Evaluation Report

Health Literacy Peer Mentoring Project

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Contents

Executive Summary

Background

This report presents the findings from the Health Literacy Peer Mentor Project (Peer Mentor Project) that was implemented in collaboration by HealthWest Partnership (HealthWest) and Inner North West Primary Care Partnership (INW PCP) in 2019. The project aimed to support organisations through the process of becoming health literate organisations. Project participants received one-on-one support from 'mentors', individuals who have experience improving health literacy responsiveness in their organisations. Three workshops were held to facilitate the process.

The purpose of this evaluation is to assess the effectiveness of the Peer Mentoring Project. The evaluation objectives are to:

1. Explore the progress mentees have made in implementing their action plans or related activities
2. Explore the strengths and benefits of the peer mentoring model, as well as challenges and ideas for improvements
3. Collect examples of health literacy activities.

Key findings

Participants were at various stages of implementing their health literacy action plans and had varied experiences of the peer mentor relationship, with some finding it more useful than others. Participants identified that having an authorising environment and leadership support were key enablers for planning and implementing health literacy activities. Where these were lacking, participants experienced more challenges and barriers, including constraints on time, resources and competing priorities. Participants who found the peer mentor relationship more useful felt that strong alignment between organisational context and experience was crucial to the relationship. Indeed where this was lacking, mentors and mentees were unsure of the relationship's benefit. Despite this, overall feedback indicates that participants found that the Peer Mentor Project was a valuable experience. Participants reported that their involvement had supported them to build their capacity and effectively identify areas and plan for organisational health literacy improvements.

Key recommendations

1. Continue to use the workshops to facilitate the process
2. Continue to match mentee and mentors
3. Establish the mentor/mentee relationship earlier in the project
4. Strengthen the project structure
5. Monitor the mentor/mentee relationship
6. Provide mentors with more support
7. Improve project closure

Introduction

1. Project background

The Health Literacy Peer Mentoring Project (Peer Mentoring Project) was delivered in partnership by HealthWest Partnership (HealthWest) and Inner North West Primary Care Partnership (INW PCP) in 2019. It is one component of the Health Literate Organisations Package that was developed following a needs-assessment conducted with member agencies. The needs assessment identified that organisations had not engaged with earlier health literacy initiatives as they did not have a clear understanding of health literacy, felt overwhelmed and did not know where to start, and wanted practical tools and support.

The Peer Mentoring Project aims to support participating agencies through the process of becoming health literate organisations. The project objectives are to:

- Support four to six health or community member organisations to assess and improve their organisational health literacy
- Pilot and evaluate a revised approach to capacity building using a change management approach in a peer group mentoring setting.

Project participants received one-on-one support from 'mentors', individuals who have experience improving health literacy responsiveness in their organisations. Three workshops were held to facilitate the process, which covered:

- Understanding what it means to be a health literate organisation
- Undertaking a self-assessment to understand what the organisation is doing well, and what could be improved
- Developing an action plan to make improvements
- Implementing the action plan.

Table 1 shows the Peer Mentor Project structure, timeline and activities. This evaluation was primarily designed around the final activity: implement action plan with mentor support. It should be noted that this stage of the project continued beyond June after the Project Manager role had finished.

Table 1: Peer Mentor Project structure, timeline and activities

TIMELINE	ACTIVITY	
March	Mentee organisations form quality improvement teams	Ongoing support from Project Manager
	Workshop 1: Introduction to Health Literate Organisations	
April	Workshop 2: Facilitated self-assessment and action plan development	
May	Mentee organisations finalise action plans	
	Workshop 3: Meeting mentors and engaging stakeholders	
	Implement action plan with support from Mentor	

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June	Project Manager role ends
Ongoing	Implement action plan with support from Mentor

Project evaluation

1. Evaluation purpose

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2. Evaluation objectives

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3. Evaluation activities

This evaluation used a qualitative approach, which included consultations via video with key contacts, online surveys, and a desktop review of project documents.

4. Evaluation methods

4.1 Data collection and analysis

Semi-structured interviews and surveys were used to collect data with the key contacts from organisations who participated in the Peer Mentoring Project. A guide was developed for interviews using the evaluation aims and objectives and adapted depending on the participants' role as a mentor or mentee. This guide was also used to develop the survey, which was made available to participants who cancelled interviews as a result of the COVID-19 pandemic.

