



HeLP: Health Literacy in Pharmacy project

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Key Findings (max. 1 page)

The findings of this project describe an issue that has profound personal and service impact, and presents significant burden to the health system. Health literacy is a term used to describe the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health. In the pharmacy setting, people with limited health literacy have increased risk of medication misadventure, may misunderstand warning labels and directions, and may not access their entitlements. In a broader perspective, it is estimated that 56% of Australian adults have limited health literacy, and in the United States, the consequences cost over \$200 billion each year (Vernon et al., 2007).

There has been limited success in addressing the issues and impact of low health literacy, particularly in the pharmacy setting. There is limited research in the community pharmacy context. Very few interventions exist to manage the issue of limited health literacy and ever fewer are successful in improving consumer health literacy. The focus needs to broaden to include health professionals and their skills and abilities to reduce the impact of limited health literacy.

An evidence-based educational package for community pharmacies, the HeLP (Health Literacy in Pharmacy) program, was developed for, and trialled by, pharmacy staff. The program, designed for pharmacists and support staff, applies adult learning principles, educational tools and resources to enhance delivery. The constituent modules are illustrated in Figure 1. Our 'Universal Precautions' strategy encourages staff to assume a consumer has limited health literacy unless there are indications of higher engagement. A 'train-the-trainer' approach (using two delivery modes – face-to-face training and electronic/self-directed learning) was used for dissemination within the pharmacies. A randomised-controlled trial was conducted with 77 pharmacies from three states to evaluate the impact of the program and guide its refinement. Significant improvements were detected in the key outcome: the use of the phrase, 'What questions do you have?' Greater adoption of teach-back techniques was not evident, although focus group feedback indicated reasons for this, which informed enhancement of the educational package. There was measured improvement in attitudes and intentions in regard to implementing and using the package in the pharmacy. Some organisational barriers may hinder confidence in implementing the package and applying Universal Precautions in counselling. Overcoming these barriers is vital in promoting sustainability of the educational package in the pharmacy. The HeLP education program is accessible, useful and meaningful to pharmacy staff. It is recommended that it be made widely available for community pharmacies as well as pharmacy schools to improve consumer services and health outcomes. Ongoing monitoring and review should be part of an implementation strategy.

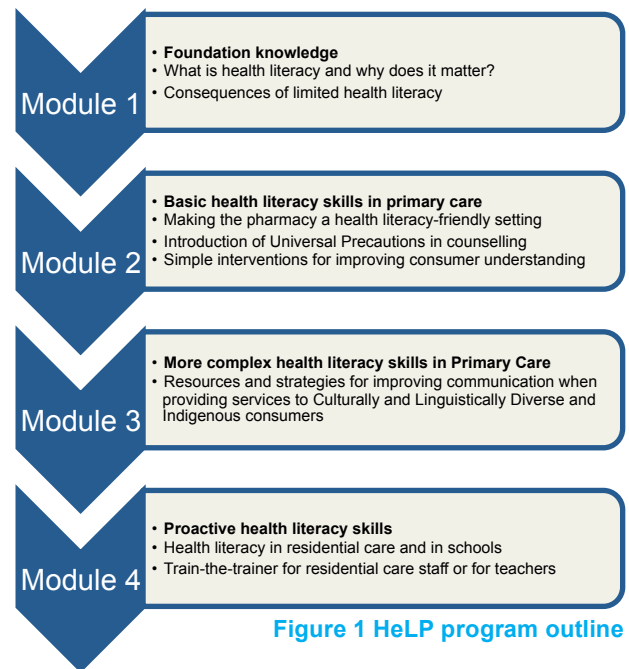


Figure 1 HeLP program outline