Bridging the Communication Gap

Communication and Health Literacy
Action Plan
1 July 2015 – 30 June 2017

Helping people access, understand and use health and wellbeing information
What is health literacy?

The National Statement on Health Literacy describes health literacy as:

**Individual health literacy** is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and healthcare and take appropriate action.

**Health literacy environment** is 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.


Acknowledgements

This is an updated version of the Communication and Health Literacy Action Plan: 1 July 2011 – 30 June 2013 which was developed in collaboration with:

- 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

The cover image has been adapted by DHHS from an image provided by the Center for Disease Control and Prevention (CDC).

Back page poem

Author Elspeth Murray has given permission to use the poem *This is Bad Enough*. It was written for the launch of the cancer information reference group of the South East Scotland Cancer Network 2006. Listen to the poem at [www.youtube.com/watch?v=R3tJ-MXqPmk](http://www.youtube.com/watch?v=R3tJ-MXqPmk)
Summary

More than 60 per cent of Tasmanians don’t understand health and wellbeing information well enough to act on it.

This can lead to poorer health and wellbeing, overuse of hospitals, medication mistakes and difficulties controlling medical conditions.

The importance of health literacy in achieving improved health outcomes has resulted in the development of a National Statement on Health Literacy. The statement identifies three overlapping priority areas and seeks a coordinated and collaborative approach to addressing health literacy. The priority areas aim to:1

• embed health literacy into all aspects of healthcare organisations;
• ensure health information is effectively communicated; and
• integrate health literacy into education programs and training.

This plan aligns with the National Statement on Health Literacy and lists thirty actions that will be the focus for Public Health Services over the next two years. These actions centre on the four themes of:

1. Health literacy awareness – improving understanding of the health literacy challenge.
2. Workforce development – improving skills and knowledge.
4. Partnerships – improving education and research opportunities.

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1 A detailed discussion of these three areas is contained within the National Statement’s background paper: Australian Commission on Safety and Quality in Health Care. Health literacy: Taking action to improve safety and quality. Sydney: ACSQHC, 2014.
Introduction

Health literacy is recognised as having a critical influence on health outcomes of individuals and populations.

We know that more than three out of every five Tasmanians do not have adequate health literacy. This means accessing, understanding or appropriately using health information is difficult for most people.

This can lead to poorer health, more use of hospitals, difficulty controlling medical conditions, medication mistakes and greater health expenses.

We all have a role in making it easier for people to access, understand and use our health system.

Our Communication and Health Literacy Action Plan 2011 focused on raising awareness and helping staff make simple changes in how they worked. As a result, we have seen small steps by many people to improve health literacy and health communication in our state. Some achievements include:

- development of the Communication and Health Literacy Workplace Toolkit and other web-based health literacy resources like the health literacy eLearning resource
- development and delivery of health literacy training
- strengthening of health literacy in the UTAS undergraduate School of Health Sciences course
- local health literacy research in partnership with UTAS and individual health services
- services and organisations undertaking workplace health literacy assessments
- development of specific health literacy policies
- linking of work and promotion of services available through 26TEN to improve general literacy and numeracy skills within the community
- contributing to the development of a National Health Literacy Statement (released in August 2014).

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2 Australian Social Trends, Australian Bureau of Statistics, 4102.0, June 2009
In addition:

- The Tasmanian Lead Clinicians Group has identified the need for stronger action on health literacy.
- The Tasmanian Department of Health and Human Services Strategic Framework for Health Workforce 2013-2018 has recognised the increasing need for health services to focus proactively on health literacy.
- The Commission on Delivery of Health Services in Tasmania’s Report to the Australian Government and Tasmanian Government Health Ministers – April 2014 noted the significance of improving community health literacy, recommending the development of strategies to improve health literacy within the Tasmanian community.
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) released the National Statement on Health Literacy\(^4\), which is endorsed by Health Ministers in all Australian jurisdictions. This document is a landmark for the recognition and priority of health literacy across the Australian healthcare sector.

However, much more needs to be done. This updated Communication and Health Literacy Action Plan 1 July 2015 – 30 June 2017 will build on the excellent work already achieved in this area and describe our focus for the next two years.

I invite you to join us in our actions as we continue to address this critical issue.

Siobhan Harpur
CEO Public Health Services

1 July 2015

Section 1: Background

This updated plan outlines actions that build on the work of the original plan to address health literacy.

Public Health Services will continue to lead and coordinate the activities outlined in this plan. This will be done in partnership with other organisations and the many people working across health and human services.

The plan is important and relevant for everyone working in healthcare and human services, including the public, private and non-government sectors.

It recognises the need for strong partnerships with the general education sector and with tertiary institutions that deliver health science education.

The plan addresses our duty of care as service providers. It is about efficiency, client safety, informed consent, equity, client rights and access to services.

It is also about helping Tasmanians manage their own health.

This plan fits with the Tasmanian Government’s Communications Policy and aligns with the strategic objectives identified in the DHHS and Tasmania Health Service Strategic Priorities.

