



Health literacy: whose responsibility?

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Literacy

- **What is it?**

- Functional literacy is a measure of a person's ability to read basic text and write a simple statement relevant to everyday life

- **Why do we care?**

- Those who are functionally literate are able to participate more fully in society, and are able to exert a higher degree of control over everyday events
- Literacy levels are related to public health outcomes



HEALTH LITERACY DEFINITIONS

- **Individual level:** ability to understand and to act in their own interest, such that service users have a capacity to obtain, process, and grasp the health information and services they need to make appropriate health decisions (Feinberg, 2004).
- **System level:** the actions and approaches taken by health care service providers to effectively engage and work with their current and potential service users, as well as the approaches taken to service delivery and design.



Health literacy in Australia

ABS : Adult Literacy and Life Skills Survey (ALLS)

OECD measure used in several countries (2002, 2006)

- **4 measures of literacy that collectively contribute to an overall measure, plus**
- **191 health-related items across four literacy domains.**
 - items related to one of the activities; health promotion (60 items), health protection (64 items), disease prevention (18 items), health care maintenance (16 items), and system navigation (32 items)



ALLS – four domains

- ◎ Prose literacy: Represents individuals' ability to understand and use information from various kinds of narrative texts, including texts from newspapers, magazines and brochures
- ◎ Document literacy: Represents the knowledge and skills individuals require to locate and use information contained in various formats including job applications, payroll forms, transportation schedules, maps, tables and charts
- ◎ Numeracy: Represents the knowledge and skills individuals use to manage and deal with the mathematical demands of diverse situations
- ◎ Problem solving: Represents goal-directed thinking and action in situations for which no routine solution is available



Results – 2006 survey data

- **Approximately 40% of all Australians have ‘adequate’ levels of general and health literacy**
- **60% have less than adequate levels of literacy and health literacy**
- **6% of Australians have high health literacy levels.**
- **Approximately 46% of Australians aged 15 to 74 years achieved**
 - less than ‘adequate’ scores for the prose domain
 - 47% for the document domain,
 - 53% for the numeracy domain, and
 - 70% for the problem solving domain



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The right to health

- **The right to the highest attainable standard of health is a fundamental human right**
- **(Article 12, International Covenant on Economic, Social and Cultural Rights (ICESCR))**
- **Governments which are Parties to the Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of health**



Determinants of health literacy

- The social gradient
- Employment
- Living and working conditions
- Early years of life
- Education
- Social support
- Transport
- Ageing
- Social inclusion/exclusion
- Gender
- Culture
- Discrimination, racism, stigma
- Personal capacities and coping skills
- Quality of health system eg responses to accessible information



Is health literacy a determinant of health?

- **A determinant describes an established causal pathway**
 - Health literacy is NOT a causal pathway – it is a proxy for education which is a determinant of health



Health literacy feeds back into health outcomes

- **Low health literacy is thought to be a better predictor of health status than education, SES, employment, race or gender** (Weiss, 2005; Partnership for Clear Health Communication, 2006)



Effects of low health literacy

- Both low general literacy and low health literacy engender vulnerability and stress.
- Low literacy predicts the degree of engagement that people have with primary and public health services and interventions, and their self-management of, and knowledge about, chronic conditions (Keleher & Hagger 2007).



Effects of low literacy on health

Direct and indirect effects

- Women with low literacy are at risk of larger families
 - > Low income, large families, low literacy often results in stressed and vulnerable families
- Low literacy is related to lower rates of economic participation
 - > Girls with low literacy who leave school early are likely to never work fulltime



Should practitioners test clients' health literacy?

- Population-based surveys have established reliable profiles of general and health literacy across the population
- Literature suggests that possible harm outweighs benefits;
 - therefore, clinical screening for literacy is not recommended (Paasche-Orlow & Wolf, 2007, 2008)



Positive strategies

Simple strategies are available as an alternative, and should be made routine (Morris, MacLean, Chew, & Littenberg, 2006)

- Morris et al (2006), suggest the use of a single item/question to assess service users' health literacy –

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?



