

Practice

A question of understanding

Poor language and literacy skills often form a barrier to environmental health compliance.

David Magee looks at what can be done to tackle the issue

Environmental health literacy (EHL) is slowly gaining recognition as a specialised literacy in its own right, alongside others such as health, financial and computer literacy. Possessing EHL enables people to make informed decisions regarding environmental health. However, many people do not even have the fundamentals in general literacy to be able to understand the simplest of environmental health communications.

In the UK, a significant number of adults have basic literacy issues. Around 16 per cent of adults or 5.2 million people in England are 'functionally illiterate', which means that they have literacy levels at or below those expected of an 11 year old. At this level, people can accurately and independently understand short straightforward texts on familiar topics and obtain information from everyday sources, but reading information from unfamiliar sources or on unfamiliar topics could cause problems.

There are a number of reasons why people can have lower levels of literacy that can act as barriers to their obtaining and understanding environmental health communications. These include cognitive, auditory and visual impairment. For instance, the British Dyslexia Association website states that 10 per cent of the population is dyslexic, four per cent severely so.

Furthermore, consideration also needs to be given to people who do not have English as their first language. Recent times have seen unprecedented levels of immigration. The ability to understand English varies among migrants and the current conventional advice is to translate communications into migrants' native languages.

But how do we know that migrants even have the requisite levels of literacy in their own languages to understand these communications? The 2013 OECD *Global Survey of Adult Skills* found that: 'In most countries, there are significant proportions of adults who score at lower levels of proficiency on the literacy and numeracy scales. Across the countries involved in the study, between 4.9 per cent and 27.7 per cent of adults are proficient at only the lowest levels in literacy.'

Other cultural factors need to be taken into consideration. In the UK, we are lucky to have organisations such as the CIEH and the Health

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and Safety Executive. From a young age, at home and at schools, we are exposed to the idea of and literacy in environmental health.

However, this is not always the case in other countries. Many newly-arrived immigrants will be exposed to EHL for the first time and this can be difficult to understand at the same time as everything else they are expected to assimilate into their new lives.

We have a legal duty of care under the Equality Act 2010 to ensure our communications can be understood: duty holders must make 'reasonable adjustments' and ensure that 'information is provided in an accessible format'.

However, given the wide range of issues that can affect a person's literacy, is this always practical, especially for smaller businesses and organisations? Translations can be expensive and time consuming. For people who speak uncommon languages and dialects, translation is sometimes impossible. Added to this, generally, people are reluctant to admit that they have lower levels of literacy in case they are considered stupid.

What can we do to tackle this issue? The first step, obviously, is for all stakeholders to recognise that it is an issue.

But after that, always give consideration and take care to understanding a recipient's literacy when drafting environmental health communications. If possible, try to find out if the intended recipient has any literacy issues.

More generally, try to draft communications with a level of language suitable for people with a reading age of 11 or less. Where possible use pictures or signs and symbols that are international standards. Research the internet for help and advice.

However, in the long-term, it is perhaps time that the CIEH as an organisation and EHPs as a profession should also promote awareness of this issue and initiate collaborative learning programmes.

Maybe we should even start to advocate that EHL be taught in schools as part of the curriculum in social studies or personal, social and health education programmes, especially for young people with special needs. It is after all, the role of the school and us to help prepare our young people to enter their adult lives as safely and successfully as possible. **E**

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