Understanding Health Literacy’s Pathway

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Abstract

It is important to accept that health literacy is not only widely recognised, but is also broadly discussed and argued. This article, then, discusses health literacy’s “scope and depth”, as the ultimate goal, so that all or some understandings of it are made among the public. These two factors were found out through a comparison between a well-known health literacy definition and other descriptions later developed and enlarged. The result of this article is a mix of contributions. Apart from raising knowledge and understanding of the issue, the article also provides a communication strategy and the development of a more completed, perfect health literacy assessment tool.

Introduction

There are four rationales why understanding health literacy’s definition is interesting. First, it is because Thailand is the member of the Association of South East Asian Nations [ASEAN] and one of its concern is the improvement of citizens’ health literacy in a nation (Samkoset, 2011). In addition, it is agreed by many health researchers and studies that health literacy is a key factor influencing how well health is (see Bodie & Dutta, 2008, p.182; Paasche-Orlow & Wolf, 2010, p.34; Sarkar, Karter, Lui, Adler, Nguyen, López, & Schillinger, 2010, p.184; Shue, O’Hara, Marini, McKenzie, & Schreiner, 2010, p.362; Vangeest, Welch, & Weiner, 2010, p.403; Wynia & Osborn, 2010, p.341).

1 การรู้เท่าทันสุขภาพ เป็นค่านิยมสำคัญทางไกลที่ต้องเรียนรู้ กรมสนับสนุนบริการสุขภาพ ให้เรียน health literacy (Health Education Division, 2010).
2 ความเข้าใจทางสุขภาพ เป็นค่านิยมสำคัญทางไกลที่ต้องเรียนรู้ กรมสนับสนุนบริการสุขภาพ (สส.ส.) ให้เรียน health literacy (Khamkert, 2010).
3 A lecture given by V. Samkoset was about the preparation of Thai universities for being the member of the ASEAN community in the Academic Meeting of the Council of University Faculty Senate of Thailand held for all Thai corporates in order to make clear about the needs of entering the ASEAN. It was taken place at the Royal Thai Navy Convention Hall, between Thursday 18 and Friday 19 August 2011.
Third, although the United States is an empowering, leading country of the world, Zarcadoolas et al. (2011, p.90) referring to the studies of Nielsen-Boehm, Panzer, and Kindig (2004) and Schwartzberg, Van Geest, and Wang (2005) revealed that nearly 100 million Americans have faced the difficulty in understanding health information management. Nielsen-Boehm et al. (2004) addressed by Zarcadoolas et al. (2011, p.90) discovered that a large number of expenditure, almost 70 billion US dollars is the country’s annual economic loss. Fourth, happiness and well-being are an ultimate goal of human beings. That is to say, the ability to escape from communicable diseases, for example, cholera, diphtheria, hand, foot and mouth disease, influenza, leprosy, measles, meningococcal meningitis, pertussis, and pneumonia (Bureau of Epidemiology (BoE), Department of Disease Control, Ministry of Public Health, n.d.) or noncommunicable diseases e.g., diseases from occupation and environment, injury, natural disaster, jellyfish caused, non-chronic, noncommunicable diseases, and risk behaviour (BoE, n.d.) should be reached. Nowadays, no matter where you are from or no matter how well gross domestic product (GDP) or gross national product (GNP) a nation is, not only the communicable diseases, but also the noncommunicable diseases have been challenging citizens in those nations (United Nations Economic and Social Council (ECOSOC), 2010, p.212; Hill, 2004, p.4).

