Health literacy: enabling communication and participation in health

Department of Health

Background Paper
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Department of Health

Background Paper
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Executive summary

Health literacy is identified as a key priority area in the Victorian Government’s Victorian Health Priorities Framework 2012-2022. Better health literacy improves access to a range of programs to help maintain good health, manage health better and achieve the best health care service outcomes possible.

To achieve the vision for 2022, that ‘Victorians will be more health literate, actively participate in their health care decision making and have access to a range of programs for health and wellbeing’, a range of initiatives and strategies are required. These include developing a shared understanding of health literacy, its role in the quality and safety of health care, its impact on achieving equitable health outcomes, and its importance to individual consumers, communities and the implications for health professionals and health care organisations and systems.

The Department of Health Victoria is engaged in multiple health literacy initiatives to reduce barriers and to improve the health outcomes of all Victorians and specific population groups who experience health inequalities. A key initiative is the development of a health literacy policy statement for the Department of Health and its funded agencies. To this end, the Department of Health is conducting a series of statewide workshops with consumers, carers, health professionals, healthcare organisations and key stakeholder groups. The workshops will seek to:

- establish key health literacy and health information priorities
- identify tools and resources to improve consumer health information
- Identify strategies and partnerships to improve the health literacy of communities and healthcare organisations.

Health literacy is described in many ways. In this background paper health literacy is defined as:

‘the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions. Healthcare providers and the health system can provide information and improve interaction with individuals, communities and each other to respond to and improve health literacy’.

Health literacy enables communication and participation in health care (Hill 2011). It includes the knowledge, skills and capabilities required to understand and use information for staying healthy, preventing disease and deciding on and managing healthcare and treatment. Health literacy skills are used every day and are necessary to be able to actively participate in making decisions about one’s own health, the health of families and communities, to exercise healthcare rights, to access, receive, and provide health care and to work with others to improve health. Importantly, improving health literacy is an interactive process between consumers, communities, heath professionals and health care organisations and systems (Kickbusch 2005) and should be a common goal for all of these participants to work to facilitate improved health literacy.

In 2006 only 41 per cent of Australian adults were assessed as having adequate (or better) health literacy skills. Fifty nine per cent of Australian adults were identified as having a low health literacy level, which indicates that they do not have an adequate level of health literacy to meet the demands of everyday life (Australian Bureau of Statistics 2006). Health literacy is impeded by a range of determinants (Johnson 2011) including socio-economic status, disability, remote or rural habitation, indigenous descent, culture, language and social connectedness.

To improve literacy levels, and to achieve the vision outlined in the Victorian Health Priorities Framework effective policies and strategies are required to raise awareness and to educate the
public, health care professionals and health care organisations. The Department of Health welcomes your participation in the workshops.
1. Workshop overview

Purpose

The purpose of this background paper is to obtain feedback on what you see as the key health literacy needs and priorities in health care and health provision for: individual consumers, carers and communities; health care professionals; health care organisations and systems.

It poses four questions and a template is attached for your completion.

Your feedback will be collated and used to develop a cohesive policy statement on health literacy and health information which will guide future work on health literacy for the Department of Health and its funded agencies. This policy statement will form a key component of the Department’s new consumer participation policy which is being developed during 2014-2015.

Objectives

1. To identify the perceptions, needs and priorities of different participants in the Victorian health system regarding health literacy and health information.

2. To identify enablers and effective strategies to address health information and literacy priorities.

3. To develop a shared understanding of health literacy and its relationship to key policy frameworks and health outcomes.

4. To establish key actions which address and improve health literacy in Victoria.

Your opinion counts

We encourage your participation in a workshop if you are a:

- health consumer and/or carer (family and friends)
- a representative of a non-government and/or health specific condition organisation
- health service staff member and/or community health centre staff member
- key health organisation and/or stakeholder group
- colleges and educational institutions
- Department of Health.
Workshop Questions

1. What does health literacy mean for you as: an individual consumer, carer, health professional or health care organisation?

