COLLABORATIVE HEALTH LITERACY: A CONCEPTUAL TOOL FOR COMMUNITY HEALTH NURSES

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GOALS OF THIS PRESENTATION

1. Participants will be able:

- to discuss narrow and broad ways of thinking/talking about “literacy”
- to describe the current international discussion about “literacy and health” and its impact on the work of community health nurses.
- to understand the conception of “collaborative health literacy” and show how it resonates with current beliefs/standards about community health nursing.

2. Participants will also be able:

- to appreciate how texts figure in ruling their everyday lives and those of the people they serve
- to become more objective appraisers of the systems in which they live/work.

QUESTIONS TO POSE

- How do we think about /define “literacy”?
- What role do texts play in our everyday lives?
- What is being said in the international discussion about “literacy and health”?
- What are the findings/implications from a recent collaborative health literacy research project.
- What are the implications for nursing “work” and the discussion about beliefs and standards?

THE BIGGER PICTURE

- A consideration of literacy issues within the practice settings in which we work also helps us to understand our roles.
- “As health care is being transformed in response to a variety of acute challenges, the question arises about how nurses are experiencing that transformation”. Rankin and Campbell, (p.3)

- As nurses, we “work at the point of interchange between everyday life and its textual representation, and in coming to terms with nurses’ involvement in the textualization of health care, we begin to see its implications”. (p.19)
- “But for nurses there is a contradiction. They remain in the ‘everyday world’ of patients and human interaction, where they continue to be confronted by the disquieting disjuncture between that actuality and the virtual realities constructed in managerial texts”. (p. 19)

HOW DO WE THINK ABOUT "LITERACY"?

The way we think about literacy is influenced by our everyday lived experiences. For example as nurses:

- We frequently observe that available printed health promotion materials do not meet the needs of the people who need information;
- Alternative, more usable materials are not consistently available;
- We need more time to work with people who do not read/write well;
- Limited literacy skill is often found in combination with poverty, isolation, and marginalization.

- We tend to favour a “deficit view” of “literacy”;
- We think about “literacy” as a “problem;”
- Because the medical/health discussion focuses prominently upon literacy deficits (for example as a “determinant of health”), we may not be aware of alternative understandings.

NARROW AND BROAD DEFINITIONS OF "HEALTH"AND "LITERACY"

- Narrowly: "health" is thought about as the "absence of illness" vs.
- Broadly: as a "resource for living" (The *Ottawa Charter*, 1982)
- Narrowly : "Literacy" defined as the "skills of reading and/or writing" e.g. as a determinant of health vs.
- Broadly: events in which people use reading/writing in their everyday lives to accomplish various goals.

ORIGINS OF THIS DISCUSSION: THE "NEW LITERACY STUDIES"

- Found in the field of study known as "Applied Language Studies" (ALS)
- Found where the fields of anthropology and ALS intersect
- challenges the view that "literacy" is only about personal skill
- Is interested in how people (including nurses!) use reading and writing in their everyday lives;
- Thinks about "literacies" as plural.

e.g. SOME IMPORTANT "LITERACIES" FOR COMMUNITY HEALTH NURSES:

- Literacies of experience (professional and lay)
- Health literacy
- Computer literacy
- Snow/weather literacy!
- What literacies are important to you?

JAMES GEE (1996):

- “…the traditional conception of literacy as the skills of reading and writing is deeply problematic. This traditional notion rips literacy out of any social context and treats it as an autonomous, asocial, cognitive skill with little or nothing to do with human relationships”.

THE INTERNATIONAL DISCUSSION ABOUT LITERACY AND HEALTH:

- Began in the 1980's
- Prominently focuses on the literacy **skill** of populations and individuals e.g. cites *International Adult Literacy Survey* data.
- Links lower levels of literacy skill to poorer health outcomes e.g. Perrin (1989) as a determinant of health.
- Argues for more attention to how printed health materials are written e.g. Plain Language/Clear Writing "movement"
- Calls for more funding for adult literacy programs as a health promotion strategy.

IMPLICATIONS OF THIS DISCUSSION:

On the positive side:

- It may draw attention to the need for more usable materials.
- It may raise the profile of adult literacy programs.
- It may be used to call for the allocation of more funding for both of the above.

IMPLICATIONS (continued)

Alternatively:

- This discussion may "blame the victim" e.g. whenever people recommend that people with limited literacy skill *should* improve it or
- When people with limited literacy skill are talked *about* but not talked *with* e.g. statistics about the literacy skill of Canadians in the *International Adult Literacy Surveys*
- Challenge: do we feel comfortable discussing this with people who have limited literacy skill?

