

Health Literacy: Just What the Doctor Ordered?

The Menzies Centre for Health Policy/Nous Group Survey of Attitudes to the Australian Health System

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Health literacy

Definitions:

IOM (2004): Health literacy is the degree to which individuals can **obtain, process, and understand** the **basic health information and services** they need to make appropriate health decisions. But health literacy goes beyond the individual. It also depends upon the skills, preferences, and expectations of those **health information providers**: our doctors, nurses, administrators, home health workers, the media, and many others.

ABS (2006): 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.

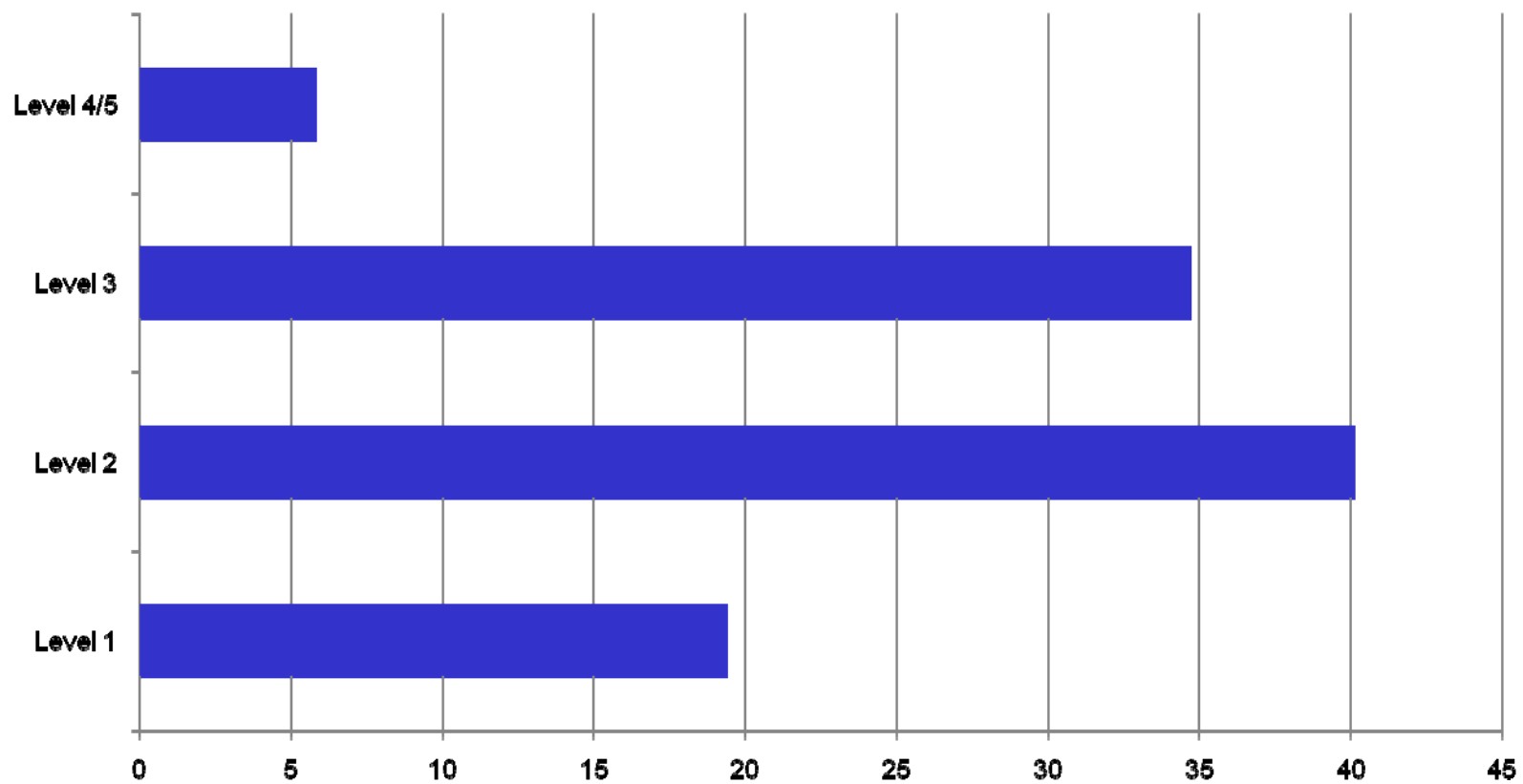
Nutbeam (2008): Clinical 'risk' or personal 'asset'?



