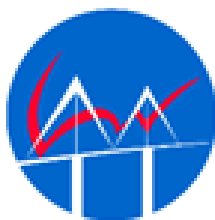


# *Understanding the Impact of Organisational Health Literacy Initiatives on Clients<sup>1</sup>*

## **Final Report**

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**HealthWest  
Partnership**



centre for  
**culture,  
ethnicity  
& health**



**Mercy Health**  
*Care first*

**cohealth**  
connecting communities

**ipcHealth**  
improving and promoting community health



**Sunbury**  
COMMUNITY HEALTH

<sup>1</sup> Clients was the preferred HealthWest member agency terminology and includes consumers and patients.

## **Acknowledgements**

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## Executive Summary

### Introduction

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

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

### Evaluation

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

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

The evaluation aims included:

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

## Evaluation approach

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

## Synthesis of Evaluation Findings

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

### Impact of OHL initiatives:

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

### Contextual factors influencing impacts of OHL initiatives:

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

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

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

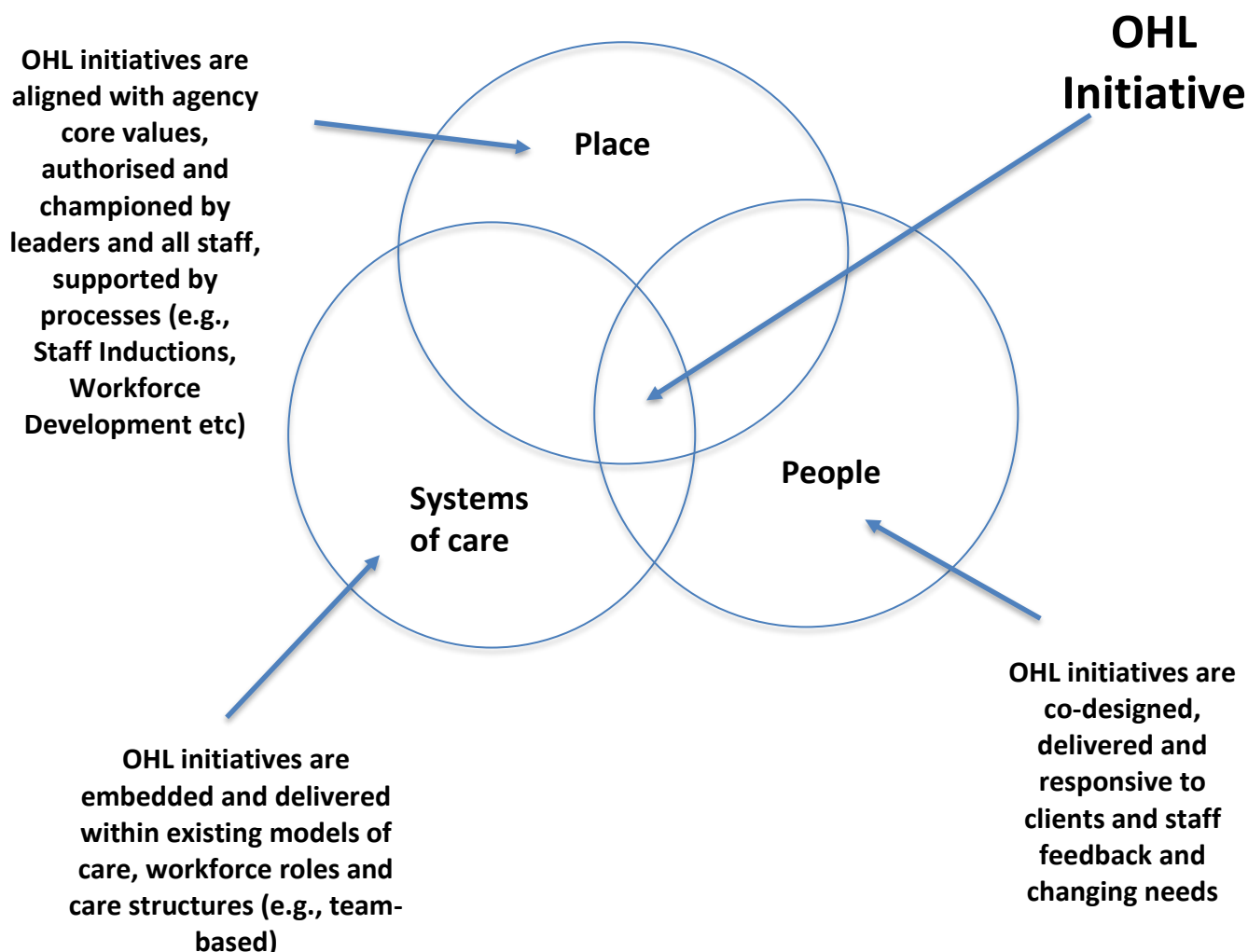
The evaluation confirmed the importance of staff participation in the HealthWest OHL initiatives (e.g., Health Literacy Training, Community of Practice/Alliance, Mentoring) who have become organisational champions and OHL change leaders.

The evaluation also confirmed that adopting, implementing and sustaining OHL requires OHL initiatives that are visible, supported, and resourced with OHL change leaders, with expertise in making the case for OHL to staff in strategic, managerial and service delivery roles. The evaluation also confirmed the importance of OHL infrastructure i.e., the importance of the individuals who bring OHL into organisations and where they work and the location of the OHL initiatives within organisations. For example, while it is recognised that OHL is everyone's responsibility, the OHL initiative within Mercy Health, clearly

demonstrated the role and importance of the Multicultural Manager driving the OHL initiative with their staff (Diabetes educator, Dietician, Interpreters) for CALD women with gestational diabetes

### Key Principles contributing to impact of OHL initiatives

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



### Evaluation Implications

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

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

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

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

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

## Implications for future research and evaluation

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

### Client level

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

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

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

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

### Organisational level

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

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

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

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

## Systems level

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

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



## 1. Introduction

A health literate organisation has been defined as “An organisation that makes it easy for anyone to find, understand, and use information and services”<sup>2</sup>. Organisational health literacy (OHL) is increasingly viewed as a key element of the healthcare system as it shapes patient care experiences, quality of care and health outcomes<sup>3</sup>. Evidence exists that organisational health literacy can improve health seeking behaviors and ability to better understand and self-manage health conditions<sup>4</sup>. However, OHL is complex, multifaceted and a multilayered system issue, which includes how the system engages and interacts with clients<sup>5</sup>. To improve OHL multiple changes are now recognised as required, including aligning the organisational values and purpose, embedding changes within core business, workforce development, ensuring clear communication is utilised in all situations and ensuring consumers are involved in health systems design, development and evaluation<sup>6</sup>. **Figure 1** below from *Make it Easy: A Handbook for Becoming a Health Literate Organisation* (HealthWest Partnership, Inner North West Primary Care Partnership, 2019) reveals five requirements for being a health literate organisation.

**Figure 1: Five requirements for being a health literate organisation.**



<sup>2</sup> Make it Easy: A Handbook for Becoming a Health Literate Organisation is a collaboration between HealthWest Partnership and Inner North West Primary Care Partnership. 2019. Adapted from: Brach et al (2012). Ten attributes of health literate health care organizations. Washington, DC: Institute of Medicine.

<sup>3</sup> Australian Commission on Safety and Quality in Health Care (2014). National Statement on Health Literacy: Taking actions to improve safety and quality. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-statement-health-literacy-taking-action-improve-safety-and-quality>

<sup>4</sup> Berkman et al (2011). Health Literacy Interventions and Outcomes: An Updated Systematic Review. Evidence Report/Technology Assessment No. 199. Agency for Healthcare Research and Quality. March 2011. [file:///C:/Users/lucio/Downloads/Health\\_Literacy\\_Interventions\\_and\\_Outcomes\\_An\\_Upda.pdf](file:///C:/Users/lucio/Downloads/Health_Literacy_Interventions_and_Outcomes_An_Upda.pdf)

<sup>5</sup> Naccarella, L; Wraight, B. & Gorman, D (2016). Is health workforce planning recognising the dynamic interplay between health literacy at an individual, organisation and system level? *Australian Health Review*, 40, 33-35

<sup>6</sup> Brach et al 2012. Ten attributes of health literate health care organizations. Washington, DC: Institute of Medicine.

<sup>6</sup> Trezona et al 2018. Development of the Organisational Health Literacy Responsiveness (Org-HLR) self-assessment tool and process. *BMC Health Services Research*, 18, 694.

Since 2013 an array of 'Health Literacy Project Initiatives' has been made available for health professionals working in HealthWest Partnership member agencies in the western metropolitan region of Melbourne. For example, health literacy training courses; senior executive sponsors workshops; health literacy Community of Practices/Alliances; online Health Literacy course; and a Peer group mentoring approach. However, most health literacy initiatives/interventions do not include impact nor outcome evaluations. In summary, evidence is required about what impact organisational health literacy initiatives have had on consumers. Past evaluations of the Health Literacy Project Initiatives' (Naccarella, 2016 <sup>7</sup>) from staff perspectives revealed consumer outcomes, including: increased access to services; decreased confusion; improved written patient information and communication; increased input into patient feedback mechanisms; increased access to interpreters; increased engagement; and increased interactions between managers and consumers.

To date, limited evidence exists from patients/consumers about what impact the organisational health literacy initiatives are having on care experiences and outcomes.

## 2. Evaluation foci

In 2019 HealthWest Partnership commissioned the University of Melbourne (Lucio Naccarella) to understand the impact of specific organisational health literacy initiatives on clients within four member agencies: *Mercy Health, cohealth, Sunbury Community Health* and *IPC Health*. **Appendix 1** provides a summary of each member agency and the OHL initiative.

The evaluation aims included:

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

To refine the evaluation foci and questions, three meetings were held at HealthWest Partnership with all four agencies to develop an overall '**Outcome Evaluation Purpose statement**':

- This outcome evaluation will provide [consumers/staff/advisory groups/managers/executive/funders] with [consumer service access & equity experiences] in order to inform decisions about [consumer service improvement/service quality compliance/staff responsiveness/] about [organisational health literacy initiatives (e.g., new consumer service models/processes/education & training)]."

See **Appendix 2** for agency specific Outcome Evaluation Purpose statements and draft evaluation questions. **Appendix 3** present agency specific evaluation questions. To further articulate the agency OHL initiatives hypothesised outcomes, outputs, inputs, activities and contextual factors, and refine the evaluation questions, agency specific OHL logic models were developed (see **Appendix 4**).

