



**Guysborough Antigonish Strait  
Health Authority**

*Working Together for a Healthy Community*

*Building Capacity among Primary Health Care  
Providers to Address Literacy and Health*

**Awareness Building Session Evaluation**

**April 2005**

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**Executive Summary**  
**Building Capacity among Primary Health Care Providers to Address Literacy and Health**

*Background - The Health Literacy in Rural Nova Scotia Research Project (2001)*

Purpose:

1. To provide insights into links between literacy and health through the eyes of people in rural northeastern Nova Scotia, and 2. To explore factors that influence ways adults limited in literacy access and act upon health information and services.

Method: A partnership between academic research and community-based literacy and health organizations. In-depth interviews with adults limited in literacy and key informants; focus groups conducted with health and literacy practitioners.

Findings: Contained in a discussion paper entitled *Taking Off the Blindfold: Seeing How Literacy Affects Health*. Details at <http://www.nald.ca/healthliteracystfx/>

**Building Capacity among Primary Health Care Providers to Address Literacy and Health**  
**Guysborough Antigonish Strait Health Authority (GASHA)**

*(Supported by the Nova Scotia Department of Health Primary Health Care Transition Fund)*

Purpose: To address two actions from the Health Literacy in Rural Nova Scotia Research Project:

- To increase awareness of literacy as a determinant of health and
- To increase awareness of literacy issues among primary health care (PHC) providers
- ✧ June 2004 - environmental scan conducted to determine what policies, practices and programs were being used by PHC providers
- ✧ July 7, 2004 – a “Health Literacy Awareness Session” was conducted with 40 of GASHA’s PHC staff including a presentation of *Health Literacy in Rural Nova Scotia Research Project* findings and a 20 minute dramatization based on stories of those living with limited literacy (from the research transcripts) by the popular theatre group - Irondale Ensemble.
- ✧ September 2004, a one-hour version of the awareness session was developed and presented to 145 PHC staff at five sites and via telehealth.
- ✧ Interviews with 58 participants via phone or paper survey completed an evaluation of the sessions which revealed the following:
  - The sessions were successful in raising awareness
  - Participants said they made behaviour changes such as using more non-print communication methods, using cues to identify clients limited in literacy and taking more time with patients.
  - Some program areas have reviewed education materials and signage to make improvements
  - Participants recommended next steps for GASHA to take in addressing health literacy
- ✧ The Province and other Nova Scotian health districts have shown interest in the project

In conclusion, this participatory action research project has resulted in implementation of strategies aimed at reducing some of the health barriers that limited literacy creates.

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# **BUILDING CAPACITY AMONG PRIMARY HEALTH CARE PROVIDERS TO ADDRESS LITERACY AND HEALTH**

## **GUYSBOROUGH ANTIGONISH STRAIT HEALTH AUTHORITY (GASHA)**

### **INTRODUCTION**

In Atlantic Canada, approximately 53% of adults are reported to be limited in literacy making it an important population health issue.<sup>1</sup> Compared to other Canadians, Nova Scotians have higher rates of chronic diseases and are more likely to live in socioeconomic conditions associated with poor health.<sup>2</sup> Understanding this relationship between literacy and health, and how it connects to primary health care is of critical importance.

According to a recent report entitled *Health Literacy: A Prescription to End Confusion*, the health system currently demands reading, writing and numeracy skills that exceed the health literacy levels of most Americans. It also states that adults with limited health literacy have poorer health, have less knowledge of disease management and health promoting behaviours, are less likely to use prevention services, and are more likely to use hospital and emergency services.<sup>3</sup>

The Guysborough Antigonish Strait Health Authority (GASHA) was motivated by findings from the *Health Literacy in Rural Nova Scotia Research Project* which explored the links between literacy and health through the experience of adults limited in literacy and practitioners who work with them. From its onset, this research was intended to effect change in programs, policies and practices to enhance capacity for health of those who face literacy as a barrier. GASHA was motivated by the priorities identified by the research to initiate the *Building Capacity among Primary Health Care Providers to Address Literacy and Health Project*. The project began with an environmental scan of current provider practices, policies and programs. Next health literacy awareness building sessions targeted at primary health care (PHC) providers were designed, implemented and subsequently evaluated. This report provides details of the project.

### **BACKGROUND**

#### *Health Literacy in Rural Nova Scotia Research Project*

This research project provided insights into links between literacy and health through the eyes of people living in rural northeastern Nova Scotia. Beginning in 2001, a multi-disciplinary research team led by Principal Investigator, Professor Doris Gillis, partnered with five community-based literacy and health organizations to explore factors that influence ways adults limited in literacy access and act upon health information and services.

