

Creating Gladys: How legal design can support person-centred care in public health

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Abstract

This paper offers a novel and complex context in which to consider legal design's potential. Public healthcare presents the confluence of several multidisciplinary strands of human-centric practice, along with the spectre of limited budgets and expenditure of public funds. It sets out a case study considering the legal process by which consumers in Victoria, Australia can access medical records held by a public health service. This paper argues that legal design can support consumer health literacy, in turn promoting an empowered model of health in person-centred care. The paper offers a contribution to the wider legal design discourse, suggesting that legal design can reduce barriers in legal processes within the health literacy environment of public health. Legal design has clear alignment with Australian health literacy strategy: legal design techniques offer a means by which legal processes in health can align more broadly with person-centred care.¹

This paper also suggests that legal design can contribute to the realisation of healthcare rights, through careful resource allocation and the tailoring of design methodologies and techniques.² In the post-covid world, public health in Victoria is experiencing significant budgetary strain.³ Tight budgets place restrictions on the planning and delivery of legal design projects. However, legal design does not need to be expensive, and the case study in this paper confirms that great results, and substantial impact, can be achieved on a shoestring.

This paper proceeds in three parts. First, it considers the links and alignments between public health and legal design methodologies and practice. It shows the opportunities for legal design in the promotion of health literacy and person-centred care at a theoretical level. Part two sets out a detailed case study, demonstrating legal design methods applied in the context of

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¹ Australian Commission on Safety and Quality in Healthcare, *National Statement on Health Literacy* (2014) available <<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-statement-health-literacy-taking-action-improve-safety-and-quality>> accessed 7 July 2024.

² The application of specific low-cost frameworks, such as Jugaad or frugal innovation, was beyond the scope of this paper.

³ For example: Josh Gordon, 'The real story about Victorian health funding: analysis', *The Age* (Melbourne Victoria, 17 Sept 2022) 20; Chip Le Grand, 'Fears for public health as state funding slashed: Exclusive', *The Age* (Melbourne, Victoria, 18 June 2023) 1.

consumer access to medical records under the Victorian Freedom of Information (FOI) regime. Part three draws together key reflections on the case study, confirming the efficacy of legal design methodologies and techniques, and situating these within the paradigm of person-centred care.

Part One: Where legal design intersects with person-centred care

Person-centred care is the dominant paradigm for the provision of healthcare in many countries.⁴ It recognises consumers as partners in their healthcare journey, as opposed to traditional, paternalistic health models.⁵ Such partnerships promote safer and more effective health outcomes for consumers, and the public healthcare system as a whole.⁶ The Australian Commission on Safety and Quality in Healthcare (ACSQHA)⁷ states:

The person-centred approach treats each person respectfully as an individual human being, and not just as a condition to be treated. It involves seeking out and understanding what is important to the patient, their families, carers and support people, fostering trust and establishing mutual respect. It also means working together to share decisions and plan care.⁸

Health literacy has long been recognised as an integral enabler of person-centred care.⁹ The concept of health literacy is multifactorial, and takes into account what Sørensen and others describe as:

a more complex and interconnected set of abilities, such as reading and acting upon written health information, communicating needs to health professionals, and understanding health instructions.¹⁰

Health literacy is therefore a critical quality and safety factor in the delivery of healthcare, and a foundational element of public health.¹¹

Health literacy world-wide is poor.¹² In Australia, ACSQHA estimates that only around 40 percent of adults have a level of health literacy which allows them to participate meaningfully in their healthcare.¹³ It recommends healthcare providers adopt a 3-part strategy in addressing consumer health literacy, including designing health systems which support health literacy, integrating health literacy into education initiatives and tailoring communications within a

⁴ Mariastella Pulvirenti and others, 'Empowerment, patient centred care and self management' (2011) 17 *Health Expectations* 303.

⁵ Ibid and ACSQHA, *Person-centred care* < <https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care> > accessed 7 July 2024.

⁶ ACSQHA (n 1).

⁷ The Australian regulatory agency charged with ensuring 'people are kept safe when they receive health care and that they receive the health care they should', ACSQHA < <https://www.safetyandquality.gov.au/about-us> > accessed 11 July 2024.

⁸ ACSQHA (n 5).

⁹ Kristine Sørensen and others, 'Health Literacy and public health: A systematic review and integration of definitions and models' (2012) 12 *BMC Public Health* 1.

¹⁰ Ibid 2.

¹¹ ACSQHA (n 1).

¹² Sue Stableford and Wendy Mettger, 'Plain Language: A Strategic Response to the Health Literacy Challenge' (2007) 28 *Journal of Public Health Policy* 71.

¹³ ACSQHA (n 1).

health system to consumer needs.¹⁴ To this final initiative, plain language has been identified as an effective means of improving health literacy.¹⁵

ACSQHA views health literacy through two lenses - individual health literacy and the health literacy environment.¹⁶ Legal processes within a health service are an inseparable part of the health literacy environment. They are embedded in the policies, procedures, infrastructure and interactions that govern a consumer's care.¹⁷ More often, the consumer interfaces with these at a subliminal level, i.e. they direct the way a service provides care, and may not be immediately obvious to a consumer. Sometimes, a consumer may directly engage with a legal process, such as in this paper's case study. In either case, a clear tension arises between the person-centred core of public health and traditional approaches to law and legal practice within health systems. As Passera points out, the problem with traditional approaches to law is that they focus 'only on the essence and precision of the rules, but not at all on the needs and abilities of the individuals tasked with understanding and acting upon such rules'.¹⁸

Systems, services, materials and communications within public health that are anchored in traditional legal paradigms may create barriers to a consumer's attainment of health literacy and empowered health care. ACSQHA confirms:

The health information your organisation provides influences how people access and use your services, and may affect their decisions about how they manage their health. If information is hard to understand—if it is overly complex, with a lot of jargon and in an inappropriate format—it can act as a barrier to people's understanding of that information.¹⁹

The case study in this paper arises at a touchpoint between health literacy and intense legal regulation. Access to medical records may be seen as a core enabler of healthcare participation and a stepping stone to health literacy. It is one way in which a consumer may inform themselves about their care. However, the processes by which a consumer may access their records is subject to a complex regime involving multiple, overlapping legislation and professional standards. With heavy penalties for breaching instruments,²⁰ it is all too easy for

¹⁴ ACSQHA (n 3).

¹⁵ Shahab Sayfi and others, 'A multimethods randomized trial found that plain language versions improved adults understanding of health recommendations' (2024) 165 *Journal of Clinical Epidemiology* 1, and Grene and others 'Integrative Literature Review: Use of Plain-Language Guidelines to Promote Health Literacy' (2017) 60 *IEEE Transactions on Professional Communication* 384.

¹⁶ ACSQHA (n 1).

¹⁷ Ibid.

