Lower Hume Primary Care Partnership

Building Health Literate Organisations

Toolkit

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Author:

Lower Hume Primary Care Partnership - www.lhpcp.org.au

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Introduction

Choosing a healthy lifestyle, knowing how to seek medical care, and participating in preventive services require that people understand and use health information. The ability to access, understand and apply information about health and health care to make informed health decisions is known as health literacy (ACSQHC, 2014).

Health Literacy influences the safety and quality of health care as low individual health literacy is associated with higher rates of hospitalisation emergency care, and with higher rates of adverse outcomes generally (ACSQHC, 2014).

Almost 60% of Australians have low health literacy, requiring a whole of system response. Health Literate Organisations recognise that miscommunication is very common and make it easier for consumers to navigate, understand and use health information to improve consumer care and outcomes.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has identified health literacy as a priority through a number of national policies, including the:

- Australian Safety and Quality Framework for Health Care, identifies health literacy as a key action area.
- National Safety and Quality Health Service Standards, implicitly refers to health literacy in 9 of the 10 Standards.
- Australian Safety and Quality Goals for Health Care, includes Partnerships with Consumers as a Goal and becoming a health literate organisation as a core outcome.

In August 2014, Australian, state and territory Health Ministers endorsed the Commission's *National Statement on Health Literacy* as Australia's national approach to addressing health literacy. In the National Statement, the Commission proposes a coordinated approach to health literacy across all sectors. The National Statement recommends coordinated action across three areas;

1. Embedding health literacy into systems
2. Ensuring effective communication
3. Integrating health literacy into education.

The ACSQHC's National Approach can be implemented at an organisational level through action against the United States Institute of Medicine's (2012) *10 Attributes of a Health Literate Organisation* (depicted page 5). The 10 attributes describe characteristics of health literate health care organisations. This toolkit provides examples of actions to achieve each attribute and commence the journey towards becoming a health literate organisation.

Health Literacy

The skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.

