# HELLO TAS!

A TOOLKIT FOR
HEALTH
LITERACY
LEARNING
ORGANISATIONS

**JULY 2020** 

### **Acknowledgements**

The HeLLO Tas! Toolkit has been developed collaboratively by the Tasmanian Council of Social Service (TasCOSS) and the following organisations who were health literacy pilot sites.

- · Youth, Family & Community Connections
- · Wyndarra Community & Resource Centre
- Wellways
- · Cornerstone Youth Health Services
- · City Mission (Missiondale)
- Drug Education Network
- · The Link & Headspace Hobart
- Flourish. Mental health action in our hands

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- The Project Partners, working together to build a health literate Tasmania:
  - Department of Health & Human Services (Public Health Services)
  - · University of Tasmania
  - 26TEN
  - · Tasmanian Health Service.

This work builds on the 'Six dimensions of a health literate organisation' developed by the New Zealand Ministry of Health.

For more information on the HeLLOTas project, and an online version of the toolkit, go to our website: 

www.hellotas.org.au.

TasCOSS is part of 26TEN, a network of people and organisations working together to improve literacy and numeracy in Tasmania.

Further training and support is available through the following websites:



Department of Health Tasmania

(Public Health Services) Health Literacy website:

www.dhhs.tas.gov.au/publichealth/about\_us/health\_literacy

Training: <a href="www.dhhs.tas.gov.au/wihpw/news\_and\_events/events2">www.dhhs.tas.gov.au/wihpw/news\_and\_events/events2</a>
Resources: <a href="www.dhhs.tas.gov.au/publichealth/health/health\_literacy/">www.dhhs.tas.gov.au/publichealth/healt

communications\_and\_health\_literacy\_workplace\_toolkit

TasCOSS 'How To' guides: <u>www.tascosslibrary.org.au/how-to</u>



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This HeLLO Tas! Toolkit will take you on a journey to explore your organisation's health literacy.

Health literacy (**COOL #1**) is not only about individuals being able to get health information. Organisations that are 'health literate' can help people to:

- understand information
- find their way through health and community services sytems
- get the services they need.

The toolkit provides:

- a step-by-step process for doing a self-assessment and developing a Health Literacy Action Plan
- · practical tools to help you with these tasks
- links to accreditation standards, resources and further reading material.

It will help you see what you are already doing well and what else you might do to further enhance your services. It can help support your evidence towards meeting quality accreditation standards relating to outcomes for clients, consumer rights, evidence-based practice, and community development.

Improving health literacy is all about communication, empowerment and being consumer-focused. These are things community services work hard to do well. Many of us have processes in place to ensure that we engage well with consumers and are friendly and welcoming. We provide clear information to consumers about their health and wellbeing that helps them to make informed choices. No organisation is ever perfectly health literate.. Improving health literacy is an ongoing cycle of action, evaluation and improvement.

In a health literate organisation, health literacy is part of all service planning, design, delivery and evaluation. It is everyone's business. All aspects of the organisation are focussed on the needs of consumers and cater for everyone. There is no need to identify who is, or is not, health literate.

Health literacy is the art of making it easier, not harder, for people to make decisions about their health.

ZOE, THE DEN.



Links to commonly used quality improvement standards are included in O—C TOOL #7 and separately on the toolkit at hellotas.org.au

This toolkit celebrates what we are already doing and makes us strive to do even better.

MICHAEL, WYNDARRA



Health literate organisations make it easier for people to find, understand and use the information and services they need.



Health literacy is the knowledge and skills needed to access, understand, and use information related to physical, mental and social wellbeing.

### Thinking about health literacy...

An appointment can be a very daunting process for anyone. It may involve:

- reading a letter about the appointment, then understanding and following instructions
- making a phone call to confirm the appointment
- arranging transport and time off work
- getting to an unfamiliar place
- · navigating through the service to see the person you need to see
- · understanding all the information provided
- · making and communicating decisions made.



# A Toolkit for the Community Sector

This toolkit has been developed by community sector workers for community sector and smaller community health organisations. Our organisations are less complex than hospitals and other large institutions for which a lot of health literacy materials have been designed. Many of our organisations already have strong health literacy practices in place such as community engagement processes, easy access, and consumer involvement.





### What's in the Toolkit

Component What is it? How can you use it?

### PART ONE: THE PROCESS

The Process to Becoming a Health Literate Organisation

(**C** TOOL #1)

(o—c TOOL #2)

This is a simple step-bystep quality improvement process to enhance your organisation's health literacy. The organisational health literacy framework guides you through the process of doing a health literacy self-assessment and developing an action plan for your organisation. Once you have completed these steps, you can undertake an ongoing process of information gathering, analysis, review and renewal.

### PART TWO: SELF-ASSESSMENT

The Self-Assessment Checklist: How health literate is your organisation? (p23)

(**C** TOOL #3)

(**○** TOOL #4)

(**○** TOOL #5)

(**COL** #6)

(**○ TOOL** #7)

The Self-Assessment Checklist is the core assessment tool used in the toolkit. A copy of the Self-Assessment Checklist is available in this toolkit and is also available on our website.

When filling out the Checklist, we suggest you involve as many people from your organisation as possible, including consumers, in discussions.

There are other tools to assist in gathering additional information. These can be used at any stage in the process.

### PART THREE: THE ACTION PLANNING

Health Literacy Action Plan template

(**COL #8**)

(**C** TOOL #9)

(O—C TOOL #10)

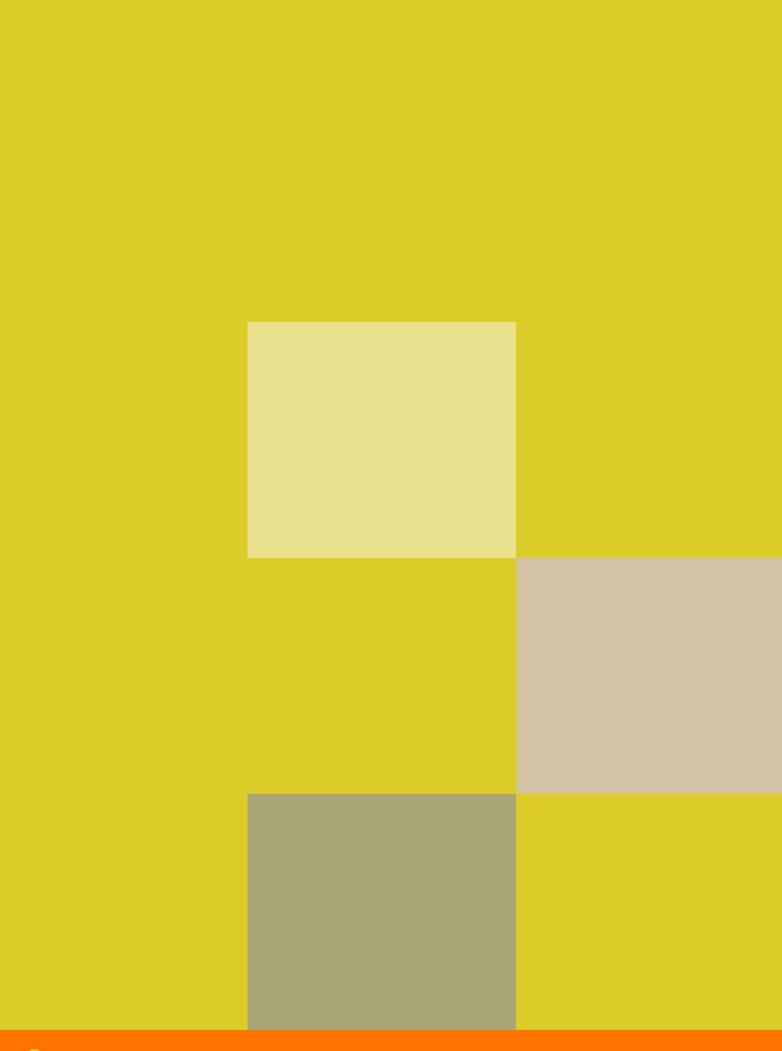
(O—C TOOL #11)

(**○** TOOL #12)

The Action Plan captures the priorities you have identified through the Checklist.

You can use the Action Planning to decide what needs to happen, when, by whom, and how you will measure success, monitor progress, reflect, evaluate and review. An example Action Plan is included (oct TOOL #9).

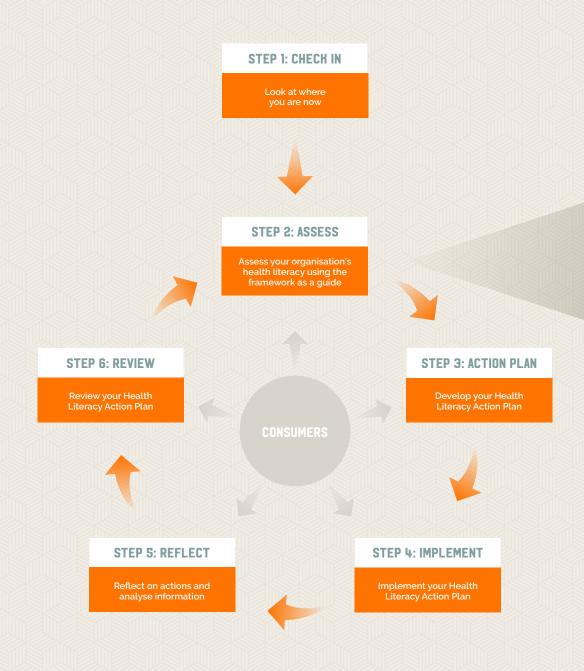
There are other tools included to assist you in making changes and improvements.



