

**AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE**

**Consumers, the health system  
and health literacy:  
Taking action to improve safety  
and quality**

**Consultation Paper**

**June 2013**



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## Executive summary

The actions taken and decisions made by consumers are fundamental to the safety, quality and effectiveness of health care. Health literacy is concerned with the skills and abilities of individual consumers, and the demands placed on them by the health system.

Health literacy is important for consumers in the way that they make decisions and take actions for their health and health care. It is important for health care providers and their relationships with consumers and the way that they provide health care. It is also important for managers and policy makers in the way that healthcare organisations and the health system is organised and structured.

**Individual health literacy** is the knowledge, motivation and competencies of a consumer to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care.<sup>1</sup>

The **health literacy environment** is the infrastructure, policies, processes, materials and relationships that exist within the health system that make it easier or more difficult for consumers to navigate, understand and use health information and services to make effective decisions and take appropriate action about health and health care.<sup>2-4</sup>

Similar to other developed countries, almost 60% of adult Australians have low individual health literacy, which means they are not able to effectively exercise their choice or voice when making health care decisions.<sup>5</sup>

This is important, as lower levels of individual health literacy are associated with higher use of health services, lower levels of knowledge among consumers, and poorer health outcomes.<sup>6</sup> Overall it has been estimated that people with low levels of individual health literacy are between 1.5 and three times more likely to experience an adverse outcome.<sup>7</sup>

There is much activity occurring within Australia to address health literacy both inside and outside the health system.<sup>8</sup> However this work is disconnected, and opportunities for learning are limited. Current systems to support improvements in health literacy at a local, regional, state and territory level are variable, and are absent nationally.<sup>8</sup>

Addressing health literacy in a coordinated way has potential to increase the safety, quality and sustainability of the health system by building the capacity of consumers to make effective decisions and take appropriate action for health and health care, and building the capacity of the health system to support and allow this to occur.

To address health literacy in a coordinated way in Australia, it is necessary to:

- embed health literacy into high-level systems and organisational policies and practices
- have clear, focused and useable health information and effective interpersonal communication
- integrate health literacy into education for consumers and healthcare providers.

# 1. Introduction

Consumers<sup>i</sup> are at the centre of the health system, and the decisions that they make and the actions that they take are a vital component for ensuring that society achieves good health outcomes and safe and high-quality health care.<sup>9</sup> The way in which consumers make decisions and take action about health and health care is influenced by their own skills, capacities and knowledge; and by the environments in which these actions are taken. Together, these factors have been conceptualised as 'health literacy'.

The combination of low levels of health knowledge and skills in the population<sup>5</sup> and increasing demands from a complex health system<sup>10</sup> have a significant impact on health and the safety and quality of health care in Australia. Lower levels of health literacy are associated with higher use of health services, lower levels of knowledge among consumers, and poorer health outcomes.<sup>6</sup>

Increasing the health literacy of individuals and reducing barriers in the health system related to health literacy has the potential to improve health and the safety and quality of health care by empowering consumers, providing them with greater access to useable health information and improving the capacity of individuals to use and act on this information.<sup>11</sup> Achieving these outcomes will require action from governments, healthcare providers and consumers to ensure that there is sustainable change.

## **Box 1.1: Levels of health literacy in Australia**

In 2006 the Australian Bureau of Statistics found that almost 60% of adult Australians have low health literacy, which means they are not able to effectively exercise their choice or voice when making health care decisions.<sup>5</sup>

This consultation paper has been prepared by the Australian Commission on Safety and Quality in Health Care (the Commission) to raise awareness about the importance of health literacy and how it can be addressed. Health literacy is a complex field, and this paper provides an overview of the concept, identifies where action can be taken to address health literacy in a coordinated way, and who has a role in doing this.

This paper can be used by policy makers, clinicians, managers and consumers to increase their knowledge about health literacy, and inform their decision-making about what they, and their organisations, could do to address health literacy. The information in this paper is relevant for individuals and organisations within government and non-government sectors including those in education and training, infrastructure and planning, community and consumer advocacy and support, and professional support and development. This paper supports new national systems such as the National Safety and Quality Health Service (NSQHS) Standards; however, it does not require actions in addition to those specified in the NSQHS Standards.

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<sup>i</sup> Consumers are members of the public who use, or are potential users, of healthcare services. In this paper the term 'consumer' refers to patients, consumers, families, carers and other support people.

It is intended that this paper and the associated consultation process (see Section 11) will stimulate discussion about health literacy, and actions that could be taken to address health literacy in Australia. There have been efforts to take a national approach to health literacy in the past, particularly with a focus on population-based goals and targets,<sup>12</sup> however these efforts are hard to maintain and their success is difficult to measure.<sup>13</sup> There is now an increasing recognition that consumers are at the centre of the health system and that health literacy is a safety and quality issue.<sup>14-15</sup> With these changes comes an opportunity to explore new ways that health literacy can be coordinated nationally and improved locally. This paper is the first of a proposed suite of activities from the Commission on health literacy.

## 2. Context

This consultation paper has been developed in the context of a range of policies, practices, concepts and research initiatives that are relevant to health literacy in Australia. This section provides an overview of the main contextual factors that have influenced the approach to health literacy described in this paper.

### ***National health policy and reform***

Recognition that health literacy is fundamental to good health and high-quality health care is not new in Australia. Health literacy was added to Australia's first set of national health goals and targets in 1993.<sup>12</sup> In 2007 the National Health and Hospitals Reform Commission identified health literacy as a key factor that encouraged stronger consumer engagement.<sup>9</sup>

Since 2010 a program of health reform has been underway in Australia that aims to improve the effectiveness, efficiency, appropriateness and accessibility of health care. Work is occurring in eight key streams of health reform: hospitals, general practice and primary health care, aged care, mental health, national standards and performance, workforce, prevention and e-health.<sup>16</sup>

These reforms are manifested through a range of different instruments, agreements, policies, programs and activities. These include the National Health Reform Agreement,<sup>17</sup> National Primary Health Care Strategy,<sup>18</sup> Living Longer Living Better package,<sup>19</sup> Fourth National Mental Health Plan,<sup>20</sup> Personally Controlled Electronic Health Record<sup>21</sup> and National Safety and Quality Health Service Standards.<sup>22</sup>

Effective partnerships between consumers, healthcare providers and organisations at all levels of healthcare provision, planning and evaluation are fundamental to these reforms.<sup>19-20,22-23</sup> Such partnerships have been identified as one of the key factors needed to enhance the success of large-system transformation in health care.<sup>24</sup> A focus on health literacy is one way of ensuring that consumers can participate in these partnerships, and that the health system and healthcare organisations are oriented to support partnerships.

Health literacy is also part of Australia's national approach to safety and quality improvement. The Commission has identified health literacy as a priority through a number of national policies including:

- the Australian Safety and Quality Framework for Health Care, which identifies health literacy as a key action area<sup>25</sup>
- the Australian Safety and Quality Goals for Health Care, which includes Partnering with Consumers as a goal and becoming a health literate organisation as a core outcome (Outcome 3.03)<sup>14</sup>
- the National Safety and Quality Health Service Standards, which require health service organisations to provide information that meets the needs of consumers.<sup>22</sup>

### ***The roles of consumers in taking action for health and health care***

Consumers have different roles within the health system, and the types of actions that they take, and skills and information that are needed to take these actions will vary depending on these roles. The main roles are follows:

- a consumer who is seeking or receiving health care, and making decisions and taking action about their own health care
- a consumer who is acting in a shared role with other consumers and possibly healthcare providers (such as on a board or committee), and making decisions and taking action about issues such as healthcare provision, planning and evaluation
- a consumer who is not currently seeking or receiving health care, but is making decisions and taking action about their own health and that of their family in their everyday life (such as through decisions about food purchases or exercise).

Health literacy is relevant for consumers in all of these roles. However the strategies that can be used to facilitate effective decision-making and appropriate action will vary depending on the specific role of the consumer.

### ***Related concepts***

A detailed overview of the concept of health literacy is provided in Section 3. At this stage it is worth noting that health literacy does not stand alone; it is linked with a number of other conceptual models of health and health care. Of particular importance are the following:

- **Patient-centred approaches to care:** Patient-centred care is ‘an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among healthcare providers, patients and families’.<sup>15</sup> Evidence is building that indicates that patient-centred strategies can lead to improvements in the safety and quality of care, as well as health care outcomes.<sup>15</sup>
- **Cultural competence:** As Australian society has become more diverse the importance of cultural competence has emerged. Cultural competence is demonstrated by the ability to interact with people across different cultures and encompasses self-awareness, knowledge of and positive attitude towards cultural practice and difference, and cross cultural-communication skills.<sup>26-27</sup>
- **Human rights-based approaches to care:** There are a number of core international statements to which Australia is a signatory that include provisions about health and human rights, in particular that it is ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.<sup>28</sup> The application of this statement is wide-ranging, and has been interpreted to include, among other things, social determinants of health, access to education and information and involvement of the population in health-related decision-making.<sup>29</sup>

Consistent themes across all of these concepts, and the concept of health literacy, include the involvement of consumers in decision-making, healthcare providers being aware of the needs of individual consumers, and healthcare providers and the health system taking action to address these needs.

## ***Literacy and health literacy***

Health literacy is one of a range of different 'literacies' referred to in health and education. Other literacies can include cultural literacy, technology literacy, media literacy and scientific literacy.<sup>30</sup> All of these literacies require the acquisition of different skills and abilities, but they build on the foundation of, and are closely related to, general literacy.

General literacy is an important determinant of health, however the concept of health literacy has been developed because it was recognised that people need more than general literacy skills in order to manage some of the complex health and health system issues faced by consumers today.<sup>31</sup> General literacy skills are linked to health literacy, but a high general literacy does not directly correlate with a high health literacy.