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<sup>7</sup> Naccarella, L. Evaluating the Ripple Effects of the Health Literacy Project Initiatives at the Organisational Level: Final Report. 2016. Available at: [http://healthwest.org.au/wp-content/uploads/2014/10/HealthLiteracy-Ripple-Effect-Full-Report\\_Jan-2016.pdf](http://healthwest.org.au/wp-content/uploads/2014/10/HealthLiteracy-Ripple-Effect-Full-Report_Jan-2016.pdf)

### 3. Evaluation Approach

Given the complexity of the topic (OHL), diversity of contexts (four agencies) and multi-level and type of OHL initiatives, the evaluation was informed by three evaluation approaches:

1. **Case Studies** - (e.g., cohealth; Mercy Health; Sunbury Community Health; IPC Health) were used to illustrate the diversity in sectors, organisation types, and organisations taking action on health literacy
2. **Outcomes Harvesting**<sup>8</sup> emerged in response to the knowledge that often initiatives have multiple moving parts and activities, and often generate multiple intended or unintended outcomes. It is an evaluation approach in which evaluators, funders, and/or program managers and staff identify, formulate, verify, analyse and make sense of outcomes (i.e., a change in behavior, relationships, actions, activities or practices of an individual). Due to resource and time constraints, an adapted outcomes harvesting approaches was used.
3. **Principles-focused evaluation approach:** To evaluate complex topics (i.e., e.g., outcomes of OHL initiatives) in complex dynamic organisational and policy contexts (e.g., community health, acute care), Principles-focused evaluation approaches<sup>9</sup> are being advocated as "*Principles are primary ways of navigating complex dynamic systems and engaging in strategic initiatives*". Principles and not the project or program become the evaluand - the object of the evaluation. From an evaluation perspective, principles are hypotheses, not truths, that can provide direction and value what matters. Due to resource and time constraints, an adapted Principles-focused evaluation approach was used.

The evaluation utilised mixed methods: semi-structured individual interviews and focus group discussions with clients and agency staff.

#### Evaluation Data Analysis Processes

The individual semi-structured interviews and focus group discussions were audio-recorded and transcribed. Transcripts were coded and analysed using the constant comparative thematic analysis approach which identifies emerging themes through a three-step iterative coding process: open coding; axial coding and selective coding.

The evaluation received ethics approval from:

- Mercy Health's Human Research Ethics Committee for the Mercy Health – Healthy Eating for Gestational Diabetes Information sheets
- cohealth's Human Ethics Advisory Group for the cohealth- My Health & Wellbeing Form
- The University of Melbourne Human Ethics Advisory Group for the:
  - Sunbury Community Health - First Steps Program
  - IPC Health – High Risk Foot (Wound) Clinic

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<sup>8</sup> Wilson-Grau, R. (2015) *Outcome Harvesting*. Better Evaluation. [http://betterevaluation.org/plan/approach/outcome\\_harvesting](http://betterevaluation.org/plan/approach/outcome_harvesting)

<sup>9</sup>Patton, M. Q. (2018). *Principles-focussed evaluation: The Guide*. The Guilford Press. London.

## 4. Results

This section presents evaluation findings organised according to the four member agencies and presents: 1) OHL initiative, 2) Evaluation Participants; 3) OHL Impacts; 4) Contextual factors; and 5) Key Principles contributing to impact of OHL initiatives on clients.

### 4.1. Mercy Health

**Mercy Health – Healthy Eating for Gestational Diabetes Information sheets:** an OHL initiative designed to help culturally and linguistically diverse (CALD) women manage their gestational diabetes.

**Evaluation Participants:** A total of 12 clients (CALD women) participated including; Arabic (n=4), Persian (n=2); Chinese (n=2) and Vietnamese (n=4). A total of 8 Mercy Health staff participated in one focus group discussion, including: Managers, Dieticians, and Interpreters.

**Impact of OHL initiatives:** Overall the CALD women reported multiple impacts that can be clustered into five areas: reduced anxiety; increased confidence; changed food portions, choices and used meal plans; increased knowledge and skills; and ripple effects upon family and friends. Overall, these findings reveal that the CALD women: are informed, are listened to, understand their care, and feel supported. **Table 1** provides key themes with illustrative quotes.

**Table 1 Summary of Key Observable Outcomes / Emerging Themes**

Key Themes	Illustrative Quotes
<b>Reduced anxiety</b>	<ul style="list-style-type: none"> <li>• <i>Yes, I was worried at beginning but with information and regular checking my blood sugars I noticed the info gave me confidence in understanding what and how much to eat (Arabic)</i></li> <li>• <i>Yes, kind of reduced worry in me and my family and it helped me eating food- proper portions as I did not know it (Persian)</i></li> </ul>
<b>Increased confidence</b>	<ul style="list-style-type: none"> <li>• <i>Yes, my confidence has increased as information is very useful by following information I divide meal into 6 times a day and my sugar levels have reduced (Vietnamese)</i></li> </ul>
<b>Changed food portions, choices &amp; used meal plans</b>	<ul style="list-style-type: none"> <li>• <i>Yes of course I have increased confidence in how much and food choices I can make, and meal plans are very useful – has lot of info – sample menu is very specific and I can retain – I can copy meal plan (Chinese)</i></li> </ul>
<b>Increased knowledge and skills</b>	<ul style="list-style-type: none"> <li>• <i>Yes changed my mind and way of living as before I eat rice to my heart's content as all Vietnamese people, but now I have reduced rice and cook meat and vegies in right portions (Vietnamese)</i></li> <li>• <i>Yes the information we received will help us to manage gestational diabetes and not turn into type 2 diabetes, and if I decide to have another child it will still be in my mind (Arabic)</i></li> </ul>
<b>Ripple effects on family and friends</b>	<ul style="list-style-type: none"> <li>• <i>Shared it with lots of my friends as a way to reduce weight – a diet guide – I share with my mother in law and husband as he was not aware of rice and carbo – yes very helpful (Chinese)</i></li> </ul>

**Contextual factors influencing impacts of OHL initiatives:** Overall the CALD women reported very few contextual factors influencing the impact of the Gestational Diabetes Information sheets. The reported factors (family dynamics, cravings, time and food availability) were on the whole not surprising and reflected real life challenges to managing gestational diabetes as opposed to the Information Sheet. **Table 2** provides a summary of key emerging factors and illustrative quotes across the four CALD women groups.

**Table 2: Contextual Factors**

Key Themes	Illustrative Quotes
Family dynamics	<ul style="list-style-type: none"> <li>For me it is not easy – as I need to cook for my husband and children - hard to stick to it – the small portions (Arabic)</li> </ul>
Cravings	<ul style="list-style-type: none"> <li>My challenge is removing sweets as I have craving for sweets during pregnancy (Persian)</li> </ul>
Time	<ul style="list-style-type: none"> <li>Yes challenge is cravings for sweets but I am not allowed, instead of sweets I now have fruit instead (Vietnamese)</li> </ul>
Food availability	<ul style="list-style-type: none"> <li>At home I can have basmati but when eat out I can't find basmati- for me never eat basmati only like Chinese white rice (Chinese)</li> </ul>

Staff reported several contextual factors influencing the OHL initiative including; increasing client diversity, increasing system complexity, Information Sheet were delivered with staff and Information Sheets were CALD co-designed and developed.

**Key Principles contributing to impact of OHL initiatives:** The Mercy Health staff focus group discussion revealed six key principles as contributing to the impacts of the Gestational Diabetes Information Sheets on the CALD women including:

1. **Relevance** of the Information Sheets
2. **Relatable** in terms of linguistically and culturally
3. **Practical** nature – re: food portions, choices & meal plans
4. **Realistic** nature of the Information sheets
5. **Client informed** – Information Sheets were co-designed and developed with CALD women with gestational diabetes
6. **Supported by system of care** -Diabetes Educator, Dietician and Interpreters all support the use of the Information Sheets

### Reflections

Overall the Mercy Health OHL initiative needs to be contextualised in relation to the following points:

- The OHL had both external and internal drivers that created a supportive authorising environment for the OHL providing strong managerial support (e.g., Multicultural Services). Mercy Health has established key structures (e.g., Patient Information Committee that embeds consumer review of information process; Community of Practice) and has since 2015 embedded systemically health literacy principles and practices into its existing processes and policies (e.g., Human Ethics Review policies).
- The OHL (Gestational Diabetes Information sheets) were embedded into Mercy Health's existing systems of care and not in isolation i.e., the Information Sheets were provided to the CALD women by the Dietician during a scheduled education session with an interpreter present.
- The OHL (Gestational Diabetes Information sheets) were culturally and linguistically co-designed by the Mercy Health Consumer Information Review processes, CALD women and Mercy Health staff.

## 4.2. cohealth

**cohealth- My Health & Wellbeing Form:** an OHL initiative designed to prompt clients to think about what they want to talk about before their appointment and to prompt staff to think about the range of needs the client may have.

**Evaluation Participants:** A total of 9 clients participated including; 8 females and 1 male; aged between 30 and 70 years plus with a range of presenting health issues (feet=4; multiple issues=3; bladder = 1; back injury=1; and pain=1). A total of 9 cohealth staff participated in one focus group discussion, including: Managers and Clinicians). Of the 9 clients, 4 reported recalling seeing and receiving the ‘My Health & Wellbeing form’ and 5 reported not recalling the form<sup>10</sup>. **Table 3** provides illustrative quotes regarding recall of form.

**Table 3 My Health & Wellbeing Form Recall**

Recalled (n=4)	Not Recalled (n=5)*
<ul style="list-style-type: none"> <li>• <i>Yes, I recall seeing form. Reception just handed me form C1</i></li> <li>• <i>Yes, recall seeing form and given by the receptionist the 1<sup>st</sup> time I came here C6</i></li> <li>• <i>Yes I remember - 2 weeks ago I filled it out – got it from receptionist and I gave it back to my dietician C8</i></li> <li>• <i>I truly can’t recall... but hang on yes this prompted me to say I needed help with nutrition...C9</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>I do not recall seeing form from the receptionist – no I do not remember (C2)</i></li> <li>• <i>I do not recall seeing form, I don’t think so- I just come here and see podiatrist (C3)</i></li> <li>• <i>I come here for dentist and podiatrist and diabetic nurse too. No I do not remember seeing form (C4)</i></li> <li>• <i>No I do not remember seeing form – I don’t think so (C5)</i></li> <li>• <i>I have not seen this form – I have not seen it (C7)</i></li> </ul>

\* cohealth confirmed that while the five clients did not recall seeing or receiving the form, they had in fact all received completed and handed the form back to cohealth.

**Impact of OHL initiative** Overall clients who recalled seeing & receiving the My Health & Wellbeing Form reported that the form had: acted as a prompt, enabled clients to raise other health issues/concerns and increased referral options. **Table 4** provide key themes with illustrative quotes.

<sup>10</sup> cohealth confirmed that while the 5 clients had not recalled the form, they had in fact all received, completed and handed the form back to cohealth. In fact, in all clients, a referral had been made related to issues raised on the form (e.g., Referral podiatrist, Dietician, Women’s Health, Dental care and for Counselling. While, client recall of health information and care is a well-known complex phenomenon, given the evaluation scope, it is only possible to acknowledge its occurrence in this evaluation.

