



**PUBLIC HEALTH ASSOCIATION**  
of Australia Inc



**SOUTH  
AUSTRALIAN  
HEALTH  
LITERACY  
ALLIANCE**

February 26<sup>th</sup> 2009

National Primary Health Care Strategy Secretariat  
MDP 94  
GPO Box 9848  
CANBERRA ACT 2601

The Public Health Association of Australia (SA Branch), the SA Health Literacy Alliance and the Australian Health Promotion Association (“the Organisations”) have developed a joint submission to the National Primary Health Care Strategy, focussing specifically on health literacy as a core pre-requisite for health and wellbeing. The Organisations welcome the development of a National Primary Care Health Strategy and thank the External Reference Group for the opportunity to provide comments.

In order to ensure that the views of the membership of the Organisations were included in this submission, a public forum was held in Adelaide on February 18<sup>th</sup>, which was opened by Professor Ilona Kickbusch – an international Health Literacy expert, and SA Thinker in Residence (see Appendix 1). More than sixty people attended this forum from a variety of sectors including primary health care, education, government, the non-government sector and academia. This submission reflects the responses from this forum and the views of the participating organisations.

In the same way that reading and writing literacy are seen as core life skills, the Organisations believe that health literacy is also a core requirement for Australians to improve both individual and population health outcomes, and that any Australian Primary Health Care Strategy must reflect this requirement.

A truly Primary Health Care-based system requires a new vision and strategies rather than the maintenance of the old status quo. Health needs to be viewed in its broadest sense, incorporating recognition of the social determinants of health and the need to promote health and wellbeing as everybody’s business. There should also be a willingness to look at new models and systems which may not be compatible with the old system, but which will be required for any effective health system in the twenty first century.

Thank you again for the opportunity for input into this most important initiative.

Yours sincerely,

Dr John Coveney  
President, Public Health Association of Australia (SA Branch)

Associate Professor Bob Adams  
Chair, SA Health Literacy Alliance

Ms Jeanette Brown  
President, Australian Health Promotion Association

# JOINT SUBMISSION RE THE TOWARDS A NATIONAL PRIMARY HEALTH CARE STRATEGY DISCUSSION PAPER.

February 2009

## Background

In 2008, the Australian Bureau of Statistics published the results of their 2006 Health Literacy Survey. A key finding was that: *In 2006, 59% of adults in Australia had **poor or very poor** health literacy skills. This means they did not attain skill level 3, the level regarded by most experts as a suitable minimum for coping with the increasing and complex demands of modern life and work.*<sup>1</sup> This document defines health literacy as *the knowledge and skills required to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy.* Given that these are key elements of the National Primary Health Care Strategy, improving health literacy can also be seen to be a key issue for any national strategy.

Point Four of the Declaration of Alma Ata (the foundation statement for Primary Health Care) states that:

*The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.*<sup>2</sup>

Unless people can access and understand health information in its various forms, effectively access and navigate appropriate health services/systems and are able to make informed, reasonable and timely decisions to maintain and/or improve their health (i.e. become health-literate) they cannot effectively participate in their health care or in the health care of dependents, friends or family.

The SA Health Literacy Alliance, established in April 2007, adopted the following definition of Health Literacy:

*Health literacy is the degree to which people have the ability and the capacity to obtain, process, and understand health information and the services needed to make appropriate health decisions. It has a direct influence on people's access to crucial information about their rights and health care and ability to participate in their own care, the health service and health system. It is incumbent on the relevant systems, services and professionals to provide access and opportunity for all citizens. Health literacy is necessary for the development of social capital and seeks to address health inequalities.*

This definition places health literacy at the centre of a primary health care-focused system, and particularly notes the responsibility of systems and services to facilitate health literacy in the population as a whole.

Health Literacy is not static but an ongoing process for the individual and varies for different groups (age, gender, cultural background, general education level, health status-specific, rural/urban environments etc.) Health Literacy is a set of skills or competencies which develop and change over the life course. It requires progressive capacity building for the population, for the health system and throughout other systems. Certainly the challenges of an ageing population, of the growing burden of chronic disease, of 'Closing the Gap', and the challenges

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<sup>1</sup> Australian Bureau of Statistics. Health Literacy Australia. 2008. [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/73ED158C6B14BB5ECA2574720011AB83/\\$File/42330\\_2006.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/73ED158C6B14BB5ECA2574720011AB83/$File/42330_2006.pdf)

<sup>2</sup> World Health Organisation. Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September. 1978. [http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)

facing the Australian health workforce will require considerable investment. The Organisations argue that better and sustainable outcomes will be achieved with the embedding of health literacy into health reform and initiatives such as National Primary Health Care Strategy.

