

## Health Literacy for Written Health Information

**Policy Number** 2.066

**Policy Function** Leadership & Management

**Issue Date** 25 June 2019

**Summary** This policy provides health literacy guidelines for the Network staff on the development and review of written health information for consumers, their families and carers.

**Responsible Officer** Executive Director Performance and Planning

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 2.066 (Oct 2016; Mar 2018)

**Change Summary**

- Language, procedural content and checklist updated.

**TRIM Reference** POLJH/2066

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

# 1. Preface

Health literacy is the ability to obtain, read, understand and use healthcare information to make appropriate decisions, follow instructions for care and treatment, and to enable participation in health promotion and disease prevention activities.

Justice Health and Forensic Mental Health Network (the Network) partners with consumers, families and carers (hereafter referred to as consumers) to enhance delivery of safe and quality care. Written health information is central to the overall safety, quality, rehabilitation and recovery of each consumer's experience; however some consumers have difficulties reading and understanding this information.

This policy refers to written health information provided to consumers accessing the Network services and ensures the information:

- Is clear, concise, relevant, accurate and written in plain English or easy English.
- Complies with National Safety and Quality Health Service Standards. In particular Standard 2: 'Partnering with Consumers', which aims to implement systems to support partnering with consumers and other stakeholder partners in improving the safety and quality of care.

Written health information and health system navigation information (particularly around mental health) for consumers can take the form of, but is not limited to:

- Fact Sheets
- Brochures
- Wallet cards
- Playing cards and other innovative formats
- Posters
- Artworks and murals (e.g. as images used in factsheets etc.)
- Newsletters
- Online content and resources for families and carers

The Network Consumer Focus and Quality Officer should be contacted for further advice and information on health literacy:

Consumer Focus and Quality Officer

Email: [JHFMHN-GovernanceUnit@health.nsw.gov.au](mailto:JHFMHN-GovernanceUnit@health.nsw.gov.au)

## 2. Policy Content

### 2.1 Mandatory Requirements

Consumers must be consulted on any development or review of written health information including but not limited to fact sheets, brochures, guides, posters, or other innovative format designed and intended for the consumer (patients, families and carers) population.

- All the Network-developed consumer health information must be written in plain English, as per the guidelines in section 3.2 of this Policy and targeted to the intended audience.

## 2.2 Implementation - Roles and Responsibilities

### Chief Executive is responsible for:

- Ensuring an effective system is in place for all written consumer health information.
- Ensuring that health literacy is integrated into all written consumer health information.

### Executive Directors are responsible for:

- Providing support in relation to staff involvement in the health literacy process.
- Ensuring that health literacy is integrated into all written consumer health information.
- Approving all written consumer health information.

### Director Clinical and Corporate Governance is responsible for:

- Ensuring policies and procedures are in place that integrate health literacy into written consumer health information.

### Directors, Service Directors, Health Service Managers, Nurse Managers and Nursing Unit Managers (NUMs) are responsible for:

- Ensuring that written health information provided to consumers is clear, concise, relevant, accurate and written in everyday language as per the Network [Health Literacy Check for Written Patient \(Consumer\) Health Information](#)
- Ensuring that all written consumer health information developed by the Network is contained in the *Register of Network Written Consumer Information Resources*. This will be ensured via correspondence with the Consumer Focus and Quality Officer. The register will be available to all staff.
- Ensuring that all written consumer health information is focus tested as per the [Consumer Information Feedback Tool](#) and [Consumer Response Log](#).

### Consumer Focus and Quality Officer is responsible for:

- Conducting the health literacy guideline check and relaying this information back to all relevant stakeholders.
- Recording approved written consumer health information on the Network *Register of Written Consumer Information Resources*.
- Checking that consumer input/feedback at development and review stages has been conducted.
- Reporting on any new or updated written health information for consumers at the Network Community Consultation Working Group meeting and Health Promotion Leadership Group meeting.
- Tabling the Network *Register of Written Consumer Information Resources* at committees and other meetings where appropriate.

### All staff are responsible for:

- Compliance with the requirements for the development, review, and approval of written consumer health information resources as set out in this policy.

## 3. Procedure Content

[Appendix 1](#) *Flowchart for Development of Written Consumer Health Information Resources* provides a quick reference guide that staff should refer to throughout the process of developing consumer information resources.

### 3.1 Request to develop a Written Consumer Health Information Resource

Prior to developing any written consumer information, the author must:

- Conduct internal and/or external search for any consumer information within the subject area that is currently available, and determine if suitable for use, either in whole or part.
- Submit a brief for approval to their line manager and Executive Director outlining the need for a new or revised written consumer health information resource.
- Consult with the Consumer Focus and Quality Officer. Email: [JHFMHN-governanceunit@health.nsw.gov.au](mailto:JHFMHN-governanceunit@health.nsw.gov.au)

### 3.2 Development of Written Consumer Health Information Resource

Providing clear and easy to use information to consumers is central to this policy. The development and delivery of information to our consumers supports quality and safety. It is crucial that health literacy strategies focus equally on the abilities of individual consumers and the unique requirements of our health setting and services. A coordinated and consistent system for developing and reviewing quality consumer health information, which is written in plain English, and is easy to read and understand, is essential.

