

An Evaluation of the Impact of a Health Literacy Educational Package for Community Pharmacists and Pharmacy Staff in Australia

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Introduction

- Limited consumer health literacy contributes to medication misadventure,¹ including:
 - Misinterpretation of medication warning labels;²
 - Unintentional non-adherence;³ and
 - Misinterpretation of medication directions.²
- Communication techniques that focus on increasing consumer understanding of health information and engagement with health professionals should be employed with all consumers by health professionals.
- Support for **universal precautions in health literacy** has grown over recent years.
- Health literacy awareness in the Australian pharmacy setting is low. Therefore educational initiatives to increase adoption of universal precautions are warranted.

- Universal precautions:** Assumption that consumer has limited health literacy until cues or clues from the consumer indicate otherwise.
- Primary outcomes:**
 - Routine use of “What questions do you have?” to encourage questions.
 - Adoption of the “teach-back method” in counseling

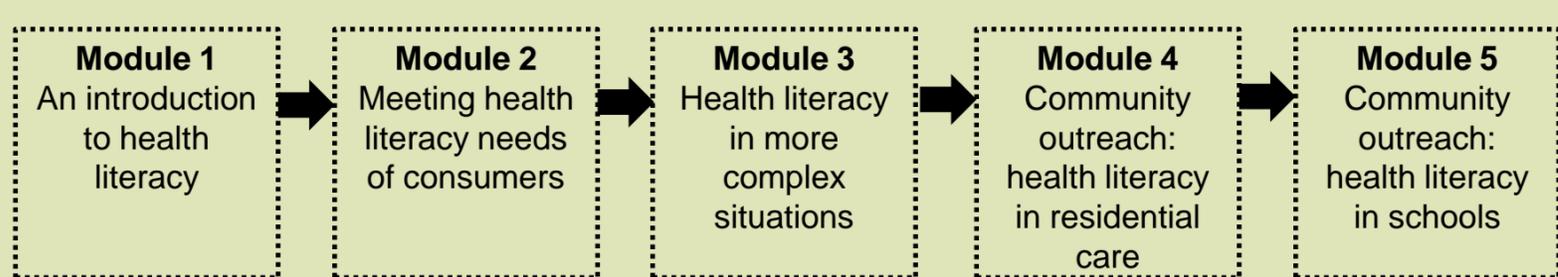


Figure 1: The health literacy educational package

Aim

To measure the impact of a health literacy educational program on use of universal precautions with consumers by pharmacists and pharmacy staff.

Methods

- Randomized controlled trial** testing the effect of implementing a train-the-trainer health literacy educational package (Figure 1) into community pharmacies in three states of Australia.
- Pharmacy trainers either received the training face-to-face, by electronic means, or were allocated to a control group with no training.
- Pre- and post-intervention in-pharmacy surveys were undertaken with consumers or carers collecting new over-the-counter or prescription medicines.
- 528 consumers required for $\alpha=0.05$ and power of 0.8.
- Consumers approached following counseling with a pharmacist or pharmacy staff member.
- Researcher observations were also conducted.
- Data analyzed with SPSS[®] version 19 using Pearson’s chi-squared analysis for primary and secondary outcomes.

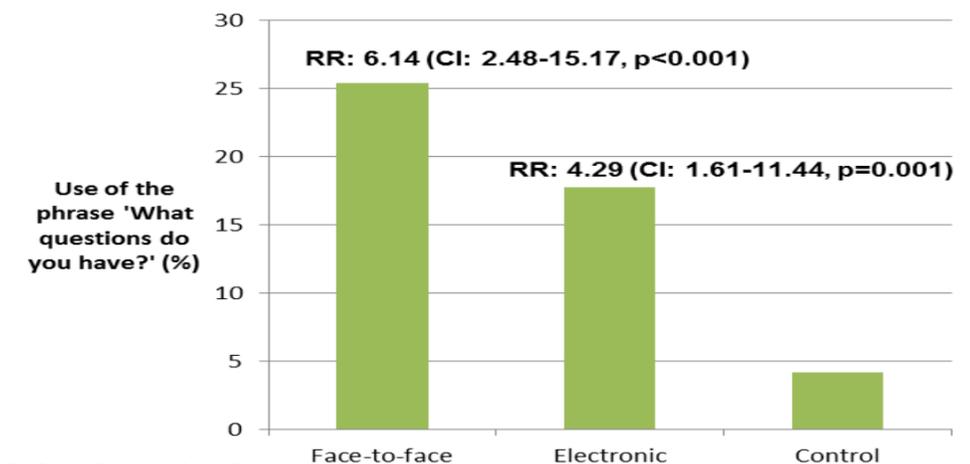
Results

- 440 consumers recruited pre-intervention and 338 post-intervention from 79 pharmacies.

	Face-to-face		Electronic		Control	
	Pre n (%)	Post n (%)	Pre n (%)	Post n (%)	Pre n (%)	Post n (%)
Female	105 (68.6)	89 (64.5)	84 (60.9)	42 (53.2)	90 (60.4)	84 (69.4)
University/technical school	74 (48.4)	68 (49.3)	73 (52.9)	42 (53.2)	79 (53.0)	54 (44.6)
Vision impairment	98 (64.1)	93 (67.4)	85 (61.6)	41 (51.9)	99 (66.4)	82 (67.8)
Hearing impairment	14 (9.2)	9 (6.5)	9 (6.5)	8 (10.1)	12 (8.1)	7 (5.8)

“What questions do you have?”

Post-intervention use of the phrase 'What questions do you have?'



Teach-back method

- No statistically significant change in use of teach-back method between the face-to-face, electronic and control groups, when post-intervention rates compared.

Conclusion

- The educational package was found to be effective in improving some aspects of communication by pharmacists and pharmacy staff with consumers, but not others. Regular use of the teach-back method may be difficult in the pharmacy setting.