NT PHN Health Literacy Strategy

OCTOBER 2018-2021

Introduction

NT PHN's vision is to help Territorians enjoy their best health and wellbeing by building local partnerships, and directing resources towards an integrated, high quality health care system. A focus on health literacy – making it easier for people to navigate, understand, and use health information and services - will help to realise this vision.

The *NT PHN Health Literacy Strategy* (the strategy) holistically supports the achievement of the *NT PHN Strategic Plan 2018-2023* with the expectation that outcomes will aid all strategic goals, with a particular focus on Goal 1: To empower people to take control of their own health and wellbeing

"Reducing the demands placed on consumers by a complex health system is one way of making care more patient-centred and contributing to a safe and high quality health system".(1)

GOAL:

The primary goal of the strategy is to improve the health of Territorians by enhancing health literacy of consumers and health professionals across the Northern Territory.

OBJECTIVES:

To achieve this goal, the following objectives have been set:

1. **Strengthen the health literacy environment created byNT PHN systems, policies, and practices;**
2. **Support consumers to make informed choices about their health and healthcare both directly and through improving healthcare providers' skills;**
3. **Create and sustain a health information library for validated accessible consumer information;**
4. **Improve collaboration and integration of health literacy activities across NT health system and organisations.**

The strategy has been developed as a three year plan, with a proposed action plan included in Appendix 1 and 10 key performance indicators which could be used in monitoring the outcomes from the strategy and its activities in Appendix 2.

HEALTH LITERACY

The health care system is very complex, and many consumers have difficulty understanding and using currently available health information and health services. Health literacy is defined as how well people can obtain, communicate, process and understand health information and services to make appropriate health decisions for themselves and their families.(1) While general literacy (reading, writing, speaking and numeracy) is an important determinant of health and is necessary for individual health literacy, it is not sufficient to be able to manage complex health issues or to navigate health systems.(2)

Improving health literacy involves reducing the complexity of information for consumers. An endocrinologist provides a continuing professional development session on advances in diabetes medication for GPs. As required by the strategy, the session includes a section on health literacy: how to discuss the benefits and risks of the new medications with consumers and ensure understanding, and resources that explain the medications visually.

The Australian Commission on Safety and Quality in Health Care separates health literacy into two components: individual health literacy and the health literacy environment.(1)

- **Individual health literacy** is 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 take appropriate action.
- The **health literacy environment** is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way in which people access, understand, appraise and apply health-related information and services.(1)

As NT PHN does not directly provide health care to individuals but is a funder and coordinator of health care delivery, the strategy focuses mostly on ways to improve the health literacy environment in the NT.

The strategy uses the term health consumer to refer to people who use health services, as well as their carers and families. A 'consumer' is someone who chooses and gets involved in decision making whereas traditionally a 'patient' is a person who receives care without necessarily taking part in decision making.(3)

Improving the health literacy environment involves reducing the complexity of the health system. A clinic undertakes a codesign process, inviting consumers to ring and ask for their results, make an appointment, and do walking interviews through the clinic. Consumers are asked to complete common tasks such as "go and get this x-ray then come back and see me" and are asked to report back on what cues they used to complete the tasks, how they felt and how processes could be improved.

HEALTH LITERACY, LANGUAGE AND CULTURE

National statistics estimate that 41% of Australian adults have a level of health literacy that is adequate to understand and use day-to-day health information.(4) In the NT, this is around 37%. However health literacy must also be considered in the context of language and culture.(5) This is particularly important in the NT, where close to 30% of the population is Aboriginal, 27.5% of the population

arrived in Australia in the last five years, and 42% of the population speak a language other than English at home.(6)

Depending on the context, language and cultural barriers may impact significantly on health literacy in a consultation between a consumer and a health professional.(7)

It is important to consider health literacy as a **dynamic concept** – the health literacy of an individual varies depending on the cultural, conceptual and linguistic demands of the context.(5)

> *Health literacy is dynamic. An Aboriginal consumer from Lajamanu who speaks Warlpiri at home, may have a high level of health literacy when speaking about diabetes management in Warlpiri with an Aboriginal Health Practitioner who is also from Lajamanu and is using culturally appropriate health information resources, but a low level of health literacy when speaking about the same topic with a non-Aboriginal GP from Darwin, due to the absence of shared language and cultural knowledge.*

Other factors can also influence how a person's individual health literacy may fluctuate depending on context: being unwell, tired, stressed or in an unfamiliar place will affect a person's capacity to understand and act on information at a particular time.(1)

Therefore, this strategy uses a **universal precautions approach** to health literacy. This approach assumes that there are barriers to understanding for all consumers,(8) and considers it necessary to reduce the complexity of the health information and resources provided to everyone, through improving the health literacy environment.

