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Health Literacy in Quebec: An Overview



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Why we care about skills and learning :

People are the common denominator of progress. So... no improvement is possible with unimproved people, and advance is certain when people are liberated and educated. It would be wrong to dismiss the importance of roads, railroads, power plants, mills, and the other familiar furniture of economic development.... But we are coming to realize... that there is a certain sterility in economic monuments that stand alone in a sea of illiteracy. Conquest of illiteracy comes first.
[John Kenneth Galbraith](#), *The Affluent Society* (1958) US (Canadian-born) administrator & economist (1908 - 2006)

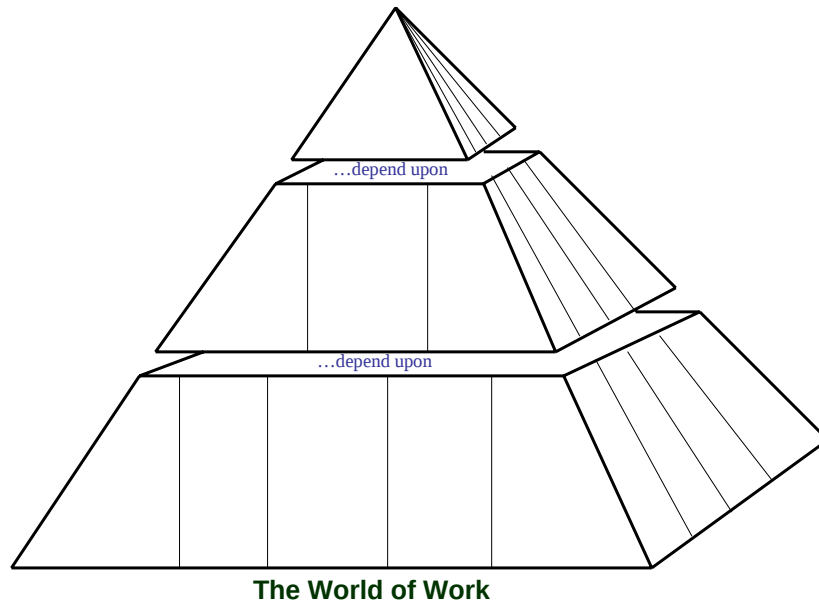
Why we care about skills and learning: Sources of policy interest

- concerns about skill barriers to economic growth, productivity growth and rates of technological innovation (GREED)
 - skill supply and demand balance
 - high end skills vs essential skills
- concerns about the role of skill in creating social inequity in economic outcomes (FAIRNESS)
- concerns about the demand for and efficiency and effectiveness of investments in public goods and services such as education and health (PRODUCTIVITY OF TAX EXPENDITURES)

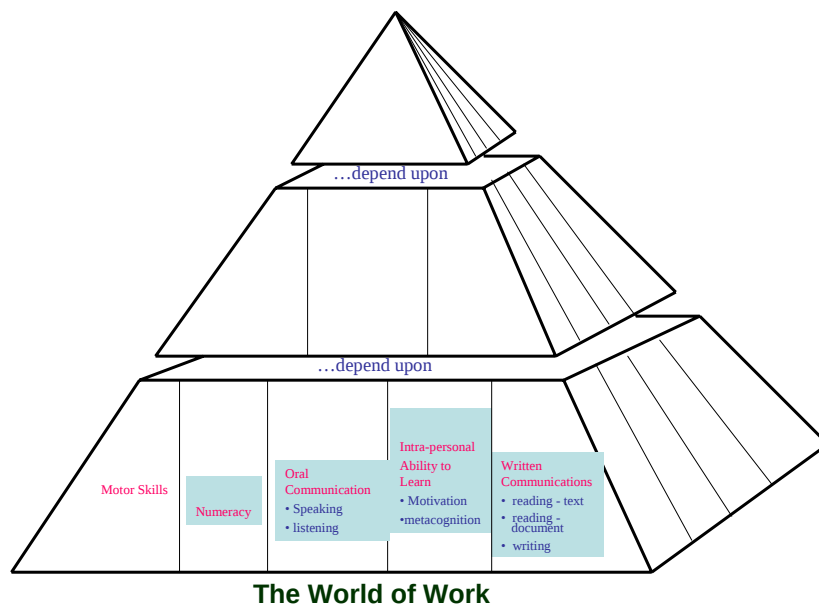
What makes skill more important now: Key policy drivers

- Demographics: not enough kids
- globalization of markets for goods and services: huge opportunity
- globalization of markets for capital and technology: everyone has access to the same inputs at the same costs
- Multinationals and outsourcing: job loss is inevitable
- diffusion of information and communication technologies: increases productivity, amplifies skill-based inequalities
- Rising skill supply in the developing world: they are able to compete on price and quality

