Digital Health Consumer Roundtable

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We acknowledge the tradition of custodianship and law of the Country on which the University of Sydney campuses stand. We pay our respects to those who have cared and continue to care for Country.

Sydney Health Literacy Lab, The University of Sydney

NSW Health Statewide Health Literacy Hub

Health literacy

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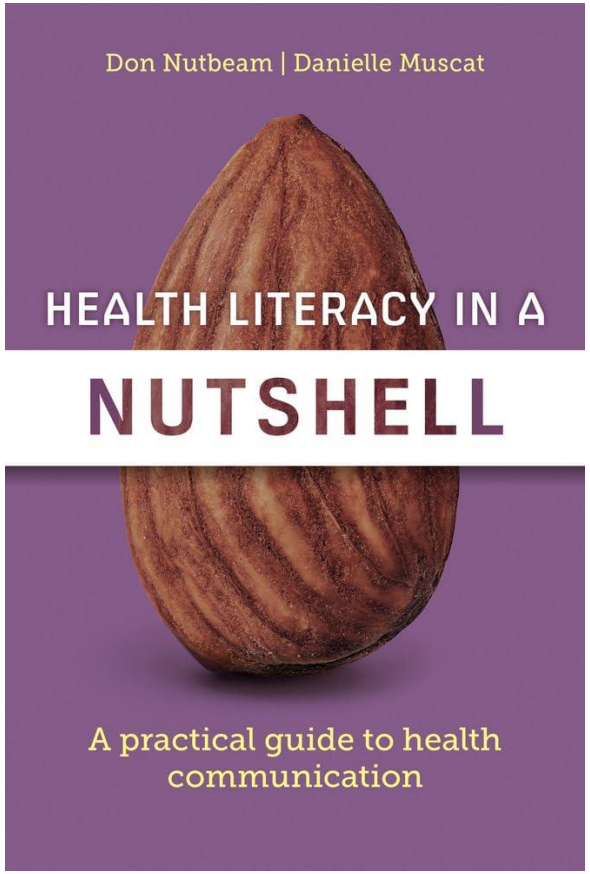
What is health literacy?

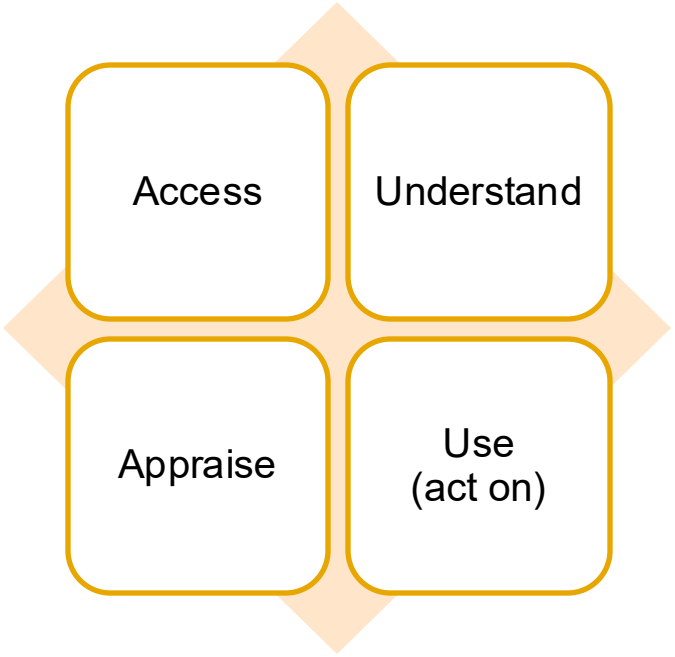
…the personal competencies and organizational structures, resources and commitment which enable people to **access, understand, appraise** and **use** information and services in ways which promote and maintain good health

(Nutbeam & Muscat 2023)

Adapted from the WHO Health Promotion Glossary
(Nutbeam & Muscat, 2021 Health Prom Int)



Health literacy – A core set of abilities



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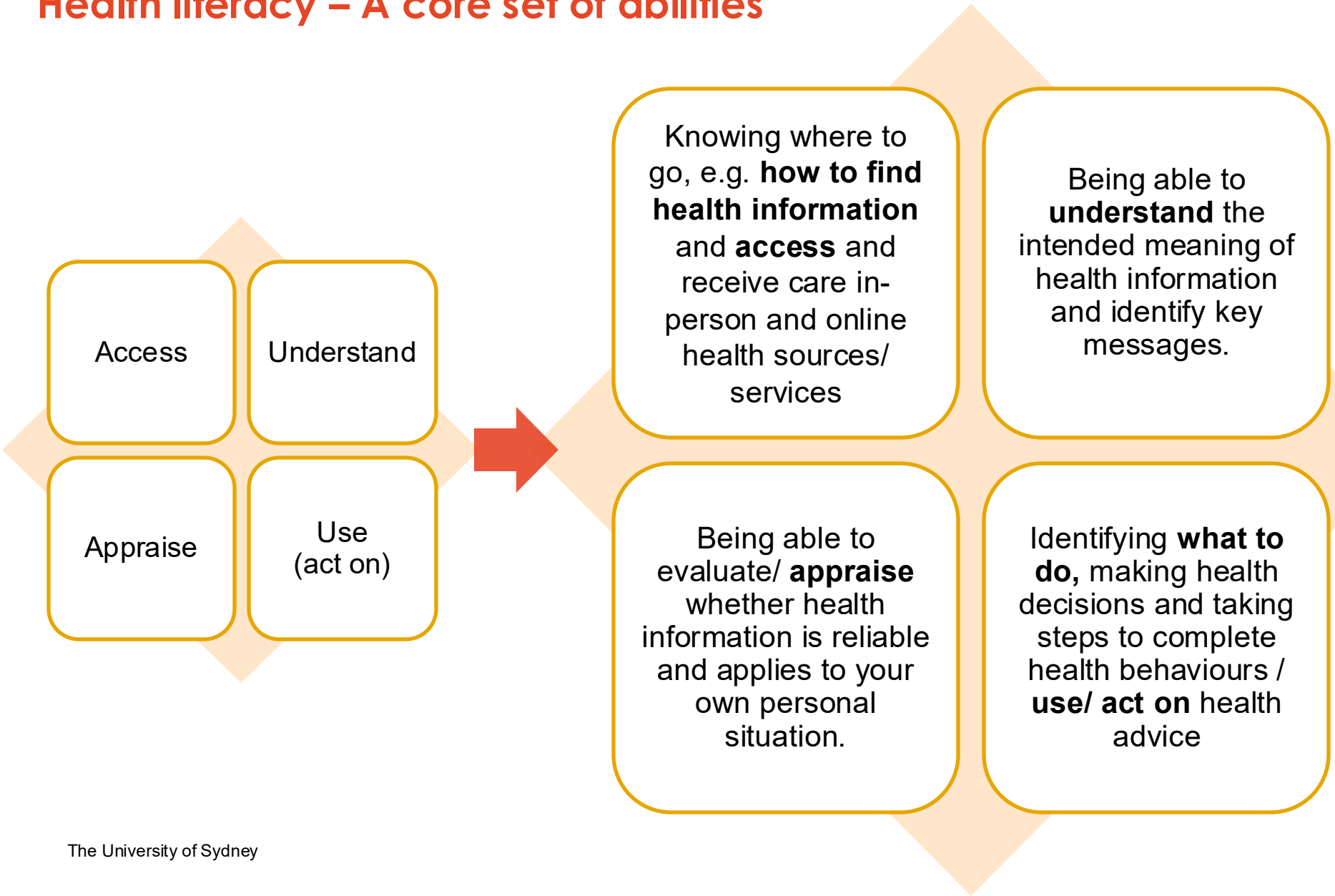

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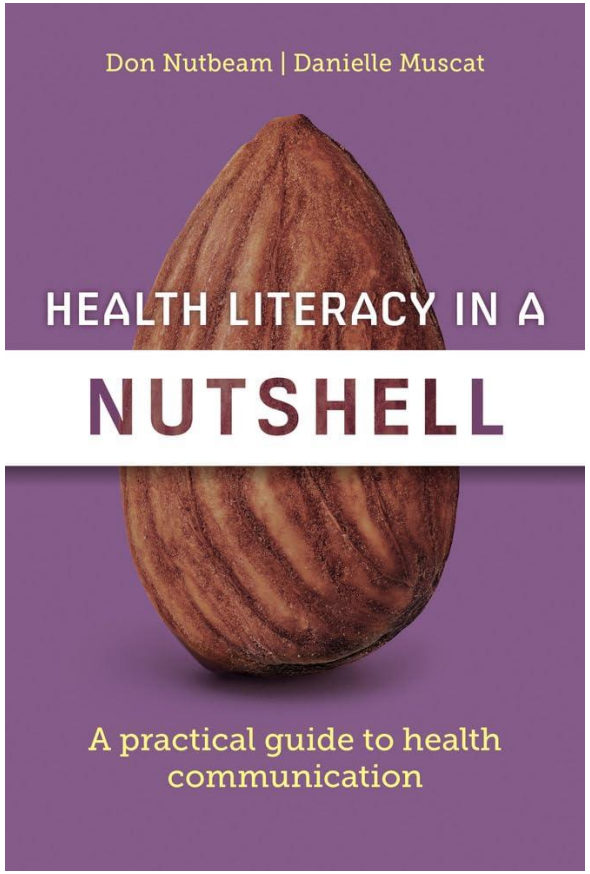


What is health literacy?

