

Organisational capacity building to meet community needs in health literacy

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Today's presentation will cover

- Who is HealthWest Partnership
- Why Health Literacy and Community Participation
- Building a system that supports Health Literacy
 - Health Literacy Development Project
- Promoting community participation within organisations
- Committing to and embedding good practice at HealthWest
- Empowering communities through project work

- HealthWest is the Primary Care Partnership (PCP) in Melbourne's west.
- PCPs are state funded (DHHS) – 28 across Victoria.
- PCPs act as change agents, are part of the Vic health system and also need to model good practice.
- Voluntary alliance of 51 members working together to improve the health & wellbeing of communities in our catchment.



HW Strategic Plan-2013-2017

4 Key Result Areas

Health literacy

- The ability to find, understand and act on health information, make health decisions and use health services

Community Participation

- Occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community

Integration

Collaborative action

What is health literacy?

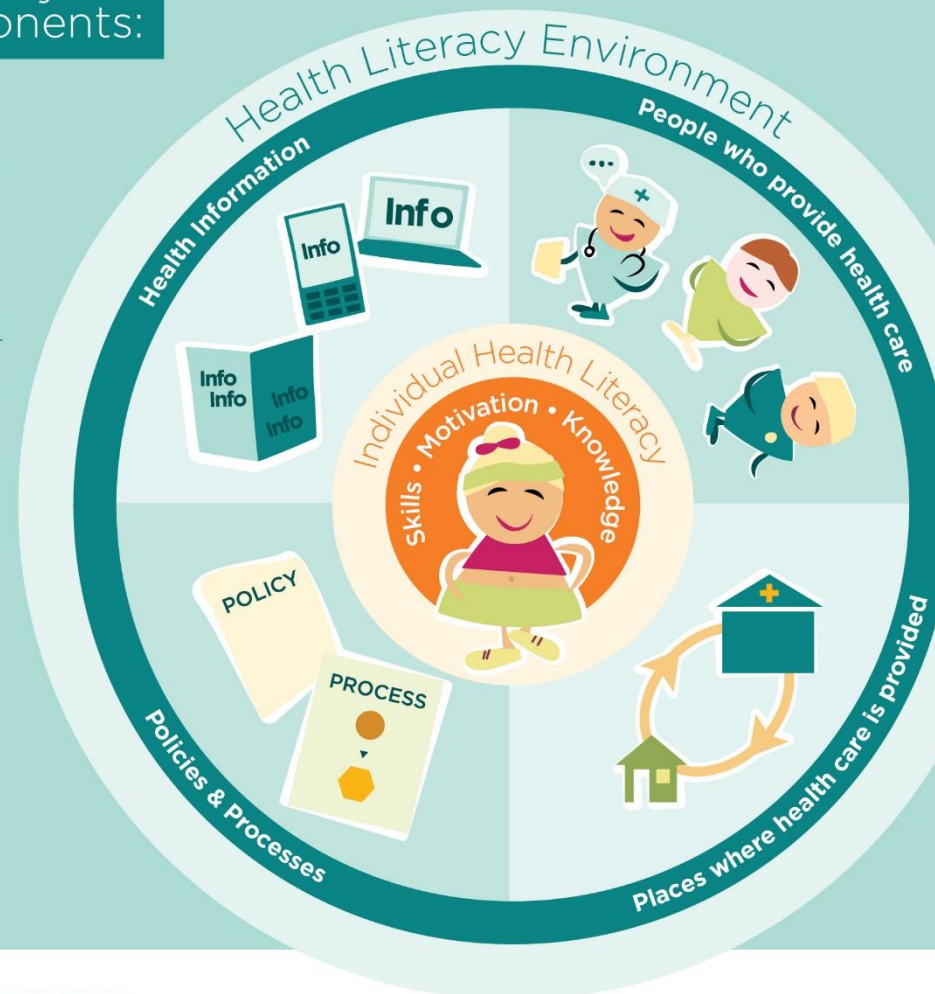
Health Literacy has 2 components:

1 Health literacy environment

The health literacy environment includes all the areas that make up the health system and have an impact on the way in which people use it. It includes the infrastructure, policies, processes, accessible materials and the people you meet and relationships you form when using the health system.

2 Health literacy individual

Individual health literacy is the motivation and capacity of a person to access, understand, appraise and apply the available information to make health related decisions.



Why health literacy?