## **General Comments on the Discussion Paper**

### ***The Role of Health Literacy in a PHC Strategy***

- The Organisations welcomed the recognition of health literacy in Key Element 2 of a proposed PHC system, however believe that there is a strong argument to be made that health literacy, rather than being one element of the system, is in fact, an overarching principle for effective PHC and as such should be embedded in all ten key elements described in the strategy.
- Page 13 of the strategy notes *“key to the proposed strategy and implicit in the ten elements is a focus on ensuring greater equity not only in access to services, but also in health outcomes for all Australians, and on delivering a primary health care system where accountabilities for performance and outcomes are transparent”*. The organisations argue that neither ensuring equity nor achieving transparent accountabilities is possible without a significant increase in health literacy across the whole population.

### ***Indigenous Primary Health Care***

- The Organisations note with concern the lack of focus on Indigenous Health reflected in the draft Strategy. Whilst it is noted that a focus on equity is implicit in the strategy, the Organisations believe that this is totally inadequate given the current gap in health status and outcomes between Indigenous and non-Indigenous Australians. The lack of focus (and the very few explicit mentions) of Indigenous health were branded as scandalous by forum attendees.
- The Australian Government and a number of other government and non-government organisations are committed to “Closing the Gap” in ATSI health outcomes, and any National Primary Health Care Strategy should reflect this as an explicit, ongoing and overarching commitment.
- A key reason for considering Indigenous Health explicitly in any strategy is the need to recognise that Indigenous health may require specific models of care which are different from more western focussed models. It should recognise the differences in providing health care in remote areas and recognise and accommodate the differing workforce needs.
- Most particularly, Indigenous Health should be funded and supported on an ongoing basis, with significant attention paid to supporting and expanding the workforce. Commonly seen is the series of small projects with only short-term funding and implementation, which undermine any positive and sustainable outcomes with many dedicated health care workers becoming ‘increasingly frustrated and burnt-out’ .
- When considering primary health care strategies for Indigenous Australians, it is vital to remember the diversity amongst Indigenous Australian peoples and generational differences within particular population groups, and not to assume there is “one size fits all” solution. Including Indigenous people in the development of such strategies will help to ensure that cultural and intergenerational respect is integral to all strategies and that diversity is taken into account.
- An Aboriginal Health Impact Statement provides extensive context and a practical check list of things to consider, primarily for planning. It can also be applied to service delivery, development, content & implementation
- Health Literacy can play a key role in supporting a culturally competent and comprehensive health strategy for Indigenous people – indeed, without health literacy it is

almost impossible for Indigenous people to have an effective voice in shaping their own health services and strategies – a pre-requisite for an effective PHC system.

### **Primary Health Care and Health Literacy as Everybody's Business**

- The Declaration of Alma Ata, under Point VII – 4, notes that Primary Health Care: *involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;*<sup>3</sup>. Thus, the development of a *Health in All Policies*<sup>4</sup> approach should be a key element of any National Primary Health Care Strategy. Such an approach has the concept of Health Literacy at its heart, as other systems must be able to understand the health system, health concepts, the social determinants of health, navigating the systems and the requirements for health.
- Health Literacy is not health education for public health but the capacity of citizens to function in society. If we recognise that 50% of GDP is related to health in some way, it becomes evident that health literacy impacts across a number of systems, not just health.
- The Education System is an obvious system outside health, which can contribute to the development of health literacy, however increasing people's ability to make decisions regarding their wellbeing and health also impacts on other systems such as transport, housing, welfare, etc.
- Health Literacy won't happen without investment and it requires significant, ongoing funding and effort. It cannot (and should not) be separated from other literacies that are required as life skills eg civic literacy, financial literacy, digital literacy

A number of key areas for the Organisations' response to the PHC Strategy were identified for discussion at the forum, and these are reported below.

#### **a) How will we improve Primary Health Care and Health Literacy and through policy incentives?**

##### *What Happens Now?*

- One of the fundamental influences on primary health care and the ability to improve population health literacy is the current funding model based on fee-for-service with GPs as 'gatekeepers'. Current policies and systems contain perverse incentives working against an equitable system – eg fee-for-service in general practice does not allow the time and resources required to address the problems of people with complex health and social problems, or assist them to navigate the system, and yet it is these people who are the most costly for the system to deal with as their health and social problems increase.
- Another major issue to be addressed is that population health literacy will not improve if it is solely based on individual change behaviour models – changes must be supported at a number of levels. It must be recognised that health literacy is NOT just the provision of information NOR is it just educating people in health. It IS the recognition that all citizens have the right to be a part of the planning and maintenance of their own health as well as the health of the population as a whole and therefore policies and incentives need to be developed to support their ability to do this.

