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Northern NSW Health Literacy  
Framework  
June 2016

# Background

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The Northern NSW Local Health District (NNSW LHD) and North Coast Primary Health Network (NCPHN) have a shared commitment to creating an integrated health system. This is documented in the **Northern NSW Integration Strategy 2014-15** endorsed by both organisations.

The **Northern NSW Integrated Care Strategy** is funded under the NSW Ministry of Health Integrated Care Planning & Innovation Fund. Health Literacy was identified as the top priority at the Northern NSW Integrated Care Strategic Session held in March 2016. The planning session involved representation of the Integrated Care partnership – NNSW LHD, NCPHN, Aboriginal Medical Services and NSW Ambulance.

As a result of these developments, NNSW LHD and NCPHN have committed to developing a 12-month Health Literacy Framework to improve person-centred care in Northern NSW by:

- Providing health consumer information that is easily understood and supports people's increased knowledge, empowerment and self-management of their own conditions.
- Developing the skills and capabilities of the health workforce to improve communication with people in their care.

The Health Literacy Framework 2016-17 will focus on people with chronic conditions and complex care needs, including people with mental illness.

The term **Health Consumer** is used in this Framework.

Health Consumers are people who use health services, as well as their family and carers. This includes people who have used a health service in the past or who could potentially use the service in the future.

A 'consumer' tends to choose and get involved in decision making whereas traditionally a 'patient' tends to be a person who receives care without necessarily taking part in decision making.

The term 'consumers' also includes carers who often have an important role in health care decision making and care giving. Finally many health programs and services don't use the term 'patient' anyway and refer to 'clients' or even 'residents' (in the case of live-in facilities).

*Source: Health Consumers NSW.*

# Why is health literacy important?

Health literacy is defined as how well people can obtain, communicate, process and understand health information and services to make appropriate health decisions.<sup>1</sup>

Health literacy is important because it shapes people's long term health outcomes and the safety, quality and cost of the care they receive.<sup>1</sup>

Health literacy helps how you:



Find the right services and doctors



Manage your own chronic health conditions



Get to the places and appointments you need



Take medicine the right way



Fill out health forms and access your online My Health Record



Share your medical history with your health care team



Understand how risky behaviours affect health



Follow advice about how to look after your own health

Low health literacy is associated with:

- Poorer quality of life for consumers
- Poor health care experience
- Low health consumer satisfaction with service



Low health literacy can significantly drain human and financial health resources adding approximately 3-5% to existing healthcare costs.<sup>1</sup>

Approximately 40% of Australians have the level of health literacy needed to meet the complex demands of everyday life. This means that 60% of Australian adults have problems understanding the health information provided to them by health professionals.<sup>1</sup> This can have an enormous impact on health consumer safety and the quality of health care.

People with low health literacy have difficulty:

- **Understanding** written and spoken information given by healthcare providers
- **Following directions, understanding** and **acting on health information** such as procedures, discharge information and spoken instructions
- **Navigating** the healthcare system including locating services and providers
- **Filling out** complex health forms and giving informed consent
- **Communicating and sharing** medical history with healthcare providers
- **Attending** appointments and **following** medication and treatment schedules
- Taking **preventive health** measures such as immunisation or cancer screening
- **Managing** chronic health conditions<sup>2,3,4</sup>.

# Health Literacy Policy informing the Framework

Health Policy at National, State and Local level calls for health literacy strategy at all stages of health care. This Framework has been developed in response to the recognition that health literacy is a key priority to provide higher quality, safer health care.

