

Update on Current Theory, Research and Practice on Health Literacy

Presentation by Irving Rootman at 2010 BC
Roundtable on Health Literacy
Douglas College
June 11, 2010



Update on Theory

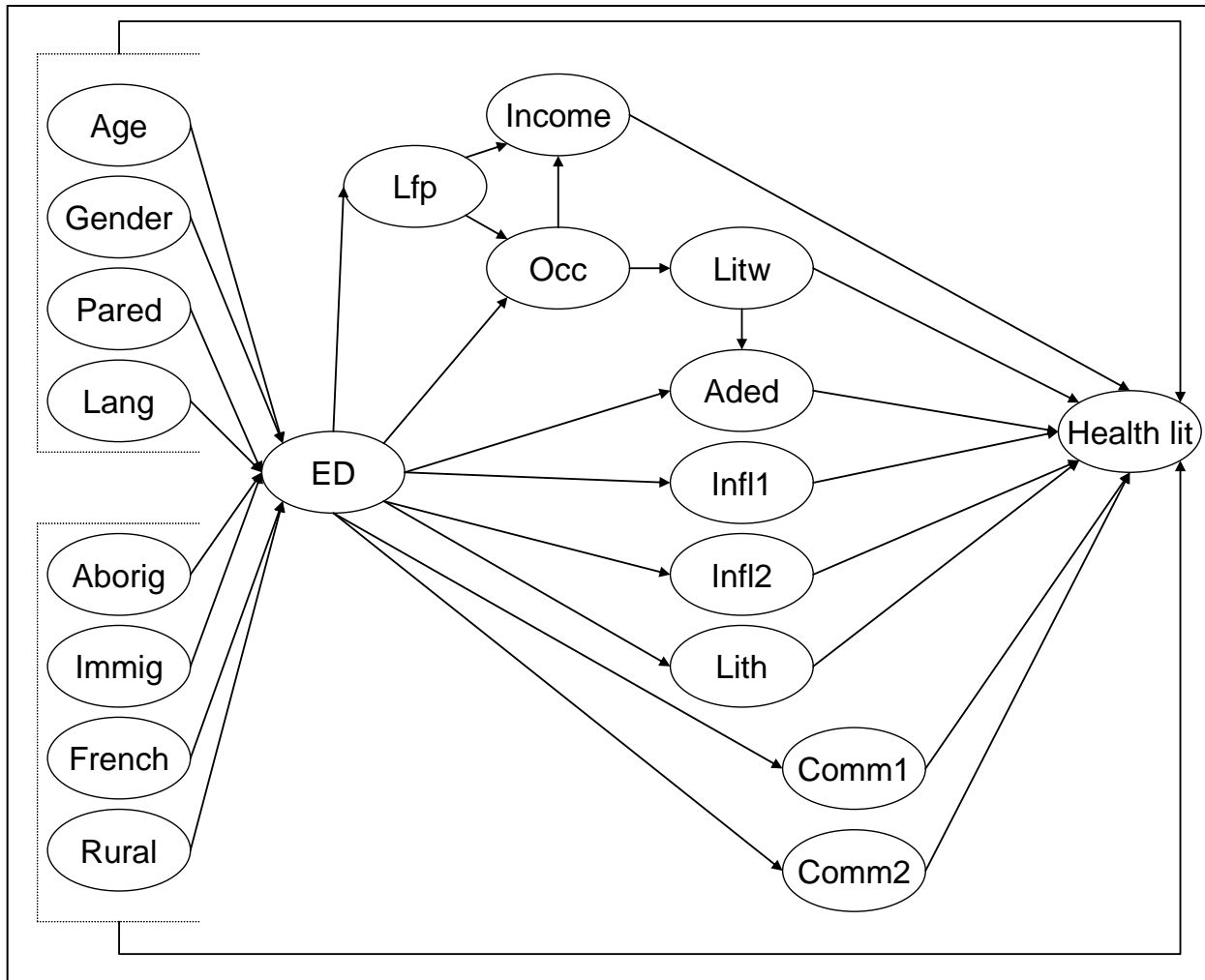
- Very little theory so far
- Recently have imported theory from other fields including
 - Education
 - Ecology
 - Health Promotion



Example from Education

- Model developed by Richard Desjardins from educational theory and applied to analysis of HL Canadian data. Key postulates are:
 - Education is important in developing health related knowledge and competencies, one of which is HL proficiency
 - Educative climate of the home during childhood directly implicated in the development of literacy
 - Working life is also important for the continued development of literacy
 - Individuals acquire literacy through participation in different literacy practices
 - The variety of print contents and literacy related contexts is also important
 - Continued adult learning can also have an impact
 - Everyday social interactions also have an educative impact
 - Proficiency in a language is naturally related to one's performance in literacy-oriented tasks

