



The evolving concept of health literacy

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What we need to know – it can't be said more eloquently

- “Reports that say that something hasn't happened are always interesting to me, because as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns - the ones we don't know we don't know”





Presentation objectives – to answer some questions

- What is literacy ?
 - What is health literacy
 - What is the state of the science?
 - Why is it a useful concept in public health?
 - Where do we go from here?
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What is literacy?

- Literacy has two distinctive elements – those that are task-based, and those that are skills-based
 - Task-based literacy - the extent to which a person can perform key literacy tasks such as read a basic text and write a simple statement.
 - Skills-based literacy is the knowledge and skills required to perform these tasks.
 - These skills range from basic, word-level skills (such as recognizing words), to higher level skills (such as drawing appropriate inferences from continuous text).
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What is literacy?

How do we measure literacy?

- Literacy can be measured in absolute terms (distinguishing between those who can read and write basic text and those who cannot) and
- In relative terms by assessing the skill differences between adults who are able to perform relatively challenging literacy tasks and those who are not.

Why do we care?

- Those who are functionally literate are able to participate more fully in society, and are able to exert a higher degree of control over everyday events

How big is the problem?

- Estimates of the proportion of the population in OECD countries lacking functional literacy skills range from 7% to 47%* (UNDP, 2007)



More advanced concepts of skills-based literacy*

Functional literacy –

- basic skills in reading and writing, capacity to apply these skills in everyday situations

Communicative/interactive literacy

- more advanced cognitive and literacy skills, greater ability obtain relevant information, derive meaning, and apply new information to changing circumstances

Critical literacy

- most advanced cognitive and literacy skills, critical analysis of information, ability to use information to exert greater control over life events and situations

* See for example: Freebody P, Luke A. 'Literacies' Programs: Debates and Demands in Cultural Context. *Prospect*; 1990; 5(3): 7-16.



Literacy and health*

- Relationship between low literacy and a range of health related outcomes well established
- Some indirect effects
 - Employment
 - Income
- Some direct effects
 - Engaging in preventive health practices
 - Early detection of disease
 - Access to health care
 - Management of chronic disease

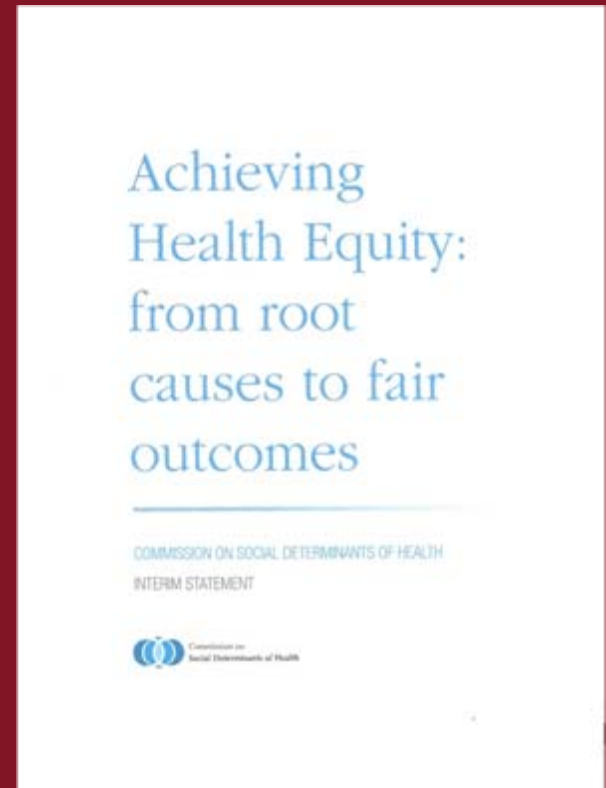


Commission on Social Determinants of Health

Education and the life-course

- “Removing the numerous barriers to achievement of primary education will be a crucial part of action on the social determinants of health”
- Literacy has “central role in health equity” in countries rich and poor
- Promoting literacy is a public health goal

http://www.who.int/social_determinants/resources/interim_statement/en/index.html





Literacy is context and content specific

- Literacy is context and content specific – more accurate to talk about **literacies** for example:
 - financial literacy,
 - Media literacy,
 - IT literacy (new literacies) and,
 - **health literacy**
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What is health literacy?


- concept of health literacy emerged from a growing awareness of *content specific literacy in a health context*.

