

## Health Literacy

**This position statement outlines the key concepts in health literacy and introduces strategies for nurses to work toward improving health literacy in New Zealand.**

Health literacy, while not a new concept in New Zealand, is becoming increasingly acknowledged as a contributor to health status. There is little New Zealand research available on the topic although access to resources is improving. Understanding concepts of health literacy and how these impact on people's health are prerequisites for effective intervention. Nurses are in a key position to advocate for health literacy to be addressed at all levels.

The NZNO and College of Nurses Aotearoa (2011) document entitled Call for action – health literacy policy and practice for nurses provides further guidance for nurses and should be read in conjunction with this document.

### What is Health Literacy?

Health literacy has been defined as:

*The ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, in the health care system, the market place and the political arena. It is a critical empowerment strategy to increase people's control over their health, their ability to seek out information and their ability to take responsibility (Kickbusch, Wait, & Maag, 2005, p.8).*

Health literacy is underpinned by the capacity to access, use and understand essential health information and services necessary to make informed health decisions (Ratzan & Parker, 2000). Health literate people have the skills to seek out, critically read, interpret and understand health promotion messages, treatment options, what services are available, health professionals' instructions and are more likely to explore and use multiple websites, and populist media (Robinson & McCormack, 2011; WHO, 2011).

While most people's capacity to access health information and use it effectively is improving, some groups remain disadvantaged. Health literacy skills are critical to empowerment (World Health Organisation, 1998); therefore health care providers have a responsibility to make information accessible and usable for all groups.

### How does health literacy impact on health?

There is strong international evidence linking a person's level of health literacy with their health status (Coulter, Parsons & Askham, 2008; Kanj & Mitic, 2009; Kickbusch, et al., 2005; Ministry of Health, 2010; Nutbeam, 2008). People with low levels of health literacy:

- > are more likely to be hospitalised;
- > make greater use of emergency care;
- > are less likely to use mammography screening programmes;
- > are less likely to have an influenza vaccine;
- > have lower ability to demonstrate taking medications appropriately; and
- > have lower ability to interpret labels and health messages (Berkman, et al., 2011).

Low health literacy is a significant barrier to accessing health care. In New Zealand, research undertaken by the Ministry of Health (2010) showed that:

- > New Zealanders from all walks of life have poor health literacy skills. Less than half meet the minimum health literacy requirements for making effective health care decisions;
- > employed non-Māori are the largest group of people with lower health literacy skills;
- > Māori (particularly younger and older adults) have lower health literacy skills than non-Māori across all of the measured variables; and
- > people who are not in paid employment have lower health literacy levels.

In addition to implementing strategies to improve health access, any strategies to improve health literacy levels need to be culturally and clinically appropriate to maintain the mana and integrity of the health consumer, their whānau and community.

## Key concepts in health literacy

### Health literacy as a continuum

Nutbeam (2000) describes three levels of health literacy:

- > basic/functional health literacy describes the level at which an individual has sufficient reading and writing skills to function effectively in everyday life;
- > communicative/interactive health literacy describes more advanced personal skills where a person is able to obtain the information they require and apply this to new situations, actively participating in community life;
- > critical health literacy describes more advanced cognitive and social skills which together are used to support community action and development.

### Health literacy as a risk factor

Health literacy can be viewed as a clinical risk factor or as a personal and community asset (Nutbeam, 2008). When viewed as a clinical risk, limited literacy skills are seen as a risk factor that needs to be managed in the process of providing clinical care. Interventions used when approaching health literacy from this perspective include assessing health literacy levels, ensuring organisational practices are responsive to health literacy issues, improving access to services and clinicians and individualising information and education. The goal is to improve self management and concordance to achieve improved outcomes (Nutbeam). Strategies specific to the cultural needs of people are important.

### Health literacy as a personal asset

The asset approach to health literacy stems from public health and health promotion. When viewed as an asset, achieving improved levels of health literacy is seen as enabling and empowering individuals to have greater influence on the broad range of factors that determine health (Nutbeam, 2008). Similarly to the risk factor approach, action commences with assessing knowledge and abilities which then leads to individualising information and education approaches. The approaches then deviate; the asset model stresses the contribution of health education to developing knowledge and skills in social organisation and interaction leading to improved health literacy. The capacity to engage in healthy lifestyles and collective action is thus enhanced (Nutbeam).

