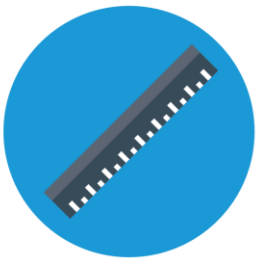
Evaluation of the VIC PCPs Online Health Literacy Course

Prepared for
VIC PCPs


RESEARCH | EVALUATION | DESIGN

www.fpconsulting.com.au

Contact:

Louise Greenstock

First Person Consulting Pty Ltd
ABN 98 605 466 797
P: 03 9600 1778
E: louise@fpconsulting.com.au
W: www.fpconsulting.com.au

Authors

Louise Greenstock

Dan Healy

Danielle Clarke

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Executive Summary

The VIC PCP Online Health Literacy Course

In order to have a lasting impact on organisational health literacy responsiveness across Victoria, 25 of the 28 Primary Care Partnerships (PCPs), VIC PCP, and the Gippsland DHHS contributed funding to the development of the Online Health Literacy Course. Forming in 2016, the steering committee and working group included representatives from the Central West Gippsland, South Coast, Wellington, East Gippsland, Inner North West, Lower Hume and HealthWest Partnership PCPs. The course, which was launched in November 2017, has the capability of being embedded by an organisation within internal Learning Management Systems (LMS), as well as being accessible as a standalone online course. The course was promoted by the 28 PCPs to agencies across Victoria.

Evaluation of the Online Health Literacy Course

A formative evaluation was carried out by First Person Consulting between August and December 2018. A mixed methods approach was used, focusing on reach, relevance, effectiveness, and sustainability of the course since its launch in November 2017.

Data collection method	Source and method	Number of participants
Online course feedback survey *(Module survey)*	Embedded into the online course Modules	Introduction Module: 182 Communication Module: 99 Partnering with consumers: 33 Leadership Module: 34 Navigating environments: 22
Evaluation feedback online survey *(Follow-Up Survey)*	Developed by the evaluators and disseminated via multiple channels	Total survey responses: 32
Online course web analytics data retrieval	Course webpage analytics reports	Web analytics period: Nov 2017 (start) to 4th Nov 2018
Retrieval of course uptake data from participating agencies	Data was requested from agencies that had requested the Modules for use within their organisation	Number of agencies providing data: 8
Interviews	Representatives from the agencies that had requested the course Modules, and follow-up survey respondents	Total number of interviews: 7

Executive Summary - Figure 1. Data sources and sample sizes

Findings at a glance

Reach

- The standalone Module webpages have received between 292 and 2040 visits:
  - Introduction Module: 2040
  - Communication Module: 820
  - Partnering Module: 384
  - Leadership Module: 600
  - Navigation Module: 292
- The standalone Module certificates have been downloaded a total of 1488 times*

* It is assumed that not all learners downloaded the Certificate and therefore the number of actual Module completions is expected to be higher than 1488.

A wide range of organisations[†] in the health and community services sector across Victoria have expressed an interest in the course and so far a total of 23 agencies have requested the Modules for internal use. It has not been possible to determine how many organisations have embedded the course, but there is evidence of organisational barriers hindering or delaying uptake, which include challenges with staff turnover, competing priorities, and availability of compatible/necessary technology.

Relevance

Overall, respondents felt that the content was relevant to their roles and taking the course increased their knowledge of health literacy. An average of 90% of respondents[‡] indicated that the content of the Modules was 'moderately' or 'very relevant' to their role and a clear majority of the follow-up survey sample[§] were either 'satisfied' or 'very satisfied' with the relevance of the content of their current role(s) (72%).

Effectiveness

The majority (67%) of respondents[**] indicated that their knowledge of health literacy had increased 'moderately' or 'a lot' as a result of the course. Over 84% of respondents[††] indicated that they intended to make changes in their work or organisation as a result of completing a Module.

At follow-up, the majority of survey respondents[‡‡] indicated that, overall, the course had had a moderate impact (48%) on their knowledge and understanding of health literacy, and 45% reported a moderate impact on their professional practice. These findings indicate evidence of the translation of learnings from the course into outcomes in professional practice, which was one of the primary objectives of the course.

Lessons learned

While there were some common themes in the suggested improvements for the course, the majority of respondents did not suggest any improvements. The most commonly cited suggested improvements were to reduce the density of text and include more video content, and to replace non-Australian examples and content with content and imagery recognisably Australian.

[†] Types of organisations cited include: Community health organisations, PHN, PCP, GP clinic, hospital, Rural public health organisation, Peak body, Pharmacy, Not-for-profit, Aged care facility, Child and family health services, Community mental health, Early Parenting Centre, Consumer Advisory Board

[‡] Respondents completing the online survey after completing one or more modules online (n=368)

[§] n=32

[**] Respondents completing the online survey after completing one or more modules online (n=368)

[††] Respondents completing the online survey after completing one or more modules online (n=368)

[‡‡] n=32

Recommendations

In light of the key findings discussed in this evaluation report, the following Recommendations are offered:

1. VIC PCP and the 28 PCPs should continue to promote the course across Victoria as part of a broader organisational approach to health literacy responsiveness. Other organisational health literacy resources could be co-promoted such as self-assessment tools, in-depth health literacy training and good-practice guides.
2. PCPs should develop a targeted strategy for promoting the course incorporating the findings of this evaluation pertaining to the types of organisation that are accessing the Modules and tailoring promotion to the needs of these different types of organisations. For example, targeting promotion of the Introduction, Communication and Leadership Modules to local and state government organisations, while promoting all Modules to community health and community services organisations, general practices, hospitals, and other organisation types identified in Sections 3.1 and 3.2.
3. PCPs could develop a brief and concise resource consisting of a set of Key Considerations for any agency that is considering implementing the course internally, including potential barriers (technical barriers, staff fatigue) and trouble-shooting advice based on what has worked for other agencies.
4. The steering committee and working group should explore the themes in the suggested improvements for the course to assess whether there is scope and opportunity to address any of these in light of existing and ongoing resources for maintaining and updating the course content.
5. PCPs should consider collecting regular formal and informal feedback on the course and its uptake from a range of agencies.

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Acronyms

DHHS Department of Health and Human Services

FPC First Person Consulting

PCP Primary Care Partnership

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1 Background

1.1 Health Literacy and the Victorian Primary Care Partnerships

Primary Care Partnership organisations are funded by the Victorian Department of Health and Human Services (DHHS) under the Victorian Primary Care Partnership strategy. The purpose of Primary Care Partnerships (PCPs) is to bring together service providers at the local level to:

- Improve access to services
- Provide continuity of care for people in their community

There are currently 28 Primary Care Partnerships across Victoria, each reporting to DHHS.

The World Health Organisation refers to health literacy as a critically important determinant of health that has historically been neglected from research and policy-making[*]. This statement has been corroborated by a range of primary care and community health service providers across Victoria. Primary care settings are commonly the first, and ongoing, point of contact between consumers and the health system. Health Literacy has become a strategic priority for most Victorian PCPs, who have been taking steps to embed health literacy competencies across their own organisation and partner/member agencies for the past decade or more. As a result, it is now widely recognised that settings that have a high level of health literacy responsiveness have certain attributes that can be taught and embedded into organisational settings, organisational cultures, and professional practice.

1.2 The Vic PCP Online Health Literacy Course

In order to reach a wide range of organisations and have a lasting impact on organisational health literacy responsiveness across Victoria, 25 of the 28 PCPs, VIC PCP, and the Gippsland DHHS contributed funding to the development of the Online Health Literacy Course.

Representatives from the Central West Gippsland PCP, South Coast PCP, Wellington PCP, East Gippsland PCP, HealthWest Partnership, and Inner North West Melbourne PCP formed a steering committee. This steering committee supported a working group with members from the Central West Gippsland, South Coast, Inner North West Melbourne, Lower Hume, and HealthWest PCPs.

The course was launched in November 2017 and is made up of five Modules, each tailored to professionals performing a range of different roles, including executives, practitioners, volunteers, infrastructure, and any other client-facing role within health and human service agencies across the State. The course was designed to have the capability of being embedded by an organisation within their own internal Learning Management System (LMS), as well as being accessible as a standalone online course.

The course encourages learners to take a reflective approach when exploring course content and prompts learners to apply their learnings to real examples in their day-to-day work. Learners are also prompted to identify actions they can take, encouraging them to have thought about how they could change or improve their practice after they complete the course.

[*] Source: http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf [Accessed online: 19/07/2018]

A total of 17 participants took part in a process of testing the course modules in August 2017. Participants were provided with a link to the online course and were given a week to test the course and complete an online feedback survey. Participants of the testing process included:

- 5 PCP member agency representatives from 4 hospital and community service organisations across metro and regional Victoria.
- 9 PCP staff
- Consultant
- DHHS representative

The course was updated and refined and was then made available to health and community service agencies and individuals working within these organisations in two ways. The first was the launch of the course in a standalone online version, which could be accessed by anyone. The course webpage is linked from a range of websites, including three of the PCPs who were involved in developing the course.

The course was publicised and promoted by the 28 PCPs to agencies across Victoria as a set of five Modules that could be provided to agencies in a format compatible with LMS systems, making the course available for agencies to use internally with their staff within their existing internal learning management software. This involved sharing Sharable Content Object Reference Model files which are web-based educational technology files, referred to as SCORM files.

An implementation communiqué was sent to all 28 Executive Officers (EOs) requesting that they promote the course to their member organisations. The implementation communiqué was also used to educate the 28 PCPs and their 800+ member organisations on the ways in which individual PCPs can support member organisations to translate their learnings from doing the course into practice change on the ground. The course was also promoted via the DHHS state-wide newsletter.

Thus, the main efforts to disseminate the course consisted of promoting the online course and promoting the Modules and providing access to the Modules when requested.

2 Evaluation of the Online Health Literacy Course

2.1 Scope of the evaluation

In August 2018, First Person Consulting were engaged to carry out an evaluation of the Online Health Literacy Course. Given the Online Health Literacy Course is in its infancy and was only launched in late 2017, the objectives of the evaluation were:

- To determine the extent to which the course is relevant to the target audience
- To determine the extent to which participants knowledge and understanding have increased as a result of completing the course
- To determine the extent to which participants have implemented any improvements/changes post course completion (Individual level and organisational level)
- To identify measures that will enhance the sustainability of the Module

The scope of the evaluation included identifying lessons learned and evidence of short-term outcomes. In doing so, the evaluation drew on a set of key indicators already identified by the project team which included:

- Number of participants who have completed the course and their professional roles
- Location and type of agency employing participants of the course
- Number of agencies who have embedded the course in their LMS
- Number of completions of each Module
- Number of Modules identified as appropriate/not appropriate for target group
- Feedback from target audience appropriateness of Modules
- Reported change in knowledge and understanding
- Number of improvement areas identified

A full evaluation framework, including the key evaluation questions for this evaluation, was developed by the project steering committee and refined during the testing phase and is provided in Table 1. An overview of the evaluation methodology is outlined in Section 2.2.

An overview of the key evaluation questions and sources of data used as evidence is outlined in Table 1.

Table 1. Evaluation Framework

Domain	Questions	Indicators
Reach	1. How many participants have completed the course? 2. What are the characteristics of participants completing the course? 3. How many agencies have embedded the course in the LMS?	Number of participants completed the course Geographic location of agency Agency type Role in organisation Number of agencies who have embedded the course in their LMS
Relevance	4. Is the content of each Module appropriate for the learning needs of the target audience? 5. To what extent is each Module being completed by the target group?	Role in organisation Agency type Number and type of Module completed Feedback from target audience appropriateness of Modules
Effectiveness	6. To what extent are the learning outcomes met? 7. To what extent did the participants knowledge and understanding of health literacy increase as a result of completing the course? 8. To what extent did participants report any improvements/changes post course completion? 9. What areas of the Module could be improved/enhanced?	Number identifying engaging activities Reported change in knowledge and understanding Improvement areas identified Number of agencies with Modules embedded vs not embedded and reasons for embedding or not embedding the Modules
Sustainability	10. What needs to be put in place to ensure the Module is sustainably implemented in organisations?	Feedback on sustainability of the course and Modules from a range of stakeholders Evidence of sustainability of the course and Modules

2.2 Evaluation methodology

Document review and initial stakeholder consultation

The evaluation team carried out a review of background documents. We then interviewed four of the key members of the project team who had played a critical role in the development of the Online Learning Course. These conversations directly informed the planning of the evaluation.

Developing an evaluation plan

The project steering committee had developed an overview of the criteria for the evaluation during the testing phase as outlined in the evaluation scope (Section 2.1). In this process the project team had identified the evaluative domains, key evaluation questions, indicators and data sources that were the priority focus points for the evaluation, shown in the evaluation framework in Table 1. The evaluation team used these evaluation focus points to develop an evaluation plan, which linked the evaluation questions and indicators to the most appropriate data collection methods.

