



College Submission
November 2022

Feedback on the National Health Literacy Strategy Draft Framework

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care*. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

ACRRM has more than 5000 rural doctor members with 1000 doctors in training, who live and work in rural, remote, and indigenous communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

The College welcomes the opportunity to provide feedback on the National Health Literacy Strategy Draft Framework and supports the vision that all Australians are enabled to make informed decisions about their health.

The Strategy is clear and logical with an appropriate level of detail for a document of this scope, and the vision, principles and aims are generally appropriate, however need to be reframed in places to consider the differences between rural and remote and urban settings.



ACRRM is pleased to note the Strategy recognises that there will be “different challenges for some parts of our community that will require purpose-built solutions”,¹ however, it is imperative that the Strategy specifically references those parts of the community which face unique challenges in accessing health services, such as rural and remote and Aboriginal and Torres Strait Islander communities.

General Comments

1. The Vision

The College welcomes the vision of enabling all Australians to make informed decisions for themselves, their families and their communities, and the development of purpose-built solutions, designed in partnership with communities.

It is imperative that the important role of health professionals is recognised, developed, and utilised to progress the vision. This is particularly important in the context of rural and remote and Aboriginal and Torres Strait Islander communities, which rely heavily on the small team of doctors, nurses, and health professionals in their local area to meet their healthcare needs.

Health Professionals are one of the main sources of information about health care for consumers, and can recognise the needs and preferences of individual consumers and tailor their communication style to the person’s situation.² The Australian Commission on Safety and Quality in Health Care outlines the important role health professionals play in presenting information, encouraging people to speak up if they have difficulty in understanding information, adopt and adapt effective communication strategies, and improvement projects to reduce barriers to health literacy.³

In rural and remote areas Rural Generalists (RGs) are often the only provider of health services, and in areas where health services do exist, are often the first point of contact for patients. These doctors work across a range of settings including private clinics, to in hospital and healthcare facilities, and in emergency situations. Advanced skills in public health are an integral part of their rural and remote practice.

Studies demonstrate that people with low health literacy are more likely to have worse health outcomes overall⁴ and adverse health behaviours such as lower engagement with health services, higher hospital admission rates, poorer understanding of medication uses and lower ability to self-manage care.⁵

Literacy and consumer engagement initiatives must therefore be designed to ensure they can be easily adapted to the rural and remote context. The role of rural General Practitioners and Rural Generalists as leaders in rural and remote communities should be leveraged to ensure effective engagement.

¹ Draft Consultation Paper for the National Health Literacy Strategy, page 8

² Australian Safety and Quality Goals for Health Care *Partnering with Consumers: Action Guide*. ACSQHC, 2012. (Accessed 15 March 2013, at www.safetyandquality.gov.au/wp-content/uploads/2012/08/3-Partnering-with-consumers.pdf)

³ ACQSHC Report August 2014: Health Literacy: Taking action to improve quality and safety

<https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>

⁴ Berkman ND, Sheridan SL, Donahue KE, Halpern DJ and Crotty K (2011) ‘Low health literacy and health outcomes: an updated systematic review’, *Annals of Internal Medicine*, 155(2):97–107

⁵ <https://www.aihw.gov.au/reports/australias-health/health-literacy>



2. The Six Principles for Action

The six principles for action are commendable, and the College welcomes the fact that the Strategy will aim to apply an equity lens to ensure (i) that all Australians are enabled to make informed decisions about their health, irrespective of background or personal circumstance, and (ii) will seek to prioritise parts of the Australian community who face unequal access to health information and services.

The College would recommend that the Strategy is amended to specifically reference rural and remote Australians, who, on average, have shorter lives, higher levels of disease and injury and poorer access to and use of health services.⁶ It is imperative that the Strategy acknowledges the equity gap in access to health services faced by this group, and considers the unique challenges faced by this sector of the population. The Strategy should consider the impact of context in the way that activities are planned and designed.

3. The Aims

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

Rural and remote Australians are grossly underserved by the health system and record greater disadvantage by health, mortality, and morbidity measures as well as by most measures of social determinants of health. The disparities in the health status of Indigenous Australians and those of remote Australians are intertwined.

It is therefore imperative that in addressing health literacy for rural and remote and Aboriginal and Torres Strait Islander peoples that this includes buy-in and a systematic approach to the development of health literacy capacity at all levels of government and across sectors. Multi sector collaboration and cognisance of the wider determinants of health will be key.