2. What do you see as the key health literacy and health information needs and priorities for:

   • Individual consumers, carers, communities?
     (for example: in communicating with health professionals and health care organisations; finding, accessing and understanding health information; managing and improving one’s health and/or the health of others.)

   • Health professionals and the health care workforce?
     (for example: in communicating with consumers, carers, communities; communicating about health with consumers, communities and other health professionals; presenting information in accessible formats.)

   • Health care organisations and systems?
     (for example: supporting health literacy policy and practice at an organisational level; providing high quality information to consumers, communities, health professionals to manage health; coordinating the provision of health information; enabling participation in health care; working to improve health care.)

In responding to the above question please address each area. Examples may include identified gaps or barriers across health care provision areas including: acute, primary health, aged care, public health, mental health. It can also include examples relating to policy approaches such as cultural responsiveness, consumer participation, person and family centred care, patient experience and human rights.

3. How are you and/or your organisation currently addressing health literacy and health information needs and priorities for:

   • Individual consumers, carers, communities?
   • Health professionals and the health care workforce?
   • Health care organisations and systems?

   This may include examples of enablers, effective strategies or programs.

4. What else could assist you or your organisation to address health literacy and health information issues?

   This can include: resources and tools to improve face to face communication; web information; guidelines; strategies; provision of consistent information and advice; policy frameworks.
Structure of the background paper

To assist in your consideration of the questions, the background paper provides further information which:

• includes an overview of health literacy and its impact on health outcomes
• describes the role of health literacy in enabling communication and participation in access to health care and healthcare provision
• situates health literacy within Victorian policy and legislative frameworks and other initiatives at a state and federal level
• provides a web link to key health literacy and health information initiatives, resources and tools
• provides a response sheet for consideration of the workshop questions that can be completed by participants either before and/or during the workshops.
2. Health literacy overview

2.1. Understanding health literacy

Health literacy is a relatively new concept with varied interpretations and perspectives on how it is understood, defined, measured and improved. Definitions vary across the world. To illustrate its complexity, a systematic review published in 2012 (Sorensen et al.) identified 17 definitions and 12 conceptual models of health literacy.

Early understandings of health literacy focused on individual knowledge and skills required to successfully navigate the health system. It includes process and skill related capabilities such as finding, understanding, interpreting and communicating information to access and use health services and to make appropriate decisions to manage health.

Increasingly, the concept of health literacy is viewed as both a dynamic and interactive process between individual consumers, communities, healthcare professionals, and healthcare organisations and systems (Kickbusch 2005). The role of the health provider (services and health professionals) plays a central role in this interaction. This incorporates how health services are structured, how health service providers communicate and provide information and how consumers then interact with, make sense of and act upon this information.

Health literacy reflects the complexity of health information that is being presented to individual consumers and the health system itself which is being navigated (Rudd 2010). Consequently, strategic efforts to improve the health literacy of health care organisations and systems are increasing. Key recent international policy and legislative initiatives such as: The National Action Plan to Improve Health Literacy (US Department of Health and Human Services, 2010); The Plain Language Act 2010; The Information Standard (United Kingdom 2009); A vision for a health literate Canada (Canadian Public Health Association 2008); and the European Health Literacy Project (2012) have focused on health literacy as a key and fundamental public health issue.

2.2. Evidence linking health literacy and health outcomes

The subject of research, measurement, and analysis internationally, health literacy and its implications for health and health outcomes is increasingly a key feature of government policy internationally and at both federal and state levels in Australia. Health literacy is essential for maintaining good health and improving quality of life. It is regarded as a highly valuable and important individual and societal asset which can lead to improved self-reported health status, increased healthcare knowledge, lower healthcare costs, less frequent use of healthcare services and shorter hospitalisations (Sorensen 2012). Health literacy is impeded by a range of determinants (Johnson 2011) including socio-economic status, disability, remote or rural habitation, Aboriginal or Torres Strait Islander origin, culture, language, refugee and asylum seeker experience, and social connectedness.

The evidence linking low health literacy with poorer health outcomes is compelling (Berkman et al. 2011). Much of the research has documented the extensive and far reaching consequences
of low health literacy, which can be broadly categorised as: individual health impacts; community and societal costs; and fiscal costs to healthcare organisations, and systems and may also be viewed as constituting structural injustices of the healthcare system (Volandes, Paasche-Orlow’s 2007).