Health literacy skill levels

Levels 1 and 2 are insufficient to function at a minimal level.

ABS Adult Literacy and Life Skills Survey 2008 (4228.0.55.002)



Menzies Centre for Health Policy Nours Group Survey of Attitudes to the Australian Health Care System 2008

- N=1200, random sample of Australians over 18.
- CATI (telephone) survey on a broad array of attitudes to the Australian health system: including satisfaction, privacy, financial stress and governance.

http://www.menzieshealthpolicy.edu.au/MCHP_V3/site/mn_survey/index.htm



The Menzies Nours Group Survey of Health Literacy

- Research Problem:

How do we measure health literacy as a personal asset, rather than a quantum of knowledge or passive comprehension of instructions?

The application of skills and knowledge to the navigation of health care.



Measuring 'health literacy'

- 1. Information
 - Use of different sources of information
 - Questions;
 - Listing sources of health information
 - Activity: such as searching the internet, asking questions of health professionals



Measuring 'health literacy'

- 2. Self-efficacy
 - ability to ask questions and process the answers
 - Questions for self-efficacy score.
 - The person's level of confidence while waiting to see the doctor in their ability to ask the right questions; and
 - The person's confidence that they could act on their doctor's advice; and
 - The person's confidence that they could manage their health condition following the consultation; and
 - the person's confidence that they could inform family and friends about their condition.



Does 'health literacy' influence outcomes?

- **Satisfaction**
How satisfied were they with recent experiences with the health system?
- **Responsiveness of medical staff**
How confident were they that their doctor would be able to deal with their health problem? How much information did doctor give them, encouragement to ask questions and opportunities to clear misunderstandings?
- **Accessibility of appropriate health services**
How confident did the respondent feel about access to quality and safe affordable medical care (drugs, technology)?



Contributions of each variable to the satisfaction model

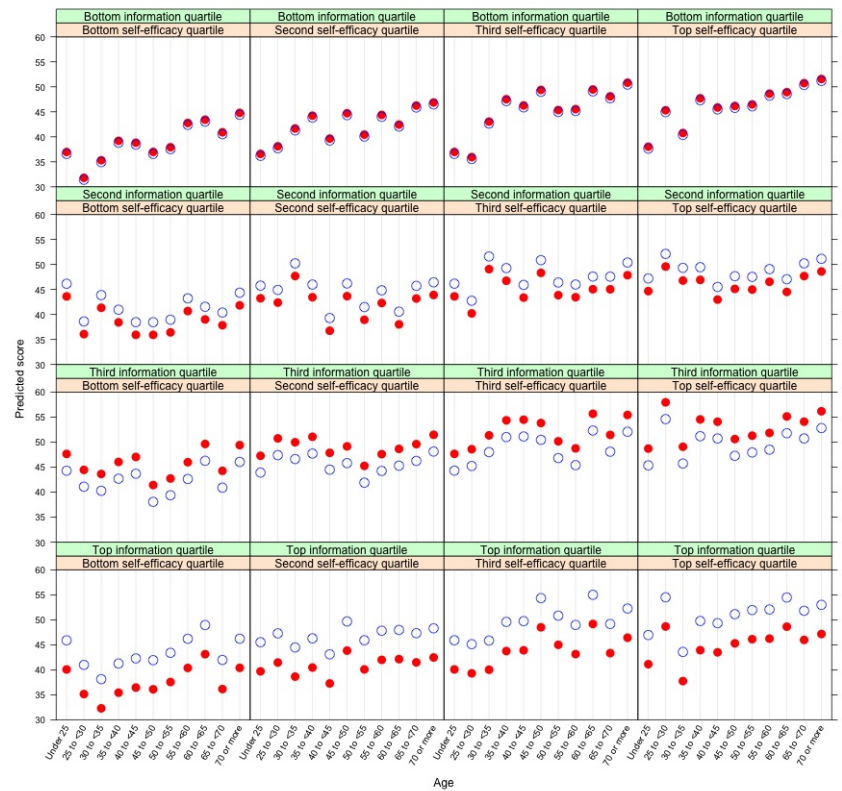
Variable	Contribution	Variable	Contribution
Sex	0.001		
Age	0.027	Self-efficacy	0.137
Birthplace	-0.000	Information	0.072
State	0.012	Used internet	-0.000
Education	-0.001	Activity	0.001
Occupation	0.009	Same doctor	0.000
Poverty	0.008	Health status	0.016
Demography total	0.086	Literacy total	0.274



