Sydney Local Health District - Pilot Health Literacy Needs and Responsiveness Project in Sydney District Nursing

EVALUATION REPORT

Developed by the Health Equity Research and Development Unit

June 2024

NSW GOVERNMENT Health
Sydney Local Health District

UNSW SYDNEY

Sydney Local Health District (SLHD) acknowledges the Gadigal, Bediagal and Wangal Peoples of the Eora Nation as the traditional owners of the land on which the District is located.

Title: Pilot Health Literacy Needs and Responsiveness Project in Sydney District Nursing - Evaluation Report

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Suggested citation:
Van Kemenade C, Haigh F, Raffan F, Harris M: Pilot Health Literacy Needs and Responsiveness Project in Sydney District Nursing - Evaluation Report. Sydney, SLHD and UNSW (2024).

About this document
This report presents a summary of the methods and key findings of the evaluation of the Pilot Health Literacy Needs and Responsiveness Project in Sydney District Nursing, RPA Virtual Hospital and suggested actions.

About the Health Equity Research and Development Unit (HERDU): HERDU is a partnership between SLHD and the University of NSW (UNSW) Sydney. HERDU's mission is to work in partnership with health services, organisations and communities to identify and reduce existing inequities in health and to prevent inequities in health from arising in the future.

About RPA Virtual Hospital: RPA Virtual Hospital, Australia's first virtual hospital, is located in SLHD. Our multidisciplinary team supports patients 24 hours a day 7 days a week. Care is delivered through the Virtual Care Centre, Sydney District Nursing and Integrated Chronic Care.

Acknowledgements

We express our sincere gratitude to the participants who generously contributed their time and insights to this study. Their willingness to share their experiences and perspectives was invaluable.

Funding

This pilot study was partially funded by RPA Virtual Hospital, SLHD, with the remainder of the cost contributed in-kind by the Health Equity Research and Development Unit.

Ethics

This pilot study was approved by the Ethics Review Committee (RPAH Zone) of the SLHD, protocol number X19-0371 & 2019/ETH12788.

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1 Executive Summary

This pilot study aimed to address the health literacy needs of patients receiving care from Sydney District Nursing. The complexity of the healthcare system, expectations for patient self-management, and involvement in decision-making pose challenges for individuals with low health literacy.

The study was divided into three stages. In Stage 1, focus groups with SDN staff identified priority domains for health literacy training. Stage 2 involved assessing health literacy needs among patients in the community. Stage 3 focused on developing and evaluating a pilot training module based on the findings of Stages 1 and 2.

The findings revealed key issues such as time constraints, perceived patient reliance on nurses, low health literacy, and cultural norms and language affecting patient outcomes. The training module aimed to increase awareness of health literacy issues, develop strategies for improvement, enhance patient communication, and optimise continuity of care.

Participants in the pilot training reported increased confidence across various domains after completing the training. They expressed satisfaction with the course content and suggested improvements such as more practical examples and interactive activities. The study also highlighted the importance of selecting facilitators with content knowledge and practical experience.

Future actions may include refining the training module by incorporating insights from the pilot evaluation. The training module could then be integrated into the orientation program for new staff and adapting it for broader use within the district. Additional measures to strengthen and support health literacy include incorporating health literacy assessment tools into admission processes and continuing to invest in building cultural safety capacity. More broadly, it is important to also prioritise strengthening organisational health literacy by identifying opportunities to reduce health system demands and complexity and enhance continuity of care for patients.

2 Introduction

This pilot study aimed to identify and measure the health literacy needs of patients receiving care from Sydney District Nursing (SDN) and to design and implement a health literacy professional development module for SDN staff aimed at improving staff health literacy responsiveness.

The health system is becoming more complex to access and navigate. There are increases in:

- the complexity of receiving and navigating health care (many treatment options, services and settings)
- expectations that patients will engage in self-management of their long-term conditions
- involvement of patients in shared decision making
- the amount and number of sources of information of variable quality about health that patients and community members use (1).

Low health literacy can be a barrier to accessing appropriate health care, high quality patient-provider communication and self-management (2). Low health literacy follows a social gradient (3). Patients and communities who speak a language other than English and who are from low socioeconomic backgrounds are more likely to have low health literacy and have less resources to respond to the above complexities (3,4). Consequently, they are more likely to experience adverse events and health outcomes and to be less able to make optimal use of health services (2).

Health literacy can be understood to occur at different levels. It begins with functional health literacy, which involves fundamental reading and writing abilities. This evolves into interactive health literacy, where one can interpret various forms of communication and adapt to new information in changing situations. The final stage is critical health literacy, which employs advanced cognitive and social skills to scrutinise information critically and effectuate changes in policy and organisation (5). Alongside personal health literacy, organisational health literacy is the degree to which organisations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (6).

One strategy to improve equity in health outcomes and access for people with low health literacy may be for providers to be trained to be more responsive to the needs of people with different health literacy profiles (7). Currently, provider training in health literacy tends to be generic and to focus on the effectiveness of communication (e.g. through learning the 'teach-back' technique) (8). Developing health literacy profiles of patients in the community is a tool that can enable providers to be trained to address and to be more responsive to context specific health literacy needs. For example, if patients tend to have low scores on the 'social support for health' domain of the health literacy questionnaire, then providers could receive training in referral and navigation support.

This project was divided into three stages as described in Figure 1.

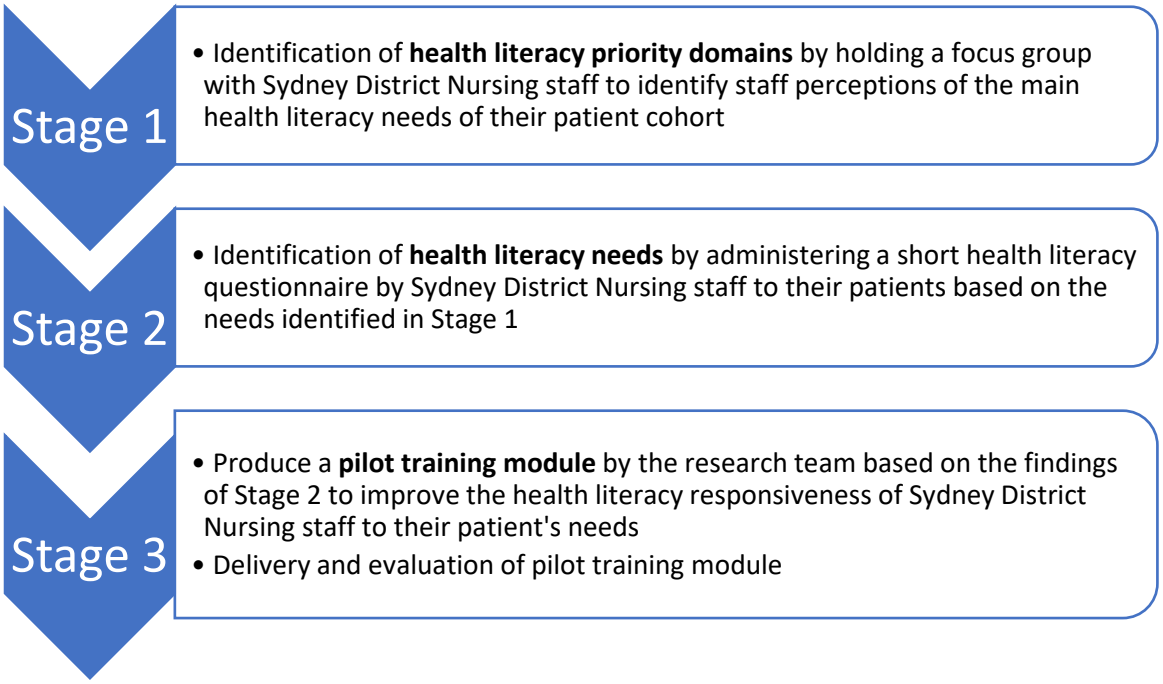


Figure 1 Description of project stages.

3 Methodology

Stage 1 of this pilot study engaged SDN staff to inform the development of health literacy responsiveness training to ensure that it was relevant to their patient needs. Stage 2 assessed the level of health literacy needs within the community across the priority domains identified in Stage 1. This allowed a training module and evaluation tools to be developed in Stage 3, with the aim of assisting SDN staff to be more responsive to the health literacy needs within the community.

The project was governed by the Pilot Health Literacy Needs and Responsiveness Project in SDN Steering Committee chaired by the Executive Director, Centre for Primary Health Care and Equity, UNSW. Ethics approval was granted by the Ethics Review Committee (RPAH Zone) of the SLHD, protocol number X19-0371 & 2019/ETH12788.

More detail on the process and methodology is described by stage below.

3.1 Stage 1: Identification of priority domains

Stage 1 involved focus groups with district nurses to identify health literacy domains most relevant to their patients. SDN staff were informed about the Stage 1 focus groups at a team meeting. Two of the project team (Director of Nursing and Project Manager) spoke briefly about the project and provided a handout to staff. In the week following the team meeting briefing, The Director of Nursing sent out a reminder email about the focus group with the Stage 1 Participant Information Sheet and Consent Form attached. Refer to Appendix 7.1 for the focus group guide.

Two focus groups (two hours each) were held; one at Redfern Health Centre and one at Canterbury Health Centre. Each session was attended by consenting SDN staff who had their clinical load adjusted to ensure that they did not face a greater work burden (i.e. they worked two hours less in their clinical role in order to attend the two-hour focus group). The focus groups recordings were transcribed and then coded and analysed thematically to extract emerging themes related to participants' perception of the level of patient health literacy, barriers and enablers to support patients with low health literacy.

Based on the focus group discussions, short patient surveys were prepared using the Health Literacy Questionnaire (HLQ) (9). The HLQ is a validated tool developed in Australia which can be used to measure and describe the health literacy strengths and limitations of individuals and populations (across nine health literacy domains). This data can be used to develop nuanced and responsive strategies to improve equity in health outcomes and access (10).

3.2 Stage 2: Identification of health literacy needs

Patients in Canterbury or Redfern who spoke either English, Arabic, Chinese, Greek or Italian were invited to take part in the research study by SDN staff during home visits. They were provided with the Stage 2 Participant Information Sheet and Consent Form in their preferred language (English, Arabic, Chinese, Greek or Italian) and given an opportunity to discuss the study with the nurse. If they consented, they were provided with a survey (the

HLQ developed in Stage 1) to complete and give back to the nurse. The researchers collected completed surveys and consent forms from the nurses at regular intervals. Appendix 7.2 provides the survey.

Each form was checked, translated by translators if needed, and data were stored in Excel and analysed with SPSS. Unweighted responses for each question per health literacy domain were averaged to get a score for specific domains. We performed t-tests per variable to examine differences between groups and variables. The characteristics of respondents who scored low were compared with those with high scores to depict prevalent characteristics among those with low health literacy scores (cut off for low health literacy: domain 3 and 4, score <3 and for Domain 9, score <4). The results were compared with the National Health Survey on health literacy in 2018 by Australian Bureau of Statistics.

Nurses' scores of selected health literacy domains in Stage 1 were estimated and compared with patient demographics and health characteristics to depict common characteristics of patients with low health literacy scores. These were then used to develop case studies for the training in Stage 3.

3.3 Stage 3: Development and evaluation of pilot training module

A working group collaboratively developed a training module informed by the results of Stages 1 and 2. The group consisted of SDN clinical nurse educators, SDN generalist nurse, SDN clinical nurse specialist, RPA Virtual Patient Experience and Service Development Manager, HERDU Director, HERDU Research Officer, Sydney Education (formerly known as Centre for Education and Workforce Development) representative and consumer representatives. This group also developed survey forms for evaluation purposes, which were structured around the training objectives and included questions about current levels of confidence as well as demographic information. Appendix 7.3 includes all Stage 3 tools.

Ten pilot training participants were recruited through SDN senior management by asking nursing unit managers from the five SDN units (Redfern, Canterbury, Marrickville, Concord and Croydon) to nominate two nurses. Nominated participants were invited to participate in the pilot training and evaluation via email from the research team and provided with the Stage 3 Participant Information Sheet. Prior to the pilot training, participants who accepted the training invitation were sent a QR code to a REDCap Consent Form and pre-training survey. They were reminded to complete these on arrival at the training venue if they had not done so already. Throughout the day, two of the facilitators who were also on the research team observed and took notes to aid the evaluation. At the conclusion of the training, participants completed the post-training survey via REDCap. Following this, the research team conducted a 15-minute debrief session to collect the attendees' views and opinions on the training.

The results from the pre- and post-training surveys were compared to identify if confidence had changed as a result of the training. Participant assessment of the pilot training modules was analysed qualitatively to assess understanding and to determine areas for improvement.

4 Findings

4.1 Stages 1 and 2

This section describes the overall findings of the research activities completed during stages 1 and 2.

Two focus groups were conducted with 24 nurses in total: 11 from Canterbury SDN and 13 from Redfern SDN. The following main issues were identified:

- In general, nurses have a good understanding of individual health literacy and are aware of factors influencing the level of health literacy
- Nurses use several communication strategies to convey their messages such as using simple words, drawing and teach-back
- Limited time is available to spend with patients to listen to and meet their needs, or build a good relationship with them
- Perceived increasing patient reliance on nurses rather than empowering patients to manage their own conditions
- Lack of continuity of care as patients are seen by different nurses under SDN's care.

