



EVALUATION REPORT

Make it Easy: A Handbook for Becoming a
Health Literate Organisation

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*We acknowledge the traditional custodians of the lands that we work on,
the Wurundjeri, Boonwurrung, and Wathaurong peoples of the Kulin Nation,
and pay our respects to their cultures and their elders past and present.*

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Executive Summary

- Make it Easy: A Handbook for Becoming a Health Literate Organisation was developed in collaboration with consumers and professionals from Melbourne's west and inner north suburbs.
- The pilot and evaluation found that all participants:
 - Would recommend the handbook to other organisations.
 - Agreed or strongly agreed that the self-assessment tool was easy to use and understand.
 - Agreed or strongly agreed that the tool provided practical advice and resources.
- The pilot and evaluation found that most participants:
 - Felt the tool was small and achievable.
 - Was relevant to their organisation.
- Further piloting is required to establish if the tool is relevant to 'non-health' services.

Why Did We Do This Project?

Health literacy was identified as a key priority in HealthWest's Strategic Plan 2013-17. Inner North West PCP (INWPCP) began working on improving organisational health literacy in 2015. In 2018 the organisations collaborated with the objective of improving organisational health literacy across Melbourne's west and inner north suburbs.

Over the years HealthWest and INWPCP have been involved in numerous initiatives, including:

- The Vic PCP Online Health Literacy Course, a collaboration between Victorian PCPs.
- The Health Literacy Development Project, a partnership between HealthWest, the Centre for Culture, Ethnicity and Health (CEH) and cohealth. This project aimed to teach participants about health literacy and support them to conduct an improvement project within their organisation.
- The Org-HLR Self-Assessment Tool Pilot Project, a comprehensive organisational health literacy self-assessment tool designed by Deakin University and piloted with organisations from Melbourne's west and inner north suburbs.
- The Organisational Health Literacy Peer Mentoring Project, which brought together organisations with varying levels of experience in improving organisational health literacy. The project aimed to facilitate sharing and building on each other's experiences and understandings.

- The Health Literacy Alliance (formerly the Community of Practice), which aims to connect health literacy practitioners across the region, leading to shared learnings, more consistent health literacy practices and coordinated action across the region.

Overall, these projects have been successful and have offered organisations multiple avenues for improving their organisational health literacy. Despite this, numerous organisations are yet to engage with health literacy projects in this region. In late 2018 a needs assessment was conducted to determine why some organisations are yet to engage. Other Primary Care Partnerships working to improve organisational health literacy were also interviewed to learn from their experiences. The needs assessment found that people:

- Have competing priorities.
- Feel overwhelmed about where to start.
- Are unsure of what improvements to make.
- Want practical, adaptable tools and resources and a clear way forward.
- Do not always understand the concept or scope of organisational health literacy.

The Gippsland Primary Care Partnerships (Gippsland PCPs) have made noteworthy achievements in improving organisational health literacy across the Gippsland region. In 2015 they created a comprehensive organisational health literacy self-assessment tool which aims to support a consistent approach to understanding and improving organisational health literacy. This approach has been successful. Over the years Gippsland PCP has developed variations of the tool, including a smaller version, and one with ideas for improvements.

The findings of the needs assessment were discussed with the Health Literacy Alliance and it was agreed to build on the Gippsland PCP's self-assessment tool and adapt it to this region by incorporating local resources and experience of what works or is useful. At the time of the needs assessment the Alliance was also working on developing a consistent regional definition and approach to organisational health literacy. The Alliance had also identified the need for a tool to guide discussions with leaders and workers about the benefits of being a health literate organisation. It was agreed this work would be incorporated into the resource and that the resource would be accessible to consumers.

What Were We Trying to Achieve?

The objectives of this project were to:

- Collaborate with professionals and consumers from Melbourne's west and inner north suburbs to develop a resource that will support health and social service organisations to improve their health literacy.
- Ensure this resource:
 - Is easy to use and understand.
 - Provides practical advice and resources.
 - Feels small and achievable.
 - Is relevant to both health and social service organisations.

What Did We Do?

