

# Health Literacy and Community Partnership

Program report for 2013-17

*Our vision is all our communities: healthy, vibrant and connected*



## Why health literacy and community partnership?

Health literacy and community participation were identified as key priorities in the HealthWest Partnership Strategic Plan 2013-17. Indicators of low health literacy are prevalent in the West, with high cultural and linguistic diversity, new and emerging community groups, areas of high disadvantage and areas of fast population growth.

In this environment it is important that health and community services are able to respond to the changing needs of their communities. HealthWest successfully worked at a systems level to increase participation of individuals and communities in decision making at an individual, program and organisational level, with a focus on health literacy and community participation.

HealthWest did this by working in three key areas.

### 1. Building the capacity of the health and community sector to respond to health literacy needs.

#### What did HealthWest do?

- Partnered with cohealth and the Centre for Culture, Ethnicity and Health (CEH) to deliver the Health Literacy Development Project:
  - Health Literacy Development Course delivered annually 2013 – 2016 to a total of 80 people across 24 organisations.
  - Established the Health Literacy Community of Practice (HLCop) and leadership group in 2014 and the Health Literacy Practitioner's Alliance in 2016, delivering 8 health literacy MEET-UPS to 254 attendees.
  - Project evaluation was conducted by an independent University of Melbourne researcher in 2013, 2014 and 2015.
  - Surveyed local organisations in 2013 (n=7) and 2016 (n=18) to assess changes in health literacy practices in the region.
- Submitted a case study to the Australian Health Review special issue on health literacy to share the results from the Health Literacy Development Project.
- Partnered with cohealth and Maribyrnong City Council to build health literacy practice at the Braybrook Community Hub via Better Health in Braybrook.
- Supported the pilot of the Organisational Health Literacy Responsiveness Self-Assessment Tool at one of our member organisations. (This tool was developed by Anita Trezona as part of her PhD at Deakin University, the pilot was coordinated by Anita through her role at Inner North West PCP.)
- Partnered with Victorian PCPs in the development of online organisational health literacy training in 2016-2017.
- Informed and supported members and health literacy workers through one-on-one meetings, phone conversations and a health literacy email distribution list of 106 recipients.

## What were the key outcomes?

A survey of local organisations indicated that **health literacy practices are being applied to a greater extent among organisations in 2016 than in 2013**. Half of respondents (9 of 18) report making good progress or having embedded health literacy practices, compared to no organisations in 2013. Specific health literacy practices are also being implemented in greater proportions (see Table 1 in the appendix).

The independent evaluations of the Health Literacy Development Project found that the Course and the broader Project had significant benefits for the region.

### The **Health Literacy Development Course**:

- Provided participants with knowledge, practical direction and opportunities to share learnings.
- Built capacity in the region by developing leadership, networks and partnerships, and workforce knowledge and skills.
- Served as a catalyst for organisations to authorise and embed health literacy into routine practice.

The broader **Health Literacy Development Project** created ripple effects that:

- Built health literacy capability at the individual, organisational and systems level.
- Contributed to transformational and incremental changes in health literacy practices.
- Acted as a catalyst for transformative action across the region.

The Community of Practice approach used by HealthWest to support workforce development was successful.

**Health Literacy Community of Practice (HLCoP)** participants indicated in a 2015 survey that:

- It created a valued local space for sharing and reflecting upon and learning from experiences, particularly from consumers.
- Information received was useful (81%) or somewhat useful (19%).
- Topics presented and discussed were relevant (71%) or somewhat relevant (29%) to their work.

**Health Literacy Alliance** participants indicated in a 2017 survey that:

- The Alliance has assisted their work through peer learning and support from others in a similar role; sharing ideas, resources and information; a better understanding of priorities and work across the region; generation of ideas; and increased health literacy knowledge and skills.
- The majority found the Health Literacy Alliance very or quite useful (70%).

Through **Better Health in Braybrook**, we contributed to the ongoing development of a welcoming and user-friendly Braybrook Community Hub through:

- Successfully building staff awareness of health literacy and community participation principles and influencing processes and environments.
- Modelled community participation by including community members in project planning, delivery and evaluation.
- Directly and indirectly contributed to the new Hub strategic plan through the incorporation of these principles.

The **Organisational Health Literacy Responsiveness Self-Assessment Tool** was successfully piloted and a series of recommendations developed for the member organisation. The member organisations has committed to action on health literacy in the 2017-18 financial year.

**Online organisational health literacy training module** content has been finalised. IT development is underway, with the training expected to be completed in the second half of 2017.

2. Building the capacity of professionals and organisations in Melbourne's west to partner effectively with community and embed community participation and co-design within their practice.

What did HealthWest do?

