

Health literacy, does it make a difference?

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KEY WORDS

Health literacy; patient education; social determinants; patient communication; patient education

ABSTRACT

Objective

To provide contextual information about health literacy and its importance to health care, nursing, and health consumers.

Primary argument

Health literacy is of concern to all health workers, including nurses, working in all areas of the Australian health care system. Low levels of health literacy is a significant problem in Australia. Population measurements of functional health literacy levels (ABS 2008) indicate that 59 per cent of the Australian population aged 15 to 74 years did not achieve an adequate health literacy skill level to meet the complex demands of everyday life and work in a knowledge-based economy. Nurses play a vital role in the care and education of health consumers. As such an understanding of health literacy and how it impacts on health care and health outcomes is central to providing patient-centred care, and improving health outcomes.

Conclusion

An understanding by nurses of health literacy is central to enhancing the involvement of health consumers in their care, and improving health outcomes and the provision of safe health care.

INTRODUCTION

The need for health consumers to be 'health literate' in today's society is greater than ever before. Health consumers are required to participate in more complicated preventative health care and self-care regimes, understand more complex health information, and navigate more complex health systems.

Low levels of health literacy are a significant problem in Australia. Population measurements of functional health literacy levels (ABS 2008) indicate that 59 per cent of the Australian population aged 15 to 74 years did not achieve an adequate health literacy skill level to meet the complex demands of everyday life and work in a knowledge-based economy. Although low levels of health literacy is disproportionate in certain demographic groups, such as the elderly, people from non-English speaking backgrounds (in an English speaking society), and people with low general literacy; low levels of health literacy affects all segments of the population (Agency for Healthcare Research and Quality 2010). Health literacy levels can be context specific and can change depending on the problem being addressed, when the interaction takes place, and clarity of communications. Unfamiliar words, concepts, instructions, being ill itself, as well as the stress, fatigue, and fear produced by illness can also be challenges, as physical and psychological stressors impact on a person's ability to pay attention, comprehend, and remember information (Dickens et al 2013; Martin et al 2011; Baker et al 1996; Parikh et al 1996).

This article will provide an introduction to health literacy by covering an overview of key literature about (1) understanding health literacy as a concept and (2) the importance of health literacy to health care.

DISCUSSION

Understanding health literacy

The concept of health literacy was introduced in 1974 by Simonds (1974), though few references to health literacy were again found in the literature until 1992. The term originated from the field of public health where it developed in the context of health education, health promotion, and primary prevention. As such health literacy is a relatively new concept for nurses, with only a few references to health literacy appearing in the nursing literature (Cafiero 2013; Coleman et al 2013; Dickens et al 2013; Speros 2005;).

Health literacy is one of a range of different 'literacies' referred to in the literature. Norman and Skinner (2006) have identified six types of literacies:

- Traditional (general) literacy
- Media literacy
- Information literacy
- Computer literacy
- Scientific literacy
- Health literacy

Health literacy is the junction between general literacy, health, and health care but also can incorporate aspects of the other types of literacies to varying degrees (Kickbusch 2001). The concept of health literacy originated due to the recognition that people need more than general literacy skills to be able to manage the complexities of health and health system issues (Kickbusch 2001). There is a considerable overlap between general literacy and health literacy, but there are strong health-specific demands involved in health literacy which are different to those in general literacy (Rudd 2007).

There are various definitions of health literacy which have evolved from an earlier focus on the literacy skills needed to obtain and understand health information, to a broader focus on people's ability to use the

information and empowerment (Sørensen et al 2012; Nutbeam 2008). Health literacy is both a means, and an outcome, of actions aimed at promoting the empowerment and participation of people in their health care and of people in their communities (WHO 2013).

The definition by Sørensen et al (2012 pp 3) takes a broad approach to defining health literacy:

Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course.

Health literacy represents a constellation of skills including the ability to interpret information and read and write prose (print literacy), use quantitative information (numeracy), speak and listen effectively (oral literacy), self-efficacy and navigation (Agency for Healthcare Research and Quality 2011; Institute of Medicine of the National Academies 2004).

