Inner North West PCP Health Literacy Project Report

This report provides an overview of the Inner North West PCP Health Literacy Project, including its aims and objectives, approach to project implementation, feedback consultations with participating organisations, and recommendations on future opportunities to undertake health literacy activities across catchment.

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Background

What is health literacy?

Health literacy has been defined as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health" (1). It relates to the characteristics and social resources needed for people to access, understand and use information to make decisions about their health, as well as their ability to communicate, assert and enact those decisions (2).

Why is health literacy important?

Although measures of health literacy vary across countries, estimates suggest that limited health literacy is common across the world. In Australia, approximately 60 per cent of people aged 15-74 years do not have the functional health literacy required to meet the demands of everyday life (3).

A number of studies have shown that people with limited functional health literacy experience poorer health outcomes, including less knowledge about their health conditions and treatment regimes, poorer overall health status, poorer self-reported physical and mental health, and higher rates of hospitalisation than the rest of the population (4, 5). They also have decreased ability to share in decision-making about their health, less knowledge of health promoting behaviours, and are less likely to seek preventative health services (6). A recent review study estimated that at a system level, limited health literacy accounted for 3 to 5% of health care expenditure in the United States and Switzerland, or up to an additional $7,798 per year, per individual client (7).

It is important to recognise, however, that the health literacy skills and abilities of individuals are influenced significantly by the complexity of health services and systems, and the demands they place on people (8, 9). Health systems are complex and health organisations can be structured in ways that make it difficult for people to access and engage with information, services and programs.

What is health literacy responsiveness?

Health literacy responsiveness has been described as the ability of organisations to respond to the specific health and social needs of their clients and broader community (2). The concept emphasises and promotes the responsibility of health and social care organisations to ensure they provide services, programs and information in ways that:

- improve access and engagement
- address diverse needs and preferences
- support people to participate in decisions regarding their health and wellbeing

In a recent study, Trezona et al. (10) developed a conceptual framework that describes the elements of a health literacy responsiveness organisation. The framework is comprised of seven domains: i) External policy and funding environment; ii) Leadership and culture; iii) Systems, processes and policies; iv) Access to programs and services; v) Community engagement and partnerships; vi) Communication practices and standards; and vii) Workforce. They authors define health literacy responsiveness as "*the provision of services, programs and information in ways that promote equitable access and engagement, that meet the diverse health literacy needs and preferences of individuals, families and communities, and that support people to participate in decisions regarding their health and social wellbeing" (10).*

Health Literacy Research and Practice

The field of health literacy research and practice has evolved significantly over the last three decades. Early studies focused largely on identifying patient literacy and numeracy deficits within a medical care context. Over time this shifted to a focus on the development of instruments and measurement tools to measure individual health literacy. In recent years, however, the emphasis has been on the need to develop strategies and interventions that strengthen health system responses to the health literacy needs of individuals and communities (11).

Currently, there are a large number of tools and instruments that measure the health literacy of individuals, but only few tools that support the assessment of system-level health literacy issues (12).

This project contributed to the development of an organisational self-assessment tool on health literacy responsiveness, as part of an Ophelia Victoria PhD study.

Project History

Health literacy has been a key activity area within the Inner North West Primary Care Partnership (INW PCP) 2013-2017 Strategic Plan. Initially the health literacy work of the partnership focused on embedding health literacy principles within existing partner projects, such as the Cardiac Services Review Collaborative Project and the Care Planning Collaborative Project. The INW PCP also supported and participated in the delivery of two organisational health literacy concept mapping workshops as part of the Ophelia Study at Deakin University.

In 2015 the INW PCP formed a research partnership with Deakin University to implement a health literacy project that formed part of a PhD study under the Ophelia Victoria Project.

The PhD Study had three aims:

1. Develop a conceptual framework that describes the key elements of a health literacy responsive organisation.
2. Develop a self-assessment tool and guide that supports organisations to assess their health literacy responsiveness strengths and limitations, and prioritise their health system improvement activities.
3. Test the self-assessment tool and guide to determine their utility in supporting organisations to assess their health literacy responsiveness and plan their health system improvements activities.

