



Questions from the webinar *Health literacy in the ACT: Where are we now, and what can we do better?*

Participants asked great questions. Those we couldn't get to on the day are answered below. Please feel welcome to add to the answers by emailing admin@cbrhl.org.au.

“What are your views on Advance Care Directives?”

An [Advance Care Plan](#) records what kind of care and treatment you would like, if in the future you can't make decisions or speak for yourself. It lets health professionals and people who care about you know what your wishes are. An [Advance Care Directive](#) is an important Advance Care Planning document because it explains who you want to make decisions about your treatment if you can't, and the kinds of medical care you want or don't want. In the ACT, an Advance Care Directive is called a [Health Direction](#).

People with low health literacy are less likely to have an Advance Care Plan, or an Advance Care Directive. (1) There's good evidence that people are more likely to complete an Advance Care Directive when the forms they have to fill in, and the instructions they have to follow, are easy to read. Ideally, this means written in plain English at Grade 5 level with graphics. (2) Certified translation of forms and instructions, and assistance from an accredited interpreter, can be very helpful for some people who speak English as a second language. The Health Care Consumers' Association (HCCA) has Advance Care Planning workbooks and information in Simplified Chinese, Tagalog, Greek and Spanish [here](#). HCCA and the Aged, Carer and Disability Advocacy Services (ADACA) have also produced this [Easy English Advance Care Planning workbook](#).

Many people don't know what Advance Care Planning is. When we're well, planning for situations when we are very unwell may not be a priority. It can be upsetting to think about what kind of care we would like when we are dying. Advance Care Planning promotion can overcome these challenges. In the ACT there are community-based [Advance Care Planning](#) sessions for members of the public, including people who may face high demands on their health literacy. The ACT

Health Directorate [Advance Care Planning Program](#) can also help people complete a Health Direction and other forms.

There is a lot of research happening in the advance care planning area. For example, researchers at the University of Sydney School of Public Health are exploring how best to support consumers and clinicians to participate in Advance Care Planning– this includes a project to test the efficacy of nurse-led conversations using a question prompt list with oncology patients who have a prognosis of less than one year to live. You can see more about this project and others [here](#).

“What does the research say about supporting people with disabilities in improving health literacy? Can you expand on the connection between supported decision making and health literacy?”

The health literacy environment – policies, processes, how services and staff communicate with people, how buildings are designed - too often places additional demands on people with disabilities. For example, it may be very difficult for a person who uses a wheelchair or walker to get to and from a medical appointment due to inaccessible building design or a lack of disability-accessible public transport. Clinicians may not feel confident, or be aware that they can, assist a person with an intellectual disability to participate in decisions about their health.

The Australian Commission on Safety and Quality in Health Care suggests that people with disabilities can benefit from specific approaches to building health literacy (3) - [supported decision-making](#) is one of these. Supported decision-making is an approach to assisting people to consider health information and options, decide what is right for them and communicate their decisions to their treating professionals and others. This builds health literacy for the consumer and improves professional and service capacity to respond to health literacy.

In the ACT consumer and community groups are doing leading work in supported decision making. ADACAS's [Support My Decision](#) project is one example, Women with Disabilities ACT's [self-advocacy and supported decision-making workshops](#) are another.

“Can you explain more about the reasons for male gender being associated with lower levels of health literacy please?”

At the population level, men tend to have lower knowledge of health generally than women, and less awareness of risk factors for specific diseases. This is connected to patterns of seeing health professionals less often, delays seeking treatment for serious issues, and not recognising symptoms. (4)

Part of the answer may lie in targeting health promotion campaigns and material specifically for different groups of men. Most health information and education material in Australia is “generic, impersonal and not man-friendly”. (5)

“Have you got an example of a year 5 reading level?”

[Everyday Words for Public Health Communication](#), from the US Centres for Disease Control and Prevention, gives examples of many medical words and sentences and how you can re-write them in Plain English.

There's a good short example of how the same information reads when written for Year 12, Year 8 and Year 4 readers on page 2-3 of this [Toolkit for Making Written Material Clear and Effective](#) from the US Department of Health and Human Services

[This](#) is a good Plain English resource from Choosing Wisely, and [this](#) is the Charter of Health Care Rights written in Easy English.

“How should one communicate best with someone who does not agree with vaccination?”

The National Centre for Immunisation Research and Surveillance [suggest the following](#), citing Professor Julie Leask and Maryke Stevens.

- **Don't “go there” if it won't change their mind.**

If the person has fixed beliefs, you probably won't change their mind. “Keep interactions brief, factual and polite”. If you respond to “anti-vaccination” content online, it's possible that more people will see it. Social media sites tend to give priority to posts with more responses.

- **Agree to disagree.**

You might do this if you have family members or friends who hold these beliefs. If the relationship matters to you it may be better not to get into a disagreement. S

- **Affirm vaccination, then move on.**

If someone in your workplace, school community or parents group says they are delaying vaccinating their child, you could show that this is not a shared group norm. This can reduce the potential influence of the person on others. Say something like, “we vaccinate our children, we think it really important”.

- **Listen, affirm and recommend.**

This can work well with friends or family who are hesitant about vaccinating. Listen to them, and ask questions – so you understand their reasons. Try not to get emotional. Show that you respect them, and the care for their children that drives their concern, by saying something like “I can see you are trying your best”. Offer to share factual information, for example from the World Health Organisation Vaccine Safety Net portal [here](#). Try saying “I believe vaccination is important because...” And close with a plan – even if it's just “can we talk about this again some time?”

Read Professor Leask and Maryke Steven's full original article in The Conversation [here](#).

“How do we combat misinformation from food lobbies (e.g. meat) that push consumption of their products and may not be that healthy?”

Health literacy skills can help people to judge whether health and nutrition claims are trustworthy. The Canberra Health Literacy website has information and resources to help consumers and clinicians sort facts from claims [here](#). There’s also an argument for [better food labelling](#) – it’s part of the health literacy environment.

“Are there ways of training health care providers to assist in providing health information in an accessible way? As we’ve discussed, health literacy is about so much more than an individual advocating for themselves or improving their own skills, it’s also about fostering networks of trust and support with health providers.”

There are some tools that can help. “Teachback” and “Chunk and Check” are two – there’s more information about them on the Canberra Health Literacy website [here](#). Processes like [First Impressions](#) can help too. We hope the [Canberra Health Literacy Network](#) can play a role in supporting health care providers to continue to improve how they provide health information – please [be in touch](#) to talk about what you think the needs are and what would help you.

“What is one thing consumers can do to get what they need from the health system?”

Professor McCaffery suggested everyone should know [3 questions to ask](#): What is my main problem? What do I need to do? Why is it important for me to do this?

Canberra Health Services has recently become a [Choosing Wisely Australia](#) champion health service. The Choosing Wisely campaign suggests [five important questions](#) consumers can ask, to make sure they get the right level of care – not too much and not too little:

- Do I really need this test, treatment or procedure?
- What happens if I do nothing?
- What are the risks?
- Are there simpler safer options?
- What are the costs?

Another participant let us know that there is also now an app for COVID information in language: <https://www.myauscovid-19.org.au/>

References:

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