Where do we go from here?
The evolving concept of health literacy

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September 2012
Health literacy is not new in Australia – health literacy goals for Australia in 1993

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

1993
Australia’s health literacy goals 1993

- Health literacy was one of four major groups of goals and targets, and defined as “the ability to gain access to, understand and use information in ways that promote and maintain good health”

- 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

Where are we now?

• **I’m delighted** - health literacy has finally taken off as a concept all over the world. There is a far greater appreciation of the importance of the relationship between literacy and health, and increasingly sophisticated understanding of the importance of informed choice, engagement and empowerment in health decision-making, and emerging policy and practices which reflect this.

• **I’m worried** - health literacy has become fashionable, and is being represented as a panacea for all ills and ambitions in the health system. This is causing conceptual confusion, and could hold back advancement of the science and its translation into policy and practice.
Where do we go from here?

• We need to:
  – sort out conceptual confusion and potentially competing paradigms
  – put into practice what we already know to be useful and effective (stop re-inventing the wheel)
  – more systematically (and collaboratively) address the challenge of measurement
Conceptual confusion (1)

- **Health literacy is not an action.** It is an outcome or status measurement. We don’t “do” health literacy, we educate and communicate.

- **Language and literacy** - recognising that individuals may have problems with language, not with their literacy. Translation and interpretation services will solve this.

- **Literacy and health** – recognising that some individuals have low literacy levels and that at a population level this has an impact directly and indirectly on health status. Programs to promote improved access to education, and improved education will solve this.
Conceptual confusion (2)

- **Health-related literacy** – reflecting the impact that low general literacy (and numeracy) may have on an individual’s ability to obtain, understand and use health information. Interventions to identify individuals at risk, and modifications to health communications and environments can minimise the impact of this.

- **Health literacy** – a distinctive domain of literacy that is content and context specific and can be assessed in absolute and relative terms. It can be built and improved through educational intervention across the lifespan.
Defining and measuring literacy

What is literacy?

- Functional literacy is defined in terms of the basic skills in reading and writing and the capacity to apply these skills in everyday situations. Numeracy is a separate but related concept.

- 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.
Relative differences in 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 respond, adapt and control life events and situations
Literacy is context and content specific

- More accurate to talk about literacies for example:
  - Financial literacy,
  - Science literacy
  - Media literacy,
  - IT literacy (new literacy) and,
  - health literacy
Similar to literacy, health literacy is contextualised by age and stage of life – it will be a different for:

- a person with diabetes who is receiving patient education,
- a young person receiving health education on illicit drugs at school,
- a pregnant woman attending ante-natal classes.
What is health literacy?
Skills in reading, writing (and numeracy) and the capacity to apply these skills in a *health context*.

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

- Even where a person has advanced literacy skills their ability to obtain, understand and use *health* information in a specific health context will be variable

Like literacy, health literacy can also be considered in *absolute* and *relative* terms

- In *absolute* terms we distinguish between those who have basic skills that enable them to access, understand, and use information for health, and those who do not.

- In *relative* terms we assess the skill differences between those who are able to apply more advanced cognitive and literacy skills to perform relatively challenging tasks in understanding and applying information for health, and those who cannot.
Distinctions between *absolute* and *relative* health literacy has led to two domains of health literacy

- **Absolute measures of health literacy have greatest application in clinical care.**
  - Health literacy is conceptualized as a “risk” to be assessed and managed through adapted communication and environmental modification

- **Relative measures of health literacy have greatest application in public health.**
  - Health literacy is conceptualized as an “asset” to be developed, as an outcome to health education and communication

*Nutbeam D. 2008. The evolving concept of health literacy. Social Science and Medicine. 67. 2072-78*
What is the state of science?

- Good research in clinical settings linking poor health-related literacy with range of clinical outcomes

- Rapid assessment of health literacy is feasible in normal clinical setting

- 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)
Where to from here - in research?

- Continue to broaden intervention development and evaluation outside of health care setting and disease groups into schools, adult learning, community development

- Recognize and explore the potential of eHealth based on increasing access to on-line information

- Development of measures that incorporate wider set of skills and capacities represented by health literacy - eg inclusion of measures of context specific self-efficacy (confidence/capacity to act)
Where to from here - in clinical policy and practice?

- Continue to **promote understanding** among clinicians of the impact of poor literacy on clinical outcomes

- Progress recognition that
  - **self confidence to act on knowledge requires** **broader range of educational and communication methods** than commonly used (eg repeat-back)
  - **Effective communication can be supported by** **service management and organization** that is “literacy sensitive” (eg minimise/simplify form-filling)
Where to from here - in public health policy and practice?

• Health literacy fundamentally dependent upon levels of basic literacy in the population – make links between these two social goals,

• School health education provides important foundations for health literacy

• Exploit great potential in existing educational interventions in health care such as ante-natal education, patient education for chronic disease management

• Adult education and skills development programs can provide ideal partnership for adult health literacy development
The end

Thank you