

EASTERN METROPOLITAN REGION  
HEALTH LITERACY SURVEY 2015  
SUMMARY REPORT, JUNE 2015



Inner East Primary  
Care Partnership and  
Outer East Health &  
Community Support  
Alliance

## Health Literacy Survey Report

The Eastern Metropolitan Region Health Literacy Survey 2015 was developed in response to strong interest from PCP members in health literacy support registered at the Inner East PCP Partnership Forum in October 2014.

The Health Literacy Survey was designed with two objectives in mind:

- 1) To be an information gathering exercise. The PCPs wanted to understand how our members are currently working with health literacy; where PCP members see a need for support; and the ways in which our members would like the PCPs to support them.
- 2) As a secondary objective, the survey was to draw attention to health literacy and the importance of this work in both service delivery and health promotion in the EMR.

A link to the survey on Survey Monkey was emailed to 80 recipients working at managerial level in IEPCP partner organisations, and to a smaller number of carefully selected recipients working at managerial level in OEPCP partner organisations.

The survey generated a response rate of around 40%. We had 39 usable responses – of which 29 were complete, and 10 were incomplete.

## Who engaged with the Health Literacy Survey?

### Organisation type

31 respondents answered this optional question. 29% were community health services. 13% were primary health care providers. 13% were local government. 48% were other health agencies including:

- Community NGO - general community services not related to primary health services apart from mental health
- Generalist settlement service
- Community Service Organisation
- Not an organisation, but work with organisations
- Community legal
- ACAS and TCP
- Community nursing
- Centre providing services to CALD communities and individuals - part of our services involve providing information about healthy living
- Medicare Locals
- Policy and consumer research
- Neighbourhood house/community centre
- Early childhood organisation
- Women's health
- Community based agency

### Where they are based

|                |     |
|----------------|-----|
| The Inner East | 35% |
| The Outer East | 23% |
| The whole EMR  | 32% |
| Other          | 10% |

## Current Health Literacy Work

### Health Literacy work that organisations are currently involved in

Most organisations describe themselves as currently working in health literacy (75% of respondents). 15% of respondents are not currently working in health literacy.

- The majority of organisations (64%) are developing and communicating health information
- Nearly 50% of respondent organisations are engaging with workforce training and capacity building
- 44% have programs to support consumers with health literacy
- 31% are involved in research and knowledge sharing
- 23% have action at a policy or strategic framework level
- 23% have programs to modify the physical environment to reduce health literacy barriers.

### Regional breakdown of current health literacy work

|   | Inner East | Outer East | EMR | Other |
|---|------------|------------|-----|-------|
| <b>Action at a strategic level</b>                        | 18%        | 43%        | 0%  | 67%   |
| <b>Develop &amp; communicate health information</b>       | 55%        | 86%        | 60% | 33%   |
| <b>Support consumers</b>                                  | 27%        | 72%        | 30% | 67%   |
| <b>Modify the physical environment to reduce barriers</b> | 9%         | 57%        | 10% | 0%    |
| <b>Workforce training</b>                                 | 46%        | 72%        | 2%  | 67%   |
| <b>Research &amp; knowledge sharing</b>                   | 36%        | 29%        | 10% | 33%   |
| <b>Not involved with health literacy</b>                  | 9%         | 14%        | 20% | 0%    |

### Organisations which have a stand-alone health literacy policy or plan

Only five Respondents (15%) have a stand-alone plan or policy. 27 (82%) do not, and 3% are unsure. Regionally, the breakdown for health literacy policies was:

|                   | Yes | No  |
|-------------------|-----|-----|
| <b>Inner East</b> | 27% | 73% |
| <b>Outer East</b> | 14% | 86% |
| <b>EMR</b>        | 33% | 67% |
| <b>Other</b>      | 33% | 67% |

## Organisations with embedded health literacy principles

Just over half the organisations had a plain Language /communication policy (52%), and over 40% had a consumer-centred care policy. 9% have no health literacy principles embedded into policy, plans and procedures.

|  |     |
|--|-----|
| Plain language/communication policy  | 52% |
| Consumer-centered care policy  | 43% |
| Policies regarding language services, simple language documents, special communication needs | 39% |
| Style guide  | 30% |
| Customer service policy or consumer engagement policy  | 30% |
| Accessible information policy  | 21% |
| Client safety plans  | 18% |
| Signage policy or guide  | 6%  |

## Responsibility for health literacy action within organisations

58% of organisations do not have one person who takes responsibility for health literacy action, 33% do, and 9% are not sure.