Teach back method

Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands.

Patient understanding is confirmed when they explain it back to you

(just google 'teach-back method' for more information)



The Chew approach

Chew et al; (2004) suggest three questions:

- 1) How often do you have someone help you read written materials regarding your health conditions?
- 2) How often do you have problems learning about your health conditions because of difficulty understanding written information?
- 3) How confident are you filling out medical forms by yourself?



Research (Keleher, Ayton, Joss, Thomacos)

- **To assess the current state of health literacy awareness in Victorian health services**





Method

- **Quantitative survey with open-ended questions grouped into five themes:**
 - Demographics
 - Understanding and knowledge of health literacy
 - Health literacy policy and practice
 - Training, development and workforce skills
 - Challenges and opportunities



Organisation Type	Number of participants (%)
Community Health Service/Primary Health Care Service	21 (44)
Hospital	7 (15)
Primary Care Partnership	7 (15)
Division of GP/ General Practice	6 (12)
Local Government	3 (6)
NGO	2 (4)
Social service/Welfare organisation/Aged care	2 (4)
TOTAL PARTICIPANTS	48 (100)

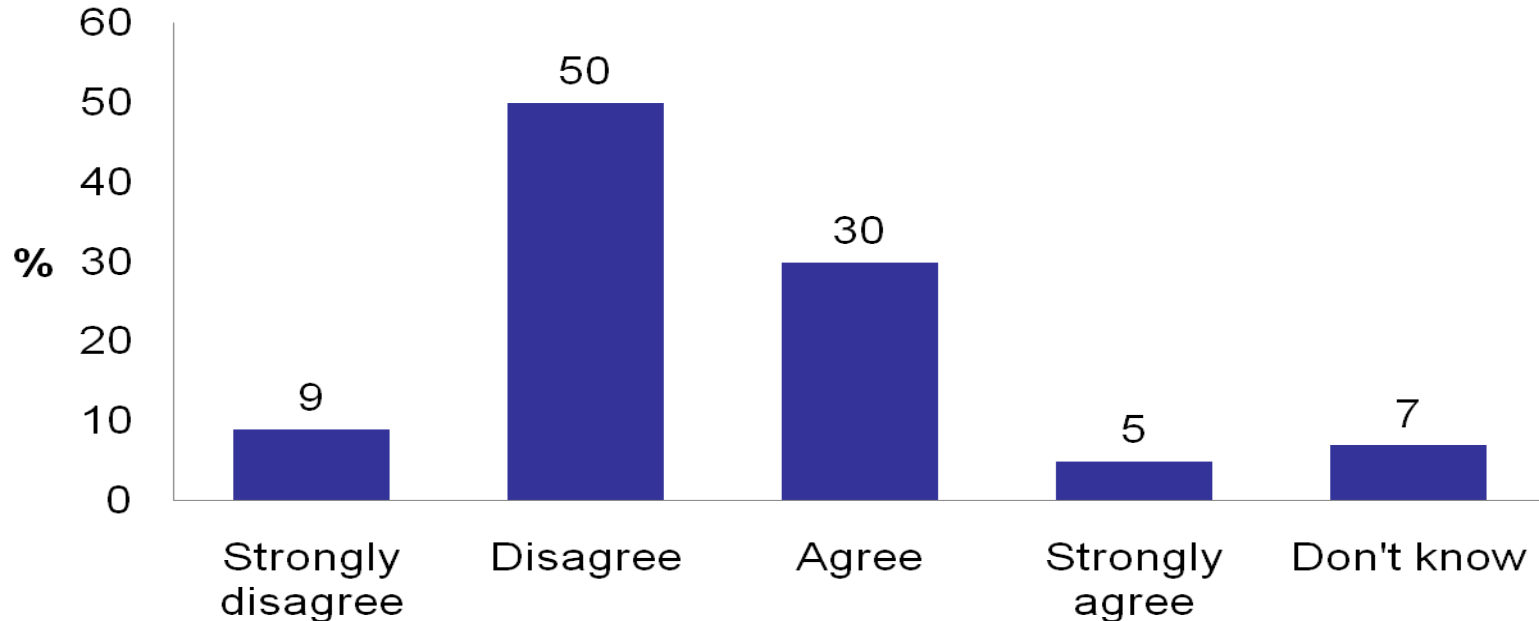


KNOWLEDGE & PRACTICE

73% (n=35) were familiar with the term health literacy

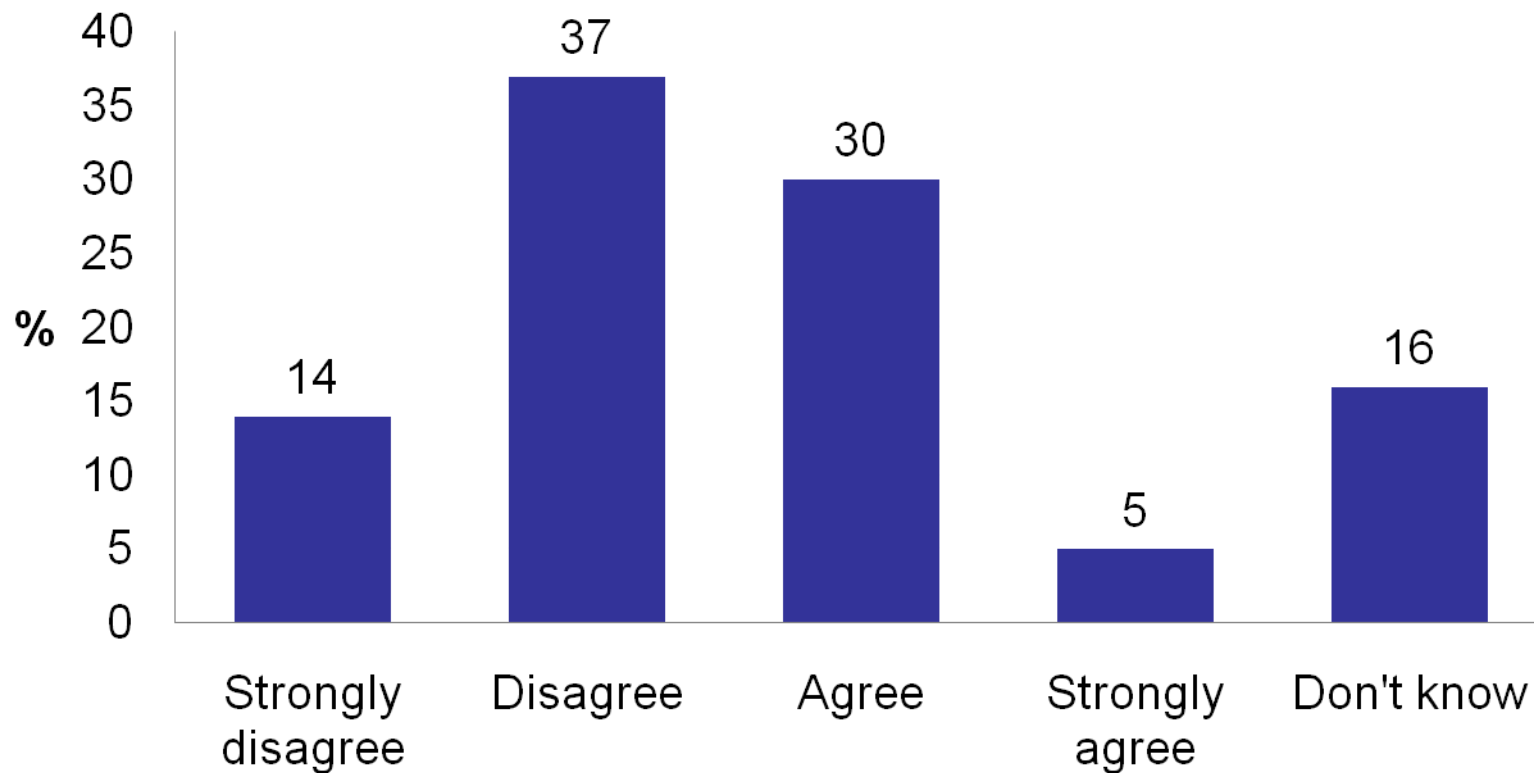


Health literacy can be explained by people's level of education (n=44)