Health Literacy Policy	Document	Reference
Commonwealth Initiatives	<i>National Statement on Health Literacy, Australian Commission on Safety and Quality in Health Care (ACSQHC)</i>	“Strategies are needed both to build the capacity of people to understand the choices they have, make decisions about their health and health care; and to build the capacity of the health system to support and encourage this to occur.”
	<i>The National Safety and Quality Health Service (NSQHS) Standards ACSQHC</i>	<b>Standard 2:</b> Improving consumers access to health information that is meaningful and relevant to their individual medical needs and allows them to navigate healthcare systems more easily
State Initiatives	<i>NSW State Health Plan: Towards 2021</i>	Improving consumer access to and understanding of health information and developing strategies and initiatives to help patients navigate the health system.
Local Initiatives	<i>NNSW LHD Business Plan (2015-16)</i>	Health Literacy is the first listed key priority for improvement in the NNSW LHD.
	<i>NCPHN Strategic and Annual Plan</i>	<b>Goal 3:</b> Improve patient experience and outcomes <b>Strategy 3.1</b> Improve coordination of care and make care navigation easy
	<i>Northern NSW Integration Strategy 2014-15</i>	Health literacy is identified in both the goals & project aims. <b>Focus Area 3</b> looks at increasing the availability of community health literacy resources and using health literacy interventions to improve chronic disease self-management.

The **National Statement on Health Literacy** (ACSQHC)<sup>4</sup> recognises two distinct components of health literacy:

- **Individual health literacy:** The skills, knowledge, motivation and ability of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.
- **Health literacy environment:** The infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.

# What is needed to create health literate organisations?

Health literacy aligns with the safety and quality standards that are principles of best practice in health organisations. The Australian Commission on Safety and Quality in Health Care (ASCQHC) recommends **ten attributes of a health literate organisation**. These organisational attributes help consumers to find, understand and act upon information and services provided to take care of their health.<sup>4</sup>

This Framework adapts these attributes to form Five Focus Areas that NNSW LHD and NCPHN will address to improve health literacy among consumers, health professionals and throughout health services.

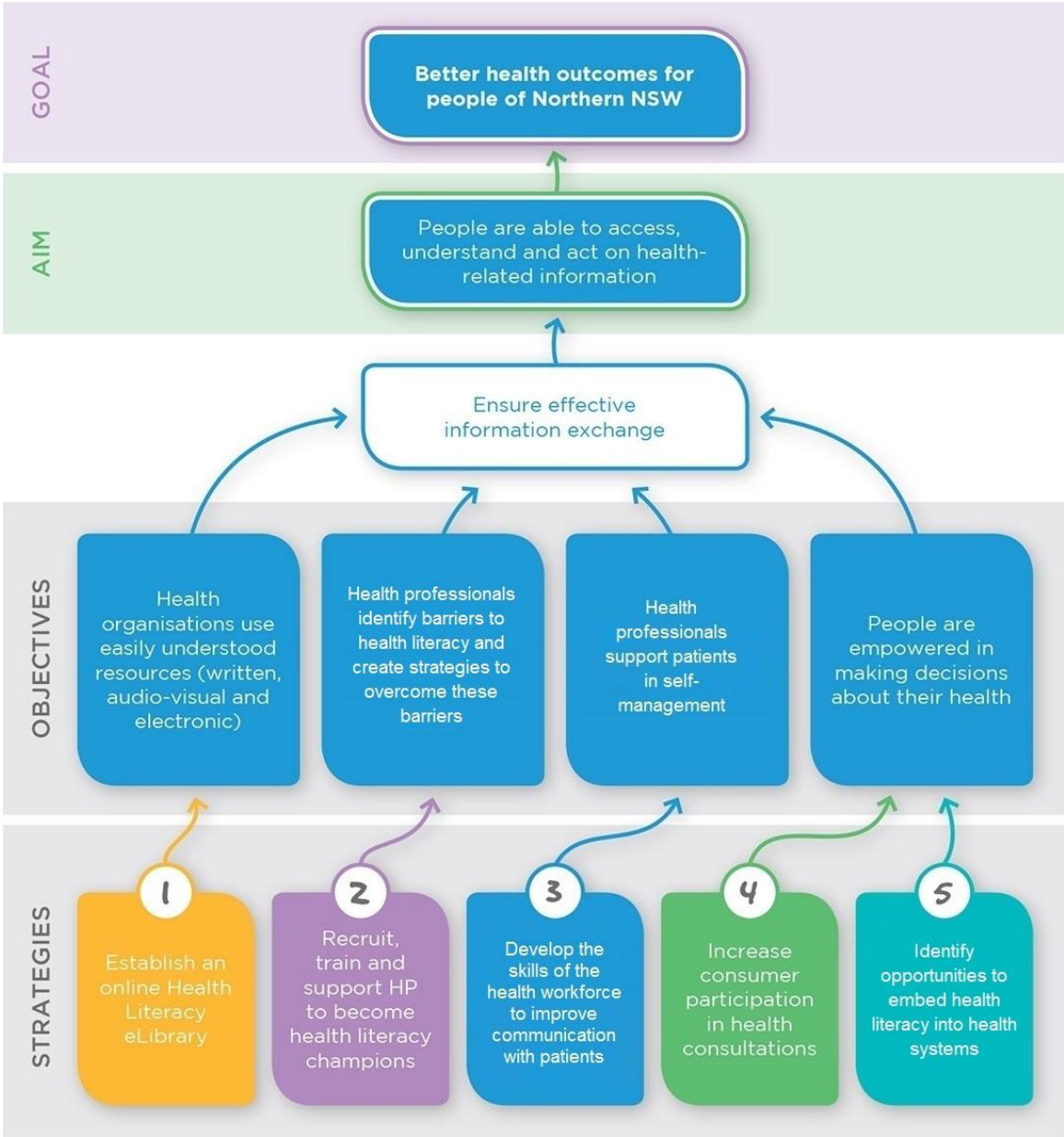
Key areas	Ten attributes of a Health Literate Organisation
Embed health literacy into systems	Has leadership that makes health literacy integral to its mission, structure and operations
	Implementing policies and procedures supporting health literacy action and including health literacy in program planning
Ensuring effective communication	Meets the needs of consumers with a range of health literacy skills while avoiding making assumptions about individual health literacy levels
	Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact
	Designs and distributes print, audio visual and social media content that is easy to understand and act upon.
	Includes consumers in the design, implementation and evaluation of health information & services.
	Communicates clearly the costs that funding schemes may cover (e.g. Medicare, private health insurance) and what individuals may have to pay for services
	Addresses health literacy in high risk situations, including care transitions and communications about treatment and medicines
Integrating health literacy into education	Provides easy access to health information, services and navigation assistance
	Prepares the workforce to be health literate and monitors progress

