

The Ophelia Approach to optimising health literacy

The Ophelia Approach is a system that supports the identification of community health literacy needs, and the development and testing of potential solutions. It allows easy application of evidence-based health promotion approaches to the field of health literacy.

The Ophelia Approach¹ involves the collaboration of a wide range of community members, community leaders, and workers to develop health literacy interventions that are based on needs identified within a community. Each Ophelia project seeks to improve health and equity by increasing the availability and accessibility of health information and services in locally-appropriate ways.

Ophelia means

Optimizing

Health

Literacy and

Access to health
information and services

Key resources:

Batterham RW, Buchbinder R, Beauchamp A, Dodson S, Elsworth GR and Osborne RH. The OPTimising HEalth LIterAcy (Ophelia) process: study protocol for using health literacy profiling and community engagement to create and implement health reform. BMC Public Health 2014, 14:694

Link: <http://www.biomedcentral.com/1471-2458/14/694>

The Ophelia Principles

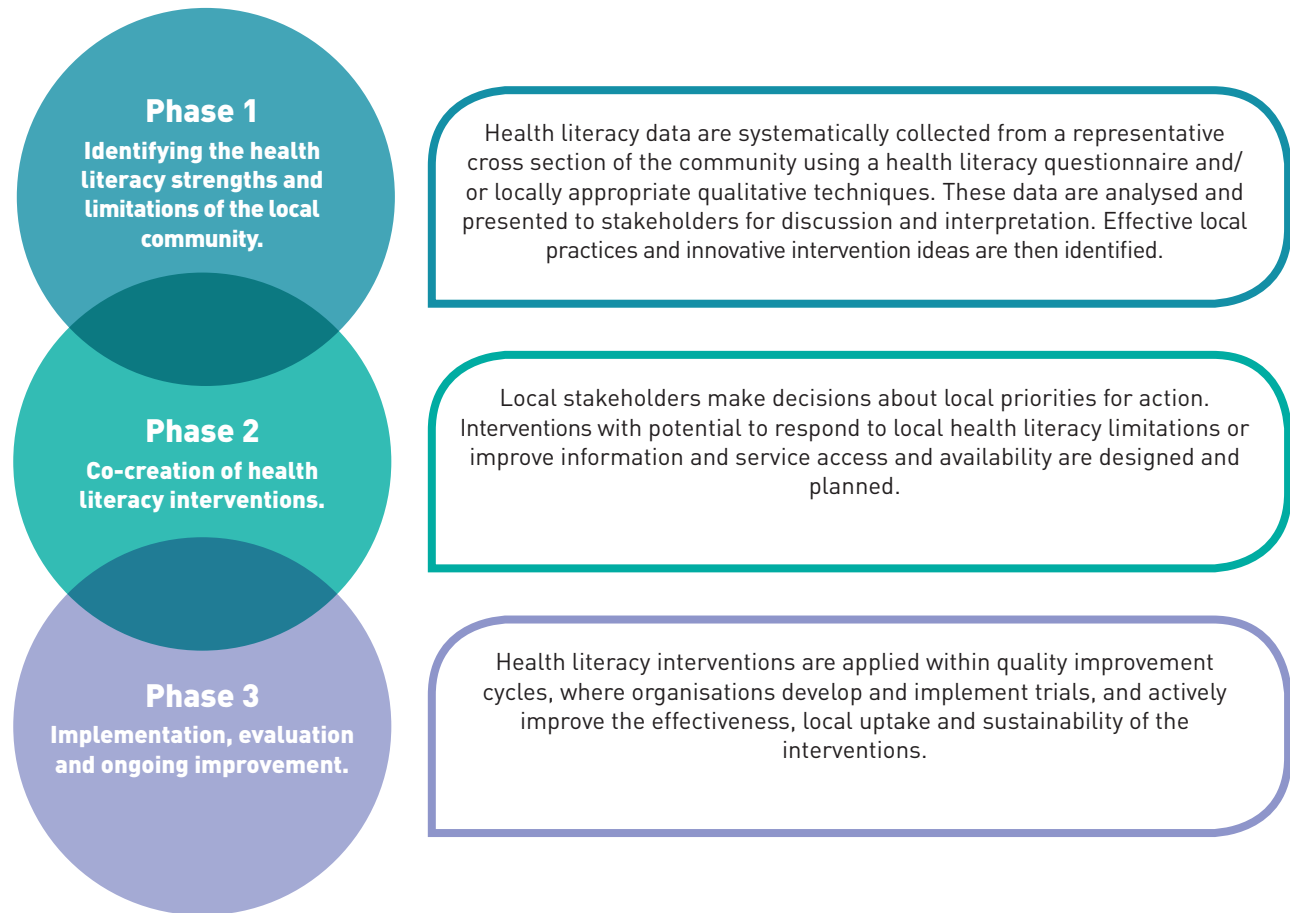
The Ophelia principles guide Ophelia projects and ensure that, at each phase, the potential to improve health and equity through health literacy responses is optimised.