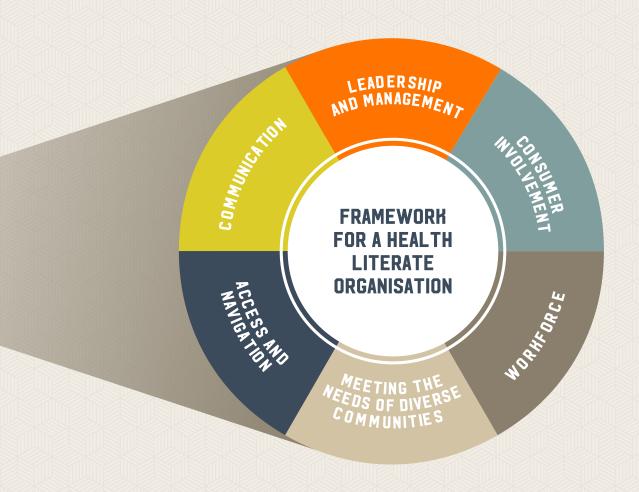
# The Process

# The Process to Becoming a Health Literate Organisation

This is a simple step-by-step quality improvement process to enhance your organisation's health literacy. The process guides you through a health literacy self-assessment and developing an Action Plan. It is an ongoing process of information gathering, analysis, review and renewal.



This framework highlights the six dimensions of a health literate organisation. Each dimension will be explored in more detail when you start assessing your organisation's health literacy in Step 2 (p15).



### Step 1: Checking in

### Look at where you are now

The following questions will help you decide whether you are ready to begin:

- Are key people in your organisation supportive of health literacy, including management and the Board?
- Do you have the time and resources you need?
- Is your organisation prepared to make changes as the result of a self-assessment?
- · Are you able to involve consumers in the process?
- Do you have existing Quality Improvement processes that can be linked with health literacy?
- Will improving organisational health literacy help you meet accreditation standards (for example, consumer involvement)?
- Are there people in your organisation who are interested and able to form a health literacy team? Do they need extra training or support around health literacy?

For other training and resources please visit Tasmanian Department of Health

Training - <a href="https://www.dhhs.tas.gov.au/wihpw/news\_and\_events/">www.dhhs.tas.gov.au/wihpw/news\_and\_events/</a> events2.

Resources - www.dhhs.tas.gov.au/publichealth/health\_literacy/communications\_and\_health\_literacy\_workplace\_toolkit

If you answered yes to all or most of these questions, you are already on the way!

Consumer engagement has to be at the forefront of whatever we are doing. It's not good enough to get half way through a process and think 'we should involve consumers now'.

JULIA, FLOURISH, MENTAL
HEALTH ACTION IN OUR HANDS





The membership of your health literacy team will depend on the structure of your organisation. Try to involve people with different roles on the team. Organisational health literacy is everyone's business, and everyone, including consumers, can contribute.

### The health literacy team

While you may not need a formal health literacy team to be a 'Health Literacy Learning Organisation', it helps to have a small, dedicated group to bounce ideas around, support each other, and keep the process moving forward. It also ensures the knowledge gained is shared amongst staff and not just dependent on one or two staff members.

The first step is to decide how you will move towards becoming a health literate organisation. There are many possible ways to begin. Consider:

- · whether to create a specific health literacy team, or
- if the work is going to be part of an existing group or process that is in place, for example your quality improvement committee, or a standing item at your staff meeting?

The most effective and appropriate way for your organisation will be influenced by various factors. These include:

- the size of your organisation
- the structure of your organisation
- the number of sites and teams
- your organisational culture.

Remember to consider including consumer representatives in your health literacy team.

Health literacy has very clear links to quality and safety, and communications and marketing. If your organisation has people in these roles, it is very useful for them to be actively involved.

The organisational health literacy dimensions have been mapped against the commonly used accreditation standards for Community Service organisations. (> TOOL #11)

It is critical that senior management is represented, as leadership and management is a key aspect of improving health literacy.

Involving consumers directly on your team is a great way to ensure you are consumer focussed, and can assist you to write and prepare information that is clear and user friendly.

Consider how you are going to recruit members if you are having a special group. Are you going to call for expressions of interest? Are senior management going to nominate people to participate?

The team will need to decide on some timeframes such as:

- · How often can you meet?
- What is the timeframe for completing the self-assessment checklist?
- What is the timeframe for completing your Health Literacy Action Plan?
- What is the ongoing schedule for implementing and reviewing your Action Plan?



Health literacy is a constant process of reflecting, reviewing, and making changes until it becomes a constant, natural process.



# Step 2. Assessing your Organisation's Health Literacy

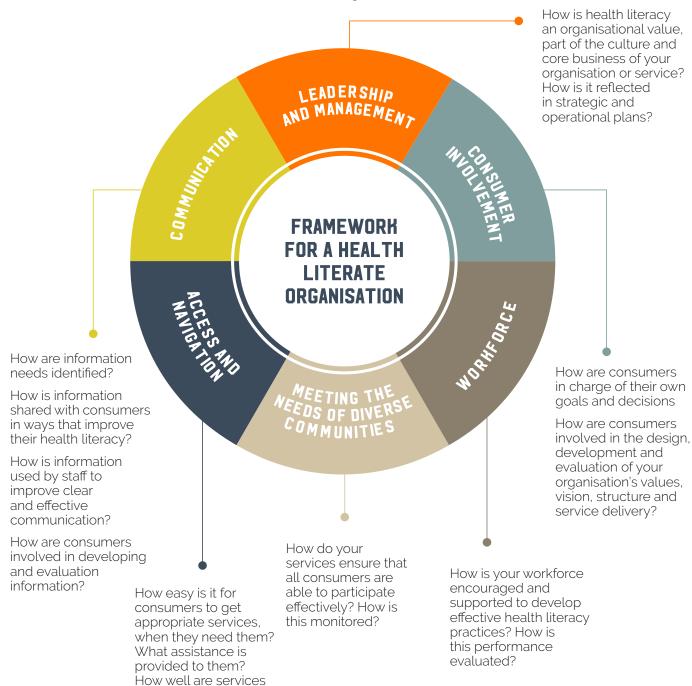
It's not that people don't understand or aren't able to understand, it's just the way the information has been given.

coordinated?

TIM, WELLWAYS.

'The Self-Assessment Checklist: How health literate is your organisation?' is the main tool for the health literacy team to use to assess the health literacy of your organisation. It also helps you develop your Health Literacy Action Plan and decide on your priority areas.

The Self-Assessment Checklist is based on the 'Framework for a Health Literate Organisation' below:



Completing the the Self-Assessment Checklist will help you identify what you're doing well and where you can take further action to improve your services.

To get the most out of the Checklist, we suggest you:

- take your time filling it in try breaking it up over a few sessions
- start wherever you want to you don't have to follow the dimensions in order
- don't get put off if you can't answer a question immediately make a note of who you could ask, and keep going
- get input from people outside of your health literacy team you want well-rounded views
- try to reach agreement as a group on your organisation's level of health literacy
- use the finished Checklist as a starting point for prioritising actions and creating a Health Literacy Action Plan ( TOOL #8)
- acknowledge the things you do well, not just the things you can improve.

The Self-Assessment Checklist is on our website

( www.hellotas.org.au). You can use it to create a summary report and help with developing your Health Literacy Action Plan.

There is also an example of a completed Self-Assessment report ( TOOL #3) in the Tools section.

There is a notes section in the Self-Assessment Checklist at the end of each section of questions. Use the notes section to remind you of actions that could be included in the Action Plan and record examples of evidence of what you are already doing to support accreditation.

Remember to share your suggestions when you create your Action Plan and /or when you are collecting evidence for accreditation and quality processes This is the stuff I am thinking about all the time in my work. The checklist gets others thinking this way too.

ZOE, THE DEN.



# Step 3: Developing your Health Literacy Action Plan

After finishing the Self-Assessment Checklist, you should have a pretty good snapshot of your organisation's strengths and areas for improvement.

The next steps are to:

- communicate the outcome to your organisation and consumers
  (eg. in your newsletter, on your website, etc). Remember to
  include what you are doing well and what areas you will be
  doing some more work on. It can improve the willingness of
  your consumers and staff in the assessment if they see what's
  happening as a result of their input
- explore ideas for action to include in your Action Plan
   ( TOOL #10)
- complete your Health Literacy Action Plan template.
   ( TOOL #8)

Health literacy is literally everywhere.

BERNY, THE LINK.

### **Setting Priorities: What to do first?**

Your completed Self-Assessment Checklist will help you decide what is most important for you to start working on. You may choose to work on the areas for improvement indicated in the Checklist, or you may want to continue to focus on some of the things you are already doing well.

When deciding, it may help to ask:

- How important is this area to the work you do and your organisation's goals?
- What would be the biggest help to our consumers?
- · Are there high risk areas that have been uncovered?
- · What kind of resources and time is needed to make changes?
- Are there some small changes you could make in an area that could have a big impact?

Don't feel that you have to tackle all the dimensions at once. You may choose to work with just one of the dimensions or even a single action. It is really important to create a realistic Action Plan.

Break down the steps to achieve the action and set realistic timeframes. Remember that you may need to adjust your actions or timeframes as you work through your Action Plan. Starting small and building on your successes is a good way to stay motivated and focused.

### **Exploring ideas for action**

Once you have decided on your priorities, explore some ideas that you may like to include in your Health Literacy Action Plan – for example:

- Look at different ways to get feedback from consumers
- Get some health literacy training for staff and board members
- Do a survey to see if you are reaching the people that most need your services ( TOOL #6)
- Do a 'walk-through' of your building with a consumer, especially consumers with diverse needs, to look at your signs, interview rooms, etc. ( TOOL #4)
- Review a service pamphlet ( TOOL #5)
- Ask staff and consumers if they are able to suggest easy ways to make improvements
- · Check that your planning documents support health literacy.

