

Discourse

Health Promotion and Literacy: Implications for Nursing

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Introduction

I am delighted to have been invited to write a Discourse piece on health promotion for this issue of *CJNR*. Not only is health promotion a topic that has been of great interest to me for almost three decades, but writing this piece gives me an opportunity to think about how it relates to my current work in the field of literacy and health as well as to nursing. In this paper, I will address how I got involved in literacy and health research, some conceptual issues in the field, the relationship of literacy and health to health promotion, directions for research, and implications for nursing.

Background

I first became aware of the importance of literacy as an issue for public health in the early 1990s after assuming the directorship of the Centre for Health Promotion at the University of Toronto. At that time, the Ontario Public Health Association was conducting a study on literacy and health in partnership with Frontier College. This study produced two reports that put literacy and health on the agenda of the public health community in Canada (Breen, 1993; Ontario Public Health Association & Frontier College, 1989). Shortly thereafter, the Canadian Public Health Association picked up on the theme and initiated the National Literacy and Health Program, which is still functioning, with 27 partners including the Canadian Nursing Association.

At the time I thought this was interesting, but it did not really capture my imagination and commitment. However, this began to change in the late 1990s when I read an article by Don Nutbeam that was subsequently published in *Health Promotion International* (Nutbeam, 2000). At the time I was chairing the World Health Organization-EURO Working Group on Health Promotion Evaluation (Rootman et al., 2001) and was impressed with Nutbeam's suggestion that "health literacy" was an outcome of

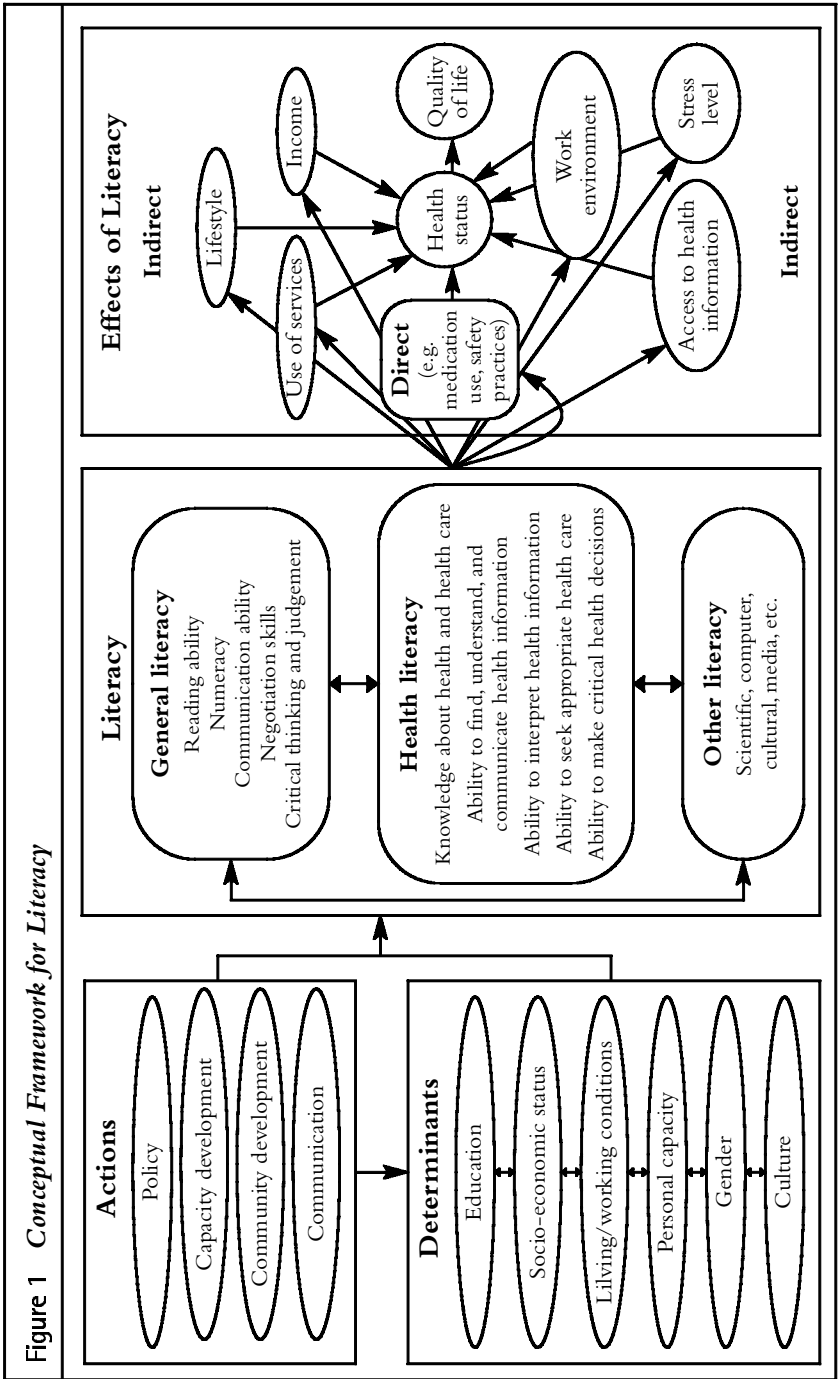
health promotion actions for which we might legitimately be held accountable — in contrast to other, more distal, outcomes that are affected by so many other factors it is difficult to determine what kind of contribution health promotion actions have made. As a consequence, I became involved in a number of national and international meetings on literacy and health, which ultimately led to my choosing literacy and health as the focus of my Michael Smith Foundation for Health Research career award that began in July 2002 at the University of Victoria.