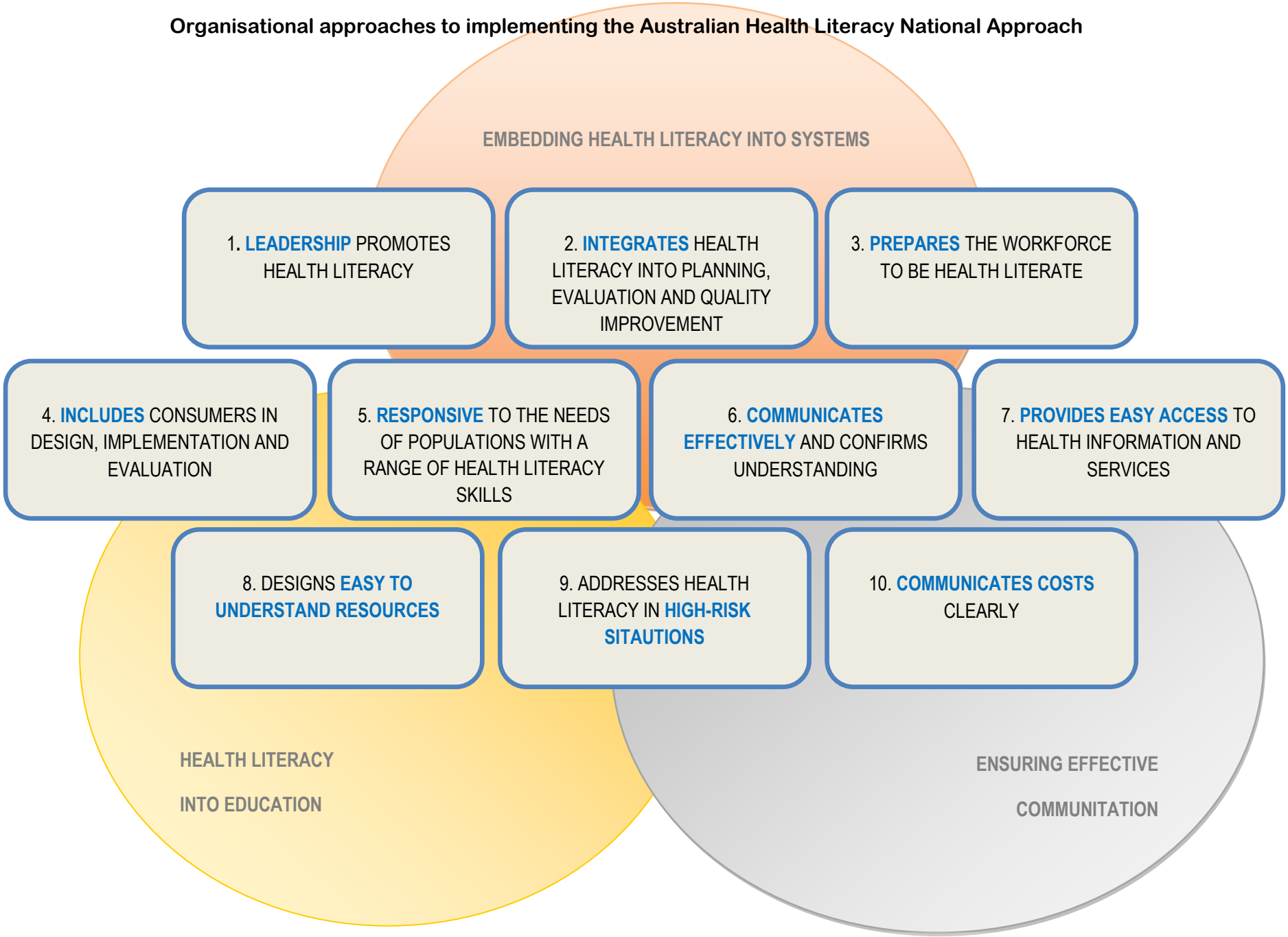
The Health Literacy Environment

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.

Health Literate Organisations

An organisation that makes it easier for people to navigate, understand and use information and services to take care of their health.

Organisational approaches to implementing the Australian Health Literacy National Approach



Modified from: Brach et al., 2012, Ten attributes of health literate health care organizations: discussion paper, and Australian Commission on Safety, and Quality in Health Care, 2014, National statement on healthy literacy: taking action to improve safety and quality.

How to use this toolkit

This toolkit is designed to provide health services with strategies to implement the 10 attributes of a health literate organisation (Brach et al. 2012). Resources are also provided in an organised format to save time sifting through the extensive range of information available.

You do not need to work through the attributes in order, you can start with one that you might have the most wins with or perhaps is of the most need of attention e.g. attribute 8- easy to understand resources. You may also find that resources under one attribute are applicable to other attributes, for example The Health Literacy Universal Precautions Toolkit includes strategies that address a number of different attributes.

Collecting measures regularly to evaluate progress is important and completing the Enliven Organisational Health Literacy Self-Assessment before you start and at regular intervals will allow for reflection or progress as well as identification of areas that may need more focus.

Training

Training in health literacy and communication has been associated with an increased use of evidence-based strategies and improved communications skills. Attribute 3 refers to a prepared and proactive workforce and the ACSQHC recommend that all members of the health sector workforce complete training to fulfil their role in providing an environment that is easy to understand and use health information and services. Below is a list of training providers that may be able to come to your organisation to provide training to staff.

