Digital health literacy for 23 million: A breakthrough in systems design to ensure no one is left behind?

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HIC Melbourne, 26th July 2016
Acknowledgements

**Australian team**
- Roy Batterham
- Rachelle Buchbinder
- Alison Beauchamp
- Sarity Dodson
- Christina Cheng

...and the team

**International team**
- Denmark
  - Lars Kayser
  - Ole Nørgaard
- Canada
  - André Kushniruk
- Tasmania
  - Paul Turner
We need to be conscious to include all members of our society – not just focus on the easy to manage groups.

Comatose or equivalent. Has ‘stuff done to them’.

Health and fitness fanatics. Doesn’t matter what you give them, they do well.
Why health literacy? Why might it be useful?

**THEORETICAL MAXIMUM**
100% Coverage
No more improvement possible

1. **QUICK WINS**
Large-scale impact from simple tasks

2. **DIMINISHING RETURNS**
From continued work on maturing campaign or programs

3. **PLATEAU**
Flattened performance from stagnating campaign or programs

Source: Roy Batterham, Deakin University
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How can we meet the needs of those we are currently failing to engage or be effective with?

Optimising mass and/or standardised strategies

Source: Roy Batterham, Deakin University
What is health literacy?

The ability to understand, access and use health information.

- Social and cognitive skills to do these tasks
- Motivation and engagement in health-promoting and disease-management activities

Health Literacy Responsiveness

The Way In Which Services Make Available and Accessible Information Resources Supports Environments

To People With Varying Health Literacy Strengths And Limitations
Low functional health literacy has been associated with...

- increased hospital admissions and readmissions
- increased health care costs
- higher prevalence of health risk factors
- increased death/mortality
- poorer medication adherence and increased adverse medication events
- participation in prevention activities
- poorer self-management of chronic diseases
- poorer disease outcomes
- less effective communication with health care professionals
- lower functional status
- poorer overall health status
Causal Pathways through which health literacy influences health outcomes

Health Literacy Toolkit for Low & Middle Income Countries

Dodson S, Good S, Osborne RH. New Delhi: World Health Organization, Regional Office for South-East Asia, 2015.

http://www.searo.who.int/entity/healthpromotion/documents/hl_toolkit/en/
There are four thematic areas, namely healthy cites and human settlement as key platforms, action across sectors and social mobilization as two key approaches, **health literacy as the foundation block** in achieving the Sustainable Development Goals.
How has health literacy been measured?
Rapid Estimate of Adult Literacy in Medicine: REALM

<table>
<thead>
<tr>
<th>List 1</th>
<th>List 2</th>
<th>List 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>fat</td>
<td>fatigue</td>
<td>allergic</td>
</tr>
<tr>
<td>flu</td>
<td>pelvic</td>
<td>menstrual</td>
</tr>
<tr>
<td>pill</td>
<td>jaundice</td>
<td>testicle</td>
</tr>
<tr>
<td>dose</td>
<td>infection</td>
<td>colitis</td>
</tr>
<tr>
<td>eye</td>
<td>exercise</td>
<td>emergency</td>
</tr>
<tr>
<td>stress</td>
<td>behaviour</td>
<td>medication</td>
</tr>
<tr>
<td>smear</td>
<td>prescription</td>
<td>occupation</td>
</tr>
<tr>
<td>nerves</td>
<td>notify</td>
<td>sexually</td>
</tr>
<tr>
<td>germs</td>
<td>gallbladder</td>
<td>alcoholism</td>
</tr>
</tbody>
</table>

Test of Functional Health Literacy in Adults: (TOFHLA)

Numeracy (17 items)

<table>
<thead>
<tr>
<th>Abbocillin VK Tablets 250mg</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take ONE tablet by mouth four times a day</td>
<td></td>
</tr>
</tbody>
</table>

Mr Ian Garfield  nil Rpts
16/04/06 Dr Michael Lubin  FF941858
$11.53

Q1. If you take your first tablet at 7.00am, when should you take the next one? ____________

Q2. And the next one after that? ____________

Some new multidimensional approaches to Health Literacy measurement

- Health Literacy Questionnaire (HLQ)
  - Western culture / developed countries (Australia)

- Information and Support for Health Actions Questionnaire (ISHA-Q)
  - Communal cultures / LMICs (Thailand)

- Health Literacy Survey – Europe (HLS-EU)
  - Measurement of populations

- National Health Literacy Assessment for Children
  - Taiwan

- e-Health Literacy Questionnaire
  - Denmark/Australia
If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there.