Remember, simple actions can make a difference.

# Completing your Health Literacy Action Plan

This step involves transferring your priorities and ideas onto the Action Plan template ( TOOL #8), and deciding:

- · who will do what, when
- · what resources are needed
- · how you will measure success
- · on timelines to reflect on and review your progress
- are there links with other work happening across the organisation
- · how to share your plan.

Consumers like to know they have been listened to and that their suggestions are being implemented. Let them know what's happening and what changes are being made through your newsletters or put a notice up in your waiting room.



There are more ideas for action in **TOOL #10** in Part 3



**TOOL #8** is the Action Plan Template



While we recommend starting with a stand-alone Action Plan, you may like to add your actions into another organisational plan in future – e.g. a continuous improvement plan, business plan or strategic plan.



# **Step 4: Implementing your Action Plan**

### **Acting on your Plan**

Now all the planning work is done, it's time for some action.

Let other people in your organisation know about your Action Plan and what you are doing. Where possible, link in with other work currently underway, such as any new programs you have. Aim to get some quick wins to help people see what can be achieved.

Involve consumers wherever possible. They are best placed to advise you on how to change things for the better. Invite consumers onto your health literacy team.

Be realistic about what you can achieve and in what timeframes, what costs and resources may be required to implement some actions.

The action plan has been good and has kept us on track during a busy time.

STEPHEN, CITY MISSION.

### **Linking in with Accreditation Standards**

Acting on health literacy can help your organisation to meet, further support or exceed accreditation standards in areas such as outcomes for clients, consumer rights, evidence-based practice, and community development.

The HeLLOTas! framework and dimensions for organisational health literacy link to accrediation standards commonly used in the community sector. These include:

- National Safety & Quality Health Service Standards (Second edition)
- National Standards for Mental Health Services (2010)
- · DHHS Quality & Safety Standards
- NDIS Practice Standards (2018)
- Aged Care Standards (2019)
- QIC Health & Community Standards (7th edition)
- · RACGP Standards for General Practices (5th Edition)

Each set of standards has been mapped against the six dimensions of a health literate organisation. The mapping for the standards is available from the HeLLOTas website Resources section <a href="mailto:www.hellotas.org.au/resources">www.hellotas.org.au/resources</a>. <a href="mailto:comparison-c

### **Documenting your actions**

Keep records of all actions and what you are learning from observations, walkthroughs, interviews or surveys. Record answers to surveys. Record what training has happened, when, and who attended. Documenting what you do allows you to keep track of progress and provide evidence of changes.

Store your information, notes of your progress on actions, costs and budgets, and timeframes on your Action Plan.

The following easy-to-use tools and information are available to support you and your team with health literacy:

- Ideas for action → TOOL #10
- · TasCOSS 'How To' guides:
  - www.tascosslibrary.org.au/how-to
- Tasmanian Department of Health and Human Services' health literacy webpages:
  - www.dhhs.tas.gov.au/publichealth/health\_literacy
- 26TEN adult literacy resources: 💋 www.26ten.tas.gov.au

When I'm working with people on something, I ask 'can we say this without using jargon'?

JULES-ELLEN, FLOURISH. MENTAL HEALTH ACTION IN OUR HANDS.



# Step 5: Reflecting on Actions and Analysing your Information

### **Analysing your information**

As you complete the actions from your Action Plan, you may have a lot of information to sift through, organise and make sense of. Think about the journey - what happened along the way, what you learnt and what your thoughts were at the time.

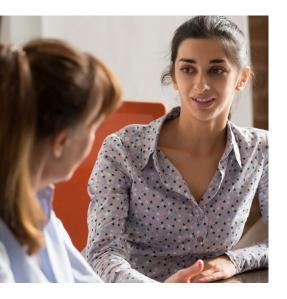
- What are the main stories and themes coming out of the information you have collected?
- · What stories best illustrate what you have learnt?
- What literacy demands does your organisation place on consumers?
- · What are you doing well to build consumer health literacy?
- What else can you do to help reduce the health literacy demands on consumers?
- Is any of this information surprising? Why?
- Did you collect information from enough sources and the right sources?
- Did any obvious actions emerge from what you have learnt?

You will need to analyse your information to make some sense of it by finding common themes or trends. Some of this information may be qualitative (involving words and ideas) other information may be quantitative (involving numbers). Analysing data does not need to be a difficult job. TasCOSS has some good 'How To' Guides to help:

- $\boldsymbol{\cdot}$   $\;$  How to analyse and report on qualitative information:
  - www.tascosslibrary.org.au/how-to/analyse-and-reportqualitative-information
- How to analyse and report on quantitative information:
  - <u>www.tascosslibrary.org.au/how-to/present-quantitative-information-your-reports</u>

Completing an action is not the end. We need to reflect and check in with consumers and staff. Have we improved? Has the action been effective?

It is best to allow a period of time after the changes have been made to check back in.



We now try to look at everything we do through a health literacy 'lens', being guided by all the feedback from our clients, and including them in all the processes.

ANNE, CITY MISSION.

### Example:

We did a walk around of our building and staff in Unit B said that clients were regularly arriving in their area when they were meant to be in Unit A for their appointment.

We reviewed the signage and realised we could improve.

We bought a large sign for the carpark entryway, and then made some simple A3 signs at each corridor intersection. We left these in place for 3 months, and then over a 2 week period asked reception staff to just check with people leaving from Unit A, how they had found the signs. The clients said it was now very easy to find their way. We also checked back in with Unit B staff who said they hardly get any lost clients now to redirect.

Clients in Unit B were really pleased as the lost clients had been causing regular interuptions with the activities they were running. Things now run a lot more smoothly without needing to redirect clients regularly.

### Sharing what you have learnt

It is really important to share what you have learnt, not just to ensure that your work is recognised, but to spread messages about health literacy through the organisation. Information on how you have engaged consumers in the process is particularly useful.

Information sharing doesn't need to mean a lengthy, detailed report with lots of statistics. The shorter and more concise our written information is, the better. Other ways to share information:

- An interactive workshop, perhaps involving some of the consumers you have worked with
- · A presentation (avoid 'death by PowerPoint')
- A storybook or diary of the journey
- A video clip of people's thoughts along the path to becoming a Health Literacy Learning Organisation, or on how different people responded to what has changed through the process.

The Most Significant Change (MSC) approach involves selecting just one story that sums up the experience of a project. For more information see: <a href="mailto:www.tascosslibrary.org.au/how-to/use-stories-gather-data-using-most-significant-change-technique">www.tascosslibrary.org.au/how-to/use-stories-gather-data-using-most-significant-change-technique</a>.

Don't forget to celebrate your achievements!

The Health Literacy bug is really catching on around here – it seems like everyone is getting it.

MICHAEL, WYNDARRA.

# Step 6: Reviewing your Action Plan (Checking in again!)

The information you collect throughout as you implement and analyse your Action Plan will help you to review your initial plan - and start to work on the next one! You can complete the checklist again. See how things have changed and whether different priorities emerge.

We have had to be a bit flexible about when our Action Plan will be completed. Maybe it will always be a living document?

ANNE, CITY MISSION.

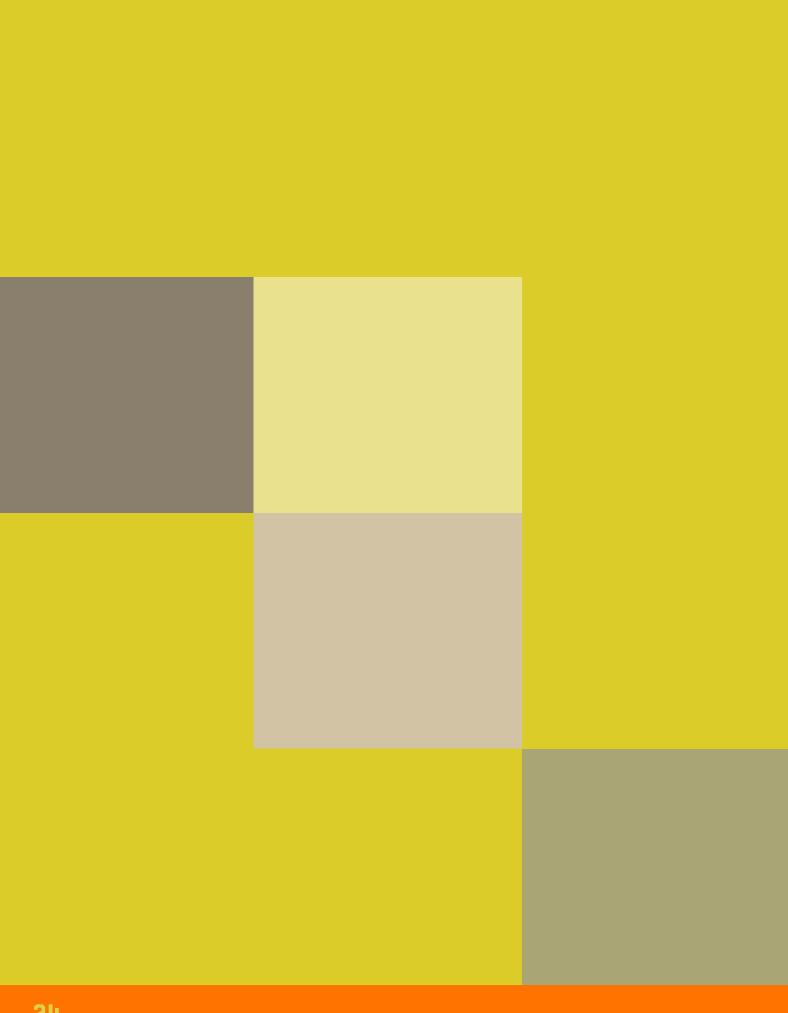
Your Health Literacy Action Plan can support your organisation's quality improvement plan. Your organisation's engagement with consumers is central to this process – working with, and working for, consumer health literacy. Regularly meet with your Health Literacy Team to:

- · continue working through priorities
- · checking completed actions have addressed the original issue
- · adjusting time frames to keep things realistic, and
- regularly letting your clients and staff know how things are tracking.