Interviews were conducted via video calls and lasted between 30 to 40 minutes. Informed written consent was obtained prior to interviews, which were audio-recorded and transcribed to written text. Data collected in interviews was analysed using thematic analysis and descriptive analysis was used to analyse survey data and project documents.

4.2 Participants

Evaluation participants were those who had been key contacts for their organisations in the Peer Mentoring Project and who had participated as either mentees or mentors. To recruit participants, a targeted approach was used and key contacts were emailed plain language statements with information about the evaluation. Eight (8) initial participants were invited to participate in interviews, with seven (7) consenting to participate and one (1) declining to participate. Two (2) participants subsequently cancelled interviews as a result of the COVID-19 pandemic. A survey was developed to try and accommodate the cancellations and

ensure those with reduced capacity could still participate in the evaluation. In total, four (4) video consultations were conducted and two (2) surveys were completed.

5. Evaluation findings

Finding 1: Action plan implementation progress

The progress that mentee organisations have made in implementing their health literacy action plans varies, as do the types of activities contained in their action plans. An overview of the activities and their implementation status as discussed by participants is provided below in Table 2. This should not be considered an exhaustive list of the activities participants are undertaking within their organisations.

Table 2: Organisational health literacy activities and implementation status

	Activities	Status	Details
Org 1	Create processes to support patients to ask questions during their appointments Build workforce capacity by embedding health literacy and patient rights information into staff e-learning packages Create videos and learning packages for consumers around different procedures Establish peer support programs for major surgical procedures Support GPs to provide accurate and appropriate referrals Provide information and communication in accessible formats for different needs (e.g. hearing and vision impairments; other languages)	All activities in the early stages of implementation.	All activities have been embedded into a four year action plan for 2020-2023 that aligns with the organisational strategic plan. The pandemic has resulted in some work being put on hold.
Org 2	Develop policies and procedures to guide development of information and communication for consumers	Complete	Standalone activites
	Update welcome packs and registration documents to make them easy for anyone to understand	Complete	
	Develop educational resources for consumers	Ongoing	
	Collect and review patient experience data	Not clear	
	Improve website content and navigation	Partially	

		complete	
	Build workforce capacity by providing staff with health literacy information and resources	Ongoing	
Org 3	Re-create welcome packs and registrations information in accessible formats	Complete	
	Build workforce capacity by implementing health literacy reflective practice circles for frontline staff	Ongoing	Reflective practice circles implemented and are an ongoing activity for staff.
	Make plain language information available to front line staff that contain information and practice guidance for interacting with people that have varied health and psychosocial needs	Complete	
	Review service delivery model with view to improving service accessibility and navigation	On hold	Summer bushfires and the COVID-19 pandemic have stalled progress.

Enablers

Participants identified that having an authorising environment and leadership support were important contextual factors that influenced their ability to implement health literacy activities. For organisations that are accredited to National Safety and Quality Health Service Standards (NSQHSS), having health literacy identified as a standard created an authorising environment in which health literacy was prioritised. One participant noted that this had provided the motivation for their organisation to participate in the Peer Mentoring Project.

> *"We had to do something in this space anyway, we were committed to it, we needed to do it to the National Standards and so we basically had to do it and that was why when we saw the opportunity we jumped straight on board"* [M#2]

Similarly, leadership support was crucial to the progress mentee organisations were able to make with their health literacy activities. Participants perceived that having this support ensured that time and resources were dedicated to health literacy, rather than redirected elsewhere.

> *"It's so key to have leadership on board to enable, to provide staff even with the capacity that they can have this within their work plan and know that whatever they're gonna do will be supported to be implemented"* [M#1]

Challenges and barriers

Participants who did not have strong leadership support found that implementing their health literacy action plans was more challenging. Where leadership support was lacking, *"time, resources and competing priorities" [M#6]* were identified as key barriers to implementing health literacy activities. Participants subsequently experienced *"barriers around their workplace capacity" [M#3]* with many undertaking the work *"as part of our other roles" [M#5]*. The lack of support was also perceived to negatively impact some participants' motivation:

> *"They were really keen to get it done but that uncertainty of whether or not it would even be approved or even implemented from a motivational perspective would be quite challenging" [M#3]*

Participants who experienced these challenges reported that leadership perceived health literacy as being at odds with organisational goals or a one-off activity rather than an ongoing piece requiring investment and commitment.

