



South Western Sydney Local Health District

Health Literacy Roadmap 2019 - 2021

*transforming your
experience*



supported by **SWSLHD**
Consumer and Community Participation

Publication date: September 2019

Copyright:

This work is copyright. It may be reproduced in whole or in part for information sharing purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction purposes other than those indicated above requires written permission from the South Western Sydney Local Health District.

ISBN: 978 1 74079 215 8



Chief Executive Message

The Health Literacy Roadmap will guide South Western Sydney Local Health District to enhance how we work with consumers and carers to access, understand and evaluate information relevant to their health or health care, and apply it to their lives. To achieve this we have considered four key priority areas.

Priority one includes measures to embed health literacy into our leadership, governance and systems. Priority two highlights the importance of working with consumers and carers to provide health and service information that is easy to access, use, and understand so that they are able to make informed decisions about their health. Priority three calls for improvements to access, navigation and wayfinding in our facilities and priority four recognises that a well prepared workforce is required to address health literacy challenges and monitor progress. Underpinning all of this will be partnerships with consumers and carers in the design and evaluation of programs and initiatives to ensure effectiveness.



Amanda Larkin
Chief Executive
South Western Sydney Local Health District

The Roadmap emphasises person centred care and recognises the increasingly complex health care system we are part of. It includes actions to make the system easier to navigate for everyone and will support all consumers and carers' efforts to improve their health. By observing universal health precautions we are avoiding stigmatisation and recognising that it is not possible to know a person's level of individual health literacy just by looking at them.

Consumers and carers, clinical leaders, staff and management have all had an opportunity to contribute to designing the Health Literacy Roadmap for the South Western Sydney and Southern Highlands communities. It has been mapped to national, state and local frameworks to build upon existing best practice work and support the District to meet current accreditation standards.

The Roadmap will enhance the health literacy of our organisation and population leading to consumers engaging more with preventative health rather than curative health; better management of chronic health conditions; improved satisfaction with health services offered and overall improvements in terms of health and wellbeing for consumers and carers. This will help to create a more efficient health system and cost savings in the medium to long term.



Contents

Executive Summary	6
Background.....	7
What is Health Literacy?	8
What are the benefits of improving health literacy?	9
How health literate are we as a nation?	10
A Health Literacy Roadmap is highly relevant for SWSLHD	11
SWSLHD Health Literacy Roadmap 2019-2021	12
Priority 1: SWSLHD has health literacy incorporated to its leadership, governance and systems	15
Priority 2: SWSLHD works with consumers and carers to provide health and service information that is easy to access, use, and understand so that they are able to make informed decisions about their health	17
Priority 3: SWSLHD partners with consumers to design and evaluate strategies to improve access, navigation and way finding in facilities	21
Priority 4: SWSLHD Prepares the workforce to address health literacy challenges, monitors progress and partners with consumers to measure effectiveness	22
Glossary	24
References	27



Executive Summary

The SWSLHD Health Literacy Roadmap is a 3 year strategy that includes evidence based actions that will guide the District to become a more health literate organisation. Health Literacy is about whether consumers and carers can access, understand and evaluate information relevant to their health or health care, and apply it to their lives to achieve the best possible health outcomes. The Roadmap outlines 4 main priority areas relating to:

1. Leadership, governance and systems;
2. Engagement with consumers and carers to provide health and service information that is easy to access, use, and apply to their health;
3. Designing and evaluating strategies to improve access, navigation and way finding in facilities and
4. Preparing of the workforce to address health literacy challenges, monitoring progress and partnering with consumers to measure effectiveness.

The Roadmap emphasises person centred care. It has been mapped to national, state and local frameworks to build upon existing best practice work and support the District to meet current accreditation standards.



Background

Health Literacy is about whether consumers and carers can access, understand and evaluate information relevant to their health or health care, and apply it to their lives to achieve the best possible health outcomes.

National

In 2014 the Australian Commission for Safety and Quality in Health Care (ACSQHC) developed a National Statement on Health Literacy. The National Statementⁱ is based on a background paper that describes health literacy in Australia, including strategies and actions to address health literacy in a coordinated way. Key recommendations include that:

- health literacy is included in systems
- all forms of communication are clear and effective and
- health literacy is included in education.

State

In April 2019, the Clinical Excellence Commission (CEC) released the NSW Health *Literacy Framework, A Guide to Action*ⁱⁱ. Like the National Statement, the CEC encourages Local Health Districts (LHDs) to create sustainable system level change, and improve safety and quality of care. The document recommends that all health entities address the four priorities within the framework that relate to:

- Patients, Families and Carers
- Staff
- Environment
- The Health System

Local

The South Western Sydney Local Health District (SWSLHD) Health Literacy Roadmap – “The Roadmap” builds on this important health literacy work as well as local, national and international research and practice. The SWSLHD Roadmap includes evidence based actions that will guide the District to become a more health literate organisation, taking into consideration the priorities of our unique population.