In Australia only 56% of people have the general literacy needed to cope with everyday life and work,<sup>32</sup> which means that 44% of Australians have low general literacy. These levels are similar to the proportion of Australians with low health literacy (59%).<sup>5</sup>

Both low general literacy and low health literacy are associated with vulnerability and can engender inequity in health care,<sup>6</sup> and low literacy is also associated with the extent to which consumers are engaged with the healthcare system and their own care and management.<sup>30</sup>

## 3. Health literacy

This section provides a synthesis of the definitions and concepts of health literacy, and presents the terminology that will be used in this paper.

### 3.1 What is health literacy?

The term health literacy emerged in the 1970s,<sup>33</sup> but did not gain momentum until the 1990s<sup>34</sup> when it began regularly appearing in academic literature. The term originated from the field of public health where it developed in the context of health education, health promotion and primary prevention.

Interest in the concept of health literacy and the way in which people apply and interpret the term has evolved to reflect the variety of perspectives on the topic. There is currently no consensus about the definition of, or conceptual framework for, health literacy, and this has been a source of confusion and debate.<sup>1,35</sup> Part of the confusion comes from the application of the term 'health literacy' to similar, but not identical concepts. There has also been a tendency to broaden the scope of this term to include an increasing range of factors that may affect the way in which consumers interact with the health system, and the outcomes that they achieve.

The concepts that are most frequently included in discussions about health literacy are as follows:

- **Skills and abilities of individuals:** The most common use of the term is associated with the skills, abilities, motivations and capacities of consumers to 'obtain, process and understand health information and services necessary to make appropriate health decisions'.<sup>1</sup> These skills and abilities include the domains of cultural and conceptual knowledge, listening and speaking (oral literacy), writing and reading (print literacy), and numeracy.<sup>11</sup> Abilities that have been identified as important by consumers with regard to health literacy include knowing when and where to seek health information, verbal communication and literacy skills, assertiveness, capacity to process and retain information, and skills to apply this information.<sup>36</sup>
- **Context and characteristics of individuals:** There are a range of contextual factors and personal characteristics that have been identified as having an impact on the skills and abilities of consumers to make decisions and take action about health and health care. These include age, education, occupation, race, cultural background, language, socio-economic status, social supports and networks, and prior knowledge and experience with illness and the healthcare system.<sup>1,36-37</sup> The influence of these factors means that the needs and abilities of consumers may change over time, and the life course is a factor that has been included in some definitions of health literacy.<sup>1,35,38</sup>
- **Environmental and social factors:** A different approach to health literacy has evolved from the fields of public health and health promotion that focuses on the environmental and social factors that have an influence on health. In this model,

health literacy is an outcome of health education and communication. Improved outcomes and reduced health disparities are achieved through greater empowerment and engagement, changed health behaviours and practices, advocacy, and an understanding of the social determinants of health.<sup>38</sup>

- **Demands and burdens placed on individuals:** Over the last decade there has been an increased focus on the demands and burdens placed on consumers who seek care in complex health systems.<sup>39-40</sup> These demands and burdens relate to factors such as the way in which the health system is organised; printed, online and other material for consumers; interactions between consumers and healthcare providers; and the physical environment of health services and settings.<sup>36,40-41</sup> Some systems and processes have been designed in a way that limits access, which can impose barriers for consumers and lead to fragmentation of care. Many models of health literacy focus on the interaction between skills and demands and consider that it is important to act to both increase skills and reduce demands to ensure that consumers are in the best position to make decisions and take action about health and health care.<sup>11</sup>

Because of the complexity and range of concepts that are currently included within the broad term 'health literacy', the Commission will use two terms within this paper. These are:

- **Individual health literacy: the knowledge, motivation and competencies of a consumer to access, understand, appraise and apply health information to make effective decisions about health and health care and take appropriate action.**<sup>1</sup>

Individual health literacy covers a range of skills, behaviours and activities such as knowledge of what foods are required for healthy eating, the motivation to participate in a cardiac rehabilitation support group, and competency in making an appointment at a antenatal clinic. Individual health literacy is influenced by personal, social, cultural and environmental context, and also by the specific aim or task that the person has within the health system, or their everyday life. Individual health literacy is also not static; it can fluctuate depending on situational issues such as illness, stress or where the consumer is in their life course.

- **Health literacy environment: the infrastructure, policies, processes, materials and relationships that exist within the health system that make it easier or more difficult for consumers to navigate, understand and use health information and services to make effective decisions about health and health care and take appropriate action.**<sup>2-4</sup>

The health literacy environment includes systems, policies, procedures and protocols at local, regional, jurisdictional and national levels that cover issues such as design and layout of hospitals, support groups for people with chronic diseases, and education for consumers. It also includes the communication processes and relationships that exist between consumers and healthcare providers, for example, the use of shared decision-making processes, the way in which healthcare providers tailor information they provide during a consultation to the needs of an individual consumer, or check that this information has been understood.

For consumers to contribute to a safe and high-quality health system by making effective decisions and taking appropriate actions in relation to their health and health care, they need to have an adequate level of individual health literacy and the health literacy environment needs to support and empower them. This means that

responsibility for addressing health literacy rests with policy makers, healthcare providers and consumers. See Section 9 for more information about the different roles that people can have in addressing health literacy.

### 3.2 How is health literacy measured?

Given the complexity and ambiguity of the different concepts of health literacy, it is not surprising that the processes for measuring health literacy are also contested.<sup>35,42</sup> Definitions of health literacy are broad, and include a number of concepts that are not straightforward to measure (such as motivation, empowerment and decision-making ability).<sup>1</sup>

There are different approaches and aims for measuring health literacy, and different tools have been developed to achieve these aims. For example, population-based surveys have been used to measure the level of individual health literacy across the population, whereas short screening tools are used to identify people with lower levels of individual health literacy in a clinical setting.<sup>43</sup>

Measurement tools have tended to focus narrowly on specific aspects of the individual health literacy, particularly reading ability and numeracy.<sup>6,35,42</sup> The most commonly used tools are the Test of Functional Health Literacy in Adults, Rapid Estimate of Health Literacy in Medicine and the Newest Vital Sign.<sup>6,35,42</sup>

There has been much less focus on the measurement of the health literacy environment – that is, on how easy or difficult it is for consumers to navigate, understand and use health services. Tools are now being developed that can be used to assess the health literacy environment of individual healthcare organisations (see Box 3.1).<sup>44-46</sup>

#### **Box 3.1: Assessing the health literacy environment**

Components that can be included in a review of the health literacy environment include:<sup>44</sup>

- navigation, such as telephone systems and signage
- print communication, such as writing style and use of appropriate illustrations
- oral communication, such as staff offering to help with filling in forms and healthcare providers checking that they have explained information in a way that consumers understand
- technology, such as the availability and functionality of televisions, telephones, computers and kiosks
- policies and protocols, such as development of consumer information publications, staff orientation and ongoing training.

## 4. Why is health literacy important?

Health literacy is important because there is consistent evidence indicating an association between individual health literacy, health behaviours and health outcomes. Overall it has been estimated that people with low levels of individual health literacy are between 1.5 and three times more likely to experience an adverse outcome.<sup>7</sup>

This section contains information about the evidence about health literacy, health outcomes, and safety and quality, mechanisms that have been proposed for linking health literacy to outcomes, and a summary of the importance of health literacy to people in different roles in the health system.

### 4.1 Evidence about health literacy and health outcomes

Lower levels of individual health literacy have been found to be associated with:<sup>6,47</sup>

- increased rates of hospitalisation and greater use of emergency care
- lower use of mammography and lower uptake of the influenza vaccine
- poorer ability to demonstrate taking medications appropriately and poorer ability to interpret labels and health messages
- poorer knowledge among consumers of their own disease or condition
- poorer overall health status among older people
- a higher risk of death among older people.

The evidence suggests that the poorer health outcomes in people with lower health literacy are not a result of greater health risk behaviours.<sup>47</sup> There is limited evidence of an association between health literacy levels and smoking rates, alcohol use and a healthy lifestyle (such as physical activity and eating habits).<sup>6,47</sup> In addition, generally the associations between level of health literacy and outcomes remain when contextual factors such as age, sex, education, income and ethnicity and health status are taken into account.<sup>47</sup>

A systematic review examined the increased costs associated with lower health literacy.<sup>48</sup> At a system level, the additional costs were found to correspond to approximately 3-5% of total health care spending. At the level of the individual, people with lower health literacy had an increased expenditure of between \$143 and \$7798 per person per year compared to people with adequate health literacy.

There has been far less research about the impact of the health literacy environment on health outcomes. It has been recognised for some time that the health system is complex for consumers and healthcare providers,<sup>10</sup> and this complexity has been recognised as a contributor to poor quality and unsafe care.<sup>49-50</sup>

In terms of health literacy, there has been research about the readability of written information for consumers, where it has often been found that documents contain language and complex concepts that would be difficult for the average person to

comprehend.<sup>51-55</sup> Other studies have looked at the information that is provided to consumers about their condition and treatment, particularly for specific conditions such as cancer.<sup>56</sup> Consumers report that their needs regarding information are not always met; however people who are provided with appropriate information (based on satisfaction with received information, fulfilled information needs, high-quality and clear information) report better health-related quality of life and lower levels of anxiety and depression.<sup>56</sup> Reports on assessments of the health literacy environment of individual health facilities are identifying issues such as difficult way-finding and complex written information, particularly consent forms.<sup>4</sup>

Low health literacy is a particular issue for Australia's disadvantaged or vulnerable groups because it can exacerbate underlying access and equity issues that consumers from these groups may be experiencing. According to the Australian Bureau of Statistics, only 33% of people born overseas have adequate or better health literacy compared to 43% of the Australian-born population.<sup>57</sup> In addition, 47% of employed people have an adequate level of health literacy, significantly higher than the proportion of people with adequate health literacy who are unemployed (25%) or not in the labour force (25%).<sup>5</sup>