¹⁸ Stefania Passera, 'Beyond the wall of text: how information design can make contracts user-friendly' in Marcus (Ed.), *Design, User Experience and Usability: Users and Interactions* (Lectura Notes in Computer Science. Cham, Switzerland: Springer International Publishing) 341

¹⁹ ACSQHA, *Health literacy fact sheet 4: Writing health information for consumers* (2017) 1 available <[Fact sheet 4 - Health literacy - Writing health information for consumers | Australian Commission on Safety and Quality in Health Care](#)> accessed 7 July 2024.

²⁰ Breaches of patient privacy may result in civil penalties under s 141 of the *Health Services Act 1988* (Vic), while breach of the OVIC Professional Standards may result in investigation, complaint or public naming, Office of the Victorian Information Commissioner, *Professional Standards* (2019) available <<https://ovic.vic.gov.au/freedom-of-information/resources-for-agencies/professional-standards/#professional-standards>> accessed 11 April 2024.

the drafters of materials and communications to write for legal compliance, rather than ensuring consumers can comprehend and act upon them.²¹

Access to medical records is an important consumer right, and one which is recognised world-wide as important step for involving a consumer in their care.²² The right's express purpose is clearly informed by principles of health literacy and person-centred care, to 'enhance the ability of consumers to make informed health care decisions'.²³ There is currently no centralised medical record in Victoria.²⁴ Victorian consumers who need to access their records must apply to the health service. Public health services generally manage these applications under the Victorian Freedom of Information (FOI) regime.²⁵ This prescribes steps for FOI application management, regulated by the Office of the Victorian Information Commissioner (OVIC). FOI applications in Victoria have rapidly increased over several years, creating administrative pressures for public health services already buckling under post-Covid budget strain.²⁶

Poorly designed legal documents and processes may ultimately hinder consumers in the attainment of rights in the context of many legal transactions.²⁷ It is no different for the legal processes which arise in public health. Good design is an important part of the health literacy environment and offers the opportunity to enable both legal rights attainment and person-centred care. The feedback from consumers interviewed in our FOI project appears to confirm this premise. Consumers could better comprehend Grampians Health's decisions and their rights to seek review and felt more empowered through communications where legal design techniques were applied. Our case study also indicated that legal design may promote transparency and, in turn, positive partnering between a health service and a consumer. The potential for legal design to positively influence the health literacy environment is significant and exciting.

Part Two: Case Study

The State of the Art

Our project aimed to use legal design to create human-centredness in the way Grampians Health approaches its FOI service. An FOI service, and the artefacts produced by it, are products of a legislative framework and legal system. Hagan argues that legal design's purpose is to 'develop a human-centred, participatory approach to reforming the legal system', and the

²¹ For example, Doherty's discussion on open access in Michael Doherty, 'Comprehensibility as a Rule of law Requirement: The Role of Legal Design in Delivering Access to Law' (2020) 8 *J Open Access L* 1, 2 or Butt's discussion of 'a lawyers natural caution' in Peter Butt, *Modern Legal Drafting* (3rd ed, Cambridge, digital edition, 2018) [2.22].

²² ACSQHA, *Australian Charter of Healthcare Rights* 2nd Ed. Available <https://www.safetyandquality.gov.au/sites/default/files/2019-08/sq18-046_charter_of_healthcare_rights_a4_poster.pdf> Accessed 29 April 2024 and Christian Nør and others, 'Nationwide citizen access to their health data: analysing and comparing experiences in Denmark, Estonia and Australia' (2017) 17 *BMC Health Services Research* 534.

²³ Victoria *Parliamentary Debates* Legislative Assembly 23 November 2000 1909 (Mr Thwaites, Minister for Health).

²⁴ At the time of writing, a limited, digital shared record was enacted under the *Health Legislation Amendment (Information Sharing) Act 2023* (Vic) but was yet to come into force.

²⁵ *Freedom of Information Act 1982* (Vic).

²⁶ Gordon and Le Grand, both (n 3).

²⁷ Doherty (n 21) 4.

actors and objects within it.²⁸ Santuber and Krawietz argue that ‘user research/client centricity sits at the core of Legal Design as a discipline’.²⁹ Legal design approaches are creative, flexible and adaptable to human needs.³⁰ That is, the approaches to legal design work are as diverse as the legal systems with which it engages.³¹ We approached our work through the lens of service design to ‘research people’s needs and system dynamics to transform the research into new ways to provide services’.³²

We used several service design tools to investigate the needs of our consumers, including desk research, persona creation and user interviews (to evaluate prototypes as opposed to exploratory interviews, below).³³ The process automation phase of our work (to be explored in another paper) explored our consumer journey through process mapping and swim lanes.³⁴ These techniques are grounded in the applied ethnography and grounded theory approaches to design research methods.³⁵

The prototype letters created during the language and information design phase of our project draw heavily on the plain language movement.³⁶ While plain language is established as a valuable health literacy strategy, its importance has also long been identified in Australia in the legal space, and is two-fold:³⁷

1. comprehensibility supports the rule of law through enabling meaningful engagement between the subjects of the law, and the obligations which bind them;
2. it has been shown to decrease administrative costs associated with the application of the law via legal documents.

Butt elaborates that plain language is more than just simplified English (in this case), instead, it assumes that the communication is tailored to its intended audience.³⁸ Such tailoring takes into account ‘the cognitive capacities and informational needs of the envisaged audience’.³⁹ Doherty’s summary of plain language work concludes that such interventions improve user comprehension of legal information and act as an anchor for human-centredness in design work.⁴⁰ This approach aligns with ACSQHA’s core health literacy strategy of ensuring effective communication (above).

²⁸ Margaret Hagan, ‘Legal Design as a Thing: A Theory of Change and a Set of Methods to Craft a Human-Centered Legal System’ (2020) 36(3) *Design/Issues* 3, 4.

²⁹ Joaquin Santuber and Lina Krawietz, ‘User Research Methodologies in Legal Design Projects: Lessons from Practice’ in Rossana Ducato and Alain Strowel (eds), *Legal Design Perspectives: Theoretical and Practical Insights from the Field* (Ledizioni 2021) 92, 92. Note that in the health context, ‘consumer’ is used instead of ‘user’. These terms are used interchangeably throughout the paper.

³⁰ Ibid 93.

³¹ Hagan (n 28) 6.

³² Hagan (n 28) 10.

³³ For an excellent summary of these tools, see Stickdorn and others *This is service design doing: Applying service design thinking in the real world* (O’Reilly Media Inc, 2018) Chapter 3.

³⁴ Ibid 129-130.

³⁵ Hagan (n 28) 8.

³⁶ For an excellent summary, see Doherty (n 21) 3-4.

³⁷ ACSQHA (n 1), and Victorian Law Reform Commission, *Plain English and the Law: the 1987 Report Republished (html)* available < <https://www.lawreform.vic.gov.au/publication/plain-english-and-the-law-the-1987-report-republished/5-the-importance-of-plain-english/> accessed 11 April 2024.

³⁸ Butt (n 21) [4.4]

³⁹ Ariana Rossi and others, ‘When Design Met Law: Design Patterns for Information Transparency’ (2019) 5 *DDCR* 79, 94.

⁴⁰ Doherty (n 21) 4.

