

## PCP optional case study 2017

Name of PCP	Gippsland Primary Care Partnerships
Case Study Title	Health Literacy a Local, Regional and State-wide Approach
Which PCP program Logic domain does your case study relate to?	<input checked="" type="checkbox"/> Consumer and community empowerment
What was the need?	<p>The Gippsland Primary Care Partnerships (GPCPs) have been working in the area of health literacy since 2011 delivering a range of capacity building projects with partner organisations. As a part of this work GPCPs identified two target groups with needs in relation to Health Literacy, the consumer and the health services they access.</p> <p><b>The Consumer</b> More than 50% of Australians have low health literacy. This means more than half of consumers who attend health services are unable to make informed and appropriate decisions about their health. [1,2]</p> <p><b>Health Services &amp; Staff</b> The infrastructure, policies, processes, materials, people and relationships that make up the health system have an impact on the way in which people are able to access, understand, evaluate and apply health-related information and services [1]. Evidence shows that health literacy is a complex concept and is not consistently implemented across the health system [1], therefore health services require support to ensure the programs, services and information they provide are available and accessible to all individuals and all communities.</p>
What was the aim of the initiative/action?	The aim of GPCPs work is to support a consistent approach for health and community organisations across the Gippsland region in their understanding, awareness and implementation of best practice health literacy.
Who was the target group?	Staff of all levels of Gippsland health and community organisations
What was the setting?	Health and community organisations within the Gippsland Region
Who did you work with?	<p>The 4 GPCPs are working together to develop and support the implementation of Health Literacy initiatives across Gippsland. Gippsland PCPs have engaged their members to work toward becoming a health literate organisation. Current participating members include:</p> <ul style="list-style-type: none"> <li>• Bairnsdale Regional Health Service</li> <li>• Bass Coast Health</li> <li>• Baw Baw Shire Council</li> <li>• Central Gippsland Health</li> <li>• Latrobe Community Health Service</li> <li>• Latrobe Regional Hospital</li> <li>• Gippsland Southern Health Service</li> <li>• Ramahyuck and District Health Service</li> <li>• Wellways</li> <li>• West Gippsland Healthcare Group</li> <li>• Yarram and District Health Service</li> </ul> <p>Health literacy work is also spreading across the state with numerous other PCPs partnering on the initiative.</p>

	<p>State-wide, 25 of 28 Victorian PCPs support the development of an online health literacy training course.</p> <p>GPCPs have also partnered with NSW Health and Northern NSW Primary Health Network and Local Health District to support them with the launch of the organisational health literacy approach which is based on the Gippsland approach.</p>
<p><b>How did you do it?</b></p>	<p>The Gippsland PCPs deliver a range of health literacy initiatives with the aim of improving organisation health literacy. The Gippsland PCP work includes:</p> <ul style="list-style-type: none"> <li>• Development of the comprehensive Gippsland Guide to becoming a Health Literate Organisation</li> <li>• Health literacy training and workshops</li> <li>• Health literacy forums to present organisational health literacy project outcomes from across Gippsland</li> <li>• Mentoring and supporting staff to undertake health literacy improvement projects using the Plan, Do, Study, Act Model</li> <li>• A formal academic evaluation of the Gippsland Health Literacy Project in conjunction with Monash University</li> </ul> <p>The 4 Gippsland PCPs worked together to develop <i>'The Gippsland Guide to Becoming a Health Literate Organisation'</i>. The guide was co-designed with all GPCP member organisations and tailored to their specific needs. The Guide provides organisations with a range of information, tools and resources that can be used to support their journey to becoming a health literate organisation. The steps the Gippsland PCPs have undertaken to implement this work include:</p> <ul style="list-style-type: none"> <li>• Gaining executive buy-in</li> <li>• Identifying organisational champions</li> <li>• Supporting organisations to measure current organisational health literacy practice using the self-assessment checklist contained in the Gippsland guide</li> <li>• From the results of the self – assessment checklist, the GPCPs support organisations to create a 1-2 year quality improvement action plan</li> <li>• Mentoring organisational champions to help implement the action plan within their workplace and monitor progress</li> <li>• After 1-2years of implementation, work with organisational champions to utilise the self-assessment to measure the progress of improvements over the past year</li> <li>• Creating a new 1-2 year action plan and the improvement cycle starts again.</li> </ul> <p>The Gippsland PCPs have also led a number of capacity building events across Victoria and NSW which have included conference presentations, community of practice events and providing the opening key note address at the Victorian Health Literacy Conference in 2016.</p> <p>Part of the journey to becoming a health literate organisation is to ensure staff have knowledge and understanding of organisational health literacy and consumer health literacy needs.</p> <p>Thorough investigation by GPCPs identified that there were limited affordable and accessible professional development opportunities in health literacy for rural and remote organisations. While there is some professional development available, it is not free or necessarily accessible to rural and remote organisations (i.e. cost, travel, time out of the office and backfill required).</p> <p>Therefore a partnership was formed between the Gippsland PCPs and the Victorian PCPs to develop a health literacy online training package designed to provide an accessible and free option for professional development in health literacy for all staff within organisations across Victoria.</p> <p>The development of the course has taken over 12 months and was led by the GPCPs in partnership with HealthWest PCP and Inner North West PCP. All of</p>