Grounded development of questionnaires:
Concept mapping
Structured conceptualisation process that captures the local wisdom of patients, practitioners and policy makers

1. Brainstorming session
2. Sorting and rating of statements
3. Multivariate analysis (multi-dimensional scaling and cluster analysis)
4. Interpretation of maps

Seeding statement:
Thinking about your experiences in trying to look after your health (or the health of your family), what abilities does a person need to have to be able get and to use all of the information they need?
## The Health Literacy Questionnaire

(9 separate questionnaires to measure the whole concept)

<table>
<thead>
<tr>
<th>Strongly Agree—Strongly disagree</th>
<th>Cannot do—Very easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling understood and supported by healthcare providers</td>
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</tr>
<tr>
<td>• I can rely on at least one healthcare provider</td>
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</tr>
<tr>
<td>2. Having sufficient information to manage my health</td>
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</tr>
<tr>
<td>• I am sure I have all the information I need to manage my health effectively</td>
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</tr>
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<td>3. Actively managing my health</td>
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</tr>
<tr>
<td>• I make plans for what I need to do to be healthy</td>
<td>• Get health information in words you understand</td>
</tr>
<tr>
<td>4. Social support for health</td>
<td>9. Understand health information well enough to know what to do</td>
</tr>
<tr>
<td>• I have at least one person who can come to medical appointments with me</td>
<td>• Read and understand all the information on medication labels</td>
</tr>
<tr>
<td>5. Appraisal of health information</td>
<td>• Understand what healthcare providers are asking you to do</td>
</tr>
<tr>
<td>• When I see new information about health, I check up on whether it is true or not</td>
<td></td>
</tr>
</tbody>
</table>

*A quote from Primary Care…*  
“Richard… these are the things that doctors hate most about their patients”

**These look like ordinary questions**  
*frontline practitioner*

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[http://www.biomedcentral.com/1471-2458/13/658](http://www.biomedcentral.com/1471-2458/13/658)
Gaps in understanding health and engagement with healthcare providers across common long-term conditions: a population survey of health literacy in 29,473 Danish citizens. Friss, Lasgaard, Osborne, Maindal

BMJ Open, 14th January, 2016
What is e-Health Literacy?

• An individual’s ability to search for, successfully access, comprehend, and appraise desired health information from electronic sources and to then use such information to attempt to address a particular health problem

*Norman & Skinner, 2006, JMIR*
Data is power!

If you cannot measure it...

...you cannot manage it
Grounded development of e-HLQ: Concept mapping

Structured conceptualisation process that captures the local wisdom of patients, practitioners, developers and policy makers

Seeding statement:

Thinking about citizens’ experiences in trying to look after their health (or the health of their family), what does a person need to be able to do in order to use digital health services?

8 workshops completed
Global E-consultation for e-health literacy

• Consultation: 22 Countries
  • Australia, Austria, Belgium, Canada, Denmark, France, Germany, India, Japan, New Zealand, Norway, Saudi Arabia, Singapore, South Korea, Spain, Sweden, Switzerland, Taiwan, The Netherlands, Turkey, United Kingdom and USA

• Respondents
  • 136 people providing 1,144 statements
  • reduced to 65 statements for field testing
Domain names and descriptors of the eHLQ

1. Ability to process information
   Able to read, write and remember, apply basic numerical concepts, and understand context-specific language (e.g. health, IT or English) as well as critically appraise information. Know when, how and what information to use.

2. Engagement in own health
   Know about basic physiological functions and own current health status. Aware of risk factors and how to avoid them or reduce their influence on own health as well as navigating the health care system.

3. Ability to actively engage with digital services
   Being comfortable using digital services for handling information.

4. Feel safe and in control
   Feel that you have the ownership of personal data stored in the systems and that the data are safe and can be accessed only by people to whom they are relevant (own doctor/nurse etc.).

5. Motivators to engage with digital services
   Feel that engaging in the use of digital services will be useful for them in managing their health.