Comprehensibility is also supported through information design techniques, including visualisation.⁴¹ Information design presents ‘information in a way that can be readily put into action by [the] users to achieve their goals’.⁴² Past work has confirmed that visual design techniques assist users to understand information ‘faster and more accurately’.⁴³ Our team did not include any members with information design expertise.

Legislative Framework

In Victoria, members of the public have a legally enforceable right to access their health information. It arises under the *Health Records Act 2001* (Vic) (HRA).⁴⁴ The right is broad, allowing an individual to access their medical history, examination findings, investigation results, diagnoses, care plans, referrals, genetic information and information collected in connection with becoming an organ donor.⁴⁵ This general right is fettered:

1. by consideration for the consumer or another person’s safety, for example, where the record holder reasonably believes that providing the information to the consumer may pose a serious threat to them or another person;⁴⁶ and
2. where the information has been provided to the record holder confidentially.⁴⁷ For example, where a family member may provide important collateral information to help with the care of their loved one, but requests that the consumer not find out that they provided the information.

Victorians also hold a legally enforceable right to access documents held by Victorian public sector agencies, arising under the *Freedom of Information Act 1982* (Vic) (FOI Act).⁴⁸ Public health services generally use the FOI Act to facilitate consumer requests to access medical records.⁴⁹

The FOI Act sets out a comprehensive regime for the intake, consideration, decision making and review elements of a request to access public sector records.⁵⁰ Agencies can make a partial release of a record by removing any information which might fall into a legislated exemption from production (for example, removing a doctor’s telephone number from a patient record, or collateral information collected confidentially about a consumer from their family).⁵¹ This comprehensive regime is supported by Professional Standards published by the OVIC, which set out time frames and guidelines to apply during the carriage of an FOI request.⁵² Public health services tend to favour the FOI regime because of this framework.

⁴¹ Doherty (n 21) 8-9.

⁴² Rossi and others (n 39) 89.

⁴³ Stefania Passera, summarised in Rossi and others (n 39) 8-9.

⁴⁴ *Health Records Act 2001* (Vic) s 25.

⁴⁵ *Health Records Act 2001* (Vic) s 25(3).

⁴⁶ See for example *Freedom of Information Act 1982* (Vic) ss 2(ac) and 33.

⁴⁷ *Freedom of Information Act 1982* (Vic) s 35.

⁴⁸ *Freedom of Information Act 1982* (Vic) s 13.

⁴⁹ In-depth consideration of why this may be the case is beyond the scope of this project. The more prescriptive access regime, supported by a clearly articulated ability to charge fees for searching, copying and granting access to records, along with clear professional standards published by the OVIC may be factors influencing this practice.

⁵⁰ *Freedom of Information Act 1982* (Vic) Part III.

⁵¹ *Freedom of Information Act 1982* (Vic) ss 25, 33(1) and 35(1).

Public health services may share health information with an individual informally, with the individual's consent, under the *Health Services Act 1988* (Vic) (HSA).⁵³ While the OVIC promotes informal release under this mechanism,⁵⁴ in reality, few public health services use it for requests for medical records.⁵⁵

Other frameworks

We also considered three consumer rights frameworks as part of our study design. These were the Safer Care Victoria 'Partnering in Healthcare Framework',⁵⁶ the WHO Communicating for Health: Principles of Effective Communication,⁵⁷ and the Australian Charter of Healthcare Rights.⁵⁸ Each of these frameworks is targeted toward improving health literacy outcomes. By validating our study protocol against each framework, we attempted to ensure that our project united both legal design and person-centred care methodologies.

The project motivation

Internal factors

Our project arose following the creation of Grampians Health as a public health service in November 2021. Grampians Health is an amalgamation of four public health services in Western Victoria, Australia. Our health service provides care to around 250,000 consumers, in an area of 48,500km² (larger than Denmark!). We are also one of the largest employers across our region, with over 6,500 staff.

It was important to redesign our FOI service in line with our organisational vision and values (image 1). Our values support Grampians Health in the delivery of person-centred care to consumers. We focussed on Grampians Health's values of collaboration, respect and compassion. We confirmed during our desk research (below), that people do not tend to apply for their medical records solely out curiosity. Rather, people often need access to support their response to a difficult time in their lives (e.g. to provide to an insurer, or lawyer).

⁵³ *Health Services Act 1988* (Vic) s 141(3)(a).

⁵⁴ Office of the Victorian Information Commissioner, *Practice Note: Release of health records held by Victorian Public sector agencies* < <https://ovic.vic.gov.au/freedom-of-information/resources-for-agencies/practice-notes/release-of-health-records-held-by-victorian-public-sector-agencies/> > accessed 11 April 2024.

⁵⁵ Again, the reasons for this are beyond the scope of this project, but factors such as supporting structures, refusal bases, review rights, ability to charge fees, may be influential.

⁵⁶ Safer Care Victoria, *Partnering in healthcare* (2019) available <https://www.safercare.vic.gov.au/sites/default/files/2019-02/Partnering%20in%20healthcare%20framework%202019_WEB.pdf> accessed 29 April 2024.

⁵⁷ World Health Organisation, *Communicating for Health: Principles for effective communications*, available <<https://www.who.int/about/communications/principles>> accessed 29 April 2024.

⁵⁸ ACSQHA (n 22).



Image 1: Grampians Health Vision and Values⁵⁹

External factors

There has been a year-on-year trend of rapid increases in the number of FOI applications being issued across Victoria. In 2012-2022, Victorian government agencies experienced a 4% increase in FOI applications, to a 'record high' 43,978 applications.⁶⁰ Public health services comprised 13 of the top 20 public sector agencies receiving FOI applications in Victoria (14 out of 20, including Ambulance Victoria).⁶¹ 70% of those applications were from individuals (as opposed to Members of Parliament or the media).⁶² In that year, Grampians Health was 18th highest, receiving 893 FOI requests.⁶³ In 2022-2023, there was a 9.4% increase in FOI applications in Victoria (48,117 requests), with Grampians Health receiving 992 requests, making it the 15th highest receiver of FOI requests in Victoria.⁶⁴

Budget

Budget was a significant factor in our project. We made a successful business case for the creation of an automated platform using low-code automation software (phase 2), but there was no additional budget available for phase 1. This meant that we needed to carefully consider each phase of our project from a resource-cost perspective. We drew on existing skill sets and existing tools to complete the work. Some of the budget opportunities we encountered included:

⁵⁹ Grampians Health, *Vision and Values* available <<https://grampianshealth.org.au/our-vision-and-values/>> accessed 29 April 2024.

⁶⁰ OVIC, *Annual Report 2021-2022* available <<https://ovic.vic.gov.au/about-us/documents-and-publications-we-produce/annual-reports/>> accessed 11 April 2024.

⁶¹ OVIC, *Annual Report 2021-2022* (n 60) 111.

⁶² OVIC, *Annual Report 2021-2022* (n 60) 105.

⁶³ OVIC, *Annual Report 2021-2022* (n 60) 111.