Project Outcome

The outcome of this project was *Make it Easy: A Handbook for Becoming a Health Literate Organisation (Make it Easy)*. This resource included:

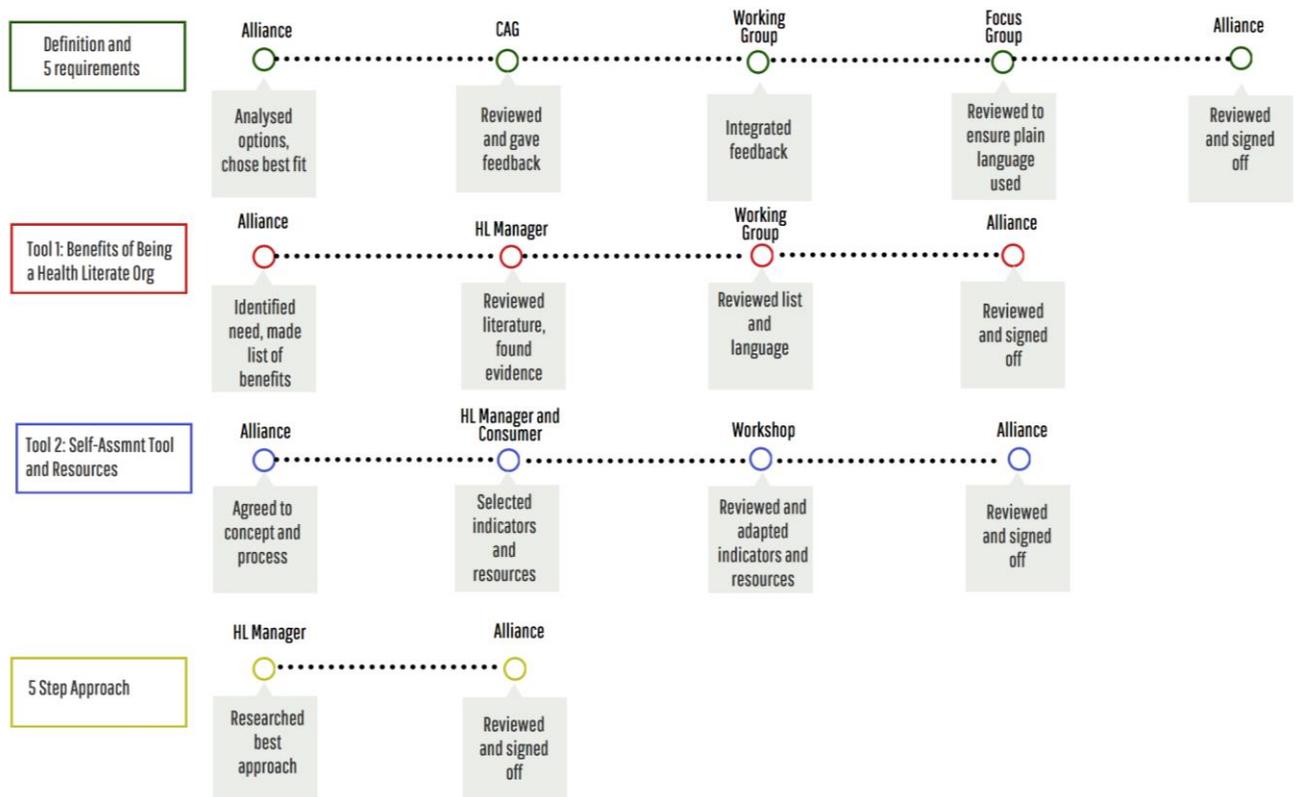
- a **simple definition** of what it means to be a health literate organisation,
- an explanation of the **five requirements** for being a health literate organisation,
- a **five-step approach** to becoming a health literate organisation and
- **two tools** to help organisations get there:
 - **Tool 1: Benefits of a Health Literate Organisation**
This tool helps guide discussions with leaders and workers about the benefits of being a health literate organisation.
 - **Tool 2: Mini Self-Assessment Tool**
This self-assessment tool takes around three hours to complete. It offers ideas for improvements based on our experience of what works and a list of resources to help staff make these improvements.
 - **Tool 3: Improvement Action Plan and Resources**
A template to help organise improvement activities and a list of resources to help make improvements.
(Please note: Tool 3 was removed in the final handbook, as recommended by this evaluation report)

How Did We Do It?

Make it Easy was developed collaboratively with professionals and consumers from Melbourne's west and inner north suburbs. The process used to develop each element of

the handbook is outlined in the diagram below. The groups consulted consisted of the following:

- Health Literacy Alliance – 17 professionals, 1 consumer advocate
- HealthWest Consumer Advisory Group (CAG) - 5 consumer representatives
- Working Group – 4 Alliance members (3 professionals, 1 consumer)
- Focus Group – 2 consumers, Working Group
- Workshop – 3 consumers, 3 professionals



Evaluation

Methods

The handbook was piloted with four organisations who are members of HealthWest and/or INWPCP:

- The Royal Victorian Eye and Ear Hospital (specialist eye, ear, nose and throat hospital)
- Djerrivarrah Health Services (provides health services in Bacchus Marsh, Melton and Caroline Springs)
- The Baker Institute (researches diabetes and heart disease)
- Campbell Page (a not-for-profit organisation that provides disability employment support and employment services)

The following methods were used to collect a mixture of quantitative and qualitative data:

- Observation notes taken by the Health Literacy Project Manager during each self-assessment.
- Immediately after each self-assessment participants were asked what they liked about the session, what could have been improved and what had been surprising.
- Participants were asked to complete an online survey of 22 open and closed-ended question relating to the self-assessment tool. These focused on its practicality, how easy the tool was to use and understand, if the tool was relevant to their type of organisation.
- Phone interviews with the key contact at each organisation were conducted a month after the self-assessment. These questions focused on Tool 1 – Benefits of Being a Health Literate Organisation and the Resources section of the self-assessment tool.

Changes were made to the handbook based on feedback. The Project Manager also noted observations throughout and made changes accordingly.

