

# Eastern Region

## Health Literacy Development Course 2016

### Short Project Reports – Module 1



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## Annecto – The People Network

### Program Evaluation Questionnaire

Annecto provides opportunities for individuals to offer feedback in many various forms including sharing positive comments with staff, things that have gone well, improvements suggestions, achievements or concerns involving services, staff, and volunteers. We endeavored to integrate health literacy principles into the “program evaluation questionnaire” to assist individuals to provide more meaningful information via the available feedback mechanisms.

#### Methods

We reviewed the current evaluation questionnaire template and assessed for plain language and readability, current layout and also use of graphics. We then obtained feedback from various stakeholders (staff, case managers, individuals, carers, coordinators, administration). In order to ensure information requested was relevant and addressed the overall subject of strengthening individual capacity.

Upon review of the initial data collection phase (1<sup>st</sup> cycle), it was apparent that information obtained via telephone was not sufficient in providing accurate and appropriate information for the project for a variety of reasons. As a result, this method of data collection was omitted for the subsequent cycle.

#### Findings and Outcomes

Data results were analysed to review the program evaluation questionnaire for plain language and readability. Participants who were involved in the project provided feedback regarding the following:

- 70% of participants found acronyms used were confusing.
- 62% of participants could understand the information.
- 78% of participants provided positive comments in relation to the template layout.
- 71% of participant requested additional graphics to improve understanding and readability.

Following the results of the project outcomes, it has been determined that quarterly reviews will be implemented.

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## Department of Health and Human Services (DHHS) - East Division

### Review and update DHHS Health Conditions Support Grants (HCSG) template letters and application guidelines

The current Health Conditions Grant communication letters and guidelines contain important information required to be fully understood by small peer support groups prior to completion and submitting to DHHS for funding consideration. After receiving the guidelines and letters, more than 80% of interested groups contact DHHS for clarification about the process. We sought to improve the readability of the initial advice letter, receipt of application letter and application guidelines.

#### Methods

1. We conducted a Flesch-Kincaid “Grade Level” readability score on all three documents in their original format and reviewed the complexity and intent of the documents.
2. We drafted new versions of the documents keeping in mind the use of plain language.
3. We sent the newly drafted versions to DHHS colleagues and to our Central Office HCSG management team for feedback.
4. We reviewed all the feedback and included some recommended changes into the new documents
5. We reassessed the readability score to record any improvement

#### Findings and Outcomes

The initial advice to groups and the acknowledgement of receipt were able to be significantly adjusted by 2 and 3 grade levels respectively, making them more easily understood by the peer support network. This was reiterated by the feedback received from the HCSG program management team who indicated a keenness to adopt the amended versions.

The application guidelines was the most difficult to amend. Although we have managed to increase its readability and adjust the application down by 2 grade levels, further consultative work with our Central Office who manage the process is required to ensure most peer support groups will be able to read and understand what is required of them.

With management’s approval the amended documents will replace existing documentation for the 2017-19 funding round.

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### **Improve readability of pamphlet on health screening for Mental Health Consumers at Eastern Access Community Health**

EACH has designed a Health Screening tool which is rolled out to community mental health clients. Consumers were integral in developing this tool, but they have not reviewed the information handout on health screening, therefore, we felt it would be important to review and edit it to ensure that it was in line with recommendations regarding health literacy.

#### **Methods**

We calculated the original pamphlet reading level using widely used measures, using the Readability Consensus Calculator. The document was then assessed for structure, format, content and readability and then edited using information from “how to write easy to read health materials” (MedlinePlus n.d.). The edited version was reviewed by five staff members.

#### **Findings and Outcomes**

Unfortunately we were unable to get feedback from consumers in time to write this report. It will be edited when we receive their responses. Our Text Readability Consensus Calculator uses 7 popular readability formulas to calculate the average grade level, reading age, and text difficult of your sample text. The edited document was rated as Grade level 7.

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## Eastern Melbourne Primary Health Network (EMPHN)

### Translation of socio-demographic profile for a broader audience

The Eastern Melbourne Primary Health Network (EMPHN) is made up of 12 Local Government Areas comprising about 1.5 million residents. A key priority of PHNs was to produce a comprehensive needs analysis of their catchments that included aspects of mental and physical health and wellbeing and corresponding service access and utilisation. The output of this process was a high-level document that will be used to inform and guide the strategic direction of the organisation. However, there is so much information within this document that it is and is effectively inaccessible to staff and stakeholders. The aim of this project is to translate this information into a digestible format that can be used to inform and educate.

#### Methods

I consulted with the Communications team, Population Health team and the Executive team to define what products were needed. It was decided the media used should be presentations, information sheets and other audio-visual formats.

For the presentations, content was based on pictorial representations of the data such as infographics, maps and simplified graphs and charts accompanied by easy to follow descriptive discourse (tailored to the audience).

A readability calculator was applied to the discourse.

The summary profile was developed using the same approach.

The audio-visual component is to be a culmination of the above and presented by means of an animated question and answer production using Plotagon.