⁶⁴ OVIC, *Annual Report 2022-2023 Annual Report 2022-2023* <available <https://ovic.vic.gov.au/about-us/documents-and-publications-we-produce/annual-reports/>> accessed 11 April 2024 108 and 117.

1. Considering what we could change, or change meaningfully, in a highly regulated context: the FOI Act and OVIC Professional Standards mandate certain written communications with an FOI applicant, making the template letters a necessary point of focus for legal design work. The OVIC's existing templates also provided compliant source documents for plain language and information design. The decision to remain within the FOI regime (above) narrowed the scope of potential solutions to the mandated written communications.
2. Decisions about user research and testing: We could not cover both exploratory interviews and prototype tests and were limited to around 10 hours of testing. As Santuber and Krawietz point out, great user research can flow from a resourceful and flexible approach, and by considering existing data sources.⁶⁵ We found a rich source of existing demographic research in the form of our Clinical Services Plan. Grampians Health had commissioned demographic research as part of its amalgamation in 2021. This important research underpinned its Clinical Services Plan, published in 2022.⁶⁶ Clinical Services Plans set out the priorities and strategies for the delivery of healthcare within a cohort, demographic or a region, including planning for future use of resources and addressing key health priorities for that cohort. Key insights from this research had also been analysed and summarised in our Strategic Plan.⁶⁷ We therefore had excellent research available to form a generalised view of the people in our region, their challenges and priorities.

We also considered existing departmental data about the sources of FOI requests. Our most common applications related to claims in one of the Victorian statutory insurers (e.g. the Transport Accident Commission (road accidents), Victorian WorkCover Authority (workplace injuries)), or from law firms representing their clients in respect of a claim about their health (e.g. personal injury claims). This told us that many applicants wanted access to their medical records to help them seek support during a difficult time in their lives.

Using these data sources focussed our user research on testing our prototypes. While we could make assumptions about our consumers, we wanted to ensure that our redesigns were effective and accessible, and felt that the best way to gauge this was through testing prototypes with them. Our solution and methodology were therefore based on assumptions drawn from the desk research. Without exploratory interviews, it is questionable whether this project was "solution fixated".⁶⁸ Conducting exploratory interviews may have led to greater insights, or even different design solutions. However, with limited scope for creative solutions, we considered user feedback would ultimately be more valuable.

3. Leveraging existing tools in support of language and information design without the aid of a graphic or visual designer: our project team consisted of our FOI Officers, a doctor and a lawyer with plain language experience. We had no graphic or visual design expertise, and no access to such professionals through our organisation. We therefore

⁶⁵ Santuber and Krawietz (n 29) 101-103.

⁶⁶ Grampians Health, *Clinical Services Plan*, available <https://grampianshealth.org.au/wp-content/uploads/2022/08/GrampiansHealth_ClinicalServicesPlan_FINAL_compressed.pdf> accessed 11 April 2024.

⁶⁷ Grampians Health, *Strategic Plan*, available <https://grampianshealth.org.au/wp-content/uploads/2022/08/Grampians_Health_240X310_StratPlan_DD09_I01.pdf> accessed 26 May 2024.

⁶⁸ Santuber and Krawietz (n 29) 111.

kept the visual design elements of our work to a minimum. For example, we did not include illustrative graphics as a means of aiding user comprehension. We drew on white space, tables, and simple icons, which we felt we could apply with reasonable effect absent professional training. This included using Microsoft stock images and icons rather than creating bespoke or tailored versions.

Apart from the Readable software (for which we already had a subscription), we used our organisation's Microsoft Office products throughout our project. We used the tools extensively, with all redesigned letters produced in MS Word with stock icons. We also used the 'Editor' function in MS Word (and other MS Products) to generate readability statistics. This limited the range of readability measures we could apply.

While a graphic designer would have added considerable value to the project, ultimately, we did not view their absence as a limitation. Rather, by using commonly available products, the work is easily replicated. This enhances the project's value in the public health context, where resources are precious. Projects that are simple to reproduce ultimately support health literacy, because expertise does not appear as a barrier, encouraging other health services in similar efforts and delivering benefits beyond a single health service.

Methodology and study design

Project protocol

We created a project protocol and obtained permission from the Grampians Health Human Research Ethics Committee (HREC) to proceed as a Quality Assurance exercise. This means that our user testing was approved as exempt from full HREC review.

Readability analysis and testing of existing materials

We used two assessment tools to analyse the original templates and redesigns for readability: the readability statistics available via the 'Editor' function in Microsoft Office, and text readability reports generated using the software 'Readable'. Prior research has shown some limitations with the accuracy of readability statistics produced in MS Word, including where tables, lists, numbers or abbreviations may be used.⁶⁹ We therefore used the second tool to obtain a further set of readings using the same measures.

We chose three readability measures employed by both tools, Flesch Kincaid Grade Level, Flesch Reading Ease and passive voice component. We appreciate that debate exists as to the currency and relevance of the Flesch readability measures.⁷⁰ Doherty points out that these tools are more effectively used to demonstrate when text may be problematic, rather than as a standalone measure of readability.⁷¹ In the health context, Jindal and MacDermid also consider that these measures alone are ineffective without additional assessment of user comprehension.⁷² We used them because they:

1. are validated, well-known tools;⁷³

⁶⁹ Pranay Jindal and Joy MacDermid, 'Assessing Reading Levels of Health Information: Uses and Limitations of Flesch Formula' (2017) 30 *Education for Health* 84, 85.

⁷⁰ Jindal and MacDermid (n 69) 86-87.

⁷¹ Doherty (n 21) 4.

⁷² Jindal and MacDermid (n 69) 86.

⁷³ Rudolf Flesch, 'A New Readability Yardstick' (1948) 32(3) *Journal of Applied Psychology* 221, and Jindal and MacDermid, (n 69) 86.

2. are widely available in MS Office products, making them accessible for others interested in this type of analysis;
3. provide a means of discussing readability which is relatable and accessible for a lay audience. For example, it is easy to make a point about how readable a letter is if you can couch it in terms of what proportion of the adult reading population may be able to effectively engage with it.⁷⁴

Readability analysis for the acknowledgement and decision letter templates is shown in table 1.

Plain Language and Information Design

It was clear from our readability analysis that our original documents, and the OVIC templates, presented ‘walls of text’,⁷⁵ not tailored to the users who relied upon them to access their rights.⁷⁶ They presented as examples of Rossi and others’ observation that:

Most of the time the provision of information merely aims to “bureaucratically” fulfil the legal requirement... rather than effectively inform individuals, who will need to act upon that information.⁷⁷

We discarded our original templates (based on opportunities for better compliance) and created redesigned versions of the OVIC templates. We aimed to write our redesigns down to an FKG of 8 (average reading grade), and to an FRE of above 70 (Fairly Easy).