Examples of these impacts include:
- poorer knowledge and understanding of medical conditions, including their preventability (Saunders et al 2007).
- increased hospitalisations, adverse events, and culturally and racially mediated inequalities in health outcomes
- fragmented access to care, reduced use of preventive health services and management of chronic conditions
- medication errors, misdiagnosis due to poor communication between providers and patients, low rates of guidance and treatment compliance,
- hospital readmissions, unnecessary emergency room presentations and higher mortality (Berkman 2004; Neilsen-Bohlman et al, 2004)
- higher incidence of chronic disease conditions such as diabetes, cardiac disease and stroke (Adams, et al 2009).

An Australian study found that people with inadequate or low functional health literacy were more likely to report having diabetes, cardiac disease and stroke, and less likely to have recently seen a doctor. (Adams, Appleton et al 2009).

2.3. Health literacy and health information

A core component of health literacy is the capacity to access, obtain, understand and act on health information. Health information is presented in many ways and is increasingly complex. It includes written information – including online information, medication instructions, prescriptions, consent forms, signage, and interpersonal communication. It is common for many consumers and communities to experience difficulties in accessing and understanding the vast range of health information they may be provided with and required to act upon.

Health information and health literacy in Australia commonly presumes English language proficiency, as well as certain cognitive abilities. Health information models must change to embed appropriate cultural and linguistic considerations, and other cognitive capabilities that can be addressed through plain language or easy English strategies.

Health information is also a communication process between individual consumers, health professionals, healthcare organisations and systems. Equally important, is the capacity of health professionals and healthcare organisations to provide health information that is accessible, understandable, meaningful, culturally appropriate and actionable.

Health professionals, health care organisations and systems experience challenges in communicating and providing appropriate information in accessible formats; including verbal communication between patient and provider. There is often a gap between what health professionals intend to convey in written and verbal communication and what patients understand (Koh et al 2012). High quality written and verbal health information is essential to effective health care communication (Hill 2011). Health literacy may be addressed by
“improving both the quality of health communications and a greater sensitivity among health professionals of the potential impact of low literacy” (Nutbeam 2008). Building interpersonal and cross cultural communication capabilities amongst health professionals and healthcare organisations is critical in facilitating health literacy (Edwards et al 2012).

2.4. Measuring health literacy

There are also different approaches to measuring health literacy. Large scale studies have been conducted in the US, the United Kingdom and Australia to assess health literacy levels by measuring reading ability, comprehension and word recognition skills. The most commonly utilised instruments include the Rapid Estimate of Adult Literacy in Medicine (REALM), the Test of Functional Health Literacy in Adults (TOFHLA), the Newest Vital Sign (Pfizer 2005).

Health care is complex and it is therefore not surprising that when assessed by the Australian Bureau of Statistics (ABS) in 2006, only 41 per cent of Australian adults were assessed as having adequate (or better) health literacy skills. This study investigated health literacy in Australia as part of the Adult Literacy and Life Skills Survey, similar to the population based surveys undertaken in the US. The survey defined health literacy as the “knowledge and skills required to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies and staying healthy” (ABS 2006). Health literacy was rated on a scale of one to five with level three deemed the minimum level for people to meet the complex demands of everyday life. The survey found: 40 per cent of men and 41 per cent of women achieved level three health literacy; nearly 60 per cent of people aged 15 – 74 were below skill level three; and the lowest area of achievement was for problem solving skills.

This figure is further exacerbated for individuals and communities with low English language proficiency and who were born overseas. The ABS identified that only 33 per cent of people born overseas have adequate or better health literacy compared to 43 per cent of the Australian-born population. For people who have arrived in Australia in the past five years, the figure drops to 27 per cent, and to 26 per cent for people whose first language is not English (ABS 2009).