The Canterbury SDN patient survey focussed on health literacy domains 3 and 4, while the Redfern SDN patient survey focussed on domains 4 and 9. Forty-eight patient surveys (27 from Canterbury and 21 from Redfern) identified the following main issues:

- A patient's ability to self-manage their condition is impacted by their own health literacy and the support available to them
- Engaging family members during visits and setting management plans is beneficial to patients
- Patients' cultural beliefs about their condition could be a barrier to managing care
- Nurses use plain English, interpreters and teach back however, patients are not always motivated to engage in managing their conditions
- Inconsistencies in information given to patients from various sources causes frustration.

Common characteristics of people with low health literacy were elicited for each selected domain. These characteristics informed the development of case studies to be used in the training materials. Appendix 7.2 provides more detail on this process.

Overall, *five domains* were identified as developmental areas to support patients in actively managing their own conditions:

1. Time
2. Health literacy
3. Support
4. Patient self-management
5. Communication

The training module had the following aims:

- Increase awareness of the effects of low health literacy and
- Identify strategies to address barriers and improve health literacy

- Build knowledge and skills to assess, understand and respond to patient and carer needs and encourage patient engagement in care
- Strengthen patient communication, access to information and goal development to support and maintain health
- Optimise continuity of care through consistent communication and documentation between clinical staff.

The draft education module was circulated and/or presented more broadly to SDN staff including CNEs, SLHD Aboriginal Health Unit, Diversity Programs, and Strategy Hub for feedback. A final draft education module and facilitator notes were presented to the Steering Committee in June 2021. The education module consists of theory combined with practical activities including case studies developed with consumers using the findings of the workshops and health literacy survey.

Appendices 7.1 and 7.2 provide more detailed results from Stages 1 and 2.

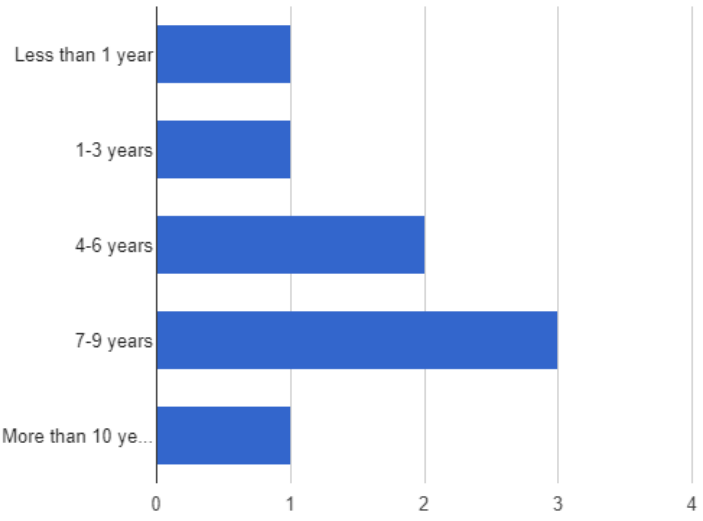
4.2 Stage 3

Sample

Nine SDN nurses attended the training. The distribution across the five SDN areas was: Canterbury (1), Concord (2), Croydon (2), Marrickville (2) and Redfern (2). Eight of the attendees completed the pre-training survey while nine completed the post-training survey.

Training background

The nurses who attended the training varied in their length of time working with SDN from less than 1 year to more than 10 years. The majority had not received any training in health literacy, but half had in chronic disease management (Figure 2).

How many years' experience do you have in community nursing, including Sydney District Nursing (SDN)?	

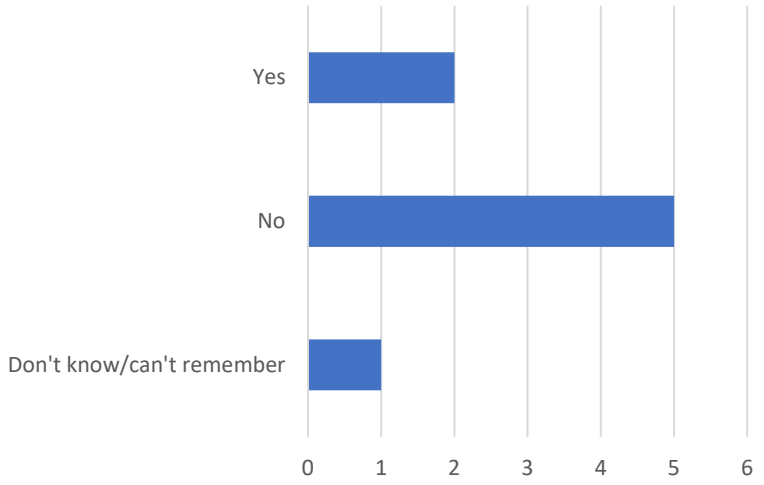
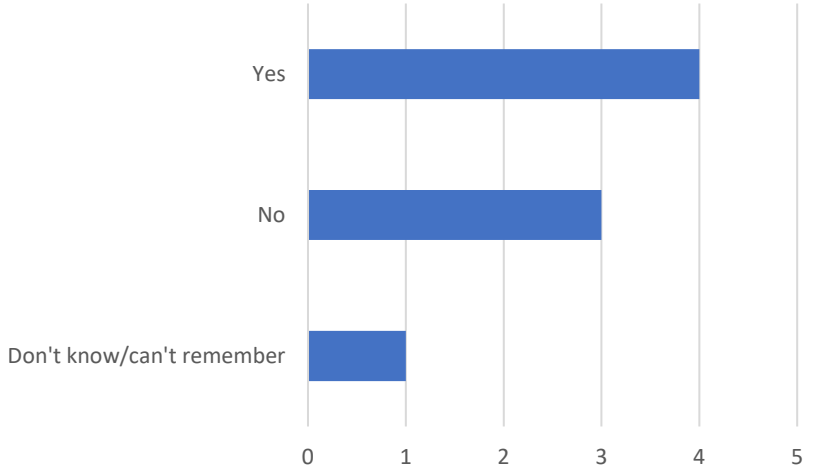
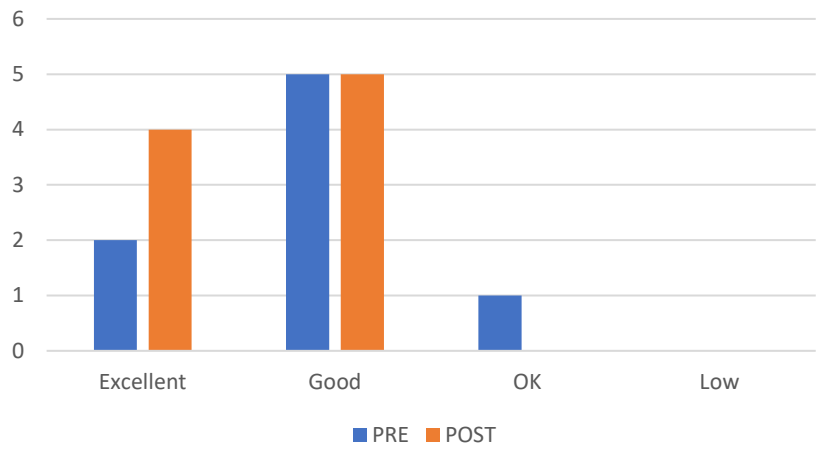
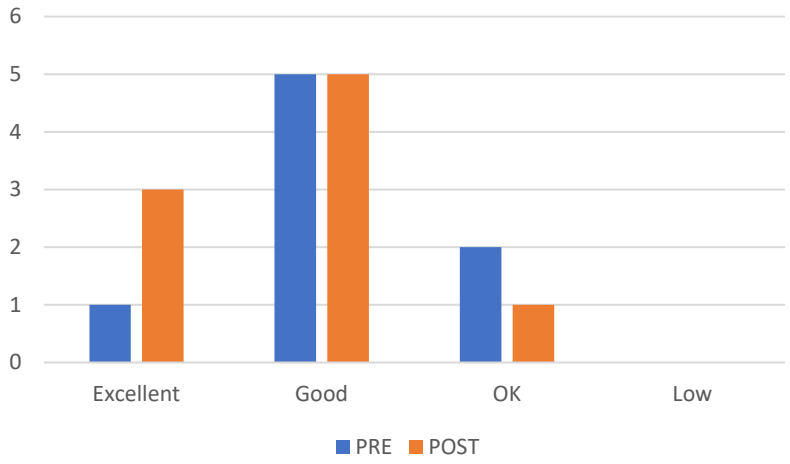
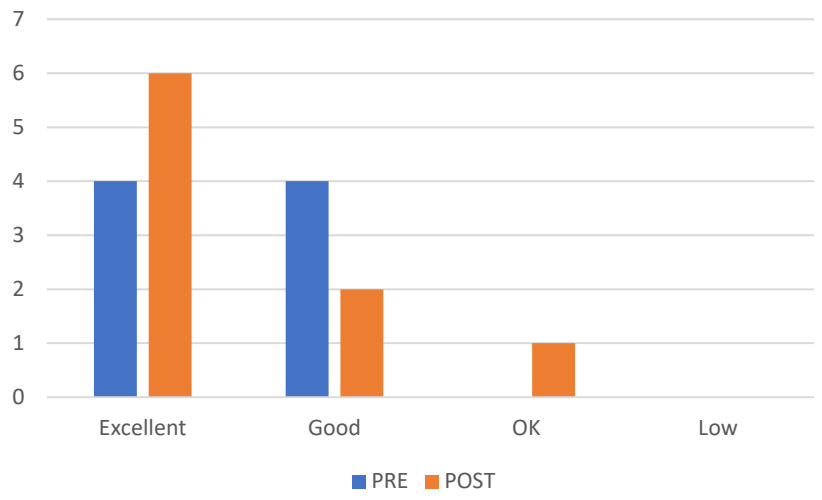
Have you previously received any health literacy training?	
Have you previously received any chronic disease management training?	

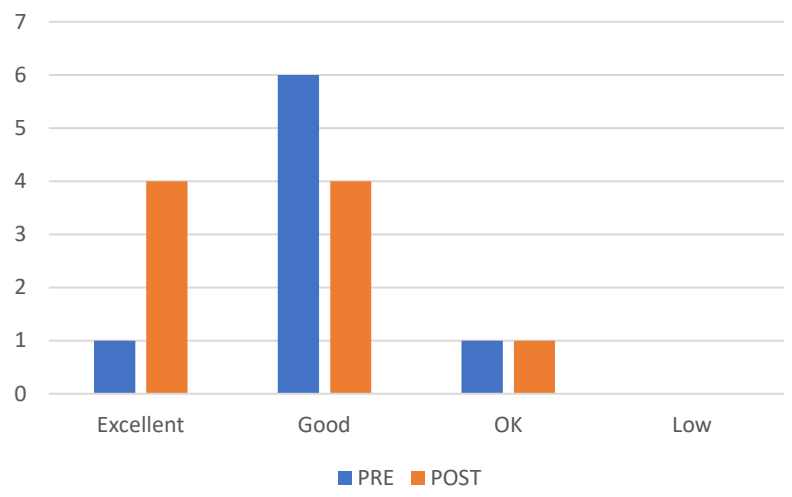
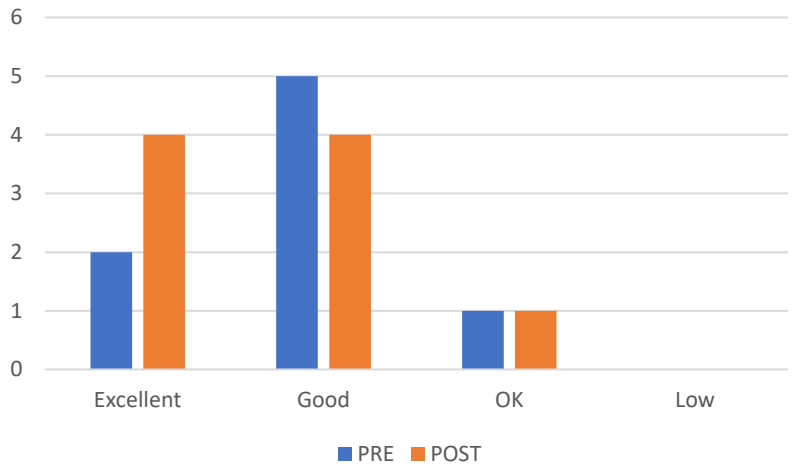
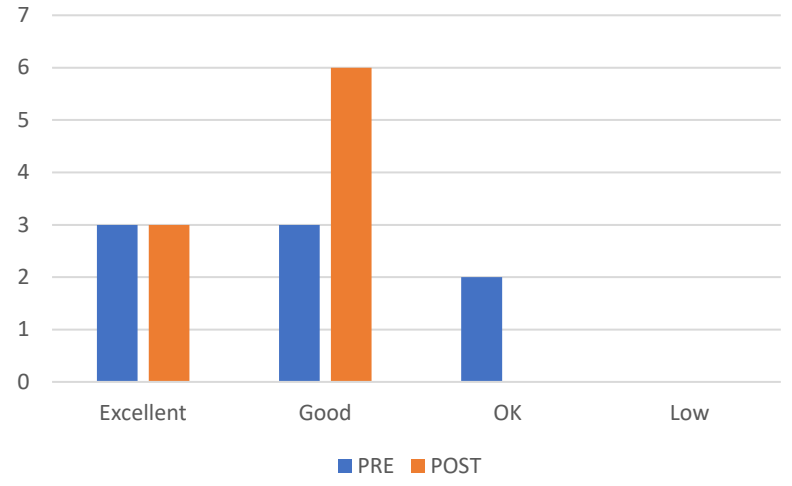
Figure 2 Training background of participants (Count).