The Organisational Health Literacy Responsiveness (Org-HLR) framework was developed following a series of consultations involving more than 200 professionals working in the health and social services sectors across Victoria and Australia. A large number of people working across the INW PCP catchment participated in these consultations. The framework then informed the development of the Org-HLR Self-Assessment Tool.

This report describes the INW PCP's role in supporting the third aim of the PhD Study, in which INW PCP organisations were involved in the field testing of the Org-HLR Self-Assessment Tool to determine its utility, and inform improvements to the tool for future users.

Project Aims and Objectives

Project Aim

The aim of this project was to pilot the Org-HLR Tool* with partner organisations across the north and west metropolitan regions.

Project Objectives

1. To test the usability of the Org-HLR*, and inform improvements to the tool.
2. To assess the health literacy responsiveness of organisations in the region and determine their current strengths and limitations.
3. To support partner organisations to prioritise their HLR improvement activities and/or develop organisational health literacy actions plans.

Project Participants and Activities

Organisations were invited to participate in the project via an expression of interest (EOI) process, which was open to all INW PCP member organisations. Through this EOI process, organisations were required to demonstrate that their existing health literacy priorities aligned with the project, and confirm they had capacity to undertake all pilot activities, in terms of both time and staff availability.

Two INW PCP member agencies submitted an EOI and were selected to participate in the project. A direct invitation was also sent to a member of the HealthWest Partnership and the North East Primary Care Partnership (NE PCP). This was necessary to ensure the Org-HLR was tested in an adequate number of organisations, with varying contexts and experiences.

The following organisations participated in the project, including the assessment process, and evaluation focus groups:

- cohealth
- Royal Melbourne Hospital (Melbourne Health)
- Darebin Community Health

A fourth organisation also participated in the pilot activities, but for confidentiality puroposes, are not named in this report.

The Org-HLR Self-Assessment Tool[1] and Process*

The Org-HLR Self-Assessment Tool* was developed by Anita Trezona as part of a PhD Study at Deakin University. The Org-HLR Tool* was developed following extensive consultations with over 200 professionals working in the health and social services sectors across Victoria and Australia.

The Org-HLR Tool* is comprised of the following seven assessment dimensions and sub-dimensions.

Domains	Sub-Domains
1. Policy and funding mandate	• Policies, frameworks, standards, funding, incentives
2. Leadership and culture	• Financial management • Leadership and commitment • Health literacy is an organisational priority • Equity and diversity focused • Consumer-centred philosophy
3. Systems, processes and policies	• Undertaking data collection and community needs identification • Undertaking performance monitoring and evaluation

[1] Herein Org-HLR Self-Assessment Tool* refers to the pilot version of the tool, utilised in this project.

	• Undertaking service planning and quality improvement • Communication systems and processes • Internal policies and procedures
4. Access to programs and services	• Providing an appropriate service environment • Supporting initial entry and ongoing access • Providing outreach services
5. Community engagement and partnerships	• Undertaking community consultation and enabling consumer participation • Partnerships with other organisations
6. Communication with consumers	• Communication principles/standards • Providing health information provision • Using media and technology • Providing health education programs
7. Workforce	• Recruiting an appropriate workforce • Providing supportive working environments • Providing practice tools and resources • Providing ongoing professional development

The Org-HLR Self-Assessment Tool* was designed to bring staff from all levels of an organisation together to share their perspectives on organisational practices, and discuss how well the organisation supports clients and the broader community to fully access and engage with its services and programs.

The Org-HLR Self-Assessment Tool* supports an overall self-assessment process that is undertaken through a series of facilitated workshops. The Tool* and assessment process are divided into three parts:

Reflection: Encourages reflection and open discussion about health literacy concepts, the specific health literacy needs of clients and communities, and the role of organisations in responding to these health literacy needs.

Self-Rating: Assesses the health literacy responsiveness of organisations against a set of assessment dimensions and performance indicators.

Priority Setting: Supports organisations to determine their health literacy improvement priorities, and plan their health literacy improvement activities accordingly.

The HL Project Coordinator worked with the project lead at each pilot organisation to determine their specific needs and goals, and modified the assessment process accordingly. Table 1 provides an overview of the assessment approach utilised with each organisation, and their rationale for participating in the project. Following discussion with each site, it was agreed that the policy and funding mandate assessment dimension would not be included in the self-assessment, as participants felt this was outside of the organisations' sphere of influence.