Source: Parker R, *Measuring health literacy: Why? So what? Now what?* In: Hernandez L (ed), *Measures of Health Literacy: Workshop Summary; Roundtable on Health Literacy*. 2009.

Individual health literacy

- Low health literacy is common (estimated 60% of the Australian population in 2006)
- Disproportionately affects socially-disadvantaged priority populations
- Associated with poorer health outcomes

Individual skills / ability

- Poorer overall health status and higher all-cause mortality for older people
- Higher rates of medication errors, hospital visits and emergency department use
- Less likely to take up preventive services e.g. screening and vaccination
- *Poorer prevention behaviours and higher rates of chronic disease
- *Less likely to use primary care and allied health services (e.g. GP, physio, psychologist)

Health literacy environment

- Verbal information: **Only 47%** of patients discharged from ED correctly recall verbal discharge instructions (Hoek et al 2020)
- Written information: **60-95% of written health information is too complex**.
  E.g. Of 100 COVID-19 webpages, median grade reading level was 12 (recommended level grade 8) (Mac et al 2021)
- Over 95% of Australian health websites written > grade 8 (Cheng et al 2015)
- Commercial Bias: analysis of >500 popular online health sites
  - 10% of content 'objective', 14% 'transparent'
  - 38% produced by commercial company
  - 7% of content was from health organisations
  - 10% from health professionals. (Armstrong et al 2021)

Systems demand and complexity

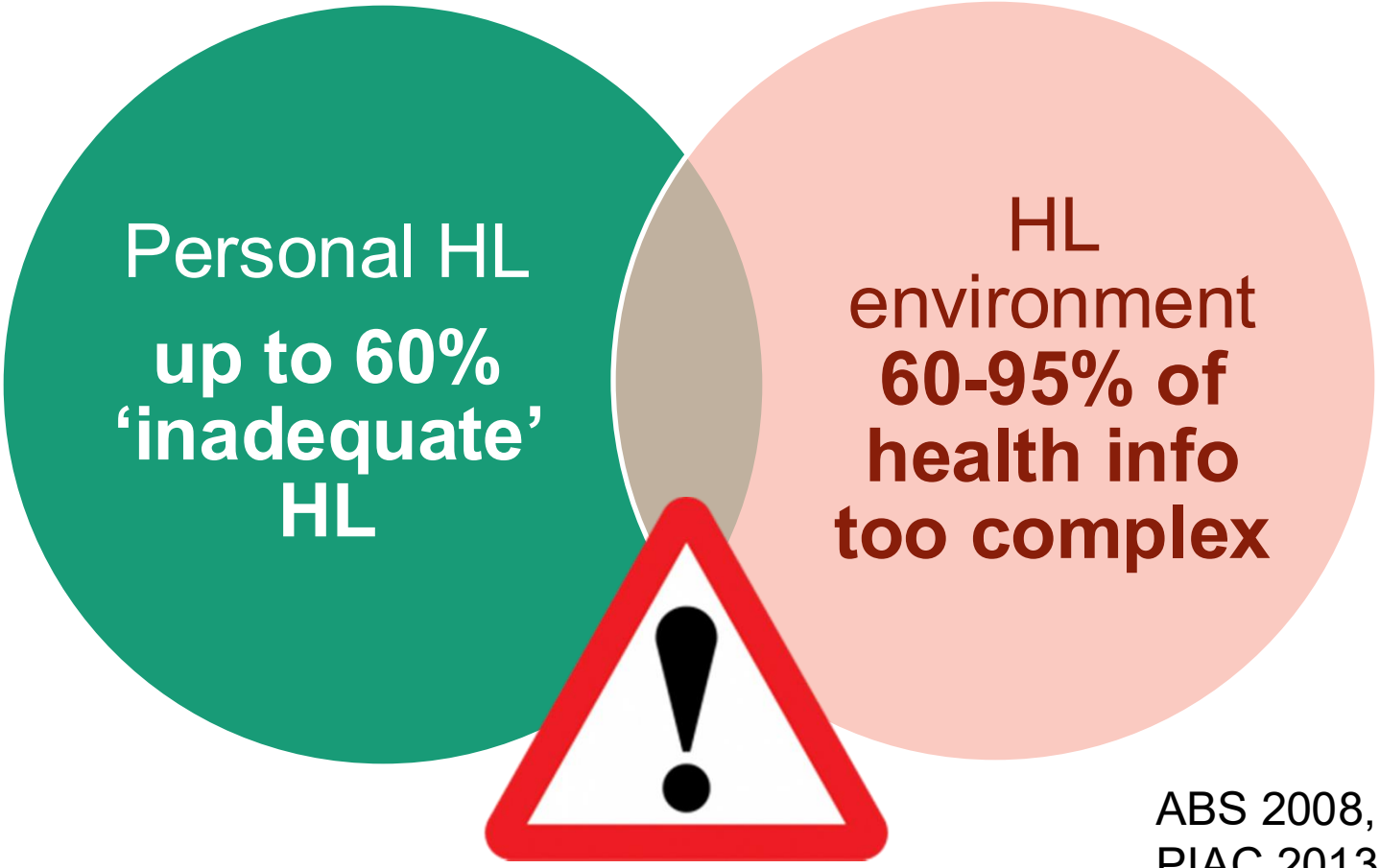
BHI Health Literacy Analysis

In the <u>one</u> month following discharge, were you readmitted to any hospital or did you go to an emergency department because of complications related to the care you received?

- After adjusting for covariates, there was a 67% (95% CI: 0.20, 0.52; p<.001) reduced odds of readmission to hospital or ED due to complications within one month of discharge for those who reported always receiving understandable information compared to those who reported never receiving understandable information.

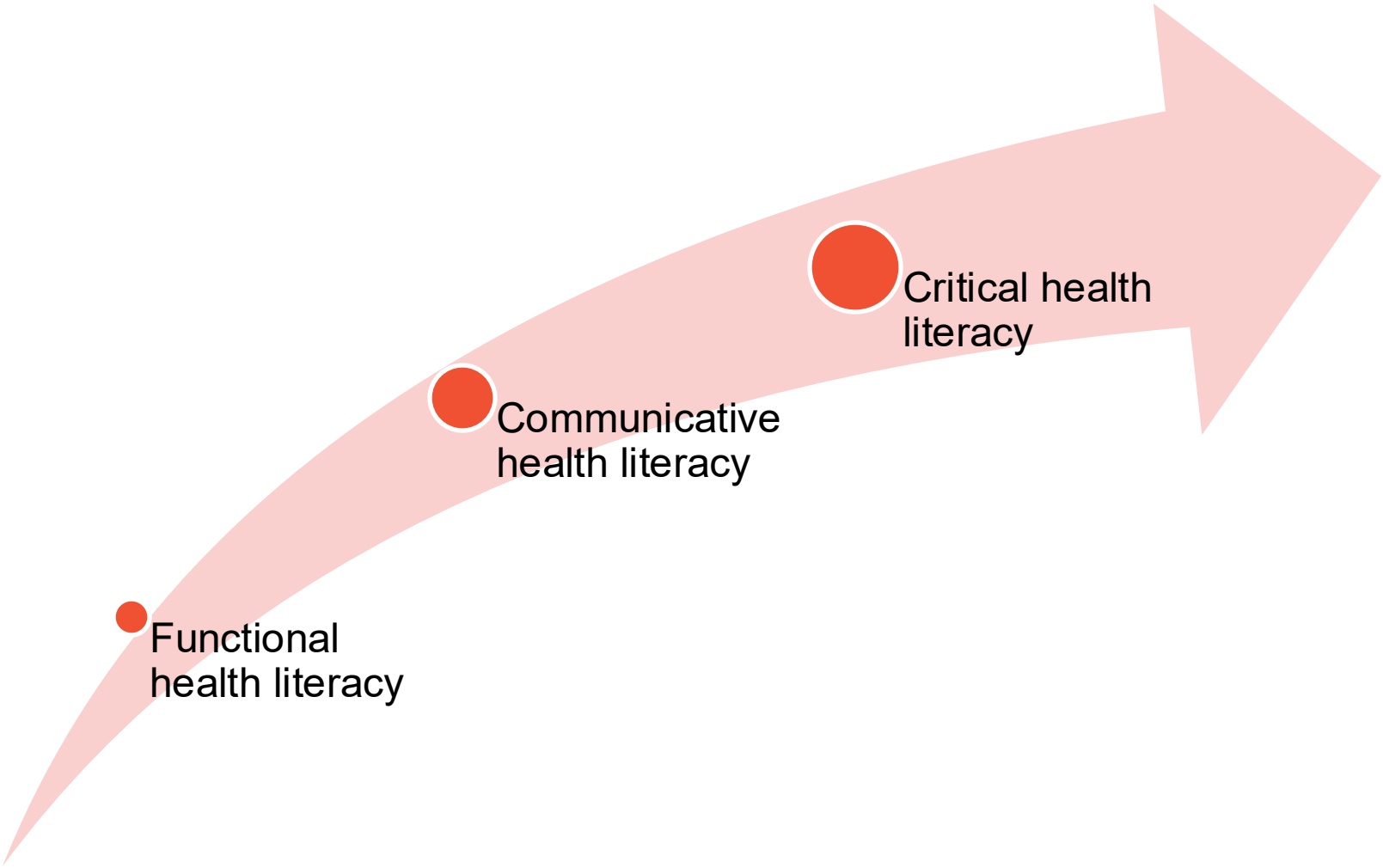
- There was a 49% (95% CI: 0.31, 0.85; p=0.009) reduced odds for those who reported sometimes receiving understandable information compared to those who reported never receiving understandable information.