We supplemented the use of plain language by creating tables to collate the key information an applicant needed to know about their application at the start of each letter.⁷⁸ Tables help to differentiate parts of the text,⁷⁹ enabling readers to select and sort information, and are a valid tool for simple information structures.⁸⁰ The tables also collated information previously ‘scattered’ through the OVIC templates, such the applicant’s reference number, what they had requested, deadline for a response, fees and charges, again to assist in lowering the mental load needed to access the information.⁸¹

We used simple companion icons to direct the consumer’s attention to key information in the document, such as the deadline for seeking a review, and contact details for Grampians Health and the OVIC.⁸² Icons increase information transparency, and easily recognised icons support the efficient communication of information.⁸³

⁷⁴ Doherty (n 21).

⁷⁵ Rossi and others (n 39) 93.

⁷⁶ Rossi and others (n 39) 94.

⁷⁷ Ibid.

⁷⁸ Passera states that plain language on its own is not sufficient to help users engage with text. Stefania Passera, ‘Flowcharts, Swimlanes and Timelines: Alternatives to Prose in Communicating Legal-Bureaucratic Instructions to Civil Servants’ (2018) 32(2) *Journal of Business and Technical Communication* 229, 230.

⁷⁹ Rossi and others (n 39) 93.

⁸⁰ Passera (n 78) 238

⁸¹ Rossi and others (n 39) 96

⁸² Rossi and others (n 39) 108.

⁸³ Marietjie Botes and Arianna Rossi, ‘Back to the Future with Icons and Images: Using ‘Low-Tech’ to Communicate and Protect Privacy and Data’ in Rossana Ducato and Alain Strowel (eds), *Legal Design Perspectives: Theoretical and Practical Insights from the Field* (Ledizioni 2021), 211.

Creating tone: personality creation

While we could simplify language and use tables, we still wanted our communications to carry a friendly but purposeful tone. We attempted to develop empathy via persona creation.⁸⁴ Personas help project teams to step into the shoes of a user and to build empathy through better understanding their needs.⁸⁵ We created a persona, Gladys (image 2), based on our desk research.

We used Gladys when writing all our template letters, and tried to imagine how Gladys would speak, or explain something to a user. We also supplied our automation vendor with a copy of Gladys, to hold in mind when building our process automation. Where there was a choice of words available, we selected words that Gladys might use.

Gladys

Age: 69
Occupation: Mum, Nanna
Status: Widow
Location: Horsham, Regional Victoria

About Gladys

Gladys lives in Horsham and travels to Ballarat once a week to look after her 3 grandkids. Her other son lives locally and works as a plumber.

During the week she helps kids at the local primary school with their readers, is part of a walking group and on Thursday mornings she has coffee out with her friends.


Glad's husband passed away from a chronic heart condition. She used to drive him to Ballarat for treatment every week.

Motivation

Keeping fit and active is important to Gladys. She wants to keep up with her grandkids and her hobbies.

Goals

Gladys wants to be well informed about her health and her options for care.






Image 2: Gladys persona⁸⁶

User Testing

All prototype letters were provided to the project team for analysis and feedback. Santuber and Krawietz confirm the importance of looking beyond just the end-user of an artefact to the ultimate outcome of a project.⁸⁷ As our project team was multidisciplinary, this provided an opportunity for the FOI Officers (who use the template letters every day) to provide feedback on the useability of the document. FOI Officers work with consumers daily and provided valuable insight as to whether the letters addressed common queries (eg, what a consumer could do if unhappy with an FOI decision) as well as practical considerations, such as populating the tables. These insights were incorporated into prototype redesigns taken through to consumer testing.

⁸⁴ Astrid Kohlmeier and Meera Klemola, *The Legal Design Book: Doing Law in the 21st Century* (2021), 116.

⁸⁵ Stickdorn and others (n 33) 40- 41.

⁸⁶ Image taken from Microsoft Office stock photo catalogue. We attempted to use AI generators to create an original image of Gladys but found that the images created all represented a far older woman than the description implied.

⁸⁷ Santuber and Krawietz (n 29) 104.

We recruited eight consumers following our project protocol and conducted semi-structured interviews over 45 minutes - one hour. Consumers consented to participation in their user test and publication of their anonymised feedback. Our group included mental health consumers, parents of children with disabilities, neurodiverse individuals, carers of consumers who engaged with our service, consumers with a disability and consumers of our acute health service. In this way, we tried to bring as diverse a range of views into our prototyping as possible.⁸⁸

We created sample letters for a fictional applicant, using our original template, the OVIC template and our redesign. In the samples, the applicant was applying for their medical record, with the information partially released to them. The information removed for the application was personal affairs information under s 33(1) (the most frequently used exemption).⁸⁹ Two template letters were chosen for sampling, the 'acknowledgement letter' and the 'decision letter'. These two letters are important because:

1. as the first communication with an applicant, the acknowledgment letter sets the tone of engagement with our consumers, and is their first impression of Grampians Health as an organisation; and
2. the decision letter must contain key information about why Grampians Health has made its decision, and a consumer's right to have that decision reviewed independently by the OVIC.⁹⁰

Analysis and results

Desk research

From the Clinical Services Plan, we learned:⁹¹

1. Many communities in our region experience socio-economic disadvantage, and are more likely to suffer ill-health, particularly chronic disease.
2. 39.7% of our region were aged over 65 years and lived alone.
3. Rates of poor mental health are increasing in our region.
4. Our population at risk of alcohol-related harm is higher than the Victorian average.
5. Attendances at medical specialists, GPs and allied health services were generally lower than the Australian averages.⁹²

For the purposes of our project, the data told us that somebody making an FOI Application with us was more likely to be experiencing hardship, poor health or distress than the average Victorian. We already knew that their health literacy was also likely to be low, based on ACSQHA's findings in its National Statement on Health Literacy.⁹³

Readability analysis

Table 1 shows the results of the readability analysis, indicating:

⁸⁸ Hagan (n 28) 11.

⁸⁹ OVIC, *Annual Report 2022-2023* (n 64) 116.

⁹⁰ *Freedom of Information Act 1982* (Vic) s 27.

⁹¹ Grampians Health (n 67).

⁹² Grampians Health (n 68).

⁹³ ACSQHA (n 1)

1. Grampians Health original template acknowledgment letter has a reading level of around grade 8- university level. Its FRE puts it in the range of Fairly Difficult-Difficult, readable by 33-54% of the adult reading population.⁹⁴
2. The OVIC template acknowledgement letter has a reading level of around Grade 6-9, and an FRE just inside the range of Fairly Easy-Fairly Difficult. With the Fairly Easy range starting at 71, it is reasonable to suggest this letter's reading ease is Standard-Fairly Difficult. Applying the Standard measure, it is readable by around 83% of the adult reading population.⁹⁵
3. Grampians Health original decision letter has a grade level ranging from Grade 8-14, and a reading ease in the range of Fairly Difficult-Very Difficult. The letter is readable by less than 33% of the adult reading population.⁹⁶
4. The OVIC template decision letter has a grade level of 9-12 and a Difficult reading ease. It is readable by less than 33% of the adult reading population.⁹⁷

	MS Word				Readable			
	Word Count	FRE	FKG	Passive Voice	Word Count	FRE	FKG	Passive Voice
Acknowledgement Letter								
GH Original	182	39.1	12.6	50%	159	55.75	7.95	5%
OVIC	240	57.9	9.1	27.2%	211	71.43	5.92	3%
GH Redesign	223	82.2	4.0	0.0%	220	83.90	3.03	0%
Decision Letter								
GH Original	175	28.3	14.0	14.2%	177	51.9	8.6	2%
OVIC	753	38.9	12.0	27.5%	855	47.04	9.46	3%
GH Redesign	395	52.7	8.3	9.0%	361	60.25	6.38	1%

Table 1: Readability statistics using MS Word and Readable.