In-depth personal interviews were conducted with 46 adults limited in literacy and 20 key informants; 7 focus group interviews were undertaken with 64 health and literacy practitioners.

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<sup>1</sup> Statistics Canada (1996). *Reading the Future: A Portrait of Literacy in Canada*.

<sup>2</sup> Federal, Provincial, and Territorial Advisory Committee on Population Health (1999). *Towards a Healthy Future: The Second Report on the Health of Canadians*.

<sup>3</sup> Report of the Institute of Medicine (2004). *Health Literacy: A Prescription to End Confusion (Report of the Institute of Medicine, April 2004)*

Preliminary findings were outlined in a discussion paper entitled *Taking Off the Blindfold: Seeing How Literacy Affects Health*. It served as a focal point for two roundtable discussions held in January and February 2004 where over 80 participants, practitioners and policy makers reviewed findings and prioritized recommended actions from the research. These priorities for action were incorporated in an updated report in June 2004. These findings have been used to build the case for improving policies, programs, and practices to enhance the health of adults who face literacy as a barrier to health.

The Guysborough Antigonish Strait Health Authority (GASHA) focused on addressing two of the priorities for action from the research project: increasing awareness of literacy as a determinant of health; and increasing awareness of literacy issues among PHC service providers. The “*Building Capacity among Primary Health Care Providers to Address Literacy and Health Project*” was supported by the Nova Scotia Department of Health Primary Health Care Transition Fund.

### *Environmental Scan*

In June 2004, an environmental scan of a group of health care providers was conducted to determine what was currently being done to address health literacy within GASHA. There was a 53% response rate as 45 of the 83 providers contacted completed the scan over the phone or via email. The scan revealed that 70% of the participants had heard of the research project. There were only a few examples of existing policies and programs addressing health literacy. There were however, many examples of individual practices being used by providers. Some of these practices were: picking up on cues that clients display when they are struggling with limited literacy, checking for patient understanding of information provided, and attempting to use plain language materials.

## **HEALTH LITERACY AWARENESS BUILDING SESSIONS**

The sessions were designed to increase health literacy awareness among GASHA’s primary health care providers. The session began with a presentation of some key findings from the *Health Literacy in Rural Nova Scotia Research Project*, and information about the prevalence of limited literacy in Canada and the local area. A 20 minute dramatization by the local popular theatre group - Irondale Ensemble was performed based on transcripts from the original research to share the experiences of those limited in literacy. This presentation was conducted with a pilot group of 40 PHC providers on July 7, 2004 and they were asked to provide feedback about what should be done next to raise awareness within GASHA. Based on the success of the pilot session, a one-hour presentation was developed and presented to another 145 PHC staff and other front line workers in September at one of five sessions. Providers in rural sites were able to participate in these sessions via Telehealth.

Changes were seen as a result of the sessions in various individuals and departments at GASHA. They are taking action to improve access to services for those limited in literacy. Projects include: improving signage and how people navigate health facilities, assessing print material, changing the way people are asked to complete forms, and piloting a health literacy environmental assessment tool which audits the workplace. The work has created interest in other Nova Scotian health districts and at the Provincial level for taking action towards improving health literacy. In conclusion, this participatory action research project has resulted in implementation of strategies

aimed at reducing some of the health barriers that limited literacy creates. The evaluation will provide further direction for future initiatives.

## **EVALUATION**

### *Goals of Evaluation*

- To determine if the project goals were met including raising awareness among primary health care providers to health literacy issues.
- To determine what changes participants who attended the awareness building sessions have made in their work environments.
- Solicit input from participants about the next steps required to facilitate behavioural change and create a supportive environment at GASHA

### *Methods*

Qualitative data was collected using a series of semi-structured interview questions. Most interviews were conducted over the phone and the responses were paraphrased directly into the computer. Some providers requested a paper copy of the survey to complete. Appendix A contains the phone and paper version of the survey questions.

### *Sample Size*

- A total of 145 people attended the sessions at the St. Martha's Hospital (Antigonish), St Mary's Hospital (Sherbrooke), Strait Richmond Hospital (Cleveland), Guysborough Memorial Hospital, and the Antigonish Physicians CME meeting.
- 115 of the attendees were eligible for the survey. Those excluded were not considered PHC providers or they were from outside GASHA (i.e. University students, Community Health Board Members). Other people who were not included were those who left the session right at the beginning or were on maternity leave when the survey was conducted.
- A total of 58 participants were surveyed which represents 50.4% of the total population eligible for inclusion in the survey.