Low health literacy is common + environment is too complex

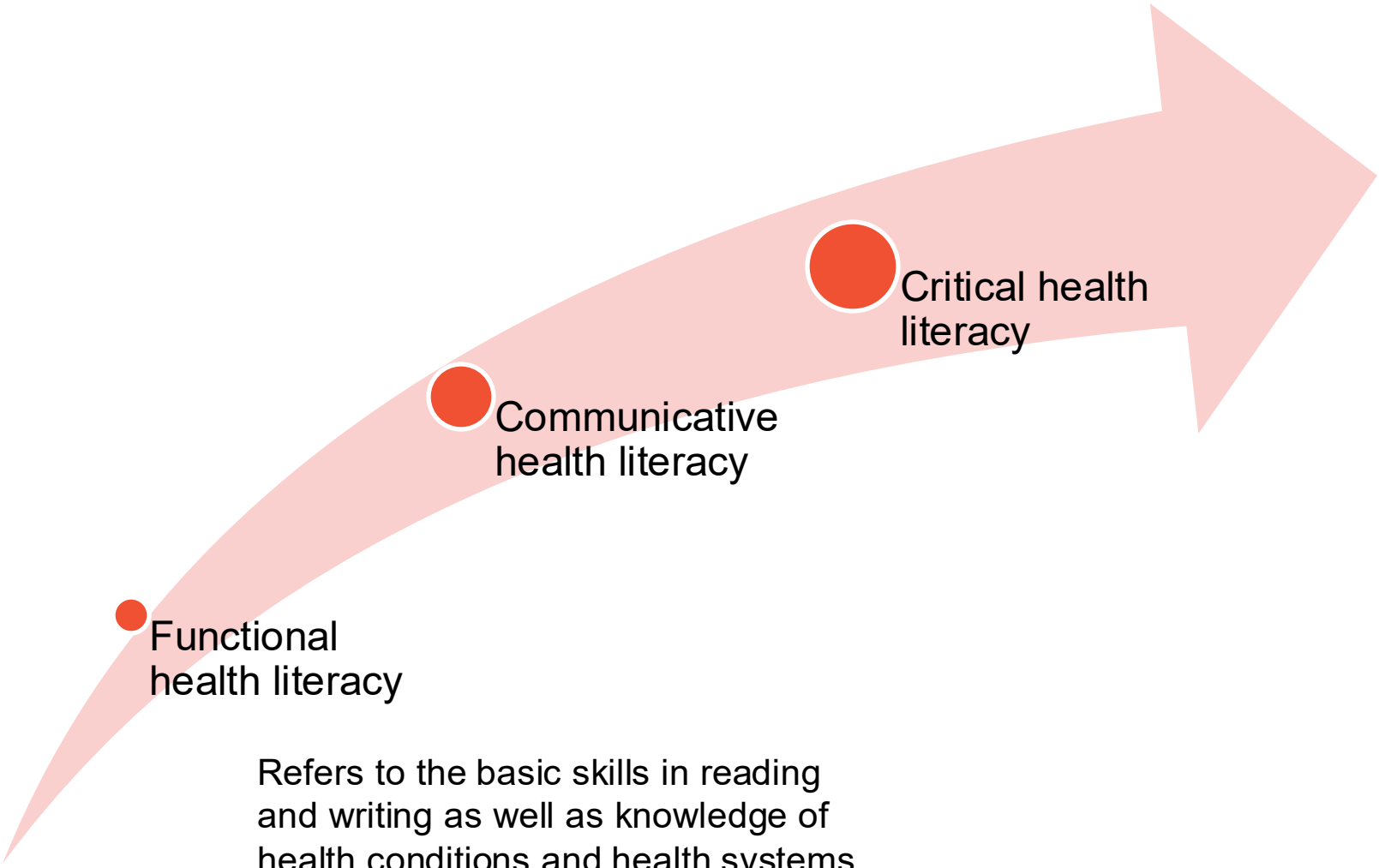


ABS 2008,
PIAC 2013

Individual health literacy

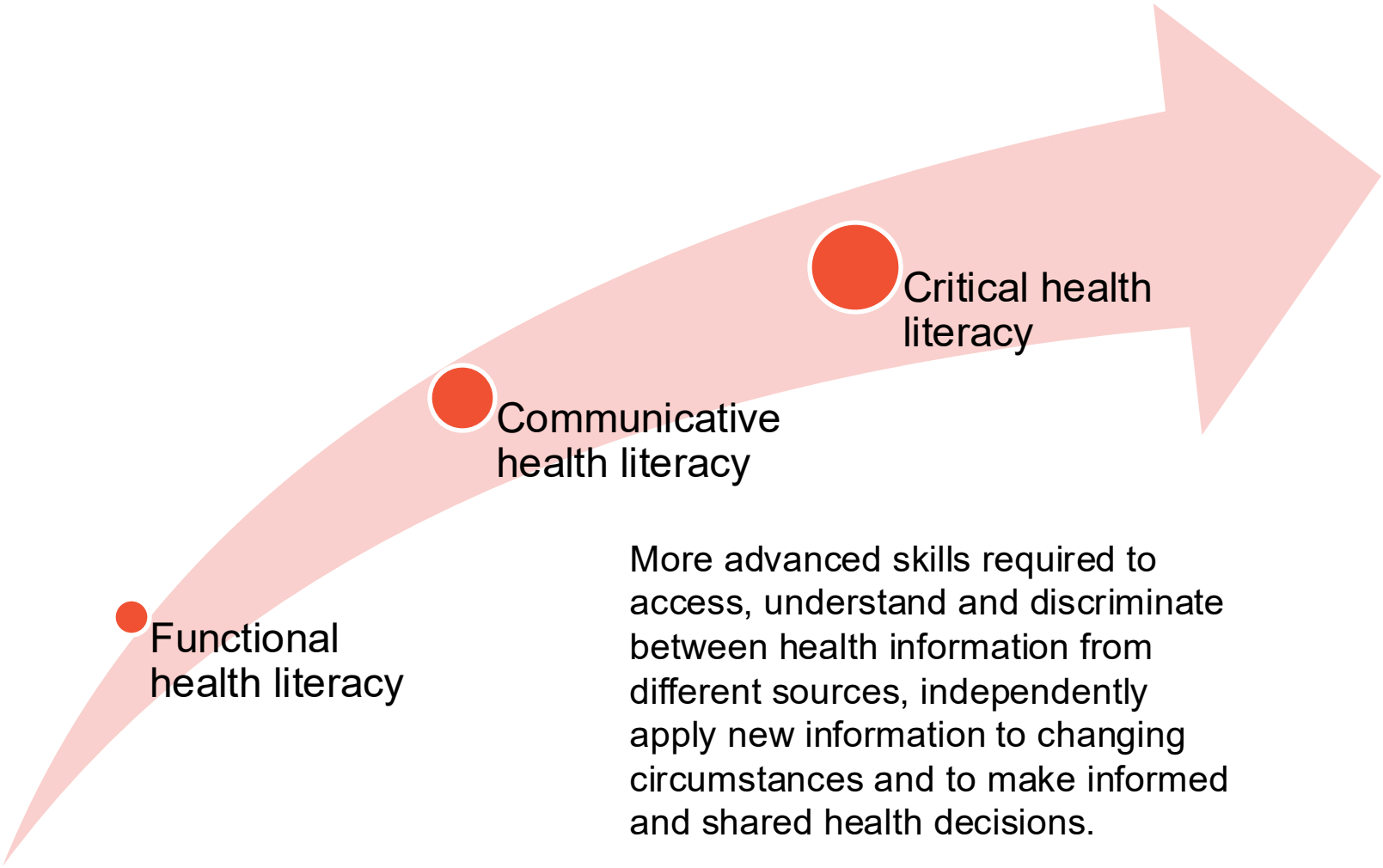


Individual health literacy



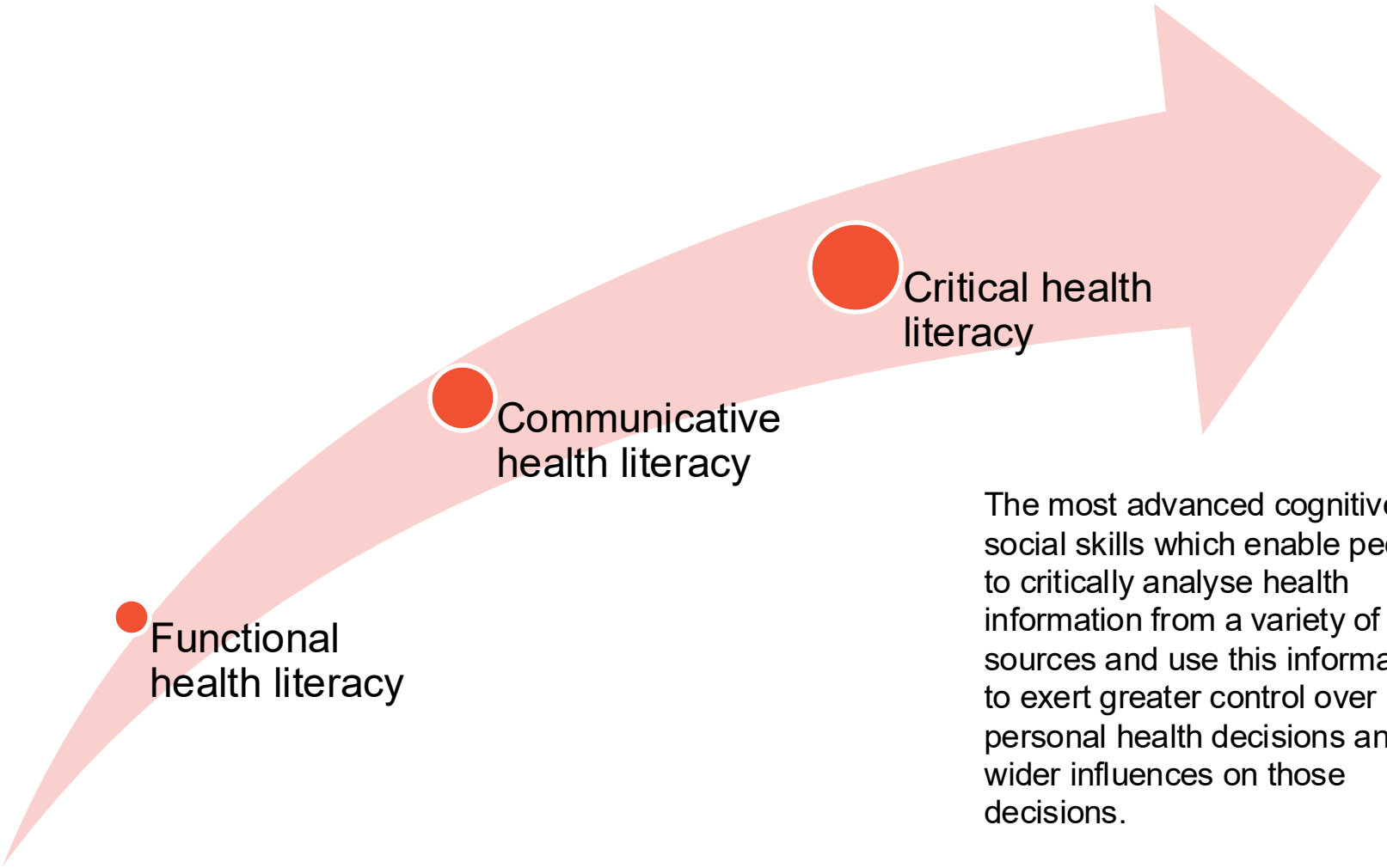
Refers to the basic skills in reading and writing as well as knowledge of health conditions and health systems needed to understand and act on health information.

Individual health literacy



More advanced skills required to access, understand and discriminate between health information from different sources, independently apply new information to changing circumstances and to make informed and shared health decisions.

Individual health literacy



The most advanced cognitive and social skills which enable people to critically analyse health information from a variety of sources and use this information to exert greater control over personal health decisions and the wider influences on those decisions.

Functional, communicative and critical health literacy

Functional, communicative and critical health literacy

Functional: being able to read the label and correctly take the medication.

Communicative: Being able to ask questions of healthcare providers and use that information to know for which conditions this medication will be effective.

Critical: Being able to assess the reliability of online information about antibiotics; understanding why antibiotics are overprescribed and advocating for change.

Digital health literacy

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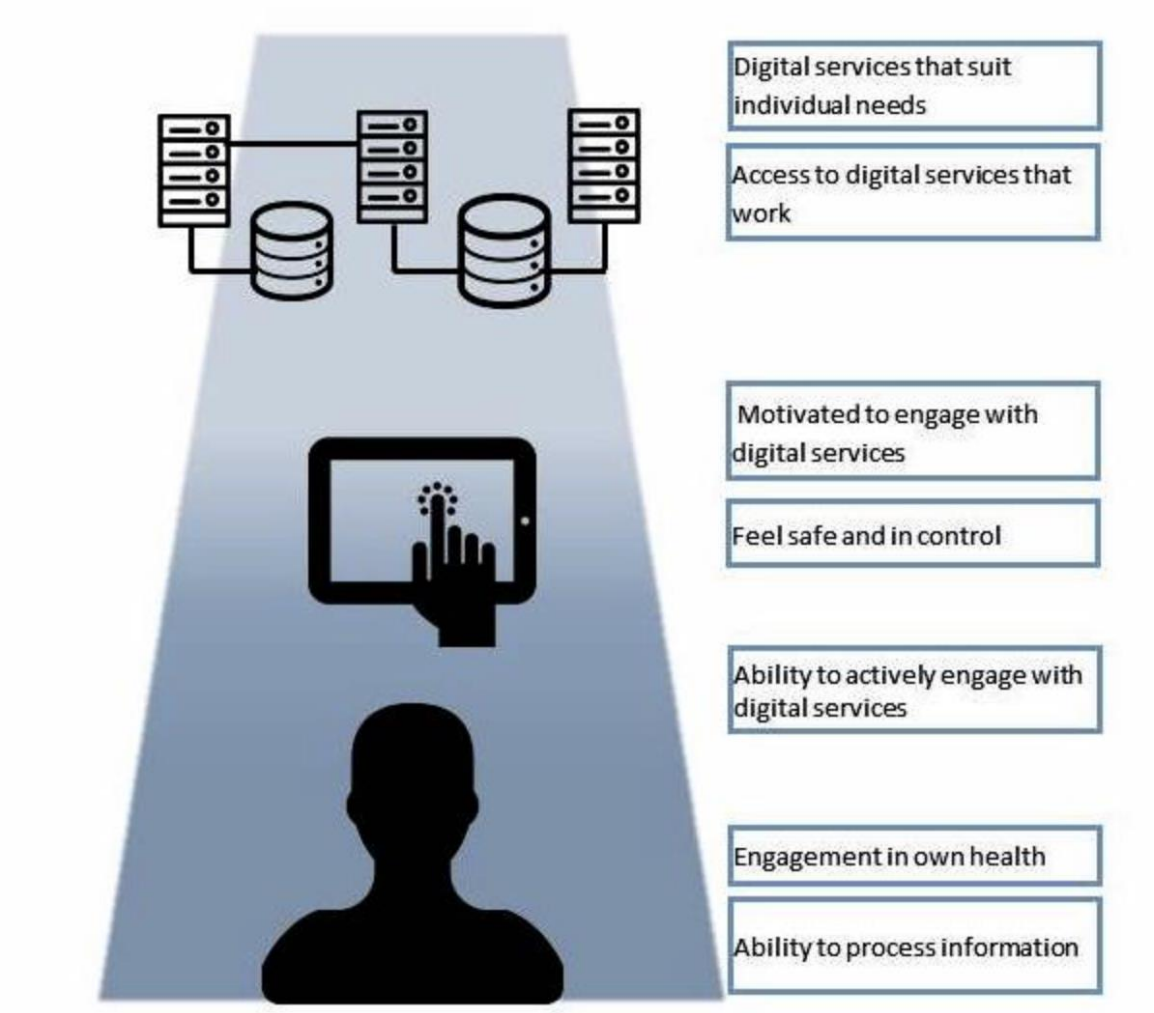
Digital health literacy

- **Digital health literacy encompasses:**
  - i) individual skills and capacities to use digital health technology; *and*
  - ii) whether the digital health environment meets community needs

Digital health literacy frameworks



The eHealth literacy framework (eHLF).

Kayser L, Karnoe A, Furstrand D, Batterham R, Christensen K, Elsworth G, Osborne R. A Multidimensional Tool Based on the eHealth Literacy Framework: Development and Initial Validity Testing of the eHealth Literacy Questionnaire (eHLQ). J Med Internet Res 2018;20(2):e36

Digital health literacy

- Poor *digital* health literacy is linked to lower health service engagement (e.g. GP visits), worse self-reported health and quality of life, lower use of electronic/online health information and poorer knowledge about health/disease.

- National data on digital ability show it is socially patterned, with lower rates among people already experiencing disadvantage (e.g. with less education/income or disabilities, living in rural or remote areas, migrants and First Nations groups).

Health literacy and EMRs

Designing using health literacy principles

