The Ophelia Approach 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.

**Key resources:**

Link: [http://www.biomedcentral.com/1471-2458/14/694](http://www.biomedcentral.com/1471-2458/14/694)

**Ophelia means**
- Optimizing
- Health
- Literacy and
- Access to health information and services
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 mapping \(^1\text{-}^5\), quality improvement collaboratives \(^1\text{-}^6,^1\text{-}^1\text{~},\) and realist synthesis \(^1\text{-}^1\text{~},^1\text{-}^1\text{~},^1\text{-}^17\). Tools and resources have been developed to support implementation of each phase.

### Phase 1
Identifying the health literacy strengths and limitations of the local community.

Health literacy data are systematically collected from a representative cross section of the community using a health literacy questionnaire and/or locally appropriate qualitative techniques. These data are analysed and presented to stakeholders for discussion and interpretation. Effective local practices and innovative intervention ideas are then identified.

### Phase 2
Co-creation of health literacy interventions.

Local stakeholders make decisions about local priorities for action. Interventions with potential to respond to local health literacy limitations or improve information and service access and availability are designed and planned.

### Phase 3
Implementation, evaluation and ongoing improvement.

Health literacy interventions are applied within quality improvement cycles, where organisations develop and implement trials, and actively improve the effectiveness, local uptake and sustainability of the interventions.
References


Suggested citation