The Gippsland Guide to becoming a Health Literate Organisation

GIPPSLAND PRIMARY CARE Partnerships

Authors and Acknowledgements

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This Guide has been developed collaboratively by the Gippsland Primary Care Partnerships (PCPs).

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CENTRAL WEST GIPPSLAND Primary Care Partnership

EAST GIPPSLAND PRIMARY CARE PARTNERSHIP

South Coast Primary Care Partnership

WELLINGTON PRIMARY CARE PARTNERSHIP 'partnerships for better health'

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Introduction

What is Health Literacy and why is it important to your organisation?

Health Literacy is the degree to which a person has the capacity to obtain, communicate, process, and understand health information and services to make appropriate health decisions [1].

Health Literacy is important as it shapes peoples long-term health outcomes and the safety and quality of the care they receive [2].

More than 50% of Australians have low health literacy. This means more than half of consumers who access health organisations are unsure of the information provided to them and services available to assist them to make informed decisions about their health [2, 3].

The infrastructure, policies, processes, materials, people and relationships that make up the health system have an impact on the way in which people are able to access, understand, evaluate and apply health-related information and services [2].

Failure to meet health literacy needs of individuals who access services may lead to:

- The potential for some level of harm to consumers, whether it is a faster progression of a condition, a medication error or a poorer health outcome [4]
- Higher use of health services and therefore higher healthcare costs [2, 4, 5]
- Increased demand on services through increased rates of hospitalisation and use of emergency departments, longer periods of treatment and more frequent readmissions [2, 4]
- Increased use of complex treatments due to individuals being sicker when entering the health system [6]

Health Literacy aligns with the safety and quality standards that every health care organisation is striving to achieve. Health Literacy should not be seen as an activity above and beyond what organisations need to do, but rather a best practice component that needs to be embedded in current service delivery. Therefore making a commitment to undertake best practice health literacy initiatives should be a priority for all organisations. The *Gippsland Guide to Becoming a Health Literate Organisation* and your local Primary Care Partnership can support organisations in their endeavour to become more health literate.

If health care organisations implement health literacy even in a modest way, they will not only be more responsive to individuals' needs they will also make a substantial contribution to improved population health [2].

Why is it important to be a health literate organisation?

To support consumers to manage their own health effectively

More than half of Australians have low health literacy. Due to its associated difficulties, low health literacy leads to poorer health outcomes [2, 3, 7, 8].

To support safe and effective use of primary health resources

Evidence shows low individual and organisational health literacy can impact on the quality, safety and cost of health care delivery [9-11].

Health Literacy in Gippsland– The journey so far

Primary Care Partnerships (PCPs) are established networks of local health and human service organisations working together to find smarter ways of making the health system work better, so that the health of their communities is improved. Since they were introduced by the Victorian Government in 2000, PCPs have become a vital component of the Victorian healthcare system. In the 14 years that they have been operating PCPs have grown significantly in both size and reputation as more and more health and social services and community groups join them in the quest to deliver better healthcare outcomes for Victorians [12].

Today, PCPs facilitate partnerships with a wide range of health and social service providers and community groups; and they support collaboration and service integration. Most importantly, they play a key role in enhancing the wellbeing of people within our local communities [12].

There are 28 PCPs around Victoria, connecting more than 800 organisations across many different sectors including hospitals, general practices (GPs), local government, universities, community health services, disability services, problem gambling services, women's health, mental health services, regional sporting assemblies, schools, police and many more [12].

The Gippsland PCPs have been working in the area of health literacy since 2011 delivering a range of capacity building projects with partner organisations.

This work includes:

- Introduction to Health Literacy training
- 2-Day Health Literacy Short Course
- Consumer Led Health Literacy Workshop
- Health Literacy Forum to present organisational health literacy project outcomes from across Gippsland
- Mentoring and supporting staff to undertake health literacy improvement projects using the Plan, Do, Study, Act (PDSA) Model [2, 4]
- A formal academic evaluation of the Gippsland Health Literacy Project in conjunction with Monash University Department of Rural and Indigenous Health

At a Gippsland Regional level the Department of Health and Human Services, health organisations and Primary Care Partnerships have developed the Gippsland Chronic Disease Management – Service Improvement Plan 2013 – 2017. This plan was endorsed by the Gippsland Health Service Partnership (GHSP), a regional partnership of organisations from the health sector and local government consisting of CEOs and Senior Managers committed to a regional approach to health across Gippsland.