Table 1: Pilot site approaches to the assessment and rationale for participating

Organisation	Rationale	Approach to assessment
cohealth	To establish a baseline of current organisational practice and performance. A follow-up assessment process is scheduled for June 2018 in order to determine organisational progress and improvements resulting from the implementation of the organisation's existing Health Literacy Action Plan.	Two self-rating workshops were delivered (two hours each). A group of practitioners from various teams participated in the first workshop and completed three assessment areas (Areas 4, 5 and 6). A group of managers/senior managers participated in the second workshop and completed three assessment areas (Areas 2, 3 and 7). As a Health Literacy Action Plan was already in place, the organisation opted not to undertake the reflection and priority setting components of the assessment process.
Royal Melbourne Hospital (RMH)	To establish a baseline of current organisational practice and performance, as well as to identify and prioritise actions for implementation.	Practitioners and managers from various disciplines within the Medical and Community Care Department participated in two self-rating workshops (1-2 hours each). Due to time constraints, the organisation opted not to undertake the reflection and priority setting components of the assessment process.
Darebin Community Health (DCH)	To identify gaps in the health literacy work that has been undertaken to date, identify and prioritise new actions for the future to inform the organisation's next strategic plan. The process was also an opportunity to engage staff from across a wide range of teams in the planning and implementation of health literacy activities.	Practitioners and managers from various teams across the organisation participated in a combined reflection and self-rating workshop (4 hours) and a priority setting workshop (2 hours).

All pilot activities were completed between July and October 2016. The PhD Researcher/INW PCP Health Literacy Project Coordinator facilitated the assessment workshops and prepared detailed assessment reports for each participating organisation to support their future planning and monitoring activities.

Feedback Consultations on the Org-HLR Self-Assessment Tool* and Process

In order to understand the experiences and perspectives of the users of the Org-HLR Tool* and assessment process, as well as to determine the utility of the Org-HLR Tool* in those settings, a series of consultations was undertaken with the four pilot site organisations at the end of the pilot period.

The consultations sought to answer the following questions:

1. What were the benefits of undertaking the assessment?
2. What were the enablers/drivers for undertaking the assessment?
3. What were the key strengths of the tool* and assessment process?
4. What were the limitations of the tool* and assessment process?
5. How can the tool* and assessment process be improved?

As these consultations form part of a formal research program, and will be published as part of a PhD thesis, only the results relating to question one and two above are presented in this report. The INW PCP Executive Officer will be an author on papers published in relation to this project, and these will be made available to the INW PCP and its member agencies upon publication.

Consultation methods

Focus groups were utilised during the feedback consultations, as they are a useful method for obtaining the views of participants on a topic area within a supportive, inclusive and nonthreatening environment. They are particularly useful way of seeking feedback on pilot study prior to expanding its implementation. Focus groups are structured discussions that are repeated several times with different participants to identify patterns or trends in views and perceptions (13). They follow a predetermined set of questions to generate qualitative information, arranged in the following sequence:

Opening question	This is a 'round robin' question designed to provide all participants with an opportunity to contribute to the discussion early in the session. The opening question usually seeks a factual response rather than an attitude or opinion based response.
Introductory questions	These questions introduce the focus group topic and provide participants with an opportunity to reflect on their experiences with the topic. These questions are designed to encourage discussion and interaction among the participants and are

	generally not critical to the analysis.
Transition questions	These questions serve as a link between the introductory questions and the key questions. They are designed to sharpen the focus of participants on the most important aspects of the topic, and provide them with an awareness of how others view the topic.
Key questions	These questions are generally very specific in nature, as they are central to the research question and the most critical in the analysis.
Ending questions	These questions are designed to provide participants with an opportunity to reflect on previous comments and provide their final views on the topic. They allow participants to summarise the most important aspects of the topic, and identify important issues the moderator may have missed during the session.

All staff involved in the self-assessment workshops were invited to participate in a focus group, however in most cases, a small group of representatives from each organisation participated in the focus groups.

