

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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Mrs Leslie Williams MP
Chair
Parliament of New South Wales
Committee on the Health Care Complaints Commission
Macquarie Street
SYDNEY NSW 2000

Dear Mrs Williams

Inquiry into the promotion of false and misleading health-related information or practices

Thank you for your letter of 5 December 2013 concerning the New South Wales Parliament's inquiry into the promotion of false and misleading health-related information or practices. The promotion of false and misleading health-related information is a risk to safe and high quality health care, and is of particular concern given that only 40 per cent of Australian adults have the level of individual health literacy needed to meet the complex demands of everyday life.³

Since 2006, the Australian Commission on Safety and Quality in Health Care (the Commission) has helped to identify, raise awareness of and support healthcare organisations to make improvements to, the safety and quality of health care. During this time one of the most commonly cited concerns by stakeholders has been the influence of lower levels of health literacy on health care and outcomes.

The provision and promotion of health-related information forms part of the health literacy environment and, as such, promoting false and misleading health-related information or services contributes to the complexity and misunderstanding of health information and systems. It affects people's capacity to understand their health and health care, and the choices they make to keep themselves and their family well.

Health-related information is developed and distributed by a range of public and private organisations with different contexts, purposes and motivations for delivering this information. For example, information on medicines can be developed by pharmaceutical companies, government departments, pharmacists, healthcare organisations, manufacturers, interest groups and/or researchers. In each case it is likely that purpose of the information provided will be different, affecting the content, format and potentially the quality of the information.

In Australia there are currently no agreed quality standards or requirements regarding the provision of health-related information, beyond those focused on addressing false and misleading claims overseen by the Therapeutic Goods Administration and the Australian Competition and Consumer Commission.

As part of its work on health literacy the Commission advocates for a national coordinated and collaborative approach to addressing health literacy and is committed to supporting healthcare organisations to deliver services, systems and information about health and health care that is easy to understand and evidence-based.

The Commission proposes that for sustainable improvement in health literacy in Australia, it is important to address health literacy in a systematic way and that action needs to be taken across three areas:

1. Embedding health literacy into systems

This involves developing and implementing systems and policies at an organisational and societal level that support action to address health literacy. These systems could include altering funding mechanisms to encourage awareness and action on health literacy, implementing policies that prioritise health literacy in program planning, and designing healthcare organisations in a way that makes it easier for people to find their way.

2. Ensuring that health information is clear, focused and usable and that interpersonal communication is effective.

This involves providing print, electronic or other communication that is evidence-based and appropriate for the needs of consumers. It also involves supporting effective partnerships, communication and interpersonal relationships between consumers, healthcare providers, managers, administrative staff and others.

3. Integrating health literacy into education

This involves educating consumers and healthcare providers and could include population health programs, health promotion and education strategies, school health education, and social marketing campaigns as well as formal education and training of healthcare providers.

Everyone can play a part in addressing health literacy. Of particular importance for people and organisations working in the health sector is the responsibility they have to ensure that the health literacy environment makes it as easy as possible for consumers, patients, families and carers to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate actions. Health-related information and services need to be evidence-based and provided in a way that are easy to understand and act on.

Information on the Commission's work on health literacy can be found at:

<http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/>

I have attached a copy of the Commission's *Health literacy: Taking action for safety and quality* consultation paper, which provides an outline of health literacy including the various influences, potential outcomes and a proposed framework for a national, coordinated approach to health literacy. A final version of the paper will be available on the Commission's web site in late 2014.

Thank you for the opportunity to provide a response to such an important inquiry, I look forward to reviewing the outcome of this work. If you have any further enquiries regarding the Commission's work on health literacy, please contact:

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Yours sincerely

[Redacted]
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