10 Attributes of a Health Literate Organization

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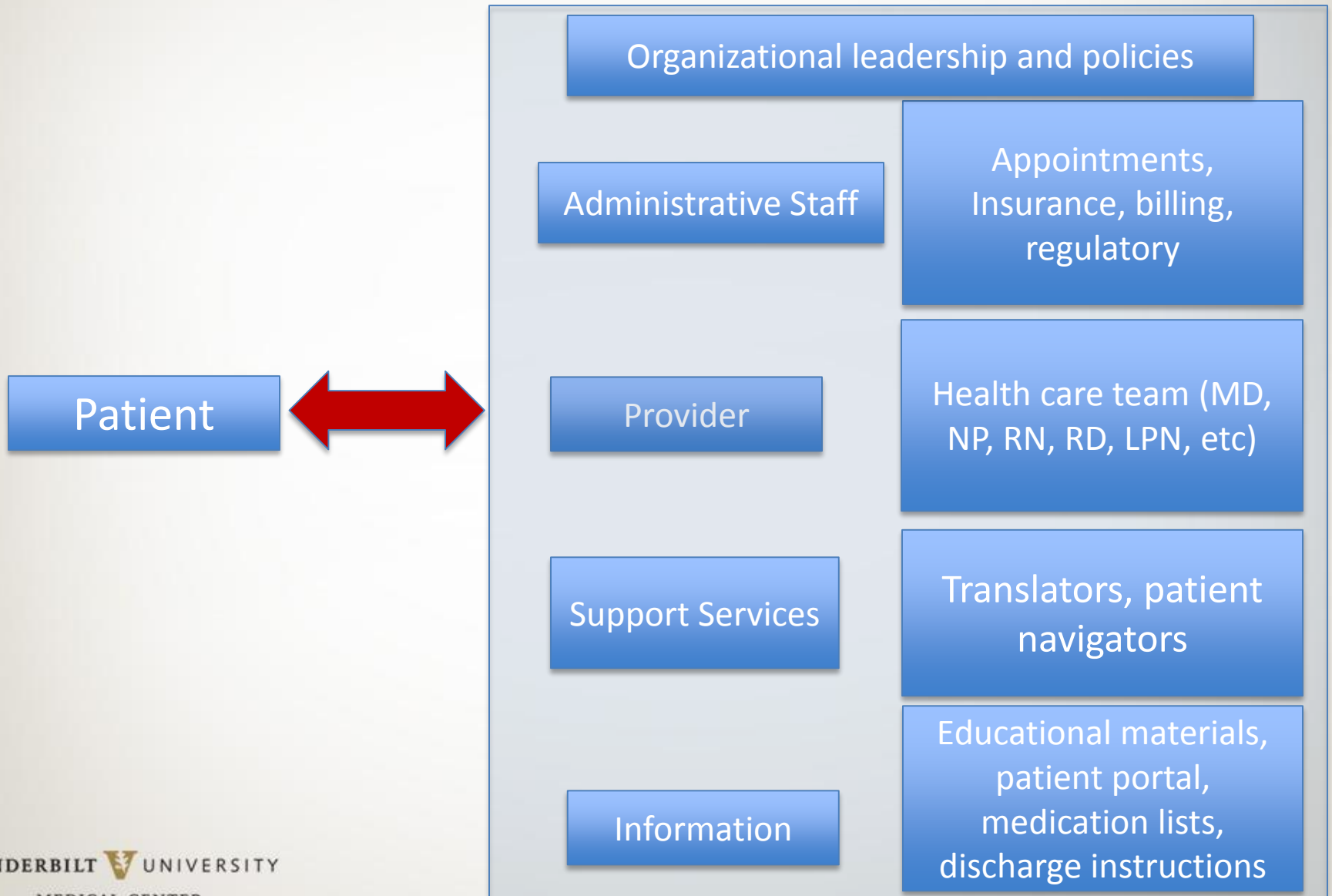**Chief, Internal Medicine & Pediatrics**

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- Report available at IOM website

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Health Literacy

- Studies have demonstrated that patients with lower literacy have poorer knowledge, self-care, and health outcomes

- Majority of studies have focused on individual health literacy and patient-provider communication

- Often don't consider larger, system level challenges related to health literacy

Patients Engage Organizations

Organizational leadership and policies

Administrative Staff — Appointments, Insurance, billing, regulatory

Patient ⟷

Provider — Health care team (MD, NP, RN, RD, LPN, etc)

Support Services — Translators, patient navigators

Information — Educational materials, patient portal, medication lists, discharge instructions

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Health Literate Organization

• "Health care organizations that make it easier for people to navigate, understand, and use information and services to take care of their health."