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Health literacy and EMRs
Designing using health literacy principles

Health Information Management Journal
EPUB e 50, Issue 1-2, January 2021, Pages 13-25

https://doi.org/10.1177/1833358319864734

SAGE journals

Research Article

Assessing the information quality and usability of *My Health Record* within a health literacy framework: What's changed since 2016?

Louisa Walsh, BPhysio (Hons), MstratComm [1], Bronwyn Hemsley, BAppSc(Speech Path), PhD [2,3], Meredith Allan, BA, BEc [4], Maria R Dahm, MA, PhD [5], Susan Balandin, PhD [4], Andrew Georgiou, DipArts, BA, MSc, FCHSM, FACHI, FSc (Research), RCPA, PhD [5], Isabel Higgins, RN, MN, PhD [3], Shaun McCarthy, BA, LLB, Diploma Legal Practice [3], and Sophie Hill, BA (Hons), MA, PhD [1]

Health literacy and EMRs
Designing using health literacy principles

- Identify user motivations and goals
- Put the most important information first
- Describe the health behaviour – basics
- Positive tone
- Provide action steps
- Plain language
- Check content for accuracy
- Limit paragraph size (use bullets/lists)
- Meaningful headings

Health literacy and EMRs
Designing using health literacy principles

- Readable font (min 16 pixels/12 point)
- White space/avoid clutter
- Most important content above the fold
- Use links effectively
- Colour or underline to identify links
- Images to assist learning
- Appropriate contrast
- Printer friendly content
- Disability accessible

Health literacy and EMRs
Designing using health literacy principles

- Mobile content to meet user needs
- Simple and engaging homepage
- Label and organise content
- Create linear information paths
- Buttons have meaningful labels
- Clickable elements are recognisable
- Browser “back” button works
- Easy access to home and menu pages

Health literacy and EMRs
Designing using health literacy principles

- Simple search function
- Display search results clearly
- Share information through multimedia
- Intuitive interactive graphics and tools
- Tailored information
- User-friendly forms and quizzes
- Avoid registration. If unavoidable, make registration and logging in simple and obvious.
- Offer content in multiple languages

SHeLL Health Literacy Editor

Lead: Dr Julie Ayre

Gives advice on the language used in the text

Incorporates various health literacy guidelines and resources in one place

Objective, immediate feedback

Learn as you go!

https://shell.techlab.works/

Video tutorials, self-check quiz and quick-start guide:

https://sydneyhealthliteracylab.org.au/the-shell-editor/

READABILITY

Health Literacy Guidelines

Lower 'grade reading scores' mean the text is easier to understand. In Australia the target is Grade 8 reading level or lower.