The European Health Literacy Project 2009-12 which measured health literacy levels in Europe, identified four levels of health literacy and categorised them as inadequate, problematic, sufficient or excellent. It identified that people with inadequate and problematic health literacy are likely to face considerable barriers when making decisions concerning health care, disease prevention and health promotion.

Discussions about the limitations of measuring health literacy have centred on the validity of the measurement tools themselves as well as the scope of knowledge and capabilities being measured. For example few instruments measure a person’s ability to seek, understand and use health information (Osborne 2010) or concepts in health literacy such as motivation and activation (Peerson, Saunders 2009), and few are conducted in languages other than English. Equally important, however, is the development of an evidence base linking specific strategies and initiatives to improved health literacy and health outcomes. The identification and development of effective and validated measurement tools and strategies to capture data and report on outcomes is critical.

Further criticisms of measuring individual health literacy highlight a potential for harm, in the form of shame and alienation which may occur through the use of inappropriate health literacy
screening strategies (Thomacos, Keleher 2009). Taking a *universal precautions* approach is advocated to ensure effective communication between all participants in the health care process.

3. The Victorian context

3.1 Health literacy - a working definition

The Department of Health provides the following working definition of health literacy.

> ‘the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions. Healthcare providers and the health system can provide information and improve interaction with individuals, communities and each other to respond to and improve health literacy’.

This definition is in part derived from the Institute of Medicine (2004) definition which states that health literacy is the ‘degree to which individuals can obtain, process and understand the basic health information and services they need to make appropriate health decisions’. However, it also includes a statement that captures the interaction process between individual consumers, communities, health professionals and health systems in developing and improving health literacy.

Health literacy applies to both individuals and the health system. *The Calgary Charter on Health Literacy* developed in Canada in 2008 states that:

- An individual can be health literate by using the skills needed to find, understand, evaluate, communicate, and use information.
- Health care professionals can be health literate by presenting information in ways that improve understanding and ability of people to act on the information.
• Systems can be health literate by providing equal, easy, and shame-free access to and delivery of health care and health information.

Figure 1 above illustrates this interaction and mutually supportive relationship between individual consumers, carers and communities, health professionals and health care organisations and systems in developing and improving health literacy. Strategies to improve health literacy should be geared towards all three groups.

• For individual consumers, carers and communities health literacy enables the management and improvement of one’s health, and the management and improvement of health with and for others.

• For health professionals, addressing health literacy enables better communication and the provision of appropriate information to consumers, carers, and communities to manage and improve their health.

• For healthcare organisations and systems embedding health literacy considerations into organisational processes and policies should be aimed at facilitating responsive health care provision and improving health outcomes.

3.3 Policy and legislation

Health literacy improvement is supported by existing departmental policy and state legislation. This includes:

• Victorian Health Priorities Framework 2012-2022

• Doing it with us not for us: Strategic direction 2010-13 (Department of Health 2009) outlines a range of health literacy action areas at the four levels of the healthcare system (individual care, program, health service organisation and Department of Health).
• *The Victorian Public Health and Wellbeing Plan 2011-2015* (Department of Health 2012), also emphasises the need to increase the health literacy of all Victorians and support people to better manage their own health.

• *Cultural responsiveness framework: Guidelines for Victorian health services* (Department of Health 2009), outlines key standards and measures for culturally responsive health care, including communication and participation priorities in culturally and linguistically diverse communities.

• *Draft Language Services Policy Department of Health 2013*. This policy is currently in review and part of a community consultation process.

• The Victorian Health Experience Measurement Instrument (in development) will replace the Victorian Patient Satisfaction Monitor (VPSM).

• The Australian Charter of Healthcare Rights in Victoria (Department of Health 2009), which articulates the right of appropriate and accessible communication. The Charter is provided in 25 community languages, Easy English, Braille and audio.

• *Victorian Charter of Human Rights and Responsibilities Act 2006*.

• *Health Services Act 1988*

• *Disability Services Act 2006*

• *Mental Health Act 1986 (under review)*

### 3.2 Health literacy: enabling communication and participation in health

The Department of Health recognises health literacy as an enabler of communication and participation in health. Improving health literacy is supported by a number of Victorian policy frameworks and legislation. In particular the *Victorian Health Priorities Framework 2012-2022*, including the Metropolitan and the Rural and Regional Health Plans, emphasise the vision for a responsive health system that achieves the following outcomes:

- People are as healthy as they can be (optimal health status).
- People are managing their own health better.
- People enjoy the best possible health care service outcomes.

