

Australian Commission on Safety and Quality in Health Care

Stocktake of health literacy initiatives within Australia

Population Health, Department of Health and Human Services Tasmania

This submission focusses on the Communication and Health Literacy Action Plan currently being implemented in the Tasmanian Department of Health and Human Service (DHHS). The Action Plan includes partnerships with the University of Tasmania and the Department of Education. The DHHS Population Health Unit would be happy to provide further clarification and information if required. The Tasmanian Department of Education and Department of Premier and Cabinet are in the planning stages of a number of other health literacy initiatives. These projects will be reported on in future stocktakes.

Title of project number 1:

DHHS Communication and Health Literacy Action Plan

Description of project, including methodology:

To guide the improvement of communication and health literacy, DHHS has developed a *Communication and Health Literacy Action Plan*, in consultation with staff, other stakeholders and people who use health and human services. The objectives of the Action Plan are to:

1. Improve the way we provide health and human services, including:
 - providing services without assuming people are health literate
 - improving the way DHHS and health and human services employees communicate with clients and patients
 - improving the quality of information DHHS provides.
2. Improving the health literacy of people who use DHHS services, and advocating for improvements in literacy and health literacy across the community.

From 2012 – 2013, work will focus on the following strategies that are listed in the *Communication and Health Literacy Action Plan*:

1. Develop a Communication and Health Literacy Toolkit for use by people working in health and human services. The toolkit will include guidelines for:
 - verbal communication, including the ‘teach back’ method of communicating
 - written and visual communication
 - communicating with people who have additional communication needs
 - reducing literacy-related barriers to health and human services
 - encouraging childhood and adult literacy

- using arts to improve health literacy
 - incorporating health literacy and communication training in existing staff induction programs.
2. Explore the feasibility and, if appropriate, develop and trial a program promoting a simple mantra to guide general communication with clients, for example Tell Me 3 (what a client's main problem is, what they need to do and why it is important).
 3. Explore the feasibility and, if appropriate, develop and trial a service enhancement program encouraging clients to ask questions, for example by providing ASK ME badges to selected staff dedicated to providing high-level client service.
 4. Work in partnership with the Department of Education to develop a referral system and promote participation off DHHS clients in adult literacy programs.
 5. Continue to raise awareness of health literacy and the need for good communication, including by sharing best-practice examples.
 6. Work in partnership with the University of Tasmania to integrate communication and health literacy subjects into undergraduate courses.
 7. Repeat the Communication and Health Literacy Survey of DHHS staff and clients.

The complete Action Plan is attached to the submission for information.

Target audience:

The target audiences of the Action Plan include improving communication skills of DHHS staff and increasing health literacy of people who use DHHS services. The plan also aims to strengthen partnerships with:

- the Department of Education to increase literacy levels of DHHS clients
- the University of Tasmania to support research into health literacy levels and incorporate communication and health literacy in undergraduate health curricula.

Timeframe of project:

The Action Plan is initially being implemented until June 2013. At this stage the progress will be reviewed and decisions made about further resourcing and priorities.

Evaluation and findings, if applicable:

The Action Plan is in the early stages of implementation and no findings have been collected at this stage. The toolkit, communication trials and referral system will be evaluated through pilot trials before they are released. Evaluation will include feedback from staff and clients to assess the effectiveness of each strategy.

Links to web resources, if applicable:

Information will be updated at the following website in early April and throughout the implementation of the Action Plan

http://www.dhhs.tas.gov.au/pophealth/health_literacy.

Implementation and sustainability of initiative:

The pilot trials of the toolkit, communication concepts and referral system in selected services will ensure that these strategies are effective before they are implemented more broadly across health and human services. These strategies are being developed as resources to support current practice and to operate within existing resources. Information on each strategy will be available on the DHHS website and able to be adopted by services with limited support required. Staff training will be conducted during the initial implementation and train the train resources will be developed to allow training to be replicated by individual services.

Details of funding, if applicable:

The Action Plan currently has 0.7 FTE staff allocated to implementation. No additional funding is available to support implementation of the Action Plan. The Action Plan focuses on what we can do within existing resources such as raising awareness, supporting staff to make simple changes, and working in partnership with other organisations to start improving health literacy rates. Strategies will be put in place over time, as resources are available.

Title of project number 2:

Bookstart

Description of project, including methodology:

Bookstart was initiated by the Department of Education and the DHHS Communication and Health Literacy Action plan includes an action to support this initiative. Bookstart is delivered by LINC Tasmania in cooperation with Child Health Centres and Child and Family Centres. Bookstart provides parents with a reading information pack at their newborn's four week health check. Once the packs have been distributed, literacy coordinators provide advice and support and make follow-up contact with parents, inviting them to visit their local LINC or library. When parents visit the library to collect their baby's new library card they receive a free DVD and booklet called It's Rhyme Time.

