own advocates and take health action into their communities.

Health Canada funds Phase 1 Needs Assessment for Patient Health Literacy Centre at Montreal General Hospital, McGill University Health Centre (MUHC)

Health Canada is funding a Needs Assessment, the first phase in the creation of a Patient Health Literacy Centre at the Montreal General Hospital, McGill University Health Center (MUHC). This initiative was announced by The Centre for Literacy and the Montreal General in 1999 after several years of collaborative staff development and related projects at the hospital. The proposed centre will cater to the information needs of traditionally hard-to-reach groups of patients. These include people with low literacy, with language or cultural barriers, and with learning difficulties due to physical or cognitive disabilities.

According to national studies, up to one third of Canadians have difficulty reading printed material. In the health care sector, throughout the 1990s, with shorter hospitalization and more home-care, there has been increasing reliance on giving patients printed information and instructions to follow. This was part of the rationale for creating a Patient Health Literacy Centre.

The Centre will offer information and support to patients and families through diverse media and non-traditional approaches; it will also offer training and communications support for health care professionals. The site will serve as a testing ground for ideas and strategies that can be fine-tuned and incorporated into a Patient Information Centre to be part of the amalgamated McGill University Health Centre, projected to open in 2004.

Phase 1, to be completed by the end of June 2001, will determine the scope of need in the MUHC population and develop a proposal for a focused pilot-project in the next year.

Health and Adult Learning and Literacy

This project will explore the mutual benefits of introducing health topics into ABE, ESL and ASE classes and build a focus of attention within both the health and adult learning communities on the value of cooperation.

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Evolving concept of health literacy– Australia ...

Building on this evolving concept, the World Health Organisation (WHO) has recently defined health literacy more broadly, as follows:

Health literacy represents 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. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment. (WHO, 1998)

This definition significantly broadens the scope of the content of health education, indicates that health literacy may have both personal and social benefits, and has profound implications for education methods.

In terms of content, efforts to improve people's knowledge, understanding, and capacity to act, should not only be directed at changing personal lifestyle or the way in which people use the health services. Health education could also raise awareness of the social, economic and environmental determinants of health, and be directed towards the promotion of individual and collective actions which may lead to modification of these determinants.

In terms of health benefit, such a definition implies that health literacy is a personal resource which leads to personal benefits such as healthier lifestyle choices and effective use of available health services. It also implies that the achievement of higher levels of health literacy among a greater proportion of the population will have social benefits, for example by enabling effective community action for health, and contributing to the development of social capital.

In terms of method of education and communication, such a definition provides a challenge to communicate in ways that invite interaction, participation and critical analysis. This is very similar to the style of education for "critical consciousness" advocated and popularised by the Brazilian educator, Paulo Freire (1970).

Don Nutbeam, Literacies Across the Lifespan: Health Literacy, *Literacy & Numeracy Studies*, Vol. 9 No 2 1999, p.49
