

Response ID ANON-G8U4-E6A1-N

Submitted to National Health Literacy Strategy Framework Consultation
Submitted on 2022-11-01 13:26:53

Introduction

1 What is your name?

Name:

Cressida Hall

4 What is your organisation and/or field of expertise?

Organisation or Field of expertise:

Australian Integrative Medicine Association

5 If representing an organisation, which sector does your organisation belong to?

Professional body/Peak organisation

Please specify which organisation :

Consultation Questions

6 Does the Framework capture the important components? If not, please describe what else is needed. (See diagram page 6)

Other. Please specify.

Important Components text box:

7 Is the proposed vision appropriate for the National Health Literacy Strategy (see page 7)

Yes

Vision: All Australians are enabled to make informed decisions about their health.:

8 Are the key principles captured? If not, what is missing? (See pages 8-9)

No, and I recommend changes. Please specify.

What are the Key Principles?:

This document misses a key component of health literacy – the agency and involvement of the patient. In this document health literacy is presented as a one-way street – how we can get patients to understand the messaging chosen by the NPHS. The monitoring, evaluation and measures of success are all predicated on 'getting the message out' rather than on whether the message results in good patient outcomes.

Health literacy begins with where the patient's understanding is and in establishing shared meaning between the doctor/practitioner and the patient. Health literacy and patient outcomes start with the practitioner listening not with information being imparted to patients. Any protocol or system that starts, as this one does, with the assumption that 'this is what we need to communicate to you' is not patient centred.

9 Are the aims the right ones for achieving the vision of the National Health Literacy Strategy? (See pages 10-13)

No, and I recommend changes. Please specify.

Achieving the vision of the National Health Literacy Strategy :

No. Aim 2 states: 'Information about preventive health should be easy to understand and act on and consistent across different sectors and organisations'. The word 'consistent' implies that there is one correct way to treat preventable disease.

Medical and health services are provided by a broad range of professionals trained in different modalities of care. Each profession/modality of care will have their own focus on how to treat preventable disease. Each practitioner will have their own expression of their training, built from experience, which they will use to co-design treatment with their patient. This plethora of ways to combat preventable disease cannot possibly be encapsulated into one consistent message.

Presenting 'consistent' messaging as proscribed by the National Preventive Health Strategy could limit the ability of health organisations and practitioners to disseminate their evidence-informed advice on preventive healthcare. Further there is the very real worry that this requirement could be used ideologically against health organisations and practitioners whose expertise and mode of practice falls outside the officially sanctioned 'consistent' messaging.

Limiting of messaging of preventive health measures in the name of 'consistency' could also have unintended negative consequences in building capacity for consumers to co-design their treatment/care. This is particularly true for culturally and linguistically diverse communities. The WHO, and the Australian Health Government, recognise the rights of individuals to access safe traditional, complementary and integrative medicine (TCIM). Messaging which does not allow the individual expression of communities who use TCIM would be discriminatory, would alienate their practitioners and prevent individuals from effectively co-designing their healthcare.

10 Do you have any example actions that could be considered under each aim? (See pages 11, 13 & 14)

Aim 1: Systems, policies and practices within and across sectors support an effective health literacy environment:

Within organisation capacity building to enable various attitudes and perspectives towards the proposed changes to the system, policy and practices to support effective health literacy environments. This could promote engagement within specialised preventative health-professional communities and positive acceptance. In addition, changes presented from an end-user (health consumer) perspective, highlighting the benefits, could enhance situational-culture changes that will need to occur to support effective health literacy environments in various Australian community settings.

Aim 2: All Australians can access health information that is easy to understand, trustworthy and culturally appropriate:

Ensure that complex information is presented in a way that is comprehensive, interesting (perhaps bound to culturally specific topics) and makes use of adaptive language common to target audiences.

Aim 3: All Australians have the skills to find and use reliable health information across the varied media they use:

Develop a visual flag system to rate 1. transparency, 2. conflicts of interest and 3. vested interests in health information that is available on the internet.

Obtain expert consensus on the definition of 'reliable health information'

Discuss transparency, conflicts and vested interests in an interesting and informative way to build peoples' capacity in their discernment of reliable health information.

11 Are the categories for the leaders and partners who will mobilise health literacy action appropriate? (See page 14)

No, and I recommend changes. Please specify.

Leaders and Partners mobilising health literacy action:

No. These categories are general and poorly defined, particularly where 'community' and 'communities' are referenced.

A study published in the American Journal of Public Health found that "the lack of an accepted definition of community can result in different collaborators forming contradictory or incompatible assumptions about community and can undermine our ability to evaluate the contribution of community collaborations to achievement of public health objectives" (MacQueen et al 2001) *.

This study also found that the commonly accepted definition of community was "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings"*.

This definition of community would accord with how the term is used in this strategy document. This is a flaw in the document which will lead to confusion in the implementation and evaluation of this strategy.

In the internet era communities transcend geography, national boundaries and socio-economic and cultural norms. These communities include health consumer communities, communities of practice, communities formed around a similar belief system, communities of people who practice or are treated by a specific branch of medicine (ie integrative medicine), communities around shared health experiences/diagnoses etc...

As doctors and health practitioners we know from our patients that these communities are powerful sources of health information. It would be a mistake to characterise these communities as purveyors of 'disinformation and misinformation'. As integrative medicine specialists many of our patients present with multi-morbidities and chronic disease. We find that a substantial number of our patients have extremely high levels of health literacy garnered through their membership of these non-geolocated communities. For this communication strategy to be successful and for patients to be empowered to co-design their treatment these communities need to be engaged and respected.

* Kathleen M. MacQueen, PhD, MPH, Eleanor McLellan, MA, David S. Metzger, PhD, Susan Kegeles, PhD, Ronald P. Strauss, PhD, Roseanne Scotti, MA, Lynn Blanchard, PhD, and Robert T. Trotter, II, PhD, What Is Community? An Evidence-Based Definition for Participatory Public Health Am J Public Health. 2001

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12 Please provide any other observations and advice that you have not had the opportunity to make on the Framework:

Any further observations and advice on the Health Literacy Framework: