

**ABS Health Literacy Data 2006 Australia:** Excel Spread Sheet - 20 tables

**ABS Health Literacy Data 2006 Report Australia,** June 2008 – 84 pages

This report examines health literacy using information from the 2006 Adult Literacy and Life Skills Survey (ALLS). The ALLS provides information on the knowledge and skills of 15 to 74 year olds in the following four domains: prose literacy, document literacy, numeracy and problem solving. A fifth domain measuring health literacy was produced as a by-product of the above domains. Health literacy is the main focus of this report.

**Risks associated with low functional health literacy in an Australian population** - Research

Robert J Adams, Sarah L Appleton, Catherine L Hill, Mark Dodd, Christopher Findlay and David H Wilson, Medical Journal of Australia, Volume 191, Number 10, 16 November 2009 – 5 pages

*Objective:* To measure the level of functional health literacy (FHL) in an Australian population and to explore the level of risk associated with level of FHL.

*Conclusion:* Many Australians are likely to have limited health literacy, and this is a risk to effective health care delivery and health improvement across the community.

**Better Communication, Better Care: Provider Tools to Care for Diverse Populations** – Tool Kit – 56 pages

Health Industry Collaboration Effort- Health Plans- Providers- Association-Agencies, California, U.S.A, 2006

Produced by a nation-wide team of healthcare professionals

Contents organised in four sections each containing helpful background information and tools that can be reproduced and used as needed:

- *Interaction with a diverse patient base:* encounter tips for providers and their clinical staff, a mnemonic to assist with patient interviews, help in identifying literacy problems, and an interview guide for hiring clinical staff who have an awareness of diversity issues;
- *Communication across language barriers:* tips for locating and working with interpreters, common signs and common sentences in many languages, language identification flashcards, and language skill self-assessment tools;
- *Understanding patients from various cultural backgrounds:* tips for talking with a wide range of people about sex, pain management across cultures, and information about different cultural backgrounds;
- *References and resources:* some key legal requirements, a summary of the “Culturally and Linguistically Appropriate Service (CLAS) Standards,” which serve as a guide on how to meet legal requirements, a bibliography of print resources, and a list of internet resources.

**Up to a quarter of the Australian population may have suboptimal health literacy depending upon the measurement tool: results from a population-based survey**

Melissa N. Barber, Margaret Staples, Richard H. Osborne, Rosemary Clerehan, Catherine Elder, Rachele Buchbinder,

Health Promotion International, Vol. 24 No. 3, doi:10.1093/heapro/dap022, (2009), Published by Oxford University Press – 10 pages.

The *objective* of this paper is to measure health literacy in a representative sample of the Australian general population using three health literacy tools; to consider the congruency of results; and to determine whether these assessments were associated with socio-demographic characteristics.

A varying but significant proportion of the general population was found to have limited health literacy. The health literacy measures we used, while moderately correlated, appear to measure different but related constructs and use different cut offs to indicate poor health literacy.

**The development of a framework to guide the integration of chronic condition self-management into undergraduate or entry level medical, nursing and allied health professional education**

Final Report October 31st, 2007 – 28 pages

Submitted to the Commonwealth Department of Health and Ageing

Flinders Human Behaviour and Health Research Unit (FHBHRU)

*in collaboration with* Department of General Practice, School of Medicine (Flinders University) and the Spencer Gulf Rural Health School, the Centre for Allied Health Evidence and the School of Nursing and Midwifery (University of South Australia)

**Background**

One of the four key action areas of the National Chronic Disease Strategy is Chronic Condition Self-Management (CCSM). A key element of the strategy is education and training of the current and future Australian primary care workforce in CCSM principles as well as developing competency in client support skills.

In March 2007, the Flinders Human Behaviour and Health Research Unit (FHBHRU) received funding from the Commonwealth Department of Health and Ageing to undertake the *Development of a framework to guide the integration of chronic condition self-management into undergraduate or entry level medical, nursing and allied health professional curricula* project. This project was conducted by Flinders University and University of South Australia in 2007 and was funded through the joint Australian, State and Territory Government Australian Better Health Initiative.

**Aim**

The principle aim of the project was to develop a curriculum framework for health professional students and a 3 year plan for integration of this framework into Australian

The framework is available in the document *“Educating future health care professionals to support people with chronic conditions to live better and live longer - A chronic condition self-management support tertiary education curriculum framework.”*

**An Analysis of Training and Information Options to Support Chronic Disease Prevention and Self-Management in Primary Health Care**

Final Report on Needs Assessment, Training Audit and Gaps Analysis

Prepared by the Consortium Partners

For the Commonwealth Department of Health and Ageing

17th January, 2008, Assoc. Professor Malcolm Battersby et al – 143 pages

Flinders University Adelaide Australia Flinders Human Behaviour and Health Research Unit

The report brings together the key findings, on the needs, gaps and recommendations from all sources of data for the project.

This final report draws together the outcomes of all stages of the project, with detailed recommendations to address the gaps in training and information available to the primary health care workforce to support their patients in chronic condition prevention and self-management.

**Capabilities for Supporting Prevention and Chronic Condition Self Management: A Resource for Educators of Primary Health Care Professionals**

2009, Assoc. Professor Malcolm Battersby et al – 27 pages

Flinders University Adelaide Australia Flinders Human Behaviour and Health Research Unit

This document represents a key resource developed from the findings of these two projects undertaken within the ABHI. It includes:

- Agreed definitions of chronic condition self-management (CCSM) related terms;
- A framework for delivery of self-management education to the future health professional workforce;

- Self-management support skills in the context of the Chronic Care Model (Wagner, et al., 2001); and
- Identification and definition of the knowledge, attitudes and skills required by the PHC workforce for prevention and CCSM support across the continuum of care from wellness, early detection and chronic condition management.

The document is intended to provide a resource for educators in universities and PHC service delivery settings, as well as regulatory and professional bodies. It will help guide the standards required by undergraduate and graduate programs for providing education and training in CCSM support to the existing and future PHC workforce.

### **Improving Health Literacy in Connecticut: A Prescription for Healthy Lives and Communities**

University of Connecticut [U.S.A] Health Center Graduate School, UCHC Graduate School Presentations

University of Connecticut Year 2006, Annamarie Beaulieu, Kimberly Lewendony, Christine Torrez Laurie DeChello – 57 pages

*Background:* The Practicum Project is a supervised service-learning experience that integrates curriculum with hands-on experience in a public health setting. All 2nd year students are expected to work collaboratively in assessing the extent, causes and public health responses to a selected public health problem confronting citizens of Connecticut. The focal topic for the 2006 Project was Health Literacy in Connecticut.