Over the next three years (from 2019 – 2021) the District will:

- Incorporate health literacy in its leadership, governance and systems.
- Partner with consumers and carers to make sure health and service information is easy to access, use, and understand. This will empower our communities to make more informed decisions about their health.
- Partner with consumers and carers to improve access, navigation and wayfinding in facilities.
- Further develop our workforce capacity to address health literacy challenges.

All actions within the Roadmap will include processes to measure progress, include the voices and experiences of consumers and carers and be evaluated for effectiveness. Operational actions will be included in the Health Literacy Roadmap Implementation Plan.

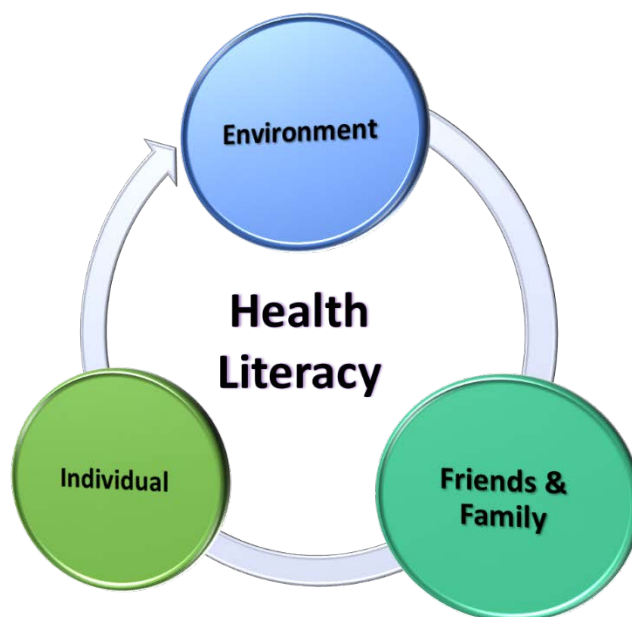


What is Health Literacy?

Health Literacy is about whether consumers and carers can access, understand and evaluate information relevant to their health or health care, and apply it to their lives to achieve the best possible health outcomes.

To achieve health literacyⁱⁱⁱ we must consider:

1. **Individual health literacy:** the skills, motivation and ability of consumers and carers to access, understand and evaluate information relevant to their health or health care, and apply it to their lives.
2. **The health literacy environment:** the infrastructure (physical and non-physical), including policies, processes, materials and people that make up the health system. The health care environment can have a big impact on the way that consumers and carers access, understand, evaluate and apply health-related information and services.
3. **Family and friends** who can influence how well consumers and carers can find, understand and use health information and services. This can include parents or siblings, but also children supporting their parents.



Understanding the relationship between the health literacy of the health care system, the individuals accessing it and the health literacy of people's family and friends, contributes to the practice of health literacy universal precautions.

Following health literacy universal precautions means understanding that the health care system is complicated, taking steps to make the system easier to navigate for **everyone** and supporting **all** consumers and carers' efforts to improve their health.^{iv} This approach avoids stigmatisation and recognises that it is not possible to know a person's level of individual health literacy just by looking at them.

What are the benefits of improving health literacy?

Local and international research consistently shows that higher levels of health literacy for consumers, carers and organisations leads to:

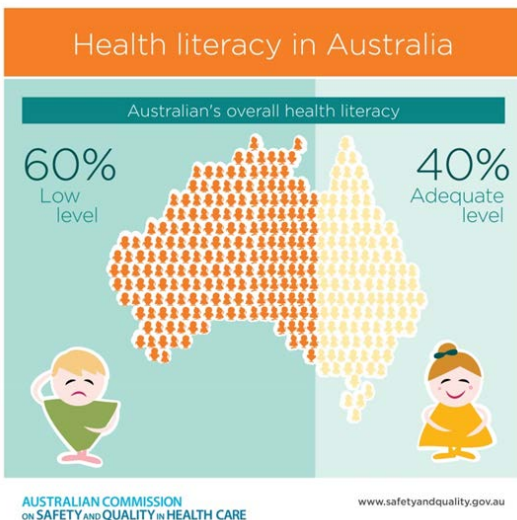
- Consumers engaging more with *preventative* health rather than *curative* health
- Better management of chronic health conditions
- Improved satisfaction with health services offered
- Overall improvements in terms of health and wellbeing for consumers and carers.

This helps to create a more efficient health system and **cost savings** in the medium to long term.^v



How health literate are we as a nation?

In 2006, the Adult Literacy and Life Skills Survey (ALLS) measured the literacy of adults aged 15–74 years, including their *health* literacy. People were asked to complete activities to test their understanding of health promotion, health protection, disease prevention and management, and navigation of the health system. Skill levels ranged from Level 1 (lowest) through to Level 5 (highest). Skill Level 3 is the minimum level people need to effectively manage their health in everyday life.



More than half of the adult population in Australia (60% or two out of every three), did not have the basic skills needed to understand and use everyday health information such as finding the relevant health service or taking medication safely. NSW findings were nearly identical.

Trends identified by the 2006 Survey are consistent with other well studied health indicators, including social determinants of health.