## Strategies for improving health literacy

Improving health literacy is every nurse's responsibility. Strategies for addressing health literacy should be targeted at the individual health care recipient, at families/whānau, at health care professionals, at organisations, and at governments. While it is important that levels of health literacy are assessed and addressed (see appendix one for strategies to assist in assessing and addressing health literacy), it is also important that strategies identifying and addressing health literacy are included in organisational and governmental policy. A multi-faceted approach to health literacy has been identified as most likely to be successful (Coulter, Parsons & Askham, 2008; Kickbusch, et al., 2005; Ministry of Health, 2010).

A large systematic review (Berkman, et al., 2011) identified a range of specific interventions that have been demonstrated to improve comprehension for low-health-literacy populations. These include:

- > presenting essential information by itself; or
- > presenting essential information first;
- > being consistent and accurate when presenting risk and treatment benefits; and
- > adding video to verbal narratives.

Interventions that improve health outcomes include:

- > intensive disease-management programmes (reduce disease prevalence/severity);  
and
- > self-management interventions (increase self-management behaviour).

For interventions to be effective, they require high intensity, a strong basis in theory, pilot testing, an emphasis on skill building and delivery of the intervention by a health professional (Berkman, et al., 2011).

Appendix One outlines a range of strategies that may be useful for nurses and other health professionals who are addressing health literacy issues in practice.

## Further Resources

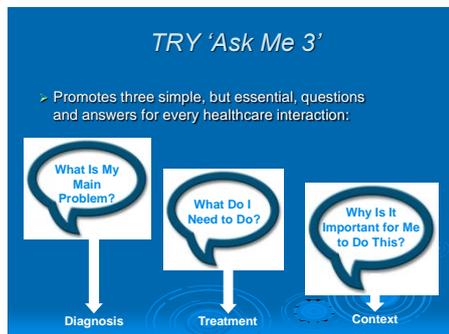
The New Zealand website [www.healthliteracy.org.nz](http://www.healthliteracy.org.nz) has links to a range of literature, statistics, tools and information for individuals, health professionals, organisations, and researchers.

Health Navigator is a further New Zealand website that provides information for health professionals on health literacy: <http://www.healthnavigator.org.nz/centre-for-clinical-excellence/health-literacy> and patient resources in an understandable format <http://www.healthnavigator.org.nz/health-topics/>

The US Department of Health and Human Resources has done significant work to capture many strategies and may provide a useful starting point for those developing health literacy interventions bearing in mind that these are US based resources and would need to be adapted for use in the New Zealand context (<http://www.health.gov/communication/literacy/quickguide/>).

A variety of tools are available for assessing the suitability of written material for patients. One commonly used tool is the Suitability Assessment of Materials (SAM) tool developed by Leonard and Cecilia Doak and Jane Root. Further information on this tool can be found here: <http://www.aspiruslibrary.org/literacy/SAM.pdf>

Other strategies can include encouraging clients to use the Ask Me 3 approach:



Further information on the Ask Me 3 programme can be found here:  
<http://www.npsf.org/askme3/>

For health practitioners, the Ask, Tell, Ask approach can also be useful. Further information on this approach and other useful communication strategies can be found here:  
<http://www.health.org.uk/public/cms/75/76/794/2980/The%20Health%20Foundation%20response%20to%20NHS%20Future%20Forum%20information%20review..pdf?realName=yVWihO.pdf>

The Health Quality and Safety Commission have published a report on health literacy and medication safety which is available on their website: [www.hqsc.govt.nz](http://www.hqsc.govt.nz).

Nurses may find attending culturally and linguistically diverse (CALD) cultural competency training will assist them to build their skills to improve health literacy. CALD training is free and further information can be found at [www.caldresources.org.nz/info/Home.php](http://www.caldresources.org.nz/info/Home.php)

## Conclusion

Improving health literacy is an important factor in improving the health of New Zealanders. Nurses and midwives need to implement strategies to address health literacy issues. A multi-faceted approach is required and nurses are in a key position to advocate for health literacy to be addressed at all levels. Improving health literacy is a societal concern requiring collective engagement at all levels: "to be a health literate society, we need a health literate public, health literate health professionals and health literate politicians and policy-makers" (Kickbusch, Wait, & Maag, 2005, p.16).

NZNO and the College of Nurses Aotearoa strongly support national and international efforts to tackle health literacy as a means of improving the health of populations and addressing health inequities. Nurses must be involved at all levels of intervention and advocacy.

