

## CASE STUDY: Health Literacy Champions Program Barwon Health

Refers to: NSQHS Standard 2 Partnering with Consumers

Keywords: Health Literacy, Consumer Health Information, Patient Participation

### **Background**

Health literacy has two components: individual (consumer) and environmental, and is defined as: *'The way in which consumers make decisions and take action about health and health care is influenced by their own skills, capacities and knowledge; and by the environments in which these actions are taken.'* (ACSQHC, 2013).

The Health Literacy Champions (HLCs) Program was developed at Barwon Health as it was recognised that there was a strong connection between the Library, evidence based information, consumer health literacy, and patient empowerment. (See for example, Schardt, 2011, who explicates the importance of consumers being able to understand and use medical information and valid evidence (research studies) when deciding their preferences.)

In 2016 a new program was developed at Barwon Health by the Library and Literacy Project Officer and the Consumer Engagement Manager to focus on learning and activities for Barwon Health's Consumer Representatives who were interested in health literacy. The goal of the Program was to support the Consumer Representatives to become Health Literacy Champions with the ability (knowledge, skills, attributes) to advocate for and promote health literacy issues and activities in the committees on which they sat within Barwon Health, and their interactions with others in their communities.

### **Method**

The HLCs pilot Program was developed and delivered by Barwon Health Library Service between November 2016 and August 2017. The HLCs involved in this pilot were a group of nine Barwon Health volunteers, five women and four men, most of whom were Consumer Representatives. (Consumer Representatives are Barwon Health volunteers who participate as committee members or project participants, providing the consumer perspective and taking part in the decision-making process on behalf of consumers.) The average age of the HLCs pilot group was 64 years.

Six health literacy education modules were developed and delivered to the pilot group of HLCs. Each of the modules had learning objectives, and the evaluations assessed how well these objectives were met. The Library and Literacy Project Officer managed the program, including liaising with guest presenters, who were experts in their fields. Seven out of the eight guest presenters were Barwon Health employees, and there was one guest speaker from Western Victoria Primary Health Network. Modules were delivered six weeks apart, to allow time for development of the workshops. Where applicable, two to three weeks prior to delivery of the module, participants were emailed pre-learning activities for the workshops. HLCs were reminded prior to each workshop to bring their own devices for use during the workshop.

The titles of the modules were as follows:

1. Getting the most from your medical appointments
2. Understanding health and medical terminology
3. Finding good quality information on the internet
4. Digital and eHealth literacy
5. Understanding Barwon Health and the health system
6. Health goals and decision making

Modules were developed to include a range of activities relevant to the topics being presented. Presenters were asked how long modules took to develop and it is estimated that the Barwon Health workforce involved with the HLCs Program spent a total of 46 hours preparation time for delivery of these modules.

## **Evaluation**

The HLCs Program was evaluated using both formative and summative methods. Formative evaluation occurred during the program to obtain feedback about the content and approach, as well as improvements that could be made to the program. For Modules 2 to 6, an online survey was emailed to all participants of the workshop on the same day as the module was delivered. Online surveys for each module were developed using the REDCap (Research, Electronic Data Capture) web-based application. Completion of online surveys were used to model competency in digital literacy. HLCs were also invited to attend a meeting (focus group) to discuss the HLCs Program, followed by a morning tea to thank participants for their involvement in the Program. The aim of the meeting was to gain qualitative feedback about the Program. Prior to the meeting, HLCs were emailed the questions to assist them to prepare for the meeting.

The health literacy skills of the HLCs were evaluated by a pre/post-test questionnaire, an adapted version of Deakin University's validated Health Literacy Questionnaire (HLQ) used in the Ophelia study (Batterham, 2014). Since 2012, Barwon Health had been one of the original Ophelia sites involved with validating and developing the HLQ. The HLQ is a validated measuring instrument that identifies specific health literacy skills and limitations (Osborne, 2013). The adapted version of the HLQ used in the HLC Program includes four scales relevant to the objectives of the HLC Program modules: actively managing own health, appraisal of health information, ability to actively engage with healthcare providers, and ability to find good health information. The adapted version of the HLQ was administered to the HLCs as a pre-test and post-test as an online survey, developed using the REDCap web-based application.

## **Results**

Results indicate that the health literacy skills of the HLCs improved only slightly in the areas of appraising health information and the ability to find good health information, as measured by the HLQ. HLCs provided positive feedback about the program content and facilitators. HLCs reported that they have gained benefit from participation in the Program, that is, having a better knowledge of health makes them feel more confident when referring people to services; and also when involved in Barwon Health committees and groups. The HLCs recommended that more specific program objectives be developed, as well as information about what is expected of HLCs after completion of the program. In addition, the HLCs suggested some changes be made to the recruitment of HLCs if future programs were to be run. The HLCs involved in the pilot Program advised that they would like to see the Program delivered in the future and are happy to assist in future developments, including co-facilitation of modules.

## **Discussion**

The Barwon Health Library had identified consumer health as a strategic marketing opportunity, as it aligns with both the NSQHS Standard 2 (Partnering with Consumers) and the Barwon Health Strategic Plan (2015-2020). Standard 2 (Partnering with Consumers) emphasises the importance of health literacy in empowering consumers and enabling them to be partners in their own care. Pillar One of the Barwon Health Strategic Plan places 'Consumers at the Forefront', prioritising 'Access to trusted health knowledge on demand' to ensure 'The community has up to date information on our

services and building healthier lives'. Additionally, Pillar Five, 'Our Community's Wellbeing', prioritises a 'population-based approach to health literacy in local communities' and 'Understanding the health literacy profile of the community to address differences in access, self-management and engagement'. The Barwon Health Library is currently assessing the Program to decide whether it will be run again in the future.

## **Conclusion**

The HLCs Program has enabled consumers to be empowered and decision makers in their own care aligning the Program to the NSQHS Standard 2 and the Barwon Health Strategic Plan. Programs such as these, however, can be resource intensive, especially in the pilot stage so this will be considered when the future of the Program is decided.

## **References**

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