The focus groups were moderated by the PhD Researcher/INW PCP HL Project Coordinator, and audio recorded to allow for accurate transcription of the discussion. A schedule of the questions used to guide the focus group discussions for this project is provided at Attachment A.

Consultation results

Four focus groups were conducted between September and October 2016, involving a total of 20 people (ranging from 1-7 participants per organisation).

The following ***enablers and drivers*** emerged as themes across the four participating organisations (example quotes are provided in Attachment B), some of which relate to initial engagement in the assessment process, and others that relate to ensuring sustained engagement over the course of the assessment process.

- Adequate level of organisational readiness (i.e. understanding of HL and commitment to implementing change)
- Credibility of the Org-HLR Tool* (due to its evidence base)
- 'Buy-in' of managers and other decisions makers
- Adequate resourcing to support the process
- Highly committed staff
- Involvement of an experienced external facilitator

- External policy and funding environment (i.e. accreditation standards)

Organisations are encouraged to consider these enablers and drivers when planning for future Org-HLR health literacy assessment processes.

The following ***benefits of undertaking the Org-HLR assessment process*** emerged as themes across the four participating organisations (example quotes shown in Attachment B), which include benefits at the individual, team and organisational level.

- Enabled cross-team conversations about HL and HLR (enables shared understanding)
- Will support organisational planning processes (including action and priority setting)
- Will support evaluation and monitoring of HLR practice and performance
- Encouraged collaboration and shared problem-solving
- Provided a guided reflection and learning opportunity
- Provided an opportunity for knowledge exchange between staff
- Opportunity for professional development and capacity building

These themes suggest that undertaking the Org-HLR assessment process is likely to have benefits beyond identifying strengths and limitations, and may support organisations to enhance their health literacy responsiveness by increasing the knowledge and capacity of staff, increasing cross-organisational understanding of system-related health literacy issues, as well as guiding planning processes and monitoring practice, process and system improvements over time.

Summary of HLR strengths and weaknesses across participating sites

This section provides a summary of the common health literacy responsiveness strengths and limitations, as rated against the assessment dimensions of the Org-HLR by the organisations that participated in the project. The strengths presented below represent those that were frequently rated at a high level by organisations, while the limitations represent the areas that were frequently rated at a low level.

Common strengths

The areas in which organisations frequently rated themselves as performing well were:

- leadership and commitment
- consumer-centred philosophy
- providing outreach services
- partnerships
- providing health education programs

Leadership and commitment
Participants agreed that their organisation's vision and mission demonstrated a commitment to a health literacy related concept, such as equity, diversity or consumer-centred care. They perceived their organisations to be committed to understanding and responding to the health literacy needs of clients and communities. They also agreed that managers were committed to leading organisational change and improvements, and that there were health literacy champions within the organisation advocating for change.

Consumer centred-philosophy
Most organisations perceived this to be one of their greatest strengths. While some participants suggested that person-centred care practice could be improved, most agreed that their organisations upheld a person-centred philosophy and demonstrated a strong commitment to working in a person-centred way.

Providing outreach services
Participants generally agreed that their organisations utilised a range of service delivery models, such as home visits, mobile services, and community-based events to increase engagement with people who experience barriers to accessing on-site services.

Partnerships
All organisations perceived that working in partnership was one of their greatest strengths, and that they sought to work collaboratively with a range of organisations to develop and implement services, programs, referral pathways and resources. This included partnerships with service providers, peak and specialist organisations, social services (e.g. housing and employment) and research institutions.

Providing health education programs
Participants agreed that their organisations deliver a range of health education and health promotion activities that aim to build the health literacy of clients and communities, that the topics of education programs are relevant to service users, and that they work with community leaders to provide peer-led education activities.