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<sup>3</sup> Ibid

<sup>4</sup> Kickbusch I, McCann W and Sherbon T. 2008. Adelaide Revisited: from healthy public policy to health in All Policies. *Health Promotion International*. Vol 23(1): 1 - 4

*What does this mean for the community and health consumers?*

- Many people, particularly from vulnerable communities, do not have access to optimal health care and “fall through the cracks”. They are unlikely to understand the links between health, housing, employment, transport etc and often do not know how to and/or cannot access the variety of services required for improving their health outcomes
- They are not aware of their rights and do not know how to navigate the system to access care

*What does this mean for health professionals?*

- GPs (as the most expensive primary care practitioners) are gate keepers for the rest of health system and often cannot cope with the complex and chronic conditions they are expected to address.
- The workforce is not currently trained and supported in health literacy

*Where changes could be made?*

- Fee-for-service is recognised as the most expensive option for service delivery and the health system and health insurance systems are fossilised and we need the courage to identify and implement alternative options. Policy incentives can be applied at a number of levels, and it is important to ensure that a wide range of views and suggestions are considered from both within and outside the health system itself.
- Use of nurse practitioners and other service providers that are less expensive than GPs should be considered – we should not be using the most expensive part of workforce to manage chronic disease. It may be time to consider universal coverage to extend beyond GPs
- New and innovative models of PHC delivery should be identified and considered and incentives can be developed to promote their use. These models include call centres (which have been shown to reduce GP visits) and ‘retail clinics’ in shopping centres.
- Health Literacy won’t just happen without investment and effort e.g. involving the health insurance and health systems more generally. Funding is required to support the time required to promote health literacy, as well as the development of active and innovative policies to reach those parts of the Australian community with the most need and the least health literacy skills.

## **b) How will we develop patient-centred care when there is no “typical” patient?**

*What Happens Now?*

- Whilst the National PHC Strategy Discussion Paper focuses on “patient centred care” there is little recognition of the diversity of patients, and how this impacts on the nature of clinical communications between individuals and health professionals. A key issue to be considered is the power differentials involved in most health encounters, and many people feel very disempowered when interacting with health professionals. This disempowerment leads to an inability to make decisions about their own health and health care and to consider what might be best for their own personal circumstances
- Some health professionals have embraced different ways of working with patients, using new health technologies and other forms of communication to enhance their professional relationships. However, there are currently considerations regarding recompense for time spent in such encounters, quality assurance etc.

*What does this mean for the community and health consumers?*

- Many people feel very disempowered in health encounters and are not satisfied with the treatment they receive.

*What does this mean for health professionals?*

- In many instances, health professionals are used to “telling people how to” rather than working with patients as partners in their own health care.

*Where changes could be made?*

- Health Literacy skills increases the capacity of individuals to make better decisions about their own health
- The nature of different consultations should be considered - eg GP consults are not same as other health professional consults, so different forms of health literacy are needed.
- Health care encounters should be viewed as opportunities for partnerships, and new and innovative approaches to these encounters should be encouraged.
- Health professionals require training and capacity building in their own health literacy skills, and in increasing the health literacy skills of their patients.

**c) Linking health literacy to chronic disease self-management – muddying the waters?**

*What Happens Now?*

- Whilst chronic disease is a major and growing issue for the health system, there are also a number of other significant issues, particularly in the context of primary health care, which benefit from a knowledge of self-management and health literacy.
- By placing health literacy in the context of self-management and individual preference, the broader applications and requirements for health literacy may be ignored.
- By focussing on individual responsibility and self-management, it is very easy to imperceptibly shift to ‘victim blaming’ and to begin to ignore the systemic and societal issues which contribute to illness and disease.

*What does this mean for the community and health consumers?*

- The people with the most complex and chronic conditions are often those least equipped to be able to “self-manage” because of issues around poverty, education, housing, empowerment etc.

*What does this mean for health professionals?*

- Health professionals require ongoing training and capacity building in the concept and practice of self-management but these need to be in the broader context of primary health care and health literacy.

*Where changes could be made?*

- It is important that the term “self-management” be used” rather than “chronic disease self-management” as the latter promotes a disease-focussed view of health.
- In terms of a primary health care approach, individual responsibility and self-management are only one tool in a holistic response to improving population health and health outcomes. By focussing on disease-specific, individualistic responses, a silo-ed and ineffective approach is perpetuated.
- “Self-management” should not mean “self-responsibility” but rather encompass active partnership and support
- Health literacy is not only a key requirement of self-management (ie understanding and navigating the system) but it can also empower patients to know when self-management may not be appropriate and systemic assistance is required.