> *"They're very profit focused rather than outcomes focused…whilst I can appreciate it on some level it's a bit of a barrier to some of the [health literacy] stuff we're trying to do" [M#4]*

> *"It's seen as enough time spent on health literacy and moving direction when it needs to be ongoing" [M#6]*

Internal structures at organisations also presented challenges, with *"silos and fragment" [M#3]* making agreement within teams and sign off on work difficult.

Finally, participants identified that issues around time, resources and competing priorities have been exacerbated by the COVID-19 pandemic. Even in organisations where participants reported having an authorising environment and leadership support, time and resources were being redirected elsewhere and health literacy activities were on hold.

> *"I don't think I've had too many barriers…but the current situation has thrown that [health literacy work] all up and that's a barrier." [M#2]*

Finding 2: Peer mentoring relationship

Enablers

Experiences with the peer mentoring relationship varied among pairs, with some finding it more useful to support their planning and implementation than others. Among mentees and mentors who felt their peer mentor relationship was effective, participants perceived that this was because their organisational contexts and experience were well aligned.

> *"I think the key is someone that gets your industry and has got experience of being able to implement this [work] in the same sort of industry"* [M#2]

Pairs that met during the workshops also felt this was important, as it helped pairs to build the foundations of their relationship before commencing the project work.

> *"It was great just to start off the relationship and set the scene"* [M#3]

Challenges and barriers

For participants who found the peer mentor relationship less beneficial, a lack of alignment between mentees and mentors was identified as a key barrier. Where alignment was lacking, mentors felt unsure how they could best support mentees, and mentees felt unsure about how mentors could help.

> *"I had some insights but in terms of actual similar projects I didn't feel like I was helpful from a mentoring perspective"* [M#3]

> *"I think [they] were at a bit of a loss as to what [they] could offer us and we were a bit at a loss as to how [they] could help us"* [M#4]

'Time and competing priorities' [M#5] also posed challenges to the peer mentoring relationship. Even in pairs that had a strong relationship, it was for participants to schedule meetings at a time that worked for everyone.

> *"I think the barriers [sic] was probably the time for all of us, just in terms of being able to connect"* [M#1]

For some pairs, these logistical challenges meant that when mentors and mentees were able to schedule meetings, the time was often spent going over what had been discussed in the previous meeting.

> *"Often when we did have a meeting there was only two or three people that came, not the entire group, so that sort of delayed things cause sometimes we'd have to repeat what we were saying or rehash things we'd already discussed"* [M#3]

Finding 3: Project strengths, benefits and ideas for improvement

Project strengths and benefits

Despite the challenges and barriers that participants encountered during the project, there was an overall sense that involvement in it had been beneficial. When asked about project strengths and benefits, participants highlighted the importance of having cross-sector

representation in the earlier workshops. This encouraged participants to *"think outside the box" [M#2]* and come up with new ideas for health literacy activities when developing their action plans.

> *"It just afforded us an opportunity to see some of these principles modelled in other spaces and to sort of discuss them in a way we wouldn't necessarily do otherwise"[M#4]*

One mentor also identified learning from their mentee organisation as a benefit and unintended outcome.

> *"I was quite impressed with a few things; I've even pinched an idea from them" [M#1]*

In addition, participants found the project a valuable opportunity to *"build networks" [M#5]* and access to peer support.

> *"There are not that many organisations that are working specifically on health literacy, and so it can be quite isolating work and it is good to just bounce ideas off somebody else" [M#3]*

> *"It was also very fruitful I think just to be able to see that there were difficulties at other organisations too, you know, a struggle shared" [M#4]*

This has further enabled organisations to *"collaborate on things more outside of health literacy" [M#3]*, which was not initially perceived as a project benefit but has been useful to participants.

Another project strength that participants identified was *"capacity building" [M#6]*, with most reflecting on the skills and knowledge that they had acquired through the project. This ranged from shifts in understanding about health literacy, to *"building mentoring skills" [M#3]* and communicating the benefits of being a health literate organisation.

> *"The big thing that came through to all of us was this was actually a whole of organisation approach, it's about having the systems and processes behind the scene to enable the clinicians to do that, uh, have the conversations at the point of care" [M#2]*

> *"Pushing and advocating for some of these things is really sort of difficult and so a lot of the usefulness of those workshops and the usefulness of the materials provided with was how to*

market this and how to self this to different stakeholders"
[M#4]

As a result, participants described feeling less overwhelmed by health literacy, that it was *"much simpler"* [M#2] than anticipated and *"not actually an add-on but often aligned"* *[M#4]* with organisational goals. This was attributed to the resources provided in the workshops and the backbone support provided by the Project Manager and the Primary Care Partnerships (PCPs).