A key strategy of the plan was the development of a Health Literacy Guide to support PCP partner organisations to implement best practice health literacy initiatives.

Aim of the Guide

The aim of this Guide is to support a consistent approach for health organisations across the Gippsland region in their understanding, awareness and implementation of best practice health literacy.

This Guide will provide organisations with a range of information, tools and resources that can be used to become a health literate organisation.

The Guide has been designed to allow organisations to undertake manageable quality improvement cycles to work toward becoming a Health Literate Organisation. Organisations are not expected to implement all quality improvement activities simultaneously. Individual organisations should prioritise improvement activities and determine based on their organisational capacity, which improvements they will implement first.

Structure of the Guide

The content of this Guide has been divided into four sections.

Section One: Model Policy

The Model Policy has been designed to assist organisations to use, adapt or develop a policy suitable for their individual needs.

Section Two: 10 Attributes of a Health Literate Organisation and Self-Assessment Checklist

The 10 Attributes of a Health Literate Organisation is a list of attributes organisations can strive to achieve to implement best practice health literacy.

A Self-Assessment Checklist which aligns with these attributes has been developed to provide organisations with a framework to audit current health literacy practices and support the development and implementation of a quality improvement plan to address the identified gaps.

Section Three: Accreditation Standards Mapped against the 10 Attributes of a Health Literate Organisation

Current accreditation standards being met by Gippsland organisations have been mapped against the 10 Attributes of a Health Literate Organisation. This allows organisations to easily align Health Literacy initiatives with their accreditation activities. Health Literacy should not be seen as an activity above and beyond what organisations need to do, but rather a best practice component that needs to be embedded in current service delivery.

Section Four: Resources

This section contains resources to support the implementation of best practice health literacy in your organisation, such as:

- Introduction to Health Literacy Power Point presentations for staff, executive teams and governance groups
- Fact sheets containing key health literacy information and resources
- Links to videos demonstrating the importance of health literacy
- Links to best practice literature and research
- Tools to support the implementation of health literacy activities

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Section One

Model Policy

Model Health Literacy Policy

Model Policy

In developing the model policy the Gippsland PCPs have undertaken an extensive review of the current policy management systems used by Gippsland organisations.

What?

The Model Policy has been designed to assist organisations to use, adapt or develop a policy suitable for their individual needs. The Model Policy has been designed to easily populate the categories included in policy management systems.

Why?

The implementation of a health literacy policy creates the foundation, structure and environment to initiate change across all levels of the organisation.

How?

Below are some examples of people/teams who may be involved in the roll out of a health literacy policy.

- **Leadership Team**

  Commitment from the leadership team provides staff with an environment that supports them to implement best practice health literacy initiatives and participate in professional health literacy development activities.

- **Quality Improvement Team/Officer**

  Health literacy activities and initiatives can be collected as evidence for achieving accreditation.

- **All staff**

  All staff have a responsibility for quality improvement and ensuring best practice work practices that align with and contribute to the broader organisation. Whatever your role you can contribute to becoming a more health literate organisation.

GPCP's gratefully acknowledge the inclusion of material from the Health Literacy Policy developed by ISIS Primary Care 2012 [13].

Health Literacy Policy Template

Definition

Health Literacy is the degree to which a person has the capacity to obtain, communicate, process, and understand health information and services to make appropriate health decisions [1].

A Health Literate Organisation is an organisation that is easy for people to access, navigate, understand and use information and services to promote and maintain good health [10].

Policy Statement

(Name of Organisation) is committed to:

- Recognising the impact of health literacy on:
  - the health outcomes of individuals
  - costs to the health system
  - the prevention of chronic conditions
- Addressing the health literacy barriers of clients and communities
- Creating and maintaining an organisational environment that supports staff to develop and enhance their health literacy skills in order to empower clients and community members to improve their health

Policy Principles

(Name of Organisation) will:

- Foster a culture where both individual and organisational health literacy is considered part of all decision making within the organisation
- Engage clients and communities in decision making processes
- Build organisational capacity by providing health literacy training for all staff
- Implement the 10 Attributes of a Health Literate Organisation framework [10]

Associated Policies and Procedures (examples)