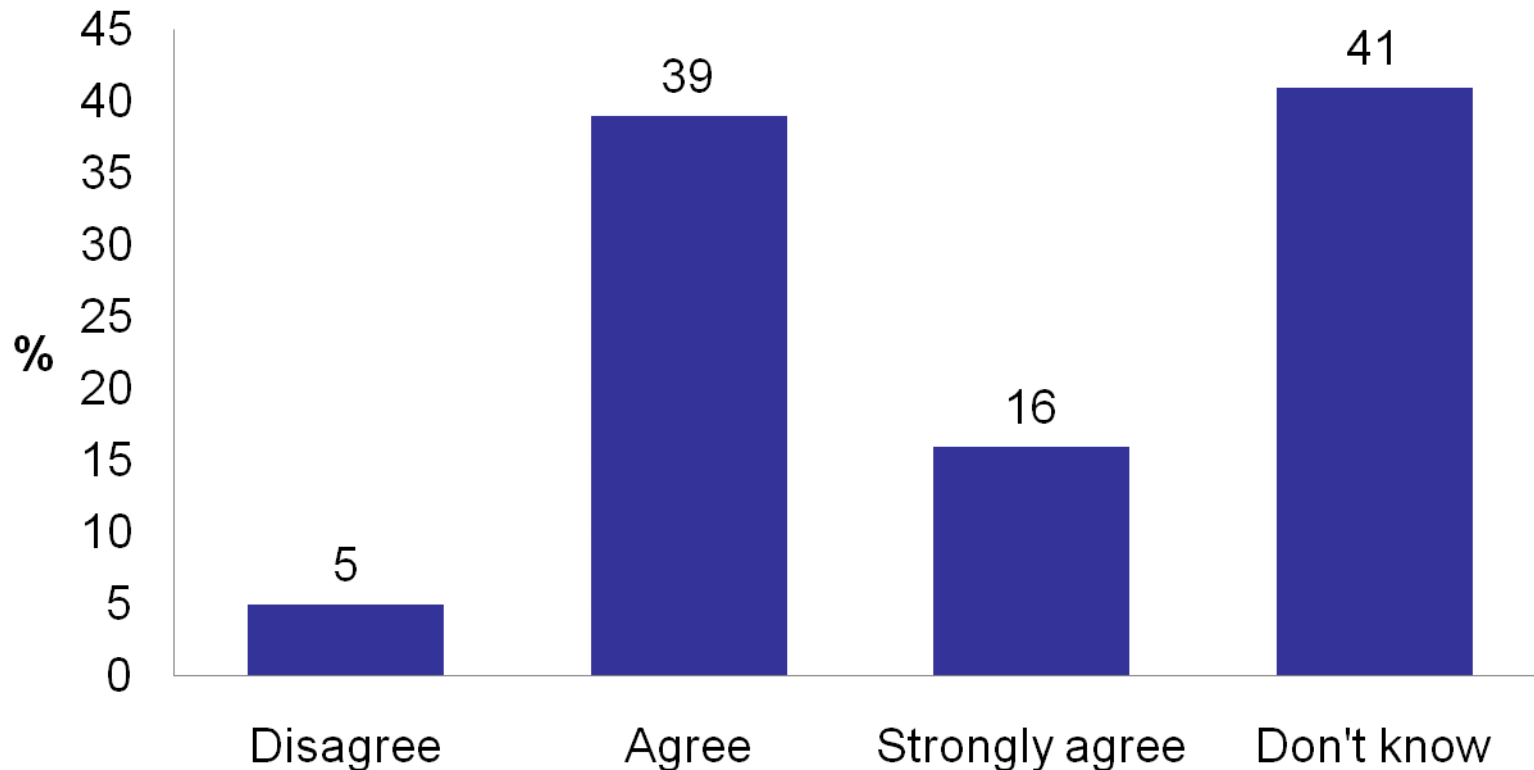


Health literacy is different for men & women (n=44)





People with low health literacy have higher health care costs (n=44)





