

English Version

# Health Literacy Workshop for Health Professionals

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This workshop was based on Harvard's Health Literacy Studies workshop tools.

Rudd, RE (2010) Assessing Health Materials: Eliminating Barriers – Increasing Access.  
[www.hsph.harvard.edu/healthliteracy](http://www.hsph.harvard.edu/healthliteracy)



[https://en.wikipedia.org/wiki/Fukushima\\_Daiichi\\_nuclear\\_disaster](https://en.wikipedia.org/wiki/Fukushima_Daiichi_nuclear_disaster)

# Fukushima nuclear accident

## Fukushima City

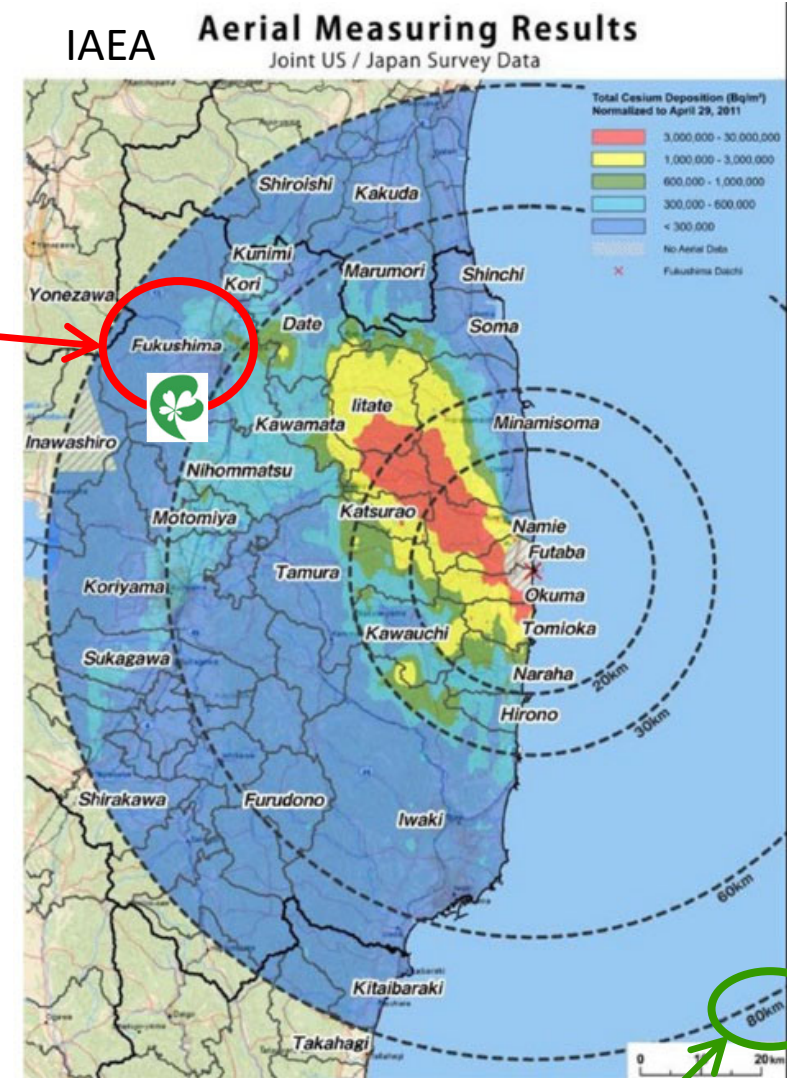


15% decline in  
under 5-yo pop.  
in 2 years

Depression and decline in  
maternal confidence among  
Fukushima mothers

BMC Psychiatry. 2015; 15: 59.

J Commun Healthc. 2014; 7: 106-116.



**50 miles: US Recommended Evacuation Zone**



Fear of unknown health effects of radiation contamination due to confusing and often contradicting health risk messages with difficult scientific data

Picture: Leaflets about radiation placed in the lobby of a health center in Fukushima City.



