

***Building understanding:
Advance on being a health literate system***

Strategic context

Counties Manukau Health has committed to a strategic goal of equity in key health indicators for Maaori, Pacific and communities with health disparities by 2020¹. In order to achieve this goal, action is being organised around the three strategic objectives of

- Healthy communities: “Together we will help make healthy options easy options for everyone”
- Healthy people, whaanau and families: “Together we will involve people, whaanau and families as an active part of their health team”
- Healthy services: “Together we will provide excellent services that are well-supported to treat those who need us safely, with compassion and in a timely manner”

Health literacy – now being framed in CM Health as *building understanding* – relates to all of these objectives, while being most explicitly expressed within “Healthy people, whaanau and families” through the identified strategic action of “Advance on being a health literate system.”

Purpose of this document

This document provides a refreshed vision and framing of health literacy, pulling together the related strands of cultural competency and language access and linking these to the goal of health equity and CM Health’s values. It provides a basis for aligning a range of related activities, as well as extending new targeted interventions, across CM Health. Drawing on work that has been carried out in the organisation over the past few years, it provides a platform for progressing selected elements². An implementation plan outlining actions and responsibilities going forward is under development and will form a companion document to the current piece.

¹ Counties Manukau Health 2015, Healthy Together Strategic Plan 2015-2020. Available at <http://www.countiesmanukau.health.nz/assets/About-CMH/attachments/CM-Health-Strategic-Plan-April-2016.pdf>

² Documents considered here include:

Sinclair S, Health literacy strategy and approach for CM Health. Counties Manukau Health (approved by ELT), August 2014

Sinclair S, Becoming a health literate organisation: health literacy strategy implementation plan for Counties Manukau Health. CM Health (unpublished), May 2015

Balmer P, Maher L, Patient information strategy and plan (Draft, 2015)

Documents to be revisited include:

Protocol and standard operating procedure for providing patient educational resources (Draft, 2015)

Patient educational resources: approval to publish (Draft, 2015)

Patient information and resources – process for reviewing educational resources (Draft, 2015)

Patient information pamphlet development policy. CM Health, 2007

Patient information pamphlet development procedure. CM Health, 2007

Vision and values

Our vision of a health literate system – one which supports wellness through building understanding – for Counties Manukau can be expressed as follows:

- Everyone in Counties Manukau can find their way into and around the health services they need
- Every interaction builds understanding between patients, whaanau and staff
- Appropriate health education resources and information are used when needed to support understanding

Expanding on this, and drawing links to Counties Manukau Health's values:

- "Everyone" reflects the commitment to each person in Counties Manukau - of all ages, ethnicities, levels of education, ability or income, etc. This relates to *Whakawhanaungatanga – Valuing everyone* – and *Manaakitanga – Kind*.
- "Every interaction" includes all letters sent out, phone or SMS contacts, signage around and in facilities, conversations between patients / whaanau and any member of staff (clinical or non-clinical) or volunteer, forms people fill out, resources they are given, etc. This reflects the value of *Rangatiratanga – Excellent*.
- "Builds understanding between patients, whaanau and staff" recognises that this needs to be in both directions – staff understanding patients and whaanau, and vice versa. This reflects the value of *Kotahitanga – Together*.
- "Appropriate health education resources and information" recognises the need for resources and information to be relevant, understandable and useful for their intended audience and purpose (not only technically correct)
- "Used when needed to support understanding" frames the use of health education resources as a possible input into the interaction between the patient and clinician – rather than as a primary way of delivering information.

A three-step model for better health literacy

The “Three steps to health literacy” model provides a useful way to conceptualise the interaction between patients, whaanau and staff. As per the Figure 1 below:

- **Step 1** is “Find out what people know”
- **Step 2** is “Build health literacy skills and knowledge,” and
- **Step 3** is “Check you were clear (and if not, go back to step 2).”

Cultural competency and language access are relevant to all three steps because finding out what people know requires a common language as well as the ability on behalf of the staff member to recognise that his or her own assumptions may not be accurate or useful, and to move beyond these through the process of enquiry.

Appropriate health education resources can be introduced as needed as part of step 2; they should not be the starting point for the conversation or be used as a short-cut or substitute for the three-step process.



Figure 1: Three steps to health literacy

Building understanding

The three components identified as being essential for a health literate system - one which builds understanding – in Counties Manukau can be summarised as

- Health literate, culturally competent staff: using the three step process, able to recognise that they may have different assumptions from others, and understanding the concept of a health literate organisation and system. There will always be differing levels of understanding and application of these concepts among staff; the need is to ensure support for these to advance over time
- Health literate, culturally competent health education resources, developed with target audience involvement, with appropriate language access (interpreting and translation)
- Supportive systems and processes: for ensuring that appropriate resources are available and approved for use within services, and that staff / volunteers are able to easily access and share them with whaanau

