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# **Literacy and Health Environmental Scan Summary:**

**Examining the Level of Awareness, Programs and Policies  
in Nova Scotia's Health Care Sector**

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## Acknowledgement

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This summary report is based on a 2003 report titled, *Literacy and Health: Exploring the Connection and Examining the Level of Awareness, Programs and Policies in Nova Scotia's Health Care Sector*. The 2003 report was prepared by Sherry McNeil-Mulak for the senior seminar requirement of the Master of Health Services Administration program at Dalhousie University, Halifax, Nova Scotia, Canada. Ms. McNeil-Mulak undertook the scan under the direction of Doris Gillis, Associate Professor, Department of Human Nutrition, Saint Francis Xavier University, Antigonish, Nova Scotia ([dgillis@stfx.ca](mailto:dgillis@stfx.ca)). Ms. McNeil-Mulak is currently a policy analyst with the Government of Nunavut's Department of Health and Social Services and can be contacted at [smcneil-mulak@gov.nu.ca](mailto:smcneil-mulak@gov.nu.ca).

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## Introduction

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Limited literacy is a pervasive yet largely unrecognized social problem in Canada. It threatens the health and well-being of millions of Canadians and is estimated to inflict substantial costs on the health care system, yet it has not emerged as a top priority for public policy and government decision makers. Evidence is mounting that literacy has a strong effect on health, acting through both direct and indirect means. Not only is literacy a determinant of health in its own right, it is also closely associated with other socio-environmental determinants of health such as income, employment, social status and social support (Perrin, 1998).

According to the International Adult Literacy Survey (2000), about 43% of adults across Canada have problems using the written word. Although data is limited for Nova Scotia, the 1994 International Adult Literacy Survey reported some 53% of adults in Atlantic Canada with limited literacy skills (Statistics Canada, 1996). Furthermore, compared to most other Canadians, Nova Scotians have higher rates of chronic diseases and more socioeconomic risk factors such as limited education and income associated with these diseases (Coleman, 2002).

*Health literacy* is a term that has been coined to show the connections between literacy and health, and in particular in Canada, to highlight the impact of literacy on health outcomes (Perrin, 1998). Simply stated, health literacy is the extent to which individuals can obtain, understand and use basic health information and services to make health decisions. Addressing health literacy requires strategies that not only focus on improving the readability and accessibility of health information but also on understanding the root of the problem. Efforts must address the interaction of the many social and economic

conditions that influence health including the literacy skills of the population. Raising societal awareness about the nature, gravity and health consequences associated with limited literacy is a first step.

Developing effective strategies to address the problem requires assessing current awareness of the health-literacy link within a specific jurisdiction. Moreover, obtaining information about existing programs and policies is also extremely valuable. Taken together, such information is useful in ensuring that appropriate and effective strategies are developed. Without such information, it would be difficult, at best, to determine the best ways to address this critical health policy issue.

It was within this context that an environmental scan of awareness, programs and policies related to literacy and health among senior staff in District Health Authorities in Nova Scotia was undertaken in the winter of 2003. This summary report is intended to highlight key findings from the 2003 report.

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## Purpose

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The purpose of the 2003 environmental scan was to provide a starting point in determining the level of awareness, programs and policies regarding the connection between literacy and health in Nova Scotia's health care sector. Knowing where the health care sector stands regarding literacy and health will help researchers, health planners and policy makers identify to what extent they need to call attention to the problem. It will help them develop appropriate and effective strategies to foster change in key intervention points throughout the system.

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## Method

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To better understand the level of awareness of the connection between literacy and health and the programs and policies currently in place in Nova Scotia, a provincial environmental scan was conducted. The scan involved contacting a senior staff member in all nine of the province's District Health Authorities. Specifically, nine executives working in the community health field or their assigned designate were contacted and a fifteen minute telephone interview was conducted. Only one individual did not respond to the request for an interview. In addition, an employee of the Nova Scotia Department of Health was also interviewed resulting in a total of nine respondents.

The interview was based on a list of six standardized questions designed to reveal the respondents' current level of awareness of the literacy/health connection. Questions were also designed to gain information about existing programs and policies relating to the literacy/health connection in each of the District Health Authorities. All respondents requested and received a copy of the questions prior to the actual telephone interview. One participant responded by email.