## Health literacy training

27% (or 9 respondents) have (or their staff have) received specific health literacy training in the last 12 months. 52% had not, and 21% were unsure.

Respondents had used training delivered by:

- The Centre for Ethnicity and Health <http://www.ceh.org.au/>
- Deakin University <http://www.deakin.edu.au/health/research/phi/OPHELIA.php>
- The Health Issues Centre <http://www.healthissuescentre.org.au>
- The Australian Commission on Safety and Quality in Health Care <http://www.safetyandquality.gov.au/>

## Regional breakdown of health literacy training

|            | No  | Not sure | Yes |
|------------|-----|----------|-----|
| Inner East | 46% | 27%      | 27% |
| Outer East | 57% | 14%      | 29% |
| EMR        | 60% | 20%      | 20% |
| Other      | 33% | 0%       | 67% |

## Other support for staff health literacy skills

45% of organisations noted other support for health literacy. This was mainly via the distribution of written materials and online resource sharing. Some staff members were supported to study individually by their organisations.

## Review/evaluation of health literacy practices

61% of responding organisations have not had their health literacy practices reviewed or evaluated. 21% have had reviews, and 18% were not sure.

## Embedding of health literacy into interventions provided to vulnerable groups

60% of respondent organisations embed health literacy principles into interventions directed at vulnerable groups, 15% do not, and 24% were not sure.

## Regional breakdown of embedded health literacy in interventions for vulnerable groups

|                   | <b>Yes</b> | <b>No</b> | <b>Not sure</b> |
|-------------------|------------|-----------|-----------------|
| <b>Inner East</b> | 36%        | 27%       | 36%             |
| <b>Outer East</b> | 86%        | 0%        | 14%             |
| <b>EMR</b>        | 60%        | 20%       | 20%             |
| <b>Other</b>      | 100%       | 0%        | 0%              |

## Vulnerable population groups currently the focus of health literacy interventions

The most commonly targeted population groups for the respondent organisations were older people, CALD communities, people experiencing mental illness, and people with a disability.

|  |     |
|--|-----|
| Older people   | 67% |
| Culturally and linguistically diverse communities            | 55% |
| People experiencing mental illness                           | 48% |
| People with a disability                                     | 42% |
| Aboriginal and Torres Strait Islanders                       | 36% |
| Refugees and asylum seekers                                  | 36% |
| Other vulnerable groups                                      | 33% |
| Younger people   | 24% |
| People experiencing homelessness                             | 24% |
| People with an intellectual disability                       | 21% |
| My organisation does not target vulnerable population groups | 3%  |

Other vulnerable groups listed by respondents were:

- Chinese community women
- low income population
- people with low levels of general literacy
- vision impaired older people
- young children and their families
- women who have lived experience of men's violence
- HACC consumers
- people with chronic disease.

CALD communities listed by respondents were:

- All CALD groups in general
- Chinese (3 respondents)
- Iranian (2 respondents)
- Greek
- Italian
- Hakha Chin
- Falam Chin
- Karen
- Zomi
- Zo
- South Sudanese
- Afghan