Grade reading score is lower for texts with shorter words and sentences.

The SHeLL Health Literacy Editor

- uses the Simple Measure of Gobbledygook (SMOG)
- Tells user which words and sentences are 'long'
- More accurate grade reading score than other SMOG calculators (see Mac et al, 2022 JAMA Network Open)

COMPLEX LANGUAGE

Health Literacy Guidelines

- Text that uses common words are easier to understand.
- Medical jargon should be avoided where possible. If jargon is necessary, the word should be defined first.
- Health texts are likely to have some amount of complex language. Health literacy guidelines recommend minimising this where possible.

The SHeLL Health Literacy Editor

- **Thesaurus:** compiles public health thesauruses (e.g. CDC) to identify words that have simpler alternatives.
- **Uncommon words:** identified using a database of >270 million words from different English-language sources
- **Identifies acronyms**

COMPLEX LANGUAGE

For example:

The symptoms of anxiety are sometimes not all that obvious as they often develop gradually and, given that we all experience some anxiety at some points in time, it can be hard to know how much is too much.

Some general signs and symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour

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- obsessive thinking and compulsive behaviour

JAMA Network Open

Original Investigation | Public Health

October 8, 2024

Online Plain Language Tool and Health Information Quality

A Randomized Clinical Trial

Julie Ayre, PhD[1]; Carissa Bonner, PhD[1,2]; Danielle M. Muscat, PhD[1]; Erin Cvejic, PhD[1]; Olivia Mac, MPH[1]; Dana Mouwad, MHSc (Nsg)[3]; Heather L. Shepherd, PhD[4]; Parisa Aslani, PhD[5]; Adam G. Dunn, PhD[6]; Kirsten J. McCaffery, PhD[1]

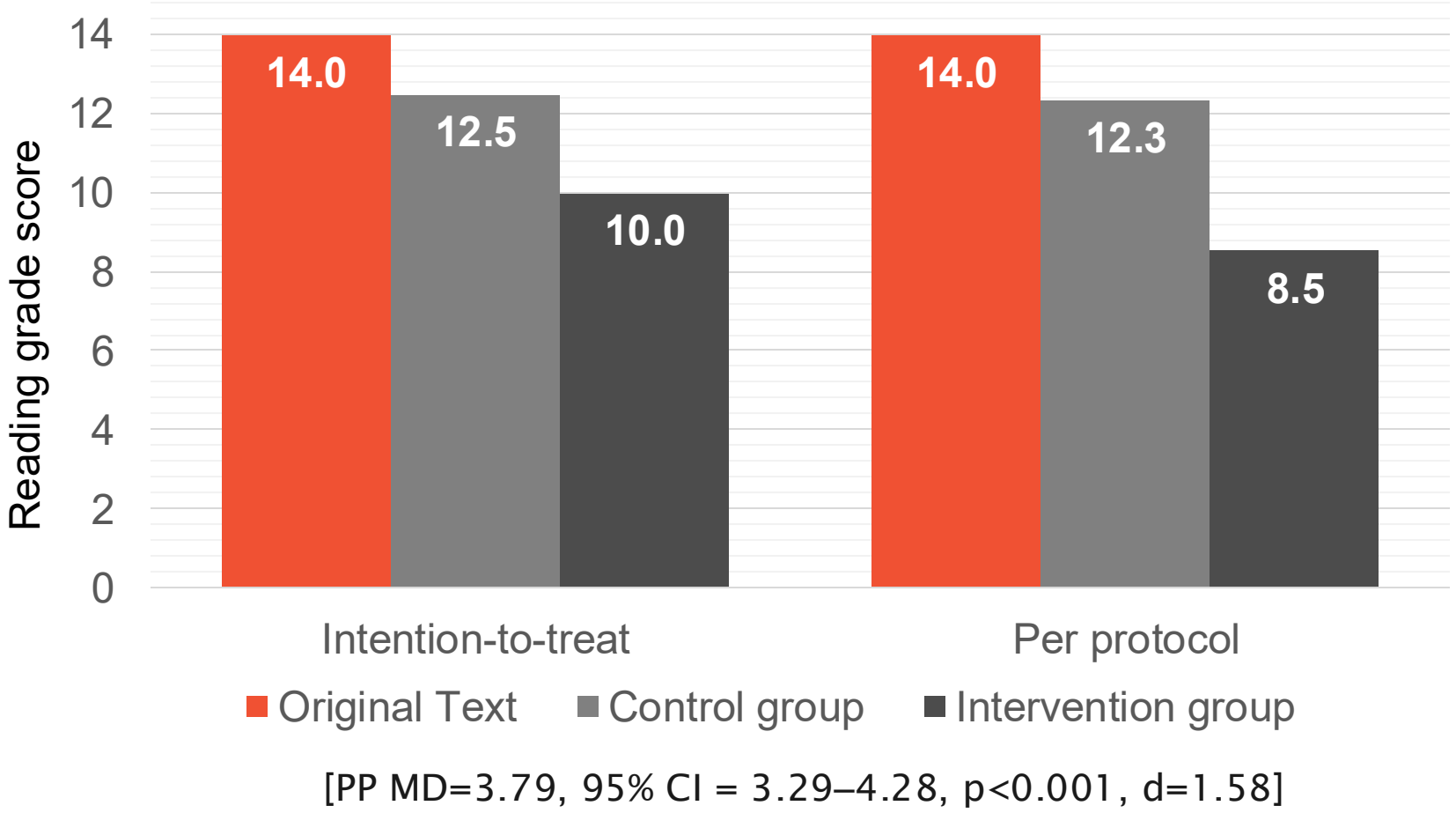
» Author Affiliations | Article Information

JAMA Netw Open. 2024;7(10):e2437955. doi:10.1001/jamanetworkopen.2024.37955

How well does the SHeLL Editor work?

- RCT (intervention vs usual processes) to evaluate the effects of SHeLL Editor on health literacy of health information
- 188 Australian health information providers
- Asked to revise 3 health texts on dementia, sciatica and cancer (approx. 40 mins)
- Primary outcome grade reading score, also looked at complex language, passive voice and PEMAT (subjective ratings).

How well does the SHeLL Editor work?



[PP MD=3.79, 95% CI = 3.29–4.28, p<0.001, d=1.58]

Ayre J, Bonner C, Muscat DM, et al. Online Plain Language Tool and Health Information Quality: A Randomized Clinical Trial. *JAMA Netw Open.* 2024;7(10):e2437955.

Research Translation

Health Literacy Lab / Hub Partnership

- NSW Health initiative
- Goal: to build and advance health literacy leadership and capacity at local and system levels from 2024-2027.
- Collaborative partnership model – which brings together NSW Health and Sydney Health Literacy Lab staff within The Hub – offers meaningful and sustained collaboration to facilitate innovation, rigorous evaluation and accelerated translation into practice.

Embedding health literacy research and best practice within a socioeconomically and culturally diverse health service: A narrative case study and revised model of co-creation

Danielle M. Muscat BPsych(Hons), PhD, Post-doctoral Research Fellow[1] |
Dana Mouwad RN, BHSc, MClin.N, Strategic Partnerships and Programs Manager[2] |
Kirsten McCaffery PhD, Professor[1] |
Dipti Zachariah MA (Intl Comm), Multicultural Health Team Leader[3] |
Lyn Tunchon RN, RM, BHSc, MHSM, Program Lead Child and Family, Integrated and Community Health[4] | Julie Ayre BLibSt(Hons), PhD, Post-doctoral Research Fellow[1] |
Don Nutbeam PhD, Professor[5]

[1]Sydney Health Literacy Lab, School of Public Health, Faculty of Medicine and Health, The University of Sydney, Sydney, New South Wales, Australia

[2]Western Sydney Local Health District, Integrated and Community Health, Health Literacy Hub, Sydney, New South Wales, Australia

[3]Western Sydney Local Health District, Integrated and Community Health, Multicultural Health, Sydney, New South Wales, Australia

[4]Western Sydney Local Health District, Integrated and Community Health, Child and Family Health, Sydney, New South Wales, Australia

[5]School of Public Health, Faculty of Medicine and Health, The University of Sydney, Sydney, New South Wales, Australia

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Email: danielle.muscat@sydney.edu.au

Funding information
Western Sydney Local Health District

Abstract

Background: Health literacy interventions and research outcomes are not routinely or systematically implemented within healthcare systems. Co-creation with stakeholders is a potential vehicle through which to accelerate and scale up the implementation of innovation from research.

Methods: This narrative case study describes an example of the application of a co-creation approach to improve health literacy in an Australian public health system that provides hospital and community health services to one million people from socioeconomically and culturally diverse backgrounds. We provide a detailed overview of the value co-creation stages and strategies used to build a practical and sustainable working relationship between a University-based academic research group and the local health district focussed on improving health literacy.

