

Health Literacy Handbook

An easy to use guide to
health literacy best practice
in your health service.



Health
Northern NSW
Local Health District

Health
Literacy
Northern NSW



HEALTH LITERACY HANDBOOK

This guide has been made possible through funding from the Northern NSW Local Health District (NNSW LHD) and North Coast Primary Health Network (NCPHN).

NNSW LHD and NCPHN acknowledge the traditional custodians of the lands that we live and work on. We pay our respect to the culture and to the Elders past and present.

Developed in 2018 by the Northern NSW Health Literacy Project Officer.

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Who is this handbook for?

This handbook has been written for health professionals across Northern NSW. It is for all staff working in health, at all levels.

Under our accreditation standards, we have an obligation to consumers to provide safe, quality care. This means recognising a consumer's right to be a partner in their health care. This handbook guides you to enable consumers to make their best health decisions.

“Low health literacy has a significant impact on the health system and has been linked to increased rates of hospitalisation and poorer overall health outcomes. Our goal is to improve health literacy in Northern NSW and help create an environment where people feel safe, well-informed, and enabled to make clear decisions about their health care.”

- Gerald May, Community Engagement Manager, Northern NSW Local Health District.

What is Health Literacy?

Health Literacy is defined as a person's ability to access, understand and act on health information to make decisions about their health. Only 40% of Australian adults have the level of health literacy needed to understand and act on day to day health information.

Health information that can be challenging for people includes:

- nutrition panels on food packaging
- medication instructions
- wound care
- self-management of chronic conditions
- diet instructions
- getting ready for surgery
- consent forms.

Health literacy impacts on people's health. People with limited health literacy:

- report poorer health outcomes
- are less likely to take up preventive health behaviours such as screening and immunisation¹
- spend more money on their health care
- have more hospitalisations and avoidable readmissions to hospital.

Health professionals and health systems can support health literacy by improving their communication and the health literacy environment. The health literacy environment includes the places healthcare is provided, the skills of the people providing health care and how easy health information provided is to understand.

People have better health outcomes when they are able to take a more active role in their health care. Your role is to use health literacy strategies to communicate people's options, to support them and make it easier to make their own decisions.

These strategies empower people to access, understand and act on health information, regardless of their level of health literacy.

Health communication and the health literacy environment can be improved in many ways. This Handbook gives some practical steps to begin your journey to improving health literacy in your organisation.

"Having our eyes open to the language we use is one of the first points in understanding what person-centred care really means."

- Suzanne Kuper, Practice Development Consultant, Northern NSW Local Health District

For people

Health Literacy means:

- ✓ How effectively health professionals communicate
- ✓ How easy it is for people to access, understand and act on health information and services.

Better Health Literacy means better health care for people in Northern NSW.

Health professionals want to improve the way we communicate so people can:



Find the right services and doctors



Manage their own chronic health conditions



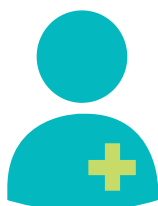
Get to the places and appointments they need