When developing written consumer health information resources, authors should consider the following strategies to ensure quality and accuracy:

- Conduct literature reviews or other research and evaluation. Generally, resources should be no more than 3-5 years old.
- Consult with colleagues.
- Engage consumers in development and focus testing to ensure the intended message is received and understood. This should include initial consultation with consumers (a needs analysis) to determine if they actually want what you think they need.
- For resources targeted at or frequently used by Aboriginal and Torres Strait Islander patients and Culturally and Linguistically Diverse (CALD) patients, including d/Deaf patients, consideration should be given to specific cultural and linguistic needs. Further advice can be sought from the Aboriginal Strategy and Culture Unit.

#### **Make the message(s) clear, simple and direct:**

- Important information should stand out. Give the most important information first to engage the audience and explain why it is important.
- Limit the number of messages provided by giving your audience no more than three or four main ideas per section of your document and avoid lengthy lists.

- Clearly state the actions you want your audience to take using concrete nouns and an active voice. In a sentence using an active voice, the subject of the sentence performs the action expressed in the verb, for example “take your medicine with a full glass of water” rather than “this medicine should be taken with a full glass of water”.
- Highlight the positive by telling your audience what they could do rather than what they should not do. Harm minimisation strategies utilise informed choice, rather than direct instruction.
- Choose your words carefully to keep sentences short. Aim for approximately fifteen words per sentence wherever possible.
- Limit the use of jargon, technical or scientific language.
- Be consistent with word use and avoid unnecessary abbreviations and acronyms.
- Use culturally safe and appropriate concepts, images, and language.

**Text appearance:**

- Use Arial or Gotham fonts.
- For main content, use font sizes between 12 and 14 points. Anything less than 12 points can be too small to read for many people.
- For headings, use a font size at least 2 points larger than the main text size.
- Do not use fancy or script lettering, such as cursive or handwriting styles.
- Use both upper and lower case letters. Do not use all capital letters, as they can be difficult to read or could be interpreted as shouting.
- Use bold type to emphasise words or phrases.
- Use dark letters on a light background. Light text on a dark background is harder to read.

**Visuals:**

- Choose the best type of visual for your materials; photographs work best for showing “real life” events, people, and emotions. When choosing a photo, be sure any background does not distract your audience from the central focus of your message.
- Simple drawings can help explain complex concepts or key components of an idea. Drawings work best when depicting a procedure or socially sensitive issues (e.g. drug addiction), or when explaining an invisible or hard-to-see event (e.g. airborne transmission of tuberculosis).
- Illustrations may be useful to convey humour or set a more casual tone. However, use illustrations with caution as not all audiences understand them well enough to take them seriously. Illustrations of patients should also reflect the diversity of our population. That is, a mix of ethnicities, ages and gender, where appropriate. This helps patients from a range of backgrounds to identify with the content and/or to ensure a particular cohort does not feel unduly stigmatised by association with a particular issue. Illustrations should also differ depending on the environment. For example in the custodial population illustrations may include patients in green clothing. This would not be appropriate for material used in the Forensic Hospital.
- Consider the space available and use visuals that help emphasise or explain the text.

- Make visuals culturally safe, relevant and sensitive.
- Make visuals easy for your audience to follow and understand by placing them close to the text to which they refer.
- Use high quality and high resolution visuals.
- Ensure that visuals are not subject to copyright or if subject to copyright they are approved for use. Effort should be made to verify the original source of unattributed images, such as those promoted online as ‘free stock images’, as they may have been uploaded without the owner’s consent.
- Ensure written consent is obtained from any individuals appearing in embedded videos, or photographs in online resources, and save consent in HPRM. Images of patients should be de-identified. Please refer to Network Policy [2.018](#) *Media and External Communications*, for more detailed advice.

### Layout and design:

- Liaise with the Consumer Focus and Quality Officer on the correct written resource template.
- Present information and visuals in ways that make your materials easy to understand and more appealing to your audience.
- Design the material so that the reader can quickly identify the main subject and purpose.
- Generally, but depending on the document, place the most important information at the beginning and restate it at the end of the document.
- Use headings and sub-headings to “chunk” text and express a complete idea, not just a word or two.
- Leave more space above headings and subheadings than below them. This gives a stronger visual link between the heading and the text that follows.
- Leave at least half an inch of white space around the margins of the page and between columns.
- Make the text easy for the eye to follow by breaking up large texts or lists with bullet points.
- Invite your audience into the text by asking questions and including word/picture association opportunities, for example thought bubbles, universal symbols, photographs of real people engaging in the activity, etc.
- Seek advice and feedback from the Communications team on compliance with the [Network Branding Guide](#).

### Exceptional Circumstances:

Plain English documents will be appropriate for most circumstances; however, some situations may call for easy English documents. This would be when the target consumer group have very low literacy or cognitive disabilities. Easy English is writing for people who do not have functional literacy.