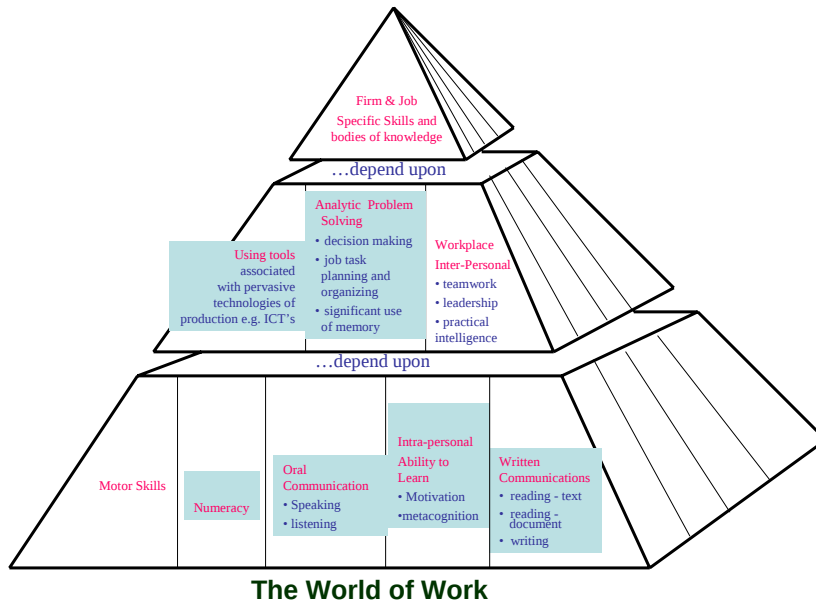
A Framework for Thinking About Essential Skills : Profiles of Skill Supply and Demand



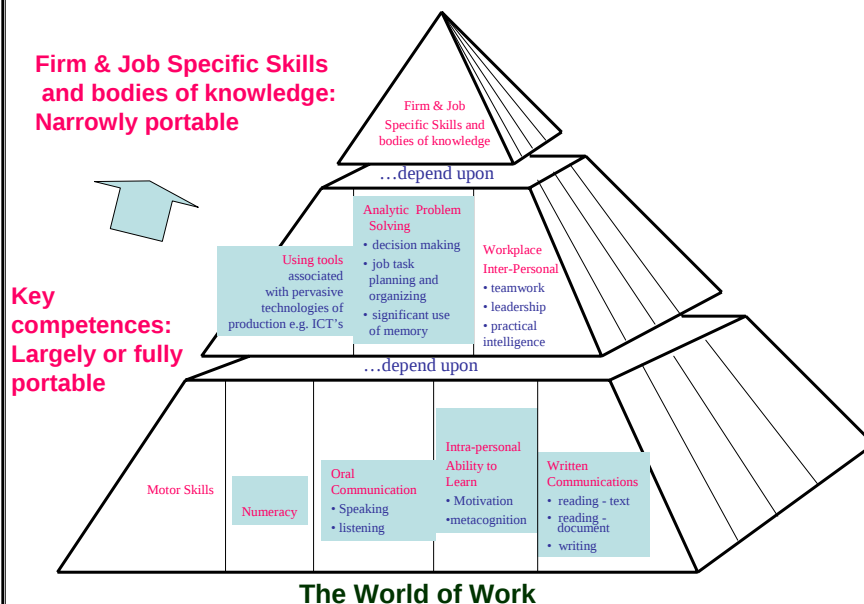
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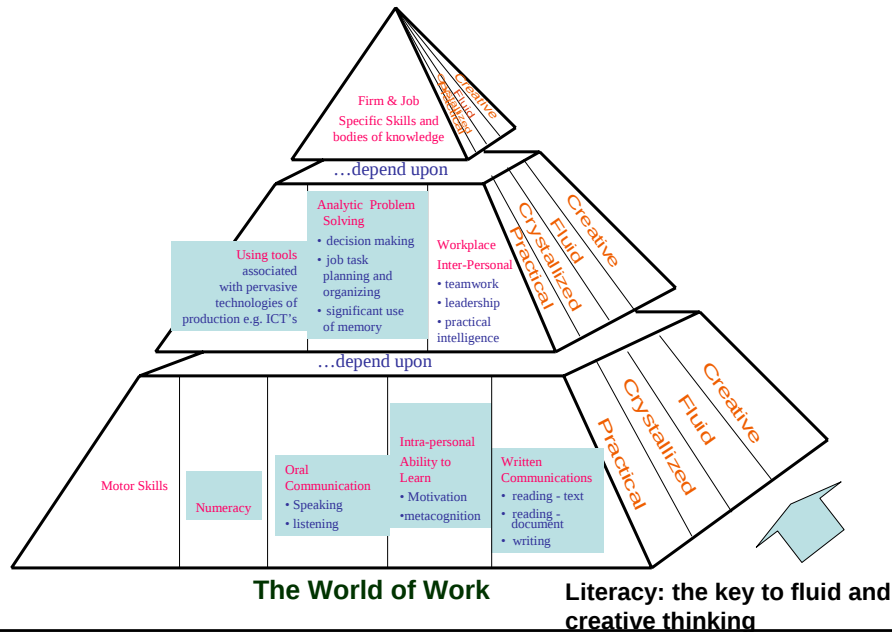
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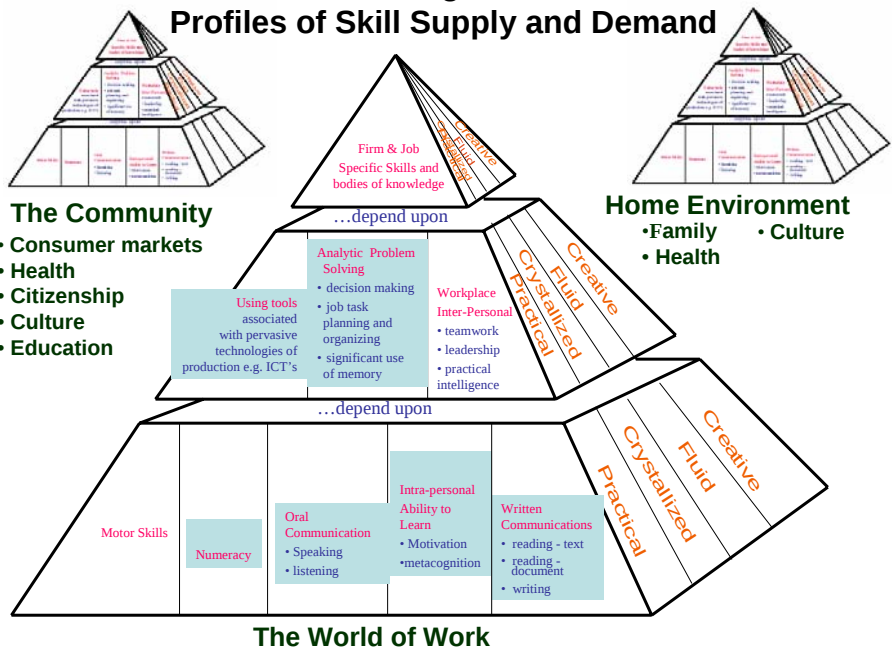
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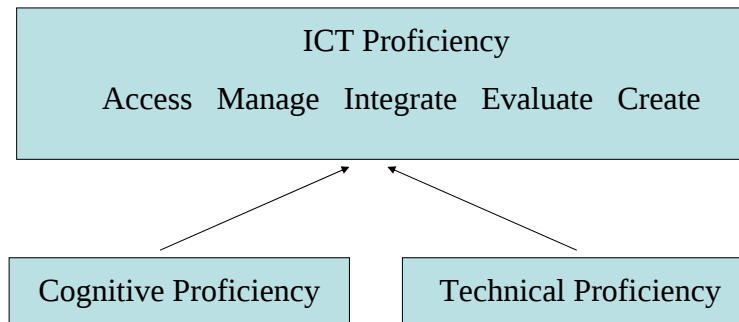
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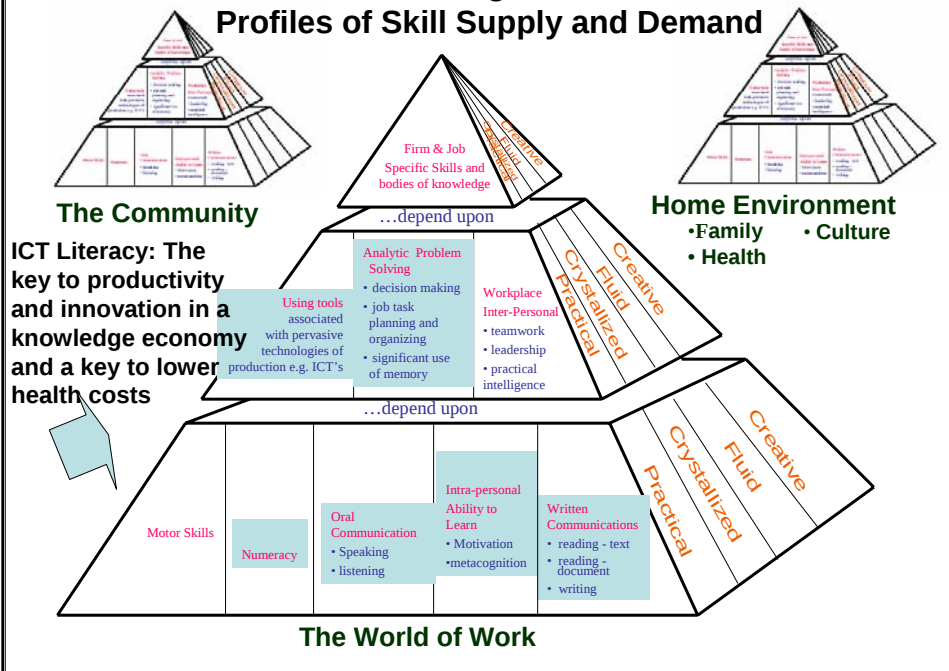


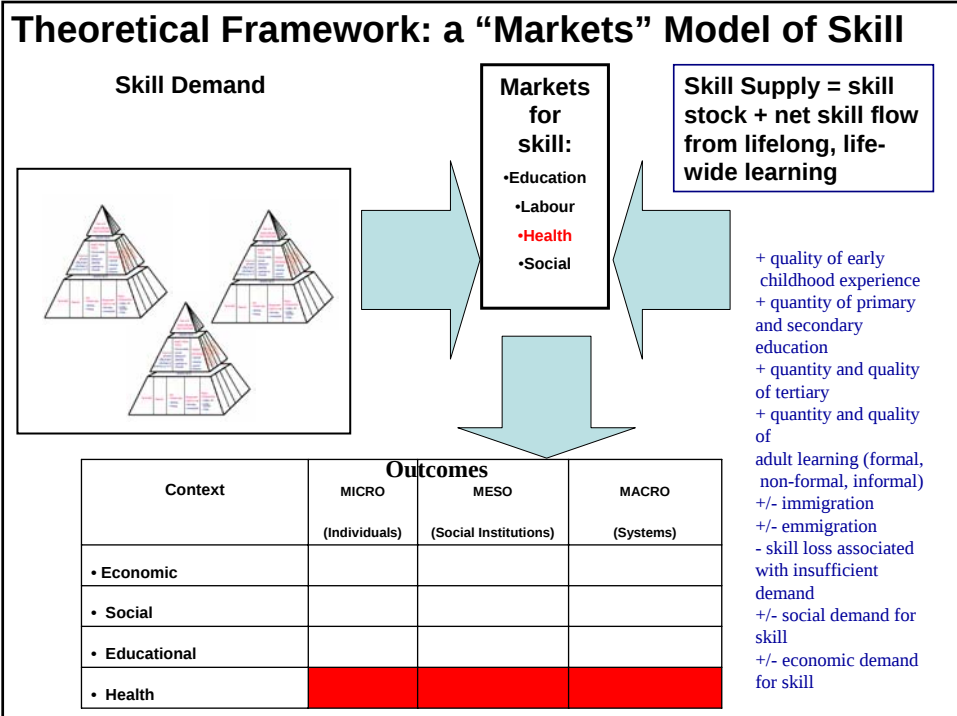
ICT Literacy: The key to productivity and innovation in a knowledge intense economy and to accessing digital health information