Content includes:

- What is Health Literacy
- Resources to address Health Literacy in Connecticut
- Health Profession Education and Training
- Mental Health Literacy
- Health Literacy Recommendations

### **Literacy and Health Outcomes**

RTI International–University of North Carolina Evidence-Based Practice Center Research Triangle Park, NC [U.S.A], *Investigators:* Berkman et al, *Evidence Report/Technology Assessment* Number 87, AHRQ Publication No. 04-E007-2, January 2004 – 259 pages

*Objectives:* Research has examined the effect of low literacy on a wide variety of health outcomes, but we are unaware of any published systematic reviews that have analyzed these relationships or examined interventions to mitigate the health effects of low literacy. To evaluate the existing research, we performed a systematic review to address two four-part key questions based on questions initially posed by the American Medical Association and the Agency for Healthcare Research and Quality and put into final form in cooperation with our Technical Expert Advisory Group. The questions are as follows:

*Key Question 1:* Are literacy skills related to: (a) Use of health care services? (b) Health outcomes? (c) Costs of health care? (d) Disparities in health outcomes or health care service use according to race, ethnicity, culture, or age?

*Key Question 2:* For individuals with low literacy skills, what are effective interventions to: (a) Improve use of health care services? (b) Improve health outcomes? (c) Affect the costs of health care? (d) Improve health outcomes and/or health care service use among different racial, ethnic, cultural, or age groups?

*Conclusions:* Low literacy is associated with several adverse health outcomes, including low health knowledge, increased incidence of chronic illness, poorer intermediate disease markers, and less than optimal use of preventive health services. Interventions to mitigate the effects of low literacy have been studied, and some have shown promise for improving patient health and

receipt of health care services. Future research, using more rigorous methods, is required to better define these relationships and to guide development of new interventions.

### **Cultural and Linguistic Considerations in Health Literacy**

Cindy Brach, Center for Delivery, Organization, and Markets, March 11, 2010 – PowerPoint Presentation – 18 slides

Department of Health and Human Services U.S.A, Agency for Healthcare Research and Quality

Highlights:

- lower health literacy levels by race/ethnicity;
- cultural competence approach;
- false assumptions;
- culture and language considerations;
- moving toward integration;
- Resources

### **HEALTH LITERACY WHAT IS IT? A NEW IDEA OR AN OLD IDEA DRESSED UP IN NEW CLOTHES?**

ROBERT BUSH

Healthy Communities Research Centre the University of Queensland – PowerPoint Presentation – 20 slides

Highlights:

- What is health literacy?
- ABS 2006 data: graphically
- Practical examples
- Impact of health literacy on health and use of health services
- Impact of health literacy on health promotion and disease prevention
- Health literacy and behaviours and conditions
- What can be done to improve health literacy?

### **The Potential and Challenges of Highlighting Health Literacy in Prevention Programs**

Institute of Medicine Workshop September 15, 2009,

Jennifer Cabe, M.A.; Andrew F. Pleasant, Ph.D.; and Richard H. Carmona, M.D., M.P.H., FACS

CanyonRanch Institute, U.S.A

PowerPoint Presentation – 18 slides

Highlights:

- Health literacy lens
- Research undertaken by the Institute
- Integrative approach
- What is health literacy?
- Health care system reform
- Health literacy in health promotion programs
- CRI Life Enhancement Program

### **California Advance Health Care Directive**

Patient Form which asks choices to be outlined about health care provider and health choices

Plain English with instruction

Designed for the San Francisco Department of Public Health, U.S.A – 12 pages

**Health Literacy Fact Sheet, August 2005**

Center for Health Care Strategies, Inc., U.S.A – 18 pages

**Highlights:**

- What is Health Literacy?
- Who has health literacy problems
- Impact of low health literacy skills on annual health care expenditures
- Health literacy and understanding medical information
- Strategies to assist low literate health care consumers
- Preparing patient education materials
- Tools to evaluate patient education materials
- Health communication and cultural diversity
- Resources

**Communicating Effectively with Healthcare Providers**

PowerPoint Presentation with associated notes – 37 slides

University of Minnesota, U.S.A, Health Sciences Libraries, Health Literacy Partnership, April 2011

**Highlights:**

- Communication Breakdown
- YouTube and TV commercial examples
- Why at risk?
- Health literacy is a universal problem
- What can be done
- Asking the right questions
- Practical strategies for patients
- Resources for patients

**Closing the Gap in a Generation – Health equity through action on the social determinants of health**

World Health Organisation, Commission on Social Determinants of Health Final Report, 2008 – 256 pages

The Final Report of the Commission on Social Determinants of Health sets out key areas – of daily living conditions and of the underlying structural drivers that influence them – in which action is needed. It provides analysis of social determinants of health and concrete examples of types of action that have proven effective in improving health and health equity in countries at all levels of socioeconomic development

**Wikipedia Accurate on Cancer Facts, But Hard to Read Study**

Elizabeth Dallas 2011, Medline Plus, U.S National Library of Medicine, National Institute of Health – 2 pages

Although experts from Thomas Jefferson University were hard-pressed to find errors on Wikipedia, they did find the content on the site was harder to read and included links to more dense information than the simplified, shorter explanations found on U.S. National Cancer Institute's Physician Data Query (PDQ).

**Health Literacy and Child Health**

DeWalt and Hink, Cecil G. Sheps Center for Health Services Research, University of North Carolina School of Medicine, Power Point Presentation, 2008 – 36 slides

**Highlights:**

- What is health literacy
- Relationship between health literacy and child health outcomes

- Influence of child and parent literacy
- Adult literacy
- Measurement of adult and child literacy
- Literature review: health outcomes and interventions
- Implications for future research

### **Health Literacy Universal Precautions Tool Kit**

DeWalt et al, Cecil G. Sheps Center for Health Services Research, University of North Carolina  
Prepared for Department of Health and Human Services U.S.A, Agency for Healthcare Research and Quality, April 2010 - 227 pages

It provides step-by-step guidance and tools for assessing your practice and making changes so you connect with patients of all literacy levels. This toolkit is designed to be used by all levels of staff in a practice providing primary care for adults and/or paediatric patients. (Please note that a reference to patients also includes caregivers and parents.) This toolkit is divided into manageable chunks so that its implementation can fit into the busy day of a practice.

### **Health literacy and numeracy: Key factors in cancer risk comprehension**

Donelle et al, 2008, Chronic Diseases in Canada Vol 29, No.1 - Research – 8 pages

The purpose of this study was to describe the influence of literacy, consisting of prose and numeracy skill, math anxiety, attained education and context of information on participant ability to comprehend Internet-based colorectal cancer prevention information. These findings highlight the importance of presenting Web-based information that accommodates diverse health literacy and numeracy levels.