Finally, it is important to have the wide recognition of health literacy’s definition because although the word “health literacy” is known and understood, there are some of it aspects of it which are not clearly agreed upon. Likewise, the more the health and/or medical researchers, professionals, and organisations have paid their attention to health literacy, the more argumentations and the needs for more inclusive comprehension of it are required. According to Baker (2006, p.878, cited in Birkman, Davis, & McCormack, 2010), “Ironically, as the field of health literacy has expanded in scope and depth, the term ‘health literacy’ itself has come to mean different things to various audiences and has become a source of confusion and debate” (p.9). Thus, many health scholars call for re-thinking the description of health literacy (e.g., Bodie & Dutta, 2008, p.176; Dray & Papen, 2004, p.311; Skubisz, 2008, p.212 reviewing the book titled Advancing health literacy: A framework for understanding and action written by Zarcadoolas, C., Pleasant, A.F., & Greer, D.S., 2006(s)). This article does not mean to give a definite, final, acceptable definition of health literacy to readers and all parties concerning health literacy, i.e. physicians, healthcare givers, language educators, health/medical communicators, health/medical Institutes, and the like. It merely suggests a more comprehensive platform for understanding health literacy and developing and improving health literacy assessment tools which are also an important dimension in studying health literacy and which are also argued in terms of their factor inclusions, though. The following section talks about how health literacy is understood.

Discussion on health literacy

The discussion of the term “health literacy” in this article will be based on what Baker (2006, p.878, cited in Birkman et al., 2010) suggested the re-thinking health literacy in both “scope and depth” so that clearer understanding of the issue among the diverse public is the utmost consequence (p.9). From time to time, it is agreed by many health/medical literacy scholars and organisations that health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (US Department of Health and Human Services (HHS), 2000, in Benjamin, 2010, p.1; Ratzan & Parker, 2000, in Hester & Stevens-Ratchford, 2009, p.180; HHS, 2003, in Rudd, 2004, p.7; HHS, 2001, p.16, in Torres & Marks, 2009, p.44; see also
Clearly, it is important for a health literate person to be able to "to get something, especially by asking for it, buying it, working for it or producing it from something else" (Cambridge Dictionaries Online, 2011), "to deal with ("to talk to someone or meet someone, especially as part of your job") documents in an official way" (ibid), and "to know ("used to ask someone to tell you a piece of information") the meaning of something that someone say" (ibid) only about what it is fundamental and necessary for making people still alive and healthy as well as live happily. This definition, however, has been argued in a variety of ways of discussion. There are several perspectives for considering further about health literacy- a variety of skills required for being a health literate individual and the tasks of both healthcare givers and patients. Health literacy which is about patients per se' physical and mental attachments in being receptive to the health/medical information available is discussed in its span and intensity alike. Going deep into the sea, the classical definition is also lacking the aspect that, not only one, but all of the four communication skills- listening, speaking, reading, and writing are needed to harmonise.

Importance of Various Skills Required

In consideration of the definition's span, first, the importance of communication skill is highlighted in the classical definition only. There are both agreements and disagreements with it. Its necessity of communication dimension is also similarly recognised by several scholars (e.g. Paasche-Orlow & Wolf, 2010, p.35; Zarcadoolas, Pleasant, & Greer, 2003, p.120). As the language and communication experts and scholars, Hester and Stevens-Ratchford (2009) highly posited that "language and communication are key elements for adequate health literacy because patients use communication skills to access health services, describe and discuss symptoms, answer questions, understand medical instructions, and ask relevant health care questions" (p.180).