- Access and Equity
- Advocacy
- Client Rights and Responsibilities
- Community and Participant Involvement
- Health Promotion
- Interpreting and Translating
- Service Delivery – Key Components of Care

Associated Documentation (examples)

- 10 Attributes of a Health Literate Organisation
- The Gippsland Guide to Becoming a Health Literate Organisation
- Accreditation standards mapped against the 10 Attributes of a Health Literate Organisation

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Section Two

10 Attributes of a Health Literate Organisation

The 10 Attributes of a Health Literate Organisation

10 Attributes of a Health Literate Organisation [10]

The Institute of Medicine in the United States of America released a paper in 2012 that identified ten aspirational attributes that characterise a health literate organisation. These attributes are a list of qualities that organisations can strive to achieve to ensure services provided are easy for people to navigate, understand and use.

The Gippsland PCPs have adapted the Attributes to ensure they are relevant to the Australian and Gippsland context.

The Guide has been designed to allow organisations to undertake small quality improvement cycles to work toward becoming a Health Literate Organisation. Organisations are not expected to implement all 10 Attributes simultaneously. Individual organisations should prioritise each of the Attributes and determine, based on their organisational capacity, which Attribute they will work towards first and hence which improvement activities they will implement first.

What?

The adapted 10 Attributes are supported by a Self-Assessment Checklist to benchmark current practice and develop a prioritised action plan to become a health literate organisation.

Why?

Using the checklist to benchmark will enable your organisation to understand where it is in relation to health literacy best practice, where there are significant gaps, areas that are working well and areas that need improvement.

How?

A working group can be formed with representation of staff from different levels of the organisation such as, quality, leadership and service provision.

The working group can be responsible for:

- Dissemination of the checklist across the organisation
- Overseeing and or completing the audit process
- Collation and communication of results
- Development of a quality improvement plan in response to findings
- Providing leadership to oversee implementation of health literacy activities and initiatives within the plan
- Monitoring and review of quality improvement plan

The Attributes

A Health Literate Organisation: [10]

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

2. Integrates health literacy into planning, evaluation measures, service user safety and quality improvement.

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

4. Includes consumers in the design, implementation and evaluation of health information and services.

5. Meets the needs of consumers with a range of health literacy skills while avoiding making assumptions about individual health literacy levels.

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

7. Provides easy access to health information, services and navigation assistance.

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

9. Addresses health literacy in high risk situations, including care transitions and communications about treatments and medicines.

10. Communicates clearly the costs that funding schemes may cover (e.g. Medicare, private health insurance) and what individuals may have to pay for services.

Adapted from Brach, C., et al., Ten Attributes of Health Literate Health Care Organizations. 2012, Institute of Medicine [10].

Agency Self-Assessment Checklist

Attribute 1	**Has leadership that makes health literacy integral to its mission, structure and operations.**		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Has an explicit commitment to health literacy across the organisation i.e. mission statement, policies, strategic, operational plans and work plans.			
B: Prioritises clear and effective communication across all levels of the organisation, all communication channels and creates a culture that places equal value on professional and consumer perspectives, thereby practising person centred care. Consider: ○ Clients who require language assistance and communication support (interpreter services, visual aids, Auslan, Braille, other technologies)			

A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
From previous page ○ Diversity – Culturally and Linguistically Diverse communities, Aboriginal Torres Strait Islander People, Sexual Preference (GLBTIQ), Gender, Education level, Socio-economic Status			
C: Identifies and trains health literacy champions throughout the organisation who are responsible for taking a leadership role in achieving health literacy outcomes and serve as role models, mentors and teachers of health literacy.			
D: Allocates resources (financial and human) to meet health literacy improvement goals.			

Attribute 2	Integrates health literacy into planning, evaluation measures, service user safety and quality improvement.		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Creates resources as a result of quality improvement activities and routinely collects data to measure and evaluate their success.			
B: Designs and/or modifies consumer satisfaction surveys to ensure they are clear and easy to complete and where appropriate provides assistance to consumers to complete the survey.			
C: Designs (or redesigns) systems and/or services to maximise consumers capacities to learn how to maintain good health, manage illness, communicate effectively and make informed decisions. E.g. ○ Allows appropriate and flexible amounts of time for each client interaction ○ Encourages and supports health professionals to engage in education such as motivational interviewing and health coaching			

Attribute 3	Prepares the workforce to be health literate and monitors progress.		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Designates an office or official responsible for identifying workforce development needs. Developing, implementing and committing resources necessary to conduct health literacy training on a regular basis.			
B: Includes demonstrated knowledge and understanding of health literacy in position descriptions, key selection criteria and orientation/induction processes.			
C: Incorporates health literacy into other types of training (E.g. patient safety, cultural competence, person-centred care).			