6. Access to digital services that work
   Have access to digital services that the users trust to be working when they need it and as they expect it to work.

7. Digital services that suit individual needs
   Have access to digital services that suit the specific needs and preferences of the users. This includes responsive features of both IT and the health care system (including carers) as well as adaptation of devices and interfaces to be used by people with physical and mental disabilities.
eHealth Literacy Framework

Individual

1. Ability to process information
2. Engagement in own health

Interaction

3. Ability to actively engage with digital services
4. Feel safe and in control
5. Motivated to engage with digital services

System

6. Access to digital services that work
7. Digital services that suit individual needs

Internal

External
Role of ‘health literacy’

• Health literacy is best thought of as a problem solving tool to assess and meet the needs of those who do not access or benefit from existing services and approaches as much as others.

• It is deeply linked to the concept of equity and the concept that
  • not everyone has the same needs, and that
  • effective approaches are not the same for everyone.
Intervention development (intervention mapping)

1. **Needs assessment** (fine grained health literacy needs: e.g., HLQ, eHLQ)
   - Needs of consumers / patients
   - Needs of system (practitioners, planners/managers, policymakers)

2. From the needs assessment to create a matrix of proximal program objectives

3. From the target users, select interventions, methods and practical strategies and suggestions

4. Co-design and plan interventions with all stakeholders

5. Prioritisation, adoption and implementation of interventions

6. Monitoring and program evaluation.
Australian Research Council Linkage Grant (2012-2015)

Key investigators
• Richard Osborne
• Rachelle Buchbinder
• Roy Batterham
• Alison Beauchamp
• Sarity Dodson
• Brad Astbury
• Gerald Elsworth

Partners – Victorian Government
1. Home and Community Care (HACC)
2. Primary Care
3. Hospital Admissions Risk Program (HARP)

www.ophelia.net.au
What is the Ophelia Approach?

Ophelia aims to improve health outcomes and reduce health inequalities, by

Empowering health and community services to understand, prioritise and take action – to be responsive to clients with varying health literacy strengths and needs

Ophelia means
Optimizing
Health Literacy and Access to health information and services
Ophelia protocol

The protocol draws on three discourses:
1. Intervention mapping
2. Quality improvement collaboratives
3. Realist evaluation thinking

http://www.biomedcentral.com/1471-2458/14/694

Abstract

Background: Health literacy is a multi-dimensional concept comprising a range of cognitive, affective, social, and personal skills and attributes. This paper describes the research and development protocol for a large communities-based collaborative project in Victoria, Australia that aims to identify and respond to health literacy issues for people with chronic conditions. The project, called Ophelia (OPtimising HEalth LiterAcy), is a partnership between two universities, eight service organisations and the Victorian Government. Based on the identified issues, it will develop and pilot health literacy interventions across eight disparate health services to inform the creation of a health literacy response framework to improve health outcomes and reduce health inequalities.

Methods/Design: The protocol draws on many inputs including the experience of the partners in previous co-creation and roll-out of large-scale health-promotion initiatives. Three key conceptual models/discourses inform the protocol: intervention mapping; quality improvement collaboratives, and realist synthesis. The protocol is outcomes-oriented and focuses on two key questions: What are the health literacy strengths and weaknesses of clients of participating sites? and How do sites interpret and respond to these in order to achieve positive health and equity outcomes for their clients? The process has six steps in three main phases. The first phase is a needs assessment that uses the Health Literacy Questionnaire (HLQ), a multi-dimensional measure of health literacy, to identify common health literacy needs among clients. The second phase involves front-line staff and management within each service organisation in co-creating intervention plans to strategically respond to the identified local needs. The third phase will trial the interventions within each site to determine if the site can improve identified limitations to service access and/or health outcomes.

Discussion: There have been few attempts to assist agencies to identify and respond, in a planned way, to the varied health literacy needs of their clients. This project will assess the potential for targeted, locally-developed health literacy interventions to improve access, equity and outcomes.

Keywords: Health literacy, Equity, Chronic illness, Access, Implementation, Intervention development, Intervention mapping, Participatory research, Health Literacy Questionnaire (HLQ), Co-creation
Let's transform data into Knowledge, then into action...
Domain names and descriptors of the eHLQ

1. Ability to process information
Able to read, write and remember, apply basic numerical concepts, and understand context-specific language (e.g. health, IT or English) as well as critically appraise information. Know when, how and what information to use.

