Future avenues for health literacy: Learning from literacy and literacy learning

Paulo Pinheiro

Introduction

A definition of health literacy that has become widely used suggests that ‘health literacy is linked to literacy’ (Sørensen et al, 2012, p 3). The screening of literature, however, reveals that this link to literacy remains vaguely described in many of the attempts to define health literacy. Explicit references to literacy or a broader discussion and integration of core perspectives addressed in literacy research can be found only to a limited extent in the health literacy debate. Expecting new insights from the examination of literacy perspectives for the further understanding and development of health literacy approaches, it thus seems promising to grasp the current discussions about the topic of literacy, and to contrast core perspectives of literacy with the ongoing discussions about health literacy. This is what the current contribution aims at. This chapter first provides an outline of current conceptualisations in health literacy and highlights similarities of the most commonly used health literacy definitions. This is then followed by an overview of perspectives that currently shape the discussions about literacy. Finally, core perspectives in literacy are contrasted with main approaches to health literacy, and implications for further research on health literacy discussed.

Current conceptualisations of health literacy

Malloy–Weir et al (2016) performed a systematic review of definitions of health literacy published between 2007 and 2013 in journals indexed in MEDLINE. Of the 250 different definitions of health literacy, they identified six as most commonly used definitions; 133 definitions were modified versions of these six definitions, and another 111 were classified as ‘other’ because they differed in wording. The analysis of similarities and differences across definitions showed that ‘each of the most commonly used definitions treated a person’s abilities (or skills) as central to the concept of health literacy’ (Malloy–Weir et al, 2016, p 338). Differences across definitions were reported to be in terms of the ‘number and types of abilities (or skills) and/or actions believed to comprise health literacy;
the context and/or time frames in which the various abilities and/or actions are believed to be important; and thus, what each implies a health literate person is’ (Malloy–Weir et al, 2016, p. 338). The term ‘knowledge’ appeared – with different types of knowledge mentioned – in some of the definitions of which the wording was not related to the six most commonly used definitions. A critical analysis of the most commonly used definitions of health literacy showed that these definitions are open to multiple interpretations and incorporate basic assumptions that are not always justifiable.

Malloy–Weir et al (2016) articulate several concerns about the scope for interpretation allowed by the definitions of health literacy due to the wording and/or underlying assumptions. They highlight that the most common definitions implicitly include the assumption that information or health information can be used to promote or maintain health, or to reduce health risks and increase quality of life. They exemplify their concerns with people whose health is negatively impacted by structural features of society. They further point out that some definitions incorporate the assumption that there are relationships between (1) the health literacy or the capacity to deal with health information and (2) the making of appropriate or sound health decisions in the context of everyday life. They question this assumption by arguing that health-related decision-making is influenced by a much broader set of factors, such as personal values and beliefs, or life context. In addition, they argue that the terms sound and appropriate when used to describe decision-making are open to assessments by use of different criteria. Some definitions, for example, do not rule out the possibility that assessments of health literacy could be based on normative judgements about the appropriateness of people’s choices. Finally, the critical analysis showed that the wording used in the most common definitions does not preclude the interpretation that the burden of responsibility of achieving health literacy falls on the individual. The authors highlight that this can turn out to be a pitfall because such wording ‘leaves scope for the neglect of non-modifiable individual-level factors…, structural features of society … as well as features of health care provisions’ (Malloy–Weir et al, 2016, p. 342). They further argue that although the importance of social considerations beyond individuals is recognised in the contemporary discourse on health literacy, this has not been reflected by definitions that seem to promote more individualistic ideas and obfuscate barriers that individuals may face.