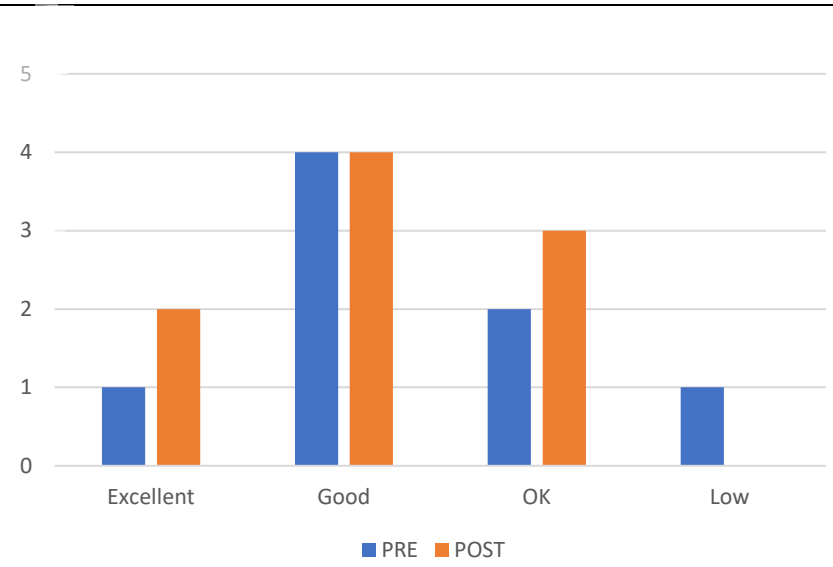
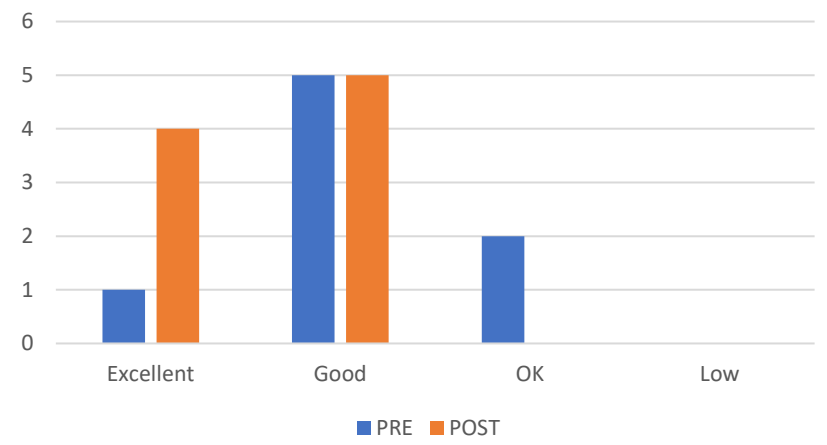
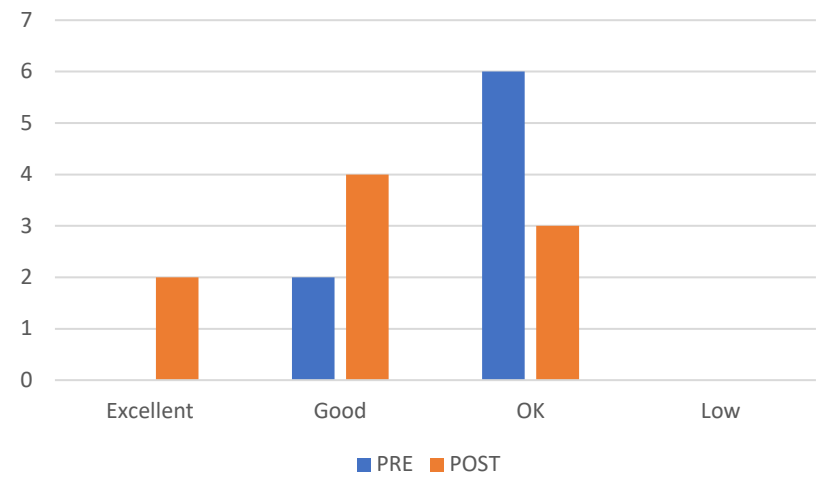
Pre- and post-training survey

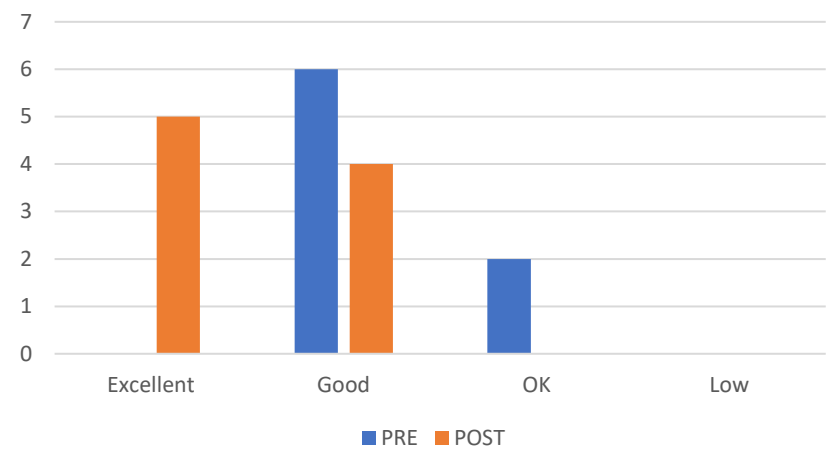
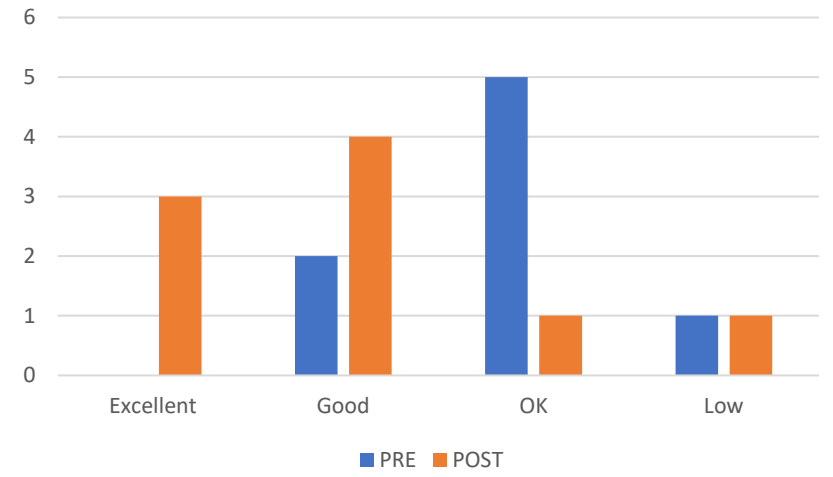
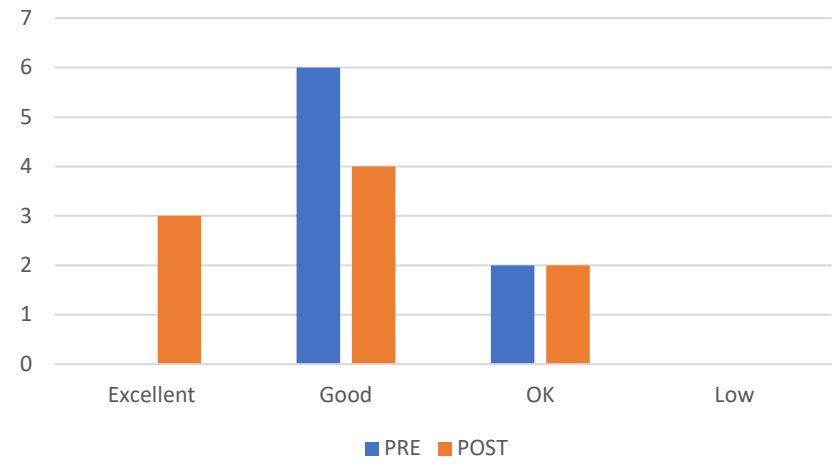
Confidence

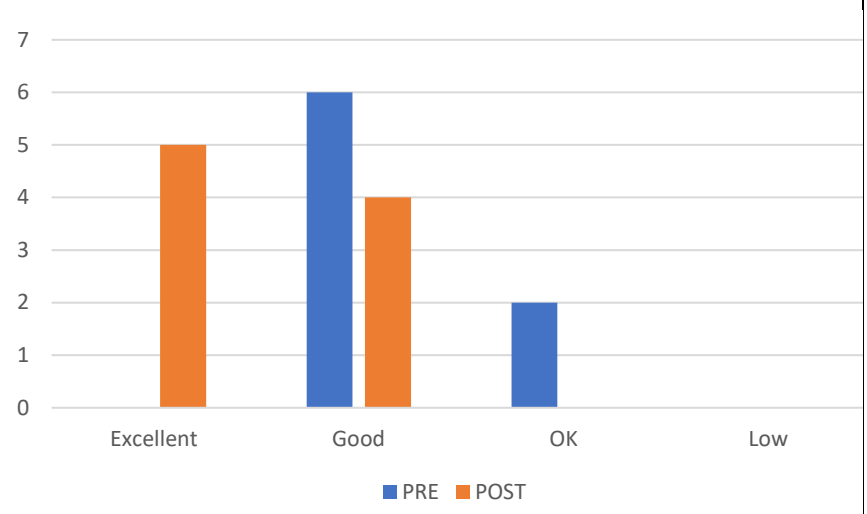
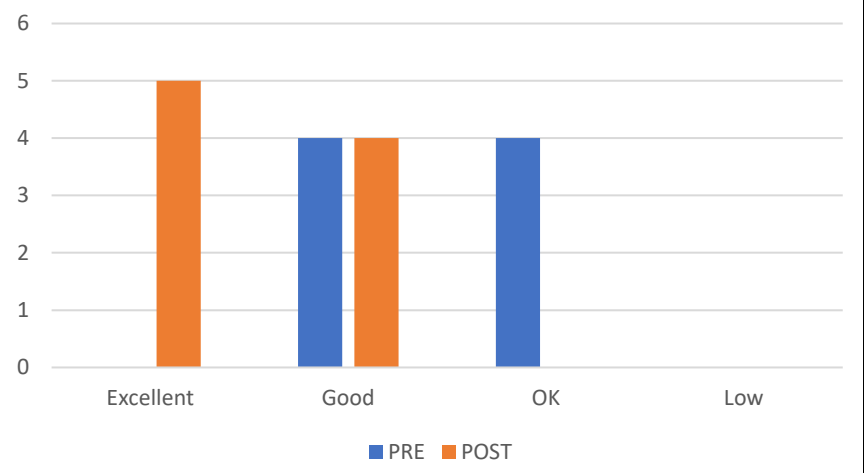
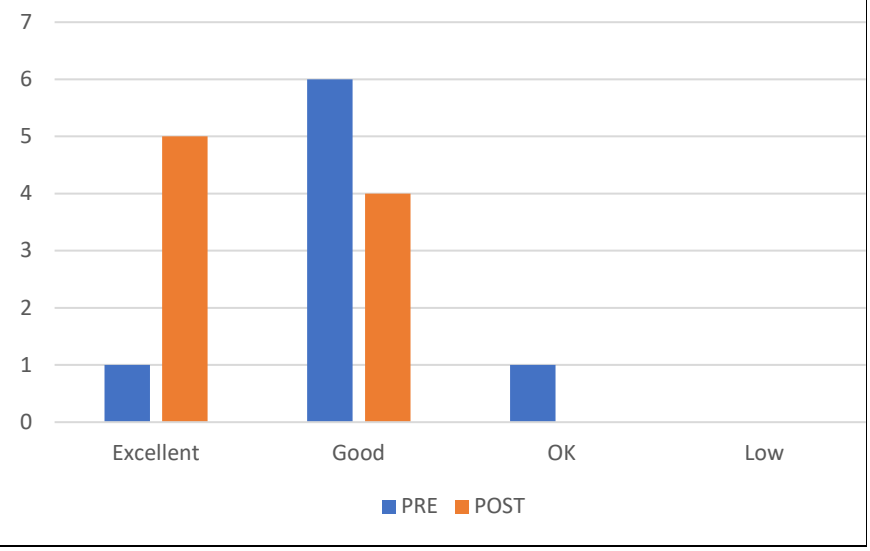
The level of confidence of training participants increased across all domains with more participants indicating that their level of confidence was excellent after the training (Figure 3).