Ophelia projects must:

- 1 Focus on improving health and wellbeing **outcomes**
- 2 Focus on increasing **equity** in health outcomes and access to services for people with varying health literacy needs
- 3 Prioritise **local wisdom, culture and systems**
- 4 Respond to **locally-identified health literacy needs**
- 5 Respond to the **variable and changing health literacy needs** of individuals and communities
- 6 Engage all relevant stakeholders in the **co-creation** and implementation of solutions
- 7 Focus on improvements at, and across, **all levels of the health system**
- 8 Focus on achieving **sustained improvements** through changes to environments, practice, culture and policy

The Ophelia Phases: 1 to 3

Each phase of the Ophelia process is drawn from three well-established methodological approaches: intervention mapping¹⁻⁵, quality improvement collaboratives^{1,6-11}, and realist synthesis^{1,11-17}. Tools and resources have been developed to support implementation of each phase.



References

1. Batterham RW, Buchbinder R, Beauchamp A, Dodson S, Elsworth GR and Osborne RH. The OPTimising HEalth LIterAcY (Ophelia) process: study protocol for using health literacy profiling and community engagement to create and implement health reform. *BMC Public Health*. 2014;14:694.
2. Bartholomew LK, Parcel GS, Kok G. Intervention mapping: a process for developing theory- and evidence-based health education programs. *Health Educ Behav*. 1998;25(5):545–563.
3. Schmid AA, Andersen J, Kent T, Williams LS, Damush TM. Using intervention mapping to develop and adapt a secondary stroke prevention program in Veterans Health Administration medical centers. *Implement Sci*. 2010;5:97.
4. Bartholomew LK, Mullen PD. Five roles for using theory and evidence in the design and testing of behavior change interventions. *J Public Health Dent*. 2011;71(Suppl 1):S20–S33.
5. Wolfers ME, van den Hoek C, Brug J, de Zwart O. Using Intervention Mapping to develop a programme to prevent sexually transmittable infections, including HIV, among heterosexual migrant men. *BMC Public Health*. 2007;7:141.
6. Nadeem E, Olin SS, Hill LC, Hoagwood KE, Horwitz SM. Understanding the components of quality improvement collaboratives: a systematic literature review. *Milbank Q*. 2013;91(2):354–394.
7. Hulscher ME, Schouten LM, Grol RP, Buchan H. Determinants of success of quality improvement collaboratives: what does the literature show? *BMJ Qual Saf*. 2013;22(1):19–31.
8. Schouten LM, Hulscher ME, van Everdingen JJ, Huijsman R, Grol RP. Evidence for the impact of quality improvement collaboratives: systematic review. *BMJ*. 2008;336(7659):1491–1494.
9. Godfrey MM, Andersson-Gare B, Nelson EC, Nilsson M, Ahlstrom G. Coaching interprofessional health care improvement teams: the coachee, the coach and the leader perspectives. *J Nurs Manag*. 2014;22(4):452–464.
10. Franco LM, Marquez L. Effectiveness of collaborative improvement: evidence from 27 applications in 12 less-developed and middle-income countries. *BMJ Qual Saf*. 2011;20(8):658–665.
11. Knight AW, Ford D, Audehm R, Colagiuri S, Best J. The Australian Primary Care Collaboratives Program: improving diabetes care. *BMJ Qual Saf*. 2012;21(11):956–963.
12. Greenhalgh T, Wong G, Westhorp G, Pawson R. Protocol–realist and meta-narrative evidence synthesis: evolving standards (RAMESES). *BMC Med Res Methodol*. 2011;11:115.
13. Rycroft-Malone J, McCormack B, Hutchinson AM, DeCorby K, Bucknall TK, Kent B, Schultz A, Snelgrove-Clarke E, Stetler CB, Titter M, Wallin L, Wilson V. Realist synthesis: illustrating the method for implementation research. *Implement Sci*. 2012;7:33.
14. Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist review – a new method of systematic review designed for complex policy interventions. *J Health Serv Res Policy*. 2005;10 (Suppl 1):21–34.
15. Pawson R. Evidence-based policy: a realist perspective. London. Thousand Oaks, Calif: SAGE; 2006.
16. Pawson R, Tilley N. Realistic evaluation. London. Thousand Oaks, Calif: SAGE; 1997.
17. Bhaskar R. A realist theory of science. London. New York: Routledge; 2008.

Suggested citation

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