



CONSUMER HEALTH LITERACY IMPLEMENTATION PLAN

December 2020 | v0.1

BUILDING CONSUMER HEALTH LITERACY

Background

Health literacy has been identified as a priority area for NPS MedicineWise with the Department of health grant outlining two related key performance indicators for which the organisation will be assessed against:

- Consumer awareness of QUM shows consistent improvement over time
- Consumer health literacy shows consistent improvement over time.

Health Literacy is defined by the Australian Commission in Quality and Safety in Healthcare (ACSQHC) as how people understand information about their health and healthcare, and how they apply that information to their lives, use it to make decisions and act on it.

According to Australian Institute of Health and Wellbeing (AIHW), people with low health literacy are more likely to have worse health outcomes overall and adverse health behaviours, such as:

- lower engagement with health services, including preventive services
- higher hospital re-admission rates
- poorer understanding of medication instructions (for example, non-adherence, improper usage)
- lower ability to self-manage care

There are many organisations across Australia and globally focused on health literacy, such as [Australian Commission on Safety and Quality in Healthcare](#) (ACSQHC), [Health Literacy Hub](#) (Western Sydney Local Health District, in collaboration with the University of Sydney) and other local hubs (e.g. newly launched [Canberra Health Literacy Hub](#)).

The National Statement on Health Literacy

There are many factors that contribute to health literacy, and therefore many different strategies and approaches can be used to bring about improvements. 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, encourage and allow this to occur.

For sustainable improvement, it is important to address health literacy in a systematic way. Coordination and collaboration can lead to greater improvement, as everyone then has an opportunity to share information, collaborate and build on the progress of all. To address health literacy in a coordinated way, action needs to be taken across three areas:

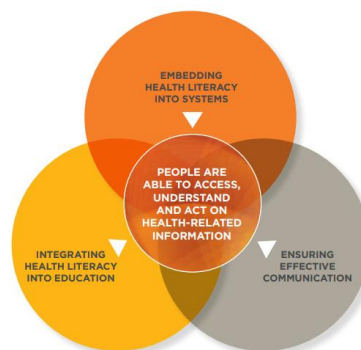


Figure 1: [Coordinated and collaborative approach to addressing health literacy](#): Australian Commission on Safety and Quality in Healthcare

Implementation plan

A recent research report from Consumers Health Forum, [Consumer Health Literacy Segmentation and Activation Research](#), echoed the need to develop a set of initiatives to improve awareness of QUM and Health Literacy as it relates to QUM for consumers. The approach needs to be nuanced so that it meets the different needs of the different segments of the population.

This document outlines how NPS MedicineWise will work to address consumer awareness of QUM and build health literacy.

The strategies outlined in this document have been developed with input from the following external and internal stakeholders:

- Consumers Health Forum of Australia
- Consumer Advisory Group
- Clinical Interventions Advisory Group
- National Aboriginal Community Controlled Health Organisations

Internal NPS MedicineWise staff

- Leanne Atkins, Program & Product Evaluation Lead
- Anthony Carr, Marketing Services Manager
- Stephanie Childs, Communications and Public Relations Manager
- Alicia Goodwin, Design Lead
- Isla Hains, Planning & Evaluation Officer
- Kara Joyce, Educational Visitor Lead
- Kirsty Lembke, Design Lead
- Robyn Lindner, Partnerships and Stakeholder Relationship Manager
- Jane London, Manager, Design & Innovation
- Rawa Osman, Senior Clinical Program Officer
- Nerida Packham, Consumer Medicines Information Pharmacist Manager
- Vanessa Simpson, Senior Clinical Program Officer
- Teresa Vaccaro, Medical Content and Education Manager
- Bronwyn Walker, Manager, Stakeholder Relations & Policy
- Scott Walsberger, Choosing Wisely Lead
- Clare Weston, Interventions and Content Manager

Description and methodology

The strategy has been inspired by the ACSQHC model, aiming to build consumer health literacy at three levels:

- Supporting consumers (individuals)
- Establishing NPS MedicineWise as a health literate organisation (organisation)
- Partnering with external stakeholders for collective impact (sector)

Each of these areas is described in detail in subsequent sections.

