

# WellSpring

## Literacy and Health: Implications for Active Living

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### What's in This Article for You?

This article focuses on the following main topics:

- What is literacy and health literacy?
- Why should active living practitioners be interested in literacy and health literacy?
- Do people understand communications about physical activity?
- What can you do to address literacy or health literacy in your practice?

### What is Literacy and Health Literacy?

There are many definitions of "literacy" and "health literacy." The definitions (in the box on this page) from the Canadian Public Health Association Expert Panel on Health Literacy suggest that people need literacy and health literacy to maximize their potential, in life in general or in relation to their health.

In other words, both literacy and health literacy are ways to empower people. Health literacy can be applied to any health issue, including mental health, diabetes or physical activity. The definition of health literacy suggests that health literacy is context-specific.



### Defining Literacy and Health Literacy

Literacy is the ability to understand and use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one's goals and potential.

Health literacy is the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life course.

(Canadian Public Health Association, 2007)

Health literacy involves both the context (or setting) in which health literacy demands are made (e.g., health care, media, Internet or fitness facility) and the skills that people bring to that situation.

## Why Should Active Living Practitioners Be Interested in Literacy and Health Literacy?

### Reason 1: Many people in Canada have inadequate literacy and health literacy skills

The 2003 International Adult Literacy and Skills Survey (IALSS) found that:

- Forty-two per cent of Canadians aged 16 to 65 fell below level 3 on the prose scale, and 50 per cent fell below level 3 on the numeracy scale. Level 3 is considered the minimum necessary to succeed in today's economy and society (p. 48).
- Fifty-five per cent of working age people fell below level 3 on the health literacy scale (p. 50).
- Eighty-eight per cent of adults over 65 were below level 3 on the health literacy scale (p. 107) (Canadian Council on Learning, 2007).

### Defining Reading Levels

Level 1: A person is not able to read at all or has very serious problems with reading.

Level 2: A person can read simple language.

Level 3: A person can read well enough to get along from day to day.

Levels 4 and 5: A person can read complex reading material (Rootman & Ronson, 2004).

### Reason 2: Both literacy and health literacy are strongly related to health outcomes

The 2003 IALSS survey showed that working age Canadians with lower self-rated health had lower average literacy scores on all measures of literacy (prose, document, numeracy and health literacy) (Lachance, personal communication, 2006).

Canadians with the lowest health literacy skills on the 2003 IALSS were also more than three times as likely to report that they were in fair or poor health than those with the highest levels (Canadian Council on Learning, 2007, p. 51).

In the United States, people with lower literacy and health literacy scores:

- Have higher rates of hospitalization and use more emergency services (Institute of Medicine, 2004).
- Are less likely to control their diabetes and more likely to experience complications (Schillinger et al., 2003).
- Are less knowledgeable about disease management and less likely to use preventive services (Institute of Medicine, 2004).

In addition, older Americans with inadequate health literacy were more likely to be sedentary than those with higher literacy scores (Wolf, Gazmararian, & Baker, 2007).

### Reason 3: Literacy and health literacy are related to income

According to the IALSS, people with higher literacy levels are more likely to be employed and to have higher earnings than those with lower levels (Canadian Council on Learning, 2007, p. 47).

People with low incomes are less likely to be physically active in structured programs or facilities than those with higher incomes (Canadian Fitness and Lifestyle Research Institute, 2005).

Providing low-cost programs and opportunities is one way to address this issue. People with the best access to a variety of built and natural facilities are 43 per cent more likely to be active 30 minutes on most days than those with poor access (Cameron, Craig, & Paolin, 2004).

You will probably meet people with low levels of literacy and health literacy who may not be able to participate in organized physical activity because they lack access to money or facilities.

In addition, people who are able to participate may have difficulty understanding written and oral instructions and communicating their concerns.

## Do People Understand Communications About Physical Activity?

People with low literacy and health literacy skills likely find it hard to access, understand and evaluate public physical activity information such as the Public Health Agency of Canada's Physical Activity Guides.

Recent surveys indicate that:

- Fifty-four per cent of Canadians are aware of guidelines for physical activity, but only 37 per cent say that they have heard of Canada's Physical Activity Guide (Canadian Fitness and Lifestyle Research Institute, 2005).
- Forty-five per cent say information they received facilitated their activity levels (Canadian Fitness and Lifestyle Research Institute, 2005).
- Fifty-four per cent say the guidelines had no influence (Canadian Fitness and Lifestyle Research Institute, 2005). This was particularly true among the least educated, lower income, non-English-speaking and inactive Canadians (Bauman, Craig & Cameron, 2005).

Bauman and Finch (2000) also found a low recall and use of physical activity guidelines among health professionals.

Interpretations of "physical activity" and "exercise" can differ substantially, particularly by gender, age and ethnicity (Bauman, Smith, Maibach, & Reger-Nash, 2006). This may account for the fact that exercise (e.g., jogging, weight lifting, step aerobics) is considered an unpleasant, scheduled and repetitive chore for some.

People saw physical activity, on the other hand, as a range of enjoyable activities (e.g., walking, dancing, yard work).

However, health benefits were more clearly associated with exercise (Edwards, 2000). One study conducted with lower educated women in Norway found that messages promoting exercise were

perceived as stressful, threatening, not relevant and de-motivating (Iversen & Kraft, 2006).

In fact, the literature reveals that health communication interventions generally fail to help people change their activity levels. This problem could stem from both the inappropriateness of the communication effort and its irrelevance to people's lives (Department of Health, 2004; Neuhauser & Kreps, 2003).

## What Can You Do to Address Literacy or Health Literacy in Your Practice?

Fortunately, there are a number of approaches developed in Canada and elsewhere to address some of the issues raised above.

### 1. Identifying people with low literacy and health literacy

People with low literacy and health literacy tend to:

- Routinely miss appointments.
- Arrive without completed forms.
- Never refer to written information.
- Avoid filling out forms.
- Rely on others to read material.
- Claim to have vision problems when asked to read.
- Show facial signs of frustration or anxiety when reading.
- Ignore or misunderstand advice.
- Read slowly with obvious effort.
- Ask a lot of questions ... or none (Gillis, 2004).

### 2. Providing effective active living information for people with low literacy and health literacy

- Organize your information (e.g. decide on the three to five most important points).
- Use common words (e.g., "training for your heart" not "cardiovascular training").
- Give the client a chance to express feelings.
- Make direct eye contact.
- Use written information as back-up.

- Plan with clients. (Discuss possible approaches and choose ones that clients like.)
- Let the client know what you are thinking.
- Explain procedures and ask permission.
- Focus on the client.
- Write information at a grade 4 to 6 reading level.
- Offer information that your clients need and want to know and that is sensitive to their cultural background.
- Write information in a friendly and conversational style.
- Provide information that follows clear design principles (PLS/CPHA, 2007).

### 3. Creating environments that are friendly for people with low literacy and health literacy

- Use more non-written information (e.g., pictures, images, podcasts, videos, demonstrations).
- Assess suitability of materials. For example, you can use your spelling and grammar function in Word to assess the reading levels of documents that you create.
- Invite relatives and friends to participate.
- Include community workers in the team.
- Offer ways to learn more.
- Take additional training.
- Provide training to colleagues (e.g., on how to prepare plain language materials and to communicate clearly and effectively).
- Collaborate with others.
- Participate in research.
- Advocate for change.

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## Mission Statement of the Alberta Centre for Active Living

Working with practitioners, organizations, and communities to improve the health and quality of life of Albertans through physical activity.

IF YOU HAVE ANY SUGGESTIONS OR QUESTIONS, WE'D LIKE TO HEAR FROM YOU.

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