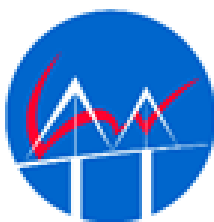


Understanding the Impact of Organisational Health Literacy Initiatives on Clients¹

Executive Summary

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HealthWest
Partnership



centre for
culture,
ethnicity
& health



Mercy Health
Care first

cohealth
connecting communities

ipcHealth
improving and promoting community health



Sunbury
COMMUNITY HEALTH

¹ Clients was the preferred HealthWest member agency terminology and includes consumers and patients.

Acknowledgements

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Executive Summary

Introduction

Health literate organisations have been defined as “*An organisation that makes it easy for anyone to find, understand, and use information and services*”. Organisational health literacy (OHL) is increasingly viewed as a key element of the healthcare system as it shapes patient care experiences, quality of care and health outcomes. Evidence exists that OHL can improve health seeking behaviors and ability to better understand and self-manage health conditions. However, OHL is complex, multifaceted and a multilayered system issue, which includes how the system engages and interacts with clients. To improve OHL multiple changes are now recognised as required, including aligning the organizational values and purpose, embedding changes within core business, workforce development, ensuring clear communication is utilized in all situations, and ensuring clients are involved in health systems design, development and evaluation.

Since 2013 an array of Health Literacy Project Initiatives have been made available for health professionals working in HealthWest Partnership member agencies in the western metropolitan region of Melbourne. For example, health literacy training courses; senior executive sponsors workshops; health literacy Community of Practices/Alliances; online Health Literacy course; and a Peer group mentoring approach. Evaluations of the Health Literacy Project Initiatives’ from staff perspectives have revealed client outcomes, including: increased access to services; decreased confusion; improved written client information and communication; increased input into client feedback mechanisms; increased access to interpreters; increased engagement; and increased interactions between managers and clients. To date, limited evidence exist from clients about what impact OHL initiatives are having on their care experiences and outcomes.

Evaluation

In 2019 HealthWest Partnership commissioned the University of Melbourne (Lucio Naccarella) to understand the impact of specific OHL initiatives on clients within four-member agencies:

1. **cohealth- My Health & Wellbeing Form**- an OHL initiative designed to prompt clients to think about what they want to talk about before their appointment and to prompt staff to think about the range of needs the client may have
2. **Mercy Health – Healthy Eating for Gestational Diabetes Information sheets**- an OHL initiative designed to help culturally and linguistically diverse (CALD) women manage their gestational diabetes.
3. **Sunbury Community Health - First Steps Program** – a program informed by OHL principles and practices designed to identify children’s developmental needs as early as possible and to support carers/families to ensure children are on pathways that suit their child’s developmental needs
4. **IPC Health – High Risk Foot (Wound) Clinic**- an interdisciplinary wound care service informed by OHL principles and practices to support clients to manage and prevent further foot complications

The evaluation aims included:

- To identify the impacts of organisational health literacy initiatives on clients?
- To identify the contextual factors (enablers or barriers) that influenced the impacts of organisational health literacy initiatives on clients?
- To identify what is required to sustain the impacts of organisational health literacy initiatives on clients?
- To identify the principles that contributed to the impacts of organisational health literacy initiatives on clients?

Evaluation approach

The evaluation was informed by three evaluation approaches (Case Study design, Outcomes Harvesting and Principles-focused Evaluation) and utilized mixed methods: semi-structured individual interviews and focus group discussions with clients and member agency staff.

Synthesis of Evaluation Findings

A total of 70 participants (38 clients and 32 staff) participated in the evaluation.

Impact of OHL initiatives:

Overall the OHL initiatives appear to be building client's knowledge and understanding of how to manage their conditions, as demonstrated by an increased capability to find, access, understand and use information, as evidenced by clients reporting they: were being heard; understood the care they were receiving; using information, and felt supported by their health care professionals. While clients reported that they felt comfortable to ask questions about their care, minimal evidence was found of clients having an active involvement in making informed shared-decisions about their care.

Contextual factors influencing impacts of OHL initiatives:

The evaluation revealed that the OHL initiatives confirm the presence of key elements required for being a health literate organisation, including: a workforce with appropriate knowledge and skills; partnering with clients to plan user-friendly services; providing information and communication; and having a commitment from agency leaders from all levels, providing an authorising environment for OHL practices.

Key contextual factors (enablers and barriers) found to influence OHL practices from previous evaluations of health literacy project initiatives in Melbourne's west were confirmed and expanded:

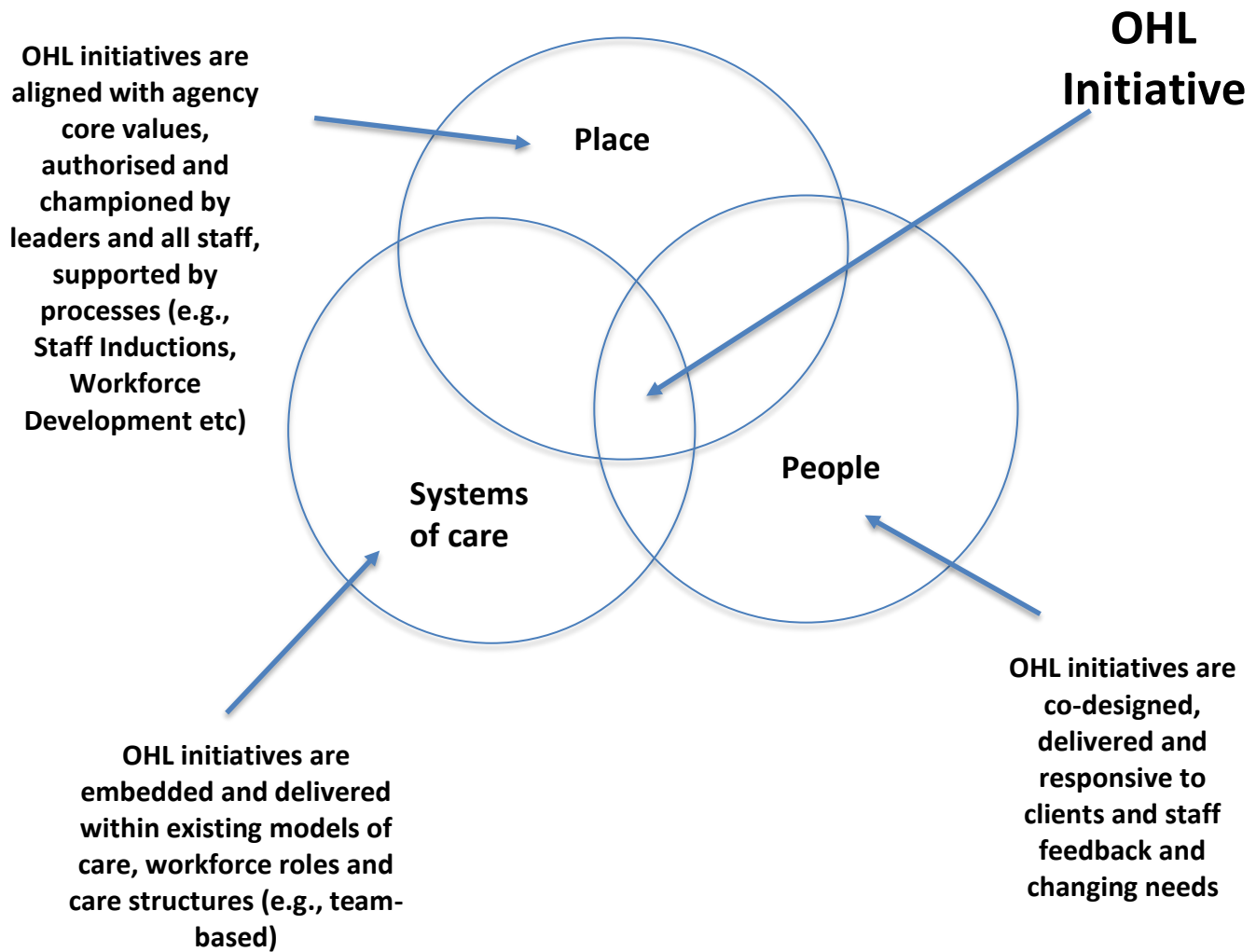
Enablers	Barriers
Individual level- Senior executive buy in and internal staff championing OHL principles and practices	Individual level- increased client diversity and complexity of care needs; increased demands upon staff; variable staff know-how & buy in. Staff fatigue or time constraints were not mentioned.
Organisation level- OHL embedded in strategic and operational (e.g., HR/staff Induction) plans	Organisational level – Maintaining momentum and visible benefits of OHL still remains, as it requires alignment of operational units and practices.
Systems level – Service reforms and accreditation received only minor mentions by staff.	Systems level – navigating increased system complexity, ongoing service reforms and increased information were still present as barriers. Funding uncertainty was not mentioned.

The evaluation confirmed the importance of staff participation in the HealthWest OHL initiatives (e.g., Health Literacy Training, Community of Practice/Alliance, Mentoring) who have become organisational champions and OHL change leaders.