Potential measure of success

	Measures of success
Overarching	<ul style="list-style-type: none"> • Sufficient resources are available to enable the goals of the health literacy strategy to be fulfilled
Individual level	<ul style="list-style-type: none"> • Integration of health literacy into the design and development of future programs and products • The evaluation plan is adaptive to changes in measurement priorities and approaches • Measurable increase in consumer health literacy over time • Measurable improvement in consumer awareness and knowledge of QUM over time • Media and social media messages support the desired behaviours targeted by the strategy • Resources and tools are delivered (directly) to consumers at greatest risk of low health literacy • QUM and health literacy messages and interventions are delivered to consumers at key times in their lives to maximise impact (e.g. school leavers, pregnant women, new migrants, age associated health checks) • Increase in the number of calls to the interpretive service associated with the NPS MedicineWise phone lines (long term)
Organisational level	<ul style="list-style-type: none"> • NPS MedicineWise and key stakeholders are willing to adapt, change or innovate strategies and interventions based on feedback and recommendations from consumer representatives • Increase in the diversity of consumer representatives to provide wide-ranging perspectives and input • Consumer engagement champions receive appropriate training to effectively manage relationships with consumers, representatives and stakeholders • NPS MedicineWise actively seeks and acts on feedback from consumers, consumer representatives and organisations • Organisational policies and procedures are adopted to support the goals of the health literacy strategy and broader consumer engagement • Consumer representatives and organisations report increased engagement with NPS MedicineWise • Establish a recording system to capture in-depth data for calls to NPS MedicineWise phone lines made by someone on behalf of a CALD person (short-term)
Systems level	<ul style="list-style-type: none"> • Key stakeholders represent all relevant sectors and constituencies • Key stakeholders share a common goal to improve consumer health literacy • NPS MedicineWise regularly seeks opportunities for alignment with other initiatives, programs or interventions • Key stakeholders readily share information or data about health literacy measurement

BUILDING A HEALTH LITERATE CONSUMER

There is a plethora of high quality and valued information and resources for consumers and their families support medication literacy and QUM in Australia, however more support is required for consumers beyond information, to enable them to actively participate in their healthcare.

Coordinate health literacy needs to specific consumer segments

The recent CHF Consumer Health Literacy Segmentation and Activation Research identified multiple consumer segments who are at higher risk of low health literacy and poor QUM outcomes, such as:

- **Older people** – Potential risk factors include lower health literacy, multi-morbidities, polypharmacy, metabolic changes, and cognitive impairment
- **Aboriginal and Torres Strait Islander people** - Potential risk factors include lower socioeconomic status, higher burden of disease, challenges with access to culturally safe care and appropriate communication with health professionals, and probably lower health literacy, though data on this is limited.
- **Culturally and linguistically diverse (CALD) consumers** - Potential risk factors include language barriers, lower health literacy, and barriers to culturally appropriate care. Refugee populations have additional risk factors including those relating to mental health.
- **Low literacy** - Low socioeconomic status, low education levels, low literacy levels, and low health literacy are interrelated, and have an independent and cumulative impact on health outcomes.

It is proposed that these high-risk groups are further supported by focusing on the following:

- Assistance for those with chronic conditions
- Maximise teachable moments
- Promote the use of translation and interpreting services

Assistance for those with chronic conditions

Processing and using information when sick, frightened, or otherwise impaired is challenging, even for those who would ordinarily have adequate health literacy.

Meeting the needs of those at greatest risk of low health literacy can be even more challenging and will require a range of activities, including:

- Centre support along a typical 'patient journey' (e.g. diagnosis of chronic condition; going into hospital; starting a new medicine) when a consumer will interact with the health system
- Support development of resources, tools and other initiatives for those at greatest risk of low health literacy
- Hone skills of health professionals to better respond to health literacy and patient activation needs within clinical consultations (e.g. TeachBack, 'Ask, Tell, Ask' approach)

Level	1	2	3	4
Description	Disengaged and overwhelmed Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor.	Becoming aware, but still struggling Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control but can set simple goals.	Taking action Individuals have the key facts and are building self-management skills. They strive for best practice behaviours, and are goal orientated.	Maintaining behaviours and pushing further Individuals have adopted new behaviours but may struggle at times of stress or change. Maintaining a healthy lifestyle is a key focus.
Their perspective	“My doctor is in charge of my health”	“I could be doing more”	“I’m part of my health care team”	“I’m my own advocate”
Strategies	Build trust, self-awareness and understanding	Celebrate success, make small changes	Coach, make action plans, problem solving	Collaborator, reinforce success, agenda mapping

Figure 2: Patient Engagement Measure

Promote the use of translation and interpreting services

In 2016 (according to the AIHW), nearly half (49%) of Australians had either been born overseas (26%) or one or both parents had been born overseas (19%). The most common overseas countries of birth were: England, New Zealand, China and India.

