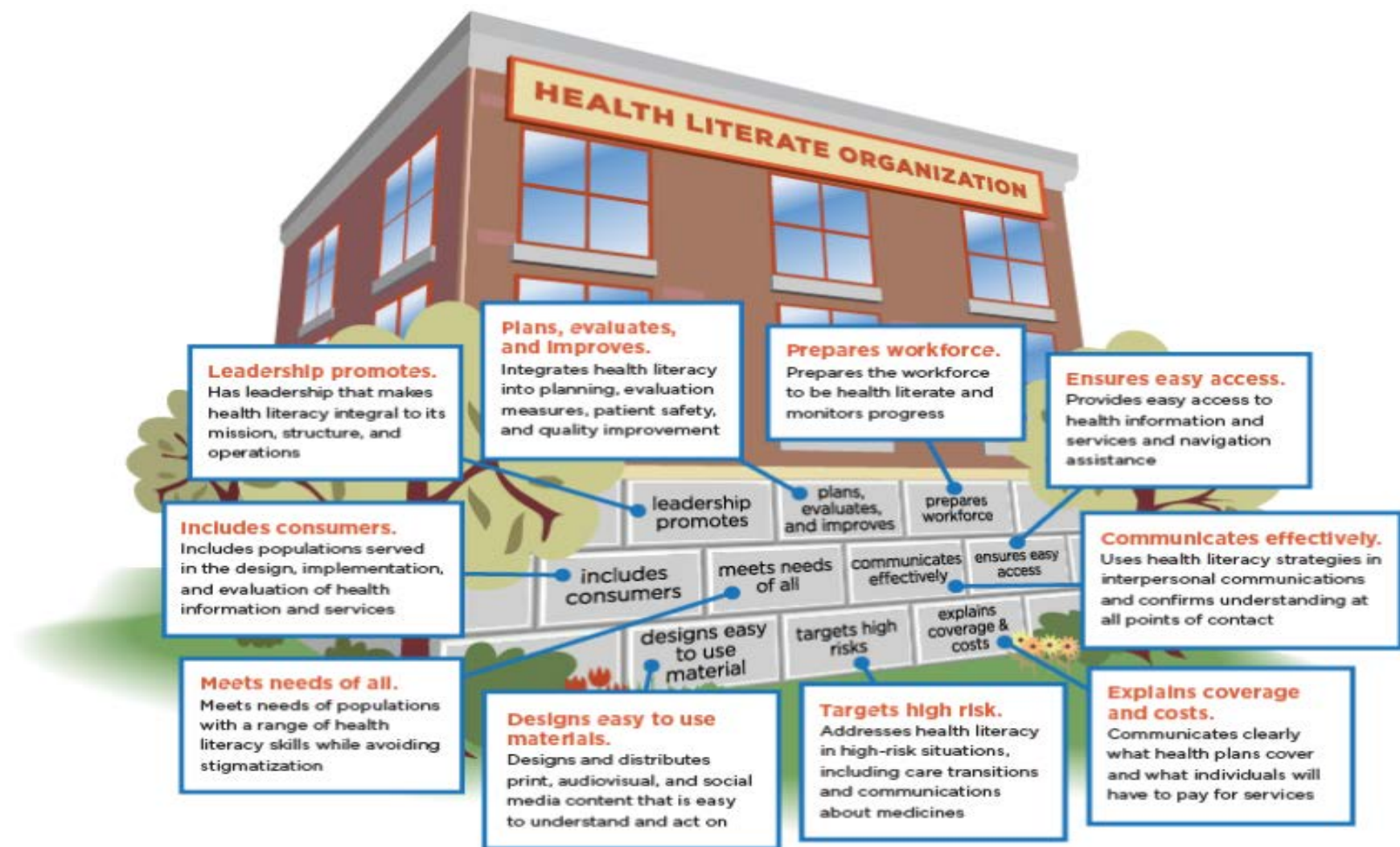


From Autonomy to Ally: Building Collaborative Capacity for a “Culture of Health Literacy”

***Health Literacy Organizational Assessment in
North Texas Hospital Systems***



This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

Purpose

Mixed methods study (survey & interview) to describe how health care organizations in North Texas are adopting health literate policies and practices that address the 10 attributes of a health literate organization

Research Questions

1. To what extent do individual hospitals and hospitals across North Texas address the attributes of a health literate organization?
2. What are examples of successes in health literacy policy and practice?
3. What are examples of barriers to health literacy policies and practices?