Adapted from Brach, C., et al: Ten Attributes of Health Literate Care Organisations. 2012, Institute of Medicine (Cited in The Gippsland Guide to becoming a Health Literate Organisation, 2015)

# Logic Map

The Health Literacy Framework 2016-17 will focus on people with chronic conditions and complex care needs, including people with mental illness.

The following logic map details the strategies, objectives and aims of the project to develop health literacy for this target group in Northern NSW.



# Northern NSW Health Literacy

## Action Plan



The following action plan outlines the strategies that will be undertaken in the next 12 months to work towards creating a health literate Northern NSW.

### Focus 1: Establish an online Health Literacy eLibrary:

Action	Steps	Target	People
<b>Establish an online health literacy eLibrary:</b>	<p>The eLibrary will be accessible by all Northern NSW health professionals. The eLibrary will include:</p> <ul style="list-style-type: none"> <li>• An online eLibrary of health literacy resource templates for developing standardised consumer-friendly written information</li> <li>• plain English guidelines, policies and procedures for NNSW</li> <li>• Health literacy training &amp; education tools and resources</li> <li>• Links to the eLibrary will be included in existing practitioner resources (e.g. Health Pathways, Intranet)</li> </ul>	<p>Health Literacy eLibrary established</p> <p>Regular health professional engagement with eLibrary (measure website visits, users registered)</p>	<p>Project Officer</p> <p>NNSW Health IT</p>
<b>Develop a procedure for creating plain English resources</b>	<p>This procedure will include:</p> <ul style="list-style-type: none"> <li>• How to develop plain English consumer resources</li> <li>• The process for accessing and using eLibrary</li> <li>• Guidelines for consumer engagement (see below)</li> </ul>	<p>Procedure developed and endorsed.</p>	<p>Project Officer</p>
<b>Create a suite of chronic care resources</b>	<ul style="list-style-type: none"> <li>• A minimum of 40 resources will be developed in the first year that are consumer-friendly, written in plain English, consumer tested, and meet health literacy guidelines.</li> <li>• Resources will sit within eLibrary and can be accessed by all Northern NSW health professionals.</li> </ul>	<p>At least 40 Chronic Care resources developed and accessible on eLibrary</p>	<p>Project Officer</p> <p>Health Literacy Champions</p>
<b>Engage consumers</b>	<ul style="list-style-type: none"> <li>• Test each consumer-friendly resource developed with at least 5 consumers</li> <li>• A Consumer Advisory Group is established to provide feedback on eLibrary resources.</li> </ul>	<p>40 resources tested with 5 consumers each</p>	<p>Project Officer</p> <p>Consumers</p>



