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Health literacy and public health

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Public health is…

Public health is the art and science of preventing disease, prolonging life and promoting health, through organised community efforts to ensure for every person, a standard of living adequate for the maintenance of health (adapted Winslow 1951)

Public health principles

- Universal access
- Healthy public policy
- Reducing health and social inequities
- The right to health

Universal access

- **The principle of universalism is that essential health care, education and services are accessible to all people on the basis of their need**

Medicare
Pharmaceutical Benefits Scheme
Income support
Education

Health and social inequities

Inequities are grounded in deficiencies in social justice

- **Australia lacks coherent strategies to tackle health and social inequities**
- **And is only slowly coming to terms with the growing impact of generational disadvantage and inequalities caused by poverty and vulnerability, and with the impacts of newly emerging communities**

The right to health

- **The right to the highest attainable standard of health is a fundamental human right**
- **(Article 12, International Covenant on Economic, Social and Cultural Rights (ICESCR))**
- **Governments which are Parties to the Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of health**

The creation of good health

- **Health is mostly created outside the health sector via:**
  - Early child development
  - Education
  - Employment
  - Environment (built, social, cultural, natural)
  - Civil society and democratic institutions
  - Agriculture
  - Arts and culture
  - Transport
  - Health systems

WHO's view of health

Health is created and lived by people within the settings of their everyday life; where they live, learn, work and age

Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities
(WHO Ottawa Charter 1986)

Healthy individuals and healthy communities

- A healthy individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
- A community is likely to be healthier when its people have high levels of civic engagement, social inclusion and community support networks

WHO Commission on Social Determinants of Health 2005-8

- **Dr Chan, Director-General of the WHO, considers that the greatest concern of the**
- **WHO 'must always rest with disadvantaged and vulnerable groups' (http://www.who.int/about/en/).**

- **The WHO Commission on Social Determinants of Health (CSDH) is focused on overcoming health inequities in a generation (CSDH 2008).**

Defining the SDH

The social determinants of health (SDH) can be understood as the social conditions in which people live and work: the social characteristics within which living takes place.

- SDH point to both specific features of the social context that affect health and to the pathways by which social conditions translate into health impacts. The SDH that merit attention are those that can potentially be altered by informed action (CSDH 2006).

Determinants of health

- **How the conditions of society create and maintain, or diminish, the health of individuals and populations**
- **Determinants are the pathways to health and equity/inequity**

Determinants of health literacy

- **The social gradient**
- **Employment**
- **Living and working conditions**
- **Early years of life**
- **Education**
- **Social support**
- **Transport**
- **Ageing**

- **Social inclusion/exclusion**
- **Gender**
- **Culture**
- **Discrimination, racism, stigma**
- **Personal capacities and coping skills**
- **Quality of health system eg responses to accessible information**

Health literacy feeds back into health outcomes

- **Low health literacy is thought to be a better predictor of health status than education, SES, employment, race or gender (Weiss, 2005; Partnership for Clear Health Communication, 2006)**

Effects of low health literacy

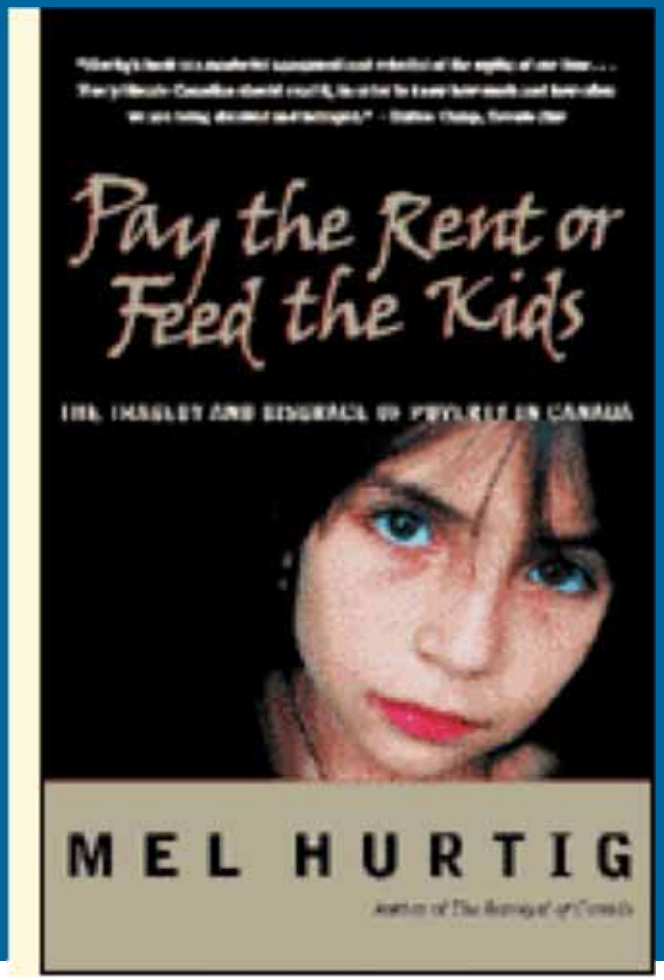
- Both low general literacy and low health literacy engender vulnerability and stress.
- Low literacy predicts the degree of engagement that people with have with primary and public health services and interventions, and their self-management of, and knowledge about, chronic conditions (Keleher & Hagger 2007).