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## Results

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The results of the environmental scan are presented by summarizing respondents' responses for each of the six questions asked. Key points or insights are noted at the end of each summary.

### **QUESTION ONE:**

#### **What does limited literacy mean to you?**

While the responses to this question varied somewhat, overall each of the nine respondents commented to some degree on the relationship between limited literacy and reading and writing ability. Two respondents limited their responses solely to this relationship, while the other seven respondents noted that limited literacy has an impact on communication, an individual's level of understanding, and/or the ability to cope or function with the demands of everyday life. These seven respondents noted that limited literacy may likely result in the inability to read medical instructions, budget household finances, communicate ideas effectively and understand or act on health information. One respondent noted that limited literacy also has a negative impact on an individual's ability to participate meaningfully in life. Only one of the nine respondents stated that he/she was not familiar with the term limited literacy, but assumed that it meant limited ability to read.

#### **Key Insights and Implications**

Participants' responses revealed a general knowledge of the term limited literacy. However, most responses leaned toward the reading/writing aspect of literacy and did not consider the impact of literacy on verbal or other forms of communication and comprehension. While respondents had a general sense of the concept, there appears to be room to expand the understanding of literacy among those working in the health care sector. It is important to frame literacy as a determinant of health and thus move beyond the concept of literacy as a person's ability to read, write and calculate. Literacy enables individuals to function effectively in all aspects of their lives. Moreover, education strategies must focus on the fact that literacy also acts through other socio-economic conditions that determine health and wellbeing.

### **QUESTION TWO:**

#### **How do you think limited literacy affects population health in your District?**

To some degree all nine respondents commented on the relationship between limited literacy and population health, with one respondent stating that literacy is unquestionably a population health issue. Moreover, all respondents either outwardly or indirectly stated that literacy is a key determinant of health. Three respondents focused more on the direct effects that limited literacy has on health, noting in particular accessibility, informed decisions and compliance. The remaining six respondents largely focused on how literacy

acts to influence other key determinants of health. Specific comments included the influence of limited literacy on employability, income, socio-economic status, personal lifestyle practices and social support systems. Only one respondent noted that limited literacy affects not only the individual, but also the family and the community.

### **Key Insights and Implications**

Responses to question two revealed two key points of interest. The first was that each individual interviewed was aware of the Population Health Approach<sup>1</sup>. This is not surprising given that this approach has been adopted by the Nova Scotia Department of Health as a model for health planning and service. Secondly, although all respondents identified literacy as a determinant of health, none referred to both the direct and indirect effects of literacy on health. As noted in question one, perhaps education of those in the health care sector is needed to broaden their understanding of the impacts of literacy on population health.

### **QUESTION THREE:**

**Have you identified any particular issues that individuals who are limited in literacy may have in maintaining and improving their health?**

Six of the nine respondents agreed that limited literacy has a negative effect on a person's ability to access and effectively use the health care system. Specifically, they noted that individuals with limited literacy skills are more prone to medication errors and poor nutritional choices and may have trouble coping with stress. People with limited literacy skills are often seen as non-compliant in terms of their ability to follow medical instruction and follow-up care. Two of these six respondents also noted that people with limited literacy skills have trouble even knowing what services exist and what resources are available to them. In addition, many are often uncomfortable asking questions or seeking help. Another of these six respondents noted that the wealth of information available is only easily accessible to the middle class members of society. This allows them to live healthier lives than those who cannot tap into these resources and information. The overall sentiment of each of these six respondents was that a significant portion of the population cannot take advantage of information that is available. This was seen as limiting their capacity to be active participants in their health and ultimately compromising their ability to achieve optimal health and well-being.

Of the three remaining respondents, two were unable to identify any particular issues that individuals with limited literacy skills may have in maintaining and/or improving their health. According to the other respondent, we do not know what the issues/barriers or needs of individuals with limited literacy skills are, even though we tend to assume we do. This respondent expressed a need to involve individuals with limited literacy skills in processes aimed at addressing their needs. However, care must be taken in determining

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<sup>1</sup> The Public Health Agency of Canada defines Population Health as "...an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health." ([www.phac-aspc.gc.ca/ph-sp/phdd/](http://www.phac-aspc.gc.ca/ph-sp/phdd/))

how to encourage participation without intimidating people. Thinking of new and creative ways to foster participation is clearly needed.