Brach C, et al. IOM Roundtable, 2012

10 Attributes of a Health Literate Organization

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

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Brach C, et al. IOM Roundtable, 2012

Aims of IOM Commissioned Paper

- To identify and assess measures for assessing Organizational Health Literacy (OHL)
- To examine how current organizations are measuring and addressing OHL
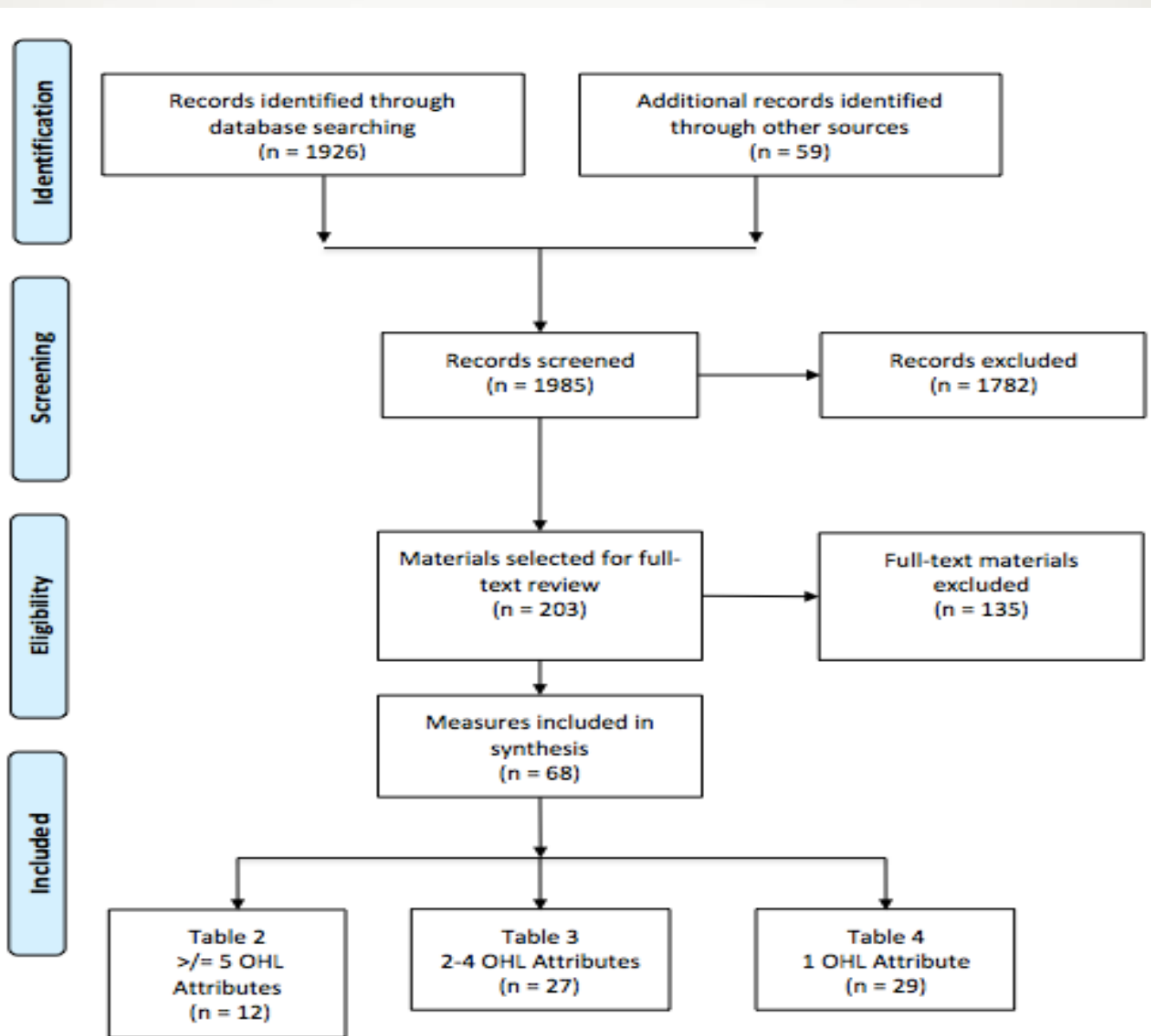
Methods