Take medicine the right way



Fill out health forms and access their online My Health Record



Share their medical history with their health care team

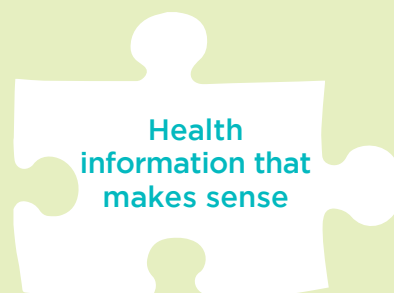


Keep up a healthy lifestyle



Follow advice about how to look after their own health

The pieces of the Health Literacy puzzle

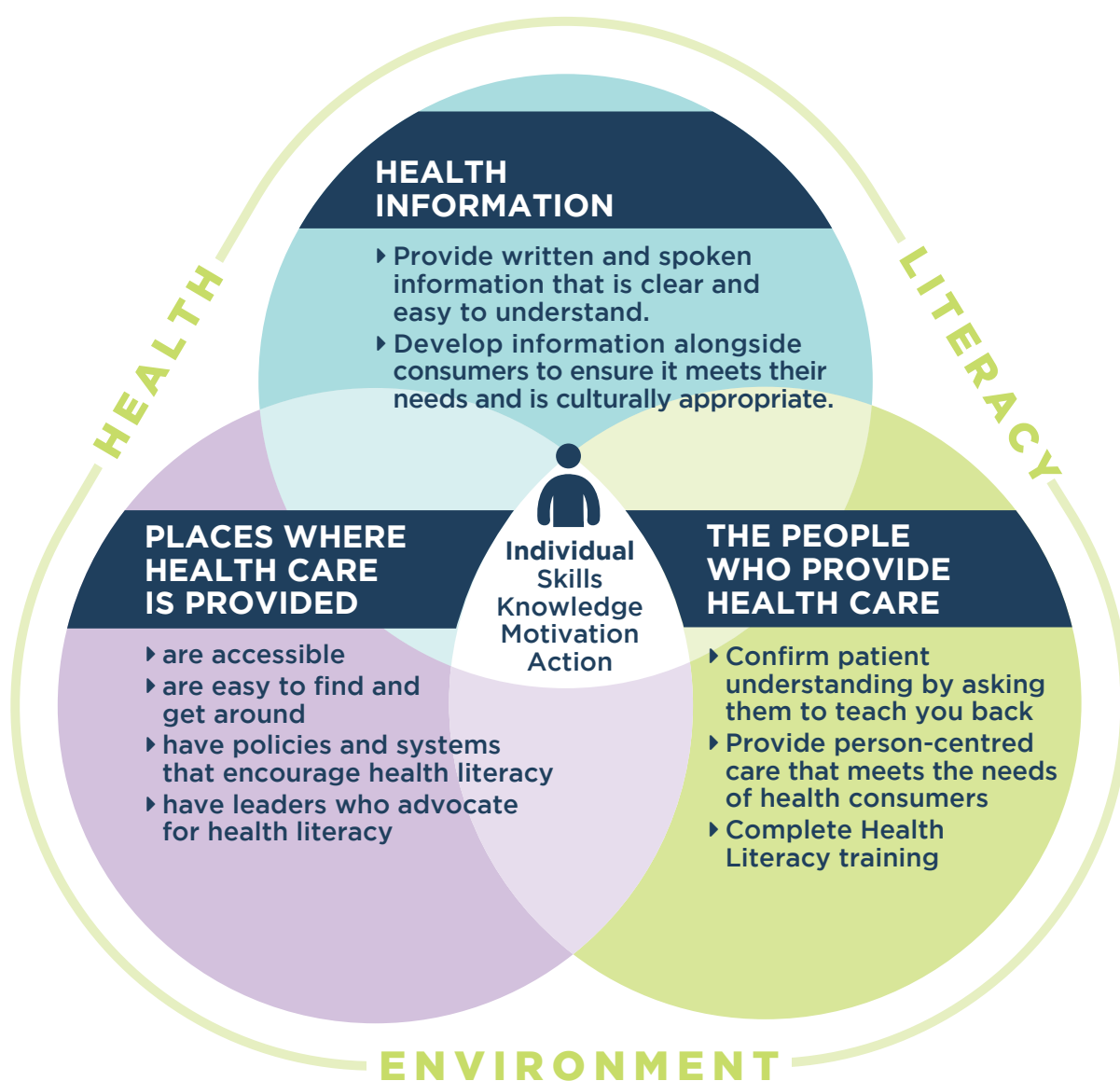


For health professionals

Health Literacy means:

- ✓ How effectively health professionals communicate
- ✓ How easy it is for people to access, understand and act on health information and services.

Better Health Literacy means better health care for people in Northern NSW.



Approximately
60%

of Australian adults do not have the level of health literacy needed to understand and use day to day health information.

Source: National Statement on Health Literacy, ACSQHS



Health Literacy strategies

DROP THE JARGON

Our health systems are full of jargon that often filters through to interactions with the community. Acronyms, medical terms, organisations and place names are used every day by professionals. This can be confusing for people who are not health professionals or may not know the service well. It is vital that we explain clearly by replacing jargon with plain language that everyone can understand.

Do

- ✓ Be aware of jargon and acronyms that are used every day. Encourage colleagues to be aware as well.
- ✓ Include a list of acronyms used on your website.
- ✓ Hold a “Drop the Jargon Day”² in your health service. Every time someone uses jargon or an acronym, they can put a coin in the jar. You can donate the money to charity, or to fund your other health literacy work.
- ✓ Put up posters in your staff area with alternatives for commonly used jargon.
- ✓ Check your written information for jargon and acronyms.

PLAIN LANGUAGE

We know something is in plain language when our intended audience understands it. This may mean information we give to colleagues may differ to information for the general community. However, if we have used plain language to carefully craft our message, this may also make it easier for time-poor colleagues to understand at a glance.

Do

Plain language checklist:

- ✓ Have I replaced jargon with language people can understand?
- ✓ Are any technical terms explained?
- ✓ Have I given the most important information first?
- ✓ Have I used lists and headings to make the information clear?
- ✓ Have I asked my intended audience if the information is easy to understand?

