



**GIPPSLAND HEALTH LITERACY
SHORT COURSE
GIPPSLAND PRIMARY CARE
PARTNERSHIPS**

**Module 1: Introduction
to health literacy**

CONTENT

- Definitions
- Research about health literacy and prevalence of low health literacy



DEFINITIONS OF HEALTH

Health is a capacity or resource which corresponds more to the notion of being able to pursue one's goals, to acquire skills and education and to grow – and to be able to respond to life's challenges and changes (Health Canada 2002)

- Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO 1948).



WHAT IS HEALTH LITERACY?

LITERACY

- What is it?
 - Functional literacy is a measure of a person's ability to read basic text and write simple sentences

- Why do we care?
 - Those who are functionally literate are able to participate more fully in society, and are able to exert a higher degree of control over everyday events
 - Literacy levels are related to public health outcomes



HEALTH LITERACY IS...

- The ability to read, understand and act upon health information
- Reading, understanding and having the competence to make health decisions
- Essential for service user engagement - relevant to whole population
- Critically important in tackling health inequalities that require targeted approaches



FOUR TYPES OF LITERACY


- Fundamental literacy, that refers to the ability to read, write, speak, and work with numbers
- Scientific literacy, that refers to the skills and abilities to understand and use science and technology
- Civil literacy, that refers to skills and abilities that enable citizens to recognise public issues and participate in civil society
- Cultural literacy, that refers to the ability to recognise, understand, and use the collective beliefs, customs, and worldview, and social identity of diverse individuals to interpret and act on information

Source: Zarcadoolas, Pleasant, & Greer (2005).




WHY IS HEALTH LITERACY
IMPORTANT?


EFFECTS OF LOW OR MARGINAL HEALTH LITERACY

- Individuals with low health literacy more likely to report their health as poor (ABS, 2006; Institute of Medicine, 2004)
 - Women with low health literacy are also less likely to engage in screening and prevention interventions such as pap smears and mammograms
 - Both men and women with low health literacy have fewer flu immunisations (Cho, Plunkett, Wolf, Simon, & Grobman, 2007; Giordano et al., 2008; Guerra, Dominguez, & Shea, 2005)
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EFFECTS OF LOW OR MARGINAL HEALTH LITERACY


- People with low or marginal health literacy are:
 - More likely to present later with cancer (Donelle, Arocha, & Hoffman-Goetz, 2008; Westin et al., 2008)
 - More likely to engage in unhealthy behaviours including poorer diet-related behaviours (Carmona, 2005; Howard, Sentell, & Gazmararian, 2006; von Wagner, Knight, Steptoe, & Wardle, 2007)
 - Less likely to be effectively engaged by health promotion activities and programs (Gazmararian, Curran, Parker, Bernhardt, & DeBuono, 2005; Parker, & Nurss, 1996)
 - Likely to have higher rates of hospitalisation, difficulty with verbal communications with providers, and poorer health status in general particularly stress and vulnerability
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RISKS FOR PEOPLE WITH LOW LITERACY

- Physical harm may result from behaviors often seen as non-compliant:
 - Not filling or refilling a prescription
 - Inappropriate dosing or timing of a medication
 - Failure to recognize effects of inappropriate dosing, side effects or drug interactions
 - Failure to take action needed for treatment or follow-up
 - Emotional harm may result from shame, stress, frustration, confusion, worry and poor self-esteem associated with:
 - Efforts to conceal reading difficulties
 - Being asked to complete tasks outside one's comfort zone
 - Feeling unsafe or unwelcome
 - Failure to seek care
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RISKS FOR PEOPLE WITH LOW LITERACY

Economic harm may result from:

- Repeat visits, tests or procedures
 - Unnecessary or inappropriate medication regimens
 - Poor preparation and cancellation of appointments
 - Use of higher and perhaps more costly levels of care
 - Lost earnings and job productivity
 - Transportation and child care costs
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ACTIVITY 1

- Small groups (3-4 people):
 - Discuss the ABS Fact Sheet on Health Literacy
 - What were the facts that surprised you?
 - What were the facts that didn't surprise you?