## Focus 2: Recruit, train and support health professionals to be Health Literacy Champions

Action	Steps	Target	Responsibility
<b>Create Health Professional Health Literacy Champions (HP-HLCs)</b>	<ul style="list-style-type: none"> <li>Health professionals are trained and supported to become Health Professional Health Literacy Champions (HP-HLCs). The initial training will be delivered by external consultants. After this, the Project Officer will deliver training. The training materials will be adapted from external sources (with permission) by the Project Officer.</li> <li>Select Board members and Executive teams will attend Health Literacy training and become the first wave of Health Literacy Champions.</li> <li>Health professionals will be working with Chronic Care health consumers across NCPHN, General Practice, Hospitals, Aboriginal Medical Services and Mental Health.</li> <li>HP-HLCs are supported to identify barriers to health literacy within their service and develop PDSA cycles to overcome the identified barriers.</li> <li>A network is developed for HP-HLCs to share resources/projects/outcomes.</li> </ul>	<p>At least 24 Health Professional Health Literacy Champions trained.</p> <p>At least 12 projects in progress.</p>	<p>Project Officer</p> <p>Health Literacy Champions</p>

## Focus 3: Health Professionals support health consumers to engage in self-management

Action	Steps	Target	Responsibility
<b>Train health professionals in health coaching and health consumer self-management</b>	<ul style="list-style-type: none"> <li>Workshops are held to train Health Professionals in health coaching and health consumer self-management strategies.</li> <li>Include Teach-Back training in Health Professional Health Literacy Champion workshops.</li> </ul>	At least 110 clinicians trained in health coaching and health consumer self-management	<p>NCPHN and NNSW LHD</p> <p>Project Officer</p>