A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
D: Supports staff to attend internal and external health literacy training.			
E: Trains staff on when and how to access and utilise oral and written language resources including assistance services, how to work with interpreters and translators (and how to identify the appropriate translator service), how to convey complex information using plain language and how to effectively and respectfully communicate with all service users.			

Attribute 4	**Includes consumers in the design, implementation and evaluation of health information and services.**		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Establishes advisory groups which includes members of the local community, adult educators and health literacy experts and provides a mechanism for the information and recommendations to feed into organisational management and governance structures.			
B: Collaborates with members of the target population when designing, implementing and evaluating programs and service materials.			

Attribute 5	**Meets the needs of consumers with a range of health literacy skills while avoiding making assumptions about individual health literacy levels.**		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Does not make assumptions about a service users health literacy levels and therefore provides a consistent approach to providing accessible information to every service user[14].			
B: Creates a physical environment that is welcoming and does not require a high level of health literacy to understand and navigate. Proactively provides assistance to individuals in need.			
C: Designs (or redesigns) physical spaces to support effective communication i.e. spaces to have confidential conversations/counselling.			

Attribute 6	**Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.**		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Fosters a culture that emphasizes the importance of verifying understanding of every communication utilising techniques such as Teach Back[15] or `chunk and check'[16] and ensures that staff are appropriately trained in these areas.			
B: Ensures adequate time is given to each interaction.			
C: Understands written material may not be read and therefore uses alternatives where appropriate. Uses simple written information or visual resources to reinforce spoken communication.			
D: Implements campaigns and initiatives to educate and empower consumers to ask questions across all services within the organisation.			

A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
E: Considers communication failures as service user safety issues and responds by tracking, recording and investigating these failures to uncover and address the systematic sources of error.			

Attribute 7	Provides easy to access health information, services and navigation assistance.		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Has facilities with features to help people find their way. ○ Uses easily understood language and symbols on all signage ○ Uses signage in commonly spoken languages for the region			
B: Integrates and co-locates multiple services within the same facility. Supports consumers to understand services and programs that are available to them, as well as how participating in these services/programs will benefit their health.			
C: Responds to navigational queries in an effective manner without assuming things such as map reading skills or car ownership.			

A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
D: Provides staff to assist consumers with scheduling appointments with other service providers and to complete relevant forms and/or documents.			
E: Ensures consumer information exchange occurs (with consumer consent) between services/organisations to ensure: ○ Only essential consumer information is collected and that it is only collected once ○ The consumer receives person-centred, coordinated and integrated care in line with best practice service coordination principles[17] ○ Referrals are tracked and followed up to ensure they are completed appropriately			

A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
F: Directs consumers to up-to-date, relevant community, social services, and health information (e.g. Better Health Channel[18]) and ensures that service information is up to date.			
G: Develops electronic resources which are easy to understand i.e. website, social media, information kiosks, telephone services and educates consumers on how to use them.			

Attribute 8	Designs and distributes print, audio-visual and social media content that is easy to understand and act on.		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Creates materials that meet best practice health literacy requirements. ○ Involve consumers in the design and pilot testing of all resources ○ Audit and amend documents that are available to consumers based on best practice health literacy requirements, including those in languages other than English ○ Ensure all new materials are developed using best practice health literacy requirements and are screened using readability tools such as SMOG[19]			

A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
B: Stocks high quality education materials in a variety of formats (e.g. audio visual, print, 3-D models, photos, cartoon illustrations, podcasts etc.) and uses multiple channels to distribute these (e.g. face-to-face, electronic portals, website).			
C: Provides easy access to documents that are available for reading or downloading in languages other than English.			