- Study design: Systematic review

- Process to identify measures:

  - Medline Search of Articles and abstracts:

    - Searched for Health literacy/communication or patient-centered care AND measure/questionnaire AND health services/delivery

    - Included English language only from January 2004 to February 2014

    - Excluded individual measures of health literacy or review articles

  - Searched the "grey literature"

    - Google search

    - Listserv/contacted experts

    - Snowball sampling

Analysis

- Single reviewer reviewed abstracts and measures to identify eligible measures

- Identified measures were reviewed by 2 reviewers to assess OHL components, measure characteristics, and application

  - 3rd reviewer, when needed, to reach consensus

- Contacted organizations using snowball sampling to examine current real-world use of OHL measures

Results: Identification of Measures

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Measures with ≥5 OHL Attributes

Measure name	# Items	Setting/Context	How administered	Respondent	Relevant attributes									
					1	2	3	4	5	6	7	8	9	10
Enliven Health Literacy Audit Resource	85	Designed for health and social service institutes to assess and guide health literacy appropriateness within their organizations.	Checklist	Organization	X	X	X	X	X	X	X	X	X	X
AHRQ Health Literacy Universal Precautions Toolkit	>100	Designed to address literacy issues for health care organizations, particularly primary care practices.	Toolkit: Surveys, checklists, materials	Organization	X	X	X	X	X	X	X	X	X	X
Communication Climate Assessment Toolkit (CCAT)	>100	Designed to gather data from patients, providers, and leaders to assess patient-centered communication.	Survey	Organization	X	X	X	X	X	X	X	X	X	
Health Literacy Environment of Hospitals and Health Centers	>100	Guides an organization through assessment, interpretation and improvement of the health literacy environment of an institution.	Survey, Checklist, Guidance	Organization	X	X	X	X	X	X	X	X		
Joint Commission Roadmap for Hospitals	>100	Includes checklists to assess effective communication, cultural competence, and patient- and family- centered care in hospitals.	Checklist	Organization	X	X	X	X	X	X	X		X	
Pharmacy Health Literacy Assessment Tool	61	Designed to assess health literacy issues for pharmacies and pharmacy patients.	Observation	Providers, Patients	X		X	X	X	X	X	X		
Literacy Alberta: Health Literacy Audit Tool	>100	Designed to assess health organization patient services	Toolkit; checklist	Organization, staff	X		X	X	X	X	X			
Health Plan Organizational Assessment of Health Literacy Activities	>100	Designed by America's Health Insurance Plans (AHIP) to assess health literacy appropriateness of insurance materials provided to patients.	Survey	Organization			X		X	X	X	X		X
NCQA Patient Centered Medical Home (PCMH) surveys	>100	Designed to guide organizations towards PCMH certification	Checklist	Organization		X	X	X		X	X	X		
CAHPS health literacy supplementary items	31	Designed specifically to target health literacy and provider communication from a patient's perspective.	Survey	Patient				X	X	X	X	X		
HCAHPS health literacy supplementary items	58	These items capture patient experiences of communication with their hospital.	Survey	Patient				X	X	X	X	X		
NALA Literacy Audit for HC settings Ireland	57	Designed to inform, assess, and improve the health literacy appropriateness in healthcare settings.	Toolkit: surveys, education, checklist	Providers, Staff		X		X	X	X	X			