Several underpinning health literacy concepts have been identified by Nutbeam (2008; 2000). Nutbeam (2000) describes health literacy as having three skill levels which progressively increase individuals' decision making and empowerment and can be increased through formal and informal education methods and experiences:

- 'Functional health literacy' refers to basic skills in reading and writing and capacity to apply these skills in everyday concepts;
- 'Interactive health literacy' refers to more advanced cognitive and literacy skills, greater ability to obtain relevant information, derive meaning and apply new information to changing circumstances; and
- 'Critical health literacy' refers to the most advanced cognitive and literacy skills, critical analysis of information, and ability to use information to respond, adapt and control life events.

Over the last decade there has been an increased focus on the demands and burdens placed on people who seek care in complex health systems (Brach et al 2012; Rudd 2003). There is growing appreciation that health literacy is the product of the interaction between individuals' capacities and the health literacy-related demands and complexities of the health care system. More recently the term health literate organisation and health literacy environment have been defined by Brach et al (2012) and Rudd and Anderson (2006). The health literacy environment reflects the demands and complexity of the health system and society at large e.g. the infrastructure, policies, processes, materials and relationships that exist within society and the health system that make it easier, or more difficult, for health consumers to navigate, understand and use information and services to make effective decisions and take appropriate action about their health and health care (Brach et al 2012).

Importance of health literacy to health care

Strong international evidence shows the negative relationship between health literacy and a health consumer's ability to function within health care settings, as well as the ability to understand prescriptions and diagnoses, chronic disease management and provide informed consent (Fink et al 2010; Adams et al 2009; Coulter et al 2008; Baker et al 2004; Institute of Medicine of the National Academies 2004; Sentell and Ratcliff-Baird 2003; Baker et al 1996).

People with low levels of health literacy are associated with:

- Poorer overall health status (WHO 2013; Berkman et al 2011; Agency for Healthcare Research and Quality 2010; Adams et al 2009; Institute of Medicine of the National Academies 2004).

- Higher rates of hospitalisation and death, and longer stays in hospital (Berkman et al 2011; Baker et al 1996).
- Higher rates of hospital readmission within 30 days of discharge (Mitchell et al 2012).
- Decreased capacity to manage chronic disease (Gazmararian 2003).
- Less ability to recall information after a clinic visit (Kessels 2003).
- Are more likely to make errors with medication (Lenahan et al 2013; Berkman et al 2011).
- Are more ill when they seek medical care (Berkman et al 2011; Agency for Healthcare Research and Quality 2010; Institute of Medicine of the National Academies 2004).
- Have less knowledge of their illness management (Schillinger et al 2002; Williams et al 1998)
- Use preventive services less frequently, and have increased patient costs (Howard et al 2005; Baker et al 2004; Institute of Medicine of the National Academies 2004).
- Are more likely to not keep appointments (Baker et al 1996).

Research suggests that health literacy is a stronger predictor of health status than socio-economic status, age, or ethnic background (Sudore et al 2006; Parker et al 2003; Schillinger et al 2002; Williams et al 1998). For example, in the study by Sudore et al (2006) it was determined that limited health literacy was associated with a nearly two fold risk of death, even when adjustments were made for demographics, socio-economic status, co-morbidities and self rated health. The absolute increased risk of death was 9% over five years. This has also been determined by Bush et al (2010) who found that when contextual factors such as age, sex, education, income, ethnicity and health status are taken into account, the associations between the level of health literacy and health outcomes remain. In addition the WHO (2013) reports limited health literacy follows a social gradient and can further reinforce existing inequalities.

Health literacy is recognised as an important component of delivering patient-centred care and culturally and linguistically appropriate services. The relationship between Indigenous factors and health literacy has been examined and suggests that cultural and linguistic distance between staff and patients impedes communication (Vass et al 2011). More specifically health information such as doctor's instructions, medications, and brochures that are based on Western biomedical concepts may be barriers to achieving effective levels of health literacy. This is more prevalent where English is a second language, and where traditional Indigenous beliefs about illness prevail. There is evidence that health professionals need to address the dual challenges of health literacy and cultural competence as there is a common skill set to delivering patient-centred care that focuses on reducing health inequities (Lee 2012).