Social exclusion

Social exclusion is the inability of our society to keep all groups and individuals within reach of a sense of community, and the tendency to push vulnerable and difficult individuals into the least popular places

Social exclusion: a fundamental problem arising from low literacy

Social exclusion-poverty cycle



- **Lack of opportunity, lack of access to money, to work, to education, creates disadvantage and feelings of dispossession and alienation – people with little or no stake in the success of their community or their own health**

‘deprivation means not being able to appear in public without shame’ (Adam Smith, 1776).

Low literacy is a form of capability deprivation (Sen)

Effects of low literacy on health

Direct and indirect effects

- Women with low literacy are at risk of larger families
  - > Low income, large families, low literacy often results in stressed and vulnerable families
- Low literacy is related to lower rates of economic participation
  - > Girls with low literacy who leave school early are likely to never work fulltime

Chronic disease (CD)

- QoL significantly affected by CD
- Rising costs of CD to health system
- Communication for chronic disease self management affected, eg
  - > Food labelling
  - > Use of medicines
  - > Problem solving
  - > Timely help seeking

Health –different viewpoints

- Medical – focused on individual ‘treatment’
- Behavioural: focused on individual responsibility – lifestyle and behaviour change
- Socio-Environmental: focused on social structural solutions and the influence of context in the way people live their lives

Socio-environmental learnings

- **Primary health care services have the capacity to working effectively by:**
  - Not isolating the problem but working holistically with people in the context of their lives
  - Working from people's strengths
  - Working with people 'from where they are at'
  - Having sufficient support services available for referral (housing, welfare, social health)
  - Making time for people
  - Programs that work from psycho-social models to assist with (for example) chronic disease manage't

Health literacy research

- Recognised internationally
- Well researched in USA but focused on downstream
- Nation-wide movement in Canada – more ‘upstream’
- European research growing stronger

Australian research into health literacy

- **Health literacy research underdeveloped**
- **Projects/research not always understood as 'health literacy'**
  - Health sector in Australia not familiar with the relationship between LLN (language, literacy, numeracy) and health literacy
  - Health sector not focused (yet) on determinants of health/illness
  - Very little published about health literacy in Australia

Gaps

- **Effects of health literacy not widely articulated within the health sector**
- **Lack of policy direction from governments**
  - Eg National Health Strategies rarely, if ever, refer to health literacy as a driver for poor health
  - Public health programs funded by governments are focused on behaviour change /lifestyles
    - > Limited if any effect on people with low literacy
    - > Tend to advantage those who are literate and therefore increase health inequities

Where should Australia invest?

- A US systematic review found that most interventions (Pignone 2005) are about making health education materials easier to understand
  - **Brochures and individual approaches = downstream-midstream focus**
  - **most studies were poorly designed in terms of health outcomes**

Broader approaches needed to make a difference

- **Health communication for everyone, not just those who have mid-high literacy**
- **Adult education**
- **Train health workforce in health literacy**
- **Organisations: create health literate health services and include in accreditation**
- **Fund intersectoral partnerships and networks**
- **Policy**
- **Investment in health literacy research to strengthen the evidence base**

Downstream

Upstream

Who should invest?

- All jurisdictions – CW, States and Territories – through Departments of Health/Human services
- Non-government organisations particularly those funded to deliver programs
- Industry – workplace projects

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