Structural model of health literacy determinants from lifelong-lifewide learning perspective



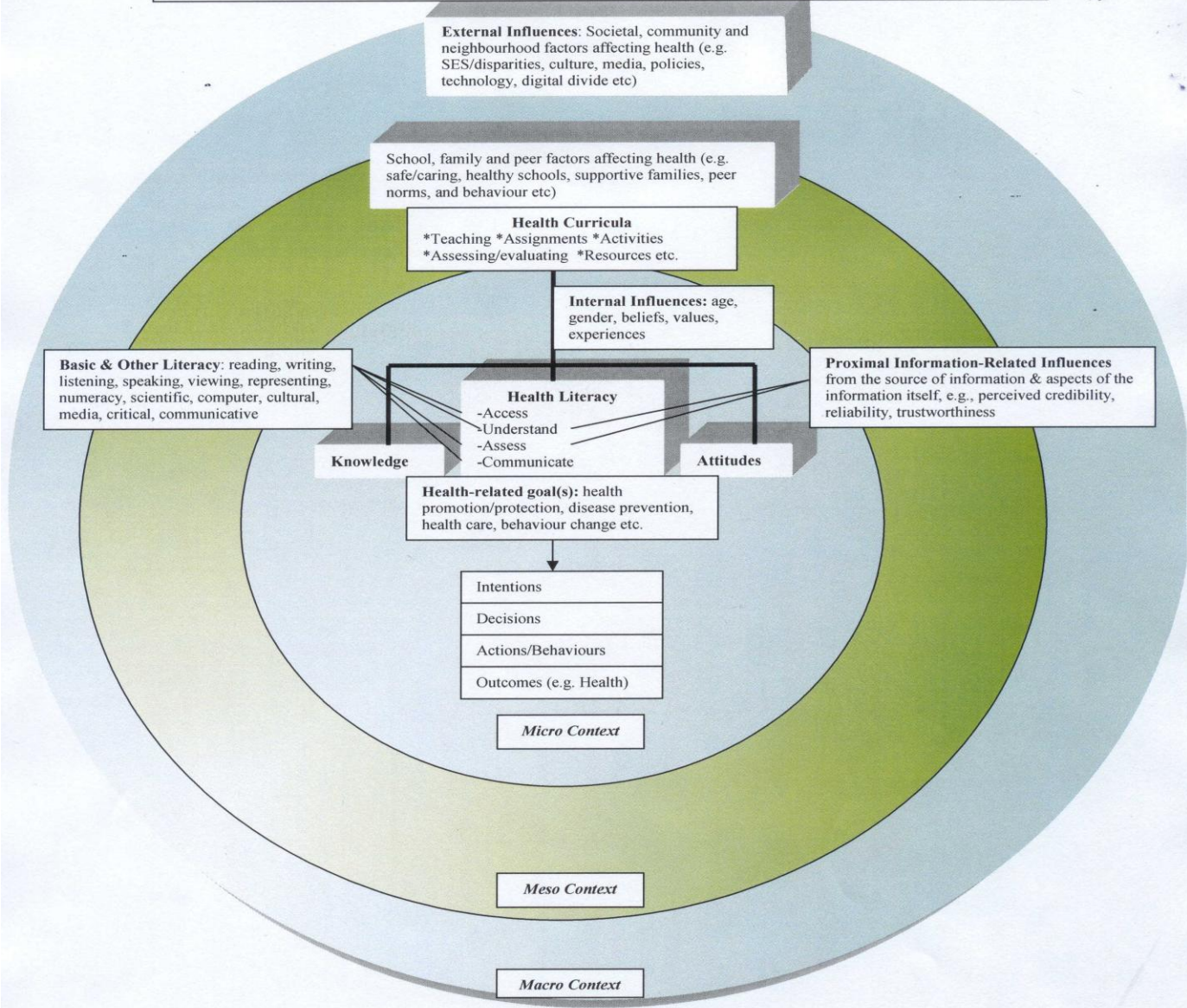
Source: Desjardins, unpublished paper in review



Example from Ecology

- Model adapted from social ecological theory and applied to study of health literacy in school context (Wharf Higgins, Begoray, MacDonald, 2009). Key postulates are:
 - Health is influenced by multiple facets of the physical and social environment
 - Environments are multi-dimensional
 - Human-environment interactions can be described at varying levels of aggregation
 - There is feedback across different levels of environments and aggregates of persons

Conceptual Framework for Measuring Health Literacy in the School Context



Timeline (Life course)