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The Health Literacy Questionnaire  
(9 separate questionnaires to measure the whole concept)

**Strongly Agree—Strongly disagree**

1. Feeling understood and supported by healthcare providers
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2. Having sufficient information to manage my health
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4. Social support for health
   • I have at least one person who can come to medical appointments with me

5. Appraisal of health information
   • When I see new information about health, I check up on whether it is true or not

**Cannot do—Very easy**

6. Ability to actively engage with healthcare providers
   • Discuss things with healthcare providers until you understand all you need to

7. Navigating the healthcare system
   • Decide which healthcare provider you need to see

8. Ability to find good health information
   • Get health information in words you understand

9. Understand health information well enough to know what to do
   • Read and understand all the information on medication labels
   • Understand what healthcare providers are asking you to do

The HLQ has nine individual scales

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health provider support</td>
<td>Have enough info</td>
<td>Actively manages health</td>
<td>Social support for health</td>
<td>Appraisal health info</td>
<td>Active engage with HP</td>
<td>Navigate health services</td>
<td>Find good health info</td>
<td>Understand health info for action</td>
</tr>
<tr>
<td></td>
<td>3.4</td>
<td>3.1</td>
<td>2.8</td>
<td>3.8</td>
<td>2.4</td>
<td>4.3</td>
<td>3.4</td>
<td>3.2</td>
<td>4.5</td>
</tr>
</tbody>
</table>

1 = Strongly Disagree
4 = Strongly Agree

1 = Cannot do
5 = Very easy

These average scores are useless!
The HLQ has nine individual scales

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Mod</th>
<th>Low</th>
<th>Very high</th>
<th>Very low</th>
<th>High</th>
<th>Low</th>
<th>Very low</th>
<th>Very high</th>
</tr>
</thead>
</table>

Deakin University CRICOS Provider Code: 00113B
### Example of health literacy profiles of a group of clients (using cluster analysis)

<table>
<thead>
<tr>
<th>% of sample in each cluster</th>
<th>Health provider support</th>
<th>Have enough info</th>
<th>Actively manage health</th>
<th>Social support</th>
<th>Appraise health info</th>
<th>Active engage with HP</th>
<th>Navigate health services</th>
<th>Find good health info</th>
<th>Understand health info</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>3.68</td>
<td>3.45</td>
<td>3.40</td>
<td>3.50</td>
<td>3.16</td>
<td>4.55</td>
<td>4.40</td>
<td>4.26</td>
<td>4.46</td>
</tr>
<tr>
<td>24%</td>
<td>3.17</td>
<td>3.01</td>
<td>2.93</td>
<td>2.98</td>
<td>2.76</td>
<td>4.10</td>
<td>4.00</td>
<td>3.83</td>
<td>4.00</td>
</tr>
<tr>
<td>20%</td>
<td>3.35</td>
<td>2.91</td>
<td>3.08</td>
<td>3.12</td>
<td>2.84</td>
<td>3.74</td>
<td>3.47</td>
<td>2.96</td>
<td>2.83</td>
</tr>
<tr>
<td>20%</td>
<td>2.72</td>
<td>2.49</td>
<td>2.74</td>
<td>2.54</td>
<td>2.43</td>
<td>3.44</td>
<td>3.32</td>
<td>3.31</td>
<td>3.71</td>
</tr>
<tr>
<td>14%</td>
<td>2.83</td>
<td>2.39</td>
<td>2.70</td>
<td>2.68</td>
<td>2.23</td>
<td>2.38</td>
<td>2.19</td>
<td>1.94</td>
<td>2.24</td>
</tr>
</tbody>
</table>
HLQ data can be combined with demographic and interview data to develop a ‘vignette’ about what it’s like to live with a particular health literacy profile.