Data collection

The evaluation team adopted a mixed-methods approach to data collection, drawing on existing data collected through the online course platform and offering key stakeholders a range of opportunities to participate in the evaluation. These data collection methods included:

- Surveys on each of the course Modules that were embedded into the online format of the course
- A follow-up survey designed to reach anyone who had interacted with the course either online or through their employing organisation
- Interviews with a range of key informants including representatives from participating agencies and learners who had completed the follow-up survey
- Collation of data from the course webpage analytics
- Collation of data from participating agencies who had requested the Modules for internal use

Data collection and sampling methods are outlined in Table 2.

Data analysis

Data analysis involved simple descriptive statistical analysis of quantitative data and simple thematic analysis of qualitative data collected via interviews and in open-ended survey comments.

Quantitative data was collated/collected from the Module Surveys (n=5 Modules) and the Follow-Up surveys. The sample sizes varied significantly between these data sources so findings have been presented using formats that are most appropriate to each finding and data source, including counts of survey respondents and percentages of survey respondents. This has been done for transparency and in order to preserve differences in sample size

Final evaluation report

When data collection and preliminary analysis were complete, we held a meeting with the project team to discuss preliminary findings and how these should be presented in the report. This meeting provided an opportunity to explore the findings and share additional insights with the project team.

Data was further synthesised and findings are presented in response to the evaluation questions shown in Table 1. A draft final evaluation report was provided for feedback and review. After receiving comments, a final full and comprehensive version of the evaluation report was then developed, integrating any feedback and suggestions from the project team.

Table 2. Overview of data collection and sampling methods

Data collection method	What this data collection method involved	Sampling method	Number of participants
Online course feedback survey *(Module survey)*	Collation of survey responses to online feedback survey embedded within the online course platform, designed to collect immediate reactions and future intentions at the time of navigating the course content	This survey is embedded into the online course Modules and users accessing the course online are invited to complete the survey as they complete each Module	**Total survey responses: 370** Introduction Module: 182 Communication Module: 99 Partnering with consumers: 33 Leadership Module: 34 Navigating physical and virtual environments: 22
Evaluation feedback online survey designed by FPC ***(Follow-Up Survey)***	An online survey designed for past and current users of the Online Health Literacy Course as **a follow-up survey** exploring their experience of accessing the course whether it be via the standalone course online or via their employing organisation. The survey was designed to capture their comments and feedback on the appropriateness of the content and relevance to user needs, what has changed for them since they completed the course, their reasons for not completing the course if they did not do so.	This survey was distributed via the following: Email from the project manager to each of the EOs of each of the 28 Vic PCPs for dissemination within PCP organisations Dissemination of the survey to representatives of each of the agencies that have requested the Modules for use within their organisation with a request for further dissemination to their staff and contacts	**Total survey responses: 32**
Online course web analytics data retrieval	Retrieval of web analytics data concerning number of visits to the course webpages and number of downloads of each Module completion certificates online	This data was accessed via the course webpage analytics reports	**Web analytics period: Nov 2017 (start) to 4th Nov 2018**

Data collection method	What this data collection method involved	Sampling method	Number of participants
Retrieval of course uptake data from participating agencies	Retrieval of data on course enrolments and completions via participating agencies concerning number of participants starting and completing the course, location and type of agency accessing and embedding the course into internal LMS systems	This data was requested from each of the agencies that had requested the Modules for use within their organisation. Representatives from these agencies received an online template and a request to provide the number of staff that had enrolled in and completed the course, as well as a request to indicate whether they had embedded the Modules in their internal LMS systems or not.	**Number of agencies providing data: 8**
Interviews	Interviews with a selection of key stakeholders including staff and managers at organisations that had requested the Modules for internal use and individuals who had accessed the course online	Representatives from the agencies that had requested the course Modules were invited to be interviewed via email. In addition, people responding to the evaluation feedback online survey were invited to provide their contact details if they were willing to be interviewed.	**Total number of interviews: 7**

2.3 Limitations of the evaluation

The main limitations of this evaluation are as follows:

- There is a lack of data pertaining to the total number of learners who have completed the course.

It was challenging to obtain accurate and consistent data concerning the number of people that had completed the Modules within the agencies that had requested the Modules for internal use.

- There is a lack of data pertaining to the total number of agencies that have embedded the course in internal LMS systems and/or made the course a mandatory requirement of staff.

As mentioned, the Online Health Literacy Course was launched less than 12 months prior to the start of this evaluation, meaning that agencies had had a relatively short amount of time to embed the course Modules into their internal LMS systems. A number of agency representatives indicated that this process was underway but had either stalled or been interrupted by an obstacle.

- The response rate to invitations to key informant interviews was lower than expected.

A total of seven people agreed to be interviewed, which was lower than expected but a total of 370 survey responses were collected through the Module Surveys, and 32 respondents completed the follow-up online survey. The majority of survey respondents provided open-ended responses to key questions, making this a source of qualitative and quantitative data.

- The Module Survey responses collected via the online course Modules are not linked to the follow-up survey responses so it is not possible to determine how similar these samples were.
- It is unclear whether the target audience for the course have been reached through the follow-up survey meaning that there is likely a lack of evidence concerning impacts on learner professional practice after completing one or more Modules.

3 Key findings

3.1 Reach

In order to estimate the reach of the course to date, it was necessary to incorporate the number of participants that have completed the course Modules online (Table 3) with what we know about the number of participants that have completed the Modules via their employing organisation, that is, via the agencies that had requested the Modules for internal use and gone on to make these Modules available to staff.

Therefore, the reach of the course is presented as:

- Online Module completions (Section 3.1.1)
- Agency internal use of Modules – Module completions (Section 3.1.2)
- Agency internal use of Modules – Embedding the course (Section 3.1.3)

3.1.1 Online Module visits

The number of discrete visits to the standalone online Modules of the course were **estimated** based on the number of visits to the first page of the each Module, as well as the number of downloads of the Module completion certificate, as shown in the 'Certificate' column of Table 3. These interpretations are based on the assumption that learners who completed the course visited the certificate page and printed the certificate, which is likely not applicable to all learners. These figures, therefore, do not capture learners who completed the Module but did not visit the certificate page and may be skewed by visitors browsing the course webpages who had no intention of completing the Module at this time. With these assumptions and limitations in mind, **the completion rate of actual learners is likely to be higher than is indicated by** Table 3**.**

Table 3. Online course webpage analytics (Page visits) (Nov 2017 to 4th Nov 2018)

Module	Number of page visits*	Certificate†
Introduction Module	2040	574
Communication Module	820	342
Partnering Module	384	201
Leadership Module	600	231
Navigation Module	292	140
Total	**4136**	**1488**

The Module Surveys asked respondents to identify which type of organisation they work for which provides an overview of the types of organisations that have accessed each of the Modules, as

** Approximately the number of people who start the Module. It is not possible to determine how far through the Module they progressed.

† The number of people who progressed on to the certificate page after completing the Module.

shown in Figure 1. *To aid visibility and interpretation, the percentages for each category are presented in Appendix 3.*

Community health organisations account for between 41% and 55% of the survey respondents on all Module Surveys. The next closest majority being hospitals ranging from 15% to 27%, followed closely by PCPs and community services organisations.

Local government organisations appeared only on the Introduction, Communication and Leadership Modules. State government organisations appeared on all Module Surveys except partnering with consumers. PHN organisation survey respondents only appeared in the Introduction Module survey responses.

The organisations noted by those who selected 'Other' organisation type included:

- Rural public health organisation
- Peak body
- Pharmacy
- Not-for-profit
- Unemployed person
- Health student
- Aged care facility
- Child and family health services
- Community mental health
- Early Parenting Centre
- Consumer Advisory Board

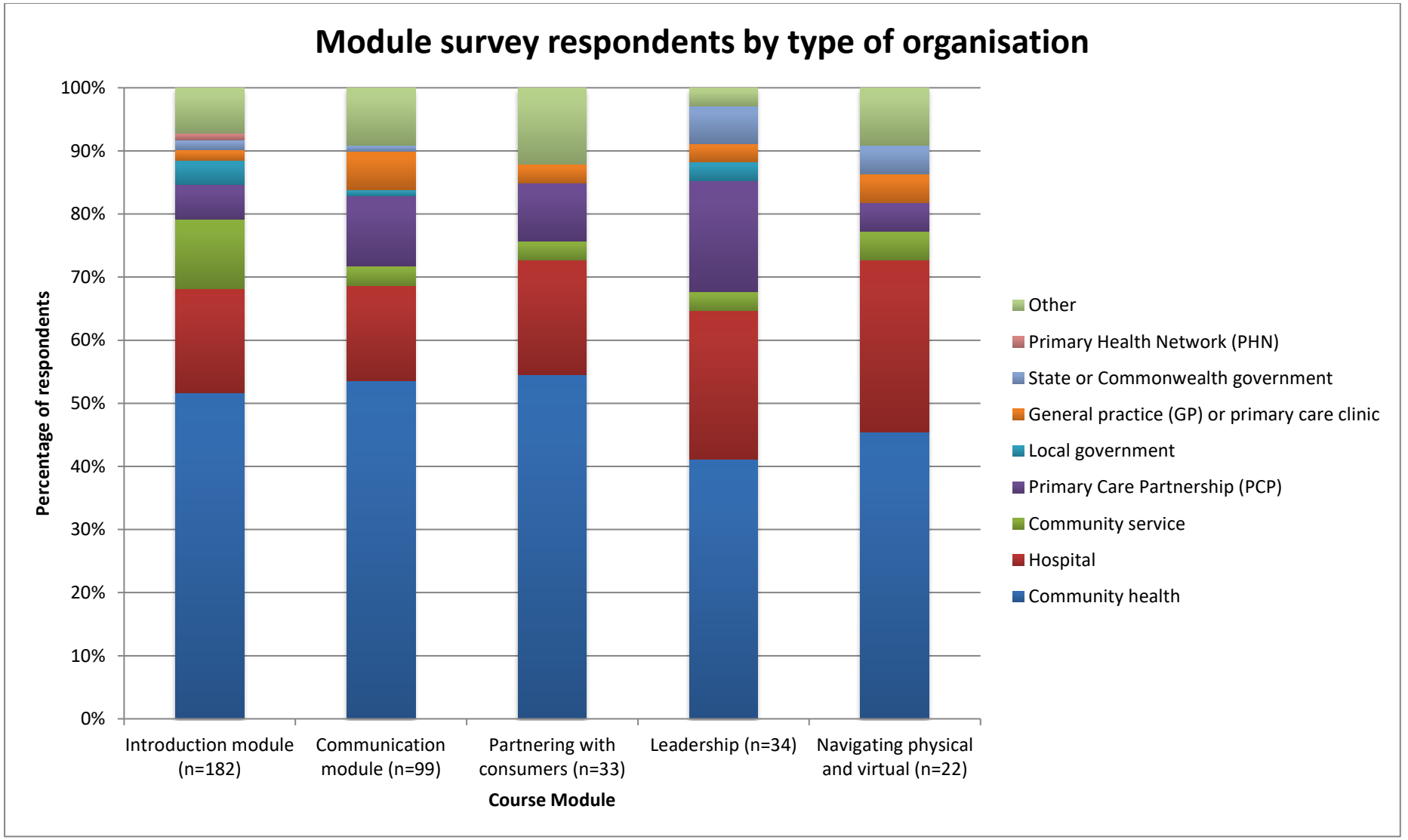


Figure 1. Module Survey respondents by type of organisation (total n=370)

Module survey respondents were asked to nominate their role. These have been themed into broader categories of role with the breakdown of job role categories across each Module shown in Figure 2.