We were able to significantly improve the FKG in our redesigned letters, but our reading ease remained lower than desired.

The issues in achieving a higher reading ease appear to stem from:

- Retaining a formal definition of “Personal Affairs” information, which created a long sentence in the decision letter and included several multi-syllabic words such as ‘either directly or indirectly, identifying a particular individual whose personal affairs are disclosed’. We kept this definition in deference to carrying legal accuracy;

⁹⁴ Rudolf Flesch, *The Art of Readable Writing* (Harper, 1949) available <<https://medium.com/@annwylie.flesch-kincaid-grade-level-gow-hard0is-it-ebb0bfcd87>> accessed 12 December 2022 and Jindal and MacDermid (n 69) 85.

⁹⁵ Ibid.

⁹⁶ Jindal and MacDermid (n 69) 85.

⁹⁷ Ibid.

- The sentence, “We must be cautious about releasing personal affairs information under FOI, because we can’t control what happens to the information once we release it”. Although this sentence is long and multi-syllabic, users responded positively to the word “cautious”. The response to this sentence in user testing was warm, in spite of the lower readability score;⁹⁸
- The titles ‘Office of the Victorian Information Commissioner’ and ‘Information Commissioner’ contain several syllables, driving up word and syllable count.

Examples:

Images 3 and 4 show extracts from the OVIC template and redesigned letters. The original Grampians Health letter is not shown as it does not provide a point-to-point comparison.

Your freedom of information request is valid and being processed

I refer to your request under the *Freedom of Information Act 1982* (Vic) (**FOI Act**) which we received on 01/01/2023

You requested access to:

My complete medical record.

Valid request

We received the application fee on 01/01/2023 and a receipt is enclosed.

Your request is valid, and we are processing it. We have 30 days from the date we receive your request to provide you with a decision. As such, the due date for us to make a decision on your request is 31/01/2023.

Image 3: Extract from acknowledgement letter, adapted OVIC Template

⁹⁸ For example, User 1 in response to ‘How does reading this make you feel?’, “...to be cautious. I like that so much more than ‘we can’t give you this’ ...”

Your request under the *Freedom of Information Act 1982 (Vic)*

Thank you for your request.

Please keep this letter. It sets out important information about your request.



Your reference number	12345678	
Date of your request	28 April 2023	
What you've asked for	My complete medical record.	
When will you receive a response?	29 May 2023	
How much will it cost?	<ul style="list-style-type: none"> Our current charges are: <ul style="list-style-type: none"> secure email of records: no charge digital image of records on compact disc: \$20.00 photocopy of records: \$0.20 per A4 page We'll let you know how much your application is going to cost once we've processed it. 	
How can you contact us?		XXXX XXXX
		email@sample.com

Image 4: Extract from redesigned letter.

Images 5 and 6 show extracts from the OVIC template used in user testing, and the redesign of the same information. This part of the letter is explaining the reason for the agency's decision to refuse access to part of the medical record.

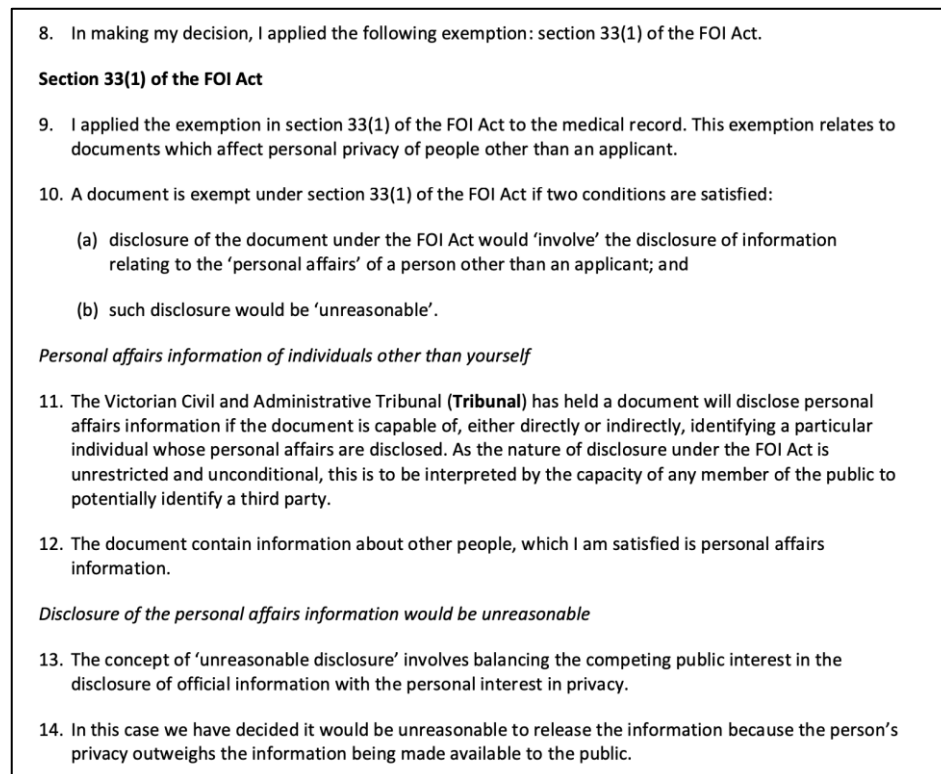


Image 5: Extract from OVIC Decision Letter template, adapted per protocol above.

We've removed some information in the record, because:

FOI Act	Explanation
33(1)	<p>The documents contain:</p> <ul style="list-style-type: none"> Personal affairs information about another person; and It is unreasonable for us to disclose that information. <p>"Personal Affairs" information means information which is capable of, either directly or indirectly, identifying a particular individual whose personal affairs are disclosed.</p> <p>We have to be cautious about releasing personal affairs information under FOI, because can't control what happens to the information once we release it.</p> <p>We must weigh up:</p> <ul style="list-style-type: none"> The public's interest in having the information; and A person's interest in their privacy. <p>In this case, we've decided that a person's privacy outweighs the information being made available to the public.</p>

Image 6: Redesigned information. Further amendments were made to this section following user testing.

Part Three: Key reflections and implications

Our user testing phase, although limited, revealed some compelling insights about consumers and their expectation of legal processes within a public health service. The reflections in this section substantiate the efficacy of legal design methodologies in improving a consumer's experience of, access to and comprehension of a legal process and artefacts therein. The results suggest that legal design has a valuable role to play in the context of public health,

through connecting legal processes with the concepts of health literacy and, in turn, person-centred care.