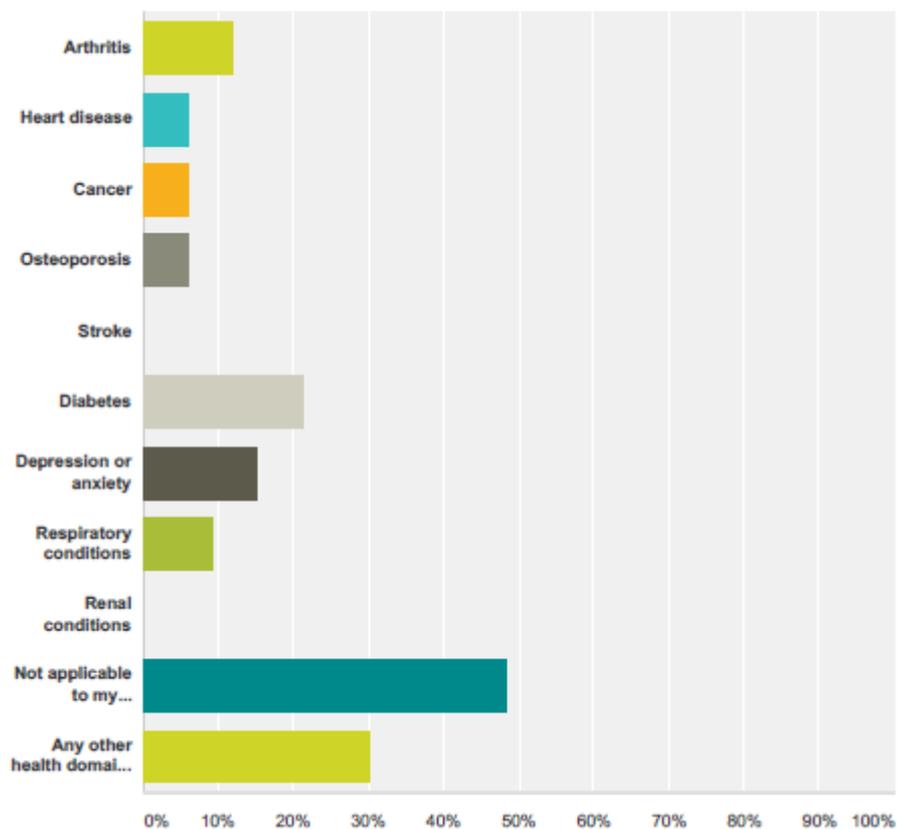
Two respondents mentioned that while they targeted vulnerable communities, health literacy principles were not embedded into the work.

### Regional breakdown of groups for health literacy focus

|                                | Inner East | Outer East | EMR | Other |
|--------------------------------|------------|------------|-----|-------|
| <b>ATSI</b>                    | 27%        | 57%        | 40% | 0%    |
| <b>Disability</b>              | 55%        | 43%        | 30% | 33%   |
| <b>Mental illness</b>          | 45%        | 43%        | 60% | 33%   |
| <b>Older people</b>            | 73%        | 72%        | 50% | 67%   |
| <b>Young people</b>            | 27%        | 29%        | 30% | 0%    |
| <b>Refugees</b>                | 36%        | 43%        | 50% | 0%    |
| <b>Homelessness</b>            | 27%        | 14%        | 30% | 0%    |
| <b>Intellectual disability</b> | 27%        | 14%        | 20% | 0%    |
| <b>CALD</b>                    | 55%        | 14%        | 70% | 67%   |
| <b>Other</b>                   | 27%        | 43%        | 30% | 0%    |
| <b>No vulnerable groups</b>    | 0%         | 0%         | 0%  | 33%   |

### For organisations providing primary care services, health literacy initiatives focused on chronic disease

Thirty three respondents answered the question: If your organisation is a primary care provider, which chronic diseases are your health literacy initiatives focused on? The most commonly targeted chronic diseases for health literacy initiatives were: diabetes, depression and anxiety, and arthritis. 30% of respondents chose 'other health domains'.



Other health domains included: palliative care, dementia, functional problems associated with ageing. One respondent mentioned that their organisation focused on chronic disease but had no current health literacy initiatives.

#### Regional Breakdown of chronic diseases with health literacy focus

|                           | Inner East | Outer East | EMR | Other |
|---------------------------|------------|------------|-----|-------|
| <b>Arthritis</b>          | 18%        | 29%        | 0%  | 0%    |
| <b>Heart disease</b>      | 0%         | 14%        | 10% | 0%    |
| <b>Cancer</b>             | 0%         | 14%        | 10% | 0%    |
| <b>Osteoporosis</b>       | 9%         | 14%        | 0%  | 0%    |
| <b>Stroke</b>             | 0%         | 0%         | 0%  | 0%    |
| <b>Diabetes</b>           | 9%         | 43%        | 20% | 33%   |
| <b>Depression/anxiety</b> | 9%         | 29%        | 20% | 0%    |
| <b>Respiratory</b>        | 9%         | 14%        | 10% | 0%    |
| <b>Renal</b>              | 0%         | 0%         | 0%  | 0%    |
| <b>Not applicable</b>     | 36%        | 14%        | 70% | 67%   |
| <b>Other</b>              | 45%        | 43%        | 10% | 33%   |

#### Health literacy initiatives to improve care (primary care providers)

Fifty percent of respondent organisations have health literacy initiatives to improve 'Care planning', 38% to improve 'self-management support', and 31% to improve 'advance care planning'.

