Health Literacy

2021

The AMA defines health literacy as "the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions" (1). Health literacy is an important determinant of health, playing an essential role in the health-related behaviours of Australians and the way in which they interact with the health care system.

Health literacy is a dynamic concept. The health literacy of any individual can fluctuate throughout their life based on age, health status, education, personal circumstances, disability and cognitive ability. Doctors, and health systems more generally, have a vital role to play in improving health literacy by communicating effectively and sensitively with patients, encouraging discussion, and providing information that is understandable and relevant.

AMA Position

The AMA believes that:

- Health literacy is a society-wide issue that requires a multi-sector response. Governments, schools, businesses, the media, researchers, industry, health providers, and individuals can all make meaningful contributions to improving health literacy.
- Low levels of health literacy are associated with other measures of social and economic disadvantage. Efforts to improve health literacy must respond appropriately to the varying needs of diverse population groups.
- Strategies to improve health literacy among Aboriginal and Torres Strait Islander people must build on the understandings and perspectives of Indigenous culture, including language and worldview. Health professionals and health services must ensure that the development and delivery of health information for Aboriginal and Torres Strait Islander patients and their communities is culturally appropriate.
- Medical and other health professionals are uniquely placed to improve the health literacy of patients.

The AMA calls on:

- Medical Colleges and employers in the health sector to support doctors to implement evidence-based communication techniques to improve health literacy in their patients. This should include time and funding for professional development and training in health literacy.
- The Australian Government to fund the Australian Bureau of Statistics to conduct further iterations of the Health Literacy Questionnaire as part of the National Health Survey.
- The Australian Government to invest in long-term, robust online advertising to counter health misinformation, including on social media channels. This should include promotion of vaccine safety, as well as campaigns on the health risks associated with alcohol, junk food, tobacco and other drugs.
- The Australian Government to collaborate with all state and territory governments to extend the current 'Health Direct' website to provide a single, accessible national source of verified health information. The website should incorporate the ability for individuals in each state and territory to find appropriate health services in their local area, and provide a full range of translated material for those from linguistically diverse backgrounds.
- Social media companies to acknowledge their public health responsibility and work actively to counter health misinformation on their platforms.
- State and territory health departments to acknowledge the importance of health literacy at a high level, and take practical actions within their health services to improve it. This should

include the provision of accessible health information, easily navigable design of public health facilities, and dissemination of education and health promotion campaigns.

Explanatory Notes

1. Health Literacy in Australia

Health literacy is a concept that covers a number of knowledge areas. In part, health literacy refers to how well people understand and enact healthy behaviours – for example, healthy foods and appropriate nutrition; exercise; the effects of substances like alcohol, tobacco, and illicit drugs, sun safety; personal hygiene; and sexual behaviours. It may also refer to how much individuals know about health conditions – whether they can understand and identify symptoms of common illnesses, manage ongoing health conditions like diabetes or asthma, or recognise and appreciate differences in mental ill-health. Health literacy also includes the extent to which people can effectively engage in and navigate the Australian health system. This includes understanding financial contributions; the Medicare system; the private health insurance system; referrals and engagement with specialists; when to present to a General Practitioner rather than an emergency department, and vice versa. Because individuals obtain health information from a variety of sources, health literacy can be affected by numerous drivers – including the media, the government, industry and manufacturers, health professionals, the education system and social communities. In recent times, health information is increasingly shared on social media, and there are some concerns that this may compromise verified information provided by health practitioners.

In 2018, the Australian Bureau of Statistics conducted the Health Literacy Questionnaire (HLQ), as part of the National Health Survey (2). Prior to this questionnaire, the understanding of health literacy levels in Australia came from the 2006 Adult Literacy and Life Skills Survey, which found that just 40% of Australians had a 'sufficient' level of health literacy (3). The HLQ takes a more wholistic approach to health literacy, with questions covering nine domains – including questions on feeling understood by healthcare providers, actively managing health, navigating the healthcare system, and social support for health. Overall, 91% of people agreed or strongly agreed that they could actively manage their health – although this was less common in people with a long-term health condition and without a non-school qualification. However, only 26% of people reported they always found it easy to navigate the healthcare system, with younger people more likely to find it difficult than older people. Encouragingly, 32% of people strongly agreed that they felt understood and supported by healthcare providers and just 4% of people disagreed with this.

2. Determinants of health literacy

Because knowledge about health and health systems is primarily taught in schools, education and general literacy levels have a strong bearing on individual's health literacy. Several studies have identified that those with lower educational attainment generally have poorer health literacy (4,5). Consequently, highly educated individuals tend to find it easier to find and appraise health information, as well as being better able to navigate the Australian health system (6).