It is important to note that health literacy is often already embedded within systems and policies⁷ and it is important that the Strategy builds on work already done to ensure alignment and avoid duplication.

It will also be critical to the success of the Strategy that those responsible for information provision can access the training and/or upskilling they may need to improve their responsiveness to Aboriginal and Torres Strait Islander people and/or people from culturally and linguistically diverse backgrounds to ensure health literacy information is delivered in a culturally safe and appropriate manner. The Strategy needs to acknowledge and make provision for translators for communities where English might be a second, third or fourth language.

It is important that policies, practices, and resources are developed, implemented, and evaluated with input from Aboriginal and Torres Strait Islander peoples and health practitioners, and in consultation with people with disability and their carers (for those targeted resources), and correspondingly by rural and remote health consumers and Rural Generalists. This is the only way to ensure that the priorities of these sectors of the population are adequately represented and reflected.

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

The Strategy needs to recognise that literacy and consumer engagement initiatives must be designed to ensure they can be easily adapted to the rural and remote context. Health promotion and education

⁶ AIHW Report Rural and Remote Health, Web report updated 22 October 2019

⁷ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard>



activities need to be tailored to the specific needs of each community, particularly high-risk communities, and need to be culturally responsive and safe for those from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds.

Cultural literacy is the ability to understand and use culture and social identity to interpret and act on information, and internationally, this is recognised as a component of health literacy.⁸ A person's language and culture affects the way they make meaning out of experiences, and this can lead to differing cultural expectations and understanding of health-related issues.⁹

Developing health literacy knowledge in healthcare providers and health professionals through education and training about health literacy and communication skills will assist in delivering information in a culturally safe, appropriate, and responsive manner.¹⁰

The importance of the Rural Generalist approach should be recognised in rural and remote and Aboriginal and Torres Strait Islander communities, and strategic work is required to support this as an enabler which should be leveraged to ensure effective communication, and delivery and dissemination of information to consumers.

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

There are still areas of Australia where limited access to adequate internet bandwidth and mobile phone coverage are significant impairments to the use of new and developing technologies, and in turn, access to online resources. These deficiencies should be addressed urgently as part of the broader digital health policy agenda. Significant and ongoing investment is required in programs such as the mobile blackspot and regional connectivity programs, to enable expansion of the mobile network and guarantee access to affordable voice and data services which meet minimum standards of reliability.

4. Leaders and Partners

The College welcomes the cross-sectoral approach adopted by the Strategy in recognising that strong and continued leadership, support, and commitment will be required from different groups including government and non-government organisations across sectors, members of the workforce, and people and their communities.

As stated previously, Rural Generalists are often the only provider of health services in rural and remote areas, and in areas where health services do exist, are often the first point of contact for patients.

The role of the Rural Generalist in supporting Australians to be physically well is no longer restricted to those experiencing ill-health, but also encompasses education, preventive measures, and early intervention to promote wellbeing, taking a proactive role in your own healthcare and assisting people at risk.

Studies demonstrate that higher levels of health literacy are associated with increased patient involvement in shared decision making, which is important in person-centred care.¹¹ Improving health literacy is therefore a key component in allowing people to partner with health professionals for better

⁸ Zarcadoolas C, Pleasant A, Greer D. *Advancing Health Literacy: A Framework for Understanding and Action*. San Francisco: John Wiley and Sons, 2006

⁹ Kleinman A, Benson P. Anthropology in the clinic: the problem of cultural competence and how to fix it. *Public Library of Science* 2006;3(10):e294

¹⁰ ACQSHC Report August 2014: Health Literacy: Taking action to improve quality and safety. Page 68

¹¹ De Oliveira GS, Errea M, Bialek J, Kendall MC and McCarthy RJ (2018) 'The impact of health literacy on shared decision making before elective surgery: a propensity matched case control analysis', *BMC Health Services Research*,18:958



health,¹² and the role of the Rural Generalist in improving health literacy in rural and remote areas should be leveraged through appropriate funding mechanisms and policy levers.

College Details

Organisation	Australian College of Rural and Remote Medicine (ACRRM)
Name	Marita Cowie AM
Position	Chief Executive Officer
Location	Level 1, 324 Queen St, PO Box 2507 Brisbane Qld 4001
Email	m.cowie@acrrm.org.au
Phone	07 3105 8200

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live and pay respect to their Elders past present and future.

¹² <https://www.aihw.gov.au/reports/australias-health/health-literacy>