

New guidelines for raising the quality of health information for consumers

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- I thank Louisa Walsh who prepared the first version of this talk I am giving.
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Photo Sophie Hill





Outline

- What is 'health information' and why is it important?
- Why health information guidelines?
- The guidelines, a selection of the key tasks and some tips
- Lessons
- Questions







What is 'health information'?

- "Any information that enables individuals to understand their health and make health related decisions for themselves or their families" (Deering & Harris, 1996)
- In this context, it is different to verbal communication (which is also important!)
- Includes: brochures, pamphlets, videos, podcasts, websites, social media, signage, admission and discharge letters...





Why is health information important?

- Part of 'health communication':
 - Poor communication = poorer patient outcomes, increased costs, increased complaints (PIF, 2013)
- Health information supports verbal communication (Coulter & Ellins, 2007)
- Quality health information improves patient knowledge and understanding, patient engagement, and ability to make informed decisions (PIF, 2013)
- Quality health information improves service utilisation, health costs, patient experience, health behaviours and patient outcomes (PIF, 2013)





Why health information guidelines?

- Need identified through the Victorian Consultation on Health Literacy (Hill, 2014)
 - The provision of high quality consumer health information is a key way to support the building of health literacy
 - The quality of health information for the Victorian population needs to improve
 - Victoria needs evidence-based guidelines at a state government level for health services to provide a framework for developing quality health information and for improving health information governance, systems and processes

(Hill & Sofra, 2017)





The process

Gather

- Extensive search and review of literature from both academic and grey literature sources
- Draft 1: 12 'Standards' with commentary and supporting evidence

Refine

- Review and refinement of draft with Safer Care Victoria (SCV) representatives
- Draft 2: Four 'Guidelines' which align to National Standards

Consult

- Feedback sought from SCV, 5 health services (2 regional, 3 metro) and two consumer representatives
- Draft 3: Four Guidelines, alignment to National Standards, and toolkits to support implementation





Guide to Producing and Sourcing Quality Health Information

Created by:

 Louisa Walsh, Sophie Hill and Tamsin Waterhouse, Centre for Health Communication and Participation

Found at:

www.latrobe.edu.au/chcp/health-information-guidelines

Report contains:

- 4 Guidelines
 - Rationale
 - Key tasks with links to 'how to' information
- Self-evaluation toolkit for each Guideline (in word on our site) and correspondence with National Standards
- Appendix with links to guides on improving interpersonal communication







The

Guidelines



Guideline #1: Governance

Organisations should include health information-related activities in governance processes and documentation to ensure consistency and transparency in health information development and sourcing, and to demonstrate organisational commitment to the development of quality health information.







Governance: (some) key tasks and a tip

• Key tasks:

- Do you have organisation-wide support, eg policies that can be consistently applied?
- Have a process worked out to manage differences of opinion
- Be able to demonstrate transparency, eg sources, how prepared

• Tip:

Health information is the outcome of a negotiated settlement







Guideline #2: Partnering with consumers

Consumer involvement should be maximised throughout all phases of health information development or sourcing.







Partnering with consumers: (some) key tasks and a tip

• Key tasks:

- Include consumers or carers in your governance processes
- Include members of the target audience in planning or developing information
- User test your draft with target audience (or invite feedback once public)

Tip:

Start with one of these – doing one is better than nothing







Guideline #3: Health literacy

All health information outputs produced or sourced by an organisation must be tailored to the health literacy needs of the target audience.







Health literacy: (some) key tasks and a tip

Key tasks:

- Use best available evidence, eg synthesis of research findings, a hospital study about discharge letters, combined experience of panel when no evidence
- Key tasks re readability, actionability, numbers and stats, translation, visual design issues and accessibility, brand guidelines
- Tip:
 - Readability formulas are not a quick route to quality better to user test with target members of your audience







Guideline #4: Sharing resources

Organisations should develop, and follow, processes which seek to minimise duplication and increase opportunities for partnership around the development of health information.







Sharing resources: (some) key tasks and a tip

Key tasks:

- Develop a process for finding out if information needs are unmet
- Follow a search strategy for finding if information exists and could be used or adapted

• Tip:

The information might already exist in your own organisation







Lessons

- There is a spectrum of needs for health information and it is difficult to meet all needs in one resource. If you don't have the funding to create multiples or layered information, then you can address this issue by having straightforward materials with links to further information (that you have checked out for quality)
- This advice could be as relevant for translated materials as for majority-language materials
- You could consider how your staff can facilitate the delivery or understanding of information provided and what help they might need
- Patient information materials often have questions in them so make sure your staff are prepped to answer
- Improving the quality of information can start anywhere don't worry if you can't act on all the guidelines
- Health information is complex and good information requires expertise. People will develop expertise as they get involved – both consumers, clinicians, public health officers – and patients and members of the public







References and websites

Coulter A, Ellins J. (2007). Effectiveness of strategies for informing, education and involving patients. BMJ. 335(7609), 24-27.

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(PIF) Patient Information Forum. (2013). Making the case for information: The evidence for investing in high quality health information for patients and the public. UK: Patient Information Forum.

Walsh L, Hill S, Waterhouse T. (2019). Guide to producing and sourcing quality health information: Guidelines to support high-quality health information for consumers and carers in Victoria. Centre for Health Communication and Participation, La Trobe University, Victoria. DOI: 10.26181/5cda55cdaca30. At: https://latrobe.edu.au/chcp/health-information-quidelines

www.latrobe.edu.au/chcp for the Centre for Health Communication and Participation, La Trobe University

www.latrobe.edu.au/chcp/health-information-guidelines for the 'Guide to Producing and Sourcing Health Information'

https://pifonline.org.uk/ for the UK's Patient Information Forum

https://decisionaid.ohri.ca/decguide.html for the Ottawa Personal Decision Guide template (for risk and benefit conversations)

http://teachback.org/learn-about-teach-back/ for the Victorian online learning module on Teach-back