Satisfaction model

(predicted scores)

Satisfaction with recent experiences in the health system



:

Contributions of each variable to the responsiveness model (confidence and communication with the doctor)

Variable	Contribution	Variable	Contribution
Sex	-0.001		
Age	0.024	Self-efficacy	0.280
Birthplace	0.018	Information	0.004
State	0.017	Used internet	-0.001
Education	-0.001	Activity	-0.001
Occupation	0.007	Same doctor	0.022
Poverty	0.010	Health status	0.001
Demography total	0.074	Literacy total	0.363



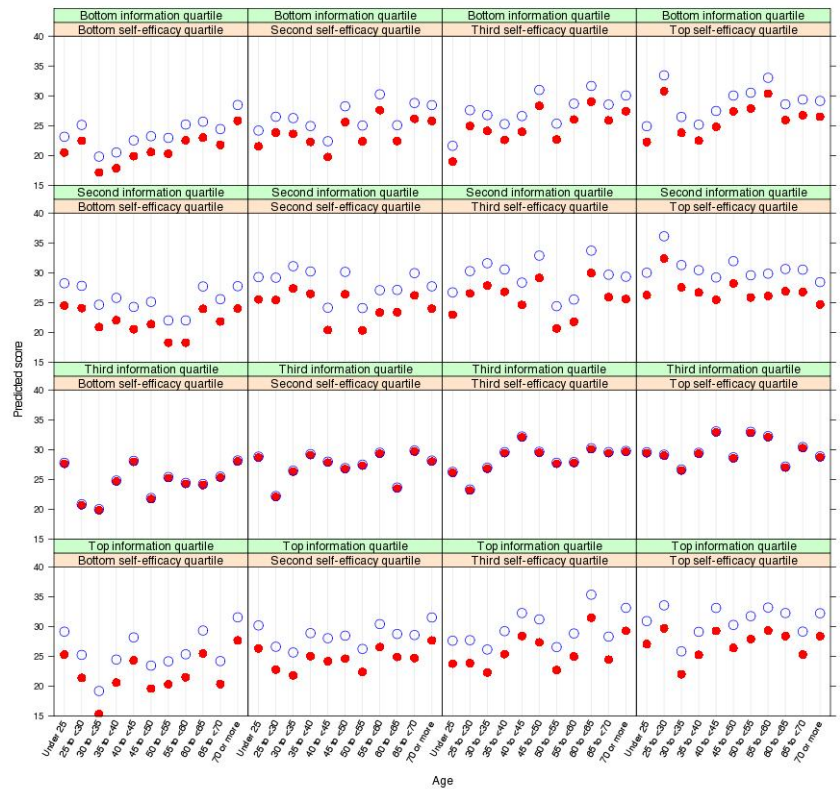
Contribution of each variable to the accessibility model (accessibility of appropriate services)

Variable	Contribution	Variable	Contribution
Sex	0.014		
Age	0.009	Self-efficacy	0.062
Birthplace	0.005	Information	0.031
State	0.012	Used internet	-0.000
Education	-0.002	Activity	0.006
Occupation	0.002	Same doctor	-0.001
Poverty	0.028	Health status	0.017
Demography total	0.079	Literacy total	0.140



Access model

how confident did the respondent feel about gaining access to the right medical care
(predicted scores)



Conclusions

- ‘Self-efficacy’ wins?
- Followed by information
- Poverty and age significant interactions
- Counter-intuitive finding: low impact of education



Caveats

- Sample bias
 - Telephone surveys
 - over representation of women and higher educated,
 - under rep of young, male, blue colour, NESB
 - Weighting
 - Corrects for bias, but flattens the texture
 - Every YMBC X 5 – are they typical?



A methodological moral

How does one obtain good data on sub-groups of people who are hard to get to?

Given that telephone polls seem to be so badly skewed, is there a better strategy for reaching some of these groups (eg. hanging about in casualty on a Sat night and getting bored young people to fill in forms?)



The survey was conducted nationwide among Australian residents aged 18+, between July 21 and August 5, 2008.

The number of respondents was 1200.

Interviews were conducted by telephone using random digit dialling CATI (Computer Assisted Telephone Interviewing)

The data were post-weighted by age, sex, state and education to reflect the population distribution. Fieldwork and post-weighting were carried out by Q & A Market Research.