In Australia, there were over 300 separately identified languages spoken at home in 2016. More than one-fifth (21%) of Australians spoke a language other than English at home and of those, 16.6% reported speaking English not well or not at all.

The most common languages spoken at home (after English) are: Mandarin (2.5%), Arabic (1.4%), Cantonese (1.2%), Vietnamese (1.2%), Italian (1.2%), Greek (1.0%), Hindi (0.7%), Spanish (0.6%) and Punjabi (0.6%). Around 20 Indigenous Australian dialects are still in everyday use by all age groups. At the time of the 2006 census, 52,000 Indigenous Australians, revealed that they communicated in an Indigenous language at home. Australia also has a sign language known as Auslan, which is the primary language of around 5,500 deaf individuals.

Compared with the Australian-born population, some immigrants have been found to have lower mortality rates and self-reported chronic conditions, known as the ‘healthy migrant effect’, often explained by the health screenings required before people migrate, and immigrants having a higher health and wealth status to be able to physically and financially migrate to another country. This healthy migrant effect can disappear after immigrants have lived in Australia for more than 10 years, with their mental health and self-assessed health worse than that for Australian-born individuals.

The culturally and linguistically diverse (CALD) population of Australia is not homogenous, and the situation and needs of individuals varies greatly. However, in general, people from CALD backgrounds:

- have poorer socioeconomic status, compared with the Anglo-Australian population
- may face substantial language barriers in accessing services

Codeine availability	x	x	x	x	x	x	x	x	x					
Medicines Lists	x	x	x		x		x	x	x	x	x	x		
Choosing Wisely 5Qs	x	x	x		x		x	x	x	x	x	x	x	x

NPS MedicineWise web content is currently developed to comply with AA accessibility standards. An audit of 'old' content was conducted in 2017 to identify resources that do not comply. Since this time, some resources have been updated and made accessible where required, however another audit is required.

Maximise teachable moments

Being diagnosed with a chronic condition can feel stressful and overwhelming, affecting the ability of individuals and their families to be able to retain, process and act on information.

Ideally, consumers develop key concepts and skills before diagnosed with a chronic condition.

There are some key times in people's lives when they may be more receptive to learning about medicines and medical tests such as:

- Key life events (e.g. school, starting contraception, moving out of home, migrating to Australia, during pregnancy)
- Learning critical skills as an adult (e.g. how to use a computer, English lessons for migrants).

Planned Approach

Table 2: Activities to raise individual health literacy in the short, medium and long term

Work plans	Activities/ options	Short term	Medium term	Long term
Therapeutic Topics*	<ul style="list-style-type: none"> – Ensure health literacy is identified as an objective with KPIs defined – Establish gaps in health literacy as it relates to each therapeutic topic – Develop a framework for selecting interventions – Incorporate the needs of diverse communities including Aboriginal and Torres Strait Islanders and CALD communities – Link innovative interventions to <i>Program and Product Innovation project</i> – Enhance health literacy messages and techniques within Health Professional products and interventions – Evaluate impact on health literacy 		✓	
Choosing Wisely*	<ul style="list-style-type: none"> – Promotion of CW 5 questions through therapeutic topics, social media and other channels – Audit of consumer resources for plain language and AA accessibility – Adapt or develop resources for a broader Australian population (such as 5 questions for lower literacy, Aboriginal and Torres Strait Islander audiences) 		✓	

	– Ongoing support of PHN to integrate CW principles and resources and to engage additional PHNs		✓
Digital content/ Digital platform & comms	– Audit 'live' and pre-existing content and resources, to assess plain language and AA accessibility	✓	
	– Develop content strategy based on findings of the National Consumer Survey and CHF Health Literacy Segmentation research		
	– Expand range of resources and content for broader Australian population (e.g. CALD communities, Aboriginal and Torres Strait Islanders and people with disabilities)		✓
	– Design education resources for curriculum and critical skills		✓
Phone Lines	– Review data collection requirements to assess reach and diversity of callers		
	– Extend reach to a broader Australian population (e.g. CALD communities, Aboriginal and Torres Strait Islanders and people with disabilities)	✓	
	– Expand use of interpreting services (e.g. TIS and National Relay Service)		

*all short-term activities have been built into workplans for 2021-22

BUILDING A HEALTH LITERATE ORGANISATION

Health literacy is commonly defined as an individual trait, there is a growing appreciation that health literacy does not depend on the skills of individuals alone.