## 4.2 Evidence about health literacy and safety and quality

Addressing health literacy can also be seen as a way of protecting consumers from potential harm.<sup>58</sup> It makes sense that ensuring health information, instructions, actions and the environment are clear and empowering consumers to understand and take appropriate action about their health and health care will prevent potentially harmful events. Providing unclear information and services can lead to misunderstandings about the risks, consequences and necessity of care, about medication instructions, health care plans or preventive strategies. All of these scenarios have the potential to lead to some level of harm for consumers, whether it is a faster progression of a condition, medication error or poorer health outcome.<sup>46,59</sup>

The area that has been investigated most frequently is the contribution that health literacy makes to medication safety risks, in particular dosing administration risks.<sup>60</sup> Low health literacy has been found to be significantly associated with a poorer understanding of medications, medication instructions and adherence to treatment regimens.<sup>7,60-61</sup> Studies have estimated that nearly half of adults misunderstand common dosing schedules (such as take two tablets by mouth twice daily) and warnings (such as do not chew or crush, swallow whole; for external use only) that detail important information to support safe and effective use.<sup>61-62</sup>

In particular, there has been significant research indicating that consumers with lower health literacy have lower adherence to anticoagulation therapy.<sup>11</sup> For example, recent Australian research has found that impaired cognition, depressed mood, and inadequate health literacy are strong risk factors for warfarin instability. It was found that half of patients receiving weekly warfarin at an anticoagulant clinic thought their medication regimen was different from what their clinicians thought.<sup>63</sup> This would suggest that communication of critical medication information between the consumer and the healthcare provider (and verification of the consumers' understanding of that communication) has been less than optimal. In this situation, failing to account for, and address, the consumers' health literacy leads to a misunderstanding of medication instructions which can place the consumer at greater risk for stroke and bleeding.

### 4.3 How is health literacy linked to outcomes?

The causal mechanisms by which individual health literacy is associated with health outcomes are likely to be complex, and influenced by contextual, personal and external factors such as age, education, socioeconomic status, cultural background, social support, and the media.<sup>37,64</sup> A number of models have been proposed to explain these links.<sup>1</sup> Generally, the data to support these models is limited and they may underestimate the complexity of the factors, relationships and interactions that exist.<sup>37,64</sup> Nonetheless, understanding these models is important, as they can suggest places where action can be taken for improvement.

The interactions between these factors can be manifested in a range of ways. The key causal pathways that have been described relate to the way in which individual health literacy, the health literacy environment and contextual factors influence:<sup>37-38</sup>

- **How consumers access and use health care services.** For example, people with higher levels of individual health literacy may have a greater understanding of when to seek treatment and preventive care, reducing the use of acute health services. The design of health care facilities may make it more difficult for people with lower individual health literacy to find the information and services that they need.
- **Interactions between consumers and healthcare providers.** For example, healthcare providers may have limited awareness of the level of health literacy of their consumers, and may not tailor the information that they provide appropriately. People with lower levels of health literacy may be less likely to ask questions of their healthcare provider, or to ask for more information if they do not understand. Both of these factors can affect the likelihood that consumers will follow recommended treatment.
- **How consumers manage their own health.** For example, people with higher levels of health literacy may have more knowledge about the actions that they can take to manage their own condition (such as what medication to take in an asthma exacerbation). Programs and support services such as chronic disease self-management programs can help to increase knowledge and change behaviour.
- **How consumers exert control over the factors that shape health.** For example, people with higher levels of health literacy may have a greater capacity to understand the social determinants of health and be involved in influencing these social determinants for others. This engagement can be supported by an environment that provides health education focussed both on the development of interpersonal and social skills, as well as knowledge about specific health-related issues.

### 4.4 Why should health literacy be important to me?

Health literacy is a complex concept, and it is not always obvious for consumers, the general public or people working in the health system what it means in practice or why it is important to address it. Table 1 summarises some of the benefits that may result from addressing health literacy for different people within the health system.

**Table 1: Relevance of health literacy to individuals with different roles in the health system**

Role	Addressing health literacy has the potential to:
Consumers, including those: <ul style="list-style-type: none"> <li>• seeking or receiving health care</li> <li>• involved in decision-making about healthcare provision, planning or evaluation</li> <li>• making decisions about health in their everyday life</li> </ul>	<ul style="list-style-type: none"> <li>• increase my knowledge of health and the health system</li> <li>• help me make better decisions about my health and health care and that of my family</li> <li>• make it easier for me to know where to go and find what I need in the health system</li> <li>• help me to contribute more effectively to decision-making and action about healthcare information, provision, planning or evaluation</li> </ul>
Healthcare providers	<ul style="list-style-type: none"> <li>• help me to work with consumers so that they can take appropriate actions and make effective decisions for their health and health care</li> <li>• help me to change the way I provide health care to make it easier for consumers to access, understand and use information</li> <li>• help me reduce the risk of harm to my patients by improving interpersonal communication and information exchange</li> </ul>
Health service managers	<ul style="list-style-type: none"> <li>• help me to organise the way in which health care is delivered to make it easier for consumers to take appropriate actions and make effective decisions for their health and health care</li> <li>• help me to make it easier for consumers to find their way in my health service</li> <li>• help me to make it easier for consumers to access clear, focussed and usable health information</li> <li>• help me to increase the likelihood of consumers engaging with my healthcare organisation to improve the safety and quality of my health services</li> <li>• help me to reduce the risk of harm to consumers by improving communication and information exchange</li> </ul>
Policy makers	<ul style="list-style-type: none"> <li>• help me to ensure that the health system is organised and care is provided in a way that makes it easier for consumers to take appropriate actions and make effective decisions for their health and health care</li> <li>• help me to make it easier for consumers to access clear, focussed and usable health information</li> <li>• help me to provide support and a conducive environment for partnerships between healthcare providers, healthcare organisations and consumers</li> <li>• increase the safety and quality, efficiency and effectiveness of health care by empowering consumers to be actively involved in decision-making</li> </ul>

## 5. Addressing health literacy in a coordinated way

Addressing health literacy is one way to empower consumers to be able to make decisions and take appropriate action for health and health care, and thereby to contribute to a safe and high-quality health system. Addressing health literacy in a coordinated way requires a focus both on increasing individual health literacy and making changes to the health literacy environment.

There is much activity occurring within Australia to address health literacy both inside and outside the health system.<sup>8</sup> This work is being done by consumer organisations, government departments, local governments, public and private hospitals and healthcare organisations, clinical and professional groups, insurers, non-government organisations, universities and others. Action is being taken in a variety of settings, using a range of different strategies, with many pockets of excellence and innovation. However it is clear that health literacy work within Australia is disconnected, and consequently opportunities for researchers, healthcare providers, healthcare organisations, consumers and policy makers to learn from each other are hampered. Current systems to support improvements in health literacy at a local, regional, state and territory level are variable, and are absent nationally.<sup>8</sup>

In the United States, federal and state governments, the Institute of Medicine, professional and other organisations have been looking at ways to address health literacy in a more coordinated and consistent way for some time.<sup>34,65-66</sup> Action has included legislating the requirement for government documents to be written in plain English,<sup>67</sup> including requirements in accreditation standards about written and oral communication,<sup>59</sup> developing a national policy action plan<sup>66</sup> (see Box 5.1), and providing toolkits with implementation strategies for addressing health literacy within healthcare organisations.<sup>45</sup>

### **Box 5.1 National Action Plan to Improve Health Literacy**

The Department of Health and Human Services in the United States developed the *National Action Plan to Improve Health Literacy* in 2010.<sup>66</sup> The National Action Plan provides a framework for consistent action to address health literacy, and proposes coordinated societal action across seven different areas to improve systems, information communication and education. The seven goals in the plan are listed below:

Goal 1: Develop and disseminate health and safety information that is accurate, accessible, and actionable

Goal 2: Promote changes in the health care delivery system that improve health information, communication, informed decision-making, and access to health services

Goal 3: Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level

Goal 4: Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community

Goal 5: Build partnerships, develop guidance, and change policies

Goal 6: Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy

Goal 7: Increase the dissemination and use of evidence-based health literacy practices and interventions.

### ***Addressing health literacy in a coordinated way in Australia***

Australia does not yet have an agreed national approach to addressing health literacy. However, the current health reform processes and focus on health literacy as a fundamental part of safety and quality provide an opportunity to agree on strategies to increase individual health literacy and improve the health literacy environment.

To address health literacy in a coordinated way in Australia, it is proposed that three types of actions are needed. These actions reflect international approaches to addressing health literacy, key points where individual health literacy and the health literacy environment influence outcomes, and evidence about health literacy and other interventions. A comprehensive and consistent approach to addressing health literacy in Australia requires:

- **Embedding health literacy into systems.** This involves 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, having policies that prioritise health literacy in program planning, and designing healthcare organisations in a way that makes it easier for consumers to find their way.
- **Effective health information and interpersonal communication.** This involves 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.

- **Integrating health literacy into education.** This involves education of consumers and healthcare providers and could include population health programs, health promotion and education strategies, school health education, social marketing campaigns as well as formal education and training of healthcare providers.

A combination of actions from all three areas is needed to ensure coordinated and sustainable change. Actions can be undertaken by consumers, healthcare providers, healthcare organisations, governments, educators, regulators, peak bodies, researchers, and many others.

#### **Box 5.2: A coordinated approach to improvement**

Shared decision-making is an important and effective way of empowering consumers to participate in their own health care.<sup>68</sup> To provide an environment where effective shared decision-making occurs there needs to be a combination of:

- policies, processes, procedures and practices that support healthcare providers to provide opportunities to share decisions with consumers, such as shared decision-making pathways, tools and incentives to support shared decision-making (systems)
- education of the healthcare provider and support and information for the consumer about how to work together to make decisions about health care (education)
- effective communication, interpersonal relationships and information exchange between the healthcare provider and consumer through the use of tools, decision aids and other communicative strategies and resources (communication).