The plan aligns with the National Statement on Health Literacy, which identifies a coordinated and collaborative approach to addressing health literacy. The statement identifies three overlapping areas for action:

1. Embedding health literacy into systems to make it easier for people to find their way through healthcare organisations.
2. Ensuring effective communications to provide information and communicate in a way that meets the needs of consumers.

“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)

“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)

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5 In this document, “client” describes people who use health and human services. This includes patients, applicants, tenants and customers.


7 A detailed discussion of these three areas is contained within the National Statement’s background paper: Australian Commission on Safety and Quality in Health Care. Health literacy: Taking action to improve safety and quality. Sydney: ACSQHC, 2014.
3. Integrating health literacy into education for consumers (in school education or as part of programs) and as formal education and training for healthcare providers.

**Key principles**

- 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 that includes the education sector.
- Improving health literacy requires deliberate effort by all involved: recognising that small contributions from many can result in lasting changes.
- Consistent messages supported by evidence-informed practice are important.

**What we want to achieve**

By implementing this plan, we aim to achieve the following outcomes:

- staff in the healthcare and human services sectors have the skills and resources to communicate effectively with clients
- organisations agree to put policies and systems in place, and to deliver services that effectively communicate with clients
- fewer literacy-related barriers exist for vulnerable people groups
- Tasmania has a more literate and health literate population.

**Our focus for the next two years**

We will focus on four areas.

1. Increase health literacy awareness.
2. Develop health literacy skills within the workforce (staff and volunteers).
3. Help health and human service organisations become health literate organisations.
4. Increase health literacy partnerships among Tasmanian education and research institutions.

“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)
Section 2: Actions

Public Health Services will work with others to:

**Health Literacy Awareness:**
*improving understanding of the health literacy challenge*
1. Provide leadership in health literacy.
2. Develop a strong understanding of health literacy across the healthcare sector in the state.
3. Brief government and senior management on health literacy development nationally and within Tasmania.
4. Provide health literacy awareness training workshops and presentations.
5. Develop articles on health literacy for wide circulation.
6. Participate in forums and activities to raise awareness of health literacy.
7. Share information about projects and good practice in Tasmania’s healthcare and human services sector.

**Workforce Development:**
*improving skills and knowledge*
8. Expand and update the Communication and Health Literacy Workplace Toolkit.
9. Develop and expand resources available on the PHS Communication and Health Literacy webpage.
11. Help develop and implement health literacy skills training.
12. Develop and implement an online health literacy training module.
13. Encourage basic health literacy training as a requirement for all healthcare and human service staff.
14. Support health literacy initiatives and health literacy champions in healthcare and human services organisations.

**Organisational Development:**
*improving system responses*
15. Promote and help set up health literacy working groups in organisations to oversee and improve their health literacy response.

“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)
16. Help develop a health literate organisation concept in Tasmania and use audit tools to monitor progress.

17. Provide health literacy training for managers.

18. Help develop and assess organisational responses to health literacy and share learnings within others.

19. Champion organisations that show excellence in health literate environments.

20. Support the Tasmanian Government’s Communication Policy, especially in for people with special communication needs.


**Partnerships:**

*improving education and research opportunities*

22. Identify and develop opportunities to contribute to research in health literacy.

23. Work with the University of Tasmania to promote, attract and undertake health literacy research including partnerships with service delivery organisations.

24. Work with the University of Tasmania to include health literacy in appropriate undergraduate courses.

25. Work with other interstate universities, accredited training institutions and organisations to expand health literacy research and activities in Tasmania.

26. Identify opportunities to assess changes in workforce skills/understanding of health literacy.

27. Work with LINC Tasmania (Department of Education) to improve general adult literacy.

28. Work with the Department of Education promote health literacy in the classroom, including developing resources to help teachers (K-12).

29. Extend partnerships between the arts and health sectors to improve health literacy.

30. Talk with the Australian Bureau of Statistics and national bodies about collecting information on health literacy.

“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)
Section 3: Measuring progress

The following indicators will tell us when we have achieved our outcomes. A more detailed evaluation plan will include how information will be collected and reported.

<table>
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<tr>
<th>Outcomes</th>
<th>Indicators</th>
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| • Staff in the healthcare and human services sectors will have the skills and resources to communicate effectively with people who use their services. | • Greater confidence and skills in staff to communicate more effectively with people who use services.  
• Improved written and verbal communication by staff. |
| • Organisations commit to having policies and systems in place and deliver services providing improved access and effective communication.  
• Fewer literacy-related barriers exist for vulnerable people groups. | • Greater awareness of importance of addressing health literacy by staff and management.  
• Policies and systems in place to address health literacy. |
| • Tasmania has a more literate and health literate population.            | • Population measures of health literacy.  
• Increased literacy rates.  
• Increased response by other sectors in supporting improvements in literacy and health literacy. |
This is bad enough . . .

(Elspeth Murray, poet/wordsmith)

This is bad enough
So please . . .

Don’t give me
gobbledygook.

Don’t give me
dense 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