According to the Institute of Medicine of the National Academies there are [10 attributes that exemplify](#) a health literate health care organisation. They are organisations that:

1. Has leadership to make health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services. Consumer Engagement
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly costs and out of pocket expenses.

Establish NPS MedicineWise as a health literate organisation

As the national stewards for QUM, NPS MedicineWise will demonstrate best practise in the development of consumer resources, aimed at building the health literacy levels of Australians.

To establish our current responsiveness, strengths and limitations it is recommended that Consumer Engagement Champions conduct an assessment to establish how well the organisation supports consumers and the broader community to fully access and engage with our services and programs.

Some existing self-assessment tools are available including:

- [The Organisational Health Literacy Responsiveness \(Org-HLR\) Self-Assessment Guide](#) by University of Deakin & Ophelia Victoria
- [Make it easy: A Handbook for Becoming a Health Literate Organisation](#) by Inner North West Primary Care Partnership & Health West Partnership

Following the self-assessment, an action plan will be developed, however it is assumed that these will be centred around the following areas of priority.

Enhance consumer engagement activities by utilising a consumer-centred approach and consumer co-design

Consumer engagement is a crucial component in the planning, design, implementation and evaluation of initiatives to improve the quality use of medicines, lower medicine misuse and build health literacy.

NPS recently developed the [Consumer Engagement Framework](#). The implementation of this framework across the organisation continues. Since the framework has been in place (approx 12 months), the number of consumers involved in our work continues to grow.

Consumers have been involved in governance (CAG and other advisory groups), planning (through topic selection processes) and systematically involved in many of our projects. While NPS MedicineWise has made a good start, there is more work to do.

The majority of our work with consumers has been at the 'involve' level of the Engagement Spectrum. The aim is to identify some key projects where consumers can be engaged at a higher level so that they can have greater influence and impact.

THE ENGAGEMENT SPECTRUM



Figure 3: Engagement Spectrum, Health Consumers Queensland. [Consumer and Community Engagement Framework](#)

Access consumers with greater diversity

Our society is more diverse than ever and NPS MedicineWise respects diversity in all its forms. We are committed to reflecting the same diversity in our consumer engagement activities, those who access and receive our programs and services as well as our workforce.

Diversity is about what makes a person unique and different and includes identity, life experience and beliefs. At the same time, it is about the shared characteristics and values that connect a person to groups and communities. Many of these characteristics are shown in the diversity wheel below.



Figure 4: Diversity Wheel

The importance of involving consumers with greater diversity should not to be underestimated, when you consider that:

- nearly half of Australians have either been born overseas or one or both parents had been born overseas (ABS 2016)
- there are currently 2.65 million unpaid carers in Australia (Carers Australia)
- one in two Australians have a chronic disease and one in five have multiple conditions (AIHW 2020)
- every night, more than 116,000 people in Australia experience homelessness (Mission Australia)
- more than 4 million people in Australia have disability (AIHW 2020)
- nearly 30% of the population live outside major cities (AIHW 2019)
- almost one household in four is a lone person household (ABS 2016)
- 2 million low income households, with the average disposable income of \$558 per week (ABS 2019)

Drive Cultural Competence

Poorly designed services and products mean that CALD Australians may be prevented from accessing opportunities available to many other Australians because:

- individuals or communities do not know that the service exists or is available to them
- products and services do not consider needs of consumers with limited English proficiency
- products and services do not consider cultural needs
- products and services do not consider the needs of consumers with low digital proficiency or who cannot access digital services
- insufficient consideration is given to how the migration experience impacts CALD consumers (for example: a lack of trust of authority creating barriers to access; or difficulties for migrants in meeting documentation requirements meaning delayed or no access to services).

The aim of driving cultural competence is to support the development of products and services that meet the needs of a diverse consumer base.