Another systematic review of the international literature was performed by the European Health Literacy Survey (HLS-EU) with the objectives (1) to identify core characteristics of definitions and concepts of health literacy and, building on that, (2) to develop an integrated definition as well as a conceptual model of health literacy (Sørensen et al, 2012). This review revealed 17 definitions and 12 conceptual frameworks of health literacy. A content analysis of the definitions allowed a grouping of the terms and notions used in the definitions into six clusters: (1) competence, skills, abilities; (2) actions; (3) information and resources; (4) objective; (5) context; and (6) time. These results were used to subsequently develop a new and integrated definition of health literacy that has since then
Future avenues for health literacy

become a key reference in the field of health literacy. According to the HLS-EU definition, health literacy ‘is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course’ (Sørensen et al, 2012, p 3).

The analysis of the 12 conceptual models showed various shortcomings such as the lack of theoretical foundation, empirical validation or pathways outlining causes and effects of health literacy. Based on the findings from the content analysis of the conceptual models, Malloy-Weir et al propose an integrated model of health literacy. They highlight that the integrated model combines the main dimensions of health literacy with proximal and distal factors impacting on health literacy as well as with the pathways linking health literacy to health outcomes. The main dimensions of health literacy are represented and visualised as a matrix that combines knowledge, motivation and competencies related to four tasks in the processing of health information (namely, access, understand, appraise, and apply health-related information) with the three domains of healthcare, disease prevention and health promotion. They conclude that the integrated model can be used as a conceptual basis for the development and validation of measurement tools as well as for the development of health literacy-promoting interventions. For more information on the HLS-EU model, see Chapters 1 and 8, this volume.

The overview of current conceptualisations of health literacy based on two comprehensive systematic reviews of literature allows for the identification of some common features in the current understanding about health literacy. First, health literacy addresses how people deal with health-related information. The definitions offer a broad range of actions and usually link those actions with purposes or goals such as the management of diseases or the improvement of wellbeing. Second, there is a strong emphasis on the acquisition and performance of skills and knowledge. An individualistic approach is prioritised and reflected by a focus on mental processes. Third, the impact of social or environmental determinants on the activities is acknowledged but remains obscured or unmentioned in many of the influential definitions.

A tailored view on the target groups of children and adolescents seems to be a promising undertaking to gain further insights about health literacy constructions. Children and adolescents can be distinguished from adults by several characteristics (see, for example, Rothman et al, 2009). They differ, for instance, in their development potentials, have different disease, risk and disability profiles, as well as a higher vulnerability to unfavourable sociodemographic factors. Further, their dependency on adults for social and healthcare is significant and highlights a particular relevance of questions that address intergenerational and power relationships that are per se unequally distributed between children and adults. It is thus to be expected that social contexts, interactions and agency are more pronounced in perspectives on health literacy when children are targeted.
Current conceptualisations of health literacy in childhood and adolescence

This section basically refers to findings from two systematic reviews of literature recently conducted at our institution to identify common trends within current constructions of health literacy in childhood and adolescents. One literature review focused on definitions, concepts and models (Bröder et al., 2017), whereas the other addressed measurement methods of health literacy (Okan et al., 2018). The findings of our analyses revealed the following common features of current social constructions of health literacy within childhood and adolescence.

There is a strong focus on personal attributes such as knowledge and skills, and on individual rather than on social conditions that are required to respond to societal or situational demands. These demands—briefly summarised—concern the gathering, understanding, appraisal and use of health information in terms of minimum standards within children’s health. The conceptualisation of health literacy in childhood based on the surveyed literature is thus fairly similar to the majority of definitions and conceptualisations for adults as outlined before. Social and cultural conditions or environments are widely acknowledged to be relevant. Related discussions, however, were less pronounced than the elaborations on the individual prerequisites. The issue of the social or cultural context is usually addressed when internal abilities of children and adolescents are contrasted with external demands and minimum information-handling requirements to benefit health. Health literacy is understood as a relational concept in which the social or cultural context defines the demands on a child or an adolescent to handle information for the purpose of health. The systematic reviews, in addition, indicate that childhood and adolescence are distinguished from adulthood, usually through reference to developmental issues and tasks (see, for example, Borzekowski, 2009). Most of the articles draw on concepts from developmental psychology rather than on sociological approaches. As a result, this prioritisation might have also contributed to the promotion of individualistic ideas of health literacy. Finally, the review of the measurements of health literacy in childhood and adolescence showed that the assessments of health literacy in children and adolescents usually rate personal attributes and involve distinctions between high and low or adequate and inadequate levels of health literacy. The dominance of rating systems of health literacy in childhood and adolescence reflects the normative notion of the underlying current conceptualisations of health literacy that results in the identification of populations at risk. Such assessment procedures, however, disregard a perspective that addresses multiple health literacy practices to which quantified ratings cannot be applied.