At the moment I am leading several projects on the topic including one supported by the Social Sciences and Humanities Research Council (SSHRC) to develop a national program of research on literacy and health, another supported by the Canadian Institutes of Health Research (CIHR) to develop new measures of health literacy, and a third supported by the British Columbia Ministry of Health Planning to evaluate the BC Health Guide Program. I am also one of two Canadian members¹ of a US Institute of Medicine Committee on Health Literacy that is due to report in early 2004. This puts me in a unique position to comment on the significance of literacy and health literacy as issues for health promotion and perhaps to draw some implications for nursing.

Literacy and Health Versus Health Literacy

You may have noticed that I have used the terms “literacy and health” and “health literacy.” This is not accidental and the terms are not interchangeable. There are many definitions of both literacy and health literacy, which vary considerably in their scope and focus. The definition of literacy that is probably most widely used is the one employed in the International Adult Literacy Survey, which defines it as “the ability to understand and employ printed information in daily activities — at home, at work and in the community — to achieve one’s goals and develop one’s knowledge and potential” (OECD & Statistics Canada, 1995) and that appears to limit literacy to reading and writing skills. Partly for this reason, I prefer the definition developed by the Centre for Literacy of Quebec, which suggests that literacy “involves a complex set of abilities to understand and use the dominant symbol systems of a culture for personal and community development” (Centre for Literacy of Quebec, 2000). Other reasons why I prefer this definition are that it recognizes the importance of “culture” and it is consistent with a health promotion perspective.

¹ The other is Dyanne Affonso, Dean of Nursing at the University of Toronto.



With regard to health literacy, a definition that has been widely used in health promotion is the one put forward by Kickbusch and Nutbeam in the World Health Organization glossary of health promotion terms: “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health” (Kickbusch & Nutbeam, 1998). Another definition that is widely cited is the one used in the 2010 *Goals for the Nation* document in the United States, namely “the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health” (Ratzan & Parker, 2000, p. vi). This definition, although perhaps narrower than the WHO definition, has implications for health promotion as well.

This brings me to the distinction between literacy and health and health literacy. Perhaps the best way to describe this distinction is through the use of a conceptual framework that I have been developing with colleagues in the National Literacy and Health Research Program.”²

As can be seen, this framework distinguishes among literacy, health literacy, and other types of literacy and identifies both direct and indirect outcomes of literacy. In this context, literacy and health refers to the relationship between general literacy and other types of literacy (including health literacy) and health outcomes. In other words, literacy and health has to do with the ways in which literacy affects health both directly, by determining our ability to understand information critical to our health and safety (such as directions for use of medications), and indirectly, by affecting factors that determine our health such as our ability to obtain and hold a job, to have an adequate income, and to engage in health-enhancing practices. Health literacy, on the other hand, has mostly to do with the direct effects of certain skills (such as our knowledge about health and health care, our ability to find and communicate health information, and our ability to make critical health decisions) on our health. The two concepts are not antithetical but they can affect our priorities for action. For example, when thinking about literacy and health we might be inclined to focus on reducing the indirect effects of literacy, whereas when thinking about health literacy we might be inclined to focus more on the direct effects.

In Canada the main thrust has been on literacy and health whereas in the United States it has been on health literacy. The former focus is more

²Deborah Gordon-El-Bihbey, formerly with the Canadian Public Health Association and currently with the Council for Health Research in Canada; Jim Frankish, University of British Columbia; Margot Kaszap, Université Laval; and Heather Hemming, Acadia University.

consistent with our interest in Canada in the broader determinants of health and the latter with the more individualistic approach to health promotion in the United States.

The emphasis on literacy and health as opposed to health literacy can also affect the nature of the research that we do. For example, when I contacted the SSHRC about submitting a proposal on health literacy, I was surprised to discover that they would not accept a proposal on that topic but would accept one on literacy and health. As a result, I followed their advice and submitted a proposal on literacy and health, with a sub-component on health literacy. On the other hand, the CIHR accepted my proposal to develop measures of health literacy. The point is that each of these tracks sends you in a different direction. My own feeling is that both are important areas of study that have implications for health promotion — the first in helping us to address the broader determinants of health and the second in addressing the personal capacities that people need in order to make appropriate decisions about their health as well as the information-processing demands that different health contexts (including the health promotion context) place on people.

