

Health Literacy Position Statement

Key messages

The Health Care Consumers' Association (HCCA):

- endorses the Australian Commission on Safety and Quality in Health Care definition of health literacy
- recognises that health literacy is an asset for individuals, families and communities
- acknowledges that people may need time and support to gain health literacy skills, knowledge and confidence
- affirms that good health literacy protects patient safety, helps redress health inequity and contributes to better health for individuals and communities, and
- undertakes to become a *health literate organisation*.¹

What is health literacy?

As a health promotion charity, HCCA supports the Australian Commission on Safety and Quality in Health Care (ACSQHC) definition of health literacy. This definition makes clear that health literacy has two parts: *individual health literacy* and the *health literacy environment*.

The ACT, like all Australian jurisdictions, has endorsed the [National Statement on Health Literacy](#).² The Statement makes it clear that action is needed to improve individual health literacy, and the health literacy environment.

Individual health literacy

Individual health literacy describes the knowledge, skills, confidence and motivation that people use make decisions about their health in everyday life. Getting health information, understanding it, and judging if it is right for your circumstances are central to individual health literacy.³

HCCA recognises that people may need time, practice and support to gain the health literacy knowledge, skills and confidence they need. Sometimes, health care consumers need complex health literacy skills such as self-management, negotiation and advocacy. Individual health literacy is a state, not a trait⁴ – it is not a fixed characteristic and it can change over time and depending on your circumstances. For example, your health literacy may be under strain if you are unwell, fatigued or stressed, or dealing with a new health issue.

The health literacy environment

The *health literacy environment* describes the settings in which people seek health information, make health decisions, and use health services. This includes the buildings where care occurs, signage and maps, websites, policies and processes, as well as the way staff communicate and interact with consumers and carers.⁵

The health literacy environment can make it easier, or harder, for people to get, understand and act on health information, and make health decisions. Health literacy

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can be thought of as the interaction between a person's individual health literacy, and the demands placed on them by the health literacy environment.⁶

Why does health literacy matter?

Health literacy is central to good health, and to the delivery of safe, high quality health care.

Having low health literacy can affect people's access to health care and health improvement activities.⁷ People with lower health literacy are less likely to engage with preventative health care such as routine screening, and are more likely to experience an adverse event while receiving care.⁸

Many people in the ACT - and nationwide – find it difficult to get, understand and assess health information. The only nationally representative survey of the health literacy of Australians found in 2006 that 44 per cent of ACT residents have a level of health literacy that means they may struggle with daily health-related tasks, such as calculating the right dose of an over the counter medication or following a doctor's advice.⁹

Most people will face a health literacy challenge at some point in their life.¹⁰ Anyone can be affected by low health literacy. However, there is a close connection between social and economic disadvantage and lower health literacy. People with fewer years of formal education (Year 12 or below), and people earning low incomes are more likely than others to have low health literacy.¹¹ People of culturally and linguistically diverse backgrounds¹² and Aboriginal and Torres Strait Islander people are also more likely to face health literacy challenges.¹³ This is also the case for people with three or more chronic conditions.¹⁴

The conditions in which people are born, mature, work, live, and age influence their health.¹⁵ 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. People with higher levels of literacy, education, employment and income tend to enjoy better health.¹⁶ Conversely, people with less of these advantages tend to have poorer health over their lifetime.¹⁷ Specifically, low health literacy has been shown to lead to poorer health outcomes, lower use of preventative health care services, and difficulty accessing health care services.¹⁸ Improving health literacy is a necessary part of redressing health inequity.

Approaches to health literacy

HCCA sees health literacy as an asset for life.

There are two distinct approaches to health literacy.¹⁹ One approach sees health literacy as a deficit that needs to be fixed, and a potential risk to the provision of 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 strengths understanding of health literacy are important. Both have led to improvements. The deficit model prompted training for clinicians in recognising and understanding the effects of low literacy on health decisions and compliance. The

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strengths model improves health literacy through health promotion and educational activities. This in turn supports self-management and confidence.

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.²⁰

Improving an organisation's health literacy will improve the health literacy environment. The characteristics of a health literate organisation 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.²¹

The health literacy environment is constantly changing – for example, as technology changes, and demand for health services alters. Health literate organisations need to understand and adapt 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 health literacy of consumers, carers and community members multiple ways, including by developing resources, and delivering information sessions and skills based workshops
3. with health service staff to enhance their ability to communicate clearly to meet the needs of consumers and carers
4. with health service staff to improve the development and provision of health information resources that meet consumer and carer needs.
5. with the ACT Government and 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 in February 2022

Due for review in February 2025

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³ See Note 2.

⁴ Minnesota Health Literacy Partnership. Health Literacy Basics. Accessed 12/1/2019 at: <https://healthliteracymn.org/health-literacy/health-literacy-basics>

⁵ See Note 2

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¹² See Note 14.

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¹³ Australian Commission for Safety and Quality in Health Care. April 2017. Consumer health information needs and preferences, perspectives of culturally and linguistically diverse and Aboriginal and Torres Strait Islander people. ACSQHC, Sydney

¹⁴ See Note 11.

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¹⁷ See Note 19.

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²⁰ See Note 1

²¹ See Note 1

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