Assessing patients' physical health issues	
Assessing patients' practical and emotional support needs	
Encouraging patients to ask questions	

Tailoring my communication and delivering information in ways patients with limited education understand	
Tailoring my communication and delivering information in ways patients of different cultural backgrounds understand	
Tailoring my communication and delivering information in ways patients with limited English understand	

Tailoring my communication and delivering information in ways patients who are emotionally vulnerable or anxious understand	
Arranging interpreters when needed	
Arranging cultural navigators when needed	

Ability to check that patients (and/or carers) understand the information I have communicated	
Helping patients that are not motivated or engaged to manage their condition(s)	
Identifying patients' stage of change to tailor health messages	

Identifying patients' barriers and facilitators for making changes	
Assist patients to develop and review their health goals	
Ability to document and hand over information about patients' medical and care needs	

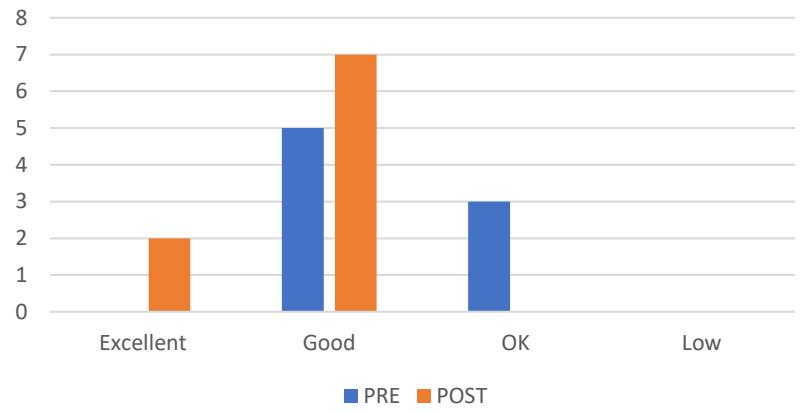
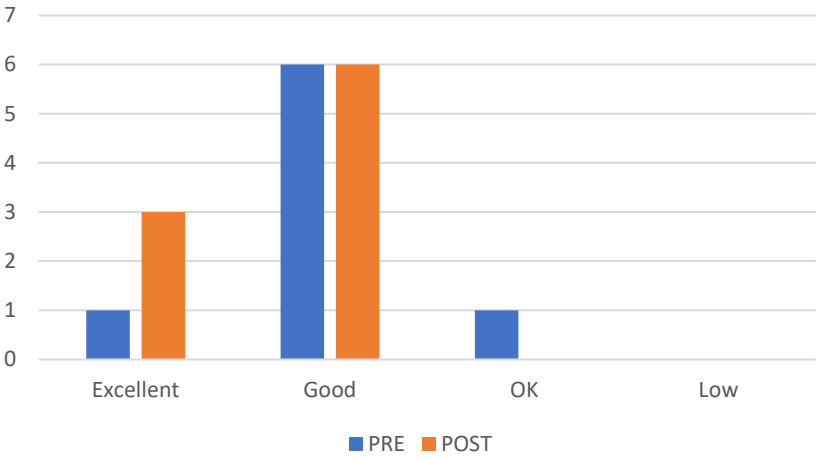
Ability to document and hand over information about patients' health goals	
Ability to document and hand over information about patients' progress (and concerns, barriers and supports to achieve goals)	

Figure 3 Levels of confidence of participants pre- and post-training (Count).

Satisfaction with training

All participants were satisfied with the training overall. Participants reported that the course was relevant, well presented, and the right length (Table 1). Eight out of nine indicated that they would like further education about health literacy.

Table 1 Participants' satisfaction with the training.

Participant	Aims were met	Relevant to needs	Organised	Effective use of slides	Effective use of case studies	Effective use of videos	Clearly explained ideas and concepts	Appropriate length	Satisfied
1	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree
2	Strongly agree	Agree	Agree	Agree	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree
3	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree
4	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree
5	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree
6	Strongly agree	Agree	Strongly agree	Strongly agree	Agree	Strongly agree	Strongly agree	Agree	Agree
7	Agree	Agree	Agree	Agree	Agree	Agree	Agree	Agree	Agree
8	Agree	Agree	Agree	Neither agree/ disagree	Disagree	Disagree	Agree	Agree	Agree
9	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree

Debrief session

A post training debrief session was held with the attendees. The section below summarises the discussion and the feedback provided in the post-training survey.

Comments about the best things about the course included:

- Specific topics
    - Patient centred goals
    - Teach back
    - Active listening
    - Strategies to assess literacy
    - Strategies to assess readiness for change
- Understanding approaches to address health literacy
    - Empowering patients
    - Agreement and negotiation between nurses and patients
    - Keeping focus on the patient and their understanding
    - Highlighted rationale of approaches and important considerations
    - Understanding why incorporating health literacy considerations into patient care is relevant
- Course structure and style
    - Organisation and structure of day
    - Opportunity to exchange stories and experiences with colleagues
    - Opportunity to engage with colleagues working in other roles and locations
    - Engaging and relatable teaching style

Comments about aspects that could be improved included:

- Clarity of goals and process for case study activities
- More practical examples to learn from

- Less slides and more interactive activities
- Examples of real patients who improved their health literacy supported by health professionals
- More information about readiness to change including strategies for each stage

Additional observations

The pilot training facilitators made notes during the training day. Their reflections included:

- The main facilitator had content knowledge as well as relevant practical clinical experience and delivered the majority theoretical content of the module. This enabled the facilitator to make clear links between theory and practice and created a positive learning environment where participants appeared comfortable to share experiences.
- Anecdotes were useful to translate content into practice and add meaning.
- Having several facilitators enabled the smooth running of the training program. The main facilitator was supported by two others who led the welcome, background, case studies, group activities and discussions. While one facilitator could manage a group of 10 – 12 participants, having several facilitators combined with a mix of content and practical activities (e.g. breakouts/case studies/videos) broke up the day and aided positive engagement.
- The group indicated that a full day was needed to cover the content. A full day was preferred over 2 half days as it was easier to fit into their work schedule.

5 Discussion and Recommendations

5.1 Discussion

The health literacy training program has been developed to support Sydney District Nurses in incorporating health literacy considerations into their practice. The program was designed to address patients' health literacy levels (assessed using validated measures) and needs identified by nurses. This encompassed both patient requirements and the nurses' own training needs. Notably, we utilised a collaborative co-design process to develop the training materials involving consumer representatives, nursing staff, education specialists and researchers. The training module aims to raise awareness of health literacy and how health literacy impacts on care and to provide information about approaches to incorporate health literacy considerations into patient care.

Participants in the pilot training reported increased confidence across various domains after completing the program. They expressed satisfaction with the course content and suggested enhancements, including more practical examples and interactive activities. The study underscored the importance of selecting facilitators with both content knowledge and practical experience.

Limitations

While the survey sample of patients that informed the training materials was small and focused on only three out of nine health literacy domains, these domains were deliberately chosen by SDN nurses to address perceived patient needs. It is important to acknowledge that a more comprehensive assessment of health literacy needs among SDN patients might reveal additional areas for training. Nevertheless, the training materials emphasise core concepts related to incorporating health literacy considerations into patient interactions, making them broadly applicable. Our evaluation of the health literacy training program relied on nurses' perceptions of the training. Data collection occurred before and directly after the training session. Consequently, we lack insights into long-term effects or how training impacts evolve over time. This evaluation does not provide a comprehensive view of the program's impact as it did not directly explore the impact of nurses who received training on patients who receive care from them.

5.2 Next steps

Moving forward, we recommend further refining the training module, integrating it into new staff orientation, and ongoing professional development for all district nurses. The materials could also be adapting it for broader use within the district (see box below).

Future research could include longitudinal assessments at regular intervals post-training to track changes in nurses' practices and confidence. This will provide a more nuanced understanding of the training's effectiveness over time. Future work could also extend to including patient perspectives on how trained nurses' communication and health literacy practices influence patient understanding, adherence, and overall satisfaction.

Integrating health literacy considerations into routine nursing practice could be further enhanced by developing tools, prompts, or guidelines that reinforce the training concepts

during patient interactions. This could include incorporation of health literacy considerations into admission processes to support identification of health literacy needs and establishing prompts for feedback loops within routine ongoing care with nurses and patients.

As the training emphasised, health literacy needs to be considered at both the individual and organisational level. The training materials focus on areas that are within the influence and control of the nurses during their interactions with patients. The training therefore emphasised building capacity of nurses to support and address individual health literacy; the 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 to take appropriate action. However, these interactions occur within a broader organisational context which includes the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services (11). It is crucial to consider and strengthen organisational capacity by identifying opportunities to reduce the demands and complexity of the health system, refine policies related to continuity of care, and continue the development of cultural safety capacity, in-language resources, and health navigator roles. By bolstering these aspects, we can better support patients and reduce health inequities.

Recommendations for training module and delivery

It is recommended that the training module and slides are further refined to align with nurses' work needs and activities. Below are several suggestions for next steps as well as roll-out beyond this evaluation:

- Further develop case study "Mary"; it could evolve over time, with new information added throughout the training day
- Reduce complexity of presentation slides and content
- Keep repetition to a minimum
- Incorporate more small group practice sessions
- Make training scenarios more closely match real world scenarios
- Revise the documentation section of the training to include Comprehensive Care Plans
- Select the training facilitator(s) based on content knowledge as well as practical (and/or clinical) experience
- Offer training program to all SDN staff (via Sydney Education – see below)

Considerations for implementation and roll-out at SLHD

- Adapt the health literacy training module for use in other contexts within the SLHD
- Embed health literacy training module into Sydney Education training program
- Link training into broader SLHD health literacy strategy and integrate into the Health Literacy portal developed by Population Health SLHD
- Include prompts on admission forms/comprehensive care plan to address health literacy from the start
- Add a health literacy risk assessment to the referral process

6 References

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7 Appendices

7.1 Stage 1

Focus group guide

Health literacy needs and responsiveness study: Focus group guide

Preamble

Thank you everyone for coming today. Before we begin, I'd like to remind everyone about the purpose of this focus group and to explain how this session will work.

The purpose of this focus group is to discuss the concept of health literacy, your thoughts on health literacy in general, how you feel it can impact on the delivery of care, and what you see as being the main health literacy needs of your patients. We will discuss these topics in a broad way which will not identify individual patients.

To aid our discussion today, we will look at a validated tool which has identified nine domains of health literacy. We will discuss which domains you feel are more or less relevant for your patients. By the end of this session, we hope to have agreed on two domains to prioritise for stage 2 of this research project. Stage 2 will involve the administration of a short series of questions across these two priority domains to a sample of Sydney District Nursing patients, to gain a more detailed understanding of patients' health literacy needs. Based on the information ascertained through this focus group in stage 1 and through the patient surveys in stage 2, the research team will develop a health literacy professional development module for Sydney District Nursing staff, relevant to patients' needs. Participation in the focus group today does not in any way tie you to participating in stage 2 of this research project, which is optional. Staff participating in the project will have their clinical loads adjusted to reflect the time involvement of this research project

This session will go for roughly two hours. Participation in this focus group is entirely voluntary. You do not have to take part in it. You are welcome to leave at any time without giving a reason. If you feel distressed or concerned at any point, please let Cassandra Dearing (Director of Nursing) know. You may also take a break and leave the room at any point. If you want to leave the session completely, please let us know. You do not have to give a reason and it will not affect your relationship with the research team, Sydney District Nursing, Community Health or Sydney Local Health District.

We will not be recording this session, but we will be taking notes to make sure that we can remember the information that you share with us. We will not record individual's names, just what has been said. All the information collected from you for the study will be treated confidentially and only the researchers involved in the study will have access to it. Electronic data will be stored in a secure password protected file within the Health Equity Research and Development Unit at Sydney Local Health District. Physical copies of consent forms will be kept in a locked cabinet at the same location. All data will be destroyed 5 years after the study completion date. The study results may be presented at a conference or in a scientific publication, but individual participants will not be identifiable in such a presentation or publication.

We are interested in hearing everyone's thoughts, so it is important that we do not speak over each other and give everyone who wants to share their thoughts a chance to speak.

Does anyone have any questions or concerns before we begin?

Focus group question guide

1. Have you heard the term 'health literacy' before? If so, what is your understanding of the term?

2. Now that we have talked a little bit about what health literacy is, what role, if any, do you think it plays in your patients' ability to access healthcare and look after their health?

a. Can you think of any (non-identifiable) examples where health literacy has been an enabler or a barrier during a clinical encounter you have had?

b. Have you used any strategies or techniques in the past during a clinical encounter to address health literacy?

c. How did you find using these techniques?

d. If you haven't used any strategies or techniques to address health literacy, can you think of any barriers that might have prevented you from doing so?

Prompts: Time, other priorities, not aware of health literacy, not aware of strategies or techniques, lack of confidence

We will now talk in more detail about the different components of health literacy. To do this, we will focus on the nine different domains of health literacy identified by Australian researchers, which have been widely used nationally and internationally. These domains are part of a validated questionnaire which can be used to understand the health literacy profile of individuals, including areas where they might have strengths and areas where they might have some vulnerabilities. I will pass around a handout which provides information on each of the 9 domains. What I would like for us now is to discuss how relevant you feel each domain is to your patients, and whether you feel that particular domains are more difficult for your patients than others. At the end of the discussion today, we hope to have identified two domains to focus on for further research with patients.

3. Domain 1 is 'feeling understood and supported by healthcare providers'.

a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?

b. Do you feel that this domain is difficult for your patients? If so, why? If not, why not?

