

**AUSTRALIAN PRIMARY HEALTH CARE
RESEARCH INSTITUTE
ANU COLLEGE OF MEDICINE, BIOLOGY & ENVIRONMENT
THE AUSTRALIAN NATIONAL UNIVERSITY**

**HEALTHY COMMUNITIES RESEARCH CENTRE AND
SCHOOL OF POPULATION HEALTH
THE UNIVERSITY OF QUEENSLAND**

**ADVANCING HEALTH LITERACY THROUGH
PRIMARY HEALTH CARE SYSTEMS**

**Bush R., Boyle F., Ostini R., Ozolins I.,
Brabant M., Jimenez Soto E., Eriksson L.**

POLICY CONTEXT

Evidence from Australia and elsewhere shows that large numbers of people do not have the level of health literacy needed to navigate the health care system and manage their health. Health literacy refers to a range of abilities, from basic literacy and numeracy to more advanced skills that promote health, and help to prevent illness, maintain health care and successfully navigate the health care system for health benefit. Awareness and recognition of the significance of health literacy to support health outcomes and to ameliorate health care costs has been slow to materialise in Australia. National comprehensive policy and practice initiatives have not been developed. This systematic review seeks to advance policy and practice in health literacy by addressing the question, 'what are the characteristics of a primary health care system that supports and enables the development of health literacy and what are the drivers and barriers of such a system?'

KEY FINDINGS

Low health literacy is widespread in the primary health care setting. Up to 60 per cent of people may lack skills needed to manage their health or navigate the health care system. Health literacy is determined by social, economic and cultural circumstances. Patients most at risk are the elderly, those in a lower socioeconomic group, migrants from non-English speaking countries and people with poor cognitive functioning or limited formal education. While low health literacy is more prevalent among older people, children from low-literacy families may be at risk of not developing sound health literacy capabilities. Even people with high educational achievements can have low health literacy. The impacts of health care system characteristics and demands on health literacy have received much less attention than factors that reside in the individual.

Health literacy emerges as a robust predictor of a range of health related outcomes across a diversity of health conditions and population groups. The implications of low health literacy for individuals and the health care system are substantial. Evidence shows health literacy is a robust indicator of patients' self-management skills and health outcomes: medication

adherence, disease knowledge, use of health services (especially the use of emergency v preventive services) health status and mortality.

A scarcity of rigorous intervention studies suggests policy development is reliant on a limited evidence base. Interventions address how improvements might be made at the practice level but rarely at the system or policy level. Furthermore, there is a significant gap in the evidence on the cost-effectiveness of health literacy interventions.

There is good evidence for interventions involving improved written materials, illustrative aids, patient-provider interpersonal communication, mentors and educators and the use of interactive multimedia, which presents factual medical information in graphical, audio or video formats.

There is little evidence to support screening for low health literacy in clinical settings. Given the potential risks and the absence of readily available interventions for low health literacy, changing universal clinical practice to reduce literacy burden for all consumers is likely to be a more effective and equitable approach.

POLICY OPTIONS

The studies reviewed help to inform health literacy practice interventions and offer some future policy directions.

At the primary health care practice level, the following interventions are likely to be beneficial in addressing health literacy if developed, applied and evaluated systematically and on a large scale basis:

- simpler and more engaging written materials
- use of interactive multimedia
- enhanced interpersonal communication at the patient-provider level
- raising of awareness among health care providers of the prevalence and health impacts of low health literacy together with the development of professional skills training
- partnering between primary health care services and not-for-profit community organizations.

Policy development to advance health literacy through the primary health care system requires coordinated consensus building by peak organisations and governments. Progression of this agenda calls for strategic initiatives around four foci:

1. A focus on the health literacy skills and abilities of users of the primary health care system. The primary health care setting offers a key site for the delivery of health literacy education in the context of current conditions and life stages.
2. A focus on the health care system itself. The complexity of the health care system, including the primary health care services it delivers, places an undue health literacy burden on its users. Just as strategies to help individuals adapt to a complex system are important, so too are those that address how the health care system might better accommodate a range of health literacy capabilities.
3. A focus on risk management of those with low health literacy. Conveying critical health information in a comprehensible way is a system wide issue. The development of standards and quality assurance processes for materials produced for this purpose and for consumer-practitioner interactions would offer a potential driver for improvements.
4. A focus on asset building initiatives. Moving beyond a remedial approach to health literacy deficits would give consumers better opportunities to gain a broader set of health literacy skills for health self management. Applying a population-based approach to the development of health literacy around common conditions could go some way to achieving this outcome.

Finally, opportunities for policy directions beyond the health care system warrant attention given the degree to which social, economic and educational factors determine health literacy.

METHODS

This investigation undertook a systematic review of the published and grey literature relating to health literacy in the context of primary health care. Review articles, original research and grey literature were included in the review. Multiple reviewers used systematic processes to identify, select and appraise relevant articles. Data extraction was performed on 49 of the highest quality research articles. The findings were summarised, synthesised and applied to the overarching question addressed in the review: 'what are the characteristics of a primary health care system that supports and enables the development of health literacy and what are the drivers and barriers of such a system?'

For more details, please go to the [full report](#)

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