

Health Literacy: Collaboration between Clinician and Patient

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Abstract : Issue: To engage in one's own health care, health professionals need to be aware of an individual's specific skills and abilities for best communication. One of the most discussed is health literacy. One of the assumed skills and abilities for adults is an individuals' health literacy. Background: A review of publicly available health content appears to assume all adult readers will have a broad and full capacity to read at a high level of literacy, often at a post-school education level. Health information writers and clinicians need to recognise one critical area for why there may be little or no change in a person's behaviour, or no-shows to appointments. Perhaps unintentionally, they are miscommunicating with the majority of the adult population. Health information contains many literacy domains. It usually includes technical medical terms or jargon. Many fact sheets and other information require scientific literacy with or without specific numerical literacy. It may include graphs, percentages, timing, distance, or weights. Each additional word or concept in these domains decreases the readers' ability to meaningfully read, understand and know what to do with the information. An attempt to begin to read the heading where long or unfamiliar words are used will reduce the readers' motivation to attempt to read. Critically people who have low literacy are overwhelmed when pages are covered with lots of words. People attending a health environment may be unwell or anxious about a diagnosis. These make it harder to read, understand and know what to do with the information. But access to health information must consider an even wider range of adults, including those with poor school attainment, migrants, and refugees. It is also homeless people, people with mental health illnesses, or people who are ageing. People with low literacy also may include people with lifelong disabilities, people with acquired disabilities, people who read English as a second (or third) language, people who are Deaf, or people who are vision impaired. Outcome: This paper will discuss Easy English, which is developed for adults. It uses the audiences' everyday words, short sentences, short words, and no jargon. It uses concrete language and concrete, specific images to support the text. It has been developed in Australia since the mid-2000s. This paper will showcase various projects in the health domain which use Easy English to improve the understanding and functional use of written information for the large numbers of adults in our communities who do not have the health literacy to manage a range of day to day reading tasks. See examples from consent forms, fact sheets and choice options, instructions, and other functional documents, where Easy English has been developed. This paper will ask individuals to reflect on their own work practice and consider what written information must be available in Easy English. It does not matter how cutting-edge a new treatment is; when adults can not read or understand what it is about and the positive and negative outcomes, they are less likely to be engaged in their own health journey.

Keywords : health literacy, inclusion, Easy English, communication

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