When everyone sees things starting to improve it's likely you'll get further ideas and opportunities to add to your plan.

Health literacy is an ongoing process. If you make it part of your everyday business, and ensure all information, communication and processes are understandable by all consumers, then you are succeeding in becoming a Health Literacy Learning Organisation – Hello!





### **PART TWO**

# The Self-Assessment Checklist

### 1. CONSUMER INVOLVEMENT

Involving consumers in organisational planning and evaluation processes, and supporting them to be experts on their own needs and wellbeing.

	ving consumers as experts in their own th, wellbeing, and service needs	ALWAYS OFFER SOMETIMES ROVER HEVER AVA
1	We support consumers to develop their own goals and plans in their engagement with our service.	
2	We make sure consumers have the information, support and time they need to give meaningful informed consent at all times.	
3	We respect consumers' decisions about involving or not involving families or other support people, including advocates.	
4	When collecting and storing personal information about consumers, we:	
a	seek consent from consumers	
b	make sure consumers know how to access their own information	
С	only collect information necessary for our service and ensure consumer's ongoing privacy and confidentiality.	
Getti	ng feedback from consumers	
5	We seek feedback from consumers and other key people (such as carers, other service providers, and community members) about:	AMANE OFFER Schreitings Bately Henet MIA
а	our services	
b	our resources and consumer documents	
С	our Health Literacy Action Plan	
d	continuous quality improvement.	

6	We have a clear compliments and complaints procedure and encourage consumers to use this.	ALWAYS OFFER SOMETIMES ROTELY HEART MA
	ving consumers in organisational ning and decision-making processes	&
7	We seek the views and participation of consumers and other key people (such as carers and community members) in:	Alarays Often Schreithic Bately Heriet MA
a	planning our services	
b	planning and designing resources and documents for consumers	
С	developing our Health Literacy Action Plan	
d	strategic planning and decision-making (for example, having consumer advisory groups or consumer Board members).	

### 2. WORKFORCE

Encouraging and supporting our workforce to use effective health literacy practices.

	ouraging a health literate kplace culture	
1	We link health literacy ideas in with other organisational processes, such as:	ALMON'S OFFER SOMETIMES POREIN HENER AVA
а	workplace training (eg. induction training)	
b	staff meetings and other activities (eg. reflective practice)	
C	staff resources (eg. policies and procedures)	
d	l continuous quality improvement	
е	Performance Development Plans	
2	We use clear written and spoken communication throughout the organisation and ensure client information remains current and accurate	
3	We use health literate approaches when working with consumers.	
	reloping our workforce's health racy skills	AMARIE OFFER SOMETIMES BATERY HEVER AVA
4	Our staff members, including volunteers understand what health literacy means	
5	Our staff identify and share information about relevant health literacy resources	
6	We encourage and support staff to attend health literacy specific training	
7	We encourage and support staff to attend training in areas that are related to health literacy (such as cultural safety, client directed care, and communications skills)	

### 3. MEETING THE NEEDS OF DIVERSE COMMUNITIES

Working to improve the health literacy of our consumers, and making sure that all consumers are able to use our services and participate effectively in our organisation, regardless of their health literacy skills.

Developing consumer health literacy skills	Vines Otton Policines Fales Aenet My
We work with other services and local communities to build health literacy.	
<ul> <li>We design our services and resources to make it easier for consumers to:</li> <li>a communicate effectively</li> <li>b identify and manage barriers to health and wellbeing</li> <li>c make informed decisions about their health and wellbeing</li> <li>d maintain their health and wellbeing.</li> </ul>	
Meeting the diverse needs of consumers  We have clear protocols and processes in place for using interpreters or any other communication support for consumers who use our services.	ALTHORF OFFER SOMETIMES RateRA MENER MA
We have clear protocols and processes in place for using interpreters or any other communication support for consumers	RIMPONTS OFFICET SORREIMENTE REALENN AREADEN AND COMMENTS OF THE COMMENT OF THE C

		RIMON'S Office Solvetifles togeth Heiser My
5	Our resources and services meet the needs of people with specific communication needs (such as impaired vision)	
6	We support consumers to participate in advisory groups and ensure they are valued and heard	
7	We offer to pay, reimburse costs, or find other ways to make sure consumers' time is valued when they participate in our advisory groups.	

### **4. ACCESS AND NAVIGATION**

Helping our consumers to get the services they need, when they need them, in a way that is most suited to them.

	ating a health literate service ironment	
1	We support consumers when they come to our organisation by:	KINIBUS OFFER SOMETIMES ROTELY FRENCY MID
a	making it easy for them to find their way (eg. we have clear signs in plain English)	
b	providing a comfortable and welcoming environment	
С	ensuring all staff are welcoming and offer information and opportunities for questions	
d	making it clear what consumers need to do, without lots of written information.	
	porting consumers to understand use our services	
2	We support consumers to use our services by:	Wingle Other Scheift, Bately Frence, My
a	helping them understand what we can and cannot offer, including their Rights and Responsibilities	
b	being clear about any risks or costs involved	
С	helping them understand and use any unfamiliar processes, such as electronic systems.	

Identifying and addressing consumer issues with the systems and services they use

3	We work with consumers and other key people in the community to:	ALWays	often	Sometim	Rately	Hever	MA
a	find out what makes it hard for consumers to use other important systems and services they need (such as Centrelink, or the mental health system)						
b	make it easier for consumers to access and navigate these systems and services						
С	help consumers to access feedback and complaints mechanisms for other services.						
4	We identify issues that make it hard for consumers to use our service (such as transport or child care access) and work with them to make it easier.						
	king clear pathways for consumers to er services						
					6		
5	We support consumers to connect easily with other services by:	ALWays	Often	Sometif	nes Rately	Hever	41P
5 a		RIMONE	o <sup>kten</sup>	Someth	Rafel <sup>H</sup>	Hener	41 <sub>b</sub>
5 a b	with other services by:  having processes in place to make sure our information on other community services and resources is up to date	RIWAY <sup>5</sup>	Offen	Someth	Rases R	Heyet	41 <sub>b</sub>
	with other services by:  having processes in place to make sure our information on other community services and resources is up to date  informing consumers about available	RIWANS	often	Someth Someth	Reserved Res	Heyer	<sup>2</sup> 1/P
	having processes in place to make sure our information on other community services and resources is up to date  informing consumers about available services and any associated costs  informing consumers about any referrals we make for them, including any steps needed to get there  informing consumers about what information we need to share with other	RIWAN'S	often	Sometiv	Reserved Res	Hener	
b c	having processes in place to make sure our information on other community services and resources is up to date  informing consumers about available services and any associated costs  informing consumers about any referrals we make for them, including any steps needed to get there  informing consumers about what information we need to share with other services they are referred to, and asking them if they would like us to share any other information  following up with consumers after	RIWAN'S		Sometiv	References Radelly Rolling Rol	Hener	

### **5. COMMUNICATION**

Communicating clearly at all times. This includes communication within our organisation, as well as with consumers.

Communicating clearly in interactions with consumers	ģ
We support consumers to use our services by:	ALWAYS OFFEIN SOMETIMES ROTETH HENEY AIA
a using plain language to explain technical concepts	
b checking our consumers understand the information we give them	
c using interpreters for consumers with diverse communication needs	
making sure our physical environment supports effective communication (eg. having quiet areas for conversations, good lighting)	
e using active listening skills	
<b>f</b> approaching consumers with empathy, openness, curiosity, dignity and respect.	
Communicating clearly within our organisation	
We promote clear and effective communication within our organisation by:	ALWOYS OFFER SOMETHES ROTERY HEVER AVA
a checking that our internal documents and resources are clear and concise	
b modelling clear communication in all our processes	
c encouraging staff to report any communication issues	
d addressing communication issues as they happen	

## Communicating clearly with consumers in our documents and resources

	We promote clear and effective communication with consumers by:	ALWays	often	Sometin	nes Rately	Hever	418
а	using plain language wherever possible in our documents and resources for consumers (brochures, booklets, forms, websites, or surveys)						
b	using other ways to communicate with consumers (alongside written information), such as videos or face-to- face communication						
С	supporting people to complete documents (such as forms or surveys) as needed						
d	ensuring our website and other resources are useable by people with disabilities (for example, using text that can be made bigger, providing captions for video and images)						
е	providing communication in other common languages (translated by high-quality translation services)						
f	regularly reviewing resources to make sure they are accurate and easily understood						
g	adapting or removing resources that are out of date or hard to understand.						