ADULT LITERACY AND LIFE SKILLS SURVEY (ALLS)

- Prose literacy: individuals' ability to understand and use information from various kinds of narrative texts, including texts from newspapers, magazines and brochures
- Document literacy: the knowledge and skills individuals require to locate and use information contained in various formats including job applications, payroll forms, transportation schedules, maps, tables and charts
- Numeracy: the knowledge and skills individuals use to manage and deal with the mathematical demands of diverse situations
- Problem solving: goal-directed thinking and action in situations for which no routine solution is available

MEASUREMENT LEVELS

Scales have 5 levels, where:

- Levels 1 & 2 – is considered very limited literacy proficiency
- Level 3 is considered minimum proficiency standard
- Levels 4 & 5 are considered good/excellent proficiency


HEALTH LITERACY

- Health literacy measured by questions on various health related activities, ie, own health (promotion), large-scale public activities (health protection), preventing onset of illness (disease prevention), taking care of health (health care), rights & responsibilities in the system (navigation).
- Health literacy measure is a composite of these and the four general literacy/ numeracy/problem solving scales


RESULTS

- Less than 'adequate' scores: Australians aged 15 to 74 years:
 - 46% for the prose domain
 - 47% for the document domain
 - 53% for the numeracy domain
 - 70% for the problem solving domain
 - 60% have less than adequate levels of health literacy
- Adequate:
 - 40% have 'adequate' levels of general and health literacy
 - 6% of the Australian population have high health literacy levels.

AT-RISK POPULATIONS - CALD

- 33% of overseas-born Australians enjoy adequate health literacy compared to 43% of Australian-born people
 - drops to 27% for those who have arrived in Australia within the past five years
 - When English is not the first language spoken the percentage of people with adequate health literacy decreases to 26%. This compares to 44% of people whose first language is English
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AT-RISK POPULATIONS – OLDER PEOPLE

- Low levels of health literacy more common for people over the age of 65;
 - only 17% of people aged 65-74 have adequate health literacy
 - 29% of adults aged 55-59: 34%
 - inverse relationship between age and level of health literacy
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AT-RISK POPULATIONS – LOW SES

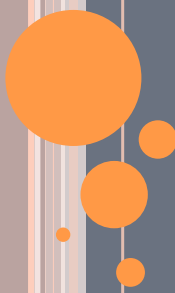
- Socio-economic disadvantage is associated with lower levels of adequate health literacy:
 - For people in the bottom 20% (lowest quintile), 26% have adequate health literacy while 55% in the highest quintile (20%) have adequate health literacy



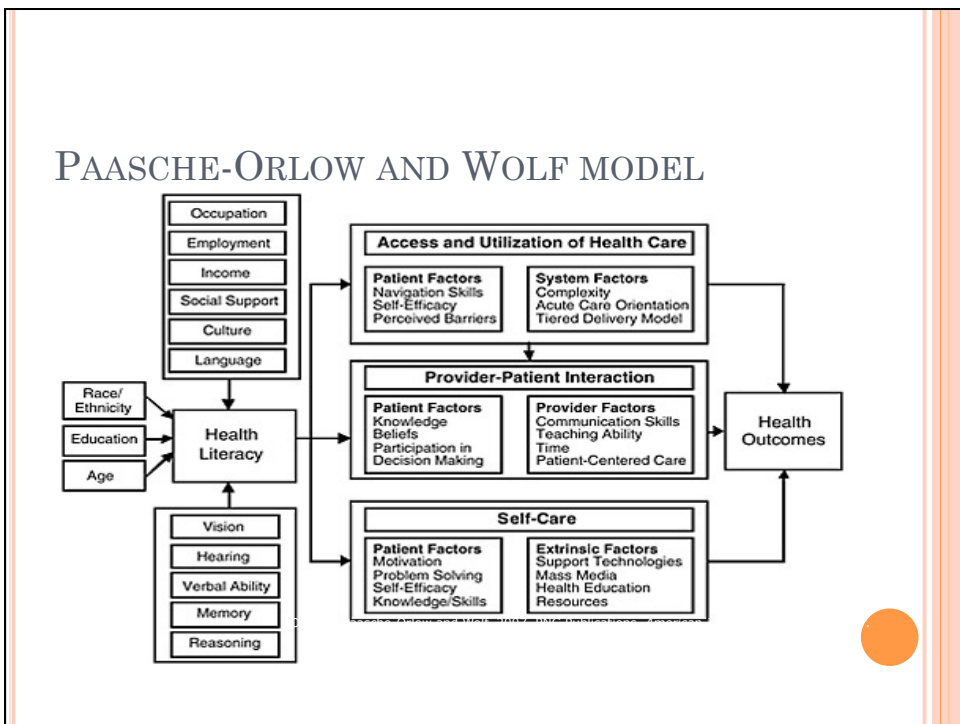
ACTIVITY 2: DEFINITIONS OF HEALTH LITERACY

