

27 March 2015

Salli Rowe
The Health Literacy Project Team
Māori Health Business Unit - Te Kete Hauora
Ministry of Health
PO Box 5013
Wellington 6145

By email: Salli_Rowe@moh.govt.nz

Framework for health literacy: a health system response

Dear Salli

The New Zealand Medical Association (NZMA) wishes to provide feedback to the Ministry of Health on its framework for health literacy.

The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders. Our submission has been informed by feedback from our Advisory Councils as well as the Board.

The NZMA recognises the importance of health literacy for health and wellbeing and continues to advocate for improvements in health literacy as part of our core advocacy activity. We welcome the work the Ministry is doing to enhance health literacy at all levels across the health system and we applaud the efforts of the Health Literacy Project Team in developing the draft framework for health literacy: a health system response.

While we are generally comfortable with the essence of this document, its structure and wording are not conducive to ease of use. We consider it to be visually busy and rather verbose, with some very long sentences. In order to make the framework more accessible and quicker to understand, we suggest that the Ministry consider revising it such that it reads more simply, uses fewer words and is visually easier to digest. We contend that a document that is specifically about health literacy should be written using a 'Plain English' style. The WriteMark organisation, which

adjudicates the annual New Zealand Plain English awards, describes Plain English as “a style of writing in which the language, structure, and presentation of a document all work together to help the reader. A document written in plain English is easy to read, understand, and act upon after just one reading.”¹

We note that the framework refers only to the health system. It is our view that improving health literacy is relevant to sectors beyond health, such as education. Accordingly, we suggest that the framework add mention about the role of non-health actors including, for example, the Ministry of Education.

We also suggest that the framework should acknowledge the issue of general literacy levels, given that nearly half the adult population in New Zealand has suboptimal levels of literacy (including prose literacy, document literacy and numeracy).² We note that a key predictor of improving health outcomes, internationally, is female general literacy.³ It would be useful for the Health Literacy Project team to conduct further analysis to explore the extent and nature of any correlation between health literacy and general literacy. Were poor health literacy shown to be simply a symptom of poor general literacy, then interventions directed at that macro level should also perhaps be addressed in the framework, along with consideration as to how the health sector could assist with improving general literacy.

Finally, we submit that it may be useful for the framework to make reference to particular groups that are known to experience poorer general and health literacy (eg, Māori, Pacific people, refugee and prison populations). There are many other factors that impact on health literacy. These include having English as a second language, or being cognitively or psychologically impaired. In turn, people may be psychologically impaired because of acute or chronic mental health disorders, but they may simply be experiencing commonplace shock following unexpected bad news (eg, being informed of a serious diagnosis in themselves or their family/whānau). This can, of course, happen to anybody at any time.

We hope that our feedback on this consultation is constructive and assists the Health Literacy Project Team in refining its framework. The NZMA would welcome the opportunity to engage further with the Ministry on this important issue, and we look forward to being kept apprised of progress on initiatives to improve health literacy.

Yours sincerely



Dr Mark Peterson
NZMA Chair

¹ Definition available from <http://www.plainenglishawards.org.nz/what-is-plain-english/>

² Data available from <http://socialreport.msd.govt.nz/knowledge-skills/adult-literacy-skills-in-english.html>

³ Kickbusch IS. Health literacy: addressing the health and education divide. *Health Promot Int.* 2001 Sep;16(3):289–97. Available from <http://heapro.oxfordjournals.org/content/16/3/289.full.pdf+html>; Berkman ND, et al. Literacy and Health Outcomes: Summary. 2004 Jan. In: *AHRQ Evidence Report Summaries*. Rockville (MD): Agency for Healthcare Research and Quality (US); 1998–2005. 87. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK11942/>