OBSERVATIONS ABOUT ADULT LITERACY WORK:

- It is democratic work
- It is interested in giving people a voice
- Literacy workers often collaborate with adult learners in the production of texts
- Adult learners are encouraged to engage in a critical appraisal of their “worlds”

COMMUNITY HEALTH NURSES KNOW THE STORIES:

- Is it easier for us to understand and make use of a broader notion of “literacy” ?
- Can we demonstrate how all nurses can integrate literacy work into their practice.
- “The first act of democracy is active listening”
  - Frances Moore Lappe and Paul DuBois: authors of “Power in a Living Democracy” and that is what we do a lot of.

WHERE TO START? IN THE FIELD OF ADULT LITERACY

- I discovered that the work of adult literacy workers resonated with my work as a PHN;
- I discovered that we frequently served the same population;
- We have a common interest in empowerment;
- We are both interested in health and literacy.
- Literature: Freire (1970), Auerbach (1992), Boudin (1993), Himley (1996), Campbell (2001)

“COLLABORATIVE HEALTH LITERACY”

- This term was developed to describe the events and relations which are involved when health professionals and lay people read and/or write together. (2007)

QUOTATION FROM BOUDIN

…*Freire argues that this passivity* (of adult learners) *comes, in part, from the tendency of many middle class teachers to feel superior to their students from poorer backgounds. He proposes a "dialogic" method, in which students and teachers together explore a shared set of issues. This dialogue, while not removing the teacher's responsibility to teach a body of knowledge, can unleash an active role for the learners, enhancing not only their present learning, but also their lives beyond the classroom".* (p.6)

MY (QUALITATIVE) RESEARCH PROJECT:

Purpose: to find out what happens when health professionals and lay people write together

Process: the development of case studies from interviews and clinical observations

Data collection: transcription of taped interviews

Data analysis: the process of interpretively reading (McCoy, 2006).

UNIT OF STUDY: THE "LITERACY EVENT (HEATH, 1978)

- Sequences of action that involve reading and writing
- Factors that fostered the projects
- Factors that deterred the projects
- Impact on the participants and others

WHAT IS A “LITERACY EVENT”?

- “The literacy event is a conceptual tool useful in examining within particular communities of modern society the actual forms and functions of oral and literate traditions and co-existing relationships between spoken and written language. A literacy event is any occasion in which a piece of writing is integral to the nature of participants’ interactions and their interpretive processes”. (Heath, 1978).

THE CASE STUDIES

- Two health professionals looking back at past writing projects;
- Three case studies in which collaborative writing projects are described;
- Three case studies describing editing/revising;
- Two case studies from clinical observations (as a participant observer).

1. PAST WRITING PROJECTS

- A former nurse/administrator looked back at a printed resource about heart attacks
- A social worker looked back at two printed resources which were produced for use by people undergoing dialysis.

2. CASE STUDIES ABOUT COLLABORATIVE HEALTH LITERACY

- The “Heroes” Project: A physician working in a renal dialysis program began to see his patients as “heroes” and was inspired to organize a collection of their stories.
- Preparing for the tribunal with Mary

3. THREE CASE STUDIES: EDITING AND REVISING

- *In Plain Language, Please!* : a group of seniors who work in a community health care setting as editors for government (and other) organizations who write about health for the public.
- A retired dentist looks at printed materials after discharge from hospital: “I could be a translator”.
- Ida and her eye surgery: “Did anything go wrong?”

4. CASE STUDIES OF A PARTICIPANT OBSERVER

- During a case conference with CAS in the home of a family, the case worker was observed to be writing down notes. Subsequently, a family member began to write in a note book as well: “If they can write, so can I”.
- Providing a black/blue binder with inserts and pages re-structures such a literacy event and changes the balance of power from the family’s perspective.

- Writing collaboratively to the Hospital: increasing a sense of control over literacy events.

A DISCOVERY AND A QUESTION

- I began to realize that collaborative health literacy was a normal part of my work with my clients because I routinely modified printed resources to facilitate the uptake of the information.
- This observation was confirmed by other colleagues.
- Are community health nurses contextually advantaged to engage in collaborative literacy activities?

SUMMARY OF THE FINDINGS

1. Circumstances

- Some projects were institutionally driven
- Exposure to discourses of empowerment e.g. the *Ottawa Charter*
- A lay person with a learning disability was valued and fairly paid as a consultant
- I had the power to reconstruct a practice setting to the advantage of people with limited literacy skill.