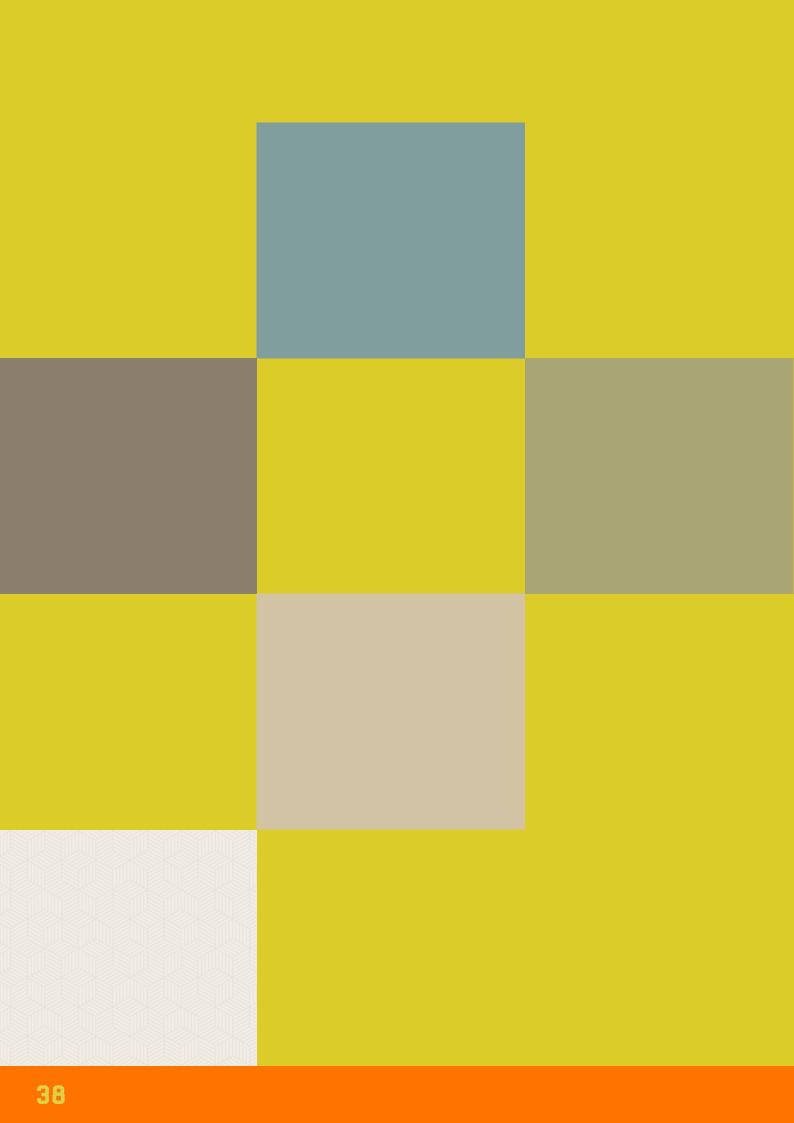
### **6. LEADERSHIP AND MANAGEMENT**

Valuing health literacy as part of our culture and core business, working towards health literacy goals, and demonstrating leadership in the community by working with others to improve health literacy.

Valuing health literacy as part of our core business	Naman's Other Solvetimes Bately Anenes My
Our Mission Statement and policies support health literacy.	
We have one or more individuals in our organisation who are responsible for keeping health literacy on our radar (such as a health literacy champion or team).	
We check the health literacy understanding of management and Board members on a regular basis, and offer skills development.	
We seek advice about health literacy from experts in the field (including our consumers).	
Setting and achieving health literacy goals	ALWAYS OFFER SOMETIMES PATERY HEVER AND
We talk about health literacy in our planning processes and specify health literacy goals, actions and outcomes.	
We regularly review progress towards our health literacy goals as part of our continuous quality improvement.	
7 We allocate resources to achieve health literacy goals.	

	ntributing to broader efforts to prove health literacy	,a\f	æ.	Cornetin	, gS	ø	
8	We encourage other organisations to improve their health literacy through partnerships and collaboration (eg. sharing information and resources, participating in networks).	Plan.	Ofte	Sour	₽ <sub>Sare</sub>		4/4
9	We contribute to broader efforts to improve health literacy (eg. by supporting research, or advocating for policy change).						





# PART THREE The Tools



# Health literacy fact sheet

#### What is health literacy?

Health literacy is the knowledge and skills needed to access. understand, and use information related to physical, mental and social wellbeing.

#### **Tasmania**

Almost two in three people in Tasmania do not have the health literacy skills to manage their health and wellbeing. Almost one in three adults with a university degree also do not have adequate health literacy.

A large number of Tasmanians find it harder to:

- understand and remember health information
- access services
- know who to see and when
- fill in forms
- tell service providers what they need to know
- arrange appointments, routine immunisations and screenings
- prevent problems, or pick them up early.

Lower levels of health literacy means people are more reliant on services, healthcare providers, hospital and emergency services. It also means people are less able to use programs to keep them healthy.

#### **Organisational** health literacy

Community sector organisations are already working hard to support people with lower health literacy. We can work on our organisational health literacy to do this even more. Good organisational health literacy practices make it easier for people to find, understand and use the information and services they need, so that they can have better health and wellbeing. Examples of good organisational health literacy practices are providing clear information for consumers to help them make informed decisions, engaging with consumers in a friendly and welcoming way, and involving consumers in decision making.

#### **HeLLOTas!** Toolkit

The HeLLOTas! Toolkit will help you explore your organisational health literacy. It provides:

- a step by step process for doing a self-assessment and developing a Health Literacy Action Plan
- practical tools to help you with these tasks
- links to accreditation standards, resources and further reading material.

For more information go to www.hellotas.org.au.





Becoming an ally to those who are not very good at making it through the system is a great way of using what privilege you do have to help those who have less. You can use the power you have to bring other people along, to lessen bureaucracy, to make others feel welcome and included, fully.

- Peggy McIntosh, associate director of the Wellesley Centers for Women, Harvard University.
- Understanding consumer perspectives

As a service provider, you can help consumers to navigate the system by:

- Acknowledging your position of power and privilege and trying to see the world from the perspective of consumers
  - see, for example:
  - Mad Workplaces for a perspective on mental health consumers; also Consumer Man and In Our Own Words
  - <u>Cultural profiles</u> to better understand the health beliefs, premigration experiences, communication preferences and other aspects of consumers' cultures.
  - NICHEportal for ideas on working respectfully with Aboriginal people.

- Developing an understanding of the social determinants of health and how some of these determinants might be influencing the health of consumers
- Listening closely to consumers' stories and what they are telling you.

## Working with consumers

- Recognise that what you are saying may not be easy to understand – and that does not mean a consumer is stupid
- Communicate with consumers in plain English, giving them 'health literate' written materials, and using different ways to convey information
- Encourage consumers to speak up if they have not understood something
- Encourage consumers to take notes, record what you say to them, or bring along a friend or relative to help them remember what has been said
- Use tools to explain healthcare options; then giving consumers the time and opportunity to make informed decisions about their care

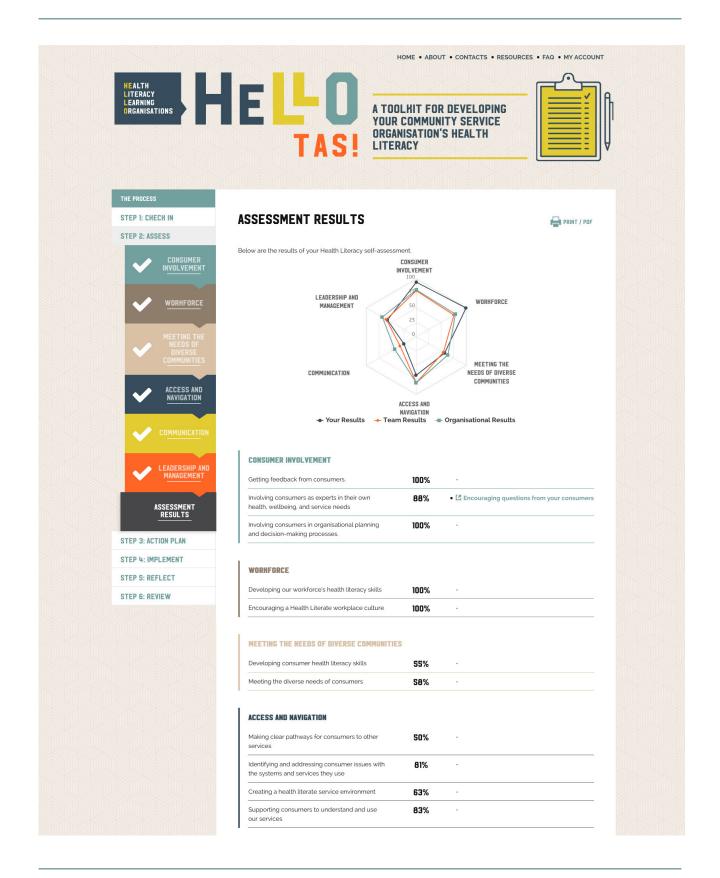
- Consult with other providers involved in the care of a consumer and inviting the consumer and their families into discussions
- Respect consumers' confidentiality and privacy
- Respect consumers' decisions.

