

KEY THINKERS FORUM

Briefing Paper

HEALTH LITERACY – A KEY TO CLOSING THE COMMUNICATION GAP IN ABORIGINAL & TORRES STRAIT ISLANDER HEALTH

About Poche Centres for Indigenous Health

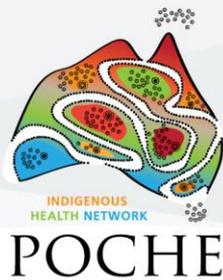
Poche Centres for Indigenous Health are an example of the power of partnership in achieving real change and genuinely contributing to closing the gap in life expectancy.

Established and funded by philanthropists Greg Poche AO and Kay Van Norton Poche, Poche Centres seek to leverage the best of the best in Universities with communities and governments to seek solutions to address complex health problems faced by Aboriginal people. The Poches have gifted more than \$50m to Aboriginal health over the past six years.

The Poche model is unique. Located within universities, Poche Centres work with leading researchers, alumni, faculty and students to bring their knowledge together with communities to find sustainable, workable, affordable solutions to health issues including oral health, specialist medical, Foetal Alcohol Spectrum Disorders, allied health, social and emotional well-being, chronic disease, workforce development, leadership and health promotion.

Health Literacy – Background

Health literacy is not a new concept, yet it is only recently gaining greater attention for its proven potential to improve health outcomes and service delivery. Whilst early definitions focused on individuals' capacity to access, understand and act upon health information, recent developments recognise the responsibility for service providers to become health literate organisations and to develop workforces that can enhance health literacy for their consumers.



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In 2014, the Australian Commission on Safety & Quality in Health Care (ACSQHC – the Commission) published both a national statement and more comprehensive report on the importance of health literacy. The report found that only 40% of Australians currently have adequate health literacy, meaning that the majority of Australians cannot manage medications effectively, follow treatment directives correctly or make informed choices about their health.

Low health literacy is believed to cost health services (financially and resource-wise) and lead to higher hospital admissions and lower uptake of preventative services. Health literacy is a key determinant of health outcomes for individuals (ACSQHC, 2014a; Taylor & Guerin, 2014).

According to the Commission:

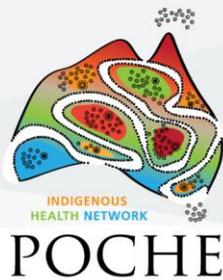
- Having consumers who are partners in the processes of health and health care is necessary for safe and high-quality care.
- Health literacy plays an important role in enabling effective partnerships. In order for partnerships to work, everyone involved needs to be able to give and receive, interpret and act on information such as treatment options and plans.
- When these conditions exist, there is the potential to not only improve the safety and quality of health care, but also to reduce health disparities and increase equity (ACSQHC, 2014a).

What is health literacy and what role does it play in safety and quality in health care in Australia?

'Health literacy is about communicating health information clearly and understanding it correctly' (Osborne, 2014, p1).

In the Commission's report, health literacy can be considered in terms of the individual and the environment.

1. **Individual health literacy** is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply



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information to make effective decisions about health and health care and take appropriate action.

2. **Health literacy environment** is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services. (ACSQHC 2014a)

Taking both components into account, health literacy has the ‘...potential to not only improve the safety and quality of health care, but also to reduce health disparities and increase equity’ (ACSQHC, 2014b, p1).

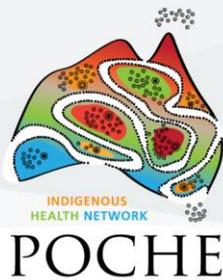
What relevance does health literacy have in Aboriginal and Torres Strait Islander health specifically?

When considered in the complexity of Aboriginal and Torres Strait Islander health, the impact of low health literacy is even greater. Although general literacy is a contributor, barriers to health literacy are often more likely to be systemic and cultural. Where consumers may experience racism or discrimination, where power differentials perpetuate inequalities, and where language difference and differing world views exist between service providers and consumers, health literacy is likely to be further compromised than for other populations.

Research has shown globally that good health literacy is a significant contributor to improved health outcomes. In Aboriginal and Torres Strait Islander health, where the burden of chronic disease is far greater than for most non-Indigenous Australians, health literacy takes on an added urgency. Evidence from the Australian context has highlighted the levels of miscommunications and lack of shared understanding between patients and clinicians as having detrimental impacts on the uptake of and access to services (Lambert, et al 2014; Vass et al. 2011).