### **Shame in Physician-Patient Interactions: Patient Perspectives**

Harris, Darby, University of California, San Diego Online publication date: 18 November 2009 – Research – 11 pages

This study estimated the extent to which shame is elicited in physician–patient interactions and examined the emotional and behavioral reactions of patients to such interactions. Women, relative to men, reported that the interaction led to more negative emotional and behavioral consequences. The type of health issue involved in the interaction also was associated with differential outcomes. Thus, it appears that inducing shame in medical contexts is widespread and may well have both positive and negative effects.

### **EFFECTIVE INTERVENTIONS TO IMPROVE HEALTH LITERACY IN THE MANAGEMENT OF LIFESTYLE RISK FACTORS IN PRIMARY HEALTH CARE**

Professor Mark Harris et al, Australian Primary Health Care Research Institute, University of New South Wales and the Australian National University, 2010 – 42 pages

This review focuses on improving health literacy in the management of the SNAPW (Smoking, Nutrition, Alcohol, Physical Activity and Weight) lifestyle risk factors. These lifestyle risk factors make an important contribution to the rising burden of chronic illness in the Australian population. Health literacy and lifestyle risk factors and their management influence the decisions and actions which people make and their resulting health. They also determine the effectiveness of many strategies to prevent and manage chronic illness.

### **Audiotapes and literacy: A summary of current research**

Research Briefs on Health Communication

This is the second in a series of briefs that focus on evaluative research into the use of alternative means of health communication; these include plain language, audiotapes, videotapes, interactive media, and visual images. Searches were conducted of the medical and education literatures as part

of a Health Literacy Project that is examining the communication needs of patients with limited literacy or other communication barriers. The guiding question was: 'What impacts have been documented in relation to the identified target groups?' The Health Literacy Project is a joint initiative of The Centre for Literacy of Quebec and the Nursing Department of the McGill University Health Centre (MUHC), 2004.

Audiotapes may provide one suitable alternative learning tool. A review of the medical and education literatures on the effectiveness of audiotapes for communicating health information showed however that, while they have potential advantages in certain circumstances, there has been no systematic research conducted on their use with the groups in question. This brief summarizes the literature and suggests some future research questions – 4 pages

### **Health Literacy Resource Guide 2008: Health Literacy and Ageing**

19 pages

Includes publications in the following areas:

- Health literacy in general
- Health information seeking and communication
- Disease and health literacy
- Wellness, prevention and health literacy
- Assessing, screening and predicting health literacy
- Public policy and health literacy
- Preparing health professionals to deal with literacy and ageing
- Resource lists, guides and bibliographies

### **Measures of Health Literacy: Workshop Summary**

Lyla M. Hernandez, Rapporteur; Roundtable on Health Literacy; Institute of Medicine of the National Academies, Washington, D.C. , 2009, – 143 pages

The Institute of Medicine Roundtable on Health Literacy serves to educate the public, press, and policy makers regarding issues of health literacy. To examine what is known about measures of health literacy, the Roundtable convened a planning committee to develop a workshop agenda that would address the following issues:

- The current status of measures of health literacy, including those used in the health care setting;
- Possible surrogate measures that might be used to assess health literacy; and
- Ways in which health literacy measures can be used to assess patient-centered approaches to care.

The following pages summarize the workshop presentations and discussions. Chapter 2 presents an overview of the field of health literacy measurement, describing current measurement tools and their strengths and weaknesses, measurement needs, and proposed principles for developing health literacy measures. In Chapter 3 several new approaches to assessing health literacy are presented, including new measures of written and oral health literacy, a bilingual assessment of health literacy, self-report measures of health literacy, a functional approach to assessing health literacy, and an approach to measuring whether people understand

### **An Investigation of the Relationship between Health Literacy and Social Communication Skills in Older Adults**

Eva Jackson Hester, *Communication Disorders Quarterly* 2009; 30; 112 originally published online Oct 10, 2008 – Research - 9 pages

The purpose of this study was to examine connections between health literacy and social communication skills in older adults, a population that experiences chronic health conditions but is reported to have low health literacy and declines in communication skills. Results of the study

suggest that social communication skills may possibly serve as predictors of health literacy. Further study of the potential relationships between these variables is needed to improve health literacy assessment and intervention for older adults.

### **Health Literacy Skills of U.S. Adults**

Rima E. Rudd, MSPH, ScD, American Journal of Health Behaviour 2007; 31(Supplement 1):S8-S18 – Research - 11 pages

*Objectives:* To examine adults' literacy proficiencies in multiple health contexts.

*Conclusions:* The distribution of health literacy is not independent of general literacy skills at population or subpopulation levels.

### **Health Literacy Review Paper**

Dr. Karen Jochelson, A Study commissioned by the National Social Marketing Centre, U.K., 2008 – Research - 21 pages

This paper was commissioned by the National Social Marketing Centre to update its knowledge about debates in the health literacy field and contribute to the development of future research and activities. It is not a comprehensive or systematic review, but an update of current thinking in three areas: definitions of health literacy, the relationship between health inequalities and literacy, and the potential role of social marketing in health literacy. It concludes with recommendations for future research. The review is based on academic papers found in search of key medical or applied social science databases and interviews with experts. The academic literature is largely focused on the clinical context, so this paper, tries to develop these findings for a public health audience and link the health literacy debates to reducing health inequalities.

### **LANGUAGE ARTS LESSON Reading and Writing about Second-hand Smoke – Tobacco and Literacy Education Project**

JSI Research & Training Institute, Inc. New Hampshire Bureau of Adult Education, New Hampshire Department of Education, U.S.A., 2007 – Research – 32 pages

In this lesson students learn about second-hand smoke through reading and writing activities. The lesson provides language arts practice including reading comprehension, vocabulary development, and writing skills practice. While furthering the core language arts a goal of the adult education classroom, this lesson meets a key tobacco education need: showing learners that second-hand smoke harms the health of non-smokers, especially young children.

Includes both student and teacher practical materials.

### **Health Literacy and Health Promotion Definitions, Concepts and Examples in the Eastern Mediterranean Region**, Individual Empowerment Conference Working Document

This paper was prepared as a working document for discussion at the 7th Global Conference on Health Promotion, "Promoting Health and Development: Closing the Implementation Gap", Nairobi, Kenya, 26-30 October 2009 – 48 pages.

This paper:

- provides an overview and summary of the current research on health literacy;
- develops a conceptual framework that defines relevant terms, describes the relationship between health literacy and health promotion, and explores the implications of health literacy on health outcomes; and,
- Provides examples of health literacy initiatives currently occurring in the EMRO/WHO that can illustrate best practices and lessons learned.



