Health Literacy Framework Review Outcomes

Current priorities from 2016 Framework

This is a redesigned version of the same framework. We wanted to make it more health literate. The aims are the same, just reworded and grouped differently.

Similar objectives and strategies are pulled from both versions of the 2016 framework into 4 categories for consultation:

1. Website
2. Consumers empowered and involved
3. Staff
4. Health literacy environment
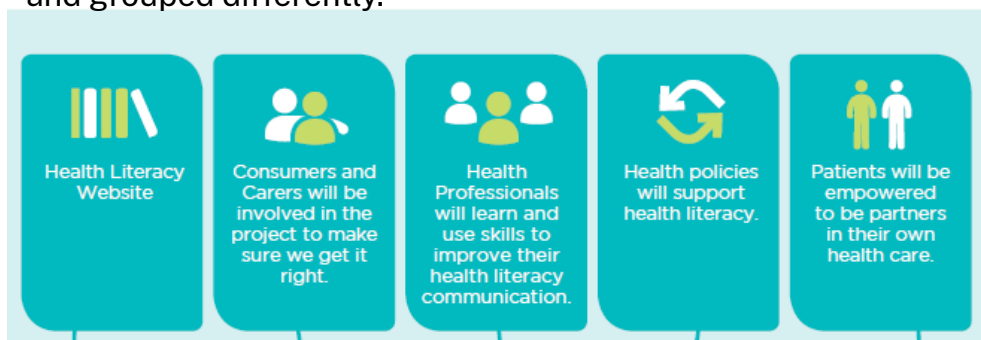
| What we asked	What you said

Vision/goal and mission/aim
 	
Do these still reflect the project?
	Vision
	• Improve people's:
	    ○ Health outcomes/quality of life
	    ○ Care experience
	    ○ Satisfaction with care
	Vision and aim should be cyclical
	• Health literacy should not be seen as a "thing you have to do" and this needs to be reframed as an opportunity to improve what we do.
	• It's an opportunity with every interaction every day – it's a **way** of doing things.
	• Aim and goal feed into each other
	Aim
	• Needs to include staff responsibility to support health literacy – current aim is only about consumers ability and individual health literacy. Does not mention health literacy environment or staff remit to communicate effectively.
	• Limit to 2 aims
	• Include environmental health literacy
	• Aims could be able enhancing Personal agency and the responsibility of the organisation
	• Consumers need to understand and take **appropriate** action for them

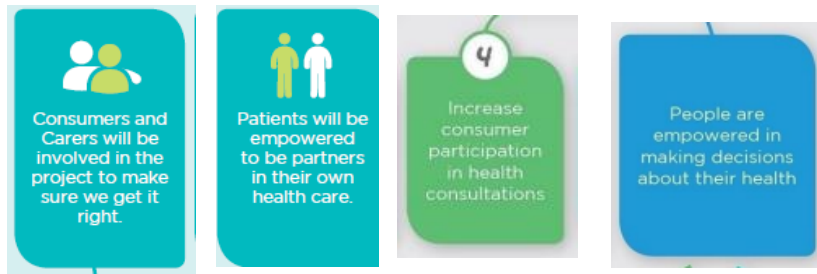| What we asked	What you said

Priorities - Website
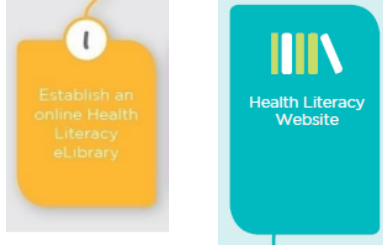 	
Does it work?
• Website is a good way for us to share knowledge and let people know about the work we do. Many people find us via the website.
• We know that the existing format of the online library is not the best way to support health organisations to use easily understood resources.
Does it align to existing or upcoming national, state and local strategies and policies?
• Website is established, is it still a high level priority? Can it be moved to be an action instead?
• State-wide online hub is in the pipeline.
Is anything missing?
• Do you still want us to report website data to steering group every 2 months?
	• Website lower priority, add under another priority
	• Still many staff who are not aware of health literacy team - need for website marketing, comms, promotion of health literacy team, etc.
	• Improve website functionality and make it more known
	
	Parking lot
	• Include useful links for staff education
	• Look at website accessibility guidelines
	• Improve functionality of library
	   o Link to website from other documents
	   o Consumer resources need to be easy to find for consumers and clinicians
	• Improve google analytics – website not easy to find
	• Link to health pathways and GP practice software and state-wide hub
	• Case studies will be good for promotion – makes it real
	   o share more widely
	   o need pre and post, need examples of 'bad - what happens when we don't use health literacy best practice?
	   o Could use grants program to get case studies.
	   o Need to have practical case studies.
	   o Could put in staff newsletter, but case studies may not work as well in written form, unless very short.
	   o Could have videos, play these in waiting area tvs etc.

