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Original Research

Exploring culturally and linguistically diverse consumer needs in relation to medicines use and health information within the pharmacy setting

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Abstract

Background: Low health literacy may result in adverse health outcomes for patients and is a problem faced by countries with multi-ethnic demography. For those of culturally and linguistically diverse (CALD) backgrounds, this problem can be compounded by language barriers such as low English proficiency (LEP). The pharmacy is often the last point of health-care provider contact before patients begin taking their medicines and the first point of care for minor ailments. There is a paucity of data exploring or establishing the needs of this population with respect to general medicine use/health information and pharmacist assistance.
Objective: This study aimed to investigate the needs of CALD Australians with low or negligible English proficiency, specifically in regards to their understanding of health and medicines and the role of pharmacy in achieving best medicine use outcomes for this population.
Methods: A qualitative method was employed. Semi-structured interviews were conducted with individuals of CALD backgrounds with a self-reported low or negligible English proficiency. The interviews explored past experiences with medicines use and interaction with health care professionals. A grounded theory approach with the method of constant comparison was undertaken for analyzing the data. Interviews were conducted until there was a saturation of themes.
Results: Thirty-one interviews were conducted, and data analyses identified themes relating to medicine use of CALD community members which were broadly categorized into: (1) health information, (2) interactions with health care professionals, (3) social networks and (4) perceptions and beliefs influencing health-related behavior.
Conclusions: In CALD communities there are significant barriers to patient understanding and optimal use of medicines. There is significant potential for pharmacy to facilitate in addressing these issues as currently pharmacy is largely playing the role of dispenser of medicines. Whilst timely access of medicines is being

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ensured, there seems to be ample room for improvement in terms of pharmacy's role in facilitating appropriate and efficacious use of medicines with such CALD community members.

Keywords: Health literacy; Culturally and linguistically diverse patients; Pharmacy; Low English proficiency

Introduction

Health literacy is the ability to access, understand and use basic health information, including being able to navigate health services and to make informed health decisions.[1] It is dependent on social and individual factors[1] and may be categorized into three levels: functional, interactive and critical.[2–4] *Functional* health literacy relates to an individual's level of basic knowledge and skills that allows adherence to professionals' advice.[3] *Interactive* health literacy relates to the development and use of more advanced cognitive skills relating to a more active patient role.[3] *Critical* health literacy relates to a person's ability to critically analyze and use information to exert greater control in health care decision making and wider community advocacy.[3–6] Constructs underlying these definitions indicate that health literacy is a multi-faceted concept; even obtaining the simplest level of health literacy requires an individual to have knowledge and skills that include reading, writing and numeracy, listening to get information, oral and visual communication, problem solving and decision-making.[7] Thus, there have been a variety of efforts to mitigate the effects of low health literacy by addressing these various aspects. These include attempts to enhance patient education materials to make them more understandable using graphic and design techniques,[8] training of community members to enhance health literacy levels[9] and focusing on the role of the health professional in overcoming barriers associated with low health literacy, such as communication and learning style.[10,11]

A number of studies have demonstrated the negative impact of low health literacy on patient health and on health care system costs, as well as the importance of health literacy for social and economic development that have provided the impetus for this focus.[12–14] Low health literacy is associated with a greater likelihood of adverse outcomes,[15] less knowledge about health issues, less clarity in patient-provider interaction[16] and detrimental effects on essential aspects of health and treatment such as adherence.[17–19] Low health literacy also is associated with a lower ability to interpret health messages, including prescription label instructions, which is of particular concern, as the medicine container label is the most tangible and repeatedly used source for referring to prescription drug instructions by patients.[20]

Literature indicates that low health literacy is a problem that persists in all communities,[21,22] but for those from culturally and linguistically diverse (CALD) backgrounds, this problem can be compounded by language barriers such as low English proficiency (LEP), in countries where English is the official language.[20,21] CALD populations, also referred to as "ethnic minorities" in the literature, have been shown to have lower levels of health literacy in comparison to their majority ethnic counterparts.[1,23] CALD members of the community with limited health literacy and LEP are considered to be among the most vulnerable to suboptimal medicine use and health service utilization.[24] Linguistic and cultural barriers also negatively affect patient satisfaction. It has been shown that in English speaking countries patients whose primary language is English are more satisfied with their care in general than patients who have a non-English primary language.[25] CALD communities are known to need unique and personalized assistance to access and navigate the health care system and understand health information, to be able to make informed decisions and manage their health.[26,27]

In Australia, where English is the official language, the Adult Literacy and Life skills survey (ALLS) conducted in 2006, revealed that of those born overseas in a mainly non-English speaking country, only 26% achieved at the least the minimum score required for adequate health literacy.[21] Thus, a significant proportion of first generation Australians born in non-English speaking countries appear to have inadequate health literacy levels. This is particularly concerning as a recent 2011 National Australian Census reveals Australia to be among the most multi-ethnic of nations in the world with many CALD populations.[28] For instance, 31% of the population of the state of