**Table 4: Key themes with illustrative quotes**

Key Themes	Illustrative Quotes
<p><b>Enable ease raising issues</b></p> <p><b>Acted as a prompt</b></p> <p><b>Increased referral options</b></p>	<ul style="list-style-type: none"> <li>• <i>It's a really good way to open up – seeing if any other things to manage C1</i></li> <li>• <i>Yes prompted things for me in my mind and when I come back to next appoint and yes I got sense if it's something that cohealth don't provide they will refer me on – as when you have an issue you often feel on your own and not supported C6</i></li> <li>• <i>Without form maybe I not know what my choices are...Filling out this for is helping me get dental health appt and seeing a women's health nurse so it is good C8</i></li> <li>• <i>Yes it was positive as she referred me to the dietetics dept and I have been seeing them (C9)</i></li> </ul>

Clients who did not recall the form all had positive opinions as can be seen below:

- *Yes sounds like a good idea (C2)*
- *Yes a good idea (C3)*
- *Yes a good idea... (C4)*
- *Yes good idea. You may have other problems that you could discuss (C5)*

All cohealth clients – irrespective if they recalled or did not recall form were asked for their broader experience of cohealth. As can be seen from **Table 5** clients reported being heard, understood care received, and felt supported.

**Table 5: Key themes with illustrative quotes**

Key Themes	Illustrative Quotes
<b>Clients Felt heard</b>	<ul style="list-style-type: none"> <li>• <i>Yes podiatrist is great – really listens really good with whole holistic thing and referring me on to other people – that is what I like about cohealth- all specialists under one roof – I do really like that C1</i></li> <li>• <i>Yes I get that sense that they listen to me with all use at cohealth – I was impressed as receptions are very good and I could hear them being helpful with other patients while waiting and 3 physios are all up an beyond – physio are encouraged to have a holistic view – which is good C6</i></li> <li>• <i>Yes cohealth listens to me – for example my diabetes nurses she talked to me about diabetes control she knows I wanted to have a baby - she informed about what to do and she gave me information about being pregnant with diabetes C8</i></li> </ul>
<b>Clients understood care received</b>	<ul style="list-style-type: none"> <li>• <i>Yes, GP explains prescriptions and how to take it and what to do next – she explains everything- yes, I feel I can ask anything even if not for me – she explain how to use medicine and I understand. Yes, if I can't attend appointment I can change it easy. (C2)</i></li> </ul>
<b>Clients felt prepared, safe and supported)</b>	<ul style="list-style-type: none"> <li>• <i>Yes, I feel very supported by cohealth staff – we have never had problems. Yes, after an appointment- they explain – if I need an earlier appointment - please call and I can make it. cohealth has always been supportive – when I needed emergency they were always there (C4)</i></li> </ul>



**Contextual factors influencing impacts of OHL initiatives:** Clients mentioned several contextual factors including: Staff engagement & facilitation of form; Form Content and Form Follow-up.

**Table 6: Key themes with illustrative quotes**

Key Themes	Illustrative Quotes
<b>Staff engagement:</b>	<ul style="list-style-type: none"> <li>• <i>Reception just handed me form, but no information was provided and I just completed it...I could see the bolded bits - but I could not be bothered at the time- I said no no no at the time. I remember thinking I came here to see the podiatrist and that its. I remember thinking what am I supposed to do with the form – the way it is set out – like I have a lot of these - but I was not sure if I tick them what are they going to do at the time – I could not be bothered at the time- it was just easier not to tick them. (C1)</i></li> <li>• <i>Not explained when give it to me but my dietician explained it to me C8</i></li> </ul>
<b>Staff Facilitation of Form:</b>	<ul style="list-style-type: none"> <li>• <i>Needs to be written on form what supposed to happen. I guess if it had been explained at the start - if they said – hey look if you can fill it out – and explain this may help you think about other services that you may need- would have love it to be explained to me (C1)</i></li> </ul>
<b>Form content:</b>	<ul style="list-style-type: none"> <li>• <i>Maybe form is for more for people who suffer or have MH or anxiety or AOD type issues as many more questions are for them – yes form could be more general- not sure – but set up its more for MH issues C8</i></li> <li>• <i>Little bit confronting as if people had a mental health or a long term conditions or domestic violence, some my find it confronting but it is phrased in non-confronting way C9</i></li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>• <i>...the trick it to have it followed up- as if you fill out a form and then it does not get follow-up its worse than not having a form C6</i></li> </ul>

Staff reported several contextual factors including: demands upon Reception/CSOs; staff know-how & buy-in; multiple client forms; and diverse client demographics.

**Key Principles contributing to impact of OHL initiatives:** The cohealth staff focus group discussion revealed five key principles as contributing to the impacts of the My Health & Wellbeing Form on clients including

1. All staff buy in
2. Trust / relationship between staff and client
3. Staff informed and see value, not an administrative burden
4. System beyond individual supports form
5. Form lives and is facilitated by trusted clinicians

### Reflections

Overall the cohealth OHL initiative needs to be contextualised in relation to the following points:

- cohealth has multiple external and internal drivers that have since 2015 created a supportive authorising environment for taking action on OHL at the highest level as demonstrated by - organisation values (health literacy strategy; strategic plan); work practices (e.g., use of teach back) and symbols including: establishing structures (e.g., Health Literacy Interest Group) and embedded



health literacy principles into systemic processes such as: Human Resource Management policies, Human Ethics Review policies).

- While the chosen OHL initiative (My Health & Wellbeing Form) appears to have been designed, developed and to be implemented within a supportive OHL environment, it appears to be implemented with variable understanding and buy-in by frontline staff / CSOs/ Receptionist and in isolation with other existing systems of care.
- The evaluation finding confirm a previous inhouse evaluation by cohealth that recommended further staff training for the optimal staff buy-in and impact of the form for clients.

### 4.3. IPC Health

**IPC Health – High Risk Foot (Wound) Clinic:** an interdisciplinary wound care service informed by OHL principles and practices to support clients to manage and prevent further foot complications

**Evaluation Participants:** A total of 10 clients participated including; 4 females and 6 males; who had attended IPC from 1 to over 5 years and who had been referred to the Wound Clinic from a variety of source, including; GP=2; hospital=7; and clinic = 1. A total of 9 IPC staff participated in one focus group discussion, including managers and podiatrists.

**Impact of OHL initiative:** Overall IPC Health clients have positive experiences of the Wound Clinic, reporting that they were listened to, understood care received and supported in their care- see **Table 7**.

**Table 7: Key themes with illustrative quotes**

Key Themes	Illustrative Quotes
Listened	<ul style="list-style-type: none"> <li>• <i>Yes, they really listen to me. For example, just before I asked the student, did you put liquid on the bandage or is it necessary to put betadine. She was fantastic, she explained no we just put bandage and this is why – fantastic. Really easy if I need to change. I can leave a message with clinic and if not there - they get back to you straight away and I been told if any issue before appoint need to see them- I can call them. IPC 1</i></li> <li>• <i>Yes they listen and care for your they feedback and show you what doing IPC 4</i></li> </ul>
Understand care received	<ul style="list-style-type: none"> <li>• <i>Yes they been very good for me- fantastic. Yes, they are very direct and explain everything. Yes if I have something to say – they take notice. Yes, I can ask questions. Really good job, very clean very thorough and I can ask if I need to. Yes, feel I can trust them and learn what to do. Vey very good I got no complaints at all- very direct thorough and clean and I can ask if there is anything IPC 3</i></li> </ul>
Supported	<ul style="list-style-type: none"> <li>• <i>Yes, feel I can trust them and learn what to do. Vey very good. I got no complaints at all- very direct thorough and clean and I can ask if there is anything IPC 3</i></li> <li>• <i>Mate in one word they are perfect – services mate – terrific young ladies and very courteous and tell you about everything that is going and they bend over backwards to help me IPC 7</i></li> <li>• <i>Actually overall this service compared to others are fantastic. They really involve the person in their care IPC 1</i></li> </ul>

When clients were asked about their broader experience of IPC Health, several positive themes also emerged as can be seen from **Table 8** – indicating that IPC clients are listened to, understood care received and were supported.

**Table 8: Key themes with illustrative quotes**

Key Themes	Illustrative Quotes
Listened	<ul style="list-style-type: none"> <li><i>Yes, I use IPC dental care – all take care of me. Yes, they care for me – I don't argue as they know what they are doing yes helping me IPC2</i></li> </ul>
Understood	<ul style="list-style-type: none"> <li><i>I think IPC is really very good Community Centre because I had my dentures. They do you need anything else. They try to care for my whole being – really good really aware of diabetes IPC 5</i></li> </ul>
Supported	<ul style="list-style-type: none"> <li><i>IPC reception was courteous and helpful the clinic nurse and podiatrist could not be any better. They give me all information on my wound how to treat it, how to look after it and I am learning IPC 6</i></li> <li><i>Yes I use physio here as we lot deal with stress levels – really good really fantastic too – they helped me to come to terms with it all- and especially with diabetes – they are helping me to reduce my stress levels – they gave me support IPC 1</i></li> <li><i>They always take feedback, they listen to what was not right, they take that into consideration, that is one of the really great quality - a major quality. I really appreciate as when I go to the clinic I really do achieve and so it's a good outcome for me. They are willing to listen and for next time as well...</i></li> </ul>

**Contextual factors influencing impacts of OHL initiatives:** When asked about any contextual factors staff reported only several themes emerged, including; complex client care needs; cost and variable staff backups.

**Key Principles contributing to impact of OHL initiatives:** The IPC Health staff focus group discussion revealed four key principles as contributing to the impacts of the Wound Clinic on clients including:

1. Access to workforce development and staff de-briefing
2. Existing organisational structures (e.g., Team-based & coordinated care)
3. Existing organisational models of care (e.g., GP visits to Wound Clinic)

### Reflections

Overall the IPC Health OHL initiative needs to be contextualized in relation to the following points:

- IPC Health has been a leader in health literacy practices for almost a decade, due to internal IPC staff championing and mentoring health literacy principles and practices within IPC Health and in external agencies. An organisation-wide health literate culture exists making it easy for clients to access and understand information to manage their health conditions.
- The Wound Clinic does not operate in isolation from other IPC Health literate systems of care and services (workforce roles, structures and processes), ensuring clients are cared for within a health literate organisation.
- The IPC Health Wound Clinic confirms the presence of key elements required for being a health literate organisation, including: a workforce with appropriate knowledge and skills; partnering with clients to plan user-friendly services; providing information and communication; and having a commitment from agency leaders from all levels providing an authorising environment for OHL practices.

#### 4.4. Sunbury Community Health

**Sunbury Community Health - First Steps Program:** a program informed by OHL principles and practices designed to identify children’s developmental needs as early as possible and to support carers/families to ensure children are on the pathways that suit their child’s developmental needs

**Evaluation Participants:** A total of 8 research participants (mothers of children with developmental problems) participated including. The mothers had 5 daughters and 4 sons who were aged between 1- 3 years (n=3); and over 3 years (n=5); and who were referred to the First Steps Program from a range of sources including: Sunbury Community Health (n=1); GP (n=1); Maternal Child Health (n=2); Kindergarten (n=3) and day care (n=1). A total of 9 Sunbury Community Health staff participated in one focus group discussion, including: managers, speech pathologist, occupational therapist.