In Australia, health literacy levels also tend to be lower in people who speak English as a second language or come from a culturally and linguistically diverse background. The 2018 ABS survey revealed that people who mainly spoke a language other than English at home were less likely to agree that they had 'social support for health' than those who mainly spoke English (2). They were also more likely to disagree that they felt understood by healthcare providers and that they had sufficient information to manage health (2). Although there is a dearth of research on health literacy levels among Aboriginal and Torres Strait Islander (ATSI) Australians, existing disadvantage in areas of education and general literacy means that health literacy is likely poorer among these communities than in non-Indigenous Australians (7). Other characteristics that have been associated with poor health literacy include being unemployed (4), having a disability (2), and having a lower socioeconomic status (8).

Individual health status is also a determinant of health literacy – that is, whether an individual is temporarily sick, has complex needs, a chronic condition, or is mentally unwell. It is important to note that an individual's proficiency in processing health information and decision-making ability can fluctuate depending on this, especially if they are tired or stressed (9). Those with chronic conditions often take on a substantial mental load to manage their health and engage with health providers, and this can make it difficult to fully appreciate advice and act accordingly (6).

3. The relationship between health literacy and health outcomes

It is difficult to directly attribute poor health outcomes to issues with low health literacy, but there is a clear relationship between the two. Health literacy has a strong influence on individual health behaviours, as well as individuals' capacity to appropriately manage health conditions when they arise.

Health literacy predicts poor health in general – the Australian Commission on Safety and Quality in Health Care (ACSQHC) estimates that people with low health literacy are between one-and-a-half and three times more likely to experience an adverse health outcome than those with higher health literacy (10). Notably, this association is independent – meaning that health literacy levels even predict health outcomes when other determinants of health like socio-economic status are taken into account (6). Additionally, research has linked poor health literacy to low medication adherence (11); a higher likelihood of smoking, completing insufficient physical activity, and being overweight (4); and a lower likelihood of seeking preventive care, following advice from doctors, and making medical appointments (12).

There is also a connection between health literacy and healthcare costs. People with low health literacy are more likely to be hospitalised and have higher health care costs (4). In Australia, the cost of low health literacy is estimated at between 3% and 5% of health system costs (7).

4. Existing efforts to improve health literacy

One way the Australian Government seeks to improve health literacy is through the education system. Australian children are taught about health, development and health care skills at preschool, primary and secondary school (10). Health literacy is a core concept underpinning the 'health and physical education' pillar of the National Curriculum, with students learning key lessons about healthy lifestyles and managing health (13). The AMA's Position Statement *Health in the Context of Education – 2014* outlines the significant links between health outcomes and education, noting the importance of instilling accurate and instructive health messages at an early age, including those relating to immunisation, nutrition and exercise, alcohol and illicit drugs, sexual health, mental health, and chronic disease (1).

Classroom health curriculums are often complemented by in-school health education delivered by private or not-for-profit providers. One example of this is the famous 'Healthy Harold' program run by Life Education Australia, which has delivered health and development lessons for primary-school aged children across Australia since 1979 (14). Another example from Western Australia is the 'Dr Yes' program, run by the AMA (WA). Dr Yes involves medical students travelling to high schools across the state and providing a safe, informal environment where students learn and ask about topics that might not usually be discussed with a teacher – including sexual health, alcohol and illicit drugs (15).

Some governments in Australia also have in place a range of overarching strategies to ensure that health literacy concepts are incorporated into wider health policies and health system functioning. The ACSQHC coordinated a national statement on health literacy in 2014, outlining how governments could best work together to improve health literacy and highlighting important actions to be taken (10). The ACSQHC's paper was followed with a series of practical resources on health literacy, such as guidance for health organisations about providing a more supportive health literacy environment for consumers, and evidence reviews on consumer health information (16). The NSW (17), Northern Territory (9) and Tasmanian (18) Governments each have a recently-published strategy on health

literacy. In the most part these strategies encourage health services to provide digestible and relevant information, make their facilities easy to navigate, assess their health literacy responsiveness, and ensure that health information for ATSI patients and communities is culturally sensitive. Practical health programs have also been undertaken by state governments – including the health information brochures developed in Victoria (19), the 'my health for life' program that encourages healthy lifestyles in Queensland (20), and the 'hello my name is' program in Tasmania that helps to connect consumers and healthcare providers (18).

5. Online health information and health literacy

The plethora of online information available on health and wellbeing, including misinformation, is an important consideration in any contemporary discussion of health literacy.