### *Limitations*

Time factors should be considered in this evaluation as many of the workers surveyed were at work where they were sometimes distracted or called away to an emergency. Professionals with the most direct patient contact are often the most difficult people to reach for follow-up.

### *Results*

Overall the response of participants surveyed was very positive and there were no negative comments about the sessions. Most people recalled the dramatization and thought it was a unique way to present the information from the research in an effective manner. The majority of participants indicated that the session raised their awareness of literacy issues. The few who said their awareness was not raised still thought the session was informative and important but that their awareness had already been raised through other sessions or exposure to literacy issues either personally or professionally.

## SUMMARY OF SURVEY QUESTION RESULTS

### What did participants recall most about the session?

*“The dramatization made me think of how the issue impacts peoples’ lives.” SH5*

*“Impact on the family members of someone with limited literacy - how it is intertwined with the determinants of health - Irondale did a great job of showing that” G3*

*“The prevalence of limited literacy rates - one of two people I see is struggling with information” S1*

### Did the session raise your awareness about health literacy issues and about what specifically?

Fifty-seven of fifty-eight participants (98%) indicated that the session raised their awareness of health literacy issues. The dramatization was the most remembered part of the session and it revealed to participants:

- the prevalence of limited literacy in the area in which they practice
- how health care providers make assumptions about clients – that they can read and understand the information we give
- how limited literacy impacts provider – client communication
- how limited literacy effects the family and person as a whole – health care providers tend to look at a problem or a set of symptoms – not a holistic view
- the importance of identifying clients who are struggling, taking more time and doing more follow up with those patients

*“I always had a more shallow definition of health literacy that it was about reading and writing. The session helped me to have a more in depth understanding of how people access, understand and use the information related to health.” SH6*

*“It makes you look at your own environment and helps you pick up on more people who might be struggling. Makes you more aware and alert to the problem and also gets you thinking about how to simplify the way to communicate to clients.” SH12*

*“Became more aware of how to ask someone and approach them about literacy issues. It was nice to know that other health care workers had similar thoughts and concerns on the issue.” A15*

## **How did your ability to identify clients limited in literacy change as a result of the sessions?**

When identifying clients, some providers were aware of cues to look for, others were more aware of cues as a result of information presented in the session. Most mentioned that the session helped remind them to pay attention to these cues and be more alert to body language etc. Many providers admitted that literacy is a very difficult subject to bring up with clients.

*“It heightened my awareness of the importance of looking for cues that someone is struggling with information. Some of the cues I look for more now are clients asking questions, or if they are hesitant to ask questions and if they do not look at printed materials that they are given. I am more ready to explain the information provided instead of just letting them read it.” SH6*

*“More aware of the embarrassment that people may feel and how we ask about education level but that is not indicative of literacy level. More clued in to actions they may show” SH9*

*“It is still a very difficult subject to detect and bring up with clients” A3*

*“I key into things more because of greater awareness. I feel more able to approach people with further questions if I see cues, such as statements like “I don't like to read” or “I won't read”. It doesn't come as a surprise now and keeping the other cues in mind helps as well.” A15*

## **After attending the session did you seek out or obtain any new resources to help you work with people limited in literacy?**

None of the respondents sought out or obtained new resources as a result of the session. One participant mentioned they had a tool to determine reading level of documents, another looked at a file that was already in the office and another mentioned they were starting to make handouts more visual. One participant made a request for a tool and never followed up. Approvals and lack of financial support for new resources were mentioned as barriers to obtaining these new things.

## **Have you thought about changing your behaviours or practices since the session?**

**If Y – How/what was the change?**

**Was it maintained and successful?**

**If N – Why not?**

**If you did not implement the change what were the barriers?**

Forty of the fifty eight (69%) participants reported to have changed their behaviour as a result of the sessions. Most of the changes were maintained but were not easy to measure in terms of successful implementation or improvement of patient outcomes. Following are some of the changes participants implemented:

- asking clients how they prefer to receive information
- reading written materials aloud to patients (i.e. consent forms, exercise instructions, pre-op instructions, discharge information)
- take more time with patients who are struggling
- use the teach back technique to check for understanding
- don't assume anymore that everyone understands the information I am telling/giving them
- ask questions more directly about literacy levels
- look for cues
- bring up health literacy as an issue to consider in decision making and resource selection
- use visuals more
- looked at different areas of navigation within the facilities (i.e. reception areas, signage)
- proactively approach people now and ask if they need help

*“I always ask people if they are comfortable receiving material to read or if they would like me to go over it. If I am unsure of their literacy.” D1*