4. Domain 2 is 'having sufficient information to manage my health'.

a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?

b. Do you feel that this domain is difficult for your patients? If so, why? If not, why not?

5. Domain 3 is 'actively managing my health'.

a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?

b. Do you feel that this domain is an issue for your patients? If so, why? If not, why not?

6. Domain 4 is 'social support for health'.

a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?

b. Do you feel that this domain is an issue for your patients? If so, why? If not, why not?

7. Domain 5 is 'appraisal of health information'.

a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?

b. Do you feel that this domain is an issue for your patients? If so, why? If not, why not?

8. Domain 6 is 'ability to actively engage with healthcare providers'.

a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?

b. Do you feel that this domain is an issue for your patients? If so, why? If not, why not?

9. Domain 7 is 'navigating the healthcare system'.

a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?
b. Do you feel that this domain is an issue for your patients? If so, why? If not, why not?

10. Domain 8 is 'ability to find good health information'.
a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?
b. Do you feel that this domain is an issue for your patients? If so, why? If not, why not?

11. Domain 9 is 'understand health information well enough to know what to do'.
a. Do you feel that this domain is relevant for your patients? If so, why? If not, why not?
b. Do you feel that this domain is an issue for your patients? If so, why? If not, why not?

12. We have now discussed the nine different domains of health literacy. Which domains do you feel pose the most challenges for your patients?

13. Do you feel that there are any additional aspects of health literacy or your patients' needs that we have not talked about so far today? If so, what are they?
Prompts: Language, illiteracy

14. Is there anything else that you would like to share at this stage?

Thank you very much for your time and participation today. We really appreciate you sharing your insights. The Sydney District Nursing team will be in touch soon with some further information about stage 2 of the project. Any further involvement from you is optional.

Focus groups on Health Literacy with District Nurses

11 nurses at Canterbury and 13 nurses at Redfern attended the focus group discussion, conducted at their respective locations between Dec 2019 and Jan 2020.

Summary:
District nurses have good understanding of individual health literacy (HL) in relation to clinical care they provide to their patients. It corresponds to an accepted definition of HL as ability to obtain, understand and use health information to manage health at individual level. They also recognise various factors influencing individual HL level such as language, culture, socio-economic status, demographic factor and social support, and other life priorities patients face.
Most of their patients have multiple chronic conditions. Nurses aim that patients will be able to actively self-manage their conditions to prevent further complications. They do use several techniques to covey messages including using simple languages, drawings, use of written materials and teach-back. To overcome language barriers, they use interpreters although sometimes it is difficult to get one, or a language concordant nurse is assigned.
However, nurses perceive that patients lack motivation to actively manage their condition or engage with their care plans. They feel that they are unwittingly fostering patients' reliance to themselves instead of empowering them. They are also frustrated with inconsistent information given to the patients by different care providers (particularly between GPs and themselves) or lack of sharing of discharge summary from hospital. They also find difficult coordinating with GPs in care management and referrals. Nurses feel working under time pressure and time as a major barrier for them to provide more customised health care information to patients.
After discussing all of nine domains of HL, Canterbury nurses selected the domain 3 (actively managing my health) and 4 (Social support for health), and Redfern nurses selected the domain 4 and 9 (Understand health information well enough to know what to do) as HL challenges faced by patients or most relevant areas to their work. (RO's comment: The final selection of HL domain 4 by both groups somehow does not correspond to the actual discussion. It may be a reflection of general social issues their patients face rather than being selected as potential training areas for nurses.)
In terms of training modes, they prefer face-to-face to online, using case studies focusing on common conditions among patients they manage, considering their work environment.

Below are main points from both focus group discussions.
Understanding of HL

- How to access and how to navigate the system to get help for themselves
- Advocate yourself, ask questions, get second opinion.
- Understand the information, know management plan and know the next step

Factors influencing their patients' HL

- Language barriers and cultural beliefs
- Socioeconomic conditions (affordability)
- Social isolation and help for transport
- Power relationship between care providers and patients, fear to ask (clinic vs home)
- Age (old and young in accessing information), basic literacy skills, knowledge of health system, conflict with other priorities, social environment (i.e. peer pressure)

Challenges Nurses face in their work

- System related
  - Inconsistency in information given to patients between themselves and GPs
  - Discharge information not always shared
  - Discontinuation of carer-new work allocation system which makes difficult for the same nurse to care for a patient- difficult to build rapport
  - Hierarchy within the system – Doctors will not listen to nurses

- Insufficient time to educate patients or ask them to do themselves
- Frequent and rapid changes in care delivery– nurses themselves find difficult to keep up with the changes.

- Patients related challenges
  - "They won't change" – difficult to motivate them to change their behaviour
  - Their environment makes it harder to make changes
  - Patients do not know what services are available (so tend to go to ED in a hospital)
  - Cannot follow instructions; for follow-up or medication- potential safety risk for patients.
- Attitudes of care providers
  - Stigma or prejudice
  - Cannot solve their problems, somethings are beyond their or patients' control
- Fostering reliance to nurses caring for them rather than enabling them to care for themselves
- Powershift at home: It can be better as patients are relaxed more and can ask and take more in, or worse as they may feel power over nurses (comparing different nurses and criticizing).
- Easier to focus on individual than changing ourselves.

Relevance of HL domains to their patients

HL Domain 1: Feel understood and supported by healthcare providers

- Not sure if patients feel understood or supported.
- Patients are not confident or feel comfortable to ask GP questions, they don't know what they don't know.
- Nor sure if patients have a good relationship wit their GP. They may be seein the one for many years because of convenience (location-wise)

HL Domain 2: Having sufficient information to manage my health

- They are not interested in or want to have more information –"they are living in their little world". They also rely on nurses to care for them.
- "Bans-aid on the problem".
- At the same time, they use internet to search information. It is more to do with how to find good information.

HL Domain 3: Actively managing my health

- This is "the ultimate goal". But many rely on nurses to visit them at home.

HL Domain 4: Social support for health

- Family members to be present when nurses are attending to the patient is positive because they can translate the message and know how to follow up and support the patient.
- But many have no one to support them, or even they have, their relationship is not always stable.
- "They're social situations that we can't change. We can't help them. We can be aware of them and how they're affecting their care, but we can't change relationships with their family or ability to get to."

HL Domain 5: Appraisal of health information

- GPs being their credible source to them than researching things themselves.
- "Most of patients know what is good information. They just choose not to use it."
- A leaflet with simple, straight forward instruction which patient could follow helped a patient to heal her wound.
- A nurse was also frustrated; "I think information changes so fast, that by the time we're out there educating the community, then the whole system changes."

HL Domain 6: Ability of actively engage with healthcare providers

- Trusting relationship may be a requirement.

HL Domain 7: Navigating the healthcare system

- Knowing what they need to know and where to go to get help, what services are available
- To know when to go and seek medical help.
- Complex health system with public and private sectors.
- GPs are central point for referrals. Nurses cannot make referrals, so give prompts to patients to go to their GP.

HL Domain 8: Ability of find good health information

- They just go to GP, or get information from family or relative they trust.
- Many use internet or smart phone. They would use Wikipedia or things come up at the top in Google search rather than government websites.
- People may be drawn by how the information is presented than its quality.

HL Domain 9: Understand health information well enough to know what to do

- Giving information alone is not good enough. “we really need to spend the time to break it down and provide that understanding” (referring to her experience observing how a wound specialist provided the information to the patient.)
- People have financial constrains to operationalize the information obtained.

Communication strategies nurses use

- Give brochures (prevent information overload, patients have something to refer to when they want to remember/know something, pictures/drawings in them are useful for patients to understand.
- Drawings
- Use interpreters via phone or face-to-face. Sometimes difficult to book them
- Repetition -to reinforce each time “trying to hit them with right information’
- Get someone else to explain -more experienced or known to patient whom he/she trust
- Teach-back to assess if they understood (some nurses seem not to know the term although they do)
- Use simple languages
- Write up things patient to do

Comments for training

- Face-to-face, interactive, use of case studies of common conditions they face, so that every nurse provide the same messages to patients.
- Culturally appropriate care.
- Together with GPs or PNs via PHN?

7.2 Stage 2

Questionnaire

Study Number ID (office use only) _____ Date Completed _____

Understanding Health and Healthcare Questionnaire

Thank you for participating in the study and taking the time to complete this questionnaire. We hope the results will help us to improve the way we provide care for our community.

Please indicate how strongly you **disagree** or **agree** with each of the following statements. Remember to check only **one** box for each statement.

		Strongly disagree	***Disagree***	***Agree***	***Strongly agree***
1	I can get access to several people who understand and support me	☐	☐	☐	☐
2	When I feel ill, the people around me really understand what I am going through	☐	☐	☐	☐
3	I spend quite a lot of time actively managing my health	☐	☐	☐	☐
4	I make plans for what I need to do to be healthy	☐	☐	☐	☐
5	If I need help, I have plenty of people I can rely on	☐	☐	☐	☐
6	Despite other things in my life, I make time to be healthy	☐	☐	☐	☐
7	I have at least one person who can come to medical appointments with me	☐	☐	☐	☐
8	I set my own goals about health and fitness	☐	☐	☐	☐
9	I have strong support from family or friends	☐	☐	☐	☐
10	There are things that I do regularly to make myself more healthy	☐	☐	☐	☐

Some details about yourself

1. What is your date of birth? ___/___/___
   DD MM YYYY
2. What is your sex? ☐ Female ☐ Male
3. Do you live alone? ☐ Yes ☐ No
4. In which country were you born? _____
5. What is your home postcode? _____
6. Do you speak English at home? ☐ Yes ☐ No
7. What is the highest level of education you have attended? (Check only **one** box):
   - ☐ Primary school or less
   - ☐ High school (not completed)
   - ☐ High school (completed)
   - ☐ TAFE/Trade
   - ☐ University- Undergraduate degree/s (completed)
   - ☐ University- Postgraduate degree/s e.g., Master, PhD (completed)
8. What is your current employment status? (Check only **one** box)
   - ☐ Working full time (please specify occupation) _____
   - ☐ Working part time (please specify occupation) _____
   - ☐ Home duties
   - ☐ Full-time student
   - ☐ Part-time student
   - ☐ Retired
   - ☐ Permanently unable to work/ill
   - ☐ Other (please specify) _____

9. Do you have a long-standing illness or disability? (Check all boxes that apply)

- ☐ Arthritis
- ☐ Back pain
- ☐ Heart problems
- ☐ Asthma or a lung condition
- ☐ Cancer
- ☐ Depression or anxiety
- ☐ Diabetes
- ☐ Stroke
- ☐ Other (please specify) _____
- ☐ None

10. Do you have private health insurance? ☐ Yes ☐ No

11. Do you have a healthcare card? ☐ Yes ☐ No

12. Have you attended a hospital emergency department in the past 12 months for an illness?

☐ Yes ☐ No

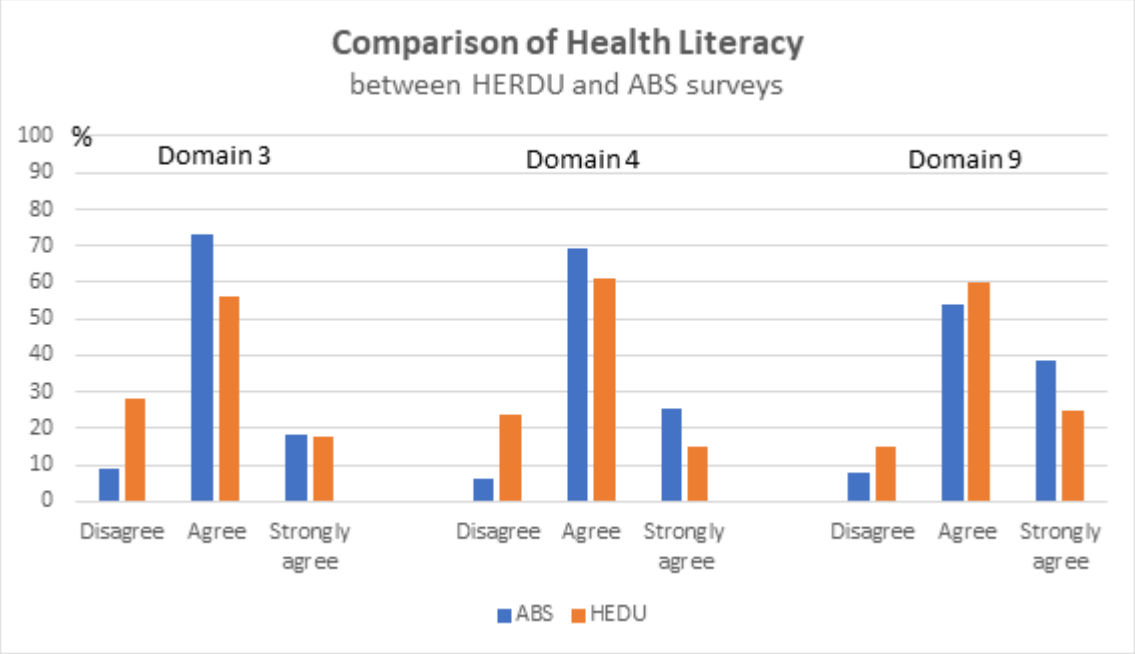
Thank you for completing this questionnaire.