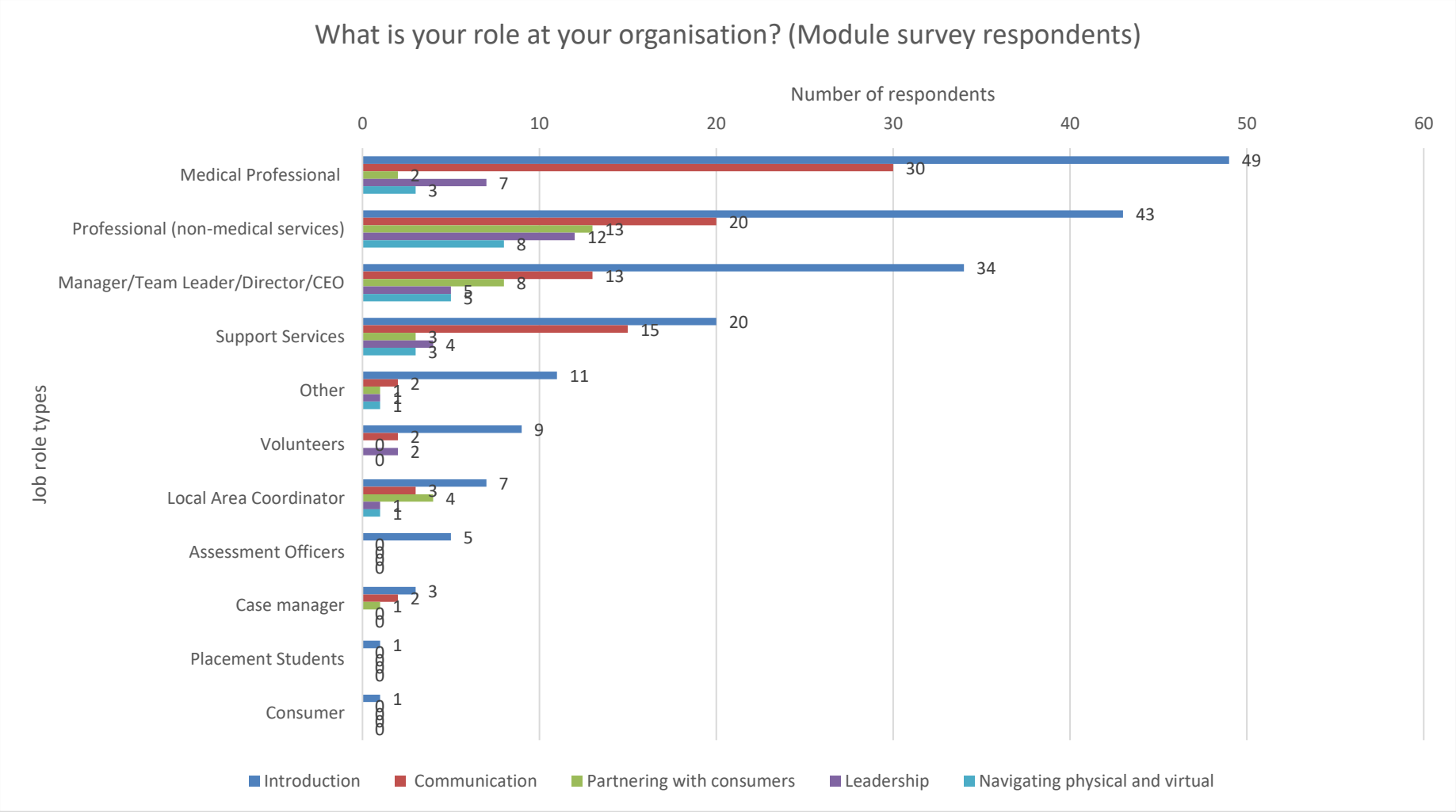


Figure 2. Module Survey respondents by type of roles (n=varies)

3.1.2 Agency internal use of Modules – Module completions

At the start of this evaluation in September 2018, a total of 23 agencies had requested the course Modules for internal use. These agencies are presented by type and region in Figure 3 and Figure 4.

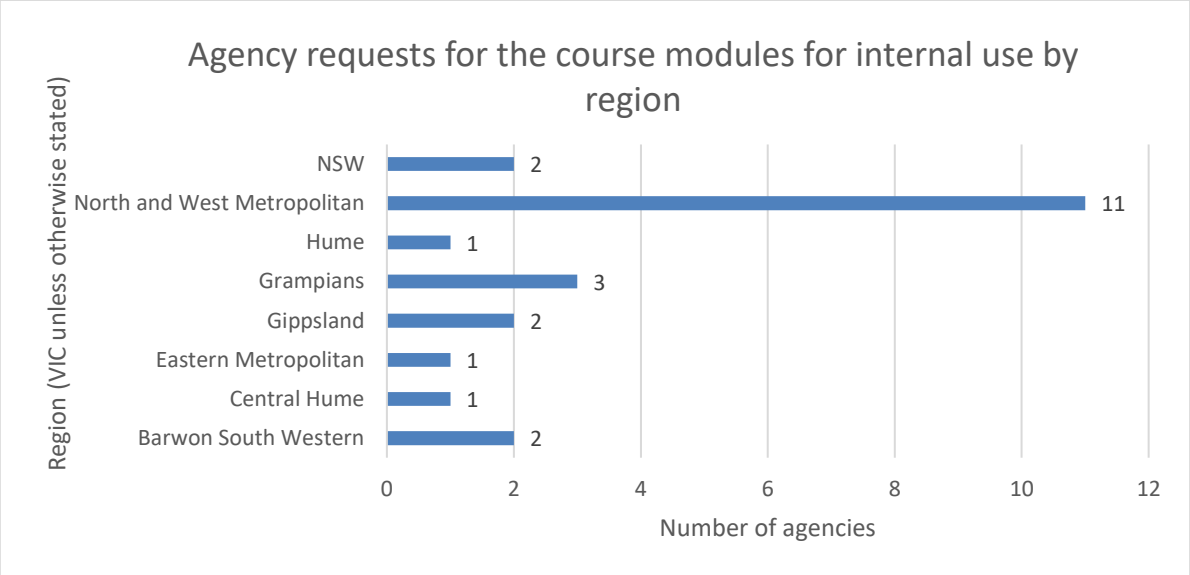


Figure 3. Agency requests for the Modules for internal use (by region)

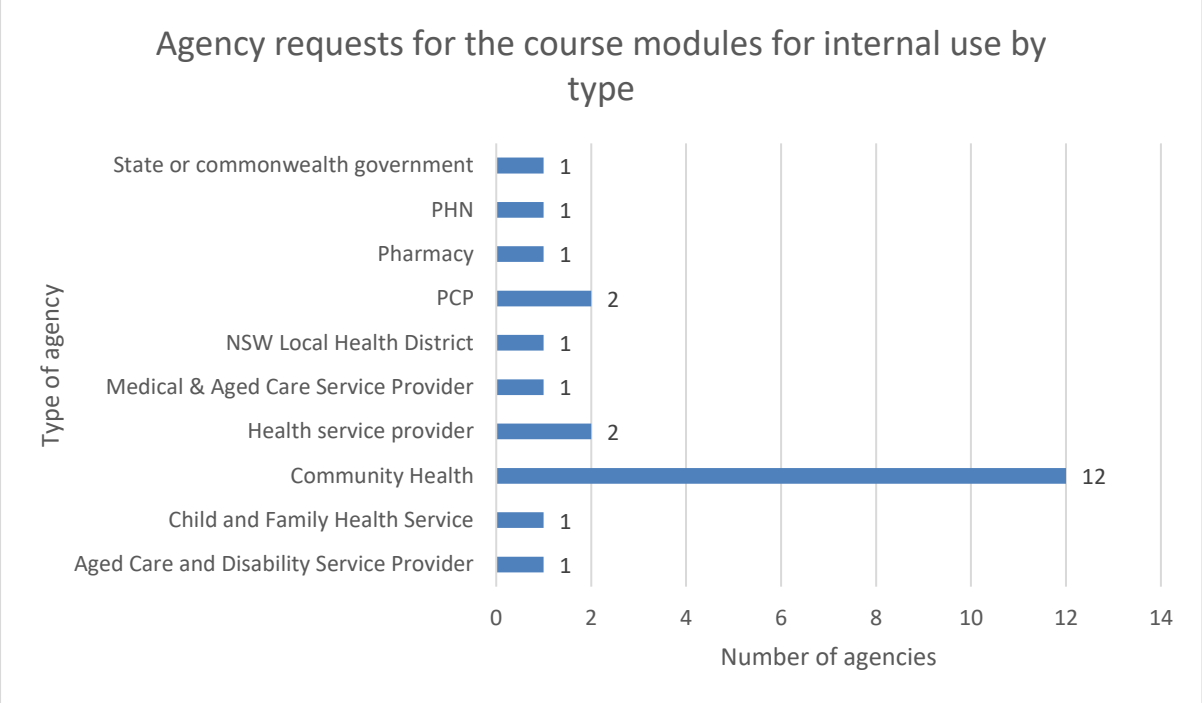


Figure 4. Agency requests for the Modules for internal use (by agency type)*

As mentioned in Section 2.3, it has not been possible to determine the exact number of individuals that have completed the Modules via their employing organisation but we were able to collect a

* Agency type was determined by the evaluators and was not stated by the agency representative

range of data that paints a picture of the types of agencies that are engaging with the course and sheds light on considerations and potential barriers that have been identified by agencies that are interested in making the course content available to staff.

Of the 23 agencies that had requested the Modules for internal use, seven responded to the request to provide data. Of these, one community health service representative stated that the course was now a requirement for staff. An additional four agency representatives (medical and aged care service provider = 1; PHN = 1; government = 1; community health = 1) stated that the course was not a requirement for staff. Of these, the medical and aged care service provider stated that the course will soon be made mandatory for staff. A total of three community health service representatives stated that the course is now embedded into their LMS system.

A total of two of the agencies provided data concerning the number of staff that have completed the Modules. These are presented as two example agencies in Table 4[†]. Figure 5 and Figure 6 show the percentage of staff within their two organisations (primary health service provider = 1; community health service provider = 1) that have completed the Modules.

Table 4. Example agencies (n=2) course usage figures (self-reported)

Example agency number	Introduction to health literacy	Leadership module	Communication module	Navigation module	Partnering with consumers module	Number of staff that have completed more than one module	Total number of staff in your organisation
1	73	31	62	28	61	81	230
2	131	65	96	70	75	100	994

[†] These figures indicate that some staff who completed more than one module did not complete the Introduction Module. This is despite Agency representatives providing instruction that all staff should complete the Introduction Module, indicating that some staff self-assessed which modules were most appropriate for them to complete.

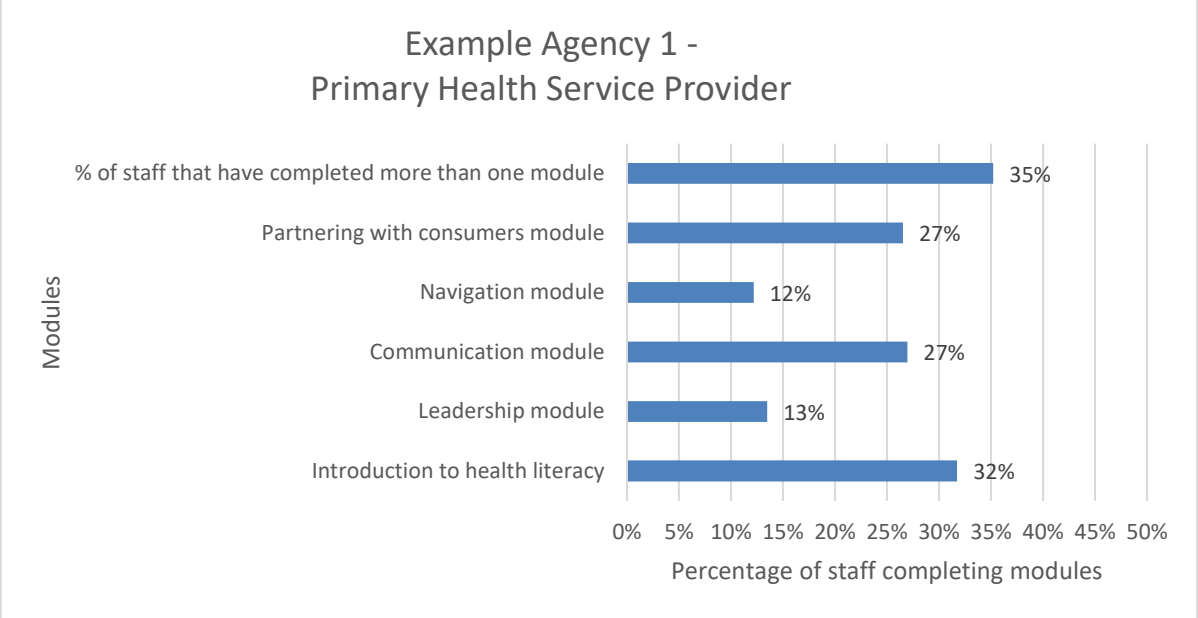


Figure 5. Example agency using the Modules internally with staff (Primary Health Service Provider)

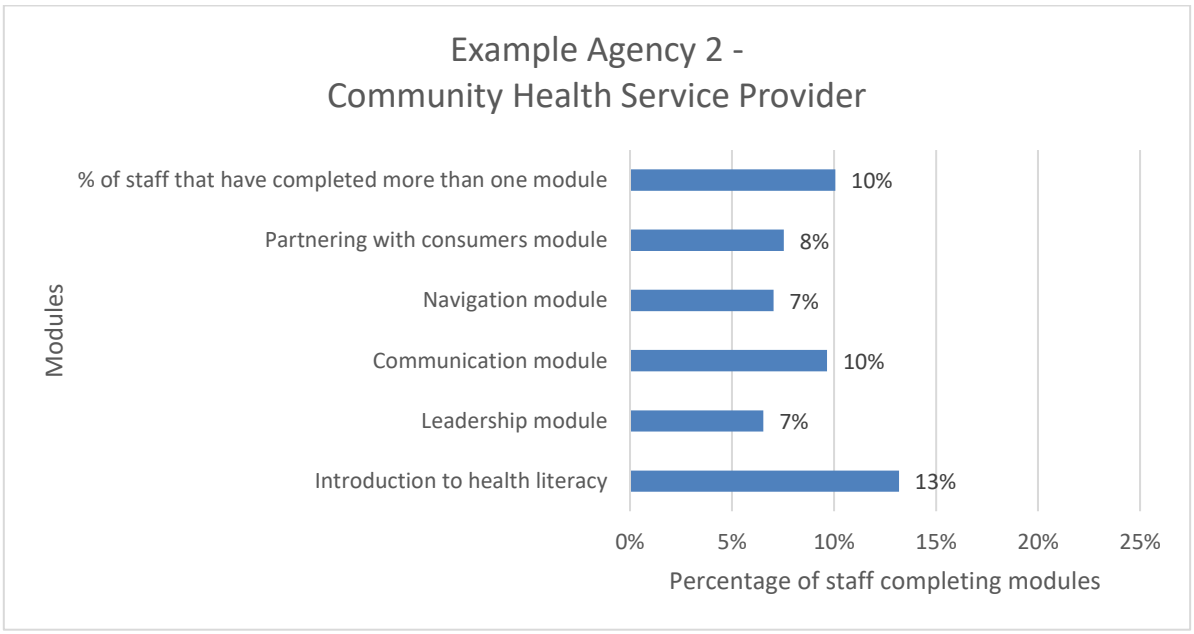


Figure 6. Example agency using the Modules internally with staff (Community Health Service Provider)

Each of the seven representatives from these agencies provided additional comments on the status of the integration of the course content into their internal organisational systems. These comments generally point to a number of factors that may emerge either as barriers or delays to agencies easily implementing the course for internal use.