It is, however, argued that, besides communication factor, health literacy covers other academic fields and related obligations, for example, cultural background (e.g., HHS, 2007; in Benjamin, 2010, p.2; Zarcadoolas et al., 2003, p.120), cognitive or knowledge skill (e.g., Yost, Webster, Baker, Choi, Bode, & Hahn, 2009; in Yost, Webster, Baker, Jacobs, Anderson, & Hahn, 2010, p.82; Zarcadoolas et al., 2003, p.120; see also Diehl, 2004, p.27), analytical or critical skill (e.g., Villagran, Weather, Keefe, & Sparks, 2010, p.314; Yost et al., 2009; in Yost et al., 2010, p.82; Zarcadoolas et al., 2003, p.120), practice-based skill (e.g., Zarcadoolas et al., 2003, p.120); social factor (e.g., Baur, 2010, p.43; Dray & Papen, 2004, p.314-316; Paasche-Orlow & Wolf, 2010, p.35; see also Diehl, 2004, p.27), numeracy skill (e.g., Rudd, 2004, p.7-8; Yost et al., 2009; in Yost et al., 2010, p.82; Zarcadoolas et al., 2003, p.120), language skill (e.g., HHS, 2007; in Benjamin, 2010, p.2; Kickbusch & Ratzan, 2001, p.87), decision making skill (e.g., Villagran et al., 2010, p.314; see also Medicines and Healthcare Products Regulation Agency, 2005, in Ratzan & Parker, 2006, p.713), self-management skill (e.g., a study given at the 2006 Surgeon General's Workshop, in Benjamin, 2010, p.2), media literacy (e.g., Zarcadoolas et al., 2003, p.120), health access skill (e.g., a study given at the
2006 Surgeon General's Workshop, in Benjamin, 2010, p.2; see also Medicines and Healthcare Products Regulation Agency, 2005, In Ratzan & Parker, 2006, p.7134), navigation skill (a study presented at the 2006 Surgeon General's Workshop, in Benjamin, 2010, p.2; Kickbusch & Ratzan, 2001, p.87), and so forth. Though, the communication skill has still been vital, with the ever-changing time and with its more popularity, the angles on defining health literacy are more diverse and enlarged.

Importance of a Source–Receiver Relationship

According to the second defect, health literacy involves the patient only. As dissimilarly underlined by, for instance, Office of the Mayor (Lawrence, 2008, p.185), Paasche-Orlow and Wolf (2010, p.35), and Rudd (2004, p.7-8) referring to the ideas of HHS (2003) and Institute of Medicine (IOM) (2004) that, the scope of health literacy is clearly not just about a patient's personal responsibility, but it is also the work of doctors, nurses, physicians, health educators, and the like and the highlight of healthcare systems given. Expanded from the original definition, Villagran et al. (2010) address the agreed description of the National Academy of Sciences, National Library of Medicine (NLM), Healthy People 2010, and the IOM that health literacy is "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions that may affect the health of Americans and the ability of the healthcare system to provide effective, high quality care" (p.313). This aspect, in addition, concurred with the Davis, Gazmararian, & Kennen's (2006) small-scale, informal, but useful survey proposing that there are the requirements of three major dimensions regarding health literacy. Those include "(1) institutional policy, quality standards, and staff training", "(a) more comprehensive approach to the delivery of health information", and "(a) business case that directly addresses issues of low health literacy in organizations and agencies" (p.552-553). That is to say, it is vital for such national governments, healthcare givers and organisations as well as all parties concerning to prepare their materials, including diverse levels of language, appropriate communication channels, health information, health services and systems and more so that their patients' correct, profound understandings can be built and appropriate health services can be provided. High level of health literacy is the expected result. Like the Unified Health Communication (UHC) developed by the Health Resources and Services Administration (HRSA), the tool has the Internet setting, but no payment and no time constraint required targeting to the development of communication between patients and healthcare providers because the former have differences in levels of health literacy, cultural background, and English language comprehension (HRSA, n.d.). Referring to a classical model of David K. Berlo (1960, in Satawedin, 2003, p.53), so-called "SMCR", a receiver cannot decode a message tailored through a communication channel effectively unless a sender does choose a proper, well-organised message and a suitable modality. Thus, it is a source-receiver relationship. In this case, the source is healthcare providers and the receiver is patients. Like the later perspectives, the classical definition proposed above honours the importance of the receiver, patients. However, it is also essential

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4 According to the Medicines and Healthcare Products Regulation Agency (2005, referring to the comment of the UK Committee on Safety of Medicines, in Ratzan & Parker, 2006), "medication literacy" should be added and it is explained as "the range of skills needed to access, understand and act on medicines' information" (p.171). Interpreting from that, therefore, such competencies are, for example, decision making skill, health literacy skill, and the like.
that whether or not the patients can obtain health/medical information and services and how well they are, it is because of those who are responsible for healthcare provision.

