

## **Health Literacy Alliance Panel**

### **Health literacy as a tool for social inclusion in South Australia: Examples from research in health.**

**Robert Adams, Catherine Hill, Nigel Stocks, Bastian Seidel, David Wilson.**  
Discipline of Medicine, and Discipline of General Practice & Population Health  
The University of Adelaide

Health literacy is a core concept in the ability to understand health information, interpret what this means to the individual, create plans of action and communicate with relevant health professionals or others interested in an individual's situation. We describe 3 research case studies examining the influence of health literacy on the health of people with chronic conditions, and the health literacy demands that health services and hospitals make on people.

#### **Case Study 1:**

We measured health literacy using the Newest Vital Sign (NVS) and medication label items from the Test of Functional Health Literacy in Adults (TOFHLA) in a community sample of people aged over 50 years with respiratory symptoms participating in a study examining identifying asthma among older adults. The NVS is a recently developed rapid screening test of health literacy for use in primary care. It consists of a nutrition label that is accompanied by 6 questions that probe the participant's ability to read and apply information from the label (general comprehension and numeracy). The NVS has the advantage of being very quick to administer (approximately 3 minutes). Among people  $\geq 65$  years 42% scored below the threshold indicating a person was at risk for low health literacy, compared with 26% in those aged 50-64 years ( $p < 0.05$ ). Those with low health literacy scores tended to have lower scores on quality of life measures.

#### **Case Study 2:**

Rheumatoid arthritis (RA) is a significant independent risk factor for cardiovascular disease (CVD). However, it is unclear whether patients with RA are aware of their increased CVD risk. In a pilot study, 28 participants recruited from the Early Arthritis Clinic, Royal Adelaide Hospital completed a questionnaire. CVD was correctly identified as the leading cause of mortality in the general population by the majority (72%) of patients. However, most patients were more concerned about developing cancer than CVD. Generally, patients felt well informed about CVD and RA. Information about CVD was most frequently obtained from newspapers and TV, less from health care professionals. Although most patients were able to identify traditional risk factors for CVD, RA was not considered to be a contributing factor to overall CVD risk. Furthermore, most patients underestimated their own 10-year-CVD-risk (calculated from each individual patient's clinical and biochemical parameters). Knowledge about the effects of drugs such as DMARDs, NSAIDs, aspirin and fish oil on risk of cardiovascular disease was poor.

#### **Case Study 3:**

The expectations, preferences and skills of those providing health information & services are critical aspects of health literacy. The literacy demands patients face in hospitals and health centres needs to be analysed so that ways to reduce demands can be developed. Using a tool designed by Rima Rudd at the Harvard School of Public Health we conducted a Health Literacy Environment Review at The Queen Elizabeth Hospital, Woodville. The Review examines the areas of Navigation, Print Communication, Oral Exchange, Technology, Policies and Protocols and a Summary rating. Some of the issues identified included, access to a multilingual service when telephoning the hospital; lack of signage and maps, especially in languages other than English; lack of multilingual written pamphlets in some areas; and

technological access to health and other information is limited. Action plans are being developed to address these and other issues.