#### Findings and outcomes

The target audience for these materials were staff, board members and other stakeholders. As such the readability level has been set to a slightly higher level as to not be too simplistic. The Flesch-Kincaid Grade Level was 8.5 meaning it should be easily understood by 15-16 year olds.

The presentations have been presented to the EMPHN clinical and consumer councils and are currently being further refined. The summary profile has been distributed to staff and is also currently being refined to clarify some complex concepts. The animation is in production and is yet to be released. Overall, reception to the sources has been positive. This is part of a larger organisational communications strategy that is ongoing and will ultimately result with a suite of materials targeted to specific audiences.

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### Guide to preparing well-written information for consumers and carers

Consumer information written by staff is not always written in an easy to understand language and not always in an accessible format. In 2015 work began to develop a guide for staff to assist them when writing consumer information. This project was used as an opportunity to finalise this guide.

#### Methods

We reviewed a range of resources to develop the guide including the Department of Health & Human Services Tasmania communication and health literacy toolkit, the 'Communicating with Consumers – Well-Written Health Information' guide published by the Department of Health & Human Services Victoria and readability tools. We drafted a guide and took this to the Consumer Information Committee to seek feedback from consumers and staff. We also sent the guide to staff who have written patient information in the past and asked them for their feedback.

#### Findings and outcomes

The feedback we received from consumers and staff was mainly positive with many commenting that they think the guide will be really helpful, especially for those who have never written consumer information before. The Consumer Information Committee provided extensive feedback and specific content changes. This, along with staff feedback enabled us to refine the guide so that it was more like a checklist and to break it into phases of the writing process e.g. consultation, development etc. The guide will now be made available to all staff via our intranet and we will promote it through our weekly newsletter.

The next step is to update our Consumer Information Document Development Practice Guideline so that it is embedded within policy and processes. Once this occurs and staff are routinely using the checklist we will evaluate it routinely and update as required.

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Client Resource Information Sheet

During the implementation of a project to develop a Resource Guideline and Manual for staff to use, it was identified that an information sheet for clients and their carers/families about resources would also be helpful. The main supports needed by clients were identified as equipment and aids and respite services.

Methods

The project was undertaken by the working group already convened to develop the Resource Guideline and Manual. Feedback was sought from Family Support Workers on carer/family needs in relation to resources. A simple one-page information sheet was developed and discussed by the group. Feedback was then sought from past and current carers. Eight carers were asked to provide feedback. Three responses were received. This feedback was reviewed and the information sheet revised accordingly.

Findings and Outcomes

Carer feedback showed the information sheet was easy to read and understand. The single page format was also liked as carers report “not paying attention to anything longer than a page”. Suggestions for improvement included making the language “less crisp”.

The revised text was assessed using the readability tool and was assessed as:

| Readability Formula                        | Grade      |
|--|------------|
| <a href="#">Flesch-Kincaid Grade Level</a> | 5.2        |
| Gunning-Fog Score                          | 8          |
| Coleman-Liau Index                         | 11.5       |
| SMOG Index                                 | 8.9        |
| Automated Readability Index                | 4.4        |
| <b>Average grade level</b>                 | <b>7.6</b> |

The information sheet will be presented to the Senior Management Team for approval in mid-May and distributed to clients via the Home Folder (given to all new clients).

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### Appointment Letter Review

Inspiro uses various template letters to offer and confirm appointments for the various services. This project originated from recognition that the current letter templates were not professional in their presentation. Upon review it became clear that there was a need not only to address presentation and formatting but to also look at the readability of these letters.

Three letters were selected for review: The dental letter of offer, the allied health funded (CH or HACC) appointment letter and the allied health private appointment letter.

#### Methods

- Each appointment letter was run through a readability calculator.
- A new draft letter using health literacy principles was drafted.
- The draft letter was provided to the Primary Care Manager and other relevant managers to review and amendments were made. (Initially clinical staff were consulted, however this resulted in the letters increasing in length and number of complex/technical words, so it was agreed that service managers should review the letters).
- Consumers were consulted regarding the letter using both the original and modified version and amendments made based on their feedback.
- The updated letter was run through a readability calculator to complete results.

#### Findings and outcomes

The dental offer of appointment letter was reviewed and updated. As a result of the review its readability went from Grade 9 (14-15 year old) to Grade 4 (9-10 year old).

The structure of the letter was important. Feedback from consumers was that having headings and using columns made the letter easier and faster to read (and therefore more likely to be read).

Including access details, including opening hours, map and car parking details were commented on by all consumers surveyed.

As an outcome of the project, a new letterhead paper is going to be developed which includes a map, parking details and opening hours on the reverse so that all appointment letters will include this information in the future.

Key Learning: consultation and review take time. We set ourselves the task of reviewing three letters, but were only successful in reviewing one.

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## Link Health and Community

### Review of Oral Health Waitlist Letter

When a client comes to the top of the dental waiting list, they are sent a letter advising that their check-up is due, and that they are eligible to ring and book an appointment. The existing letter is poorly formatted, has a low readability score and does not adhere to health literacy principles.