ALIGNMENT WITH NATIONAL AND TERRITORY PRIORITIES

Health policy at national and Territory levels calls for health literacy strategy at all levels of health care. The NT *PHN Health Literacy Strategy* has been developed in response to the recognition that health literacy is a key priority to provide higher quality, safer health care.

Health literacy policy	Document	Reference
Commonwealth Initiatives	National Statement on Health Literacy, Australian Commission on Safety and Quality in Health Care (ACSQHC)(9)	"Strategies are needed both to build the capacity of people to understand the choices they have, make decisions about their health and health care; and to build the capacity of the health system to support and encourage this to occur."
	National Aboriginal and Torres Strait Islander Health Plan 2013-2023(10)	Priorities include: individuals and communities to actively engage in decision making and control. "Health literacy is fundamental if people are to successfully manage their own health. A person's ability to make informed health-related choices is determined by their ability to understand health information and their ability to negotiate the health care system".
	Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (11)	Deliverables by 2018 include: "Existing local, regional, state and territory activity has been reviewed to assess health literacy and a coordinated strategy to address health literacy implemented" Deliverables by 2023 include: "Health literacy has been included in policy development, planning, implementation and evaluation of programmes designed to reduce health and wellbeing disparities for Aboriginal and Torres Strait Islander peoples".
	National Primary Health Care Strategic Framework (12)	Potential actions include: "Identify ways to address the social determinants of health – such as social status, geographic location, health literacy, housing, education, employment and access to health services – which contribute to poor health outcomes".
	National Strategic Framework for Chronic Conditions (13)	"A skilled workforce proficient in the use of e-technologies, effective communication and in providing information and services to people who have varying levels of health literacy will help to overcome barriers and facilitate improved access to health services".
	National Safety and Quality Health Standards, 2nd Edition, ACSQHC(14)	Standard 2, Partnering with Consumers. Criteria include "Health literacy: health service organisations communicate with patients in a way that supports effective partnerships".

	Health literacy: Taking action to improve quality and safety ACSQHC(1)	"To address health literacy in a coordinated way in Australia, it is necessary to: Embed health literacy into high level systems and organisational policies and practices Ensure that health information is clear, focused and useable, and that interpersonal communication is effective Integrate health literacy into education for consumers and healthcare providers"
Territory Initiatives	Northern Territory Health Strategic Plan, 2018-2022 (15)	Commitments to service users and communities: "We will work with you, your family and your community to involve service users/community members in the design, delivery and evaluation of healthcare".
	Northern Territory Aboriginal Health Plan, 2015-2018(16)	Strategic direction 3: Deliver culturally secure and safe services. 3.1 "Strengthening communication through use of interpreters, improved health literacy of Aboriginal consumers and clinicians and accessible written materials".
	Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020 (17)	Key action area 1 objective: "Contribute to improving the social determinants of health impacting on chronic conditions through improving living conditions, food security, education, employment and health literacy".
	Chronic Conditions Prevention and Management Strategy 2010-2020 Implementation Plan 2017-2020 (18)	Strategy 4.3: "Strengthen workforce training to enhance practice in self-management and health literacy".
	Northern Territory Health Promotion Framework (19)	Aims include: "To increase community control over the determinants of health through collective efforts, community participation, empowerment, capacity building and increasing health literacy" through community engagement and advocacy. "To improve the health literacy of individuals, communities and organisations" through health education and skills development.

Objective 1: Strengthen the health literacy environment created by NT PHN systems, policies, and practices

To ensure that the strategy is coordinated and sustainable, health literacy needs to be embedded in the systems and infrastructure of NT PHN. Organisational leadership and commitment are critical for its successful implementation and maintenance.

As such, sufficient funding will need to be allocated to the strategy, and the possibilities of innovative funding models to support the strategy and health literacy activities should be considered. Such models could include public-private partnerships or pooled funding across the NT health system. The funding of a newly created Health Literacy Officer role is essential to the strategy as this role will then have responsibility for much of its implementation as the primary change enabler.

To ensure success, all NT PHN employees will need to be supportive of the strategy. This will require change management processes from the organisational leadership as it will be a major change of focus for NT PHN. As part of this change management, education and training in health literacy and its role for each staff member will be imperative for both current and new staff at NT PHN and the activities will need to be embedded into strategy, policy, role descriptions and business planning.

NT PHN will need to redesign policies and procedures to support the implementation of this plan, and to ensure coordination and sustainability. These will include both policies and procedures addressing internal programs, as well as those addressing requirements of commissioning partners. External consumer engagements and communications will need to be strengthened and developed to allow for clear, consistent and impactful messaging around health literacy topics at both a national and local level.