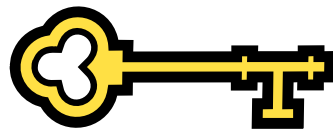
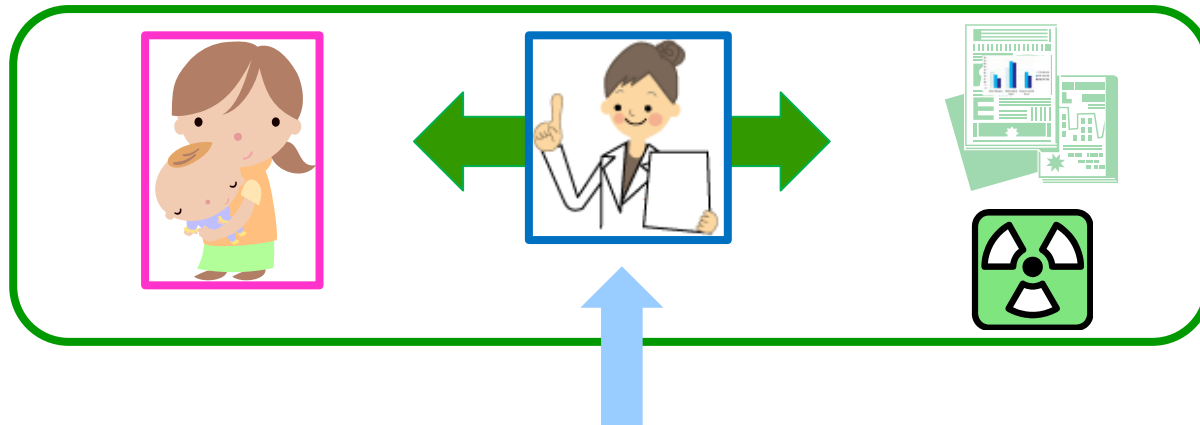
<b>Fukushima City</b> Child health checkup data	% of mothers with depressive symptoms	
	2012 18 Ms (N=274)	2014 42Ms (N=468)
Concerned about differences in risk perception about radiation among family members		
No	8%	7%
Yes	20%	18%

2012  $p=0.02$ , 2014  $p<0.01$  (Chi-square test)

Two-item depression screen was used.

Journal of Communication in Healthcare 2014; 7: 106-116.

# Community workers bridge science and community



## Training on Health Literacy

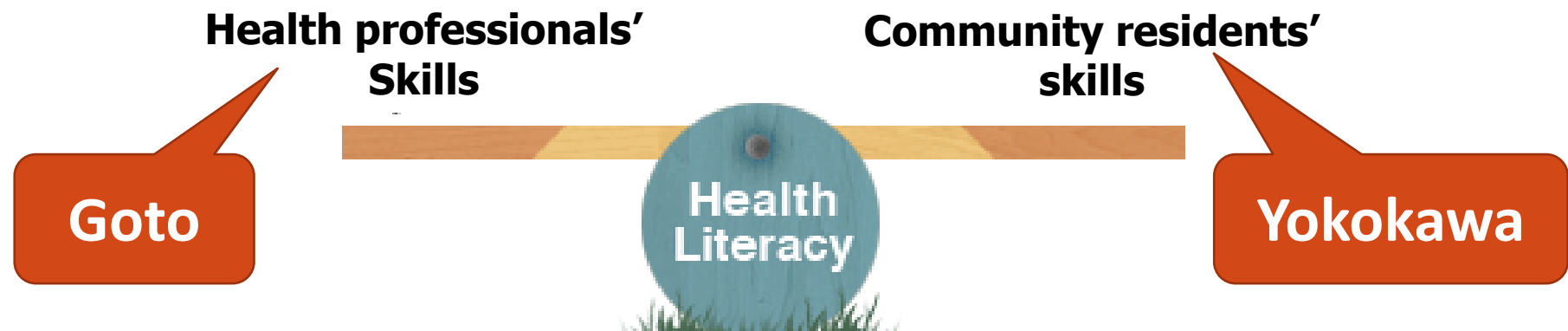
# What is health literacy?



# Health literacy

“The cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health”

WHO, 1998



Rima E Rudd's diagram (revised)

