



Australian
College of
Nursing

Voice of influence

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Dear Professor Picone

ACN response to the *Consumers, the health system and health literacy* consultation paper

In response to an invitation received from the Australian Commission on Safety and Quality in Health Care (ACSQHC), Australian College of Nursing (ACN) is pleased to provide the attached feedback in relation to the *Consumers, the health system and health literacy* consultation paper.

ACN welcomes the publication of the consultation paper, which provides a timely and informative overview of health literacy in the Australian context. ACN believes that a national approach to health literacy would be a valuable strategy to increase consumer health literacy and improve health outcomes. ACN would like to take this opportunity to provide ACSQHC with a nursing perspective on health literacy and outline priority future directions for addressing poor health literacy in the community.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

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Chief Executive Officer

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

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General comments

Australian College of Nursing (ACN) strongly supports the Australian Commission on Safety and Quality in Health Care's consultation paper on health literacy. The consultation paper provides a timely and thorough overview of the concept of health literacy and highlights important Australian and international initiatives which should be more widely known. ACN agrees with the paper's premise that the responsibility for addressing health literacy is shared, and that policy makers, service providers and health care organisations should be proactive in addressing the health care needs of consumers. We also consider that professional bodies have a role to play in promoting health literacy. To this end, we provide in what follows a nursing perspective on health literacy and some considerations for the development of national health literacy strategies.

Health literacy and the role of the nursing profession

Supporting consumer health literacy is a central part of contemporary nursing practice. Nurses have a presence across the health system, from hospitals to non-acute settings such as aged care, mental health services and other community and primary health care settings. They work in metropolitan, regional and remote Australia. Addressing health literacy is a common element of these different roles. It is often nurses who provide education to and advocate for patients, and who deliver and clarify health information provided by other health care professionals. As part of their daily work, nurses assist patients who experience difficulties interpreting health information such as consent forms, understanding medical procedures and making health-related decisions. Nurses are also agents of connectivity who co-ordinate care and help consumers to navigate the health care system. In this way, nurses often act as safety nets for people with poor health literacy who have little knowledge of the services available to them and who may fail to be proactive in relation to their health.

Nurses understand that health literacy is more than spoken and written communication; it involves enabling consumers to take a driving role in managing their own health and becoming their own advocates. The nurse workforce thus represents an important foundation for improving health literacy, and it is clear that it will be critical to engage with nurses in the development and implementation of the health literacy initiatives. Increasing the accessibility and affordability of community-based nursing services will also be an important strategy for addressing the needs of people with low health literacy.

Special needs populations

A particular area of concern is improving the health literacy of vulnerable consumers or consumers with special needs.

Chronic conditions

Chronic conditions are briefly mentioned in the consultation paper, however there needs to be a greater emphasis on the links between health literacy and outcomes for people with chronic conditions. It is particularly important that people with chronic conditions are well informed about their health issues, are empowered where possible to self-manage their own care and are supported in navigating the health system and advocating for themselves. People with chronic conditions interact with the health care system more regularly than people in good health, and these frequent interactions represent a significant opportunity to engage in longer-term health literacy building.

Nurses and other health care professionals need strategies to continually encourage the development of people with chronic conditions' health literacy.

Aged care

The aged care sector must feature prominently in national health literacy strategies. Residential and community aged care providers and healthcare workers often play an important role in supporting the health literacy of their clients as well as their families and carers, and should be a focus of national health literacy strategies. This is particularly important given that over-65s are driving increased demand on health care services.

Mental health

Nurses work at the frontline of mental health care in both community and residential settings. National health literacy strategies should consider how best to address the specific health literacy issues that may arise in this field and work with the nursing profession to identify positive approaches. ACN also notes that it is now clear that people with mental health conditions often experience poor physical health outcomes, so it is imperative that health literacy education for these populations should focus on both mental and physical health (iphYs 2013).

Linguistically diverse populations

Using English as a second language may have an impact on the health literacy of individuals from linguistically diverse backgrounds when navigating the Australian health care system or communicating with health care professionals. In some situations, these challenges may be compounded during interactions with health care professionals who also speak English as a second language. It must be recognised that both health care consumers and workers reflect the full diversity of the Australian community, and that communication about health will not always take place between two people who share their first language. Raising awareness and providing inclusive training about second language communication and its potential impacts on consumer health literacy would be a valuable safety and quality initiative.

e-Health and telecommunications

While e-Health initiatives represent significant opportunities for improving consumer health literacy, it is important to recognise that many Australians are not able to access or navigate electronic information. From an equity perspective, it is important that online initiatives are developed alongside other initiatives that cater for the needs of those members of the community who are not confident accessing online material.