### **Key Insights and Implications**

Most respondents identified issues and barriers faced by individuals with limited literacy skills that are documented in the literature. Of particular interest was the response emphasizing that we do not truly know the issues or barriers that individuals with limited literacy skills encounter, although we tend to assume we do. This comment raises the question as to whether we can depend on literature and study results from other jurisdictions in determining a direction for Nova Scotia. It is important to consider some of the unique characteristics of Nova Scotia including, in particular, the province's aging population, cultural diversity and largely rural geography. Thus, the issues are likely best understood by exploring the lives of Nova Scotians.

#### **QUESTION FOUR:**

**Can you give examples of policies, programs or practices that address the health issues of adults who are limited in literacy in your District?**

Seven of the nine respondents indicated that no formal policies exist to address the health issues of adults with limited literacy skills. For instance, they knew of no formal policies on the use of plain language guidelines in developing printed health information. However, each reported strongly encouraging the use of plain language and avoiding medical jargon when developing print materials. One respondent said that a grade six to eight level was generally the target for readability while another participant reported a grade four level. Another respondent said a plain language policy existed for community-based agencies. Overall, however, the majority questioned how strongly the principles of plain language were adhered to in actual practice. There was general agreement that certain services such as Public Health Services, Addiction Services and Mental Health Services, were more apt to adhere to principles of plain language in their publications.

Translation services were reported to be available in two districts to aid those who face language barriers. However, one of these respondents questioned whether the staff or public are aware of this service. Two other respondents spoke of learning networks and councils, which offer upgrading programs, tutoring services and other programs such as *Young Moms and Literacy*.

The remaining respondents were not aware of programs available within their Districts. One respondent stated that the District's lack of programs and policies related to health literacy reflected its lack of recognition of the needs of a significant portion of the population it serves. Overall, respondents agreed that there is a need to pay greater attention and make more notable investments in policies, programs and practices that address the health issues of adults who have limited literacy skills.

## **Key Insights & Implications**

Overall, most responses centered on the practice of using plain language when developing print materials. However, no respondent indicated that a district-wide plain language policy was in place. These findings suggest a need for increased awareness and education about health literacy among those working in the health care sector. In the absence of programs and policies that recognize the barriers to health that individuals with limited literacy skills encounter, practitioners will have difficulty meeting the needs of their clients who experience limited literacy.

### **QUESTION FIVE (a):**

**In what ways do health services in your District connect with adult literacy/education services to reach people with limited literacy skills?**

Four of the nine respondents were not aware of any formal connection between health services and adult education/literacy services in their respective Districts. A fifth respondent indicated that although no formal linkages were in place, the District's Community Health Boards often partnered with literacy organizations. This respondent further noted that literacy and poverty are key priorities in the District with some funding available to support partnerships. Another respondent's District was partnering with a local health literacy research project. This partnership served to raise the awareness of the health/literacy connection in the District and enabled District management to see the value of such collaborative efforts. This respondent also reported on other joint projects with health and literacy groups including the involvement of Public Health staff on literacy committees. Another respondent also reported that Public Health Services had partnered with literacy groups, such as Family Resource Centers. This respondent noted that front-line Public Health staff try to identify individuals with limited literacy skills and help them obtain the community supports they require.

Two other respondents noted that literacy initiatives are being carried out in their Districts under the Labour Market Agreement. However, only in one of these cases were health services actively involved in such initiatives.

The final participant's input, received by email, did not address the question.

While some respondents noted minimal collaboration in their Districts between adult literacy/education services and health services, the consensus was that more opportunities to work together are needed in all Districts.

### **QUESTION FIVE (b):**

**What, if any, plans do you have to establish or expand the links between health and literacy providers in your District?**

According to all nine respondents, no concrete plans were in place to form or expand the links between health and literacy providers in their Districts. However, one respondent was interested in adopting the *Read to Me* program – a new program delivered through



hospital maternity units to encourage new mothers to start reading to children at an early age. It provides an opportunity for partnering among the District Health Authority, education/literacy groups, local libraries and Family Resource Centres. According to another respondent, the need for collaboration between health and literacy providers was on the District's radar screen. The possibility of implementing a new program through Public Health Services called *Healthy Beginnings* was also noted. The program is intended to provide supports to families facing socioeconomic barriers to health until the child is three years of age. It includes literacy skills, parenting skill development, and nutrition education, among other things.

Overall, respondents agreed that there would be benefits in establishing stronger links between health and literacy providers. Furthermore, all respondents felt more investment is needed in this area.

### **Key Insights and Implications**

Responses to both parts of question five indicate that cross sector collaboration has been limited between health services to adult education/literacy services in the province. Moreover, plans to establish such a connection were limited. Two respondents noted literacy initiatives under the Labour Market Agreement. While these initiatives under the agreement may vary throughout the province, there is potential for broader health sector involvement.

Other opportunities for collaboration included *Read to Me* and *Healthy Beginnings* programs – two programs designed to address the needs of children and new mothers. According to one respondent, new mothers tend to be highly motivated to implement change and may identify their own literacy difficulties when given books from the *Read to Me* program. To take advantage of this window of literacy opportunity, proper resources and referrals to literacy programs need to be in place to support mothers in addressing their own literacy needs. Such anecdotal evidence supports the need to ensure that proper supports are built into programs such as the *Read to Me* program and also demonstrates the value of expanding such programs provincially.<sup>2</sup>

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<sup>2</sup> The *Read to Me* program is now a province-wide program. Information is available at <http://www.iwkgrace.ns.ca/readtome>

**QUESTION SIX:****What does health literacy mean to you?**

Responses to this question varied widely. Four respondents noted that health literacy is an individual's ability to read and understand health information. One of these four expanded upon this definition by indicating that the ability to understand health information should allow individuals to adopt behaviors that lead to improved health. Another noted that understanding health information enables individuals to become active participants in managing their personal health.

Two other respondents defined the concept of health literacy in terms of an individual's understanding of the determinants of health. The seventh respondent defined health literacy as written material dealing with health, while the eighth respondent defined it in terms of how literacy affects health services. The final respondent indicated no familiarity with the concept of health literacy.

**Key Insights and Implications**

While many respondents possessed a general sense of what health literacy is about, overall their responses indicated room to expand their understanding of the concept. As previously noted, any efforts to establish programs, policies and/or stronger linkages between health service providers and adult education/literacy providers must be built upon a solid understanding of the health/literacy connection.

Increasing awareness within the health care sector is a key starting point to foster the type of change required to appropriately address the negative effects that limited literacy has on health and to support the development of programs and policies required to support such change.

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## Recommendations

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**1. Conduct a formal environmental scan that includes a cross section of all domains of the health care system.**

The results of the environmental scan conducted provides a starting point for determining the level of awareness, program and policies currently in place in Nova Scotia's health care sector. However, it is premature to draw generalizations about the full extent of the programs and policies that exist province wide based on the information collected thus far. It is equally premature to generalize about the level of awareness of the health /literacy connection in the health care sector based only on interviews with employees working in the community health domain. Therefore, a more thorough environmental scan should be conducted, which includes participants from all domains of the health care system. The results of such an investigation could provide a sound basis for the development of appropriate education and training strategies for those working in the health care field.

**2. Develop education and training strategies to increase the awareness level of health care executives and health care professionals regarding the link between literacy and health.**

As noted above, the development of education strategies aimed at increasing the level of awareness and sensitivity among health care professionals should be based on a more formal assessment within the health care sector. This would help ensure that appropriate strategies are developed and implemented. Education and training are key strategies in promoting practices such as the use of plain language. Furthermore, increasing awareness of the impact that literacy has on health is a key step in building commitment to address the problem through policy and program development.

Practitioners from the adult education/literacy sector should be involved in the development and delivery of education and training strategies in order to benefit from their expertise. Furthermore, involving those in the adult education/literacy sector may act as a catalyst for future collaboration and partnerships.

Investigating education and training strategies undertaken by other health service jurisdictions could help in identifying strategies that have proved successful elsewhere.

**3. Conduct an audit of the readability of health information being produced and disseminated by the Nova Scotia health care sector.**

While most respondents indicated that it is practice to follow the principles of plain language when developing print materials, many questioned how strongly such practice is adhered to. Most studies indicate that health information is produced at a level above the reading abilities of the average adult, but no specific data appears to

be available within the province regarding the readability of health information. This data could prove to be very valuable in raising awareness and may act as an impetus to change what is now informal practice into policy. Furthermore, it may be beneficial to evaluate the effectiveness of alternative forms of health communication other than traditional written/print materials.

