

Eastern Region

Health Literacy Development Course 2016

Short Project Reports – Module 2



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Access Health and Community

To investigate opportunities to embed health literacy principles within our organisation

This project involved undertaking an audit based on the 10 Attributes of a Health Literate Organisation to understand our current status and to identify opportunities for improvement.

Method

1. Interviewed Executive staff (GM Health Promotion, GM Primary Care) and Quality Manager to understand the level of commitment Access Health and Community has to becoming a Health Literate Organisation.
2. Investigated relevant organisational plans, policies and procedures for embedding health literacy principles.
3. Audited the current health literacy practices at Manningham and Inner East Community Health Services using the Brach et al (2012) 10 Attributes of a Health Literate Organisation.
4. Produced a Health Literacy Recommendations Report.
5. Provided the findings to the Communications Committee and Quality Manager and Executive.

Findings and outcomes

Health Literacy recommendations were made to 11 organisational plans and 16 policies and procedures.

Overall the audit and interviews showed that Access Health and Community understands the impact of low health literacy on health outcomes and is actively working towards becoming a health literate organisation. The most frequent recommendations made in the report were:

- Involving the community in the development, implementation and evaluation of client information and service delivery.
- Applying health literacy principles to written communication.
- Providing staff with professional development opportunities to develop and enhance their health literacy skills (both verbal and written).

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Trial of the adding health literacy questions to the funded organisations monitoring checklist

There is a new Funded Organisation Monitoring and Risk Management tool that is being introduced for use by DHHS staff. This tool has several checklists for the collection of information through discussion with senior representatives of organisations receiving DHHS funding. The need for an introduction and broad understanding of health literacy by relevant staff is required to enable a staggered roll out within East Division Health. This project is to trial the addition of a 'Health Literacy' question within two of these checklists to determine the level to which health literacy is currently being practiced by funded organisations.

Methods

1. Prepared draft Health Literacy questions to be included in monitoring checklists.
2. Conducted short Health Literacy presentation at Program and service advisor meeting and using their feedback revised the question for use with the two organisations.
3. Met with two service providers to test trial checklist questions and using the information gathered and their feedback prepared recommendations for further roll out of the trial.
4. Made recommendations to include seeking Manager and Directors approval to request formal consideration for inclusion by funded organisation program monitoring team in appropriate state-wide monitoring checklist/s.

Findings and Outcomes

The provision of health literacy training for East Division Health staff allowed a shared understanding of the need to include health literacy questions in the new monitoring tool/s. The trial application of the health literacy questions with funded organisations revealed that whilst the terminology was not well understood there is evidence that the principles are being implemented across the funded programs they provide.

Both organisations asked for more information regarding health literacy and in particular about what training is available for their staff to attend.

Whilst this is only a small sample it demonstrates a need to widen the trial and seek management endorsement and support to have this incorporated in the future within the state-wide rollout of the new monitoring tool.

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each Customer Service System

This project is in line with *each's* aim to offer a customer service system that is welcoming, easy to understand, navigate and access. To do this we would need to embed health literacy at an organisational level. We would like to begin by introducing health literacy to new employees as part of their orientation.

Method

Two navigation activities were conducted with staff that were recruited across all *each's* program areas in the last six months. The first activity was navigating the organisations website. Participants were provided with instructions and the navigation tool to navigate the website. The completed tool was collated. The second activity was navigating the Eastern region site. Participants were provided with instructions and the navigation tool to record their impression of the environment.

Findings and Outcomes

Website navigation activity:

44% of participants found it easy to navigate the website. The written language was easy to read and use of acronyms was minimal with explanations provided. The brief summary of the various programs was found to be helpful.

The areas of concern raised were

- Difficulty using the “who is the service for” and “what are you looking for” drop down boxes to locate services.
- Whilst the website portrays the breadth of *each's* service it was also somewhat overwhelming when trying to locate a service as the services are not in alphabetical order to help.
- The navigation of the website requires the user to be familiar with the services in order to be able to use the “who is the service for” and “what are you looking for” drop down boxes. The functions are obvious but not intuitive.
- It was not evident that you have to click on the *each* logo at the top left corner to go back to home page.
- The location list and map shown on web page for the various programs does not open to Google Maps when looking for directions. It has to be open on a separate internet tab.