	<p>the 28 PCPs were provided with opportunities to feed into the module content as were a number of PCP member's organisations. This process has resulted in a comprehensive and relevant resource for health services across Victoria.</p> <p>The course contains 5 different modules to ensure all staff within health services can partake in the modules most relevant to their roles. After completing this course, staff will have an understanding of:</p> <ul style="list-style-type: none"> <li>• What health literacy responsiveness is</li> <li>• Their role in improving health literacy responsiveness</li> <li>• How health literacy improvements can be implemented within their organisation.</li> </ul> <p>The five modules are broken down into the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Introduction:</b> What is health literacy and why is it important?</li> <li>• <b>Leadership:</b> How does my leadership role contribute to health literacy responsiveness?</li> <li>• <b>Communication:</b> What influence does communication have on health literacy?</li> <li>• <b>Navigation of physical and virtual environments:</b> What challenges do individuals face when navigating a service and how can my organisation support them?</li> <li>• <b>Partnering with consumers:</b> How can my organisation work with consumers to improve organisational health literacy responsiveness?</li> </ul> <p>As learners progress through this course, they are prompted to reflect on how they can apply these learnings to their work.</p> <p>To ensure the online course is rolled out consistently across the state the GPCPs in partnership with HealthWest PCP and Inner North West PCP have developed a communicate for PCP member organisations, detailing the course content and how to access the course. A second communicate has been developed to support the 28 PCPs across the state to support organisations having completed the course to translate knowledge into practice change. This is critical as education alone will not create a health literate organisation.</p>
<p><b>What was achieved?</b> (Consider whether results were benefits for clients and/or for service providers and/or for the system)</p>	<p>The work implemented as a result of the <i>Gippsland Guide to becoming a Health Literate Organisation</i> is being evaluated using process, impact and outcome indicators.</p> <p>Process measures are being used to evaluate and improve the Guide as well as the process being undertaken to implement the guide within organisations. Feedback from organisations so far has identified the need for an Aboriginal culturally appropriate version of the Guide. In addition feedback has also identified the need for a shortened version of the Guide for smaller organisations or organisation whose sole focus on is not health service delivery.</p> <p>Impact measures assess the impacts of the implementation of the guide on health services. As of June 2017, impact indicators from a PCP perspective show:</p> <ul style="list-style-type: none"> <li>• 11 organisations have completed the comprehensive Self-Assessment</li> <li>• 9 organisations have health literacy action plans endorsed by their executive</li> <li>• 2 organisations have health literacy policies</li> <li>• 17 Health Literacy training sessions were conducted with members in the past 12 months</li> <li>• 279 people have been trained in health literacy practices in the past 12 months</li> <li>• 15 promotional presentations have been conducted with executive/management to gain agency buy-in in the past 12 months</li> <li>• Quarterly health literacy champions network meetings are held for</li> </ul>

Gippsland PCP members (and southern metropolitan PCP members) to build health literacy leaders within organisations, provide peer learning opportunities and collaborate on areas of collective need.

A recent achievement is the engagement of Gippsland East Gippsland Aboriginal Cooperative (GEGAC) and Ramahyuck in conversations about implementing best practice health literacy within their organisations. Ramahyuck has commenced undertaking the self-assessment checklist. In addition the GPCPS are working with the two organisations to begin development of an Aboriginal Community Controlled Health Organisation (ACCHO) version of the health literacy guide.

