

Health Literacy Project in a Community Health Service

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When creating information for members of the community, it is important that their health literacy needs are taking into consideration. Community members from diverse cultural and linguistic backgrounds have particular health literacy needs. This article describes how the Inner South Community Health Service is working with its culturally diverse community to produce information about its services.

Inner South Community Health Service (ISCHS) provides many health services from our four centres as well as in the community to strengthen the health of people living in Port Phillip, the municipality of Stonnington (Victoria) and beyond. ISCHS is a community-based and community-focused organisation whose vision is of a healthy and inclusive community.

Our Mission is:

- To develop and deliver health services that are innovative and respond to the particular/special needs of our communities.
- To be leaders in advocacy, evaluation and policy direction.
- To make sure that those people in our community who might not easily or comfortably use mainstream services can find and receive services that make a positive difference to their health.

The ISCHS catchment is a culturally diverse area with a higher than average proportion of people who speak a language other than English (LOTE) at home; about 30% compared to the Victorian average of about 25%. About 20% of residents were born in non-English speaking countries and up to half of these residents may have limited English proficiency.

Many migrants came to the area in the post-World War II migration program and are now reaching old age. Many have experienced trauma and there are a significant number of Holocaust survivors. More recently arrived migrant groups also include people who have experienced trauma in their countries of origin such as the former USSR, former Yugoslavia, South America and Horn of Africa (includes Somalia, Eritrea and Ethiopia). The statewide aggregate for Aboriginal or Torres Strait Islander attending a community health service is 1.4% but ISCHS's figure is twice this, with 2.8% of our clients identify themselves as Aboriginal or Torres Strait Islander.

Culturally and linguistically diverse groups in ISCHS area also face difficulties due to the changing nature of the area, with housing and living costs increasing. Migrant groups, especially recent arrivals, may lack knowledge of services that are taken for granted by English-speaking service providers.

Primary Health Care Consumer Opinion Survey

In mid-2006, ISCHS conducted a *Primary Health Care Consumer Opinion Survey*, which investigates recognised quality principles and was first developed by the Australian Institute for Primary Care in 1999. The instrument was subsequently trialled in four community health services in Victoria, where its reliability and validity were established.

The survey is intended to provide a useful snapshot of consumer opinion of your agency and aims to provide valuable feedback regarding the key outcome of consumer satisfaction, in three main areas:

- the centre environment;
- service provision; and
- special needs.

Inner South Community Health Service distributed the *Primary Health Care Consumer Opinion Survey Version 2/05* (Standard Survey) from 13 March to 5 May 2006. All clients visiting a centre or a community health-funded service were invited to participate and 342 ISCHS clients chose to take part in the survey.

The survey showed that 28.7% of ISCHS clients speak a language other than English at home and that 25% of clients who wanted to participate in the survey were unable to fill out the questionnaire themselves. Surveys were also available in the three most commonly spoken community languages other than English—Russian, Greek and Chinese. This suggests a problem with literacy among a significant proportion of ISCHS clients.

Survey results also indicated that 65.6% of clients were less than very satisfied with information they received about other services available at ISCHS, highlighting the need for ISCHS to provide more assistance to clients and prospective clients about the range of services offered.

Health Literacy

"Health Literacy represents the cognitive and social skills, which determine the motivation and ability of individuals to gain access to understand and use information in ways, which promote and maintain good health. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment" (WHO 1998).

The Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs (1999) found that poor health literacy was a stronger predictor of a person's health than age, income, employment status, education level and race. Research from around the world (Glassman 2005) has found that the populations most likely to have problems understanding and utilising health information are:

- elderly (age 65+);
- indigenous populations;
- immigrant populations;
- low income—in the USA at least 50% of recipients of social aid have low literacy skills; and
- people with chronic mental and/or physical health conditions.

A number of the groups Glassman identified as likely to have problems with health information are well represented among ISCHS clients and potential clients, it is therefore important that health literacy be considered when developing information for the people who use our services or who may do so in the future.

The ISCHS Health Literacy Project

The findings of the Primary Health Care Consumer Opinion Survey showed there was a need for ISCHS to provide current and potential clients with better information about the services it offered; particularly those people from cultural and linguistic diverse backgrounds. Previously this type of information had been mostly provided through written material but the survey showed that literacy was a problem for the target group so another means of providing information was adopted—creating an information DVD.

The project aims to address the health needs of local community members by providing easy-to-understand, audio information about services provided at ISCHS and how to access these services. By providing people with this information, ISCHS aims to empower members of the community and strengthen their capacity to manage their own health and wellbeing.

The project is in its infancy at the time of writing but so far a small working group, under the governance of ISCHS policy and procedures, has been formed. The community consultation process has started and other working group members are exploring the technology and interviewing DVD producers.

Planning the Project

The Queensland Health (2002, pp. 22–24) ten-step plan was used to develop and implement a consumer and community participation plan for this project.

Step 1 What is the purpose of our project and why are we going it?

The aim of this project is to create DVDs in the six community languages most appropriate for our catchment area. These DVDs will inform clients about broad organisational information such as what services are offered, groups that are run, eligibility, fees, how to make appointments, interpreters, rights and responsibilities, privacy and confidentiality, membership, and location of centres.

A number of portable DVD players will be purchased. One DVD player will be available in the waiting room at each of the four ISCHS sites. Each site will also have two portable DVD players that can be taken to clients when conducting outreach. Staff will assist the clients in operating the DVD players when necessary.

DVDs will be posted to clients who have a DVD player or computer and sent to other service providers and referrers. DVD's in appropriate languages will be sent to CALD groups with members in the ISCHS catchment area.

