

Literacy and Health

A position paper adopted at the 1992 OPHA Annual General Meeting

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Equity of access is a leading concern of the Ontario Public Health Association - equal access to services and equal access to information.

The ability to read, write and use numbers well is one set of skills which is vital to this process, allowing people to make informed choices about issues from applying for a job, to voting, to understanding health and safety information.

In Canada, over one third of adults has some reading difficulties. According to Statistics Canada¹ (1990), the adult population (aged 16 to 69) can be divided into the following range of skill levels:

- 62% (11.2 million) read at a level which allows them to meet everyday reading requirements, and allows them to acquire knowledge using written material.
- 22% (4 million) read well enough to use print material in a variety of situations if the material is clearly written, clearly laid out and the tasks are within familiar contexts.
- 16% (2.9 million) cannot read well enough to deal with most of the written material they encounter in everyday life.

Nearly all public health information is in print form and is written by skilled readers for skilled readers. This information is of virtually no use to the 2.9 million who do not read well, and is of quite limited use to the 4 million who can only read well if the information is familiar and clearly written.^{2 3}

Without vital information about health and safety, many health problems result.^{4 5} For example:

1. Not having access to the information in print materials such as labels on food, medicines, infant formula, and cleaning products; safety information in the workplace; medical instructions; hospital consent forms; and environmental health information can lead to serious harm and injuries.
2. Not being able to read well frequently leads to poverty because well-paid jobs require relatively high reading skills. Poverty, in turn, is the clearest predictor of lower health status in terms of more years sick or disabled, and shorter life span.
3. Those jobs available to lower skilled readers are often more dangerous, and result in work-related injuries and illnesses.

Illiteracy clearly has a major negative impact on health.

The mission of the Ontario Public Health Association is to strengthen the impact of community and public health workers in Ontario. Action is required in the development of public policy to address these issues, in the development of better safety standards for both homes and workplaces, in the development of more literacy programs, and in the provision of accessible health information for all who require it.

Therefore, O.P.H.A. is committed to the following:

- equal access to healthy and safe environments
- equal access to literacy and health for all
- equal access to health information

1. A COMMITMENT TO EQUAL ACCESS TO HEALTH AND SAFE ENVIRONMENTS

A commitment to equal access to healthy and safe environments, both in the home and in the workplace means:

- eliminating poverty, because poverty unquestionably leads to health problems. A guaranteed, adequate income would allow everyone to afford the basic necessities of safe, secure housing, and adequate food and clothing.
- ensuring safe work-places and accessible safety information. Both print and non-print media must be used, and employers must ensure that safety information is understood, not just provided.
- striving for healthy communities where the health needs of the whole community are considered.

2. A COMMITMENT TO EQUAL ACCESS TO LITERACY AND HEALTH FOR ALL

With the high literacy demands of today's society, everyone deserves the opportunity to learn to read, write, and use numbers.

A commitment to equal access to literacy means:

- ensuring that all children receive an effective, useful and relevant education in which they learn literacy and numeracy skills.
- ensuring that all adults have an opportunity to learn literacy and numeracy skills.
- developing accessible literacy programs which meet the needs of anyone who needs them. These programs need to be affordable, at convenient times, and in a range of convenient safe locations, including workplaces, such as factories, offices, and hospitals. These programs must also accommodate the full range of students' learning styles and be based on the students' needs and interests.
- removing barriers which deter women from attending classes by providing child care, relevant materials, and classes in safe, convenient locations.

- providing accessible facilities for people with disabilities
- increasing the awareness among health, medical and social service workers of the prevalence of illiteracy, its effects on health status, and their responsibilities to consider illiteracy in their policies and programming.

A commitment to equal access to health means:

- encouraging the medical system to focus more on the prevention of illness and the promotion of health and safety.
- creating health standards which do not discriminate on the basis of income, gender, age, race, sexual orientation, geography, language, culture, religion or educational achievement.
- enhancing people's ability to manage chronic conditions, disabilities and mental health problems by providing access to skills development and community support.
- providing appropriate and culturally sensitive health services for all people, including people with lower reading skills.
- strengthening community health services.

3. A COMMITMENT TO EQUAL ACCESS TO INFORMATION

The right to equal access to information is the right to receive, understand and be able to use information related to health and safety, regardless of one's literacy skill.

A commitment to equal access to information means:

- providing everyone with accessible health and safety information which does not discriminate on the basis of income, gender, age, race, sexual orientation, geography, language, culture, religion or educational achievement.
- establishing guidelines for creating readable, practical and sensitive print information for people who have limited reading skills.
- encouraging groups who are developing materials to involve representatives of their target communities in the development, review, and design of materials to ensure that the materials are relevant and understandable.
- encouraging the use of non-print media, including diagrams, symbols, and audio and video tapes for non-readers or for those who do not habitually access information through print.
- presenting information through a wide variety of channels: television, community papers, community leaders, unions, fellow workers, peer groups, neighbours, neighbourhood organizations, as well as health professionals.
- supporting clear language policies for government, private and voluntary sectors.
- educating health professionals about the importance of clear language both for staff and health care consumers.

- encouraging health organizations, government agencies, and social organizations to collaborate with literacy groups in order to produce readable, relevant health information.

An investment in literacy is an investment in personal and economic well-being, an investment in increasing the capacity of everyone to access and participate in decision-making forums in all aspects of their lives.

Both the public and private sectors need to formulate policies which support equity of access to information, a cornerstone of social justice.

ENDNOTES

1. Statistics Canada. 1990. *Survey of Literacy Skills Used in Daily Activities*. Ottawa.
2. Breen, M.J. 1992. Writing for your audience: is there a magic formula? *Health Promotion*. 31(1) Summer 1992: 2-6.
3. Doak, C., L. Doak, and J. Root. 1985. *Teaching Patients with Low Literacy Skills*. Philadelphia: J.B. Lippincott.
4. Ontario Public Health Association and Frontier College. 1989. *The Literacy and Health Project Phase One: Making the World Healthier and Safer for People Who Can't Read*. Toronto: OPHA and Frontier College.
5. Ontario Public Health Association and Frontier College. 1990. *The Literacy and Health Project Phase One: Making the World Healthier and Safer for People Who Can't Read; Research Report..* Toronto: OPHA.

THEREFORE BE IT RESOLVED:

THAT OPHA ADOPT THE 1992 POSITION PAPER ON LITERACY AND HEALTH,

AND FURTHER BE IT RESOLVED:

THAT O.P.H.A. THROUGH ITS COMMITMENT, DIVISIONS, AND CONSTITUENT SOCIETIES, ADVOCATE FOR:

- Increased awareness of the nature of the relationship between literacy and health.
- Funding of truly accessible literacy programs.
- Use of clear language, with the understanding that it will not eliminate all the problems associated with illiteracy.
- Collaboration between health organizations, literacy groups, government, and social organizations to effectively provide readable, relevant health information to people with lower reading skills.
- Involvement of people with lower reading skills in the design, production, distribution and evaluation of health education materials to better ensure readability and relevance.
- Provision by unions, management and government of accessible safety information for workers.
- Commitment by both government and public health organizations of staff and financial resources to providing equal access to health information and services.

Regarding resolutions, position papers and motions:

Status: Policy statements (resolutions, position papers and motions) are categorized as:

ACTIVE, if:

1. The activities outlined in the policy statement's implementation plan have not yet been completed; or
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

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