

LOWER HUME HEALTH LITERACY TOOLKIT LAUNCH!



Building Health Literate Organisations

Toolkit



BACKGROUND/PURPOSE

- ❖ Feedback from agencies that they didn't know where to start to improve organisational health literacy.
- ❖ Search for resources identified an extensive range that were available through diverse sources.
- ❖ 10 Attributes of a Health Literate Organisation model identified as predominant framework. Enliven Health Literacy Self Assessment useful but what next....?

Brach C, Keller D, Hernandez L, Baur C, Parker R, Dreyer B, Shyve P, Lemerise A, & Schillinger D, 2012, Ten attributes of health literate health care organizations: discussion paper. Washington DC. Institute of Medicine.

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

DEFINITIONS

❖ **Health Literacy**

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

❖ **The Health Literacy Environment**

The infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health related information and services.

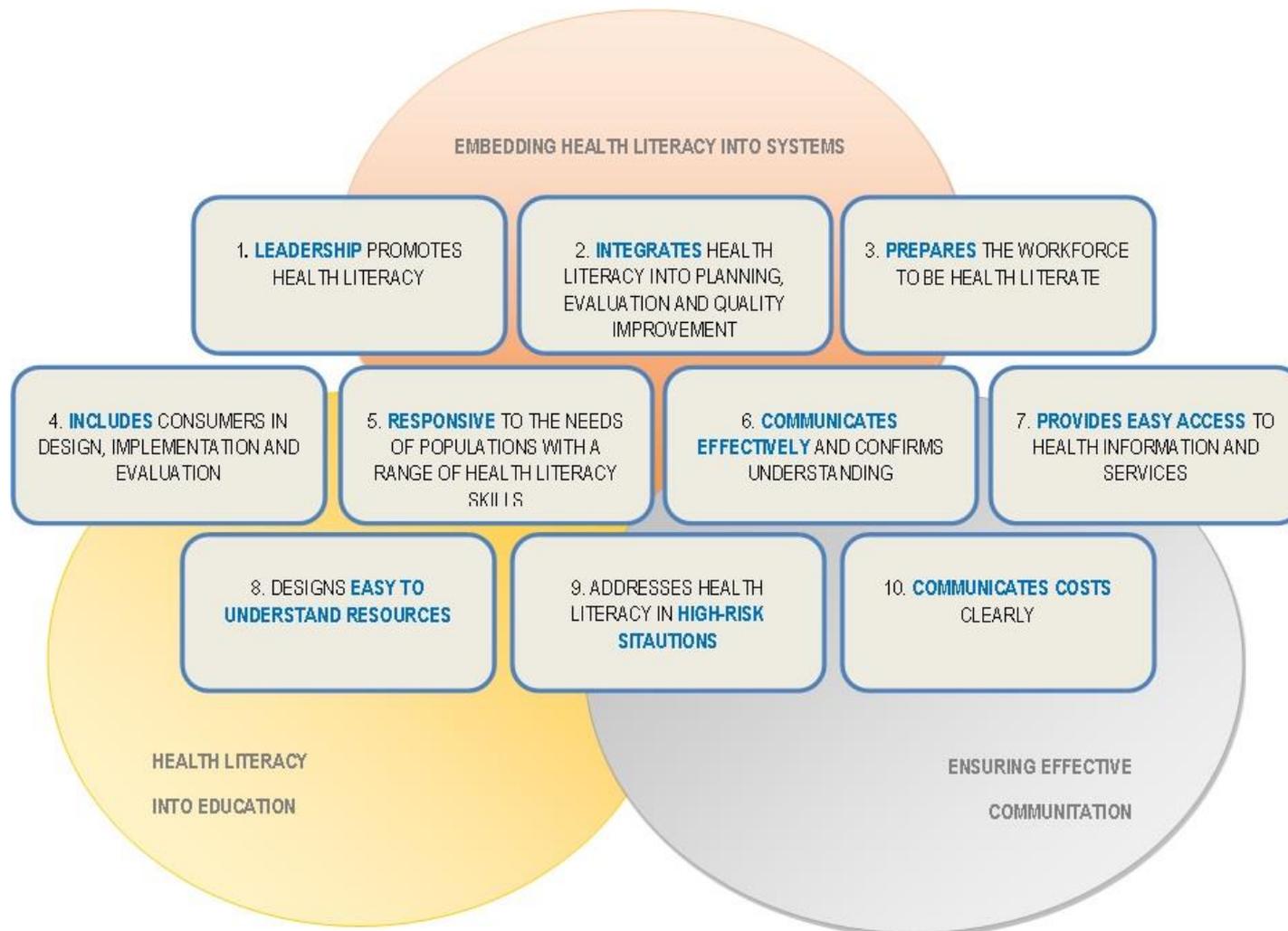
❖ **Health Literate Organisations**

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



THE TOOLKIT

- ❖ The Lower Hume Building Health Literate Organisations Toolkit collates the extensive range of health literacy resources and provides examples of actions to improve organisational health literacy.
 - ❖ Resources and examples of actions are organised according to the 10 Attributes of a Health Literate Organisation.
 - ❖ Designed as an introduction to health literacy
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ORGANISATIONAL APPROACHES TO IMPLEMENTING THE AUSTRALIAN HEALTH LITERACY NATIONAL APPROACH