Overall, our systematic reviews of literature also revealed that current conceptualisations of health literacy in childhood and adolescents have mainly evolved in the fields of health research, notably within healthcare and public health, and thus within disciplines in which there has traditionally been an emphasis on individualistic ideas. Given the significant bias in current constructions of health
Future avenues for health literacy

literacy towards perspectives originating from health research, it is therefore obvious to assume that there has been a neglect of other important points of reference originating, for example, from childhood or literacy research that might provide opportunities to rethink and, where reasonable and appropriate, reframe and further develop the existing conceptualisations of health literacy.

Theoretical perspectives of literacy and literacy learning

There are contrasting views of the nature of literacy that can be closely linked to the purposes of literacy that are, according to Hamilton (2010, p 8):

- a set of functional skills, helping people to meet the demands made by the society on them, especially in terms of employment;
- a civilizing tool, allowing people to access a literary culture that is part of their cultural heritage;
- a means of emancipation, enabling people to control their lives, challenge injustice and become autonomous, participating citizens in a democracy.

Historical overviews of the research on literacy highlight that the subject has been underpinned by a broad range of theoretical perspectives that have evolved over time, shaped the understanding, use and assessment of literacy, and informed priority setting in education policy-making. Kennedy et al (2012) provide a comprehensive presentation of the various theoretical approaches to literacy development since the 1950s. Their overview of theoretical perspectives on literacy include cognitive, psycholinguistic, cognitive apprenticeship, metacognitive, sociocultural, constructivist/social constructivist, sociolinguistic, critical theories, multimodal and digital approaches. Kennedy et al (2012), as well as Gaffney and Anderson (2000), provide some guidance to capture the many perspectives when they highlight that the historical trends in literacy research have had three major paradigm shifts, moving from behaviourist to cognitive to sociocultural perspectives.

The contemporary discourse on literacy is shaped by cognitive and sociocultural perspectives. While cognitive approaches view literacy development as a succession of different reading and writing skills, sociocultural approaches view literacy as socially and culturally embedded. Both approaches have largely been considered incommensurable given their underpinnings and differences. Street (1984) referred to the cognitive perspectives as *autonomous* because they imply that literacy consists of decontextualised skills that are learned independently from social or cultural influences. Street’s theoretical and empirical work is inextricably linked to what has come to be known as New Literacy Studies (NLS), in which the focus on literacy is not on a set of autonomous skills, but on a social practice that is embedded in social, political, economic and cultural power relations. Street called this alternative view *ideological* to highlight the context-dependent and power-laden
nature of literacy. To structure the overview of the major perspectives on literacy, we use Street’s distinction between autonomous and ideological perspectives on literacy. The autonomous views of literacy are first summarised and followed by an overview of ideological views of literacy exemplified by sociocultural and sociolinguistic literacy perspectives.