While in support of e-Health, ACN has concerns that literacy in telehealth environments is not currently well understood. For example, what is understood about the specific issues that arise during video or telephone consultations and the impact these issues may have on a person's health care and/or a person's access to health care? The communication of health information is more than an exchange of words; it also involves facial expressions, tone of voice, visual supports and touch. It is clear that as eHealth and telehealth become more prominent in our health care system, we will need to know more about how these mediums impact on the ability of consumers to communicate and comprehend health information and for health professionals to effectively provide health care advice.

Communicating the cost of care and consumer liability

The consultation draft notes that one of the attributes of a health literate organisation is that it "communicates clearly what health plans cover and what individuals will have to pay for services" (ACSQHC 2013). ACN strongly agrees with this statement and believes that health care organisations have an obligation to be clear about the out-of-pocket costs of the services they provide and should

actively support individuals to comprehend these costs. The cost of care can be difficult to explain to some consumers, particularly when they are focused on health concerns. National health literacy strategies could help address this important issue.

Interprofessional education and interprofessional practice

Health care consumers rarely have a single point of contact within the health care system, and health care is often delivered by teams. As a result, an interprofessional and team-based approach to health literacy is needed. Health care professionals have a shared responsibility to create supportive health literacy environments. It is also important that health care workers recognise that there are varying levels of health literacy within professional teams. For example, different team members may have different areas of expertise or familiarity with technical vocabulary. Health literacy is at times an issue for health care professionals themselves.

Interprofessional education (IPE) is an enabler of health literacy. IPE on health literacy topics may also help to start conversations about health literacy in the workplace, giving the issue a high level of visibility. IPE is also likely to improve awareness of the variable levels of health literacy that exist within the health care team itself.

Clarity about the roles and responsibilities of health care professionals

It is important that patients understand the roles and responsibilities of those involved in their care. While health care professionals themselves may be familiar with the distinctions between roles for example, general practitioners and specialists, enrolled nurses and registered nurses, nurse practitioners and practice nurses, it is not always clear to consumers who they should approach for particular services or health needs. Initiatives that clarify roles and responsibilities to support consumer health literacy should be explored as existing programs may have the potential to be up-scaled for national implementation.

Time pressure and fee-for-service models

An important factor in consumer health literacy is the availability of time. Health care professionals need sufficient time to explain concepts and terminology, to answer patient questions and to check that they have been understood. Similarly, consumers need time to consider and absorb information, formulate questions and seek additional guidance or explanations. In many modern health care environments, health literacy can be significantly undermined by the time pressures placed on both health care providers and consumers. In the primary health context, this is partly due to the Medicare fee-for-service model, which generally rewards the quantity of services provided and places time pressure on the relationships between Medicare provider and consumers. Reducing time pressures or finding ways to mitigate the impact of time constraints would be particularly valuable in both the primary health care and acute care environments.

Specific modifications that should be made to the next version of the health literacy consultation paper

- On page 10, include 'emotional literacy' in the list of different 'literacies' referred to in health and education.
Rationale: People's emotions can negatively impact their health literacy in a context-dependent manner. For example a person's ability to understand and remember important health information may be diminished when in an anxious state. In addition, the emotions of health care workers may have an impact on their ability to effectively engage and communicate with consumers. The ability to understand one's own emotions and those of others is thus a skill that should be supported and developed in health care environments.

- On page 25, Table 2, 'transitions from child/adolescent services to adult services for young people with chronic conditions' should be included.
- On page 39, Table 3 school nursing services should be included under 'organisations that provide support or health care services at a local level'.
- Aged care services should be explicitly mentioned throughout, for example, retirement living, residential and community aged care providers should be included in table 3 on page 39.

References

Australian Commission on Safety and Quality in Health Care (2013), *Consumers, the health system and health literacy: Taking action to improve safety and quality*,

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Consumers-the-health-system-and-health-literacy-Taking-action-to-improve-safety-and-quality2.pdf>

International physical health in Youth stream (iphYs) (2013), *Healthy Active Lives Declaration*,

http://www.iphs.org.au/media/HeAL_declaration.pdf