Training providers

- Health Literacy Solutions offer three different workshops for health organisations - http://www.healthliteracysolutions.com.au/
- The Centre for Culture Ethnicity and Health (CEH) provide both communication and health literacy training - www.ceh.org.au/training/topics
- Deakin University often run short courses- check for updates on their website http://www.deakin.edu.au/health/research/phi/index.php
- The Health Issues Centre can provide tailored training on health information and health literacy- http://healthissuescentre.org.au/training-events/tailored-training/

Online Education

- Healthy Literacy Out Loud Podcasts - http://healthliteracyoutloud.com/
- Centres for Disease Control and Prevention - Five free online Health Literacy training modules http://www.cdc.gov/healthliteracy/gettraining.html

1. LEADERSHIP:
Has leadership that makes health literacy integral to its mission, structure and operations.

Health literacy is an organisational value and strategies are infused throughout the organisation. Organisational leadership provides a supportive culture for health literate practices through all communications, expectations, behaviour modelled as well as its service delivery design and processes (Brach et al. 2012).

Examples of actions

- Include an explicit commitment to health literacy in the organisation's mission statement as well as policies, procedures and/or protocols.
- Assign responsibility (and resources) to an individual or group for actions to improve the health literacy environment.
- Conduct annual organisational assessments of health literacy.
- Prioritise clear communication across all levels of the organisation.
- Develop and implement language access policies and procedures.
- Establish goals for health literacy improvement and accountability measures for their outcomes.
- Redesign systems and physical spaces to maximise an individual's capacity to learn how to maintain good health, self-manage, communicate effectively and make informed decisions.
- Contribute to local, state and national efforts to improve organisational responses to health literacy.
- Create a culture that values consumer perspectives and input.

Resources

- Policies and Protocols for Supportive Health Literacy Environments
- Lower Hume PCP Health Literacy Policy Tip Sheet
- Enliven Organisational Health Literacy Self-assessment Resource
- US Department of Health and Human Services, 2013, Language Access Plan 2013, Washington DC: US Department of Health and Human Services.
- Illawarra Shoalhaven Local Health District Health Literacy Framework 2012-2015.
- Health Issues Centre, 2014, Getting Started: Involving Consumers on Health Service Committees.
- Health Issues Centre, 2014, Getting Started: Participation Frameworks for Healthcare Organisations.

Examples/Case Studies

- Austin Health Consumer Engagement Plan

2. INTEGRATED:
Integrates health literacy into planning, evaluation measures, service users safety and quality improvement

Health literacy is clearly incorporated into all activities and informs both strategic and operational planning. Appropriate measures are identified to evaluate health literacy initiatives and include overall organisational performance improvements with vulnerable groups. Continuous quality improvement methods are guided by regular monitoring and evaluation of processes and outcomes (Brach et al. 2012). Health literate organisations acknowledge that health literacy is essential to deliver safe and high quality care, and alignment with accreditation standards provides a mechanism to collect evidence and celebrate progress towards becoming a health literate organisation (Brach et al. 2012; Gippsland PCPs, 2014) (Appendix one).

Examples of actions

- Incorporate health literacy into all planning activities.
- Data collected through patient feedback systems are used to measure and improve health services in the organisation e.g. the Patient Assessment of Chronic Illness Care (PACIC).
- Regularly review language assistance services to identify if they are adequate to meet the needs of the community.
- Regularly collate individual comments and complaints to identify the existence of trends and emerging issues.
- Monitor, report, analyse and rectify any communication failures.
- Incorporate health literacy principles into the six areas of the chronic care model to implement a 'health literate care model'.

Resources

- The Patient Assessment of Chronic Illness Care (PACIC)
- US Department of Health and Human Services, 2013, Language Access Plan 2013, Washington DC: US Department of Health and Human Services.
- US Department of Health and Human Services, Quick Guide to Health Literacy
- The Clinician's Toolkit for Improving Patient Care
- Roles in realising the Australian Charter of Healthcare Rights
- Consumers Health Forum of Australia, 2013, Health Literacy Discussion Paper
- Koh et al, 2013, A Proposed 'Health Literate Care Model' Would Constitute a Systems Approach to Improving Patients Engagement in Care, Health Affairs.

3. PREPARED:
Prepares the workforce to be health literate and monitors progress

Health literate organisations recognise that everyone from receptionists to executives require health literacy training. Widespread training supports a health literate culture through the common goal of successful communications.