Results: Insights from our experience over a 5-year period informed the development of a revised model of co-creation. The model incorporates a practical focus on the structural enablers of co-creation, including the development of a Community of Practice, co-created strategic direction and shared management systems. The model also includes a spectrum of partnership modalities (spanning relationship-building, partnering and co-creating), acknowledging the evolving nature of research partnerships and reinforcing the flexibility and commitment required to achieve meaningful co-creation in research. Four key facilitators of health literacy co-creation are identified: (i) local champions, (ii) co-generated

Health Literacy Lab / Hub Partnership

- Development and scale-up of the ePCP – electronic Patient Communication Portal
    - Digital portal and 5-step process to facilitate the development of health-literate patient information materials
    - Health Literacy Editor embedded within ePCP


My Projects
Start a new project
Health Literacy Tools
Health Literacy References
Template Toolbox
Image Library
Back to the Hub
Good afternoon, Test Doctor
Welcome To The Electronic Patient Communication Portal (EPCP)
Department
epcp-
PATIENT COMMUNICATION PORTAL
NSW GOVERNMENT Health
Introduction
The electronic Patient Communication Portal (ePCP) provides tools, references and resources to assist staff with writing and preparing documents for patients of WSLHD.
The five step ePCP process
01 REGISTER Register your resource using our online form
02 DOWNLOAD Download a template from our template design library
03 DEVELOP Develop your content using software on your device
04 REVIEW Review your resource with consumers for feedback
05 SUBMIT Submit your resource to HLH for approval to publish
Watch the ePCP Tutorial Video
epcp-
PATIENT COMMUNICATION PORTAL
WELCOME TO THE HEALTH LITERACY HUB ePCP
THIS VIDEO WILL GUIDE YOU THROUGH SUBMITTING YOUR DOCUMENT FOR APPROVAL.
SHeLL Editor
shell.techlab.works
Sydney Health Literacy Lab
Health Literacy Editor
CHECK MY TEXT
H1 H2 H3
Characters: 627 Words: 109 Unique Words: 70 Sentences: 14 Paragraphs: 8
Full Text Editor
Text Preparation
IMPORT
EXPORT
7 OF 12 FEATURES ACTIVE
Welcome to the SHeLL editor!
The SHeLL editor helps you make health information easy to understand.
Tips
Each colour tells you about an aspect that may make your text harder to understand.
Click 'Check my text' to get results for the Complex Language and Passive Voice features.
Make changes to the text. Then click 'Check my text' again. This will update Complex Language and Passive Voice.
In most cases your final text will still have highlighted words. This is ok! Sometimes longer sentences or complex language are needed. Aim to keep the text as simple as you can.
Let's get started! Delete the text above and start typing here.
Readability
Grade: 7.7
Aim for Grade 8 or lower.
7 words are long (more than 2 syllables).
0 sentences are long.
0 sentences have a complex structure (more than 2 conjunctions).
Try breaking these down into shorter sentences.
Complex Language

Written communication – Health Literacy Checklist

	Content
1	**Be clear about the purpose.** • Use a title or short sentence at the beginning to say what the material is about.
2	**Focus on the key messages.** • Include information that is directly related to your stated purpose. • Remove extra details that might confuse the reader. • Start with the most important information. For longer documents, you can include a short summary up front.
3	**Give the user clear actions to take.** • Clearly tell the user what they need to do. • Break the action into small, simple steps.
	Language
4	**Use simple, clear language.** • Target a grade reading level of 8 to 10 (check this using the SHeLL Editor) • Use short, everyday words (less than 3 syllables where possible). • Keep sentences short (less than 20 words). • Avoid complex, technical or jargon words. If you must use medical terms, explain them using simple language. • Avoid acronyms. If you use well-known acronyms, spell them out the first time, e.g. Magnetic Resonance Imaging (MRI) scan

5	**Use action words and active voice.**
	• Write sentences that clearly say who is doing the action.
	• For example:
	  ○ Say: 'The doctor will order the blood test tomorrow.' (active voice, direct)
	  ○ Don't say: 'The blood test will be ordered tomorrow.' (passive voice, unclear)

6	**Use person-centred language** • Speak to the user directly. Use words like 'you', 'we' and 'us.' • Don't use labels like 'the patient' or 'hospital staff'.
	Formatting
7	**Make the layout easy to read.** • Break the text into short sections with clear, specific headings. • Keep paragraphs short (2–5 sentences). • Use bullet points or numbered lists if you have 3 or more items. • Leave enough white space so the page doesn't look crowded.
8	**Use visuals to support your messages.** • Add simple images, diagrams, tables, or graphs if they help explain the text. • Include a clear title or caption for each visual. Add alt-text for images. • Make sure labels on diagrams are large and easy to read. • Use tables only for essential data. Keep them simple, with clear headings.

Adapted from the Patient Education Materials Assessment Tool: https://www.ahrq.gov/health-literacy/patient-education/pemat.html

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Adapted from the Patient Education Materials Assessment Tool: https://www.ahrq.gov/health-literacy/patient-education/pemat.html

ePCP

- Evaluated the effectiveness of the 5-step process in ISLHD
- Co-design process to increase usability of the ePCP portal

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Implementation of an organisation-wide health literacy approach to improve the understandability and actionability of patient information and education materials: A pre-post effectiveness study

Fiorina Mastroianni[a,*,1], Yen-Chia Chen[b,1], Lucia Vellar[a], Erin Cvejic[b], Jessica Kathleen Smith[b], Kirsten J. McCaffery[c], Danielle Marie Muscat[c]

[a] Illawarra Shoalhaven Local Health District, Clinical Governance Unit, NSW, Australia
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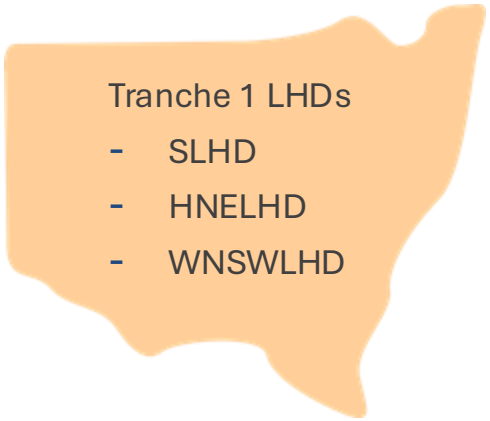
Patient engagement
PEMAT
Consumer review
Consumer feedback

ABSTRACT

Objective: Limited examples exist globally of coordinated, organisation-wide health literacy approaches to systematically improve the understandability and actionability of patient health information. Even fewer have been formally evaluated. The aim of this study was to use the Patient Education Materials Assessment Tool (PEMAT) to evaluate the effectiveness of an organisation-wide, evidence-based approach to improve the understandability and actionability of patient information materials in regional health service in New South Wales, Australia.
Methods: Two independent raters (blinded to the document version) evaluated pre- and post-implementation versions of 50 randomly-selected patient information materials using the PEMAT, with differences in understandability and actionability analysed using paired samples tests.
Results: Mean (±SD) overall scores for understandability increased significantly by 5% (95% CI 2–8; $p = 0.002$) up to 77%±10%, and mean actionability (±SD) increased significantly by 4% (95% CI 0–8; $p = 0.046$) up to 56%±22%.
Conclusion: These results demonstrate that organisation-wide approaches with standardised processes for staff to prepare, review and store written patient information and education materials can be successfully implemented to address the impacts and risks of low health literacy.
Practice implications: The success of this approach provides a framework for other health organisations to work in partnership with patients to make health information more understandable and actionable.

Overview of the scale-up plan

- Our scale-up process will follow evidence-based guidance from NSW Health and the World Health Organisation.
- All NSW public health system organisations (LHD, specialty networks, pillars) will be offered the opportunity to adopt, implement and integrate the ePCP across their organisation.
- Organisations will lead and tailor their local implementation efforts, with guidance and support from the Hub.
- Scale-up will be phased, initially starting with LHDs/organisations based on interest, local context and organisational readiness.
- Informed by implementation-science frameworks, with mixed-methods data collection



Health literacy and EMRs

Building health literacy to navigate EMRs

THE UNIVERSITY OF SYDNEY

Cureus
Part of SPRINGER NATURE

Open Access
Editorial

DOI: 10.7759/cureus.57527

Empowering Patients Through Digital Health Literacy and Access to Electronic Medical Records (EMRs) in the Developing World