*“I am likely to read consents out now more often” D3*

*“Think about the information you are giving the patient and the form that it is in. I give verbal directions to patients not just written. I use teach back and go over the info with them. Now I make sure I take the time to ensure clients understand and if not, I get the family involved as well.” SH3*

*“We now don't assume that people can read and now offer to give assistance to all people to fill out forms” A10*

*“It makes you more understanding and wanting to help people more. We have streamlined some forms and will do more of that as they get revised. I am more willing to take the time with people to ensure they understand by trying other methods and asking different questions. I use the teach back technique.” A17*

Those who did not make changes did not do so because they:

- were too busy with other things
- were already aware of issues and were doing all they could – the session reinforced their current behaviours (i.e. explaining all information verbally)
- felt their job did not deal directly with clients so the changes were not necessary

Participants identified the following barriers to implementing changes:

- print materials are created by someone else
- don't have the power to change forms
- need to learn more about the issue before deciding how to act
- it is a difficult subject to bring up with patients
- need information about community agencies that would support limited literacy

- we need money and time to create or purchase new resources
- don't know how to get signage changed in the facility

**What are the benefits to making changes in your workplace to make it more supportive for your clients limited in literacy?**

- Better patient treatment, compliance and overall health
- Clients will get information that is accurate and clear to allow them to take control of their own health,
- Improves the inclusion of these clients
- Decreased stress, increased happiness and better confidence for clients
- Creates a more comfortable environment for communication for both the client and the health care professional.

*“Better patient care, improved health and happiness of patient. Opportunity to help them to get better treatment/education” D2*

*“It makes clients feel less intimidated, they are more likely to ask questions and have less anxiety when approaching the health care system or workers.” SH7*

*“It may give the client more opportunities in life and also the supportive environment can help them feel comfortable to talk about it and perhaps get referred to someone who can help improve the situation” SH12*

*“Clients will understand more and have better health - less medication errors - long term better health and more empowered to take control of health” A2*

*“Increased quality of health care and ensuring people are not excluded” S9*

**Have you seen or heard about any changes in other departments or with other health care workers?**

Only five of the fifty eight participants (9%) had seen or heard of changes in other departments or with other health care workers. These changes included incorporating health literacy as part of meetings and particularly when designing print materials.

“Orientation includes health literacy now - service teams now bring up HL issues when addressing problem issues within team” A8

“At the various meetings I attend it is brought up more especially when designing communication materials for the public.” A15

**Have you had any discussions with others about health literacy as a result of the session? If yes, with who and about what?**

Forty eight of the fifty eight participants (83%) recalled having discussions with others about health literacy. The majority of the discussions were held with immediate co-workers just after the session about the issue in general including the prevalence and how important it is for providers to share information about clients who may be limited in literacy. Some made a point of telling those who could not attend the session about the content and other staff discussed how their department should look at the issue of health literacy as part of a formal meeting. Revising signage and print materials were also topics of discussion.

**What could we at GASHA do to create a more supportive environment for clients limited in literacy?**

**What could we do to help you feel better equipped to work with your clients who are limited in literacy?**

Forty six of the fifty eight participants (79%) had suggestions for how GASHA could improve the environment and 76% had suggestions about what GASHA could do to support them in their specific role. The main ideas were to:

- Hold more awareness building sessions to reach those who did not attend and to keep the issue in the front of people’s minds.
- Review written patient education materials, signs and forms used in the workplace.
- Provide information about local literacy resources in a way that is easily accessible to the providers to talk to clients about this.
- Create a video about health literacy
- Bring the dramatization to community groups and schools to broaden the awareness.
- Provide reminders in the workplace
- The audit tool was good but too long – could do that periodically if it was shorter. Would be best to have clients provide input.
- Provide skill building for providers – training on how to identify clients, communicate about the issue and use other non-written teaching techniques
- Create better and more visual navigation of hospital and health care facilities – this should be standardized
- Obtain funding and provide time to revamp current teaching materials

- Provide tips, fact sheets, expos, posters, newsletter, case studies, information booth, in-service over lunch, reminders and telehealth were mentioned as ways to continue to send information to providers.
- Focus on admissions/reception areas as the initial point of contact for clients
- Help providers find a way to capture preferred learning style of patient on the chart

## **RECOMMENDATIONS**

As a result of this evaluation of the Health Literacy Awareness Building Sessions, there are a number of actions that should be pursued to continue towards the goals of the project. A skill building workshop would help providers feel more confident in identifying clients limited in literacy and gaining practical experience in communication strategies. The audit tool should be shortened and revised to incorporate the suggestion of the participants. This process will have to be endorsed by GASHA's Senior Management to ensure participation and instill confidence in the providers that changes will be made and supported. Information on awareness, local literacy resources, activities within GASHA, and who has the authority to change signage and print materials should be provided.