This vision is underpinned by a number of important factors - key of which is the health literacy of individuals, communities, health professionals and healthcare organisations and systems.

The Department of Health utilises a number of concepts and approaches to build a more responsive health care system for all consumers, carers, and communities, and to identify specific needs and issues that are relevant to particular communities, groups and populations. There are clear similarities between these approaches outlined in Figure 2, including common underlying principles upon which they are founded.

Figure 2.
Importantly, these concepts and approaches are also underpinned or enabled by health literacy and are connected in a practical way through policy frameworks and legislation. Each of the above are connected by similar characteristics.

**Person and family centred care:**

- Puts people and families at the centre of the health care communication and exchange process
- Supports holistic care through open health professional-patient communication and collaboration (Betchel et. al 2010)
- Promotes a partnership approach between patients, families and healthcare professionals
- Communication is enhanced through cultural, linguistic, and other considerations
- Relies on communication and cultural competence of health professionals and health systems.

**Consumer participation:**

- Consumers, carers, patients, communities are meaningfully involved in decision-making about their wellbeing, health care, treatment, and in policy and planning
- Consumer engagement in information and communication is an underlying principle as is the cultural competence of health professionals and the health system
- Promotes health care organisations to be inclusive of and implement the continuum of participation strategies appropriate to its diverse communities.

**Cultural responsiveness:**

- Promotes cultural knowledge, awareness, sensitivity, respect, and intercultural communication skills
- Requires cultural competence of health professionals and health systems in all communication forms and contexts
- Relies on capacity of health professionals and health systems to be flexible, adaptable and to respond appropriately.
**Human rights:**

- Rights based approaches put the consumer at the centre
- All have the right to achieve a high standard of health and to receive high quality health care;
- Promotes consumer focussed organisation.

**Quality and safety:**

- Doing the right things, for the right people, at the right time and right the first time
- Reducing risk and preventing adverse events and harm
- Relies on person and family centred communication and cultural competence of health professionals and health systems.

3.4 Recent health literacy initiatives in Victoria

*Optimising Health Literacy – the Ophelia Study 2012 - 2015*

A key recent initiative in health literacy measurement is the *Optimising Health Literacy – the Ophelia Study 2012 – 2015*. A partnership project between the Department of Health, Deakin and Monash Universities, the Ophelia study seeks to develop a Health Literacy Response Framework. The framework will assist organisations to efficiently recognise, understand and respond to the health literacy needs of members of their community. The overarching aim of the project is to improve health outcomes and reduce health inequalities for people receiving services across a broad range of Victorian organisations. This project will identify and test ways for organisations, programs and practitioners to respond to people with a wide range of health literacy abilities. Ophelia Victoria is a three year initiative, to identify and test new health literacy interventions in eight health services. The interventions, which are being developed and trialled in real-world settings, seek to improve the health service’s responsiveness to people with low health literacy.

*Better Health Channel*

The Department’s Better Health Channel was launched in 1999 and has evolved into a multi-channel platform (social and mobile), which has received widespread acclaim. Today the website ([www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)) is recognised as Australia’s pre-eminent consumer health and medical information website and has regularly been awarded Australia’s No. 1 health and medical information website by Experian Hitwise. The site receives approximately 30 million visits annually.

The website and mobile app supports individuals, and those they care for to achieve the best possible health and wellbeing through providing access to an extensive range of health information in a range of formats. Better Health Channel aims to engage the health consumer, targeting individuals at different stages in their health journey, and raise awareness of health issues, risks and preventative actions that individuals can take to support healthy behaviours.

Content is owned and managed by the Victorian government and is developed in consultation with health subject matter experts across government and the health sector. To assure high quality relevant content information is reviewed every 12 months providing users with confidence that information is current and accurate.