The acquisition and application of ICT literacy depends upon literacy skill and relative difficulty depends upon the task

A Framework for Thinking About Essential Skills : Profiles of Skill Supply and Demand





How health literacy might influence health: Three possible pathways

- Directly, through the influence on adult's ability to absorb health information presented in print
- Indirectly, through selection into occupations that are riskier
- Indirectly, through cumulative disadvantage

Health literacy can lead to the following improvements in health outcomes:

Short-term

- informed decision-making
- improved self-care and disease management
- improved self-efficacy and confidence
- improved interactions with health services

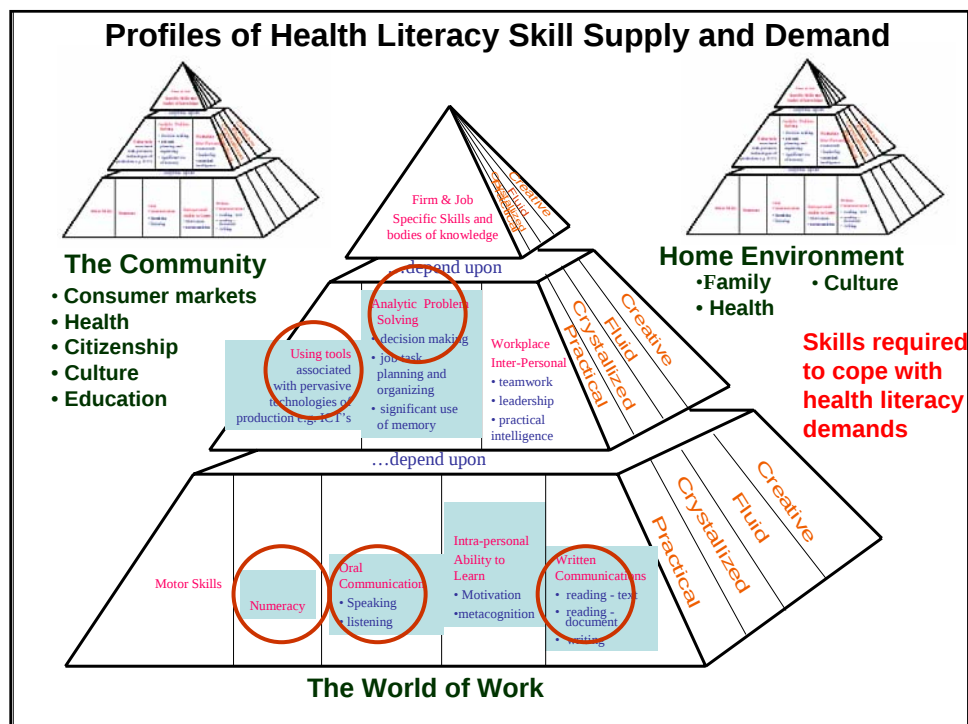
Intermediate

- health promoting actions
- personal health advocacy
- personal empowerment
- fewer medical errors and adverse effects due to non-adherence with treatment

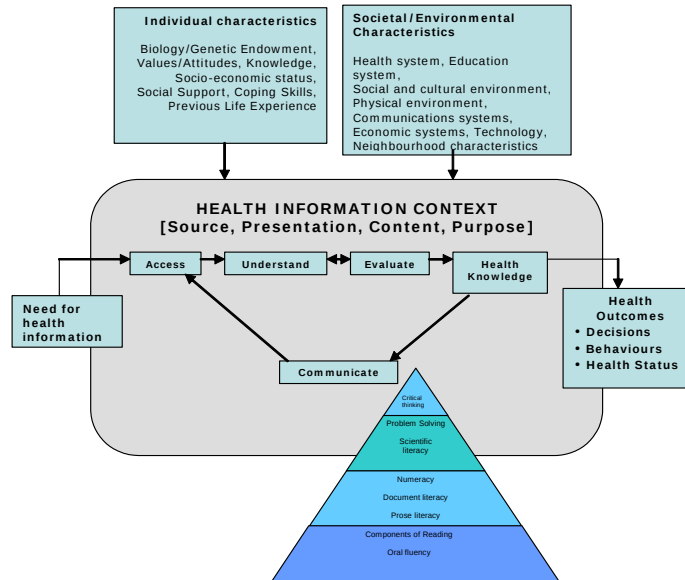
Long-term

- improved health status (individuals and population groups)
- reduced inequities in health status for priority groups
- enhanced self-care and disease management
- enhanced mutual aid (care of others)
- reduced health care costs.