Simon is a 51 year old man who works as a painter for a large company. He is finding the work harder as he gets older, mostly because of the back pain he has had for years. He drinks and smokes a lot and is starting to lose his breath when climbing ladders. He feels quite down about his worsening health but just sees it as part of getting older. His father died of heart disease at age 60, so Simon half expects the same thing to happen to him. He’s aware that he should take steps to stop smoking and drinking (scale 3) but doesn’t know where to go to for help (scale 7). When he tried to cut down last year, all his mates just laughed at him (scale 4). He can’t work out what is good or bad information (scale 5) and doesn’t really trust doctors anyway (scale 1); He can’t work out what is good or bad information (scale 5) and doesn’t really trust doctors anyway (scale 1).

Do you recognise this person in your community?

Ask patients and professionals - “What is being done, or could be done, to improve outcomes for this person?”

Then ask patients and professionals, “If there were lot of people like this... what could services/ community organisations etc do to improve outcomes for this person?”
The Ophelia Process

The Ophelia process is an enhancement of fairly standard participatory development approaches that incorporates a health literacy perspective by:

- Assessing health literacy (or e-health literacy) using a multi-dimensional tool
- Emphasizing understanding health literacy diversity
- Emphasizing local wisdom as a major source of solutions

Local stakeholders identify local priorities
Document local needs (HLQ)
Uncover local wisdom (practice excellence)
Share local wisdom
- Co-develop framework
- Community of practice
Implement
Local pride, test, learn, evaluate, feedback, compare
Build knowledge hub
Narratives, practical, context relevant
Advantages of working with practitioners and community members

• Years of experience and tacit knowledge are important resources
  • knowledge of local situations
  • knowledge of people
• Likely to be implementable
  • co-designed *in situ* with all stakeholders
• Don’t need to achieve subsequent buy-in
  • Don’t need to convince them it’s a good idea... it’s their idea!
Ophelia – 3 main stages

**Phase 1:**
Identify health literacy strengths & needs
- Collect health literacy data from community members
- Workshop profiles to generate intervention ideas

**Phase 2:**
Co-create health literacy interventions
- Identify which interventions have potential to address local health literacy needs or improve outcomes
- Consider levels of action

**Phase 3:**
Apply interventions; evaluate on an ongoing basis
- Health literacy interventions are applied and evaluated
Ophelia Victoria – intervention ideas

• ~100 HLQs collected at each site (n=9)
• Over 200 intervention ideas generated in co-design workshops
• Following the workshops, intervention ideas were:
  • Refined collaboratively using program logic models
  • Processes and materials were pilot tested using quality cycles
  • Some interventions (improvements) “disappeared” into the system
  • Many are small, relevant, inexpensive, transformative at local / micro level
### ACCESSING CREDIBLE HEALTH INFORMATION ONLINE CHECKLIST

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the information from a reliable site?</td>
<td></td>
</tr>
<tr>
<td>Sites that have domain names with '.gov', '.edu' or '.org' are more likely to hold accurate science based information. Sites with '.net' or '.com' are less likely to be reliable.</td>
<td></td>
</tr>
<tr>
<td>Can you find information about the organisation behind the website?</td>
<td></td>
</tr>
<tr>
<td>Before you believe any health information on the internet, find out what you can about the organisation. Who put the information on the site?</td>
<td></td>
</tr>
<tr>
<td>Are the qualifications of the author listed?</td>
<td></td>
</tr>
<tr>
<td>An author’s qualification should be related to the topic and strengthened by the organisation with which they are associated.</td>
<td></td>
</tr>
<tr>
<td>Are the contact details of the organisation available?</td>
<td></td>
</tr>
<tr>
<td>Is the phone number, address or email on the website? This means you can ask further questions or check that the author can be trusted.</td>
<td></td>
</tr>
<tr>
<td>Is the information related to research (fact) or opinion?</td>
<td></td>
</tr>
<tr>
<td>Look at other reliable sites to fully understand the issue. Look for any research or statistics to back up the information. Stay away from sites that offer a ‘miracle cure’.</td>
<td></td>
</tr>
<tr>
<td>Has the site been sponsored?</td>
<td></td>
</tr>
<tr>
<td>Some websites are paid for by food or drug companies and may present one-sided information. Avoid sites that ask you to send money or personal details.</td>
<td></td>
</tr>
<tr>
<td>Is the website current?</td>
<td></td>
</tr>
<tr>
<td>Health information changes all the time. Websites that are current should have the date they were last updated.</td>
<td></td>
</tr>
<tr>
<td>Are all the links current and working?</td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from the Department of Health Western Australia. Health guide to accessing health information. A resource for professionals working with youth. Perth: Department of Health Western Australia.

