## Health Literacy: Policy & Practice

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### Health Literacy Foundation: Measures of Adults' Literacy Skills

Three waves of assessments [OECD sponsorship]: IALS 1990s, ALLS 2003, PIAAC 2011

Focus: Literacy, numeracy, problem solving skills of adults in industrialized nations

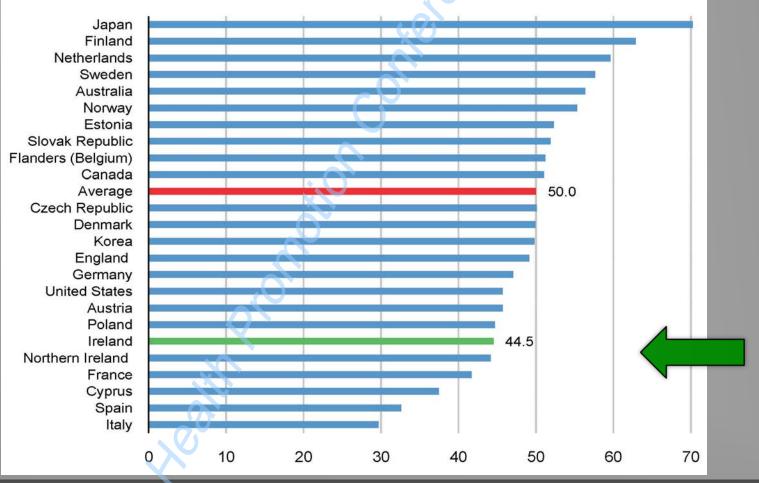
Measures: Adults ability to use everyday materials to accomplish everyday tasks with accuracy and consistency

**Findings:** Significant numbers of adults in most industrialized nations do not possess the most basic information-processing skills considered necessary to succeed in today's world.

Implications: Agency, civic engagement, economic policy, health

# **PIAAC [2011]: Ireland** Compared to Other Countries

Figure 2.2 Percentage of adults (16-65) at Levels 3-4-5 of literacy proficiency



## Genesis of Health Literacy Studies

- **Foundation:** indication of links between maternal literacy in developing nations and child health outcomes
- **First publication of findings** from US [1992 NALS] and International Adult Literacy Surveys [1994-6 IALS]
  - Significant proportion of adults in industrialized nations have
    difficulty using print materials to accomplish mundane tasks with
    accuracy and consistency
  - Faulty assumptions uncovered

**Research Question**: Are there health consequences?

### A Previously Unexamined Variable: Health Literacy

**Social Determinants of Health:** Well established links between health and key social factors such as education, income, social status, access to resources . . .

Health Literacy Research Findings: Health literacy is linked to a wide array of health outcomes

Health Literacy studies have illuminated the pathway between education and health outcomes

### Health Literacy Findings

Health literacy is related to / predicts

- Knowledge
- Reported health promotion and disease prevention behaviors
- Management of long term illness [chronic disease measures]
- Morbidity
- Mortality



IOM, 2004 Analysis & Recommendations



AHRQ, 2004, 2011 Systematic Reviews

### Study Limitations: Conceptual Errors







Limited Focus & Measures Misplaced Responsibility

Neglected Context

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### Insights from Research & Theory

### Literacy

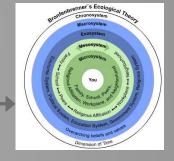
Literacy measures must include attention to **texts**, **tasks**, and **contexts** [see Snow; LeVine; Purcell-Gates]

### Health Education/ Health Promotion

Bronfenbrenner: Social Ecological Model

### Epidemiology

Reciprocal relationship between persons and environments





### **Corrections: Paradigm Shifts**



From Focus on Skills of individuals Mismatch From Focus on Public's Capabilities Professionals' Skills from Focus on Practitioners Institutional Culture & **Literacy Environment** From Focus on Health Care Health Promotion & **Public Health** 

### Health Literacy: An Evolving Concept

Don Nutbeam, Social Science and Medicine, 2008

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 Nutbeam, WHO, 1998

the degree to which **individuals have the capacity to obtain**, **process, and understand** basic health information and services needed to make appropriate health decisions USDHHS, 2010

engagement in a wide range of health actions that extend from personal behaviors to social action to address the determinants of health Nutbeam, SSM, 2008

# New Definitions

Consider a definition that shifts attention to the **capacity of professionals and health institutions** to provide access to information and support the active engagement of people

Rudd, McCray, Nutbeam. Health Literacy and Definition of Terms, chapter 2 in Health Literacy in Context: International Perspective. Canada: Nova Science. 2012.