To date a number of health literacy improvement activities have been implemented by member agencies. These include:

- Health literacy awareness training for senior management and executive.
- Development of a health literacy education package for all staff.
- Embedding health literacy principles into all written health information protocols in a number of organisations.
- Forming a health literacy working group to drive health literacy work within organisations.
- Embedding health literacy quality improvement activities within existing working groups. E.g. Quality and Safety committees.
- Health literacy training being a standing agenda item on team meetings with 15-30 minutes of each team meeting dedicated to a mini-health literacy skill building session.
- Improving communication at bed side handover.
- Empowering consumers to ask questions.

Outcome measures will be obtained through a separate independent evaluation being conducted by the Gippsland PCPs in partnership with Monash University over a 6 year period. This independent research will evaluate which elements of the guide have been implemented and to what degree. The evaluation will also utilise a 'realist evaluation' approach to understand the causal web of interactions and interdependencies that impact on the implementation of the health literacy guide in different settings. Robust evaluation will take place to determine what works for whom, where, when and why and in what contexts in relation to implementation of an organisational approach to health literacy. Data collection for this phase of the evaluation is expected to be collected in 2019.

The work of the Gippsland PCPs has also gained interest across Victoria, NSW and within the academic evidence based literature. Achievements to date include:

- 9 conference presentations have been delivered to over 430 people
- 2 Community of Practice Events were delivered to the Gippsland PCPs and the Victorian PCPs to ensure capacity building across the PCP platform
- 1 journal article accepted for publication in the Australian Health Review based on the Monash University evaluation of the Gippsland health literacy work
- 2 journal articles currently under review with the Australian Health Review, one detailing the health literacy work that occurred in Gippsland from 2012-2013 and the second article detailing the implementation of the Gippsland approach with Northern NSW health services.

The Health Literacy Online course evaluation has been developed and will be implemented by Central West Gippsland PCP, in collaboration with the

	<p>Gippsland PCPs, HealthWest PCP and Inner North West PCP. The evaluation will include process and impact measures.</p> <p>The evaluation of the Health Literacy Online course will include the following measures:</p> <ul style="list-style-type: none"> <li>• Number of participants accessing the modules.</li> <li>• Increased knowledge and understanding of health literacy (online survey).</li> <li>• Improved practice as a result of their increased knowledge and understanding (online survey) and in person follow up from their local PCP.</li> <li>• Scale and reach of the modules (through mapping organisations accessing the modules).</li> </ul> <p>At this stage we cannot report against any of the measures as the modules have not been released. Data collection will begin once the course is launched.</p>
<p><b>What is the status and sustainability?</b></p>	<p>GPCPs are continuing work with member organisations to develop and implement health literacy improvement plans, including embedding the plans into organisations quality and improvement frameworks.</p> <p>The health literacy online course will be housed on the Vic PCP website, providing a stable and freely accessible platform to ensure as much access and sustainability as possible. The modules have also been built using a 'universal' platform which will allow them to be uploaded into a variety of internal e-learning systems free of charge and without the need for re-building or modification.</p> <p>To improve uptake of the online learning course the GPCPs are currently seeking accreditation for professional development points for doctors, nurses and allied health staff.</p> <p>The partnership will disseminate all evaluation findings through the state-wide PCP network, the Regional PCP networks and through governance groups at the local catchment level.</p>
<p><b>What was the specific role of the PCP?</b></p>	<p>The role of the GPCPs has been integral in raising awareness within Gippsland health and community organisations of the importance of health literacy and the importance of responding to the communities health literacy needs. GPCPs have been responsible for designing and developing resources which bring together existing best practice health literacy information and tools. These resources, with the guidance of the GPCPs, are providing a framework for health and community organisations in the Gippsland region to work toward becoming health literate organisations.</p> <p>The GPCP partnership provides the mechanism for a consistent approach to health literacy across the region and provides health and community organisations with a starting point to develop an authorising environment to implement health literacy initiatives within their organisation. GPCPs have raised the profile of health literacy by presenting to boards, executive teams and at conferences. GPCPs provide support for the roll out of the self-assessment check list audits, guide the development of improvement plans to prioritise and respond to areas which need improving and support the identification of champions within organisations that are then responsible for progressing the implementation of health literacy improvement plan activities.</p> <p>GPCPs are:</p> <ul style="list-style-type: none"> <li>• Needed to help create the authorising environment for this work to be done.</li> <li>• The local experts in relation to health literacy and are able to provide ongoing expert support and advice to their member organisations.</li> <li>• Needed to establish the early foundations to embed quality improvement initiatives within organisations as they do not have the resources to employ staff to do this work.</li> </ul> <p>Once foundations are established organisations then have the capacity to</p>