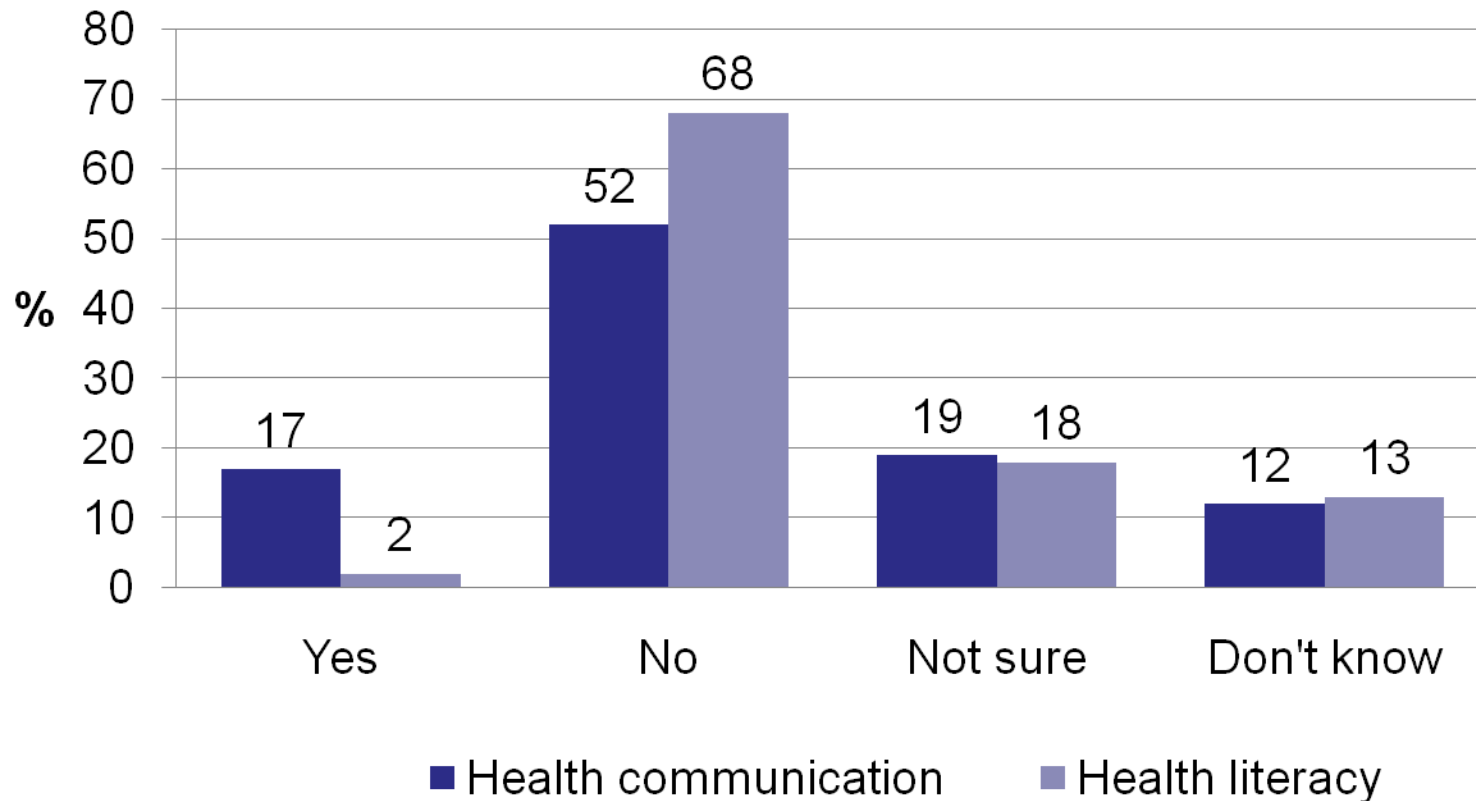
HL in participant's organisations

- **32% (n=14) participants said the term HL was used in their organisation**
 - 86% General staff discussion
 - 64% Staff planning days
 - 64% Guidelines for clinical practice
 - 86% Chronic disease self management guidelines