**Impact of OHL initiative:** Overall the mothers have positive experiences of the First Steps Program, reporting that they were listened to, understood and supported in their care- see **Table 9**

**Table 9: Key themes with illustrative quotes**

Key Themes	Illustrative Quotes
Listened	<ul style="list-style-type: none"> <li>• <i>Yes, I feel I am listened to what will happen next and any decisions. For example, a fear of mine was that being my first child, everyone says she has walked early and talked early but our biggest concern was that she had a lisp. So, I wondered if this was an age thing or will she grow out of it or lot so people don't worry as he talks lot but as a mum I notice those things I did want to know. SCH 1</i></li> <li>• <i>Yes, I feel listed too. They have made to feel that they are very interested to hear what I and [K] need so yes I feel listened too SCH 10</i></li> </ul>
Understood care received	<ul style="list-style-type: none"> <li>• <i>Yes, easy to understand and yes matched my expectations. Yes at first session I was introduced to each therapist and then she did drawing &amp; colouring activities with ST and at one of the OTs came in and assessed him with cutting plaedo and fine motor skills and the whole time they explained to me – informing me what she was observing in my son and got me to fill out some questionnaires at the same time SCH 4</i></li> </ul>
Supported	<ul style="list-style-type: none"> <li>• <i>Yes, I feel trusted and cared for. Yes, SCH explained to me it was more appropriate to go to my area and so I went along with it all and I was comfortable, and I went with it. SCH 3</i></li> <li>• <i>Yes, I feel comfortable they are doing the best, but I don't know what the best medical things is– but I was fine. Yes I am comfortable and I can ask questions SCH 2</i></li> <li>• <i>Yes I feel comfortable, as yes when I came in to assess [W] I was quite surprised at her assessment as they noticed some deficits and I did not know what she was seeing and so I asked and she explained further and she gave me example of what [W] should be doing and what he was doing wrong yes they were happy to explain it SCH4</i></li> <li>• <i>Yes I feel comfortable as they are so nice so helpful and down to earth. I needed to tend to my son issues as well and [O] went over and above helped me to get into that program and so yes they are all really helpful SCH 10</i></li> </ul>

When mother/research participants were asked about their broader experience of Sunbury Community Health, several positive themes also emerged as can be seen from quotes below – indicating that they were listened to, understood and supported.

- *We are very happy, when we went in there, it been very thorough and interesting seeing [R] interacting and yes it was a great experience. We are very happy and the lady is fantastic and has [R's] attention and very happy and so no criticism SCH 1*
- *Actually I would say it should be a program like kids can go with other kids so that they can talk and play and be more effective and not just observing [A], as when [A] goes to see people she gets shy and scared - better she can go with kids and play and learn with them – that's what I think, but I could be wrong SCH 2*
- *No negatives. I feel really supported and I have followed up with asking them about the NDIS. I called them, and they are all happy to take my call and offer to sit on the NDIS observation – but I have not followed that up yet SCH 4*

**Contextual factors influencing impacts of OHL initiatives:** When asked about any contextual factors staff reported only several themes emerged, including: Diverse referral sources; Aligning organisational operations; and sensitivity of clients

**Key Principles contributing to impact of OHL initiatives:** The Sunbury Community Health staff focus group discussion revealed several key principles as contributing to the impacts of the First Steps Program on clients including:

- Commitment to health literate practices (e.g., Health Literate format)
- Existing models of care (e.g., First Steps has a Structured 1-1 sessions to explain, build rapport; a holistic view of child & parents; and team-based approach to sourcing and follow up services.

## Reflections

Overall the Sunbury Community Health OHL initiative needs to be contextualised in relation to the following points:

- Sunbury Community Health staff have participated in several of the HealthWest health literacy professional development opportunities, including training courses, executive workshops, Community of Practice and Mentoring program. Hence Sunbury Community Health have developed a critical mass of OHL champions, advocating for organisation-wide health literacy practices- making it easy for its clients (i.e., mothers) to access and understand information to manage their child's developmental problems.
- The First Steps Program does not operate in isolation from other Sunbury Community Health literate systems of care and services (workforce roles, structures and processes), ensuring clients (e.g., mothers) are cared for within a health literate organisation.
- The First Steps Program confirms the presence of key elements required for being a health literate organisation, including: a workforce with appropriate knowledge and skills; partnering with clients; to plan user-friendly services; providing information and communication; and having a commitment from agency leaders from all levels providing an authorising environment for OHL practices.

## 5. Discussion

The evaluation findings are synthesised and discussed under three headings: 1) Member Agency Comparisons; 2) evidence about the development of health literacy in clients and 3) evidence about the adoption and implementation of OHL success factors.

### 5.1. Member Agency Comparisons

This section summarises and compares evaluation findings across the four member agencies – revealing common OHL Client Impacts, contextual factors and key principles.

**OHL Client Impacts:** **Table 10** summarises the key OHL impacts upon clients. Given that the OHL initiatives differ it is not possible to do a direct comparison. It is possible to reflect upon the original OHL Initiative Logic Models (Appendix 4) and discuss if the hypothesised short-term outcomes were confirmed.

In summary:

- **Mercy Health** – the short-term outcomes of the Information Sheets were confirmed.
- **cohealth**- the short-term outcomes of the My Health & Wellbeing Form Information Sheets needs refining. While the form increased client ease and thinking about what was important to them, variable evidence was found that the form prompted staff to consider all client health needs, and appropriate referrals. It did not appear to prevent repeating of information, or support the client being involved or leading conversations.
- **IPC Health** - the short-term outcomes of the Wound Clinic were confirmed.
- **Sunbury Community Health** - the short-term outcomes of the First Steps Program were confirmed.

**Table 10: OHL Client Impacts**

<b>Mercy Health</b> <ul style="list-style-type: none"> <li>• Healthy Eating for Gestational Diabetes Information sheets</li> </ul>	<b>cohealth</b> <ul style="list-style-type: none"> <li>• My health &amp; wellbeing Form</li> </ul>	<b>IPC Health</b> <ul style="list-style-type: none"> <li>• High Risk Foot (Wound) Clinic</li> </ul>	<b>Sunbury Community Health</b> <ul style="list-style-type: none"> <li>• First Steps Program</li> </ul>
<ul style="list-style-type: none"> <li>• Reduced anxiety</li> <li>• Increased confidence</li> <li>• Changed food portions, choices &amp; used meal plans</li> </ul> <p>Leading to clients:</p> <ul style="list-style-type: none"> <li>• Are informed</li> <li>• Are listened to</li> <li>• Understand care</li> <li>• Feel Supported</li> </ul>	<ul style="list-style-type: none"> <li>• Acted as a prompt</li> <li>• Enabled ease raising issues</li> </ul>	<ul style="list-style-type: none"> <li>• Are informed</li> <li>• Are listened to</li> <li>• Understand care</li> <li>• Feel Supported</li> </ul>	<ul style="list-style-type: none"> <li>• Parents listened to</li> <li>• Parents understand care &amp; trust staff</li> <li>• Parents feel supported</li> </ul>

Overall the OHL initiatives appear to be building clients knowledge and understanding of how to manage their conditions, as demonstrated by an increased capability to find, access, understand and use information, as evidenced by clients reporting they: were being heard; understood the care they were receiving; using information, and felt supported by their health care professionals. While clients reported

that they felt comfortable to ask questions about their care, overall across the four member agencies minimal evidence was found about clients **having active involvement and empowerment in care decisions.**

**Contextual factors (enablers and barriers)**

**Table 11** summarises the key OHL Contextual factors. Given that the OHL initiatives differ it is not possible to do a direct comparison. It is possible to see several common factors (see **Table 12**).

**Table 11: OHL Contextual Factors**

<b>Mercy Health</b>	<b>cohealth</b>	<b>IPC Health</b>	<b>Sunbury Community Health</b>
<ul style="list-style-type: none"> <li>• Healthy Eating for Gestational Diabetes Information sheets</li> </ul>	<ul style="list-style-type: none"> <li>• My health &amp; wellbeing Form</li> </ul>	<ul style="list-style-type: none"> <li>• High Risk Foot (Wound) Clinic-</li> </ul>	<ul style="list-style-type: none"> <li>• First Steps Program</li> </ul>
<ul style="list-style-type: none"> <li>• Increasing client diversity</li> <li>• Increasing system complexity</li> <li>• Form delivered with staff</li> <li>• CALD co-design &amp; development</li> </ul>	<ul style="list-style-type: none"> <li>• Demands upon Reception/CSOs</li> <li>• Staff know-how &amp; buy-in</li> <li>• Multiple client forms</li> <li>• Diverse client demographics</li> </ul>	<ul style="list-style-type: none"> <li>• Demands upon Reception/CSOs</li> <li>• Staff know-how &amp; buy-in</li> <li>• Multiple client forms</li> <li>• Diverse client demographics</li> </ul>	<ul style="list-style-type: none"> <li>• Diverse referral sources</li> <li>• Aligning organisational operations</li> <li>• Sensitivity of clients</li> </ul>

The evaluation findings do confirm and expand key contextual factors (enablers and barriers) found to influence OHL practices from previous evaluations of health literacy project initiatives in Melbourne’s west (**Table 12**)

**Table 12: Summary of OHL Contextual Factors**

<b>Enablers</b>	<b>Barriers</b>
<b>Individual level-</b> Senior executive buy in and internal staff championing OHL principles and practices	<b>Individual level-</b> increased client diversity and complexity of care needs; increased demands upon staff (e.g., reception); variable staff know-how & buy in. Staff fatigue nor time constraints was not mentioned.
<b>Organisation level-</b> OHL embedded in strategic and operational (e.g., HR/staff Induction) plans	<b>Organisational level –</b> Maintaining momentum and visible benefits of OHL still remains, as it requires alignment of operational units and practices.
<b>Systems level –</b> Service reforms and accreditation received minor mentions by staff.	<b>Systems level –</b> navigating increased system complexity, ongoing service reforms and increased information were still present as barriers. Funding uncertainty was not mentioned.

Key Principles contributing to impact of OHL initiatives

Table 13 summarises the key OHL Principles from the four member agencies.