Review began 03/21/2024
Review ended 03/30/2024
Published 04/03/2024

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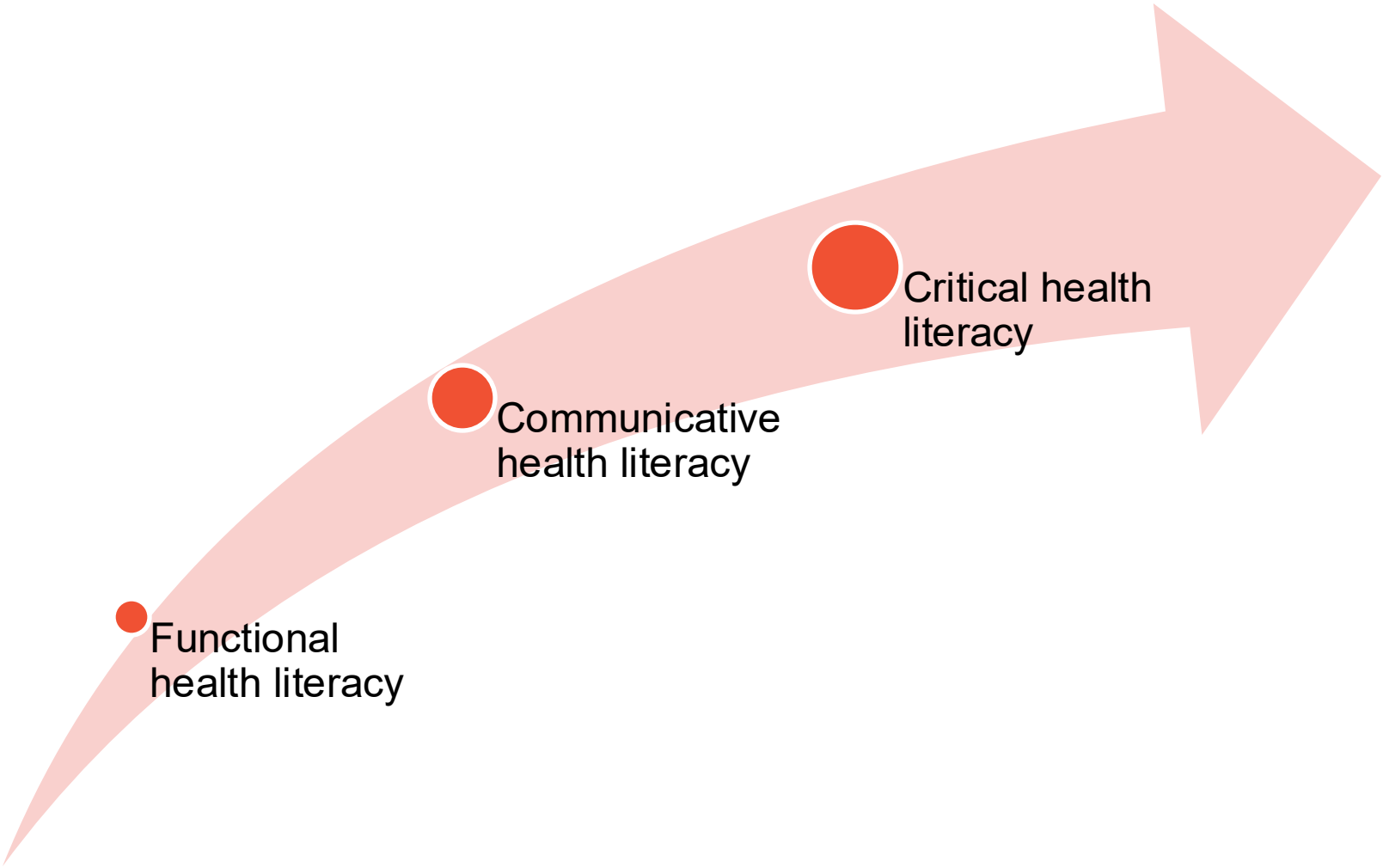
Corresponding author: Sunder Sham, drsundersham@gmail.com

- “Therefore, instead of making patient records inaccessible, the better solution will be to implement strategies like improving digital health literacy, which helps patients better understand their health records and minimize the risks and challenges that come with the implementation of e-health.”

- “Ultimately, the involvement of all stakeholders holds the key, as the participation of healthcare professionals, administrators, and patients in decision-making processes fosters stakeholder buy-in and acceptance of EMR systems.”

Individual health literacy



Health literacy and EMRs

Building health literacy through EMRs

THE UNIVERSITY OF SYDNEY

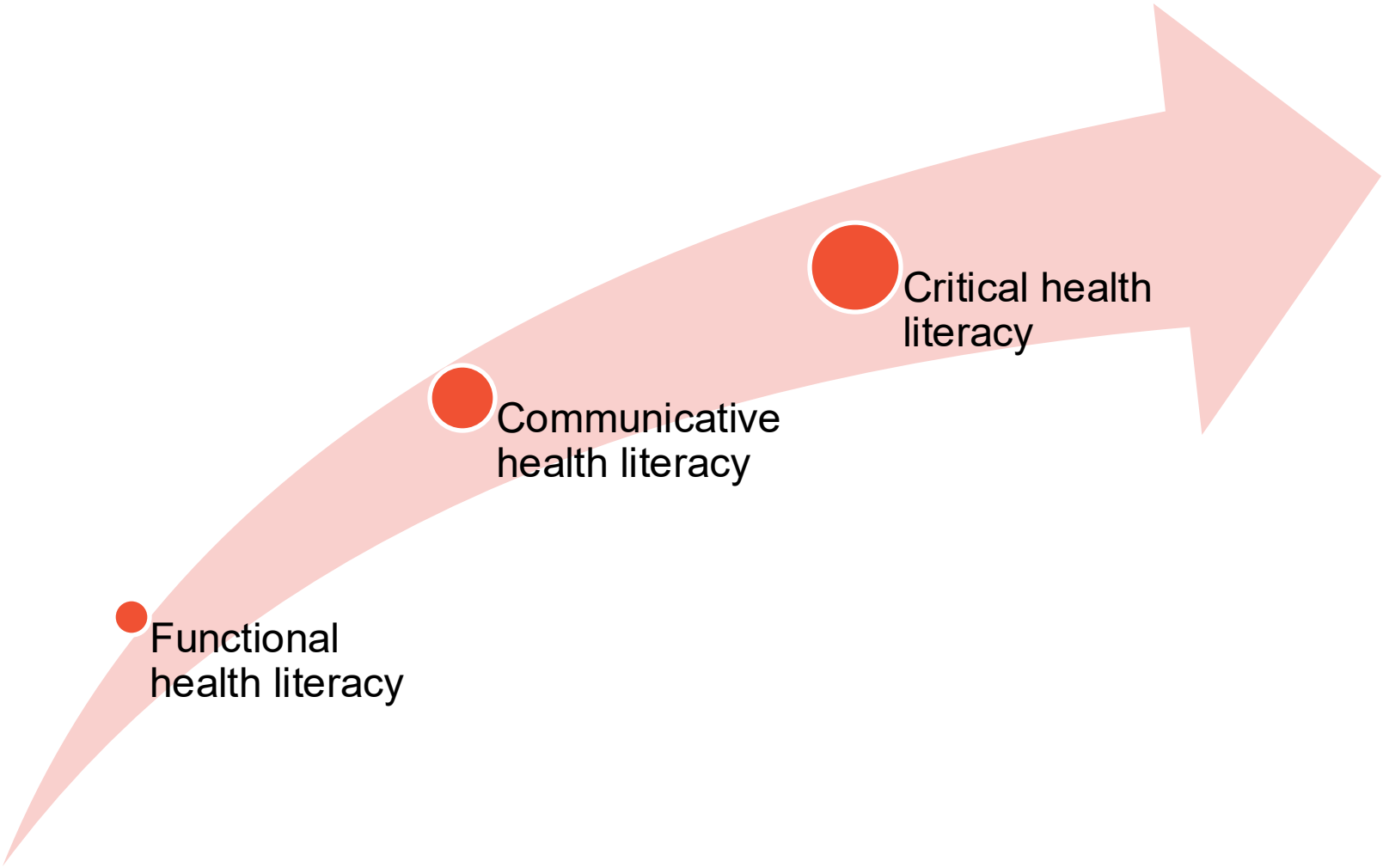
Building Health Literacy by Enhancing Electronic Health Records With Information Connections: A Partnership of Health Science Librarians and IS Departments

Helen-Ann Brown Epstein

MyChart

MyChart by EPIC is a patient electronic portal offered by many hospitals as an app or desktop tool. It professes to be a "secure online health connection." At this author's health system, as many others, each patient is automatically enrolled in MyChart. As of this writing, mychart.org claims over 150 million patients (mychart.org, 2023). The colorful, entertaining website or videos walks the patient and their family through sections with details on connecting and sharing, health information, messaging, scheduling and appointments, payment and insurance, preferences, and mobile features. Within the health section is the invitation to search the health library to find articles about symptoms, procedures, and other healthcare topics. Each hospital decides to which patient education information resource the MyChart should be linked. When the tool asks if the patient wants more information, the patient can be sent to, for example, Healthwise.net or Medlineplus.gov. At the author's health system, within discharge instructions, the patient care team can request information on relevant topics be linked to the patient MyChart record.