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**Do you prefer it when someone talks through information with you?**

**Do you prefer someone to write information down for you, or you write it down for yourself?**

**Do you prefer to be given written information such as brochures?**

**Do you find pictures and diagrams helpful?**

**Do you find listening to a CD or iPod helpful?**

**Do you find videos helpful for learning?**

**Do you prefer someone to show you how to do something?**

**Do you prefer to learn things as a group?**

**How do you remember important dates (such as birthdays)?**
### Examples of Ophelia Victoria interventions

<table>
<thead>
<tr>
<th>Level</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| **Client level**    | • Improving skills in appraisal of online health information  
                      • Providing resources for clients to better engage with doctors                                                                 |
| **Practitioner level** | • Enhanced skills in client education (e.g. identify clients’ preferred learning styles)  
                      • Strategies to help clients use care plans (e.g. teach-back)                                                                       |
| **Organisation levels** | • Service access policies (e.g. directing clients with chronic disease from ‘one-off’ visits to an ongoing model of care)  
                      • Training volunteer peers to deliver health literacy messages in rural communities                                                  |
| **Inter-agency level** | • Engaging other organisations for mutual benefit (e.g. training members of a community women’s group as ‘health coaches’ to support older community members) |
Using health literacy to solve problems...

Access issues
- Why do some groups of people not turn up for free cancer screening?
  - Victoria, Australia

Treatment issues
- Why do people not manage their diabetes as well as some others?
  - Steno, Denmark
- How can we improve low cancer treatment completion rates?
  - Victoria, Australia

Complex problems
- Why do people keep coming back to the ED with Primary Care Preventable Admissions?
  - Melbourne Hospitals/Primary Care Networks; Oldham, England
- What can a village that has lost its only GP do to self-manage the health needs of citizens?
  - Letham, Scotland
- What do older people with NCDs need to self-manage?
  - Ubon Ratchathani, Thailand
- What do people need to be able to know and do to deal with local emergencies?
  - Lavender Hill Settlement, South Africa

Health literacy of service providers
- Roles and function of Nurse Navigators
  - QLD, Australia
- Why does the effectiveness of village health volunteers and lay health workers vary so greatly and how can this be improved?
  - Nakhon Ratchasima and Ubon Ratchathani, Thailand
- How can the effectiveness of school teachers as health educators be maximized?
  - Monastic schools in Myanmar
Does health literacy link health information to health outcomes?

- Exposure/non-exposure to health messages and health ‘opportunities’

- Knowledge, understanding of health, cultural and religious practices, prevailing beliefs, community conversations

- Health literacy

- Health behaviours (life style, participation in screening, treatment)

- Health outcomes
What’s next? The future is exciting!

• Help us in local context validation of the eHLQ
  – Please register to help (wave to Christine Cheng!)

• Use the eHLQ
  – Survey your target market to ensure you understand and meet the needs of the broader Australian community (not just the easy to reach)
  – Use e-HLQ to ensure products are fit-for-purpose

• Use the eHL Framework and eHLQ to evaluate e-health interventions
  – To assist in design to improve access, uptake, user experience
  – To assist in evaluating product quality, impact and value for money

• Use the e-Ophelia process to solve complex problems, build interventions, and ensure solutions are implementable
  – Community of Practice

**HL measurement the Danish National Health Survey**

9. Understanding health information well enough to know what to do

6. Active engagement with healthcare providers
Leaving no one behind…
Leaving no one behind…

1. **QUICK WINS**
   - Large-scale impact from simple tasks.

2. **DIMINISHING RETURNS**
   - From continued work on maturing campaign/programs.

3. **PLATEAU**
   - Flattened performance from stagnating campaign/programs.

**THEORETICAL MAXIMUM**
- 100% coverage
- No more improvement possible.

To be effective here can think about average HL in the population.

But to be effective here we really need to focus on health literacy (and e-health literacy) diversity.

Meeting the needs of those we are currently failing to engage or be effective with.

Optimising mass and/or standardised strategies.

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Thank you

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