<http://www.hsph.harvard.edu/healthliteracy/overview/>



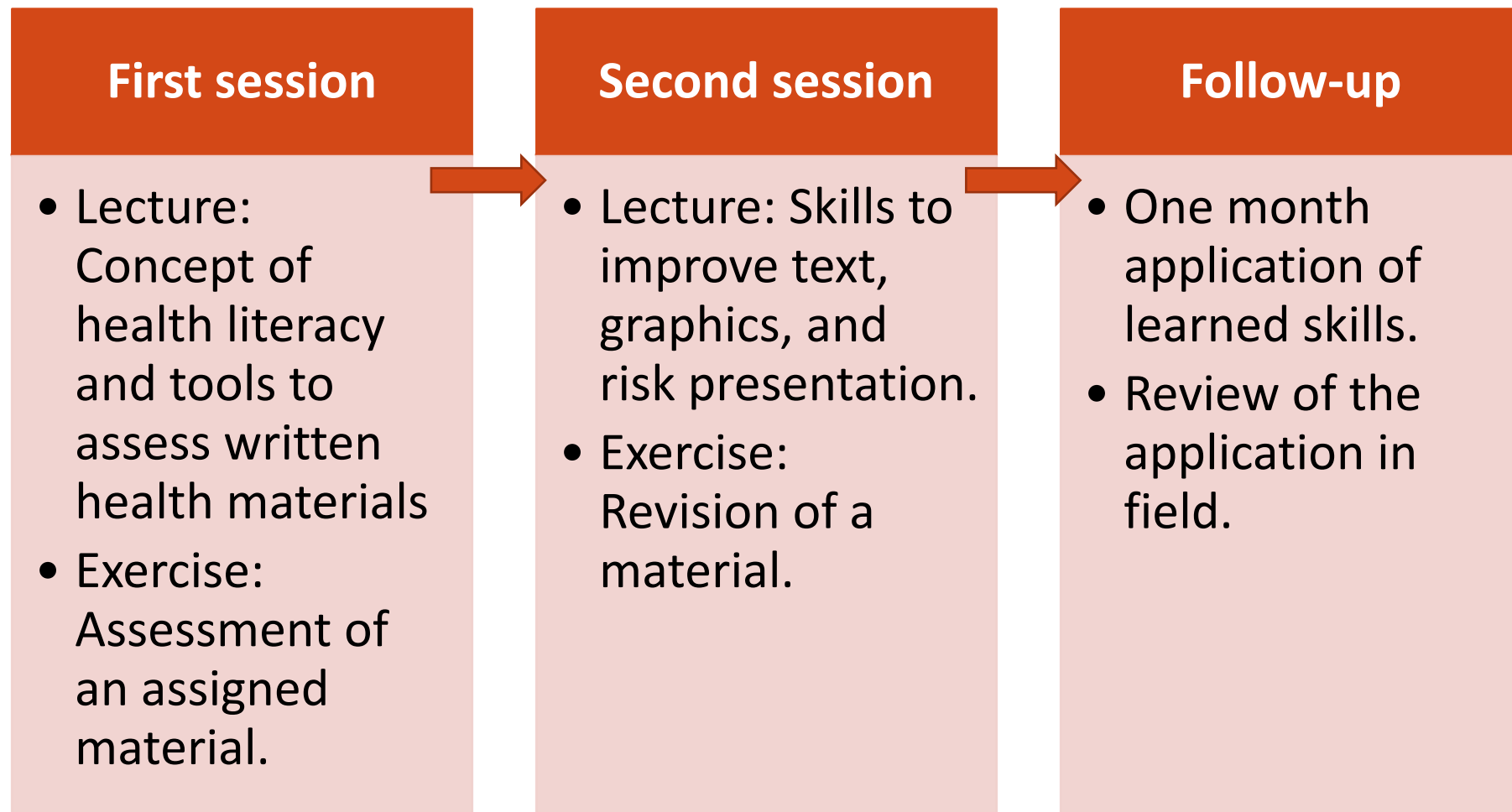
# Numeracy

“Health numeracy is the degree to which individuals have the capacity to access, process, interpret, communicate, and act on **numerical, quantitative, graphical, biostatistical, and probabilistic health information** needed to make effective health decisions.”

Golbeck, 2005



# Health literacy training in Japan



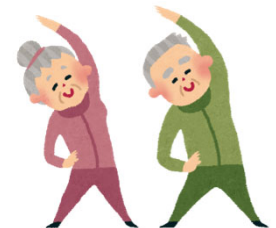
Goto A, et al. Japan Medical Association Journal.  
2014; 57: 146-53. & 2015; 58: 1-9.



# Long-term effects after training

One-year after training	Nurses (N=31)
I applied learned skills in practice.	68%
I want to attend further training.	81%

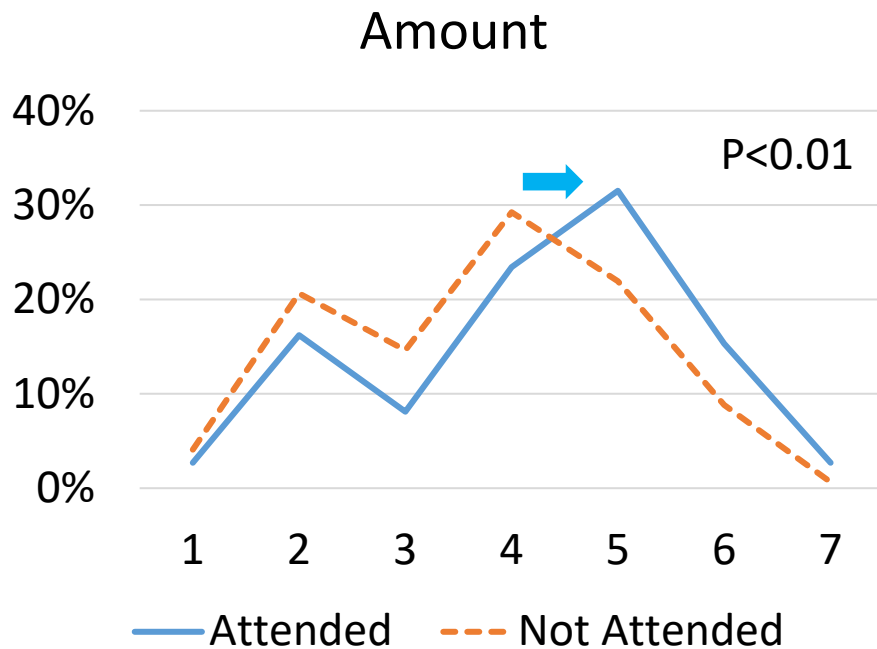
*“When I gave a talk about exercise and practiced at an elderly club, I used topic sentences and SAM (assessment tool) to make a leaflet. I was able to clearly communicate my points and facilitate [the session] smoothly.” (Public health nurse)*