VAN

Enliven

ENLIVEN ORGANISATIONAL HEALTH LITERACY
Self-assessment Resource

- Addresses all 10 IOM OHL attributes

- Includes 85 items

- Includes a checklist of items for each of the 10 attributes

- Completed by an Organization

Attribute 1 – Details and Resources cont.
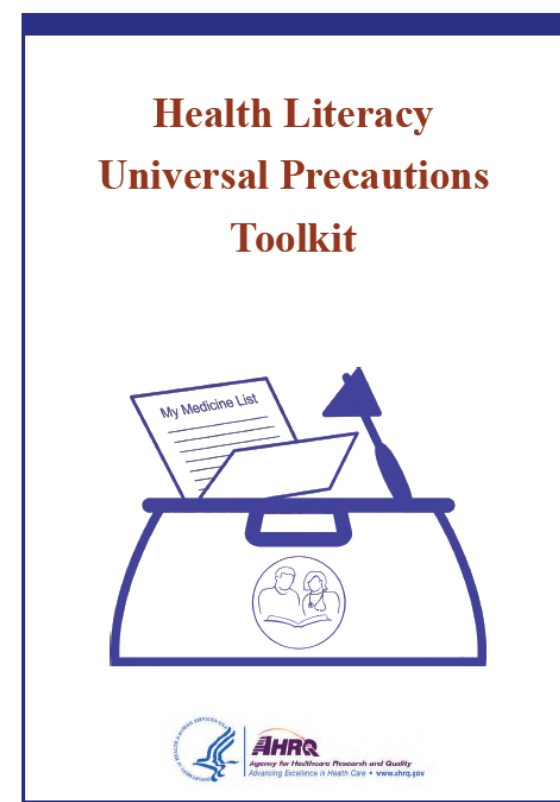
Assessor name: _____

Date assessment completed: _____

Attribute 1:
A health literate organisation has leadership that makes health literacy integral to its mission, structure and operations

A health literate organisation ...		Currently Present ✔	Notes/plans for future action (responsibility, time lines, etc.)
a.	Has an explicit commitment to health literacy in the mission statement, policies and programs		
b.	Develops and implements health literacy policies and procedures related to language access		
c.	Established policies and procedures for receiving and addressing language assistance concerns or complaints from consumers		
d.	Prioritises clear and effective communication across all levels of the organisation and across all communication channels		
e.	Assigns a designate with responsibility and authority for health literacy oversight		
f.	Conducts annual assessments of health literacy across the organisation		
g.	Sets health literacy improvement goals and accountability measures		
h.	Allocates resources (fiscal and human) to meet health literacy improvement goals		
i.	Identifies and trains health literacy champions throughout the organisation		
j.	Creates a culture that places equal value on professional and consumer perspectives, and that emphasises that communication is made up of two-way interactions		
k.	Redesigns systems to maximise an individual's capacity to learn how to maintain good health, manage illness or disease, communicate effectively and make informed decisions		
l.	Designs (or re-designs) physical spaces to support effective communication		
m.	Contributes to local, state and national efforts to improve organisational responses to health literacy		
n.	Sponsors research to extend the evidence base		
o.	Encourages other organisations to be health literate		

AHRQ Universal Toolkit

Health Literacy
Universal Precautions
Toolkit

- 227 page compendium of over 20 tools and measures
- Completed by staff/organization
- Includes a 49 item "Health Literacy Assessment Items" questionnaire
  – Covers Spoken Communication, Written Communication, Self-Management and Empowerment, and Supportive Systems

