



Health Literacy Position Statement

The *health literacy* level of many Australians does not permit them to access, interpret, communicate and use health information.¹ This can affect their access to effective health care and health improvement activities.²

As a health promotion charity, Health Care Consumers' Association of the ACT Inc. (HCCA)

- supports the Australian Commission on Safety and Quality in Health Care (ACSQHC) definition of health literacy,³
- acknowledges that some health consumers may need support while they gain the skills and confidence to improve their health literacy, and
- undertakes to become a *health literate organisation*.⁴

What is health literacy?

Currently, there is no consensus on a definition of health literacy. HCCA uses the following definition.

Health literacy is the combined knowledge, skills, confidence and motivation used to make sound decisions about your health in the context of everyday life.⁵⁻⁷

Health literacy is not the sole responsibility of individuals. Health care services and providers also play a role. Hence, health literacy has two parts, *individual health literacy* and *environmental health literacy*.

Individual health literacy³ describes how easy it is for people to

- get access to the information they need,
- understand the information they receive, and
- judge if the information is right for them.

Having the information and skills to understand that information are not enough. Health literacy relies on one's confidence and motivation.⁷ Sometimes consumers may need more advanced skills (e.g. self-management, negotiation and advocacy). Health literacy is also affected by the context in which a person's care occurs.

Environmental health literacy³ describes the setting in which people seek health information and use health care services. This includes the buildings where care occurs, signage and maps, websites, policies and processes, as well as the way staff speak with consumers and carers. Good care relies on good relationships between care providers and consumers and carers. Partnering with consumers improves health outcomes.⁸⁻¹¹

Approaches to health literacy

HCCA sees health literacy as an asset for life.

There are two distinct approaches to health literacy.¹² One approach sees health literacy as a *deficit* that needs to be fixed, and is a potential risk to the process of providing clinical care. The other approaches health literacy as a *strength* or an asset. This approach helps people take greater control of their health. Both the deficit and strength's understanding of health literacy are important. And both have led to improvements. The deficit model prompted training for clinicians in recognising and understanding the effects of low literacy on health decision and compliance. The strengths model improves health literacy through health promotion and educational activities. This in turn supports self-management and confidence.

Why does health literacy matter?

The conditions in which people are born, grow, work, live, and age influence their health.¹³ So do the customs and rules of society, and its policies and political systems. Together these factors are known as the *social determinants of health*. This means that people with higher levels of education, employment and income tend to enjoy better health. Hence, people with low levels of general literacy usually have poorer health.¹⁴⁻¹⁵

The link between health literacy and health is harder to establish because there is little agreement on what health literacy means.¹⁶ Even so, low health literacy has been linked with poorer health outcomes and poorer use of health care services.¹⁷ The most basic type of health literacy is *functional health literacy*. This is the ability to read and understand basic health-related information.¹⁸ People with poor functional health literacy are more likely to report having diabetes, cardiac disease or stroke.² In general, people who are more health literate also tend to enjoy better health.

What does it mean to be a health literate organisation?

The location, setting and atmosphere created by health care services and providers affects health literacy. A health literate organisation makes it easier for people to find, understand, and use information and services to improve their health.⁴ Improving an organisation's health literacy will improve the health literacy environment.

The characteristics of a health literate organisation relevant to HCCA include

- ensuring that health literacy is integral to the organisation's mission, structure, and operations,
- supporting the workforce to be health literate,
- integrating health literacy into organisational policy & procedures,
- involving consumers in meeting their needs,
- using health literacy strategies in interpersonal communication, and
- facilitating access to and ease using information and services.

The health care environment is constantly changing (e.g. technology, demand for services) and HCCA will need to continue to respond to these changes.

HCCA's Commitment to health literacy

HCCA will work

1. with consumers and health services providers to identify their information and training needs
2. to build the capacity of consumers, carers and community members in a number of ways, including the development of resources, delivery of information sessions and skills based workshops
3. with staff of health services to enhance their ability to communicate clearly to meet the needs of consumers and carers.
4. with staff of health services to standardise the development and provision of health information
5. with the ACT Government and local health services to develop and implement policies, training programs and systems to improve the health literacy of people living in Canberra and its surrounds
6. to become a health literate organisation.

Authorisation and review

Endorsed by the HCCA Executive Committee June 2017

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