### Filling the Research Gaps

#### The oral exchange

e.g. Nouri & Rudd, Health literacy in the oral exchange, *Patient Education & Counseling*, 2014

#### Numeracy

e.g. Apter et al., Do the Math, *Journal of General Internal Medicine*, 2008

#### Mismatch

e.g. Rowlands et al., The Health Information Gap, *British Journal* of General Practice, 2014.

#### Health Literacy Environment of Hospitals

• e.g. Groene & Rudd, Results of a Feasibility Study to Assess the health literacy environment, *Journal of Communication in Health Care*, 2011.

### Filling the Research Gaps

#### Health Literacy Environment in Dentistry

e.g. Horowitz et al., Health Literacy Environmental Scans of community based dental clinics in Maryland, *American Journal of Public Health*, 2014.

#### **Public health**

e.g. Institute of Medicine, Implications of Health Literacy for Public Health. *Roundtable on Health Literacy, Workshop Summary*, 2014

#### **Communication in Times of Chaos/Disaster**

e.g. Goto et al., Health literacy training for Public Health Nurses in Fukushima, *Japan Medical Association Journal*, 2014.

#### **Health Promotion Practice**

e.g. Institute of Medicine, Promoting Health Literacy to Encourage Prevention and Wellness, *Roundtable on Health Literacy, Workshop Summary*, 2011.

### Implications for Research & Practice: New Focus

#### Attention to 'both sides of the coin'

- The reader & text
- The text & the writer
- The speaker & the listener
- Math displays and concepts
- The 'traveler' & the environment
- Assumptions & norms
- The interactions between lay and medical cultures

Attention to commonly examined literacy-related factors

- Texts
- Tasks Context

### Implications for Research & Practice: New Processes

#### **Deconstruct** health

activities to understand the complexity of health tasks, health texts, and health related tools Examine our health & health care systems & institutions to **identify the facilitating factors and barriers** that support or inhibit access to information and active engagement of people

**Study options** that reduce complexity, eliminate barriers, and increase access

Improve practice

### Implications for Research & Practice: New Measures Needed

- A definition determines the scope of a concept A definition determines measures [who/what/how]
- We have: Over 50 measures of patients' skills/deficits
- We lack: Measures of tool complexity/ease of use Measures of professionals' skills Measures of practice attributes Measures of institutional characteristics [complexity & demands]

## Implications for Practice & Policy: Rigor Required

#### Practice

- Attention to adult literacy assessments
- Respectful attention to health communication
- Insistence on scientific rigor
  - Formative research
  - Testing with intended audiences

### Policy

Plain language initiatives

- Regulations for development & dissemination of critical texts
  - Institutional Review Boards & rigorous standards
  - Contractual obligations

### **Time for Action**

- **Documented**: Significant proportions of adults in most industrialized nations have limited literacy & numeracy skills
- **Documented**: Literacy skills are linked to social factors
- **Documented:** Literacy skills are linked to health outcomes
- **Documented**: Mismatch between reading level of health materials and average reading skills of adults
- **Documented:** Health systems & health care processes have become increasingly complex

### **Implications:** Health Disparities **Action:** Remove barriers

### **Create a Balance**



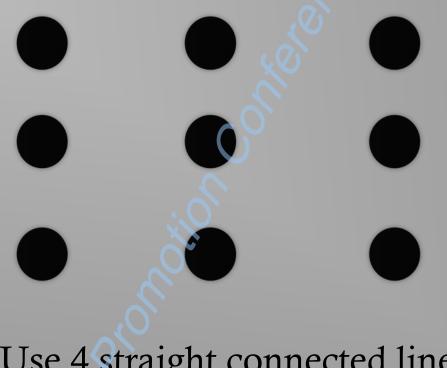
#### Individual Skilis

Health Literacy

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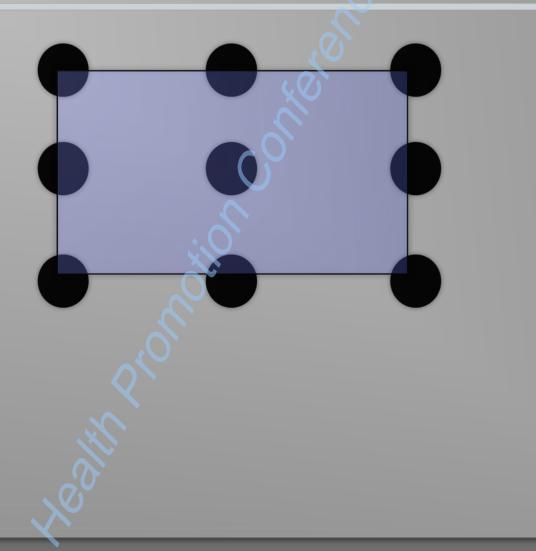
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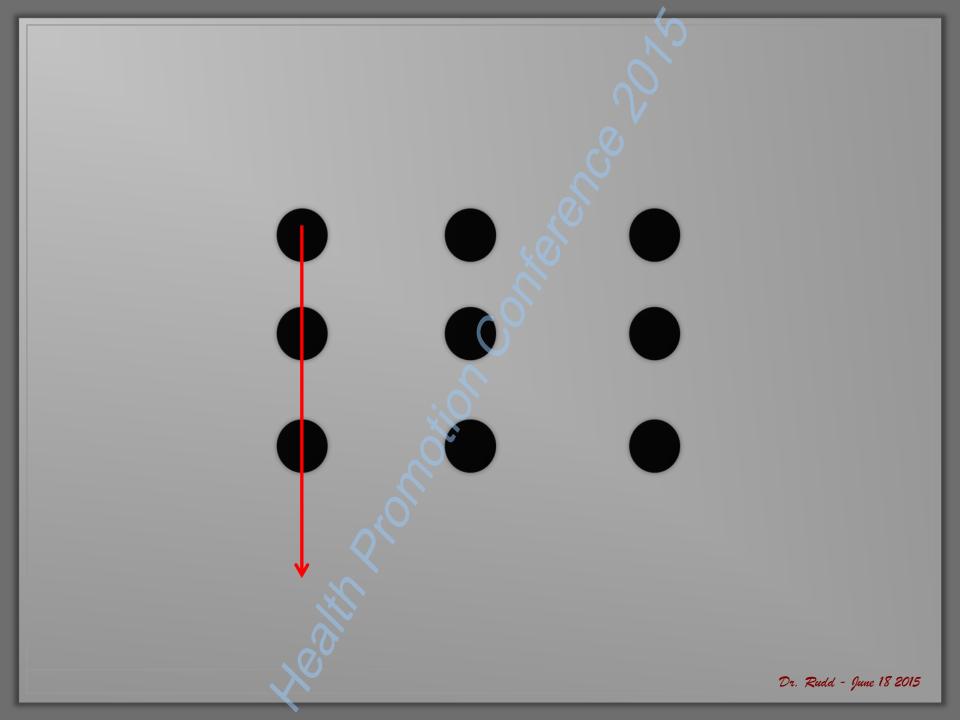
# Game: Connect All the Dots

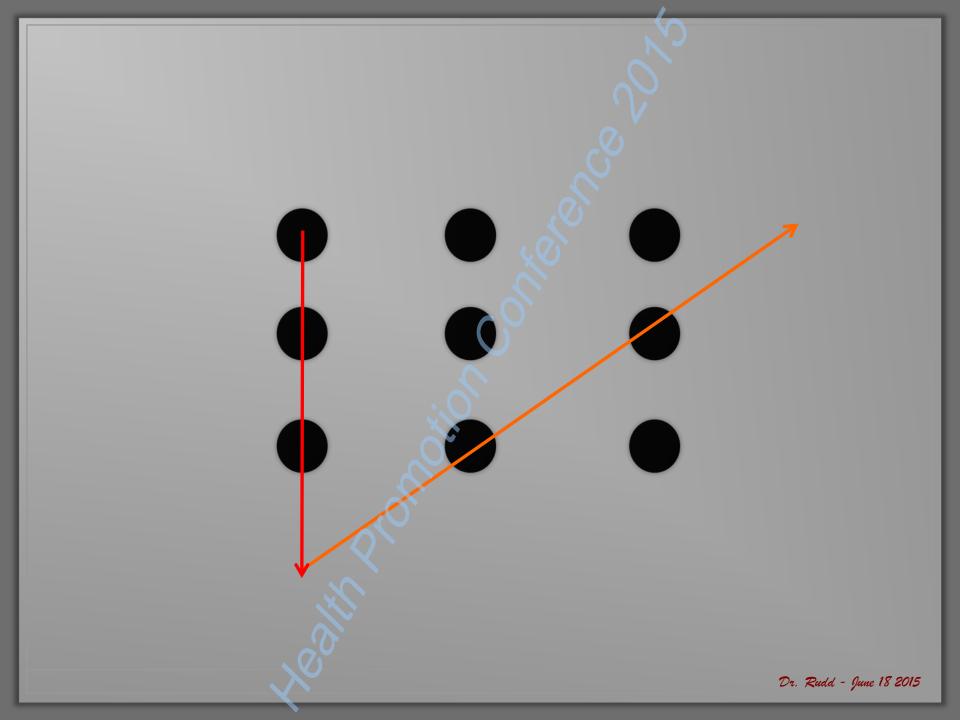


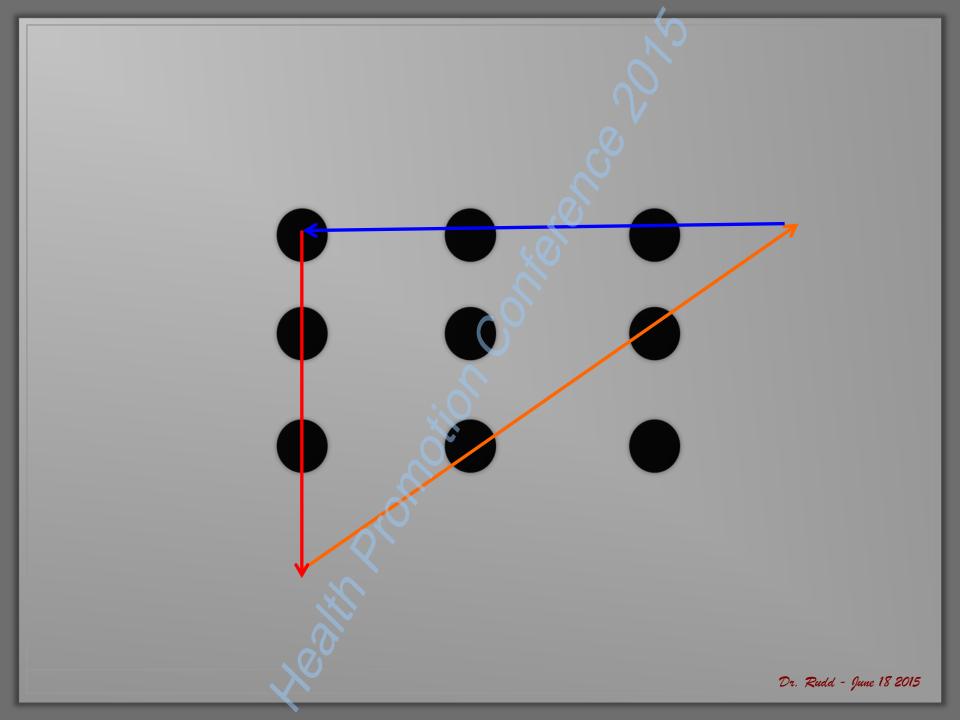
Use 4 straight connected lines Once you begin: Do not lift pen from paper