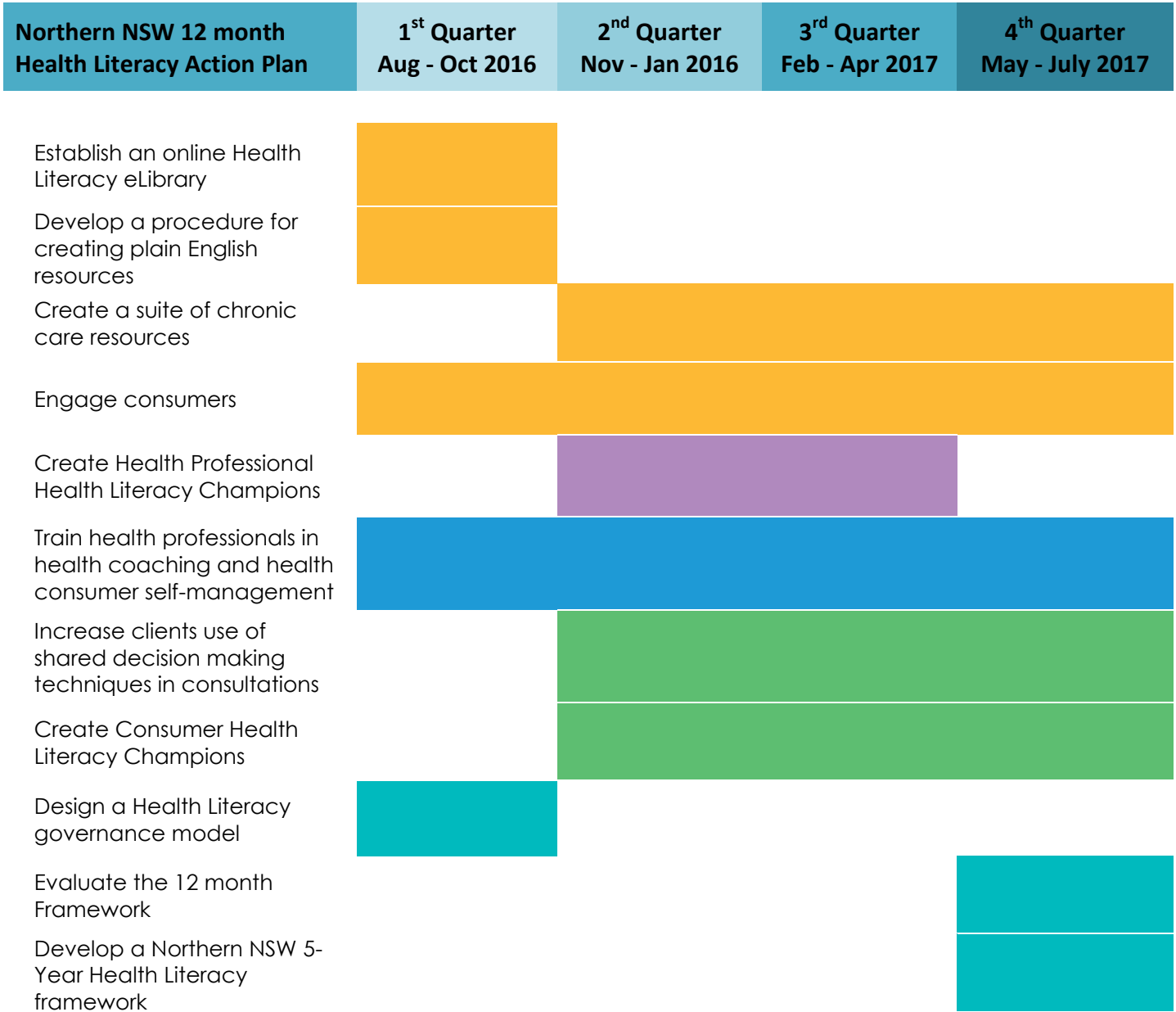
## Focus 4: Increase consumer participation in health consultations

Action	Steps	Target	Responsibility
<b>Increase clients use of shared decision making techniques in consultations</b>	<ul style="list-style-type: none"> <li>Use social media, Healthy North Coast and Health Promotion websites to promote existing evidence-based resources to empower consumers to improve self-management of their conditions.</li> </ul>	Consumers are aware of strategies to increase participation in health consultations.	Project Officer
<b>Create Health Literacy Champions amongst consumers (C-HLC)</b>	<ul style="list-style-type: none"> <li>A Consumer Advisory Group will be established to provide advice on Health Literacy priorities, feedback on strategies and to support awareness-raising in the community.</li> </ul>	At least 10 Consumer Advisory Group members are recruited and trained to be C-HLCs.	Project Officer  Consumer Health Literacy Champions

## Focus 5: Identify opportunities to embed Health Literacy into Health Systems

Action	Steps	Target	Responsibility
<b>Design a health literacy governance model</b>	<p>A governance structure to establish strong leadership and identify opportunities to embed health literacy into organisational practice is developed, including:</p> <ul style="list-style-type: none"> <li>• 12 month Health Literacy Framework</li> <li>• Steering Group</li> <li>• Project Officer</li> <li>• Health Literacy Guidelines</li> </ul>	Governance structure developed and endorsed.	<p>Steering Group members</p> <p>Project Officer</p>
<b>Evaluate the 12 month Framework</b>	<p>Evidence of the effectiveness of strategies will be clearly documented and reported on using:</p> <ul style="list-style-type: none"> <li>• Health literacy assessment of resources</li> <li>• Organisational health literacy assessment</li> <li>• Consumer and clinician engagement</li> </ul>	<p>Baseline and 9-month data gathered and analysed.</p> <p>Evaluation completed and disseminated</p>	Project Officer
<b>Develop a Northern NSW 5-Year Health Literacy Framework</b>	<p>Development of a <b>Northern NSW 5 Year Health Literacy Framework</b></p> <ul style="list-style-type: none"> <li>• to embed health literacy principles and practices in Northern NSW</li> <li>• to create health literate organisations within Northern NSW</li> </ul>	Framework developed and endorsed.	Project Officer