What we asked	What you said
Priorities – Consumers empowered and involved Does it work? • Research supports co-design and consultation with consumers. Does it align to existing or upcoming national, state and local strategies and policies? • NSW Framework Priority 1: Patients, Families and Carers • Hospital National Standard 2: Partnering with Consumers • HNC Strategic Plan Is anything missing?	• Make this Priority 1 • Should we just adopt the 4 high level priorities of the NSW framework? • Our priorities should have a local flavour • Agree to stay as a priority • Group people involved in their own care and with health service together **Parking lot** • Co-design, focus groups, etc. easier than people think – market this in a practical way

What we asked	What you said
Priorities – Staff Does it work? - Health literacy training is effective in increasing knowledge and awareness of health literacy and health literacy skills. Does it align to existing or upcoming national, state and local strategies and policies? - NSW Framework Priority 2: Staff - Multiple Hospital National Standards Is anything missing? - There has been more of a focus on training, this is moving to include a focus on the health literacy environment.	- Stays as a priority - Staff responsibility to communicate in a clear way - Embed health literacy principles in policy etc. as a way of working **Parking lot** - Communicating in plain English in code of conduct - Overarching communication strategy rather than just a health literacy specific policy and allowing organisation to develop consistencies for whole system (people leave one service and go to another and there is consistency between the messages they receive) - Plain English peer to peer training (e.g. teach-back observation activity already exists) - Build communication feedback into clinical supervision requirements - Make HETI course mandatory - Put health literacy content in fortnightly nursing newsletter - Do not call it 'health literacy' - Golden opportunity: students - they are still learning and not fully institutionalised. Consumers are less likely to "lie" to a student – there is less of a power dynamic, the students are unhurried and have more time to listen

What we asked	What you said
Priorities – Health Literacy environment Does it work? • Organisational systems, policies, and structures are important for ensuring health literacy strategies are routinely applied within a health organisation. Does it align to existing or upcoming national, state and local strategies and policies? • NSW Framework Priority 3: Environment, Priority 4: Health System • Multiple Hospital National Standards, GP Accreditation Standards Is anything missing? • This is not currently an overarching priority focus in our framework – resources, systems and policy are all elements of environmental health literacy.	• Group policies, resources, co-design participation • Environmental focus often comes after you've done the groundwork – a sign of organisational maturity • Change wording from support to health policies that **embed** health literacy • Not specific to physical environment only – all spaces where care happens, models of care, primary care, hospitals, processes, virtual care • Potential to expand the way we do things now that our project is more mature **Parking lot** • Policies in plain language • Providing information to consumers involved in health improvement activities in ways they can understand.

What we asked	What you said

Is there anything else the Framework needs?
• E.g. Introduction from Executives
• Anything else?
	• Monitoring and evaluation, looking for change e.g., PREMS would allow us to set benchmarks and aspirations
	  o Monitoring allow us to celebrate wins
	  o Review of all data sources currently using (e.g. adult admitted survey) – health literacy review of the current environment in NNSW 2022
	  o Patient satisfaction measures/experience are a quality indicator and at the moment do not contribute to funding in either public or primary care settings (these are activity based). Would be good to get ahead of the value-based work movement
	  o Quality and safety and experience actually are the cheaper way to run health care
	• Use of inclusive language (e.g. "those of us with low health literacy levels")– we're all in this together. Health professionals working in different areas can struggle just as much to understand health information.
	• Communication in all areas (clinician to clinician and clinician to consumer)
	• Complaints and incidents usually due to communication, every complaint has a communication element
	• Improving health literacy can reduce harm if the problem was fixed upstream
	• Ok to have 3 priorities - consumers, staff, environment
	  o Leaders committing to health literacy part of the health literacy environment. Their sponsorship needs to be practical in terms of allowing time or funding to go to health literacy
	• Include mention of importance of health literacy in enabling future of healthcare and emerging themes - virtual care, value based care, prevention, health promotion and contextual challenges for our region (e.g. ageing population)
	• Executive messaging

	• Colours – white text on lime green hard to read, consider colour blindness **Parking lot** • Short random patient health literacy survey/audit ("bootstrapping"). Important to consider what to capture and value of this. What do we do with the data, it shouldn't just be to tick a KPI box • Staff survey on interactions with other staff and of work environment and managerial support for health literacy improvement – trying to address this in Ambassador grants program • Celebrate drop the jargon day or health literacy month

Summary

- Better marketing for health literacy
- Strong support for three main pillars – environment, staff, consumers