Consumer expectations of a legal process within health

We observed that consumers had low expectations of dealing with legal processes within a health service.⁹⁹ There appeared to be a disconnect between the established ‘official’ importance of health literacy, and consumer expectations of how legal communications within a health service will be presented. That is, while health literacy is a long-established principle of safe and quality healthcare, consumers nonetheless may not expect to experience materials they can understand, or which make them feel valued.

When shown the original and OVIC templates, consumers appeared resigned to the fact that, not only would the information be challenging to process, but that there was no alternative way to present the information. For example:

“there is a lot of information, but that I don’t know how you get around that to tell the truth...but the page just looks a bit dense and formal”

“It’s just a letter. I don’t know how you would make it more friendly, because of what the content is, it does what it needs to do...”

“It’s not friendly, but I don’t know how you wouldn’t make it friendly, because it’s not a friendly subject”

One consumer preferred the tone of the OVIC templates, on the basis that a formal process required a formal response. Again, this user’s feedback appears to confirm an expectation that there is no alternative way of presenting legal material:

“I prefer the formal, because this is serious business, you can’t make it simple...”

Consumers also reported feeling disempowered, or discounted, by the original documents and OVIC templates:

“there’s nothing to say what my request was about to make [me] feel that you actually know what it was all about”

“It makes me feel like I’ve done something wrong to ask for the information, or I haven’t asked for the information correctly”

“...almost just feel like literally like a copy paste. We send this to everyone”

“It makes me feel like you’re a desk clerk and you don’t really give a s***, and you’re going to feed me whatever you feel is a good idea”

In contrast, the redesigned versions were positively received, and appeared to change the way that consumers felt about the process, and the health service. Consumers felt that the letters

⁹⁹ Our testing did not explore whether this was specific to just legal touchpoints, or to all written interactions with the health service. This is an opportunity for future study.

were friendlier, but still ‘professional’ in tone. They responded positively to the use of tables and symbols throughout the letters.

“This document...makes me feel like I’m working with a service...is very professional, but friendly”

“...it just feels like the person is on your side writing this...It feels like, you know, they’re genuinely trying”

“I can find the information without having to read through paragraphs of nonsense to get it...this person knows their job, but is friendly”

This limited testing suggests that simple legal design techniques, such as audience tailoring via a persona and tabulation, may produce tangible improvements for consumers in terms in their experience and expectations of applying for their medical record. This is important in a low-budget context, as these techniques are more easily replicated within existing technology licences and without visual design expertise.

Tone and nuance in language

User testing produced some surprising results in terms of barrier words. We had already removed the word “pursuant” based on high syllable count and legalistic language, and user testing confirmed that consumers react poorly to the word:

“In the other one they just go on and on about the “pursuant” and stuff, you know, what does “pursuant” mean and all that sort of stuff”

“Don’t like it already, the “pursuant” stuff. Don’t like that much. It’s the language, it’s very legal”

However, there were other words which we were surprised to see users react negatively towards. The word ‘valid’ provoked a strong response in several users. Five out of eight users reacted negatively specifically in relation to the word ‘valid’. One user liked the word, two users did not comment on it:¹⁰⁰

“It’s got horrible words which get me off side. “Valid request”... the wording offends me before I’ve even read it”

“I think it’s very weird that they say your Freedom of Information request is valid. It’s a very unusual way to say it”

“I’m not sure about the whole “valid request” wording at all, like it almost says that some people’s requests are ridiculous, but yours, yours is fine”

These observations confirm the importance of user testing in generating new possibilities for legal designers within a project.¹⁰¹ ‘Valid’ is an innocuous word for lawyers, but clearly a barrier

¹⁰⁰ We had already removed ‘valid’ from the redesigned documents. This was because of a business practice whereby we call or email somebody who hasn’t put their request in the correct format. The question of validity didn’t arise in our drafting, because the acknowledgement letter is not issued until the application becomes valid.

¹⁰¹ Santuber and Kraweitz (n 29), 103.

word for consumers. Our observations made us consider other legal words in the documents which may provoke a strong response in consumers. For example, we had decided to keep the wording ‘thorough and diligent’, to follow the OVIC Professional Standards,¹⁰² even though the syllable count is high and the language legal. Following the consumers’ reactions, including one user who identified ‘thorough and diligent’ as “a piece of sop”¹⁰³ and another who stated “‘diligent’ is not a word that normal people use”, we replaced ‘thorough and diligent’ with ‘careful’.

Consumer comprehension of key information

Icons and tables assist comprehension

Icons and tables improved consumer comprehension of a deadline applying to their right to seek a review.¹⁰⁴ We asked users “What can you do if you’re not happy about the decision?” for all decision letters. We wanted to learn if users understood that they:

1. had a right to request a review;
2. that the OVIC was the body they had to ask for a review; and
3. that they had to request a review within 28 days of the decision.

In the original decision letters, users struggled to name the OVIC, and that a time limit applied. Users appeared to shut down before they reached the reasons for decision (see cognitive overload, below):

“It’s way too much. And I don’t know if this is a strategy by health services where they go...if you really want to complain, then here we won’t make it easy for you...”

“I’ll be honest...I just went skip, skip, skip, I don’t care...”

“I think a lot of that’s going to get lost because we’re still busy back going through the Act, I get that you need to put that information in there but personally, if I get a letter like that I read the first page, I’m like ‘boom’ that’s it. I’m like, why would I even bother?”

The redesign presented the review right under the heading “Your Review Rights” and used a symbol ‘△’ to draw the reader’s attention to the 28-day time limit, along with tabulating the OVIC’s contact details.¹⁰⁵ Users viewed these measures positively. Six out of eight users (two were not asked the question due to time constraints) could state the review right promptly, and with more accuracy than in the original letters:

“I like the symbol there is showing the importance of...like the urgency if you would like to follow this up further that is the time frame...I like that it shows that if this is something that’s important to you, make sure you action it”

¹⁰² OVIC, *Professional Standards* (n 20), Professional Standard 6.

¹⁰³ User 6, in response to the question ‘Can you please take a moment to read through this letter, and tell me what you’re thinking as you read it?’ for the Redesigned Decision Letter.

¹⁰⁴ Rossi and others (n 39) 108.

¹⁰⁵ Symbol taken from stock logos contained in MS Office 365 organisation subscription.