Sections 6-8 provide further information about these three areas of action, and strategies that can be used to increase individual health literacy and improve the health literacy environment. Section 9 provides information about on the types of organisations – both within and outside the health sector – that have a role in taking action to address health literacy.

## 6. Embedding health literacy into systems

A focus on systems is essential for ensuring effective implementation of both large- and small-scale change in health care.<sup>24,50,69-71</sup> To ensure that strategies to address health literacy are embedded in policy and practice in a coordinated and sustainable way, they need to be reflected in the systems and infrastructure of society, healthcare and other organisations.<sup>40,66</sup>

In this context 'systems' refers to all of the policies, procedures and practices within an organisation that are arranged, integrated and administered to allow the organisation to achieve its purpose. Also relevant here are wider societal systems, such as national, state and territory legislation, processes of government, regulation, policy and programs.

Organisations that have an influence on individual health literacy or the health literacy environment include a diverse mix of consumer, health, education, welfare, public, private, non-government and government bodies. These organisations deliver health care, welfare and other support services; advocate for and support consumers; undertake research; educate the public, consumers and healthcare providers; provide healthcare insurance; and develop policy, legislation, processes and frameworks about the delivery of care, provision of education and other relevant issues. Individuals and organisations also exist in the wider context of society, culture and the media, which have an impact on health literacy.

There will be significant variation in how strategies to address health literacy can be embedded in systems. These strategies will be influenced by the role, context and focus of different organisations. Examples of the way in which health literacy can be embedded into high-level systems and into organisational policies and practices are discussed in the following sections.

### 6.1 Embedding health literacy into high-level systems

At a broad societal level, examples of ways in which health literacy could be embedded into systems include:

- legislation, such as the *Plain Writing Act 2010* in the United States that requires federal agencies to use plain language in government communication, including health information<sup>67</sup>
- funding mechanisms, such as the funding provided by the Victorian Department of Health to community health services that are large users of language services to provide linguistically appropriate information, care and service delivery to clients from non-English speaking backgrounds<sup>8</sup>
- standards, such as the National Safety and Quality Health Service Standards that include items about the need to provide information to consumers that meets their needs<sup>22</sup>

- policies and plans, such as the Communication and Health Literacy Action Plan developed by the Department of Health and Human Services in Tasmania (see Box 6.1)
- incentives, such as the component of the Indigenous Health Incentive (part of the Practice Incentive Program) that relates to cultural awareness training and requires two members of the practice (one of whom must be a GP) to complete appropriate cultural awareness training<sup>72</sup>
- curricula, such as the inclusion of issues relevant to health literacy (including literacy, numeracy and critical thinking) in the draft Australian Curriculum for schools<sup>73</sup>

#### **Box 6.1: A policy approach to health literacy**

The Department of Health and Human Services in Tasmania has developed a Communication and Health Literacy Action Plan that describes the state government's approach to improving health literacy.<sup>8</sup>

The key principles identified in the Action Plan are:

- clients have a right to information: it is the responsibility of government to communicate effectively
- clients have a right to be involved in decision-making about their health and wellbeing
- improving health literacy is a shared responsibility, especially across the health and education sectors
- improving communication and health literacy requires small contributions from many
- consistency of messages is important, and supported by evidence-informed practice.

Through the Action Plan, the Department of Health and Human Services aims to foster:

- healthcare and human services staff skills and resources and capacity to communicate effectively with people who use their services
- a reduction in literacy-related barriers for people accessing their services
- a more health-literate population in Tasmania by working in partnership with the education sector and others.

Beneath these three overarching strategies, the Department of Health and Human Services Tasmania has identified 15 specific initiatives to achieve their objectives.

Additional information about the Action Plan can be found at the Department of Health and Human Services web site:

[Web site: www.dhhs.tas.gov.au/about\\_the\\_department/your\\_care\\_your\\_say/health\\_literacy](http://www.dhhs.tas.gov.au/about_the_department/your_care_your_say/health_literacy)

Many government policies and programs that are not specifically labelled as being about health literacy nonetheless have the potential to increase the capacity of consumers to make decisions and take action about health and health care. Examples include the:

- NSW Aboriginal Health Plan 2013-23, which is founded on consumer centred principles and supports partnership and participation at all levels of health care.
- Fourth National Mental Health Plan, which is based on principles including respect for, and recognition of, the needs and needs of consumers including as they change across the lifespan. It also focuses on recognising the value of diversity and the need for equity.
- Fifth Community Pharmacy Agreement, which has an explicit patient focus and supports consumer centred medication safety strategies such as medication review.

## **6.2 Embedding health literacy into organisational policies and processes**

For organisations that deliver healthcare services, the Institute of Medicine has identified ten attributes of a 'health literate organisation', that is a healthcare organisation that makes it easier for people to navigate, understand and use information and services to take care of their health.<sup>40</sup> These attributes highlight some of the ways in which health literacy can be embedded into organisational systems (see Table 2).<sup>40,66</sup>

Many of these strategies will also apply to other types of organisations that also have a role in addressing health literacy. Information on the types of organisations involved in addressing health literacy can be found in Section 9.

**Table 2: Ten attributes of a health literate organisation<sup>40</sup>**

Attribute	Example of actions that can be taken by organisations
1. Leadership that makes health literacy integral to the mission, structure, and operations of the organisation	<p>Assign responsibility to an individual or group for actions to improve the health literacy environment</p> <p>Design the physical environment to support effective communication and navigation</p> <p>Make clear and effective communication a priority across all levels of the organisation and all communication channels</p>
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement	<p>Audit the health literacy environment in the annual audit program of the healthcare organisation</p> <p>Ensure that safety and quality and other improvement initiatives reflect health literacy principles and are evaluated to ensure that they improve the health literacy environment</p> <p>Align a focus on health literacy with other organisational priorities such as reducing health disparities and providing patient-centred care</p>
3. Prepares the workforce to be health literate and monitors progress	<p>Incorporate health literacy into orientation sessions and other types of training</p> <p>Provide training to administrative and front of house staff such as receptionists</p>
4. Includes populations served by the organisation in the design, implementation, and evaluation of health information and services	<p>Involve consumers in governance processes</p> <p>Collaborate with members of the target community in the design and testing of interventions</p>
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation	<p>Adopt an approach to health literacy that does not make assumptions about levels of individual health literacy (a 'universal precautions' approach)</p> <p>Provide alternatives to written information where possible, and create an environment that does not impose high literacy demands (such as walls and bulletin boards that are not covered with a lot of print information)</p>
6. Uses health literacy strategies in interpersonal communication, and confirms understanding at all points of contact	<p>Foster a culture that emphasises verification of understanding of every communication (both clinical and non-clinical)</p> <p>Plan for and provide language assistance where needed, and treat communication failures as patient safety issues</p>
7. Provides easy access to health information and services and navigation assistance	<p>Design healthcare organisations with features that help people find their way (see Box 6.2)</p> <p>Use easily understood language and symbols on signage</p> <p>Ensure that information that is available about local resources and services can be understood by consumers with low levels of literacy</p>

8. Designs and distributes print, audiovisual and social media content that is easy to understand and act on	<p>Stock high-quality educational materials that are appropriate for consumers with low health literacy</p> <p>Choose materials that reflect health literacy principles</p> <p>Test consumer information publications with the target audience as part of the development process</p>
9. Addresses health literacy in high-risk situations, including care transitions and information about medicines	Identify high-risk situations and establish plans to ensure safe communication in areas such as clinical handover, use of medicines, informed consent and end of life care
10. Communicates clearly what health plans cover and what individuals will have to pay for services	Provides easy-to-understand descriptions of health insurance policies and communicates the out-of-pocket costs for health care services before they are delivered

**Box 6.2: Examining the health literacy environment**

The Penola War Memorial Hospital in South Australia has developed the First Impressions Activities to help identify some of the characteristics of the hospital that help or hinder the ability of a consumer to make their way around the hospital.<sup>8</sup> The project consists of three activities that look at first impressions of consumers including:

- Telephone navigation: Look for the hospital phone number in the phone book and internet. Call the main telephone number of the hospital and ask for advice on how to get to the hospital by car. Choose different times of the day and evening to get different situations. Use the First Impressions Telephone tool to report findings and recommendations.
- Web site navigation: Use a search engine to locate the hospital’s web site. Use the First Impressions Web site tool to report findings and recommendations
- Walking interview: The walking interview involves the completion of a series of stages where an Observer is asked to share their observations and impressions about the hospital with a Guide as they move through different locations and complete different tasks. The Observer is asked to complete tasks such as ‘Find the Entrance to Accident and Emergency’, and is asked to report back on what they have noticed, how they feel and what signs or cues they used to complete the task. The Guide completes a written report using the information provided by the Observer and using the Walking Interview tool.

Feedback on the activities is then provided back to the Director of Nursing, the Leadership Group and the Health Advisory Council for action.

## 7. Effective health information and interpersonal communication

Effective communication is a fundamental requirement for safe and high-quality health care.<sup>59</sup> Communication failures are one of the most commonly cited underlying causes of sentinel events<sup>59</sup> and complaints about the healthcare system.<sup>74-76</sup>

The quality and accessibility of health information and the way in which it is communicated is critically important to health literacy. Health information needs vary between consumers, and for the same consumer depending on their current situation. Providing information that is difficult to understand, overly complex, contains a lot of jargon, is in an inappropriate format, or presented in an inaccessible way creates a barrier to consumers' understanding of health information. These barriers are not created intentionally. The way healthcare information is developed and delivered is influenced by a range of factors including organisational needs, culture, traditional practices, expectations, availability of time, resources and skills. However, to address health literacy in a coordinated and consistent way these barriers need to be tackled and communication improved.

Two specific areas of communication will be discussed in this section. These are:

1. the provision of clear, focused and useable health information. The content and format of written and electronic health information needs to be provided in a form that is easy to understand for those with low levels of individual health literacy.
2. interpersonal communication. This includes how health information is communicated verbally and nonverbally between two or more people.

