# Appendix 1: Six Dimensions – background information

This appendix briefly outlines the tools and frameworks that were considered in identifying the Six Health Literacy Dimensions that are the basis of the review process set out in this Guide.

After the tools and frameworks described below were analysed, the Ten Attributes framework was selected as the basis for the Six Dimensions because it is comprehensive and covers all aspects of a health care organisation. The Ten Attributes framework was developed in the United States of America and was modified to reflect the New Zealand health care system. Some of the Ten Attributes have been combined (for example, Attributes 1 and 2) and Attribute 10 has been omitted because it is not relevant in New Zealand. The Ten Attributes framework encompasses the seminal work of three earlier tools (Rudd and Anderson 2006; Jacobson et al 2007; Agency for Healthcare Research and Quality 2010).

Of the international health literacy review tools and frameworks that were reviewed, the best-known is Rudd and Anderson’s (2006) *The Health Literacy Environment of Hospitals and Health Centers. Partners for Action: Making your healthcare facility literacy-friendly*.

This seminal document has been used as the foundation for the development of other review tools: *Is Our Pharmacy Meeting Patients’ Needs? A pharmacy health literacy assessment tool user’s guide* (Jacobson et al 2007) and *Health Literacy Universal Precautions Toolkit* (Agency for Healthcare Research and Quality 2010).

These later review tools focus on reviewing the interactions and experiences of health practitioners delivering services as well as the experiences and interactions of consumers. These interactions and experiences provide evidence of health literacy ‘in practice’.

The authors of these tools and frameworks encourage others to use evidence developed by applying the tools and approaches to examine organisational policies, processes, culture and values.

In 2012 the Institute of Medicine published *Ten Attributes of Health Literate Health Care Organizations* (Brach et al 2012). This framework does not include any review tools. It provides a rationale for each attribute as well as a range of initiatives various health care organisations are implementing under each attribute.

The following international and national tools and articles were also considered when developing the Six Dimensions.

### International tools and articles

* Agency for Healthcare Research and Quality. 2011. CAHPS Item Set for Addressing Health Literacy.
* Agency for Healthcare Research and Quality. 2013. Guide to Patient and Family Engagement in Hospital Quality and Safety.
* Agency for Healthcare Research and Quality. 2015. Health Literacy Universal Precautions Toolkit. 2nd ed.
* American Medical Association. 2008. Communication Climate Assessment Toolkit.
* ASHP Foundation. 2012. Leading Change in a Complex Health Care System.
* Bailey et al. 2013. The progress and promise of health literacy research.
* Barrett et al. 2008. Health Literacy Practices in Primary Care Settings: Examples from the field.
* Bonomi et al. 2002. Assessment of Chronic Illness Care (ACIC): a practical tool to measure quality improvement.
* Busjeet. 2013. Planning, Monitoring, and Evaluation: Methods and tools for poverty and inequality reduction programs.
* Carman et al. 2013. Patient and family engagement: a framework for understanding the elements and developing interventions and policies.
* Center for Medical Home Improvement. 2008. The Medical Home Index: Adult.
* Centers for Disease Control and Prevention. 2008. Capacity Building for Diabetes Outreach.
* Centers for Disease Control and Prevention. 2011. Making Health Literacy Real: The beginnings of my organization’s plan for action.
* Centers for Disease Control and Prevention. 2014a. CDC Clear Communication Index: A Tool for Developing and Assessing CDC Publication Communication Products.
* Centers for Disease Control and Prevention. 2014b. Organizational Attributes.
* Chin et al. 2013. 5 Imperatives: Addressing healthcare’s innovation challenge.
* Clinical Excellence Commission. 2013. Health Literacy Guide.
* Department for Business Innovation and Skills. 2010. Impact Assessment Guidance.
* Donetto et al. 2014. Using Experience-based Co-design to Improve the Quality of Healthcare: Mapping where we are now and establishing future directions.
* Gazmararian et al. 2010. The development of a health literacy assessment tool for health plans.
* Groene and Rudd. 2011. Results of a feasibility study to assess the health literacy environment: navigation, written, and oral communication in 10 hospitals in Catalonia, Spain.
* Institute of Medicine. 2012. How Can Health Care Organizations Become More Health Literate? Workshop summary.
* Jeffs et al. 2013. The effect of an organizational network for patient safety on safety event reporting.
* Lin et al. 2011. Service design and change of systems: human-centered approaches to implementing and spreading service design.
* McCormack et al. 2013. Recommendations for advancing health literacy measurement.
* Mende and Roseman. 2013. The aligning forces for quality experience: lessons on getting consumers involved in health care improvements.
* Oliver et al. 2014. Making Our Health and Care Systems Fit for an Ageing Population.
* Paasche-Orlow et al. 2006. How health care systems can begin to address the challenge of limited literacy.
* Parnell et al. 2014. Health Literacy as an Essential Component to Achieving Excellent Patient Outcomes.
* Royal College of General Practitioners. 2014. Health Literacy: Report from an RCGP-led health literacy workshop.
* Swensen et al. 2013. High-impact Leadership: Improve care, improve the health of populations, and reduce costs.
* Taylor et al. 2014. Systematic review of the application of the plan-do-study-act method to improve quality in healthcare.
* The Health Foundation. 2014a. A Framework for Measuring and Monitoring Safety: A practical guide to using a new framework for measuring and monitoring safety in the NHS.
* The Health Foundation. 2014b. Shine: Improving the value of local healthcare services. How healthcare teams took on the challenge to improve quality while reducing the cost of services.
* The Health Foundation. 2014c. Perspectives on Context: A selection of essays considering the role of context in successful quality improvement.
* The Health Foundation. 2014d. Helping Measure Person-centred Care: A review of evidence about commonly used approaches and tools used to help measure person-centred care.
* The Joint Commission. 2007. ‘What Did the Doctor Say?’ Improving health literacy to protect patient safety.
* The Joint Commission. 2010. Advancing Effective Communication, Cultural Competence, and Patient- and Family-centered Care: A roadmap for hospitals.
* US Department of Health and Human Services. 2010. National Action Plan to Improve Health Literacy.
* Weiss. 2007. Health Literacy and Patient Safety: Help patients understand. Manual for clinicians.
* West et al. 2014. Developing Collective Leadership for Health Care.
* World Health Organization. 2011. Good Practice Appraisal Tool for Obesity Prevention Programmes, Projects, Initiatives and Interventions.
* Wynia and Osborn. 2010. Health literacy and communication quality in health care organizations.

