

Effects of low health literacy



**ASSIGN
BUSTER**

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This assignment will discuss health literacy, its various influences and the effect of low health literacy levels on individuals and communities. The various methods and strategies that have been devised to alleviate low health literacy will also be examined. Since the World Health Organisation's Alma Ata Declaration (WHO 1978), primary health care strategies and methods of effective communication have been established to promote health and improve health literacy. This essay will draw on examples of primary health care strategies employed in Australian communities and various methods for improving health literacy that can be actioned by health professionals and the wider health system.

The concept of health literacy can be defined as the capacity of individuals to understand, access and apply health related information and services to maintain physical, mental and social wellbeing (WHO, 2009).

Health literacy is essential in allowing individuals the ability to comprehend their own wellness or illness, make informed health decisions and seek appropriate and timely care through this comprehension.

In 2012, 59% of Australians aged 15-74 years had inadequate levels of health literacy (AIWH 2012). Individuals' health can be negatively affected in numerous ways and to different degrees by low health literacy levels. For example, individuals with poor literacy comprehension may be unable to complete personal detail or consent forms that are necessary for consultation or treatment by health care professionals. This may lead to the individual abandoning their attempt to access health care due to the

embarrassment surrounding poor literacy skills, or for fear of being met with unhelpful condescension by health care professionals. Additionally, individuals with low literacy may be unable to comprehend essential information in mediums such as pamphlets, prescriptions or medication instructions. This lack of comprehension could have dire consequences for the individual; they may choose to take no medication, or incorrectly administer their medication which could result in harmful side effects. These consequences indicate a failure on the part of the health system or the health care provider, as they have either failed to clarify understanding during consultation with patients or have communicated or presented information in a way that is inaccessible for individuals with low literacy levels.

Health literacy not only concerns individual health behaviour and lifestyle decisions, but requires an understanding of the wider societal influences on health.

Social determinants of health such as income and employment, education and social exclusion (among a myriad of other factors) can affect an individual's capacity to be health literate and health literacy itself is one of these determinants. (WHO 2009)

Lower socioeconomic status has been historically attributed to lower literacy levels, which in turn affects the ability to be health literate. The social gradient is a prominent determinant of health; the lower the individual sits on the social class ladder often correlates with poorer health outcomes.

(WHO 2003) It is evident that social, educational and economic inequalities

contribute to the commodification of health care; something that the privileged can access and the disadvantaged may struggle to access and utilise. The effect of low health literacy in conjunction with socio-economic background can be observed through examining health status among the population of Australia. Chronic illnesses with high prevalence such as cardiovascular disease, diabetes, respiratory disease and cancer can be influenced by risk factors such as obesity and tobacco smoking. (Department of Health 2012) Such risk factors can be inextricably linked to the aforementioned illnesses and may also indicate the socio-economic status and health literacy level of the individuals who are affected. For example, an individual who was unemployed or had little income may be more likely to consume processed food as it is dramatically less expensive and less labour intensive to prepare than fresh, more nutritious ingredients. Inexpensive, processed food is often high in fat and low in nutrition, but can be purchased inexpensively and often in large quantities; making it an economical option. However affordable, regular consumption of these products can lead to individuals becoming over weight and potentially obese, which in turn can lead to subsequent conditions such as Type 2 diabetes and cardiovascular disease. It is evident that societal and economic structures can influence health status profoundly and present barriers to good health that are fundamentally difficult for individuals to overcome (WHO 2003).

The role of the healthcare system, health professionals and greater society must be examined and modified if health literacy is to be ameliorated. “ If achieving health literacy is to be a goal, some rediscovery of the importance

of health education needs to occur, together with a significant widening of the content and methods used” (Nutbeam 2006).

The Primary Health Care approach aims to minimize health inequality between social classes and encourage good health for everyone. Primary health care ‘ reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities’ (WHO 1978). Accordingly, health care providers must facilitate patients’ understanding and ability to self-manage their health by presenting health information that is accessible for individuals of all literacy levels. In direct communication with patients or clients, health professionals can employ the teach-back method to ensure comprehension by the patient. This provides an opportunity for questions to be asked and clarification to be achieved, thus promoting health literacy (Egbert & Nanna 2009). The application of primary health care has been demonstrated as essential in addressing low health literacy and poor health status in Indigenous communities throughout Australia. One strategy for improving health literacy from a young age is the Family Planning Association of Western Australia (FPWA) Mooditj program: a community based sexual health education program for Indigenous youth in remote and rural areas. The program aims to educate individuals in early adolescence on sexual health and related issues. Mooditj uses informal discussion techniques to encourage participation and openness, and culturally relevant art and role playing activities to address sensitive topics concerning sexual and emotional health. The cultural and social relevance of the program was determined effectively through recognition of the various social determinants and cultural influences occurring throughout the

community it served. The development involved extensive consultation with members of the community, parents and Aboriginal Elders regarding relevant health issues, effective methods of information delivery and ensuring that local language and customs were incorporated. Indigenous community members can be trained to deliver the Mooditj course and the sharing of information and experience between Mooditj facilitators and participants is encouraged in order to strengthen the integrity and scope of the program. The Pika Wiya Health Service in Port Augusta, SA provides the chronic disease self-management course, Life Improvements for Everyone (LIFE) to improve health literacy and health status in Indigenous communities. The LIFE program is peer-led and community focused, aiming to bridge health inequalities between the indigenous population and the wider Australian population. The program utilises individual care plans for clients with chronic illnesses (such as diabetes and heart disease) that are culturally appropriate and specific to their personal capabilities, health circumstances and goals. Both Mooditj and LIFE are consistent with the primary health care approach as the programs have been tailored to suit the health needs of the community with respect for culture and social circumstances. Furthermore, such programs can facilitate increased community capacity and engagement in health education, contributing to improving levels of health literacy.

The essence of successful health education programs is empowerment; where individuals have greater control and confidence in their ability to manage their own health. Health education that is accessible to all literacy levels, is culturally reflective and developed with consideration of the social

determinants of health has great potential to reduce the prevalence of preventable chronic illnesses in both the Indigenous community and the wider Australian population.

Efforts to improve health literacy and encourage a healthy population must be holistic in nature and motivated by empowerment and equality across all areas of society. Effective promotion of health literacy among the individuals and communities which the health profession serves will need to reflect on the social determinants of health and how they are interconnected with health literacy and health status.

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