Almost 60% of Australians have low HL. (ABS 2006)

Some groups are more at risk:

- Older people
- CALD communities
- Aboriginal & Torres Strait Islander communities
- Newly arrived communities
- Disadvantaged populations

Why community participation?

- People have the right to be included in decisions which impact on their health ([Australian Charter of Healthcare Rights](#)).
- Make sure that services, information, projects and events meet community needs.
- Increasing expectations by government, funders, accreditation bodies.
- An integral part of responding to Health Literacy needs.

What did we do?

1. Build the capacity of the health and community sector to respond to health literacy needs.
2. Build the capacity of professionals and organisations in Melbourne's west to partner effectively with community and embed community participation and co-design within their practice.
3. Empower consumers and communities and creating opportunities for them to shape work across the region.

Surveying our members (n=7)

0% had a HL policy

29% had HL in
their strategic plans

29% had HL
embedded in their
written and web
communication
policies

0% had assessed their
organisation's HL
practice

86% provided little or no
training to support
communication

86% said they were
just beginning the HL
journey



Health Literacy Development Project

Build the capacity of health and community services to implement health literacy concepts and practices within their organisations



2013: Developed the HL Development Course

- aimed to create HL change champions
- delivered four annual courses to 80 people across 24 orgs
- executives workshop added in 2014

2014: HL Community of Practice (led by a Leadership Group)

2016: HL Practitioners Alliance

Evaluations conducted by University of Melbourne evaluator

Key Achievements

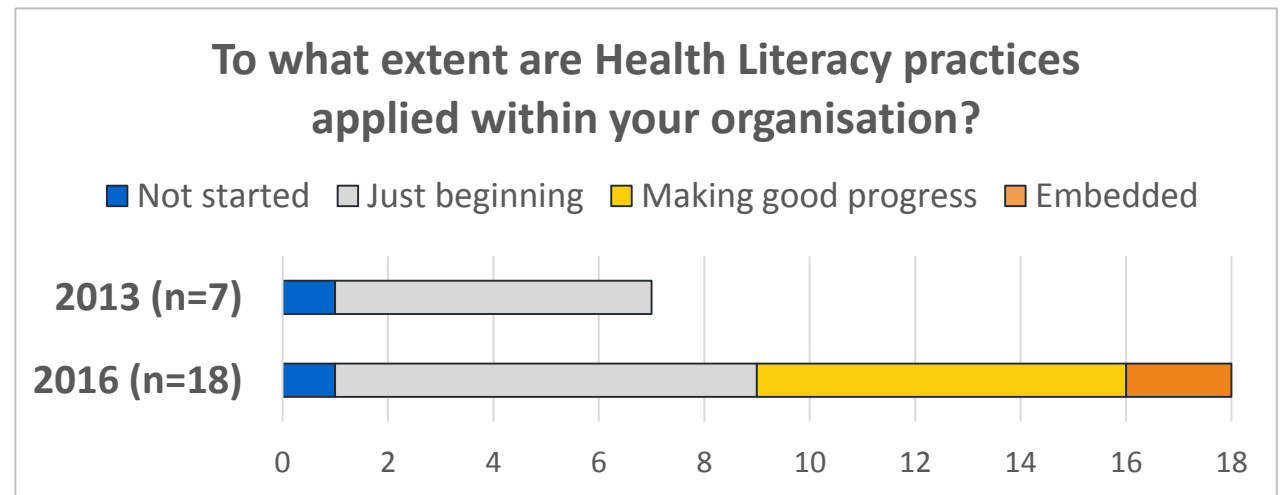
Courses & Community of Practice are creating a **Splash (outputs)**

- changes at the individual level
 - increased participants knowledge, skills, information sharing, networking
- organisational level
 - audit of policies & practices, development of health literacy policies

Courses & Community of Practice are having a **Ripple effect (immediate outcomes)**

- at the individual level
 - enhanced health literacy confidence, advocacy, leadership, partnerships, networks
- organisational level
 - dedicated resources to implement health literacy principles & practices; embedding health literacy organisationally into standard practice

Assessing health literacy practices of local organisations (2013 and 2016)



% of respondents that answered 'true'	2013 (n=7)	2016 (n=18)	Difference
Health Literacy is embedded in our strategic plans.	27%	39%	+12%
Our organisation has a Health Literacy Policy.	0%	33%	+33%
In our organisation we have allocated staffing to Health Literacy.	27%	50%	+23%
Health Literacy is embedded into the position descriptions of our staff.	27%	17%	-10%
We have formally assessed or audited our organisation's Health Literacy practice.	0%	39%	+39%
In our organisation community engagement/ participation strategies are inclusive of and accessible to people with low health literacy.	71%	89%	+18%
In our organisation staff are encouraged to use Health Literacy communication strategies with all consumers.	29%	89%	+60%
In our organisation we produce materials in languages other than English.	86%	72%	-14%