“You’ve got the details of the OVIC there, you can contact them. And then just do that within the 28 days”

These findings are promising. They confirm the established literature for increasing consumer comprehension via key visual methodologies. Stock icons and tables are embedded in readily accessible products, making them an accessible, low-cost design intervention. Making the review right clearer also has key implications for health literacy strategy. At the more obvious level it is rights-promoting, allowing consumers better access to their full spectrum of rights in a legal process. More importantly, clearly calling the review right out has implications for transparency and trust between a consumer and the health service. Building trust empowers consumers to partner in their healthcare, recognised as a core right under the Australian Charter of Healthcare Rights.¹⁰⁶

Cognitive overload

Cognitive overload may present a barrier to health consumers achieving due process, where they fail to comprehend key information, such as deadlines. Passera writes that Cognitive Load Theory can help explain why individuals without legal training may struggle to process and comprehend contracts.¹⁰⁷ She observed that:

Contracts contain lots of special terms, concepts and information (intrinsic load), and presenting this content as a wall of legalese text overloads readers without expertise (extrinsic load) and neither does it help them to develop mental models to make sense of the meaning (germane load).

We incidentally observed the phenomenon of cognitive overload during our testing of the OVIC decision letter. This was not an expected outcome of the testing, nor was it something we set out to test for. When we tested the OVIC decision letter, we found that six out of eight users (one user was not asked the question) appeared to become overloaded at around paragraphs 10-12. This occurred during the user’s first review of the OVIC decision letter.¹⁰⁸

Consumers appeared to stop reading the letter after they understood that part of their medical record had been removed, but before an explanation was given as to why, or how they could request a review of the decision to remove the information. This is important because both the FOI Act and the OVIC Professional Standards contemplate that users are entitled to reasons when a decision has been made by an agency to limit access to requested information.¹⁰⁹ That is, where a user’s right to information is fettered by an agency, they have the right to know why, and what they can do about it. Although the OVIC decision letter provides this information, the way in which it is provided appeared to act as a barrier to these rights:

“...I really want to skip over this but I should read it... the bit where it got information dense I was like ‘boring, boring, boring’”

“[at paragraph 10] I’m over reading that”

“I didn’t read 11, 12, 13 or 14”

¹⁰⁶ ACSQHA (n 22).

¹⁰⁷ Passera (n 18) 343.

¹⁰⁸ In response to the question “Can you please take a moment to scroll through this letter and let me know your initial thoughts, and what you’re thinking as you read it?”.

¹⁰⁹ *Freedom of Information Act 1982* (Vic) s27.

We observed that users did not appear to experience cognitive overload when reading the redesigned decision letter. Users also appeared to respond well to the plain language explanation as to why some of the information had been removed from their record. Plain language also supported a consumer to make an informed decision about whether they wanted to seek a review, by clearly explaining why the decision was made. For example:

“The other one just went on and on and on...the other one just had the “pursuant” ... [this one] explains how if you’re not happy, how to deal with it and the timeline. I like that one a lot better”

“This kind of feels like, hey, you’re getting everything you needed, except for this tiny bit. The sounds ridiculous, because it’s the same information, but it feels a lot warmer, a lot more personable”

“It’s spelling it out, what it is, what it means, that’s good...I think this one is better because the other one said, you know, this is the decision of the body, whereas this one says we have to be cautious. You know, that’s saying why”

In our testing, consumers were clearly able to distinguish their right to seek a review of an agency decision when plain language and simple design interventions were used to break up the wall of information and create comprehensible text.

Can tables be triggering?

In an unexpected observation, two users initially reacted poorly to the use of tables to collate key information from the document. However, during the tests both users later reported liking the tables and finding them helpful. We explored these responses with consumers and found that both felt that the letters looked like a letter from another Australian government agency. The users appeared to be carrying over feelings and reactions from their experience of that agency:

“I guess I’m thinking along the lines of like [other agency] things and when you interact with them and they just decline because you’re missing something and it’s just bad and start again”

We obtained a letter from the agency to explore this further and found that Grampians Health uses a similar colour in its logo, which combined with the table, was possibly reminiscent of a letter from that agency.

It was difficult to try and address this concern. We wanted to keep the table format and are bound by brand guidelines in respect of our logo and corporate colours. We ultimately decided to soften the colour of the lines in the table, to try and make it appear less harsh. We otherwise could not find a solution without removing the table altogether, and this may be a point upon which graphic design expertise could have added value.

Budget is not a barrier to effective legal design

Overall, our work suggests that great results can be achieved using cheap and existing tools. Our user testing, although small scale, confirmed that our redesigned letters were accessible to consumers, changed the way they felt about Grampians Health, and supported consumer comprehension of key legal rights. In the strict budgetary climate in Victoria, this is a welcome finding. It means that legal teams in public health can offer a meaningful contribution to person-centred care without significant financial investment. It is hoped that the methods

outlined in this article will encourage teams to undertake similar work, or to at least approach how their team intersects with consumers with fresh eyes.

Using commonly available tools also means that work can be easily replaced and shared by other health services. We have already made a set of 14 de-branded templates and three guidance documents available under Creative Commons licence for other public health services. At the time of writing, eight large Victorian public health services had obtained copies of the templates to implement in their own FOI Services. This is a highly effective means of producing widespread impact and consumer benefit.

The results also confirm that even a small investment of time for user testing is extremely valuable. Our feedback was far more powerful than we had anticipated. We are now confident that our letters meet consumer needs and were able to make tweaks and changes that we otherwise could not have anticipated. There were also impactful lessons about language that lawyers take for granted, such as “valid”, and how it can act as a barrier to consumers in the attainment of good health.

We have been delighted at the impact that our project has had on FOI in Victoria. We set out to improve our own service, and in the process have had sector-wide impact and influence, including at regulator level. Given the potency of the user feedback, we engaged with the OVIC ahead of preparing this article. We presented our project and insights to several senior staff. We have been overwhelmed by the generosity of the OVIC in engaging with our project, and its receptiveness to our feedback. Our work coincided with the OVIC’s own review of its templates, and we have provided our templates to the project team to support their redesigns. The potential of small qualitative projects to yield powerful, transformational results cannot be underestimated.

Limitations

A key limitation is the method used for user testing. Showing the letters in sequence to the user each time meant that, by the second set of letters, users anticipated what was coming. They anticipated the redesign was coming. As such, the feedback may be biased in favour of the redesigns. As this is not a study of statistical or empirical significance, the feedback still met our needs and confirmed that the redesigns were positively received. Other limitations of this work include the small sample size, made even smaller by one user failing to comment on all six letters.

Future Work

Our process automation went live on 1 July 2024. We look forward to presenting our work on this phase of our project in another paper. There is significant opportunity for the further development of legal design discourse within public health. The intertwinement of legal design and person-centred care is a key point for future academic consideration. The list of use cases for legal design across public health systems, services and consumer interfaces generally is potentially enormous.

Conclusion

Public health services deliver care to consumers within a highly regulated context. Legal processes and practices within public health form a part of the health literacy environment, impacting the way consumers experience care. Although public health models have human-centredness at their core, traditional approaches to the law can create barriers for consumers of public health services. Legal design and person-centred care are closely intertwined,

human-centred paradigms in this context. There is significant potential for the practice of legal design in public health to contribute to person-centred care and positive health outcomes.

Our case study suggests that legal design can promote transparency, accessibility and trust in the strictly regulated setting of access to medical records. Additionally, that budget need not be a barrier to legal design projects within public health. This is promising for the development of further use cases within the sector.

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