A Vision for A Health Literate Canada (CPHA 2008)



Hagey's Concept of Health Literacy



Rudd's health literacy sub-domains:

Health Promotion: Generally, the emphasis in health promotion is placed on activities undertaken by individuals for their own health, and encompasses behaviours related to nutrition, physical activity, and other 'healthy habits.'

Health Protection: Actions taken in every day life to preserve and protect health are highlighted in traditional epidemiologic models. These activities include learning about changes in products, improvements in the design of structures, machines, products, systems or process and in rules governing details or procedures. In addition, these activities are undertaken to protect the health of groups of people (such as workers or people living in a specific geographic location) and the public at large (all those who purchase food or drink water).

Disease Prevention: Disease prevention activities include actions undertaken to prevent the onset of an illness or a disease or to detect diseases at early stages. Included here are activities related to immunization, such as those for infants and school children, or flu and pneumonia inoculations for elders. Screening programs range from routine vision and hearing examinations to prostate or breast cancer tests. In addition, actions such as the use of sunscreen are included.

Health Care: Health care activities focus on learning about an illness or disease, taking action to seek care, complying with the appropriate regimen, monitoring and measuring medicine and symptoms for chronic disease management, and engaging in dialogue and discussion with care providers such as dentists, doctors, pharmacists, mental health professionals, and nurses. Patient education brochures, labels for medical and dental products, and directions for care are some of the materials patients and family members must use to understand a disease or illness, follow recommended guidelines, prepare for tests and procedures, engage in self care, and manage a chronic disease.

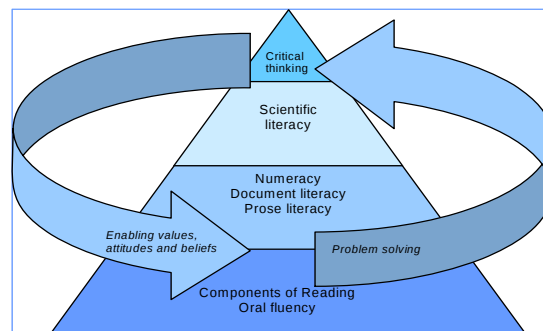
Navigation: Finally, attention to barriers to programs, services, and care has shaped a fifth health literacy activity – one related to bureaucratic demands, referred to as 'navigation.' Navigation of the health care system encompasses those activities related to rights and responsibilities, application for insurance and other coverage plans, and informed consent for procedures and studies.

Health Activities	Number of Items (n=191)
Health Promotion	60
Health Protection	65
Disease Prevention	18
Health Care and Disease Management	16
Navigation	32

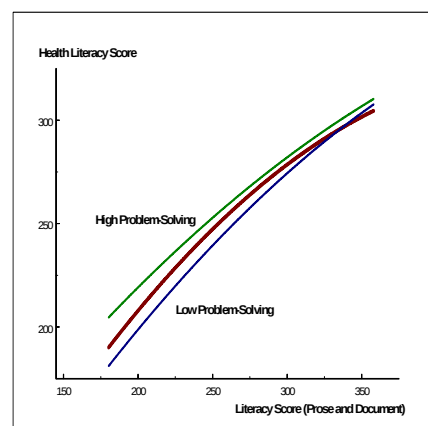
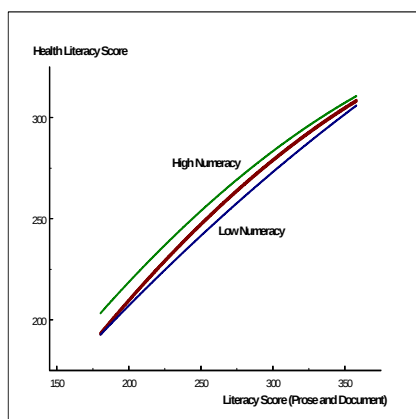
Range of Scale Scores Corresponding to Each Level on HALS

Level	Score Range
<1	0-15
1	16-25
2	26-35
3	36-45
4	46-50
5	36-50

Health literacy as a composite of skills:

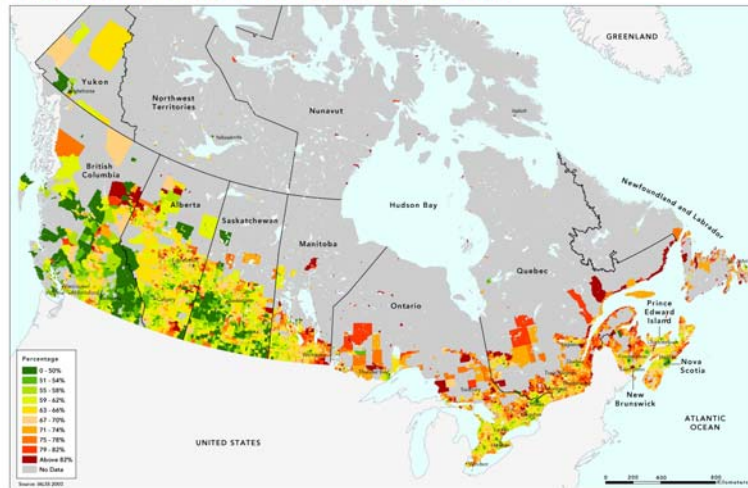


Health literacy has little statistical value added over prose literacy, document literacy, numeracy and problem solving:



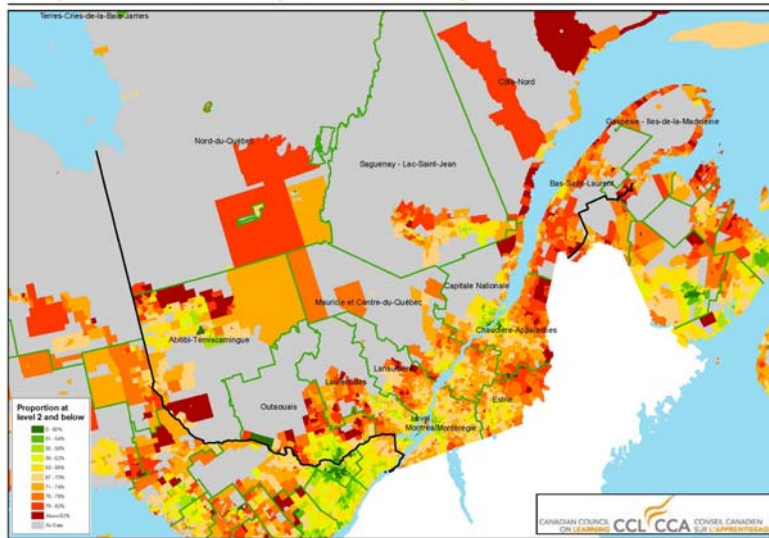
The Distribution of Health Literacy in Canada

Proportion of adult health literacy at level 2 and below, ages 16 and older

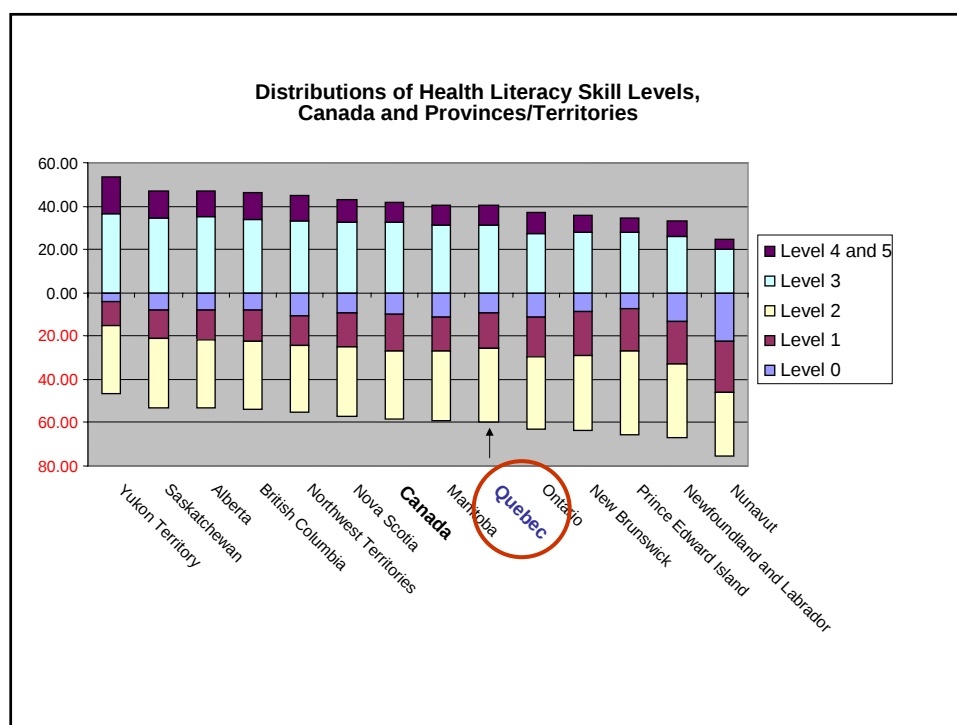
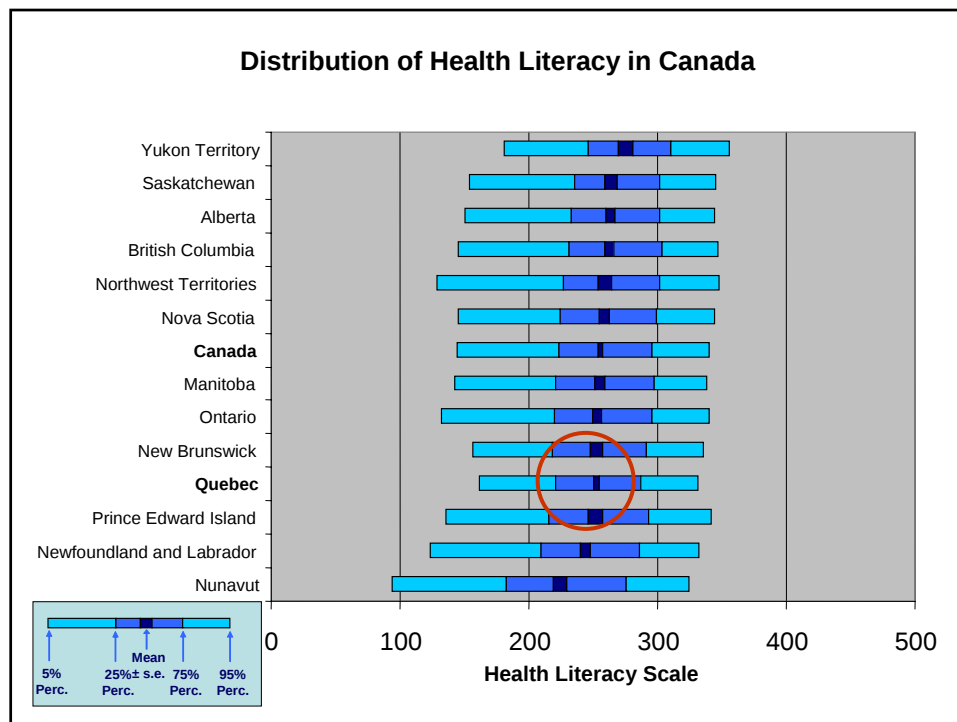