Common limitations

The areas in which organisations frequently rated themselves as underperforming, and therefore requiring improvement were:

- health literacy is an organisational priority
- undertaking data collection and community needs identification
- undertaking performance monitoring and evaluation
- recruiting an appropriate workforce
- providing practice tools and resources
- providing ongoing professional development

Health literacy is an organisational priority

This assessment area examines whether organisations have a formal commitment to health literacy. For some organisations, while health literacy is a priority in principle, a commitment to it is not articulated in organisational plans. Some organisations had a health literacy plan in place, but health literacy had not been embedded as a cross-organisational priority, with clear health literacy goals. In addition, many participants felt that there was not a shared understanding of health literacy across all parts of their organisation, and that many staff were not familiar with the concept. A number of participants described the challenges of using the term health literacy, as it is perceived as a jargon term by many people, and the concept is perceived as too broad and intangible. For this reason, some organisations prefer not to use the term health literacy, however their commitment to being responsive was expressed in terms of person-centred care, equity and/or diversity.

Undertaking data collection and community needs identification

While participants generally perceived that their organisation had a good knowledge of who was living in the community, and a broad understanding of the barriers to people accessing services and programs, they felt that systems and processes to support systematic and regular data collection and needs assessments were lacking and required improvement. This applied to both health literacy specific and general data collection.

Undertaking performance monitoring and evaluation

This assessment area is closely related to 'undertaking data collection and needs identification'; therefore organisations that were underperforming in that area also reported underperforming in the area of monitoring and evaluation. Without the systems and processes in places to support data collection and management, organisations indicated that it was challenging to monitor and evaluate health literacy practice and improvements. In addition, health literacy standards and performance indicators had generally not been established to enable monitoring.

Recruiting an appropriate workforce

This assessment area examines the processes in place to ensure the workforce has the appropriate capabilities to meet the health literacy needs of clients and communities. This was an area that most participants felt their organisations could improve, in that health literacy competencies had not been established, and therefore had not been incorporated into positions descriptions, key selection criteria and performance appraisals. In addition, information on health literacy was generally not included in the induction and orientation processes for new staff.

Providing practice tools and resources

Participants suggested that there was often a lack of practice tools and resources available to support them to meet the health literacy needs of clients and communities, for example decision making tools, communication guides, and education displays. However, participants suggested they were well supported to access and work with interpreters when required.

Providing ongoing professional development

Participants agreed that their organisations had a commitment to maintaining staff skills and knowledge through ongoing training and development, but that funding constraints and the high cost of training posed barriers to all staff participating in professional development activities. Participants noted that on-the-job training and development was well supported in a broad range of areas related to health literacy and their specific disciplines, and that some staff had been provided with opportunities to participate in external health literacy related training. In general, participants perceived a need for more training on communication techniques, developing communication materials, consumer engagement and participation, and cultural competence training.

Areas to build on

There were a number of assessment areas that were frequently rated in the mid ranges by most or all organisations. This suggests that work in those areas is occurring across some parts of the organisations, but that it still requires improvement. Such assessment areas included the 'principles/standards' component and 'providing health information' component of the communication standards and practices assessment area.

Also included were the 'undertaking community consultation' and 'financial management'. Participants suggested that while their organisations were generally committed to consulting with clients and communities, and that processes were in place to support this, it generally occurred at a service and program level. There were fewer opportunities for clients and communities to participate in organisational planning processes, including the design of services and programs. With regard to financial management, participants suggested that health literacy activities were generally only funded in the short term, and that funding was not necessarily allocated on the basis of ensuring equitable accesses to services and programs.

Project Outcomes

This research partnership project provided the INW PCP and its partner organisations with an opportunity to contribute to the evidence base on health literacy responsiveness, and to the development of the Org-HLR Self-Assessment Tool that is likely to have national and international reach and utility. It also provided INW PCP partner agencies with an

opportunity to assess and enhance their health literacy responsiveness. The key outcomes of the project for participating organisations and the INW PCP are summarised below.

Outcomes for participating organisations

1. Completed a self-assessment of health literacy responsiveness strengths and limitations using an evidence-based tool.
2. Provided with a self-assessment report developed by an external facilitator, detailing discussions and results of the self-assessment process.
3. Participated in a research study, which provided an opportunity to contribute to the development of the Org-HLR Tool.
4. The self-assessment process and reports can be used to support organisational planning and priority setting
5. The self-assessment process and reports can be used to support benchmarking, monitoring and evaluation

Outcomes for the INW PCP

1. Establishment a research partnership with Deakin University on the Ophelia Victoria Health Literacy Project, resulting in:

- Contribution to the evidence base on health literacy responsiveness
- Contribution to the development of the Org-HLR Tool, which is likely to be utilised by organisations in Victoria, Australia and internationally in future.
- Conference presentations
- Authorship on peer reviewed papers (in progress)

2. Gained an understanding of the health literacy responsiveness strengths and limitations of partner organisations, and therefore an awareness of opportunities to drive and support system improvements across the catchment.