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

IMPLEMENTING THE HEALTH LITERACY TOOLKIT

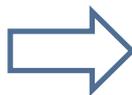
- ❖ Depending on where you are up to and organisational priorities you can work through the toolkit in a number of different ways, the recommended methods is:
 1. Establish a working group or allocate responsibility to an existing group.
 2. Complete the Enliven Self Assessment to provide a baseline overview of current practice and inform areas for improvement.
 3. Develop a Quality Improvement Plan
 - Choose 1-3 attributes to commence work on based on the results of the Self Assessment.
 - For each attribute, see the corresponding page in the toolkit and select strategies.
 - Identify measures for evaluation, timeframes, responsibility and resources.
 4. Monitor and review the quality improvement plan
 - Ensure measures are collected and analysed.
 - Update as necessary.
 - Complete the organisational self-assessment at least once a year to monitor progress and update plan.
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EXAMPLE

Attribute 3:

A health literate organisation prepares the workforce to be health literate and monitors progress

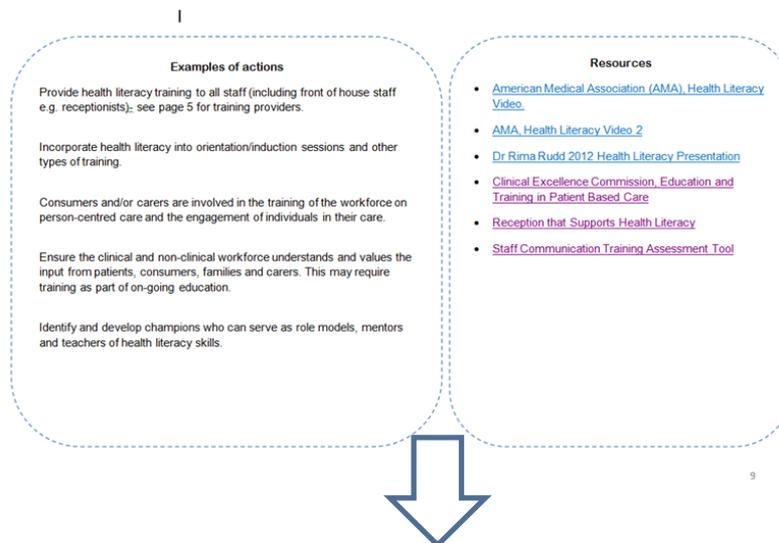
A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Designates an office or official responsible for developing, implementing, and committing resources necessary to train organisation employee		Raise at next manager / team meeting.
b.	Consults with internal experts to identify existing capacity to provide language assistance services (e.g. bi- or multilingual staff)	✓	Included in HR processes.
c.	Employs a diverse workforce with expertise in health literacy	✓	HR diversity plan.
d.	Evaluates the health literacy skills of the workforce on a regular basis		look into an audit
e.	Develops, makes available, and/or disseminates training materials that will assist in providing effective communication	✓	make specific folder on file.
f.	Sets and meet goals for ongoing formal and informal health literacy training and evaluation of training		Include HL Training in education calendar.
g.	Supports staff to attend internal and external specialised health literacy training		Provide internal training regularly.
h.	Trains staff on when and how to access and utilise oral and written language assistance services, how to work with interpreters and translators, how to convey complex information using plain language, and how to communicate effectively and respectfully	✓	Needs updating / refreshing
i.	Identifies and develops 'expert educators' who can serve as role models, mentors and teachers of health literacy skills		Ask staff if anyone has interest / expertise
j.	Includes and involves service users as effective speakers and trainers on health literacy		Raise at next CRC provide training.



3. PREPARED:

Prepares the workforce to be health literate and monitors progress

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



Health Literate Organisation Quality Improvement Action Plan



Goal:	Prepare the workforce to be health literate and monitor progress				
Objective:	Increase staff understanding of health literacy				
Champion:	Education Department				
Action	Who	When	Resources allocated	Measured by	Monitored by
Identify and develop health literacy champions from each department	Department Managers	October 2015	Training \$ Time to participate in a working group	Working group established and monitors implementation of HL improvement plan	Bi-monthly reports to managers meeting Quality manager
Provide health literacy training to Consumer Reference Committee (CRC)	Health literacy champions Quality manager	December 2015	nil	Training completed Evaluation of training	CRC meeting minutes Quality manager
Provide health literacy training to all staff, with some sections delivered by CRC	Education Coordinator Quality Manager	June 2016	Training \$	Training completed by 80% of staff Training evaluation HL in E3 Learning	Training register Education coordinator/HR manager

ADDITIONAL SUPPORT

The Australian Commission on Safety and Quality in Health Care (ACSQHC) have recently released some resources to support implementation of the National Statement.

The Victorian Department of Health and Human Services (DHHS) is in the process of developing a **Equity in Participation Policy** that will encompass Health Literacy, Diversity, and Consumer Participation. Consultations on key issues paper planned to commence late September 2015

Health literacy for clinicians

60% OF PEOPLE **LOW HEALTH LITERACY**

Having low health literacy means your patients don't have the knowledge they need to find, understand and use information about their health and health care. You can help change this.

Know your patients

- don't assume understanding
- listen
- talk about decisions

Consider how you present information

- tailor information
- try different formats
- decision making tools

Ensure understanding

- invite patient's support person
- encourage questions
- ask patients to repeat information

Improve your health service

- education & training
- improvement activities

How can I help my patients understand their health better?

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

www.safetyandquality.gov.au

This tool has been developed to link in with national and state initiatives to give you a head start before you are required to report on Health Literacy initiatives.

QUESTIONS