For example:

- People with higher levels of educational attainment demonstrated higher rates of adequate or better health literacy.
- People with higher incomes demonstrated higher levels of adequate or better health literacy skills (63%), compared with (43%) of those in the middle income group and (26%) of those with low income.
- Employed people demonstrating higher levels of adequate or better health literacy (47%) than those who were unemployed or outside the labour force (25%).
- Individuals whose first spoken language was English were more likely to have adequate or better health literacy (44%) than those whose first language was not English (25%).
- Australian born individuals were more likely to have adequate or better health literacy skills (43%) compared to overseas born individuals (30%).
- Females were consistently found to have a slightly higher level of health literacy across age groups until the age of 50 when the health literacy rate declined at a more rapid rate for women than men.
- Adults aged 20–49 had the best health literacy levels with 50% rating adequate or better.
- Less than half of adolescents (40%) aged 15 to 19 had adequate or better health literacy.
- There was a steady decline in the health literacy of adults above the age of 50 years.

New National Health literacy survey results were released on the 29 April 2019 using the Health Literacy Questionnaire (HLQ). The Health Literacy Survey (HLS) was conducted by the Australian Bureau of Statistics (ABS) in 2018 with 5,790 fully responding adults (18 +) who had already participated in the National Health Survey (NHS 2017-18). The survey questions provide information that is a lot more detailed and nuanced than the previous ABS research in 2006 which quoted the 60% figure. While no direct comparison between the surveys can be made as the tools used are different, the trends described above have not changed.

A Health Literacy Roadmap is highly relevant for SWSLHD

These trends show how important it is to prioritise health literacy within our District. SWSLHD is the largest and fastest growing District in Sydney. Our population of approximately one million people who are socially, economically, geographically and culturally and linguistically diverse.

There are seven local government areas (LGAs) within the District. Each LGA is unique, including the incredibly culturally diverse communities of Fairfield (home to the highest number of people from a refugee background nationally); large Arabic and Vietnamese speaking communities of Bankstown, the rapidly growing communities of Campbelltown, Liverpool and Camden; and the rural towns, villages and communities of Wollondilly and Wingecarribee.

Health services in South Western Sydney will need to:

- Respond to significant population growth and ageing. By 2031, the population will grow to approximately 1,284,600. The number of people aged 65 years and over will increase significantly from 127,000 to 221,000 (an increase of 74%).
- Accommodate changing health status due to morbidity and mortality, associated with ageing and altered lifestyles and behaviours such as exercise, eating and smoking.
- Consider socio-economic inequalities impacting people's access to health information and services.
- Respond to changing technology and healthcare practices.
- Respond to Australian and NSW Government changes such as the Council of Australian Government National Health Reform Agreement.
- Meet new requirements within the Australian Commission on Safety and Quality in Health Care "Standards" 2nd edition.

The second edition of the Australian Commission on Safety and Quality in HealthCare 'Standards'

The Standards (2nd ed.)^{vi} has a significant focus on person centred care and health literacy, including:

- Developing and providing easy-to-understand information and resources.
- Partnering with consumers and carers to develop health and service information and resources.
- Making the physical environment easier to navigate for everyone.
- Consumers and carers having a role in organisational governance.
- Sharing decision making with consumers and carers and partnering with them to develop care plans, and goal-directed care.
- Better communication for better health care and safety, especially during high risk situations such as transfer of care.

To meet the needs of our communities, more attention will be needed in planning for prevention and treatment services. Implementing the Health Literacy Roadmap will address many of these challenges and support facilities to meet the Standards (2nd ed).



SWSLHD Health Literacy Roadmap 2019-2021

SWSLHD has developed a Health Literacy Roadmap to be delivered over the next three years (2019 – 2021). The Roadmap has been informed by:

- Best examples of local and international health research and practice.
- Recommendations from the District Health Literacy Forum 2017.
- Consultation at the SWSLHD Consumer and Community Participation Annual Conference 2018.
- District planning, policy and reporting documents.
- The Australian Commission on Safety and Quality in HealthCare Standards 2nd edition.
- District wide mapping using the Enliven Health Literacy Self- Assessment Tool.^{vii}
- NSW Health *Health Literacy Framework, A Guide to Action 2019*.

The Roadmap Document

The South Western Sydney Local Health District (SWSLHD) Health Literacy Roadmap – “The Roadmap” includes evidence based actions that will guide the District to become a more health literate organisation. Health Promotion and Nursing and Midwifery led the development of the document, with a Health Literacy Committee formed to support its implementation. The Roadmap is relevant to all SWSLHD staff (clinical and non-clinical), across all levels of the organisation.

All of the actions included in the Roadmap promote person centred care and encourage the highest levels of quality, safety and equity of services. Importance is placed on simplifying the process of navigating the healthcare system; making sure consumers and carers are actively involved in their healthcare journey and experience clear and culturally appropriate communication.

Over the next three years (from 2019 – 2021) the Roadmap will guide the District to:

- Incorporate health literacy into its leadership, governance and systems.
- Partner with consumers and carers to make sure health and service information is easy to access, use, and understand. This will empower our communities to make more informed decisions about their health.
- Partner with consumers and carers to improve access, navigation and wayfinding in facilities.
- Continue developing our workforce to address health literacy challenges.