### 7.1 Clear, focused and useable health information

#### ***What is health information?***

Health information is any information related to health and health care. It is the basis of health promotion campaigns that aim to inform the public about health issues and modify consumer health related behaviour. It is also central to consumers' individual interactions with healthcare systems and processes, and is necessary for them to seek out and receive services, manage their own health conditions and make everyday decisions to maintain good health. Health information can cover a range of topics including details of specific diseases and conditions, treatment options, risks, services and cost and treatment instructions.

#### ***How is health information communicated?***

Health information can be communicated through the following methods:

- written information, such as consent forms, fact sheets, posters, brochures, written instructions, medication information
- electronic information, such as web sites, email, DVDs, audio, interactive resources

- interpersonal communication, such as verbal communication between the consumer and healthcare provider, receptionists and administrative staff within a healthcare service. Interpersonal communication will be discussed in Section 7.2.

#### **Box 7.1: Providing health information in alternative media**

The Menzies School of Health Research has developed a series of talking posters focused on children's health issues. These posters provide health information on coughing, hygiene and smoking in four to five different Indigenous languages. Information is presented on the poster with a translation provided in audio form.

Web site: [www.menzies.edu.au/PaediatricTalkingPosters](http://www.menzies.edu.au/PaediatricTalkingPosters)

#### ***Where do people get their health information?***

Today, with changes in technology, people are expecting an increasing amount of information to be easily available in a format that they understand. Consumers seek out, or are provided with, health information from a variety of sources such as:

- their social community, including their parents, families, friends
- the education system, including preschool, primary and secondary schools, adult education centres and universities
- the health system, including healthcare providers, healthcare organisations, and government and non-government health organisations
- mass media, including health promotion campaigns, the internet and private companies promoting their health-related products.

Changes in technology and expectations about consumer involvement in health care are leading to an increase in the access and use of health information from digital sources.<sup>77-78</sup> For example, a 2010 US survey by PricewaterhouseCoopers found that consumers use online tools and resources (54%) second only to consulting a physician (75%) when gathering information on treatments and conditions.<sup>78</sup>

#### ***Why do consumers need clear, focused and useable health information?***

Consumers need clear, focused and useable information to understand their diagnosis, prognosis, the processes and likely outcomes of possible tests and treatments, how to manage their own condition and how to prevent further illness. They also need information to make the most of consultations, learn about available services and sources of help, to provide reassurance and help for them to cope, and to learn how to identify the 'best' healthcare providers for them.<sup>79</sup>

Providing understandable and accessible health information for consumers can improve their knowledge, understanding and recall about their health and care.<sup>80-81</sup> It can also increase consumers' feelings of empowerment, improve their ability to cope, increase satisfaction and may help to reduce anxiety in some situations.<sup>80</sup> These findings apply to health information provided in written materials<sup>82</sup>; audiotape, videotape and interactive media,<sup>83-85</sup> and decision aids.<sup>86</sup>

### ***What is the problem with current health information?***

There are gaps between the information consumers need and what is available or provided to them.<sup>79</sup> A review of consumer information by consumers and healthcare providers found that the quality of most consumer information materials was poor, and that it often did not meet the needs of consumers or actively promote shared decision-making.

Current health information can be unnecessarily complex.<sup>11</sup> There is consistent evidence that the reading level of most health information materials is above the average adult's reading ability.<sup>51</sup> Many studies have shown that health information cannot be understood by most of the people for whom it is intended, suggesting that assumptions regarding the recipient's level of health literacy are often incorrect.<sup>11</sup>

It is clear that accessing, understanding and applying health information is a challenge for consumers. For those with low health literacy, this challenge is profoundly more difficult. The complexity of health information in all forms presents a significant barrier to those with low health literacy and can prevent them from actively participating in their own care and from taking effective action for their own health.

### ***What approaches have been used internationally to improve the communication of health information?***

There is a plethora of health information available to consumers, including a substantial amount of information available online. This has resulted in an increase in the number of initiatives designed to improve quality of this information and an interest in quality assessment and accreditation schemes for reliable information. Initiatives in the United Kingdom and in the United States have attempted to address this issue through nationally coordinated action.

In the United Kingdom 'The Information Standard' has been established. This is an independent certification scheme for all organisations providing evidence-based health care information for the public.<sup>87</sup> The National Institute for Health and Clinical Excellence also conducts accreditation of guidance and advice development processes.<sup>88</sup>

In the United States, the *Plain Writing Act of 2010* was enacted, requiring federal agencies to use plain language in government communication, including health information.<sup>67</sup> This has led to an increase in guidance and resources available to aid healthcare organisations to improve the health information that they develop and distribute. Examples of some of the resources can be found in Box 7.2.

### **Box 7.2: Tools and resources for making health information clear, focused and useable**

Over the last ten years there has been considerable work in the United States and Canada to develop tools and resources for healthcare organisations to use in addressing health literacy. The majority of these resources focus on simplifying language and structure to make information more accessible. Examples of these resources include:

- Health literacy universal precautions toolkit<sup>45</sup> (Agency for Healthcare Research and Quality):  
Web site: [www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf](http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf)
- Easy does it! Plain language and clear verbal communication training manual<sup>89</sup> (Canadian Public Health Association):  
Web site: [www.cpha.ca/uploads/portals/h-l/easy\\_does\\_it\\_e.pdf](http://www.cpha.ca/uploads/portals/h-l/easy_does_it_e.pdf)
- Simply put: A guide for creating easy-to-understand materials<sup>90</sup> (Centers for Disease Control and Prevention):  
Web site:  
[www.cdc.gov/healthcommunication/ToolsTemplates/Simply\\_Put\\_082010.pdf](http://www.cdc.gov/healthcommunication/ToolsTemplates/Simply_Put_082010.pdf)
- Plain language<sup>91</sup> (US Government):  
Web site: [www.plainlanguage.gov/](http://www.plainlanguage.gov/)

### ***What strategies can be used to improve the accessibility of information?***

Considerable research has been undertaken to identify strategies for reducing the complexity of health information and improving how information is presented. A systematic review examining interventions to mitigate the effects of low health literacy found that comprehension of health information was improved with use of a few simple strategies such as presenting essential information first and by itself, using consistent denominators for presenting risk and benefit information, and adding video to verbal narratives.<sup>6</sup> The review also noted that there were potential benefits in reducing the reading level of content and by using illustrated narratives.<sup>6</sup>

Involving consumers in the development of health information materials can help to address health literacy by ensuring that the information is relevant, readable and understandable.<sup>80,92</sup> Other strategies which can be effective include personalising written health information<sup>80</sup> and providing a combination of verbal and written information to reinforce key health messages.<sup>93</sup>

Finally, one review found that alternative format resources, such as the internet, audiotapes, virtual health communities and support groups, were found to improve health knowledge and result in higher user satisfaction.<sup>94</sup> Beneficial effects were also found for consumers related to self-efficacy, involvement in decisions and confidence in consultations with healthcare providers. There was also some evidence of beneficial effects on health behaviour, particularly with web-based educational interventions.<sup>94</sup>

**Box 7.3: Working with consumers to develop information that is clear, focused and useable**

The Centre for Health Communication and Participation, La Trobe University, led a multidisciplinary team in the collaborative development of the Making Sense of MS Research web site.

The team worked closely with health professionals and people with multiple sclerosis and their family members to explore the best way of presenting evidence about treatment options to people with multiple sclerosis. The material developed for the web site was the culmination of significant discussion and consultation on the issue to ensure that the information provided was accessible and understandable for a wide audience.

Web site: [www.makingsenseofmsresearch.org.au/](http://www.makingsenseofmsresearch.org.au/)

## 7.2 Effective interpersonal communication

### *What is interpersonal communication and why is it important?*

Interpersonal communication is communication which occurs between two or more people. Effective interpersonal communication is based on trust, understanding, empathy and cooperation. The patient-centred approach to interpersonal communication is frequently used for building relationships and improving the quality of care.<sup>95</sup> Patient-centred approaches are based on the principles of dignity and respect, sharing information, collaboration and partnerships.<sup>96</sup>

Effective interpersonal communication involves verbal and nonverbal communication, tailoring of messages to the needs and preferences of the receiver and the use of reinforcing educative strategies to clarify meaning and intent. Interpersonal communication generally falls into three categories: socio-emotional communication, diagnostic communication and problem solving, and the provision of counselling and education.<sup>97</sup>

The importance of interpersonal communication is well recognised and effective communication between consumers and healthcare providers has been linked to improved consumer health outcomes<sup>98</sup> and is closely associated with patient safety.<sup>99</sup> Effective interpersonal communication between consumers and their healthcare provider, or any other person within the healthcare team, is also one of the most important contributors to consumer engagement, participation and adherence to healthcare plans.<sup>97</sup>

Effective interpersonal communication requires healthcare providers to have an understanding of health literacy concepts, including an understanding of the potential to improve the health literacy environment and the different capacities and capabilities individual consumers can exhibit. This understanding and awareness is needed in order to tailor health information so it is delivered in a manner that is accessible and understandable for each individual consumer.

**Box 7.4: Interpersonal communication about end of life care**

The Conversation Project is a web-based project that aims to help people talk about their wishes for end of life care. The project provides information, advice and tools for consumers to engage with their family and healthcare providers to discuss, and make decisions about, their future care preferences.

The web site includes case studies, templates and a guide for consumers to help them consider what care they would like, who they should talk to and how to make arrangements to ensure that their wishes are upheld.

This project has been developed in the United States, but has applications within the Australian context.

