

Response ID ANON-G8U4-E6YW-K

Submitted to National Health Literacy Strategy Framework Consultation
Submitted on 2022-11-09 16:20:55

Introduction

1 What is your name?

Name:
Professor Jo Salmon

2 What is your email address?

Email:
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3 Are you responding on behalf of an organisation, or as a consumer/individual?

Organisation or Individual:
On behalf of an organisation

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

Organisation or Field of expertise:
Institute for Physical Activity and Nutrition (IPAN), Deakin University

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

University/Education/Research Institution

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)

No, and I recommend changes. Please specify.

Important Components text box:

Because health literacy is both an individual attribute and one which is impacted by the health literacy environment, we recommend in the 'Principles for Action' section, it should be made clear that the Strategy will address both individual health literacy (at the patient / person level) and organisational health literacy (a concept that describes the way in which for example health services make information and resources accessible to people according to their health literacy needs).

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?:

The Institute for Physical Activity and Nutrition (IPAN), Deakin University recommend an additional principle for action focusing on digital health literacy. For example, wording could be "development and/or investigation of digital health literacy interventions". Given that digital health approaches are progressing rapidly across all fields of medicine, the potential benefit of digital technologies to support health literacy is manifold, such as equity of access to health-related information, convenient delivery of educational content in different audio-visual formats and languages and the possibility to incorporate user interaction for additional intervention effect. At the same time, digital technology interventions must consider the digital health literacy of user groups.

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

Other. Please specify.

Achieving the vision of the National Health Literacy Strategy :

Within the aims, we would like to see a focus on improving interactions between an individual and the healthcare system, more so, improving the communication skills of health providers rather than patients. This might require a workforce training / professional development focus, which could be articulated as part of Aim 1 & 2 in the NHLS. Furthermore, as highlighted in Aim 1, this extends beyond the healthcare system and might also include training for teachers and other professionals that play a role in supporting healthy literacy in the community more broadly.

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:

'The teach-back method' of checking and clarifying information can be considered a health literacy intervention and there is very strong evidence for the effectiveness of 'teach-back' in chronic disease populations (Talevski et al. 2020; PlosOne; . doi: 10.1371/journal.pone.0231350)

We also recommend that to achieve this aim there is adequate investment made across Government programs and projects to embed health literacy elements. For example, the review of the Australian Dietary Guidelines requires a well-resourced (ie funding allocated for a) consultation process to ensure key messages are understood by consumers from a range of backgrounds and cultures. Another example would be as part of the review of the FSANZ Act (e.g. the current objectives of the FSANZ Act are about providing information to allow consumers to make informed choices), funding is provided to enable FSANZ to implement these health literacy objectives.

Another area of action under Aim 1 would be implementation and dissemination of Sport Australia's Australian Physical Literacy Framework (https://www.sportaus.gov.au/physical_literacy) which supports the development of physical literacy in all people throughout their lifetime. Physical literacy is about building the skills, knowledge and behaviours to lead active lives. The Framework and associated resources available via Sport Australia website will help people understand how to progress on physical, psychological, social and cognitive levels and enjoy lifelong participation in sport and physical activity.

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

The Institute for Physical Activity and Nutrition (IPAN), Deakin University recommend this Aim includes the following actions:

- Promote high quality sources of information in digital environments so that they are visible. For example, enhance search engine optimisation so that reputable websites are likely to appear first in web searches, sponsorship of social media pages by reputable government and non-government organisations so that they appear in consumers' social media feeds.

- Utilising services such as the Health on the Net Code (HONcode) certification for websites, so that high quality and reputable websites that provide health information are easily to identify.

- Encourage and provide funding for the creation of digital resources by health professionals and credentialed experts. In particular, websites and social media pages that are authored by individuals with relevant qualifications, to help combat the health misinformation that is present online. Currently, most health professionals and other experts do not have time to dedicate to developing online resources. Government investment in this area of health literacy (for example grants and tenders) will enable action.

IPAN, Deakin University also recommend an action about regular review and updates to government websites that provide health information. Our systematic review (Denniss, E et al - currently under review) found some government websites that provided nutrition information contained inaccuracies and were of poor quality. It is important that the government provides health information that is consistent with current evidence, trustworthy and understandable and does not contribute to the current significant digital misinformation problem.

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

IPAN Deakin University suggest adding to the example action included in this aim that digital health literacy and media literacy should be key components of education about health literacy. Online health misinformation is a major problem, and the public should be well equipped to discern which online sources of information they can trust.