Key Thinkers Forum

In attempting to close this *communication* gap in Aboriginal and Torres Strait Islander health, the Key Thinkers Forum will bring together a number of key thinkers in the area of health literacy to clarify our understanding of the concept



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and the complexity of the issue, and to enable us to harness key learnings from successful projects.

Questions and background information to assist Forum discussion

1. What conditions are required to enable effective partnerships between Aboriginal and Torres Strait Islander consumers and health services?

Health literacy, according to the ACSQHC, requires effective partnerships between consumers and health services. This major requirement suggests the need for additional resources to be directed at Aboriginal and Torres Strait Islander peoples' health services, as the conditions for true partnership appear to be lacking.

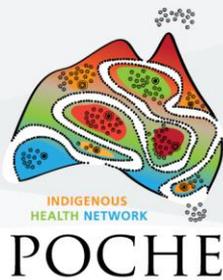
2. What gaps are there in current health literacy approaches in response to Aboriginal and Torres Strait Islander consumers and what are the implications for policy, research, practice or education?

Although the ACSQHC report was comprehensive, there is an acknowledged gap in the area of Aboriginal and Torres Strait Islander peoples consumers (Lambert et al 2014). Lambert et al (2014) suggests that health professionals have a limited understanding of health literacy and of the consequences of low health literacy for Indigenous patients.

In what appears to contradict previous statements about a lack of effort to develop health literacy for Aboriginal and Torres Strait Islander consumers, it should be acknowledged that considerable effort and funds have been directed at producing resources for health education across a range of chronic diseases. What is lacking is often a culturally safe process in the development of resources and a sound evaluation and implementation strategy.

3. What are the links between language, worldview and health literacy and why should health services consider these?

As stated, 60% of all Australians lack the required level of health literacy to safely and effectively understand and act upon health recommendations, irrespective of cultural or linguistic background. Where cultural and/or linguistic



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backgrounds differ between the service provider and consumer, the potential for miscommunication and misunderstanding is even greater. Most non-Indigenous staff have little if any preparation for identifying health literacy barriers or for enhancing their own communication styles to facilitate health literacy for their consumers of Aboriginal and/or Torres Strait Islander background.

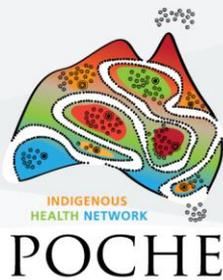
4. Are health literacy considerations in remote Aboriginal and Torres Strait Islander populations any different than in urban populations?

It is often easier to see potential barriers when language and cultural protocols are overtly different between consumers and health professionals, as in the remote Aboriginal contexts where Indigenous languages remain actively in use, although vulnerable. However, there is evidence to suggest that such barriers can also exist in urban settings where language appears to be shared and cultural differences may be less obvious to practitioners. These settings can sometimes present the greater risk of misunderstanding as each participant assumes a common view and use of language. In South East Queensland for example, Diane Eades' research offers a valuable insight into the communication styles of Aboriginal English speakers and the potential for miscommunication and misunderstanding between non-Indigenous health professionals and consumers.

5. Whose responsibility is health literacy in the Aboriginal and Torres Strait Islander health contexts?

Aboriginal and Torres Strait Islander peoples have had to make substantial effort in order to access health care services in their own country. Whilst resources and supports proliferate for culturally and linguistically diverse consumers from other areas, the same efforts to facilitate communications and shared understandings for Aboriginal and Torres Strait Islander peoples have been slower to eventuate.

The dominant expectation has been that Aboriginal and Torres Strait Islander peoples can and should speak English well enough to access and act upon health information provided by services today (Taylor & Guerin, 2014). This expectation, reliant upon language proficiency alone, does not consider the



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influence of worldview and culturally determined beliefs that influence the health care process.

Health professionals and their organisations need to do much more to improve the health literacy of Aboriginal and Torres Strait Islander peoples.

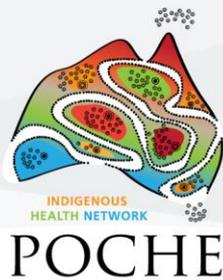
6. What do the examples of current health literacy projects have to offer others working in Aboriginal and Torres Strait Islander health?