Web site: [theconversationproject.org/starter-kit/intro/](http://theconversationproject.org/starter-kit/intro/)

***What is the problem with interpersonal communication?***

Communication is one of the most commonly cited problems in healthcare safety and quality. In Australia, communication is frequently identified as an underlying cause of health care complaints and concern for healthcare consumers.<sup>74-75,100-102</sup>

Although health information is widely available from a variety of sources, consumers still tend to rely on healthcare providers for information about their health and health care and use other sources for supplemental information (including web sites, family and friends and media). People report that they seek information from doctors more than any other source.<sup>78,103</sup> However, many consumers have difficulty understanding what their healthcare providers tell them.<sup>104</sup> Even immediately after leaving a consultation, consumers are unable to recall between 40% and 80% of the medical information just given to them by their healthcare provider,<sup>104-105</sup> and a significant amount of information that is recalled can be incorrect.<sup>106</sup> The amount of health information forgotten by consumers has been shown to be directly related to the amount of information presented, the consumer's medical knowledge, anxiety level and potentially their age.<sup>107</sup>

This failure in recall is a symptom of ineffective communication. It is a mismatch between what the healthcare provider thinks they are communicating and what the consumer is understanding and recalling. Healthcare providers' understanding of health literacy and skills in interpersonal communication can contribute to improvements in recall and consumer satisfaction<sup>97</sup> which can contribute to greater confidence, participation and more effective decision-making by consumers.

***What strategies can be used to improve interpersonal communication?***

Strategies to improve interpersonal communication are often based on patient-centred principles and approaches. Fostering a patient-centred approach to interpersonal communication has been shown to result in improved communication,<sup>108</sup> better health care and outcomes.<sup>97,109</sup> It is also associated with increased efficiency of care.<sup>109</sup>

Strategies that can be used by healthcare providers include using appropriate body language, confirming understanding of information provided, listening attentively and prompting for information, providing options relevant to the consumer's situation and following up about actions to be taken by the consumer.<sup>110</sup>

**Box 7.5: Helping consumers to make decisions about their care**

The Ask Share Know Patient-Communication Model<sup>111</sup> is part of a University of Sydney research program designed to encourage and empower consumers to engage with their healthcare providers and make decisions about their own health.

The model supports and encourages consumers to communicate with their healthcare providers by focusing on three questions:

- What are my options?
- What are the possible benefits and harms of those options?
- How likely are each of those benefits and harms to happen to me?

Information on the model is available on the [www.askshareknow.com.au](http://www.askshareknow.com.au) web site, which includes case studies, tools and information about making decisions.<sup>111</sup>

Strategies for effective interpersonal communication are increasingly focused on specific communication interventions or tools which foster discussion, debate and partnerships and participation by the consumer.<sup>112</sup> These types of interventions include the use of:

- plain language to communicate health information, instructions and choices
- decision aids, which have been shown to lead to improvements in knowledge, and understanding of screening, prevention and treatment options<sup>80,113</sup>
- shared decision-making processes, which have been seen as the foundation for patient-centred care, and as a means of increasing consumer participation in decision-making. Use of shared decision-making is associated with favourable health outcomes<sup>114-115</sup>
- educative and recall strategies, including asking consumers to recount the information given to them by the healthcare provider to check understanding. These kinds of approaches can include the use of the 'teach-back' method, 'ask-tell-ask' and 'teach to goal' techniques (see Box 7.6), among a range of others. A number of these educative strategies have been shown to be effective with consumers with specific health conditions, demonstrating improved care management, recall and understanding of information.<sup>116</sup>

**Box 7.6: Educative and recall strategies**

**'Teach-back'** is a method that healthcare providers can use to confirm that they have explained to the consumer what they need to know in a manner that the consumer understands. The healthcare providers asks the consumer to state in their own words the key points of the discussion.<sup>59</sup> The cycle continues until the healthcare provider is certain the key messages are have been delivered and understood.

**'Ask-tell-ask'** is similar to teach-back in that the healthcare providers *ask* the consumer to describe their current issue, *tell* the consumer in simple language the message they need to communicate and then *ask* the consumer if they have understood. This is also a back and forth cycle of information and response.

**'Teach to goal'** is an approach based on mastery learning. This approach recognises that with repetition most students can learn mastery. Teach to goal generally involves the identifying overall educational objectives and then breaking down the objectives into smaller components or milestones. The learner then incrementally works towards those milestones, while progressively assessing achievement and tailoring instruction to work towards mastery of the overall objectives.<sup>117</sup>

## 8. Integrating health literacy into education

Education is a critical part of promoting and maintaining health,<sup>118</sup> and the links between education and health outcomes have long been known.<sup>11</sup> Health literacy, general literacy and education are all interrelated. A person's formal and informal education shapes their general literacy, which in turn contributes to their knowledge and skills in understanding health information and systems, and shapes their capacity for making decisions and taking action for their own health and health care.

### 8.1 Why provide education and training to address health literacy?

Providing education and training is fundamental to any change process. Education and training helps to provide people with the tools needed to shift to more effective methods of health care and also provides them with the support and impetus to start to implement new and unfamiliar processes.

The provision of informal and formal education is a key mechanism for increasing a person's knowledge and skills. Therefore integrating health literacy into education, and supporting education that builds health literacy skills should form a central part of a consistent and coordinated approach to addressing health literacy.

There are a range of ways in which educative approaches can be used to address health literacy, including by providing education and training to:

- individual consumers to improve their knowledge of specific health issues. For example, providing a sexual health course within a school in order to promote safe sex practices.
- individual consumers to develop their skills and capacity to gain knowledge of health issues when they require it. For example, providing an adult education course to teach consumers how to identify reliable health information on the internet.
- undergraduate students to increase their awareness of effective communication strategies. For example, providing training to healthcare providers on different communication techniques – such as teach-back – that can be used to check that they have tailored information for consumers appropriately.
- healthcare providers to improve their understanding of health literacy and the role it plays in healthcare outcomes. For example, providing information sessions to new staff (including clinical, administrative, management and reception staff) on the importance of health literacy within health care and the negative impact of providing over-complicated and inaccessible information and education.

## 8.2 Education and training for consumers about health and health literacy

Education and training for consumers about health and health literacy focuses on building the capacity of the individual to understand, appraise, apply and act on health information.

The skills and knowledge needed for effective decision-making about health and health care are influenced from early childhood, when children are first taught hygiene, good eating habits, sun protection and other preventive health messages. In addition, throughout school children are taught general literacy and numeracy skills, and the skills to critically analyse information and make informed decisions. However, in Australia almost 45% of people aged 15 to 65 years have not learned the basic literacy skills needed to critically review and act on complex, competing or ambiguous information.<sup>119</sup>

Education about health and health care for individual consumers can range from education about the treatment and management of specific conditions, education about the processes and procedures involved in seeking and receiving health services, to the provision of information about the general principles for healthy living.

There are two common ways that health education is often provided to individual consumers. The first method is by providing basic untailed health information for the consumer. In this case the consumer does not have to consider options or make decisions but simply follows instructions. For example, in preschool children are taught to put on sunscreen and a hat whenever they go outside. When a person is diagnosed with a condition they might be provided with an information sheet that tells them how often to take their medication. These are mostly passive interactions with information, rather than communicative and discursive interactions.

The second method involves a combination of providing information while also developing the skills of the individual to find information, critically review it and make informed decisions about their health issue or concern. For example, a healthcare organisation may hold an interactive education session for consumers with diabetes. During the session they may provide information about different treatment options, lifestyle changes, and different support groups and mechanisms that might be available to help with self care.

The former method builds on basic or functional health literacy, whereas the latter looks to build skills for communicative, critical health literacy and provides a foundation for consumer empowerment (See Box 8.1).<sup>118</sup> This is important in a complex healthcare environment that frequently requires consumers to have the capacity to critically review health and healthcare information. Consumers are often provided with varied health and healthcare information from many sources making it difficult to identify the most accurate and relevant information. Effective interactive and critical health literacy can help consumers to critically review and act on health information and therefore improve decision-making and health outcomes.<sup>118</sup>

### **Box 8.1: Functional, interactive and critical literacy**

One of the most common models of literacy identifies three different types.<sup>118</sup>

**Functional literacy:** sufficient basic skills in reading and writing to be able to function effectively in everyday situations.

**Interactive literacy:** more advanced cognitive and literacy skills which, together with social skills, can be used to actively participate in everyday activities, to extract information and derive meaning from different forms of communication, and to apply new information to changing circumstances.

**Critical literacy:** more advanced cognitive skills, which, together with social skills, can be applied to critically analyse information, and to use this information to exert greater control over life events and situations.

There is evidence that educative strategies can make an effective contribution to the health and health care of consumers. Targeted educative interventions can help people with low health literacy to increase knowledge and understanding of their condition.<sup>6</sup> Printed and electronic consumer information materials, and educational programs can have a beneficial effect on consumers' knowledge and understanding of their condition.<sup>80</sup> Health education and stress management programs can also improve health outcomes for people with coronary heart disease.<sup>120-121</sup> Training consumers in critical appraisal and evidence-based medicine has also been found to increase knowledge and confidence in healthcare decision-making.<sup>122</sup>

In addition to programs that focus on improving literacy in schools, school-based health promotion programs can improve children's social and emotional wellbeing.<sup>66</sup> For example there is promising evidence that education based in the classroom may help to reduce alcohol consumption in young people.<sup>123</sup>

Finally, there is also evidence that mass media campaigns can have an impact on both knowledge and behaviour, although the effect of such campaigns is generally limited.<sup>124-125</sup>

### **Box 8.2: Education about local health services**

Goulburn Valley Health instituted a pilot program that aimed to provide interactive education and information to migrants and refugees about the local health care services and systems. The Hospital Orientation and Health Information Tours for Migrants and Refugees program involved the provision of tours for English language students from the Migrant Education Centre at Goulburn Ovens Institute of TAFE.

The tour groups were provided with information about different departments within the local hospital as well as information about how to navigate the hospital, interpreter services, guides and other services that were available. The touring groups were also provided with information about different safety and quality issues such as medication safety.<sup>8</sup>

### 8.3 Education and training for healthcare providers about health literacy

There are many people involved in the provision of healthcare services, and the production and use of health information, and therefore many points at which failures of communication can occur. It is important that healthcare providers are aware of:

- the issue of health literacy
- how inadequate health literacy can influence health outcomes
- their role in contributing to an environment that makes it easier or more difficult for consumers to navigate, understand and use health services
- strategies they can use to ensure they provide information, advice and services that are easy to understand, use and act on.