We unfortunately never got to the stage of accessing the Courses. Our barriers were:

- *A change in system employee, therefore the course availability was missed*

- *Our website hosts were waiting on a SCORM package so we could see if the course Module was compatible with our system*. [Agency representative]

I did enquire about the Course for the staff, however we had other priorities including moving to a new telephone system at the time so we did not proceed with the Course as intended. [Agency representative]

Our computers don't have sound … can be hard as they are not properly set up. [Interviewee]

3.1.3 Agency internal use of Modules – Embedding the course

Participants who completed the follow-up survey were a mix of learners who had completed the Modules online and learners who had accessed the Modules via participating agencies using the Modules internally. The type of organisation and current role of follow-up survey respondents are presented as Appendix 3 and Appendix 5.

Of the 32 follow-up survey respondents, 20 (63%) currently work for an organisation that requires staff to complete the health literacy Modules that are appropriate to their role (in most cases this is self-assessed by the learner). A total of 10 (31%) said that their organisation does not require this[‡].

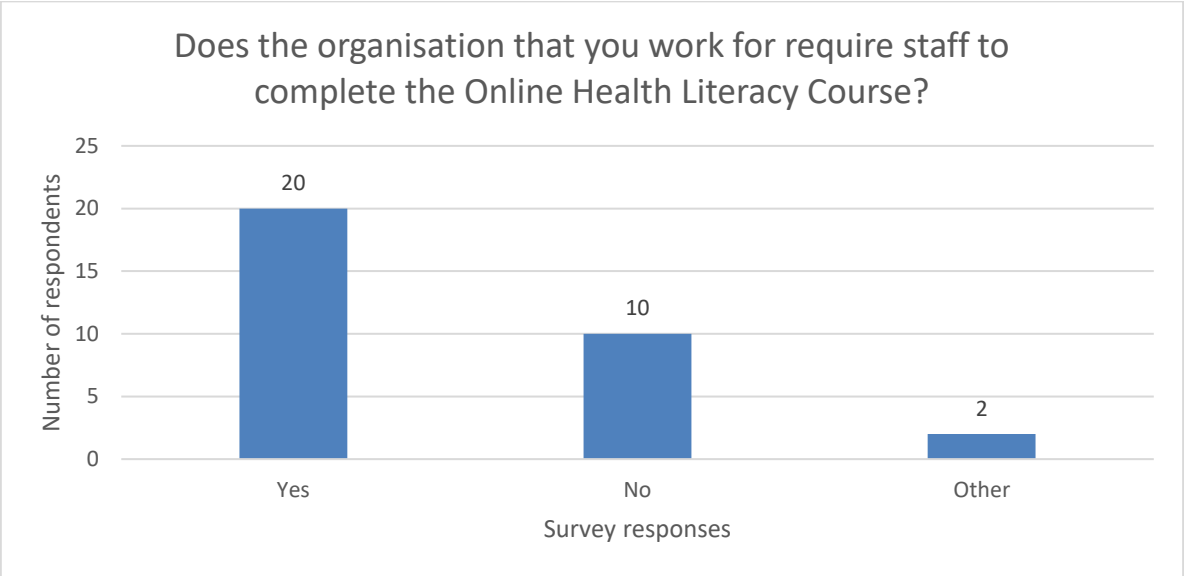


Figure 7. Does the organisation that you work for require staff to complete the Online Health Literacy Course - Follow-up survey responses (n=32)

A total of seven (22%) follow-up survey respondents knew that their organisations had embedded the course content onto an internal LMS system, while ten (31%) said that it had not, and the

[‡] Of the two that selected 'Other', one cited technical issues as a reason that the Modules are not currently a requirement of staff, and the other stated that the course is 'suggested', rather than mandatory/required.

majority (13; 40%), answered that they did not know (Figure 8). An additional two survey respondents selected 'Other' and responded as follows:

> *[Embedding the course onto an internal LMS system] has been identified after completing the ENLIVEN Health Literacy Audit. [Follow-Up survey response]*
>
> *In the process trying to get partners to take this up. [Follow-Up survey response]*

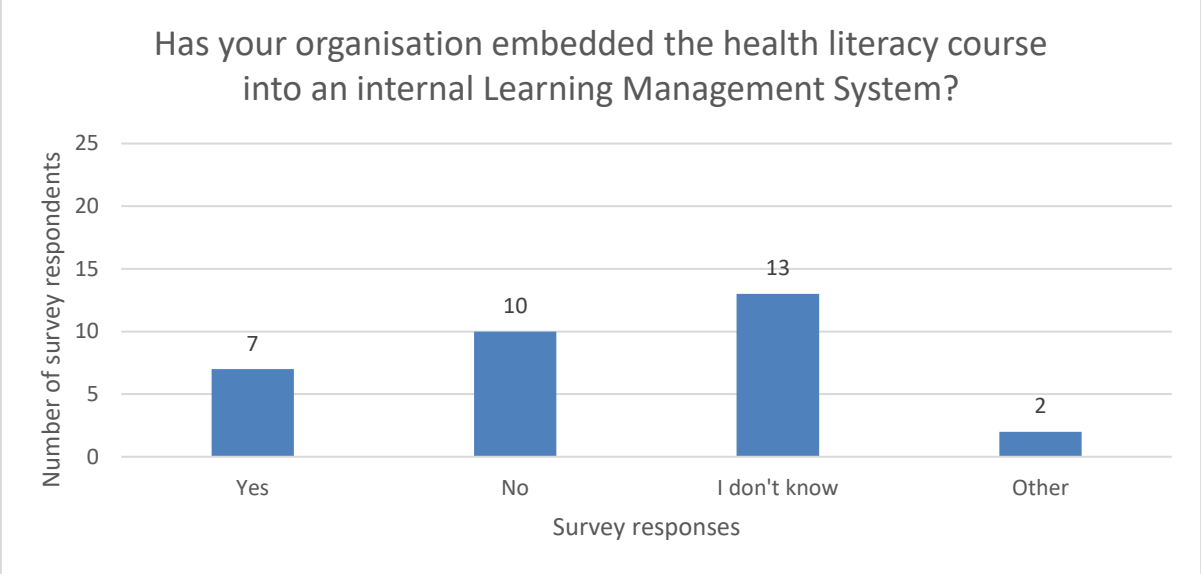


Figure 8. Has your organisation embedded the Health Literacy Course into an internal Learning Management System – Follow-Up Survey Responses (n=32)

The data indicates that a range of types of organisations require staff to complete the course, but the types of organisations that have embedded the course into internal LMS systems – as far as the evidence in this evaluation captures - include community health service providers, hospitals, and an aged care service provider (Figure 9). However, as previously stated, 40% of follow-up survey respondents employed by PCPs, hospitals, community health service providers, and PHNs also stated that they did not know whether the course had been embedded or not.

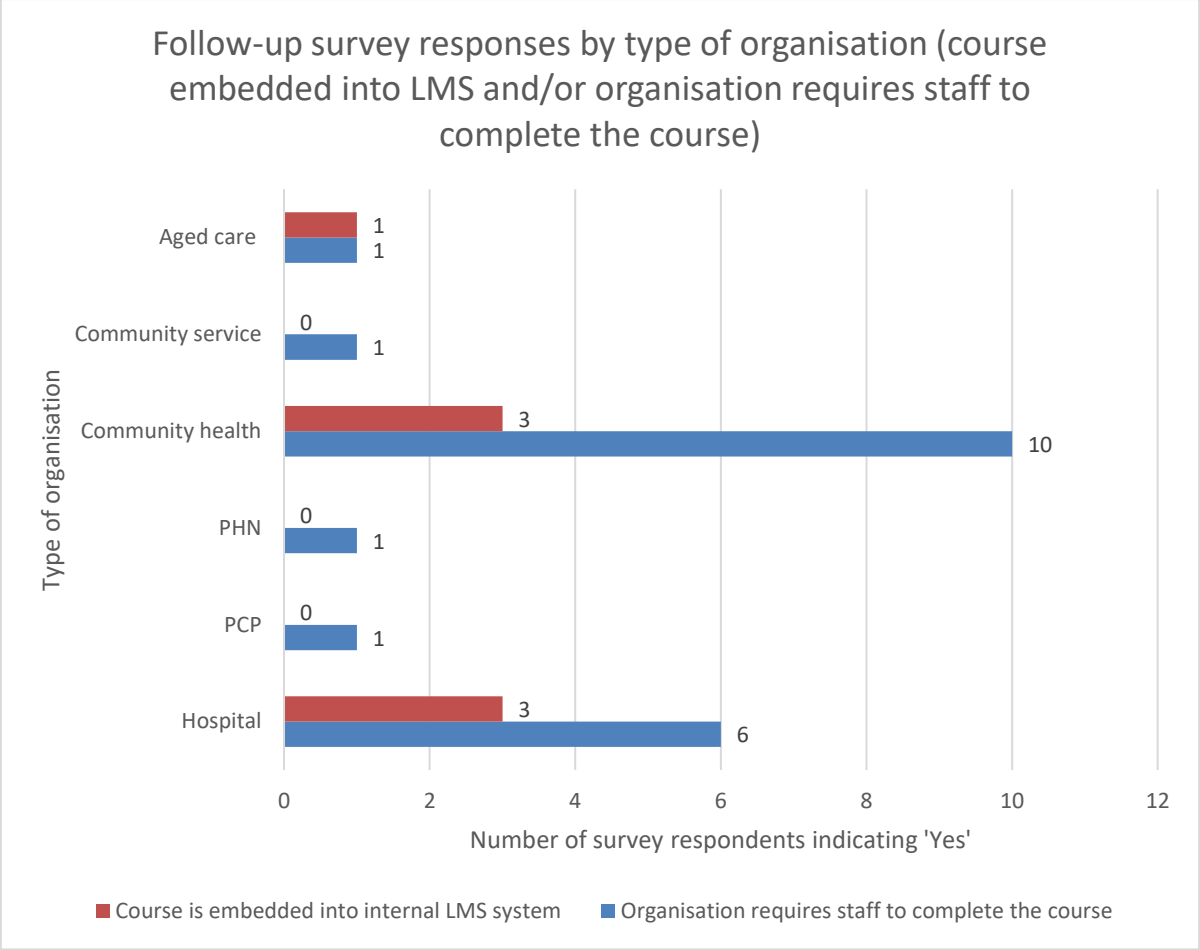


Figure 9. Has your organisation embedded the course into an internal LMS system AND/OR does your organisation require staff to complete the course - Follow-Up survey responses (n=32)[§]

3.2 Relevance

Learners were asked to assess the relevance of the course content in both the Module Survey, which was embedded into each Module of the online standalone version of the course (accessed via webpage), and the follow-up survey sent out by the evaluators. In the immediate reaction surveys embedded into the course, learners were asked to rate the relevance of the content to their role (Figure 10), whilst in the follow-up survey respondents were asked to retrospectively evaluate their level of satisfaction with the relevance of the course, among other aspects (Figure 11).

The Module surveys asked respondents to rate the relevance of the content of each Module from 'not relevant' to 'very relevant' (Figure 10). For each Module, the majority of respondents selected the highest rating, indicating that the content of the Module was very relevant to them in their role. An average of 10% of survey respondents across the five Modules selected either 'not relevant' or 'a bit relevant', meaning that an average of 90% of survey respondents across the five Modules indicated that the content of the Module was moderately or very relevant to their role.