3. Access to the Org-HLR Tool (including future versions) to support member organisations to undertake the Org-HLR self-assessment, as well as inform monitoring and evaluation of health literacy responsiveness across the catchment.

Recommendations for future health literacy activities

The following recommendations are based on the needs expressed by participating organisations over the course of the project, the emergence of themes on common health literacy responsiveness limitations identified during the Org-HLR assessment processes, and observations by the INW PCP Project Coordinator of some of the challenges currently being experienced by organisations in relation to health literacy responsiveness.

1. Support member agencies to undertake health literacy responsiveness assessments using the Org-HLR Self-Assessment Tool and Guide. This may include supporting agencies to establish a baseline of performance and monitor their improvements over time.

2. Explore the health literacy responsiveness training needs of member agencies (informed by the Org-HLR assessment results) and support the development of, or delivery of health literacy related training and professional development opportunities.

3. Identify agencies to work in partnership to adapt the Org-HLR Tool for use with consumer and community groups (including opportunities to collaborate with Deakin University for this purpose).

4. Explore opportunities to partner with agencies to develop consistent and systematic approaches/responses to the gaps and limitations in health literacy responsiveness identified through assessment processes. For example:
    - Development/establishment of workforce competencies
    - Development and implementation of data collection/needs assessment tools and processes
    - Catchment-wide monitoring and evaluation of health literacy needs and organisational improvements
    - Development of health literacy practice tools and resources

Contacts

For further information on the INW PCP Health Literacy Project, please contact Emma Fitzsimon, Executive Officer at EmmaFi@inwpcp.org.au.

For further information about the Org-HLR Self-Assessment Tool and process, please contact Anita Trezona at atre@deakin.edu.au.

Acronyms

INW PCP	Inner North West Primary Care Partnership
NE PCP	North East Primary Care Partnership
HL	Health literacy
HLR	Health literacy responsiveness
Org-HLR	Organisational Health Literacy Responsiveness (Tool or Framework)

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Attachment A

Prompt: Moderator introduces self (name and affiliations).

The purpose of this focus group is to seek feedback on your experience of using the Organisational Health Literacy (Org-HLR) Self-Assessment Tool to undertake a self-assessment within your organisation. We are interested in your views on the assessment process overall, as well as the specific strengths and limitations of the tool.

Your organisation is one of four organisations utilising the Org-HLR to undertake health literacy self-assessments. They will also participate in a focus group to share their perspectives on the experience. The information we collect will inform an evaluation of the Org-HLR and help us to determine improvements that need to be made prior to it being published.

We encourage you to be honest with your responses, as the critical feedback you provide is just as valuable to us as the positive feedback. There are no right or wrong answers, and you are in the best position to inform us of how useful the tool was for your organisation/sector.

Prompt: Moderator confirms participants are aware the session will be audio recorded.

Introductory questions

- What was your organisation hoping to get out of using the Org-HLR?
- How did your organisation utilise the tool/guide (approach to assessment)?

Transition questions

- Tell me about your general impressions of the assessment tool/guide?
- Tell me about your thoughts on the format and structure of the assessment process?

Key questions

- What were some of the benefits of undertaking the assessment process?
- What were some of the challenges/barriers to undertaking the assessment?
- Tell me about some of the key limitations of the tool/guide for an organisation/sector like yours.
- I'm interested in your suggestions on how the tool/guide could be improved?
- Do you have any comments on the language/terminology used in the tool?
- Do you have any comments on the content of the self-rating tool? (including the domains, impact areas and performance indicators)
- Are there any aspects of the tool that you felt were not relevant for your organisation? What are these?
- Are there any gaps in the tool (impact areas/indicators)?

Ending questions

- Have we missed anything in today's discussion?
- If you were tasked with revising this tool/guide, what are the first three things you would change about it?

