

Health Literacy: Terminology and Trends in Making and Communicating Health-related Information

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Within a widening discussion of the importance of literacy in health care is a term that is increasingly appearing in the health lexicon—health literacy. In acknowledging the development of this field, this article looks at some of the issues associated with the terminology and trends with health literacy. It examines some of the research and responses in health that are shaping a growing knowledge base.

The evidence is before us—literacy is critical to the ability of health consumers to access, understand and use health-related information (Institute of Medicine 2004). Literacy has come to be considered central to the effective delivery of health promotion activity, and more widely to the empowerment of people and communities in self-managing health practices (Kickbusch, 2001; Rootman & Ronson 2005). Re-thinking the literacy–health connection has the attention of consumers, clinicians, hospitals, researchers, educators, policy makers and public health professionals, adult learners and teachers of English. While much of this activity is happening internationally (Rudd et al. 2007), there is now a detectable pulse regarding the Australian-based activity and interest in this growing field.

What is Health Literacy Anyway?

In thinking about what ‘health literacy’ is, it is useful to first reflect on ‘literacy’. Readers of this journal, who may have spent a great deal of their lives in non-education fields such as health, can be forgiven for thinking that literacy is primarily as a set of technical skills that conventionally include reading, writing and calculating (UNESCO 2004). This is the traditional definition used to facilitate assessment of a population’s literacy, including the population of Australia. It is also the way in which literacy is commonly depicted in the press and as a marker of a society’s accomplishments. Yet, looking at literacy through a different lens, as many literacy scholars have over the past decade (Street 1995; Hamilton 2006), opens up a richer and more complex understanding of literacy that includes a wider range of skills needed to make meaning and participate in society. Literacy also includes the ability to understand and use ‘the dominant symbol systems of a culture—alphabets, numbers, visual icons—for personal and community development’ (Centre for Literacy of Quebec 2000). This latter definition is better able to account for the range of skills involved in literacy. It reflects the interactive processes involved in everyday information exchange and it reflects the dimensions involved in grasping the meaning of messages that are central to making critical judgement and decisions in health-related settings.

Definitions of health literacy have evolved over time. Despite variations across definitions, health literacy generally refers to people’s capacity to obtain, process, and understand basic (written or oral) health information and services needed to make appropriate health decisions (Ratzan & Parker 2000).

As our understanding of the field of health literacy deepens, through research, collaborations and teaching programs, so do the dimensions of revised definitions. The US Institute of Medicine, in its landmark report *Health Literacy: A Prescription to End Confusion* (Institute of Medicine 2004), identifies health literacy emerging when the expectations, preferences and skills of those seeking health information meet the expectations of those providing the information and services. Importantly, this conceptualisation of health literacy emphasises the dual responsibility involved. It draws attention to the communication skills and the information exchange between two parties: a lay public and health professionals. The Institute of Medicine report adds another critical dimension to health literacy—it recognises that health literacy arises from a convergence of education, health services, and social and cultural factors.

Measuring Health Literacy

At a population level, literacy is commonly measured using three key categories. These are prose literacy (understanding texts); document literacy (understanding forms, tables and maps); and quantitative literacy (performing calculations). Australia's Survey of Adult Literacy conducted in 1996 was based on these categories. The more recent Adult Literacy and Lifeskills Survey, conducted in 2006, has replicated these as well as adding a fourth category to the assessment of adult skills—problem-solving and analytical reasoning—which is an indicator of a broader understanding of the role of literacy in daily decision making.

The measurement of a population's health literacy is quite a different story. Unlike literacy measurement, health literacy measures are currently limited. None are considered 'gold standard' (Parker et al. 1999). Nevertheless, testing health literacy has gained popularity, more so in the USA than elsewhere. The Rapid Estimate of Adult Literacy in Medicine (REALM) instrument measures the ability of an adult to read aloud from a list of increasingly difficult health words (Davis et al. 1993). An adolescent version, known as REALM-Teen, has subsequently been developed for young people in (USA) grades 6 to 12 (Davis et al. 2006). The Test of Functional Health Literacy in Adults (TOFHLA) tests the ability of a patient to read passages from materials actually used in health care settings; for example, a hospital consent form or directions for taking medications (Parker et al. 1999).

Both the REALM and the TOFHLA primarily measure word recognition and do not assess any other critical skills. This limits their value considerably. A more recent instrument is the Newest Vital Sign (NVS), a six-item screening test in English or Spanish, developed with pharmaceutical industry funding. The NVS has been designed to enable clinicians to rapidly assess the literacy of patients in primary care settings (Weiss et al. 2006). While the NVS incorporates elements of comprehension and numeracy in its test to read and apply information from a nutrition label, better baseline measures that can be used to monitor health literacy over time are yet to be developed (Institute of Medicine 2004). Moreover, whether such measures result in improvements in communication between provider and consumer and health outcomes is yet to be established (Weiss et al. 2006). At best, a low score on any of these measures is only an indication that health consumers may struggle with understanding information and is not a reflection on their enthusiasm to engage with their health care (Davis et al 2005).