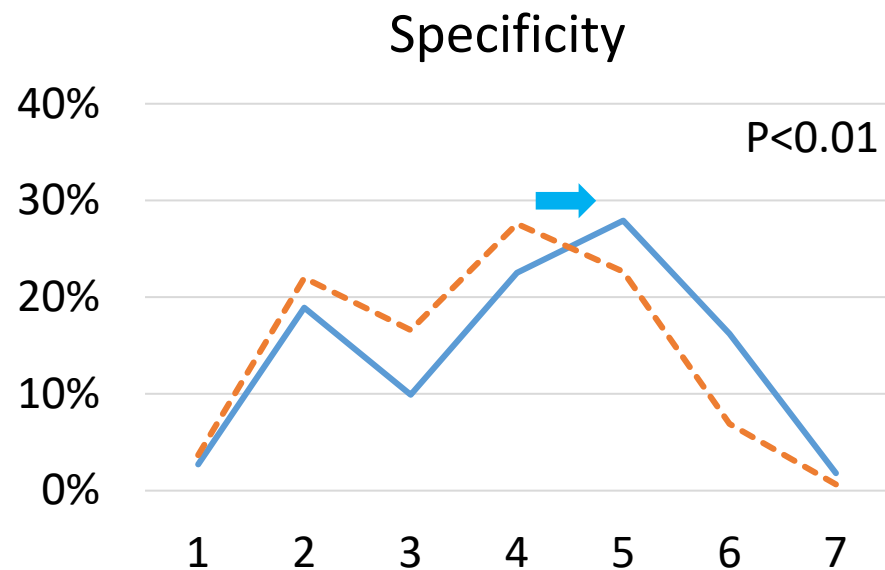
- From 2011 to 2017, 19% (113/582) of public health nurses in Fukushima have attended our health literacy workshop.
- Attendants showed a higher likelihood of accepting feedback from clients (← **Interactive communication**)

“I have received a sufficient amount of feedback from clients.”

