10 Attributes of a Health Literate Organization

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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
- Health care team (MD, NP, RN, RD, LPN, etc)
- Translators, patient navigators
- Support Services
- Information
  - Educational materials, patient portal, medication lists, discharge instructions
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.

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

Identification
- Records identified through database searching (n = 1926)
- Additional records identified through other sources (n = 59)

Screening
- Records screened (n = 1985)
- Records excluded (n = 1782)

Eligibility
- Materials selected for full-text review (n = 203)
- Full-text materials excluded (n = 135)

Included
- Measures included in synthesis (n = 68)
- Table 2: >5 OHL Attributes (n = 12)
- Table 3: 2-4 OHL Attributes (n = 27)
- Table 4: 1 OHL Attribute (n = 29)
<table>
<thead>
<tr>
<th>Measure name</th>
<th># Items</th>
<th>Setting/Context</th>
<th>How administered</th>
<th>Respondent</th>
<th>Relevant attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enliven Health Literacy Audit Resource</strong></td>
<td>85</td>
<td>Designed for health and social service institutes to assess and guide health literacy appropriateness within their organizations.</td>
<td>Checklist</td>
<td>Organization</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>AHRQ Health Literacy Universal Precautions Toolkit</strong></td>
<td>&gt;100</td>
<td>Designed to address literacy issues for health care organizations, particularly primary care practices.</td>
<td>Toolkit: Surveys, checklists, materials</td>
<td>Organization</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>Communication Climate Assessment Toolkit (CCAT)</strong></td>
<td>&gt;100</td>
<td>Designed to gather data from patients, providers, and leaders to assess patient-centered communication.</td>
<td>Survey</td>
<td>Organization</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>Health Literacy Environment of Hospitals and Health Centers</strong></td>
<td>&gt;100</td>
<td>Guides an organization through assessment, interpretation and improvement of the health literacy environment of an institution.</td>
<td>Survey, Checklist, Guidance</td>
<td>Organization</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>Joint Commission Roadmap for Hospitals</strong></td>
<td>&gt;100</td>
<td>Includes checklists to assess effective communication, cultural competence, and patient- and family- centered care in hospitals.</td>
<td>Checklist</td>
<td>Organization</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>Pharmacy Health Literacy Assessment Tool</strong></td>
<td>61</td>
<td>Designed to assess health literacy issues for pharmacies and pharmacy patients.</td>
<td>Observation</td>
<td>Providers, Patients</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>Literacy Alberta: Health Literacy Audit Tool</strong></td>
<td>&gt;100</td>
<td>Designed to assess health organization patient services.</td>
<td>Toolkit; checklist</td>
<td>Organization, staff</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>Health Plan Organizational Assessment of Health Literacy Activities</strong></td>
<td>&gt;100</td>
<td>Designed by America’s Health Insurance Plans (AHIP) to assess health literacy appropriateness of insurance materials provided to patients.</td>
<td>Survey</td>
<td>Organization</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>NCQA Patient Centered Medical Home (PCMH) surveys</strong></td>
<td>&gt;100</td>
<td>Designed to guide organizations towards PCMH certification.</td>
<td>Checklist</td>
<td>Organization</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>CAHPS health literacy supplementary items</strong></td>
<td>31</td>
<td>Designed specifically to target health literacy and provider communication from a patient’s perspective.</td>
<td>Survey</td>
<td>Patient</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>HCAHPS health literacy supplementary items</strong></td>
<td>58</td>
<td>These items capture patient experiences of communication with their hospital.</td>
<td>Survey</td>
<td>Patient</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td><strong>NALA Literacy Audit for HC settings</strong></td>
<td>57</td>
<td>Designed to inform, assess, and improve the health literacy appropriateness in healthcare settings.</td>
<td>Toolkit: surveys, education, checklist</td>
<td>Providers, Staff</td>
<td>X X X X X X X X X X</td>
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</tbody>
</table>
Enliven

- 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.

Checklist of attributes of a health literate organisation:  

Assessor name: ______________________
Date assessment completed: ______________________

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

<table>
<thead>
<tr>
<th>A health literate organisation ...</th>
<th>Currently Present ✓</th>
<th>Notes/plans for future action (responsibility, timelines, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Has an explicit commitment to health literacy in the mission statement, policies and programs</td>
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<tr>
<td>b. Develops and implements health literacy policies and procedures related to language access</td>
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<tr>
<td>c. Established policies and procedures for receiving and addressing language assistance concerns or complaints from consumers</td>
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<tr>
<td>d. Prioritises clear and effective communication across all levels of the organisation and across all communication channels</td>
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<td>e. Assigns a designate with responsibility and authority for health literacy oversight</td>
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<td>f. Conducts annual assessments of health literacy across the organisation</td>
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<td>g. Sets health literacy improvement goals and accountability measures</td>
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<td>h. Allocates resources (fiscal and human) to meet health literacy improvement goals</td>
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<tr>
<td>i. Identifies and trains health literacy champions throughout the organisation</td>
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<td>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</td>
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<tr>
<td>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</td>
<td></td>
<td></td>
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<tr>
<td>l. Designs (or re-designs) physical spaces to support effective communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Contributes to local, state and national efforts to improve organisational responses to health literacy</td>
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<td></td>
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<td>n. Sponsors research to extend the evidence base</td>
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<tr>
<td>o. Encourages other organisations to be health literate</td>
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</table>
AHRQ Universal 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

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

**Vanderbilt University Medical Center**
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

• 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