**4. Develop a provincial policy that mandates all Health Districts to adhere to the principles of plain language when developing print material for public use.**

While creating easy-to-read information will by no means solve all problems associated with limited literacy, it is an important part of any attempt to address the issue. A provincial policy would help ensure that greater attention is paid to the readability of publications and that greater consideration is granted to the characteristics of intended audiences.

Such a policy could benefit both the public and health care organizations. However, it must be noted that plain language alone is not going to reach all segments of the population, since limited literacy skills may make reading even the most clearly written information difficult, if not impossible for some. Developing alternative methods of communicating health information is required. Lessons learned from the experiences of other jurisdictions in developing alternative means of clear health communication should be sought.

**5. Invest in research initiatives that will allow the province to determine the financial costs that limited literacy has on the provincial health care system.**

Placing a dollar value on the costs that limited literacy has on the health care system is not easy. Nonetheless, it is an area that demands attention, since preliminary evidence in this area has indicated that financial costs are substantially high. A likely starting point for such research would be to focus on the early work being carried out by health literacy researchers. An examination of the methods employed by other research initiatives may prove helpful in determining how to approach data collection and analysis. Furthermore, there is a lot to be gained by examining methods used in other types of cost analysis initiatives within the health care sector, such as the work done by Genuine Progress Index (GPI) Atlantic.

Attaching a dollar value to limited literacy may be what is needed to gain support for policy and program development aimed at enhancing the ability of individuals with limited literacy skills to gain greater control over their health and well-being.

**6. Invest in research that investigates the issues and barriers that Nova Scotians with limited literacy skills encounter in trying to maintain and/or improve their health.**

Although numerous examples of situations that individuals with limited literacy skills encounter are reported in the literature it is important to identify the unique issues and barriers faced by people in Nova Scotia. The work being carried out in northeastern Nova Scotia by the health literacy research team at St. Francis Xavier University and

its community partners is one example of such research. It is important to invest in similar initiatives that explore literacy and health issues through the experience of other Nova Scotians such as seniors and culturally diverse population groups.

**7. Invest and build upon existing programs and partnerships currently in place that address the issue of limited literacy and health.**

Findings from this environmental scan have revealed a few promising beginnings of programs and partnerships that address literacy and health issues in the province. Building upon existing programs and cross sector partnerships may enhance provincial capacity for broader action on literacy and health. Equally important is investing time and energy in finding new ways of fostering collaboration across sectors. Sharing experiences and lessons learned with others who have attempted similar endeavors can also be useful.

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## Concluding Remarks

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There is growing evidence that literacy is a major factor influencing health status. The impact of literacy on health and also on health care costs points to an area of public policy worthy of attention and investment. Efforts need to be directed to developing effective strategies to address both the direct and indirect impacts of literacy on health. Research is needed to inform interventions and policy development. While Canada has been recognized for its efforts in this area, the fact remains that there is still much work to be done.

Results of this environmental scan suggest that there is lots of room for attention and action to be directed towards addressing literacy and health issues in Nova Scotia. Although the importance of literacy as a determinant of health is acknowledged in general, efforts are needed to broaden this awareness and foster development of much needed policies, programs and collaborative partnerships. Educating and raising the awareness levels of government decision makers, health administrators, health professionals and society at large about this critical issue is an essential starting point for affecting the type of change that needs to take place.

Improving literacy as a means to improve health is an upstream investment. Although awareness is growing within the health care sector of the need to improve health by addressing social conditions that influence health, collaborating across sectors in health promoting initiatives appears to be lagging behind. Perhaps we all need to be reminded of the message of the Federal/Provincial/Territorial Advisory Committee on Health (1999) which states,

*taking positive action to provide all Canadians with the opportunities they need to obtain a solid education and achieve adequate literacy skills is one of the best ways to foster healthy citizens and a prosperous, competitive nation<sup>3</sup>.*

Only when there is a true commitment to this call for action will we see the type of investment required to properly address the challenges that limited literacy places on the health status of our population and on the health care system that we all share.

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<sup>3</sup> Quote adapted from The Movement for Canadian Literacy's 2002 Submission to the Romanow Commission on the Future of Health Care in Canada. Taken from the Federal/Provincial/Territorial Advisory Committee on Health, 1999.

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