NT PHN will be able to build on existing strengths – many things are already being done well from a health literacy perspective. Partnerships with consumers are essential for the development of better healthcare systems.(1) NT PHN's Community Advisory Council has a key role in providing strategic advice to the organisation, and has been involved in the design of the health literacy strategy and its resulting activities. The key to addressing health literacy within Aboriginal communities is ensuring that strategies build on Aboriginal understandings and perspectives, and use models of care that employ individuals who are trusted by the community.(20) The policy of NT PHN to prioritise Aboriginal Community Controlled Health Services (ACCHSs) in commissioning health care services for Aboriginal consumers should be strengthened and extended to health literacy programs.

ACTIVITIES

1.1 Develop and implement a strategy for NT PHN to become a health literate organisation

1.2 Engage with NT PHN Community Advisory Council on health literacy strategy

1.3 Create a full time Health Literacy Officer role

1.4 Provide health literacy training to all new and current NT PHN employees and embed its importance in role descriptions

1.5 Require all new NT PHN projects and business activities to have a health literacy component

1.6 Ensure that all NT PHN commissioning partners use, develop and share health literacy tools

1.7 Prioritise Aboriginal Community Controlled Health Services (ACCHSs) in commissioning health literacy programs for Aboriginal consumers

1.8 Explore innovative funding arrangements for health literacy activities including public-private partnerships and pooled funding across the NT health system

1.9 Conduct organisational health literacy self-assessment regularly to assess progress

ASSOCIATED IMPLEMENTATION KPIS

Staff importance score	ACCHSs health literacy programs score	Consumer involvement score	Commissioning partners health literacy score

Objective 2: Support health consumers to make informed choices about their health and healthcare both directly and through improving healthcare providers' skills

Although health information is available from many sources, consumers rely on health professionals for the majority of information they need about health and healthcare.(21) However, research shows that people can only recall between 20 and 60 per cent of medical information given to them by health professionals immediately after a consultation, and approximately half of that recalled may be incorrect.(22) Health professionals with an understanding of health literacy, including the importance of communication, follow up and case management opportunities, are able to tailor health information to meet the needs and preferences of individual consumers.(1) This in turn can increase recall and consumer satisfaction, leading to more confidence, participation and effective decision making.

Goal 1 of NT PHN's strategic plan 2018- 2023 is to empower people to take control of their own health and wellbeing. An underpinning requirement of this empowerment is the ability to make choices depending on an individual's own circumstances and contexts. Providing consumers with timely, well constructed tools to understand their options is essential to this and will require a program of direct and indirect engagement with NT consumers as well as targeted engagement through clinic structures. Tools for self management, preventative health and wellbeing knowledge will need to be accessible in a variety of formats; when and as consumers need it.

 NT PHN has a major role in provision of continuing professional development for health professionals working in primary care and coordinates continuing professional development events, particularly on clinical topics. All continuing professional development sessions for health professionals should contain information on health literacy. For example, a session for GPs on diabetes management run by an endocrinologist should include a section on how to communicate the information to consumers and ensure understanding. Some health literacy training opportunities for health professionals already exist in the NT; NT PHN's role in these cases will be to facilitate engagement for health professionals. New workshops on health literacy for consumers with additional communication needs will need to be developed by NT PHN.

Another way to improve health literacy is to reduce the complexity of the health system. Empowering consumers to be involved in the design of health care services through codesign has been shown to reduce the complexity of health systems and improve outcomes.(23) NT PHN has a role in encouraging practice managers to employ codesign principles, using existing resources such as the Experience Based Codesign Toolkit.

Health professionals can also improve health literacy by assisting consumers to navigate the health system. However, the complexity and pace of health system reform can make this challenging for health professionals. NT PHN has a role in educating health professionals about the current state of health system reform and how it will affect consumers.

ACTIVITIES

2.1 Develop a range of tools and resources for consumers to be active in their healthcare through prevention, self management and decision making

2.2 Ensure that all NT PHN continuing professional development sessions for health professionals include a health literacy component

2.3 Provide and support access to culturally competent health literacy training for health professionals, including training in teach-back, risk communication and the use of decision aids

2.4 Provide and support access to training for health professionals and other staff working in primary health care regarding locally available services to support people with additional communication needs, including interpreters, assisted hearing devices, relay systems and materials for people with visual impairment

2.5 Provide and support access to training and materials for practice/clinic managers in service co-design

2.6 Support health professionals to stay abreast of health system reforms

ASSOCIATED IMPLEMENTATION KPIS

Health professional relevancy score	Interpreter use frequency

Objective 3: Create and sustain a NT health information library for validated consumer information

Consumer health information (educational pamphlets, posters, apps, etc.) is often unnecessarily complex, and there is evidence that the reading level of most health information is above the average adult's reading level.(24) Research has also shown that much health information cannot be understood by the people for whom it is intended, suggesting that assumptions about consumers' health literacy are inaccurate.(25) The high levels of linguistic and cultural diversity in the NT adds to this complexity.