A key criticism of health literacy measures is that their usage over-emphasises the ability of the individual to use the written word (United States Department of Health and Human Services 2003). Also, the measurement approach disregards other factors that have a bearing on an individual's understanding of health-related information, such as health professionals' communication skills and the use of technical language. As a leading Canadian adult literacy expert Linda Shohet has commented (Shohet 2007), even if the measures were ideal it is neither within the expertise nor the ethical domain of health care providers to test clients' literacy when they attend a consultation. She reminds us that health consumers already often have a degree of anxiety about attending health-related appointments, without introducing an additional anxiety about testing their literacy. Shohet suggests an alternative approach through the use of protocols such as a "learning preference profile" that indicates how health consumers like to get information or learn a new skill. This gives health service providers a sense of the literacy capacity and the learning preferences of their service users. Moreover, assessing individual literacy abilities instead of assessing materials and concentrating on clearer communication may misdirect valuable resources.

Plain Language: Making Information More Accessible

Another substantial area of health literacy research has been in the preparation of print materials in plain language, intended to increase readability and the understanding of health consumers in their use of text-based health materials. Recent research reflects the popularity of the study of appropriate reading levels needed for health information. A significant body of health literacy study has focused on assessing the readability of those materials (Rudd et al. 1999). A recent literature review Rudd et al. (2007) examined more than 800 published studies and found that the reading grade levels needed for health materials far exceed the reading abilities of the average high school graduate. This well-established mismatch has significant consequences for health consumers (Institute of Medicine 2004). It has prompted the adoption of what is now internationally known as plain language initiatives. The central tenet of plain language initiatives—whether written or spoken—is achieving clear communication (Stableford & Mettger 2007) and making health information more accessible to the general public (Shohet 2006).

Plain language initiatives abound. Guidelines to assist developers of written health information are available (e.g., Plain Language Association International 2007) as do initiatives that assist health researchers to develop information and consent forms in plain language (Wu et al. 2005). Clear, spoken communication initiatives and health literacy education kits have been developed to build the generic skills of health communication (Weiss 2003).

Alternative Approaches to Communicating Health Information

Reader-friendly initiatives do not open up access to health-related information for everyone, however. An important limitation of plain language initiatives is that they are likely to completely by-pass those who need most assistance in coping with the literacy demands of the health care system (Comings & Kirsch 2005). Good readers gain much more from the easy-to-read material compared to complex material while the less skilled readers only marginally benefit, an indication that plain language initiatives could, in fact, contribute to widening the gap in health inequalities (Davis et al. 1998). Other ways to provide information to health consumers must also be considered.

The effects of pictures on health communication show that adding visual images to text can increase comprehension, recall and adherence to instructions (Houts et al. 2006). They are particularly promising for assisting people with low general literacy understand and use health-related information, leading the authors to recommend that health educators incorporate realistic and culturally appropriate pictures to support their key messages. Pictures, in conjunction with the spoken word, also assist recall so could aid people with low text-based literacy make better use of the spoken word (Houts et al. 2006). Similarly, other non-print resources such as audio and DVD formats are increasingly emerging to support learning in a health context (e.g., see <http://healthliteracy.worlded.org/teacher-5.htm>)

Health Literacy Resource Sharing

Opportunities for literacy and health researchers, educators, practitioners and policy makers to interact, share evidence and to collaborate are multiplying. Leadership by several agencies in health literacy scholarship, discussion and resource sharing is both helpful and enriching, particularly through on-line initiatives (see Box). The majority of these enterprises originate from North America. Yet when it comes to issues related to literacy, learning and communication, many issues are universal, so these resources often have widespread applicability.

Web-based Health Literacy Resources

The Health and Literacy Discussion List provides a regular discussion forum where health, education and adult literacy researchers, service providers, educators, and policy makers discuss developments, suggestions, publications and issues related to literacy in a health context. The list's growing collection of resources, research and information is available on the Adult Literacy Education's Wiki Health Literacy page:
www.nifl.gov/mailman/listinfo/Healthliteracy

The Health and Literacy Studies Website of the Harvard School of Public Health is designed for professionals in health and education who are interested in health literacy. The site is very useful for finding literature reviews, curricula, plain language materials, research and policy reports: www.hsph.harvard.edu/healthliteracy/

The Centre for Literacy's website is useful for research briefs on health communication, plain language links, community projects and selected bibliographies on health literacy: www.centreforliteracy.qc.ca/health/healthlt.htm

Canadian Public Health Association's National Literacy and Health Program lists communication training packages for health care professionals, a plain language service, health literacy projects, key reports including reports in clear language editions intended for adult learners of English: www.nlhp.cpha.ca/

The Californian Health Literacy Initiative provides a model for organisations partner up to address the health and wellbeing of people with low literacy. This site is good for its online health literacy resource centre, its listing of health literacy policy initiatives and model of collaboration: http://cahealthliteracy.org/resource_center.html

The Australia's National Centre for Vocational Education Research's website is useful for selected publications that address the relationship between adult literacy and health in wider, Australian contexts such as vocational education. Best results are achieved by searching the publications page: www.ncver.edu.au/

Conclusion

Health literacy should be an integral part of the health care and health promotion agenda. As yet, Australia is currently without any health literacy policy initiatives by way of formal alliances, shared agenda, unifying framework or national approach. There are, however, the beginnings of a critical mass in health literacy research by way of current studies that bring the health and literacy sectors together (Green et al. 2007; Green 2007). The Victorian Department of Human Services also has an interest in the field, reflected in its support of several projects looking at health literacy for culturally and linguistically diverse communities (Victorian Department of Human Services 2007).

In moving the health literacy field forward, a worthwhile aim within an overall goal of enhancing the determinants of good health and wellbeing is to work with the literacy that people have and use, and to continue to develop evidence-based health communication as a way of ultimately improving health outcomes.

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