

## POSTER ABSTRACT

### Using HealthPathways to create localised health literacy content for consumers: review of implementation and evaluation.

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**Introduction:** HealthPathways provides localised clinical and service information to general practices and has limited provision of patient information leaflets (PILs). Current PILs are usually not available in relevant community languages, and rarely provide information on local health services.

**Short description of practice change implemented:** South Western Sydney Primary Health Network (SWSPHN) developed localised PILs by converting HealthPathways clinical information into health literacy resources. All PILs are reviewed by a local GP and the SWSPHN Community Advisory Committee and are available in English and a range of community languages in both print and audio formats.

**Aim and theory of change:** The aim was to develop health literacy tools for consumers and a clinical support tool for general practices. The PILs are focused on empowering patients to be active participants in their care and to support a working relationship with their GP. By using HealthPathways content, it ensured that the PIL content was clinically consistent with the content for GPs.

**Targeted population and stakeholders:** The targeted population is health consumers in south western Sydney, a region with a diverse cultural composition. The target stakeholders were general practices promoting and using the PILs with their patients as well as local community groups and councils.

**Timeline:** The project commenced in 2017 and is ongoing with 182 factsheets now available. A three-stage evaluation has commenced with stage one completed.

**Highlights** (innovation, Impact and outcomes): SWSPHN is the first HealthPathways program to use HealthPathways content to develop PILs as a cost-effective method to develop localised health literacy information.

Stage 1 of PIL evaluation is complete. Compared to PILs provided by the industry leaders, HRD PILs were easier to understand (average Flesh-Kincaid Reading Ease score was 18 points higher (out of 100) and required a lower reading grade level by 3 years) and better met health literacy and accessibility standards.

**Comments on sustainability:** The sustainability of this program is high as it has proven to be a cost-effective solution for developing health literacy resources and builds upon the investment SWSPHN has already made into HealthPathways. Additionally, it ensures quality control for the PILs as these are reviewed as part of the clinical pathway review cycle.

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**Comments on transferability:** Feasibility and amenability have been explored by other HealthPathways regions exploring how this system can be adopted elsewhere, including potential cost-sharing models.

**Conclusions** (comprising key findings): SWSPHN identified a cost-effective method of developing high quality PILs that provide local service information and content that is clinically consistent with HealthPathways. Utilising quality control measures has ensured readability and accessibility of these health literacy resources which surpasses comparable PILs from the industry leaders.

**Discussions:** Further evaluation regarding the PILs is needed to evaluate GP and consumer experience in their use, as well as the exploration of developing cultural-specific resources.

**Lessons learned:** Implementing a clear PIL development process and outsourcing components to experts (e.g. graphic design, etc.) resulted in faster development and overall reduced costs without a compromise in quality.