**Standard 2: Partnering with Consumers**

**Fact Sheet 8: Health literacy and the NSQHS Standards**

# Partnerships and health literacy

Partnerships are essential for safe and high-quality health care for individuals, and for the development of better healthcare systems. For partnerships to work effectively, everyone involved in the partnership needs to be able to give and receive, interpret and act on information. The concept of health literacy is at the core of these processes.

Improving health literacy ensures that consumers and healthcare providers can fully participate in partnerships, and that the health system and healthcare organisations are oriented to support partnerships.

This fact sheet focusses on health literacy and how your organisation can strategically address health literacy and meet the requirements of the National Safety and Quality (NSQHS) Standards.

# What is health literacy?

Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.

Health literacy is important because it shapes people’s health, and the safety and quality of health care.

In 2014 the Australian Commission on Safety and Quality in Health Care (the Commission) released a national statement on health literacy that was endorsed by Health Ministers. This statement separates health literacy into two parts:

* Individual health literacy is skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care, and take action.
* The health literacy environment is the infrastructure, policies, processes, materials, people and relationships which make up the health system and have an impact on the way in which people access, understand, appraise and apply health-related information and services.

Your organisation has the capacity to change the health literacy environment so that your information, systems and services are easier for consumers to understand and use. This means that it will be easier for consumers to be effective partners with your organisation.

# What is the problem?

In Australia it has been estimated that almost 60% of adults have a low level of individual health literacy. The proportion of people with low health individual health literacy is even higher for people who speak English as a second language.

This is important as low health literacy is a barrier to good health and health care. People with low individual health literacy are between one-and-a-half and three times more likely to experience an adverse outcome. They are also more likely to be hospitalised, misunderstand medication labels or instructions, or know less about their condition than those with a higher level of health literacy.

It is difficult to estimate the economic cost of low health literacy but, a recent report by the World Health Organization proposes that it ‘significantly drain[s] human and financial resources in the health system’.

# Health literacy and the NSQHS Standards

NSQHS Standard 2: Partnering with Consumers describes the requirements for engaging consumers in partnerships in the governance of a health service organisation. There are also additional actions throughout the NSQHS Standards that focus on working in partnership with consumers in their own care.

Consequently, many of the actions within the NSQHS Standards either explicitly or implicitly require consideration of the health literacy environment of your organisation.

For some actions in the NSQHS Standards, organisations need to ensure that consumers are supported to access, understand, appraise and apply the information they need to participate in a successful partnership with the service. This might mean considering the specific skills, knowledge and preferences of a patient when involving them in clinical handover (Action 6.5.1). It might also mean ensuring that consumers involved in governance processes have the knowledge they need to fully participate in meetings or other activities (Action 2.3.1).

In addition, for the actions which focus specifically on the provision of information to consumers, organisations need to ensure the information they deliver is prepared and provided in such a way that it is easy to understand and act on (such as Actions 2.4.1 and 2.4.2).

Attachment 1 includes a list of the NSQHS Standard actions that relate to health literacy, and some of the health literacy strategies that could be considered as you put systems in place to meet the NSQHS Standards. These strategies are described in more detail in the next section.

# Strategies to address health literacy

Health literacy is a complex concept and there are many different kinds of strategies and interventions that can be used to address it. These strategies overlap with activities that can be taken in areas such as patient-centred care, shared decision-making and health education. Some of the health literacy strategies and issues that you should consider when you are putting in place systems to meet the NSQHS Standards include:

* Understanding your population: to provide information that meets the needs of the people who use your health service, you need to have an understanding of who those people are. This includes understanding the diversity of the population in terms of issues such as language, cultural background and socioeconomic status. To address the needs of specific patient groups, you may need to provide information in different formats or languages.
* Providing information that is clear, focussed and usable: to optimise the way in which people use the health information you provide, and improve the potential for positive outcomes, you need to provide information that is understandable and accessible for your target audience. Tip Sheet 5: Preparing written information for consumers that is clear, understandable and easy to use provides specific advice on this issue. This strategy relates both to information about clinical issues such as medications, as well as information about the health service that could be used by consumers participating in partnerships about governance.
* Taking a universal precautions approach to health literacy: a universal precautions approach to health literacy is based on the assumption that it is not possible to know a person’s level of individual health literacy by looking at them. Therefore, it is important to assume that there will be barriers to understanding and to reduce the complexity of information and service provided.
* Understanding the needs and preferences of individuals: while a universal precautions approach to health literacy is important, it is also important for healthcare providers to understand the needs and preferences of their patients, and to take these into account during communication. This patient-centred approach to care is associated with better safety and quality of care and better health outcomes.
* Using strategies to confirm that the information provided meets the patient’s needs: these kinds of strategies include asking people to recount the information given to them by a healthcare provider to check understanding. One well known example is ‘Teach-back’ where the healthcare provider asks the patient to state in their own words the key points in the discussion. The cycle continues until the healthcare provider is certain the key messages have been delivered and understood.