**Autonomous views of literacy**

Autonomous views of literacy are associated with cognitive and psycholinguistic perspectives of literacy, both of which have been influential in literacy programmes and policies. Cognitive approaches to literacy and literacy development are rooted in the premise that the acquisition of reading and writing skills follows predefined developmental patterns and distinct milestones for generally everyone. The Oxford Dictionary defines cognition as ‘the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.’ Cognition encompasses a range of processes such as knowledge, reasoning, problem-solving and decision-making, and includes mental processes that affect the acquisition, formation or use of language. The differentiation of cognitive from behaviourist perspectives is grounded in the understanding that human behaviour is more than just a stimulus–response pattern. From a cognitive perspective, acting is determined by mental processes rather than exclusively by external conditions or stimuli. Development is seen as an active process of a subject who is equipped with cognitive functions such as recognition and awareness. Knowledge is, for example, built through the active engagement of a subject with the environment, and human responses to an external stimulus are poorly controlled or driven by the external impulse. Other key characteristics of cognitive perspectives are accommodation (which refers to processes in which an individual adapts the internal with the external world) and assimilation (the individual who adapts the external world is incorporated into the internal world), both of which are complementary processes of adaptation through which awareness of the outside world is internalised. Davidson (2010, p 247) provides a collection of priorities when addressing the development of reading and writing from a cognitive perspective:

Cognitive researchers are interested in normative behavior, for example, the learning-to-read process, and their emphases are on operations that take place in the head…. Cognitivists believe that literacy is largely taught and learned…. Cognitive theorists, in addition, believe that stages of reading or writing development are necessary to guide teaching; the stages illuminate the competence that is optimal for specific purposes, and they identify and explain the inadequacies exhibited by certain groups.

Cognitive perspectives of literacy are concerned with mental processes that take place while words, structures and grammar of a text are recognised, information
or meaning are retrieved from text, processed during the reading process and stored in the memory for future retrieval (Lyytinen, 1985). A cognitive theory of reading development can be exemplified by the work of Chall (1983), who postulated that all individuals progress through stages of reading acquisition in characteristic ways, in certain age limits and following the same sequence. Based on this, Chall developed stages of reading and recommended norm-referenced tests to diagnose a reading problem.

Another autonomous perspective of literacy is that of psycholinguistics that focuses on how written words and symbols are decoded, and how meaning is assigned to words and sentences for the purpose of language production in oral communication processes (see, for example, Goodman, 1967; Perfetti et al, 2001). Psycholinguistic perspectives see reading as a constructive process by which the reader uses their previous knowledge of language to predict words and retrieve meaning (Kennedy et al, 2012). Psycholinguistic and cognitive perspectives have demonstrated that there is a strong relationship between phonological awareness and literacy development (see, for example, Ehri et al, 2001). Phonological awareness refers to the awareness that language is composed of sounds and the ability of a person to detect sounds in speech and to associate sounds with words and letters. It is considered as critical for learning to read any alphabetic writing system and a strong predictor for reading proficiency. These findings have translated into now well-established recommendations and current policies that promote shared reading opportunities between children of pre-school age and their parents or other literate adults.

As outlined above, autonomous views of literacy value and emphasise the identification of specific reading and writing skills to target and measure. Critical literacy theory positions have questioned such views, and argue that a focus on cognitive processes implies that individuals outside prescribed stages or standard norms are deficient in their literacy skills (Davidson, 2010). Davidson (2010) refers to Tracey and Morrow (2006) who raise the question as to whether adherence to autonomous views systematically disadvantages children from non-mainstream backgrounds who have poor access to education in the home and, therefore, out-of-school literacy practices that conflict with predefined reading and writing stages of development. Others have raised concerns that the autonomous views of literacy are limited in understanding how individuals learn to read and write because they fall short in considering the impact of social and cultural environments on the individual’s literacy development (see, for example, Street, 1984).

**Ideological views of literacy**

Ideological views of literacy are rooted in the premise that sees literacy as a social practice and always embedded in social, historical, cultural and political contexts of use (Kennedy et al, 2012). Accordingly, literacy is constructed in the specific social practices of participants and in particular contexts for particular purposes that give reading and writing meaning (Street, 2005). Kennedy et al
suggest thinking about autonomous and ideological definitions as being points on a continuum of definitions rather than being two opposing views. Ideological views of literacy emphasise the social nature of literacy learning. They refer to cognitive apprenticeship models coined by the work of Vygotsky (1978) that have demonstrated the impact of the interaction between a learner and an expert on learning.