The Distribution of Health Literacy in Quebec Region

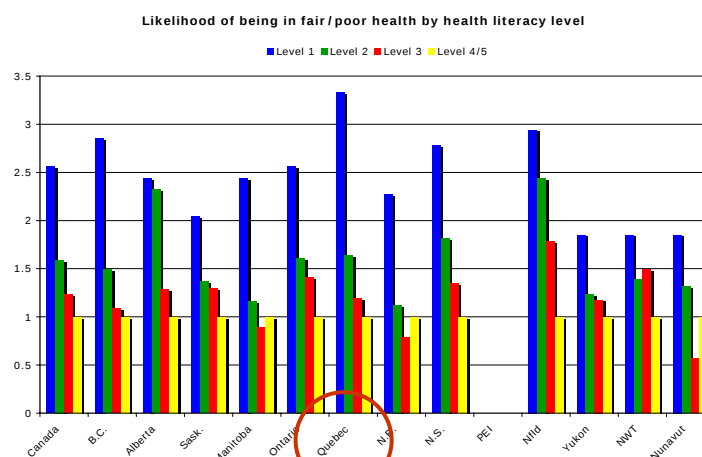
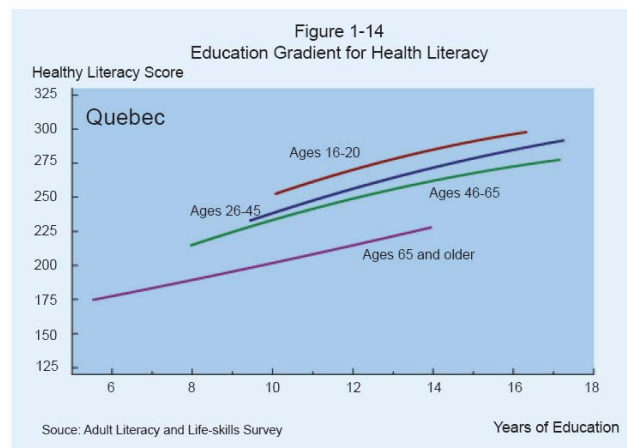
Proportion of adult health literacy at level 2 and below, ages 16 and older

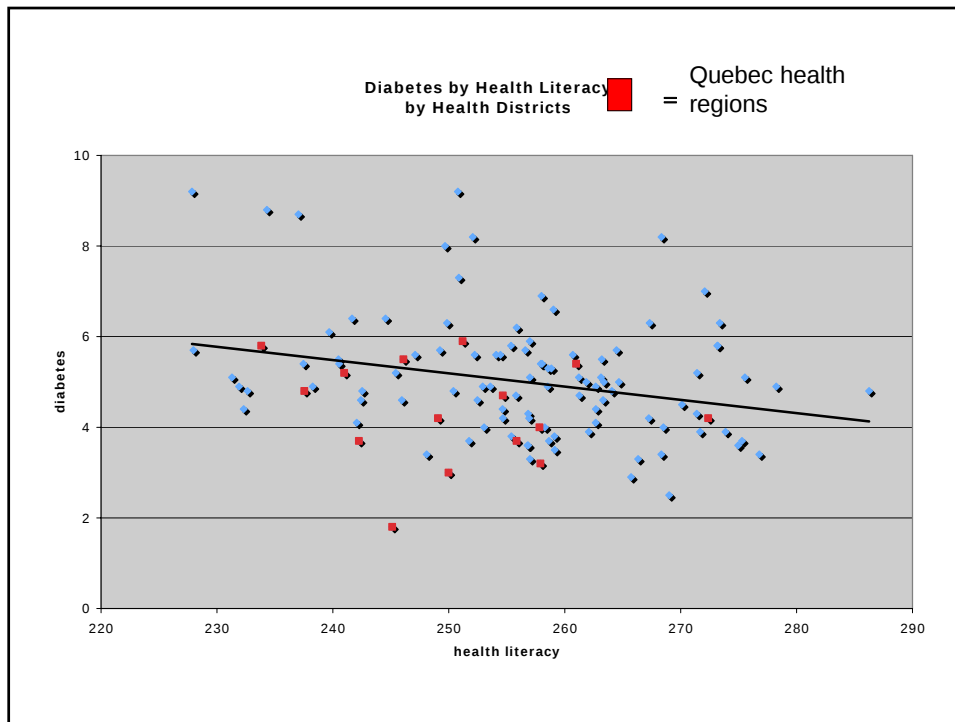


The analysis and mapping of the health-literacy results were conducted by J. Douglas Wilms, Canada Research Chair in Human Development at the University of New Brunswick (UNB), with the assistance of Teresa Tang, GIS Programmer at the Canadian Research Institute for Social Policy at UNB. The data for the local area maps is from the 2003 International Adult Literacy and Life Skills Survey (IALSS) conducted by Statistics Canada and the Organisation for Economic Co-operation and Development, and the 2001 Canadian Census.