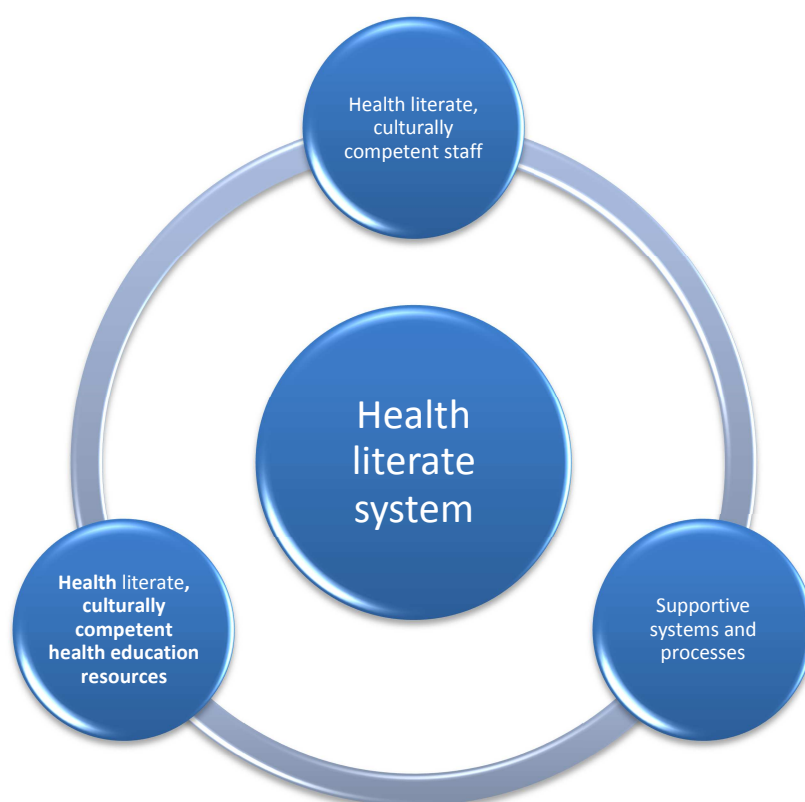


Figure 2: Three key components of a health literate system

Advance on being a health literate system

The Healthy Together 2020 Strategy includes “Advance on being a health literate system” as one of its key system-wide actions under the strategic objective of Healthy People, Whaanau and Families. This takes the goal of the 2014 Health Literacy Strategy³ a step further, from that of a health literate organisation (Counties Manukau Health) to a health literate system (including partner organisations and services). However, the general principles and framework for health literate organisations outlined in the Health Literacy Strategy can also be applied across the system.

A health literate organisation is one which “make[s] it easier for people to navigate, understand, and use information and services to take care of their health.”⁴ This framework acknowledges the six dimensions of health literate organisations identified as being relevant for New Zealand, viz: leadership and management; consumer involvement; workforce; meeting the needs of the population; access and navigation; and communication⁵ (see Figure 3 below).

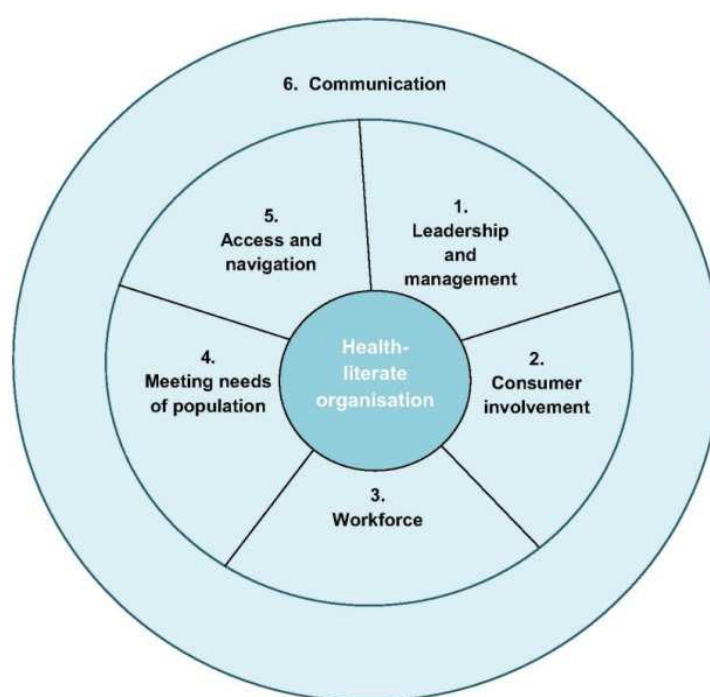


Figure 3: Six dimensions of health literacy

³ Sinclair S, Health literacy strategy and approach for CM Health. Counties Manukau Health (approved by ELT), August 2014

⁴ Brach C et al, Ten attributes of health literate health care organisations. Institute of Medicine, June 2012

⁵ Ministry of Health New Zealand, 2015. Health literacy review: a guide. Wellington: Ministry of Health. Available at <http://www.health.govt.nz/publication/health-literacy-review-guide>

The Healthy Together 2020 Strategy specifically identifies the following steps as being important for “Advance on being a health literate system”:

- (a) Increasing access to information and resources that are relevant to patients, whaanau and their families; and,
- (b) More than 2/3 of health professionals have accessed health literacy training

These steps are considered in turn below.