Proponents of sociocultural and sociolinguistic perspectives argue based on the premise that literacy is always interrelated and interdependent with the context in which it is performed. Within sociocultural and sociolinguistic literacy perspectives, the focus shifts away from technical skills and their acquisition to the underlying contextual and cultural processes, individual capabilities and dispositions as well as to the impact of collective (social) structures on the multiple ways literacy is practiced (see, for example, Street, 2003; Papen, 2005). Reading and writing are hence regarded as social processes and cultural constructions (Pearson and Stephens, 1994). Sociolinguistic theories of literacy are closely associated with sociocultural theories. While both share a social perspective that is concerned with the use of literacy in interactions between people, sociolinguistic approaches emphasise linguistic aspects that focus on how language is used to establish a social context, and vice versa, how the social context influences language use and the communication of meaning (Kennedy et al, 2010). Perry (2012) summarises that sociocultural perspectives relate to sociolinguistic conceptualisations as they address the ways in which language instantiates culture, the ways in which language use varies according to contexts, the relationship between language use and power, and the ethnography of communication. Perry (2012) also highlights that it is more appropriate to speak of sociocultural perspective as a collection of theories, and suggests a selection of some major theoretical perspectives to oversee the sociocultural paradigm. These include literacy as a social practice, multiliteracies and critical theories of literacy.

**Literacy as a (situated) social practice, multiliteracies and critical literacy**

Scholars endorsing literacy as a social practice emphasise that literacy is ‘what people do with reading, writing, and texts in real world contexts and why they do it’ (Perry, 2012, p 54), and that ‘in the simplest sense literacy practices are what people do with literacy’ (Barton and Hamilton, 2000, p 7). According to this line of thought, practices involve more than actions with texts. They connect to, and are shaped by, values, attitudes, feelings and social relationships. The notion of literacy as a social practice has been coined by work of Brian Street and then been promoted by the NLS. Literacy as a social practice questions the premise favoured by autonomous views that texts have meanings independent of their context of use. As the NLS locate reading and writing in the social and linguistic practices that give them meaning, they claim that literacy is more than acquiring content (Street, 2005), and that texts do not have uses independent of the social meanings and purposes people construct (Barton and Hamilton, 1998).
Hence, such perspectives aim to describe how literacy is practised in everyday life, recognising that this practice is not neutral, but dependent on the context in which it takes place, embedded in social relationships and power relations hidden in the nature of this context (Barton and Hamilton, 2000). Street raises concerns that if literacy is seen as a decontextualised set of skills, as suggested by the autonomous perspectives, it fulfils the purposes of those in power to maintain a position of superiority by marginalising other forms of literate knowledge (Street, 2005). Literacy as a social practice draws on two key ideas that are interdependent: literacy events and literacy practices (see, for example, Barton and Hamilton, 2000).

The idea of a literacy event refers back to the work of Heath (1983) on early literacy experiences of preschool-aged children, and can be defined according to Street (2003, p 78) as ‘any occasion in which a piece of writing is integral to the nature of the participants’ interactions and their interpretative processes.’ According to Barton and Hamilton (2000), who see a literacy event as an observable activity involving print and written text, many of such literacy events are regular, repeated activities or even established routines that are formed by social structures and procedures.

The key idea of literacy practices is broader and refers to people’s behaviour and understanding of the uses of reading and/or writing. Literacy practices incorporate not only literacy events but also the ways people understand, feel and talk about those events (Hamilton, 2000). Hamilton (2000) proposes some wider aspects of context that should be addressed when analysing teaching and learning activities from a social practice view:

- what people do with texts rather than focusing simply on the texts themselves;
- how reading and writing are embedded in everyday activities, formed by cultural convention and reflect and support social relationships;
- how literacy is changing;
- the diversity of different languages, scripts, cultural conventions and modalities used in reading and writing;
- the existence of ‘funds of knowledge’ that reside in communities and individuals.

Hamilton (2000), in addition, proposes a set of building blocks to document and analyse literacy practices and events:

- participants who are involved in an interaction with a written text;
- activities in that interaction;
- formal or informal settings where literacy takes place physically;
- domains, describing the different areas of social life, and its purpose and values;
- resources, referring to intangible ones within the individual (for example, cognitive skills and knowledge) and tangible or material ones (for example, paper, computer, pens).
Perry (2012) highlights the distinction between literacy events and literacy practices when used as framework to approach literacy as a social practice. She argues that literacy events are observable and thus allow for seeing what people do with texts. She continues that, in contrast, literacy practices must be inferred because they connect to unobservable beliefs, values, attitudes and social structures. Perry (2012) also indicates that people working with the framework on literacy as a social practice focus on print and written texts, and argues that this perspective has been challenged by theories relating to multimodality. Proponents of multiliteracies or multimodality argue that communication has always been multimodal as humans make meaning through various modes of language (oral, written, body language as well as symbols). They have pointed to the inappropriateness of conceptualising literacy in the digital age as a single, uniform form with the exclusive focus on print or text. Instead, they recognise sociolinguistic perspectives on language and the multiple communication channels and media that come with new technologies. Meaning is hence not only derived from written information, but meaning-making also occurs in flexible forms and through a variety of communication channels (Cope and Kalantzis, 2000; Kress, 2000).

Critical literacy theories, to complete the ideological views of literacy, have contributed to the understanding of literacy with perspectives focusing on power relationships and aiming at understanding how texts try to influence and change people as members of society. There are several broad perspectives related to critical literacy (Kennedy et al, 2012): a Freireian perspective that draws on the pedagogy of Paulo Freire focuses on the use of literacy to empower the disempowered and views literacy as a process of consciousness. In defining literacy as reading both the word and the world, Freire emphasises understanding literacy as the relationship of learners to the world (Freire and Macedo, 2001). The so-called Australian perspective emphasises the interpretation of language and text as a social construct and the recognition that a text is never neutral but designed to inform, entertain, persuade and manipulate (see, for example, Freebody and Luke, 1990). Other perspectives relate to the writings of Bourdieu on language and on the relations among language use, power and politics (Bourdieu, 1991). They connect the concept of habitus, which is the set of dispositions by which we perceive, think and act in certain ways, to that of cultural capital, and conclude that language should be viewed not only as a means of communication but also as a medium of power through which the social uses of language and literacy reproduce power relationships and social differences. For more information on the significance of Bourdieu’s theory in the context of health literacy, see Chapter 37, this volume.

Contrasting current conceptualisations of health literacy with autonomous and ideological views of literacy

Based on the information provided by thoroughly conducted systematic reviews of literature that summarise and analyse the large body of theoretical
and empirical literature on health literacy, it is most likely to conclude that the current understanding of health literacy is shaped by a strong notion on skills that is sometimes complemented by concepts of knowledge. Another striking finding from the analysis is that although skills can be identified as a commonality among many approaches to health literacy, there is a wide – and hard to oversee – range of descriptions and specifications of those skills that are considered to be fundamental when using health-related information. There is heterogeneity in the many theoretical approaches to health literacy, but a closer look into the literature suggests that there is heterogeneity in homogeneity because most of the approaches are closely linking health literacy with skill approaches. The emphasis on skills that is reflected by the most commonly used definitions and concepts of health literacy promotes a rather individualistic idea of the concept. It was argued that this view of health literacy is biased, especially when combined with a neglect of social considerations that are well known to effect health and the use of health-related information. The current notion of health literacy, however, focuses on a set of personal characteristics, howsoever defined, that are considered necessary when using health-related information, materials or communications.

