# SAPC Hot Topic: the importance of 'health literacy' in primary care

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## Introduction

For communication between doctors and patients to be effective, doctors need to share health information with patients in a clear and manageable way. This information can include the nature of a diagnosis, the risks and benefits of different treatments, how to take medications in a safe and effective way and actions those patients can take to improve their own health. Patients also need to know how to access, understand and make use of health services in ways that can promote and maintain good health.

The ability to access, understand and use health information, including being able to navigate health services, has been termed 'health literacy' (Institute of Medicine, 2004). It is recognised as an important determinant of health. People can be well educated and even very literate but still have low health literacy; however, it is more prevalent in people with low basic skills. Recent surveys in the United Kingdom show that the percentage of adults below the literacy level expected of an 11 year old is 16% in England (Department for Education and Skills UK, 2003) and 25% in Wales (Williams and Kinnaird, 2004).

### Why does health literacy matter?

Patients with low literacy have poorer health outcomes. These include inadequate knowledge about health and the healthcare system, intermediate disease markers, measures of morbidity

(e.g. diabetes (Powell et al., 2007) and asthma (Paasche-Orlow et al., 2005)), and general health status (Dewalt et al., 2004). Lower health literacy is associated with poorer ability to take medicines appropriately and to interpret labels and health messages (Berkman et al., 2011). There is also evidence of poor access and utilisation of health services, including both preventive services (Scott et al., 2002) and increased hospitalisation and use of emergency services (Berkman *et al.*, 2011). Doak et al. found that insufficient and inaccurate health knowledge and difficulty in assimilating new information interfered with patients' ability to effectively communicate with healthcare professionals about cancer screening and the risks and benefits of treatment options (Doak et al., 1996). Cancer patients with poor health literacy have been found to have a limited understanding of the benefits of screening and of knowledge of their symptoms (Davis et al., 2002). Overall, this has an effect on their stage at diagnosis (Bennett et al., 1998). If we could improve literacy and health literacy, this could contribute to reducing health inequalities.

# The SAPC Health Literacy SIG

There has been a growing Special Interest Group (SIG) at the Society for Academic Primary Care (SAPC) for some time now, encouraging research and collaborations (see http://www.sapc.ac.uk/ index.php/special-interest-groups/health-literacy). As a direct result of the support of SAPC, the 'Health Literacy Group UK' has grown out of the SIG – www.healthliteracy.org.uk.

This group is essentially an internet community but with regular opportunities to meet and share research, best practice and evidence.

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Here are some highlights of recent and upcoming work from the group.

## **Research conference**

On 10 June 2011 we held our first research conference at the Chancellors Hotel and Conference Centre, Manchester. The conference was sponsored by MSD and the Food and Drink Federation.

We had plenary sessions from national and international health literacy experts. Professor Don Nutbeam (Southampton University) discussed how the view of health literacy as an asset has evolved from the field of lifelong learning and how the evolution of the concept of health literacy is continuing to challenge and develop the speciality. Dr Rima Rudd (Harvard University) discussed the 'triple jeopardy' experienced by people with low health literacy: lower literacy and numeracy skills, membership of marginalised groups and poor employment prospects. She discussed how building skills, including health literacy skills, empowers individuals and communities. Dr John Comings (Boston), an international literacy academic, gave us the theoretical background on literacy and numeracy skills and how materials should be designed to reflect these. Our final plenary presentation was by Professor Richard Osborne (Deakin University, Australia), who discussed the challenges of measuring a concept that has multiple definitions and concepts.

In addition to the plenary presentations we ran two parallel oral presentation sessions and a poster session. It was great to see so much fascinating and high-quality research taking place in the field across a wide range of academic, service and community development areas.

The oral, poster and plenary presentations from the day are available for download at http://health literacy.org.uk/seminar-presentations-to-download

# **Health Literacy book**

Another 'first' for the group is development of a book '*Health Literacy in Context: International Perspectives*'. As the health literacy group started to grow in 2008–2009, we recognised the extensive research undertaken by colleagues from other countries and wished to review this evidence base and, where appropriate, adapt and build on this work to improve health and health services. To address this we organised an international seminar with health literacy experts in the fields of health, education, economics, policy and community work. The seminar, which ran over three days, not only gave us the opportunity to hear the latest developments but also facilitated wide-ranging interdisciplinary and international discussions. These are captured in the book; chapters are being written by those who gave the presentations, and the 'added value' brought through the opportunity to view health literacy from different perspectives and contexts is being drawn out by the editors (Deborah Begoray, Doris Gillis and Gill Rowlands). The book will be published by Nova Science in early 2012.

## **Upcoming meetings**

We continue to hold free one-day seminars across the United Kingdom. Details of all our meetings and registration are available on our website www.healthliteracy.org.uk

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# References

- Bennett, C.L., Ferreira, M.R., Davis, T.C., Kaplan, J., Weinberger, M., Kuzel, T., Seday, M.A. and Sartor, O. 1998: Relation between literacy, race, and stage of presentation among low-income patients with prostate cancer. *Journal of Clinical Oncology* 16, 3101–104.
- Berkman, N.D., Sheridan, S.L., Donahue, K.E., Halpern, D.J., Viera, A., Crotty, K., Holland, A., Brasure, M., Lohr, K.N., Harden, E., Tant, E., Wallace, I. and Viswanathan, M. 2011: Health literacy interventions and outcomes: an updated systematic review. Rockville, MD: Agency for Healthcare Research and Quality.
- Davis, T.C., Williams, M.V., Marin, E., Parker, R.M. and Glass, J. 2002: Health literacy and cancer communication. CA – A Cancer Journal for Clinicians 52, 134–49.
- **Department for Education and Skills (UK).** 2003: The skills for life survey. A national needs and impact survey of literacy, numeracy and ICT skills. London.
- Dewalt, D.A., Berkman, N.D., Sheridan, S., Lohr, K.N. and Pignone, M.P. 2004: Literacy and health outcomes: a systematic review of the literature. *Journal of General Internal Medicine* 19, 1228–39.

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- Doak, L.G., Doak, C.C. and Meade, C.D. 1996: Strategies to improve cancer education materials. *Oncology Nursing Forum* 23, 1305–12.
- **Institute of Medicine** 2004: *Health literacy: a prescription to end confusion*. Washington, DC: National Academies Press.
- Paasche-Orlow, M.K., Parker, R.M., Gazmararian, J.A., Nielsen-Bohlman, L.T. and Rudd, R.R. 2005: The prevalence of limited health literacy. *Journal of General Internal Medicine* 20, 175–84.
- Powell, C.K., Hill, E.G. and Clancy, D.E. 2007: The relationship between health literacy and diabetes knowledge and readiness to take health actions. *The Diabetes Educator* 33, 144–51.
- Scott, T.L., Gazmararian, J.A., Williams, M.V. and Baker, D.W. 2002: Health literacy and preventive health care use among Medicare enrollees in a managed care organization. *Medical Care* 40, 395–404.
- Williams, J. and Kinnaird, R. 2004: *The national survey of adult basic skills in Wales*. Cardiff, UK: Basic Skills Agency, Welsh Assembly Government.

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