(a) Increasing access to information and resources that are relevant to patients, whaanau and their families

This step can be considered as relating to two of the three components outlined above:

- Resources (health literate, culturally competent health education resources with appropriate language access), and
- Systems and processes (for ensuring that these resources are available for staff to use with patients and whaanau as part of Step 2)

The primary means proposed for strengthening these components is the establishment of a network of key staff charged with building and maintaining systems for health education resources within different services across CM Health, using the framework outlined in *Rauemi Atawhai: A guide to developing health education resources in New Zealand*⁶.

The resources considered here are those used in clinical interactions with patients and whaanau as part of building understanding. These and others may also be made publicly available on the internet, including via CM Health sites, however a distinction is drawn between the broader range of public resources (over which CM Health has less influence) and those specifically selected and approved for use with patients and whaanau in our services.

It should be noted that resources do not have to be “perfect”, and even a “perfect” resource does not remove the need for the patient-clinician interaction. What is important is that the resources are relevant, understandable, and provide useful information that patients and whaanau identify as meeting their needs. Such resources have generally been developed with meaningful input

⁶ Ministry of Health New Zealand, 2012. *Rauemi Atawhai: a guide to developing health education resources in New Zealand*. Available at <http://www.health.govt.nz/publication/rauemi-atawhai-guide-developing-health-education-resources-new-zealand>

from people representing a clearly identified target audience. This may have been done elsewhere, and it is expected that a large proportion of resources used in CM Health services will be drawn or adapted from work done by other organisations; however where necessary there is provision for resources to be developed in-house, with appropriate consumer involvement, using the guidelines available in *Rauemi Atawhai*.

(b) More than 2/3 of health professionals have accessed health literacy training

This step relates to the remaining component of the three outlined above:

- Health literate, culturally competent staff

Training is an important (although clearly not the only) means to achieving the goal of health literate, culturally competent staff; and while the Healthy Together 2020 goal refers to health professionals, it is recognised that training in health literacy, cultural competency, language access and equity is important for other categories of staff (and volunteers) as well.

A training framework has been developed which envisages a broad base of “introductory” training in health literacy – woven together with cultural competency, language access and equity - for large numbers of staff, with more in-depth training in various aspects (including some specifically related to health education resources, using *Rauemi Atawhai* as mentioned above) for smaller numbers who will then be able to assist progress towards the vision and support their colleagues to change behaviours as appropriate (see Figure 4 below).

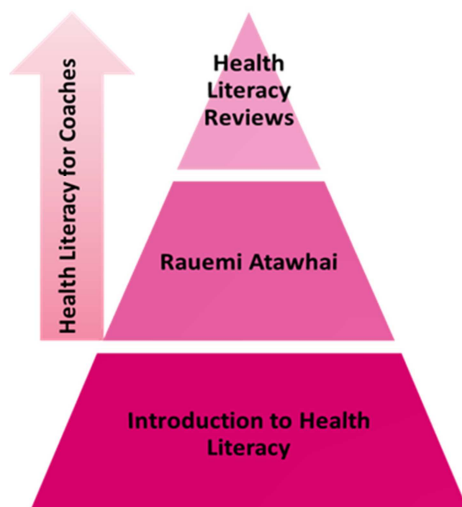


Figure 4: Training pyramid for health literacy content

Evaluation

Evaluation is recognised as a key means of ensuring the strategies here outlined are effective in building understanding and supporting progress toward a health literate organisation. The health literacy practice of a service, organisation or system is not easy to summarise in a single measure. Where possible, existing metrics (such as results from Patient Experience Surveys, or routinely collected data from training evaluations) will be utilised to track progress on aspects of health literacy. Additionally, measures such as “Did Not Attend” (DNA) rates within services may provide a proxy for a range of factors that relate to health literacy practices. In most instances it will be necessary to consider a range of measures in order to assess the level of health literacy of a service.

In some cases, for example health literacy reviews, there is a blurring of the boundary between intervention and evaluation: that is, the process of carrying out a review provides not only a snapshot of how a service is functioning from a health literacy point of view, but advances the understanding of staff within the service, which may (and ideally will) impact on their health literacy practice. Nevertheless, findings from reviews (or elements thereof) undertaken on different occasions can provide insight into progress over time, and attention will be paid to documenting “baseline” findings even as interventions are implemented.

Next steps

The current document outlines the strategic context, vision and values, models and components of a health literate system as well as key means of achieving the goal of “Advance on being a health literate system”. This is being widely disseminated, presented and discussed in order to achieve a unity of vision about this goal and the means of achieving it.

The implementation plan which will form the companion document to the current piece is under development. This plan pulls together the strands of health literacy-related work across Counties Manukau and provides a framework for coordinating them and tracking progress towards the vision outlined here. The plan will be consulted on early in 2017, and regular updates and reports provided to key stakeholders as the work progresses. Expressions of interest or requests for further information or updates may be directed to Siniva.Sinclair@cmdh.org.nz