Health Literacy Patient Survey results (HERDU 2020):

Characteristics of respondents and comparison to the National Health Survey on Health Literacy 2018 by ABS

How does our study compare with the ABS survey?

As shown in the following graph, our samples indicated lower health literacy (more people disagree to have abilities or found difficult to do) in the selected health literacy domains surveyed, using the Health Literacy Questionnaire developed by Osborn et al. This can be possibly explained as our study samples were recipients of the District nursing services.



Please take note that our survey samples were very small and examined only 3 out of 9 domains (25 for HL Domain 3, 46 for HL Domain 4 and 20 for HL Domain 9). These domains were pre-selected by district nurses via focus groups to identify their perceived patients' needs. All respondents are recipient of the care of district nursing services and the majority (71%) is people over 65 years (range 41 to 91), and 87% of them have chronic condition or disability. The National Health Survey on Health Literacy by ABS in 2018 draw the respondents from the general population of those 18 years and over, with the total of 5,790 respondents.

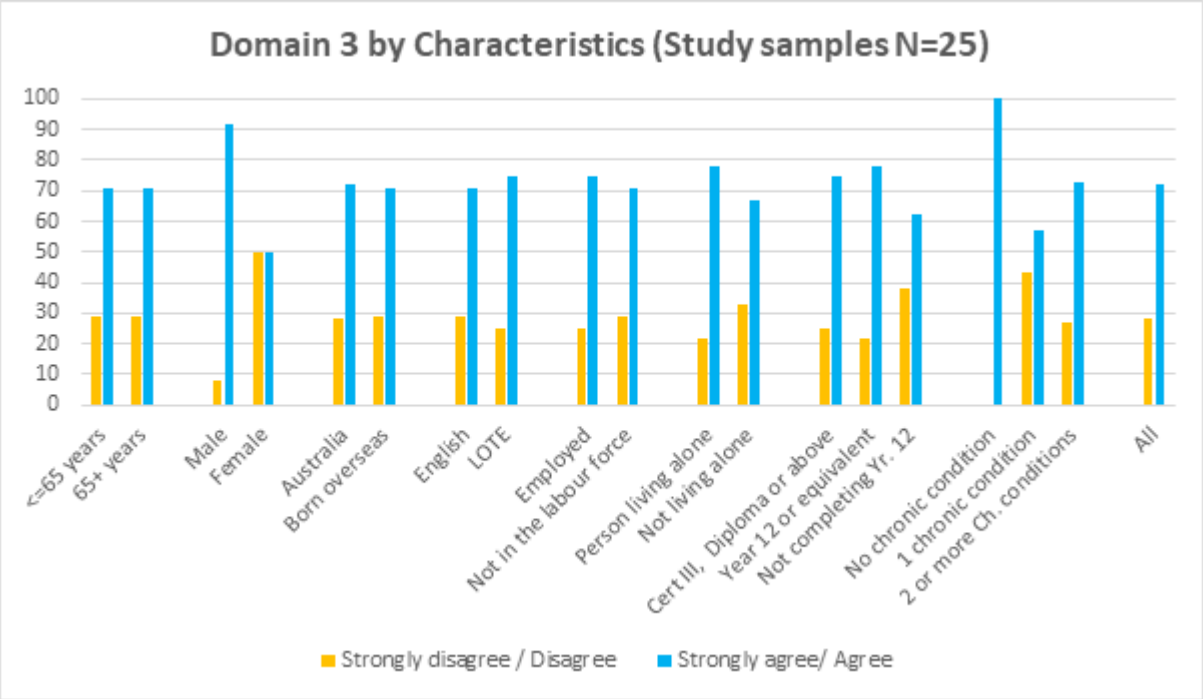
Likely characteristics of people with low literacy in selected HL domains

Domain 3: Ability to actively manage my health

Likely characteristics of patients with low HL in Domain 3 (drawn from 7 out of 25 respondents)
Age 45-88, lives with others Aust or European born, English speaking, Educational status high school (maybe TAFE), Retired or unable to work, multiple chronic conditions (2+), No private health insurance but no Health care card, attended ED in the past 12 months.

- Female respondents (50%) disagreed that they could actively manage their health more than male respondents (8%). This was statistically significant difference albeit small samples.
- People living with someone (33%) were more likely to disagree that they could actively manage their health than those living alone (22%). (Not statistically significant: NS)

- All respondents who reported having no chronic condition agreed that they could actively manage their health while none of those with 2 or more chronic conditions strongly agreed with the statement. (NS) This is a similar trend found in the ABS survey.
- Educational attainment: People who did not complete the year 12 were more likely to disagree that they could actively manage their health than those who completed the year 12 or above. (NS) This is a similar trend found in the ABS survey.
- People with private health insurance, health card or who attended the emergency department (ED) in a hospital in the past 12 months were less likely to able to actively mange their health. The ABS survey did not include these variables in the survey.



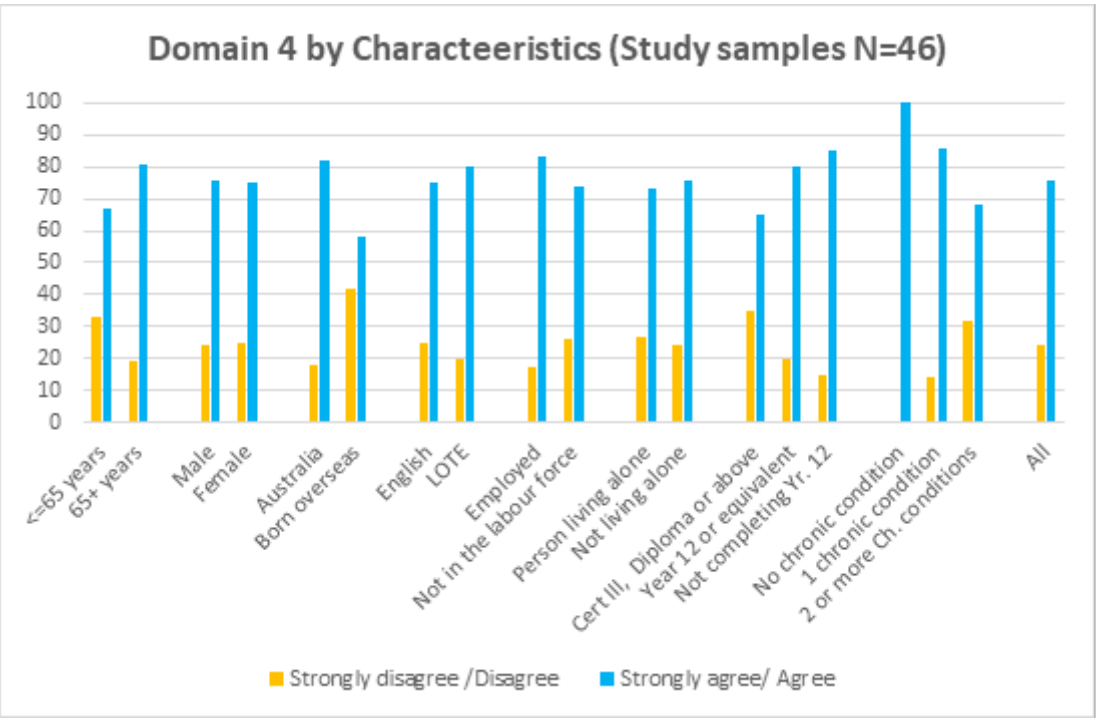
Domain 4: Social Support for Health

Likely characteristics of patients with low HL in Domain 4 (drawn from 11 out of 44 respondents)

Typical characteristics: Age 47-91, female, lives with others, Australian born, English speaking, High school or TAFE education. Retired or unable to work. Multimorbidity 1+, Private insurance but HC care, Attended ED in the last 12 months.

- People who are 65 years or younger (33%) were more likely to disagree that they had social support than those older than 65 years (22%) (NS). The ABS survey indicated younger people had social support.
- People born overseas (42%) reported not having social support compared to those born in Australia (18%). (NS) The ABS survey didn't show such trend.
- People not in labour force (26%) disagreed that they had social support compared to those in employed (17%). (NS). The ABS survey showed a similar trend but less variance.
- The higher the educational attainment is more likely to disagree that they had social support in our survey, but the ABS survey did not indicate such gradient.
- The more chronic conditions people had the more likely disagreed that they had social support. The ABS survey had the same tendency.

- People with private health insurance reported that they had social support than those without it.
- People with health card were more likely to have their social support., while there was no difference between those who attended ED and those who did not attend ED in the past 12 months.



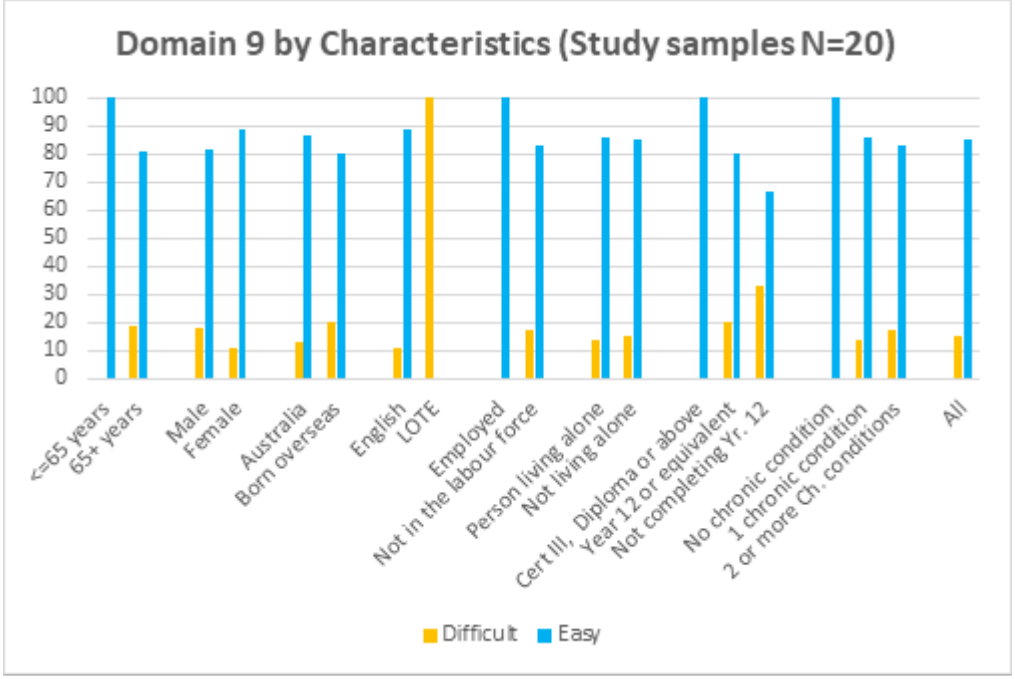
Domain 9: Understand health information well enough to know what to do

Likely characteristics of patients with low HL in Domain 9 (drawn from 3 out of 20 respondents)

Typical characteristics: Age 67-86. Male, Aust Born, English speaking, education – High school or below. Retired, Multimorbidity, No private insurance, Health Care card. No ED use in the last 12 months.

- People who are over 65 years (19%) found it more difficult than younger ones (0%) to understand health information well enough to know what to do. (NS) The ABS survey indicated no difference by age groups.(NS)
- Male respondents (18%) were more likely to report that they found it difficult to understand health information well enough to know what to do than female respondents (11%). (NS) The ABS indicated a similar trend but with less variance.
- Respondents who were born overseas (20%) reported that they found it difficult to understand health information well enough to know what to do than respondents born in Australia (13%). (NS) The ABS survey indicated no difference by country of birth.
- The only respondent who spoke language other than English (LOTE) at home reported that he/she found it difficult to understand health information well enough to know what to do. The ABS survey indicated that people who speak LOTE at home were more likely to find it difficult to understand health information well enough to know what to do than those who spoke English at home.
- Respondents not in workforce (17%) reported that that they found it difficult to understand health information well enough to know what to do than respondents who was in employment. However again there were only 2 respondents in the latter group. (NS) The ABS survey found people not in labour force were more likely to find it difficult to do so.

- Our study indicated no difference by respondents who live alone or live with others, while the ABS survey reported people who live alone were more likely to find it difficult to that they found it difficult to understand health information well enough to know what to do than respondents who live with others.
- People with higher education level were more likely to that they found it difficult to understand health information well enough to know what to do. (NS) The ABS survey indicated a similar trend.
- The more chronic conditions people had, the more likely people found it difficult that they found it difficult to understand health information well enough to know what to do than respondents. A similar trend was reported by the ABS survey.
- All people with private health insurance found easy to understand health information well enough to know what to do while 27% respondents without private insurance found it difficult to understand health information well enough to know what to do than respondents. (NS)
- People with health card (18%) found it difficult to understand health information well enough to know what to do than respondents without it (0%). (NS)
- People who attended emergency department (ED) within the last 12 months were less likely that they found it difficult to understand health information well enough to know what to do than those who did not attend ED.