The Federation of Ethnic Communities' Council of Australia (FECCA) report, [Cultural Competence in Australia: A Guide](#) 2019 recommends building organisational cultural competence through:

- Increasing diversity in the workforce
- Cultural competence training
- Integrate cultural diversity within consumer engagement activities

Increase diversity in the workforce

The diversity of the Australian population is not reflected in Australian organisations. Research demonstrates that culturally and linguistically diverse (CALD) Australians experience many barriers, including racism and discrimination, in recruitment and promotion. For example, candidates with names linked to specific ethnicities need to apply for considerably more job vacancies before being short-listed for an interview. (Booth A L, 2012)

Currently NPS MedicineWise does not record or report on the diversity of its staff. It is recommended that this information is recorded, monitored and take action to build diversity within workforce (where necessary), so that it reflects the general Australian population demographics.

Cultural Competency Training

Cultural competency training is essential to improve the knowledge, awareness, skills and behaviour of employees to better understand and respond to the diverse needs and choices of Australians. Training often includes the following elements:

- creating awareness of one’s own cultural worldview, stereotypes and bias
- deepening knowledge of different cultural practices and views
- awareness and understanding that cultural and linguistic differences may impact on communication
- understanding why and how communication and behaviours should be adapted in different cross-cultural situations
- how to work effectively, and respectfully with people of different cultural and linguistic backgrounds
- highlighting the benefits of diversity, whether in the workplace or society more broadly

Currently, NPS MedicineWise offers all staff formal Aboriginal and Torres Strait Islander Cultural Competency training. It is recommended that all staff increase their cultural competence through formal and informal activities.

Integrate cultural diversity within consumer engagement activities

FECCA’s research, consultations and other work on access, equity and inclusion, shows that service provision across government, for-profit and community sectors is not resulting in equitable outcomes for Australian consumers who identify as culturally and linguistically diverse (CALD).

The [Consumer Engagement Framework](#) identifies Diversity as one of the key principles. The aim is for NPS MedicineWise to involve consumers from as diverse backgrounds as possible, including Aboriginal and Torres Strait Islanders and those from CALD communities. Some actions to work towards this goal have already been identified within the [Consumer Engagement Implementation Plan](#), such as the Consumer Representative Mentoring Program.

It is recommended that further development of our partnership with FECCA, NACCHO, CHF, other community groups and condition specific groups can help to identify and build a network of diverse consumers to work with us.

Planned Approach

Table 3: Activities to build organisational health literacy in the short, medium and long term

Work plans	Activities/ options	Short term	Medium term	Long term
Topic Selection*	Survey of key Aboriginal and Torres Strait Islander and CALD community groups to identify areas of priority and interest	✓		
Therapeutic Topics*	NACCHO to promote and support consumer engagement opportunities within Therapeutic Topics	✓		
Consumer Engagement*	Work with CHF, other community organisations and condition specific organisations to broaden access to greater diversity of consumers participating in engagement activities Broaden the range of community groups that NPS MedicineWise has a relationship with to access grass roots consumers	✓		

	Assess cultural competency of staff and provide training as required (with priority provided to staff working directly with consumers, Consumer Engagement Champions, Board and Advisory Group members)		✓
Other*	Build consumer engagement into workplan templates	✓	
	Measure and report cultural diversity of staff	_____	
	Increase diversity in the workforce (where necessary)		✓

*all short-term activities have been built into workplans for 2021-22

BUILDING A HEALTH LITERATE HEALTHCARE SYSTEM

Partner with external stakeholders for collective impact

Health literacy is often thought of as the product of an individual's capacity, however it is also greatly impacted by the demands and complexities of the health care system.

Significant social challenges, such as building low health literacy, requires commitment from a range of stakeholders across the health sector (and from different sectors) to work together in a coordinated way.

Develop a coordinated strategy to address health literacy

NPS MedicineWise will work in collaboration with a range of key stakeholders, including the peak organisations that represent consumers from the identified higher risk populations segments (e.g. NACCHO, FECCA, COTA) and health professional peak bodies stakeholders (e.g. ACSQHC, PHNs, PSA, RACGP etc) to:

- identify common priorities
- develop a strategic and coordinated approach to address health literacy
- establish a formal agreement between all relevant parties.

Primary Health Network Health Literacy Support

Primary Health Networks (PHNs) are independent organisations, located throughout Australia that:

- Commission health services to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care.
- Provide practice support, working closely with general practitioners (GPs) and other health professionals to build health workforce capacity and the delivery of high-quality care.
- Work collaboratively within their regions to integrate health services at the local level to create a better experience for patients, encourage better use of health resources, and eliminate service duplication.