Examples of actions

Provide health literacy training to all staff (including front of house staff e.g. receptionists)- see page 5 for training providers.

Incorporate health literacy into orientation/induction sessions and other types of training.

Consumers and/or carers are involved in the training of the workforce on person-centred care and the engagement of individuals in their care.

Ensure the clinical and non-clinical workforce understands and values the input from patients, consumers, families and carers. This may require training as part of on-going education.

Identify and develop champions who can serve as role models, mentors and teachers of health literacy skills.

Resources

- American Medical Association (AMA), Health Literacy Video.
- AMA, Health Literacy Video 2
- Dr Rima Rudd 2012 Health Literacy Presentation
- Clinical Excellence Commission, Education and Training in Patient Based Care
- Reception that Supports Health Literacy
- Staff Communication Training Assessment Tool

4. INCLUSIVE:
Includes populations served in the design, implementation and evaluation of health and related information services

Community members are consulted when planning and evaluating programs and resources to address health literacy; especially those with limited health literacy. Participatory design results in products that are targeted to the needs of target populations (Brach et al. 2012).

Examples of actions

Consumers and/or carers are involved in the governance of the health service organisation. Governance partnerships are reflective of the diverse range of backgrounds in the community, including those people who do not usually provide feedback.

Establish consumer engagement policies and processes and implement strategies to support meaningful engagement.

Provide orientation and training to enable consumers and/or carers to fulfil their partnership role.

Collaborate with members of the target population in the design and redesign of health services.

Consumer walk throughs of health care facilities, review of health forms, serve on committees

Resources

- The Banyule Nillumbik Primary Care Alliance Consumer Participation Resource and Training Kit.
- Primary Health Care Consumer, Carer and Community Participation Resource.
- The Australian Charter of Healthcare Rights in Victoria
- The Australian Charter of Healthcare Rights in Victoria Summary Poster
- The Australian Charter of Healthcare Rights- A guide for Patients, Consumers, Carers and Families.
- Patient and Family Engagement module
- Rudd R, 2010, The Health Literacy Environment Activity Packet: First Impressions and Walking Interview.

Examples/Case Studies

- Alexandra District Hospital, Consumer Advisory Committee

5. RESPONSIVE:
Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation.

Health Literacy universal precautions are applied throughout the organisation, treating everyone equally, such as making offers of assistance to all, to reduce the stigma associated with limited health literacy. Communication is simplified to the greatest extent possible and comprehension is verified with everyone. Alternatives to written materials are available to communicate important information, understanding that not everyone can or will read and understand even simplified documents. Health literate organisations have an understanding of their community's health literacy levels and respond to the level of need accordingly (Brach et al. 2012).

Examples of actions

Adopt health literacy 'universal precautions' e.g. Treating everyone equally by simplifying all communication and verifying comprehension

Ensure the physical environment is welcoming and does not require a high level of literacy to understand and navigate.

Alternatives to written information are provided where possible, to create an environment that does not require high literacy.

Management plans are developed in partnership with patients and carers. Clinicians use common language, verifying comprehension and encourage the asking of questions.

Only collect essential information from consumers and try not to collect more than once.

Provide extra assistance for those who need it (e.g. follow up)

Resources

- Health Literacy Universal Precautions Toolkit
- Your rights when you use health services in Victoria
- Your rights when you use health services in Victoria- A3 poster
- Illawarra Shoalhaven Local Health District, 2013, Step b Step Writing Guide for Developing Plain English Consumer Information
- A-Z of Alternative Words
- CEH, Written Communication Information Sheet
- CEH, Social Determinants of Health Literacy Informatior Sheet

Examples/Case Studies

- ISLHD, Procedure for Plain English Consumer Information

6. EFFECTIVE COMMUNICATION:
Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.

As noted in the Chronic Care Model, productive interactions require both an informed, activated patient as well as a prepared and proactive practice team. Health literate organisations practice effective two-way communication and encourage consumers to ask questions. Clear communication is ensured across clinical and non-clinical interactions such as giving directions or scheduling appointments. Organisations implement strategies to ensure that they are culturally and linguistically competent.