For example:

INSTEAD OF USE

Condition.....	How you feel
Avoid.....	Do not do/use
Chronic.....	Long term/life-long
Adequate.....	Enough
Monitor.....	Watch out for
Referral.....	Ask to see another health professional
Cardiac.....	Heart

CONSUMER FRIENDLY HEALTH INFORMATION

All health information should be developed so that most people can easily understand and act on the information.

It is recommended that we write all health information at a reading level between Grade six and Grade eight. This means that the most people will be able to easily read and understand the information. It also helps ensure that we only give the important information about **what we want people to do** rather than lots of unimportant background information.

It is also important that people who will use the information are involved in its design. This will make sure their information needs and preferences are taken into account. It also means that your resource will be culturally appropriate. You can do this by:

- asking people to co-design the information with you
- getting feedback on the draft information from a group of people who use your service.

Did you know that many people don't realise when a document is two-sided? Any information written on the back page may be missed. Make sure the most important information is at the start or on the front page of your document.

Do

- ✓ Provide resources in other languages that are used locally:
 - Use professional translators and interpreters when available to help consumers who speak languages other than English.
 - Use resources from trusted sources already translated, such as health.nsw.gov.au/multicultural³ and mhcs.health.nsw.gov.au⁴
- ✓ Add a Screen Reader when developing websites to improve access for people who are vision impaired.
- ✓ Check what information is already out there before inventing your own
- ✓ Use the checklist on the next page to write and design health information that meets health literacy standards:
 - Visit healthliteracy.nswlhd.health.nsw.gov.au/how-to-make-a-health-literacy-resource for tips or to see examples of some local resources.
 - Check local guidelines within your organisations for additional criteria your resource must meet.

Checklist for designing consumer friendly health information

1	Write the text at a Grade 6 to Grade 8 reading level. *Use the Readability Check tools at healthliteracy.nswlhd.health.nsw.gov.au	<input type="checkbox"/>
2	Use plain language and explain or replace any technical terms, jargon or acronyms.	<input type="checkbox"/>
3	Align blocks of text to the left, not justified (the ends of lines are left jagged). Stand alone titles can be centred.	<input type="checkbox"/>
4	Use one font for the whole document. We recommend a plain serif or sans serif font, e.g. Arial or Times New Roman. Use font size 12 or bigger. Put important information in bold , not CAPITALS or <i>italics</i> .	<input type="checkbox"/>
5	Clearly state the purpose of the resource at the beginning - in the title or introduction. Main points should appear first, and include a summary of main points.	<input type="checkbox"/>
6	Write the main information about desirable patient behaviour rather than facts e.g. 'Drink less water' instead of 'Excess fluid can build up in your body'.	<input type="checkbox"/>
7	Include only important or essential information directly related to the purpose.	<input type="checkbox"/>
8	Use the words 'you', 'we' and 'us' instead of 'the patient' or 'hospital staff'.	<input type="checkbox"/>
9	Break up text into small chunks by Question & Answer headings or dot point lists. Only include three to five items in each list and one idea per dot point.	<input type="checkbox"/>
10	Include pictures that are relevant, simple and help understanding by visually representing the text or replacing text. Use captions where needed. Ask the Health Literacy Project Officer for access to a library of approved images.	<input type="checkbox"/>
11	Make sure there is plenty of white space on the page. Print the resource in black ink on white paper or high contrast dark ink on light background. Use colours that support understanding, but don't distract the reader.	<input type="checkbox"/>
12	Test the resource with at least 5 consumers and make sure it is culturally appropriate.	<input type="checkbox"/>

Target: to meet at least 85% of the requirements.

Tick at least 10 of these boxes to meet the Health Literacy criteria for developing consumer-friendly health information.

Adapted from SAM: Suitability Assessment of Materials Score Sheet.⁵

SPOKEN COMMUNICATION

Many of the principles of health literate spoken communication are similar to those we use for written communication:

- using plain language
- providing the most important information first
- only giving two or three points at a time.

There are some additional things we can do to ensure what we are saying has been understood and will be recalled correctly. Make sure you:

- speak clearly and not too quickly
- use visuals like images, photos or models to support the spoken information
- check that the person has understood what you have said
- use professional interpreter services.

Teach-Back is a health literacy strategy used to confirm understanding. The teach-back method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that you have explained things in a manner your patients understand. You can also use the 'show-me' method to confirm that people are able to follow specific instructions, for example, how to use an inhaler.

The teach-back and show-me methods are valuable tools for everyone to use with each patient.

They can be used by all health staff, from administrative to clinical workers.