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:

IPAN Deakin University recommend the addition of one more category: "Industry – including media/tech industry and platform owners".

Stakeholders in the media and tech industries, for example, social media platforms, have a role to play in promoting health literacy (e.g., through content warnings of potentially dangerous information and promotion of trustworthy information). The WHO have just launched a toolkit for tackling misinformation on NCDs and have outlined that industry must be involved in addressing the health misinformation problem. <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6260-46025-66542>

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:

Digital Health Literacy

IPAN, Deakin University recommend a greater focus on digital health literacy throughout the NHLS. The use of digital health has risen exponentially over

recent years, and modern healthcare relies increasingly on digital technologies to educate, organise, and support people to manage their health. However, disparities in digital health literacy may lead to further widening of existing health inequalities and there is a need to ensure that digital technologies are accessible and usable by all. A greater understanding of the digital health literacy needs of the population is needed, especially in vulnerable population groups (low SES groups, CALD groups, rural/remote populations, etc.).

Online health misinformation and disinformation is a significant problem and should be a key issue that is addressed in the Framework. Currently, a large amount of health misinformation and disinformation is present on social media and websites. Consumers use information from these online resources to inform their health decisions and are therefore at risk of making decisions based on false information. The WHO toolkit for tackling misinformation in NCDs is a very useful resource and can be used to inform the Framework (<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6260-46025-66542>)

The quality of online health information is also a significant problem (quality refers to aspects other than accuracy, such as use of references, conflicts of interest, provision of transparent and unbiased information). IPAN, Deakin University have recently developed a tool for evaluating the quality of health-related social media content (<https://www.jmir.org/2022/9/e37337>). The quality principles developed by Denniss et al (2022) may be used to help educate health professionals about how to develop high quality social media content and educate consumers about selecting high quality content. Key components of high quality information are:

1. Accessibility

Health information on social media should be accessible to all. It should be written in plain language (not above a year 5 reading level), avoid the use of jargon and be accessible to hearing and vision impaired individuals.

2. Transparency

Social media content should be transparent and contain clear and prominent disclosures about conflicts of interest, including advertising and sponsorship disclosures and clearly mention both risks and benefits.

3. Authoritative and evidence-based

Information published on social media should be based on current, reputable research and posted by individuals who are suitably qualified.

4. Complementary of relationships between patients and health professionals

Social media content should not aim to replace relationships between patients and healthcare providers.

Food Literacy

A key area of health literacy relevant to the key areas of action for the National Preventive Health Strategy is food literacy. Food literacy refers to the inter-related knowledge, skills and behaviours associated with the use and consumption of food across four domains, namely, food management and planning, food selection, food preparation and eating. Food literacy has been shown to be an important determinant of diet quality, and therefore health. Consumers are faced with many food-related decisions at eating occasions across the day within increasingly complex lifestyles, physical and social environments and contexts. While health literacy is now the focus of national monitoring and surveillance activities, currently there are no activities at a national level to understand population food literacy and evaluate existing policy and programs.

The NHLS should therefore be integrated and connected to various other Government Policies and Strategies, for example, the national nutrition policy (to be developed) the National Digital Health Strategy, the National Obesity Strategy and the National Preventive Health Strategy.

Physical Literacy

Another key area of health literacy relevant to the key areas of action for the National Preventive Health Strategy is physical literacy. A physical literacy focus supports participants to be physically active more frequently and more confidently which will lead to longer term health benefits such as healthier blood sugar levels, reduced risk of obesity and other non-communicable diseases.

The Australian Sports Commission identified the need to measure a child's perceived level of physical literacy and engaged the Institute for Physical Activity and Nutrition (IPAN), Deakin University to develop the Physical Literacy in Children Questionnaire. In this fun questionnaire, children view images of a bunny type character in 30 different sport, physical activity and movement scenarios and chose the one that best represents their ability. The scenarios align with the 30 physical literacy elements in the Australian Physical Literacy Framework.

This holistic view of a child's physical literacy helps researchers and people working in the sport sector develop programs that support children on their physical literacy journey and increase their chance of being physically active for life.

The questionnaire can be used to:

- determine the effectiveness of sport, physical activity and teaching interventions
- better plan sessions to support children develop their physical literacy
- track children's progress over time
- measure population levels of children's physical literacy
- help measure government initiatives.

Find out more at: https://www.sportaus.gov.au/physical_literacy/resources