Additionally, consumer health information in the NT can be difficult to access as it has been developed by different organisations and is spread across many different locations. Health professionals who are new to the NT and consumers are unlikely to be familiar with the range of different organisations who produce consumer health information here, e.g. Aboriginal Resource Development Services, Centre for Disease Control, Menzies School of Health Research, Northern Territory Government.

The solution is to have a process to validate health information that is easy to understand and to make validated resources accessible to health providers in a single online library. Validated information must use the universal precautions approach, to meet diverse needs. The library will be a standalone resource available to both health professionals and consumers but will also be able to link in with other NT PHN resources. It will be a repository for health information that is in plain English or translated, easy to read, understand and use, and has been tested by consumers representative of the group for whom it is intended. It will be complemented by a toolkit to create and improve consumer health information, including a readability/language tool, a consumer feedback tool, and a common language glossary so that resources use the same terms to describe the same concepts.

This will require substantial engagement with organisations across the NT health system that create health information, both to provide feedback on existing resources, and to provide tools and training on how to create new resources. It will also require substantial engagement with consumers to create the validation system and to test the resources. The consumer testing process will need to take into account the fact that some resources are very specific to local environments, particularly resources that are in languages other than English. To ensure sustainability of the health information library, the health literacy officer will take responsibility for ensuring the library and the information within it is up-to-date.

ACTIVITIES

3.1   Develop a process for validating existing consumer health information including developing or adapting a readability/language tool, a consumer feedback tool, and a common language glossary

3.2   Conduct a consumer health information stocktake to identify consumer health information resources that are aimed at and/or provided to consumers in the NT, and engage with organisations across NT that create these resources

3.3   Develop a process for providing feedback to organisations regarding consumer health information resources

3.4   Test existing consumer health information using this process and provide feedback

3.5   Develop or adapt a toolkit for health professionals and organisations to create new consumer-friendly health resources, including a readability/language tool, a consumer feedback tool and a common language glossary

3.6   Develop an online library to support health professionals and consumers to search for validated consumer health information, and embed links to library in other NT PHN resources

ASSOCIATED IMPLEMENTATION KPIS

Consumer friendly resource proportion	Health information library use frequency – health professionals	Health information library use frequency - consumers

Objective 4: improve collaboration and integration of health literacy activities across NT health system and organisations

Health literacy has been recognised as a priority by many health organisations in Australia, including in the NT, and there is much work happening to address health literacy. However, the work is disconnected and opportunities for shared learning are limited.(1) It is essential that this strategy involves other organisations and does not duplicate work being done by others. For a population the size of the NT, it is appropriate to have a single health literacy reference group with representatives from health services, organisations that produce consumer health information and consumers themselves. Good resources must be shared with all health professionals working in primary care in the NT. Supporting the integration of the NT health system also has the potential to reduce complexity for consumers thereby contributing to health literacy.

ACTIVITIES

4.1   Support the design and delivery of policies, pathways and processes that reduce the complexity involved in navigating the health system

4.2   Commission health literacy programs that are designed and led by Aboriginal Community Controlled Health Services (ACCHSs)

4.3   Work with established health literacy groups in the NT and relevant stakeholders including consumers to establish a single health literacy reference group for the NT

4.4   Engage with and support existing initiatives that empower consumers to have more input into their healthcare, including Choosing Wisely, the Consumer Health Forum/Australian Hospital and Healthcare Association's experienced based codesign toolkit and national PHN consumer engagement campaigns

4.5   Work with Continuous Quality Improvement (CQI) teams to ensure integration of health literacy into formal processes

ASSOCIATED IMPLEMENTATION KPIS

Collaboration score

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Appendix 1: Proposed Action Plan

within 6 months

Key activity	Steps to undertake
1.1 Develop and implement a strategy for NT PHN to become a health literate organisation	• Develop a strategy to address health literacy with effective communication and consumer health information as core components • Allocate appropriate funding to the implementation of the strategy • NT PHN CEO and Board to endorse the strategy
1.2 Engage with NT PHN Community Advisory Council on health literacy strategy and key activities	• Consult with NT PHN Community Advisory Council for input to health literacy strategy
1.3 Create a full time Health Literacy Officer role	• Allocate funding for Health Literacy Officer to have responsibility for health literacy activities including implementation and ongoing upkeep of the health information library • Recruit to position • Candidate commences position and is trained
1.4 Provide health literacy training to all new and current NT PHN employees and embed its importance in role descriptions	• Health literacy training added to cultural competency training component of orientation for new staff • Three health literacy training sessions are held for current staff as part of standard staff education • Include how health literacy included in role in 100% new job descriptions advertised
4.1 Support the design and delivery of policies, pathways and processes that reduce the complexity involved in navigating the health system	• Ensure the rollout of HealthPathways, designed to assist with navigation between primary and secondary or tertiary care services
4.2 Commission health literacy programs that are designed and led by ACCHSs	• Contract Aboriginal specific health literacy programs through ACCHSs in accordance with the NT PHN Commissioning Policy
4.4 Engage with and support existing initiatives that empower consumers to have more input into their healthcare	• Engage with and promote Choosing Wisely campaign that aims to increase health literacy and empower consumers