Ongoing work in Health Literacy

03 9418 9929 enquiries@ceh.org.au

Home About News & Events

Training Multicultural Health & Support Service Health Literacy

centre for culture, ethnicity & health

Home > Browse > 2018 Health Literacy Course

2018 Health Literacy Course

60 percent of Australians don't know how to find, understand and use information about their health and health care.

This knowledge deficit is a major public health policy priority. Better health literacy leads to better health outcomes, particularly for disadvantaged Australian organisations.

Our **4-day Health Literacy Course** is a national health literacy practice course, running for a few months of 2018.

The course takes participants through practical ways to undertake project management, and how participants are benefit from experience. Please refer to the course details for more information.

Course

Bendigo-Loddon, Campaspe, Central Highlands, Central Hume, Central Victorian Health Alliance, Central West Gippsland, East Gippsland, Frankston Mornington Peninsula, G21, Goulburn Valley, Grampians Pyrenees, HealthWest, Hume Whittlesea, Inner East, Inner North West, North East, Lower Hume, Northern Mallee, Outer East Health and Community Support Alliance, South Coast, South East, South West, Southern Grampians-Glenelg, Southern Melbourne, Southern Mallee, Upper Hume, Wellington, Wimmera

Have you noticed how much
JARGON
we use at work every day?

No jargon, no acronyms, just
“clear plain communication”

Victorian
Primary Care
Partnerships

GON



What helped us create organisational change?

- Identify and harness **Internal and External Drivers** as levers for action.
- Build **workforce capability** through practical and experiential learning
 - provide a range of learning opportunities
 - build the capacity of executives and leaders, as well as practitioners.
- Enable people to act as **change agents** and focus on key elements of organisational change (policy development, action plans, staff training and senior commitment).
- Commit to sustained **partnership and leadership**.
- **Planning and evaluation**: independent evaluation and regular cycles of review and improvement

Supporting Community Participation in other organisations

Community Participation Practitioners Network

Working with Carers

Over 770,000 Victorians provide unpaid care and support to a family member or friend who needs help because of physical or mental illness, disability or because they are an older person with care needs.

As community participation practitioners, how well do you understand the specific needs of carers?

Join us at the next network meeting:

- Network members from Carers Victoria will share how to **identify, include and support** carers in your work
- A carer will share their **lived experience** with the role of a carer
- Discuss **practical tips** for your own work.

When: 2-4pm Wednesday 26 April

Where: HealthWest Partnership
Level 1, 37 Albert Street, Footscray

More info and register on the HealthWest website
healthwest.org.au/healthwest-events/



HealthWest Stories of Participation: Partnering to Improve Health and Wellbeing



HealthWest TV

Subscribe 2

Consumer Participation in Health and Community Organisations in Melbourne's West



Community participation: Changing how we do business

HealthWest community



Position Statement

Community P

HealthWest recognise their health. Active pa included when health families and communi knowledge and experi

Why is community pa

Including consumers a and the health system leads to better health and services that respo policies better reflect encouraged.

Community participati recognises there are s embedded in our heal participation, which w those involved. Power community members

What is HealthWest d

HealthWest is commit for 2013 to 2017. We e process and we comm

HealthWest will supp HealthWest is commit establishment of a cor coordinated and evide our members to ident development of inclus

HealthWest will also w plan and implement s

Endorsed by HealthW

Updated August 2015



HealthWest
Partnership

5.3 Community Participation

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Community Advisory Group

Wednesday 25th January 2017, 2:30 to 4pm



HealthWest
Partnership

Agenda for welco

2:30 Wel

2:35 Intro



HealthWest Blog

Community participation in the recruitment process – a case study

Categories



Checklist for written information

Use this checklist to think about what you write:

Written information should be easy for everyone to understand and use.

1. Before you start writing consider:

- ☐ WHO is it for?
- ☐ WHAT information should it include?
- ☐ HOW should I communicate this?
- ☐ CHECK with community first!

