

*Dr Sarity Dodson, Ms Paulina Mech, Mr Roy Batterham, Dr Alison Beauchamp, Prof Rachelle Buchbinder and Prof Richard Osborne*

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**The health literacy response framework:**

*grounded identification of strategies for providers  
and organisations*



# The Ophelia Team

Prof Richard Osborne (Deakin University)

Prof Gerald Elsworth (Deakin University)

**Ms Melanie Hawkins (Deakin University)**

Prof Rachelle Buchbinder (Monash University  
& Cabrini Hospital)

Anita Trezona (Deakin University)

Ms Crystal McPhee (Deakin University)

Dr Alison Beauchamp (Deakin University)

Lauren Waycott (Deakin University)

Mr Brad Astbury (Deakin University)

**Dr Sarity Dodson (Deakin University)**

Silvana Cavilli (Victorian Department of Health)

Paulina Mech (Deakin University)

Mr Roy Batterham (Deakin University)

Kirsten Phillips (Victorian Department of Health)

Jeannine Jacobson (Victorian Department of Health)

Jayne Power (Victorian Department of Health)

Sylvia Barry (Victorian Department of Health)

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# Overview

1. Health Literacy
2. The Health Literacy Response Framework
  - Objectives
  - Development
  - Results

# Health Literacy – working definition

Health literacy integrates many concepts that relate to what people and communities need in order to participate in effective decision-making about health for themselves, their families and their communities.

Health literacy refers to:

- The **personal characteristics and social resources** that individuals and communities need
- To **access, understand, appraise** and **use** information and services
- To **make decisions about health**, or that have implications for health.

Health literacy includes the capacity to communicate, assert and enact these decisions.

**Health-literacy responsiveness** describes the way in which services make health information, environments, resources and supports **available** and **accessible** to people with different health literacy strengths and limitations.

# Health Literacy definition – some notes

Health-related decisions **may relate to:**

- A person's own health,
- The health of another person, or
- The health of the community more broadly,

Health related decisions **may be made by:**

- Either a group of people (e.g., a family or community) or
- An individual.

- Health literacy of individuals and communities influences (and is influenced by) health behaviours and the characteristics of society and the healthcare system.
- Health literacy is context- and content-specific, so health literacy in one setting, or relating to one health decision, will be different from other settings and decisions.



**People interact with information, environments, resources and supports as they make health decisions**

## The health responsiveness of services

**Availability** of information, resources, environments and supports

**Accessibility** of information, resources, environments and supports

Interacts with

the health literacy of those making and supporting the decisions

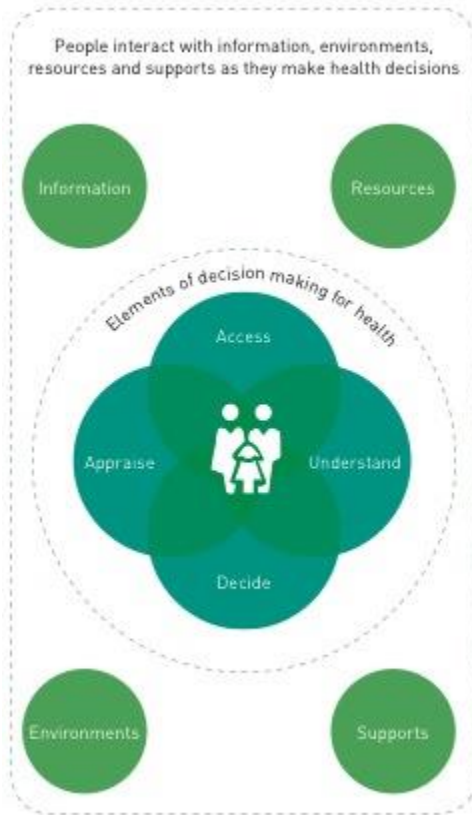
**Ability** to engage with available information, resources, environments and supports

**Willingness** to engage with available information, resources, environments and supports

**Ability** to communicate and assert the decision

**Ability** to enact the decision and to solve problems appropriately

to influence the decisions made.