These objectives are aligned with the National Standards on Quality and Safety in Health Care 2nd edition. They are also consistent with the CEC NSW Health Literacy Framework A Guide to Action 2019.

All actions within the Roadmap will include measurement processes to monitor progress, include the voices and experiences of consumers and carers and be evaluated for effectiveness. Operational actions will be included in a Health Literacy Roadmap Implementation Plan.

The four priority areas of the Roadmap include:

Priority 1: SWSLHD has health literacy incorporated to its leadership, governance and systems.

SWSLHD prioritises health literacy and this is reflected in our organisational values, culture, and day-to-day operations. The District recognises that consistency and knowledgeable leadership are needed to effectively deliver and sustain health literacy improvement activities. Staff with expertise in health literacy and health information and resource development are required to lead this work. Our District has a considerable number of languages spoken at home other than English and the largest population of people from a refugee background in NSW. This section includes supporting the SWSLHD Health Language Services - Interpreting and Translating to meet best industry practice.



This priority relates to:

- NSQHS Standards 2nd edition:
 - 1: Clinical Governance
 - 2: Partnering with Consumers
 - 5. Comprehensive Care
 - 6: Communicating for Safety
- The NSW Health Literacy Framework, A Guide to Action, **Priority 4: “Health System: Our health systems are built to be sustainable and reliable for every patient, every time.”**
- Transforming Your Experience Focus Area: ***Effective leadership and empowered staff.***

Priority 2: SWSLHD works with consumers and carers to provide health and service information that is easy to access, use, and understand so that they are able to make informed decisions about their health.

SWSLHD works with consumers and carers to ensure the organisation has plain English health and service information that is easy to access, read, understand and use with translated versions available when required. Information is current, consistently available, and available in a variety of multimedia formats. The use of plain language health information and effective communication techniques, to increase patient understanding and improved health outcomes have proven to be effective. This is of particular importance within SWSLHD where the population is socially, economically, culturally and geographically diverse.

This priority relates to:

- NSQHS Standards 2nd edition:
 - 2: Partnering with Consumers
 - 5. Comprehensive Care
 - 6: Communicating for Safety
- The NSW Health Literacy Framework, A Guide to Action, **Priority 1: “All patients, their families and carers are active partners in their healthcare.”**
- Transforming Your Experience Focus Area: ***Respectful communication and genuine engagement.***

Priority 3: SWSLHD partners with consumers to design and evaluate strategies to improve access, navigation and wayfinding in facilities.

SWSLHD follows best practice wayfinding principles when planning and developing sites. Relevant techniques are used to make it easy for people to find information in facilities, such as health departments, clinics, and social service agencies. Technology is used where relevant and possible to improve access and navigation.

This priority relates to:

- NSQHS Standards 2nd edition:
 - 2: Partnering with Consumers
- The NSW Health Literacy Framework, A Guide to Action: **Priority 3 “Health centres and facilities are easy to access and navigate.”**
- Transforming Your Experience Focus Area: ***Consistent delivery, quality and safe care.***

Priority 4: SWSLHD prepares the workforce to address health literacy challenges, monitors progress and partners with consumers to measure effectiveness.

SWSLHD recognises and responds to staff health literacy training and professional development priorities. The training contributes to a culture in which everyone values and promotes effective communication, including using plain language wherever possible when interacting with consumers and carers. The impact of the training on advancing health literacy and other goals is measured and refined where needed. Developing and recruiting health staff to apply key health literacy and cross communication principles, leads to services being more person centred.

This priority relates to:

- NSQHS Standards 2nd edition:
 - 2: Partnering with Consumers
 - 5. Comprehensive Care
 - 6: Communicating for Safety
- The NSW Health Literacy Framework, A Guide to Action **Priority 2 “Staff communicate with patients, families and carers in ways they understand.”**
- Transforming Your Experience Focus Area: **Personalised, individual care.**

The Health Literacy Roadmap should be reviewed in conjunction with:

- The Health Literacy Roadmap Implementation Plan
- The work being undertaken by Transforming Your Experience (TYE), which has a core focus on patient centred care, Transforming Your Experience: Implementation plan 2017 - 2021
- The South Western Sydney Local Health District Strategic Plan 2018 - 2021
- South Western Sydney Local Health District Research Strategy to 2023
- The South Western Sydney Local Health District Disability and Carers Strategy 2017 – 2022.



Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
Priority 1: SWSLHD has health literacy incorporated to its leadership, governance and systems				
1.1. Provide health literacy leadership throughout the District	i. Identify a designate with responsibility for health literacy authority and oversight.	Health Literacy Roadmap developed and endorsed.	Chief Executive	Year 1
	ii. Implement and evaluate the Health Literacy Roadmap.	Health Literacy Roadmap evaluation report.	Executive Director Nursing, Midwifery and Performance	Year 1, 2 & 3
	iii. Establish District Health Literacy and Health Information and Resource positions.	District Health Literacy and Health Information and Resource staff appointed.	Executive Director Nursing, Midwifery and Performance	Year 1
1.2. Incorporate Health Literacy into all planning activities	i. Measure performance and progress in promoting health literacy.	Evaluation shows improvements in health literacy outcomes.	Executive Director of Strategic Planning	Year 1 & ongoing
	ii. Annually consult with internal experts, advocacy organisations, and individuals with limited English proficiency, subject matter experts and/or relevant research to determine effective practices for assessing and implementing the language assistance needs of current and projected consumers.	Quality improvement measures are documented and implemented.	Executive Director of Allied Health and Community Services	Year 1 & ongoing
	iii. Use existing data sources (eg ABS census, Department of Social Service settlement data etc.) to evaluate the extent of need for language assistance services, in particular languages or dialects for all new programs or services.	Programs and services assess language needs of consumers and carers during the project planning stage.	Executive Director of Allied Health and Community Services Executive Director of Strategic Planning	Year 1
	iv. Identify gaps where language assistance services are inadequate to meet need and take specific steps to enhance language assistance services at all service locations.	Consumer and carer evaluation demonstrates that language needs of consumers and carers are consistently being met.	Executive Director of Allied Health and Community Services	Year 1

Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
1.3. Consumers and carers routinely partner with our organisation and actively contribute to decisions	i. Collaborate with members of the public when designing, pilot testing and developing programs and services.	Consumer and carer feedback is routinely included in program and service design.	Executive Director of Strategic Planning	Year 1 & ongoing
	ii. Enhance the diversity of community and consumer engagement relating to SWSLHD policies and practices.	Consumers and carers engaged are reflective of the population who are currently using the service <i>and</i> those who require the service but may not be accessing it.	District Consumer and Community Participation Manager	Year 1 & ongoing
	iii. Take specific measures to ensure consumers with cognitive and/or physical disabilities are active partners in their health care.	Health staff consistently engage with people with a disability in a person centred manner, ensuring they are active partners in their health care.	Director of Allied Health and Community Services	Year 1 & ongoing
1.4. Standardise how health information and resources are developed, sourced and stored across the District	i. Develop a mandatory District procedure for developing and sourcing accessible consumer and carer health information and resources including <i>repository guidelines</i> .	SWSLHD <i>Procedure for Accessible Consumer and Carer Health Information and Resources</i> is developed and promoted.	Executive Director Nursing, Midwifery and Performance	Year 1
	ii. Develop a District wide online platform for storage and access of plain language health information and resources.	Online Information and resource platform is developed and promoted. All compliant health information and resources are systematically stored and available to all staff across the District.	Executive Director of Strategic Communications and Media and Director of Information, Communication and Technology	Years 1, 2 & 3

Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
1.5. Encourage state or national level coordination regarding health literacy matters that require such leadership	i. Identify and act on health literacy priorities that impact populations across multiple Districts i.e. zero tolerance, triage.	Case made to State and/or National Health as relevant for leadership around identified health literacy priorities.	Relevant District Committee Chairs in partnership with District Chief Executive	Years 1 & ongoing
1.6. Implement health literacy research to inform evidence based practice	i. Identify specific health literacy priorities in line with the <i>South Western Sydney Local Health District Research Strategy to 2023</i> which outlines strategic directions and actions required to build a stronger and vibrant health research culture in the District.	Health literacy guidelines and practice within SWSLHD are evidence based and exemplify best practice principles.	Director of Research	Year 1
Priority 2: SWSLHD works with consumers and carers to provide health and service information that is easy to access, use, and understand so that they are able to make informed decisions about their health				
2.1. Engage consumers in the process of designing and testing health and service information and resources	i. Implement procedure for accessible consumer and carer information and resources and repository guidelines (See Objective 1.3).	100% of health and service information and resources developed by the District undergo consumer and/or carer review prior to publication.	All sites, services and facilities	Year 1 & ongoing
2.2. Have available accessible and current health and service related information within every service, facility and department.	ii. Audit each service, facility and department in consultation with consumers and carers to identify health and service information requirements.	Relevant health and service information is identified.	General Service, Site and Facility Managers	Year 1 & ongoing
		Minimum of two priority documents reviewed and published annually according to the accessible	General Service, Site and Facility Managers	Year 1, 2, 3 and ongoing.

Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
		consumer and carer information procedure by each service, site or facility.		
	iii. Develop systems to ensure consistent availability of health and service information across the District.	Relevant and current health and service information is consistently available to consumers across all sites.	General Site, Service and Facility Managers	Year 1 & ongoing
	iv. Increase awareness and usage amongst staff of the consumer and carer information and resources procedure including the repository guidelines.	Audits show compliance with the consumer and carer information repository policy and guidelines.	Executive Director Nursing, Midwifery and Performance	Years 1, 2 & 3 & ongoing
2.3. Review all SWSLHD electronic platforms (website, social media etc)	i. Review all services, facility and department web content in reference to District Procedure for Accessible Consumer and Carer Health Information and Resources.	Website content adheres to SWSLHD Procedure for Accessible Consumer and Carer Health Information and Resources.	Executive Director of Strategic Communications and Media in liaison with Site/Service/ General Managers	Year 1
	ii. Review SWSLHD website home page to promote increased navigability. Take into consideration consumer feedback and Web Content Accessibility Guidelines (WCAG)*. *This is a priority within the District's <i>Disability and Carers Strategy 2017 – 2022</i> .	Website is easier to access and navigate according to consumer and carer groups after the website review has taken place.	Executive Director of Strategic Communications and Media	Year 1 & 2
		All website content follows the Web Content Accessibility Guidelines (WCAG).		

Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
	iii. Develop health literacy web page content to provide information for staff, consumers and carers.	Variety of resources available for staff, consumers and carers to improve health literacy knowledge and skills.	Executive Director Nursing, Midwifery and Performance	Year 1 & ongoing
2.4. Increase consumer and carer understanding of what they are consenting to when signing forms and providing permissions	i. Develop District wide guidelines/checklist regarding the process of gaining informed consent from consumers and carers. Ensure guidelines are inclusive of accessibility requirements of priority populations.	District Informed Consent Guidelines are developed.	Executive Director Clinical Governance, Executive Director of Medical Services & Executive Director of Finance	Year 1
	ii. Review relevant consent forms in partnership with consumer groups and adapt to promote increased understanding.	100% of consent forms adhere to <i>Accessible Consumer and Carer Health Information and Resources and Informed Consent Guidelines</i> and consumer and carer health information guidelines.	Executive Director Clinical Governance, Executive Director of Medical Services & Executive Director of Finance.	Years 2 & 3
	iii. Work with health literacy ambassadors to communicate guidelines throughout wards, clinics, services and departments.	Consumers understand what they are agreeing to when providing consent, including out of pocket expenses. They are able to make informed decisions about their healthcare.		Years 2 & 3

Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
2.5. Increase community and individual awareness of how to keep healthy, how to identify health problems early and how to access the health system, with a particular focus on vulnerable communities	i. Develop and implement consumer and carer health literacy education and engagement programs, including adopting or developing educational resources relevant to specific populations – e.g. people with different abilities, Aboriginal, CALD, refugee, hospital triage informational resources etc.)	Health literacy materials, projects and programs are identified according to population’s diverse needs.	Executive Director of Population Health and General Managers	Year 1 & ongoing
	ii. Evaluate the effectiveness of consumer and carer health literacy education and engagement programs.	Evaluation shows positive correlation between engaging with health literacy education and engagement strategies and increased health literacy knowledge and skills.		Years 2 & 3
	iii. Conduct regular hospital tours for consumers and carers.	Increased awareness of hospital services and navigation.	General Managers	Year 1 & ongoing
	iv. Expand and adapt the Bilingual Community Education (BCE) program to meet the needs of diverse consumer and carer groups, e.g. men.	In language health information provided to diverse populations throughout the District, including but not limited to male groups.	Executive Director Population Health	Year 1 & ongoing

Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
Priority 3: SWSLHD partners with consumers to design and evaluate strategies to improve access, navigation and way finding in facilities				
3.1. Incorporate best practice health literacy and wayfinding principles into planning and development processes for all sites, facilities services	i. Develop District guidelines relating to wayfinding within the physical environments of all sites, facilities and services. Consider inclusions such as universal symbols and translations of key signage where required.	<i>Wayfinding Guidelines</i> are endorsed by the Executive.	Director of Capital Works	Year 1
	ii. Implement guidelines in new facilities and those being redeveloped.	Assessment shows increased navigability of hospitals sites according to consumer, carer and staff feedback.	General Managers	Year 1 & ongoing
	iii. Develop District wide flexible visiting hour's policy.	Policy developed.	Executive Director of Nursing Midwifery and Performance	Year 1
3.2. Improve navigability and wayfinding for consumers within hospitals, sites and facilities	i. Review pre admission and appointment correspondence with signage and wayfinding systems within all hospitals and facilities, checking for consistency.	All hospitals and facilities pre admission and appointment correspondence is consistent with the signage and wayfinding systems within the facility.	General Managers	Years 1 & 2
	ii. Carry out annual wayfinding assessments across all sites, facilities and services.	100% sites undertake improvement measures resulting from annual audit prior to subsequent audit or provide valid reason for delay as set out in the <i>District Wayfinding Guidelines</i> .	General Managers	Years 1, 2, 3 & ongoing



Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
	iii. Pilot technologies to improve consumer and carer information access and understanding within hospitals and facilities. For example: <ul style="list-style-type: none"> • Virtual tools/health messages/visual instructions • Appointment whereabouts/waiting times • Information regarding discharge • Apps • Touchscreens, videos etc 	SWSLHD incorporates into everyday practice and service delivery the best performing technologies.	Director Strategic Communications & Media, Director of Information and Technology Services.	Years 1, 2 & 3
	iv. Plan, implement and evaluate multilingual volunteer health navigator program at three hospital sites over three years – Liverpool, Fairfield and Bankstown prioritised due to higher numbers of CALD consumers and carers.	Evaluation shows increased ease of navigability for consumers and carers accessing hospital facilities throughout the District.	Executive Director Population Health & General Managers	Year 1, 2 & 3
Priority 4: SWSLHD Prepares the workforce to address health literacy challenges, monitors progress and partners with consumers to measure effectiveness				
4.1. Increase health literacy skills and knowledge amongst staff	i. Implement health literacy communication strategies as part of everyday practice. For example: <ul style="list-style-type: none"> • Develop a consistent culture of evidence - based communication techniques. For example Teach-Back and Chunk and Check • Consistent use of Health Language Services • Cultural competence knowledge and skills development • English language and literacy professional development opportunities for staff who need upskilling. 	Completion rates for relevant trainings are met. For example Teach-Back, <i>Respecting the Difference</i> and Cultural Competency training are met. 100% staff have the minimum English language skills required to safely and competently carry out their role.	Director of People & Culture	Years 1, 2, 3 & ongoing

Objective	Action	Outcome/Output	Responsible/Lead	Timeframe
	ii. Establish a District wide staff health literacy ambassador program with an emphasis on ensuring improved outcomes for consumers and carers with unique access needs. For example Aboriginal communities, culturally and linguistically diverse groups, people from a refugee background, people with physical and cognitive impairments etc.	Increased awareness and adherence to health literacy principles amongst services, departments and wards participating in evaluation of the program.	Director of People and Culture with Executive Director of Nursing, Midwifery and Performance.	Years 1, 2 & 3
4.2. Streamline and standardise the process for volunteering across all sites, services and departments	i. Develop District wide guidelines for volunteer recruitment and management in consultation with representatives from relevant sites, services and departments.	District wide volunteer guidelines are in place with 100% staff compliance.	Director of People and Culture	Year 1
4.3. Increase usage of communication enhancement strategies and tools amongst health staff.	i. Implement and evaluate the efficacy of consistent usage of communication enhancement tools as a pilot study within two high volume clinical areas at each facility: eg. <ul style="list-style-type: none"> Refugee Health language appointment tool Talking Pictures CALD Assist™ app (http://www.westernhealth.org.au/HealthProfessionals/Pages/CALDAssist.aspx) 	Evaluation of communication enhancement tools and improved communication between clinicians and consumers.	Clinical Directors	Years 1 & 2
4.4. Employ a diverse workforce with expertise in health literacy and evaluate the health literacy skills of the workforce on a regular basis.	ii. Conduct convenor panel training to increase panel member's capacity to assess health literacy skills and capacity amongst potential recruits.	Convenor panel training conducted.	Director of People & Culture	Year 1
	iii. Develop an evaluation framework to measure key health literacy competencies amongst staff.	Health Literacy evaluation tool is piloted and refined as required.	Executive Director Nursing, Midwifery and Performance.	Year 1 & 2



Glossary

Aboriginal

The term which describes the original inhabitants of Australia. Aboriginal, when used in this Roadmap, includes the terms Aboriginal and/or Torres Strait Islander and/or Indigenous peoples.

ACSQHC - The Australian Commission for Safety and Quality in Health Care

A government agency that leads and coordinates national improvements in safety and quality in health care across Australia. Our aim is to support healthcare professionals, organisations and policy makers who work with patients and carers.

ALLS - Adult Literacy and Life Skills Survey

BCE - Bilingual Community Education

The program contributes to health literacy improvement of culturally and linguistically diverse (CALD) communities by developing and providing health education programs and resources in a range of community languages. People from new and emerging communities are identified, recruited and trained to become accredited Bilingual Community Educators (BCEs).

CALD - Culturally and Linguistically Diverse

SWSLHD has a large culturally and linguistically diverse population, with many residents born overseas and originating from non-English speaking countries. The District also has a large population of people from a refugee background, who have a unique and often traumatic experience of migration. Effective provision of health services within a multicultural context requires understanding the differences that arise through cultural and linguistic diversity.

CALD Assist™ app

CALD Assist™ offers a simple way for nursing staff and allied health clinicians to communicate with patients from Culturally and Linguistically Diverse (CALD) backgrounds when an interpreter is not available. Featuring phrases commonly used during basic care interactions translated and recorded in 10 common languages (plus English), CALD Assist™ facilitates basic care interactions to support patient care. The iPad app is now available for free download from the Apple App Store - with the newly developed and evaluated Nursing Module.

Carer

A carer is someone who provides unpaid, personal care, support and assistance to another individual who is in need of support due to disability, medical condition(including terminal or chronic illness and mental illness), or who is frail and/or aged.

CEC - Clinical Excellence Commission

The (CEC) was established in 2004 as one of the five key structural reforms outlined in the NSW Health Patient Safety and Clinical Quality Program (PSCQP) and as an evolution of the Institute for Clinical Excellence. The focus of the CEC has been to promote and support improved clinical care, safety and quality across the NSW public health system, and to meet functions specified by the Minister for Health.