Examples of actions

Ensure staff are appropriately trained in two-way, effective communication techniques and monitor and evaluate this in an ongoing manner.

Verify understanding in every communication.

Ensure adequate time is given to each interaction.

Ask about and accommodate different communication preferences.

Plan for and provide language assistance.

Respond to communication failures as safety issues.

Encourage consumers to speak up if they have difficulty understanding the information provided or have any questions.

Resources

- The Teach-Back Method. & Teach Back Podcast
- Ask Me 3
- Words to Watch Fact Sheet.
- Using Interpreting Services: Victorian Government Guidelines on Policy and Procedure.
- Patient-clinician Decision Support Tools- How can quality tools be assessed and adapted for use in Australia?
- Patient Decision Aids, Ottawa Hospital Research Institute.
- Encourage Questions.
- Tips for Communicating Clearly.
- Health Literacy and Patient Safety: Help Patients Understand Manual for Clinicians

7. ACCESS TO INFORMATION:
Provides easy access to health and related information and services and navigation assistance.

Health literate health care organisations assist consumers to navigate the built and electronic environments and negotiate the fragmented health care system to relieve the burden on individuals to coordinate their care. Physical environments include features to assist consumers to find their way and use common language and symbols on all signage. Staff are able to respond to queries in an effective manner, assist in scheduling appointments with other service providers, provide assistance to consumers to complete relevant forms and promote accurate, easy to understand and actionable information. Electronic products utilised must be user-friendly and populated with only easy to understand and actionable information.

Examples of actions

Ensure the physical environment includes facilities that help people find their way, and easily understood signage including common language and symbols as well as commonly spoken languages.

Respond to navigation queries without assuming knowledge or access to transport as well as answering general questions and concerns.

Assist in scheduling appointments with other service providers.

Establish referral links and maintain a current list that is shared with consumers. Follow Victorian Service Coordination Principles for referrals and follow up to ensure they are completed.

Utilise SCTT12 Information Exchange Summary to share information between services- with consumer consent.

Assist consumers to complete relevant forms/documents.

Utilise technology including electronic health records. Populate with easy to understand and actionable information only and provide training on how to use applications.

Resources

- Rudd R, 2010, The Health Literacy Environment Activity Packet: First Impressions and Walking Interview.
- Signage that makes sense to everyone
- A reception area that supports low health literacy
- Communicating by Telephone
- 10 Tips for Safer Healthcare
- Victorian Service Coordination Practice Manual
- Victorian Service Coordination Tool Templates (SCTT)
- Tailoring Information to Consumers Needs
- Personal Electronic Health Record
- Assisting Individuals to register
- Using Technology to support people with low literacy

8. EASY TO UNDERSTAND RESOURCES:
Designs and distributes print, audio-visual and social media content that is easy to understand and act on.

Readability of health information is assessed against the needs of the target audience to ensure that materials are clear, well-organised and easy to understand and act on. Materials are developed with input from the target community and clear-writing experts if they cannot be sourced. All information including test results and forms follow the principles of clear communication. Evidence-based approaches to making materials more understandable such as plain language, topic headings and pictures are adopted. Print and audiovisual information is available in languages commonly spoken by the target population and adapted for cultural and linguistic differences to retain their meaning (Brach et al. 2012).

Examples of actions

Evaluate all distributed materials using assessment tools and consumer feedback.

Use tools that assist in developing easy to understand materials and involve consumers in the design and testing.

Choose and create high-quality educational materials in a variety of formats that are appropriate for consumers with low health literacy

Identify materials available in other languages and inform all staff.