In Australia, health literacy has been identified as a priority for safe and high quality health care through a number of national policies, including:

- The Australian Safety and Quality Framework for Health Care, where health literacy is identified as a key action area (ACSQHC 2010).
- 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 (ACSQHC 2012a).
- The National Safety and Quality Health Services Standards, which implicitly refers to health literacy and the provision of easy-to-understand information in nine of the ten standards (ACSQHC 2012b).

These national policies provide the safety and quality framework for health reform and health care in Australia

and are integral to setting the standards for the way all health workers, including nurses, work within different health care settings.

Low health literacy skills are not only problematic for consumers and the public. Health care professionals can also have low health literacy skills, such as a reduced ability to explain health issues clearly to consumers and the public. The mismatch between a consumer's ability to understand, and a health professional's communication skills can lead to adverse health outcomes (Agency for Healthcare Research and Quality 2010). Research has identified that nurses overestimate their patients' health literacy 6:1, and that overestimation of a patient's health literacy by nurses may contribute to the widespread problem of poor health outcomes and hospital readmission rates and increased costs to the health system (Dickens et al 2013). It has been identified, that even in non-stressful clinical encounters many patients are still reluctant to admit to any lack of understanding, and feel compelled to follow the recommendations as they understand them, rather than ask for clarity (Dickens et al 2013; Martin et al 2011; Baker et al 1996; Parikh et al 1996).

A systematic review examined the increased costs associated with lower health literacy levels and at a system level the additional costs were found to correspond to approximately 3-5% of total health care spending (Eichler et al 2009). At an individual level, health consumers with lower health literacy levels incurred increased costs of between \$143 and \$7,798 per person, per annum compared to a reference group of health consumers with adequate health literacy levels (Eichler et al 2009).

There has been limited research about the impact of the health literacy environment on health outcomes. However, it is well recognised that the complexity of the health system is challenging for consumers and healthcare providers (Plsek and Greenhalgh 2001) and this complexity is a contributor to poor quality and unsafe care (Institute of Medicine of the National Academies 2001; Kohn et al 2000).

A study by Macabasco-O'Connell and Fry-Bowers (2011) revealed that nursing professional's knowledge of health literacy and their understanding of the role health literacy plays on patient health outcomes is limited. It was identified that 59% of nurses had never had any formal education or training about health literacy, whilst 72% were not aware if their health organisation had a health literacy program in place, and 53% reported that health literacy was a low priority compared with other problems. DeBello (2012) concluded in a study of nursing textbooks and literature commonly used in the USA that nursing education programs (undergraduate and post graduate) are not adequately addressing information about health literacy and health literacy strategies more than 15 years after the Joint Commission initially addressed the issue. Cafiero (2013) identified that 75% of Nurse Practitioners who participated in the study had never, or only sometimes, had health literacy emphasised in the Nurse Practitioner academic curriculum, despite patient education, and information provision with consumers with complex needs and low levels of health literacy, being a significant focus of their role. These studies highlight the low level of nursing knowledge about health literacy in the USA and the failure of nursing literature and education programs to address health literacy. No comparable studies could be found which identified curriculum status, knowledge levels, and perceptions of health literacy, among Australian nurses.

It is imperative that nurses are aware of the concept of health literacy, how low health literacy can be a significant barrier to health consumers accessing and receiving safe and effective health care, and that low health literacy can contribute to poorer health outcomes.

CONCLUSION

The significant impact of limited health literacy on health outcomes makes health literacy a crucial area for nurses to fully understand. An understanding by nurses of health literacy is central to enhancing the

involvement of health consumers in their care, improving health outcomes and the provision of safe health care. If the importance of health literacy is not understood and addressed by all health workers, including nurses, health inequities will widen, poor quality care will be provided, health outcomes will be impacted upon, and the costs of health care provision will continue to increase.

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