**National Action Plan to Improve Health Literacy**

U.S Department of Health and Human Services, Office of Disease Prevention and Health Promotion – 72 pages

This *National Action Plan to Improve Health Literacy* seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy

This report contains seven goals that will improve health literacy and suggests strategies for achieving them:

- Develop and disseminate health and safety information that is accurate, accessible, and actionable
- Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services
- Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
- Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community
- Build partnerships, develop guidance, and change policies
- Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
- Increase the dissemination and use of evidence-based health literacy practices and interventions

Many of the strategies highlight actions that particular organizations or professions can take to further these goals. It will take everyone working together in a linked and coordinated manner to improve access to accurate and actionable health information and usable health services. By focusing on health literacy issues and working together, we can improve the accessibility, quality, and safety of health care; reduce costs; and improve the health and quality of life of millions of people in the United States.

**Hospital Implementation of Patient-Centred Communication with Aging Minority Populations**

Langer and Langer , College of New Rochelle, New York, USA, Online Publication Date: 01 October 2009 - 11 pages

The composition and needs of culturally diverse older populations should encourage hospitals to address the conflicting demands for access and delivery of ethnically sensitive services. Health communication that is patient-centred and provides culturally and linguistically appropriate care has the potential to reduce racial and ethnic health disparities. In order for ethnogerontological patient care to be translated into the adoption of treatment plans and services that meet culturally unique needs, hospitals need to develop, implement, and promote a written strategic plan that outlines goals, policies, and operational plans. This proposal becomes part of the hospital's mission for providing high quality care that is reflected in training for knowledge, skill, and attitude change to meet these goals.

**Health Literacy, Social Support, and Health Status among Older Adults**

Lee et al, USA, Educational Gerontology, 35: 191–201, 2009 – Research - 12 pages

The study examines whether social support interacts with health literacy in affecting the health status of older adults. Health literacy is assessed using the short version of the Test of Functional Health Literacy in Adults. Social support is measured with the Medical Outcome Study social support scale. Results show, unexpectedly, that rather than buffering the negative effect of low health literacy, social support has a more positive impact on physical health in older adults with high health

literacy. Implications for improving the health status of older adults through health literacy and social support are discussed.

### **Health Literacy an Overview**

Gloria Mayer, President and CEO Institute for Healthcare Advancement

March 2010, New York - PowerPoint Presentation – 57 slides

Highlights:

- Literacy vs Health Literacy
- Health Literacy components
- U.S statistics
- Compounding problems
- How patients hide illiteracy
- Cost of low health literacy and chronic illness
- Real-life examples
- Labels
- Screening
- Key components of patient education materials and evaluation of these materials
- Good design
- Tools and techniques
- Avoid jargon
- Website links

### **Speaking Plainly: Communicating the Patient's Role in Health Care Safety**

Miranda et al, 2005, Agency for Healthcare Research and Quality (US) – Research – 12 pages  
*Five Steps to Safer Health Care* is a fact sheet<sup>1</sup> designed to educate patients on specific behaviours they can perform to improve their own safety. The development of the fact sheet and the related promotional strategy and materials illustrates some research considerations that may aid others as they try to engage particular audiences in patient safety-conscious behaviours. This paper describes the history and research behind that development. It also will present the patient fact sheet, annotated with decisions key to its creation and modification. Finally, this paper discusses the implications for other patient-focused safety endeavours.

**The Health Literacy of America's Adults Results From the 2003, National Assessment of Adult Literacy**, Institute of Education Sciences, National Centre for Education Statistics, U.S Department of Education, September 2006 – 76 pages

Included in the assessment were items designed to measure the health literacy of America's adults. The assessment was administered to more than 19,000 adult (ages 16 and older) in households or prisons. Unlike indirect measures of literacy, which rely on self reports and other subjective evaluations, the assessment measured literacy directly through tasks completed by adults. The NAAL health tasks included on the assessment were distributed across three domains of health and health care information and services: *clinical, prevention, and navigation of the health system*. This report describes how health literacy varies across the population and where adults with different levels of health literacy obtain information about health issues. The analyses in this report examine differences related to literacy that are based on self reported background characteristics among groups in 2003. This report discusses only findings that are statistically significant at the .05 level.

### **Plain Language Thesaurus for Health Communications**

Draft version 3, October 2007, U.S Department of Health and Human Services, National Centre for Health Marketing, and Centres for Disease Control – 44 pages

This thesaurus offers plain language equivalents to medical terms, phrases, and references that we often use. The technical terms found in health information can be confusing. This thesaurus is a tool to help you find words that people may understand better. This is a living document. It is intended to be refined and to grow as more health communicators and experts add words, topics, health conditions, and synonyms. We have started the process of building this tool by defining the scope, format, and broad categories of terms to be included. Excellent existing resources and glossaries from CDC, HHS, and universities were reviewed for terms and subject areas.

### **Improving Adult Literacy Instruction: Options for Practice and Research**

Committee on Learning Sciences: Foundations and Applications to Adolescent and Adult Literacy; Alan M. Lesgold and Melissa Welch-Ross, Editors; National Research Council, Washington D.C, U.S.A., 2011 – 549 pages

This report responds to a request from the U.S. Department of Education to the National Research Council (NRC) to (a) synthesize research on literacy and learning, (b) draw implications for the instructional practices used to teach reading in adult literacy programs, and (c) recommend a more systemic approach to research, practice and policy. To inform its conclusions and recommendations, the Committee on Learning Sciences: Implications for Adolescent and Adult Literacy reviewed research from the fields of literacy, learning, cognitive science, neuroscience, behavioral and social science, and education. The committee identifies factors that affect literacy development in adolescence and adulthood in general and examines their implications for the populations in adult education programs.

### **Women and Health Literacy**

National Women's Health Report, October 2004, National Women's Health Resource Centre, New Jersey, U.S.A - 7 pages

Highlights:

- Case Scenarios
- Reasons to address health literacy
- Solutions
- Need for culturally sensitive health care
- Common questions from a health professional perspective

### **Health Literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21<sup>st</sup> century**

Don Nutbeam, 2006, University of Sydney – 10 pages

This paper identifies the failings of past educational programs to address social and economic determinants of health, and traces the subsequent reduction in the role of health education in contemporary health promotion. These perceived failings may have led to significant underestimation of the potential role of health education in addressing the social determinants of health. A 'health outcome' model is presented. This model highlights health literacy as a key outcome from health education. Examination of the concept of health literacy identifies distinctions between functional health literacy, interactive health literacy and critical health literacy. Through this analysis, improving health literacy meant more than transmitting information, and developing skills to be able to read pamphlets and successfully make appointments. By improving people's access to health information, and their capacity to use it effectively, it is argued that improved health literacy is critical to empowerment. The implications for the content and method of contemporary health education and communication are then considered. Emphasis is given to more personal forms of communication, and community-based educational outreach, as well as the political content of health education, focussed on better equipping people to overcome structural barriers to health.

