HEALTH LITERACY – A key to closing the communication gap in Aboriginal & Torres Strait Islander health

On 29 October 2015, over 60 health professionals, policy makers, community members and academics joined the Key Thinkers Forum in Sydney to focus on ways of improving health literacy within Aboriginal and Torres Strait Islander communities. This was the sixth forum of its kind. As with previous forums, a Briefing Paper was sent out to everyone involved prior to the forum.

The Forum was accessible online, as a LIME Network SLICE OF LIME Seminar, and 10 participants from around Australia joined in online. A video-recording of the forum can be found at: limenetwork.net.au/resources/slice-lime-seminars

Comprehensive notes were taken at the event in order to develop this ‘Poche Opinion’ on the topic. Any text in quotation marks is a direct quotation from a forum presenter or an audience member.

A new approach to Health Literacy

During the forum, we heard from the Australian Commission on Safety & Quality in Health Care (the Commission) that the majority (60%) of Australians do not possess adequate health literacy skills. This translates as people being unable to manage medications effectively, follow treatment directives or make informed choices about their health.

The danger inherent in such low health literacy levels has led the Commission to emphasise health literacy as a safety and quality issue and to urge health care providers to take action to improve the current situation.

The Commission is also encouraging a new approach to health literacy – one that shares the responsibility for health literacy between the individual accessing the health care and the organisation providing the health care. This puts the health literacy environment into much sharper focus by critiquing the infrastructure, policies, processes, materials, people and relationships operating within our health system.

This renewed emphasis and approach is a welcome change that should encourage service providers to embed health literacy into their everyday systems – as they do safety and quality. Incorporating health literacy into the National Safety and Quality Health Service Standards would of course help ensure health literacy becomes fundamental to all health service roles – from administrators to clinicians.

Closing the communication gap in Aboriginal and Torres Strait Islander health

Within the Australian health care system, an assumption has been made that Indigenous Australians can and should speak English well enough to access and act upon generic health information produced by and for non-Indigenous Australians. Evidence has shown, however, that this assumption is misguided. There is a clear communication gap occurring between non-Indigenous health professionals and Indigenous consumers.

With the Commission’s recommendations on improving health literacy being taken up by a range of health providers around the country, the outlook for the broader Australian population is positive. In the Aboriginal and Torres Strait Islander context, we have seen commitments written into various health policies and declarations. It is time now to convert words into actions and to ensure those actions are actually going to work. With effective strategies in mind, it is disconcerting to note the language around health literacy in the newly released National Aboriginal and Torres Strait Islander Health Plan 2013–2013. The Plan fails to convey the sense that the health environment needs to be addressed and it reinforces the notion that Aboriginal people are the ones who need to improve their literacy skills.
Changing the discourse

In order to communicate effectively with Aboriginal and Torres Strait Islander people, the current health discourse needs to change. Rather than viewing Aboriginal and Torres Strait Islander people as having poor literacy and communication skills, organisations need to recognise that they are in fact dealing with a highly literate culture with a different way of communicating. It is up to organisations to be critical of how they have engaged in the past and how they plan to engage in the future.

Questions to be asked include:

1. Does the organisation acknowledge that different worldviews are operating within their working environment?
2. Does the language in current or planned resources contain any implicit bias/racism?
3. Were the communication resources developed in collaboration with the target audience? If not, were the resources at least tested before being put into production?
4. Was the mode of communication employed the best one for the message and the audience? Would print, visual or multimedia resources work more effectively?
5. Did the resources convey the message(s) intended?

Best practice model

The success of the Uti Kulintjaka Project, part of the Ngangkari Program run by the NPY Women’s Council, provides an example of a health service addressing health literacy in the best possible way – by collaborating with the targeted community and by tapping into the communication systems that already exist there.

Over approximately two years of meeting to workshop on communicating about mental health, the Uti Kulintjaka project team has produced some innovative health literacy resources and they have refined their model ‘the pathway to clear thinking and understanding’ for future resources to be developed.

Health Literacy education and training

Of course preparing the most effective communications resources is only one part of the solution to better health literacy. In order for health literacy to be sustained, health literacy must be seen as part of everyone’s job if they work in the health system.

For this to occur, health literacy must be embedded into systems and integrated into health literacy education. Incorporating health literacy into existing cultural competency training seems a logical step in the right direction. As a safety issue, however, mandatory training should be considered as well to ensure health literacy becomes part of the key learning criteria in tertiary health studies.

Key recommendations

- Treat health literacy as a safety and quality issue.
- Incorporate health literacy into the National Safety and Quality Health Service Standards to ensure it becomes fundamental to all health service roles.
- Change the discourse on Aboriginal and Torres Strait Islander literacy skills. Recognise that there is a highly literate culture to tap into and that there are links between language, worldview and health literacy.
- Address systemic barriers to health literacy. Critique communications approaches, strategies, tools and resources.
- Incorporate health literacy into existing cultural competency training.
- Incorporate health literacy into tertiary health curricula.
- Consider mandatory health literacy training.