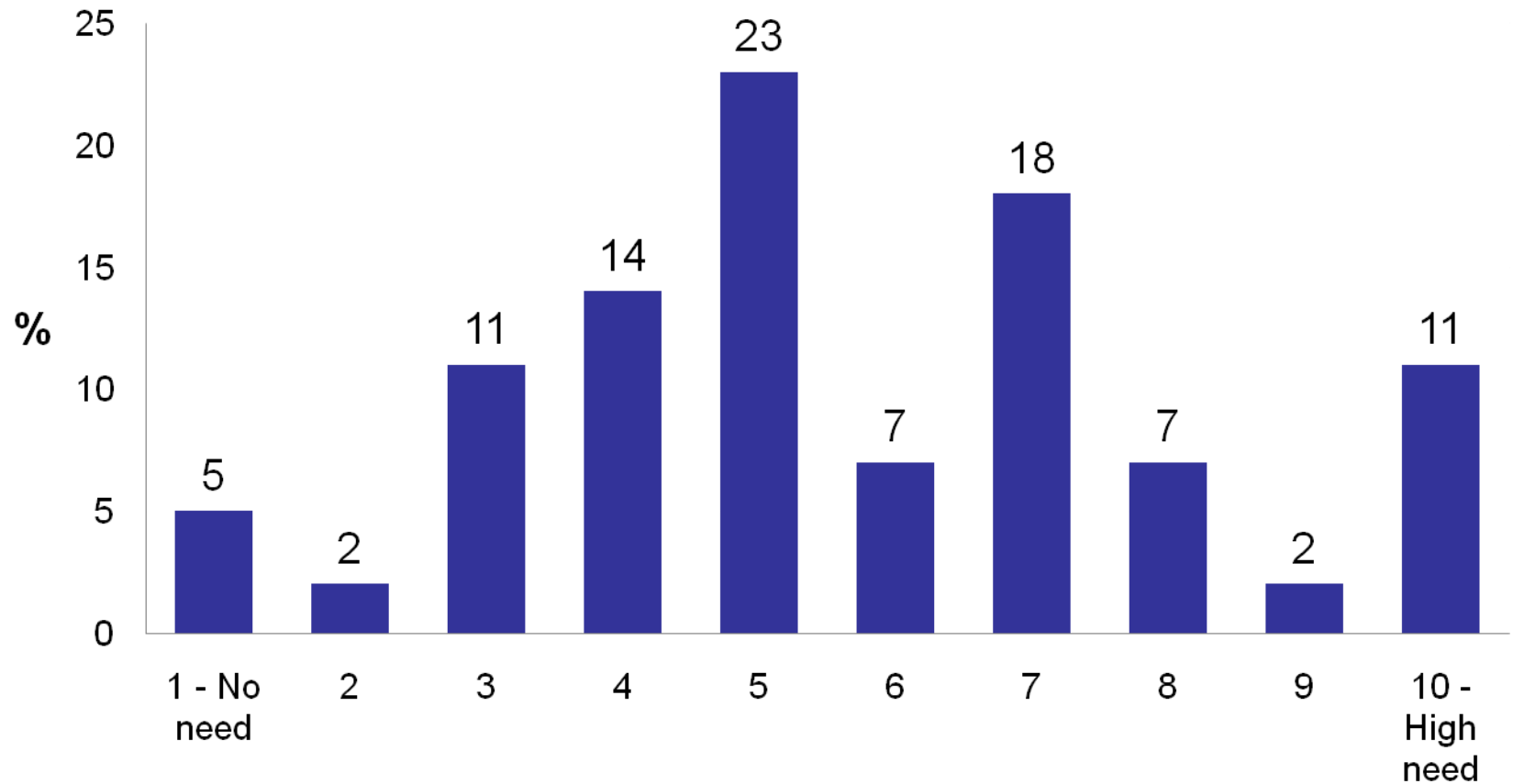


Does your organisation have a policy on...?



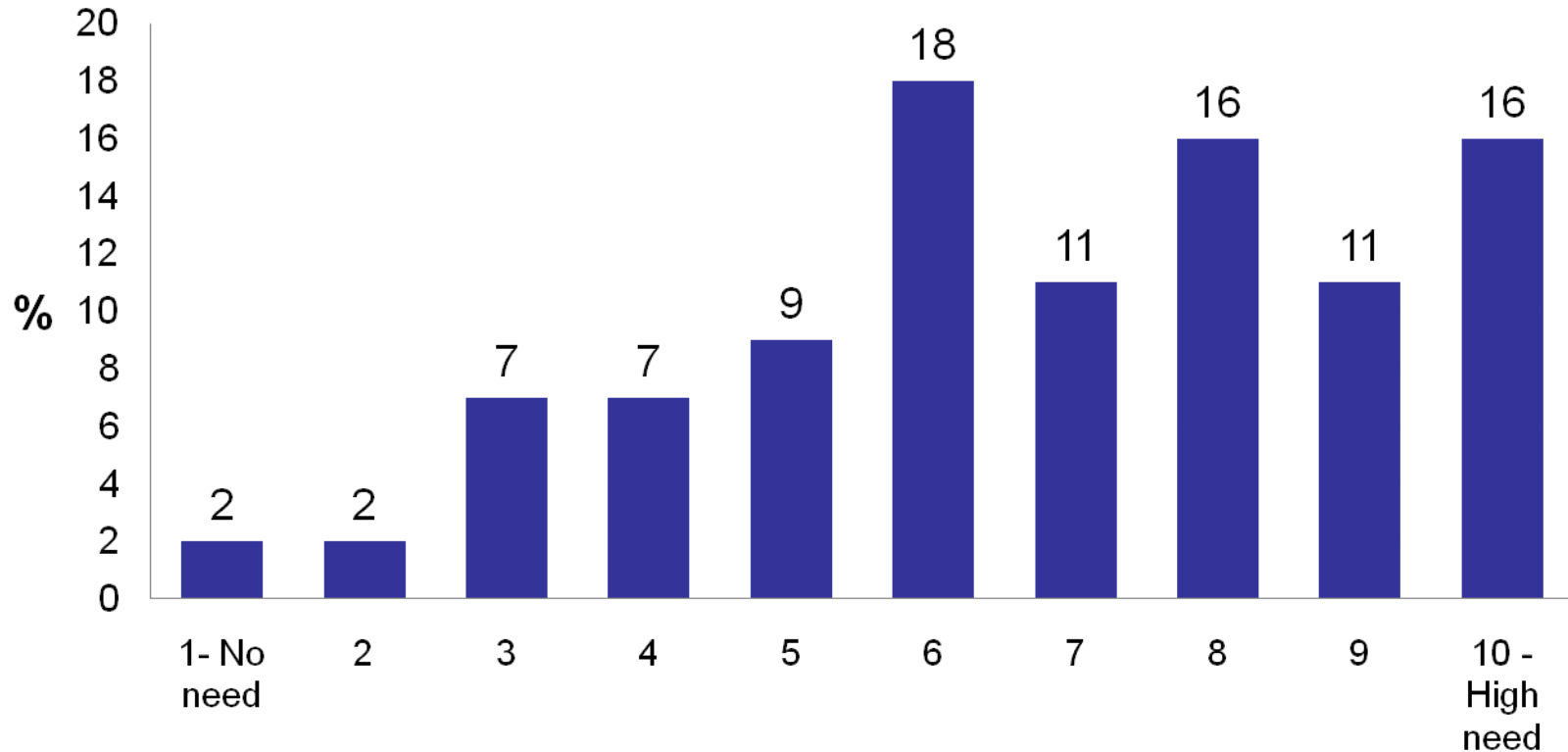


Participants rating of their own need for training & development in health literacy





Participant rating of their organisation's need for training & development in health literacy





Comments health literacy training

“Our PCP would benefit in having training in health literacy for member agencies to raise their awareness and be more proactive, - explore what we can do as a partnership to support collaborative action, and - in working with consumers and community members on empowerment strategies” – **Executive officer, PCP**



CHALLENGES & OPPORTUNITIES

- 41% (n=16) Lack of information in non-print formats
- 46% (n=18) Lack of information that is written for CALD service users
- 54% (n=21) Lack of training in how to assess the health literacy of service users
- 49 % (n=19) Resource constraints such as appropriate print materials
- 51% (n=20) Lack of funding to address health literacy or health communication issues

Comments

“I believe lack of time, perceived importance and funding constraints are implicated in the lack of general health literacy knowledge”

– **Early Intervention in Chronic Disease Co-ordinator, Community Health**

“Our organisation can facilitate awareness about health literacy and work with partner agencies to develop strategies to support professional development and action at a partnership and agency level - but will need to discuss these in our committees and networks, and develop it as a priority to progress action.”

- **Executive Officer, PCP**





Conclusions from the study

- **This data on health literacy shows that there is a need for greater awareness by providers of care and their organisations about health literacy**