#### For organisations that work in health promotion, health literacy initiatives in prevention

Thirty three respondents answered the question: If your organisation works in health promotion, which major prevention streams are your health literacy initiatives focused on? The most commonly targeted prevention stream for health literacy initiatives were the prevention of violence against women (43%), healthy eating (43%), mental health promotion (36%) and physical activity (27%).

|  |     |
|--|-----|
| Prevention of violence against women     | 48% |
| Healthy eating                           | 43% |
| Mental health promotion                  | 36% |
| Physical activity                        | 27% |
| Not applicable                           | 27% |
| Other prevention stream                  | 18% |
| Alcohol and drug use                     | 12% |
| Tobacco control                          | 9%  |
| Sexual and reproductive health promotion | 9%  |
| Oral health                              | 6%  |
| Skin cancer prevention                   | 3%  |
| Injury prevention                        | 0%  |

Other prevention streams detailed were gender equity, access to services, access to healthy food, homelessness, and cultural strengthening in Aboriginal communities.

### Regional breakdown of health promotion streams with health literacy focus

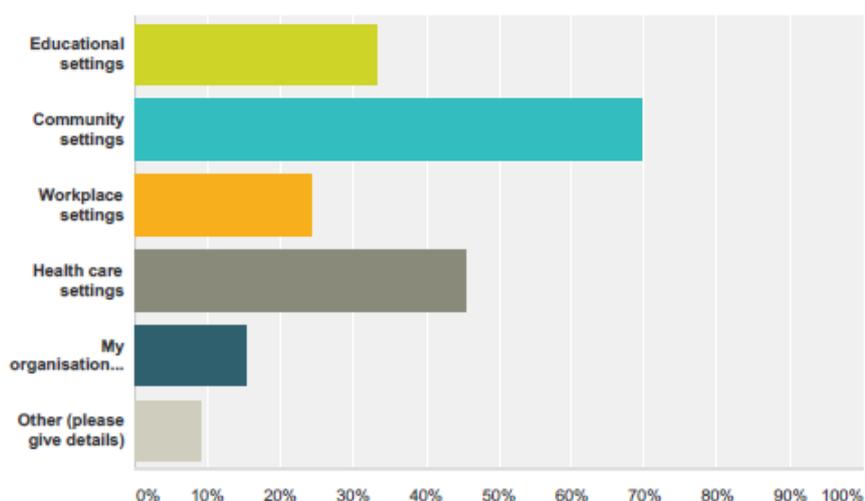
|  | Inner East | Outer East | EMR | Other |
|--|------------|------------|-----|-------|
| Prevention of violence against women     | 46%        | 57%        | 40% | 0%    |
| Healthy eating                           | 27%        | 72%        | 40% | 33%   |
| Mental health promotion                  | 46%        | 57%        | 20% | 0%    |
| Physical activity                        | 9%         | 43%        | 30% | 33%   |
| Alcohol and drug use                     | 18%        | 14%        | 10% | 0%    |
| Tobacco control                          | 0%         | 14%        | 20% | 0%    |
| Sexual and reproductive health promotion | 0%         | 0%         | 30% | 0%    |
| Oral health                              | 9%         | 0%         | 10% | 0%    |
| Skin cancer prevention                   | 0%         | 0%         | 10% | 0%    |
| Injury prevention                        | 0%         | 0%         | 0%  | 0%    |
| Not applicable                           | 18%        | 14%        | 40% | 33%   |
| Other prevention stream                  | 45%        | 14%        | 10% | 33%   |

### External settings for action

Seventy percent of respondents focus health literacy action in community settings.