#### **Box 8.3: Who should be trained in health literacy?**

It is not just the clinical workforce of doctors, nurses and allied health professionals who need to know about health literacy.

Members of the non-clinical workforce such as receptionists, porters, ward clerks, kitchen staff and cleaners often interact with consumers and have a very important role in creating an environment where it is easier for consumers to navigate, understand and use health information and services.

The health literacy environment is also influenced by executives, health service managers and other health professionals who have a responsibility for education, policy, quality improvement and information technology.

People in all of these roles would benefit from some training in health literacy.

There is a growing awareness within the health system that poor health literacy affects outcomes, and there has been a rapid increase in journal articles, conferences, resources, training manuals and government policies on health literacy over the last few decades.<sup>34</sup> However, a survey of perceptions of health literacy among healthcare providers found that they tended to overestimate their knowledge of health literacy.<sup>126</sup> The healthcare providers had a general awareness of the issue but the researchers concluded that there was an opportunity to improve the depth of knowledge about health literacy,<sup>126</sup> potentially through education and training.

Training for healthcare providers in health literacy has been associated with improved counselling and communication skills,<sup>97</sup> and increased use of evidence-based strategies by healthcare providers to address health literacy.<sup>127</sup> Interventions that involve health literacy training for healthcare providers were associated with increased cancer screening rates and increased ratings of satisfaction from consumers.<sup>40</sup>

The type, intensity and content of education and training for healthcare providers will depend on the role of the person within the organisation and their level of contact with consumers. For example, simple health literacy awareness training within orientation sessions may be sufficient for administrators; basic communication and health literacy awareness training might be useful for reception staff; and more intensive training about communication and consultation styles might be appropriate for doctors.

## 8.4 Education and training for improved communication

Effective communication between consumers and healthcare providers has been linked to increased consumer satisfaction, recall of information and compliance with treatment regimens.<sup>97</sup> It has also been suggested that improving the communication skills of healthcare providers results in better health and outcomes for consumers.<sup>97</sup>

To build interpersonal relationships and provide effective communication, both consumers and healthcare providers need to know what messages should be communicated and have the skills to communicate effectively.<sup>97</sup> Many education strategies aimed at improving communication require healthcare professionals to adopt, adapt or change their current practice to more effective patient-centred communication styles. Others require the use of communication tools such as decision aids and shared decision-making processes with consumers.

General communication skills training and communication interventions for healthcare providers can improve their communication skills,<sup>128-129</sup> increase consumer knowledge when focussed on specific topics such as medications,<sup>130</sup> and increase consumers' satisfaction with the quality of their health care.<sup>131</sup> However, it is also known that healthcare professionals often underuse best practice communication strategies, and that these types of interventions can be hard to sustain and may not be effective when used alone.<sup>40,132</sup>

Some education and training interventions have focussed on consumers, and tried to improve their communication with healthcare professionals, particularly doctors.<sup>133</sup> These interventions have most frequently consisted of the use of written booklets or checklists, as well as videos, coaching and workshops. These types of interventions have been associated with improvements in the perceptions of the consumers regarding control over their health, preferences for an active role in health care, recall of information, adherence to recommendations, attendance, and clinical outcomes.<sup>133</sup> It has been suggested that focussing on education of consumers and changing consumer behaviour may be more effective in driving more sustained change in interpersonal relationships.<sup>132</sup>

### **Box 8.4: Cross-cultural communication training for reception staff**

The Centre for Culture Ethnicity and Health provides a training course about cross-cultural communication for reception and service staff. The course provides skill development for frontline staff in effective interpersonal communication techniques and strategies, with a particular emphasis on communicating effectively with people who do not speak English or who have a low level of English proficiency.

Web site: [www.ceh.org.au/training/topics](http://www.ceh.org.au/training/topics)

## 9. Who has a role in addressing health literacy in Australia?

To address health literacy in a coordinated way requires health literacy needs to be embedded into systems and integrated into education. Health information needs to be clear, focused and useable and there needs to be effective communication between individuals. There are many actions that can be taken by a wide range of individuals, groups and organisations to achieve these aims (see Table 3).

**Table 3: Individuals and organisations that have a role in addressing health literacy**

<b>Role</b>	<b>Examples of organisations and individuals</b>
<b>Consumers</b>	Advocates, carers, consumers, families, friends, patients and support people Consumer and community organisations, groups and networks
<b>Healthcare providers</b>	Aboriginal and Torres Strait Islander health workers, allied health professionals, ambulance officers and paramedics, medical practitioners, nurses, and pharmacists
<b>Organisations that provide or support healthcare services at a local level</b>	Allied health services and practices, day surgeries, community healthcare services, community pharmacies, general practices, Local Hospital Networks, Medicare Locals, primary healthcare services, public and private hospitals, specialist's rooms
<b>Government organisations, regulators and bodies that advise on or set health and education policy</b>	Commonwealth, State and Territory and local governments  Health sector-specific organisations: Australian Health Practitioner Regulation Agency, Health Workforce Australia, Independent Hospital Pricing Authority, National Health Performance Authority, National Lead Clinicians Group, Australian Medicare Local Alliance, National Prescribing Service, Healthdirect Australia, National Health and Medical Research Council, Australian Medical Council, Australian Nursing and Midwifery Accreditation Council, allied health accreditation councils  Education sector-specific organisations: Australian Curriculum, Assessment and Reporting Authority
<b>Education and training organisations</b>	Colleges, private training organisations, training and further education organisations, universities and other research groups, registered training providers, public and private schools
<b>Support services and other organisations</b>	Non-government organisations, migrant support services, family and women's resource centres, welfare services, Centrelink, corrective services, accreditation agencies, health insurers, media outlets

This section includes examples of the types of actions that organisations and individuals in these categories can take to address health literacy. The examples provided are indicative of the types of actions that could be taken and are not intended to be exhaustive.

## 9.1 Consumers

There are many different types of consumers, and many different types of roles that consumers can play in addressing health literacy. Consumers can take action to address health literacy at an individual level to improve their own health and health care; they can also take action to address health literacy at a community level as a means of improving the safety and quality of care of the broader community.

Consumers can:

- discuss any difficulties they might have in understanding health and information with healthcare providers
- discuss difficulties in communicating with healthcare providers, ask family to help, or request support services such as qualified interpreters, or consumer advocates<sup>134</sup>
- ask for further information about any aspect of their care<sup>134</sup>
- be open and honest with staff and provide details of medical history and medication that they might be taking<sup>134</sup>
- improve their individual knowledge and skills by participating in education
- raise awareness in their community about the importance of health literacy
- be involved in the development and review of consumer information and resources
- be involved in the planning, design, and delivery of policies, strategies and projects to reduce barriers to health literacy.

### **Box 9.1: Consumers taking action**

Shelly has recently been diagnosed with type II diabetes by her GP. At the first appointment after the test results have been received the GP talks to Shelly about type II diabetes, providing her with information about the disease, risk factors, treatment options and potential lifestyle modification. The GP also provides her with some pamphlets about the disease. Shelly has difficulty understanding the information that is provided to her. She feels overwhelmed and confused about the treatment options that the GP has outlined for her, but does not feel able to tell the GP that she does not understand.

Following this appointment, Shelly recognises that she does not understand what the GP has told her, what type II diabetes is, or what she should be doing to manage it. She decides to make a follow up appointment with the GP and prepares questions to ask to improve her understanding. At the next appointment, Shelly asks the questions she has prepared so that she can understand what type II diabetes is and how it will affect her. The focus on the specific questions helps her to understand the information provided, and Shelly and her GP agree to have another appointment in a fortnight to discuss treatment options and lifestyle modifications.

## 9.2 Healthcare providers

Healthcare providers are a main source of information for consumers about their health and health care. Healthcare providers can have a significant influence on the health literacy demand that is placed on consumers through their methods of communicating and presenting information to consumers. Healthcare providers can:

- recognise the needs and preferences of individual consumers and tailor communication style to the consumer's situation<sup>14</sup>
- assume that most consumers will have difficulty understanding health information
- use a range of interpersonal communication strategies to confirm information has been delivered and received effectively
- encourage consumers to speak up if they have difficulty understanding the information provided
- use known effective ways of communicating risk information about treatment options to consumers
- participate in improvement projects aimed at reducing barriers to health literacy within the healthcare organisation's physical environment
- participate in health literacy education and training, if available.

### Box 9.2: Healthcare providers taking action

Dr Flinders, a GP, has recently attended an education program provided by the local Medicare Local about health literacy and effective communication. The course has motivated the doctor to implement different methods of communicating with consumers in his practice in an effort to improve their understanding and to empower them to become more involved in decision-making about their care.

The doctor started by implementing the following two changes to communication with consumers during a consultation:

**Slow Down:**<sup>135</sup> speaking slowly to improve consumer understanding of the information being provided.

**The 'Ask-Me-3 program:**<sup>136</sup> the doctor aims to improve communication by encouraging the consumer to ask the following three questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

## 9.3 Organisations that provide healthcare services at a local level

Health care organisations and support services can take action to address health literacy by developing strategies to simplify the health literacy environment for consumers. Healthcare organisations can:

- develop and implement health literacy policies and processes that aim to reduce the health literacy demands of information materials, the physical environment and local care pathways
- provide and support access to health literacy and interpersonal communication training for healthcare providers, including training methods in communicating risk
- provide education programs for consumers aimed at developing health knowledge and skills.

**Box 9.3: Healthcare organisations taking action**

ISIS Primary Care is a large primary healthcare organisation with multiple health service sites in Victoria. ISIS Primary Care established the Health Literacy Project to develop and implement a health literacy strategy across the organisation.