A subject-centred perspective and the ability to act are clearly prioritised in the current understanding of health literacy. Considerations on the context are frequently made in the current debates on health literacy, but are shaped by a perspective that postulates that health literacy is a relational concept. The interpretation of health literacy as a relational concept usually establishes and stipulates that the use of health-related information can and should be targeted in order to adequately meet requirements arising from or in different social contexts in which the individual is embedded. The rating of adequacy results from the comparison of the individual action with standards that are defined and established for the management of diseases and risk factors as well as for healthy lifestyles or quality of life. Such an approach is obviously supported and advocated because it matches well with notions of empowerment in which self-control and self-management are emphasised. However, the analysis of the literature also reveals that this is a one-sided consideration of contexts that gives little attention to contextual perspectives that (1) take social structures and backgrounds in which individuals are embedded into account and (2) provide information about the impact of living conditions and structures for the development and performance of health literacy. Such perspectives have been taken up so far sporadically rather than systematically in the discussions and conceptual definitions of health literacy (see, for example, Parikh et al, 1996; Fairbrother et al, 2016; Sentell et al, 2017), and have not yet been included in many of the descriptions of health literacy. Interestingly, this also applies to conceptualisations of health literacy for children and adolescents where extrapolations of adult models that are usually enriched with references to concepts from developmental psychology are more likely to take place than target group-tailored specifications.

The concerns about definitions and conceptualisations of health literacy voiced by Malloy-Weir et al (2016) highlight that the most common definitions
include a series of assumptions that can be considered problematic because they are empirically either poorly verified or questionable. Data from other studies might stimulate a reconsideration of the strong individualistic notion of health literacy. Alexander et al (2014), for example, have provided illuminating evidence on the robustness of the reproduction of social conditions and the transmission of the sociocultural legacy from one generation to the next. They tracked in a longitudinal study the lives of a significant number of schoolchildren living in Baltimore as they made their way through school, joined the workforce and started families. The unfolding of the children’s life trajectories and the contrasting of urban children with different family backgrounds revealed that the overwhelming majority found themselves with the same socioeconomic status as their parents when they were nearly 30 years old. The study highlighted that there are strong effects of inertia affecting the dynamics and scale of both up- and downward social mobility. Interestingly, social deprivation was even more unlikely than social advancement.

The current understanding of health literacy shows several analogies to the understanding of literacy that dominated the debates and programmes on literacy and literacy education up to the 1990s. The collection of theories called by Street ‘autonomous perspectives’ relies on skills, similar to the current understanding of health literacy, and is often linked to the premise that individual skills are developed in a context-independent way. The bundle of cognitive and linguistic approaches to literacy is based on such a perspective and has continuously been prone to discussions addressing the learning environments. The vague consideration of contexts has then systematically been taken up in the literacy debate some 30 years ago and promoted by the NLS. The NLS viewed literacy as something people did inside society and argued that literacy was a sociocultural rather than a mental phenomenon and needed to be understood and studied in its full range of contexts. In line with this, the sociocultural approaches to literacy have addressed the impact of social conditions on the development and practice of literacy. The strong orientation towards social contexts and structures is supported by empirical findings and suggests that literacy is understood as a set of social practices rather than a set of skills. It was then suggested that the social practices of literacy could be inferred from so-called literacy events in which written texts or other visualisations of language are involved. According to such approaches, there are always different literacies that are purposeful and always embedded in broader sociocultural goals and practices. Literacy practices are thus always shaped by social structures, institutions and power relationships, and therefore change and are acquired through processes of informal learning and sense-making.

When one agrees that health literacy is linked to literacy, it is obvious to suggest that the current debates about health literacy should take up and systematically explore the sociocultural approaches to literacy. There are certainly analogies between health literacy and literacy when we refer to health literacy as those dimensions of literacy that address health information or messages. A first
preliminary step would be to demand clarification on how the very different interpretable concept of health can be combined with literacy.