**Importance of an Active Audience and Their Physical and Psychological Involvement**

Interpreted from the classical definition and the second discussion, third, it seems that patients have no ability to make a decision on whether they accept or decline to accept messages and construct their personal thought (Philio, 2008, p.535). Easily speaking, they are treated as a passive audience. Health literacy is, however, about “us” as Bodie and Dutta (2008, p.181) obviously expressed that human beings must have both psychological and physical conditions, i.e. willingness, keen, and enthusiasm or “motivation”, apart from “ability”, to take part in processing and learning what they receive in both profound and accurate dimensions so that success, accomplishment, and understanding are reached. These two scholars said that they got the idea from the classical definition and the one defined by Nutbeam (1998, p.10) citing that “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” (p.181). Nonetheless, their conclusion which highlights that both “the ability” and “motivation” have to be with the public (p.181) and which later represents them as an active audience is unlikely to be recognised in the classical definition. The viewpoint of Bodie and Dutta (2008) is consistent with that of a persuasion concept, so-called Elaboration Likelihood Model, presented by R.E. Petty and J.T. Cacioppo, saying that whether the people per se are exposed to a message depends on how much it is relevant to themselves, or “motivation” and in extent to which they are distracted, they have prior understanding, and the message is repeated and difficult to understand, or “ability” (see Teeni-Harari, Lampert, & Lehman-Wilzig, 2007, p.327). Like Bodie and Dutta (2008), Zarcadoolas et al. (2003) say that “health literacy as the evolving skills and competencies needed to find, comprehend, evaluate, and use health information and concepts to make educated choices, reduce health risks, and improve quality of life” (p.119). With all of these criteria attached, illness and poor health are possibly not the consequence (Bodie & Dutta, 2008, p.182). I would, however, say that no thought of the availability of information and/or media for the audience are made by these scholars-Bodie and Dutta (2008) and Zarcadoolas et al. (2003). The reasons are either not all households have television set, radio, and the internet or the people may be encountering meeting healthcare providers because of time constraints. All of these scholars necessitate the destination player-patients. While interpreting from Bodie and Dutta’s (2008, p.181) viewpoint, unfortunately, points out the patients as they are active to choose what they want to consume, as long as they evaluate themselves whether they are enthusiastic and they are able to process the messages, the patients are more likely to be seen as passive in the classical definition, i.e. the patients have to be exposed to every single message provided.

In relation to this point and in favour of the word’s “health literacy” intensity, originally, the word “capacity”, which is alike agreed by many parties (HHS, 2000, in Benjamin, 2010, p.1; Ratzan & Parker, 2000, in Hester & Stevens-Ratchford, 2009, p.180; HHS, 2003, in Rudd, 2004, p.7; HHS, 2001, p.16, in Torres & Marks, 2009, p.44; see also Ratzan & Parker, 2006, p.713) should be amended to “ability”, as underlined by the Office of the Mayor (2007, in Lawrence, 2008, p.185) and “can”, as addressed by McCormack, Bann, Squires, Berkman, Squire, Schilling, Ohene-Frempong and Hibbard (2010, p.53). If these three words are taken at a glance, disparity is unlikely to be found. However, the words “ability” and “can” contain a greater depth, i.e. “the
physical or mental power or skill needed to do something’ (Cambridge Dictionaries Online, 2011), compared to “capacity” being “the ability to do a particular thing” (ibid). Unlike the classical definition, the deeper sense is perceived if the word “ability” and/or “can” was used, i.e. both physical and mental factors, i.e. both “ability” and “motivation” (Bodie & Dutta, 2008, p.181) rather than just do it, need to be involved in and attached with the individuals in order to improve health literacy.