Physical site navigation activity:

The participants found the atmosphere and level of activity at the centre to be comfortable and the staff friendly. The key areas for improvement were:

- There was a lack of signage along the road and on the site.
- There were a lot of information and flyers in the waiting area making the area look cluttered, less welcoming and difficult to see important instructions and information.

To address all areas of concern. We recommended that:

1. Orientation of all new staff to include health literacy activities.
2. Health literacy educational opportunities be available for **all** staff (both clinical and non-clinical).
3. A tool be developed for all sites to use to evaluate their practice with a health literacy lens and to ensure that the customer service system is welcoming, easy to understand, navigate and access.

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Eastern Melbourne Primary Health Network (EMPHN)

An organisational approach to promoting the findings of population health reports

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

We worked with a consultant to hone into what the key issues are and how to convey these messages. As a starting point an array of slide packages presenting the salient features of the analysis conducted have been selected relevant to LGA catchments. The presentations are based primarily on pictorial representations of the data such as infographics, maps and simplified graphs and charts with minimal use of written language in the slides. The discourse is an additional component that is simplified where possible and tailored to the audience (program staff, external organisations, executive etc.), however there are comprehensive notes included with the slides. This is designed such that anyone can present the information after a period of preparation and familiarisation.

Findings and outcomes

The presentations we have conducted so far have been well received. For each presentation we give there is always more requests for information that lies outside of what has been presented. This project is still an ongoing concern with more refinement and iteration of the materials likely over the following months. A plan to create videos of the presentations so as people can access the materials on an as-need basis is also planned.

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Review and update of existing site information sheets

Eastern Health has site information sheets which provide detail for all hospital sites regarding location, parking and how to get there. The current versions need to be reviewed and updated. Consideration needs to be made regarding how they can most effectively be displayed on the website and to physical distribution methods such as at hospital reception desks, main entrances and as attachments to elective surgery letters.

Methods

Throughout May and June 2016, all site information sheets were reviewed and revised versions created. This process included:

- Review of relevant legislative requirements regarding site access, including the State Government Disability Action Plan.
- Staff and consumer consultation including Site Chiefs, Communications team, Consumer Information Committee, Car Parking Manager, Reception staff, Manager Elective Surgery.
- Presentation of revised documents to the June Consumer Information Committee.
- Development of final versions including capability to annual review by Site Chiefs.

Findings and outcomes

The feedback we received from consumers and staff highlighted the need for standardisation of documentation and the inclusion of information relating to disability access information and general site facilities. We produced documents that were standardised and concise and therefore user friendly. The revised site information sheets will be available via a range of sources and will be part of the annual documentation review process.

Overall, this project highlighted the importance of seeking both consumer and staff input when developing materials for a diverse range of users.

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About Us booklet review

New clients are given a folder of important information during their first meeting with staff. Included in the folder is the 'About Us' booklet which contains information on Eastern Palliative Care (EPC), client rights and responsibilities, privacy and confidentiality and services.

Methods

The project steps are:

1. Review document (Quality Coordinator, Marketing and Communications Officer and team representatives)
2. Collect feedback from consumers and clients
3. Further revisions to content as required
4. Formatting by Communications Officer
5. Final approval by Senior Management Team
6. Printing and distribution in new client home folders

Findings and Outcomes

Due to staff absences (sick and annual leave) it was not possible to complete the review within the project timeline. Step 1 was completed. EPC is undertaking large scale surveys of client and carers over September – November this year. These face to face in depth interviews are an ideal opportunity to collect meaningful information about the revised booklet, but also about the information needs of clients and carers.

The project timeline has been revised to factor in the client and carer surveys. The project is now due for completion by the end of 2016.

Revisions to date were assessed using the readability tool and scored as:

Readability Formula	Grade Pre	Grade Post (initial review)
Flesch-Kincaid Grade Level	15	7.5
Gunning-Fog Score	17.2	10.1
Coleman-Liau Index	13.5	15.7
SMOG Index	13.9	10.1
Automated Readability INdex	15.9	8
Average grade level	15	10.30

Further revisions are expected to bring the readability score to ninth grade level.