These methods can help you:

- improve patient understanding and adherence
- decrease call backs and cancelled appointments
- improve patient satisfaction and outcomes.⁶

Do

Visit teachback.org⁷:

- ✓ Complete the Interactive Teach-Back Learning module.
- ✓ Assess your Teach-back skills.
- ✓ Access tools and resources to help you implement teach-back in your workplace.

"I use teach-back to gauge whether a client can recognise their angina symptoms, that they are confident of how and when to use their angina medication and they know when and how to escalate care."

- Kate Johnson, Clinical Nurse Specialist, Cardiac Rehabilitation, Murwillumbah Community Health

EASY ACCESS TO HEALTH INFORMATION AND SERVICES

The physical environment of your service needs to be easy to navigate so that getting to the right place at the right time is not overwhelming. Make the health service visit easy for people.

Do

- ✓ Make sure signage is easily understood and the facility is easy to find your way around.
- ✓ Assist people to fill out forms and electronic records, schedule appointments or find their way to and from their appointment.
- ✓ Be welcoming and helpful to people entering your service.
- ✓ See this site for resources on how to assess your environment such as walking interviews:
www.hsph.harvard.edu/healthliteracy/environments⁸

EDUCATION AND TRAINING IN HEALTH LITERACY

Provide all staff with health literacy training. This can include modules on spoken communication, written communication or the health literacy environment of your organisation or service.

Do

- ✓ Visit healthliteracy.nswlhd.health.nsw.gov.au to book a workshop.
- ✓ Complete the health literacy course on My Health Learning for Northern NSW Local Health District staff, or one of these courses:
vicpcphealthliteracycourse.com.au⁹
teachback.org⁷

Run health literacy workshops for consumers. These can be adapted to suit the needs of the people attending. They can focus on services available in the local area, tools and tips people can use to stay healthy or specific health conditions.

Do

- ✓ Visit healthliteracy.nswlhd.health.nsw.gov.au to book a workshop.

UNIVERSAL PRECAUTIONS

You don't know someone's level of health literacy or whether they have understood information just by looking at them.

Using Health Literacy Universal Precautions means that we assume everyone may have difficulty understanding health information or using our services, and use health literacy strategies with everyone.

HIGH RISK AREAS

Use health literacy strategies in situations when there is a higher risk for consumers if they do not understand their health care and what they have to do.

For example, when:

- Communicating with consumers about prescribing, administering or managing medication.
- Discharging consumers from a service.
- Reviewing progress during clinical handovers.
- Obtaining informed consent.
- Making decisions that involve multiple options.

Do

- ✓ Utilise decision aids (visual props) and tools for hard-to-communicate topics:
 - diagrams and models
 - medication pillboxes and lists
 - videos
 - booklets, pamphlets and information comparing available options. For example: University of Sydney Decision Aids¹⁰
bit.ly/Sydney_DA
- ACSQHC Antibiotics decision aids¹¹
bit.ly/antibiotics_DA
- ✓ Check for understanding using Teach-Back.
- ✓ Audit the health literacy environment of these higher risk areas and prioritise action for improvement:
 - Assess the health literacy of your workplace or service. For example use: Tasmanian Government medication and health literacy workplace assessment²¹
bit.ly/medication_assess
 - Design small projects for implementing change. Identify an area that needs health literacy improvements and make a commitment to changing this area with a small working group. For example, use: US Agency for Healthcare Research and Quality PDSA Directions¹³
bit.ly/PDSAtool

Involving consumers

“Consumer participation leads to better quality of care, improved health outcomes and more accessible and effective health services”.¹⁴

A consumer is someone who uses a health service, their families and carers. Involving consumers is about giving power to people in decisions about health care and services. They can be involved at various levels:

- **Individual health care level**

Consumers can take control of their own health care journey, or that of the person they are caring for, by improving their level of health literacy and participating in making decisions about their care.

- **Service and network level**

Consumers can provide input and ideas, or are part of a team, to help plan, design, deliver or evaluate a service.

- **System level**

Consumers and the broader community are partners in developing health policy and programs that meet their needs¹⁴

“Taking the time to ensure your patient understands what you have to say is the very first step in partnering with consumers and ensuring the best outcomes for your patient.”

- Sally Cusack, Health Consumer Representative

HELPING CONSUMERS TO BE IN CONTROL OF THEIR HEALTH CARE

Health literacy is a shared responsibility between health care providers and consumers. For our part, we need to help consumers to be informed about their health care, and participate in making health decisions. It improves consumers’ satisfaction with care, quality of life and self-management skills.