## **CONCLUSION**

The goals of the sessions were met as noted in the evaluation. Awareness was raised significantly and health care workers are looking for support in the next steps of the process. Providers want to know how to help the clients connect with literacy resources in the community and how they can improve their communication skills to better serve these clients once identified. Some participants noted limitations in their ability to make changes to resources and signage in the facilities where they work. All agreed these are important next steps. Knowing who to talk to in order to make changes or having the financial resources within a department to make changes are some of the other barriers brought to light.

Appendix A  
**GASHA Health Literacy Awareness Building Session Evaluation – Phone Interview**

Introduction:

Hello, my name is Christine Carpenter and I am doing a follow-up on GASHA's health literacy awareness project which you attended in September.

GASHA would like your advice on how to change our environment to be more supportive for clients limited in literacy. As well, how to change our environment for you as a health professional to feel better equipped to work these clients.

When I say health literacy I mean how people receive, understand and use health information.

Your responses will be collated with others so your individual response is kept anonymous. Our conversation will not be recorded but I will be taking some notes as we talk.

This interview will take about 10-15 minutes. Do you have time now or should I contact you at a more convenient time?

---

Name:

Phone & Contacts:

Date:

Location:

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Questions:

1) What do you recall most from the Health Literacy Awareness Sessions in September?

2) Did the session raise your awareness of health literacy issues? Y/N  
(If Y) How/about what specifically?

3) How did your ability to identify clients limited in literacy change as a result of the awareness sessions?

4) After attending the session did you seek out or obtain any new resources to help you work with people limited in literacy?

5) Have you thought about changing any of your behaviours or practices since the session?

If N- Why not?

If Y – how/what was the change?

Did you implement the change? Y/N

If Y - Has the change been successful and maintained?

If N- why not – what were the barriers to implementing the change?

6) What are/would be the benefits of making changes in your workplace to make it more supportive for your clients limited in literacy?

- 7) Have you seen or heard about any changes in other departments or with other health care workers? If Y – what were they and have they been maintained?
- 8) Have you had any discussions with others about health literacy as a result of the session? Y/N  
If Y – with who and about what?
- 9) What could we (at GASHA) do to create a more supportive environment for clients limited in literacy?
- 10) What could GASHA do to help you feel better equipped to work with your clients who are limited in literacy?

**GASHA Health Literacy Awareness Building Session Evaluation – Paper Survey**

To:

Date: December 8, 2004

PLEASE RETURN TO **SHEILA SEARS** AT ST. MARTHA’S HOSPITAL BY  
**DECEMBER 13, 2004**

This survey is a follow up evaluation from the Thursday lunchtime session you attended in September.

GASHA would like your advice on how to change our environment to be more supportive for clients limited in literacy and to help you as a health professional to feel better equipped to work these clients. Responses will be collated so your individual response is kept anonymous.

When we refer to health literacy we mean how people receive, understand and use health information.

Questions:

- 1) What do you recall most from the Health Literacy Awareness Session?
- 2) Did the session raise your awareness of health literacy issues? Y\_\_\_ N\_\_\_  
(If Y) How/about what specifically?
- 3) How did your ability to identify clients limited in literacy change as a result of the awareness sessions?
- 4) After attending the session did you seek out or obtain any new resources to help you work with people limited in literacy? Y\_\_\_ N\_\_\_  
| If Y – please describe them?
- 5) Have you thought about changing any of your behaviours or practices since the session?  
Y\_\_\_ N\_\_\_

If N- Why not?

If Y – how/what was the change?

Did you implement the change? Y\_\_\_ N\_\_\_

If Y - Has the change been successful and maintained?

6) Are there any changes you thought about making but didn't because of certain barriers to making the change? Y\_\_\_ N\_\_\_

If Y – what were the barriers?

7) What are the benefits you see from making changes in your workplace to make it more supportive for your clients limited in literacy?

8) Have you seen or heard about any changes in other departments or with other health care workers? Y\_\_\_ N\_\_\_

If Y – what were they and have they been successful/maintained?

9) Have you had any discussions with others about health literacy as a result of the session? Y\_\_\_ N\_\_\_

If Y – with who and about what?

10) What could GASHA do to create a more supportive environment for clients limited in literacy? (What do you see as the next steps?)

11) What could GASHA do to help you feel better equipped to work with your clients who are limited in literacy?