# The Health Literacy Response Framework



# Health Literacy Response Framework

- One of the key outputs of the Ophelia Victoria study
- A conceptual framework that makes explicit, the sorts of strategies required, across the different levels of the health system, to both:
  - Optimise the health literacy of clients and community
  - Respond to clients with varying health literacy strengths and needs
- An evolving repository of **intervention ideas, tools, guidelines** and **resources** that is shared among Ophelia member organisations around the world, via the Ophelia website.

# Development of The HL-RF

**Participants:** Nine health and community services. 77 providers / managers / project officers

**Procedures:**

1. Collection of HLQ data from 813 consumers & qualitative interviews with consumers with varying HLQ profiles

The Health Literacy Questionnaire (HLQ) identifies the specific **health literacy strengths and limitations** of people and communities. It examines nine areas of health literacy.

Use of HLQ data allows development and selection of fit-for-purpose health literacy responses



Oral- or paper-based administration

Web-based administration coming soon

# HLQ paper

This paper describes the development and validation of the HLQ

To access this paper:

<http://www.biomedcentral.com/1471-2458/13/658>



# Development of The HL-RF

## Procedures:

### 2. Series of site based workshops

- Presentation of local HLQ data and vignettes
- Exploration of the health literacy opportunities and challenges within each community
- **Generation of ideas relating to existing or potential strategies for optimising health literacy and improving organisational responsiveness to health literacy needs**

# Health literacy profiles

	1.	2.	3.	4.	5.	6.	7.	8.	9.		
Number of people in cluster	Average age	Average Number health conditions	Healthcare provider support	Having sufficient info	Actively managing health	Social support for health	Appraisal of health info	Engagement with HCP	Navigating health services	Find good health info	Understand health info
25	76	2	2.38	1.25	2.70	2.10	1.20	1.50	1.17	1.00	1.20

Lucy is a 76 year old refugee from Cambodia. She speaks limited English. She has not been diagnosed with any specific health conditions, but finds she is having increasing difficulties managing independently. She gets short of breath easily and has had a few falls over the past year. She sees a doctor on occasion, but because of the language barriers she finds these visits stressful. Her daughter will take her if she really needs to go, but she doesn't like to ask. She hasn't told her daughter that she has been having problems lately, as she doesn't want her to worry.

Profiles can be used to:

- Explore individual client strengths and limitations

AND / OR

- Strengths of limitations of groups of clients within a service / community

# Development of The HL-RF

## Procedures:

3. Preliminary thematic analysis of workshop data
4. Expert input and development of draft framework containing intervention themes and sub themes linked to health literacy needs
5. Series of workshops to identify potential mechanisms by which these interventions influence health literacy outcomes
6. Expert review, revision and dissemination (pending)

# Overview of Framework

A thematic analysis of the several hundred health literacy intervention ideas revealed four levels of strategies employed by staff or organisations:

1. Interventions focused on supporting and building the **capacity of clients**;
2. Interventions focused on supporting and building the **capacity of staff**;
3. Interventions focused on improving the **accessibility** of services and health messages; and
4. Interventions focused on improving the **availability** of services and the connection and integration of services across the region.

Themes and subthemes were identified for each of these four levels of interventions, along with the mechanisms connecting consumer level interventions and health literacy outcomes. Relationships between strategies at each level were also identified.