Attachment B

Enablers/drivers for undertaking the Org-HLR assessment process

Enablers/drivers	***Example Quotes***
Adequate level of organisational readiness	• "With so many competing interests [having it as a strategic priority] really does help make this [assessment] stand out a little bit".
Credibility of the Org-HLR Tool*	• "I also think being attached to the research brought a bit more importance to the process". • "I think our staff value and appreciate the evidence base that your work has come from, so it's respected… it's more than just doing a self-assessment, it was also a learning opportunity".
'Buy-in' of managers and other decisions makers	• "I think it does come from a genuine interest and a genuine commitment… it supplements something that's already within the fabric of the organisation and the people who are a part of the organisation". • "I think that [cross-team participation/representation] only happened because management are very supportive of this happening".
Adequate resourcing to support the process	• "The authority from the board and the executive leadership team, [may have benefited the] process of making sure people had time in their diaries to [attend]". • "Management made sure that we've had representation as best we can from all the programs".
High level of staff commitment	• "The time people were prepared to commit was an indication of the commitment to it". • "There were a lot of staff who just wanted to get a better understanding… or guidance about what to do. Or how to help with health literacy".
Involvement of an experienced external facilitator	• "The external person comes with knowledge and expertise in this area… to have someone come in who has got a much greater level of knowledge in the area to be able to really draw on the research and [describe] different definitions and give some context to some of the discussion I found really useful" • "Having an external perspective on what those actions should be is very valuable and something that the organisation was keen to do".
External policy and funding environment	• "I think that health literacy is more and more a focus in the national standards accreditation which is a big driver, in terms of using the words health literacy"

Benefits of undertaking the Org-HLR assessment process

Benefits	***Example Quotes***
Enabled cross-team conversations about HL and HLR	• "I think [the discussions] are the things that are really interesting for the organisation, those areas where there is big variation [in ratings]". • "People appreciated being able to come together and talk about health literacy and get a better understanding of what it means".
Will support organisational planning processes	• "[To support our] new strategic planning process, working out where the health literacy work and plan sits, who is responsible I think this process is making that clearer for us". • "There was also a lot of overlap between the different [organisational] plans, and this process [meant we could] identify some of the aspects that are similar or are across all those plans and help us to consolidate".
Will support evaluation and monitoring of HLR practice and performance	• "The primary purpose was to provide a kind of baseline assessment, and a method for ongoing assessment… and to understand whether we have achieved the objectives of our health literacy plan" • "It does seem to have met a whole range of important benchmarks around things like utility, feasibility, propriety, and accuracy. I think it will be quite good". • I think we could use it again as like a review… a monitoring or refocusing tool".
Encouraged collaboration and shared problem-solving	• "Having some forums where there is cross-team discussions is the only way we break down silos, and I think that's one of the great benefits of this exercise". • "I think that's the value part of it, because it did mean that there was a lot of dialogue and difference of opinion and compromise. I thought that was really quite rich". • "That was very valuable to get perspectives from people who are involved in the day to day – seeing clients, seeing how things actually operate, and [suggesting] where improvements can be made". • "[Ensuring] people are involved and giving them the opportunity to be a part of that [process] is quite meaningful in itself… hopefully [it gives people a] sense that this is something that they're contributing to, that they are a part of".
Provided a guided reflection and learning opportunity	• "[The way the tool is structured] is a really useful part of the process in itself - it becomes a guided thinking tool". • "I think that absolutely will make it easier for staff to realise it's not just about words, it's about how I behave, the spaces we have, the systems and processes [in place]". • "It does raise your curiosity though, reading the different domains. For me I [thought] if I don't know about

	it should I be finding out about it". • "It was an opportunity for me to learn about the agency in this area".
Provided an opportunity for knowledge exchange between staff	• "In general it was good to get to know other areas … we see a lot of people but we don't really know what they do or what their actual work [involves]". • "It's good to have other people's perspectives because senior managers have a broader view of what's happening, but they might not actually have the knowledge of what happens in practice". • "What I found is that some things are happening in certain areas of the organisation and not in others. So it was good having the representation from different areas".
Opportunity for professional development capacity building	• "It comes back to it being a thinking tool and a way to increase competence".