[§] Figure 8 includes only 'Yes' responses to survey questions

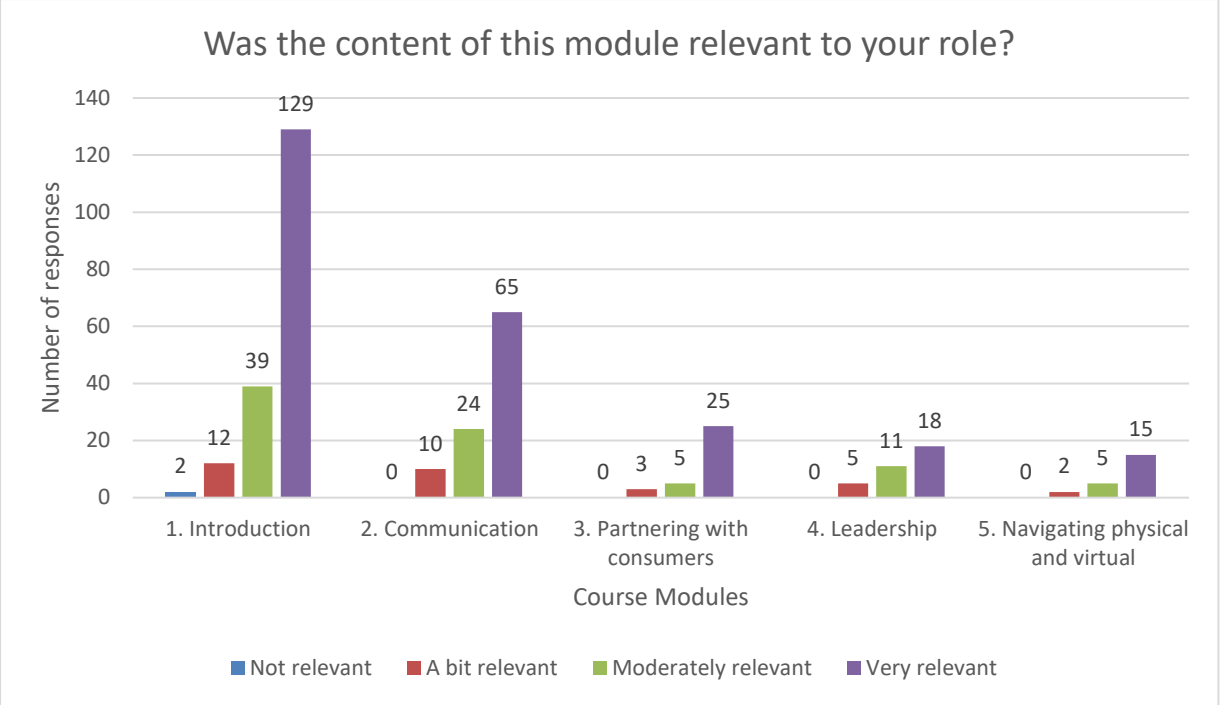


Figure 10. Module Survey responses regarding relevance of content for each Module (Introduction n=182; Communication n=99; Partnering with consumers n=33; Leadership n=34; Navigating physical and virtual environments n=22)

A clear majority of the follow-up survey sample were either satisfied or very satisfied with:

- The relevance of the content of your current role(s) (72%)
- The relevance of the learning activities to your learning needs and current role(s) (65%)

A slight majority of the follow-up survey sample were either satisfied or very satisfied with:

- The novelty of the content and whether they learned something new (55%)
- The quality and relevance of the resources available for download (55%)

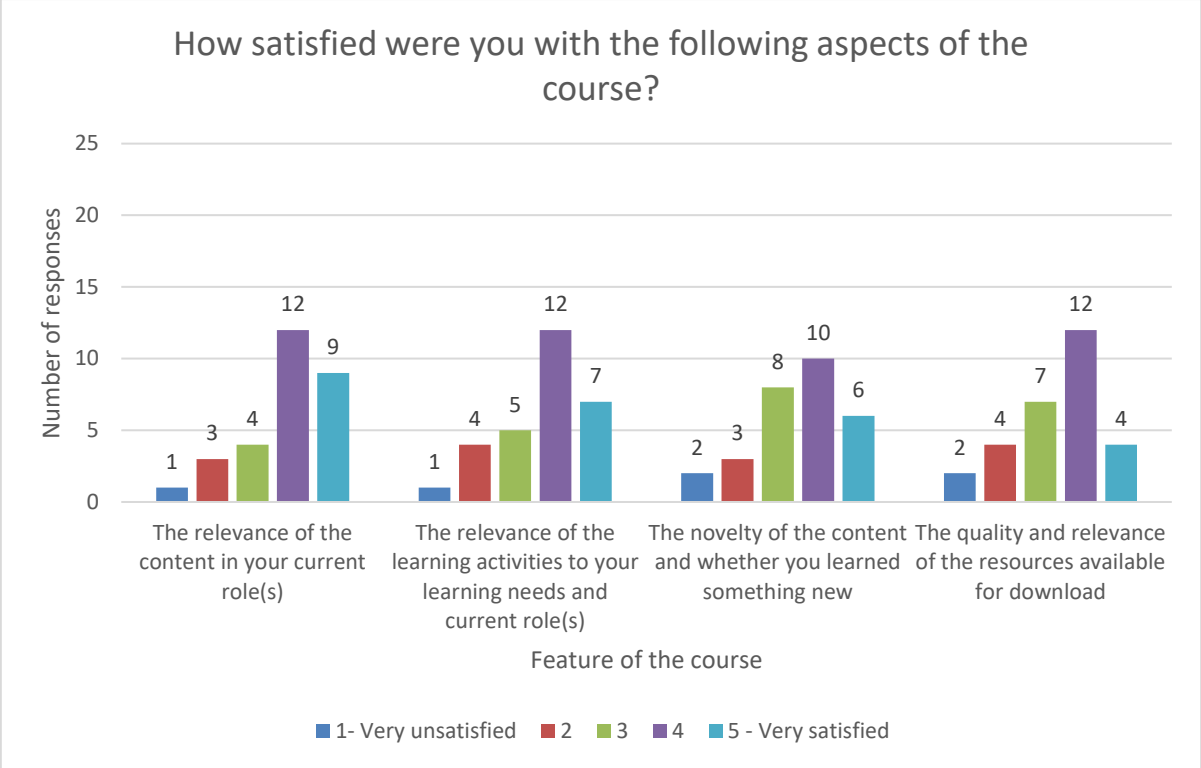


Figure 11. How satisfied were you with the following aspects of the course? Follow-up survey (n=32)

The open-ended comments on the follow-up survey concerning the relevance of the course demonstrated a possible divide between respondents who commented that the course content was not new to them, as shown by the first quote, and those who felt that the content was new and those that were new or newer to the concept(s) of health literacy, as shown by the second quote.

> *Very basic. All covered plus much more in degree and training after working 10 years in field. [Follow-Up Survey respondent]*
>
> *The course has helped me learn about health literacy and its purpose. [Follow-Up Survey respondent]*

The course was designed and intended to be an entry-level course for beginners in health literacy responsiveness, that is, those who are unfamiliar with the concept and what it means in practice. The mixture of comments from those who clearly cited **new** knowledge - and its application in practice - to those who felt the course did not provide any new knowledge, suggests that the intended audience of the course may not have been clear to some learners or that there may be room for better assessment of prior knowledge and understanding by the learner or their employer.

> *We need to brainstorm the levels of communication that impact on health ... think about the layers of the workforce as well as who the audience is and does the tool cater for them. [Interviewee]*

The following are further examples that the course was effective in increasing knowledge of health literacy for the majority.

> *Whilst interacting with clients on a day to day basis, the health literacy course has been a constant reminder to double check that my clients are understand and have used the teach back technique on a numerous occasion. [Follow-Up Survey respondent]*
>
> *[Staff are] probably unaware of the breadth of the subject, they would be unaware how detailed the subject is. I think health literacy is something staff probably do practice on a day to day basis, but they may not have been aware they were doing it. I was hoping by them doing the course it would be confirming what they were doing rather than confirming something new. [Interviewee]*

Figure 12 shows that a proportion of respondents from each of the following job role categories completed all of the five Modules, according to their follow-up survey responses:

- Clinician
- Coordinator
- Senior Manager / Manager
- Allied Health Assistant
- Consultant Aged and Carer Services
- Social Work

In addition, these survey responses indicate that an Activities Coordinator working in Aged Care only completed the Introduction Module (one of the five Modules), while an Enrolled Nurse working at a hospital enrolled in the Introduction Module but did not report completing any of the five Modules. All other respondents to this part of the follow-up survey reported completing all five Modules, as shown in Figure 12.

There were some conflicting views in the data about the fit of the course with the intended target audience, namely the full range of health and human services. Several participants commented that the course is too narrow in its focus, while others felt the course has a broader potential reach.

> *It was very focused on allied health and community health service practitioners. Not so relevant for Local Government. [Introduction Module survey respondent]*
>
> *The tool as it is now almost needs to have a disclaimer saying that this tool is really for hospital staff only. [Interviewee]*
>
> *This course does target a wide range of people such as decision-makers or planners, which is good. [Interviewee]*

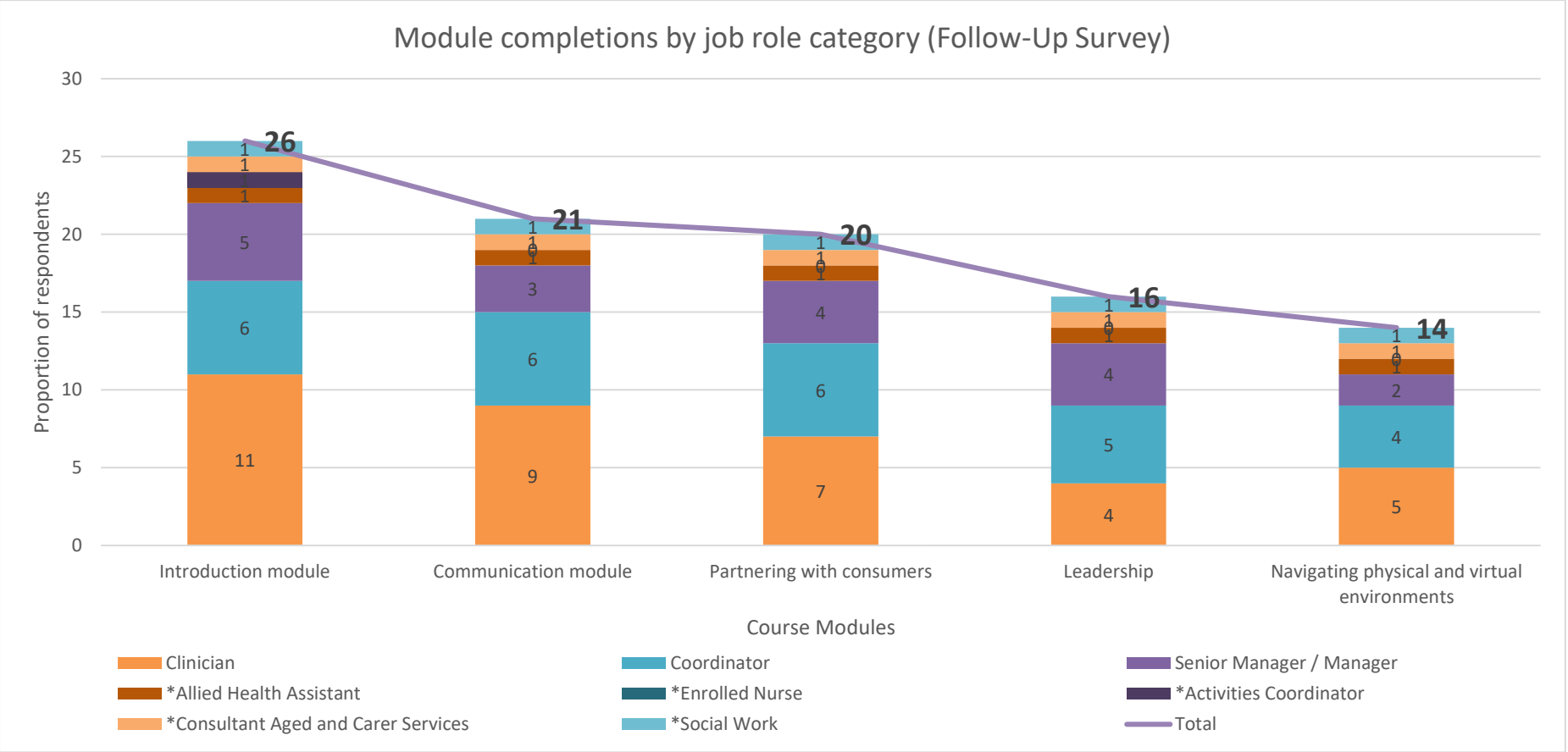


Figure 12. Follow-up survey respondents by role and completion of each Module (n=varies)*

* Categories marked with an '*' were entered manually by survey respondents who selected the 'Other' category

3.3 Effectiveness

The effectiveness of the course to date was evaluated by synthesising learner self-assessments of the impact of the course on their knowledge and understanding of health literacy through immediate self-assessment in the Module Surveys embedded into the online course, and follow-up self-assessment via the follow-up survey. Similarly, the impact of the course on learner intentions to make changes to their practice related to health literacy responsiveness were captured in the immediate self-assessments in the Module Surveys, followed by self-assessment of actual changes in professional practice captured through the follow-up survey, which in some cases included examples of changes made. Given the course was launched at the end of 2017 and this evaluation was conducted in the fourth quarter of 2018, the maximum amount of time lapsed since a learner completed one or more Modules at follow-up is one year.