Many people have difficulty determining which sources of information are reliable, or they easily absorb misinformation delivered directly to them through advertising and/or social media. In the ABS's 2018 survey, the domain relating to being able to 'appraise health information', which included the ability to identify reliable sources of information, was the worst-performing domain, with 17.2% of respondents unable to adequately appraise health information (2). The internet has the potential to significantly magnify health misinformation campaigns, such as those associated with the anti-vaccine movement (8). This has significant implications for Australians' understanding of health, and consequently their health-related behaviour and engagement with the health system. Marketing messages from product manufacturers, often pushed to consumers online, can also be misleading and promote certain products as healthy or beneficial when this is not necessarily the case. This is confusing to individuals and may counteract health messages from health professionals, schools or government.

Conversely, the availability of reliable information online also gives individuals a greater capacity to learn about and understand health. A recent study conducted at St Vincent's Hospital in Melbourne found that 77% of patients who searched for their symptoms online before attending the hospital reported that this improved their experience– for example by making it easier to communicate with medical professionals, easier to understand medical professionals, and ask more informed questions (21).

There have been several notable efforts in Australia to produce a single source of accurate, digestible and verifiable health information online. Health Direct is a comprehensive online health information service funded by the Australian, NSW, ACT, Tasmanian, SA, WA and NT Governments (22). The Victorian and Queensland Governments do not currently provide funding to Health Direct. It provides alphabetised information on health issues, a self-triage 'symptom checker', an after-hours GP helpline, a coaching service to help people make healthy lifestyle changes, and a health service finder. The Victorian Government has a similar, but separate, state-specific website called the Better Health Channel (23). Under their recently published Health Literacy Strategy, the NT PHN announced their intention to create an online library of health information, bringing together "validated accessible consumer information" in one place (24).

6. The role of medical practitioners

Medical practitioners, and the health system more widely, have an important role to play in improving and sustaining the health literacy of Australians. The responsibility for improving health literacy does not sit solely with individuals, because the way health information is conveyed by providers can be a major barrier to health literacy. Tailoring information to individual patients is one important way to address this.

Medical practitioners should adjust their communication style to individual patients, noting that health literacy levels vary significantly, and this affects the way people process, interpret and act on advice provided to them. There are several techniques for effectively communicating with patients with lower health literacy, including using simple language, prioritising a few key points, using graphics and images, encouraging questions and actively arranging follow-up (25). Depending on patient needs, different approaches are required – patients with a CALD background, for example, may need simpler

language and also an approach that takes into account different core beliefs around health (5). Because patients with low health literacy may have difficulties communicating themselves, it is also important for medical practitioners to actively encourage questions and discussion. The 'ask me three' model is one simple schematic used by some health services to encourage this – where patients are encouraged to ask 'what is my main problem?', 'what do I need to do?', and 'Why is it important for me to do this?' (10).

Another technique that receives a significant amount of attention in health literacy resources is the 'teach back method'. This is a simple method that medical practitioners can use at the end of a consultation or appointment, where they ask patients to explain how much they understand of the information that has been conveyed. This could include asking the patient how they would explain the appointment to a friend or partner, how they will use the advice when they get home, or asking them to explain the information back to the medical practitioner in their own words (26).

It can be difficult for medical practitioners to convey information simply within complicated health services and wider systems. Complex funding arrangements and service settings, as well as insufficient time to explain processes to patients in detail, have been reported by doctors as challenges to improving health literacy (5). Healthcare providers can address health literacy by integrating health literacy considerations into normal operations – for example, by making physical environments easy to navigate, providing communication training to staff, and educating consumers in health knowledge and skills (10).

References

1. Australian Medical Association. Health in the Context of Education – 2014 [Internet]. Canberra: AMA, 2014 [cited 2020 Jan 10]. Available from: https://ama.com.au/position-statement/health-context-education-2014
2. Australian Bureau of Statistics. Health Literacy, 2018 [Internet]. Canberra: ABS, 2019 [cited 2020 Jan 10]. Report No: 4364.0.55.014. Available from: https://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.014
3. Australian Bureau of Statistics. Health Literacy, Australia, 2006 [Internet]. Canberra: ABS, 2008 [cited 2020 Jan 15]. Report No.: 4233.0. Available from: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4233.0Main%20Features22006
4. Jayasinghe et al. The impact of health literacy and life style risk factors on health-related quality of life of Australian patients. Health and Quality of Life Outcomes 2016;14(68):1-13.
5. Hill S. Report of the Victorian 2014 Consultation on Health Literacy [Internet]. Melbourne: Centre for Health Communication and Participation, La Trobe University, 2014 [cited 2020 Jan 13]. Available from: https://www2.health.vic.gov.au/about/publications/researchandreports/Report-of-the-Victorian-2014-Consultation-on-Health-Literacy
6. Beauchamp A et al. Distribution of health literacy strengths and weaknesses across socio-demographic groups: a cross-sectional survey using the Health Literacy Questionnaire (HLQ). BMC Public Health 2015;15:678.
7. Australian Commission on Safety and Quality in Health Care. National Statement on Health Literacy [Internet]. Sydney: ACSQHC, 2014 [cited 2020 Jan 23]. Available from: https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-National-Statement.pdf