- Encourage people to ask questions and allow time to answer these.
- Provide information that is easy to understand on all options available to a consumer, so they can participate in decision making about what comes next in their health care journey.
- Respect that consumers know themselves, or the person they are caring for, better than you do when making decisions.

Health Literacy can help consumers participate by:

- empowering people to communicate their health needs, preferences and priorities
- providing health professionals with the skills to seek and respond to consumer participation
- building a respectful environment in which consumers feel their participation is valued.¹

RELIABLE HEALTH INFORMATION

Consumers rely on us to provide them with reliable information. Make sure you can recommend reliable sources to consumers who ask for them, or provide them with printed materials.

The internet can be a great place to get health information. In Northern NSW, two out of every five people aged 15-64 and one out of every five people aged 65 and older look for health information online.

Examples of trusted sources that you can recommend:

- healthdirect.gov.au¹⁷
- nswlhd.health.nsw.gov.au/health-promotion¹⁸
- mancpatientinfo.org.au¹⁹
- cancercouncil.com.au²⁰

There are some easy ways to check the health information you or consumers find online is reliable:

- Is it clear who wrote the material?
- Do the authors state their background or perspective? For example, 'we are an evidence-based organisation' or 'I am a cancer survivor'?
- Sites that are not trying to sell a product will often give more balanced health information.
- Is the site Australian? If it is from overseas, some of the information may not be relevant.
- Is the information up to date?

Do

- ✓ Use Teach-Back to confirm understanding.
- ✓ Use tools to help consumers form questions about their health and health care and encourage information seeking:
 - PLAN (adapted from a resource by Health Quality & Safety Commission New Zealand)¹⁵
healthliteracy.nswlhd.health.nsw.gov.au/document/plan-for-better-care/
 - Ask Share Know¹⁶
askshareknow.com.au/ask-questions/resources
 - How do you like to learn?⁷
teachback.org/health-literacy-resources/

CONSUMER PARTICIPATION

The consumer voice helps health services and organisations better understand the needs of consumers and how we can meet them.

It's important to involve consumers when:

- Reviewing how we deliver care or how we communicate.
- Developing health information
- Planning and designing a new service or project, or reviewing how a current service is working.
- Evaluating a service or project.

You can involve consumers at various stages of your project or review process.

Ideally, we want to involve consumers from the start. Bringing consumers and stakeholders together as equal partners in health care improvement processes is the best way to meet their needs. It acknowledges the consumer experience and perspective, and uses this to guide the outcomes you are aiming for.

For example, you could include consumers:

- in a working group that reviews how your service manages follow up of new patients
- in the design of a new hospital building
- when developing resource packs.

Visit this site for tools:

aci.health.nsw.gov.au/networks/peace²¹

Sometimes, this level of involvement is not practical or necessary due to limited resources or the scale of the project. Asking for consumer feedback on a project, you've already started can still be valuable. It allows you to make changes on a smaller scale, or will give you an idea of any problems you might encounter in the future.

Do

- ✓ Have consumers as members in commissions, steering groups and advisory boards.
- ✓ Report back to consumers on issues.
- ✓ Consult consumers for their opinions through surveys, focus groups or submissions.
- ✓ Include consumer groups in decision making processes for new projects.^{14, 22}
- ✓ Ask for feedback on health information resources
- ✓ Use the resources for gathering feedback at

healthliteracy.nswlhd.health.nsw.gov.au

For more information, visit:

hcnsw.org.au/pages/consumer-and-community-engagement-model.html²³

If you need help engaging consumers or the community, contact your local facilitator:

- Northern NSW Local Health District
Community Engagement Manager
nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement²⁴
- North Coast Primary Health Network
Community Engagement Coordinator
ncphn.org.au/community-engagement²⁵

“Health literacy strategies are central to my work as a community engagement officer – I communicate to learn, be understood and support better health outcomes, not to sound clever.”

- Kelly Banister, DAISI Community Engagement Officer

Whole of service health literacy

HEALTH LITERACY FOR ACCREDITATION AND QUALITY IMPROVEMENT

The Ten Attributes²⁶ are a way to check for health literacy improvement opportunities throughout your whole health service or organisation.

You can use health literacy improvements as quality improvement activities and to meet accreditation standards.