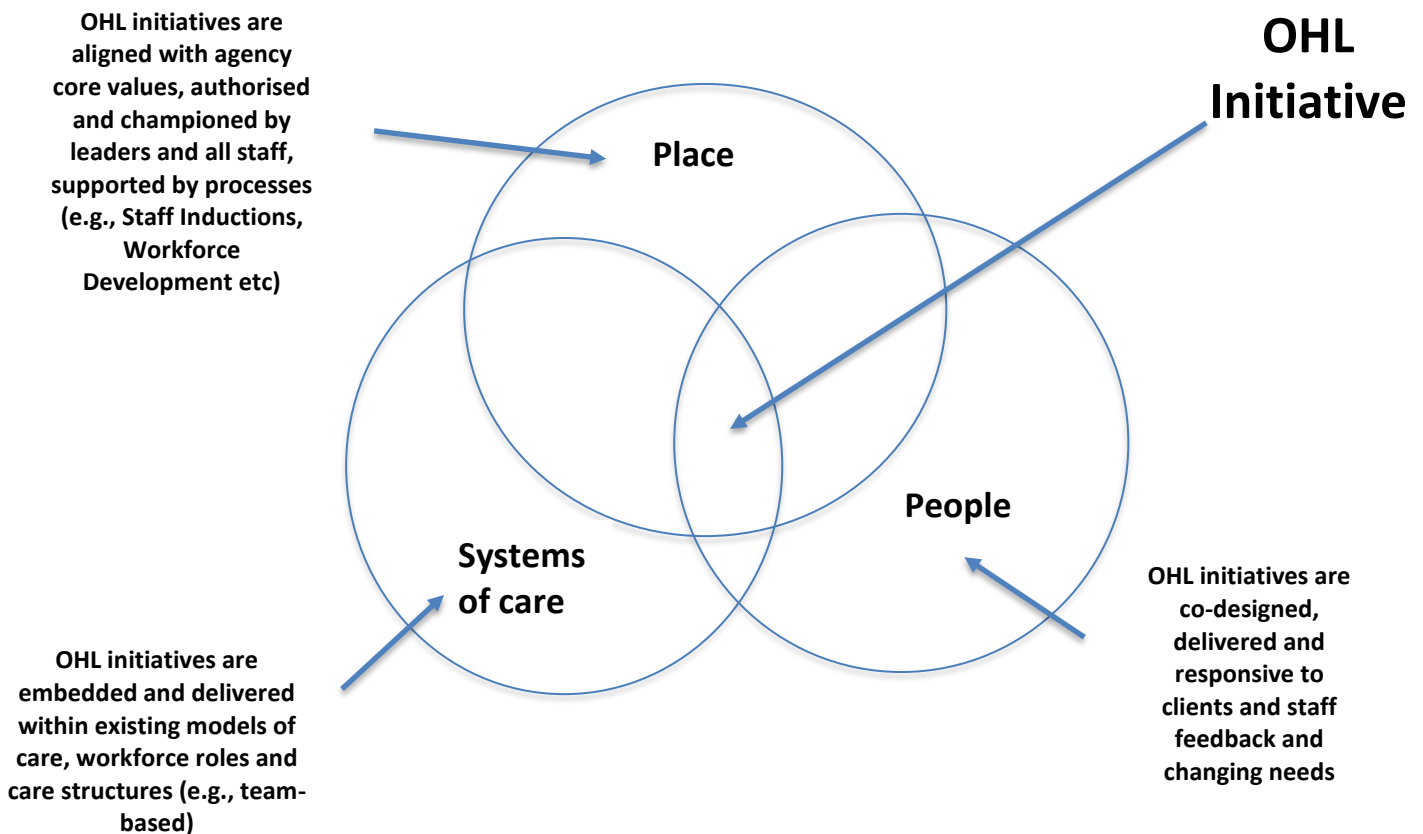
Table 13: Key OHL Principles

<b>Mercy Health</b> <ul style="list-style-type: none"> <li>• Healthy Eating for Gestational Diabetes Information sheets</li> </ul>	<b>cohealth</b> <ul style="list-style-type: none"> <li>• My health &amp; wellbeing Form</li> </ul>	<b>IPC Health</b> <ul style="list-style-type: none"> <li>• High Risk Foot (Wound) Clinic-</li> </ul>	<b>Sunbury Community Health</b> <ul style="list-style-type: none"> <li>• First Steps Program</li> </ul>
<ul style="list-style-type: none"> <li>• Relevance/Relatable</li> <li>• Practical/Realistic</li> <li>• Client informed</li> <li>• Supported by system of care (Diabetes Educator, Dietician, Interpreters)</li> <li>• <i>A tool does not make a system – a form is just part of it – needs constant checking of system</i></li> </ul>	<ul style="list-style-type: none"> <li>• All staff buy in</li> <li>• Trust / relationship between staff and client</li> <li>• Staff informed and see value not administrative burden</li> <li>• System beyond individual supports form</li> <li>• Form lives and facilitated by trusted clinicians</li> </ul>	<ul style="list-style-type: none"> <li>• Access to professional development</li> <li>• Team-based and coordinated approaches</li> <li>• Access to de-briefing</li> <li>• GP visit to Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Access to professional development</li> <li>• Team-based and coordinated approaches</li> <li>• Access to de-briefing</li> </ul>

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



Figure 2: Principles for Sustainable OHL



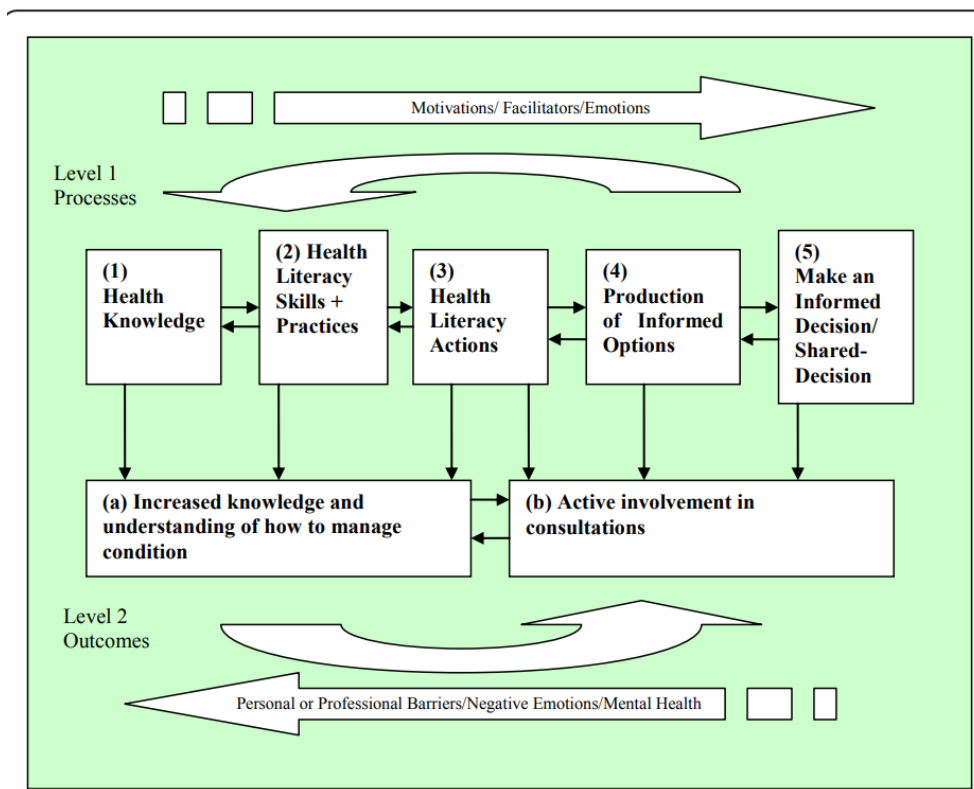
## 5.2. Development of Health Literacy in Clients

Given the recognised complexity of health literacy, the evaluation finding need to be contextualised in relation to evidence about how health literacy develops over time in clients.

For example, Edwards and colleagues in 2012 developed the health literacy pathway model<sup>11</sup> (see **Figure 3**), to illustrate the development of health literacy along a trajectory that includes the development of knowledge, health literacy skills and practices, health literacy actions, abilities in seeking options and informed and shared decision-making opportunities. Motivations and barriers to developing and practising health literacy skills partly reflected participants' characteristics but were also influenced by health professionals. Some participants developed their health literacy to a point where they became more involved in healthcare processes (including informed and shared decision-making).

<sup>11</sup> The development of health literacy in patients with a long-term health condition: the health literacy pathway Edwards et al (2012). BMC Public Health 2012, 12:130. <http://www.biomedcentral.com/1471-2458/12/130>

**Figure 3: Health Literacy Pathway Model**



The evaluation provides insights into the the development of health literacy along a trajectory and confirms that the OHL initiatives are building clients health knowledge (1), health literacy skills, practices (2) and actions (3). However, the evaluation generated variable evidence about the OHL initiatives contributing to the production of informed options (4) and making informed shared decisions (5). These findings suggest the need for further research to explore how OHL can contribute to the production of informed options (4) and making informed shared decisions (5).

Given that low health literacy is a known barrier to client participation in shared decision-making<sup>12</sup>, due to clients asking fewer questions and taking less control, future research and evaluations of OHL initiatives need to assess client health literacy levels<sup>13</sup>. Hence research needs to also explore how the OHL initiatives are adapting to client’s health literacy levels

### 5.3. Success Factors for the Adoption and Implementation of OHL Initiatives

Given that it is recognised that OHL is complex, multifaceted and a multilayered system issue, the evaluation finding need to be contextualised in relation to the evidence about the requirements for being a Health Literate organisation; key requirements or success factors for OHL.

As shown in Introduction, key elements required for being a health literate organisation<sup>14</sup>, include:

- a workforce with appropriate knowledge and skills
- partnering with consumers;

<sup>12</sup> McCaffery KJ, Holmes-Rovner M, Smith SK, Rovner D, Nutbeam D, Clayman ML, et al. Addressing health literacy in patient decision aids. *BMC Med Inform Decis Mak.* 2013;13(Suppl 2):S10

<sup>13</sup> Please note this evaluation did not assess client health literacy levels

<sup>14</sup> Make it Easy: A Handbook for Becoming a Health Literate Organisation is a collaboration between HealthWest Partnership and Inner North West Primary Care Partnership. 2019. Adapted from: Brach et al (2012). Ten attributes of health literate health care organizations. Washington, DC: Institute of Medicine.

- designing user-friendly services;
- providing information and communication; and
- having a commitment from agency leaders providing an authorising environment for taking action on OHL practices

The evaluation findings have revealed that the specific OHL initiatives confirm the presence of key elements required for being a health literate organisation, including:

- Workforce with appropriate knowledge and skills (e.g., each case study demonstrates this e.g., Sunbury Community Health; IPC Health podiatrists with knowledge and skills)
- To partner with consumers – (e.g., Mercy Health demonstrated a co-design approach with CALD clients, mothers' input & feedback)
- To plan user-friendly services
- To provide information and communication.
- A commitment for leaders- the case studies confirmed the presence and importance of leadership / authorising environment for taking action on OHL practices

To improve OHL multiple changes are now recognised as being required, including aligning the organisational values and purpose, embedding changes within core business, workforce development, ensuring clear communication is utilised in all situations (including written, verbal, signage) and ensuring consumers are involved in health systems design, development and evaluation (Brach et al., 2012<sup>15</sup>, Trezona et al., 2018<sup>16</sup>).