# Northern NSW Health Literacy Timeline



# Evidence for strategies



## Focus 1. Establish an online Health Literacy eLibrary

### What is the evidence?

Illawarra Shoalhaven Local Health District (LHD) trialled a Patient Information Portal on their Local Health District intranet site in 2013. The portal is now used by over 100 health professionals who have created over 150 consumer-friendly resources.

### How will it work?

Illawarra Shoalhaven LHD has agreed to sign a Memorandum of Understanding to allow the use of their techniques, templates and consumer-friendly resources to health professionals in Northern NSW. The NNSW LHD E-Health team will create a web page within the NNSW LHD website that will host a range of professional resource templates for developing standardised consumer-friendly written information. Health Professionals (both those working in NNSW LHD and those affiliated with NCPHN) will be able to use the Health Literacy eLibrary to create resources in their field of expertise (in a similar way to creating a Health Pathway).

Health professionals will register with the Health Literacy Project Officer and will be given a unique registration code which will allow them to access the website. On the website they can choose the template style (flyer, brochure, poster etc.) and use a range of images from the library. The library will have guidelines on how to write the resource using plain English guidelines. The guidelines also require the draft resource to be reviewed by peers, experts and by at least five consumers. Once consumer-friendly resources are finalised, they will be able to be accessed by all Northern NSW health professionals and may be able to be linked to Health Pathways.

## Focus 2. Recruit, train and support health professionals to become Health Literacy Champions

### What is the evidence?

Illawarra Shoalhaven LHD has trained over 100 Health Literacy Ambassadors.

The NNSW Integrated Care Program has successfully used the 'plan, do, study, act' (PDSA) cycle to initiate small projects within health practices to improve integrated care for people with chronic and complex diseases. The model emphasises starting unambitiously, reflecting and building on learning. It can be used to test suggestions for improvement quickly and easily based on existing ideas and research, or through practical ideas that have been proven to work elsewhere.

**How will it work?** Short workshops in health literacy will be offered to health professionals who work with people with chronic and complex diseases across Northern NSW, including health professionals working in Mental Health and Aboriginal Medical Services. These workshops will cover the following areas:

- How to develop plain-English consumer resources
- The process for accessing and using the Health Literacy eLibrary
- How to get consumer feedback on draft resources



- Shared decision making with clients
- The ten attributes of a health literate organisation
- How to identify barriers to health literacy and develop small projects (PDSAs) to overcome these barriers.
- Health Professional Health Literacy Champions (HP-HLC) will be supported to disseminate their Health Literacy PDSAs to other health professionals. HLC will be some of the first users of the Health Literacy eLibrary and will promote the health Literacy program in their work areas. Select Board members and Executive teams will attend Health Literacy training and be among the first Health Literacy Champions.

### Focus 3. Develop the skills and capabilities of the health workforce to improve communication with people in their care

#### What is the evidence?

The **Teach-back** method is a communication confirmation method used by health professionals to confirm whether a health consumer understands what is being explained to them. If a consumer understands, they are able to "teach-back" the information accurately. Not only does the teach-back method help providers understand the consumer's needs in understanding their care, it also allows providers to evaluate their communication skills<sup>5</sup>. The method has been shown to lead to improvements in comprehension, knowledge retention and lower readmission rates in people with heart failure<sup>6</sup>.

#### How will it work?

North Coast Primary Health Network and Northern NSW Local Health District will be offering Health Change training to health professionals in 2016. In addition to this, the Health Literacy Project Officer will offer Teach-back training to health professionals, initially focusing on those who work in chronic care management.

### Focus 4. Increase consumer participation in health consultations

#### What is the evidence?

Consumers who are active participants in managing their health and health care have better health outcomes than consumers who are passive recipients of care <sup>7</sup>.