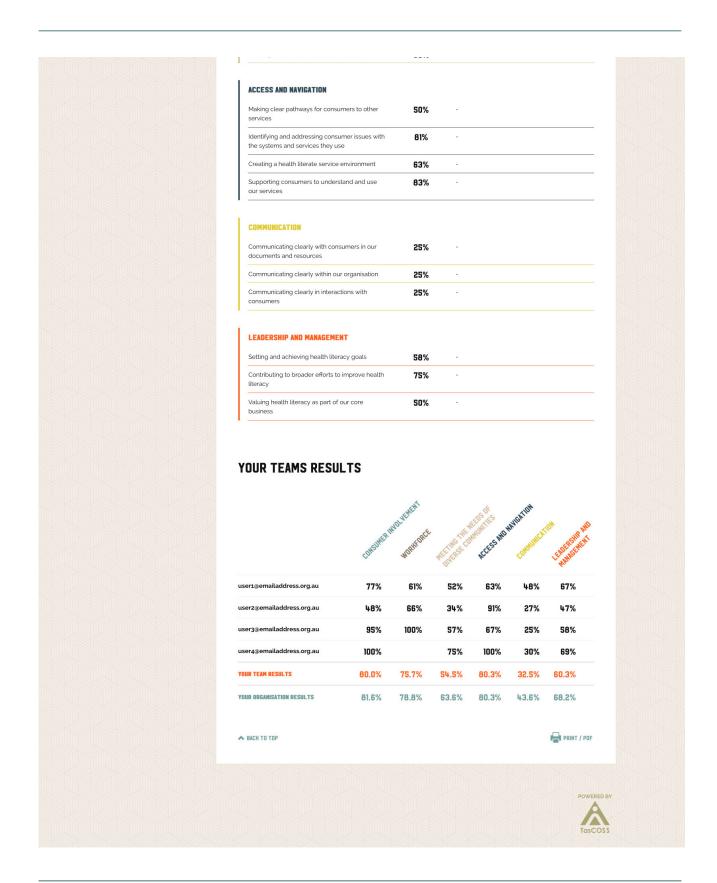
#### Changing systems

- Work more broadly to make consumers' experiences of the health system easier and more empowering – for example, by:
  - ensuring that your organisation is working to become more health literate – see Checklist
  - putting processes in place for genuine consumer engagement, including actively participation in how your organisation operates
  - advocating on behalf of your consumers for better processes and support to help them navigate the health and community services' system
  - ensuring adequate consumer feedback and complaints mechanisms are in place
  - consulting with consumers and potential consumers and what they want from your services.



# Example of self-assessment report







# Observing and Rating your Organisation's Environment

Please tick appropriate box	Yes	Needs improvement	No	Not relevant
Getting to the service				
Phone information is offered using plain, everyday words.				
Clear instructions are provided on how to get there.				
Interpreter services are offered when required.				
Disabled car parking is available.				
Public transport is available.				
Entrance				
Name of the organisation is clearly visible from outside (carpark, street).				
Disability access (ramps and/or service elevator) are available.				
An entry sign can be seen from the street.				
Signs use plain, everyday words.				
A reception desk is near the entrance.				
A sign shows where the reception desk is.				
Assistance				
Someone is available at or near the main entrance to help people.				
Any sign-in procedures are clearly visible and simple.				
Interpreter services are available.				
Staff offer to help consumers complete paperwork.				
A support person is welcomed.				
Access to other appropriate assistance is provided – eg. showers, laundry, clothing exchange.				

Please tick appropriate box	Yes	Needs improvement	No	Not relevant
Waiting area/s				
Are toilets and exits clearly signed				
Water and tissues are available.				
There are enough stable, supportive chairs for standard client numbers.				
Temperature, drafts and noise levels are controlled.				
Appropriate reading material is provided.				
Posters are informative and visually appealing and there are an appropriate number of them				
There are clean toys/activities for children.				
If required, an alternative waiting area is available for individuals.				
Signs advertise the availability of interpreter services.				
Interview area/s				
Sound barriers ensure confidentiality.				
Water and tissues are available				
There are stable, supportive chairs.				
Posters are informative and visually appealing.				
Appropriate quiet, well-lit area to encourage conversation and ensure privacy and confidentiality.				
Signage				
Consistent language/graphics are used on signs throughout the building.				
Toilets and exits are clearly signed.				
Signage uses large, clearly visible lettering.				
The names of any service areas are clearly visible.				
Information & engagement				
Consumers have been involved in all aspects of environmental assessment.				
Written materials for consumers have been developed with consumers.				
Translated materials are available in the primary community languages.				
Website and any social media follows plain language guidelines.				

ame / title / type of resource	
ublished / revision date /hat is the purpose of this resource?	
/ho is the target audience?	
/here available?	
ther languages?	

#### Readability

You may like to use a Readability Assessment tool to measure the appropriateness of the content for your audience. Aim for a reading level of Year 6 for general audiences:

- SMOG (Simplified Measure of Gobbledygook):
  - http://www.learningandwork.org.uk/SMOG-calculator/smogcalc.php
- · SAM (Suitability Assessment of Material):
- Readability Score: Readability of text ranking based on several researched methods: https://readability-score.com/text

#### See also

- Communicate Clearly: A Guide to Plain English:
  - http://26ten.tas.gov.au/PublishingImages/Tools/26TEN-Communicate-Clearly-A-Guide-to-Plain-English-Current-September-2014.PDF
- Health Literacy training and other events:
  - www.dhhs.tas.gov.au/wihpw/news\_and\_events/events2

Please tick appropriate box	Yes	Needs improvement	No	Not relevant
Resource content				
The content aligns with the needs of your target audience.				
Information in the resource flows from one point to the next.				
The resource uses simple and familiar words, short sentences and paragraphs.				
Each paragraph contains one concept or message. There is no excess wording.				
The resource uses the active voice.				
Any jargon or is explained, and abbreviations are spelled out.				
Medical terms and technical or difficult concepts are explained using simple, familiar words, with examples where appropriate.				
Key terms are used consistently throughout the resource.				
Any numbers are clear, easy to understand and avoided where possible – eg. Use 'very few people' rather than '1 out of 10,000 people'.				
Key points are summarised or emphasised where appropriate.				
The topic areas in the resource have informative headers.				
The design helps the reader find information easily – eg, consistent use of fonts, headings, tables; limited use of upper case, italics and underlining; effective use of white space and dot points.				
It is clear what a reader is meant to do with the resource/information.				
The resource uses visual aids whenever these can make content clearer.				
Visual aids are appropriate to age, gender, culture etc. of the main audience.				
Graphics/information is clear when photocopied or printed in black and white.				
The date and contact information is included.				
The resource content and readability has been tested with consumers				



## Surveying Consumers about your Organisational Health Literacy

You may like to survey consumers about their experience of your organisation's health literacy - how easy they found it to negotiate and how clear and useful they found the information they received.

### TasCOSS 'How To' Guides

The TasCOSS website provides a series of 'How To' guides on conducting surveys:

- How to write questions for a survey: www. tascosslibrary.org.au/howwrite-questions-survey-o
- How to create a paperbased survey: www. tascosslibrary.org.au/howto/create-paper-basedsurvey
- How to create an online survey: www. tascosslibrary.org.au/howto/create-online-survey

These guides provide information on how to decide what questions to ask, how to structure the questions, how to rank them, and when to use open-ended questions. They cover some of the things to consider when developing paper based or online surveys.

#### Possible questions

- How easy was it to get to our service?
- How easy was it to find our service?
- How would you rate your initial reception?
- Were you given clear information about the service and what it could do for you?
- Was the information you received from the worker clear and easy to understand?
- Was the written information you received clear and easy to understand?
- Did you feel that you were treated with empathy and respect?
- Were you able to ask all the questions that you had?
- Were you encouraged to ask questions?
- Did you feel comfortable to ask questions?
- Were you offered help to fill in forms?
- Did you find the physical environment comfortable and welcoming?
- Were signs and directions easy to read and follow?
- Were you given information about any service costs?

- If you were referred on to another service, were you given information about that service?
- Do you feel confident that you have been provided with the information that you need?
- Do you have any suggestions for improvement?
- Did you feel listened to?

# Some tools for online survey design

There are quite a few good online survey design tools available, the following being well-tested.

- Survey Monkey:
  - <u>www.surveymonkey.com</u>
- · Google Forms:
  - www.google.com/
    forms/about
- Typeform:
  - www.typeform.com



#### Which of the following do you recognise in yourself? Please tick appropriate box Often Never Sometimes Always Are there some individuals that you avoid having to listen to? Are there certain categories of people you find it difficult to listen to? Would someone's appearance prejudice you so that you could not listen objectively? Do you tune out on certain topics? Do you refuse to listen to things that make you feel uncomfortable? Do you pay attention only to the good/bad things that you hear? Do you listen chiefly for facts and overlook feelings? Do you listen purely for your own purposes without thinking what the other person needs? Do you let your mind wander or pursue thoughts of your own? Do you spend most of the time thinking what you are going to say next? Are you easily distracted by other things going on around Do you have ways of kidding the speaker that you are paying attention when you are not? Does your body language ever reveal that you are getting bored, impatient or irritable?

To be good listeners we are aiming to answer 'Never', If you answered mostly 'Never or Sometimes', well done! You are doing well as a listener - keep working on it - we can always improve.

Are you always ready to jump in with your own ideas as soon

If the other person says something you disagree with do you

If you can guess the end of the person's sentence do you

as the other person pauses?

complete it for them?

interrupt to put your point of view across?

If you answered mostly 'Often and Always', it's time to start focussing on your listening! Awareness is the first step, and with practice you (and those around you) will see real changes.

This questionnaire is part of the 'Asking Better Questions' Training. For more information go to 💋 www.betterquestions.com.au.