The **National Safety and Quality Health Service Standards²⁷** and the **Royal Australian College of General Physicians Standards²⁸ for General Practices** both

contain numerous criteria that are relevant to health literacy

Attributes of a Health Literate Organisation	Examples	Criteria relevant to health literacy	
		NSQHS Standards	RACGP Standards
<p>1 Has leadership that makes health literacy integral to its mission, structure and operations.</p>	<ul style="list-style-type: none"> • Develops and implements policies and standards • Sets goals for health literacy improvement, establishes accountability and provides incentives • Allocates fiscal and human resources • Redesigns systems and physical space • Establishes a Health Literacy working group and develops health literacy action plans for service improvement using the PDSA link in this handbook 	<p>1.1.b 1.1.e 1.4 1.6.a 1.7.a</p>	<p>C1.1.A C3.1.C</p>

Attributes of a Health Literate Organisation	Examples	Criteria relevant to health literacy	
		NSQHS Standards	RACGP Standards
<p>2 Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.</p> <p>3 Prepares the workforce to be health literate and monitors progress.</p>	<ul style="list-style-type: none"> • Conducts health literacy organisational assessments • Assesses the impact of policies and programs on individuals with limited health literacy • Factors health literacy into all patient safety plans • Designs surveys using the checklist for designing consumer-friendly health information in this handbook • Hires diverse staff with expertise in health literacy • Sets goals for training of staff at all levels • Includes training at staff meetings, development days or online. Contact the Health Literacy Officer to organise training 	1.8.b 1.8.d 1.13.a 1.13.c 1.15.c 1.27a 1.29.a 1.29.b 2.1.a 2.1.b 2.1.c 2.8 2.9 2.10.a 2.10.b 2.10.c 2.11.a 2.11.b 6.2.a 6.2.b 6.2.c	C1.1.A C1.3.A C1.3.B C1.3.D C1.4.A C1.4.B C1.4.C C2.3.A C3.1.A C3.1.B C3.1.D Q11.1.A Q11.1.B Q11.1.D
		1.10.c 1.19.a 1.19.b 1.25.a 2.7 2.8 2.9 2.10.a 2.10.b 2.10.c 2.13 2.14	C1.2.A C1.3.A C1.3.B C1.4.A C1.4.B C1.4.C C2.1.A C2.1.B C2.1.C C2.1.E C3.1.A C3.1.B

Attributes of a Health Literate Organisation	Examples	Criteria relevant to health literacy	
		NSQHS Standards	RACGP Standards
<p>4 Includes consumers in the design, implementation and evaluation of health information & services.</p>	<ul style="list-style-type: none"> Includes individuals who are adult learners or have limited health literacy Obtains feedback on health information and services from individuals who use them Uses the consumer feedback form at healthliteracy.nswlhd.health.nsw.gov.au/ 	<p>1.13.a 1.14.a 1.14.b 1.14.e 1.15.a 1.15.c 2.1.a 2.1.b</p> <p>2.1.c 2.2 2.9 2.10.a 2.10.b 2.10.c 2.13 2.14</p> <p>5.3.a 5.3.b 5.3.c 6.3.a 6.3.b 6.3.c</p>	<p>QI1.2.A QI1.2.B QI1.2.C</p>
<p>5 Meets the needs of consumers with a range of health literacy skills while avoiding making assumptions about individual health literacy levels.</p>	<ul style="list-style-type: none"> Adopts health literacy universal precautions, such as offering everyone help with health literacy tasks Allocates resources proportionate to the concentration of individuals with limited health literacy Has physical spaces available for helping people with health literacy tasks, such as filling out forms, that allow discretion 	<p>1.15.a 1.21 1.27.a 1.31 2.4 2.5.a 2.5.b 2.6 2.7 2.8 2.10.a 2.10.b</p> <p>2.10.c 2.10.d 3.3.a 3.3.b 3.3.c 4.3.a 4.3.b 4.3.c 4.13 5.3.a 5.3.b 5.3.c</p> <p>5.20 6.3.a 6.3.b 6.3.c 7.3.a 7.3.b 7.3.c 8.3.a 8.3.b 8.3.c</p>	<p>C1.1.A C1.2.A C1.3.A C1.3.B C1.4.A C1.4.B C1.4.C C2.1.A C2.1.B C2.1.C C2.1.E C2.3.A</p> <p>C3.1.A C3.1.B C3.1.D C5.3.A C6.4.F C6.4.G C7.1.E C7.1.F QI2.2.A QI2.2.B QI2.2.C QI2.2.D</p> <p>GP4.1.B GP4.1.C GP4.1.D GP4.1.E</p>