Inspiro Community Health

Service Access – Tecoma Site Move

Inspiro moved to a new temporary location in June 2016 in Tecoma (about 750m away from the permanent Belgrave site). This project focused on ensuring the transition from Belgrave to Tecoma for clients including all signage and communication was created with a strong health literacy perspective.

Methods

The agreed steps taken were as follows:

- Conduct a health literacy environment scan of the new location.
- Create physical signage for the Tecoma location with reference to the environmental scan.
- Create print and online material regarding the relocation taking into consideration health literacy principles.
- Get feedback on signage from clinicians and consumers and then approval for signage from Inspiro management and location body corporate.

Findings and outcomes

At the new site and materials regarding the relocation have been produced taking into consideration health literacy principles. Feedback on the new location, signage and relocation materials has been positive.

The process was rushed due to the June 12 deadline for completing the project. As a result some issues identified in the environment scan were not able to be addressed, such as disabled parking. Additionally working through a body corporate meant some ideas had to be scrapped, such as relocating the sign which everyone associates with Inspiro from the old to new site.

While previous feedback from consumers about the key issues when accessing Inspiro sites was considered during the process. Unfortunately we weren't able to get feedback on the designs from consumers prior to doing the signage didn't happen in the timeframe.

A positive outcome of the project is that we have been granted permission to address issues at our Lilydale site, particularly in relation to parking and locating the building from the main road.

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Link Health and Community

Link Health and Community (HC) Health Literacy internal campaign – From Policy to Practice

Link HC has a Communications Policy, which includes an embedded Health Literacy Procedure. This project aims to improve the application of this policy and procedure, which is low at present.

Methods

Consultation with managers and general managers, Health Promotion Committee, Consumer Reference Group and development of action plan

- Email to all staff outlining health literacy principles and highlighting Communications Policy and Health Literacy Procedure
- Meetings with managers and general managers to discuss Communications Policy and Health Literacy Procedure
- Presentations at team and department meetings outlining health literacy principles and highlighting Communications Policy and Health Literacy Procedure
- Support provided to each department or team to choose and review one written publication, applying health literacy principles and using previously revised Oral Health waitlist letter as an example
- Intensive support provided to Oral Health Department to review suite of outgoing documentation and develop template, supporting Oral Health to act as 'Lead Department'

Findings and outcomes

A health literacy action plan has been endorsed by the above mentioned committees. The Health Literacy Project Workers will work intensively with the Oral Health Department to review its suite of documentation, develop a template and provide a benchmark for the rest of the organisation.

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Embed the concept of Health Literacy in the Maroondah Wellbeing Plan

Council's Community Development service area is responsible for the legislated "Municipal Health & Wellbeing Plan" and as such it was decided that from an organisational perspective this service area would be best placed to take carriage of Health Literacy at an organizational level.

Methods

- A presentation of the key elements of Health Literacy was developed for the Community Services staff. The presentation included the interactive delivery of the Newest Vital Sign Health Literacy Assessment tool and a Q&A session.
- An interview to discuss the concept of Health Literacy with the Community Development person responsible for the Municipal Health and Wellbeing Plan.
- The readability assessment tools were sent to all staff within the service area with the challenge that they at least assess the readability of their existing documents.

Findings and Outcomes

- As the staff are mainly health professionals they all did quite well with the health literacy assessment tool but the key was that they were made aware of the issues associated with their clients accessing, interpreting and applying the information they disseminate and that they have a functional role in improvement exercises.
- Community Development embraced the concept of Health Literacy and agreed that the Municipal Health & Wellbeing Plan was the ideal fit for organisational and community health literacy outcomes. The re-introduction of the word 'health' in the title at this stage was not possible however, as it had already been endorsed by Council previously. The introduction of health in the title will be considered along with a number of other criteria when the development of the 2017-2021 plan commences in due course.
- In Year 4 of the existing Maroondah Community Wellbeing Plan 2013-2017, a new action item was introduced about health literacy and recognising the partnership of a number of internal service areas.

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