Health Literacy Assessment

1. Improve Spoken Communication

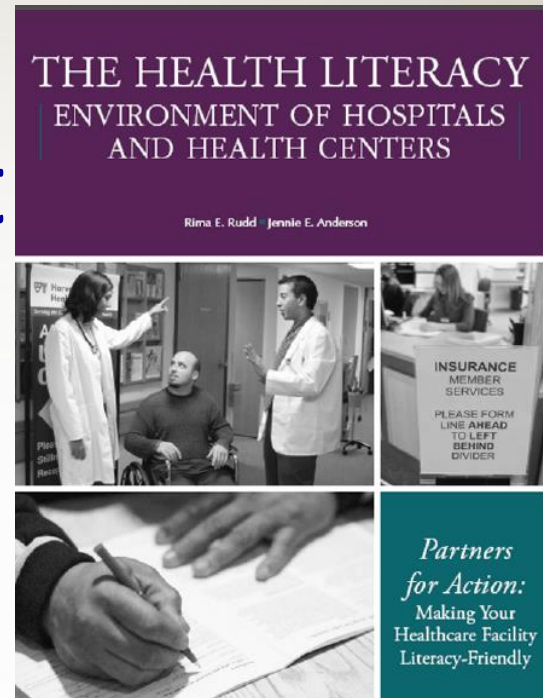|	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
1. Staff members have received awareness and sensitivity training about health literacy issues.	☐	☐	☐	☐	***	1-Form Team 3-Raise Awareness
2. All levels of practice staff have agreed to support changes to improve patient understanding.	☐	☐	☐	☐	***	1-Form Team 3-Raise Awareness
3. Staff offers everyone help regardless of appearance (e.g., filling out forms, giving directions).	☐	☐	☐	☐	***	3-Raise Awareness 11-Design Material
4. Staff members who have patient contact can identify behaviors that may indicate literacy problems.	☐	☐	☐	☐	*	3-Raise Awareness
5. Staff uses clear oral communication techniques (e.g., uses plain, everyday words, limit to 3-5 main points, and information is specific and concrete).	☐	☐	☐	☐	***	3-Raise Awareness 4-Commun. Clearly
6. Staff does not use medical jargon when communicating with patients (e.g., not using words like anticoagulant, hypertension, NPO).	☐	☐	☐	☐	***	3-Raise Awareness 4-Commun. Clearly

CCAT

- 360 degree measure – completed by leaders, providers, and patients.
- Covers 9 key domains: leadership commitment, information collection, community engagement, work force development, individual engagement, socio-cultural context, language services, health literacy, and performance evaluation.
- Covers 9 of the 10 IOM attributes

CCAT

- Available in 11 languages
- Can be administered in-person, on-line or via phone
- Good construct validity with positive correlations between performance on the CCAT and patient reported quality of care and trust in their healthcare system
- Good internal reliability

Health Literacy Environment

THE HEALTH LITERACY
ENVIRONMENT OF HOSPITALS
AND HEALTH CENTERS

Rima E. Rudd ▪ Jennie E. Anderson

Partners for Action: Making Your Healthcare Facility Literacy-Friendly

- 164 Page Guide
- Includes assessments for navigation (31 items), print communication (24 items), oral exchange (8 items), availability of patient-facing technologies (18 items), and policies and protocols pertaining to print materials, plain language, patients' native language, and training of staff in health literacy and health communication   issues (19 items).
- Field tested in hospitals and other health organizations globally

Rudd RE, et al. 2006. Available at:
www.hsph.harvard.edu/healthliteracy

Results

- 12 robust measures for addressing OHL
  - Measures designed for use with patients, providers, and system leaders
  - Several measures developed to address OHL. Others developed for patient-centeredness, PCMH, or other reasons
  - Good content validity, but limited assessment of construct validity or reliability
- 27 measures that address 2-4 attributes
- 29 measures that address 1 OHL attribute (usually related to patient communication)

Ways Organizations Can Use OHL Measures

- Reporting

- Accountability

- Management

- Quality Improvement

- Research

Use of OHL Measures

- Some OHL measures have been downloaded/used widely

- Many organizations mix/match to assess OHL

- Less is known about how measures are used to drive accountability, quality improvement, or research.

Conclusions

- A robust array of measures are available that could be used or adopted for use by organizations.

- Many measures focused on patient-centeredness also address OHL

- Ideally organizations should consider assessment that includes leaders, providers, and patients/families

- Measures can be used to for accountability, and to drive improvement

- Data on the validity and reliability of current measures is limited

Limitations

- Relied on identification of measures through published manuscripts/abstracts and snowball sampling

- Focused in English language measures only

- Difficult to assign measurement items to the 10 OHL attributes

- Limited information collected about how measures are being used by organizations

Next Steps

- Encourage organizations to review and choose from current OHL measures

- Can adapt measures as needed for needs of the individual organization

- However, more research will be needed to ascertain the reliability and validity of these measures

- Ultimately the development of a novel measure that includes a minimum set of items would be ideal