Attributes of a Health Literate Organisation	Examples	Criteria relevant to health literacy	
		NSQHS Standards	RACGP Standards
<p>6 Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.</p>	<ul style="list-style-type: none"> • Confirms understanding (e.g., using the Teach-Back, Show-Me, or Chunk-and-Check methods) • Secures language assistance for speakers of languages other than English • Limits to two to three messages at a time • Includes ‘confirmation of understanding’ in patient notes and the method used 	<p>2.3.b 2.4 2.5.a 2.5.b 2.8 2.9 2.10.a 2.10.b 2.10.c 2.10.d 3.3.a 3.3.b 3.3.c 4.3.a</p> <p>4.3.b 4.3.c 4.13 5.3.a 5.3.b 5.3.c 5.4.a 5.4.b 5.11 5.13.b 5.13.c 5.23.a 5.24.a 5.24.b</p> <p>5.24.c 6.2.a 6.2.b 6.2.c 6.3.a 6.3.b 6.3.c 7.3.a 7.3.b 7.3.c 8.3.a 8.3.b 8.3.c</p>	<p>C1.3.A C1.3.B C1.4.A C1.4.B C1.4.C C2.1.A C2.1.B C3.6.B C5.3.A C6.3.A C6.3.B C6.3.C Q12.2.A Q12.2.B</p> <p>Q12.2.C Q12.2.D</p>
<p>7 Provides easy access to health information, services and navigation assistance.</p>	<ul style="list-style-type: none"> • Makes electronic patient portals user-centred and provides training on how to use them • Facilitates scheduling appointments with other services • Uses easily understood symbols in way-finding signage • Assesses the service environment using the tools in this handbook 	<p>1.29.a 1.29.b 1.31 1.33 2.3.b 2.4 2.8 2.9 2.10.a</p> <p>2.10.b 2.10.c 4.11.a 4.11.b 5.11 5.13.b 5.13.c 8.7</p>	<p>C1.1.A C1.3.A C1.3.B C1.4.A C1.4.B C1.4.C C2.1.A C2.1.B C2.1.C</p> <p>C2.1.E C2.3.A C4.1.A C5.3.A C6.3.A C6.3.B C6.3.C C6.4.F C6.4.G</p> <p>GP1.2.A GP1.3.A G1.3.B GP2.2.B GP2.2.C GP2.2.E GP2.2.E GP5.1.A GP5.1.E</p>

Attributes of a Health Literate Organisation	Examples	Criteria relevant to health literacy	
		NSQHS Standards	RACGP Standards
<p>8 Designs and distributes print, audio visual and social media content that is easy to understand and act upon.</p>	<ul style="list-style-type: none"> Involves diverse audiences, including those with limited health literacy, in development and rigorous user testing Uses a quality translation process to produce materials in languages other than English Uses the checklist for designing consumer-friendly health information in this handbook for developing health information resources 	<p>2.8 2.9 2.10.a 2.10.b 2.10.c 5.4.a 5.4.b</p>	<p>C1.1.A C1.3.A C1.3.B C1.4.A C1.4.B C1.4.C C2.1.A C2.1.B C2.1.C C2.1.E C4.1.A C6.3.A C6.3.B C6.4.F C6.4.G QI2.2.A QI2.2.B QI2.2.C QI2.2.D GP4.1.E</p>
<p>9 Addresses health literacy in high risk situations, including care transitions and communications about treatment and medicines.</p>	<ul style="list-style-type: none"> Prioritises high-risk situations (e.g., informed consent for surgery and other invasive procedures) Emphasises high-risk topics (e.g., conditions that require extensive self-management) Creates a one-page summary to go with informed consent packages that meets health literacy standards Reviews high risk communication lapses at team meetings 	<p>1.10.c 1.11.a 1.11.b 2.3.b 2.4 2.5.a 2.5.b 2.6 2.7 2.8 2.9 2.10.a 2.10.b 2.10.c 3.3.a 3.3.b</p> <p>3.3.c 4.3.a 4.3.b 4.3.c 4.11 4.12.c 4.13 5.3.a 5.3.b 5.3.c 5.4.a 5.4.b 5.11 5.23.a 5.24.a 5.24.b</p> <p>5.24.c 6.2.a 6.2.b 6.2.c 6.3.a 6.3.b 6.3.c 6.9.b 6.10 7.3.a 7.3.b 7.3.c 8.3.a 8.3.b 8.3.c 8.7</p>	<p>C1.3.A C1.3.B C1.4.A C1.4.B C1.4.C C2.1.B C2.1.E C71.C C71.D QI2.2.A QI2.2.B QI2.2.C QI2.2.D QI3.2.A GP1.3.A GP2.2.B GP2.2.C GP2.2.D GP2.2.E</p>