# Finding out more about health literacy and how to address it

There are a range of things your organisation can do to address health literacy and meet the requirements of the NSQHS Standards.

Information about health literacy, why it is important and the strategies that are needed to address it systematically is included in the background paper[[1]](#footnote-1) about health literacy developed by the Commission. The nationally agreed approach to health literacy in Australia is summarised in the National Statement on Health Literacy[[2]](#footnote-2). The Institute of Medicine in the United States has identified ten attributes of a ‘health-literate organisation’[[3]](#footnote-3), which is an organisation that makes it easier for people to navigate, understand and use information and services to take care of their health.

Information about some of the strategies you can use to meet the requirements of the NSQHS Standards is outlined in the Safety and Quality Improvement Guides[[4]](#footnote-4), the NSQHS Standard 2 Tip Sheets[[5]](#footnote-5) and other supportive resources on the Commissions web site.

# Further information

Engaging consumers in partnership with your organisation

Cancer Australia – Consumer involvement toolkit: <http://consumerinvolvement.canceraustralia.gov.au/>

Department of Health and Human Services Tasmania – Your care, your say: Consumer, carer and community engagement. A guide to engagement techniques: <https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0008/76283/Toolkit_December_2010_finalised.pdf>

QLD Health – Engaging Queenslanders: A guide to community engagement methods and techniques: <http://www.qld.gov.au/web/community-engagement/guides-factsheets/documents/engaging-queenslanders-methods-and-techniques.pdf>

SA Health – Guide for Engaging with Consumers and the Community (Toolkit): [http://www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e454788aa0caf8ba24f3db9/Guideline\_Engaging+Consumers+and+Community\_Dec2014.pdf?MOD=AJPERES&CACHEID=f8d1d0004e454788aa0caf8ba24f3db9](http://www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e454788aa0caf8ba24f3db9/Guideline_Engaging%2BConsumers%2Band%2BCommunity_Dec2014.pdf?MOD=AJPERES&CACHEID=f8d1d0004e454788aa0caf8ba24f3db9)

Victorian Department of Health – Effective engagement: Building relationships with community and other stakeholders. Book 3 The engagement toolkit: [http://www.dse.vic.gov.au/\_\_data/assets/pdf\_ file/0003/105825/Book\_3\_-\_The\_Engagement\_Toolkit.pdf](http://www.dse.vic.gov.au/__data/assets/pdf_%20file/0003/105825/Book_3_-_The_Engagement_Toolkit.pdf)

Developing information that is easy to understand and use

NSW Clinical Excellence Commission – Health Literacy Guide: <http://www.cec.health.nsw.gov.au/hlg>

Agency for Healthcare Research and Quality – Health literacy universal precautions toolkit: <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.pdf>

Agency for Healthcare Research and Quality – Patient Education Materials Assessment Tool: http:// [www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html](http://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html)

Canadian Public Health Association – Easy does it! Plain language and clear verbal communication training manual: <http://www.cpha.ca/uploads/portals/h-l/easy_does_it_e.pdf>

US Centers for Disease Control and Prevention – Simply put: A guide for creating easy-to-understand materials: <http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf>