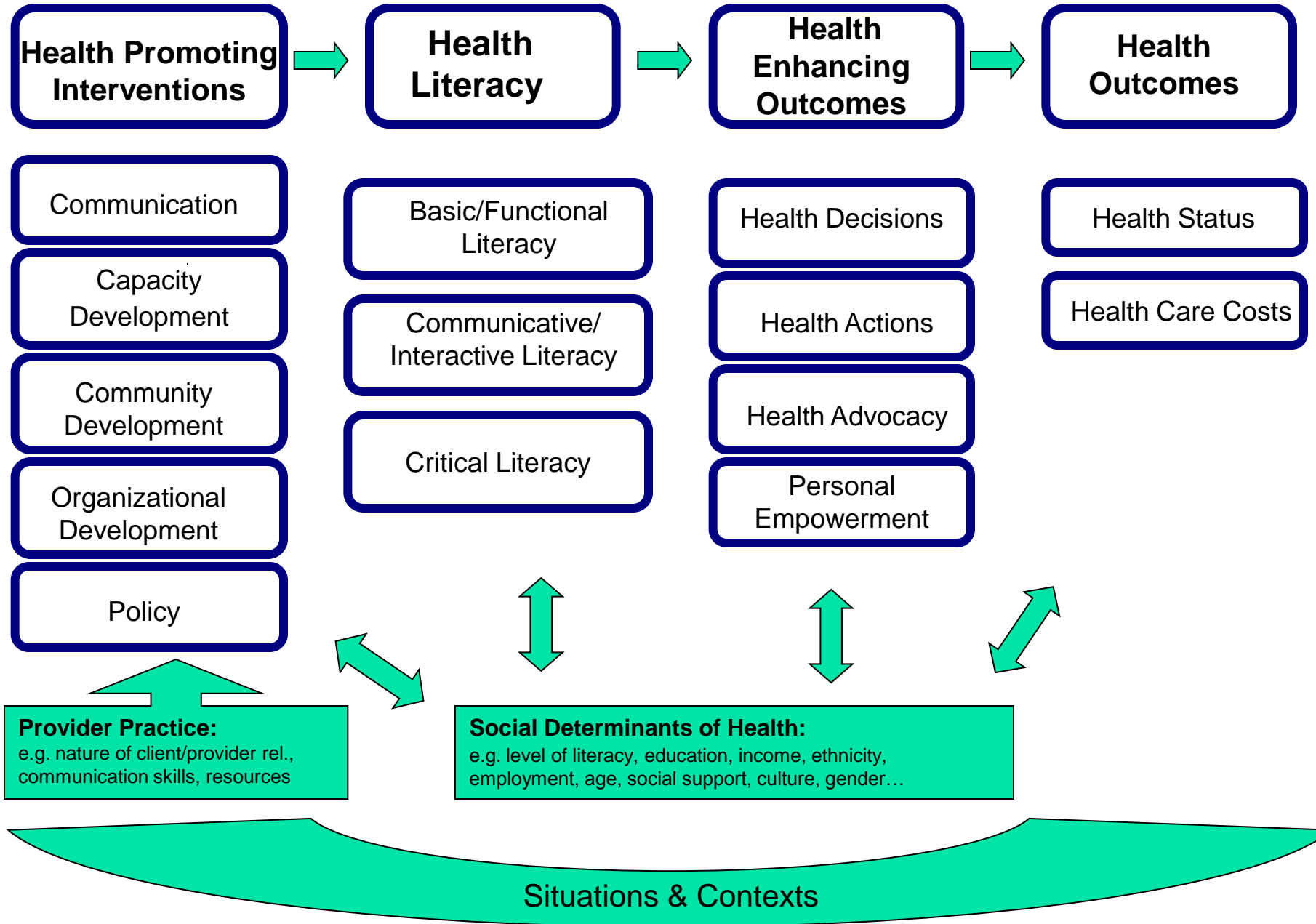
Source: Wharf Higgins et al., 2009



Example from Health Promotion

- Model developed by Doris Gillis from health promotion theory and applied to health literacy and breastfeeding. Key postulates are:
 - Health literacy mediates between health promotion interventions and health outcomes
 - There are three types of health literacy: basic/functional, interactive/communicative and critical
 - Provider practices effect interventions
 - Social determinants of health effect and are effected by health literacy, interventions to address it and outcomes of health literacy
 - Situations and contexts are important at all levels

Health Literacy Framework (Gillis, 2009)





Update on Research

- Measurement of Health Literacy
- Predictors of Health Literacy
- Effectiveness of Interventions



Oral Health Literacy Instrument

- 38-item test developed for adults
- Modeled on the Test of Functional Health Literacy in Adults
- Initial testing of suggested that it is a valid and reliable instrument

(Sabbahi, et al., 2009)



School Health Literacy

- Measured skills to *understand* and *evaluate* health information
- Tested on 275, primarily 10th grade students in three secondary schools in Vancouver
- Lower scores were achieved by males, ESL students, those who immigrated to Canada at a later age, and those who skipped school more often
- Family factors were found to be less important than school-based factors
- Moderate positive correlations of scores were found with both self-reported GPA and self-reported academic skills