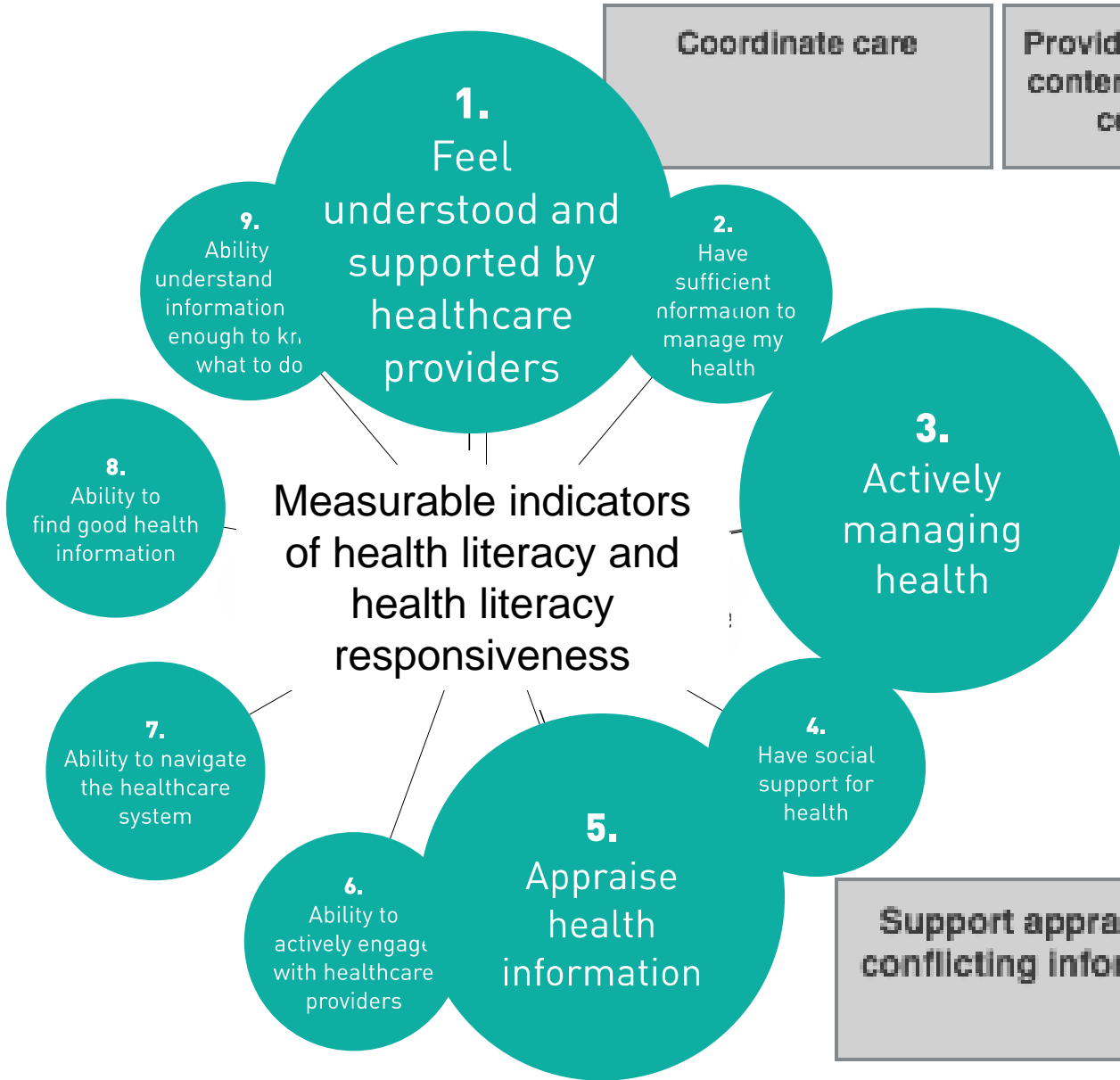


# Building capacity of clients/patients

Ultimately, we are interested in improving the circumstances of patients ...

- At the individual level... there are potentially 1000s of strategies that are (or can) be used by those in direct contact with patients
- These strategies act to support and build patient's capacity in one or more of the following areas / HLQ domains:





Coordinate care

Provide client centered content, approaches & contact types

Build trust

## Consumer level strategies

Support capacity building

Support planning for action

Support agenda setting

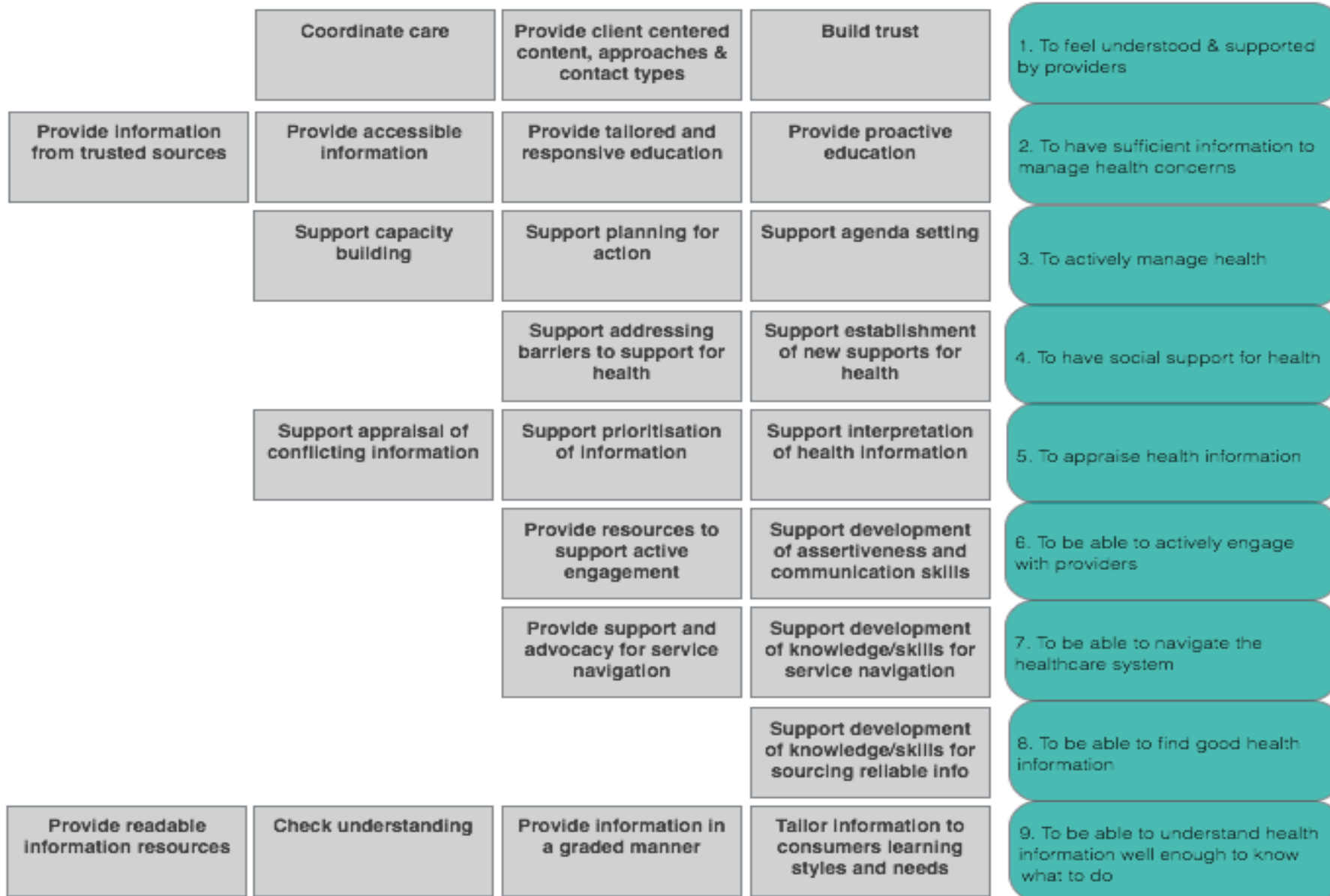
Support appraisal of conflicting information

Support prioritisation of information

Support interpretation of health information

Consumer level strategies - focused upon enhancing the health literacy of those making and supporting health decisions and/or enhancing the responsiveness of services, environments and products

Measurable indicators of health literacy and health literacy responsiveness



## Practitioner level responses

Professional development

Management & mentoring

Tools, aids and resources

Practice guidelines

Building networks and relationships

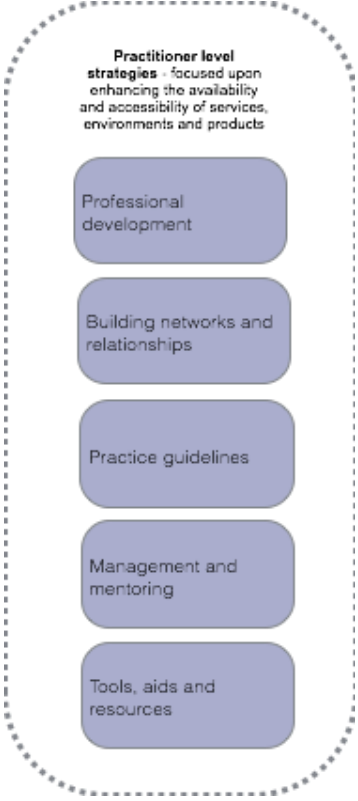
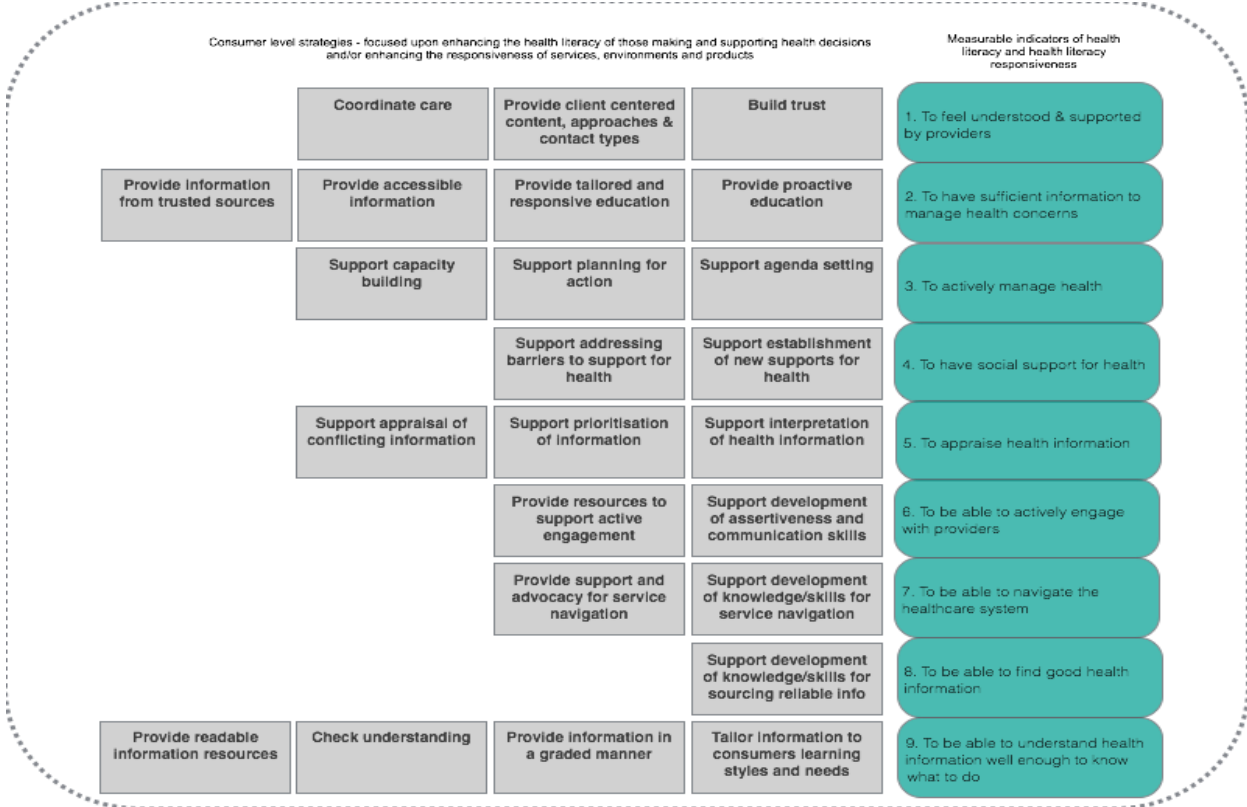
## Organisational level responses

