

## **Article: Literacy and Health Research in Canada**

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Canada's universal, publicly funded health-care system also informally known as Medicare, serves to provide equitable access to physicians and hospital services throughout the country. While many Canadians can rely on and take pride in Medicare, Canada's Medicare is not equitable for all, in particular to those with lower level literacy rates. Low literacy rates can significantly impact health literacy rates, which in turn impacts how an individual accesses, assesses, and acts on health services and information. This research article written by Irving Rootman and Barbara Ronson explains the direct and indirect effects of literacy on health. This paper focuses its findings for the Canadian healthcare system, and is limited by the (zero) number of survey studies done that attempt to measure the correlation between literacy, health literacy, and other literacies, as well as how literacy has been defined for decades and the fact that its definition is constantly changing due to the constant growth of technology.

The majority of the research on literacy and health literacy addressed in this paper has been conducted in the U.S where the education system, language, and culture is similar to that of Canada's. The Rapid Estimate of Adult Literacy in Medicine (REALM) and the Test of Functional Health Literacy in Adults (TOFHLA) are the main tests for health literacy, and when the TOFHLA tested 2,659 predominantly indigenous, minority emergency room patients at two public U.S hospitals, it was found that ~42% were unable to comprehend directions for taking medicine on an empty stomach, 25% were unable to understand information on when to come for a checkup appointment, and ~60% could not understand a standard informed consent document. Other studies conducted in the U.S show that lower literacy and health literacy rates exist amongst the ethnic and racial minorities in the U.S. This suggests that lower literacy rates has a direct effect with overall health status, and this is supported by how the individuals from this study access their health care system due to the lack of medicine instruction and verbal communication comprehension.

This information has great relevance to our group's final project for this course which aims to solve problems within the problem space "access to the Canadian healthcare system" and this literature review purposes to better understand how education levels impacts Canadians with this problem space. Based on the findings of this literature, our group will steer towards a healthcare system solution that is inclusive for people of all education levels, similar to how the WHMIS symbols are designed to be understood universally. This literature gave insight to problems with accessing healthcare, even after an individual has received treatment.

### Works Cited:

Rootman, I., & Ronson, B. (2005, April). Literacy and Health Research in Canada. Retrieved May 29, 2020, from [https://www-jstor-org.myaccess.library.utoronto.ca/stable/pdf/41994460.pdf?ab\\_segments=0%252Fbas ic\\_search%252Fcontrol&refreqid=excelsior%3A89add1e225f39b5486376d03c899c7a7](https://www-jstor-org.myaccess.library.utoronto.ca/stable/pdf/41994460.pdf?ab_segments=0%252Fbas ic_search%252Fcontrol&refreqid=excelsior%3A89add1e225f39b5486376d03c899c7a7)