Health Literacy Versus Health Promotion

There are some people, however, who feel that the concept of health literacy does not have a place in health promotion. Keith Tones, the editor of *Health Education Research*, has been most vociferous in his critique of the rush to health literacy in health promotion. According to Tones, “there seems to be little advantage in coining a new term when existing terms are more than adequate” (Tones, 2002, p. 287). In making this point he refers to the terms decision-making (Janis & Mann, 1977) and problem-solving (Gagne, 1985) and associated theoretical literature. On the other hand, proponents of the redefinition of health literacy have suggested a number of reasons why it should be pursued. For example, in addition to arguing that health literacy is a key outcome of health promotion interventions and one for which those who deliver health promotion programs could legitimately be held accountable, Nutbeam (2000) suggests that expansion of the concept is consistent with current thinking in the field of literacy studies; significantly broadens the scope and content of health education and communication, both of which are critical operational strategies in health promotion; implies that “health literacy” leads not only to personal benefits but also to social ones such as the development of social capital; and helps us to focus on overcoming structural barriers to health. Similarly, Ilona Kickbusch, former Director of Health Promotion for the World Health Organization, suggests that it helps strengthen the links between the fields of health and education;

health literacy as a discrete form of literacy is becoming increasingly important for social and economic development; measuring health literacy could be the first major step in constructing a new type of health index for societies; and the typology of three different levels of health literacy (basic or functional, communicative or interactive, and critical) suggested by Nutbeam emphasizes the need for public participation in policy development and allows us to consider the ambiguities of the fit between health promotion strategies and wider social trends (Kickbusch, 2001, 2002). Thus, there are enough strong arguments for walking down this path in health promotion to convince me that it is worthwhile doing so.

Directions for Research

Given that it is worthwhile pursuing literacy and health and health literacy in health promotion, what directions should we be pursuing in our research in Canada? A national workshop on literacy and health held in October 2002 suggested a number of themes and questions worth pursuing, many of which are related to health literacy as well as health promotion. Specifically, it suggested that we should be looking at the following eight themes: *the relationship of literacy to mental, spiritual, physical, and emotional health; the impact of literacy skills on access and use of health promotion, prevention, and treatment; the relationship of literacy to determinants of health; literacy and access to and use of health services; literacy, health status, and medical outcomes; literacy, law, and litigation; best practices and approaches of interventions in relation to literacy; and influencing, evaluating, and developing policy in relation to literacy and health.* Specific questions were suggested in relation to each of these themes and recorded in the workshop proceedings (Health Literacy Research Workshop, 2002).

In terms of overall priorities, the workshop suggested the importance of evaluating interventions, conducting cost/benefit analyses of literacy and health interventions, studying the impact of literacy and lifelong learning on health, and studying literacy and health within the unique circumstances of the Aboriginal and Francophone communities as well as culturally diverse and challenged groups across the country.

Although the workshop did not focus on health literacy per se, a number of the questions above might fall under the rubric of health literacy (e.g., literacy and access to and use of health services). In addition, it should be noted that the Institute of Medicine report to be released in early 2004 will suggest some research priorities consistent with those identified at the workshop. Thus, we have a full agenda for research on literacy and health and health literacy. This is especially true in Canada

where the number of published studies on these topics is extremely small.

Implications for Nursing

Nurses in clinical practice, education, and research have a critical role to play in relation to literacy and health literacy. In clinical practice, nurses have an obligation to communicate clearly with patients in a respectful manner while taking into account the patient's level of literacy and health literacy. In a recent study of physician-patient communication, Schillinger et al. (2003) found that using an interactive communication loop was associated with better diabetes control in patients regardless of literacy levels. Such strategies may also be beneficial for populations with low literacy who are living with various chronic illnesses. However, there is a need for research on literacy and health literacy in various nursing contexts such as direct nursing care and public health nursing. There also is a need for recognition and strengthening of the role of nurses in providing health information and guidance to the public through telephone information services such as the BC NurseLine, which almost certainly will expand in the future.

Nursing educators also have an obligation to make sure that their students understand the important role of literacy and health literacy in different nursing practice contexts, including telephone information services. This may involve the development of new curricula and courses on literacy and health literacy to enhance the current emphasis on teaching and learning. Again, there is a need for research to determine the extent to which nursing programs and continuing education provide opportunities for nursing students to learn about literacy and health literacy and the effectiveness of initiatives to either increase literacy or health literacy or make nursing more supportive of people with different degrees of literacy or health literacy.

Finally, nurse researchers need to be encouraged to take up the challenge of doing research on literacy and health and health literacy. There are certainly many interesting and important questions to study, especially in Canada where research is very limited. Several of the questions identified in the national workshop would be appropriate for nurse researchers to tackle. For example: To what extent do health practitioners understand and identify literacy and health in their work? What barriers do persons with low literacy face in health services? Fortunately, Canadian research funding agencies such as the CIHR and SSHRC are beginning to recognize the importance of this area of study and are encouraging researchers to submit proposals. Nursing researchers should take advantage of these opportunities.

Conclusion

This Discourse has discussed the development of one new area of research and practice in health promotion. There are other important areas as well. I hope the other papers in this issue on health promotion will make equally strong arguments for the pursuit of these areas, because we do need to strengthen research in the field and nursing has a key contribution to make.

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