Health can be related to literacy in different ways. It can specifically address the management or prevention of diseases. In such biomedical or pathogenic approaches, health is about treatment and risk management of diseases in order to restore health or to avoid disease, and health literacy processes instruct how to avoid life-threatening situations and justify rating health literacy practices in terms of ranking systems. Health can also be addressed in a way that is decoupled from any specific disease, through social models of health that address the social determinants of health and the impact of the social environment on individual health and wellbeing. Social models of health overlap with pathogenic health models but also connect to salutogenic approaches that are basically concerned with the origins of health and wellbeing and address factors and processes that support individuals in dealing healthily with stimuli from internal and external environments. Salutogenesis is grounded in comprehensibility, manageability and meaningfulness of internal and external demands (see Antonovsky, 1983), and assumes that any balance between internal and external environments results from an inherently critical appraisal of internal or external stimuli. Social and salutogenic approaches to health therefore support the use of descriptive, non-rating assessments of literacy practices that are probably more appropriate to health promotion issues than the use of rating systems. The salutogenic approach can also be used as an analytical matrix for literacy practices as such (that is, that are not explicitly about health-related information) and their contribution to health and wellbeing. For more information on the salutogenic model and its relationship to health literacy, see Chapter 42, this volume.

If we then contrast health literacy with those perspectives of literacy that take a sociocultural view, it is first of all obvious to question that health literacy is basically the individual processing of health information. The review of current health literacy definitions and models finds, at their core, an emphasis on individual functioning in order to meet prescribed standards that are set for particular situations. Such a focus tends to underline strongly individual skills, abilities and competencies while disregarding the social practices of health literacy that reflect the processes whereby meaning is created from the given health information. Such an approach also does not address questions such as individual needs for health literacy or the effects on health literacy of the sociocultural structures in which a person is embedded.

Following a sociocultural approach would call for shifting the focus from a skill-based view of the use of health information to perspectives focusing on the processes at work when meaning is created within multiple forms of language. Meaning-making in health literacy highlights how people understand and make sense of health-related messages. Shifting the focus of health literacy towards meaning-making processes then has implications for methodological approaches within health literacy research, including alterations in the unit of observation. Following sociocultural perspectives on literacy, health literacy could benefit
from a framework that is shaped by literacy events and related social practices. Accordingly, the unit of observation would shift from the personal attributes of a person – which is the current mode in health literacy research – to health literacy events and practices that a person is involved in. This connects to the NLS where the research framework is organised around the notion of literacy events and practices.

A health literacy event can be defined as any occasion in which any form of language (spoken, written or body language) that is used to transmit a health-related message is integral to the nature of the participants’ interactions and their interpretative processes. Analysing health literacy in terms of literacy events illuminates literacy practices, here defined as a set of social practices that can be observed in and inferred from a literacy event, and that represent what people actually do when they are exposed to language. Social practices inform us about an individual’s set of skills and knowledge and also provide insights into beliefs and dispositions as well as values, attitudes, feelings and social relationships. Disposition, for example, is an individual attribute that in this context is defined as a state of readiness or a tendency to act in a specified way. Dispositions are influenced by the social milieu in which a person is embedded and reflect the impact of social structures on the processes of meaning-making. Analyses of health literacy as framed by literacy events and practices connect to meaning-making and also to questions related to willingness and readiness to act. Using health literacy events and practices as the main analytical framework allows for at least three domains of research as follows:

• Personal attributes (skills, knowledge and understanding, beliefs, dispositions as well as values, attitudes, feelings and social relationships) of the people who act in the health literacy event and who code or encode health information by using multiple forms of language. Such an approach addresses the personal characteristics of both the person who is usually considered to be the receiver and the person who acts as the sender.

• Attributes of the forms of language that are used in an event and attributes of the health-related content of language (for example, multimodality, signs and symbols, content and evidence of health information, purpose).

• Attributes of the context in which the interaction takes place or within which people are embedded (cultural and social attributes of the context, interrelationships and power relationships between the people who act, their social agency).

In summary, we can conclude that the current understanding of health literacy is closely associated with an understanding of literacy that relies on perspectives that have been questioned and subsequently replaced or expanded. In this contribution, only a sketchy and experimental attempt was made to connect health literacy with the sociocultural approaches that are prioritised in the current literacy debate. It clearly shows, however, that such a connection can provide new impetus for the
future development of the current understanding of health literacy. The future conceptualisation of health literacy should therefore take into account a more pronounced systematic review and, where appropriate, transfer of the approaches that currently coin the literacy debate.

References