7.3 Stage 3

Pilot training running-sheet

Enhancing patient wellbeing through improving health literacy – SDN Education Module
Facilitated by Mark Harris [MH], Fiona Haigh [FH], and Freya Raffan [FR]
7 March 2023

Time	Slide number	Suggested timing	Topic	Method	Facilitator	Resource
8:15	1	Holding slide	Ask attendees to complete survey and eConsent on arrival		FR	PTP
8:30	2 – 5	10 mins	Welcome and introductions - Acknowledgement to Country - Welcome group - Participant introductions + icebreaker	Presentation Group discussion	FH	PPT
	6	1 min	House keeping	Presentation	FH	PPT
	7	2 mins	Program	Presentation	FH	PPT
	8	1 min	Overview – what will be covered in this session	Presentation	FH	PPT
	9-11	10 mins	Background information and summary of findings	Presentation	FH	PPT
	12	2 mins	Training objectives	Presentation	FH	PPT
	13	2 mins	Overview of health literacy	Presentation	FH	PPT
	14	5 mins	Group discussion Generate discussion and understand participants' perspectives on health literacy	Group discussion	FH	PPT
	15 – 23	15 mins	What is health literacy and what is the impact of low health literacy?	Presentation	MH	PPT
	24 – 26	10 mins	Improving health literacy and the various approaches Universal precautions and communication strategies	Presentation	MH	PPT
	27	2 mins	Summary slide *Recap of session*	Presentation Questions from participants	MH	PPT
9:40	28	20 mins	BREAK – Morning Tea			PPT
10:00	29	2 mins	Understanding your patient *Content of session*	Presentation	FR	PPT
	30	2 mins	Introduce the case study	Case study	FR	PPT Case study handout
	31 - 32	5 mins	Aim of and conducting patient assessments *Prompt discussion from group*	Presentation Group discussion	MH	PPT Post-it-notes (or virtual whiteboard)

	33	5 mins	**Assessing knowledge and beliefs** Case study practical	Presentation Group discussion	FR	PPT Case study handout
	34 – 37	10 mins	**Assessing and measuring readiness to changing** Assessing readiness Stages of change Readiness ruler	Presentation Group discussion	MH	PPT
	38	5 mins	**Assessing readiness for change** Case study practical	Presentation Group discussion	FR	PPT Case study handout
	39	10 mins	**Activity: Identifying barriers and enablers**	Group discussion	FR	PPT
	40	5 mins	**Identifying barriers and enablers** How can we identify barriers and enablers?	Presentation	MH	PPT
	41	5 mins	**The role of emotional wellbeing as a barrier or enabler**	Presentation Group discussion	MH	PPT
	42 – 43	5 mins	**Health literacy distribution / context**	Presentation	MH	PPT
	44	2 mins	**Information tailoring**	Presentation	MH	PPT
	45	10 mins	**Information tailoring** Case study practical	Presentation Group discussion	FR	PPT Case study handout
	46 – 49	10 mins	**Patient supports**	Presentation	MH	PPT
	50	10 mins	**Assessing patient support** Case study practical	Presentation Group discussion	FR	PPT Case study handout
	51	2 mins	**Summary slide** *Recap of session*	Presentation Questions from participants	MH	PPT
	52	2 mins	**BREAK - Stretch**			PPT
11:15	53	1 min	**Understanding your patient** *Content of session*	Presentation	MH	PPT
	54 – 56	10 mins	**Empowering patients and carers**	Presentation	MH	PPT
	57	10 mins	**What is empowerment and how can we empower our patients?** Case study practical	Presentation Group discussion	FR	PPT Case study handout
	58	2 mins	**Summary slide** *Recap of session*	Presentation Questions from participants	MH	PPT
11:45	59	45 mins	**BREAK - Lunch**			PPT
12:30	60	1 min	**What is next?**	Presentation	FH	PPT
	61	1 min	**Communication** *Content of session*	Presentation	MH	PPT

	62 – 64	5 mins	**Patient centred communication and influencing factors**	Presentation	MH	PPT
	65	5 mins	**Communication skills and strategies**	Presentation Group discussion	MH	PPT
	66	2 mins	**Communication skills and strategies**	Presentation	MH	PPT
	67 – 68	10 mins	**Checking understanding**	Presentation Video	MH	PPT Video link
	69	5 mins	**Communication skills** Case study practical	Presentation Group discussion	FR	PPT Case study handout
	70	2 mins	**Summary slide** *Recap of session*	Presentation Questions from participants	MH	PPT
13:15	71	2 mins	**Goal setting** *Content of session*	Presentation	MH	PPT
	72	2 mins	**Why set goals**	Presentation	MH	PPT
	73	2 mins	**SMART goals**	Presentation	MH	PPT
	74 – 76	15 mins	**Supporting patients to set goals** Developing an action plan Monitoring progress	Presentation	MH	PPT
	77 – 78	15 mins	**Supporting patients to set goals** Case study practical	Presentation Group discussion	FR	PPT Case study handout
	79	2 mins	**Summary slide** *Recap of session*	Presentation Questions from participants	MH	PPT
14:00	80	2 mins	**Documentation and handover** *Content of session*	Presentation	MH	PPT
	81 – 83	5 mins	**How to document and handover factors of health literacy** Can incorporate into existing practices – some of this we already do!	Presentation	MH	PPT
14:30	84	20 mins	**BREAK – Afternoon tea**			PPT
	85	2 mins	**Summary of learnings so far** *Recap of sessions*	Presentation	MH	PPT
	86 – 88	30 mins	**Role plays** Participants broken into groups and assigned a role (patient or clinician) Participants role play with each other and consider the key discussion questions to assess the patient's health literacy, identify barriers and enablers, tailor education and set goals	Role plays in two groups	FR	Handout of role plays

			As a group, discuss what was challenging about being a patient/clinician in that scenario. What techniques from the course were utilised to overcome these challenges?			
16:15	89 – 91	10 mins	Conclusion Summary of key learnings Post training survey	Presentation Post training survey	FH	PPT Survey
16:30			End			

INTRODUCTION TO FACILITATOR GUIDE

This Facilitator Guide provides instructions for individuals who facilitate the training course *Enhancing Patient Wellbeing through Improving Health Literacy*.

This training course was designed to develop further the practical abilities of Sydney District Nursing (SDN) staff to support patients in actively managing their own conditions.

The course was developed by RPA Virtual Hospital, members of the RPA Virtual Hospital Consumer Network, Sydney Education and the Health Equity and Research Development Unit (HERDU) as part of the Health Literacy Needs and Responses Project.

BACKGROUND

The training needs and course content was developed through consultation with SDN staff and patients. This was the first part of an overarching research study that included an assessment of existing health literacy needs and understanding followed by the development of this course.

A series of focus groups with SDN nurses identified the following main issues:

- Limited time available to spend with patients to listen to and meet their needs, or build a good relationship with them
- Increased patient reliance on nurses rather than empowering patients to manage their own conditions
- Lack of continuity of care as patients are seen by different nurses under SDN care

Patient surveys identified the following main issues:

- A patient's ability to self-manage their condition is impacted by their own health literacy and the support available to them
- Nurses recognise engaging family members during visits and setting management plans as beneficial to patients
- Patients' cultural beliefs about their condition could be a barrier to health outcomes
- Nurses use plain English, interpreters and teach back however, patients aren't motivated to engage in managing their conditions
- Inconsistencies in information given to patients from various sources causes frustration

Overall, the research identified *five domains* as developmental areas to support patients in actively managing their own conditions:

- Time
- Health literacy
- Support
- Patient self-management
- Communication

AIMS OF THE COURSE

The aims of the course are to:

- Increase awareness of the effects of low health literacy
- Identify strategies to address barriers and improve health literacy

- Build knowledge and skills to assess, understand and respond to patient and carer needs and encourage patient engagement in care
- Strengthen patient communication, access to information and goal development to support and maintain health
- Optimise continuity of care through consistent communication and documentation between clinical staff

DURATION OF THE COURSE

The course can be run as *two half days* or *one full day* of training. It should be noted that SDN staff prefer one full day.

ROLE OF THE FACILITATORS

The facilitators help participants learn the skills presented in the course. They demonstrate what a SDN nurse can do to *enhance patient wellbeing through improving health literacy*, lead discussions, help participants practice skills in the classroom, and provide feedback.

A ratio of one facilitator to 6-12 participants is recommended. Where feasible, two facilitators work as a team with a group of 10 to 12 participants. This is foster an open learning environment and ensure adequate attention can be given to individual participants to support them to learn and apply the new information and skills.

The facilitator will need to have the content knowledge and expertise related to the course materials as well as be able to provide anecdotes and practical examples from their own clinical practice.

SDN work relatively independently in the community, often with limited opportunity for close supervision. Therefore, it is useful for SDN nurses to have the opportunity to practice applying the knowledge and skills acquired through the course as much as possible. Repetition and practice will enable participants to develop skills and confidence needed to help patients, families and carers in the community.

RESPONSIBILITIES OF THE FACILITATORS

As a facilitator, the main responsibilities are to; inform, motivate, and manage.

To inform:

- Ensure participants understand how to work through the activities and what they are expected to do in each activity
- Answer questions, clarify content and check understanding
- Lead group discussions, video exercises, demonstrations, and role play exercise
- Encourage participant contribution
- Ensure participants have mastered the learnings and skills at the end of a section
- Help participants identify how to apply learnings and skills to their work
- Give guidance and feedback as needed during the session
- Review the 'take-home messages' at the end of each section and/or end of day

To motivate:

- Praise participants and the group on improving their performance, building on existing learning and developing new skills

• Encourage participants to move through the initial difficulties of applying new learning, by focusing on steps in their progress and the importance of what they are learning to do
• Acknowledge individual experiences and their role as a healthcare professional

To manage:

• Plan ahead and obtain all resources needed for the session
• Monitor the progress of each participant, check understanding and identify where further understanding and/or demonstration is needed and provide clarification

TRAINING PREPARATION

Communicate:
One week prior to the training, send the following information to patients:

- Training date, time, location and any parking information or maps to the training room (if relevant)
- Links to the pretraining survey
- To minimise paper waste, you can offer to send the slide set to participants to print themselves, or view on devices if they wish to do so

If catering is provided, ask about dietary requirements, otherwise remind attendees to bring their own lunch and advise of storage available (e.g. Fridge available)

To bring:

- Butchers paper x 1 pack
- Post-it-notes x 2 packs
- Markers x 6
- Bluetack·
- Laptop
- Course slides on USB (in case there are technology issues)
- Sign-in sheet to record attendee details

In addition to the above, prior to the training date, ensure the room location has appropriate technology to allow you to display the course PowerPoint and show the relevant videos. You will need to arrive early to test the sound.

TRAINING DELIVERY

The below table summarises the course content. Timing estimates are provided however depending on the facilitator(s), some sections may take more or less time.

Slide number	Suggested timing	Topic	Method	Facilitator	Resource
1	Holding slide	**Ask attendees to complete survey and eConsent on arrival**		1	PPT
2 – 5	10 mins	**Welcome and introductions** - Acknowledgement to Country - Welcome group - Participant introductions + icebreaker	Presentation Group discussion	1	PPT
6	1 min	**House keeping**	Presentation	1	PPT
7	2 mins	**Program**	Presentation	1	PPT
8	1 min	**Overview – what will be covered in this session**	Presentation	1	PPT
9-11	5 mins	**Background information and summary of findings**	Presentation	1	PPT
12	2 mins	**Training objectives**	Presentation	1	PPT
13	2 mins	**Overview of health literacy**	Presentation	1	PPT
14	5 mins	**Group discussion** Generate discussion and understand participants' perspectives on health literacy	Group discussion	1	PPT
15 – 23	15 mins	**What is health literacy and what is the impact of low health literacy?**	Presentation	2	PPT
24 – 26	10 mins	**Improving health literacy and the various approaches** Universal precautions and communication strategies	Presentation	2	PPT
27	2 mins	**Summary slide** Recap of session	Presentation Questions from participants	2	PPT
28	20 mins	**BREAK – Morning Tea**			PPT
29	2 mins	**Understanding your patient** Content of session	Presentation	1	PPT
30	2 mins	**Introduce the case study**	Case study	1	PPT Case study handout
31 - 32	5 mins	**Aim of and conducting patient assessments** Prompt discussion from group	Presentation Group discussion	2	PPT Post-it-notes (or virtual whiteboard)

33	5 mins	**Assessing knowledge and beliefs** Case study practical	Presentation Group discussion	1	PPT Case study handout
34 – 37	10 mins	**Assessing and measuring readiness to changing** Assessing readiness Stages of change Readiness ruler	Presentation Group discussion	2	PPT
38	5 mins	**Assessing readiness for change** Case study practical	Presentation Group discussion	1	PPT Case study handout
39	10 mins	**Activity: Identifying barriers and enablers**	Group discussion	1	PPT
40	5 mins	**Identifying barriers and enablers** How can we identify barriers and enablers?	Presentation	2	PPT
41	5 mins	**The role of emotional wellbeing as a barrier or enabler**	Presentation Group discussion	2	PPT
42 – 43	5 mins	**Health literacy distribution / context**	Presentation	2	PPT
44	2 mins	**Information tailoring**	Presentation	2	PPT
45	10 mins	**Information tailoring** Case study practical	Presentation Group discussion	1	PPT Case study handout
46 – 49	10 mins	**Patient supports**	Presentation	2	PPT
50	10 mins	**Assessing patient support** Case study practical	Presentation Group discussion	1	PPT Case study handout
51	2 mins	**Summary slide** Recap of session	Presentation Questions from participants	2	PPT
52	2 mins	**BREAK - Stretch**			PPT
53	1 min	**Understanding your patient** Content of session	Presentation	2	PPT
54 – 56	10 mins	**Empowering patients and carers**	Presentation	2	PPT
57	10 mins	**What is empowerment and how can we empower our patients?** Case study practical	Presentation Group discussion	1	PPT Case study handout
58	2 mins	**Summary slide** Recap of session	Presentation Questions from participants	2	PPT
59	45 mins	**BREAK - Lunch**			PPT
60	1 min	**What is next?**	Presentation	1	PPT
61	1 min	**Communication** Content of session	Presentation	2	PPT