# Attachment 1: Actions in the NSQHS Standards related to health literacy

| **Item** | **Action** | **Health literacy strategies** |
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| 1.17 | 1.17.1 The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights | Understand your populationProvide information that is clear, focussed and usable |
| 1.17.2 Information on patient rights is provided and explained to patients and carers |
| 1.17.3 Systems are in place to support patients who are at risk of not understanding their healthcare rights |
| 1.18 | 1.18.1 Patients and carers are partners in the planning for their treatment | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |
| 1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent |
| 1.18.3 Mechanisms are in place to align the information provided to patients with their capacity to understand |
| 1.18.4 Patients and carers are supported to document clear advance care directives and/or treatment limiting orders |
| 2.1 | 2.1.1 Consumers and/or carers are involved in the governance of the health service organisation | Understand your populationProvide information that is clear, focussed and usable |
| 2.1.2 Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people who do not usually provide feedback |
| 2.2 | 2.2.1 The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation | Provide information that is clear, focussed and usable |
| 2.2.2 Consumers and/or carers are actively involved in decision making about safety and quality |
| 2.3 | 2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role | Provide information that is clear, focussed and usable |
| 2.4 | 2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients) | Understand your populationProvide information that is clear, focussed and usable |
| 2.4.2 Action is taken to incorporate consumer and/or carer feedback into publications prepared by the health service for distribution to patients |
| 2.5 | 2.5.1 Consumers and/or carers participate in the design and redesign of health services | Understand your populationProvide information that is clear, focussed and usable |
| 2.6 | 2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care | Understand your populationProvide information that is clear, focussed and usable |
| 2.6.2 Consumers and/or carers are involved in training the clinical workforce |
| 2.7 | 2.7.1 The community and consumers are provided with information that is meaningful and relevant on the organisation’s safety and quality performance | Understand your populationProvide information that is clear, focussed and usable |
| 2.8 | 2.8.1 Consumers and/or carers participate in the analysis of organisational safety and quality performance | Provide information that is clear, focussed and usable |
| 2.8.2 Consumers and/or carers participate in the planning and implementation of quality improvements |
| 2.9 | 2.9.1 Consumers and/or carers participate in the evaluation of patient feedback data | Provide information that is clear, focussed and usable |
| 2.9.2 Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data |
| 3.19 | 3.19.1 Information on the organisation’s corporate and clinical infection risks and initiatives implemented to minimise patent infection risks is provided to patients and/or carers | Understand your populationProvide information that is clear, focussed and usable |
| 3.19.2 Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience |
| 4.12 | 4.12.2 A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |
| 4.13 | 4.13.1 The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |
| 4.15 | 4.15.1 Information on medicines is provided to patients and carers in a format that is understood and meaningful | Understand your populationProvide information that is clear, focussed and usable |
| 4.15.2 Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients |
| 6.5 | 6.5.1 Mechanisms to involve a patient, and where relevant, their carer in clinical handover are in use | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |
| 7.9 | 7.9.1 Patient information relating to blood and blood products, including risks, benefits and alternatives, is available for distribution by the clinical workforce | Provide information that is clear, focused and usable |
| 7.9.2 Plans for care that include the use of blood and blood products are developed in partnership with patients and carers  | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |
| 7.10 | 7.10.1 Information on blood and blood products is provided to patients and their carers in a format that is understood and meaningful | Understand your populationProvide information that is clear, focussed and usable |
| 7.11 | 7.11.1 Informed consent is undertaken and documented for all transfusions of blood or blood products in accordance with the informed consent policy of the health service organisation | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |
| 8.9 | 8.9.1 Patient information on prevention and management of pressure injuries is provided to patients and carers in a format that is understood and meaningful | Understand your populationProvide information that is clear, focussed and usable |
| 8.10 | 8.10.1 Pressure injury management plans are developed in partnership with patients and carers | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |
| 9.7 | 9.7.1 Information is provided to patients, families and carers in a format that is understood and meaningful. The information should include:* the importance of communicating concerns and signs/symptoms of deterioration, which are relevant to the patient’s condition, to the clinical workforce
* local systems for responding to clinical deterioration, including how they can raise concerns about potential deterioration
 | Understand your populationProvide information that is clear, focussed and usable |
| 9.9 | 9.9.2 Information about the system for family escalation of care is provided to patients, families and carers | Understand your populationProvide information that is clear, focussed and usable |
| 10.9 | 10.9.1 Patient information on falls risks and prevention strategies is provided to patients and their carers in a format that is understood and meaningful | Understand your populationProvide information that is clear, focussed and usable |
| 10.10 | 10.10.1 Falls prevention plans are developed in partnership with patients and carers | Take a universal precautions approachUnderstand the needs and preferences of individualsConfirm that the information provided meets the patient’s needs |

1. <http://www.safetyandquality.gov.au/publications/health-literacy-taking-action-to-improve-safety-and-quality/> [↑](#footnote-ref-1)
2. <http://www.safetyandquality.gov.au/publications/health-literacy-national-statement/> [↑](#footnote-ref-2)
3. <http://www.iom.edu/global/perspectives/2012/attributes.aspx> [↑](#footnote-ref-3)
4. <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/#Safety-and-quality-improvement-guides> [↑](#footnote-ref-4)
5. <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/> [↑](#footnote-ref-5)