	<p>continue the work themselves with minimal involvement of GPCPs.</p> <p>Health Literacy is a central tenant of PCP work. PCPs have the members, the knowledge and the platforms to drive this work and be world leaders in this field.</p> <p>As a result health literacy is now firmly on the agenda of health and community services. Organisations recognise that improving health literacy has great potential to improve clients' understanding of the health system and information which will truly empower them to maintain good health.</p>
<p><b>What lessons have you learnt?</b></p>	<p>The importance of strong relationships and the need to have an authorising environment should not be underestimated while implementing this type of initiative. Engagement of the CEO, Board and senior management are critical to be successful in supporting organisations in becoming health literate organisations.</p> <p>From the 2013 evaluation of GPCP health literacy work it is apparent that GPCP needed to take a more systematic, whole-of-organisation approach to improving organisational health literacy. This whole-of-organisation approach can seem slow at first but the value of executive buy in and a strong foundation (the health literacy self-assessment) are extremely important. These are the important elements which embed health literacy in organisational structures and processes and ensure commitment to and sustainability of the health literacy work.</p> <p>Ensuring the Guide was co-designed with members ensured that resources within the Guide met the needs of those who were implementing it. This guaranteed the Guide already had a high level of buy in from members prior to its official launch.</p> <p>The impacts and outcomes of organisational health literacy improvements do not occur quickly and are not always immediately evident, therefore it is important for organisations to be realistic in their expectations of what can be evaluated when implementing health literacy improvements. For example, training staff in health literacy communication principles will not result in an immediate improvement in clients understanding health information during consultations. These skills take time to embed in practice, it is important that this time and continued skill building and practice improvement forms part of ongoing quality improvement practices for the organisation.</p> <p>Implementing best practice health literacy improvements is not a 'one-size-fits-all' process, adaptations need to be made to the approach and resources to ensure they fit the ethos of the organisation the PCP is working with.</p> <p>Understanding the need for adapting to has resulted in the development of an ACCHO specific version of the health literacy guide as well as a mini version of the guide. This will ensure a broader range of agencies can meaningfully engage with organisational health literacy improvements in a way that aligns with their organisational structure and culture.</p>
<p><b>Next Steps</b></p>	<p>GPCPs will continue to work with their members to complete self-assessments and embed actions plans into organisations quality and safety frameworks.</p> <p>GPCPs will continue to work with the Vic PCPs to roll out the online health literacy course.</p> <p>GPCPs will continue to work with the local ACCHOs to develop the Aboriginal organisation version of the health literacy guide.</p> <p>GPCPs will continue to develop the mini-health literacy checklist for use with organisations where health may be only a part of their services delivery (i.e. disability service provision organisations and local governments).</p>
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<p><b>Position/Title</b></p>	<p>Executive Officers, Gippsland PCPs</p>
<p><b>Appendix</b></p>	<p><b>The Gippsland Guide to becoming a Health Literate Organisation</b>  <a href="http://www.centralwestgippslandpcp.com/wp-content/uploads/2013/05/The-">http://www.centralwestgippslandpcp.com/wp-content/uploads/2013/05/The-</a></p>

	<p><a href="#">Gippsland-Guide-to-becoming-a-Health-Literate-Organisation-ELECTRONIC-FINAL.pdf</a></p> <p><b>Launch video for the Guide</b></p> <p><a href="http://www.centralwestgippslandpcp.com/wp-content/uploads/2013/05/GPCP-Health-Literacy-Video-Final-2.mp4">http://www.centralwestgippslandpcp.com/wp-content/uploads/2013/05/GPCP-Health-Literacy-Video-Final-2.mp4</a></p>
<p><b>References</b></p>	<ol style="list-style-type: none"> <li>1. Australian Commission on Safety and Quality in Health Care, National Statement on Health Literacy: Taking actions to improve safety and quality.</li> <li>2. Australian Bureau of Statistics, Health Literacy, in ABS Australian Social Trends. 2009, cat. no. 4102.0, ABS: Canberra. p. 8-11.</li> </ol>