Target audience:

Through the Bookstart initiative, Child Health Nurses and Literacy Coordinators work in partnership to identify and support parents with low literacy skills. The program also encourages literacy development from early childhood through parents reading to their children from a young age.

Timeframe of project:

Dependent on future funding.

Evaluation and findings, if applicable:

For further information on evaluation and findings contact LINC Tasmania
<http://www.linc.tas.gov.au/contact-us>.

Links to web resources, if applicable:

N/A

Implementation and sustainability of initiative:

The Bookstart initiative, first trialled in a southern Tasmanian low socioeconomic suburb in 2008, had been introduced to a total of 32 communities across Tasmania by October 2011. For further information on sustainability contact LINC Tasmania.

Details of funding, if applicable:

Bookstart received \$30 000 funding from the Tasmanian Early Year Foundation in 2009-2010 to expand the program and develop and distribute the resources.

Bridging the Communication Gap

Communication and Health Literacy Action Plan

1 July 2011–30 June 2013

**Helping people access, understand and use information we provide
about health and wellbeing and our services and care.**

Last revised 13 March, 2011



Acknowledgements

Thank you to the following groups for their contributions to the *Communication and Health Literacy Action Plan*:

- The Tasmanian Chronic Conditions Clinical Network Steering Committee
- The Department of Health and Human Services (DHHS) Communication and Healthy Literacy Working Group
- The Lifeline Chats program
- The University of Tasmania
- The Department of Education
- Participants of the DHHS Communications and Health Literacy Workshops (March–April 2011)

Cover page image

Permission to use the image on the cover page was provided by Centers for Disease Control and Prevention (CDC). The image was created for the CDC Health Literacy blog at: blogs.cdc.gov/healthliteracy

Back page poem

Permission to use the poem *This is Bad Enough* in this document was provided by its author, Elspeth Murray. The poem was written for the launch of the cancer information reference group of SCAN, the South East Scotland Cancer Network 2006. The poem can be accessed and listened to at: www.youtube.com/watch?v=R3tj-MXqPmk

What is health literacy?

There is no single agreed way of defining the term ‘health literacy’. In this Action Plan the term means:

The knowledge and skills needed to access, understand, and use information related to physical, mental and social wellbeing. (DHHS Communications and Health Literacy Working Group, 2011)

What is communication?

Communication is the imparting or interchange of thoughts, opinions or information by speech, writing or signs. If we don’t succeed in this, are we still communicating?

Small Steps by Many People

Do you understand what your doctor tells you? Do you understand the forms you fill in – and can you answer the questions? Do you feel confident asking questions about your health and wellbeing, and do you understand decisions that are made about you by health and human services staff?

Many – perhaps most – Tasmanians would answer ‘no’ to questions like these. More than 60 per cent of Tasmanians – and 30 per cent of those with a Bachelor degree – do not have adequate health literacy¹. This means many people don’t have the knowledge or ability to access, understand and use information we provide about health and wellbeing, our services and care; and many people have difficulty communicating about their health and wellbeing.

It is widely accepted that poor health literacy is predictive, although not necessarily the direct cause, of poor health outcomes, including

- avoidable illnesses and injuries
- avoidable hospital admissions and re-admissions
- medication and treatment errors
- difficulty accessing services

Poor health literacy also causes significant extra and avoidable costs for health and human services. It is a significant mainstream issue we can – and must – do something about. This means improving basic literacy, improving health literacy and – importantly – improving the way we communicate in health and human services. Good communication is the foundation of good care.

Improving communication and health literacy will take time and effort. The *Communication and Health Literacy Action Plan* is the start. It outlines what we can achieve together in health and human services. The Plan does not call for big changes. There are no major initiatives. Instead, it focuses on what we can do within existing resources. It focuses on raising awareness, supporting staff to make simple changes, and working in partnership with other organisations to start improving health literacy rates.

The principles and planned actions are relevant to everyone working in health and human services – across the public, private and non-government sectors. The Working Group that developed the Plan was supported by the Chronic Conditions Clinical Network Steering Committee, with input from DHHS staff and clients, other Government Agencies, the University of Tasmania and community sector organisations. Thank you to everyone for your valuable contributions.

This is a Plan that’s achievable through small steps by many people. Please read it and consider what you can do within your service.