#### Q14 Which external settings does your organisation focus on for action in health literacy (you may choose more than one answer)?

Answered: 33 Skipped: 6



### Regional Breakdown

|                      | Inner East | Outer East | EMR | Other |
|----------------------|------------|------------|-----|-------|
| Educational settings | 27%        | 43%        | 20% | 33%   |
| Community settings   | 64%        | 57%        | 80% | 67%   |
| Workplace settings   | 18%        | 29%        | 20% | 0%    |
| Healthcare settings  | 45%        | 57%        | 50% | 33%   |
| No external settings | 9%         | 29%        | 10% | 33%   |

## Health Literacy Needs/Identified Gaps

### Barriers to improving the health literacy environment

Respondents were asked to identify, in their own words, what they saw as the barriers to improving the health literacy environment in their organisation. We were able to theme the responses into four broad categories (with examples):

- Health literacy is not a priority (14 mentions): 'reliance on English', 'lack of consistent process'
- Resources (time and money) (13 mentions): 'access to affordable training', 'restrictions of our funding'
- Expertise and training needs (8 mentions): 'understanding what health literacy is', 'specificity of knowledge'
- Difficulties engaging with consumers/consumer participation (5 mentions): 'target groups who have little opportunity to have a voice', 'challenges engaging communities'
- Resources (competing priorities) (4 mentions): 'other demands', 'competing priorities'.

### Gaps that can be supported by the PCP

Respondents were asked to identify, in their own words, where there were other groups or health domains where the PCP could support their work in the future. We were able to theme the responses into five broad categories (with examples):

- Areas of need (6 mentions): 'access to mental health services', 'palliative care service'
- Consumer participation/consumer voice (5 mentions): 'consulting with them in environments they are comfortable in', 'source speakers who are willing to talk to CALD communities at times that suit the community to meet'
- Provision of information resources and/or training (5 mentions): 'more information', 'training and development'
- Develop policy/guidelines (4 mentions): 'structured, evidence based, meaningful and appropriate processes', 'support strategic projects'
- Networking and linking between organisations (3 mentions): 'working with health would benefit our community (from a legal service)', 'networking with other organisations on this issue'

## PCP Support for Health Literacy

### Interest in a series of potential PCP activities

We asked our members how interested they or their organisations would be in nine potential PCP activities to support them with health literacy. These were:

- 1) Development of a health literacy audit tool to enable organisations to assess organisational policy, procedure and practice around health literacy;
- 2) Acting as a health literacy information clearinghouse by creating an online resource for sharing of information, projects, and good practice, and an opportunity for online discussion between member organisations;
- 3) Local research to gain an understanding of the health literacy needs of particular vulnerable population groups in the EMR;
- 4) Regional focus groups to develop an understanding of health literacy needs of partner organisations and action to be taken;
- 5) Creating a regional advisory group or 'think tank' to develop and coordinate strategic health literacy work;

- 6) Development of a regional health literacy policy or framework;
- 7) Training and staff skills development;
- 8) Supporting organisational change towards a health literate environment;
- 9) Evaluation, auditing or assessment expertise or guidance.

Thirty one respondents completed this question.

Activities which scored the highest number of **'very interested'** responses were:

- Training and staff skills development (13 respondents)
- Development of a health literacy audit tool to enable organisations to assess organisational policy, procedure and practice around health literacy (11 respondents)
- Development of a regional health literacy policy or framework (11 respondents)
- Supporting organisational change towards a health literate environment (11 respondents)

Activities which scored the highest number of **'fairly interested'** responses were:

- Local research to gain an understanding of the health literacy needs of particular vulnerable population groups in the EMR (17 respondents)
- Training and staff skills development (14 respondents)
- Regional focus groups to develop an understanding of health literacy needs of partner organisations and action to be taken (12 respondents)
- Evaluation, auditing or assessment expertise or guidance (12 respondents)

When looking at responses in both the **'very interested'** and **'fairly interested'** categories together, there was most commonly interest in:

- Training and staff skills development (27 total positive responses)
- Local research to gain an understanding of the health literacy needs of particular vulnerable population groups in the EMR (26 total positive responses)
- Development of a health literacy audit tool to enable organisations to assess organisational policy, procedure and practice around health literacy (22 total positive responses).
- The next strongest categories were 'acting as a health literacy information clearinghouse' ie The Well (21 positive responses) and 'supporting organisational change towards a health literate environment (21 positive responses).