Attribute 9	Addresses health literacy in high risk situations, including care transitions and communications about treatments and medicines.		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Identifies situations where if communication failed, would be high risk for patient safety and implements heightened safeguards, standards and processes to ensure there is no miscommunication. E.g. Makes it a priority to implement systems and interventions that advance medicine self-management and safety.			
B: Fosters a culture that values and practices meaningful informed consent (including the use of interpreter services if needed). Verify understanding of every communication with regard to informed consent. Informed consent should focus on the process by which an individual is informed about the benefits and risks of a procedure or treatment rather than just getting a signature on a form[20].			

A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
C: Educates individuals and their caregivers and confirms understanding throughout their treatment and hospital stays. E.g. end-of-life care decisions, pre and post-surgery, newly diagnosed chronic or terminal illness, self-management education, person centred discharge planning.			

Attribute 10	Communicates clearly the costs that funding schemes may cover (e.g. Medicare, private health insurance) and what individuals may have to pay for services.		
A health literate organisation……	**Currently Present?** (Yes/No/ Partially)	**Evidence**	**Opportunities for Improvement**
A: Ensures staff understand whether a treatment is covered by a funding scheme and can provide information to consumers about out-of-pocket expenses and private health insurance item numbers.			
B: Communicates out-of-pocket expenses to the consumer in advance of any procedure or service provision.			

Adapted from Brach, C., et al., Ten Attributes of Health Literate Health Care Organizations. 2012, Institute of Medicine [10].

Section Three

Mapped Accreditation Standards

Gippsland's Mapped Accreditation Standards

Gippsland's Accreditation Standards mapped against the 10 Attributes of a Health Literate Organisation

The Gippsland PCPs have undertaken an audit of the accreditation standards their member agencies are required to meet. A compilation of the common standards was developed and then each standard mapped against the 10 Attributes of a Health Literate Organisation. This mapping was completed by a qualified accreditation and quality coordinator.

What?

The standards that have been mapped against the 10 Attributes include:

- Aged Care – Australian Council on Healthcare Standards (ACHS) and EQUIP
- Community Care Common Standards (CCCS), Home and Community Care Standards (HACC) and National Respite Carers Program (NRCP)
- Department of Human Services (DHS) Community Standards
- General Practice Standards Royal Australian College of General Practitioners (RACGP) and Australian General Practice Accreditation Limited (AGPAL)
- National Mental Health Standards
- National Standards for Disability Services (NSDS)
- National Safety and Quality Health Service Standards (NSQHS)
- Palliative Care – National Standards Assessment Program (NSAP)
- Quality Improvement Council (QIC)

Why?

By using this document, organisations will be able to align their work in health literacy to their existing quality standards. Aligning with organisational quality standards provides a mechanism to collect evidence and celebrate the progress and success of moving toward being a Health Literate Organisation.

How?

All staff can contribute to the collection of evidence for accreditation reporting. By being aware of the relevant standards, all staff can assist their quality improvement team/worker in moving towards achieving organisational accreditation.

A table of each of the 10 Attributes and the corresponding Accreditation Standards can be found on the following pages.

	CCCS – HACC & NRCP	Palliative Care - NSAP	Aged Care Standards	ACHS/EQUIP	National Standards for Mental Health	QIC	NSDS	NSQHS	RACGP/AGPAL	DHS Community Standards
Attribute 1 Has Leadership that makes health literacy integral to its mission, structure and operations	1.1 1.4 3.1	7	1.5	3.1	9.11	1.1	8			
Attribute 2 Integrates health literacy into planning, evaluation measures, service user safety and quality improvement	1.4 1.5 1.8 2.1 2.2	1 3 11	3.9	1.1.2 1.4.1 2.1.1 3.2.1 3.2.2	3.1 3.2 3.6 9.9	2.1 1.9 3.1 2.3		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 1.1.4 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
Attribute 3 Prepares the workforce to be health literate and monitors progress		12	1.3 3.3	2.2.1	4.2	1.3		2.6	1.2.2 1.3.1	2.3
Attribute 4 Includes consumers in the design, implementation and evaluation of health information and services	1.4 1.5 2.2 2.3			1.6.1 1.6.2 1.6.3	3.6 9.9	1.9		2.4 2.8 2.9	1.2.2 1.3.1 1.4.1 1.5.3 2.1.2	2.2 3.1 4.1