The following key elements collectively make up the unique value proposition of the website:
• WHO - independent and impartial medical advice with no commercial interest.
• WHAT - comprehensive health information in plain English and in a range of user friendly formats such as tools, quizzes, calculators, videos and articles.
• WHERE and WHEN - the right information at the right time, wherever and whenever it is needed via web, mobile and highly visible in search, for example in Google.
• HOW - stringent, regular and timely content quality assurance by the Victorian Government.

The Better Health Channel raises health literacy amongst health consumers for better informed health decision and assists with the reduction in high cost chronic illness through the promotion of preventative health content and initiatives which in turn reduce costs to the health system. It empowers individuals, and those close to them, to manage one’s own health and wellbeing.

Health information and literacy consultation - Festival of Evidence and Experience

As part of the Festival of Evidence and Experience in June 2012, the Department of Health’s Health information and health literacy subcommittee a consultation with consumers, health professionals and health care organisations was organised by the Centre for Health Communication and Participation. As a way of focusing the discussion on health literacy and what may be required for policy development, participants were asked to focus on health literacy strategy development areas, and health literacy improvements levels. A summary of the proceedings may be found at www.health.vic.gov.au/consumer.

Mapping of Victorian health literacy initiatives

In 2012 the Department of Health completed a mapping of current health literacy initiatives across departmental divisions and regions. Health literacy initiatives included: examples of policy initiatives, programs and activities that have a key health literacy focus and which are funded, implemented and managed by the department; and examples of health prevention and promotion activities with a health literacy component broadly funded by the Department, but which are externally managed, implemented and evaluated by local community health, women’s and primary care organisations. The mapping document was submitted to the Australian Commission on Safety and Quality in Health Care’s (ACSQHC) national health literacy stocktake. This report can be found at www.health.vic.gov.au/consumer.

An Investment Not an Expense: Enhancing health literacy in culturally and linguistically diverse communities

A report developed by the Ethnic Communities Council of Victoria in 2012, outlined key health literacy needs and priorities experienced by culturally and linguistically diverse communities. It makes a number of recommendations in the areas of language, literacy and health literacy, culture and health literacy and community capacity building to improve health literacy.

Health literacy: A global snapshot

A report of the former Victorian Quality Council (VQC) Travelling Fellowship series 2011. Travelling Fellow Maureen Johnson, Manager Women’s Consumer Health Information at the Royal Women’s hospital undertook an investigation of health literacy initiatives in the USA, Canada, United Kingdom, The Netherlands and Finland to consider innovative and evidence-based health literacy improvement initiatives. A copy of the final report can be found at www.health.vic.gov.au/consumer.
4. National developments

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has identified health literacy as a priority through a number of key initiatives. These include the following:

- Australian Safety and Quality Framework for Health Care, which identifies health literacy as a key action area

- Australian Safety and Quality Goals for Health Care. This includes Partnering with Consumers as a goal and becoming a health literate organisation as a core outcome (Outcome 3.03) pp.26-27

- National Safety and Quality Health Service Standards, which require health service organisations to provide information that meets the needs of consumers.

The Department views this as an important initiative and has contributed to its development as a participating member of the Health Literacy Advisory Group established by the Commission in 2012 to provide advice, guidance and feedback on the development of a national approach to health literacy. The Department has also submitted a response to this consultation process.

In 2012 the ACSQHC undertook a national stocktake of health literacy initiatives which indicated a diverse though ad hoc approach to health literacy policy, research, and improvement initiatives in Australia. These health literacy initiatives across Australia covered the following areas: a policy or framework approach; health information initiatives; improvement of individual health literacy skill; health literacy environment; workforce training and capacity building; and research and knowledge sharing. The report on the stocktake is available at: [http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Health-Literacy-Stocktake-Consultation-Report1.pdf](http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Health-Literacy-Stocktake-Consultation-Report1.pdf)

Other key national developments include:


5. Resources and tools

There are many health literacy resources and tools. The Department of Health has compiled an online resource with links to a broad range of documents, tools, and websites for your information and access. These may assist you or your organisation in considering the workshop questions outlined on page three of this paper. This resource document can be found at [www.health.vic.gov.au/consumer](http://www.health.vic.gov.au/consumer).
References