within 12 months

Key activity	Steps to undertake
1.5 Require all new NT PHN projects and business activities to include health literacy component	• Alter Project Planning Document templates to include health literacy component
1.6 Ensure that all NT PHN commissioning partners use, develop and share health literacy tools	• Alter NT PHN Commissioning Policy to include health literacy as an NT PHN commissioning principle • Alter NT PHN Commissioning Procedure to include health literacy in NT PHN's Procurement Approaches (4.2.1)
1.7 Prioritise Aboriginal Community Controlled Health Services (ACCHSs) in commissioning health literacy programs for Aboriginal consumers	• Contract Aboriginal specific health literacy programs through ACCHSs in accordance with NT PHN Commissioning Policy
1.8 Explore innovative funding arrangements for health literacy activities including public-private partnerships and pooled funding across the NT health system	• Explore the possibility of public-private partnerships to fund health literacy activities, including partnerships with e.g. banks • Explore the possibility of pooled funding across the NT health system to fund health literacy activities
2.2 Ensure that all NT PHN continuing professional development sessions for health professionals include a health literacy component	• Require all presenters at NT PHN continuing professional development events to include a section on health literacy • Supply presenters with information on health literacy and examples of how to include it in their presentations at continuing professional development events
2.3 Provide and support access to culturally competent health literacy training for health professionals, including training in teach-back, risk communication and the use of decision aids	• Engage Poche Centre to provide annual health literacy training sessions in each region for health professionals working in Aboriginal health • Engage health professionals with health literacy and interpersonal communication resources that already exist, including SA Health and NorthWest Melbourne PHN's resources
2.6 Support health professionals to stay abreast of health system reforms	• Deliver health system reform update at each Pop Up PHN event in each region • Distribute filmed session from appropriate NTPHN events to health professionals who are unable to attend
4.3 Work with established health literacy groups in the NT and relevant stakeholders	• Meet with representatives from TEHS Health Literacy Committee, other established health literacy groups, and stakeholders including ACCHSs or AMSANT and organisations that produce consumer health

including consumers to establish a single health literacy reference group for the NT	information in the NT, to establish a single reference group for health literacy • Draw up terms of reference for this group
4.5 Work with continuous quality improvement (CQI) teams to ensure integration of health literacy into formal processes	• Engage with Aboriginal Health CQI team at AMSANT to determine if health literacy already a component of System Assessment Tool, and other opportunities to include health literacy in CQI processes • Ensure health literacy a major component of CQI program for mainstream primary care (currently under development)

Key activity	Steps to undertake
1.2 Engage with NT PHN Community Advisory Council on health literacy strategy and key activities	• Consult with NT PHN Community Advisory Council on best approach to validating consumer health information for health information library • Consult with NT PHN Community Advisory Council on toolkit for creating new consumer-friendly health resources
3.1 Develop a process for validating existing consumer health information as "consumer friendly", including developing or adapting a readability/language tool and a consumer feedback tool, and developing a common language glossary to be used in consumer health information	• Develop or adapt a tool to test available consumer health information resources for reading level and suitability • Develop or adapt a consumer testing tool to validate consumer health information resources • Develop a glossary of health information language that is widely understood by consumers of all abilities, to use in consumer health information
3.2 Conduct a consumer health information stocktake to identify consumer health information resources that are aimed at and/or provided to consumers in the NT, and engage with organisations across NT that create these resources	• Engage with organisations across NT to identify available consumer health information resources • Engage with organisations across NT to obtain permission to test resources and include in health information library if pass testing • Consult with NT PHN Clinical Advisory Council to identify additional frequently used consumer health information resources
3.3 Develop a process for providing feedback to organisations regarding consumer health information resources	• Develop a process to provide feedback on resources that do not pass testing and how to improve them
3.5 Develop or adapt a toolkit for health professionals and organisations to create new consumer-friendly health resources, including the common language glossary	• Adapt step-by-step consumer health information writing guidelines (Health Direct Australia, Illawarra Shoalhaven Local Health District, Northern NSW PHN) • Adapt consumer health information templates (Illawarra Shoalhaven Local Health District) • Develop guidelines on how to get information translated if necessary (potential partnerships with iTalk, ARDS) • Include consumer testing tool from 3.1 in toolkit • Include common language glossary from 3.1 in toolkit
4.1 Support the design and delivery of policies, pathways and processes that reduce the complexity involved in navigating the health system	• Ensure the development of health information library has input and engagement from organisations around the NT that create consumer health information