Individual health literacy



Community-based health literacy programs

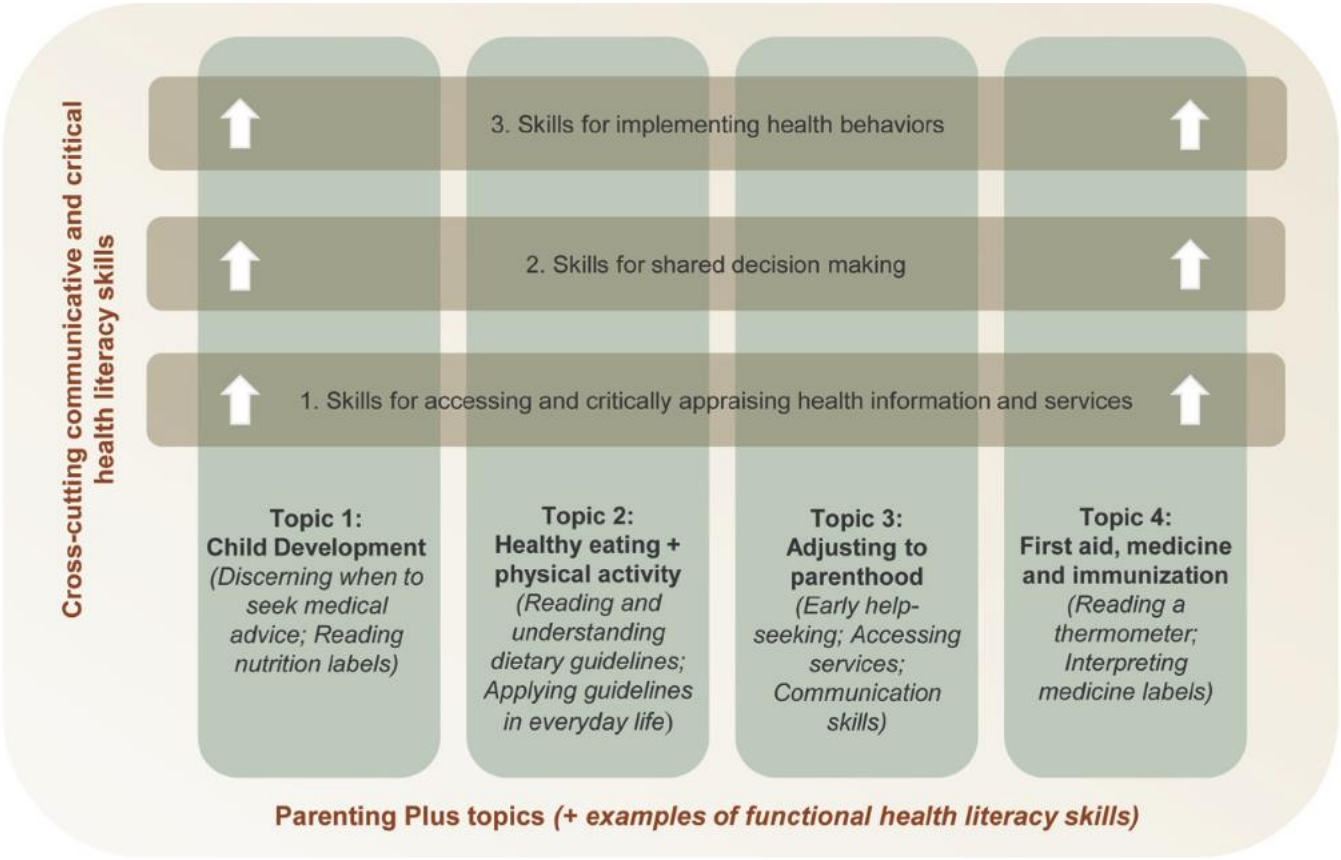
Community-based health literacy programs

1. Meeting people where they are
2. The importance of time and safe spaces

"There's no judgment. I like the fact that….here we don't judge each other."

"…we're all on the same level"

Parenting+


Cross-cutting communicative and critical health literacy skills
3. Skills for implementing health behaviors
2. Skills for shared decision making
1. Skills for accessing and critically appraising health information and services
Topic 1: Child Development (Discerning when to seek medical advice; Reading nutrition labels)
Topic 2: Healthy eating + physical activity (Reading and understanding dietary guidelines; Applying guidelines in everyday life)
Topic 3: Adjusting to parenthood (Early help-seeking; Accessing services; Communication skills)
Topic 4: First aid, medicine and immunization (Reading a thermometer; Interpreting medicine labels)
Parenting Plus topics (+ examples of functional health literacy skills)

Health literacy and EMRs

THE UNIVERSITY OF SYDNEY

The SUCCESS App

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SPECIAL ISSUE ARTICLE

Health Promotion Journal of Australia | WILEY

Supporting patients to be involved in decisions about their health and care: Development of a best practice health literacy App for Australian adults living with Chronic Kidney Disease

Danielle Marie Muscat[1] | Kelly Lambert[2] | Heather Shepherd[3] | Kirsten J. McCaffery[1] | Stephanie Zwi[1] | Na Liu[4] | Kamal Sud[5,6] | John Saunders[7] | Emma O'Lone[8] | Jinman Kim[4,9] | Aphra Robbins[10] | Angela C. Webster[11]

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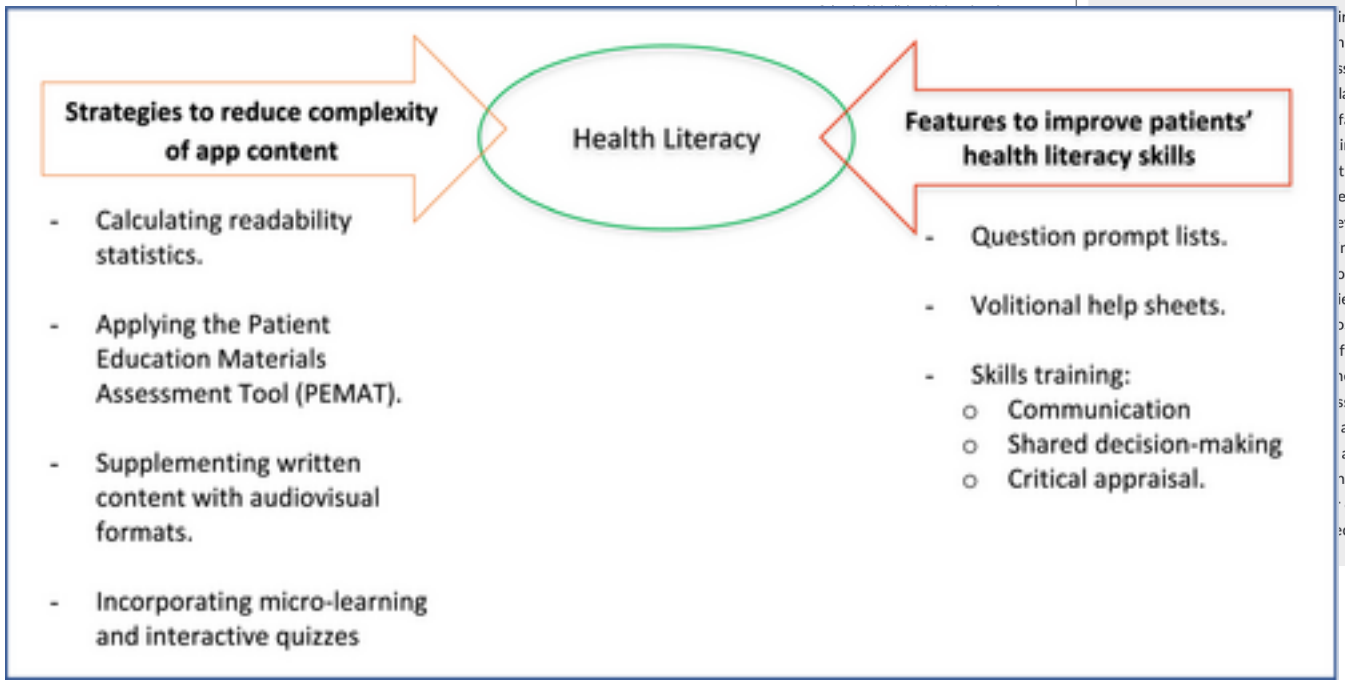
Abstract

Issue addressed: Inadequate health literacy is common in those with chronic kidney disease (CKD), especially among culturally and linguistically diverse groups. Patient information for people with CKD, including those with kidney failure requiring di- ir literacy level, and many CKD-related apps are nese represent important barriers to health care ss to health care.
latform application (the "SUCCESS app") to sup- failure requiring dialysis to actively participate in ing. App content was informed by health literacy tance of reducing the complexity of health infor- ers with the skills necessary to access, understand evelopment team comprised members of diverse ng nursing, allied health, psychology, epidemiol- onsumer representatives.
iet, fluids, medicine, physical activity, emotional osen as they represent important decision points functional health literacy, a four-step process to ncluding calculating readability statistics, applying ssessment Tool, supplementing written informa- and incorporating micro-learning and interactive and critical health literacy skills, question prompt nelp sheets were included in each module to sup- change. We also developed animated skills train- d decision-making and critical appraisal of health



ASKING QUESTIONS ABOUT ...

MY MEDICATIONS

There are multiple medications to take while on dialysis. It is very common for people to have lots of questions about their medications.

The best person to ask for the answer is your **kidney doctor** or a **pharmacist**.

Here are some questions that you might ask your kidney doctor or pharmacist:

(Tick the ones you would like to ask ✔)

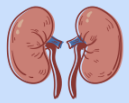
You can ask your doctor these every time they prescribe a new medicine!

- ○ What is my medication for?
- ○ Are there any other options?
- ○ Will any of my medicines harm my kidneys?
- ○ Do I still need to take all of my medicines?
- ○ Are all of my medicines still helping me to stay well?
- ○ Could any of my medicines be causing me side effects?
- ○ Could any of my medicines be affecting others?
- ○ Is it okay for me to take herbal supplements?

ASKING QUESTIONS ABOUT ...

FLUIDS

It's important to monitor the amount of fluid you drink while on dialysis. It is common to have lots of questions about fluids when on dialysis.



The best person to ask for the answer is your **kidney doctor** or a **dietitian**

Here are some questions that you might ask your kidney doctor or dietitian:

(Tick the ones you would like to ask ✔)

- ○ How much fluid can I have each day?
- ○ What counts as fluid?

Final reflections

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“Ultimately, the involvement of all stakeholders holds the key, as the participation of healthcare professionals, administrators, and patients in decision-making processes fosters stakeholder buy-in and acceptance of EMR systems.”

Sydney Health Literacy Lab

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Sydney Health Literacy Lab

We are a research group within the University of Sydney School of Public Health led by Professor Kirsten McCaffery FAHMS. Our mission is to give all people the opportunity to have the best health outcomes for themselves and their families.

Learn more

https://www.sydneyhealthliteracylab.org.au

Thank-you

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