62 – 64	5 mins	**Patient centred communication and influencing factors**	Presentation	2	PPT
65	5 mins	**Communication skills and strategies**	Presentation Group discussion	2	PPT
66	2 mins	**Communication skills and strategies**	Presentation	2	PPT
67 – 68	10 mins	**Checking understanding**	Presentation Video	2	PPT Video link
69	5 mins	**Communication skills** Case study practical	Presentation Group discussion	1	PPT Case study handout
70	2 mins	**Summary slide** Recap of session	Presentation Questions from participants	2	PPT
71	2 mins	**Goal setting** Content of session	Presentation	2	PPT
72	2 mins	**Why set goals**	Presentation	2	PPT
73	2 mins	**SMART goals**	Presentation	2	PPT
74 – 76	15 mins	**Supporting patients to set goals** Developing an action plan Monitoring progress	Presentation	2	PPT
77 – 78	15 mins	**Supporting patients to set goals** Case study practical	Presentation Group discussion	1	PPT Case study handout
79	2 mins	**Summary slide** Recap of session	Presentation Questions from participants	2	PPT
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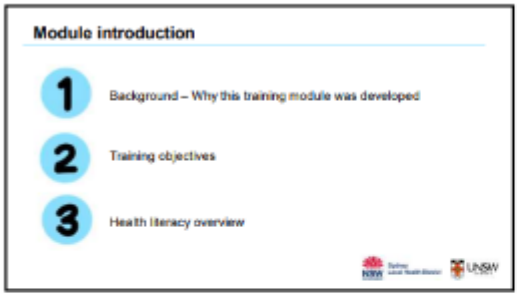
81 – 83	5 mins	**How to document and handover factors of health literacy** Can incorporate into existing practices – some of this we already do!	Presentation	2	PPT
84	20 mins	**BREAK – Afternoon tea**			PPT
85	2 mins	**Summary of learnings so far** Recap of sessions	Presentation	2	PPT
86 – 88	30 mins	**Role plays** Participants broken into groups and assigned a role (patient or clinician) Participants role play with each other and consider the key discussion questions to assess the patient's health	Role plays in two groups	1	Handout of role plays

		literacy, identify barriers and enablers, tailor education and set goals As a group, discuss what was challenging about being a patient/clinician in that scenario. What techniques from the course were utilised to overcome these challenges?			
89 – 91	10 mins	Conclusion Summary of key learnings Post training survey	Presentation Post training survey	1	PPT Survey

Training module presentation

Below is a preview of the Health Literacy Education Module slide deck. The editable PowerPoint file and accompanying Facilitator Guide can be requested from HERDU at SLHD-HERDU@health.nsw.gov.au.



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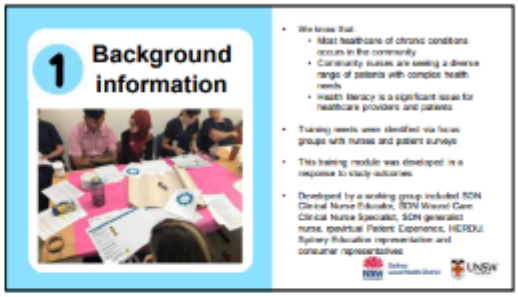

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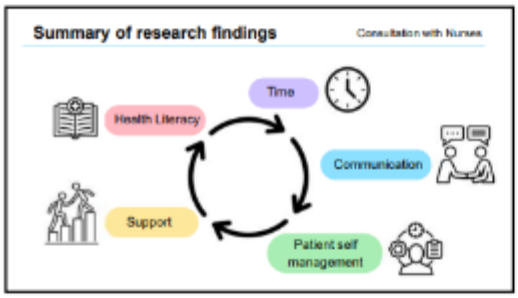

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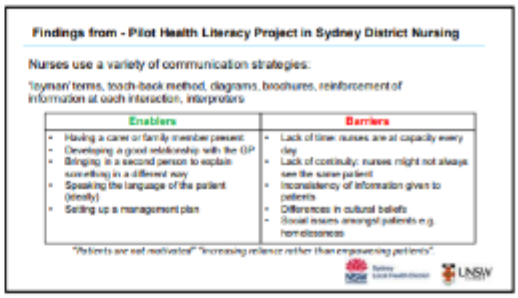

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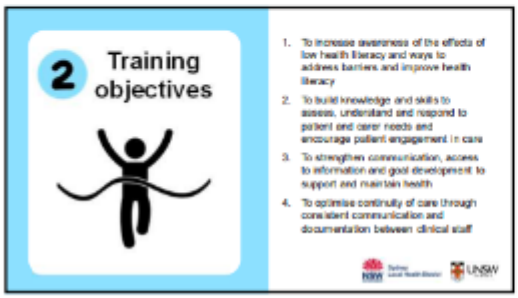

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Training module case studies

Scenario 1 (role play)

Health Professional

Larry is a retired 77 year old male who lives alone in his own home. Larry moved to Australia from? 30 years ago, and whilst he speaks English, he feels more comfortable speaking his own language. He wasn't able to finish high school as he had to work to support his family from a young age. Larry relies on the pension for income and has a Health Care Card. He has no private health insurance.

Larry has multiple conditions, including Type 2 Diabetes and depression. He has three ulcerations on his left lower leg that have been present for the last 5 years. He has self-cared with the support of his GP. Over the years the presence of chronic oedema has become more difficult to manage. Larry was referred to Sydney District Nursing for wound care. Graduated compression therapy has been commenced along with skin care to manage dry and flaky skin. You are managing Larry's care. Although you have demonstrated how to remove the compression bandage and attend to skin care prior to each nursing visit, you find that Larry has not attended to both whenever you visit him.

Discussion questions

- How would you assess Larry's health literacy?
- What does Larry understand about his condition?
- What are Larry's health beliefs?
- How would you assess his readiness for change?
- What are the barriers and enablers for improving his health?
- What supports are available to Larry and how does he use these?
- How would you tailor your education or advice for Larry?
- What would help him become more actively involved in managing his wounds?

Patient experience – Larry

You are a retired 77 year old male who lives alone. You moved to Australia 30 years ago, and whilst you do speak English, you feel more comfortable speaking in your own language. However, you think you understand English enough and believe you don't need an interpreter. You wouldn't ask for one anyway, as you don't like asking the nurses questions – they are so busy and you don't want to bother them, and you don't want them to think that you don't know what you are doing.

You weren't able to finish high school as you had to work to support your family from a young age. You worked for years in construction as an unskilled labourer. You rely on the pension for income and you have a Health Care Card. You don't have private health insurance as it is too expensive and you are already concerned about money. If there's a problem, and your doctor isn't available, you can always go to the ED – it's free!

About 10 years ago you were diagnosed with Type 2 diabetes and recently you developed depression. You have had ulcerations on your left lower leg for at least 5 years. You have been self-caring along with support from your GP. The swelling in your leg has become too difficult to manage. You are referred to SDN to assist you with wound management. You have been asked to assist by removing your compression bandage and attending to skin cleansing before each visit. This has been demonstrated to you. However you find it really difficult to change your bandages on your own and it is hard to find time to shower before the nurses attend.

Scenario 2 (role play)

Health professional

New referral of 74 year old female, Judith, who lives with her spouse, Mike, to SDN for IV frusemide administration. Judith and Mike were both born in Australia and speak English at home.

Judith has presented multiple times to her local treating hospital due to exacerbation of congestive cardiac failure (CCF). During your visit you observe several empty soft drink bottles in the kitchen. To manage her condition Judith needs be on a daily fluid restriction of 1.2 litres and to take regular oral diuretic medication. Judith sometimes misses taking some of her medications and is not adhering to the fluid restriction. However, Judith comes across as quite assertive and you feel like she would let you know if she has any questions or concerns about her condition or her treatment plan.

Patient's experience – Judith

You are a 74 year old female living with your husband, Mike. You were both born in Australia and speak English at home. You have a TAFE qualification – a certificate IV in administration and you worked for years as an admin officer in the transport sector. Both you and Mike are retired, however Mike is actively involved in the community and isn't always home. Neither of you have private health insurance or a health care card.

You have CCF and you have just been discharged from hospital after presenting to ED with breathlessness. You also have a history of COPD and you take lots of medications. You think that you become short of breath because you sometimes don't take your medications and drink more soft drink than you should. But then again from what your friends have told you, CCF just gets worse no matter what you do.

You feel that everybody nags you all the time about taking your medications and how much you can drink and all of that kind of stuff. The tablets make you need to go to the toilet all the time and this is difficult especially when you are out. It is embarrassing if you have an accident. You can't see the point as when you are not feeling well you just go to the hospital.

<u>Discussion questions</u>

- How would you assess Judith's health literacy?
- What does Judith understand about her condition?
- What are Judith's health beliefs?
- How would you assess her readiness for change?
- What are the barriers and enablers for improving her health?
- What supports are available to Judith and how does she use these?
- How would you tailor your education or advice for Judith?
- What would help her become more actively involved in managing her condition?

Enhancing patient wellbeing through improving health literacy
PRE -TRAINING SURVEY

Thank you for taking the time to complete the following survey.

Experience in community nursing including Sydney District Nursing (Please tick most appropriate):
☐ Less than 1 year
☐ 1 – 3 years
☐ 4 – 6 years
☐ 7 – 9 years
☐ More than 10 years

Previous training received to date (Please tick most appropriate):
Health literacy related:
☐ Nil
☐ Yes
If Yes, as part of SDN orientation? ☐
☐ Other: _____

Chronic disease management related:
☐ Nil
☐ Yes
If Yes, as part of SDN orientation? ☐
☐ Other: _____

1. **Please rate your level of confidence for each of the following:**

		1 Poor	2 Low	3 OK	4 Good	5 Excellent
1	Assessing patients' physical health issues					
2	Assessing patients' practical and emotional support needs					
3	Encouraging patients to ask questions					
4	Tailoring my communication and delivering information in ways patients understand, including:					
	a. Patients with limited education					
	b. Patients of different cultural backgrounds					
	c. Patients with limited English					
	d. Patients who are emotionally vulnerable or anxious					
5	Arrange when needed:					
	a. Interpreters					
	b. Cultural navigators					
6	Ability to check that patients (and/or carers) understand the information I have communicated					
7	Helping patients that are not motivated or engaged to manage their condition/s					
8	Identifying patients' stage of change to tailor health messages					

9	Identifying patients' barriers and facilitators for making changes					
10	Assist patients to develop and review their health goals					
11	Ability to document and handover information about:					
a.	a. Patients' medical and care needs					
b.	b. Patients' health goals					
c.	c. Patients' progress (and concerns, barriers and supports to achieve goals)					

What might help to increase your confidence in the above areas?

……

……

Thank you for your participation in this training and completing the survey.

Post-training survey

Enhancing patient wellbeing through improving health literacy
POST-TRAINING SURVEY

Thank you for taking the time to complete the following survey.

1. **Please rate your level of confidence for each of the following:**

		1 Poor	2 Low	3 OK	4 Good	5 Excellent
1	Assessing patients' physical health issues					
2	Assessing patients' practical and emotional support needs					
3	Encouraging patients to ask questions					
4	Tailoring my communication and delivering information in ways patients understand, including:					
	a. Patients with limited education					
	b. Patients of different cultural backgrounds					
	c. Patients with limited English					
	d. Patients who are emotionally vulnerable or anxious					
5	Arrange when needed:					
	a. Interpreters					
	b. Cultural navigators					
6	Ability to check that patients (and/or carers) understand the information I have communicated					
7	Helping patients that are not motivated or engaged to manage their condition/s					
8	Identifying patients' stage of change to tailor health messages					
9	Identifying patients' barriers and facilitators for making changes					
10	Assist patients to develop and review their health goals					
11	Ability to document and handover information about:					
a.	a. Patients' medical and care needs					
b.	b. Patients' health goals					
c.	c. Patients' progress (and concerns, barriers and supports to achieve goals)					

2. **Rate your satisfaction with each of the following elements of training**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The aims of this course were met					
The content of the course was relevant to my needs					
The content in this course was organised in a clear and logical way					
Th facilitators made effective use of teaching aids in presenting course content:					
• Presentation slides					
• Case studies					

• Videos					
The facilitators clearly explained ideas and concepts in the subject area					
The course was the appropriate length					
Overall I was satisfied with the quality of the course					

3. Can you describe how you have been able to put the training into practice? (for example changing communication, engaging interpreters or cultural navigators):

……
……

4. Please provide feedback on how to improve the training or its delivery:
What were the best things about this course?

……
……

What could be improved?

……
……

5. Would you like further education about health literacy in the future? ☐Yes ☐No

Any other comments:

……
……

Thank you for your participation in this training and completing the survey.