CEWD – Centre for Education and Workforce Development

Provides a suite of education and development opportunities which allow the tailoring of education to the staff needs.

Chunk and Check

The process of breaking larger pieces of information into smaller ones and checking if each piece has been understood correctly.

Consumer

A person who uses health services, as well as their family and carers. Includes people who have used a health service in the past or who could potentially use one in the future.

Cultural competence

The ability to understand, communicate with and effectively interact with people across cultures. This includes being aware of your own world view, developing positive attitudes towards cultural differences and gaining knowledge of different cultural practices and world views.

Health literacy universal precautions

Recognising that the health care system is complicated, taking steps to make the system easier to navigate for everyone (rather than subgroups only) and supporting all consumers and carers' efforts to improve their health.

Health Literacy Questionnaire (HLQ)

The HLQ is a widely used multi-dimensional health literacy assessment tool for surveys, evaluation and service improvement. It collects information on how people find, understand and use health information, and how they manage their health and interact with healthcare providers.

LHD – Local Health District

Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW. In addition, two specialist networks focus on children's and paediatric services, and justice health and forensic mental health.

LGA - Local Government Area

Also known as 'Council' - The institutions and processes by which areas, cities, towns, municipalities, regions, [shires](#), and districts can manage their own affairs to the extent permitted by the [Local Government Act 1993 \(NSW\)](#).

NSQHS -National Safety and Quality Health Service Standards 2nd ed. - The second edition of the Australian Commission on Safety and Quality in HealthCare Standards

The 'Standards' were developed by the Commission with the Australian Government, state and territory partners, consumers and the private sector. The aim of the NSQHS Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.



Person/Patient Centred Care

Care that respects and responds to, individual consumer preferences, needs and values, and priorities patient led decisions.

Plain English

Communication involving wording, structure and design that is simple and clear so that the intended audience can easily find what they need, understand what they find, and use that information.

Social determinants of health

Include factors such as employment, housing, education and social support that can contribute positively or negatively to the health of people and their communities.

SWSLHD - South Western Sydney Local Health District

Talking Pictures

A multilingual resource developed to support basic communication with people who speak a language other than English (LOTE). Pictures help communicate the meaning of the word which is written in English and the other language. It includes days of the week, numbers, a template of a clock and some commonly used phrases. It is not designed to take the place of an Interpreter.

Teach-Back

Teach-Back is communication method to confirm what the consumer understands, using their own words. The health professional gives information, and then asks the consumer to respond and confirm their understanding in their own words before adding any new information.

Triage

The process of prioritising patients' treatments based on the seriousness of their condition.

TYE - Transforming Your Experience

SWSLHD's five year plan to deliver safe and quality care, and positively transform how our patients, consumers, staff and communities experience our organisation and services.

WCAG - Web Content Accessibility Guidelines

Web Content Accessibility Guidelines describe how to make Web content more accessible to people with different abilities. Accessibility involves making provisions for people with visual, auditory, physical, speech, cognitive, language, learning, and neurological difficulties.

Zero Tolerance

NSW Health staff have the right to work in a safe workplace. Patients and visitors have the right to visit, or receive health care, in a therapeutic environment free from risks to their personal safety and from any exposure to acts of violence.



References

- ⁱThe Australian Commission for Safety and Quality in Health Care (ACSQHC) *National Statement on Health Literacy* (2014): <https://www.safetyandquality.gov.au/publications/health-literacy-national-statement/>
- ⁱⁱ Clinical Excellence Commission (CEC) NSW Health *Health Literacy Framework, A Guide to Action*: <http://cec.health.nsw.gov.au/quality-improvement/people-and-culture/person-centred-care/health-literacy>
- ⁱⁱⁱ ACSQHC Health Literacy: Taking action to improve safety and quality (2014): <https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>
- ^{iv} U.S. Department of Health & Human Services Agency for Research Healthcare and Quality - AHRQ Health Literacy Universal Precautions Toolkit. Content last reviewed May 2017. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>
- ^v Australian Commission on Safety and Quality in Health Care (2018): *Review of key attributes of high-performing person-centred healthcare organisations* <https://www.safetyandquality.gov.au/wp-content/uploads/2018/08/FINAL-REPORT-Attributes-of-person-centred-healthcare-organisations-2018.pdf>
- ^{vi} The second edition of the Australian Commission on Safety and Quality in HealthCare Standards (2nd ed.) <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/>
- ^{vii} Thomacos, N. & Zazryn, T. (2013). Enliven Organisational Health Literacy Self-assessment Resource. Melbourne: Enliven & School of Primary Health Care, Monash University: <https://www.hgsc.govt.nz/assets/Consumer-Engagement/Resources/Enliven-health-literacy-audit-resource-Mar-2015.pdf>





South Western Sydney Local Health District

Liverpool Hospital Eastern Campus

Locked Mail Bag 7279

Liverpool BC NSW 1871

Tel. (612) 8738 6000

Fax. (612) 8738 6001

www.swslhd.nsw.gov.au

Further copies of this document can be downloaded from
the SWSLHD website

www.swslhd.health.nsw.gov.au/ccp/