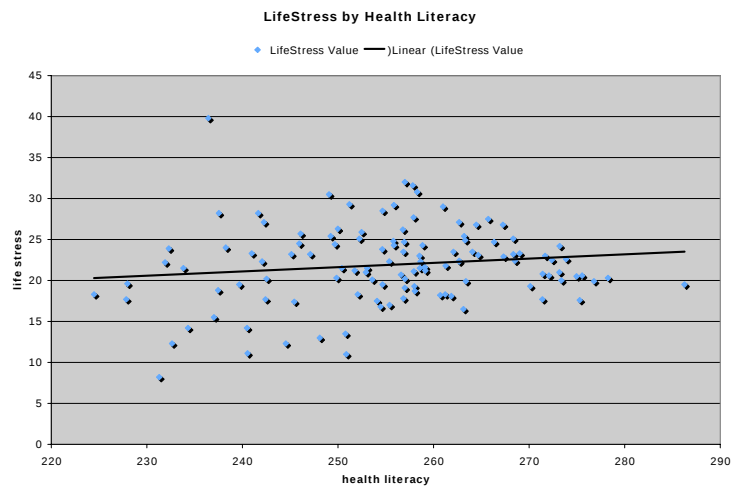
Education gradients for health literacy by age cohort for Quebec:



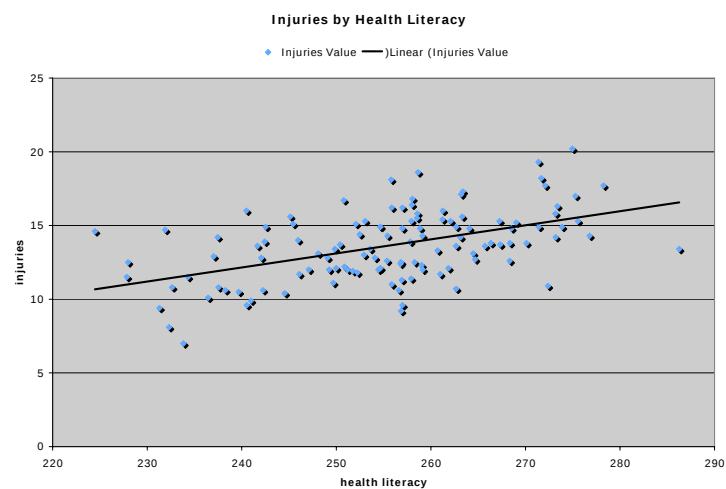


- The number of people with diabetes in Canada is projected to increase from approximately 1.4 million patients in 2000 with a cost of \$4.66 billion to 2.4 million in 2016 with a cost of \$8.14 billion (1996 dollar values) Ohinmaa, Jacobs, Simpson and Johnson, 2004; 2004)

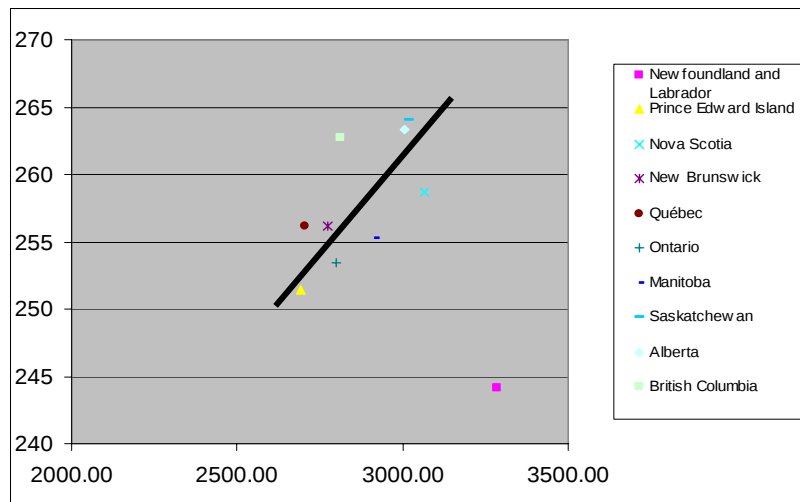
The data do not appear to support the cumulative stress hypothesis:



The data do not appear to support the selection hypothesis:

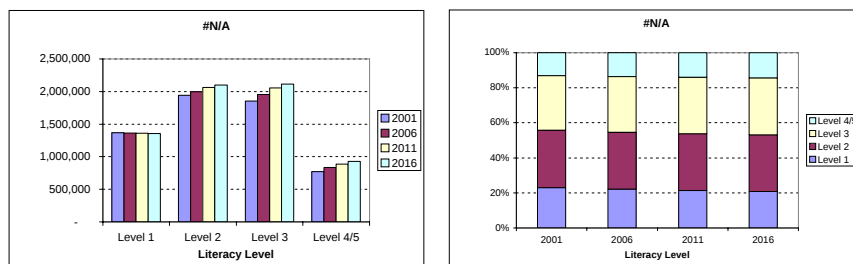


Average health literacy scores by per capita expenditures on health, by provinces and territories, 2003



The literacy “problem” will stay with us:

Projected Quebec numbers and proportions by prose literacy level 2001 to 2031



The proportion of adults with prose literacy below level 3 will only fall slightly over the coming decades:

Group	Percent population growth 2001 to 2031	Predicted percentage increase in number of adults with prose literacy skills below Level 3 2001 to 2031	Predicted percentage increase in proportion of adults with prose literacy skills below Level 3 2001 to 2031
Canada	32	25	(2)
Quebec	13	7	(3)
Montreal	27	20	(3)