> *"Having [PCPs] that can push us along the way and help us*
> *with resources…if we were gonna do it all on our own as*
> *individual organisations we know it's not gonna happen, not to*
> *the extent that we have done" [M#1]*

Indeed, one participant noted that having a project focused on health literacy helped to create an authorising environment for the work, *"as the value placed on it externally elevated its status internally"* [M#5].

Finally, participants who had a strong peer mentor relationship reported that the personalised support afforded by the project was *"really important"* [M#2] and key strength of the project. For those who did not find the peer mentoring relationship as useful, it was noted that the individual support offered by the Project Manager in the early stages was *"a huge help"* [M#4] and gave the project added value.

Ideas for improvements

Participants identified the following four areas could be improved in future iterations of the project; structure, support for mentors, meeting mentors earlier, and project closure. Participants reported that that the project's *"formal structure and interaction was brief"* *[M#5]*, which resulted in many peer mentor relationships fizzling out. This occurred even in more successful mentoring relationships as without structured meeting points, time and logistics *"got in the way"* [M#1]. It was suggested that having *"a couple of hour sessions together or something built into the original planning"* [M#1] or *"just checking in"* [M#3] could be a helpful way to maintain momentum for the project once the workshops have been completed.

Similarly, participants felt that there needed *"to be something around the closure of mentoring program"* [M#3].

> *"Having a workshop at sort of a 6 month period or a 12 month*
> *period, after people have had an opportunity to implement*
> *some of these things so people can get together and discuss*
> *what actually came to pass, what was working what hasn't*
> *been working, and then you know sort of reunite some of that*
> *stuff too might be a benefit."[M#4]*

Finally, mentees were interested in meeting their mentors earlier in the program and mentors were interested in receiving more support. For mentees, being able to meet their mentors earlier would have given the opportunity for pairs to build a stronger relationship foundation. For mentors, receiving support would enable them to *"troubleshoot, to have a chat or debrief about how it's all going" [M#3]*. Participants suggested forms of support for mentors could include providing mentoring resources, checking in to provide prompts on discussion points and providing a platform for mentors to connect with each other.

Summary

The progress that participants had made on their health literacy action plans and their experiences with the peer mentoring relationship varied significantly. Participants reported that having an authorising environment and leadership support were crucial to their ability to plan for or implement health literacy activities. Where these were lacking, participants experienced more barriers and challenges, including time, resources and competing priorities. Further, some participants found the peer mentor relationship was more effective for the planning and implementation process than others. Across participants, the strength of alignment between mentor and mentee was perceived as the most important factor influencing the success of the relationship. Without structure, however, all peer mentor relationships experienced challenges with time, resources and competing priorities.

Despite this, overall feedback indicates that the Peer Mentoring Project was an effective means to support organisations to deepen their understanding of health literacy and accordingly identify areas and plan for improvement. Participants who had strong alignment in their peer mentor relationship found that the personalised support was essential in helping them to identify health literacy activities. Further, participants reported that the project had helped them to develop their understanding of health literacy and made the process simpler than anticipated. This was attributed not just to the peer mentor relationship, but also the backbone support provided by the Project Manager and the workshop content. Participants recommended that improving the project structure, facilitating the peer mentoring relationship earlier in the project, providing mentors with more support and improving the project closure would all strengthen the project.

Evaluation limitations

The small participant sample is a key limitation of this evaluation. It is also important to note that not all organisations that participated in the Peer Mentoring Project were represented in the evaluation. As such, it is not possible to generalise the findings to all Peer Mentoring Project participants. In addition, while there was consistency across some themes, the overall findings should be interpreted as a spread of perspectives and experiences rather than a consensus.

Key recommendations

Based on evaluation findings and participant suggestions, the following recommendations are proposed:

1. Continue to use the workshops to facilitate the process and establish the peer mentor relationship
2. Continue to match mentee and mentors based on organisational context and experience
3. Establish the mentor/mentee relationship earlier in the project
4. Strengthen the project structure following the completion of the workshops. This could include developing a suggested timeline and encouraging mentor/mentee pairs to develop a work plan accordingly
5. Monitor the mentor/mentee relationship and action plan implementation by checking in with pairs
6. Provide mentors with more support. This could include providing resources on mentoring and a platform for mentors to connect, share ideas and information, and access peer support
7. Improve project closure. Bring all project participants together at least six months following the final workshop so that they can discuss their experiences and progress.