### National tools and articles

* Accident Compensation Corporation. 2008. Guidelines to Understanding the Audit Standards for Safety Management Practices: ACC Workplace Safety Management Practices Audit Guidelines.
* Accident Compensation Corporation. 2012. How to Implement Safer Workplace Practices: A guide to workplace health and safety.
* Bay of Plenty District Health Board. 2012. Excellence through Patient and Family Centred Care: Literature review.
* Flanagan et al. 2014. Learnings from a Project to Develop a Generic Self-management Care Plan for Long Term Conditions.
* Health Quality & Safety Commission. 2013. Quality and Safety Guide.
* Ministry of Health. 2013. The Well Child/Tamariki Ora Quality Improvement Framework.
* Signal et al. 2008. The Health Equity Assessment Tool: A user’s guide.
* Stephenson. No date. Health Promotion Infrastructure: A thinkpiece.
* Thomsen. 2014. Bridging the Communication Gap: What do primary healthcare practitioners in New Zealand know about health literacy? What are their attitudes towards it, and do they implement any internationally developed health literacy tools?

From the Ten Attributes Framework, the following Six Dimensions were developed for the New Zealand context. These Dimensions form the framework for this Guide.

1. **Leadership and management.** How is health literacy an organisational value, part of the culture and the core business of an organisation? How is it reflected in strategic and operational plans?

2. **Consumer involvement.** How are consumers involved in designing, developing and evaluating the organisation’s values, vision, structure and service delivery?

3. **Workforce**. How does the organisation encourage and support the health workforce to develop effective health literacy practices? Has it identified the workforce’s needs for health literacy development and capacity? Has the organisation’s health literacy performance been evaluated?

4. **Meeting the needs of the population.** How does service delivery make sure that consumers with low health literacy are able to participate effectively and have their health literacy needs identified and met (without experiencing any stigma or being labelled as having low health literacy)? How is meeting the needs of the population monitored?

5. **Access and navigation**. How easy is it for consumers to find and engage with appropriate and timely health and related services? How are consumers helped to find and engage with these services? How well are services coordinated and are services streamlined where possible?

6. **Communication**. How are information needs identified? How is information shared with consumers in ways that improve health literacy? How is information developed with consumers and evaluated?

The Six Dimensions are applied to examine how staff, consumers and families interact, and to review relevant policies, processes, structures and culture in a particular health service or health care organisation. The aim of these activities is to identify the causes of health literacy barriers and opportunities for improvement.

The following table provides the rationale for each dimension.

|  |  |
| --- | --- |
| **New Zealand’s Six Dimensions** | **Rationale** |
| 1. **Leadership and management.** How is health literacy an organisational value, part of the culture and core business of an organisation? How is it reflected in strategic and operational plans? | Leaders and managers have a critical role in developing a health-literate organisation. They drive an organisation’s health literacy culture by articulating and reinforcing goals and expectations, and by modelling expected behaviours. Leaders and managers in a health-literate health care organisation ensure that health literacy is built into all aspects of the organisation, explicitly measured and monitored, and continuously improved. |
| 2. **Consumer involvement.** How are consumers involved in designing, developing and evaluating the organisation’s values, vision, structure and service delivery? | A commitment to patient-centred care, consumer safety and quality improvement involves more than the activities of managers, clinical leaders and other staff. A health-literate health care organisation involves consumers and their families in all aspects of service delivery – not just the evaluation of consumer experience. |
| 3. **Workforce.** How does the organisation encourage and support the health workforce to develop effective health literacy practices? Has it identified the workforce’s needs for health literacy development and capacity? Has the organisation’s health literacy performance been evaluated? | The health workforce plays a crucial role in communicating oral and written information to consumers and families and ensuring they understand that information. A health-literate health care organisation provides health literacy training and coaching to its entire workforce to improve communication and build health literacy. |
| 4. **Meeting the needs of the population.** How does the delivery of services make sure consumers with low health literacy are able to participate effectively and have their health literacy needs identified and met (without experiencing any stigma or being labelled as having low health literacy)? How is meeting the needs of the population monitored? | Because health literacy is diverse and ongoing, health care organisations will find it difficult to identify who in their consumer population has low health literacy. A health-literate health care organisation adopts a universal precautions approach so that staff do not make assumptions about who might or might not need assistance. |
| 5. **Access and navigation.** How easy is it for consumers to find and engage with appropriate and timely health and related services? How are consumers helped to find and engage with these services? How well are services coordinated and are services streamlined where possible? | Health care organisations develop and use systems that place demands on consumers and families. A health-literate health care organisation reduces the demands its systems place on consumers and families and helps them to access and navigate systems. |
| 6. **Communication.** How are information needs identified? How is information shared with consumers in ways that improve health literacy? How is information developed with consumers and evaluated? | Health care organisations communicate with consumers and families orally, in writing and increasingly using technology. A health-literate health care organisation ensures that all communication, in all formats, is clear, easy to understand and easy for consumers and families to act on. |

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