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|  | **A framework for health literacy** This framework reflects how each part of the health system can contribute to building health literacy so that all New Zealanders can make informed decisions about managing their health, or the health of those they care for. |

|  | **Leadership and management**  Championing health literacy and taking the lead on a ‘culture shift’ towards a health-literate health system. | **Knowledge and skills**  Improving our knowledge of how health literacy demands can be reduced and health equity achieved. | **Health system change**  Being committed to a ‘culture shift’ so that change occurs at all levels of the health system, leading to better health outcomes for individuals and whānau and reduced health costs. |
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| **Health system** | **Health system leadership sets the expectation that good health literacy policy and practice help individuals to live well, keep well and get well.** | **The health system builds an evidence base that identifies the changes needed to improve health literacy, reduce demands and support effective innovations.** | **The health system is committed to good health literacy practice and invests in changing the way it is organised to improve outcomes.** |
| **What success looks like:** The health system responds to its role in reducing health literacy demands placed on people when they access health care. | **What success looks like:** The health system has a sophisticated approach to health literacy and builds knowledge that identifies hurdles to accessing health care at every point of contact. These problems are then prioritised for meaningful action. | **What success looks like:** The health system empowers and supports individuals and whānau to make informed decisions on health and wellbeing. |
| **Actions**   * Provide strategic guidance to the health sector to support health literacy activities that are based on evidence and concern the whole system. * Incorporate health literacy thinking into advice and system design. * Establish a health literacy group and health literacy champions that are mandated by or include senior leaders. * Choose communication approaches that: * are evidence based * make the most of consumer-focused technology to meet the needs of individuals and whānau * reduce health literacy demands in the health system. | **Actions**   * Build understanding of the impact of health literacy on New Zealand population(s), furthering the work of *Kōrero Mārama[[1]](#endnote-1)*. * Build the evidence base of effective ways to build health literacy and reduce health system demands, and share information about innovations. * Develop evaluation methods that take account of the complex nature of health literacy. * Develop partnerships with and between research, education and practice communities to build and share knowledge of health literacy. Some examples of collaborating agencies are the Health Quality and Safety Commission, the Health Research Council and the Ministry of Education. | **Actions**   * Implement policies, pathways and processes that make it easier for people to access and find their way through the health system. * Redesign systems to best equip individuals and whānau to live well and keep well, manage any conditions, navigate the health system, communicate effectively and make informed decisions. * Include individuals and whānau input to service design. * Acknowledge the role that health literacy plays in the quality and safety of health services and programme design. |
| **Health organisation** | **Health organisation leadership is about ensuring that health literacy is a core organisational value that helps drive quality improvement and achieve health equity.** | **Health organisations must build knowledge about how they can improve health outcomes by making their services and facilities health literacy friendly.** | **Health organisations must express their commitment to health literacy by creating an environment that reduces health literacy demands.** |
| **What success looks like:** Health organisations consider health literacy in all of aspects of their work. This is visible in the way that organisations communicate, provide information, present their facilities, and interact with people. | **What success looks like:** Health organisations encourage individuals and whānau to provide input into how the organisations do things, at every point of the patient journey. | **What success looks like:** Health organisations provide access to health services where good health literacy practice is taken seriously and used consistently. |
| **Actions**   * Facilitate staff access to a comprehensive programme of workforce development in good health literacy practice. * Grow health literacy leadership, cultivate champions and delegate authority for health literacy oversight. * Organisations responsible for setting professional standards recognise the link between cultural competency and health literacy, and they apply this to professional development programmes. | **Actions**   * Review the status of health literacy in an organisation using the six dimensions of a health literate organisation(see tools such as the *Review of Health Literacy: A guide* for health organisations[[2]](#endnote-2)). * Share knowledge with other health organisations that are undertaking a health literacy review. * Use tools such as *Rauemi Atawhai: A guide to developing health education resources in New Zealand* to review existing resources[[3]](#endnote-3). | **Actions**   * Develop, implement and resource action plans to build health literacy in a long term, sustainable way2. * Make the health care environment easy for people to find their way through with clear signs and directions, use of plain language, including reader-friendly print and web-based information. * Routinely invite individuals and whānau to provide input to and feedback on the services they use. * Gather information from individuals and whānau to check that they are not stigmatised or labelled as having low health literacy, and that they feel confident navigating their way around the service. |
| **Health workforce** | **Health workforce leadership is about being seen by peers, individuals and whānau as effective communicators, who champion good health literacy practice.** | **The health workforce can contribute to improved understanding of good health literacy practice.** | **The health workforce must be committed to good health literacy practice as a routine part of how they do things.** |
| **What success looks like:** Every member of the health workforce raises awareness of health literacy and promotes good health literacy practice, with a keen eye on new ideas for ways to better communicate with patients. | **What success looks like:** Health workforce members are knowledgeable about how they can build health literacy in their practice and among individuals and whānau. | **What success looks like:** Individuals and whānau are supported to obtain, process and understand health information from everyone they have contact with in the health system, and are empowered to make informed decisions. |
| **Actions**   * Approach health literacy in a way that recognises levels of health literacy differ between individuals and can differ for an individual at different times of their life. * Promote and coordinate action to raise awareness of, and build skills in health literacy practice among the health workforce and across the health system. * Work in ways that build health literacy skills of individuals and whānau. | **Actions**   * Undertake training in effective health literacy communication (evidence-based) methods as a core part of professional development. * Provide resources that are appropriate for the target audience and use a variety of media and approaches (including different technologies). * When developing health education resources, seek feedback from individuals and whānau and use reference material such as *Rauemi Atawhai: A guide to developing health education resources in New Zealand*.3 | **Actions**   * Build capacity for the health workforce to use plain language and proven health literacy practices (see for example, *Three steps to better health literacy*)[[4]](#endnote-4). * Create an environment where individuals can speak freely about their health care to relevant people in the health workforce. * Assume that most individuals and whānau will at times have difficulty understanding and applying complex health information, and work on ways to make it less difficult. |
| **Individuals and whānau** | **Individuals and whānau are partners in actively managing their own health and wellbeing; and they take opportunities to provide feedback on health services they use and contribute to quality improvement programmes.** | **Individuals and whānau can obtain, process and understand health materials.** | **Individuals and whānau are able to make informed decisions, and can access and navigate appropriate, quality and timely health services.** |

1. Ministry of Health. 2010. *Kōrero Mārama: Health Literacy and Māori: Results from the 2006 Adult Literacy and Life Skills Survey.* Wellington: Ministry of Health [↑](#endnote-ref-1)
2. Ministry of Health. 2015. *Review of Health Literacy: A guide.* Wellington: Ministry of Health. [↑](#endnote-ref-2)
3. Ministry of Health. 2012. *Rauemi Atawhai: A guide to developing health education resources in New Zealand*. Wellington: Ministry of Health. [↑](#endnote-ref-3)
4. Health Quality and Safety Commission New Zealand. 2012. *Three steps to better health literacy: A guide for health professionals.* Wellington: Health Quality and Safety Commission.

   HP 6196 [↑](#endnote-ref-4)