A 2018 workshop on Building the case for Health Literacy<sup>17</sup> also reported on known success factors for OHL including (Leadership engagement & support; Champions & change leaders; Dedicated staff; Access to tools & resources; and Supportive policies/mandate) and the need to reflect upon the interaction of three dimensions:

1. **Health Literacy Initiatives** – the extent which the health literacy initiatives are visible, supported and resourced
2. **Health Literacy Change Leaders** - the extent which the leaders are experienced in organisational change and have expertise in case for health literacy.
3. **Organisation Health Literacy Infrastructure** - Who brings health literacy into organisation, where the work and the location of the health literacy initiatives within organisations

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

OHL is increasingly recognised as not being implemented in isolation, but into a dynamic health care system. Hence OHL should be considered as being developed and implemented synergistically with other

<sup>15</sup> Brach et al 2012. Ten attributes of health literate health care organizations. Washington, DC: Institute of Medicine.

<sup>16</sup> Trezona et al 2018. Development of the Organisational Health Literacy Responsiveness (Org-HLR) self-assessment tool and process. *BMC Health Services Research*, 18, 694.

<sup>17</sup> <https://www.nap.edu/catalog/25068/building-the-case-for-health-literacy-proceedings-of-a-workshop>

organisational improvement approaches (e.g., person-centred care; cultural competency, quality assurance and safety)<sup>18</sup>. In other words, OHL implementation is co-dependent upon other approaches and could be a catalyst for the other and vice versa.

The evaluation has also confirmed that OHL is complex, multifaceted and a multilayered system issue<sup>19</sup>. Of the four OHL initiatives, cohealth's OHL initiative (**My Health and Wellbeing Form**) was not contained to a client population but more **system-wide**, and highlighted that the larger the system change requirements, the more challenging it is to align all the parts (e.g., workforce, structures, processes) and to keep them aligned in an environment of constant change. In other words, the evaluation has revealed the importance of recognising that system-wide health literate changes or indeed **health literate healthcare systems** are required to support health literacy at both a client, organisational and system level.

## 6. Evaluation Implications

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

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

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

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

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

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

**Client level:** The evaluation revealed the complex array of factors influencing and principles contributing to the client impacts from OHL initiatives. Evidence emerged that the OHL initiatives are building client

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<sup>18</sup> Farmanova et al (2018). Organizational Health Literacy: Review of Theories, Frameworks, Guides, and Implementation Issues. *The Journal of Health Care Organization, Provision, and Financing* .55: 1–17

<sup>19</sup> Naccarella, L; Wraight, B. & Gorman, D (2016). Is health workforce planning recognising the dynamic interplay between health literacy at an individual, organisation and system level? *Australian Health Review*, 40, 33-35

health knowledge and understanding to enable them to manage their health conditions. However, an evidence gap still exists about how OHL initiatives can build clients active involvement and empowerment in care decisions. Hence, the following research and evaluation questions are suggested for future consideration:

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

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

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

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

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

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

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

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

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

## Appendix 1: Agencies & Organisational Health Literacy Initiative

Agency	Organisational Health Literacy (OHL) Initiative
cohealth's	<p>cohealth is one of the largest community health organisations in Australia, servicing a broad area of high-growth communities across Melbourne's northern, western and inner suburbs. Built on the values, reputations and expertise of three respected organisations, cohealth provides quality services across mental health, oral health, family violence, alcohol and other drugs, aged care and medical and integrated health services.</p> <p><b>Organisational health literacy initiative: <i>My Health &amp; Wellbeing Form:</i></b>  cohealth's 'My Health and wellbeing' form is an example of a cohealth strategic initiative aligned to its desire <i>to become a model health literate organisation</i>, and mission: <i>Making cohealth easy to access, understand and use</i>. The key objectives of the My Health and wellbeing' form are to:</p> <ul style="list-style-type: none"> <li>• Prompt clients to think about what they want to talk about before their appointment</li> <li>• Prompt staff to think about the range of needs the client may have</li> <li>• Increase the referrals from cohealth staff to other services required by the client</li> <li>• Develop resources to support referral pathways</li> <li>• Explore the use of electronic communication with clients</li> </ul> <p>The My Health and wellbeing' form was also expected to assist the process and development of Goal Directed Care Plans and enhance cohealth's use of the social model of health. Implementation of a client screening tool may also support improvements in terms of the client experience</p>
Mercy Health	<p>Mercy Health is a Catholic organisation grounded in a 2,000-year tradition of caring for others. Founded by the Sisters of Mercy, Mercy Health employs over 6,500 people who provide acute and subacute hospital care, aged care, mental health programs, maternity and specialist women's health services, early parenting services, home care services and health worker training and development. Mercy Health employs people from many cultures and backgrounds who, irrespective of their beliefs, share a common bond to care for those in need.</p> <p><b>Organisational health literacy initiative: <i>Healthy eating for gestational diabetes Information Sheets:</i></b>  Up until 2016 translated resources were used in the language specific classes (for some languages), but these did not consider health literacy, consumer input and had minimal cultural considerations. In 2016, a new resource was developed in 4 language groups (Arabic, Chinese, Persian and Vietnamese), based on the English version, but was adapted to be culturally and linguistically appropriate. In-house interpreters and non-English speaking women were involved in the development of these. At Mercy all pregnant women have an oral glucose tolerance test (OGTT) to test for gestational diabetes mellitus (GDM). If tested positive for GDM, women receive a letter inviting them to a 2-hour group class consisting of: 1 hour with a diabetes educator and 1 hour with a dietitian (where the women receive the '<i>Healthy eating for gestational diabetes' information sheets</i>). Women who need interpreters are booked into language specific classes (individual or group). All women receive a patient info sheet <i>Healthy eating for gestational diabetes</i>. Women booked into a group class receive an English version that was developed in consultation with patients and considers health literacy principles. .</p>
IPC Health	<p>IPC Health is one of the largest providers of community health service in Victoria. Individuals through a single point of contact can connect to a full spectrum of care and support using consistent approaches including those of our partners. IPC Health operate from six sites in Melbourne's West. IP Health provides a diverse range of services to the community including – General Medical and Dental Services, Home-based Aged Care, Family Services case management, Alcohol and Drug counselling, Gambler's Help counselling, Generalist counselling, Financial Counselling, Allied health therapy services and Health Promotion.</p> <p><b>Organisational health literacy initiative: <i>Wound Clinic:</i></b> IPC Health chose its High Risk Foot Clinic (Wound Clinic) as an example of a strategic Organisational Health Literacy initiative. There is growing evidence that interdisciplinary wound care services provide best practice management and is imperative in preventing further foot complications. It is well known that people with diabetes-related foot ulcers have poorer health outcomes and have an increased risk of social isolation, poorer mental health and are at high risk of hospital admission and amputation. The cost of diabetes related foot disease to the Australian Health system is \$4 million dollars a day, \$1.6 billion a year. We need to start looking at innovative ways to provide services</p>
Sunbury Community Health's	<p>Sunbury Community Health is a not-for-profit community health organisation, providing a range of services that respond to the needs of Sunbury and its surrounding communities. Sunbury Community Health cares about the health of its community as an entire population, and it is concerned not just about ill-health and</p>

treatment of disease but about the factors that actually contribute to a good life – a life well lived – like strong families, social cohesion and mental health, as well as the prevalence of risks such as social isolation, tobacco, alcohol and drug use, family violence, problem gambling and vulnerabilities that come from low incomes or ageing.

**Organisational health literacy initiative: First Steps Program:** Sunbury Community Health's chose its First Steps Program as an example of a strategic Organisational Health Literacy initiative. The First Steps program is designed specifically to identify children's developmental needs as early as possible and to ensure children are on the pathways that suit their developmental needs i.e. Community Health Speech, Community Health Physiotherapy or Early Childhood Intervention Services/ National Disability Intervention Services (CDC). The First Steps program runs weekly and is facilitated by three experienced Speech Pathologists, with the support of an experienced Occupational Therapist. The sessions are conducted on a 1:1 basis in individual therapy rooms to ensure privacy and confidentiality requirements for families are maintained.



**Appendix 2: Outcome Evaluation Purpose Statement Discussions (Updated 20 May 2019)**

**Please Note: Following the Outcome Evaluation Workshops, further discussions occurred within the member agencies in relation to the chosen Organisational Health Literacy Initiatives and subsequent Evaluation Questions. Please see Appendices 3 and 4 a,b,c,d for further details on the specific Organisational Health Literacy Initiatives and Evaluation Questions.**

**HealthWest PCP Consumer Health Literacy Outcome Evaluation Workshop (20/3/2019):**

**(DRAFT Version 2 - 25/03/2019)**

**Outcome Evaluation Purpose statement (Short-form):** This outcome evaluation will provide [AGENCY decision makers] with [consumer service access & equity experiences] in order to inform decisions about [consumer service improvement and compliance] about [specific AGENCY health literacy initiatives].”

**Outcome Evaluation Purpose statement (Long-form):** This outcome evaluation will provide [consumers/staff/advisory groups/managers/executive/funders] with [consumer service access & equity experiences] in order to inform decisions about [consumer service improvement/service quality compliance/staff responsiveness/] about [organisational health literacy initiatives (e.g., new consumer service models/processes/education & training)].”

Agencies	[which decision makers]	[what information]	make which decisions]	[which project or issue]	Agency Specific Outcome Evaluation Purpose statements	Agency Specific Outcome Evaluation Questions Eg with (Eval Measure)
<b>cohealth</b>	<ul style="list-style-type: none"> <li>• Clients</li> <li>• Funders</li> <li>• Regulators</li> <li>• Community advisory groups</li> </ul>	<ul style="list-style-type: none"> <li>• Intended Consumer benefits including: Ease of accessing services; Experience of services received; Ability to manage health; Health status</li> </ul>	<ul style="list-style-type: none"> <li>• Improve services to clients</li> <li>• Advocate for cohealth to implement health literacy interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Physitrack (new model for physio clients using mobile ph app)</li> <li>• Digital health info kiosk</li> <li>• Language specific ‘Appointment letters’ / ‘Welcome signs’</li> <li>• Staff delivery practices re” 4 core HL competencies</li> </ul>	<ul style="list-style-type: none"> <li>• “This evaluation will provide [cohealth consumers/staff/advisory groups/managers/executive/funders] with [consumer service access &amp; equity experiences] in order to inform decisions about [consumer service improvement] about [cohealth’s: Physitrack/Digital health info kiosk/language specific appointment letters/welcome signs)].”</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent has <b>Physitrack</b> met the needs of targeted physiotherapy clients? (<b>Appropriateness</b>)</li> <li>• To what extent has <b>Physitrack</b> improved physiotherapy clients service access &amp; equity experiences? (<b>Effectiveness</b>)</li> <li>• To what extent was <b>Physitrack</b> resourced adequately to achieve results for physiotherapy clients? (<b>Efficiency</b>)</li> </ul>
<b>Mercy Health</b>	Secondary: <ul style="list-style-type: none"> <li>• Community Advisory Groups, CAC</li> <li>• Consumers</li> </ul> Primary:	<ul style="list-style-type: none"> <li>• Patient experiences about access and equity</li> <li>• Unintended effects</li> </ul>	<ul style="list-style-type: none"> <li>• Service responsiveness to consumers</li> <li>• Return on Investment re: org</li> </ul>	<ul style="list-style-type: none"> <li>• CALD gestational diabetes Education package</li> <li>• Patient written information and training</li> </ul>	<ul style="list-style-type: none"> <li>• “This evaluation will provide [Mercy Health patients/consumer advisory groups/executives/policy makers] with [patients service access &amp; equity experiences]</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent has <b>CALD Gestational diabetes Education package</b> met the needs of targeted patients? (<b>Appropriateness</b>)</li> </ul>