within 24 months

Key activity	Steps to undertake
1.5 Require all new NT PHN projects and business activities to include health literacy component	• 100% of all newly approved NT PHN projects and business activities to include health literacy component
1.6 Ensure that all NT PHN commissioning partners use, develop and share health literacy tools	• 50% of all new commissioning partners or re-commissioned partners use health literacy tools
2.3 Provide and support access to culturally competent health literacy training for health professionals, including training in teach-back, risk communication and the use of decision aids	• Develop/commission health literacy training for health professionals that includes tips for communicating clearly, teach-back method, encouraging questions, risk communication and the use of decision aids • Deliver the workshop annually in each region
2.5 Provide and support access to training and materials for practice/clinic managers in service co-design	• Engage practice manager with service co-design resources that already exist (Consumer Health Forum/Australian Hospitals and Healthcare Association Experience Based Co-design Toolkit)
3.4 Test consumer health information resources using process for validating as "consumer friendly" and provide feedback to organisations	• Test twenty consumer health information resources that were identified in stocktake (3.2) • Test using both readability tool and consumer testing tool developed in 3.1 • Provide feedback to organisations using process developed in 3.3
4.4 Engage with and support existing initiatives that empower consumers to have more input into their healthcare	• Promote and provide training for the Consumer Health Forum/Australian Hospitals and Healthcare Association Experienced Based Codesign Toolkit, as per 2.3

within 30 months

Key activity	Steps to undertake
2.4 Provide and support access to training for health professionals regarding locally available services to support people with additional communication needs, including interpreters, FM systems, relay systems and materials for people with visual impairment	• Develop training session on locally available supports for people with additional communication needs • Deliver training session annually in each region
3.4 Test consumer health information resources using process for validating as "consumer friendly" and provide feedback to organisations	• Test another twenty consumer health information resources that were identified in stocktake (3.2) • Test using both readability tool and consumer testing tool developed in 3.1 • Provide feedback to organisations using process developed in 3.3
3.6 Develop an online health information library to support health professionals and consumers to search for validated consumer health information, and embed links to library in other NT PHN resources	• Design an online library to allow health professionals and consumers to search for and access validated consumer health information resources • Embed links to library in HealthPathways • Health professionals and consumers to test site and links before go live • Market online health information library to NT health professionals and consumers
3.5 Develop or adapt a toolkit for health professionals and organisations to create new consumer-friendly health resources	• Upload toolkit to online health information library • Market toolkit as part of online health information library • Provide and support access to training in how to use the toolkit to create consumer health information

within 36 months

Key activity	Steps to undertake
1.6 Ensure that all NT PHN commissioning partners use, develop and share health literacy tools	• 100% of all new commissioning partners or re-commissioned partners use health literacy tools
1.9 Conduct organisational health literacy self-assessment to assess progress	• Use Enliven Organisational Health Literacy Self-assessment Resource to assess how NT PHN is progressing as health literate organisation
3.3 Develop a process for providing feedback to organisations regarding consumer health information resources	• Provide six monthly feedback to organisations as to how frequently their resources are accessed via the online health information library
3.4 Test consumer health information resources using process for validating as "consumer friendly" and provide feedback to organisations	• Test another twenty consumer health information resources that were identified in stocktake (3.2) • Test using both readability tool and consumer testing tool developed in 3.1 • Provide feedback to organisations using process developed in 3.3
3.6 Develop an online library to support health professionals and consumers to search for validated consumer health information, and embed links to library in other NT PHN resources	• Review data on health professional use of online health information library three monthly • Review data on consumer use of online health information library three monthly • Continue to add validated consumer health information resources to the library in an ongoing fashion, and ensure resources are up-to-date

Appendix 2: Key Performance Indicators

KPIs for Objective 1: Strengthen health literacy environments to enhance NT PHN systems, policies and practices

Indicator name	Staff importance score	ACCHSs health literacy programs score	Consumer involvement score	Commissioning partners health literacy score
Key performance question	To what extent do NT PHN staff consider health literacy to be part of NT PHN core business?	To what extent has NT PHN prioritised Aboriginal Community Controlled Health Services (ACCHSs) in health literacy activities for Aboriginal consumers?	To what extent has NT PHN consulted with and involved consumers in its health literacy activities?	To what extent has NT PHN encouraged its partners to become health literate organisations?
How will and won't this indicator be used?	The indicator will be used to assess and report internally on staff acceptance and understanding of health literacy as part of core business. It will not be used to assess the knowledge or understanding of individuals.	This indicator will be used to assess and report on the proportion of health literacy programs commissioned by NT PHN that are delivered by ACCHSs. It will not be used to assess the health literacy of ACCHSs.	This indicator will be used to assess and report on how NT PHN is involving the Community Advisory Council in its health literacy strategy development and implementation. It will not be used to gather feedback on the level of consultation on any other topic.	This indicator will be used to assess whether NT PHN is following its updated Commissioning Policy and Procedures in requiring commissioning partners to use health literacy tools. It will not be used by the procurement team to evaluate commissioning partners.

