

Health literacy: a focus for the Health Quality & Safety Commission

Over half of New Zealand's adult population is believed to have difficulty understanding and interpreting health information. This includes four out of five Māori males and three out of four Māori females.¹

Dr Janice Wilson, the Health Quality & Safety Commission's Chief Executive, believes this could be creating barriers to health care and putting the welfare of some health care consumers at risk.

"Health providers could be offering the best care in the world but if people don't understand their treatment plans or how to take their medication, that care could be compromised."

People's ability to understand and interpret health concepts, terminology and processes is known as "health literacy" and is recognised as an important determinant of an individual's ability to access quality health care.

Dr Wilson says the concept of health literacy is relatively new to New Zealand but very pertinent in today's complex health environment.

"What we mean by health literacy is the degree to which individuals can obtain, process and understand the health information they need to make appropriate health decisions."

1. Ministry of Health. Korero Marama: Health Literacy and Māori. 2010. Available from: www.moh.govt.nz/moh.nsf/indexmh/korero-marama-health-literacy-Māori-feb2010 (Accessed Oct, 2011)

"The Commission recognises the value of health literacy in delivering safe and quality health care, and will incorporate this thinking into our work."

The New Zealand Guidelines Group (NZGG) was recently contracted by the Commission to conduct a survey to find out how health providers are catering for patients with poor health literacy skills, in the area of medicine safety.

A range of health providers were asked to identify any initiatives being undertaken within their organisations, or at a regional or national level, which they felt addressed health literacy in the area of medication safety.

The *Health Literacy and Medication Safety* report found that most organisations supplied written resources and dedicated websites relating to medicine safety, but few did anything else to address the needs of patients who may be challenged by traditional forms of communication.

Researchers found only seven examples where organisations had deliberately intervened to address health literacy in the area of medicine safety.

These interventions were:

- A project being led by Mauri Ora Associates for the Ministry of Health (including a health literacy module developed by Workbase) that aims to increase cultural competence and health literacy awareness amongst health care practitioners and other professional bodies throughout New Zealand



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- The efforts of Ngaruawahia pharmacists, Mary and Steve Roberts, in addressing poor health literacy among the lower-socio economic communities they serve
- The use of DHB-funded Medication Utilisation Reviews, which use trained pharmacists to assist at risk patients to use appropriate medicines to manage their conditions
- The Workbase initiative, which uses a dedicated website to raise awareness of health literacy, especially amongst health care providers and health care organisations
- The Auckland University/Workbase international research project aimed at strengthening health literacy among Māori and Pacific people living with cardiovascular disease
- The joint health education venture between PHARMAC, Mauri Ora Associates and the Māori Pharmacists Association to increase awareness and understanding amongst Community/Māori Health Workers of the appropriate use, storage and disposal of medicines
- The emerging shift in emphasis of the Heart Foundation from using mainly written materials to employing more interactive resources which focus on patient's understanding of their heart condition and the medications required to manage it

These organisations have made a conscious effort to use adult learning concepts and to employ interactive communication methods, often including graphics and


animation. However, the report revealed that the use of such tools certainly was not the norm.

“Much of the health sector appears largely unaware of the relevance of adult learning theory to health literacy (in either medicines safety or more broadly). For all patient-mediated self-management (such as taking medicines), an ability of health professionals routinely to create effective learning opportunities for patients in the course of meeting health needs appears underdeveloped.”

The report has a list of recommendations on how the Commission can work towards improving levels of health literacy, particularly among Māori and Pacific peoples, and encourage health providers to develop innovative ways to communicate when health literacy is an obstacle.

Dr Wilson says there is little published data available on health literacy specific to New Zealand and the report provides valuable insights into an important emerging issue.

“We need to recognise that traditional communication methods don't work for all our patients and to constantly ask ourselves what we can do to simplify, de-jargonise and package information better. The Health Quality & Safety Commission will certainly be addressing these big questions which are central to the delivery of safe and high quality health care.”

 The full report is available on the Commission's website: www.hqsc.govt.nz