**Re-framing continuity of care for this century**

I Philibert and D C Leach, *Qual. Saf. Health Care* 2005;14;394-396; doi:10.1136/qshc.2005.016170; Improvements are needed in teaching “hand-offs” to prevent communication failure between healthcare professionals – 4 pages

Highlights:

- Changing practice in teaching settings and a general movement toward shift and team based approaches to patient care have thrust into prominence the patient “hand-off” (also referred to as “handover,” “sign-out,” or “sign-over”) as the process that enables multiple physicians collectively to ensure continuity and currency of information and care.
- Importance and vulnerability of the “hand-off”
- Study and teaching of the “hand-off”: three conceptual schools
- Facilitating learning and improvement in the “hand-off”

**Interventions to Improve Health Outcomes for Patients with Low Literacy a Systematic Review**

Michael Pignone, Darren A. DeWalt, Stacey Sheridan, Nancy Berkman, Kathleen N. Lohr, U.S.A., 2009 – 8 pages

Several interventions have been developed to improve health for people with low literacy. Limitations in study design, interventions tested, and outcomes assessed make drawing conclusions about effectiveness difficult. Further research is required to understand better the types of interventions that are most effective and efficient for overcoming literacy-related barriers to good health.

**Bringing Health Literacy Research to Practice**

Andrew Pleasant & Sabrina Kurtz-Rossi – U.S.A., no date, 14 pages

The LINCS Health and Literacy Special Collection

An annotated bibliography of selected key research articles on health literacy. These research articles have been organised by setting: Adult Basic and Literacy Education, Public Health and Clinical Investigation.

**A tale of two health literacies: public health and clinical approaches to health literacy**

Andrew Pleasant and Shyama Kuruvilla, Health Promotion International Advance Access, U.S.A., published January 25, 2008 – 8 pages

Public health concerns underlie a considerable portion of the global burden of disease, increasing the utility and need for promoting and assessing the knowledge about public health issues. Health literacy is generally agreed upon as a means to find, understand, analyze and use information to make better decisions about health and to ultimately reduce inequities in health. A public health literacy knowledge scale was tested in China, Mexico, Ghana and India. A somewhat unexpected finding, which was that experts ‘scored’ less on the scale than the general public, led to consideration of differences between clinical and public health approaches to health literacy and their implications. These differences in perspective, for instance consideration of single case effects versus impacts at the societal level, pose significant challenges to developing and assessing health literacy. We suggest that a comprehensive approach to health literacy will include both clinical and public health approaches.

**A Second Look at the Health Literacy of American Adults and the National Assessment of Adult Literacy**

Andrew Pleasant, World Education 2008, U.S.A – 7 pages

In the United States, the field of health literacy has been steadily emerging since the early 1990s from two original streams of research and practice. On the one hand, health care professionals

began investigating literacy effects on health and the provision of health care. On the other hand, adult basic education and literacy professionals began incorporating health into curricula and community empowerment efforts. A third approach has more recently emerged that incorporates a public health approach as a means to bridge the gap and create new opportunities to advance health literacy. However, many in those two original streams remain somewhat isolated from each other. The field of health literacy has come a long way in a short time, but advances are still needed to reach a complete understanding and use of health literacy. For instance, the field needs to advance from treating health literacy as an individual issue of fundamentals, at times referred to as basic literacy, which consists of reading, writing, speaking, and numeracy skills in a health context and move toward treating health literacy as an important, yet complex, social determinant of health.

### **What we know about health literacy**

Marketing and Communication Strategy Branch in the Division of Health Communication and Marketing, National Center for Health Marketing, Centers for Disease Control and Prevention (CDC), U.S.A., July 2009 – 5 pages

Highlights:

- What is health literacy
- Why is health literacy important
- The latest in health literacy
- Ten tips for health marketing and communication practitioners

### **Chronic Condition Self Management Guidelines – Summary for Nurses and Allied Health Professionals**

The Royal Australian College of General Practitioners, [designed for use with practical guide and desk top guide], no date – 27 pages

This guideline has been developed to assist nurses and allied health professionals facilitate self-management in clients with a chronic condition by providing a framework for effective interactions and management strategies.

Highlights:

- Underlying theories
- Problem definition
- Planning (goals)
- Management Strategies
- Monitoring
- Enhancing the multidisciplinary team
- Evidence levels

HEALTH LITERACY PUBLIC HEALTH FORUMS: PARTNERS FOR ACTION

### **A “How-to” Guide on Designing and Implementing**

### **Health Literacy Forums at Departments of Health**

### **National Center for the Study of Adult Learning and Literacy**

RIMA E. RUDD, EMILY K. ZOBEL, Harvard School of Public Health, 2004, U.S.A – 120 pages

The *Health Literacy Forum* described in this guide offers a strong first step for action. This how-to guide was piloted in three states: Massachusetts, Oregon, and Vermont. Contributors to the guide include public health department staff, adult educators, and librarians. The guide was peer reviewed and further revised based on comments and suggestions.

We encourage you to use this guide with the hope that you will consider “putting on” a *Health Literacy Forum*. The guide takes you through a planning and implementation process and contains all needed materials for a forum, including a sample invitation letter, evaluation forms, as well as DVD/video and PowerPoint slide show, either of which can be used for a presentation and discussion

trigger. In addition, the guide includes options for follow-up workshops and an outline and materials for one.

### **Literacy and Health in America**

Policy Information Report, Harvard School of Public Health, Centre for Global Assessment

Educational Testing Service, Rima Rudd et al, U.S.A., 2004 – 52 pages

Highlights:

- Introduces the reader to the framework for organizing health activities that was used to identify and classify the tasks included in this study. This framework is useful in understanding the broad range of activities that are associated with public health and may help future health researchers broaden their scope of inquiry beyond the confines of the medical office or hospital setting.
- Emphasizes the importance of the interaction between the complexity of the material and what individuals are expected to do with that material.
- Underscores the limitations of focusing only on the structure and complexity of written or printed texts.
- Characterizes, for the first time, the health-related literacy skills of adults in the United States, including at-risk or vulnerable subpopulations, and shows the disparities that exist within our population.

### **The Health Literacy Environment Activity Packet: *First Impressions & A Walking Interview***

Rima E. Rudd, 2010, U.S.A – 18 pages

The exercises in this packet are designed to help hospitals and health center staff members begin to consider some of the characteristics of their workplace that help or hinder a visitor's ability to make his or her way about. This initial focus is on physical navigation. However, a full analysis of the health literacy environment of hospitals and health centers moves beyond attention to signs and directions and will enable us to consider how to reduce demands, how to make our expectations of patients and their families more in line with people's skills, and how to better serve patients and clients. Please review the full manual, available on line at [www.hsph.harvard.edu/healthliteracy](http://www.hsph.harvard.edu/healthliteracy)

### **Language, Literacy, and Communication Regarding Medication in Anticoagulation Clinic: Are Pictures Better Than Words?**

Dean Schillinger, Edward L. Machtinger, Frances Wang, Lay-Leng Chen, Karen Win, Jorge Palacios, Maytrella Rodriguez, Andrew Bindman, no date – Research - 14 pages

*Objective:* Despite the importance of clinician-patient communication for safe medication management, little is known about rates and predictors of medication miscommunication.