2. Use plain language:

- ☐ Common everyday language, explain complex terms
- ☐ Short sentences and paragraphs
- ☐ Information provided in small chunks
- ☐ Most important information first
- ☐ Active voice and 'doing' phrases
- ☐ Aim for an appropriate reading level:
 - Grade 5 for community, Grade 8 for professionals
 - Test in [MS Word](#) or www.readabilityformulas.com

3. Make it easy-to-read and appropriate:

- ☐ Easy to navigate with sub- headings and bullet points
- ☐ Clear font, size 12 or bigger
- ☐ Simple colours that don't distract from the information
- ☐ White space around text
- ☐ Put information into simple diagrams or graphics
- ☐ Diverse and inclusive pictures
- ☐ Translate information into community languages
- ☐ Pilot test with community

Example: ✓ **Do use:** Use plain language to make information easy to understand. (Everyday language, active voice, clear font)

✗ **Don't use:** Plain language should be used to ensure optimal understanding of information. (Complex language, passive voice, unclear font)

Better Health in Braybrook

- Creating a welcoming and user-friendly Hub
- Partnered with Maribyrnong City Council, cohealth and community members

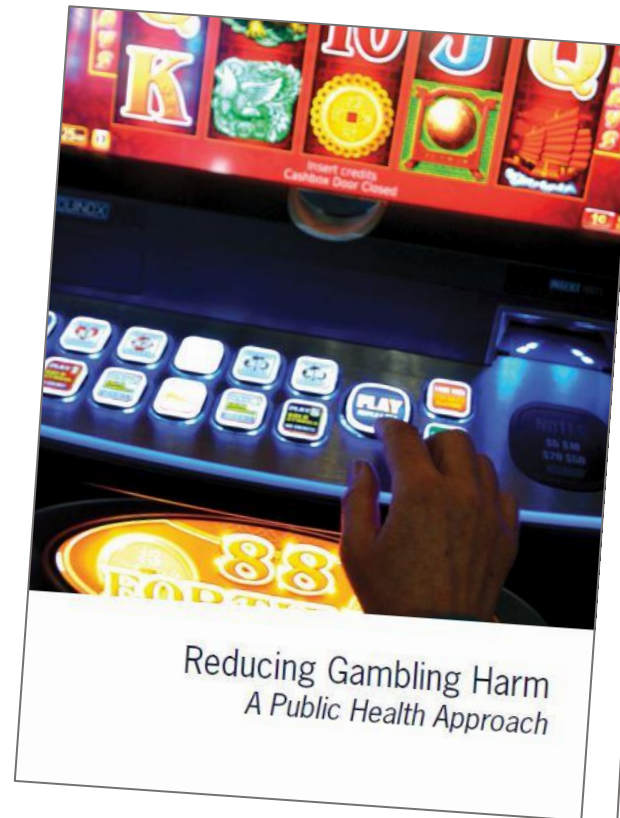


Better Health in Braybrook Project Evaluation May 2017

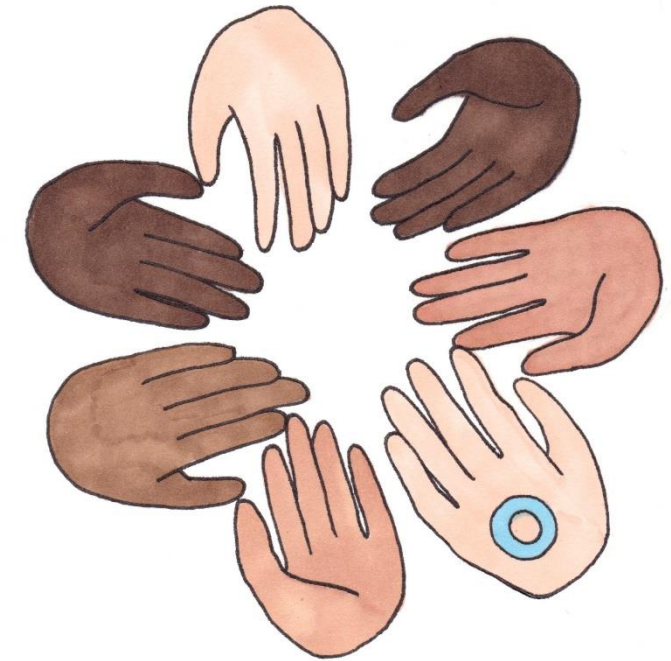
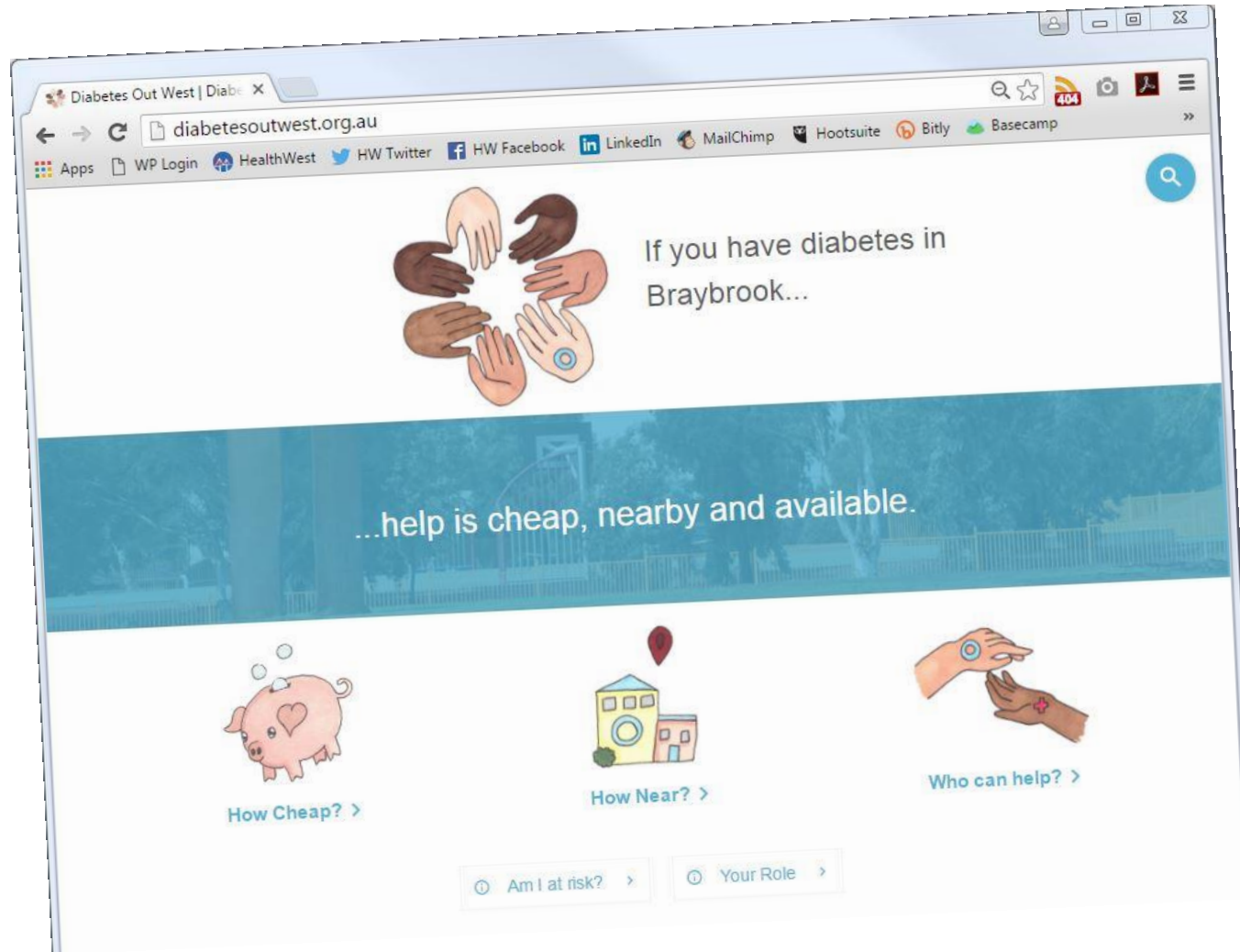
A partnership between HealthWest, cohealth
and Maribyrnong City Council

Preventing Gambling Harm

- Reducing Gambling Harm: A Public Health Approach training manual
- Multilingual posters in 6 languages to reduce harm from gambling



Diabetes Out West



www.diabetesoutwest.org.au

Our3021



Summary

A systems approach to building the capacity of organisations and the workforce has proven successful. Consider:

- Internal and External Drivers
- Building workforce capability rather than knowledge
- How to effectively create the changes you want to see
- Partnership and leadership are essential
- Cycles of planning and evaluation

Community participation is becoming a normal way of doing business at HealthWest. This has influenced broader organisations and communities through our projects and partnership work.

Thank you & questions

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<http://healthwest.org.au/projects/health-literacy/>



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