Data collection method	The data will be collected using a short anonymous email-based survey.	The data for the ACCHSs health literacy programs metric is collected as part of commissioning work.	The data will be collected using a short, written questionnaire.	The data will be collected from a retrospective audit of awarded tenders.
Assessment/formula/scale	On a scale of 1-10, how important is health literacy in your job at NT PHN? Take the average of all responses out of 10, and report as a percentage.	Of the health literacy contracts for Aboriginal consumers that have been awarded, what percentage of these have been awarded to ACCHSs?	On a scale of 1-5, has the NT PHN sufficiently involved and responded to feedback from the Community Advisory Council with regards to health literacy planning and activities? Report as a number.	Of the awarded tenders, what percentage of new commissioning partners and recommissioned partners show evidence of using or developing health literacy tools?
Target	70 per cent by end of third year of strategy.	80 per cent by end of third year of strategy.	4 by end of third year of strategy.	50 per cent by second year of strategy. 100 per cent by third year of strategy.
Source of data	All current NT PHN staff, including CEO, Board and Senior Executive Members.	These data area already collected by the procurement team	Community Advisory Council to complete the survey at their scheduled meeting.	These data will be collected by the procurement team
Data collection frequency	Six monthly (including baseline)	Twelve monthly	Twelve monthly	Twelve monthly
Reporting frequency	Six monthly	Twelve monthly	Twelve monthly	Twelve monthly
Data collection	Health literacy officer	Procurement team	Community Council Liaison Officer	Procurement team
How much will it cost?	The costs are low given the availability of cheap/free email-	The costs of producing this metric are low as the	The costs of producing this metric are low as the	The costs of producing this metric are low

	based survey programs.	data are readily available.	data can be obtained from meetings that are already scheduled.	because once the Commissioning Policy and Procedure are changed, the data should be regularly collected.
How complete is this indicator?	It provides a nice simple number, but it should be supplemented with unstructured feedback (also obtained from the survey) such as: "how does health literacy impact your job?".	It provides an indication of the commitment to consumer input into health literacy but awarding these programs to ACCHSs does not tell us how much consumer input there is.	It provides a nice simple number, but it should be supplemented with unstructured feedback.	It provides a yes/no indication of whether commissioning partners are engaging with health literacy but it does not tell us how much or how little partners are doing in this field.
Sources of bias or possible unintended consequences	Staff could feel that they are being assessed individually (this could be countered to some extent by assuring staff it is anonymous and that only the average score will be used). Only staff interested in health literacy might reply, meaning that the results have a	Other organisations that are not ACCHSs but that have used codesign principles effectively would not be captured by this metric.		Commissioning partners could view this as a "box-checking exercise" to meet the requirements of tenders without truly engaging with health literacy.

	response bias. Multiple reminders via email can help increase response rates. Staff might respond that it is important because they feel that this is the correct answer.			

KPIs for Objective 2: support health professionals to empower consumers to make informed choices about their health and healthcare

Key performance question	To what extent do health professionals understand health literacy and their role in it?	To what extent do health professionals use communication aids to assist those with additional communication needs?
How will and won't this indicator be used?	The indicator will be used to assess and report internally on how effective NT PHN has been in supporting health professionals to improve their health literacy.	This indicator will be used to assess and report on how frequently health professionals use interpreters and if this is increasing.
Indicator name	**Health professional relevancy score**	**Interpreter use frequency**
Data collection method	The data will be collected using a short anonymous evaluation.	The data will be collected as raw whole numbers of interpreters used for consultations in primary care.
Assessment/formula/scale	On a scale of 1-10, how relevant was the health literacy workshop to your day-to-day job? Take the average of all responses out of 10, and report as a percentage.	How frequently have interpreters been used by health professionals in primary care situations in the NT?
Target	70 per cent by end of third year of strategy.	An increase of 5 per cent year on year.
Source of data	All health professionals who have attended an NT PHN health literacy or communication training session, at the conclusion of the training session.	Translation and Interpreter Service, Aboriginal Interpreter Service.
Data collection frequency	Twelve monthly	Twelve monthly, including baseline
Reporting frequency	Twelve monthly	Twelve monthly
Data collection	Health literacy officer	Health literacy officer
How much will it cost?	The costs are low as evaluations are routinely done at the conclusion of training sessions.	It is unclear whether the TIS or AIS would impose a cost for providing these data.
How complete is this indicator?	It provides a nice simple number, but it should be supplemented with unstructured feedback (also obtained from the evaluation) such as: "Are there	It only provides a trend, but does not provide calculated interpreter need, which could be increasing or decreasing with demographic changes.

	other ways that NT PHN could support you in improving your health literacy?" Although health professionals may feel that health literacy is relevant, they may not have the time or ability to put the concepts that have been learned into day-to-day use.	It does not take into account informal interpreters who may be used at times such as Aboriginal Health Practitioners or relatives, however the use of informal interpreters is not best practice.
Sources of bias or possible unintended consequences	Those health professionals who already consider health literacy to be relevant are more likely to attend health literacy training, and more likely to complete the evaluation.	Increased use of interpreters could be mistaken for the only way to address health literacy and other techniques could be ignored.