Health Literate Health Organization Instrument (HLHO-10)

- **Kowalski, et al. (2015): German research team**
- **10 item survey based on the 10 attributes**
- **Likert scale 0 = not at all to 7 = to a great extent**
- **Cronbach's alpha .89**
- **Predictive validity (positive correlation patient report breast CA information)**

Q1. To what extent is the management at your hospital explicitly dedicated to the subject of health literacy (e.g. mission statement, human resources planning)? (1, leadership)

| | | | | | | | | |
|-------------------|----------|----------|----------|----------|----------|----------|----------|--------------------------|
| Not at all | | | | | | | | To a great extent |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7 |

Q2. To what extent is the topic of health literacy considered in quality management measures at your hospital? (2, integration)

| | | | | | | | | |
|-------------------|----------|----------|----------|----------|----------|----------|----------|--------------------------|
| Not at all | | | | | | | | To a great extent |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7 |

Q3. To what extent is health information at your hospital developed by involving patients? (4, inclusion of the served)

| | | | | | | | | |
|-------------------|----------|----------|----------|----------|----------|----------|----------|--------------------------|
| Not at all | | | | | | | | To a great extent |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7 |

Q4. To what extent is individualized health information used at your hospital (e.g. different languages, print sizes, braille)? (5, health literacy skills range)

| | | | | | | | | |
|-------------------|----------|----------|----------|----------|----------|----------|----------|--------------------------|
| Not at all | | | | | | | | To a great extent |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7 |

Q5. To what extent are there communication standards at your hospital which ensure that patients truly understand the necessary information (e.g. translators, allowing pauses for reflection, calling for further queries)? (6, communication standards)

| | | | | | | | | |
|-------------------|----------|----------|----------|----------|----------|----------|----------|--------------------------|
| Not at all | | | | | | | | To a great extent |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7 |

Semi-structured interviews

- Gather more in depth information about practices, policies, and successes and barriers.
- Example prompts:
 - Tell me about how management at your hospital is dedicated to health literacy, in the mission, the strategic plan...
 - Tell me about any communication standards your hospital may have to ensure patient understanding (translators, teach back)

