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Responding to community health literacy needs

Policies and practices must promote the identification of health literacy issues and the implementation of targeted responses.

Individuals and communities have health literacy strengths and limitations that influence how effectively they engage with health information and services. Health and social service systems can also have strengths and limitations in how they respond to the health literacy of their community.^{1,2}

Policies and practices need to promote the assessment of health literacy and focus efforts on responding to the issues identified. Responses to health literacy should be tailored to address the specific strengths and limitations of each individual and community.

Health-literacy responsiveness describes the way in which services make health information, resources, supports and environments available and accessible to people with different health literacy strengths and limitations.



There is potential to use health literacy responses to further improve and sustain health outcomes for community members. There are two approaches to responding to health literacy issues, both of which should be addressed in parallel.

1. Make health information and services more available and accessible.

People's capacity to make informed health choices and take effective health actions is influenced by their level of access to services and information.³⁻⁴ If the required information or services are unavailable or offered in a way that makes them inaccessible to members of a community, inequities become systemic and people's capacity to engage in healthy activities is reduced.

Not every member of a community has the capacity to attain the same level of health literacy, regardless of the information and care available. Some individuals, due to factors such as immobility, living conditions, cognitive impairment, work arrangements, family responsibilities/obligations, mental illness, and financial status are at a disadvantage compared with others in the same community. To facilitate access and engagement, programs must be tailored to the differing circumstances and needs of community members.

2. Enhance the ability and willingness of community members to:
 - a. engage with health information and services that are already available;
 - b. communicate and assert health decisions;
 - c. take appropriate actions to implement the decisions they make about their health and that of their family.

Provision of high quality education is important but insufficient to facilitate members of the community to engage in positive health-related behaviors. For many communities, the barriers to action are complex.⁵ Capacity-building activities need to target locally identified barriers and be delivered in locally appropriate and accessible ways.

Health Literacy Strengths

The assets that individuals and communities have that enable them to engage effectively with health information and services

Health Literacy Limitations

The gaps in personal and social resources that limit the capacity of individuals and communities to engage effectively with health information and services.



Embedding health literacy in public policies

Public policies act to shape social and physical environments. Policy makers must be mindful to create policies that act to enable access, and strengthen the quality and availability of information and services that support people to make and enact healthy choices.

The Health in All Policies (HiAP) approach recognises that some of the main drivers of health lie outside the healthcare system.⁶ Information and services required to make informed health promoting choices do not always reside within the healthcare system.

Consideration of the health literacy of communities within all policies will encourage the development of services, environments and products that:

1. enhance the ability of individuals and communities to engage with information and supports for health; and
2. improve the availability and accessibility of this information and support.

Actions to address health literacy issues will strengthen communities and reduce social and health inequities.



References

1. Batterham RW, Buchbinder R, Beauchamp A, Dodson S, Elsworth GR and Osborne RH. The OPTimising HEalth LiterAcy (Ophelia) process: study protocol for using health literacy profiling and community engagement to create and implement health reform. BMC Public Health. 2014;14:694 (<http://www.biomedcentral.com/1471-2458/14/694> [accessed 28 September 2014]).
2. Brach C, Dreyer B, Schyve P, Hernandez LM, Baur C, Lemerise AJ, et al. Attributes of a Health Literate Organization. Washington, DC. Institute of Medicine. 2012 (https://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf [accessed 28 September 2014]).
3. Paasche-Orlow MK, Wolf MS. The causal pathways linking health literacy to health outcomes. American Journal of Health Behavior. 2007;31 Suppl 1:S19-26 (<http://www.ncbi.nlm.nih.gov/pubmed/17931132> [accessed 28 September 2014]).
4. Volandes AE, Paasche-Orlow MK. Health literacy, health inequality and a just healthcare system. Am J Bioeth. 2007;7(11):5- 10 (http://www.tandfonline.com/doi/abs/10.1080/15265160701638520?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed#.VL13kFriN4g [accessed 28 September 2014]).
5. World Health Organization. Adherence to long-term therapies. Evidence for action. 2003 (http://www.who.int/chp/knowledge/publications/adherence_full_report.pdf [accessed 28 September 2014]).
6. Adelaide Statement on Health in All Policies. WHO, Government of South Australia, Adelaide 2010 (http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf [accessed 28 September 2014]).

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