**Ask Me 3** and **Ask, Share, Know** are two evidence-based strategies to encourage consumers and families to ask questions of their providers to better understand their health conditions and what they need to do to stay healthy. The **Ask Me 3** campaign has been implemented in the UK, the US and Spain and has been shown to increase consumers' level of empowerment. The three questions are:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

In addition to these questions, **Ask, Share, Know** encourages specific questions around shared decision making about treatment options. The questions are:

1. What are my options?
2. What are the benefits and harms of each of these?
3. How likely are these?

Sydney University School of Public Health have reported that consumers using the three **Ask, Share, Know** questions resulted in improved information given by family physicians and increased patient involvement. The study concluded that these questions can improve communication between health consumers and health professionals and improve safety and quality<sup>8</sup>.

#### How will it work?

Social media, Healthy North Coast and the NSW Health Promotion websites will be used to promote existing evidence-based resources to empower consumers and improve self-management of their conditions.

A Consumer Advisory Group will be established to provide advice on Health Literacy priorities, feedback on strategies and to support awareness-raising in the community.

This focus area will complement the **Teach-back** and coaching methods used by health professionals.

### Focus 5. Identify opportunities to embed health literacy into health systems

#### What is the evidence?

The infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services. Organisational policies help embed new practices and ensure their sustainability.

#### How will it work?

A steering group will provide governance and assist in embedding practices in policy.

Evidence of the effectiveness of strategies will be clearly documented and reported on using:

- Health literacy assessments of resources
- Organisational health literacy assessment
- Consumer and clinician engagement

At the end of twelve months a **Northern NSW 5 Year Health Literacy Framework** will be developed and endorsed to embed health literacy principles and practices in health organisations within Northern NSW.

# Glossary

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**Carer** – A person who provides ongoing personal care, support and assistance to another person who needs care due to chronic illness, disease, disability or who is frail and aged<sup>9</sup>.

**Chronic conditions** – Health conditions which are long lasting and have persistent effects. The most common chronic conditions referred to in Australia are arthritis, asthma, back problems, cancer, chronic obstructive pulmonary disease, cardiovascular disease, diabetes and mental health conditions. People can often have more than one of these conditions at once<sup>10</sup>.

**Complex care needs** – A person with complex care needs requires both medical and social services and support from a wide variety of providers and caregivers to look after their health<sup>11</sup>.

**Health Consumer** - People who use health services, as well as their family and carers. This includes people who have used a health service in the past or who could potentially use the service in the future<sup>12</sup>.

**Health Professional** – Anyone working in the health system, including doctors, nurses, allied health and front of house or administration staff.

**Navigating the health system** – Navigation include physical location and layout of services, as well as being able to find information like phone numbers and clinicians quickly and easily. It also covers health pathways, knowing what you have to do next, and advocating for your or another person's health or health care.

**Patient** – A person receiving health care in a hospital or community setting. Patient' tends to be a person who receives care without necessarily taking part in decision making<sup>12</sup>.

**Self-management** – Health consumers have a central role in managing their own health and taking steps to stay healthy. In order to do so effectively, people need to access and understand information about their condition, build skills to self-manage and have support from the team of health professionals and carers around them<sup>13</sup>.

**Quality of Life** – A person's perception of their life, not just in health but across all areas of life including things like Independent Living, Happiness, Mental Health, Coping, Relationships, Self Worth, Pain, Senses<sup>14</sup>.



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## Key documents

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National Statement on Health Literacy, Australian Commission on Safety and Quality in Health Care (ACSQHC)

<http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf>

The National Safety and Quality Health Service (NSQHS) Standard 2, ACSQHC

<http://www.safetyandquality.gov.au/wp-content/uploads/2014/11/Partnering-with-Consumers-Embedding-partnerships-in-health-care.pdf>

NSW State Health Plan: Towards 2021

<http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-Plan-Towards-2021.pdf>

NCPHN Strategic and Annual Plan

<http://ncphn.org.au/wp-content/uploads/2016/05/20160504-NCPHN-Strategic-Plan-FINAL.docx.pdf>

Northern NSW Integration Strategy 2014-15