### Common Conceptual Error: Self Imposed Box

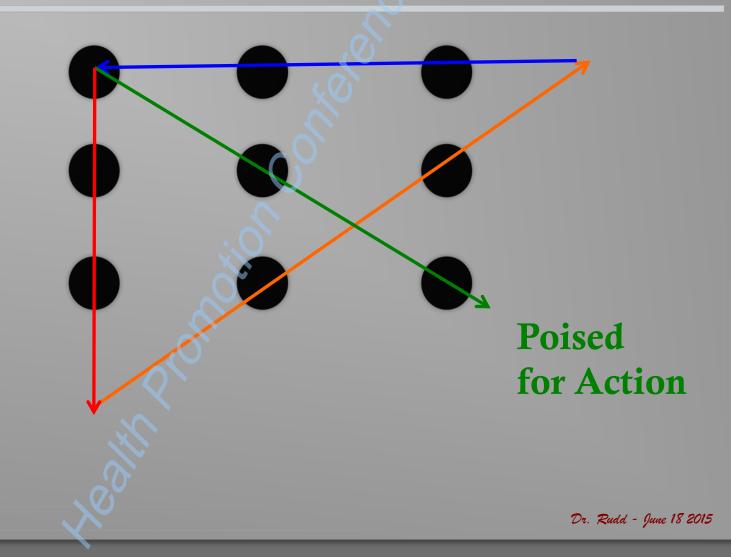








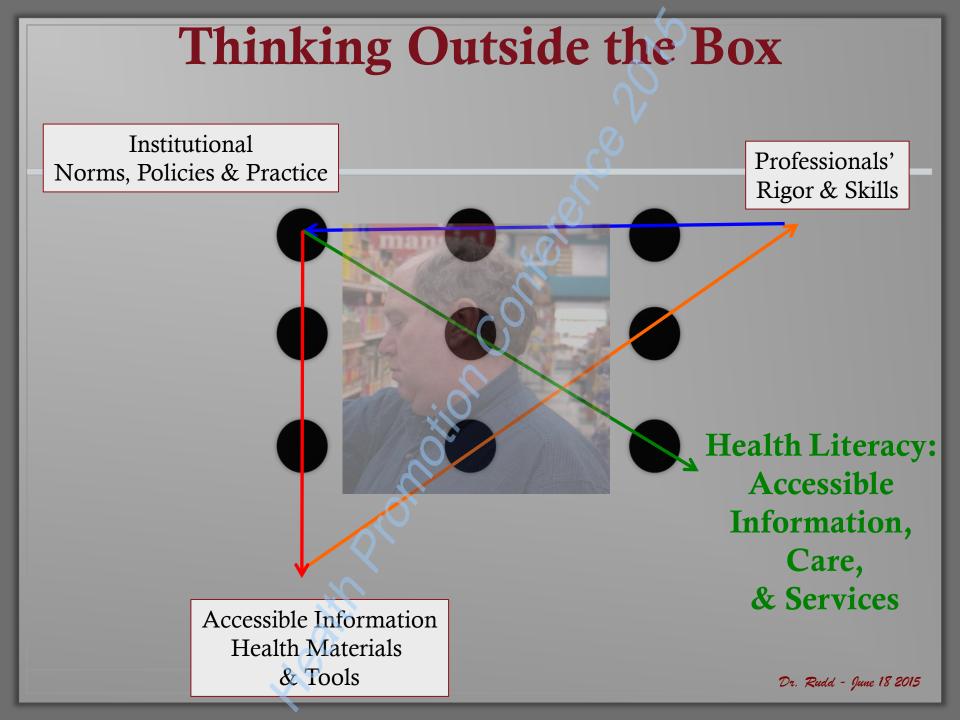
# Think Outside the Box



### **Initial Health Literacy Error**



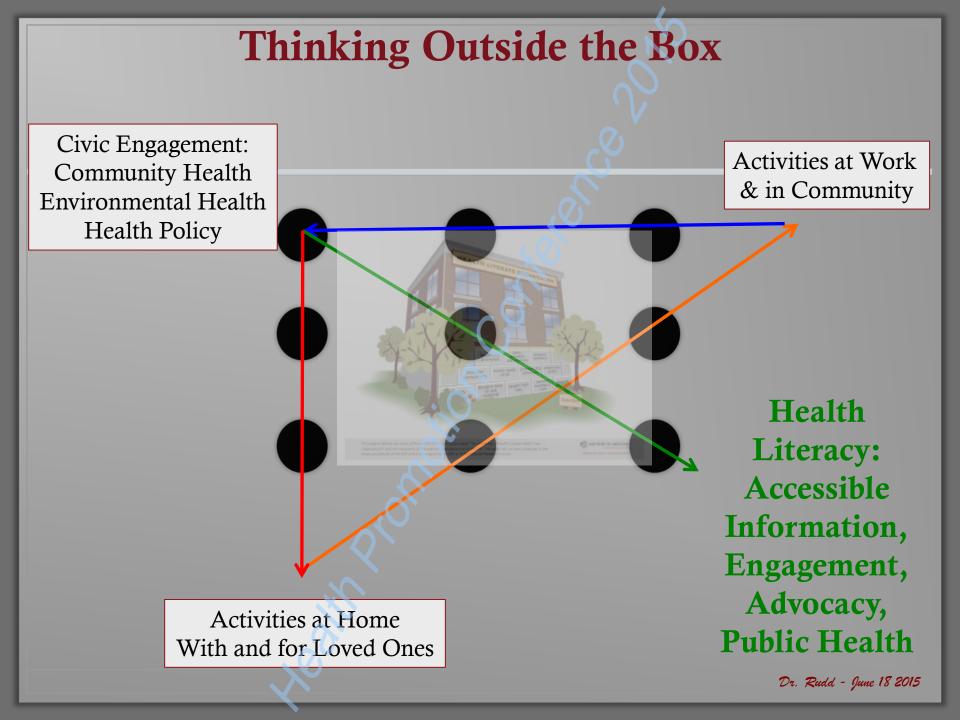
Boxed in by a focus On the patient



### Continuing Health Literacy Error



Boxed in by a focus within the Clinical Setting & Medical Care



The capacity of professionals & health institutions to provide access to information and support the active engagement of people [Rudd 2010]