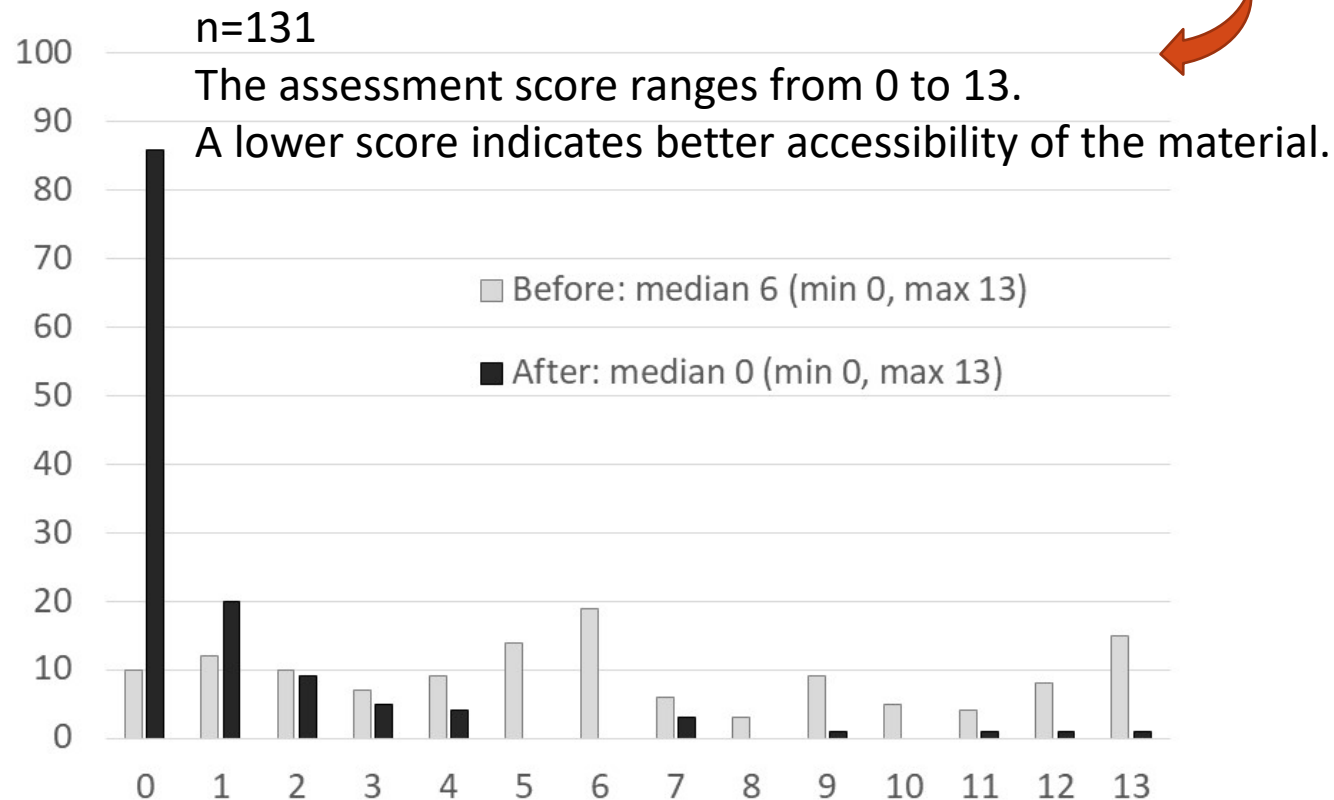


Answer options: 1 “strongly disagree” → 7 “strongly agree”

“I have received specific feedback from clients.”



Attendants revised their leaflets.  
Asked their clients to assess their leaflets.

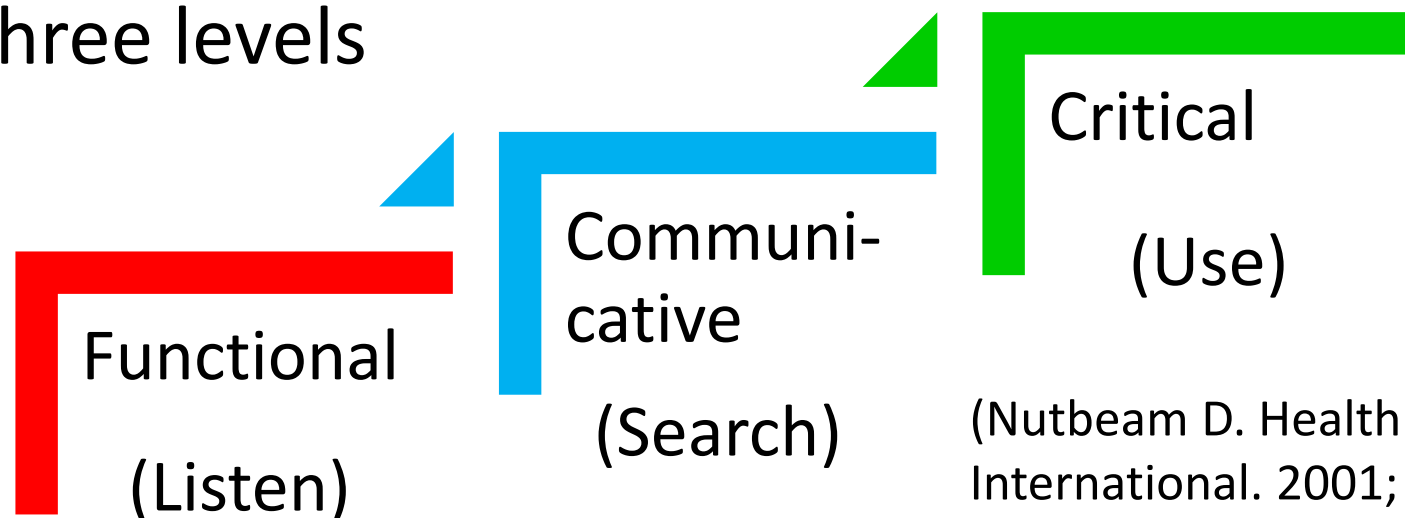


- The elderly and those who were not familiar with medical services benefited more.

# Health literacy mini-workshop

# Health literacy level of your patients

- Three levels



(Nutbeam D. Health Promotion International. 2001; 15: 259-67.)

- Universal precaution

“How confident are you in filling out forms (at hospitals/clinics) by yourself?” N=1040, mean age 57 yo

15% in total (10% among university graduates) are not confident.

(Tokuda H, et al. Patient Educ Couns. 2009;75(3):411-7.)



# Assessing accessibility

- **Overall assessment of written materials**

- ✓ CDC's CCI (← text, numbers, and risks)

<https://www.cdc.gov/ccindex/index.html>

- ✓ SAM (← layout)

[aspiruslibrary.org/literacy/SAM.pdf](https://aspiruslibrary.org/literacy/SAM.pdf)

- ✓ Marker method

Ask readers to mark difficult parts that others can not understand.



# Improving accessibility

## • Text

- ✓ Lowering grade level

Grade 5-8

- ✓ Usage of topic sentences

Main message should be on the top

- ✓ Paraphrasing professional terms by using plain language

e.g. Exercise can help lower your LDL (“bad”) cholesterol and increase your HDL (“good”) cholesterol.

Be aware that tables, graphs, and the concept of risk are difficult for patients to understand.