Marketing

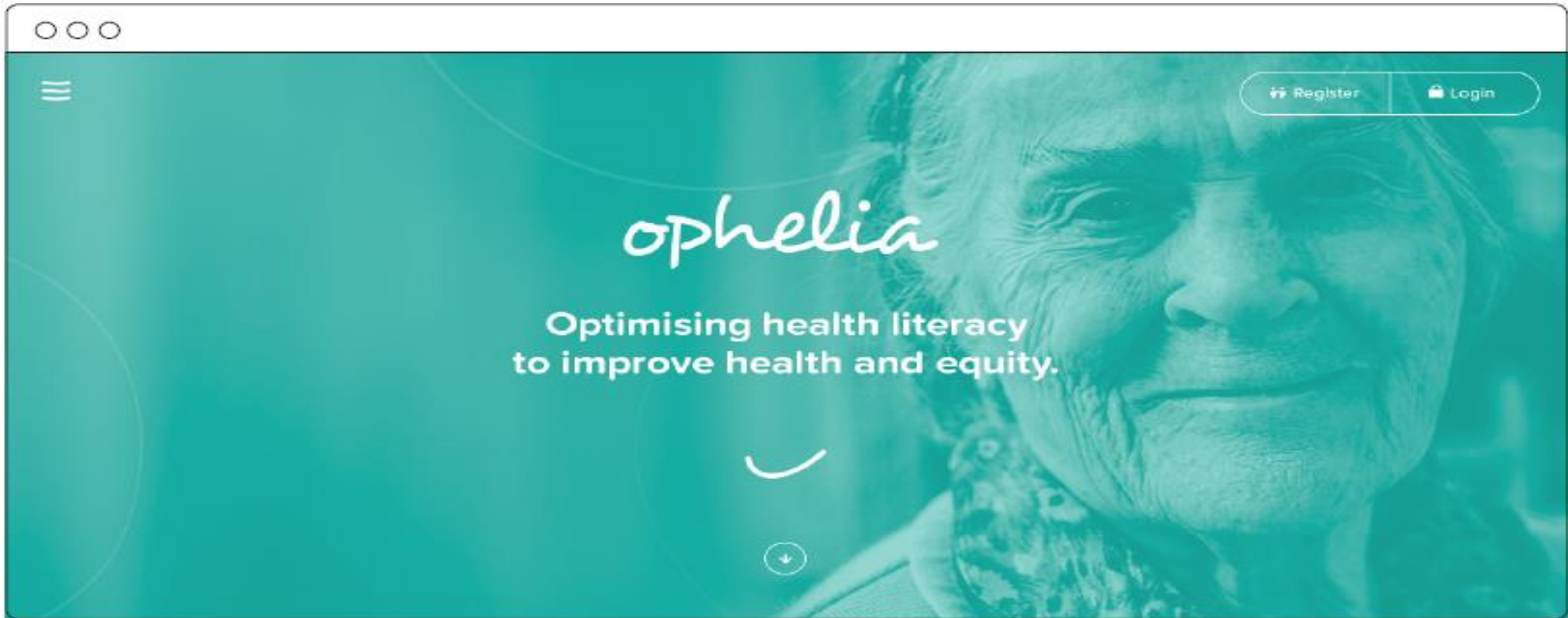
Public health promotion

Offer needed services

Integrate services



# Ophelia web site



# Ophelia website

***Launch: November  
2014***



The Ophelia website will be used by registered organisations to:

- Share experiences and ideas through a community of practice
- Share health literacy tools and resources
- Share details of health literacy interventions being tested or applied
- Administer the Health Literacy Questionnaire (HLQ)
- View and download Health Literacy Questionnaire (HLQ) results



www.ophelia.net.au

# Thank you

Sarity Dodson

[sarity.dodson@deakin.edu.au](mailto:sarity.dodson@deakin.edu.au)

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Additional slides



# Ophelia projects



- Several Ophelia projects being conducted internationally

## *Aims and outcomes*

Ophelia projects aim to improve health outcomes and reduce health inequities by empowering health/community **services** and service **providers** to

1. **Optimise the health literacy of their clients and community**
2. **Improve their responses to clients with varying health literacy strengths and needs**



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# What is the Ophelia Approach?

The Ophelia Approach is a system that supports the identification of community health literacy needs, and the development and testing of potential solutions. It allows easy application of evidence-based health promotion approaches to the field of health literacy

## **Ophelia means**

**O**ptimizing

**H**ealth

**L**iteracy and

**A**ccess to health  
information and services

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# The Ophelia Phases: 1 to 3

## Phase 1

Identifying the health literacy strengths and limitations of the local community.

## Phase 2

Co-creation of health literacy interventions.

## Phase 3

Implementation, evaluation and ongoing improvement.

Draws upon:

1. Intervention mapping,
2. Quality improvement collaboratives, and
3. Realist synthesis.

Tools and resources have been developed to support implementation of each phase.

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# Key Resource

This paper describes the research and development protocol for the Ophelia project.

To access this paper:

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



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