Attributes of a Health Literate Organisation	Examples	Criteria relevant to health literacy	
		NSQHS Standards	RACGP Standards
<p>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.</p>	<ul style="list-style-type: none"> • Provides easy-to-understand descriptions of health insurance policies • Communicates the out-of-pocket costs for health care services before they are delivered • Trains staff to explain costs and options clearly using health literacy strategies from this handbook 	<p>2.8 2.9 2.10.a 2.10.b 2.10.c</p>	<p>C1.1.A C1.5.A C1.5.B</p>

*Source: Attributes of a Health Literate Organisation²⁶
Standards mapped in partnership with Gippsland Primary Care Partnerships, Victoria, 2018. Based off previous efforts²⁹
For more detail see: healthliteracy.nswlhd.health.nsw.gov.au/check-the-health-literacy-of-your-organisation/

Example:

From NSQHS Standard 2: Partnering with consumers;²⁷ communication that supports effective partnerships

2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review

Ideas on how to meet this criterion:

- Ask for feedback on services and resources e.g. asking for informal feedback, holding focus groups, conducting surveys with consumers using the service.
- Check all written communication against the health literacy checklist and test this with consumers. Ask the Health Literacy Officer for advice.
- Ask for assistance from existing consumer engagement groups. For example, the Community Engagement Advisory Council (CEAC), Ngayundi Aboriginal Health Council, Mental Health Forum, Health Information Feedback Group.
- Contact consumer groups through the community and clinical engagement page on the Northern NSW Local Health District Internet page.
- Value and act on people's feedback.

EMBEDDING HEALTH LITERACY

There are a number of ways to embed health literacy in policies, frameworks, plans, strategies, procedures and guidelines:

- Develop a Health Literacy policy for your organisation or service. This could include a plain language policy, a resource review guideline or procedure, a health literacy strategy or plan, and a formal reporting mechanism. Ensure you include an implementation plan.
- If consumers will read it, write in plain language and check with consumers that it is easy to read. This could include Terms of Reference, or plans released to the public.
- Include Health literacy in other policies, frameworks, plans, strategies, procedures or guidelines:
 - Health Literacy statement
 - Project Key Performance Indicators or evaluation measures

Example 1: Key Performance Indicators

Indicator	Evidence	Who is responsible?	Timeline	Target
% of services for whom a 'Health literacy action plan' has been completed	Health literacy action plan documents	Designated Health Literacy champion	2 years	80%
Number of resources undergo a health literacy review	Consumer feedback on resources, log of resource review dates, demonstration that review process exists	Authors of resources, managers of service	Ongoing	100% of new resources and ≥10 existing resources a year
Inform consumers about changes to services or documents that were based on consumer feedback	Newsletters, reports, posters, other resources	Managers, communications team	Ongoing	Consumers informed of changes resulting from their feedback in 90% of cases

Example 2: Health Literacy in policy an excerpt from NSW Health Kids and Families

Strategic Direction 2: Keeping children and young people healthy	
Objectives	Strategies
2.3 Improve health literacy	2.3.1 Improve knowledge of health promotion and health services among parents, carers and school children 2.3.2 Communicate effectively so parents, carers, children and young people make healthy life choices 2.3.3 Assist schools and local communities to create age-appropriate health promotion programs

*Source: Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24³⁰

Case Study:

The Northern NSW Community Engagement Advisory Council (CEAC) is a group of community members who advise the Northern NSW Local Health District and North Coast Primary Health Network on working with and engaging the local community. Their Terms of Reference were being reviewed, and the group suggested they be rewritten in plain language. The resulting terms of reference were easy to understand and supported all community members to understand what CEAC does and how the meetings are conducted.

Further Resources

Northern NSW Health Literacy Website

Contains tips and tools and a local resource library of health literate documents
healthliteracy.nswlhd.health.nsw.gov.au

The Health Literacy Universal Precautions Toolkit⁶

Includes strategies to help you achieve the 10 attributes of a health literate organisation
ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html

Health Literacy Organisation Checklist

healthliteracy.nswlhd.health.nsw.gov.au/check-the-health-literacy-of-your-organisation

Health Literacy: Taking action to improve safety and quality¹

safetyandquality.gov.au/publications/health-literacy-taking-action-to-improve-safety-and-quality

NSW Agency for Clinical Innovation Patient experience and consumer engagement²¹

aci.health.nsw.gov.au/networks/peace

NSW Clinical Excellence Commission Health Literacy³¹

cec.health.nsw.gov.au/quality-improvement/people-and-culture/person-centred-care/health-literacy

Optimising Health Literacy (Ophelia) toolkit from Deakin University³²

ophelia.net.au

Teach-back training course⁷

teachback.org

Victorian Primary Care Partnerships online health literacy course⁹

vicpcphealthliteracycourse.com.au

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