Step 2 Who are our consumers and who we will consult with?

It was decided to consult with consumers from the identified vulnerable populations. ISCHS has a robust relationship with its client group, having spent many years building relations with diverse cultural groups and working with them on other projects, so there should not be any problems recruiting clients and community members to assist with the project. For example, ISCHS has a vibrant Indigenous Access Program that has been working with the Indigenous community to meet their health needs for a number of years. Other groups we plan to call on for assistance are our Russian, Greek and Chinese community members, and our Mental Health Consumer Groups.

Step 3 What is the capacity of our organisation to take on this project?

The ISCHS Board of Management, along with our CEO and managers, were very supportive right from the start of this project and ISCHS has a strong commitment to community participation. We also have a committed team of staff who had the expertise to implement the project including our Community Participation Officer and IT personnel.

Step 4 What levels of participation are needed from within the organisation?

At the end of the project, all staff will need to be 'on board' to disseminate the information in this new way. Staff will need to know that our community have participated in producing the final product and are committed to using it to build a healthy and inclusive community. A communication and marketing plan has been in place from the beginning of the project.

Step 5 What resources do we need?

ISCHS has committed time from the working group members and enough funds to run the focus groups. The working group has put in a funding submission for a Strengthening Multicultural Communities grant to cover other costs of the project.

Step 6 What tools and methods will we select?

It was decided that focus groups are the most appropriate method for our clients group and project. Focus groups are a quick and low cost way of consulting with consumers (Queensland Health 2002) and focus groups will allow exploration of the issues identified through our survey. ISCHS has the skills available in the working group to run focus groups; however, working group members need to increase skills in information technology pertaining to DVDs and this was provided free by a DVD producing company.

Step 7 How will the project be evaluated?

Fortunately, this project arose from the results of a statistically relevant survey. This survey will be repeated in two years and hopefully the results of this project will be reflected in the results. ISCHS has numerous ways to feedback information for clients including a newsletter. All participants in the focus groups will be kept informed of progress and outcomes—indeed they have offered to be involved in the project in many ways.

Step 8 How will we implement the project?

The beginning phase of the project has an 18-month time line. In that time, we hope to gain funding, run focus groups, prepare the final product and launch the DVD. A major part of implementation is to working in partnership with the South Central Migrant Resource Centre and ethno-specific agencies and community organisations in the ISCHS catchment as well as other member agencies of the Inner South East Partnerships in Community Health which have multi-cultural links and projects. Ethnic citizen's groups and social groups in our area will also be helping us to distribute the DVDs.

Step 9 What did we achieve?

Although it is still early days, our organisation hopes the end result of the project will be a healthier and more inclusive community with greater knowledge of ISCHS and how to access our services. We believe that if our clients and potential clients have better information about the services offered then they can make informed choices about accessing our services.

Step 10 How we do make the changes sustainable?

Sustainability will be built into the project in a number of ways:

- ensuring that strategic positions across ISCHS have responsibility for the project and that this is reflected in the position description;
- having health literacy incorporated into the work practices of all staff, through awareness and training;
- including the larger community in the project by consultation and continued communication with clients, potential clients, the wider community and other service providers;
- including annual feedback mechanisms and evaluation at the completion of the project;
- making a commitment to respond to the outcomes of project evaluation and provide resource for this; and
- promoting health literacy within ISCHS and the wider community as an issue to be worked on.

Consulting with our Community

Our community will be consulted in two waves. Firstly, to find out what information community members think is important to include on the DVDs. This information will be used to create some initial technology that will be shown to focus group users to give them an idea of how the final product may look and work. A second consultation with community members will then be conducted to examine how the technology works for them and what they want it to be able to do.

The first consultation was begun with focus groups being run with members of our Russian and Indigenous community. Groups will be run with our Mental Health Consumer Groups and Greek and Chinese community members.

Focus groups need a skilled facilitator and to ask questions that are relevant and able to be answered by the participants. The questions asked of our focus groups are:

1. What information do you already know about ISCHS?
2. What are some of the ways that you have received information about services in the past that have worked for you?
3. What information do you need about ISCHS?
4. On the (ISCHS) brochure do you understand what the services listed are? What needs more explanation?
5. Do you have a DVD player or computer that plays DVDs?

Already participants in the focus groups are very excited about the possibilities for their community members opened up by this new way of getting information. Both groups have given detailed feedback on what is and is not useful in our current brochure. The Indigenous focus group was clear that Indigenous people like to hear testimony from other Indigenous people who have used a service and we are planning for this to be a part of the Indigenous section of the DVD. Indigenous focus group members also felt that a 'Welcome to Country' was needed at the beginning of the DVD to show respect to ancestors. The Russian participants felt that terms such as occupational therapist were unhelpful as they did not understand what this was. They asked that descriptive language be used to tell what staff members do.

Inner South Community Health Service is committed to bringing information to our community in ways that are respectful and useful to community members. We look forward to continuing consultation with our community and launching our Health Literacy DVD later in 2007.

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References

Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association 1999, 'Health literacy: Report of the Council of Scientific Affairs', *Journal of the American Medical Association*, Vol. 281, No. 6, pp 552–557.

Glassman 2005, *Health Literacy*, National Network of Libraries of Medicine. Retrieved from www.nlm.gov

Queensland Health 2002, *Consumer and Community Participation Toolkit*, The State of Queensland, Brisbane.

World Health Organization 2007 website. Retrieved on 16 March 2007 from www.who.org

World Health Organization 1998, 'Health promotion glossary', *Health Promotion International*, Vol. 13, No. 4, pp. 349–364.