(Wu, et al., in Press)



Predictors of Health Literacy in Older Adults

- Sub-sample of older adults (n=2,979) from 2003 IALSS (Canadian survey)
- Formal education, life-long and life-wide learning enabling factors exhibited the most robust associations with health literacy
- Concluded that Programs and policies that encourage life-long and life-wide educational resources and practices by older persons are needed

(Malloy-Weir et al., in press)



Predictors of Cancer Information Comprehension

- Sample of 78 Spanish speaking (ESL) immigrant women in Canada
- Acculturation, television and internet use, age and Spanish language education predicted comprehension of cancer prevention information
- Concluded that acculturation is an important influence on the comprehension of health information by older ESL immigrant women

(Thomson and Hoffman-Goetz, 2010)



Evaluation of internet information formatting with older adults

- Cross-sectional study with convenience sample of adults over 50
- Cancer risk information from CCS web page presented as text, graphics or combination
- No statistically significant effect of format on comprehension

(Donelle, et al., 2009)



Evaluation of High School Curriculum

- 33 students from four schools enrolled in *Planning 10* in B.C. participated in focus groups toward the end of their experience in a health class
- The curriculum, and particularly its implementation, was found to have had limited effect on health literacy

(Begoray et al., 2009)



Update on Practice

- Interventions

- Tools



BC Health Literacy Collaborative

- Nine-month Prototype Collaborative established by MOHS “Patients as Partners” Program
- Four Sites involving primary care practices and literacy practitioners
- Each site tried various interventions focused on Building Relationships, Improving Understanding, and Partnering
- Some improvements in outcomes were found. Project produced tools that could be used elsewhere and raised awareness of health literacy in BC and the possibility that the primary health care and adult literacy sectors could work together

<http://www.impactbc.ca/PatientsasPartners/resourcesforregionalteams>



BC Health Literacy Mental Health and Addictions Network

- Established in 2009 and funded by Provincial Health Authority to implement a provincial strategy to improve health literacy in mental health and substance use in B.C.
- Includes members from several ministries, all Health Authorities, N.G.O.'s, professional groups, community groups
- To date, has met several times, established communication mechanism, shared information about interventions, agreed on plan of action which includes funding of innovative approaches
 - For more information, contact Connie Coniglio [cconiglio@bcmhs.bc.ca]

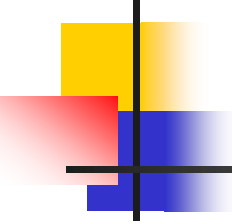


U.S. Action Plan to Improve Health Literacy, May 2010

Vision

A society that:

- Provides everyone with access to accurate and actionable health information
- Delivers person-centered health information and services
- Supports lifelong learning skills to promote good health
 - (U.S. Department of HHS, 2010)



Calgary Charter for Health Literacy Curricula

- Developed out of 2008 international Institute on Health Literacy Curricula organized by Centre for Literacy of Quebec
- Suggests core principles to underpin new and adapt existing HL curricula
- Principles include: evidence based; theory-building; same understanding of HL; cultural and power awareness; empowerment; determinants of health; health system issues

http://www.centreforliteracy.qc.ca/Healthlitinst/Calgary_Charter.htm



Health Literacy Audit

- A module on Health Literacy was developed and incorporated into the Literacy Audit Tool published by Literacy Alberta.
- It includes both a short and long form which covers advertising, health facility setting, admission procedures, appointments, discharge procedures, patient education, RSL and cultural sensitivity, clear print materials, staff and volunteer training.

<http://www.literacyalberta.ca/opendoor.htm>



HL Change Package

- Developed by the BC Prototype HL Collaborative
- Identifies three change strategies (Build relationships; Ensure understanding; Partnering) and ten key changes (understand patients' values and preferences; provide supportive environment; use plain language; follow-up; use technology; make navigation easy; provide peer support; use available community resources; provide education)
- Specific suggestions are made in relation to each of the change areas

<http://www.impactbc.ca/PatientsasPartners/resourcesforregionalteams>



Conclusions

- Health literacy is a rapidly developing field
- There is cutting edge work going on in Canada
- BC is well positioned to be a leader in Canada and internationally
- There is more we can do in BC
- The time to act is now



Where do we go from here?

- Continue research (e.g. cost studies; measurement; participatory projects)
- Continue innovations (e.g. full HL Collaborative; new tools)
- Continue building networks (e.g. BC HL network; Pan-Canadian network)
- Continue to share knowledge (e.g. websites; webinars; Conferences)
- Increase emphasis on evaluation of interventions (e.g. Aboriginal project; Embedding HL project)



What can you do?

- Learn more
- Share what you know with your colleagues
- Make connections with others in your province and elsewhere
- Develop an intervention with an evaluation component
- Become an advocate



Questions? Comments?





To contact me:

- irootman@telus.net