



Health Literacy Policy and Practice for Nurses – A Call for Action

Improving health literacy, that is, the ability to make sound decisions about health as part of everyday life is an important aspect of improving the health of New Zealanders.

It is important that nurses and midwives are aware of issues regarding health literacy and how these can be addressed. A multi-faceted approach is required and nurses are in a key position to advocate for health literacy to be addressed at all levels.

Through the nature of their work, nurses and midwives know and see the impact of limited health literacy on people's health, for example, the parent or caregiver who is unable to read a prescription or understand the importance of early intervention when a child becomes unwell. Many nurses and midwives already provide effective interventions for individuals, their families/whānau and communities with limited levels of health literacy, however, further action is required.

What is Health Literacy?

Health literacy is the ability to make sound decisions about health as part of everyday life. The skills of health literacy include reading, writing, listening, speaking, numeracy, critical analysis, communication and interaction. Health literacy allows the public and health practitioners to find, understand, evaluate, communicate and use information. Health literacy is wider than educational literacy and includes cultural understandings about health and health care. As we move toward a greater emphasis on informed choice – particularly with regard to such aspects of health care as screening and advanced care planning – health literacy becomes vital for everyday life.

Recent international research¹ shows a person's level of health literacy is strongly linked to their health status. People with good levels of health literacy are:

- > less likely to be hospitalised;
- > less likely to use emergency departments;
- > more likely to use mammography screening programmes;
- > more likely to have an influenza vaccine;
- > more likely to demonstrate taking medications appropriately;
- > have better ability to interpret labels and health messages;
- > have better understanding of their chronic disease;
- > have better disease self management skills; and
- > have better self-reported health status.

¹ Berkman, N., Sheridan, S., Donahue, K., Halpern, D., Viera, A., Crotty, K., Holland, A., Brasure, M., Lohr, K., Harden, E., Taut, E., Wallace, I., Viswanathan, M. (2011). *Health literacy interventions and outcomes: an updated systematic review. Evidence report/technology assessment no. 199.* (Prepared by RTI International-University of North Carolina Evidence-based Practice Centre under contract No. 290-2007-10056-I. AHRQ Publication Number 11-E006). Rockville, MD: Agency for Healthcare Research and Quality.

New Zealanders, on average, have low health literacy skills with many lacking the skills to adequately process and understand basic health information and services. Low health literacy can affect anyone at any age, of any ethnicity, background or education level. Often low health literacy may be hidden in order to maintain dignity, or prevent embarrassment. Culturally appropriate services are needed to maintain the integrity and mana of the consumer. Lower health literacy skills can be a significant barrier to good health care, not just for the health consumer, but for their whānau and communities. These facts have significant implications for the effective provision of health care in Aotearoa New Zealand and require culturally and clinically appropriate services to address the inequity.

This document should be read in conjunction with the NZNO and College of Nurses (Aotearoa) position statement on health literacy (NZNO and College of Nurses (Aotearoa), 2011).

Action to improve health literacy/Universal health literacy precautions²

Structuring health care delivery as if every health consumer needs health literacy support, is more likely to ensure those with lower health literacy skills will not miss out. The following action points are simple strategies nurses can enact in order to address the health literacy needs of New Zealanders:

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;

² The actions outlined here are 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/>.

- > 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 person 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.

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;
- > 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.

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.

Action Point 4: Build knowledge to improve decision-making

- > 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 clients from cultural backgrounds which are different from their own.

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.

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.

Nurses and health literacy

Nurses are widely involved in developing strategies that address health literacy issues. It is important that nurses ensure people’s levels of health literacy are assessed and addressed as part of everyday practice. 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 is most likely to be successful.

Further resources

The New Zealand website 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.

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

Conclusion

Nursing is the largest single health profession in New Zealand. As such, nurses are more likely to make contact with people seeking health advice and care. Nurses need to address health literacy at each encounter. Using the tools of adult learning, the nurse can assist the person and their whānau to build their health knowledge, skills, and confidence. The person and their whānau can then better access health services and self manage their condition.

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.

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Correspondence to: nurses@nzno.org.nz

Principal authors: NZNO and the College of Nurses Aotearoa (Inc)

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