Short version:

- “the ability to access, understand, and use information for health”



Health literacy – it's not new in Australia



**Goals & Targets
For Australia's Health
in the Year 2000
and Beyond**

1993

Health Literacy

Need for action

Health literacy is defined as the ability to gain access to, understand, and use information in ways which promote and maintain good health. Health literacy is itself dependent on more general levels of literacy⁵⁰⁰ among the population. Lack of literacy can affect people's health directly by limiting their personal, social, and cultural development or indirectly, by limiting their access to health information, and thus to the development of effective knowledge and skills.⁵⁰¹

Trends show that about one million Australian adults have difficulty carrying out everyday literacy tasks.⁵⁰² Among both children and adults, those most likely to experience literacy difficulties are the socioeconomically disadvantaged.⁵⁰³

In comparison with their highly educated counterparts, relatively poorly educated men are 27% more likely to have various chronic illness and 92% more likely to perceive their health as fair/poor; relatively poorly educated women are 13% more likely to have various chronic illness, and 82% more likely to perceive their health as fair/poor.⁵⁰⁴

Aboriginal people have disproportionately poorer English literacy than any other group in Australia - partly because English is not their first language, and partly because of poor access to, and participation in, education. People from non-English speaking backgrounds suffer similar

disadvantage.⁵⁰⁵ Among older immigrants in particular the social isolation associated with migration is often exacerbated by low literacy levels in English.

The Australian Language and Literacy Policy has stated, as its first goal: All Australian residents should develop and maintain a level of spoken and written English which is appropriate for a range of contexts, with the support of education and training programs addressing their diverse learning needs.⁵⁰⁶ The Policy also includes goals for learning languages other than English and for maintaining and developing Aboriginal and Torres Strait Islander languages where they are still used.

From a base of general literacy, personal health literacy enables people to make informed health choices. While knowledge on its own cannot ensure that people are able or willing to make healthy choices, it is more sure to be an important precondition.⁵⁰⁷ It is also necessary for people to be able to use services appropriately and to manage effectively chronic conditions (for example people with diabetes needing to achieve metabolic control, or optimal use of medication).

The range of knowledge which people require in order to become and stay healthy is very broad. In many ways, the process of setting targets itself exposes one reason

500. Literacy has been defined as the ability to read and use written information and to write, appropriately, in a range of contexts. It is used to describe knowledge and understanding, to a fairly personal level and in a broad, often self-directed, manner. Department of Employment, Education and Training, 1990. *Australia's Language and Literacy Policy*, p 5.

501. Hanks B. 1990. *The Social/Class of Inequality Literacy: From Australian Institute of Family Studies*. Department of Employment, Education and Training, Canberra. Government Publishing Service, Canberra, p 20.

502. Department of Employment, Education and Training, 1990. *Stat. p 90*. Australian Government Publishing Service, Canberra.

503. Department of Employment, Education and Training, 1990. *Stat. p 90*.

504. National Health Survey, 1992. *Strength to Make You Well: How income and education affect health*. Research Paper No. 3. National Health Survey, Melbourne, p 28.

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507. Green J, & Kravitz M. 1991. *Health Promotion: Planning an educational and environmental approach*. 2nd Ed. Harcourt Publishing Co, Missouri. p 115.



Australia's health literacy goals 1993

To achieve the goals of the Australian Language and Literacy Policy

- To enhance knowledge and improve health literacy to enable people to make informed choices about their health
- To enhance knowledge and improve health literacy to enable people to take an active role in bringing about changes in the environments that shape their health



Health literacy is also content and context specific

- Even where a person has advanced literacy skills their ability to obtain, understand and apply **health** information in a **specific health context** may be poor (hence findings indicating high prevalence of poor health literacy from US, Australian and Canadian studies.)
 - May be better to talk of “health literacies”
 - The ability to access, understand, and use information for health is different for
 - a person with diabetes who is receiving patient education,
 - a pregnant woman attending ante-natal classes, or
 - a young person exposed to health education at school.
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More advanced concepts of health literacy*

Functional health literacy

- ability to apply basic literacy skills in reading and writing in everyday health decision-making,
- ability to respond successfully to the communication of factual information on health risks, and on how to use the health system;

Based on health education

directed towards improved knowledge of health risks and health services, and compliance with prescribed actions

*Nutbeam D. (2001) Health Literacy as a Public Health Goal: A challenge for contemporary health education and communication strategies into the 21st Century. *Health Promotion International*, 15; 259-67



More advanced concepts of health literacy

Interactive health literacy

- ability to apply more advanced cognitive and literacy skills to independently obtain relevant health information, derive meaning, and apply information to personal and family health circumstances.

Based on health education

directed towards improving personal capacity to act independently on knowledge, to improving motivation and self confidence to act on advice received (eg school health education).