Measuring rates of miscommunication, as well as differences between verbal and visual modes of assessment, can inform efforts to more effectively communicate about medications.

*Conclusion:* Clinician-patient discordance regarding patients' warfarin regimen was common, but occurred less frequently when patients identified their regimen with a visual aid. Visual aids may improve the accuracy of medication assessment and may be especially beneficial for patients with communication barriers.

### **Health Literacy Resources**

Developed by Janet Schneider, Patient Education Librarian on behalf of the CONSUMER HEALTH LIBRARY PANEL, May 2008, U.S.A. – 16 pages

The following resources have been compiled by the Consumer Health Library Panel to assist VHA staff in working more effectively with our veteran patients. They include health literacy materials,

readability formulas, free resources for pictograms and graphics, and sites that assist in writing low-literacy patient education materials. It is divided into the following sections:

- Health Literacy Books
- Health Literacy Bibliographies
- Health Literacy Web Sites
- Development of Patient Education Materials
- Readability Formulas for Materials
- Literacy Assessment Tools
- Free Health Clip Art, Graphics and other Illustrations
- Online Videos for Professionals

### **Improving Readability by Design**

Wisconsin Literacy 2009 Health Literacy Summit, Doug Seubert, Marshfield Clinic and Family Health Center of Marshfield, Inc., U.S.A – Power Point presentation – 156 slides

Research evidence based presentation with the following learning objectives:

- Identify seven design elements proven to improve the readability of printed patient education materials.
- Evaluate sample materials using a “design checklist” and score card.
- Apply and demonstrate the seven design elements to create a patient education handout that is easy to read.

### **Health Literacy Instrument in Family Medicine: The “Newest Vital Sign” Ease of Use and Correlates**

Lisa Ciccarelli Shah, DO, Patricia West, PhD, Katazryna Bremmeyr, MD, and Ruth T. Savoy-Moore, PhD, 2010, U.S.A – Research – 9 pages

The purpose of this study was to determine the acceptability and timeliness of using the NVS to measure the level of health literacy in various suburban, urban, and rural primary care settings. A secondary purpose was to determine the influence of taking a health class on one’s level of health literacy.

*Conclusion:* The NVS revealed health literacy status in less than 3 minutes, was widely accepted, and provided results comparable to more extensive literacy tests. Particularly, taking a health education class was associated with higher levels of health literacy among adults. (J Am Board Fam Med 2010;23:195–203.)

### **Critical Analysis on Best Practices in Health Literacy**

Linda Shohet, Lise Renaud, Canadian Journal of Public Health, Volume 97, Supplement 2 2006 – 4 pages

From a holistic perspective, health literacy is a requirement for the well-being of entire populations. It moves beyond the focus on individuals to consider the role of organizations and systems. This perspective offers a context for discussing best practices in health literacy, and implications for research and policy development. This paper offers an overview of the best practices that were presented at the Second Canadian Conference on Literacy and Health. It discusses clear writing in some detail because it was emphasized at the conference. It also considers practices that were addressed less emphatically, such as oral communication between patients and health care professionals, training for health care professionals, non-written means of communication (such as video), and building capacity through action-research. The paper critiques some practices. It also notes the lack of research on the links between health literacy and oral understanding, on the impact of verbal and non-written interventions, and on the effectiveness of these practices on the health outcomes of the population. It briefly discusses policy issues and suggests some future directions.

**Health Literacy in Adult Basic Education: Designing Lessons, Units and Evaluation Plans for an Integrated Curriculum**

Soricone et al, 2007, Harvard School of Public Health, U.S.A – 66 pages

This guidebook is designed for use by educators who are interested in integrating health literacy skills into their current adult education instruction. The approach taken here reflects an emphasis on literacy, numeracy, and communication skills and draws on the existing strengths of adult educators. The guide provides tools for the development of health literacy units, lessons, and evaluation plans.

The overall goal is to enhance students' abilities to engage in health activities. Findings from national surveys indicate that the majority of U.S adults have difficulty using health materials and are stymied in their attempts to engage in the wide variety of health activities needed to maintain their own and their families' health and well being.

These materials were developed as part of the Health Literacy Study Circles Series – program facilitation guides created for professionals responsible for continuing education courses for adult educators. The series consists of three facilitation guides, each addressing sets of literacy skills for critical health issues: access to and navigation of health services, management of chronic diseases, and engagement in disease prevention and screening.

This guidebook provides an overview of the skills based approach and offers suggestions for conducting a needs assessment as well as templates for health literacy unit, lesson, and evaluation design.

**CHRONIC DISEASE SELF MANAGEMENT CONFERENCE 'THE CHANGING FACE OF PRIMARY CARE'  
SOUTH EAST PRIMARY HEALTH CARE NETWORK**

November 2010, Power Point Presentation, Healthy Communities Research Centre, University of Queensland – 30 slides

Highlights:

- What is health literacy
- Strategies to improve health literacy: patients, practitioners, primary health organisations – quality assurance
- ABS data
- Health literacy and use of health services
- Health literacy and health promotion and illness prevention

**Health literacy and cancer communication with older adults**

Lisa Sparks, Jon F. Nussbaum, Patient Education and Counseling 71 (2008) 345–350, U.S.A – 7 pages

*Objective:* The physiological, cognitive, language and communicative changes that take place as we enter into old age have become quite well documented within the social scientific literature. Many of these changes lead in some way to a lessening of previous interactive abilities and competencies. The new mantra for gerontologists attempting to help older adults compensate for these potential losses is to develop strategies to maintain existing abilities as long as possible.

*Conclusion:* This paper highlights the relevant research findings and theoretical positioning that points not only to possible pragmatic dilemmas faced by those adapting to cancer but also highlights streams of research that scholars may wish to focus upon to better understand how older adults and their formal and informal caregivers can improve their cancer health literacy.

*Practice implications:* Providers, patients, and caregivers must all participate in creating a health care environment of shared meaning and understanding of health messages tailored to the aging patient diagnosed with cancer. Health communication scholars have various theoretical, methodological, and pragmatic communication-based approaches that provide important contributions to the complexities of caring for the aging patient.



