

# Health literacy and CALD populations in Australia

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**Health is one of the most highly valued resources for life, and one of the capabilities that people need to participate in the social and economic life of society. A healthy individual is one who realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community and to society.**

Consequently, health-related information is commonly sought by most people. Yet, the diversity, complexity and at times sheer quantity of health information available is overwhelming. It takes great skill to navigate the information available from very disparate sources including the popular media, news media, the internet, friends and family. Billions of dollars are spent by multinational companies on marketing products, with many claims made that may or may not have an element of truth behind them. Governments make announcements about health reforms, new policies, the latest research findings, and new programs which people may be able to access; while people are exhorted to maintain their own good health and that of their families, through exercise, nutrition, and active management of illness or disease. At the health system level, change is a constant in the application of technologies, medications, and approaches to health maintenance and development. In respect to being a health service user, being in hospital or accessing primary care services can be overwhelming, and unfortunately for some, a disempowering experience.

## THE RUBRIC OF HEALTH LITERACY

The skills we need to make sense of this cacophony of information can be grouped under the rubric of

health literacy. Health literacy is a fundamental skill we expect if people are to successfully manage their own health. Health literacy involves a wide range of skills built on general literacy, numeracy and problem solving. Health literacy enables people to access and effectively utilise knowledge about health and health care, and includes the skills of finding, understanding, interpreting and communicating health information. People who are able to seek appropriate care in a timely manner are able to make informed and considered health-related decisions based on information they have gathered, and in turn are able to better manage the processes of illness and wellness. Such people are thought to be health literate.

However, health literacy actually involves *more* than reading, numeracy and problem solving skills, and is considered to include issues such as cultural sensitivity and appropriateness in respect to individuals' constructions of health and relationships with health care providers.

As such, health literacy can be enhanced by:

- the development and delivery of *appropriately* prepared health-related information and materials
- the development and delivery of education materials for health care practitioners and planners to enable them become more responsive to their low health literate clients, as well as
- the implementation of broad-based structural and societal interventions such as the capacity development of specific populations to understand the things that keep them well or make them ill.

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## HEALTH LITERACY IN AUSTRALIA

In Australia, the Australian Bureau of Statistics has measured literacy and health literacy levels in the Australian population using the *Adult Literacy and Life Skills Survey* (ALLS) which is an Organisation for Economic Cooperation and Development (OECD) measure also used in eleven other countries. The survey was administered most recently in Australia in 2002 and 2006.

The 2006 data showed that approximately 40 per cent of all Australians have 'adequate' levels of general and health literacy, while 60 per cent have less than adequate levels of literacy and health literacy.

## Just 6 per cent of the Australian population has 'high' health literacy levels.

While these data indicate a broad-based deficit in the health literacy of the Australian population, the issues associated with, and contributing to, poorer health literacy still need to be better understood in relation to the underlying domains of health literacy, and by reference to the health-related impacts of poorer health literacy.

### CALD POPULATIONS

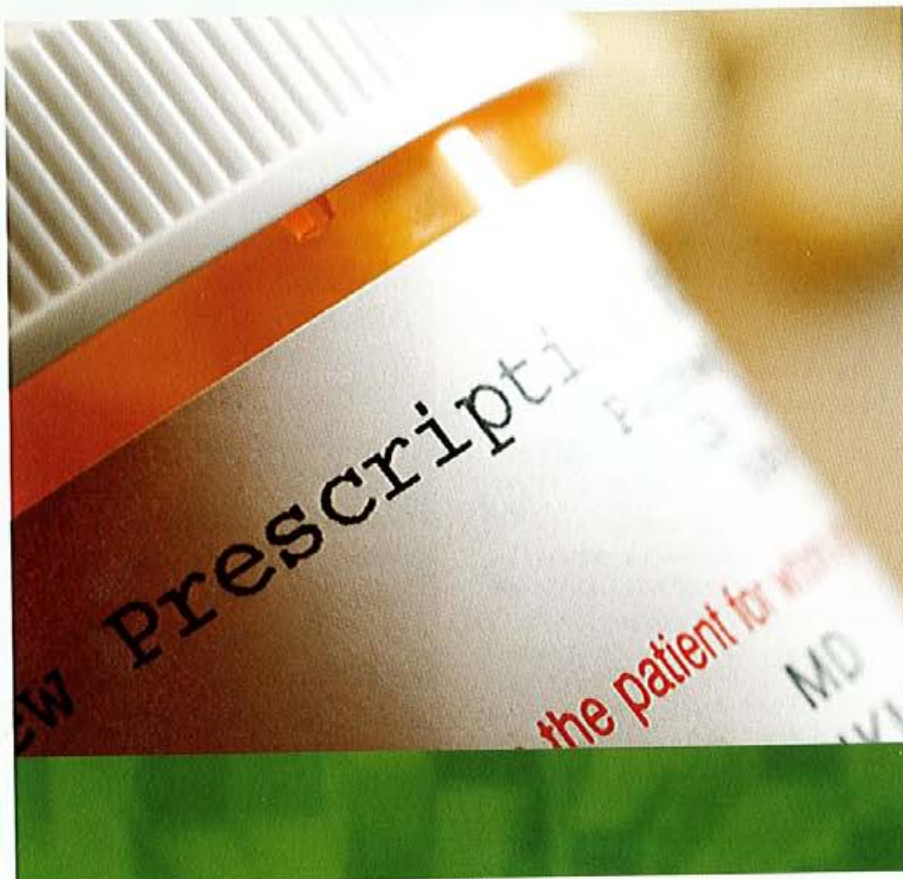
Culturally and linguistically diverse (CALD) populations in Australia vary enormously in their levels of health literacy; as is also the case within the broader Australian population. That said, the data suggests that adequate health literacy is only enjoyed by a minority of CALD individuals.

**In the broader population adequate health literacy is enjoyed by 40.6 per cent of 15-24 year olds.**

**In comparison 33.2 per cent of CALD individuals aged 15-24 years of age have adequate health literacy levels.**

**In the broad population 17.4 per cent of 65-74 year olds have adequate health literacy levels.**

**In comparison only 3.4 per cent of CALD individuals aged 65-74 years of age have adequate health literacy levels.**



Consequently, the issues for CALD populations have particular dimensions which governments, health systems, and health providers *must* take into account when attempting to improve health literacy, and thus the health and wellbeing of all Australians.

### CURRENT RESEARCH

To better understand how individuals construct their understanding of their health, and thus manage their health, based on the information available to them, Monash University is currently undertaking a number of research projects, with one of those specifically focusing on the needs of CALD individuals and communities. Accordingly, we are interested in hearing from organisations wanting to explore the issue of health literacy further within their own communities. To contact us, please call Dr Nikos Thomacos on (03) 9904 4873, or email him at [nikos.thomacos@med.monash.edu.au](mailto:nikos.thomacos@med.monash.edu.au). ■