3.3.1 Increased knowledge of health literacy

The majority of survey respondents completing the Module Surveys embedded into the online course indicated immediately after completing one or more Modules that their knowledge of health literacy had increased 'moderately' or 'a lot'. This was consistent immediate reaction survey responses across all five Modules (Introduction Module = 64%; Communication Module = 70%; Partnering with consumers = 61%; Leadership 65%; Navigating physical and virtual environments = 77%) (Figure 13). The most common option selected was 'Increased moderately'.

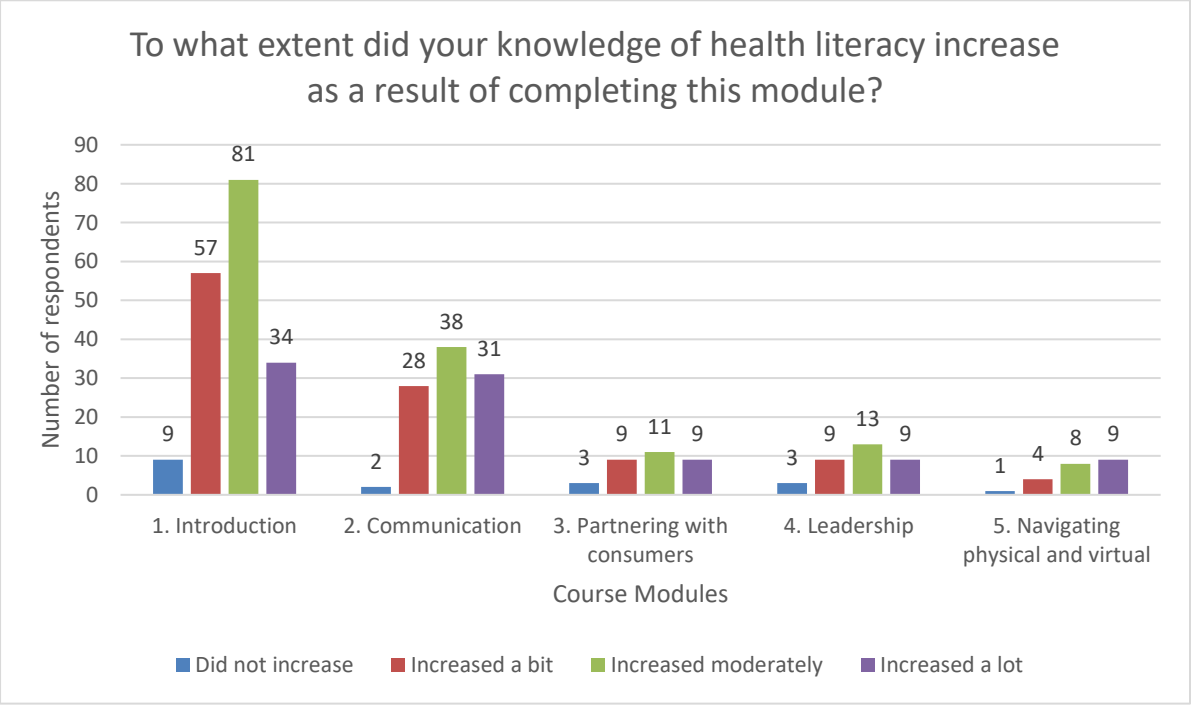


Figure 13. Module Survey responses regarding relevance of content for each Module (Introduction n=181; Communication n=99; Partnering with consumers n=32; Leadership n=34; Navigating physical and virtual environments n=22)

There was a fairly consistent pattern of responses across the Modules. Module 5 was slightly different in that the highest increase in knowledge was the most common option chosen (albeit with a low number of respondents completing this Module and the immediate reaction Module survey).

Very few of the Module Survey respondents indicated that their knowledge did not increase, an average of 6% of respondents across the five Modules.

At follow-up, the majority of follow-up survey respondents indicated that, overall, the course had had a 'minor impact' or (41%) 'moderate impact' (48%) on their knowledge and understanding of health literacy. It has not been possible to link follow-up survey responses to earlier Module survey responses to determine whether participants assess the impact of the course on their knowledge of health literacy differently at follow-up.

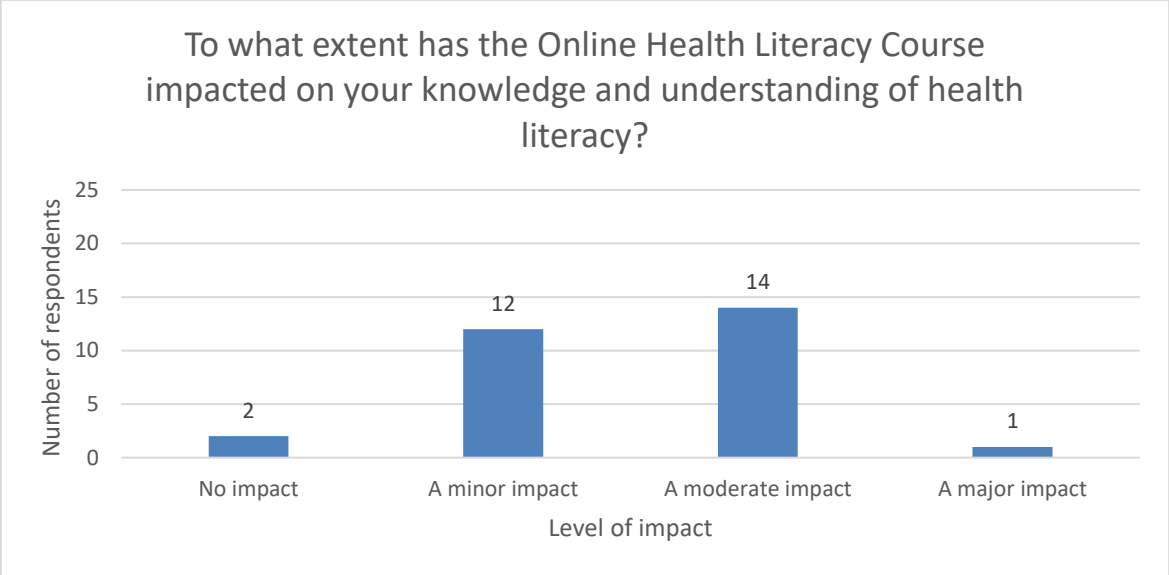


Figure 14. To what extent has the Online Health Literacy Course impacted on your knowledge and understanding of health literacy? - Follow-up survey (n=29)

> *I understand the concept of health literacy, but it is general literacy, how to interact with people, whether it is reception staff explaining in where someone needs to be for the next appointment… it is not just about explaining a medical condition … and I think the online training encompasses all of this. [Interviewee]*

3.3.2 Impact on professional practice

Learners completing any one or more of the Modules via the standalone online version of the course were asked via the Module Surveys whether they intended to make any changes to in their work or organisation as a result of completing each Module. Module survey responses are shown in Figure 15.

Over 84% of survey respondents on all five of the Module surveys indicated that they intended to make changes in their work or organisation as a result of completing a Module.

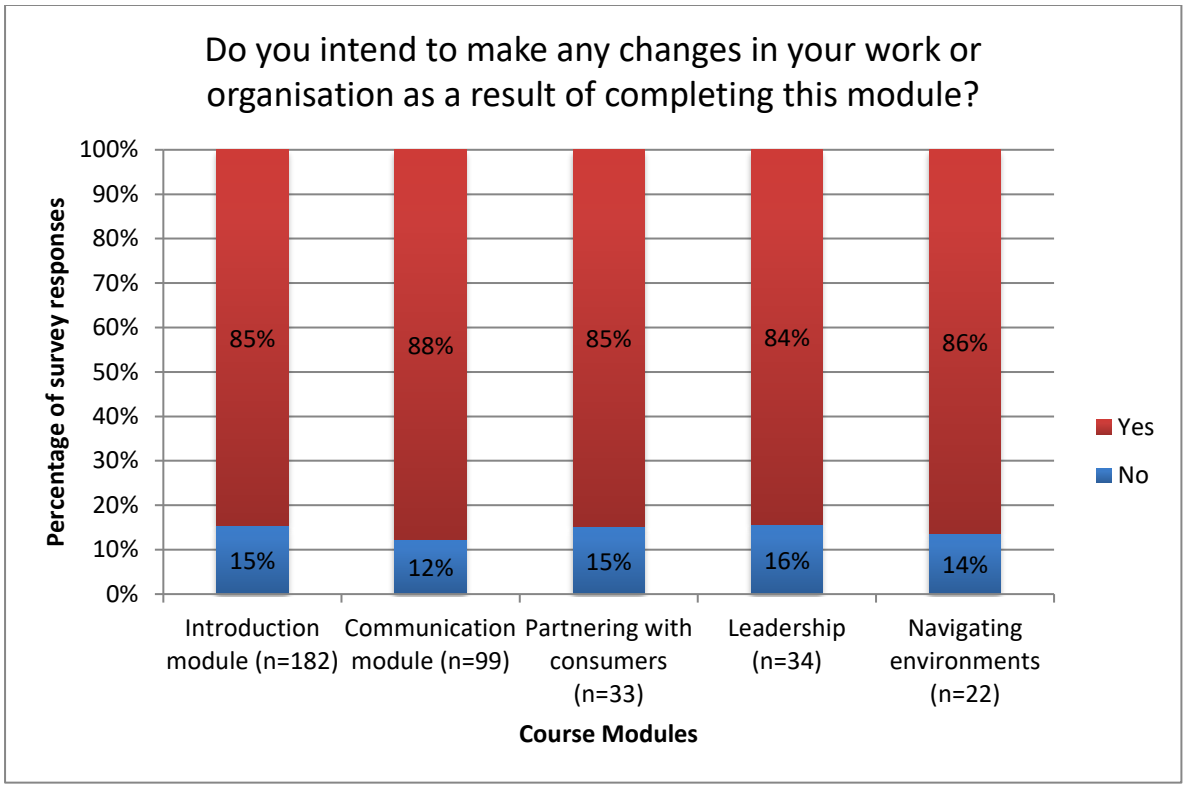


Figure 15. Do you intend to make any changes in your work or organisation as a result of completing this Module? - Module Surveys (n=varies)

At follow-up, the majority of survey respondents indicated that the course had had a 'minor impact' (38%) or a 'moderate impact' (45%) on their professional practice (Figure 16).

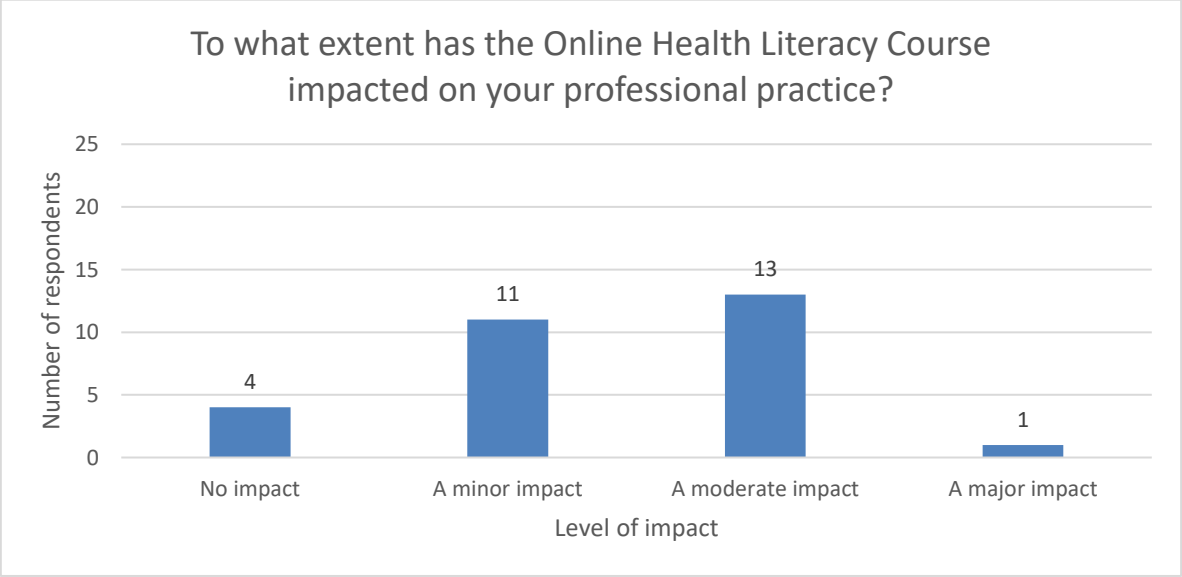


Figure 16. To what extent has the Online Health Literacy Course impacted on your professional practice? - Follow-up survey (n=29)

The following are examples of the types of changes that were cited by follow-up survey respondents.