- **Numbers**

1. Reading numbers, counting, telling time
2. Arithmetic operations
3. Estimation of size, trend
4. Frequency
5. Percentage
6. Mathematical concepts to be applied
7. Reading tables
8. Reading graphs
9. Reading maps
10. Estimation of error, uncertainty, variability
11. Relative versus absolute
12. Risk (cumulative, relative, conditional)

## • Illustrations

- ✓ Match text and illustrations
- ✓ Show the whole context relevant to readers

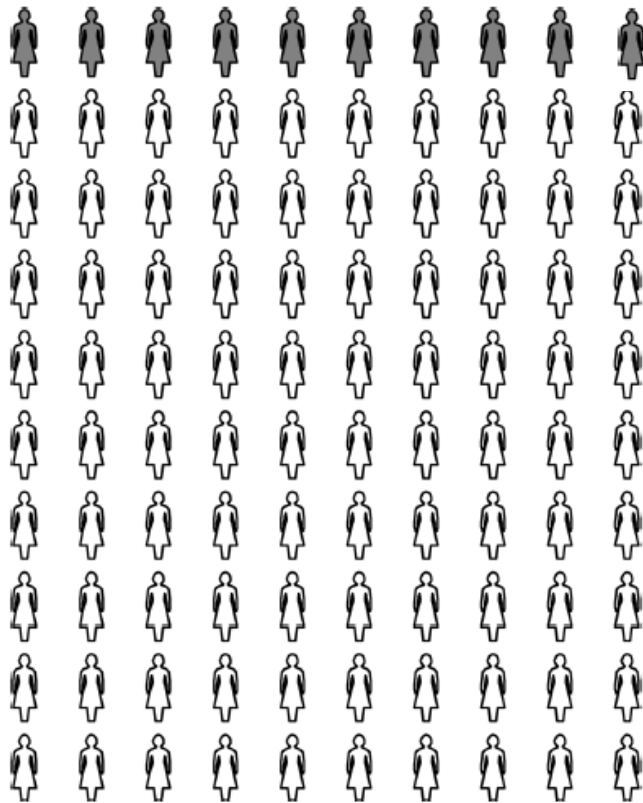


Houts PS, et al. Patients Education and Counseling. 2006; 61: 173-190.