Evaluation Results

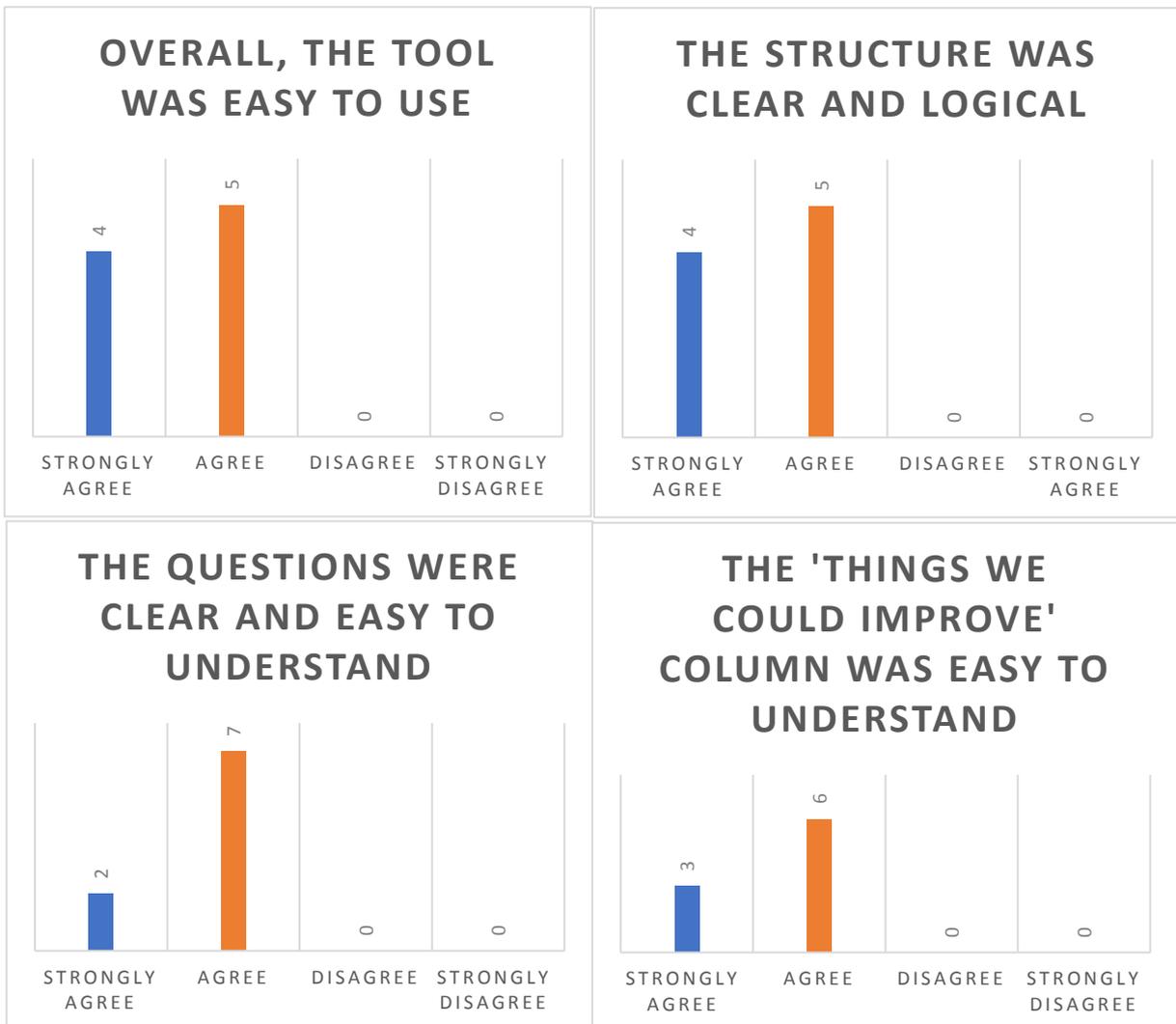
Overall

Overall, the handbook was very well received. 100% of those who responded to the survey said they would recommend the resource to other organisations.



Was it Easy to Use and Understand?

All survey respondents strongly agreed or agreed that the self-assessment tool was easy to use and understand.



WHAT DIFFICULTIES DID YOU ENCOUNTER DURING THE ASSESSMENT?

“Ideas were coming through, but it was more around seeing the number of gaps and where we were already doing some things did make it feel at times bigger than Ben Hur”

“Trying to focus on the one question, our answers to one question would relate to almost all other questions. We could go off tangent.”

“Not overlapping topics” “Realisation that there were a lot of things we weren't doing.”

“None really.” “The questions were not always relevant to my organisations approach to health literacy.”

WHAT WOULD HAVE MADE THE TOOL EASIER TO USE?

"Easy to use."

"Bigger group therefore more suggestions and ideas."

"Nothing, it was easy to use."

WHAT WOULD MAKE THE TOOL CLEARER AND MORE LOGICAL?

"N/A." "Nil comment."

"It was clear and logical."

"Nothing, it was easy to use."

"I would change nothing"

WHAT ASPECTS OF THE TOOL WERE ILLOGICAL OR UNCLEAR?

"Nothing." "None." "Nil." "Nothing." "None."

"Crossover with some questions sometimes made it repetitive and we were flipping between pages."