> *Factsheets for patients are reviewed and endorsed by consumers … [we have] consumer representation on many senior level committees … Board subcommittee, governance levels …. consumers on focus groups, working groups. [Follow-Up Survey respondent]*
>
> *I try to encourage people to speak in plain language and explain what the clinical terms mean. [Follow-Up Survey respondent]*
>
> *One service that I visited the very next day had staff doing the course the next day and she completely re-thought the whole way of how she talks to staff and consumers. [Interviewee]*

3.3.3 Impact on organisational health literacy responsiveness

The aim of the course was to increase the knowledge and understanding of health literacy of those working in the health and human services sector. It was beyond the scope of the course to expect significant impact on organisational health literacy responsiveness. However, follow-up survey respondents were also asked whether they would say there have been any changes in the health literacy responsiveness of the organisation where they work as a result of the course.

A total of 30% (n=8) of respondents indicated that they have seen a change in the health literacy responsiveness of the organisation they work for, but only one participant said they believe this to be a result of the course (Figure 17). The other seven respondents who answered 'Yes' said they could not be sure that these changes were a result of the course. Interestingly, 44% said they were not sure if there had been any changes or not.

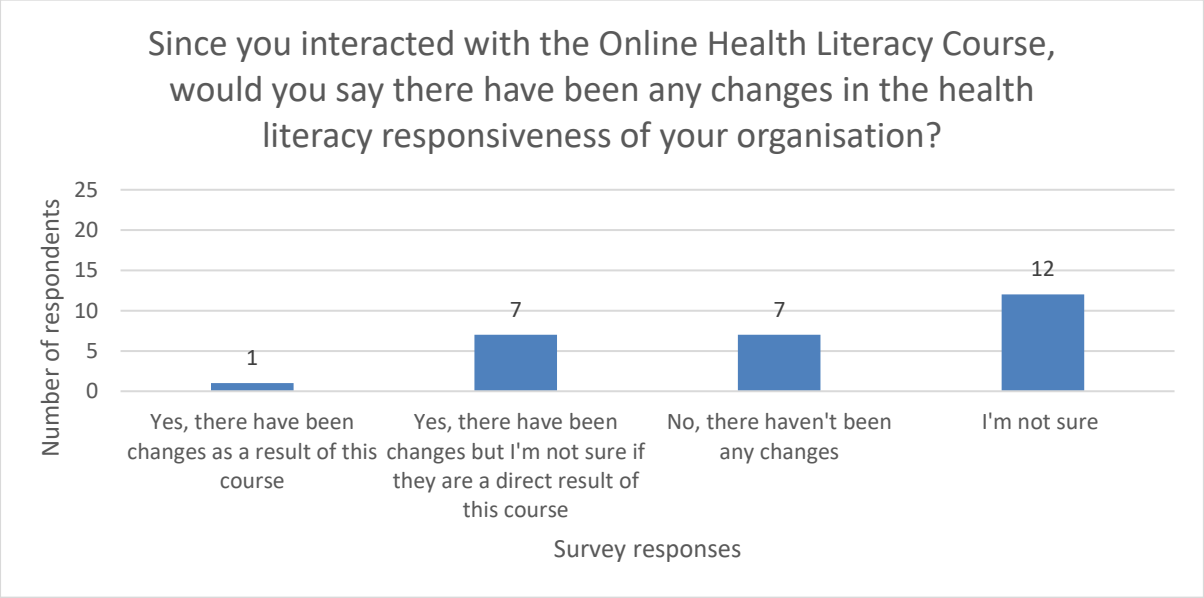


Figure 17. Would you say there have been any changes in the health literacy responsiveness of your organisation? - Follow-up survey (n=27)

A number of follow-up survey respondents did however provide examples of changes in health literacy responsive organisational practices, as follows.

[We now have] better web content and user interaction. [Follow-Up Survey respondent]

Training is the first step, we need to embed the HL principles into practice across the organisation as the next step. [Follow-Up Survey respondent]

Several of those who were unsure, provided additional comment on why they were unable to say what was happening in the rest of the organisation.

I am unsure who else in the organisation and at what level of decision making responsibility has taken the course and discussed implementation into work practices. [Follow-Up Survey respondent]

The following quote illustrates a suggestion that was made that could improve the translation of the new knowledge gained by individual practitioners into concrete changes at the organisational level. This type of suggestion may still be within the scope of the objectives of the course.

There is nothing that really talks about strategies or a list of ideas that can work with their organisations to embed [changes] … such as setting people a challenge so that we sort of see that take up and transition otherwise it is just sitting there and we don't necessarily see leaders or managers taking it up. [Interviewee]

Similarly, it was beyond the scope of the course to impact on consumer experiences of the health and human service organisations that they interact with, but follow-up survey respondents were asked to indicate whether they had seen any changes in this regard that they would associate with the course.

Figure 18 shows that the majority of respondents again indicated 'I don't know' (n=12; 46%). However, 27% (n=7) of respondents indicated that the course had played a role 'to some extent' in improving consumer experiences of the organisation they work for so far. This is equal to the proportion that said that it had not played a role 'at all'.

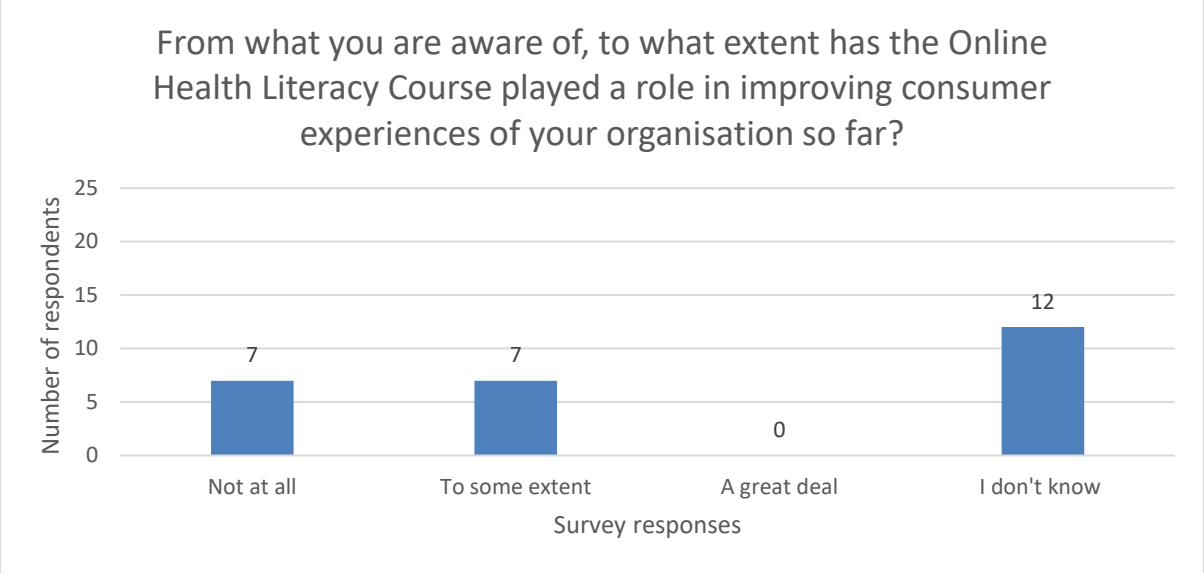


Figure 18. To what extent has the Online Health Literacy Course played a role in improving consumer experiences of your organisation so far? - Follow-up survey (n=26)

> *I guess we need overall to have more sophisticated ways of exploring the contribution of the online course to larger scale change. [Follow-Up Survey respondent]*

3.4 Key lessons learned

3.4.1 Sustainability of the course

The findings so far demonstrate that there has been interest in the course across a wide range of types of organisations in the health and human services sector across Victoria. There has been interest from organisations desiring to use the Modules of the course internally and some evidence of these Modules being made mandatory professional development for staff.

> *When we first rolled it out, first feedback I got from one staff member was that it was too long. That was before we made it mandatory. [Interviewee]*
>
> *Nurses were rapt that they were finally have access to a tool that permanent night shift and part-time staff could access. [Interviewee]*

As shown in Section 3.3.1, the majority of those accessing the course Modules via the standalone online version of the course, indicate that their knowledge gains from the course have been moderate or higher. And the majority indicated that they intended to make changes in their practice as a result of completing the Module(s). There are however gaps in the evidence at this stage pertaining to how many organisations use the course internally and how many staff have been reached, while this evaluation has found evidence of potentially unexpected barriers and delays to internal use. This implies that there are organisational barriers to expanding the reach of the course via organisational uptake.

> *Hospitals have decided that because it isn't accredited and doesn't come with a competency … they feel they have so many competencies that they can't … they are promoting it and including it in their induction but current staff will only have to do it if they choose to do it. [Interviewee]*

These findings have implications for the sustainability of the course and its impacts. We know that the course completion certificates have been download by between 140 (Navigating physical and virtual environments; least downloads) and 574 (Introduction Module; most downloads). However, we also know that this is unlikely to be an accurate indicator of course completions, which is most likely higher. Ongoing promotion of the standalone online course would most likely lead to ongoing increases in Module visits, as well as module completions.

> *Online is great because it can be embedded. [Interviewee]*

If sustainability of the course outcomes depends on agencies taking the Modules files and using them internally, preferably by embedding them into LMS systems, the range of issues identified by agency representatives will continue to influence this. There was however support from participants for making the course available for internal use that would suggest that addressing implementation barriers would be worthwhile.

> *It's helped to get consistency and to embed it … this being at their fingertips in their eLearning. [Interviewee]*

This leads to two main considerations for sustaining the longevity of the course and its impacts, which are:

- Agencies intending the use the course internally will need to be made aware of the potential barriers to internal implementation, which is beyond the scope of the Online Health Literacy Course project and project team
- The online standalone course can continue to be promoted as an accessible means of improving knowledge and understanding of health literacy for those that are new to the concept and it's practical applications

3.4.2 Areas for improvement within the course

Respondents across data sources provided a range of comments and suggestions on potential improvements in the course. The major themes in these comments have been provided in Appendix 3. The key areas for improvement centred around:

- Course delivery and style, specifically navigation of the course

- Course content

A number of respondents (n=11) commented on aspects of the navigation of the course that they found to be clunky or unclear, for example, pages that appeared to require a lot of clicking back and forth. In general, these comments focused on being unclear on which button to press in order to navigate the course.

> *Some issues navigating content. No clear forward back buttons. Sometimes unclear what needs to be completed to allow next button to activate. [Communication Module survey respondent]*
>
> *Sometimes a bit unclear about which icon to select to progress. Inconsistent with button placement. Didn't feel like a linear progression. [Introduction Module survey respondent]*
>
> *I would have liked some screens to require less 'clicking', e.g. when you have a list of things to work through, the first one could open preselected to save having to click. [Introduction Module survey respondent]*

Conversely, several interviewees (n=3) commented that the content was appropriate and easy-to-navigate.

> *What I like is people do have to watch the videos and can't move on … they have to answer the questions and get feedback. [Interviewee]*
>
> *Beautifully set out, very good examples of active learning. [Interviewee]*

A number of respondents (n=9) commented on the density of the text content in the course and the content was described as 'text-heavy', 'cumbersome', and 'dense'. This led some respondents to comment that the time taken to complete the course was longer than expected.

> *Embed images in some of the pages where there is a lot of text/information. [Introduction Module survey respondent]*
>
> *The pages were very text heavy and there were lots of clicks required to progress through each page [Follow-Up Survey respondent]*
>
> *The subject is interesting but this course seemed cumbersome. [Follow-Up Survey respondent]*

A suggested improvement was to include more video content in place of some sections of text.

> *Please include some more videos. [Follow-Up Survey respondent]*

A strong theme (n=9) was the preference for Australian examples in the course content, rather than the American examples provided.

> *Invest in Australian examples. [Follow-Up Survey respondent]*
>
> *Only criticism I had was that the examples weren't Australian examples. We are better off taking our time to develop these tools, putting our skills and finance together to get some good Australian examples and photos and things like that. [Interviewee]*

These themes have been consolidated to reflect the diverse views represented in the data and to reflect saturation in recurring themes that emerged during analysis. The majority of respondents did not propose any improvements to the course.