Dr Roscoe Taylor
Director, Population Health

¹ Australian Social Trends, Australian Bureau of Statistics, 4102.0, June 2009

Section I: Background

“Health literacy can save lives, save money, and improve health and wellbeing of millions . . . health literacy is the currency of success for everything I am doing as Surgeon General.”

(Surgeon General USA, Carmona, 2003)

I Introduction

The *Communication and Health Literacy Action Plan* (the Plan) outlines the actions that will be taken over the next two years to improve communication across health and human services, and to help improve health literacy in Tasmania.

Population Health will lead and coordinate the activities outlined in this plan, in partnership with other organisations and the many people working across health and human services. The Plan is important and relevant for anyone working in the health and human services sector –public, private and non-government, at all levels and across service delivery, communications and other administrative and supporting roles – and anyone working in the adult and child education sector.

The Plan is important because its about our duty of care as service providers. Its about efficiency, client safety², informed consent, equity, client rights and access to services. Its also about supporting Tasmanians to manage – as best they can – their own health, wellbeing and chronic conditions.

“Patients, in particular, find our language wrapped in jargon and do not really understand the information we ‘load’ them up with.” (DHHS Communication and Health Literacy Survey, 2011)

This plan fits with the Tasmanian Government’s policy that information be provided in ways and formats that meet the needs of all community members.³ It also aligns with the strategic objectives identified in DHHS’ *Strategic Directions 09-12*:

1. Supporting individuals, families and communities to have more control over what matters to them.
2. Promoting health and wellbeing and intervening early when needed.
3. Developing responsive, accessible and sustainable services.
4. Creating collaborative partnerships to support the development of healthier communities.
5. Shaping our workforce to be capable of meeting changing needs and future requirements.

² In this document, the word ‘client’ describes the people who use health and human services. This includes patients, applicants, tenants and customers.

³ Tasmanian Government Communications Policy

1.2 Key principles

The key principles underpinning this Action Plan are:

- Clients have a right to information: it is our responsibility to communicate effectively.
- Clients have a right to be involved in decision-making about their health and wellbeing.
- Improving health literacy is a shared responsibility, especially across the health and education sectors.
- Improving communication and health literacy requires small contributions from many.
- Consistency of messages is important, and supported by evidence-informed practice.

These principles inform and underpin work across many related areas, including mental health literacy and death literacy.

1.3 What we want to achieve

By implementing this Action Plan, we aim to achieve the following:

- Healthcare and human services staff have the skills and resources to communicate effectively with people who use our services.
- Fewer literacy-related barriers to people accessing services provided by healthcare and human services.
- A more health- literate population in Tasmania through working in partnership with the education sector and others.

“Patients are given information that is foreign to them by experts who are familiar with the information. The health professional’s familiarity with the information can make them feel that the patient needs all the information **now!** The patient becomes overwhelmed... and drops the information in the rubbish on the way out.” (DHHS Diabetes Educator, 2011)

1.4 Our focus

To achieve the desired outcomes, there are four areas we will focus on:

1. Raising awareness of the importance of effective communication and health literacy.
2. Helping people access, understand and use our services and our information.
3. Helping our staff, volunteers and those who use our services to be more health literate.
4. Improving health literacy across Tasmania.

“Get rid of acronyms and jargon and there would be less confusion for other staff as well as the general public.” (DHHS Communication and Health Literacy Survey, 2011)

Section 2: What we'll do

Workforce development: improving the skills and knowledge of staff

Over the next two years, Population Health will work with others to:

1. Repeat the DHHS Communication and Health Literacy Survey.
2. Explore the feasibility and, if appropriate, develop and trial a program promoting *Tell Me 3*⁴ (what a client's main problem is, what they need to do and why it is important) as a mantra to guide communication with clients.
3. Develop a Communication and Health Literacy Toolkit for use by people working in health and human services, drawing on existing materials wherever possible. Proposed contents of the kit are:
 - 3.1 Guidelines for verbal communication, including the 'teach back' method, *Tell Me 3* and motivational interviewing.
 - 3.2 Guidelines for developing effective written and visual communication resources; and for using communication resources, including making information relevant to individual clients.
 - 3.3 Guidelines for communicating with people who have additional communication needs, including people whose main language is not English, people with low literacy skills and people with vision, hearing and/or speech deficits.
 - 3.4 Guidelines for reducing literacy-related and health literacy-related barriers to DHHS services. This may include guidelines for cross-referral to DHHS services, and helping people to complete DHHS forms.
 - 3.5 Suggestions of how staff can promote and encourage childhood and adult literacy.
 - 3.6 Guidelines for, and examples of, the use of arts to improve health literacy.
 - 3.7 Guidelines for incorporating health literacy and communication training in existing staff induction programs.
4. Promote use of the Communication and Health Literacy Workplace Kit, including through information sessions and development of 'train-the-trainer' resources.
5. Establish mechanisms to share information about current projects and evidence of good practice, including through the DHHS Intranet, other internal communications resources and relevant networks.