	CCCS – HACC & NRCP	Palliative Care - NSAP	Aged Care Standards	ACHS/EQUIP	National Standards for Mental Health	QIC	NSDS	NSQHS	RACGP/AGPAL	DHS Community Standards
Attribute 5 Meets the needs of populations with a range of health literacy skills while avoiding making assumptions about individual health literacy levels	2.3		3.8	1.6.3	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
Attribute 6 Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact	1.3 1.4 2.3			1.2.1	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
Attribute 7 Provides easy access to health information, services and navigation assistance	1.3 1.4 1.5 2.1 2.2 2.3		1.8	3.2.2	7.3	2.5 2.4	1 2	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	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

	CCCS – HACC & NRCP	Palliative Care - NSAP	Aged Care Standards	ACHS/EQUIP	National Standards for Mental Health	QIC	NSDS	NSQHS	RACGP/AGPAL	DHS Community Standards
Attribute 8 Designs and distributes print, audio-visual and social media content that is easy to understand and act on								2.4	1.2.1 1.2.3 1.5.3	1.1 1.2
Attribute 9 Addresses health literacy in high risk situations, including care transitions and communications about treatments and medicines			2.7	1.5.1				4.12 4.13 4.14 4.15	1.2.2 1.2.3 1.4.1 1.5.3 5.3.1 5.3.3	
Attribute 10 Communicates clearly the health that costs funding schemes may cover (e.g. Medicare, private health insurance) and what individuals may have to pay for services	2.1					1.5			1.2.1 1.2.4	

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Section Four

Resources

Resources

Resources

The Gippsland PCPs have compiled a selection of best practice resources that complement and support the health literacy initiatives within this Guide.

What?

The resources are set out under the following headings:

- Presentations
- Fact Sheets
- Tools
- Useful Links

Why?

It is recommended staff at all levels utilise best practice resources to increase their understanding and ability to implement health literacy practices and initiatives within their work environment.

Health literacy should be included in induction and professional development processes.

Electronic copies of these resources can be accessed by clicking on the heading for each resource listed on the following page.

Presentations

Two 'Introduction to Health Literacy' presentations have been developed to assist organisations to gain a better understanding of health literacy.

The Leadership Team - This presentation is designed to assist organisations to engage the CEO, Board, Executive and Managers about the importance of becoming a Health Literate Organisation.

The Staff - This presentation is designed to educate staff on the impact of health literacy on the consumer and the organisation. It also provides practical information on how staff can play a part in the implementation of best practice health literacy initiatives.

The presentations should take approximately 20 minutes to present.

Fact Sheets

Health Literacy Fact Sheet

A Fact Sheet has been developed to complement the Presentations and provide a concise overview of the key messages included in each presentation. It can also be used as a stand-alone resource.

Supporting Attribute 6 - Fact Sheet

This fact sheet provides a brief overview of the essential strategies for ensuring effective interactions with health consumers. Health service workers can use the resource as a guide when developing and setting personal and organisation-wide goals for improvement.

Supporting Attribute 8 – Fact Sheet

This fact sheet provides a brief overview of the essential strategies to consider when developing written materials for consumers. It includes information about resources to use when developing and testing written material for consumers.

Tools

Videos

Improving Americas Health Literacy

(2 mins)

www.youtube.com/watch?v=_d-dtYTpdCw

Rima Rudd, senior lecturer on society, human development and health with Harvard School of Public Health, talks about the importance of increasing health literacy within organisations and organisational staff awareness of health literacy.

Keep it simple for safety- Don't Use Jargon

(2 mins)

www.youtube.com/watch?v=XiBZjpy3ibs

This video will show you how you can make complex information easier to understand.

Teach Back example with consumers

(5 mins)

www.youtube.com/watch?v=IKxjmpD7vfY

The Teach Back method is a communication method that health practitioners can use a as way to confirm that a consumer understands instructions or information that they have been given. Using Teach Back can improve consumers understanding and retention of information [15].

First Impressions Audit

Health Literacy and Walking Interview [21]

www.cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf

The First Impressions Audit and Walking Interview are designed to help staff recognise and consider the characteristics of their workplace that help or hinder a consumer's ability to make their way around the building and access services.

These tools focus on physical navigation of buildings, websites and phone systems including assistance from staff to help with navigation when needed.

Readability tools

SMOG (Simple Measure of Gobbledygook) online calculator [19]

www.online-utility.org/english/readability_test_and_improve.jsp

This free online software tool calculates readability of written information. The Simple Measure of Gobbledegook (SMOG) indicates the number of years of education that a person needs to be able to understand the text they are reading. Ideally, documents that include health information (developed for the public) should be able to be understood by anyone with a 6th grade reading level.