The NPY Women's Council Mental Health literacy project for example is an excellent model of how to empower and work collaboratively with communities. According to the NPY Women's Council (<http://www.npywc.org.au/2014/06/uti-kulintjaku-mental-health-literacy-project-1/> cited October, 2015)

'Uti Kulintjaku' means *to think and understand clearly* in Pitjantjatjara. The Uti Kulintjaku team includes Senior Anangu Consultants and Mental Health Professionals who have been participating in a series of workshops around mental health. The aim is that by participating in these workshops together, Anangu and mental health professionals can develop a shared understanding and language for talking about mental health. Furthermore, this shared knowledge and language will be shared with others through a series of resources that will go out to mental health professionals and Anangu in the remote communities that NPY Women's Council services.

We have published the first in a series of posters: a 'words for feelings map'. We hope that the 'words for feelings map' will help people find the right words to express different feelings. We believe that if people can find the words to express their feelings, then they are better equipped to ask for the help they need'.

The approach used has since been replicated in making other health literacy resources about the development stages of children's growth. Not only do these resources allow consumers to identify issues better to non-Indigenous health professionals, but it allows staff to gain a deeper understanding of the worldviews of their clients and be able to communicate more effectively. The



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process for developing these resources also reinforce culturally safe ways of engaging in partnership with consumers and communities.....

The Primary Health Network, formerly known as Medicare Locals, reinforced the significance of health literacy by committing to make their organisation a champion for health literacy and becoming a health literate organisation.

7. What opportunities exist in terms of technology and health literacy?

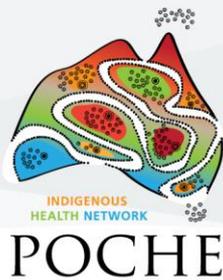
What is exciting about the current environment is the potential for technology to greatly enhance health literacy. The environment across Aboriginal and Torres Strait Islander communities has changed dramatically in the last few years, with now even the most remote communities connected in to the internet and using mobile phones.

It should be acknowledged that Aboriginal and Torres Strait Islander peoples have in many respects lead the nation in the use of technology to improve communications, with the advent of the first remote broadcasting video conferencing service to come out of the Western Desert in the 1980s.

8. How do we prepare workforces and services for embedding health literacy in Aboriginal and Torres Strait Islander health care?

According to the ACSQHC 2014, to address health literacy in a coordinated way, action needs to be taken across three areas:

1. **Embedding health literacy into systems** - developing and implementing systems and policies at an organisational and societal level that support action to address health literacy. These systems could include altering funding mechanisms to encourage awareness and action on health literacy, implementing policies that prioritise health literacy in program planning, and designing healthcare organisations in a way that makes it easier for people to find their way.
2. **Ensuring effective communication** - providing print, electronic or other communication that is appropriate for the needs of consumers. It also involves supporting effective partnerships, communication and interpersonal relationships between consumers, healthcare providers, managers, administrative staff and others.



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3. **Integrating health literacy into education** - educating consumers and healthcare providers. This could entail population health programs, health promotion and education strategies, school health education, and social marketing campaigns as well as formal education and training of healthcare providers. (ASQCHC, 2014b)

Details of the Key Thinkers Forum

Thursday, 29th October 2015

11am – 2.30pm

University of Sydney's Nursing Lecture Theatre
Level 3/88 Mallet Street, Camperdown

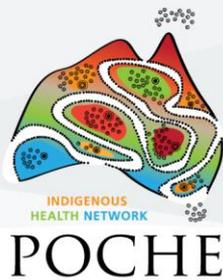
Further Information

At the conclusion of each forum a paper is produced, which summarises the issues raised and makes comment or presents an opinion about the topic discussed. This is published as a 'Poche Opinion paper'. Poche Opinions are a tool to contribute to knowledge and to draw the wider community into the key debates and issues in Aboriginal health.

For further information, please contact:

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References

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Taylor, K & Guerin, P 2014 2nd Ed. Health Care and Indigenous Australians: Cultural Safety in Practice, Palgrave MacMillan: Melbourne

Vass, A., Mitchell, A. and Dhurrkay, Y. 2011 Health literacy and Australian Indigenous peoples: an analysis of the role of language and worldview *Health Promotion Journal of Australia* 22(1) 33 - 37