- Resource 2: Definitions of Health Literacy
- In groups of two, discuss what do you see as the main differences between the definitions

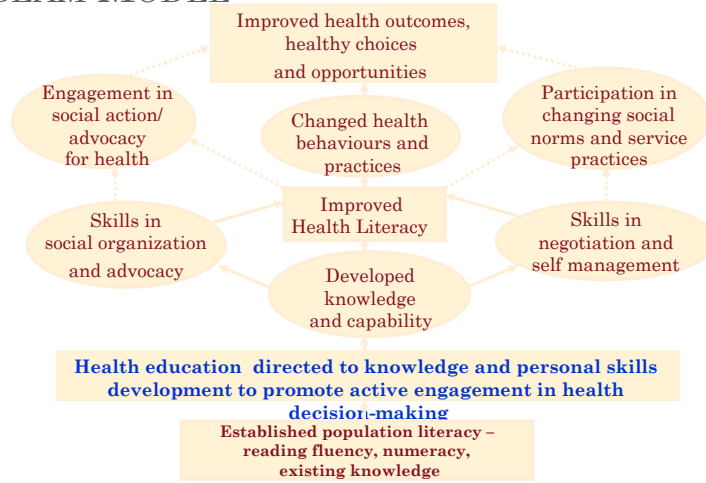




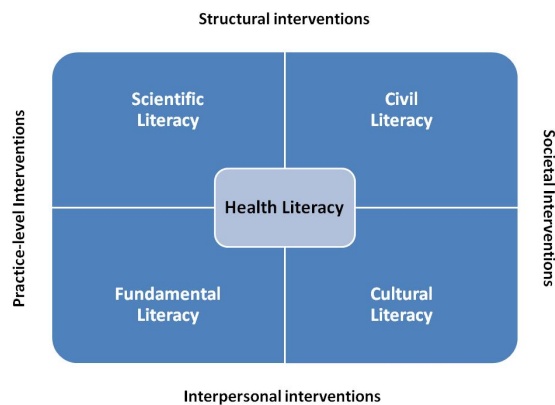
MODELS FOR UNDERSTANDING HEALTH LITERACY



NUTBEAM MODEL



THOMACOS & KELEHER MODEL



LEVELS OF INTERVENTION

- Structural interventions - civil and/or scientific literacy directly; fundamental and cultural literacy indirectly; interventions that 'change the way things are done or thought about'.
- Societal interventions - civil literacy and/or cultural literacy; participation of whole society and/or specific sub-populations'/communities' knowledge and capacities.

Thomacos & Keleher (2009)



INTERVENTIONS (CONT'D)

- Interpersonal interventions – either enhance and develop cultural (i.e. community-based) and/or fundamental (i.e. individual) health literacy.
- Practice-level interventions - enhance either fundamental and/or scientific literacy (the way in which health care service users and health care service providers interact).

Thomacos & Keleher (2009)



ACTIVITY 3

In your small groups, compare the usefulness of the three models then report back to the whole group.



- MORNING TEA