The key strategies identified in the project are to:

- develop a health literacy policy for the organisation
- map the health literacy environment of the organisation
- establish a health literacy working group
- develop, conduct and evaluate health literacy training for all staff and management team
- develop a health literacy resource kit for staff
- develop a sustainability strategy to enable ongoing staff training in health literacy

The project commenced in 2010 and to date 80% of staff have been attended health literacy training, and organisational health literacy policy has been adopted and consumer materials have been improved.<sup>8</sup>

## 9.4 Government organisations, regulators and bodies that advise on or set health and education policy

Governments can:

- raise awareness about the issue of health literacy
- embed health literacy principles into health and education policy
- work collaboratively across all levels of government to promote coordinated action
- implement, evaluate and share information about health literacy programs
- develop partnerships to facilitate the exchange of information about health literacy research and programs between research and practice communities.

Health sector-specific organisations can:

- support the design and delivery of policies, pathways and processes that reduce the complexity involved in navigating the health system including across sectors and settings
- explore opportunities for including implementation of strategies to address health literacy as a core requirement of healthcare service design and delivery.

Education sector-specific organisations can:

- explore opportunities to incorporate the development of health literacy skills into the school curriculum
- maintain a focus on the development of foundation literacy and numeracy skills
- provide professional development about health literacy to educators
- develop partnerships with the health sector and community to work collaboratively on health literacy initiatives.

#### **Box 9.4: Governments taking action**

The Australian Curriculum, Assessment and Reporting Authority is the independent authority responsible for the development of a national curriculum, a national assessment program and a national data collection and reporting program for all Australian kindergarten to Year 12 students.<sup>137</sup>

There are many examples within the Australian Curriculum where health literacy and education intersect. Some of these are in the *Australian Curriculum Health and Physical Education: Foundation to Year 10 Draft* that describes overarching aims related to developing knowledge, understanding, and skills of students.<sup>138</sup> The following aims are linked to health literacy:<sup>138</sup>

- students access, synthesise and evaluate information to take positive action to protect, enhance and advocate for their own and others' health, wellbeing, safety and physical activity across the lifespan
- students develop and use personal, interpersonal, behavioural, social and cognitive skills and strategies to promote a sense of personal identity, wellbeing and to build and maintain positive relationships
- students engage in and enjoy regular movement-based learning experiences, and understand and appreciate their significance to personal, social, cultural, environmental and health practices and outcomes
- students analyse how varied and changing personal and contextual factors shape understanding of, and opportunities for, health and physical activity locally, regionally and globally.

To achieve these aims, the *Australian Curriculum Health and Physical Education: Foundation to Year 10* has two interrelated content streams: 'personal, social and community health' and 'movement and physical activity'. Within the content, there are clear links to the development of health literacy in students, for example, the personal, social and community health stream aims to enable and empower students to 'access and understand health information, and to make health-enhancing decisions'.<sup>138</sup>

## **9.5 Education and training organisations**

Education and training organisations have a role in both developing health literacy skills in individual consumers and in developing health literacy knowledge and capacity in healthcare providers. Education and training organisations can:

- develop health literacy skills of consumers through fundamental literacy and numeracy skills in schools and adult education courses
- develop education programs for consumers that specifically address how to navigate the complexity of the health care system and develop self-management skills
- provide education to healthcare providers at undergraduate and postgraduate level about health literacy and related issues (such as communication skills)
- require the inclusion of health literacy and related issues in education and training programs.

#### **Box.9.5: Education providers taking action**

The Skilled for Health program<sup>139</sup> was jointly launched in 2003 by the Department for Health and the Department for Education and Skills in the United Kingdom.<sup>94</sup> It was a national program incorporated into existing adult learning programs that built life skills using health improvement topics. It aimed to address both the skills and health inequalities prevalent within traditionally disadvantaged communities. Individuals in these communities with low levels of literacy, language and numeracy skills may experience greater social inequality, and are likely to have the most difficult challenges in managing their own health and accessing health services for themselves and their families.

The approach taken in the Skilled for Health materials was to identify general health topics that were relevant to a wide range of learners and to use these as a lever for development of literacy, language and numeracy skills. The materials covered issues relating to health and healthy living rather than specific health conditions.

## **9.6 Support services and other organisations**

There are a range of other organisations that can contribute to addressing health literacy by incorporating health literacy approaches into their existing work. Some examples include:

- non-government organisations providing training programs for healthcare providers and to consumers
- support services reducing the complexity of the information they provide to consumers
- peer support groups providing information and advice to consumers
- the media supporting the dissemination of good quality, easy to understand health information and raising awareness of health information and services in the community
- universities and other research organisations conducting and disseminating research into health literacy.

**Box 9.6: Taking action in the media**

The Centre for Culture, Ethnicity and Health (CEH) are an organisation that provides specialist information, training and support on cultural diversity and wellbeing.

In 2008, CEH was funded to develop a campaign for key health messages in community radio in relation to maternal and child health, reading, nutrition and diet. CEH first conducted a series of focus groups with families from the target communities. Following the focus groups, radio scripts were developed and then tested with the target audience to find out whether the key messages were received as intended.

Feedback following the testing indicated that there were points of confusion in the radio script. Using this information, CEH was able to re-script the advertisements to ensure the key messages were understood by the target audience.

Web: [www.ceh.org.au](http://www.ceh.org.au)

## 10. Health literacy in Australia

Ensuring that the Australia has a safe and high-quality health system and the best possible health outcomes requires action on many fronts. One of these fronts involves consumers making effective decisions and taking appropriate action to improve their health and health care. Addressing health literacy can empower consumers by giving them the knowledge and skills they need to make effective decisions about health and care, and can ensure that the environment is structured in a way that makes it easier for consumers to take appropriate actions.

To address health literacy in a coordinated way it needs to be embedded into systems and integrated into education processes. Health information needs to be clear, focused and useable; and there needs to be effective interpersonal communication between consumers and healthcare providers.

The Commission recommends that Australia take a coordinated and consistent approach to health literacy. National action to address health literacy should include:

- raising the profile of health literacy and role of consumers in ensuring safe and high-quality care
- reaching agreement on where and how action can be taken to address health literacy
- integrating actions that can be taken to improve health literacy into national, state, territory, professional and other policies, programs, planning and education
- examining how to best measure individual health literacy and the health literacy environment for local improvement
- supporting healthcare organisations and healthcare providers to make it easier for consumers to understand and use health information and services, and to become empowered regarding their own health and their own care
- examining how cross-government approaches to address health literacy can be established
- examining how the efforts of consumer groups, networks and other non-government organisations can be integrated and supported to participate in efforts to address health literacy
- promoting research that addresses health literacy and use the results of such research to improve performance.

These actions are long-term strategies that will require discussion, debate and planning with individuals and organisations across health, education, welfare and other sectors in society. Health literacy is not an end in itself, and the ultimate aim of these efforts is to build the capacity of consumers to make effective decisions and take appropriate action for health and health care, and to build the capacity of the health system to support and allow this to occur.

Having consumers who are true partners in the processes of health and health care is a necessary requirement for a sustainable and effective healthcare system that

provides safe and high-quality care. There is currently an opportunity to work towards this goal by focussing on health literacy, and agreeing on a national approach to health literacy in Australia. This consultation paper is a first step along this path.

## 11. Next steps

The Commission developed this consultation paper to raise awareness about the importance of health literacy, and stimulate discussion about actions that can be taken to increase individual health literacy and improve the health literacy environment. The paper can be used by policy makers, healthcare providers, managers and consumers to increase their knowledge about health literacy, and inform decision-making about what they, and their organisations, could do to address health literacy.

To this end, the Commission is holding an open consultation on this paper, and is seeking the views of interested individuals and organisations regarding:

- the consultation paper itself, including the content, relevance and accuracy of the issues and examples raised in the paper; any gaps in the information or examples provided; and any areas that could be strengthened
- future directions, including suggestions and options to increase individual health literacy and improve the health literacy environment.

After the consultation process, this paper will be reviewed and modified. It is intended that a final discussion paper will be submitted to Health Ministers in 2014.

Information from this consultation will inform the Commission's ongoing work about health literacy. The Commission is intending to focus on the health literacy environment, and ways in which health services can make it easier for consumers to navigate, understand and use health information and services. This work will link with the Commission's ongoing role in the development and implementation of the NSQHS Standards.

The Commission is seeking responses to this consultation paper. Questions of particular interest include:

### **The consultation paper**

- Did you find the consultation paper useful? Why or why not?
- Were the concepts regarding health literacy clear and understandable?
- Is there any terminology that needs further exploration or explanation?
- Are there any concepts that need further exploration or explanation?
- Would any of the approaches or strategies outlined in the consultation paper be particularly suitable or unsuitable for you or your organisation?
- Are there additional significant Australian or international initiatives or strategies that need to be highlighted?
- Are there barriers to addressing health literacy in the Australian context that need to be explored further?

### **Future directions**

- How could you or your organisation work better to address health literacy? Who needs to be involved in this work?

- What type of tools or support would you need to help you address health literacy in your organisation?
- Are there activities, frameworks, strategies or protocols that could be provided that would help your organisation to address health literacy?
- Is there infrastructure or support that could be provided that would help your organisation to address health literacy?
- Do you have any suggestions for how a national approach to health literacy could be developed?
- What do you think should be included in a national approach to health literacy?
- What could the Commission do, at a national level, to help support organisations to address health literacy?

Submissions do not have to address these questions and may respond to other issues raised in the discussion paper.

All submissions are welcome and will be accepted until 30 August 2013. Submissions should be marked 'Health Literacy Discussion Paper' and forwarded to:

Australian Commission on Safety and Quality in Health Care

GPO Box 5480

Sydney NSW 2001

or emailed to:

[healthliteracy@safetyandquality.gov.au](mailto:healthliteracy@safetyandquality.gov.au)

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