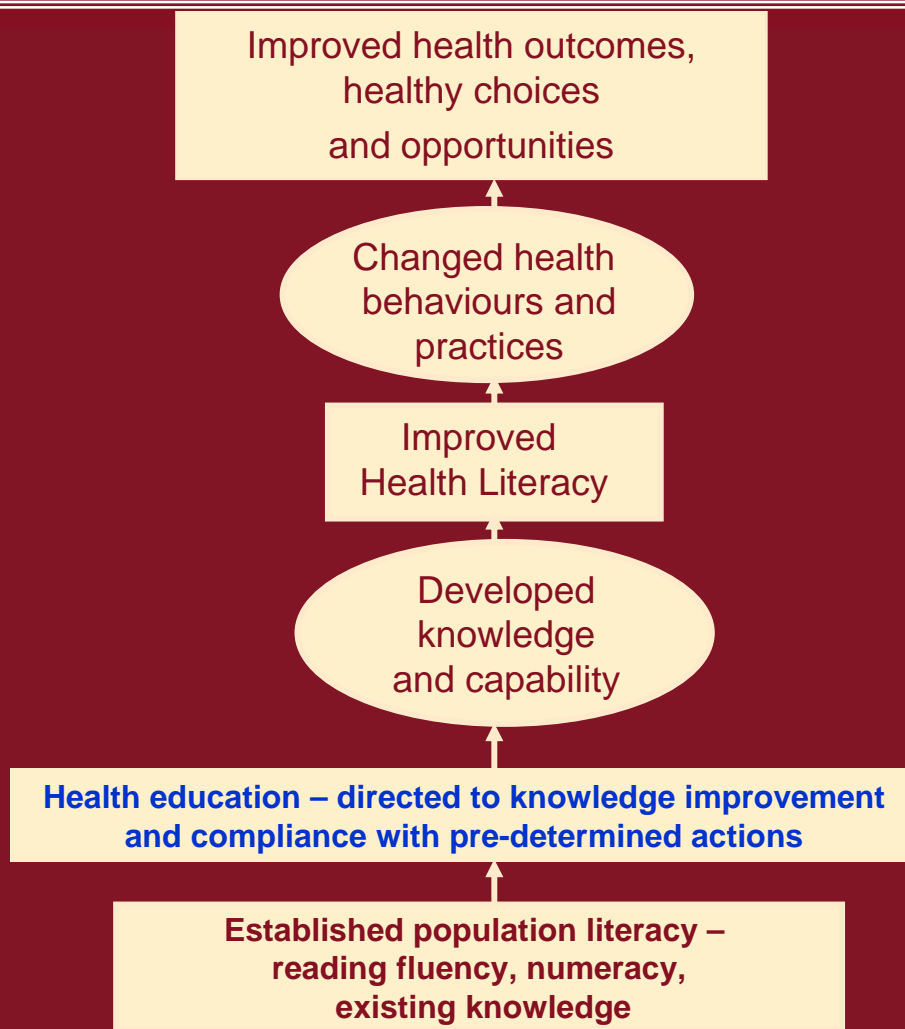
More advanced concepts of health literacy