Australian Bureau of Statistics, Australian Social Trends 4102.0 June 2009


Jordan, J. E., Osborne, R. H. and Buchbinder, R. 2011, ‘Critical appraisal of health literacy indices revealed variable underlying constructs, narrow content and psychometric weaknesses’ *Journal Of Clinical Epidemiology* Vol.64 No.4 pp. 366-379


United States Federal Government ‘The Plain Writing Act’ 2010

Appendix 1

The Health Information and Literacy Subcommittee

The Health Information and Literacy Subcommittee of the Participation Advisory Committee was created to develop a consumer health literacy policy statement and to identify effective tools to improve consumer health information and the health literacy of the community.

Specifically the responsibilities of the Subcommittee are to:

- Undertake a consultation process with consumers, health professionals, health services, healthcare organisations and key stakeholder groups to identify key health information and health literacy needs and priorities.
- Identify and document examples of strategies and programs, their enablers and evidence of their efficacy.
- Develop a health literacy and information policy statement for the Department of Health and its funded agencies.

Membership

Chair: Sophie Hill  PhD, Head, Centre for Health Communication and Participation, Coordinating Editor, Cochrane Consumers and Communication Review Group, Australian Institute for Primary Care & Ageing, La Trobe University.

Evelyn Webster, Consumer, Peninsula Health Community Advisory Committee, Participation Advisory Committee Department of Health, Rosebud Community Committee

Natalie Ross, Consumer, Alfred Health Community Advisory Committee

Maureen Johnson, Manager, Women’s Consumer Health Information, The Royal Women’s Hospital

Tanya Hendry, Manager, Consumer Participation & Patient Experience, Eastern Health

Cath Harmer, Manager, Policy & Strategy Unit, Sector Performance, Quality & Rural Health Branch, Department of Health

Kirsten Phillips, Senior Policy Officer, Primary Health Programs, Department of Health

Karinda Ritchie, Senior ICAP Program Officer, Aboriginal Health Branch, Department of Health

Lidia Horvat, Senior Policy Officer, Policy & Strategy Unit, Sector Performance, Quality & Rural Health Branch, Department of Health

Heather Lorney, Management Residency Program, Policy & Strategy Unit, Sector Performance, Quality & Rural Health Branch, Department of Health
Appendix 2.
Health literacy: enabling communication and participation in health

Department of Health September 2013

Workshop Questions Response Sheet

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<th>Question 1.</th>
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<td>What does health literacy mean to you as an individual consumer, carer, and health professional or health care organisation?</td>
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<td>Response:</td>
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Department of Health
**Question 2.**

What do you see as the key literacy and health information needs, and priorities for; Individual consumers, carers and communities, health professionals and the health care workforce, health care organisations and systems?

(In responding you may include examples of identified gaps or barriers across health care provision areas including: acute, primary health, aged care, public health, mental health. It can also include examples relating to policy approaches such as cultural responsiveness, consumer participation, person and family centred care, patient experience and human rights.)

- **Individual consumers, carers and communities?**
  (For example in communicating with health professionals and health care organisations; finding, accessing and understanding health information; managing and improving one’s health and/or the health of others.)

- **Health professionals and the health care workforce?**
  (For example: in communicating with consumers, carers, communities; communicating about health with consumers, communities and other health professionals; presenting information in accessible formats.)

- **Health care organisations and systems?**
  (For example in supporting health literacy policy and practice at an organisational level; providing high quality information to consumers, communities, health professionals to manage health; coordinating the provision of health information; enabling participation in health care; working to improve health care.)
**Question 3.**

How are you and/or your organisation currently addressing health literacy and health information needs and priorities for:

- Individual consumers, carers, communities?
  *This may include examples of enablers, effective strategies or programs.*

- Health professionals and the health care workforce?
  *This may include examples of enablers, effective strategies or programs.*
• Health care organisations and systems?
  This may include examples of enablers, effective strategies or programs.
General comments

Addition information

This can include examples of tools and resources that can be shared