Easy English is:

- writing in everyday words,

- using simple sentence structure,
- supporting the messages with meaningful and clear images,
- having functional consumer reviews of products and information,
- being clear about information messages.

Links: <http://accesseasyenglish.com.au/what-is-easy-english/>

#### Translations:

- Messages that work well for an English-speaking audience may not work as well for people who speak a language other than English.
- Carefully select and choose a qualified translator who is familiar with your target audience. The Consumer Focus and Quality Officer can provide you with details of experienced translation agencies that will provide you with a quote.
- Translation apps and other online translation services are not yet advanced enough to provide accurate translations of health information. Therefore they must not be used until otherwise advised via future reviews of this policy.

### 3.3 Consultation Process

#### Consumers must be consulted on any development or review of resources:

- Engaging consumers in the development of written health information supports patient-centred care, ensures the information is tailored for the target audience, and assists in ensuring the message is understood as intended.
- Prior to developing a first draft, authors should have determined the need for the resource with consumers likely to use or receive the written information, and consult thereafter through individual or group focus testing via the [Consumer Information Feedback Tool](#) and [Consumer Response Log](#).
- Any suggested changes from consumers should be taken into consideration. The author must forward the suggested final draft of the written consumer health information to the Network Consumer Focus and Quality Officer, along with the completed
- [Consumer Information Feedback Tool](#) and [Consumer Response Log](#). The Consumer Focus and Quality Officer will conduct the [Health Literacy Check for Written Patient \(Consumer\) Health Information](#) and provide recommendations back to the author. The Consumer Focus and Quality Officer will table the approved resource at the Network Community Consultation Working Group meeting and Health Promotion Leadership Group meeting.

### 3.4 Approval Process

The author is responsible for ensuring a brief requesting approval is submitted through their line manager for escalation through the Director Communications and relevant Executive Director, and for informing the Consumer Focus and Quality Officer when this has been completed.

## 4. Definitions

#### Written health information

Written information in the form of a fact sheet, brochure, wallet card, poster, artwork, mural, playing cards or other innovative format designed and intended for the consumer population.

### Consumers

Patients, their families and carers exposed to health services who have had personal experiences in the health and disability system.

### Health literacy

The ability to obtain, read, understand and use healthcare information to make appropriate decisions and follow instructions for care and treatment, and to enable participation in health promotion and disease prevention activities.

### Must

Indicates a mandatory action required to be complied with.

### Should

Indicates a recommended action to be followed, unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Network Policies and Procedures	<p><a href="#">2.018 Media and External Communications</a></p> <p><a href="#">Consumer Information Feedback Tool</a></p> <p><a href="#">Consumer Response Log</a></p> <p><a href="#">Health Literacy Check for Written Patient (Consumer) Health Information</a></p> <p><a href="#">Network Branding Guide</a></p> <p><a href="#">Network Style Guide</a></p> <p><i>Network Register of Consumer Written Information Resources</i></p>
Network Intranet Page	<i>Written Health Information for Consumers (COMING SOON)</i>
NSW Health Policy Documents	<a href="#">NSW Health Brand Guidelines</a>
Other Documents	<p><a href="#">National Statement on Health Literacy</a></p> <p><a href="#">Step by Step Writing Guide for Developing Plain English Consumer Information</a></p> <p><i>Clinical Excellence Commission (CEC) Health Literacy Framework – A Guide to Action</i></p>

## Appendix 1 - Flowchart for Development of Consumer Written Information

### Resources

Author

Consumer Focus and Quality Project Officer

Be clear as to the purpose of your resource. Obtain approval from the relevant Line Manager and Executive Director, and then consult with the Consumer Focus and Quality Officer.

Email: JHFMHN-governanceunit@health.nsw.gov.au

Conduct a literature search of currently available resources (<5 years old).

Take your idea to your consumers (patients, family and carers) and conduct a needs analysis. Do they know what you think they need? Consult with colleagues.

Determine if a new resource is required. If so, develop your first draft in consultation with consumers and colleagues. Liaise with the Consumer Focus and Quality Officer .

Use the **Consumer Information Feedback Tool** to test your first and possibly second draft with consumers. Complete the **Consumer Response Log**. Get feedback and approval from your Line Manager. Collate the results and feedback, adjust resource as required.

Send the resource, the completed Consumer Information Feedback Tool and the Consumer Response Log to the Consumer Focus and Quality Officer.

Complete **Health Literacy Check for Written Patient (Consumer) Health Information** and provide recommendations back to author.

Review and apply recommendations in consultation with Consumer Focus and Quality Officer.

Obtain Line Manager approval and Executive Director approval. Inform the Consumer Focus and Quality Officer when approval is complete.

The Consumer Focus and Quality Officer will register the resource in the Network Patient (Consumer) Written Information Resources.

Table at the Health Promotion Leadership Group meeting. Distribute and communicate the new resource to all staff and stakeholders.

Distribute and communicate the new resource.