#	Health		acy	ACT	iteracy Action Plan template	in ter	nplate
Organisation/Team	Organisation/Team: Health Literacy Team						
Organisational Goa	: An organisation that is easy to fi	Organisational Goal: An organisation that is easy to find for consumers, provides user friendly information, is welcoming and meets consumer needs	endly information, i	is welcoming a	and meets consumer needs		
Dimensions:							
1. CONSUMER IN	IVOLVEMENT: Involving consumer Facouracing and supporting our w	CONSUMER INVOLVEMENT: Involving consumers in organisational planning and evaluation processes and supporting them to be experts on their own needs and wellbeing WORKFORCE: Encouraging and supporting our workforce to use effective health literary practices.	uation processes a	nd supporting	them to be experts on their own r	needs and wellbeing.	
	NEEDS OF DIVERSE COMMUNITY	METING THE NEEDS OF DIVERSE COMMUNITIES: Working to improve the health literacy of our consumers and making sure that all consumers are able to use our services and participate effectively in our	eracy of our consur	mers and maki	ng sure that all consumers are ab	le to use our services a	nd participate effectively in our
organisation, re	organisation, regardless of their health literacy skills. ACCESS AND NAVIGATION: Helping our consumers	organisation, regardless of their health literacy skills. ACCESS AND NAVIGATION: Helping our consumers to get the services they need, when they need them, in a way that is most suited to them.	ien they need them	ı, in a way that	is most suited to them.		
COMMUNICATION: Comr     LEADERSHIP AND MANA     to improve health literacy.	COMMUNICATION: Communicating clearly at all times. This includ LEADERSHIP AND MANAGEMENT: Valuing health literacy as part to improve health literacy.	COMMUNICATION: Communicating clearly at all times. This includes communication within our organisation, as well as with consumers.  LEADERSHIP AND MANAGEMENT: Valuing health literacy as part of our culture and core business, working towards health literacy goals, and demonstrating leadership in the community by working with others to improve health literacy.	within our organisa ore business, worki	ition, as well as ing towards he	with consumers. alth literacy goals, and demonstra	ating leadership in the c	community by working with others
	Actions						
Umensions/s (insert number/s as above)	What actions are needed to make it easier for people to find, understand and use the information and services we provide?	Ney Steps What steps are needed to get the action underway and implemented	Who will do this?	When?	Success indicator  How will we know our action has been successful?	Progress	Review and Evaluation Have the implemented actions resolved the issue?



# Example Health Literacy Action Plan

Organisation/Team: Health Literacy Team

Organisational Goal: An organisation that is easy to find for consumers, provides user friendly information, is welcoming and meets consumer needs

Review and Evaluation Have the implemented actions resolved the issue?			Surveyed consumers in Dec 2019 (using Organisation Environment Tool 4) – got a much higher rating and really positive feedback from consumers and staff	CCWG have had 2 meetings, group have redesigned the Client Handbook, including translations, and simplified the new client interview info list. New clients have given very positive feedback.
Progress	Underway - clarifying what we can offer within budget, and priorities for the group	Underway - First session held, two more to come next month	Complete – new signs designed and installed	Complete
Success indicator How will we know our action has been successful?	Increased participation of community members, more feedback provided	All staff have been provided with training, consumers report positive feedback, documents show good goal documentation	Consumers say signage is clear and they can easily find the service	CCWG established (subgroup of, client documents and interview information reviewed and updated and positive feedback received from new clients
When?	Sept 2020	By end Oct 2020	June 2019	June 2020
Who will do this?	Volunteer Coordinator budget item	Managers	Operations Manager	Operations Manager
Key steps What steps are needed to get the action underway and implemented	Improve resourcing to support participation – reimbursement of out of pocket expenses, providing food and staff support. Document and communicate to consumers.	Provide training for staff in listening to consumers and consumer goal setting	Review signage design - simplify language and include graphic symbols, and check placement in key locations	Establish a Consumer Communications Working Group (CCWG) with consumer representation to focus on consumer information and communication processes with new consumers
Actions  What actions are needed to make to make it easier for people to find, understand and use the information and services we provide?	Improve participation in community reference group to increase consumer feedback	Improve Staff knowledge around consumer goal setting	Amend signage to ensure all consumers can find the service – language and placement of signs	Improve consumer information provided to new clients
Dimensions/s	1	N	4	ιΩ



Action area	Actions	Tools
Review organisational documents HeLLO Dimensions: Leadership and management Workforce	<ul> <li>Strategic and operational plans</li> <li>Policies and procedures</li> <li>Minutes of meetings</li> <li>Budgets</li> <li>Needs assessments</li> <li>Staff induction programs</li> <li>Staff training opportunities</li> <li>Staff handbooks</li> <li>Registers of consumer feedback</li> <li>Risk registers</li> <li>Client care or service plans</li> <li>Staff survey</li> </ul>	Assessing policies and protocols about communication and health literacy:   www.dhhs.tas. gov.au/publichealth/ health_literacy/ health_literacy_toolkit/ policies_and_protocols_ for_supportive_health_ literacy_environments
Review documents for consumers  HeLLO Dimensions:  Consumer involvement  Communication	<ul> <li>Appointment and referral letters</li> <li>Client's care or service plan</li> <li>Information about services</li> <li>Your website and/or Facebook page</li> <li>Brochures, posters and other promotional material</li> <li>Consumer questionnaires</li> <li>Informed consent forms</li> <li>Information about how to give feedback.</li> </ul>	C→C TOOL #5: REVIEWING CONSUMER RESOURCES
Observe pathways and processes HeLLO Dimension: Access and navigation	<ul> <li>Check how easy it is for consumers to find your service.</li> <li>Do a walkthrough of your service with a consumer to find out how they experience your organisation, including consumers with varied mobility needs (wheelchair, walker, pram etc).</li> </ul>	○ TOOL #4: OBSERVING AND RATING YOUR ORGANISATION'S ENVIRONMENT
Check interactions with consumers HeLLO Dimensions: Access and navigation Consumer involvement	<ul> <li>Observe staff interactions with consumers:</li> <li>How consumers are greeted at reception.</li> <li>Whether consumers are given time to process information and encouraged to ask questions</li> <li>Whether consumer questions are answered</li> <li>How processes and instructions are passed on to the consumer.</li> <li>Ask consumers whether they felt welcome, respected and listened to by staff.</li> </ul>	Hello my name is

Observe your organisation's environment  HeLLO Dimension:  Access and navigation	Check out your facilities:  Is water freely available?  Are tissues freely available?  Are there accessible toilets?  Look at signage:  Are signs clear?  Are toilets and exits clearly marked?  Are there only as many signs as necessary?  Reflect on processes:  Is it clear what to do when you first enter the service?  Is it clear what you can do if you have a question or need help?	OBSERVING AND RATING YOUR ORGANISATION'S ENVIRONMENT
Interview staff HeLLO Dimension: Workforce	<ul> <li>Explore your colleagues' awareness of health literacy and how it is practised in your organisation.</li> <li>Seek feedback on whether your organisational documents are easy for staff to use.</li> </ul>	O—C TOOL #1: HEALTH LITERACY FACT SHEET O—C TOOL #7: ASSESSING YOUR LISTENING SKILLS
Interview consumers  HeLLO Dimensions:  Access and navigation  Consumer involvement	<ul> <li>Ask consumers whether they:</li> <li>are clear about the purpose of their appointment or visit</li> <li>understand what they need to do following an appointment or visit</li> <li>have had their questions answered</li> <li>have experienced challenges in getting health services</li> <li>have found services helpful and supportive.</li> <li>Note: You will need to get permission from consumers for observations and interviews.</li> </ul>	TOOL #6: SURVEYING CONSUMERS  TasCOSS 'How To' guides  www.tascosslibrary.org. au/how-to:  How to plan and run a focus group How to do a semi- structured interview How to do a snap shot survey
Interview other service providers HeLLO Dimension: Access and navigation	<ul> <li>Explore other service providers:</li> <li>understanding of your organisation and what you do</li> <li>ideas on how you can work together to meet the needs of consumers such as joint projects, better referral pathways, ways to share feedback from consumers.</li> </ul>	FindHelpTAS
Interview people in the community  HeLLO Dimension:  Meeting the needs of diverse communities	Ask people in the community:  • whether they know about your organisation  • what services they need  • how they think you should promote your service  • for any ideas they may have to improve your organisation.	

Conduct surveys  HeLLO Dimension:  Consumer involvement	Survey consumers about their experience of your organisation's health literacy, e.g.:  • How easy they find it to communicate with workers.  • How clear and useful they found the information they receive.	TOOL #6: SURVEYING CONSUMERS  TasCOSS 'How To' guides  www.tascosslibrary.org. au/how-to:  How to write questions for a survey How to create a paper- based survey How to create an online survey  Some online survey design tools: Survey Monkey Google Forms Typeform
Do a cultural audit  HeLLO Dimension:  Meeting the needs of diverse communities	Look at how culturally-appropriate your organisation is for different groups, e.g.:  • Aboriginal people.  • People from culturally and linguistically diverse communities.  • People with disabilities.  • People who are lesbian, gay, transgender, bisexual and intersex.	Working with Aboriginal people and communities:   www.whealth.com. au/mtww/documents/ MTWW_Audit_Tool.pdf  How to make your organisation feel welcoming for people of all sexualities and gender identities:  www.tascosslibrary. org.au/how-to/make-your-organisation-feel-welcoming-people-all-sexualities-and-gender-identities
Improve skills of staff and consumers  HeLLO Dimension:  Workforce Communication Meeting the needs of diverse communities	Link consumers to training and support provided through the 26TEN network.  Encourage staff to do training in health literacy, e.g. as provided through the Tasmanian Health Service's Health Promotion team, including:  'Communicate clearly and check understanding'  'How to design easy to read resources'  'Written and verbal communication'  Link consumers to training and support provided through the 26TEN Network.	Tasmanian Health Service Health Literacy training:  www.dhhs.tas.gov.au/ wihpw/news_and_events/ events2  26TEN resources and support - search at:  www.26ten.tas.gov.au
Link with other organisations HeLLO Dimension: Leadership and Management	Become a member of the 26TEN members network.	26TEN members network – search at:   www.26ten.tas.gov.au



## How Organisational Health Literacy supports Accreditation

By working through the HeLLOTas! Toolkit, organisations can generate further evidence and supporting documentation for their accreditation compliance.

