



The Centre for Literacy of Quebec
Le centre d'alphabétisation du Québec

Health Literacy: Agenda for Action Agenda for Research

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What do we know?

- More than half of all Canadians have some difficulty reading/understanding print
- The percentage of Quebecers with difficulty is higher
- The percentage of population who have difficulty with health information is 60%+
- Difficulties are identifiable in specific population segments

Sources: TALSS, CCL 2007

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What do we know?

- 90% + of health information is via print.
- Health literacy is about more than literacy.
- It is also about other media “literacies”: visual, audio, television
- Research on health literacy has been narrow: Focus on print materials, readability, individual skills, healthcare settings
- Promising interventions, limited evaluation

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Action-research

- Need to build on existing evidence to engage in action and research at individual and system levels
- Broaden definition of evidence: Balance between RCT and quantitative – based on appropriateness
- Possible points of entry: Health activities surveyed in IALSS and enlarged to include more than print

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Health promotion

- Activities that focus on enhancing and maintaining health
- IALSS materials: newspaper/magazine articles, brochures, charts, product labels
- Tasks: Purchase lowest fat content
Plan exercise program

Research: Choose a target group, design alternative materials, multi-media, assess comprehension and usability

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Health protection

- Activities that focus on safeguarding health of individuals and communities
- IALSS materials: articles, health/safety warnings, air/water quality reports, referenda
- Tasks: Decide on safest product
Use/avoid product
Vote

Research: Design safety warnings, assess comprehension, compliance in selected groups

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Disease prevention

- Activities that focus on preventive measures and early detection
- IALSS materials: articles, postings for inoculation/screening, test results, graphs
- Tasks: Do early screening, act on diagnoses
Follow up on results

Research: Choose vulnerable target group, design alternative posting for screening, assess compliance

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Health care and maintenance

- Activities that focus on seeking care and working with health-care providers
- IALSS materials: health history form, medicine labels, discharge instructions
education booklets, internet information
- Tasks: Describe symptoms
Calculate medicine dose
Gather information

Research: Alternate forms, instructions, and assess comprehension and compliance

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Systems navigation

Activities that focus on accessing needed service and understanding rights

IALSS materials: maps, application forms, statements of rights/responsibilities, informed consent

Tasks: Locate a clinic

Apply for insurance

Give informed consent

Research: Design alternatives, assess behaviour change, change in perception of accessibility

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Possibilities

- Local action-research on small scale can lead to enhanced HL and to staff engagement and development
- Following are selected examples that have been undertaken or are being planned in Quebec

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Proposed actions

- Develop health messages on a key public health issue targeted for different vulnerable population groups: Low literacy, FSL/ESL, visually impaired, hearing impaired, LD
- Assess ability to understand/act on the messages – interview, focus group, observation

Example: MUHC HL projects-Handwashing

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Proposed action

- Carry out “literacy audits” in selected CLSCs and other community health settings
- Develop staff training based on results
- Change practice and physical set-up
- Assess impact on users

Example: Literacy-Alberta, Elizabeth House

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Proposed action

- Integrate HL into professional training and staff development
- Track changes in awareness/practice

Example: McGill University Graduate School of Nursing HL Module

2008 Institute on HL in professional curriculum – Calgary, October 16-18

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Proposed actions

- Calculate current cost of health communication and information in a specific setting, i.e. brochures, hand-outs, A/V materials, translation, etc

Develop alternative allocations for the same amount

Example: MUHC cost assessment tool (untested)

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Proposed action

- Train a group of families in a pre-school program to use an easy-to-read guide to children's health
- Track changes in behaviour re increased confidence, use of system, savings to system, etc

Example: Head Start study, Ariella Herman, UCLA

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Caveats

- Health literacy is a complex construct
- It needs to be understood and assessed at macro (policy) and micro (practice) levels in a consistent manner
- We need to identify and assess available tools, adapt the best to local needs, develop new tools where none exist

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Quebec is in a unique position to create a broad health literacy agenda that builds on recent research and aligns with current QC adult/education, immigration, and public health policies

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Information

All examples and references in this presentation can be found through
The Centre for Literacy of Quebec

<http://www.centreforliteracy.qc.ca>

Click on Health Literacy Project

Materials/books can be borrowed in person or
by mail

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