- **A systems approach to understanding health literacy is indicated**
 - Organisational development
 - Workforce development
 - Policy development





Gaps

- **Effects of health literacy not widely articulated within the health sector**
- **Lack of policy direction from governments**
 - Health reform documents mention HL but not what should be done
 - Public health programs funded by governments are focused on behaviour change /lifestyles
 - > Limited if any effect on people with low literacy
 - > Tend to advantage those who are literate and therefore increase health inequities

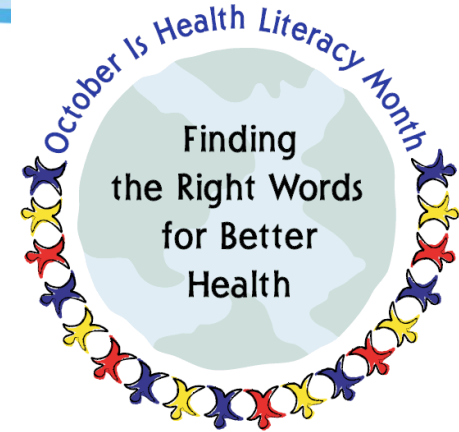


Where should Victoria invest?

- A US systematic review found that most interventions (Pignone 2005) are about making health education materials easier to understand
 - **Brochures and individual approaches = downstream-midstream focus**
 - **most studies were poorly designed in terms of health outcomes**



Who should invest?



- All jurisdictions – CW, States and Territories – through Departments of Health/Human services
- Non-government organisations particularly those funded to deliver programs
- Industry – workplace projects



Broader approaches needed to make a difference

- **Health communication is for everyone, not just those who have mid-high literacy**
- **Adult education**
- **Train health workforce in health literacy**
- **Organisations: create health literate health services and include in accreditation**
- **Develop policy to support HL action**
- **Investment in health literacy research to strengthen the evidence base**

Downstream

Upstream



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