## **How will we engage young people in improving their health literacy?**

### *What Happens Now?*

- It is well recognised that adolescents and young adults, particularly males, do not engage with health services as much as may be required. In particular, sexual health, mental health, violence, weight and body image, drug and alcohol use and other risk-taking behaviours are major health issues for young people.
- Young people's sources of information are varied and may often not be accurate.
- It is also recognised that the seeds of chronic disease are laid in childhood and adolescence, and indeed the age of onset of diseases such as diabetes is lowering dramatically.
- Research demonstrates that young people's concerns about health are different from adults' perceptions of their concerns, and rectifying this mismatch is crucial in identifying effective health messages and education processes.
- There are very few opportunities for young people to participate in discussions and interventions aimed at improving their health.

### *What does this mean for the community and health consumers?*

- There is evidence that the health (particularly mental health) and wellbeing of young people in Australia is declining.

### *What does this mean for health professionals?*

- Working with young people is seen as requiring specialist health professionals and young people themselves are very often not involved in the development and implementation of health policies and services which are tailored most appropriately to their needs.

### *Where changes could be made?*

- Young people must be actively involved in developing policies which will impact on their health now and into the future.
- Health literacy is a key facilitator in allowing the participation of young people.
- An obvious place to begin to develop health literacy in young people is through school curricula, and this should include problem solving.
- Schools should not be seen to hold the whole responsibility for health literacy in young people. Opportunities for community participation in policy-making should be identified and fostered.
- The power of social marketing and the use of new technologies (ie digital literacy) should also be a key component of working with young people to improve their health outcomes.
- The issue of responsible advertising and the role that advertising plays in influencing health behaviours should be a key consideration of any National PHC strategy.

## **SUMMARY**

The Organisations believe that it is time for a comprehensive National Primary Health Care Strategy in Australia. The current Discussion Paper is a very welcome first step in this process, however it appears to be too focussed on the system as it was and is, rather than taking a bold and innovative view of what a primary health care centred health system could (and should) be in the future.

A truly Primary Health Care-based system requires a new vision and strategies rather than a tinkering with the old disease-focussed system and maintenance of the old status quo. Health needs to be viewed in its broadest sense, incorporating recognition of the social

determinants of health and the need to promote health and wellbeing as everybody's business. Specific obligations and strategies to improve the health and wellbeing of Indigenous people must be explicitly included in such a document. Migrants and culturally-diverse groups should also be explicitly included. There should also be a willingness to look at new models and systems which may not be compatible with the old system, but which will be required for any effective health system in the twenty first century.

The Organisations believe that a core requirement for changing the system, ensuring a primary health care focus, empowering *all* Australians and improving population health outcomes is a focus on the development of health literacy at a population level, and this should be an overarching principle of any Australian Primary Health Care Strategy.

The Public Health Association of Australia (SA Branch)  
The South Australian Health Literacy Alliance  
The Australian Health Promotion Association



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## How to make money and improve your sex life - everyday applications of health literacy

**Wednesday 18th February 2009**  
**The Education Development Centre**  
**Milner St, Hindmarsh**  
**6.00 – 9.00pm**

Health is a personal, community and societal asset and health literacy is fundamental to the successful management of this asset at all levels. Health literacy is not just about understanding the health system but rather is about empowering people and communities to engage more effectively in consistently making healthy life choices. How systems of the future can support this is a crucial issue in many political portfolios. A key opportunity to help ensure that health literacy is embedded in future systems is the proposed National Primary Health Care Strategy.

This seminar will explore the role of a variety of systems in developing and maintaining health literacy and will provide the opportunity for input into the proposed joint submission by the SA Health Literacy Alliance, the Public Health Association of Australia (SA Branch) and the Australian Health Promotion Association to the PHC Strategy.

<b>Seminar Program</b>	
<b>6.00pm</b>	<b>Welcome and Introduction</b> <i>Professor Ilona Kickbusch, SA Thinker in Residence</i>
<b>6.15 pm</b>	<b>How CAN Health Literacy help you to make money and improve your sex life?</b> <i>Associate Professor Bob Adams, Chair, SA Health Literacy Alliance</i>
<b>6:30 pm</b>	<b>Different perspectives on improving health literacy at a population level....</b> <i>Professor Chris Findlay, Professor of Economics, University of Adelaide</i> <i>Mr Alwin Chong, Chair of the Aboriginal Health Council of SA Aboriginal Health Research and Ethics Committee</i> <i>Associate Professor Gerry Bloustien, Deputy Director, Hawke Institute, UniSA</i>
<b>7.15</b>	<b>Break for food and drinks</b>
<b>7.45</b>	<b>Panel session / group discussion on the National Primary Health Care Strategy and the role of health literacy</b> <i>Susan Lane, Facilitator</i>
<b>8:45 pm</b>	<b>Summary and close</b>

**Please RSVP to Victoria Shtangey by Tuesday 10<sup>th</sup> February 2009**  
**FAX: 8226 6040 or Email: [victoria.shtangey@health.sa.gov.au](mailto:victoria.shtangey@health.sa.gov.au)**