⁴ The concept of *Tell Me 3* originated from *Ask Me 3*TM (National Patient Safety Foundation), a patient education program designed to promote communication between healthcare providers and patients. The program encourages patients to understand the answers to three questions: *What is my main problem? What do I need to do? Why is it important for me to do this?* *Tell Me 3* turns this around, encouraging staff to ensure they communicate and confirm a client's understanding of three key points: what a client's main problem is, what they need to do and why it is important.

Organisational development: improving the way we provide and tell people about our services

6. Explore the feasibility and, if appropriate, develop and trial a service enhancement program encouraging clients to ask questions by providing ASK ME badges to staff who are dedicated to providing high-level client service.
7. Provide general health and wellbeing information in a variety of formats at DHHS service centres. This will include children's books that normalise healthy behaviours and promote health literacy.
8. Continue to support the Tasmanian Government's Communication Policy, especially in relation to people with special communication needs.
9. Continue to support the Tasmanian Government's *Better Access to Government Services* project.

"No-one tells you. You have to ask. But a lot of people don't know how or are too scared to ask questions. I go with a list of questions, I'm game enough."

(Lifeline Chats Focus Group participant, 2011)

Partnership: working with others

To improve health literacy we need local communities, the education sector, the health and human services sector and others to work together. Over the next two years DHHS will:

10. Work with LINC Tasmania (Department of Education) to:
 - 10.1 Raise DHHS staff awareness of adult literacy programs
 - 10.2 Develop referral processes between DHHS and LINC Tasmania.
 - 10.3 Identify existing adult health literacy resources and explore the feasibility of developing additional resources.
 - 10.4 Set an adult health literacy target.
 - 10.5 Support *Bookstart* Tasmania, and explore opportunities to extend the program.
11. Discuss with the Department of Education the development and/or use of existing resources to help teachers (K- 12) promote health literacy.
12. Extend partnerships between the arts and health sectors to improve health literacy.
13. Support relevant research by the University of Tasmania, including research of staff health literacy levels at selected DHHS sites and the health literacy levels of selected local communities.
14. Work in partnership with the University of Tasmania to include health literacy and communications learning outcomes in the curricula for relevant undergraduate degrees.
15. Liaise with the Australian Bureau of Statistics and relevant national bodies about health literacy being assessed through the 2016 Adult Literacy and Life Skills Survey.

What is Bookstart?

Bookstart is run by LINC Tasmania with support from Child and Family Healthy Services. It encourages parents to read to their children from the earliest days, and supports this by giving parents a picture book, advice on reading to a child, a free DVD and an invitation to join the local library.

The program began in Brighton in 2007 and was expanded in 2011 following a grant from the Tasmanian Early Years Foundation.

Around 4,000 families will be supported through *Bookstart* in 2011–2012.

This is bad enough . . .

(Elspeth Murray, poet/wordsmith)

This is bad enough
So please . . .

Don't give me
gobbledegook.

Don't give me
pages and dense pages
and
"this leaflet aims to explain . . ."

Don't give me
really dodgy photo-copying
and
"DO NOT REMOVE
FOR REFERENCE ONLY".

Don't give me
*"drafted in collaboration with
a multi-disciplinary stakeholder partnership
consultation
short-life project working group"*.
I mean, is this about
you guys
or me?

This is hard enough
So please:

Don't leave me
oddly none the wiser or
listening 'til my eyes are
glazing over.

Don't leave me
wondering what on earth that was about,
feeling like it's rude to ask
or consenting to goodness knows what.

Don't leave me
lost in another language
adrift in bad translation.

Don't leave me
chucking it in the bin
Don't leave me
leaving in the state I'm in.

Don't leave me
feeling even more clueless
than I did before any of this
happened.

This is tough enough
So please:

Make it relevant,
understandable –
or reasonably
readable
at least!

Why not put in
pictures
or sketches,
or something to
guide me through?

I mean, how hard can it be
for the people
who are steeped in this stuff
to keep it up-to-date?

And do you know what I'd appreciate?
A little time to take it in
a little time to show them at home.
a little time to ask "What's that?"
a little time to talk on the phone.

So give us
the clarity, right from the start
the contacts, there at the end.

Give us the info
you know we need to know.
Show us the facts,
some figures
And don't forget our feelings.

Because this is bad
and hard
and tough enough
so please speak
like a human
make it better not worse.