SUMMARY OF FINDINGS:

2. Sequences of Action:

- Initiated by health professionals
- Use of power
- Knowledge of the community
- Engaging lay people

SUMMARY OF THE FINDINGS

3. Factors that fostered the projects:

- Goals that were consistent with organizational goals
- Proximity to supportive discourses that encourage health professionals to listen to lay voices
- Desire of lay people to help others
- An awareness of the potential for literacy work in health care settings.

SUMMARY OF THE FINDINGS

4. Factors that Deterred the Projects:

- Getting people to “buy in” takes time;
- There is resistance to change
- Fear of working with health professionls
- Participants and others are impacted: one project spawns another, contemplation of new roles, a feeling of control.

IMPLICATIONS OF THE STUDY

- Collaborative literacy events are part of our everyday interactions with our clients
- We can use our knowledge, power, and influence to involve our clients in collaborative literacy work on a daily basis;
- Both professional and lay people can thus "reclaim" their literacies

IMPLICATIONS… (continued)

- An awareness of a broader definition of “literacy” and replacing a “deficit” view opens up opportunities for collaborative literacy work;
- Collaborative literacy work aligns us with those we serve;
- Collaborative literacy work helps health professionals and lay people to learn from one another.

IMPLICATIONS (continued)

- An understanding of “literacy” as the events and relations in our everyday lives (and the lives of those we serve) which involve reading and writing is more consistent with current beliefs about community nursing than narrow conceptions.

THE CANADIAN COMMUNITY HEALTH NURSING "STANDARDS OF PRACTICE":

- Standard 1: Promoting Health
- Standard 2: Building Individual/Community Capacity
- Standard 3: Building Relationships
- Standard 4: Facilitating Access and Equity
- Standard 5: Demonstrating Professional Responsibility and Accountability

STANDARD 1. PROMOTING HEALTH

- In the discussion about literacy and health, narrow conceptions of both are found together and broader conceptions are also found together. (Darville, 2005)
- e.g. discussions about health as the absence of disease see literacy as skill or a determinant of health.

STANDARD 2: BUILDING INDIVIDUAL AND COMMUNITY CAPACITY

- From the adult literacy field we learn that adult learners build individual and community capacity when they become critical appraisers of their worlds.
- As CHN's we have the opportunity to support this e.g. when we ask what the barriers are either for individuals or for groups.

STANDARD 3: BUILDING RELATIONSHIPS

There are many advantages to linkages with adult literacy programs:

- Overlapping of programs
- Integration of materials
- Using adult learners as originators and/or evaluators of printed health information
- We will come to *respect* and not *blame* people with limited literacy skill.

STANDARD 4: FACILITATING ACCESS AND EQUITY

- This Standard speaks to our historical stance to provide care for those in need.
- A broader definition of “literacy” is more equitable than the skilled/non-skilled perspective.
- Usable printed materials are part of an accessible and equitable health care delivery system
- Thinking about “literacy” broadly opens the door to collaborative work that can involve all of us: the “carers” and the cared for.
- A broader understanding gives us the language we need to talk with and about people who have limited literacy skill.

STANDARD 5: DEMONSTRATING PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Thinking about literacy events enables us to demonstrate our accountability as we:

- Focus on the role of texts in our work and in the lives of those for whom we provide care
- Become inspired to ask users whether printed materials work for them
- Involve users actively in development and testing of printed materials.

- Work towards building a more inclusive society
- Engage in advocacy
- Continuously engage in the evaluation of our practice, especially the use of printed materials for use by lay people.

CONCLUSION

- Community health nurses, with their intimate knowledge of and location in their clients' lives, can lead the way in the creation of knowledge that, rooted in lived experience, engenders more equitable roles for lay people.
- "Confronting organizational literacy with the literacy of experience may ultimately support demands that organizations serve life rather than merely manage it…" (Darville, 1995)

- “If nurses are to maintain their caring commitments, they must get a firm analytic grasp on how they are hooked into an accelerating wheel of so-called efficiency. They can understand the mystery of how they are drawn into activities inimical to their patients’ care. Their location in the embodied world of patient care provides the essential experiential basis for nurses to know health care differently than through managerially authorized forms of knowledge. Canadians have always relied on what nurses know to do for them…” Rankin and Campbell (2006) p. 22

THANK YOU AND REFERENCES

- Thank you for choosing to attend this presentation.
- I hope that you will be able to identify and celebrate all the collaborative health literacy work you already do and will be inspired to undertake more.
- A complete set of references is available upon request.
- I may be reached at the following address:
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