## • Graphs

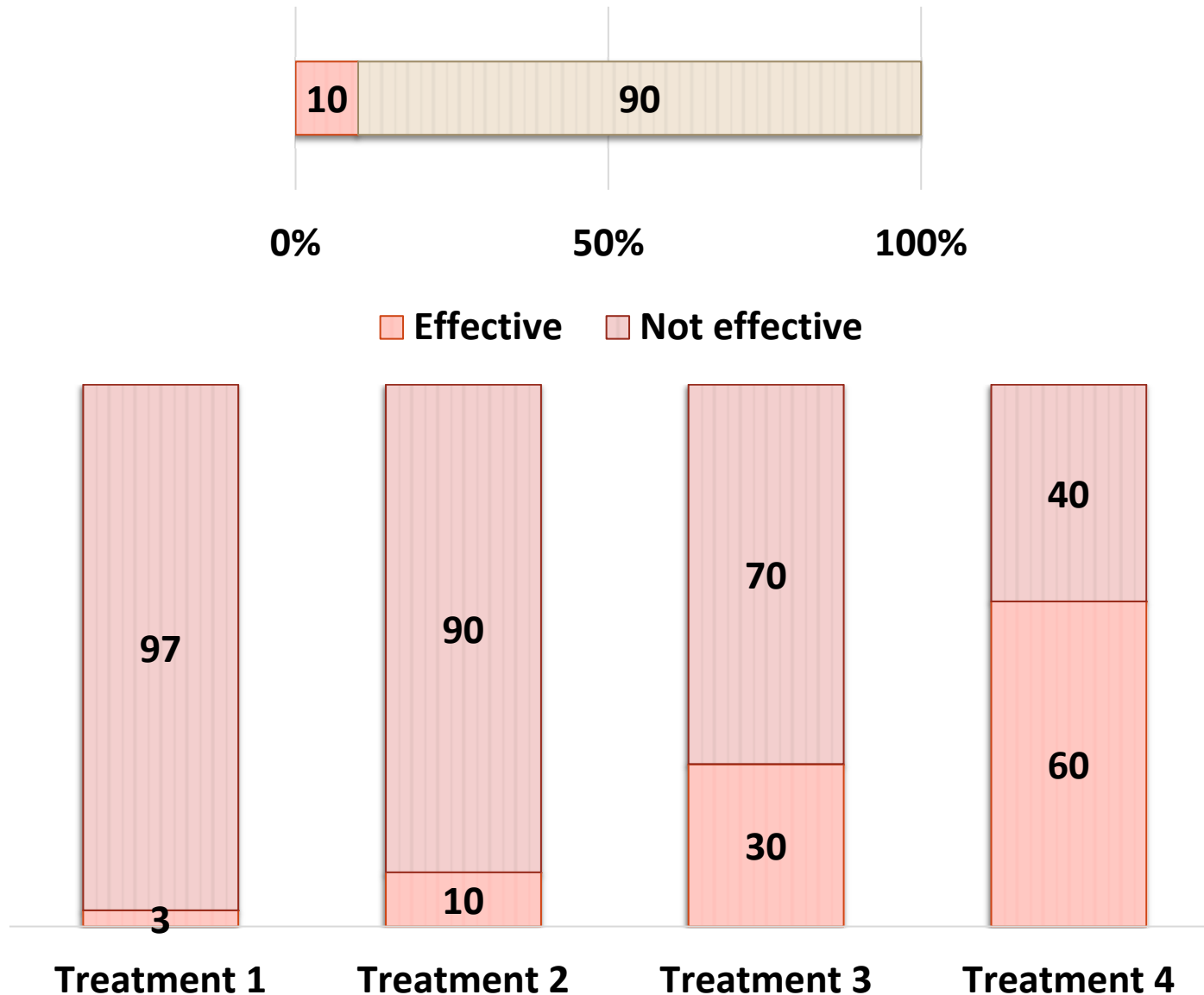
✓ Pictogram e.g. 10%



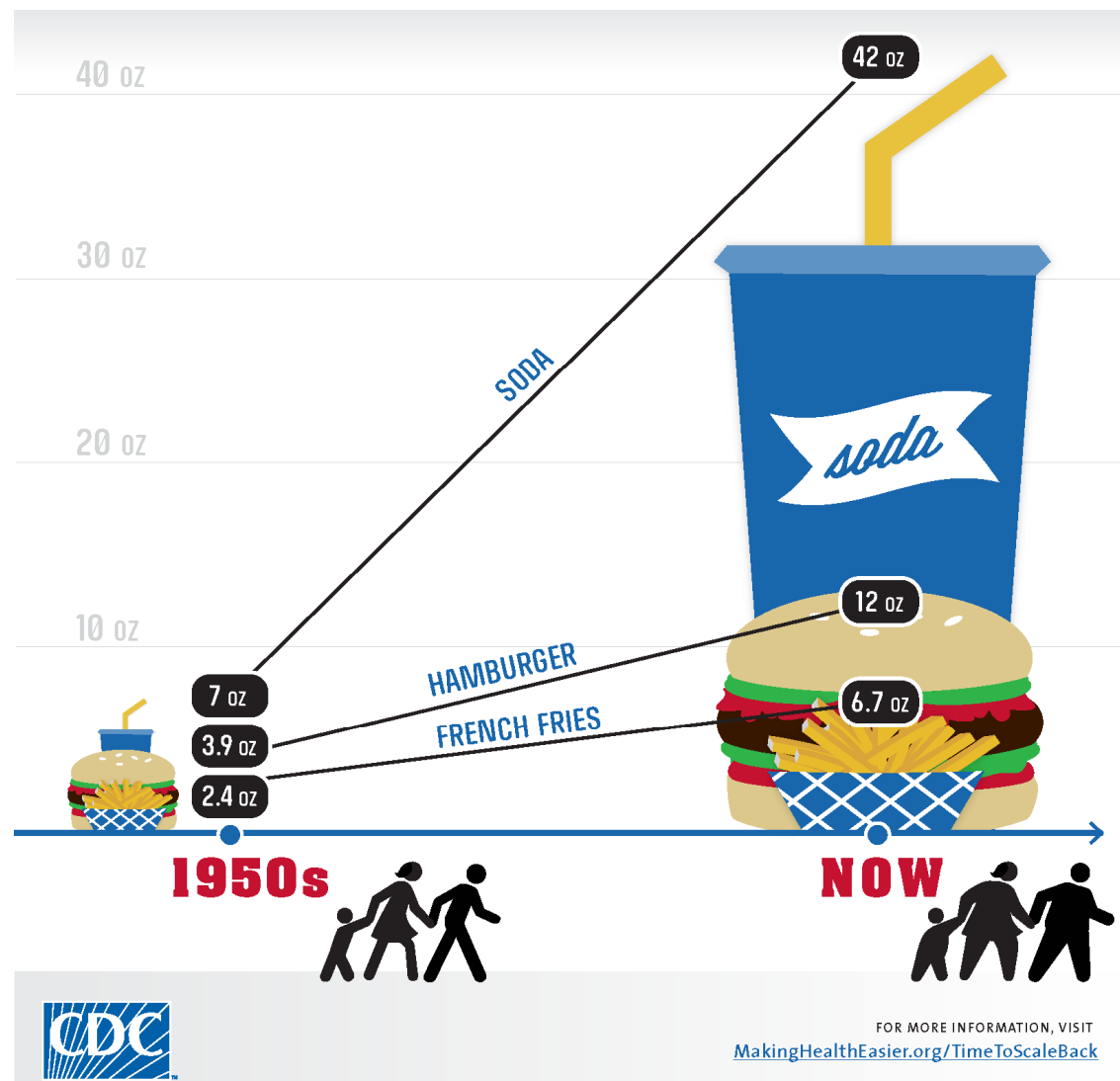
Free pictogram source  
<http://pictogram2.com/?lang=en>

Schapira MM et al. Journal of Health Communication 2006;11:569–582.