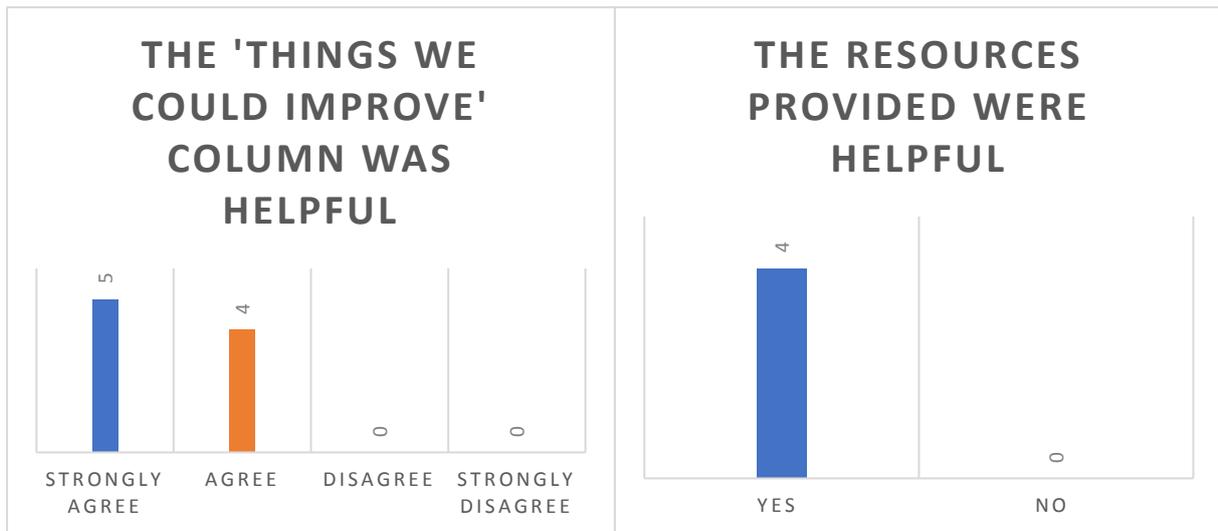
"Perhaps the format could be changed slightly"

"Clear structure. What we could do well gave useful prompts to realise what we already do."

"All aspects were logical and clear but relevance to my organisation was not always apparent."

Did it Provide Practical Advice and Resources?

All survey respondents found the suggestions for improvements and resources helpful.



DO YOU HAVE ANY SPECIFIC COMMENTS ABOUT THE 'THINGS WE COULD IMPROVE' COLUMN?

"The suggestions in this column were an excellent guide for helping us to better understand the breadth of things / actions that we do that impact on health literacy".

"I think that if we didn't have these suggestions, this tool would have been so much more difficult to complete and wouldn't have helped us as much to increase our knowledge of what really impacts on health literacy. The suggestions helped us to think outside the box a lot."

"Very helpful and showed we were thinking along the right way."

"Informative, reiterated what we as a group came up with also."

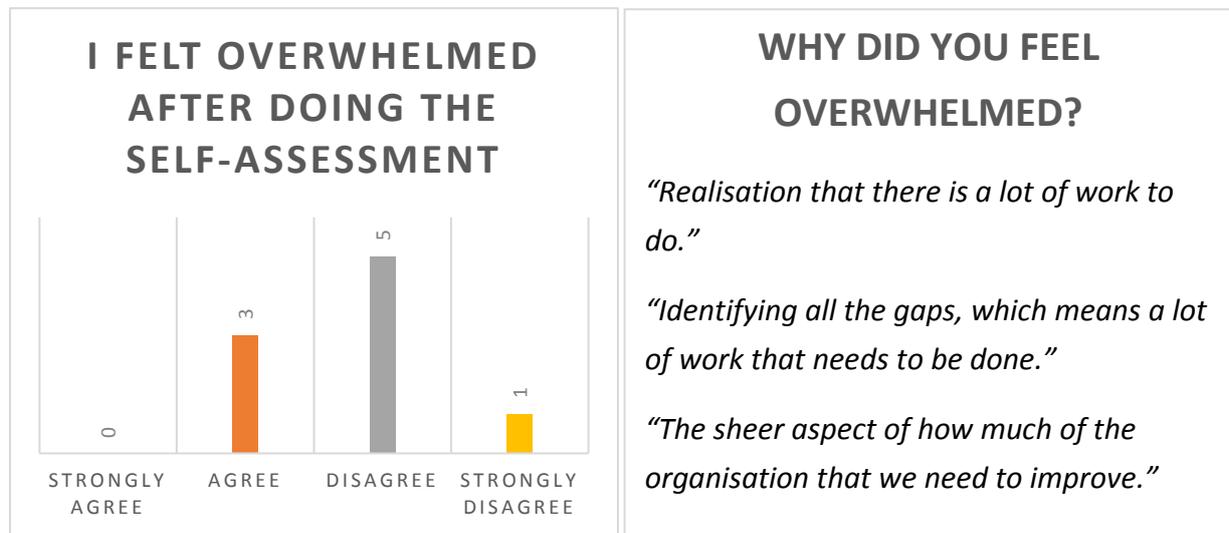
HOW WOULD YOU IMPROVE THE 'THINGS WE COULD IMPROVE' COLUMN?