Importance of listening, speaking, reading, and writing skills

Excluding listening, reading, and writing skills, likewise, there may be only speaking dimension stressed in the classical definition. The three words “obtain, process, and understand” (HHS, 2000, in Benjamin, 2010, p.1; Ratzan & Parker, 2000, in Hester & Stevens-Ratchford, 2009, p.180; HHS, 2003, in Rudd, 2004, p.7; HHS, 2001, p.16, in Torres & Marks, 2009, p.44; see also Ratzan & Parker, 2006, p.713) are replaced with others which are more specific and deeper. For example, “to read, understand and act upon” (the Office of the Mayor, 2007, in Lawrence, 2008, p.185), “obtain, process, understand, and communicate” (McCormack et al., 2010, p.53), and “read and comprehend health-related print material, identify and interpret information presented in graphical format (charts, graphs and tables), and perform arithmetic operations in order to make appropriate health and care decisions” (Yost et al., 2009, p.298, in Yost et al., 2010, p.82). Unlike the classical definition, these later three descriptions mainly highlight the ability to read. In detail, not only the people are able to read, they also need to understand what they read. The health literacy assessment tools developed by scholars and organisations are designed to test the patients’ readability, for example, Rapid Estimate of Adult Literacy in Medicine (REALM) (e.g., Rudd & Keller, 2009, p.243; VanGeest et al., 2010, p.404) which is well accepted (Davis, Long, Jackson, Mayeaux, George, Murphy, et al., 1993, in Yost et al., 2010, p.81). Test of Functional Health Literacy in Adults (TOFHLA) (e.g., Rudd & Keller, 2009, p.243; VanGeest et al., 2010, p.403-404; Parker, Baker, Williams, & Nuss, 1995 in Yost et al., 2010, p.81), Short Test of Functional Health Literacy in Adults (S-TOFHLA) (e.g., Torres & Marks, 2009, p.47), Written Medicine Information (WMI) (Miller, Allison, Schmitt, Ray, Funkhouser, Cobaugh, Saag, & Lacivita, 2010), and so forth. As recommended by very well-known health organisations (IOM, 2004, in Villagran et al., 2010, p.314-316; World Health Organization (WHO), in Diehl, 2004, p.27), all the communication skills regarding the ability to listen, speak, write, and read must be assessed. Health literacy engages and emphasises communication skills. However, only a perspective on speaking is found in the classic definition.

Conclusion

Understanding health literacy is endless. The more technological advances are made, the greater and the deeper the term “health literacy” is developed. Easily speaking, the term is indicated by the changing epoch. The comprehension of health literacy is on continuous demand; otherwise, its practice and examination are static and inert (Paasche-Orlow, Wilson, & McCormack, 2010, p.6). Nonetheless, health literacy, in this article, can be understood as knowledge about health. This comes from an individual’s motivation and ability requiring a wide range of skills, not only communication (all listening, speaking, reading, and writing required), but also other requirements, including cultural background, cognitive or knowledge skill, analytical or critical skill, practice-based skill, numeracy skill, language skill, decision making skill, self-management skill, media literacy, health access skill, navigation skill, and the like, as recommended by many scholars. The ultimate goals are to build and maintain good, illness-absent health. It also involves the relationship between healthcare givers and system and
recipients. Together with this, although those current health literacy tools could be applied in practice, to develop a more complete, perfect health literacy assessment tool, this article suggested that, such skills be taken into consideration.

Compared to what are called in Thai, as presented in Thai abstract, the first term tends to be preferable. This is because the first term is more likely to have both physical and psychological involvements, i.e. ability and motivation. In contrast, the second word seems to focus on physical ability. A recommended word, however, should be Gaan Rôo Sûk Kà Pâa (knowledge about health). Especially for those who involve health marketing, getting lost in an appropriate, best communication design for a particular audience fragment and in a proper, greatest guidance approach for those who are ‘defined’ as having a low level of health literacy are the concrete outcomes unless health literacy is comprehended (Bodie & Dutta, 2008, p.176).

References


Samkoset, V. (2011). The preparation of Thai universities for being a member of the Association of Southeast Asian Nations community given in the Academic Meeting of the Council of University Faculty Senate of Thailand, Year 2011 at the Royal Thai Navy Convention Hall on Thursday 18 and Friday 19 August 2011.


