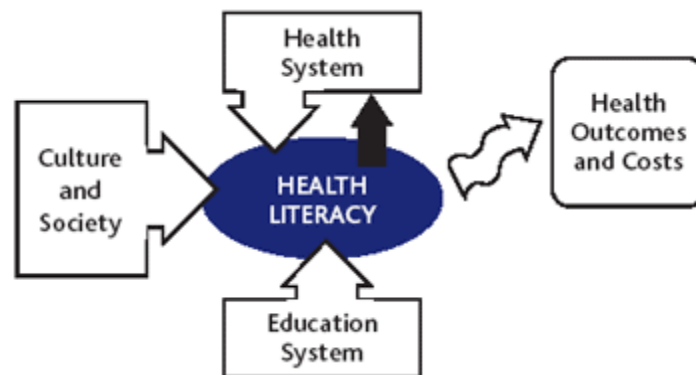


TO PONDER

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.



Potential points for intervention in the health literacy framework

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.

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.

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: dquillis@stfx.ca or aquigley@stfx.ca
See Summer Institute report, p.23.