- Established the Community Participation Practitioners Network (formerly Community Engagement in the West Network) to build the capacity of workers to partner with community and consumers. Delivered 15 meetings from 2013 to 2017 to attendees from 43 organisations
- Produced the short video *Stories of Participation: Partnering With the Community to Improve Health and Wellbeing* with a working group of partners and community representatives in 2014.
- Member of the working group for the State-wide Primary Care Partnership Consumer Engagement Forum in September 2015 to share and support consumer engagement knowledge and practice across the state.
- Conducted the Community Participation Mapping Survey in 2016 with our members to explore how consumer participation is being used by our members to facilitate consumer input into organisational planning and decision making in Melbourne's west.
- Informed and supported members and health literacy workers through one-on-one meetings, phone conversations and a community participation email distribution list of 85 recipients.

What were the key outcomes?

A 2015 survey of **Community Participation Practitioners Network** attendees shows that the majority of respondents find the network:

- Relevant to their work (highly 67%, moderately 33%).
- Useful for their work (highly 58%, moderately 33%).
- Interesting (highly 75%, moderately 8%).

In 2016 the CP Practitioners Network evolved to focus on practical aspects of partnering with consumers and community, based on the survey, program planning and member input at a strategic leadership forum. Since then, topics covered have included:

- Partnering with Aboriginal and Torres Strait Islander people.
- Including community members on committees.
- Including carers in community work.

The **Consumer Participation Mapping report** has been disseminated to members and more broadly. It showed that member organisations are using consumer participation in many varied ways, with varied levels of success.

- It led to a series of four key findings focusing on increasing consumer participation in high level decision making, sharing expertise, building staff capacity and measuring outcomes.
- It identified roles for HealthWest and broader government and funding agencies to support consumer participation across the health and community services system.

### 3. Empowering consumers and communities and creating opportunities for them to shape work across the region.

#### What did HealthWest do?

- A HealthWest Community Advisory Group was created in order to enable community input in strategic leadership forums and planning, as well as helping to plan broader community engagement activities.
- Community have input into activities at HealthWest through project steering and working groups and the Western Community Network.
- HealthWest delivered a range of projects in the Prevention and Integration teams intended to empower and give a voice to communities.
- Policy, procedures and resources created to support HealthWest staff and community to work together.

#### What were the key outcomes?

The **Community Advisory Group** has been formed, with five members who provide diverse input into planning and discussions. Group members participated in HealthWest's Strategic Leadership Forum in March, and have had input into development of the strategic bridging plan 2017-19.

**Community members are increasingly involved in project planning and implementation** at HealthWest, enabling them to directly influence health and wellbeing services and systems (e.g. A Seat at the Table, Better Health in Braybrook, Diabetes Out West).

**Community members are being supported and empowered to influence and participate in their own communities** through HealthWest's broader project work (e.g. Our3021, Working Together With Men, Community Leadership).

**Position statements** were created and disseminated, laying out HealthWest's approach and actions to Health Literacy and Community Participation.

Novel ways of working with community at HealthWest have been developed, refined and operationalised through the:

- Community participation policy.
- Community recruitment process and orientation manual.
- Process for including community members in staff recruitment.

#### Further reading

Download the 2013, 2014 and 2015 evaluation reports and the 2016 organisational survey on HealthWest's health literacy project page: <http://healthwest.org.au/projects/health-literacy/>.

Read the *Community Participation Mapping reports* on HealthWest's community participation project page: <http://healthwest.org.au/projects/community-participation/>

Read HealthWest's position statements on health Literacy and Community Participation: <http://healthwest.org.au/about-us/position-statements-2/>

Read the *Better Health in Braybrook Project Evaluation report*: [www.healthwest.org.au](http://www.healthwest.org.au) (available on the website by May 2017)

## Appendix

Results from surveys assessing health literacy practices of local organisations in 2013 and 2016.

<b>% of respondents that answered 'true'</b>	<b>2013 (n=7)</b>	<b>2016 (n=18)</b>	<b>Difference</b>
Health Literacy is embedded in our strategic plans.	27%	39%	<b>+12%</b>
Our organisation has a Health Literacy Policy.	0%	33%	<b>+33%</b>
Health Literacy is a key element of other organisation policies.	Not asked	39%	N/A
In our organisation Health Literacy is embedded in our written communication policy guide.	29%	44%	<b>+15%</b>
In our organisation Health Literacy is embedded in our web communication policy guide.	29%	33%	<b>+4%</b>
In our organisation we have allocated staffing to Health Literacy.	27%	50%	<b>+23%</b>
In our organisation Health Literacy is embedded into the position descriptions of our staff.	27%	17%	-10%
In our organisation we have formally assessed or audited our organisation's Health Literacy practice.	0%	39%	<b>+39%</b>
In our organisation community engagement/ participation strategies are inclusive of and accessible to people with low health literacy.	71%	89%	<b>+18%</b>
In our organisation staff are encouraged to use Health Literacy communication strategies with all consumers.	29%	89%	<b>+60%</b>
In our organisation we produce materials in languages other than English.	86%	72%	-14%