KPIs for Objective 3: create and sustain a health information library for validated consumer health information

Key performance question	How much of the consumer health information available in the NT is appropriate for the consumers it is intended for?	How useful is the health information library to health professionals?	How useful is the health information library to consumers?
How will and won't this indicator be used?	The indicator will be used to assess and report on the proportion of consumer health information that is validated as "consumer friendly" using the readability and consumer tools. It will give an indication of how organisations are improving in this way and if the tools and education provided are assisting in this.	This indicator will be used to assess and report on how much the health information library is used by health professionals.	This indicator will be used to assess and report on how much the health information library is used by consumers.
Indicator name	**Consumer friendly resource proportion**	**Health information library use frequency – health professionals**	**Health information library use frequency - consumers**
Data collection method	The data will be collected from the stocktake and testing process that is outlined in the proposed action plan.	Frequency of visits to health information library site by those who select "health professional" on a popup which appears on entry to the library	Frequency of visits to health information library site by those who select "consumer" on a popup which appears on entry to the library
Assessment/formula/scale	What proportion of consumer health resources tested, out of those identified, pass	How frequently is the health information library visited by health professionals in the NT?	How frequently is the health information library visited by consumers in the NT?

	both the readability and consumer testing tools?		
Targets and performance thresholds	60 per cent by end of third year of strategy	300 visits per month by end of third year of strategy.	100 visits per month by end of third year of strategy.
Source of data	Consumer health resources identified through the stocktake, new consumer health resources that are sent to the health information library to be added.	Number of page visits to the homepage of the library where the user has selected "health professional" per month.	Number of page visits to the homepage of the library where the user has selected "consumer" per month.
Data collection frequency	Six monthly commencing after stocktake is complete.	Monthly commencing after go live of health information library.	Monthly commencing after go live of health information library.
Reporting frequency	Annually	Six monthly	Six monthly
Data collection	Health literacy officer	IT officer	IT officer
How much will it cost?	The costs are low given the work will be being completed as part of the strategy and therefore the data are readily available.	The costs are low as these data will be readily available.	The costs are low as these data will be readily available.
How complete is this indicator?	It provides a nice simple number, but relies on valid consumer testing and readability tools.	It provides an indication of visits to the homepage but not of whether resources are being downloaded and used with consumers.	It provides an indication of visits to the homepage but not of whether resources are being downloaded and used with consumers.
Sources of bias or possible unintended consequences	Going forward after the stocktake testing has been completed, only those that are sent to the health literacy officer to be added will be tested. This will introduce selection bias.	Those who use the library may use it a lot, while many health professionals may not use it at all, causing a skewed picture.	Those consumers who use the library may use it a lot, while many consumers may not use it at all, causing a skewed picture.

KPIs for Objective 4: improve collaboration and integration of health literacy activities across NT health system and organisations

Key performance question	Is NT PHN working collaboratively on health literacy with other organisations in the NT?
How will and won't this indicator be used?	This indicator will be used to allow other organisations working on health literacy in the NT to assess how well NT PHN is doing in terms of communication and collaboration.
Indicator name	**Collaboration score**
Data collection method	The data will be collected using a short anonymous email-based survey.
Assessment/formula/scale	On a scale of 1-10, how well is NT PHN communicating and collaborating in its work on health literacy? Take the average of all responses out of 10, and report as a percentage.
Targets and performance thresholds	70 per cent by end of three year strategy.
Source of data	Key health literacy contacts at organisations involved in health literacy activities, including AMSANT, TEHS, CDU, ARDS, Menzies, Poche Centre.
Data collection frequency	Twelve monthly
Reporting frequency	Twelve monthly
Data collection	Health literacy officer's supervisor
How much will it cost?	The costs are low given the availability of cheap/free email-based survey programs.
How complete is this indicator?	It provides a nice simple number, but it should be supplemented with unstructured feedback (also obtained from the survey). Some collaborations might be working very well, and others not so well, and an average will not allow this to be seen adequately.
Sources of bias or possible unintended consequences	Key contacts could feel that they are being assessed individually and that the information will be fed back to their seniors (this could be countered to some extent by assuring staff it is anonymous and that only the average score will be used). Those organisations that are not already collaborating will not be given a chance to respond.