**Teaching Patients with low literacy**

Introduction, Conrath et al, U.S.A, 1996 – 12 pages

The second edition of *Teaching Patients with Low Literacy Skills* comes from the combined experiences of three authors who share a common concern for patients who have difficulty understanding health-care instructions due to their limited literacy skills. All three have had years of experience as volunteer tutors of adult non-readers. Over the past ten years, the authors have conducted more than 200 workshops to train nurses, doctors, and other health-care practitioners in methods to make health-care instructions easier to understand.

The second edition is intended for health-care practitioners and those who teach them. The new edition provides ideas, methods, and examples on how to simplify health instructions so that they are understood better by patients at all literacy levels – including those with low literacy skills.

**Teaching Patients with low literacy**

Chapters 1 – 4, Conrath et al, U.S.A, 1996 – 60 pages

Highlights:

- The Literacy Problem
- Applying Theory in Practice
- Testing Literacy Skills of Patients
- Assessing Suitability of Materials

**Teaching Patients with low literacy**

Chapters 5 – 7, Conrath et al, U.S.A, 1996 – 60 pages

Highlights:

- The Comprehension Process
- Writing the Message
- Visuals and how to use them

**Teaching Patients with low literacy**

Chapters 8 – 10, Conrath et al, U.S.A, 1996 – 60 pages

Highlights:

- Teaching with Technology
- Tips on Teaching
- Learner Verification and Revision of Materials

**Teaching Patients with low literacy**

**Appendices A, B, C, D:** Conrath et al, U.S.A, 1996 – 24 pages

Highlights:

- Definitions of health literacy
- Measures: grade level, competency: Rapid Estimate of Adult Literacy in Medicine [REALM]
- Magnitude of problem
- Age and ethnic considerations
- Tips for low cost production of health literate materials
- Learner verification and revision

**A MedlinePlus Kiosk Promoting Health Literacy**

MARILYN G. TEOLIS, Saint Thomas Health Services, Nashville, Tennessee, *Journal of Consumer Health on the Internet*, 14:126–137, 2010USA, 2010 – 13 pages

As an ongoing community outreach project, a pictorial touch screen kiosk and Web site was developed for 48 MedlinePlus tutorials. This learning experience serves Davidson County,

Tennessee's uninsured patients at the University of Tennessee Baptist Hospital's Internal Medicine Clinic. The availability of a health information kiosk at the University of Tennessee Baptist Hospital primary care clinic significantly increases health literacy for patients by providing reliable, physician-recommended information in an appropriate format—information these patients did not previously find readily available. Participants report they have a greater understanding of their health issues, and the project is introducing hundreds of patients to MedlinePlus.

**SENIORS AND LITERACY: An annotated bibliography**

Produced by: The Centre for Literacy of Quebec, August 2004 – Research, 24 pages

This bibliography provides references and annotations of research articles, project reports, resource guides and other documents that address the issue of seniors' literacy levels and practices, and the challenges associated with program design and instruction. It includes a list of web sites, belonging to a range of governmental and non-profit agencies that serve, or otherwise respond to, the needs of older people in Canada and around the world.

**Plain language and patient education: A summary of current research**

The Centre for Literacy Research Briefs on Health Communications No. 1, no date – 4 pages

This is the first in a series of briefs that focus on evaluative research into the use of alternative means of health communication; they include plain language, audiotapes, videotapes, interactive media, and visual images. Searches of the medical and education literatures were conducted as part of a Health Literacy Project that is examining the communication needs of patients with limited literacy or other communication barriers. The guiding question for these searches was: 'What impacts have been documented in relation to the identified target groups?' The Health Literacy Project is a joint initiative of The Centre for Literacy of Quebec and the Nursing Department of the McGill University Health Centre (MUHC).

**Health literacy and vulnerable groups: What works?**

Dr Nikos Thomacos and Professor Helen Keleher, Monash University, 2009 – 29 pages

The review was sought by the SEHCP to assist its member agencies to better understand health literacy alongside suggesting what they are able to do to enable vulnerable individuals, specifically people from culturally and linguistically diverse backgrounds, older people, and people from low socioeconomic backgrounds to develop and/or enhance their health literacy skills. Based on this research, by enhancing health literacy skills and knowledge it is hoped that such service users would be able to better engage the health care organisations and agencies from which they receive care and services, whilst also enhancing their own knowledge of their personal health care needs and the organisations/services available to them.

The review has found that the literature readily and consistently recognises that low health literacy results in significant barriers to better health outcomes, as well as to accessing timely and appropriate services by older people and people from CALD backgrounds. It is also recognised that service users with low health literacy also face such barriers, with data from the U.S.A. (Lurie & Parker, 2007) and Australia (ABS, 2006; Glasgow, Jeon, Kraus, & Pearce-Brown, 2008; Nutbeam, 2000) demonstrating a consistent link between low socio-economic status and health literacy. Interventions implemented to date predominantly target individuals functioning, with wide recognition of the need for culturally sensitive and linguistically congruent communication practices to reach and influence vulnerable populations. There are also calls for community participative communication interventions to be increasingly applied, with such interventions recognised as a valuable strategy for integrating service users' perspectives into health education efforts. There is also a need to build community commitment to health literacy issues to ensure that communication interventions reach all members of those communities.

Moreover, the literature also suggests that in order for health literacy interventions to be successful they need to be actively considered and planned from within a consistent, integrated framework. Such a framework is described in this report, and the SEHCP and its member agencies should consider the adoption, promulgation, and operationalisation of such a model to guide their future work.

### **Health Literacy**

Torpy et al, September 14 2011, The Journal of the American Medical Association Vol 306, No. 10 – 1 page

For Patients

Highlights:

- Tips on making your Doctor's visits more helpful
- Tips on finding reliable information on the internet – links to websites

### **Health Literacy Online: a guide to writing and designing easy-to-use health websites: Strategies, Actions, Testing Methods, And Resources**

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2010 – 103 pages

A research-based how-to guide for creating health Web sites and Web content. The strategies in this guide complement accepted principles of good Web design and thus have the potential to improve the online experience for all users, regardless of literacy skills.

This guide is written for Web designers, Web content specialists, and other public health communication professionals. Offers an overview of how to:

- Deliver online health information that is actionable and engaging.
- Create a health Web site that's easy to use, particularly for people with limited literacy skills and limited experience using the Web.
- Evaluate and improve your health Web site with user-centered design.

### **Quick Guide to Health Literacy: Fact Sheets, Strategies, Resources**

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, no date, 36 pages

The Quick Guide to Health Literacy is for government employees, grantees and contractors, and community partners working in healthcare and public health fields.

It contains:

- A basic overview of key health literacy concepts
- Techniques for improving health literacy through communication, navigation, knowledge-building, and advocacy
- Examples of health literacy best practices
- Suggestions for addressing health literacy in your organization

These tools can be applied to healthcare delivery, policy, administration, communication, and education activities aimed at the public. They also can be incorporated into mission, planning, and evaluation at the organizational level.