8. Australian Medical Students Association. Health Literacy Policy Document [Internet]. Canberra: AMSA, 2019 [cited 2020 Jan 6]. Available from: https://www.amsa.org.au/sites/amsa.org.au/files/Health%20Literacy%20%282019%29.pdf
9. Northern Territory PHN. NT PHN Health Literacy Strategy October 2019 – 2021 [Internet]. Darwin: NT PHN, 2018 [cited 2020 Jan 22]. Available from: https://www.ntphn.org.au/files/NT%20PHN%20Health%20Literacy%20Strategy%202018-2021%20FINAL%20October%202018.pdf
10. Australian Commission on Safety and Quality in Health Care. Health Literacy: Taking action to improve safety and quality [Internet]. Sydney: ACSQHC, 2014 [cited 2020 Jan 7]. Available from: https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf
11. Choudhry FR et al. Health Literacy Studies Conducted in Australia: A Scoping Review. International Journal of Environmental Research and Public Health 2019;16(7):1112.
12. Doggett J. Why Australia needs to improve in health literacy. [Internet] 2016 [Updated 2016 June 4; cited 2020 Jan 28]. Available from: https://croakey.org/why-australia-needs-to-improve-in-health-literacy/
13. Peralta L and Rowling L. Implementation of school health literacy in Australia: A systematic review. Health Education Journal 77(3);2017:363-376.
14. Life Education. Healthy Harold. [Internet] 2020 [Updated unknown, cited 2020 Feb 3]. Available from: https://www.lifeeducation.org.au/about-us/healthy-harold
15. Australian Medical Association (WA). Dr Yes Youth Education Sessions. [Internet] 2020 [Updated unknown; cited 2020 Feb 3]. Available from: https://dryes.com.au/
16. Australian Commission on Safety and Quality in Health Care. Supportive resources on health literacy. [Internet] 2014 [updated 2019; cited 2020 Jan 3]; Available from: https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/tools-and-resources-for-health-service-organisations#fact-sheets-for-health-service-organisations-on%C2%A0improving-their-health-literacy-environment%C2%A0
17. NSW Health. Health Literacy Framework: A Guide to Action [Internet]. Sydney: Clinical Excellence Commission, 2019 [cited 2020 Jan 3]. Available from: http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0008/487169/NSW-Health-Literacy-Framework-2019-2024.pdf
18. Tasmanian Government Department of Health. Health Literacy Action Plan 2019-2024 [Internet]. Hobart: DHHS, 2019 [cited 2020 Jan 3]. Available from: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0006/383379/Health_Literacy_Action_Plan_20192024_accessible.pdf
19. Victorian Government Department of Health and Human Services. Health literacy. [Internet] 2014 [Updated unknown; cited 2020 Jan 22]. Available from: https://www2.health.vic.gov.au/about/participation-and-communication/health-literacy
20. State Library of Queensland. Health program aids health literacy. [Internet] 2019 [updated 2019 Feb 26; cited 2020 Jan 27]. Available from: https://www.slq.qld.gov.au/blogs/plconnect/health-program-aids-health-literacy
21. Australian College for Emergency Medicine. Dr Google in the ED: Searching for e-health information. [Internet] 2018 [updated 2018 Aug 9; cited 2020 Jan 14]. Available from: https://acem.org.au/News/August-2018/Dr-Google-in-the-ED-Searching-for-e-health-infor
22. Health Direct Australia. Improving Health Literacy. [Internet] 2016 [Updated 2016 Jul; cited 2020 Jan 29]. Available from: https://about.healthdirect.gov.au/improving-health-literacy
23. Better Health Channel. About Us. [Internet] 2020 [updated unknown; cited 2020 Jan18]. Available from: https://www.betterhealth.vic.gov.au/about/about-us
24. Northern Territory PHN. NT PHN launches a new Health Literacy strategy. [Internet] 2018 [updated 2018 Dec 13; cited 2020 Jan 20]. Available from: https://www.ntphn.org.au/news/nt-phn-launches-a-new-health-literacy-strategy
25. Royal Australian College of General Practitioners. Health literacy. [Internet] 2020 [updated unknown; cited 2020 Jan 21]. Available from: https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/snap/approach-to-preventive-care/health-literacy

26. Lyons A. Improving health literacy: How GPs can help. [Internet] 2019 [Updated 2019 Apr 30; cited 2020 Jan 21]. Available from: https://www1.racgp.org.au/newsgp/clinical/improving-health-literacy-how-gps-can-help

See also:

AMA Position Statement on Health in the Context of Education - 2014