## ✓ Comparison increases credibility



## ✓ Infographics



## • Showing risks

- ✓ “Thyroid cancer will strike about 7.7 out of 1000 baby girls.”
- ✓ “7.7 out of 1000 baby girls become thyroid cancer in their lifetime.” (lifetime=89 yrs)
- ✓ “Chances of baby girls to become cancers in their life time are...”



Low numeracy level, but  
info. not sufficient

Specify time and outcome

Compare

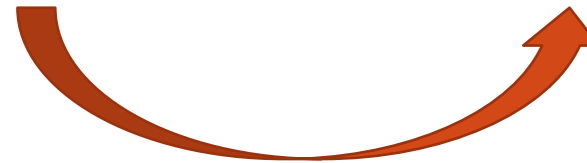
All	Breast	Thyroid
290	55	7.7

Woloshin S, et al. Know your chances. University of California Press. 2008.

2021/1/3



All	Breast	Thyroid	Increase due to Fukushima accident
290	55	7.7	1.8



Media “23% increase!” ( $\leftarrow 1.8/7.7$ )

while the actual increase is 1.8 per 1000 baby girls during lifetime



**Relative risk needs to be carefully explained with absolute risk.**

\*Data from WHO’s earliest report: Health risk assessment for the nuclear accident after the 2011 Great East Japan Earthquake and Tsunami.

Woloshin S, et al. Know your chances. University of California Press. 2008.

## ✓ Framing risks

“After taking this treatment, 80% can go back home within three days.”

“After taking this treatment, 20% cannot go back home within three days.”



**Need to know about your patients  
by listening to their voices.**

Woloshin S, et al. Know your chances. University of California Press. 2008.

## Poster for pregnant women (Tanzania) and Leaflet for children (Japan)

**COVID-19** **HOW TO PROTECT YOURSELVES AND OTHERS**

1. When you cough or sneeze cover your mouth and nose with the inside of your elbow
2. Keep your distance from others (1 mt)
3. If you have a fever or a cough, wear a mask
4. Wash your hands regularly with soap and water  
Or disinfect your hands with alcohol-based solution
5. Avoid physical contact, don't shake hands
6. Do not travel
7. Do not spit on the floor

In case of fever and/or cough, do not visit your local hospital. Call **0800110124** or **0800110124** instead, and stay at home.

IN CASE OF SHORTNESS OF BREATH, CALL **0800110124** OR **0800110125** AND FOLLOW THE RECOMMENDATIONS

Logos: Enfants du monde, COPE, TASI, HUG, TERRE INNOVATIVE

**Let's stand together to fight coronavirus!**

**Hand-wash with soap and water. Wash off the virus.** (20sec.)

**Stay at home. Avoid the virus.**

**Wear a face mask. Block your droplets.**

**Be well-balanced and stay healthy. Sleep well, eat well, play well.**

**Are you worried?**

There are many things we don't know about this virus and COVID-19. When we see someone coughing, we are worried. But it could be nothing but just a cough. When we hear someone tested positive, we are worried. But it could be nothing but just a rumour. We should not worry too much. The worst is to become the source of such rumour. Let's look at what we can do!

**Nothing to do at home?**

1. Let's make a daily schedule. What time do you want to wake up, eat, study, play and go to bed?
2. Let's talk on the phone or online with friends.
3. Let's make a time limit for the online video and game.
4. Let's try many things. You can read books/ comics, draw pictures, play cards, board games and jigsaw puzzles, listen to music or play instruments, and cook something. There are a lot of things you can do at home!
5. Let's play outside and feel good. You can take a walk or run in the park. Or you can also jump rope!

**For parents and family**

Want to know more about coronavirus? See the following information "What is Coronavirus?"

Department of Microbiology and Infectious Diseases, Fujita Health University  
[http://www.fujita-hu.ac.jp/~microb/What\\_is\\_Coronavirus-Kid\\_friendly\\_version-English.pdf](http://www.fujita-hu.ac.jp/~microb/What_is_Coronavirus-Kid_friendly_version-English.pdf)

**For teachers**

You can talk about coronavirus with children. Visit the following website "Talking to children about coronavirus"

The British Psychological Society  
<https://www.bps.org.uk/files/what-is-coronavirus.pdf>

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## Exercise questions

1. Which health literacy techniques do they use?
2. What are similarities?
3. What are differences?
4. How do you make a leaflet like these?

# Health literacy and health system



Goto A. Thinking, talking, and working with professional community workers after the Fukushima nuclear accident. Ann ICRP. 2016.

2021/1/3