"None required."

"I thought the examples provided were fantastic."

Was it Small and Achievable?

Most respondents did not feel overwhelmed after the self-assessment.



HOW COULD WE MAKE IT LESS OVERWHELMING?

“Perhaps make it slightly shorter in length”

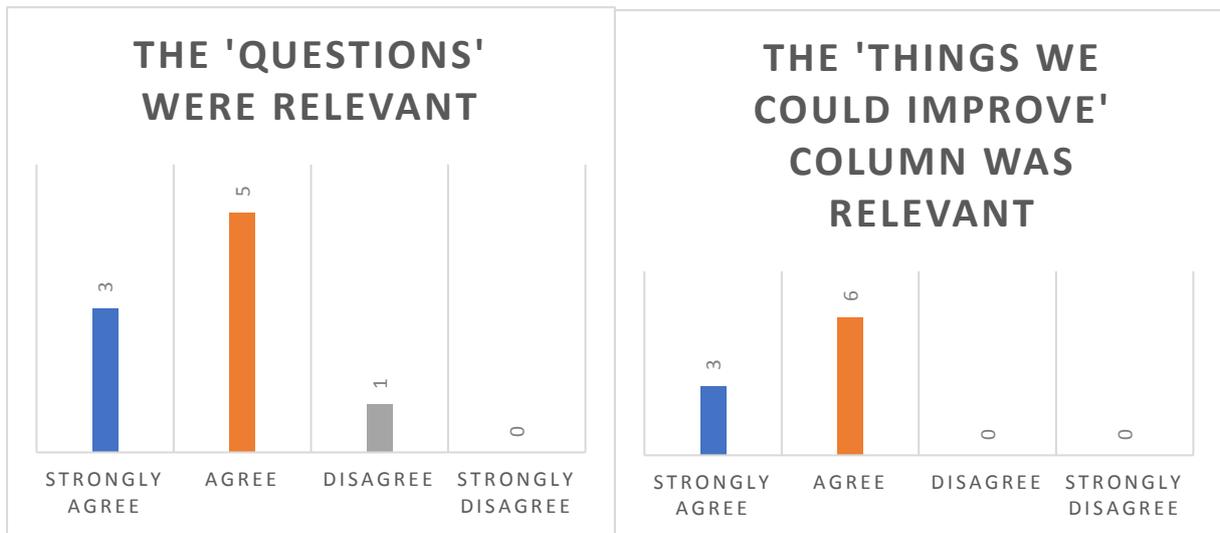
“Section it out and do shorter more frequent meetings instead of one sitting”

“It wasn’t the tool itself, more the results in relation to our organisation”

“Break it down into section of goals vs realistic expectations”

Was it Relevant?

Most respondents thought the tool was relevant to their organisation.



HOW COULD WE MAKE THE TOOL MORE RELEVANT?

"If feasible, provision of some alternate questions geared to different spaces might be of use."

"No improvement required"

"I think it's good as is."

Evaluation Findings

Finding #1 – Easy to Use, Provides Practical Advice and Resources

Overall the evaluation showed that pilot participants found the tools to be a valuable resource. All participants thought the tool was easy to use and understand and that it provided practical advice and resources and achievable. A number of changes were made to the tools based on feedback, including the removal of Tool 3, replacing it with a revised action plan template.

Finding #2 – Relevant to Health and Social Service Organisations

The majority of participants thought the tool was relevant to their organisation, however, one participant did not, they were from the only social service organisation participating in the pilot. This finding is not significant enough to draw any conclusions, however it raises questions as to the relevance of the tool in “non-health” organisations.

Recommendations

Based on the findings of the evaluation the following recommendations are made for the future.

1. Continue to promote the definition of a health literate organisation, particularly amongst health services to increase awareness and understanding of this approach to health literacy.
2. If funding becomes available, pilot the tool with social service organisations to determine its relevance to these types of organisations.