Diversity in the views of participants could be attributable to learner preferences and expectations dependent upon job role, level of experience with health literacy concepts, amount of time available for undertaking professional development, and level of experience with online course content and technologies.

3.5 Conclusion

The online health literacy course was intended to be an entry-level course for practitioners working in health and human services with little to no prior understanding of health literacy and related concepts.

The data gathered prior to and during this evaluation, indicates that practitioners representing a wide range of job role types have accessed the course Modules. The Introduction Module has had significantly higher uptake than the other four Modules, but overall learner satisfaction with each Module is very slightly higher on the more specific/targeted Modules, such as Navigating Virtual and Physical Environments and Partnering with Consumers, than on the more general Introduction and Communication Modules. It should be noted that the difference here is very slight.

There is evidence of interest and demand for the Modules for use within organisations, but it is also apparent that these agencies may benefit from some guidance as to what to expect during the process of embedding the Modules for internal use, that is some key things to consider and be aware of. This may be beyond the scope of the Steering Committee and Working Group, but the common challenges and barriers identified in this evaluation could be useful information for agencies requesting the Modules in the future.

While there were some common themes in the suggested improvements for the course, as discussed in Section 3.4.2, the majority of respondents did not suggest any improvements. The improvement themes that were suggested will be put to the Steering Committee and Working Group through this evaluation.

4 Recommendations

In light of the key findings discussed in this evaluation report, the following Recommendations are offered:

1. VIC PCP and the 28 PCPs should continue to promote the course across Victoria as part of a broader organisational approach to health literacy responsiveness. Other organisational health literacy resources could be co-promoted such as self-assessment tools, in-depth health literacy training and good-practice guides.
2. PCPs should develop a targeted strategy for promoting the course incorporating the findings of this evaluation pertaining to the types of organisation that are accessing the Modules and tailoring promotion to the needs of these different types of organisations. For example, targeting promotion of the Introduction, Communication and Leadership Modules to local and state government organisations, while promoting all Modules to community health and community services organisations, general practices, hospitals, and other organisation types identified in Sections 3.1 and 3.2.
3. PCPs could develop a brief and concise resource consisting of a set of Key Considerations for any agency that is considering implementing the course internally, including potential barriers (technical barriers, staff fatigue) and trouble-shooting advice based on what has worked for other agencies.
4. The steering committee and working group should explore the themes in the suggested improvements (Appendix 6) for the course to assess whether there is scope and opportunity to address any of these in light of existing and ongoing resources for maintaining and updating the course content.
5. PCPs should consider collecting regular formal and informal feedback from agencies that use the course, exploring course uptake and learner experiences of engaging with course content.

Appendix 1 Module Survey respondents by type of organisation

	Introduction Module	Communi-cation Module	Partnering with consumers	Leadership	Navigating physical and virtual
Community health	94	53	18	14	10
Hospital	30	15	6	8	6
Community service	20	3	1	1	1
Primary Care Partnership (PCP)	10	11	3	6	1
Local government	7	1	0	1	0
General practice (GP) or primary care clinic	3	6	1	1	1
State or Commonwealth government	3	1	0	2	1
Primary Health Network (PHN)	2	0	0	0	0
Other (please specify):	13	9	4	1	2

Appendix 2 Agency requests for the course Modules via SCORM files (Anonymised)

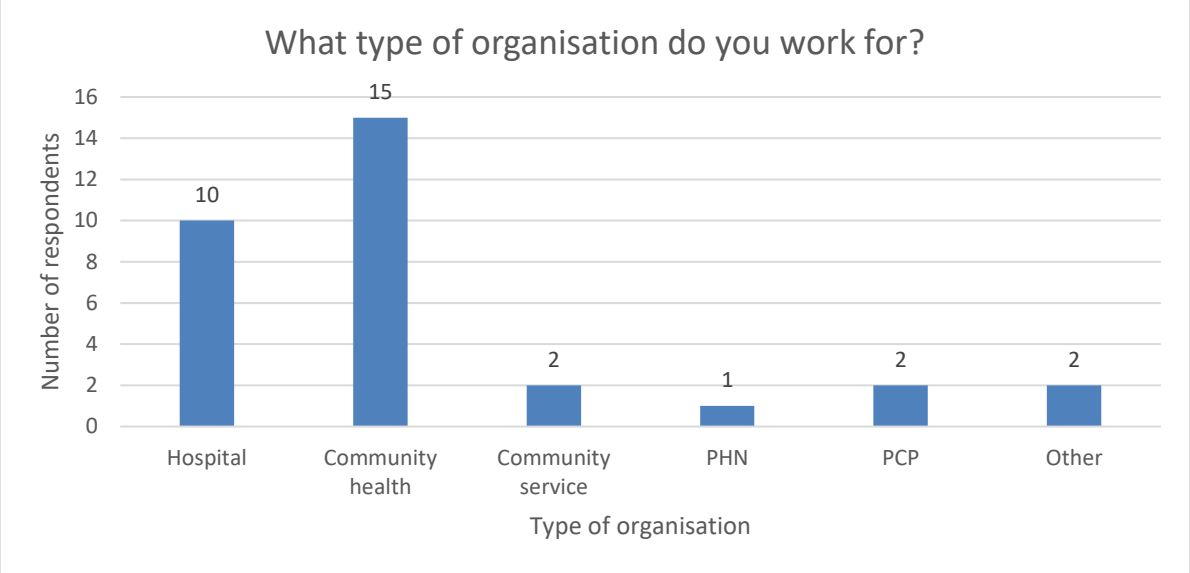
No.	Position title of the person making the request	Type of organisation	Region
1	Unknown	Community Health	North and West Metropolitan
2	Executive Officer	PCP	North and West Metropolitan
3	Coordinator Service Development and Projects	PCP	Hume
4	Administrator (Human Resources)	Community Health	North and West Metropolitan
5	Quality & Compliance Coordinator	Community Health	Barwon South Western
6	Manager People and Culture	Community Health	North and West Metropolitan
7	Primary Care Consultant	PHN	Barwon South Western
8	General Manager Quality, People and Performance	Child and Family Health Service	North and West Metropolitan
9	Health Promotion Officer	Community Health	Grampians
10	Learning & Development Consultant	Aged Care and Disability Service Provider	Eastern Metropolitan
11	2IC Health Promotion and Community Strengthening	Community Health	North and West Metropolitan
12	Early Childhood Performance and Planning Adviser	State or commonwealth government	North and West Metropolitan
13	Executive Administration & Quality Coordinator	Community Health	Grampians
14	Human Resources Project Officer	Community Health	Central Hume

No.	Position title of the person making the request	Type of organisation	Region
15	Program Development Manager	Pharmacy	North and West Metropolitan
16	Training & Development Officer	Community Health	Gippsland
17	Program Coordinator	Health service provider	North and West Metropolitan
18	Unknown	Health service provider	NSW
19	HR Advisor Human Resources	Community Health	North and West Metropolitan
20	Local Health District My Health Learning Administrator	NSW Local Health District	NSW
21	Director of Education	Community Health	Grampians
22	Training Manager	Medical & Aged Care Service Provider	North and West Metropolitan
23	Executive Manager, Aged & Disability Services	Community Health	Gippsland

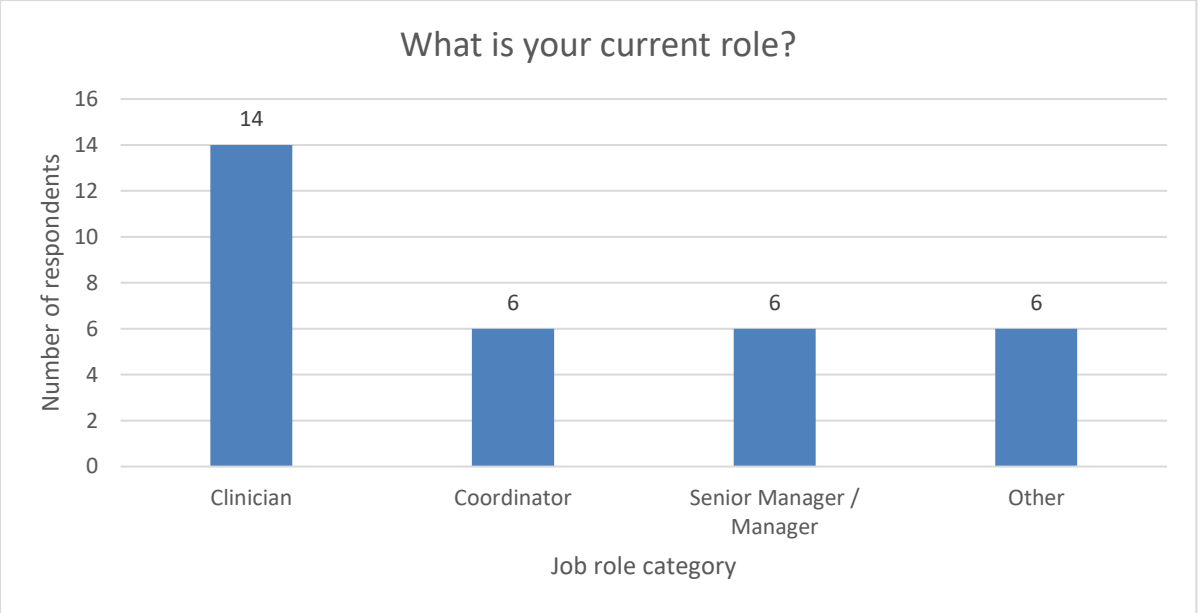
Appendix 3 Type of organisation selected by respondents on the Module online surveys (relating to Figure 1)

	Introduction module	Communication module	Partnering with consumers	Leadership	Navigating physical and virtual
Community health	52%	54%	55%	41%	45%
Hospital	16%	15%	18%	24%	27%
Community service	11%	3%	3%	3%	5%
Primary Care Partnership (PCP)	5%	11%	9%	18%	5%
Local government	4%	1%	0%	3%	0%
General practice (GP) or primary care clinic	2%	6%	3%	3%	5%
State or Commonwealth government	2%	1%	0%	6%	5%
Primary Health Network (PHN)	1%	0%	0%	0%	0%
Other	7%	9%	12%	3%	9%

Appendix 4 Follow-up survey respondents (Type of organisation)



Appendix 5 Follow-up survey respondents (Job role categories)



Appendix 6 Suggested improvements (Themes from multiple data sources)

Module 1

Course Delivery (24)

- Use Australian content in the videos/case studies/statistics (6)
- Make language clearer/simpler (3)
- Use Australian English rather than American (3)
- Include more visuals where there is a lot of text/information (3)
- Communicate full video lengths prior to watching videos (2)
- Increase interactivity of course to make it more engaging (2)
- Avoid abbreviations and acronyms (e.g. PCP) (2)
- Reword / revisit question 3 (1)
- Greater differentiation between correct and incorrect multiple choice answers (1)
- More video content to extend video discussion (1)

Technical (16)

- Issues with next button either not working or being hard to find (6)
- Make screens easier to navigate (5)
- Have a more flexible screen design so that you don't have to read through everything (e.g. all of the case studies) before you can move on (2)
- Redesign screens so that less clicking is required (1)
- Online aspect may not suit health professionals with limited IT skills (1)
- Include person's name on health literacy certificate (1)

Content (10)

- Include general guidelines on how to produce written material for health literacy (2)
- Include more examples of how people have implemented changes to improve health literacy (2)
- More detail in general (1)
- More content on how to follow up with patients to ensure they understand (1)
- Include more authentic quotes from different people in the health system (1)
- Have a more detailed version for new staff (1)
- Broaden cultural context: consult with Aboriginal/Torres Strait Islanders re health literacy (1)
- Make it more relevant to people working in a non-patient contact role (1)

Module 2[*]

Course Delivery (20)

- Include Australian rather than American content (4)
- Decrease length (2)
- More interactive (2)
- More videos and less text (2)
- Simplify language - too high a level (2)
- Make clearer what needs to be completed to progress to next level (2)
- Remove need to email to move on to next section (1)
- More of a distinction between incorrect and correct statements in the true and false section (1)
- Use different videos for each Module (1)
- More practice sections (1)
- Include a quiz (1)
- Less racial profiling in videos (1)

Technical (8)

- Allow resources/resource list to be printed and saved for future use (3)
- Make more accessible for elderly/people with low IT skills (1)
- One of the links for encouraging patients to ask questions doesn't work (1)
- Simplify interface design - too complex (1)
- Remove need to click on every icon (1)
- No clear forward and back buttons (1)

Content (2)

- Add content about mental health literacy (1)
- Include health literacy section on cultural means of communication (yarning groups, stories) (1)

Follow-up survey

Text-heavy / more videos / more engaging (6)

Lots of clicks needed / improve navigation on screens (2)

Not enough Australian examples (3)

[*] There are far fewer comments for the remaining Modules and these tend to reflect the same types of improvements.