We have provided information to help you see where your organisational Health Literacy links in with commonly used community organisation accreditation standards.

#### **Accreditation Standards**

We have identified the 7 most common accreditation standards that community service organisations in Tasmania are required to comply with. We have mapped the Health Literacy Dimensions against each of these, so you can see where they align.

These are the 7 accreditation standards that community service organisations are most commonly required to comply with – each is linked to the online set of standards:

- Aged Care Quality Standards
- National Safety and Quality
   Health Service Standards

- National standards for mental health services
- DHHS Quality and Safety
   Standards
- QIC Health and Community Services Standards
- NDIS Practice Standards
- RACGP Standards for General Practices

How Health Literacy Dimensions support the standards

In the resources section of the toolkit we have put together a document for each of the above standards, mapping the organisational health literacy dimensions against the accreditation standards.

For each set of standards, we have listed the different sections and subsections, and then shown which Health Literacy Dimension is aligned. If there are standards where you need some more evidence or improvements, you can see which aspects of organisational health literacy can assist.

The HeLLOTas health literacy dimension numbers listed relate to the dimensions as

outlined in the Self-Assessment Checklist. For example 1.3 relates to Dimension 1 (Consumer Involvement), question 3 "We respect consumer's decisions about involving or not involving families or other support people, including advocates."



# Designing a Health Literate Website

#### 1. Plan your site

· Website or social media?

#### Website

Pros	Cons
Full control	Design and setup can be costly and time consuming
Flexible re layout	Needs regular maintenance
Can include much more content than social media	

#### Facebook

Pros	Cons
Quick and easy to setup	Limited control
Free	Design limitations
Very interactive	Needs regular monitoring
Easy to delete	Limited reporting tools
	Limited to small chunks of information

(Tip: If you develop both a website and a Facebook page you can link these together and get your messages to a much wider audience.)

- Will you DIY or get it professionally designed? (Tip: there are many website building tools online that do not require coding or design skills - search on your browser).
- What is the purpose of the site?
- Who do you want to reach?
- Have you chosen and registered a domain name ( <u>www.domainregistration.</u> com.au/domains/tips)?
- What size site? How many pages, how much storage will you need (images and videos greatly increase storage space)?
- Do you want to include online forms, blogs, maps, links to social media, links to other sites and resources, video and/or audio players?
- Do you need to optimise content for tablets and phones?

#### 2. Develop content

- Plan the content -focus, key messages, what to include, how information will be organised
- Create a simple engaging homepage

- Put the most important information first
- Put key messages 'above the fold' (content you don't need to scroll down to)
- Include simple navigation clear pathways, menus and buttons with meaningful labels
- Use images to explain content and help people learn, not to distract them
- Use interactive content that users can tailor to their own needs.

#### 3. Check style

- Talk directly to your intended audience, using common language
- Use plain English everyday words rather than complex words
- Use active voice (subjectverb-object) where possible
- Be concise, keep it simple
- Keep sentences short
- Write short, single-topic paragraphs
- Avoid clichés
- Avoid jargon and abbreviations
- Use clear, meaningful titles, sub-titles and links
- Avoid underlining, italics,

- bold print, capital letters or exclamation marks
- Use inclusive language gender neutral, culturally appropriate, disability-friendly
- Always capitalise 'Indigenous' and 'Aboriginal' when referring to Aboriginal Australians
- Use different ways to get messages across – graphics, multimedia, graphs, images
- Limit content to one or two main fonts
- Use a clean (sans serif)
   readable font for text at
   least 12 points
- Use 1.5-line spacing
- · Include plenty of white space
- Chunk content into manageable pieces
- Use dot point lists to break up text
- Test content for readability (see: Readability statistics)
- Test content with your consumers.
- Resource: Writing for the web
   http://www.dhhs.tas.gov.
   au/publichealth/health\_
   literacy/health\_literacy\_
   toolkit/writing\_for\_the\_web

# 4. Check accessibility and useability

- Check out <u>Vision Australia's</u>
   Accessibility Toolkit
- Check that:
- images meet the 6 relevant accessibility guidelines (alt text, colour, contrast, images of text, flashing, icon consistency)
- link text is easily understood and clearly marked
- HTML tags have been used appropriately for headings, lists, quotations, tables and emphasised text
- Make title and headings clear, meaningful and easily searchable
- Include organisation name in title or sub heading
- Write a useful meta description (summary of content)
- Use Search Engine

- Optimisation include highly ranked keywords
- Make sure content displays correctly on different screens
   desktops, laptops, tablets, mobile phones
- Embed social media buttons on your website; include links to your website on your Facebook site.
- Resource: For useability tips, see Web Useability
   http://usability.com.au

#### 5. Promote your website

- Promote your web address everywhere possible – social media, directories, posters, business cards, etc.
- Do an online search on ways to increase website traffic
- Monitor use of your website- search online for webanalytics tools

#### 6. Maintain your site

Develop a regular schedule to:

- Check all content is up to date
- · Check all links work
- Add new content, links and resources.
- Resource: Health Literacy online: A Guide for Simplifying the User Experience

https://health.gov/
healthliteracyonline/



# Consumers TOOL #13 taking control

#### Finding your way through the healthcare maze

There are lots of services and resources out there to help you navigate the health system. Searching online will provide you with up to date information and links. Here are just a few:

- Find Help Tas provides a publicly accessible, independently managed database of Tasmania's social services
- Consumers Health Forum of Australia: Find your way, Guide to our Health System
- Primary Health Tasmania: My Passport to Better Health. **Connecting Care**
- Beyond Blue: The Beyond Blue Support Service
- Association for Children with Disability (Tas.) Inc Finding your way

#### Before an appointment

Get clear in your mind about what you want to get from the appointment.

· Write a list of any questions you want to ask and anything you want to tell the service provider before you go.

- Gather together information to take with you on current conditions, past surgeries or illnesses, and any medications you are taking.
- Decide whether you want to take anyone else along for support and an extra pair of ears.
- Work out where you need to go and how long it will take to get there.

#### Asking questions

You have a right to ask questions of service providers and to get clear answers. Some people find it overwhelming to receive lots of information, while others want as much information as they can get.

- · Let the service provider know how much information you want and how much you want to be involved with decisions about your care.
- If you don't understand what they are saying, tell them. This does not mean you are stupid - just that they are not good at communicating.
- Make sure they listen to what you say and what you want.
- Don't be afraid to ask 'silly' questions - these are often important.

- Take notes of what they say.
- Ask for an explanation of anything that you don't understand.
- Ask if there are any handouts, websites or other places you can get more information.
- If they can't help with any specific issues, ask who you should contact for more help.
- If any drugs are prescribed, ask:
  - · Why should I take this?
  - Are there any side effects?
  - What does it cost?
  - Is there a generic (cheaper) form of the drug?
- If you are sent for tests ask:
  - What is the test for?
  - How much does it cost?
  - When will I get results?
- If a procedure is recommended, ask:
  - · Why do I need this procedure?
  - How many times have you done this procedure?
  - · Are there any alternatives?
  - What happens if I don't do anything?
  - · What are the possible complications?
  - What are the costs?

#### Resources:

www.chf.org.au/healthconsumers-tasmania

www.consumerreports.org/cro/ news/2015/02/3-questions-toask-a-doctor/index.htm

www.ahrq.gov/patientsconsumers/patientinvolvement/ask-yourdoctor/10questions.html

www.26ten.tas.gov.au/sites/ test/our-focus-areas/Pages/ It's-OK-to-Ask-Resources.aspx https://www.healthdirect.gov. au/question-builder

#### Know your providers

- Find out who's who in the
  world of health practitioners –
  check out <u>Clinicians' Guides –
  a Consumer Perspective</u>; and
  <u>The Company We Keep: A</u>
  user's guide to mental health
  clinicians.
- Ask other consumers for advice on who to see (noting that most service providers are not able to make specific recommendations).
- Find specific service
   providers. Some provide
   a list of the services they
   offer and details such the
   availability of bulk-billing,

cost, accessibility. Check out:

- Primary Health Tasmania: <u>Tasmanian Health</u> <u>Directory</u>
- DHHS Service Finder –
   South | North | North West
- Find Help Tas

#### Get involved

There are lots of ways for consumers to get involved in changing health and community services' systems so that they are more 'user-friendly and empowering. Find Help Tas lists lots of advocacy groups that you may like to join. Search for 'consumer advocacy' or for a specific group or condition.

#### Being on committees

Decision-making and advisory bodies need to 'abandon the idea that a consumer can possibly be "representative" on a committee' but acknowledge that every consumer is an expert in their own right and has their own lived experience.

 Before agreeing to go on a committee, find out some background information – eg. why they want a consumer representative, whether

- any other consumers are involved, and what expertise is needed.
- Ask about entitlements –
   are there any sitting fees,
   reimbursement of expenses,
   resources to consult with
   other consumers, support
   from the organisation?
- Has the committee undertaken any training in recognising and working with consumers, or are they willing to do this?
- Is there recognition within the committee of entrenched power imbalances and the tyranny of status?
- Is the committee aware of the need for health literacy and have they undergone any training?
- Are committee members
  willing to sign up to a
  'committee agreement' on
  how to work collaboratively
  with consumers?

#### Resources:

Our Consumer Place: Resource Centre for Mental Health Consumers

Positive thinking about consumers



GPO Box 771, Hobart TAS 7001 p 03/6169 9500 www.tascoss.org.au