Hemingway Readability Editor [22]

www.hemingwayapp.com/

This website and desktop program is an easy-to-use and visually helpful way to measure the 'readability' of the text in your documents. It indicates areas of complexity and provides suggestions for improvements. The web-based program works best with Firefox and Google Chrome platforms.

SAM (Suitability Assessment of Materials) Manual [23]

www.dhhs.tas.gov.au/publichealth/about_us/health_literacy/health_literacy_toolkit/suitability_assessment_of_material_score_sheet

The Suitability Assessment of Materials (SAM) instrument offers a systematic method for assessing the suitability of written health information materials for a particular audience.

Online Training

Teach Back Method [15]

The Teach Back method is a communication method that health practitioners can use a as way to confirm that a consumer understands instructions or information that they have been given. Using Teach Back can improve consumers understanding and retention of information.

www.teachbacktraining.org/

The purpose of this toolkit is to help all health care providers learn to use the Teach Back method to support consumers throughout the care continuum, especially during transitions between health care settings.

Guide

Continuous Improvement Framework 2012 [24]

PDSA Model of Quality Improvement (pages 2-4)

www.health.vic.gov.au/pcps/downloads/continuous.pdf

The Model of Quality Improvement is a simple yet effective tool for implementing changes for improvement.

It consists of two parts, a thinking part and a doing part, and is used to test incremental changes for improvement.

Consultation paper

Health Literacy- Taking Acton to improve Safety and Quality [2]

www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

In 2012 the Safety and Quality Commission undertook a stocktake of health literacy activities across Australia. This exercise gave an insight into the breadth of work that was being undertaken, however it became clear that the work was often unconnected and uncoordinated.

In 2013, the Commission drafted a background paper on health literacy and undertook an extensive consultation process on the topic. A consultation report was prepared describing key issues and themes identified in the submissions.

The final version of the paper entitled, Health Literacy: Taking action for Safety and Quality was released in August 2014.

Glossary of Terms

Abbreviations

ACHS	Australian Council on Healthcare Standards
AGPAL	Australian General Practice Accreditation Limited
CCCS	Community Care Common Standards
CEO	Chief Executive Officer
DHS	Department of Human Services
GHSP	Gippsland Health Service Partnership
GLBTIQ	Gay, Lesbian, Bisexual, Transgender, Intersex, Queer
HACC	Home and Community Care Standards
HSD	Human Services Directory
NHSD	National Health Services Directory
NRCP	National Respite Carers Program
NSAP	National Standards Assessment Program
NSDS	National Standards for Disability Services
NSQHS	National Safety and Quality Health Service Standards
PCP	Primary Care Partnership
PDSA	Plan Do Study Act
QIC	Quality Improvement Council
RACGP	General Practice Standards Royal Australian College of General Practitioners
SAM	Suitability Assessment of Materials
SMOG	Simple Measure of Gobbledegook

Definitions

10 Attributes of a Health Literate Organisation

A set of service delivery standards for healthcare organisations to provide the optimal environment for consumers to achieve their best possible health outcomes. [10]

Access and Equity

These terms refer to making sure that everyone is treated fairly, and has the same level of access to services and information. This is particularly important for vulnerable people.

Accreditation Standards

Sets of standards and procedures that are required to be met by organisations who provide healthcare services.

Advocacy

Promoting, protecting and defending the interests, needs, welfare and justice of a person or group of people or issue.

Agency Self-Assessment Checklist

A checklist for agencies to use to assess their practices and procedures to identify areas of strength and improvement.

Benchmarking

A process that is used to identify 'best practice', which may involve comparing current practices with other organisations', examining research, trailing new practices and comparing and evaluating results.

Benchmark

A level of performance that is established as a result of the benchmarking process.

'Best practice'

Practices that are based on the best research and evidence available.

Chronic conditions

A non-infectious illness or disease that has a long development and treatment period. Many chronic diseases are caused by, lead to or are complicated by multiple health issues, do not resolve on their own, cause some level of disability with day-to-day tasks and are never cured completely. Examples of chronic disease are cancer, diabetes, stroke, long-term mental illness, chronic obstructive pulmonary disease and arthritis.

Chronic Disease Management
Effective management of chronic health conditions by providing an integrated and holistic approach to health care to improve health outcomes, improve well-being and reduce the incidence of avoidable hospital admissions.

`Chunk and Check'
A communication technique used to check that a consumer has understood the information provided to them. After providing a 'chunk' of information, the health professional 'checks' that the consumer has understood, usually by asking the consumer to repeat what was spoken about in the consumers own words [16].

Community advisory groups/committees
A diverse group of community members who represent the community and its interests and provide information and consultation to healthcare services. Healthcare organisations should consult with an advisory committee before making decision that could affect people in that community.

Complex treatments
Treatment for a health condition that is complicated due to the condition becoming worse, being impacted by other conditions, requiring more or longer treatments.

Cultural Competence
The knowledge, ability and capacity of an organisation, health professional and health system to act in a manner that is appropriate for supporting and working effectively with culturally and linguistically diverse populations.

Executive Team
A group of people in board, executive or management positions responsible for making recommendations about the performance, operations and direction of the organisation.

Gippsland
A rural region that makes up the south-east of Victoria, Australia. The region is made up of six local government areas (LGA's): Bass Coast, East Gippsland, South Gippsland, Wellington, Latrobe, and Baw Baw.

Governance Group
A group of people who govern an organisation/project and provide direction and influence decisions of the organisation or project.

Health Coaching
Health coaching, also called wellness coaching, is a model of behaviour change counselling used by some health professionals to develop the consumer's self-awareness and skills for the purpose of motivating them to manage and control their own health condition [25].

Health Promotion
Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health [26].

Interpersonal Communication
The exchange of information, feelings and meaning between two or more people, verbal and non-verbal, during a communication encounter.

Medicare
Australia's publicly funded universal health insurance scheme that ensures all citizens have equitable access to primary healthcare services at little to no cost to the consumer [27].

Model Policy
An example of a good policy that can be used as a guide for organisations to create their own policy.

Motivational Interviewing
A behaviour change counselling method used by health professionals to facilitate self-awareness and motivate the consumer to make healthier life choices and behaviours.

Organisation
An entity, association or institution that delivers services.

Person Centred Care
Person-centred care is care provided by health services that places the person at the centre of their own care and consults with and considers the needs and wishes of the consumer at every point of care and service provision.

Plan, Do, Study, Act (PDSA) Model
A quality improvement model used to undertake improvement cycles to plan improvements, implement improvements, review the process and take further action to embed the improvements [24].

Point of contact
The moment that a consumer makes contact with a staff member of the organisation for any purpose, i.e. general information, making an enquiry, or to make an appointment.

Policy
A statement issued by senior members of an organisation that direct the organisation's decisions and actions.

Policy Management Systems
An administrative system used by an organisation to manage and store policies, procedures and work processes.

Primary Care Partnership
Primary Care Partnerships are established networks of local health and human service organisations working together to find smarter ways of making the health system work better, so that the health of their communities is improved [28].

Quality Improvement (QI)
A method used to plan a systematic approach to reviewing current practice, identifying opportunities for improvements and implementing activities to improve current practice, ultimately leading to improved services for consumers.

Readability
How easy a piece of written or text information is to read and understand.

Safety and Quality Standards
Standards adopted by healthcare providers to ensure the safety and quality of healthcare services offered to all consumers.

Service user safety
Ensuring that the safety of all consumers accessing services is considered as most important at all times.

Suitability Assessment of Materials (SAM)
An assessment tool used to measure the readability and suitability of written healthcare information provided to consumers [29].

Services
The different healthcare specialties and/or programs that an organisation can offer to address the consumer's health issues (e.g. nurse, physiotherapist, counsellor).

SMOG
The Simple Measure of Gobbledygook (SMOG) is a formula used to calculate the readability of a piece of written material. It provides an estimated number of years that a person must be educated for in order to fully understand the information [30].

Social Media
Internet-based virtual communities and networks that allows people to exchange information and ideas, and promote services, e.g. Websites, Facebook, Twitter, Instagram, Tumbler, discussion forums, etc.

Teach Back

A technique used by healthcare providers to check the consumers understanding of information provided to them during consultation and education by asking them to repeat the information back to the healthcare professional in their own words [15].

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GIPPSLAND PRIMARY CARE Partnerships