Resources

- Readability and Health Information.
- A Guide to Creating and Evaluating Patient Materials: Guidelines for Effective Print Communication.
- Clear Written Communications: The Easy English Style Guide.
- How to write plain English and Written Communication Checklist
- Example Easy English Survey. and Example Easy English AGM.
- Effective Translations: Victorian Government Guidelines on Policy and Procedure.
- Centres for Disease Control and Prevention Clear Communication Index User Guide
- CDC Clear Communication Index Score Sheet
- Modified CDC Clear Communication Index Score Sheet
- Writing for the web and Writing for people whose main language isn't English
- Consumer Information Feedback Tool and Consumer Feedback Log

9. RESPONSIVE IN HIGH RISK SITUATIONS:
Address health literacy in high-risk situations, including care transitions, communications about medications etc.

Although all communications should follow health literacy best practices, certain high risk decisions, situations and transitions require a targeted response to ensure that individuals fully understand examples include informed consent for surgery, advanced care directives and discharge from hospital. Health literate health care organisations identify situations requiring heightened safeguards and put standards and processes in place in attempt to eliminate the risk of miscommunication (Brach et al. 2012).

Examples of actions

Identify situations that merit heightened safeguards (e.g. informed consent, referrals, end of life care, use of medicines) and plan to ensure safe communications.

Improve understandability of informed consent forms and translate into other languages needed.

Foster a culture that values and practices meaningful informed consent and verification of understanding.

Utilise aids such as pill boxes to increase understanding of how to take medicines etc.

Resources

- World Health Organization, Patient Safety Workshop: Learning from Error.
- WHO Learning from Error video
- Specialist Management Services Resources workshop 2014
- SMS Informed Consent video
- A Practical Guide to Informed Consent
- Checking understanding with the teach back method
- Better Health Channel- Advanced care planning.
- Medication and Health Literacy
- Responding to emotions
- Supporting spoken communications with visual tools

10. COMMUNICATES COSTS:

Communicates clearly what health plans cover and what individuals will have to pay for services

Simple and consistent information is provided to consumers in situations whereby payment, co-payment and/or private health insurance is applicable to the service. This includes transparency about what is covered and what out-of-pocket costs may apply and should be communicated in advance to any service provision (Brach et al. 2012; Thomacos & Zazryn, 2013).

Examples of actions

Provide staff and resources to find out whether a treatment is covered and what out of pocket expenses there will be for any procedure or service.

Communicates costs of care to the consumer in advance of any procedure or service provision.

Resources

- AIHW, Improving Accessibility of Health Service for Indigenous People
- Effective Communication of Healthcare Rights

How to get started

It is important to acknowledge that “the road to becoming health literate is a long one” (Brach et al. 2012).

The many examples provided in this toolkit and associated resources identify immediate practical actions that health services can implement to reduce the gap between individuals health literacy and the demands of complex health care systems. If organisations implement the 10 attributes they will be more responsive to individual needs and will be making a contribution to improved population health (Brach et al. 2012).

To get started:

1. Establish a working group or allocate responsibility to an existing group.

2. Complete the Enliven Self Assessment to provide a baseline overview of current practice and inform areas for improvement.

3. Develop a Quality Improvement Plan (Template below)
   - Choose 1-3 attributes to commence work on based on the results of the Self Assessment.
   - For each attribute, see the corresponding page in the toolkit and select strategies.
   -Identify measures for evaluation, timeframes for implementation and allocate responsibility and resources.

4. Monitor and review the quality improvement plan
   -Ensure measures are collected and analysed.
   -Update as necessary.
   -Complete the organisational self-assessment at least once a year to monitor progress and update plan.

If you are a service within Mitchell or Murrindindi shire and need any assistance with this process, you can contact Lower Hume Primary Care Partnership. Contact details are available on our website www.lhpcp.org.au.

Appendix One also explains potential links to accreditation standards. This allows organisations to use the quality improvement activities and measures to demonstrate accreditation standards and be acknowledged for successes.

Health Literate Organisation Quality Improvement Action Plan Template

Goal:					
Objective:					
Champion:					
Action	**Who**	**When**	**Resources allocated**	**Measured by**	**Monitored by**

Modified from: Ministry of Health. 2015. *Health Literacy Review: A guide*. Wellington, New Zealand: Ministry of Health.

Additional Resources

- Health Issues Centre
- Keleher, H & Hagger, V, 2007, Health Literacy in Primary Health Care, *Australian Journal of Primary Health*, 13 (2), pp. 24-30.
- Ophelia- Optimising Health Literacy to Improve Health and Equity
- The NSW Clinical Excellence Commission online Health Literacy Guide
- Victorian State Government Department of Health, Health Literacy

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Gippsland Primary Care Partnerships, 2014, Gippsland Guide to Becoming a Health Literate Organisation.

Ministry of Health. 2015. *Health Literacy Review: A guide*. Wellington, New Zealand: Ministry of Health.

Thomocas N, Zazryn T, 2013, Enliven organisational health literacy self-assessment resource, Melbourne: Enliven & School of Primary Care, Monash University.

US Department of Health and Human Services, Quick guide to health literacy: fact sheet, retrieved December 2014 from http://www.health.gov/communication/literacy/quickguide/factsbasic.htm.

Appendix One: Mapped Accreditation Standards (modified from Gippsland Primary Care Partnerships, 2014)

	National Safety & Quality Health Service Standards	Australian Council on Healthcare Standards and Equip	Community Care Common Standards	Aged Care Standards	Palliative Care – National Standards Assessment Program	National Standards for Mental Health	Quality Improvement Council	National Standards for Disability Services	RACGP/ AGPAL	DHS Community Standards
1. Leadership		3.1	1.1 1.4 3.1	1.5	7	9.11	1.1	8		
2. Integrated	2.2 2.4 2.5 2.7 2.8 8.9 8.10 9.7 9.8 9.9 10.9 10.10	1.1.2 1.4.1 2.1.1 3.2.1 3.2.2	1.4 1.5 1.8 2.1 2.2	3.9	1 3 11	3.1 3.2 3.6 9.9	2.1 1.9 3.1 2.3		1.1.2 1.1.4 1.6.1 1.6.2 1.6.3 1.2.2 1.2.3 1.3.1 1.4.1 1.5.3	1.2 2.2 3.1 3.3 3.4 3.5 4.1
3. Prepared	2.6	2.2.1		1.3 3.3	12	4.2	1.3		1.2.2 1.3.1	2.3
4. Inclusive	2.4 2.8 2.9	1.6.1 1.6.2 1.6.3	1.4 1.5 2.2 2.3			3.6 9.9	1.9		1.2.2 1.3.1 1.4.1 1.5.3 2.1.2	2.2 3.1 4.1

5. Responsive		1.6.3	2.3	3.8		1.5	2.3 2.4	5	1.2.2 1.2.3 1.4.1 2.1.1	1.1 3.2 3.4 4.4 4.5
6. Effective communication		1.2.1	1.3 1.4 2.3			1.2 1.3 1.8 5.3 7.3	3.1		1.2.1 1.2.3 1.3.1 1.4.1	1.1 1.2 2.1 2.2 3.4 4.1
7. Access to information	1.18 2.4 3.19 6.5 7.9 7.10 8.9 8.10 9.7 9.8 9.9 10.9 10.10	3.2.2	1.3 1.4 1.5 2.1 2.2 2.3	1.8		7.3	2.5 2.4	1 2	1.2.1 1.2.2 1.2.3 1.3.1 1.4.1 2.1.1 2.4.1	1.1 2.2 3.4 4.1 4.2
8. Easy to understand resources	2.4								1.2.1 1.2.3 1.5.3	1.1 1.2
9. Responsive in high risk situations	4.12 4.13 4.14 4.15	1.5.1		2.7					1.2.2 1.2.3 1.4.1 1.5.3 5.3.1 5.3.3	
10. Communicates costs			2.1				1.5		1.2.1 1.2.4	