Activities which scored the highest number of 'not interested' responses were:

- Creating a regional advisory group or 'think tank' to develop and coordinate strategic health literacy work (16 negative responses)
- Regional focus groups to develop an understanding of health literacy needs of partner organisations and action to be taken (13 negative responses)
- Evaluation, auditing or assessment expertise or guidance (12 negative responses)

Statistical analysis therefore finds that:

- 87% of all respondents to this question are very or fairly interested in training and staff skills development.
- 84% of all respondents to this question are very or fairly interested in local research to gain an understanding of the health literacy needs of particular vulnerable population groups in the EMR.
- 71% of all respondents to this question are very or fairly interested in development of a health literacy audit tool to enable organisations to assess organisational policy, procedure and practice around health literacy.

## Regional breakdown of interest in potential PCP activities

The Inner East respondents:

- 83% (10 out of 12 respondents) were fairly and very interested in **training and staff skills development**
- 73% (8/11 respondents) were fairly and very interested in **local research** to gain an understanding of the health literacy needs of particular vulnerable population groups
- 73% (8/11 respondents) were fairly and very interested in supporting **organisational change** towards a health literate environment
- They were least interested in creating a regional advisory group or 'think tank'.

The Outer East respondents:

- 100% (7/7 respondents) were fairly and very interested in development of a **health literacy audit tool** to enable organisations to assess organisational policy, procedure and practice around health literacy
- 100% (7/7 respondents) were fairly and very interested in development of a **regional health literacy policy or framework**
- 86% (6/7 respondents) were fairly and very interested in: 1) Acting as a **health literacy information clearinghouse**; 2) **training and staff skills development**; and 3) supporting **organisational change** towards a health literate environment.
- They were least interested in creating regional focus groups, and regional advisory groups or 'think tanks'.

The whole EMR respondents:

- 100% (10/10 respondents) were fairly and very interested in **local research** to gain an understanding of the health literacy needs of particular vulnerable population groups in the EMR
- 82% (9/10 respondents) were fairly and very interested in **training and staff skills development**
- 80% (8/10 respondents) were fairly and very interested in acting as a **health literacy information clearinghouse** by creating an online resource
- They were least interested in creating regional advisory groups or 'think tanks'; developing a regional health literacy policy or framework; supporting organisational change; and evaluation, auditing or assessment expertise.

## Organisational breakdown

Primary health care providers:

- 75% (3/4 respondents) were fairly and very interested in development of a health literacy audit tool; local research; development of a regional health literacy policy or framework; training and staff development; supporting organisational change; and evaluation, auditing or assessment expertise
- They were least interested in creating a regional advisory group or 'think tank'

Community health services:

- 80% (8/10 respondents) were fairly and very interested in training and staff skills development; and supporting organisational change towards a health literate environment
- 70% (7/10 respondents) were fairly and very interested in development of a health literacy audit tool; and in development of a regional health literacy policy or framework
- They were least interested in regional focus groups, creating a regional advisory group or 'think tank', and evaluation, auditing or assessment expertise.

Local government:

- 100% (4/4 respondents) were fairly and very interested in development of a health literacy audit tool
- 75% (3/4 respondents) were fairly and very interested in acting as a health literacy clearinghouse; local research; training and staff skills development; supporting organisational change; and evaluation, auditing or assessment expertise
- They were equally interested and not interested in regional focus groups and regional advisory groups or 'think tanks'.

### Other suggestions for PCP support to improve health literacy

Four respondents answered this question in their own words:

- 'funding for project ideas to expand cultures in organisations and encourage sharing of resources'
- 'Links to translated health information. Information on speakers happy to speak to groups after hours on health related topics. Links to project reports that have improved health literacy in refugee and migrant communities'
- 'online material and resources. Face to face training to staff and admin support people'
- 'supporting links with universities, eg. the Deakin Ophelia project, and with governments at all levels'