	<ul style="list-style-type: none"> <li>• Policy makers (ACSQHC)</li> <li>• Executives</li> </ul>	<ul style="list-style-type: none"> <li>• Inform strategic plans</li> </ul>	<p>health literacy initiatives</p> <ul style="list-style-type: none"> <li>• Compliance with Quality – Standard 2</li> </ul>	<ul style="list-style-type: none"> <li>• Dietitians</li> <li>• In-house interpreters</li> </ul>	<p>in order to inform decisions about [patients service responsiveness/ service quality compliance] about [Mercy Health’s CALD Gestational diabetes Education package/patient written information and training)].”</p>	<ul style="list-style-type: none"> <li>• To what extent has <b>CALD Gestational diabetes Education package</b> improved patients service access &amp; equity experiences? (<b>Effectiveness</b>)</li> <li>• To what extent was <b>CALD Gestational diabetes Education package</b> resourced adequately to achieve results for patients? (<b>Efficiency</b>)</li> </ul>
<b>Sunbury Community Health (CH)</b>	<ul style="list-style-type: none"> <li>• All staff</li> <li>• Consumers</li> <li>• Team leaders</li> <li>• Health Promotion Managers</li> </ul>	<ul style="list-style-type: none"> <li>• consumer voices about access and equity</li> </ul>	<ul style="list-style-type: none"> <li>• responsiveness of Child Development Unit staff / team</li> <li>• value of investing in staff attend HL courses)</li> </ul>	<ul style="list-style-type: none"> <li>• Specific unit / team (Child Development Unit )</li> <li>• Written communication eg., First Steps</li> </ul>	<ul style="list-style-type: none"> <li>• “This evaluation will provide [Sunbury CH consumers/staff/HP managers/Team Leaders] with [consumer service access &amp; equity experiences] in order to inform decisions about [consumer service responsiveness] about Sunbury CH’s: Child Development Unit, “First Steps Program].”</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent has <b>First Steps written communication materials</b> met the needs of targeted consumers? (<b>Appropriateness</b>)</li> <li>• To what extent has <b>First Steps written communication materials</b> improved consumer service access &amp; equity experiences? (<b>Effectiveness</b>)</li> <li>• To what extent was <b>First Steps written communication materials</b> been resourced adequately to achieve results for consumers? (<b>Efficiency</b>)</li> </ul>
<b>IPC Health</b>	<ul style="list-style-type: none"> <li>• Executive Team</li> <li>• Quality and Risk Committee</li> <li>• Communications team</li> <li>• Managers Group</li> </ul>	<ul style="list-style-type: none"> <li>• Patient experiences about access and equity</li> <li>• Unintended effects</li> </ul>	<ul style="list-style-type: none"> <li>• Inform strategic plans</li> <li>• Service responsiveness to consumers</li> <li>• Communication and marketing materials</li> <li>• Compliance with Quality – Standard 2</li> <li>• Recommendation for improvement of the above</li> </ul>	<ul style="list-style-type: none"> <li>• Communication – verbal &amp; written</li> <li>• <i>Workforce mutuality / culturally diverse</i></li> <li>• <i>Access for CALD groups who use interpreters</i></li> <li>• <i>Rainbow Tick</i></li> <li>• <i>HL staff training</i></li> <li>• <i>HL Design guide</i></li> </ul>	<p>“This evaluation will provide [IPC Health’s Exec team, Q+R, Communications , Managers group] with [an evaluation of consumer access &amp; equity experiences] in order to inform decisions about [strategic planning and service improvements] and [provide evidence of impact on our service delivery models] for IPC Health’s :</p>	<ul style="list-style-type: none"> <li>• To what extent has [the program ] met the needs of targeted physiotherapy clients? (<b>Appropriateness</b>)</li> <li>• To what extent has [the program] improved physiotherapy clients service access &amp; equity experiences? (<b>Effectiveness</b>)</li> <li>• To what extent was [The program] resourced adequately to achieve results</li> </ul>

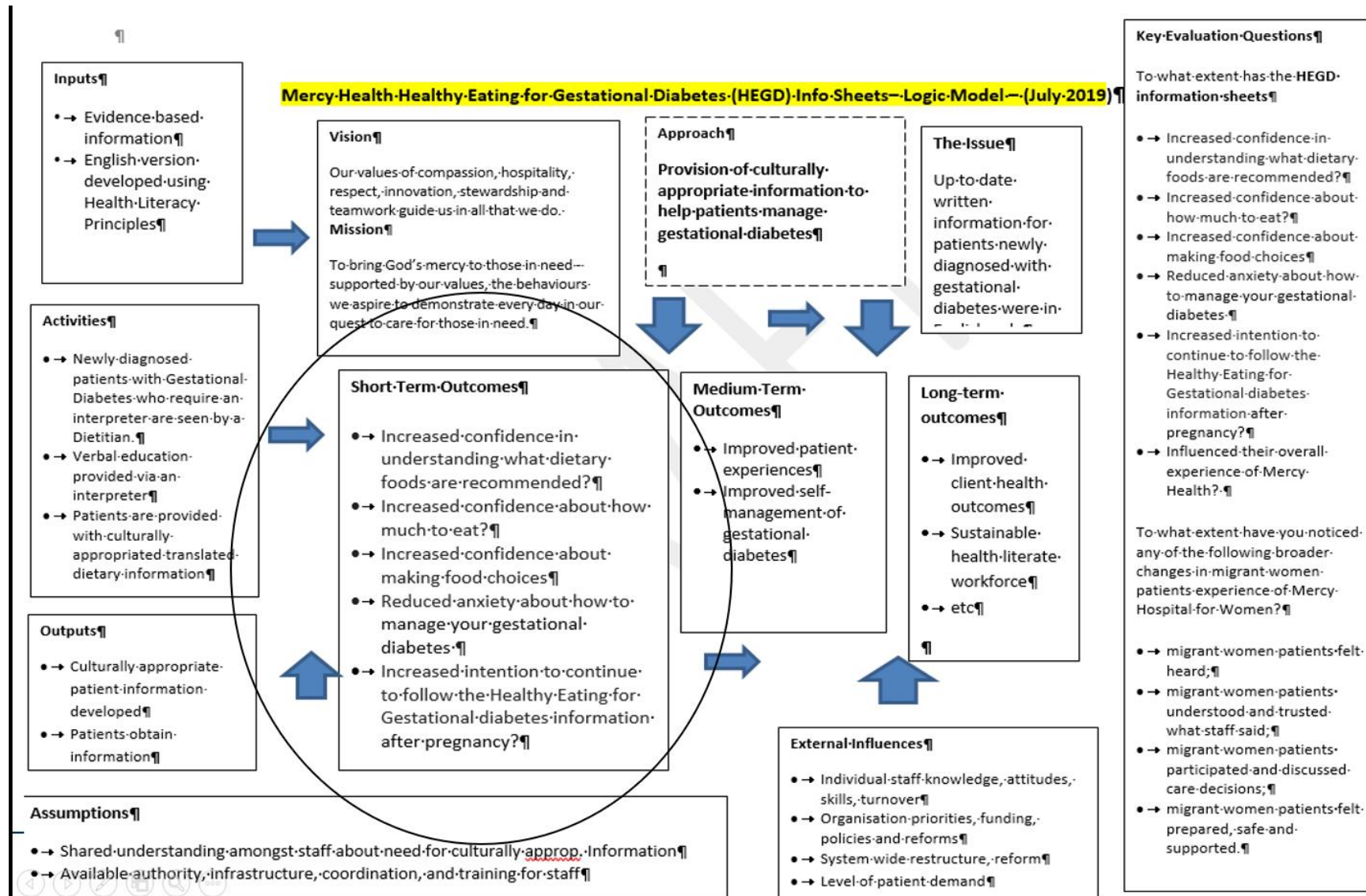
				•	<ul style="list-style-type: none"> <li>• Elders Community Lounge</li> <li>• High Risk Foot Clinic</li> <li>• Living Well Program</li> </ul>	for physiotherapy clients? <b>(Efficiency)</b>
<b>Other Comments</b>	<ul style="list-style-type: none"> <li>• Need credible, diverse, representative evidence (e.g., consumer stories, self-reports; number; PREMs, PROMs etc) from diverse case studies – cohealth, Bolton-Clarke</li> <li>• How capture – how patients apply new skills ie the influence of org health literacy on future patient capability and empowerment - ie all</li> <li>• Research to consider both intended and Unintended effects (on staff behaviour and capacity) – cohealth How resolve – org health literacy attribution vs contributions to consumers dilemma – Bolton – Clarke</li> </ul>					•

