

# Health Literacy Framework

2016 - 2020



Health  
Sydney  
Local Health District

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### **Acknowledgement**

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***“Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literacy is important because it shapes people’s health and the safety and quality of care”***

Australian Commission on Safety and Quality in Health Care (ACSQHC) 2014



## What is health literacy?

The ability of individuals to access, understand and use information enables them to make informed decisions and become partners in their own health care. For these partnerships to be effective everyone involved needs to be able to give and receive, interpret and act on information including treatments, options and plans-elements necessary for safe and high quality care, personal health and wellbeing.

This means health services have a responsibility to become health literate organisations and to develop workforces that can build partnerships and enhance health literacy for all the people who use their services. When these elements exist, not only is there potential to improve the safety and quality of health care but also the potential to reduce health disparities and increase equity (ACSQHC 2014).

Evidence shows that low health literacy is associated with higher use of health services, including higher numbers of visits to emergency departments and poorer health outcomes (Berkman et al 2011). Low health literacy also affects the ability of people to use health services effectively and their relationships with health care providers (ACSQHC 2014).

It has been estimated that people with low health literacy levels are one and a half to three times more likely to experience an adverse outcome whilst receiving care in a health system (DeWalt *et al* 2004).

Improving the way health information is communicated and understood by health care service users is critical and ‘addressing health literacy in a coordinated way has the potential to increase the safety, quality and sustainability of the health system’ (ACSQHC 2014).

People with low health literacy levels are more likely to:

- have difficulty understanding what clinicians are saying to them
- have difficulty filling out patient forms including consent forms
- be unable to read medication information confidently or take medications appropriately
- find it harder to understand and remember health information
- have less knowledge about illnesses, injuries, treatment options, causes of ill health and the importance of healthy lifestyles
- be more dependent on hospital and emergency room services and
- be less likely to use programs to keep them healthy or diagnose problems early, like cancer screening, childhood health assessments and routine immunisations. (Barrett 2010)



*Sydney Local Health District is committed to improving health literacy*

**Health literacy estimation and strategies for action**

It is estimated that 60 per cent of adult Australians have low health literacy (ABS 2008) which means that they may not be able to effectively take part in decision making about their health. Identifying patients with low health literacy and numeracy levels can be difficult and is made even more difficult by the fact that there is some evidence that it is not reliably predicted by educational level, age, or sex alone (Agency for Healthcare Research and Quality 2010). Since there are many factors that contribute to individual and environmental health literacy many different strategies and approaches are required to bring about improvements.

Strategies are needed to:

1. Build the capacity of people to understand the options and choices available to help them make decisions about their health and health care.
2. Build the capacity within the health care service environment to make it as easy as possible for people who use the services (patients, families and carers) to access, understand, appraise and apply information to make effective decisions about their health and health care and take appropriate actions.

Sydney Local Health District is committed to improving health literacy by using a coordinated and collaborative approach that includes:

- embedding health literacy in organisational policies, practices and systems
- ensuring that health information is clear, focused and useable and that interpersonal communication is effective
- integrating health literacy into education for healthcare providers and the community (ACSQHC 2014)

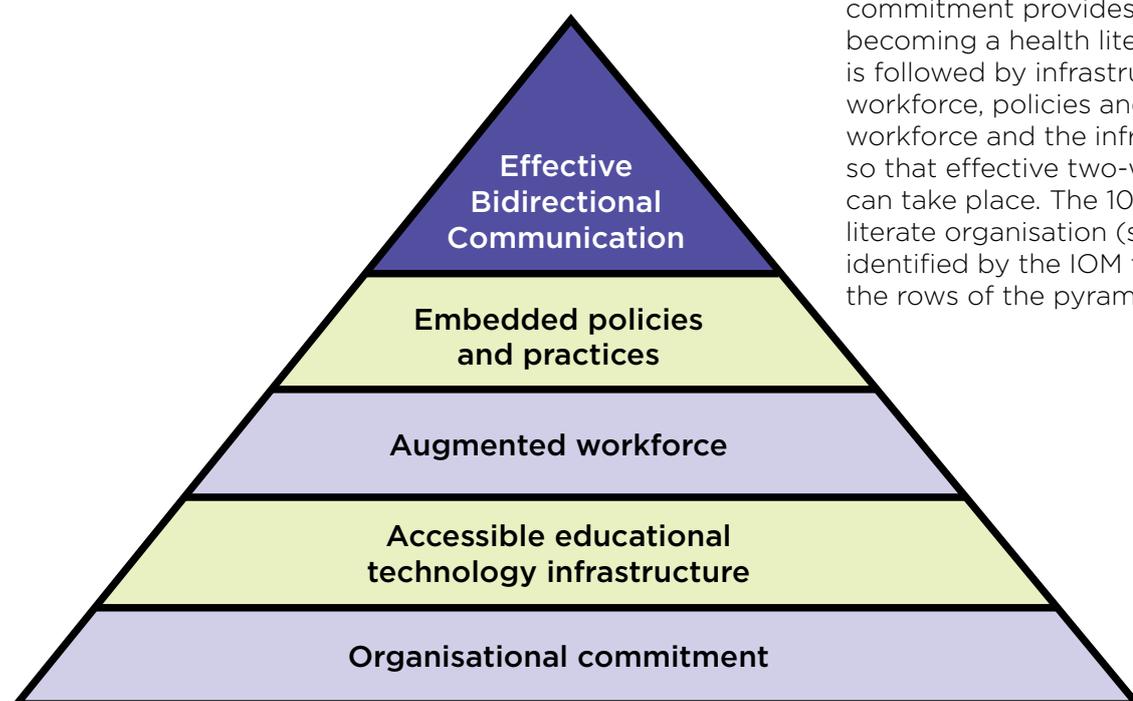


## Sydney Local Health District - a health literate organisation

The Institute of Medicine (IOM) have developed a framework, based on 'real world experience and best practices', to assist health care services to achieve the vision of being a health literate organisation. The IOM framework of the attributes of a health literate organisation is represented by a pyramid (See Figure 1.)

**Figure 1: Framework for attributes for health literate health organisations**

(Schillinger and Keller 2012)



This pyramid illustrates that organisational commitment provides the foundation of becoming a health literate organisation. This is followed by infrastructure, a well-trained workforce, policies and procedures that the workforce and the infrastructure can support so that effective two-way communication can take place. The 10 attributes of a health literate organisation (see Table 1 below) identified by the IOM fall into one or more of the rows of the pyramid.

**Table 1: Attributes of a health literate organisation (IOM 2012)**

Attributes	
1.	Has leadership that makes health literacy integral to its mission, structure and operations.
2.	Integrates health literacy into planning, evaluation measures, patient safety and quality improvement.
3.	Prepares the workforce to be health literate and monitors progress.
4.	Includes populations served in the design, implementation, and evaluation of health information and services.
5.	Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation.
6.	Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7.	Provides easy access to health information and services and navigation assistance.
8.	Designs and distributes print, audiovisual 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 medicines.
10.	Communicates clearly what health plans cover and what individuals have to pay for services.

Evidence shows that there is not just one path to a health literate organisation and many departments within Sydney Local Health District have or are addressing different attributes according to the need of the populations they serve.

## Audit of stroke related educational materials

This case study was part of a larger needs assessment, Learning about Stroke: Voices of Experience, designed to find out from people with a stroke\* and carers what their information and support needs were. Part of that needs assessment was a review of written information, which was easily available to patients and carers and well known to health professionals and stroke related organisations. This case study briefly outlines the process of that audit review; about how the reading level, design and quality of the materials were located and assessed.

A major metropolitan hospital's health care services (acute, in-patient rehabilitation and community), and stroke related organisations were asked to

- provide a list of current educational resources 'produced by them', stating the date produced and if they had been formally evaluated
- and to list other resources they would recommend.

A total of 58 printed resources (flyers, pamphlets, leaflets and booklets) on stroke and stroke related issues were collected. A readability score was calculated for each resource.

The next two main stages in the review process involved an evaluation by health workers, and an evaluation by people who had a stroke and carers. The review questionnaires, one for health workers, one for patients, and one for carers were developed, and all were based on the US Department of Health and Human Services review guidelines<sup>1, 2</sup>.

Health professionals' opinions were sought on

- clinical content accuracy and appropriateness
- target group relevance, acceptability and credibility
- whether they would recommend to their patients or carers
- overall satisfaction rating

Each resource was reviewed by at least three health workers independently, and a total of 29 health workers including a health promotion officer, nurses, occupational therapists, psychologists, social workers, orthotists, general practitioners, and neurologists reviewed the materials which covered topics within their area of expertise. Only 10 of the 58 materials were 'recommended without change', and these ten were then evaluated by patients and carers.

The patients' and carers' questionnaires were designed to assess

- personal relevance
- acceptability and helpfulness
- understanding difficulties
- things that others might find difficult to understand or offensive
- if they learned anything from the resource
- if they recommend to other carers or other patients

Nine of the 10 resources they agreed they would recommend because they considered they were 'interesting', 'helpful' and 'informative' and for someone like them.

The efficacy of education resources depends on their quality, availability and relevance to the target population. To ensure the resources meet these standards, this case study, among other findings, supported the importance of including clinicians with content expertise, professionals with educational expertise, and people for whom the information is designed to benefit, in the development of materials.

\* 'people with a stroke' is the preferred term by those who had suffered a stroke.

<sup>1</sup> Mercuric AR Promoting Effective Use of print materials in Patient Education. In BE Giloth (Ed) Managing Hospital-Based Patient Education. USA: American Hospital Association. 1993. Ch 17: 357-379

<sup>2</sup> National Cancer Institute, Dept. of Health and Human Services Office of Cancer Communications. Making health Communications Work: A Planners' Guide. Washington DC: NIH Publications NO. 89-1493. 1989.



## Conclusion

This framework aims to assist departments to assess what they have in place and also to identify attributes that require action to ensure that everyone gets the greatest benefit possible from their health care information and services. All departments are encouraged to evaluate how well their strategies work and to share the results of their efforts with others.

Approaching health literacy at both the local departmental and the organisational level will ensure that SLHD is an organisation that makes it easier for all people to navigate, understand and use information and services.



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Attribute	Suggested minimum actions	
	Organisational level	Departmental level
<b>1. Has leadership that makes health literacy integral to the mission, structure and operations of the healthcare organisation</b>	<ul style="list-style-type: none"> <li>• Establish steering committee to ensure implementation of the framework</li> <li>• Explicit commitment to health literacy is included in key statements about the District's purpose</li> <li>• Resources are allocated to meet health literacy needs</li> <li>• Development and endorsement of the Health Literacy Framework which outlines commitment to health literacy improvement</li> <li>• Ensure accountability for health literacy improvement at facility / stream level</li> <li>• Involve consumers as a voice on the steering committee</li> <li>• Develop policy for developing and reviewing patient information publications</li> </ul>	<ul style="list-style-type: none"> <li>• Involve consumers at a departmental level in quality improvement activities, review and evaluation of patient information brochures and in the planning, design and redesign of services</li> <li>• Identify a role within the department which can act as a health literacy ambassador or champion</li> <li>• Implement and follow policy for developing and reviewing patient information publications</li> </ul>
<b>2. Integrates health literacy into planning, evaluation measures, patient safety and quality improvement</b>	<ul style="list-style-type: none"> <li>• Ensure use of interpreter service</li> <li>• Design surveys and patient feedback processes that are understandable and easy to complete</li> <li>• Provide patient safety and quality information about services in ways that are understood by the community</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure use of interpreter service</li> <li>• Design surveys and patient feedback processes that are understandable and easy to complete</li> <li>• Provide patient safety and quality information about services in ways that are understood by the community</li> </ul>
<b>3. Prepares the workforce to be health literate, and monitors progress</b>	<ul style="list-style-type: none"> <li>• Incorporate health literacy into orientation program</li> <li>• Centre for Education and Workforce Development (CEWD) sets goals for and provides health literacy training of staff at all levels</li> <li>• Implement an awareness campaign for all staff on health literacy</li> <li>• Make health literacy resources easily accessible</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all staff have attended orientation</li> <li>• Send identified staff to health literacy training</li> <li>• Build awareness of health literacy by discussing with staff or arranging an in-service</li> </ul>
<b>4. Includes populations served by the organisation in the design, implementation and evaluation of health information and services</b>	<ul style="list-style-type: none"> <li>• Include members of the target community in the development, pilot testing and evaluation of health programs and materials</li> <li>• Obtain feedback on health information and services from individuals who use them</li> </ul>	<ul style="list-style-type: none"> <li>• Utilise consumers, patients and family members to review and provide feedback on health information which is patient focussed.</li> <li>• Gather feedback on services and evaluate services delivered</li> <li>• Ensure feedback mechanisms are clear and easy to understand</li> </ul>

Attribute	Suggested minimum actions	
	Organisational level	Departmental level
<b>5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation</b>	<ul style="list-style-type: none"> <li>• Provide alternatives to written information (pictures, diagrams, models, audio-visual demonstrations) where possible, and create an environment that does not impose high literacy demands</li> <li>• Use multiple platforms to provide information to people including social media</li> <li>• Endorse a plain English guideline for developing patient information including readability tools</li> </ul>	<ul style="list-style-type: none"> <li>• Provide alternatives to written information (pictures, diagrams, models, audio-visual demonstrations) where possible, and create an environment that does not impose high literacy demands</li> <li>• Use the endorsed plain English guideline, as well as readability tools when developing patient information</li> </ul>
<b>6. Uses health literacy strategies in interpersonal communication, and confirms understanding at all points of contact</b>	<ul style="list-style-type: none"> <li>• Develop and implement “teach back” training</li> <li>• Provide tools for staff to measure individual patient understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Send suitable staff to “teach back” training</li> <li>• Ensure the availability of health literacy tools for staff – such as tools which measure individual patient understanding of health information</li> <li>• Monitor trends in patient types to ensure information is suitable</li> </ul>
<b>7. Provides easy access to health information and services, addresses and navigation issues</b>	<ul style="list-style-type: none"> <li>• Use easily understood symbols and language on signage</li> <li>• Provide the community with tools to enable adequate way-finding such as maps, apps and other support</li> <li>• Provide consumer focused information about facilities and services</li> <li>• Develop websites which are W3C compliant, easy to navigate and informative</li> </ul>	<ul style="list-style-type: none"> <li>• Use easily understood symbols and language on signage</li> <li>• Provide the community with tools to enable adequate way-finding such as maps, apps and other support</li> <li>• Provide consumer focused information about facilities and services</li> <li>• Ensure any web content is easy to understand and follows the principles of plain English</li> </ul>
<b>8. Designs and distributes print, audio-visual and social media content that is easy to understand and act on</b>	<ul style="list-style-type: none"> <li>• Develop a robust and easy to follow process for the development of patient information publications (intranet site)</li> <li>• Develop templates for patient information publications following best practice in font, design, colour and image use</li> <li>• Provide staff access to readability tools</li> <li>• Use consumers to provide feedback on patient information publications</li> </ul>	<ul style="list-style-type: none"> <li>• Use available SLHD templates when designing patient information publications</li> <li>• Follow policy for development and review of patient information publications</li> </ul>
<b>9. Addresses health literacy in high-risk situations, including care transitions and information about medicines</b>	<ul style="list-style-type: none"> <li>• Identify high risk situations (such as medication management and transfer of care) and develop and implement plans of actions to ensure safe communication</li> </ul>	<ul style="list-style-type: none"> <li>• Identify high risk situations (such as medication management and transfer of care) and develop and implement plans of actions to ensure safe communication</li> </ul>
<b>10. Communicates clearly about what is covered by health plans and how much individuals will have to pay for services</b>	<ul style="list-style-type: none"> <li>• Communicate information regarding any out of pocket expenses for health care services which they may encounter before they are delivered</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate information regarding any out of pocket expenses for health care services which they may encounter before they are delivered</li> </ul>



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