If you are new to health literacy, the Quick Guide will give you the information you need to become an effective advocate for improved health literacy. If you are already familiar with the topic, you will find user-friendly, action-oriented materials that can be easily referenced, reproduced, and shared with colleagues.

### **Understanding Alzheimer's Disease**

U.S. Department of Health and Human Services, No date, Easy to read brochure – 16 pages

**Surgeon's General Workshop on Improving Health Literacy**

U.S. Department of Health and Human Services, 2006, National Institutes of Health, Bethesda, MD – 82 pages

The goal of the workshop was to present the state of the science in the field of health literacy from a variety of perspectives, including those of health care organizations and providers, the research community, and educators. During the course of the one-day workshop, participants identified the public health consequences of limited health literacy and established an evidence base for taking action.

The Surgeon General's Workshop on Improving Health Literacy was divided into three expert panels:

- Health Literacy, Literacy, and Health Outcomes
- Meeting the Health Literacy Needs of Special Populations
- Toward an Informed and Engaged Public

Based on the evidence presented at the workshop, Acting Surgeon General Moritsugu made the following conclusions:

- First, public health professionals must provide clear, understandable, science-based health information to the American people. In the absence of clear communication and access to services, we cannot expect people to adopt the health behaviors we champion.
- Second, the promises of medical research, health information technology, and advances in health care delivery cannot be realized without also addressing health literacy.
- Third, we need to look at health literacy in the context of large systems—social systems, cultural systems, education systems, and the public health system. Limited health literacy is not an individual deficit but a systematic problem that should be addressed by ensuring that health care and health information systems are aligned with the needs of the public.
- Lastly, more research is needed, but there is already enough good information that we can use to make practical improvements in health literacy.

**Low Health Literacy: Implications for National Health Policy**

Vernon et al, 2007, U.S.A. – 18 pages

Authors believe that it is fair to suggest that low health literacy exacts enormous costs on both the health system and society, and that current expenditures could be far better directed through a commitment to improving health literacy.

Highlights:

- Data
- Impact of health literacy on health outcomes and expenditures
- Economic cost of low health literacy
- Health policy considerations and recommendations

**Health Literacy: Collaborating to Educate Professionals**

MARY A. WICKLINE and CYNTHIA A. ROSENTHAL, U.S.A, Journal of Consumer Health on the Internet, 14:184–192, 2010, - 10 pages

Limited health literacy is a pervasive problem in the United States that affects both the health of the individual and the economics of the health care system. Being able to easily recognize a person's health literacy can be a challenge. Certain factors, including formal education, ethnicity, and socioeconomic status, have a tendency to correlate with limited health literacy. Librarians can facilitate and improve communication in raising awareness through collaboration with clinicians. Statistics related to health literacy are provided, and red flag behaviors are noted.

**Health literacy: old wine in a new bottle?**

Wills, no date, Jane Wills, Professor of Health Promotion London South Bank University Power Point Presentation – 12 slides

Highlights:

- Conceptualisations of health literacy
- Health literacy and policy drivers in England

**Developing personal relationships in care homes: realising the contributions of staff, residents and family members**

CHRISTINE BROWN WILSON, SUE DAVIES and MIKE NOLAN, *Ageing & Society* 29, 2009, 1041–1063, 2009 Cambridge University Press – Research – 23 pages

Personal relationships are an integral part of living, working and visiting in care homes, but little research has made relationships the main focus of enquiry, and there have been few studies of the perspectives of residents, staff and family members. The study reported here sought to redress this neglect. Using a constructivist approach, the nature and types of relationships between residents, staff and family members were explored in three care homes in England using combined methods including participant observation, interviews and focus groups. The data collection and analysis occurred iteratively over 21 months and three types of relationships were identified: ‘pragmatic relationships’ that primarily focus on the instrumental aspects of care; ‘personal and responsive relationships’ that engage more fully with the particular needs of individual residents; and ‘reciprocal relationships’ that recognise the roles of residents, staff and family members in creating a sense of community within the home. This paper explores the contributions made by staff, residents and family members in the development of these relationships. The findings enhance our understanding of the role of inter-personal relationships in care home settings and of the factors that condition them. The implications for developing improved practice in care homes are also considered.

**Health Literacy Implications for Health Care Reform: Workshop Summary**

Theresa Wizemann, Rapporteur; Roundtable on Health Literacy; Board on Population Health and Public Health Practice; Institute of Medicine, Washington D.C – 129 pages

On November 10, 2010, the Institute of Medicine (IOM) Roundtable on Health Literacy convened a workshop to explore potential opportunities to advance health literacy in association with the implementation of health care reform. The Roundtable on Health Literacy focuses on building partnerships to advance the field of health literacy by translating research findings into practical strategies for implementation, and on educating the public, press, and policymakers regarding issues of health literacy. The Roundtable workshops are designed to bring together leaders from the federal government, foundations, health plans, associations, and private companies to discuss challenges facing health literacy practice and research, and to identify approaches to promote health literacy in both the public and private sectors.

**Health Literacy Action Guide Part 2 “Evidence and Case Studies”**

World Health Communication Associates (WHCA), U.K., 2010 – 132 pages

A practical resource for use by local, national and international health, education and development advocates and agencies that are working on and/or planning to take action to enhance people’s health literacy. It builds on Part 1, “The Basics”, which was published on the occasion of the United Nations Economic and Social Council (ECOSOC) meeting in Geneva, Switzerland in July 2009. Ministers of State and Finance who were gathered at that meeting called for action plans to enhance health literacy on all levels. To assist in this process, Part 2 of the WHCA Health Literacy Guide series includes a more detailed review of evidence and, importantly, case studies of interventions that have been taken in a variety of settings in many different countries.

**Understanding health literacy: an expanded model**

CHRISTINA ZARCADOOLAS, ANDREW PLEASANT and DAVID S. GREER, U.S.A., Health Promotion International, Vol. 20 No. 2 2005 – 9 pages

A long and yet unfinished history of investigating how individual capabilities and social processes explain or predict health indicates that poor education, low literacy, poor health and early death are strongly linked around the world. However, the complexity of those relationships is not fully understood. In this article, we propose an expanded model of health literacy characterized by four domains: fundamental literacy (reading, writing, speaking and numeracy), science literacy, civic literacy and cultural literacy. To explore the utility of this model, we examine selected pieces of the public discourse about terrorism and bioterrorism that dominated the mass media during the anthrax threat in the United States during 2001. We conclude that this model of health literacy is useful to analyze health communication, to aid in constructing more understandable and appropriate health communication, and ultimately can lead to the development of a new measure to assess health literacy skills in individuals.