



Practice points

- Use a multidimensional health literacy assessment tool that assists with understanding and responding to clients' needs.
- Use evidence-based communication strategies and resources, such as the 'teach back' method to optimise learning within consultations with clients.
- Ensure translated health information is of high quality.

Improving health literacy



RICHARD H. OSBORNE PhD
Professor of Public Health;
NHMRC Senior Research
Fellow; Deakin University

Tools are available to help GPs participate in improving patient health literacy.

IN 2006 the Australian Bureau of Statistics (ABS) released the results of a national survey that assessed health-related literacy. The study, though methodically problematic, indicated that 59% of the Australian general population had low levels of health literacy.

There is wide acknowledgement among health professionals of the importance of recognising and addressing health literacy in patient populations. However, there has been a lack of leadership in the provision of effective methods to achieve this.

Health literacy refers to the ability of an individual or community to seek, understand and use health information to make appropriate decisions regarding their health. The increasing complexity of the Australian

healthcare system places greater demands on the health literacy skills of users, particularly in the current paradigm of patient empowerment. The healthcare system must ensure its responsiveness to the health literacy needs of its users.

Who is at greater risk? The high risk profiles include older Australians, persons born overseas, those with low English proficiency, lower levels of educational attainment and those from lower socioeconomic groups.

HEALTH LITERACY TOOL

Until now there has been a gap in the availability of effective health literacy assessment mechanisms.

My team at Deakin University has developed a robust multidimensional tool called the Health Literacy Questionnaire (HLQ).

The HLQ is being used in over 100 trials and surveys around the world, including the Ophelia (Optimising Health Literacy) Victoria study encompassing nine healthcare organisations across Victoria in partnership with the Victorian Department of Health.

The HLQ is used as a basis to establish the health literacy needs of a diverse range of members of the community to inform the

development of targeted interventions to either raise the health literacy skills of individuals, or support organisations to improve their responsiveness to the health literacy levels of their clients.

One arm of the Deakin study has shown that health professionals often make inaccurate assessments of the health literacy levels of patients, highlighting the need for an objective tool.

HEALTH LITERACY IN POLICY

Health literacy is gaining a great deal of attention worldwide. For example, Scotland has just released Making it Easy: a Health Literacy Action Plan. Its purpose is to build the capacity of primary care organisations and practitioners to address the health literacy needs of patients. The free resource provides a detailed overview of the 'teach back' method, which is an effective communication tool to address low health literacy.

HEALTH LITERACY OF WOMEN

Women are often the health information hunters for the family and wider community networks. Women have slightly higher levels of health literacy, and addressing the health literacy needs of women has positive flow-on effects to the

family and the wider community.

Women indicate a preference for health information that is tailored, easily accessible and provides practical methods to increase knowledge and self-management skills.

CALD HEALTH LITERACY

The ABS study found individuals from CaLD (culturally and linguistically diverse) communities have low health literacy (73%) impacted by multiple factors such as language barriers, lack of familiarity with the healthcare system, reduced access to culturally appropriate healthcare services/information, socioeconomic factors, alternate ways of learning, beliefs about and illness and patterns of communications.

Jean Hailes is currently conducting a large, three-year study with Deakin University on the health literacy needs of CaLD groups, and preliminary results show that the needs of these groups differ from those of the general community. Effective methods to increase the health literacy of CaLD groups are to work with established cultural networks and provide interactive, highly visual health information in both English and the preferred

language. The health information needs to be culturally contextualised and address the unique barriers such as alternate health beliefs and socioeconomic limitations.

Jean Hailes for Women's Health is a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au

Health impact

Low health literacy is associated with:

- reduced or limited participation in the client-provider partnership
- lower use of preventive healthcare services
- poorer adherence and improper use of prescribed medications
- higher levels of fear and distrust, difficulty communicating with health professionals
- poorer knowledge of disease processes and lower levels of self-management skills among people with chronic conditions and
- increased preventable hospitalisations.