Many PHNs actively aim to increase health literacy within their communities, delivering a range of initiatives, quality improvement programs and services.

Recent discussions with a small group of PHNs has identified a desire for a coordinated approach to raising health literacy in partnership with NPS MedicineWise and CHF.

As a result, a proposal has been developed for Department of Health approval for the first phase of this project – to explore the skills and capabilities of PHNs to build community health literacy. This information will be used to inform the scope and type of additional support provided.

See [Primary Health Network Health Literacy proposal](#) for more details

Compare patient activation and health literacy levels

Patient activation describes to what extent patients engage in their healthcare, self-manage and demonstrate action-oriented behaviours.

The [Patient Activation Measure](#) (PAM) reliably predicts future ER visits, hospital admissions and readmissions, medication adherence and more. A survey results in a 100-point, quantifiable scale to gain a greater understanding of activation within a nationally representative consumer sample and

The survey assesses a person's underlying knowledge, skills and confidence integral to managing his or her own health and healthcare and segments individuals into one of four activation levels. Each level provides insight into an extensive array of health-related characteristics, including attitudes, motivators, and behaviours. Individuals in the lowest activation level do not yet understand the importance of their role in managing their own health and have significant knowledge gaps and limited self-management skills. Individuals in the highest activation level are proactive with their health, have developed strong self-management skills, and are resilient in times of stress or change.

There are clear links between patient activation and health literacy. To determine the extent to which they overlap or influence each other, a survey of consumers is recommended.

Qualitative evaluation with seldom heard audiences

Although the National Consumer Survey is the best method for capturing data on consumer awareness of quality use of medicines (QUM) and health literacy (HL) at a national level, this method is limited in assessing the QUM and HL gaps and issues faced by consumers at high risk of low digital inclusion (as per the Digital Inclusion Index), or those with no or low access to a computer or the internet. These consumers include; new migrants, people with a disability, the elderly, those on low incomes or in remote locations and those at risk of homelessness.

Conducting semi-structured interviews with consumers with low digital inclusion will assist to identify awareness of QUM and HL among these groups, and where and how NPS MedicineWise may address the gap in QUM information for this seldom heard audience.

Central Repository for consumer resources

The CHF Consumer Health Literacy Segmentation and Activation Research Report recommends exploration of the opportunity to develop a national clearing house on health literacy and QUM initiatives, including relevant information, resources, tools, and research and evaluation findings.

Feedback from general practitioners suggests they are often unaware of NPS MedicineWise resources for consumers. Some NPS MedicineWise consumer resources are integrated into clinical software (e.g. Medical Director, Best Practice, Med Tech 32 and Genie), although some software providers have a cap on the number of resources that are available and some require an annual fee. Usage of resources via clinical software is largely unknown due to the highly inaccurate monitoring methods.

The aim of a central repository is to make it easier for consumers and health professionals to find and understand information about medicines and medical tests, aid communication between patients and health professionals and build health literacy as it relates to QUM. It may also contain information aimed at key stakeholders (e.g. PHNs).

There are range of existing repositories such as [HealthInfoNet](#) and [Health Translations](#) (for specific community groups), [Health Literacy Hub](#) (focused on health literacy), Health Pathways (for service providers) and via peak bodies (relating to specific health conditions).

This repository can link to tools and resources developed by NPS MedicineWise as well as those developed by others (reducing duplication and expanding the reach of existing resources). It will make it easier to manage version control, ensuring the latest, up to date resources are available to consumers, health professionals and stakeholders.

Planned Approach

Table 4: Activities to build a health literate healthcare system in the short, medium and long term

Work plans	Activities/ options	Short term	Medium term	Long term
Consumer Engagement	Primary Health Network Health Literacy proposal	✓		
	Explore stakeholders' interest and ability to build health literacy			
	Qualitative evaluation with seldom heard audiences			
	Compare patient activation and health literacy levels		✓	
Digital content	Central repository for consumer resources – exploratory work on opportunities, scope and challenges		✓	
Choosing Wisely	Audit consumer engagement activities of CW Champion Health Services and identify needs and opportunities.	✓		
	Dependent on needs and opportunities, develop resources/network to support consumer engagement/health literacy activities within Champion Health Services.		✓	