## Appendix 1

### Brief Strategies for Improving Health Literacy/Universal Health Literacy Precautions<sup>1</sup>

#### 1. Action Point 1: Improve communication

- > Create a safe, welcoming environment in which people are comfortable asking questions;
- > maintain the mana and integrity of the person, their whānau and their community;
- > identify the intended user/s of the health information and services e.g. know their profile including demographics, behaviour, culture, attitude, literacy skills, language, socio-economic status, access to services, language preferences, health practices, disabilities, emotional state;
- > learn about and acknowledge cultural differences and be respectful. Develop resources with and for the intended audience e.g. Te reo/English resources, and use Māori design features;
- > treat each person as unique – don't assume – check their level of knowledge, understanding and what it is they want to know;
- > speak clearly and listen carefully – use an appropriately trained interpreter where necessary, ask open ended questions;
- > avoid jargon, abbreviations and acronyms;
- > use plain language e.g. use simple language and define technical terms, use the active voice, break down complex information into understandable pieces, organise information so the most important points come first;
- > keep key messages to people to a minimum;
- > evaluate users' understanding before (formative), during (process), and after (outcome) the introduction of materials – have the person restate the information in their own words – the 'teach-back' method;
- > ask people to explain the process rather than ask "do you understand";
- > materials need to be tailored to the patient and need to be culturally appropriate;
- > telephone calls and call centres e.g. Healthline, offer an opportunity for people with lower levels of health literacy to obtain health information in a completely oral format. Nurses utilising telephone systems must ensure they recognise people's health literacy levels in these interactions.

#### 2. Action point 2: Improve the usability of health information

- > identify and implement the most appropriate channel and format to share information
- > ensure resources to assist decision making about the use and taking of medication are tested with people for simplicity and understandability;

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<sup>1</sup> Adapted from the US Department of Health and Human Services Office of Disease Prevention and Health Promotion (n.d.) Quick Guide to Health Literacy. Retrieved from <http://www.health.gov/communication/literacy/quickguide/>.

- > consider the use of pictures, diagrams, photos, symbols and flowcharts;
- > use the Microsoft Word Readability Statistics programme to check document readability level through the spelling and grammar function;
- > improve usability of internet information e.g. plain language, large font, white space, simple graphics;
- > have your written patient education materials reviewed by a literacy expert to determine reading level;
- > identify new methods for information dissemination e.g. cell phones, palm pilots, personalized and interactive content, information kiosks;
- > facilitate healthy decision-making e.g. use short documents that present essential information, step-by-step instructions, and visual cues that highlight the most important information first;
- > provide translated information in the key languages of non-English speaking background service users.

### **3. Action Point 3: Improve the usability of health services**

- > improve the usability of health forms and instructions. Revise forms to ensure clarity and simplicity, test forms with intended users, offer assistance with completing forms;
- > logos on envelopes to identify mail from a health service provider may be helpful. This enables the letter to be put aside until a support person is available to assist in interpretation. Ask the health consumer if they would like a logo on the envelope;
- > improve the accessibility of the physical environment. Include universal symbols and clear signage in multiple languages;
- > teach health professionals how to use interpreters;
- > implement culturally appropriate and acceptable processes and strategies designed to engage people of other cultures e.g. culturally appropriate greetings, family/whānau involvement.

### **4. Action Point 4: Build knowledge**

- > teach health professionals about health literacy;
- > improve access to accurate and appropriate health information e.g. partner with educators to improve health curricula;
- > work collaboratively with other health care professionals to implement and evaluate appropriate self-management and disease management interventions;
- > work with the media to develop and implement social marketing campaigns e.g. Health TV, "One heart many lives";
- > teach health professionals how to work with people from cultural backgrounds which are different from their own.

### **5. Action Point 5: Advocate for addressing health literacy**

- > make the case for improving health literacy e.g. target key leaders with health literacy information;
- > incorporate health literacy in mission statements and planning processes e.g. include health literacy statements in strategic plans, programme plans, project management and educational initiatives;

- > establish accountability for health literacy activities e.g. include health literacy improvement criteria in programme evaluation;
- > collaborate with other agencies to strengthen health literacy capacity and make the best use of limited resources;
- > incorporate the need for translated information in programme plans.

#### **6. Action Point 6: Build health literacy capacity within communities**

- > work with community members and community leaders to identify appropriate community-based strategies for addressing literacy and health literacy needs in the community;
- > seek the views of different cultures and generations on health, illness and health care or treatments. Identify differences and how these can be accommodated;
- > work with parents and caregivers – improving the health literacy of these groups can improve health outcomes for all the family;
- > improve service responsiveness to culturally diverse groups through targeted health programmes.

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**Date adopted:** February 2012

**Reviewed:** Month Year, Month Year

**Review date:** Month Year

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