**Objective:** To review dental waitlist letter, improve readability and apply health literacy principles.

#### Methods

- Readability assessment of the current letter using an online readability calculator
- Application of plain language principles to the letter
- Feedback obtained from stakeholders (relevant staff, managers and consumers)
- The Victorian Department of Human Services checklist for assessing consumer health information was applied.
- The Quality Improvement Coordinator was consulted to ensure that information in the letter adhered to legislative requirements.

#### Findings and Outcomes

The initial dental waitlist letter was assessed as having an average grade level of 9. After changes were made, the average grade level dropped to 6, demonstrating a significant improvement in readability. Feedback from staff and consumers was implemented, until the final version was endorsed by all stakeholders. The final evaluation measure – letter response rate pre- and post-changes – was not able to be completed within the timeframe of the short project, however this will be evaluated at the first opportunity.

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### Home and Community Care Brochure and Consumer Information Pack Review

Consumers are given a “HACC Consumer Information Pack” currently containing 21 separate documents. Feedback from Assessment Coordinators has been that some of the information is outdated, bulky, heavy and at times not used by consumers in that the amount of information can be overwhelming.

#### Methods

- Assessment Care Coordinators were invited to offer feedback about documentation in the HACC Consumer Information Pack in a focus group.
- Each document currently in the pack was then identified as mandatory or optional. Where possible, mandatory documents were updated and condensed to form a revised version. Where possible, reference sheets were made for Care Coordinators to provide at assessment if required. Remaining useful documentation was updated to ensure accuracy and currency.
- The HACC brochure was assessed for readability using online resources before and after changes were made using two different readability scales.
- Assessment Care Coordinators were invited to provide input to the revised documentation using the teach-back method as well as informational interviewing techniques to determine whether the proposed changes achieved the desired outcomes for care coordinators and consumers without compromising the integrity of the information supplied and the contractual obligations.

#### Findings and Outcomes

- Original HACC Consumer Information Pack was reduced from 21 documents to 9 whilst retaining all mandatory information.
- The readability scores increased. The readability tools used, however, did not take into account use of pictures or icons and the fact that the size of the document was increased to A4 size so that a larger font size could be used to increase accessibility and an index introduced.
- Given funding and program changes, Maroondah City Council has used the project as a platform to inform further changes to other documents in the future. Consumer feedback has been postponed but will be undertaken prior to documentation going to final print.

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### Improving the accessibility of EACH Service Access 1300 line

Our service access line is the main initial point of contact for consumers. It is crucial that we have a customer service system that is welcoming, easy to understand, navigate and access.

#### Methods

A significant consultation process with over 200 consumers over a week, to test the Minkoff & Cline Service Model Principles and another 2 additional principles developed by the creative team process. Service Access staff also gave feedback on current scripts they use when talking with prospective consumers and their approach.

#### Findings and Outcomes

The key themes from consumers feedback were: services to feel safe and welcoming, consumers want their experience to be “human” not clinical; their concerns to be validated and difficulties normalised, initial contact to be with workers who are well informed, efficient Intake process, knowing what is happening and what to expect and access to service to be easy.

The Service Access Staff identified the need to review the current process for communicating and engaging with consumers at first point of contact.

A new script and an information sheet on “how to communicate effectively” were developed for use by Service Access team. Training was conducted on effective spoken communication and telephone etiquette.

Training planned for frontline staff on equipping frontline staff with skills to provide a safe and welcoming environment.

This process can be extended to a periodic audit to assess spoken communication by Service Access team and to evaluate consumer impressions, regular updates of service / program information areas in the Intranet and development of Scripts be developed for FAQs to support Service Access staff.

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## Manningham Community Health Service (MCHS) and Inner Community Health (iehealth)

### To review, revise and trial an existing health literacy tool

Manningham Community Health has created a health literacy tool. From informal feedback, staff believed that a tool could help them create meaningful written communication for the community. However staff felt the tool was too time-intensive and not user-friendly. Also there was no community input into developing the tool. iehealth did not have any formal process or guidelines for written communication.

### Method

- We Investigated written communication development practices at MCHS and iehealth.
- A Flesch-Kincaid “Grade Level” readability score on both MCHS and iehealth Our Services brochure was conducted.
- A number of clients were surveyed to evaluate MCHS and iehealth. Our Services brochure.
- We reviewed the existing health literacy tool using plain language and readability principles.
- New written communication guidelines were developed.
- These were trialed with staff and feedback on the usability were gathered using a survey.

### Findings and outcomes

The communication guidelines were reduced from 11-pages to 4-pages. Content included written communication procedure flowchart, the guidelines and the written communication request form.

Overall staff feedback indicated that the guidelines would be applied to written communication, as it was useful and easy to understand. However, there was concern that the guidelines may not be relevant to all forms of written communication i.e. social media or website.

A policy is needed, and training on the use/importance of the guidelines. This will be considered for Project 2.

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