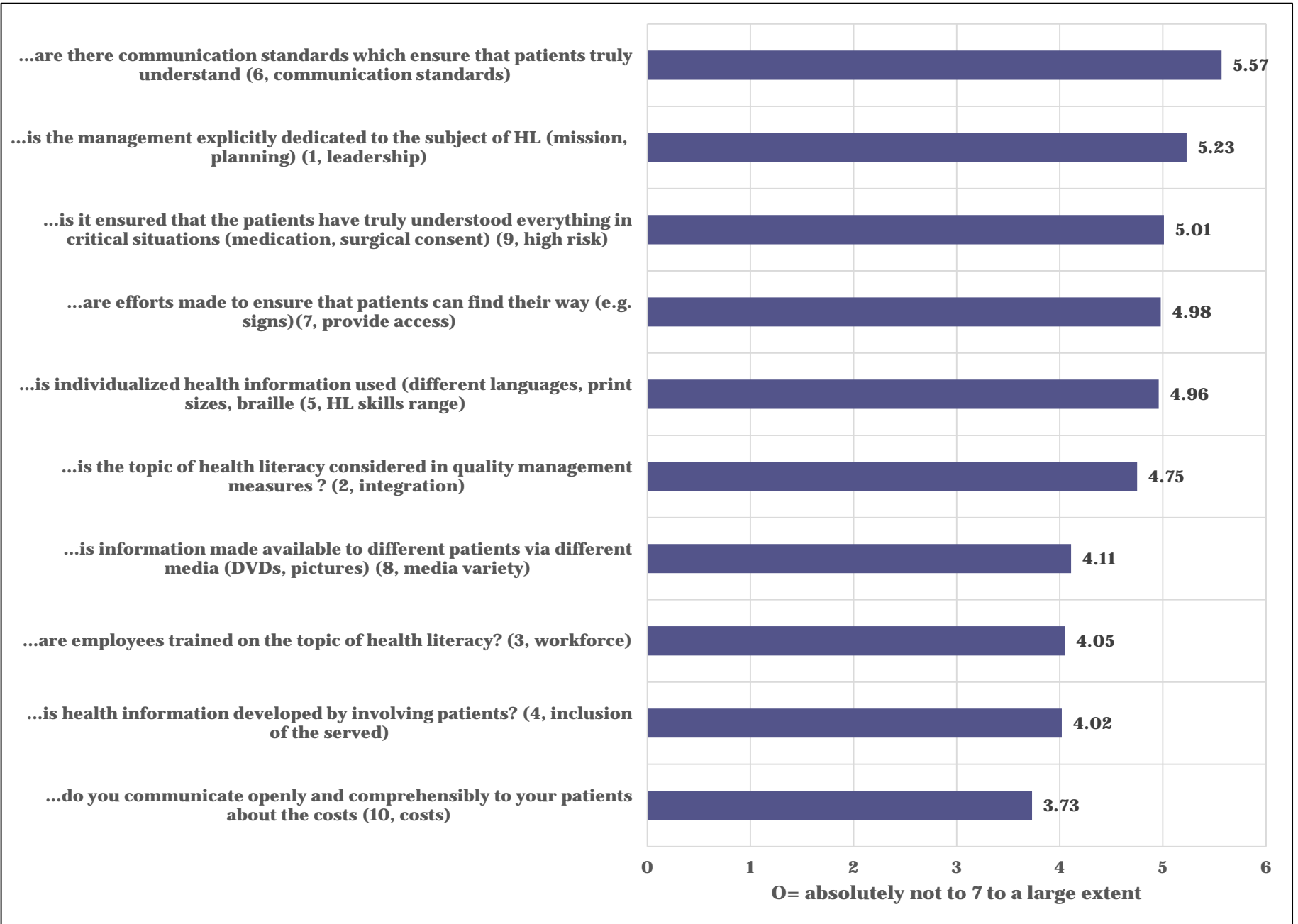
Sample

- 4 DFW health systems (some with multiple sites)
- Key informants
 - Chief Executive Officer
 - Chief Nursing Officer
 - Clinical Managers
 - Case Management Director
 - Vice President
 - Director of Quality Improvement
 - Patient Engagement Manager
 - Patient Education Coordinator
 - Chief Physician
 - Child Life Supervisor
 - Director of Medical Training
 - Chief Clinical Dietician

Procedure

- Identified internal facilitator
 - Identified up to 10 key informants
 - Emailed link to survey
 - Scheduled interviews
- Concurrent data collection and analysis of surveys and interviews

HLHO-10 Mean Scores N=60



Qualitative Examples

- **Leadership: HL not explicit, may be inferred from mission**

I don't know if it's specifically called out. In my head I'm going through our mission and our vision. The vision says it's the destination of choice for healthcare excellence, patient promise. We're committed to excellence always; every actions, every patient, every time. I mean, you could say that it's probably woven in there, but it's not explicitly named.

- **Communication standard: teach-back, interpreters (live, video chat, phone)**

We utilized Stratus and they helped us write on the communication board which, at the time, we felt like it was above and beyond. But I think more people are utilizing Stratus, seeing how easy it is to use and seeing how they can incorporate it in their plan of care

We get feedback from the nurses when the patients go to them and tell them they really don't understand what's going on. For language lines and Stratus, we don't feel that they are as effective as an interpreter that's present in the room.

Next Steps

- **Continue to partner with interested hospitals for data collection**
- **Provide HLHO data to each hospital: assessment on weaknesses, strengths, and opportunities for training**
- **Training within HL Collaborative for a train the trainer model**
- **Further partnerships between area hospitals and HL Collaborative**
- **Complete analysis of data across North Texas hospitals for systemic change and collaborative efforts**