The evaluation also confirmed that adopting, implementing and sustaining OHL requires OHL initiatives that are visible, supported, and resourced with OHL change leaders, with expertise in making the case for OHL to staff in strategic, managerial and service delivery roles. The evaluation also confirmed the importance of OHL infrastructure i.e., the importance of the individuals who bring OHL into organisations and where they work and the location of the OHL initiatives within organisations. For example, while it is recognised that OHL is everyone's responsibility, the OHL initiative within Mercy Health, clearly demonstrated the role and importance of the Multicultural Manager driving the OHL initiative with their staff (Diabetes educator, Dietician, Interpreters) for CALD women with gestational diabetes

Key Principles contributing to impact of OHL initiatives

The evaluation has revealed three interconnected principles (Place, People & Systems) that are contributing to the impact and sustainability of the OHL initiatives on clients.



Evaluation Implications

Given that OHL initiatives are beyond the sphere of influence of any one entity (e.g., HealthWest Partnership or member agencies), the evaluation implications are presented for: OHL System Change Efforts (e.g., HealthWest Partnership) and for OHL developers and deliverers (e.g., member agencies). Implications for future research and evaluation are also presented.

OHL System Change Efforts (e.g., HealthWest Partnership)

- Given that OHL initiatives are being designed and implemented into dynamic health care systems and not in isolation, further support is required to build the capability of OHL change leaders in OHL change strategies.
- Given the increasing system complexity, ongoing OHL best practice knowledge transfer, exchange and discussion platforms are required via formal (e.g., OHL forums) and informal (Community of Practice) strategies.

OHL developers and deliverers (e.g., cohealth, Mercy Health, IPC Health, Sunbury Community Health)

- Given that OHL initiatives are complex, multi-faceted and multilayered, to optimise their impact upon clients, ensure OHL initiatives are informed by key principles (Place, People and Systems).

- Given the increasing system complexity, increasing demands upon staff and increasing client diversity, OHL initiatives need to be developed and implemented synergistically with other organisational improvement approaches (e.g., person-centred care; cultural competency, quality assurance & safety).
- Given that OHL initiatives do not exist in isolation, further support is required in how to embed them into existing systems of care (workforce, structures, processes).
- Given that OHL initiatives are context and content sensitive, member agencies need to support multiple aligned strategies (e.g., formal workforce development, Community of Practices or mentoring) – to build a critical mass of staff (executives, managers, frontline) trained and supported in OHL to champion OHL.

Implications for future research and evaluation

The evaluation has generated rich evidence and identified evidence gaps into the impact of the OHL initiatives at the client, organisational and systems level.

Client level

The evaluation revealed the complex array of factors influencing and principles contributing to OHL initiatives client impacts. Evidence emerged that the OHL initiatives are building client health knowledge and understanding to enable them to manage their health conditions. However, an evidence gap still exists about how OHL initiatives can build clients active involvement and empowerment in care decisions. The following research and evaluation questions are suggested for consideration:

- To what extent are agencies facilitating clients to have active involvement in care decisions?
- What factors (individual, organisational, system level) are influencing clients to have active involvement in care decisions?
- What OHL strategies can optimise clients to have active involvement in care decisions?

Furthermore, given the recognition that health literacy is a tool for reducing health disparities and increasing equity (especially for people with low levels of health literacy), the following research questions are suggested for consideration;

- How are OHL initiatives adapting to client's health literacy levels, especially clients with low levels of health literacy?
- To what extent are the OHL initiatives reducing health disparities and increasing equity, especially for clients with low levels of health literacy?
- What are the equity implications of OHL initiatives at the client, organisation and systems level?

Organisational level

Whilst the evaluation confirmed key requirements to be a health literate organisation, given the complex and dynamic health care environments within which OHL initiatives are being designed and implemented, the following questions are suggested for future consideration:

- What OHL change strategies are required to implement and sustain impacts of OHL on clients?
- What strategies are required to support OHL initiatives to be scaled up or become organisation-wide?

Furthermore, given that OHL ripple effects are occurring within agencies that have not participated in all of the HealthWest health literacy project initiatives (i.e., training courses, Community of Practices) to the same degree or extent, consideration could be given to further exploring:

- What combination of support contributes most to self-sustaining OHL practices?

Systems level

OHL is increasingly viewed as a key element of the healthcare system as it shapes patient care experiences, quality of care and health outcomes. The evaluation revealed that an evidence gap still exists about what system-wide changes are required to scale up the OHL initiatives beyond a client population, program or service. The OHL initiatives can be viewed as catalysts for healthcare system-wide health literate changes or indeed health literate healthcare systems. However, evidence is lacking about what a health literate healthcare system looks like and hence the following research and evaluation questions are suggested for future consideration:

- What does a health literate healthcare system look like?
- What factors influence health literate healthcare systems?
- What strategies work best to build health literate healthcare systems, and how can these be best evaluated?