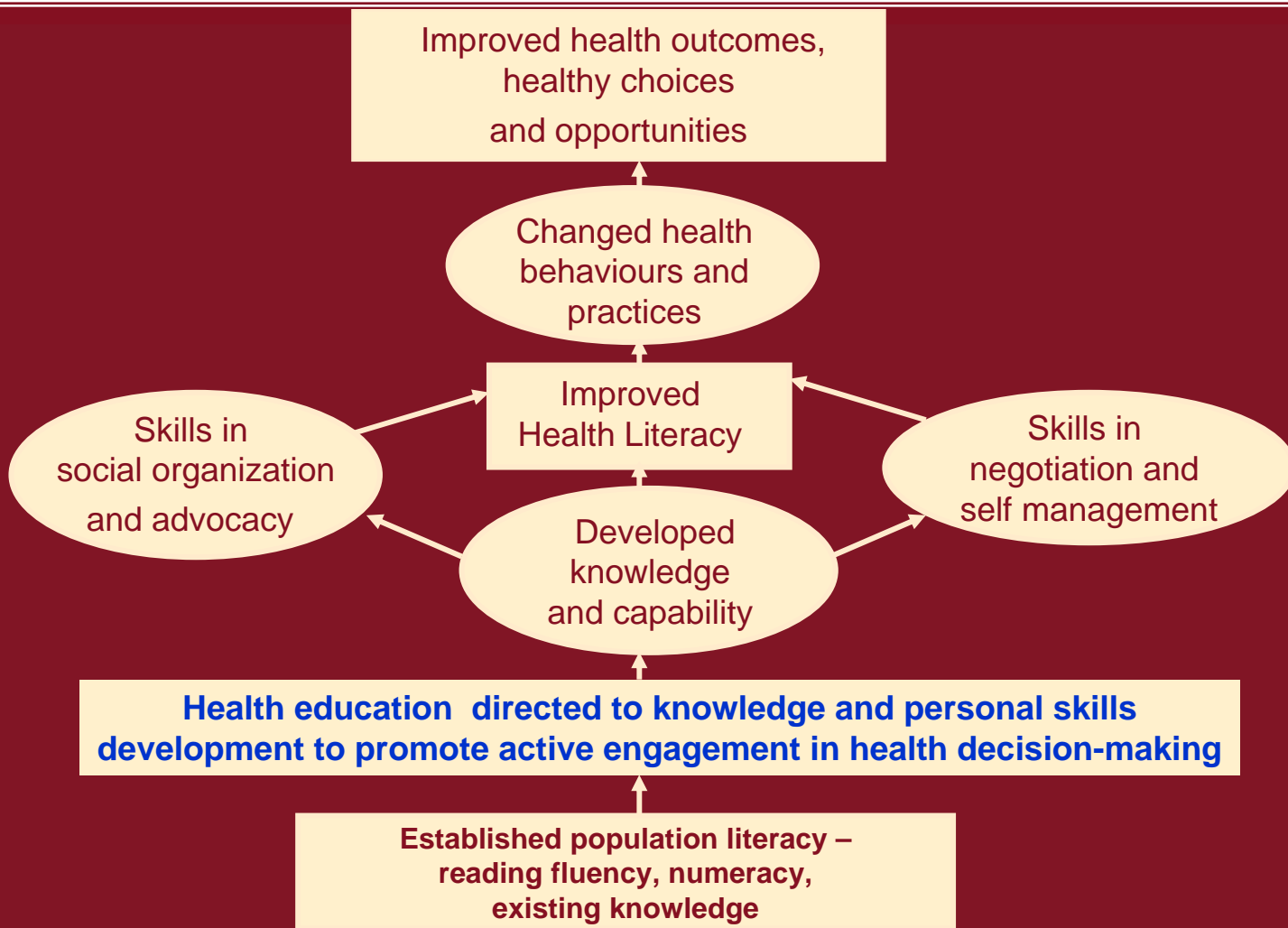
Critical health literacy

- ability to apply more advanced cognitive and literacy skills to the critical analysis of health related information,
- ability to use information to exert greater control over a broad range of health determinants.

Based on health education

directed towards provision of information on full range of determinants of health, assessment of opportunities to achieve change in these determinants.







Case study – maternal health literacy*

Maternal health literacy:

- The ability of women “to access understand and use information in ways that promote and maintain their health and that of their children”
- Project to consider content of and context for ante-natal education in a major Sydney maternity hospital
- Interviewed pregnant women, women in the first year after childbirth, ante-natal educators, and early childhood nurses
- Explored the content and delivery of teaching and learning experiences using health literacy framework to examine development of knowledge and skills, and confidence to act.

*Renkert S, Nutbeam D (2001) Opportunities to improve maternal health literacy through antenatal education. Health Promotion International 16.4. 381-8



Case study – maternal health literacy

Key findings:

- Little account taken of variation in underlying literacy and language skills at commencement
 - Content largely confined to pregnancy and childbirth, at expense of parenting
 - Teaching methods mostly didactic, transfer of information, and promotion of compliance with preferred practice
 - Relatively little emphasis on the development and mastery of specific skills, or autonomy in decision-making
 - Lack of time cited most frequently as reason for limits on content and methods
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Case study – maternal health literacy

Key conclusions

- Develop a tool to assist in pre-assessment of existing “maternal health literacy”
 - In method, find ways to enable greater participation in the learning process
 - In outcome focus on the ability of women to obtain and evaluate information from a variety of sources, and
 - On development of skills and confidence to act on information
 - In content, recognise that early parenting is also important
 - In this context, focus on development of functional and interactive literacy skills
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Summary remarks – What is the state of the science – the known knowns?

- Good research in clinical settings linking poor health-related literacy with range of clinical outcomes
 - Some intervention trials in clinical settings demonstrate potential effectiveness and cost savings
 - Undeveloped but promising research outside health care settings (schools, adult education, E-learning)
 - Relatively little evidence of systematic incorporation of health promotion concepts and more sophisticated understanding of literacy
 - Progress in development of measures of health-related literacy in clinical settings, but limited progress in development of comprehensive measures
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Summary remarks

Where to from here in research – the known unknowns

- Development of measures that incorporate wider set of skills and capacities represented by health literacy - eg inclusion of measures of knowledge of social determinants of health, and knowledge related self-efficacy (confidence/capacity to act)
 - Continue to broaden research outside of health care setting and disease groups into schools, adult learning, community development – eg maternal health literacy, school health literacy etc
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Summary remarks – where to from here in practice development - the unknown unknowns

- Health literacy fundamentally dependent upon levels of basic literacy in the population – make links between these two social goals,
 - Developing self confidence to act on knowledge and the ability to support others requires more personal, and community-based educational outreach – incorporation of adult learning principles and health promotion concepts
 - Promoting greater independence and empowerment requires acknowledgement of “political” aspect to education, focussed on overcoming structural barriers to health
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Nutbeam D: The evolving concept of health literacy. *Social Science and Medicine* 67 (2008) 2072-78
