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Approaches to the assessment of health literacy

Assessment of health literacy must account for the multi-dimensional nature of health literacy, and be conducted in a way suited to the audience and aims of the activity.

The approach and tool employed to assess health literacy should be matched with the objectives of the activity and the context within which it will be undertaken (see Table 1).

Table 1: Health literacy measurement objectives, and recommended tools and approaches

Objective: Assess health literacy strengths and limitations of an individual		Objective: Assess health literacy strengths and limitations of a group of people	
Measuring the health literacy of individuals allows providers to identify the strengths and limitations of individuals and tailor their support accordingly. This can be particularly important when people have complex medical or psychosocial problems.		Measuring the health literacy of groups allows providers and organisations to identify common health literacy strengths and limitations, and design and deliver services, staff training, and staff decision supports accordingly.	
Tools	A multi-dimensional questionnaire that provides scale scores.	Tools	A multi-dimensional questionnaire that provides scale scores.
Approaches	Questionnaire and/or semi-structured interview.	Approaches	Questionnaire, semi-structured interview and/or focus group.

Objective: Assess health literacy strengths and limitations at a regional or national level

Measuring the health literacy of a population group allows organisations, researchers and governments to identify the strengths and limitations of the population, and any associations between health literacy, health behaviors, service engagement patterns, and health outcomes. This information can be used to inform funding allocation decisions, and to design and plan interventions, resources, staff training, and systems and service improvement.

Tools

A multi-dimensional questionnaire that provides scale scores (where the objective is to identify associations and generate information for planning purposes).

A tool that provides a single score (where the objective is to compare populations - e.g. countries - or examine changes at the population level over time).

Approaches

Predominantly questionnaires.

Recommend supplementing quantitative data with qualitative data from semi-structured interviews and/or focus groups.

Objective: Assess one element of health literacy

Measuring an element of health literacy is often used when there is a known issue in a particular area to do with health literacy, service engagement, or service responsiveness. In such a circumstance, measurement allows organizations, researchers and governments to quantify the problem, monitor its change over time, or identify associations with other outcomes of interest.

Tools

A scale of a multi-dimensional questionnaire, or a single score tool that reliably and discretely measures the single element of interest.

Approaches

Questionnaire, semi-structured interview and/or focus group.

Objective: Understanding the health literacy responsiveness of health and community services

Measuring the health literacy responsiveness of services allows organisations and governments to identify opportunities to enhance the availability and accessibility of information, environments, resources and supports for people with different health literacy strengths and limitations.

Tools

Organisational and resource audit tools, checklists or questionnaires.

Approaches

A systematic practice, product, environment and document/resource audit.



Measuring health literacy

Many health literacy tools measure only a small number of health literacy elements (e.g., capacity to comprehend medical terminology).¹ Broad conclusions about health literacy levels cannot be drawn from the scores they provide since they do not measure the full construct of health literacy. These tools can be useful where the objective is to measure one (or more) discrete elements of health literacy.

Tools that measure a comprehensive range of health literacy elements either provide a single number to indicate the level of health literacy, or provide a set of scores - one for each domain of health literacy assessed.² Tools providing a single health literacy score can mask particular health literacy strengths or difficulties. Consequently, these tools are unsuitable for measuring the level of health literacy in individuals or groups, or for informing the development of health literacy interventions.

Multi-dimensional measurement tools that provide scale scores allow comprehensive and precise data to be collected about the health literacy of individuals and population groups. They produce profiles of relative health literacy strengths and limitations that can be used to identify and plan targeted health literacy responses.²

Qualitative techniques allow for the collection of information that is often unobtainable through other means.³ Further, there are instances when surveys are neither culturally nor linguistically appropriate. In these cases, carefully structured qualitative strategies should be used.

A mixed-methods approach involves the use of both qualitative and quantitative data, and is often preferred to offset the weaknesses of each approach.⁴ A drawback of this method is the time and resources needed to collect both forms of data.

Measuring health literacy responsiveness

Examination of the responsiveness of organisations to the health literacy needs of their consumers should occur in parallel with the measurement of health literacy of individuals and groups.⁵ This can occur in two ways: 1) gain people's perspectives about the responsiveness of local services by employing a health literacy measurement tool that assesses these constructs; and/or 2) assess the attributes of an organisation, the accessibility and availability of its information and services for consumers, and the patterns of consumer engagement with these services.



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