### Appendix 3: Specific Evaluation Questions

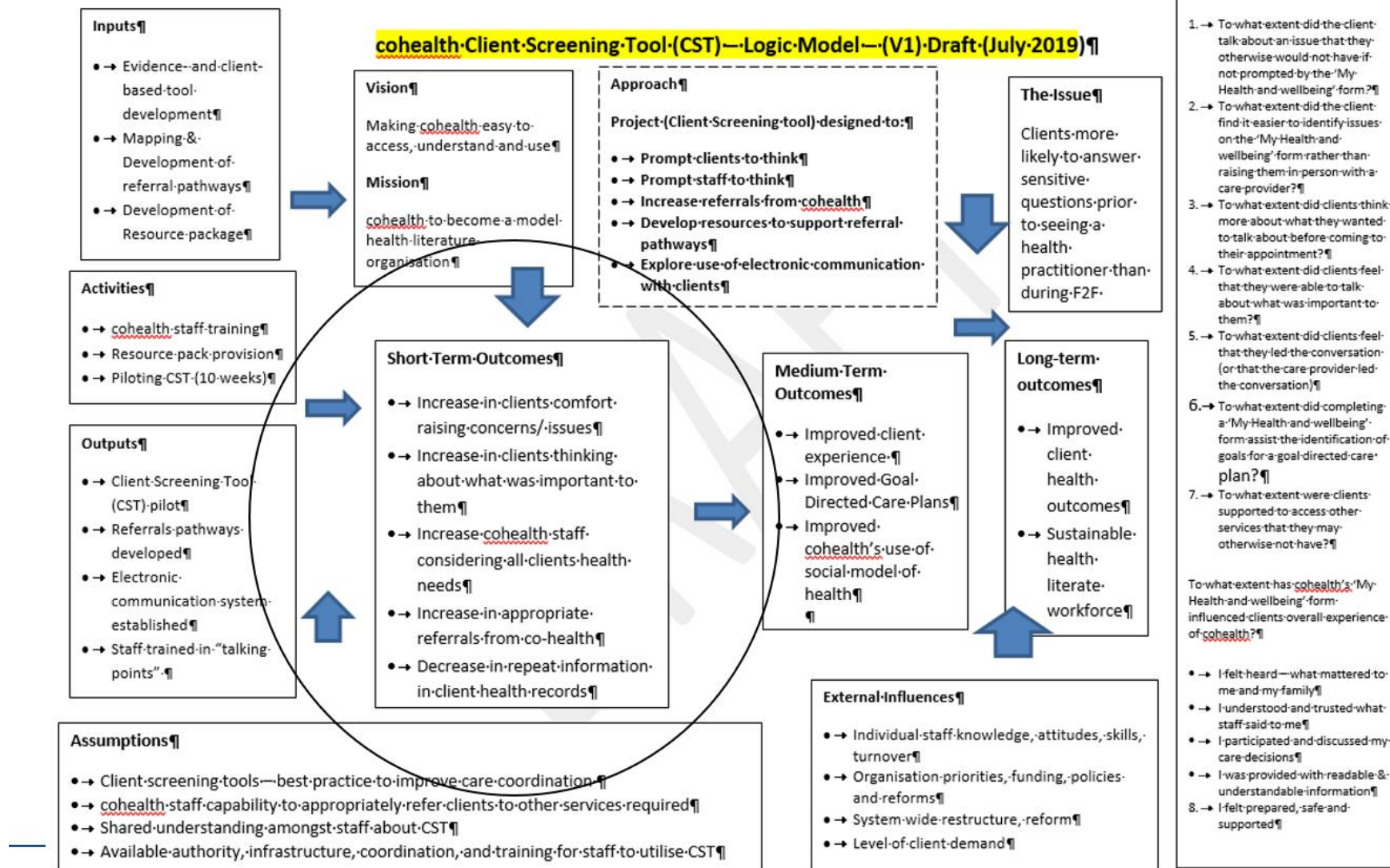
Agency	Clients	Staff
<p><b>Mercy Health</b></p>	<ul style="list-style-type: none"> <li>• Do you remember receiving Mercy Health’s Healthy Eating for Gestational Diabetes written information in your country language?</li> <li>• Was it easy to understand Mercy Health’s Healthy Eating for Gestational diabetes written information in your country language?</li> <li>• Did the information help you manage your gestational diabetes?</li> <li>• To what extent will you continue to follow the Healthy Eating for Gestational diabetes information after your pregnancy?</li> <li>• Is there anything further you would like to add about Mercy Health’s Healthy Eating for Gestational diabetes information?</li> <li>• Is there other information or resources that is helping you to make dietary choices when managing your gestational diabetes?</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent have you noticed any of the following changes in Mercy Hospital for Women migrant women patients, specifically related to the translated Healthy Eating for Gestational Diabetes information sheets.</li> <li>• To what extent have you noticed any of the following broader changes in migrant women patients experience of Mercy Hospital for Women?</li> <li>• Please comment on what principles (e.g., values) and mechanisms (strategies) may be contributing to these patient outcomes?</li> <li>• Please comment on what factors may have enabled or hindered these patient outcomes?</li> <li>• Please comment on what is required to sustain these patient outcomes?</li> </ul>
<p><b>cohealth</b></p>	<ul style="list-style-type: none"> <li>• Can you please think back to when you received cohealth’s ‘My Health and wellbeing’ form? (Did you find it easy to understand what the form was asking?; Were you surprised to receive the form? Did you complete it on your own or with help (e.g., your partner?)</li> <li>• Can you please comment on whether cohealth’s ‘My Health and wellbeing’ form has helped you to think about what you want to talk about at your appointment at cohealth. (Did you talk about an issue that you would not have if not prompted by the form? Did you find it easier to identify issues on the form rather than raising them in person with a care provider? Did you think more about what they wanted to talk about before coming to their appointment? Did you feel that they were able to talk about what was important to them? Did you feel that you led the conversation (or that the care provider led the conversation)?</li> <li>• Is there anything further you would like to add about cohealth’s ‘My Health and wellbeing’ form?</li> <li>• Is there other information or resources that is helping you to think about what you want to talk about at your next appointment at cohealth?</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent have you noticed any of the following changes in cohealth’s clients, specifically related to the Client Screening Tool:</li> <li>• To what extent have you noticed any of the following broader changes in clients experience of cohealth?</li> <li>• Please comment on what principles (e.g., values) and mechanisms (strategies) may be contributing to these client outcomes?</li> <li>• Please comment on what factors may have enabled or hindered these client outcomes?</li> <li>• Please comment on what is required to sustain these client outcomes?</li> </ul>
<p><b>IPC Health</b></p>	<ul style="list-style-type: none"> <li>• How did you hear about IPC Health wound clinic?</li> <li>• What is your overall experience of IPC Health wound clinic?</li> <li>• How well does IPC Health wound clinic listen to you?</li> <li>• How well does IPC Health wound clinic answer your questions?</li> <li>• How included do you feel in making decisions about your foot care?</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent have you noticed any of the following changes in a client attending the IPC Health Wound Clinic compared to a client seeing an individual podiatrist?</li> <li>• To what extent have you noticed any of the following broader changes in client’s experience of IPC Health?</li> </ul>

	<ul style="list-style-type: none"> <li>• What foot advice have you learned from IPC Health wound clinic?</li> <li>• Are you able to see the IPC Health wound clinic when needed?</li> <li>• Did you feel you were listened to in this time period in you wound clinic consult?</li> <li>• When you leave the wound clinic consult, do you feel like you understand your plan and what you need to do to help yourself?</li> <li>• Are you able to reach the IPC Health wound clinic on the phone when you have a foot problem or need to change your appointment?</li> </ul>	<ul style="list-style-type: none"> <li>• Please comment on what principles (e.g., values) and mechanisms (strategies) may be contributing to the changes you may have noticed in client's experiences?</li> <li>• Please comment on what factors may have enabled or hindered these client impacts?</li> <li>• Please comment on what is required to sustain these client impacts</li> </ul>
<b>Sunbury Community Health</b>	<ul style="list-style-type: none"> <li>• How did you hear about the First Step session?</li> <li>• Did you feel comfortable to talk openly about your child's developmental concerns?</li> <li>• Did you leave the First Steps session knowing what happens next?</li> <li>• Do you understand what the role of a Speech Pathologist &amp; Occupational Therapist is within the Child Development team?</li> <li>• Was the session you received what you expected? If not what did you expect?</li> <li>• How was your overall experience in your First Steps sessions?</li> <li>• Did the information provided to you prior to First Steps match your experience?</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent have you noticed any changes in Sunbury Community Health patient (parent and children), specifically related to the First Steps Program</li> <li>• To what extent have you noticed any of the following broader changes in parents experience of Sunbury Community Health?</li> <li>• Please comment on what principles (e.g., values) and mechanisms (strategies) may be contributing to these patient/parent impacts?</li> <li>• Please comment on what factors may have enabled or hindered these patient/parent impacts? Please comment on what is required to sustain these patient/parent impacts?</li> </ul>

Appendix 4a Mercy Health OHL Logic model:

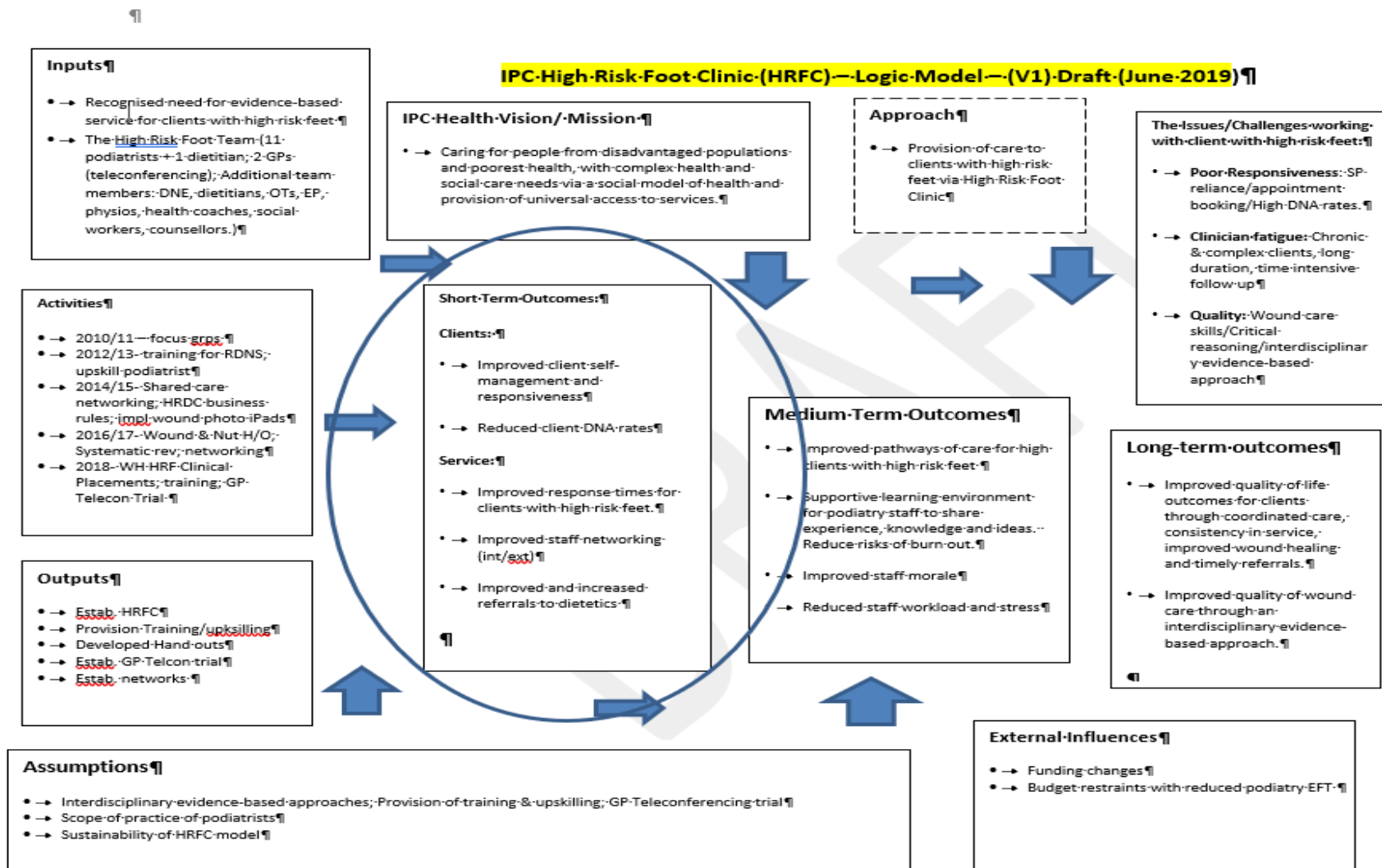


Appendix 4b cohealth OHL Logic model





Appendix4c IPC Health OHL Logic model:



Appendix 4d: Sunbury Community Health OHL Logic model:

