The Other Side of the Coin: 
10 Attributes of “Health Literate” Healthcare Organizations

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http://iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf

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Disclosure:

- I have no relevant financial relationships with commercial interests that may have a direct bearing on the subject matter of this CME activity.
Selected Policy Accomplishments in Last Decade (1)

2000 - HP 2010 (improve HL skills)
2003 - 1st state-based legislation (LA); HHS Health Literacy Workgroup
2004 – IOM Report; AHRQ Evidence-Based Report; NIH PAR on HL
2005 – AHIP adopt Health Literacy Program
2006 – NAAL Results; Surgeon General Workshop; IOM Roundtable; NLM Long Range Plan
Selected Policy Accomplishments in Last Decade (2)

2009 – Plain Language Act (US Congress)
2010 – AHRQ releases Universal Precautions HL Toolkit
2010 – Patient Protection and Affordable Care Act
2010 – DHHS National Action Plan to Improve HL
2011 - AHRQ Evidence-Based Report #2; HP 2020
  + numerous global efforts (EU, UK, China, OECD, WHO)
2012 – IOM 10 Attributes of a HL Organization
Rationale for Focusing on Health Literacy on the Organizational Level

- Most HL research has focused on characterizing patients’ deficits, how best to measure a patient’s health literacy, and on clarifying relationships between a limited health literacy and outcomes.
- Growing appreciation that health literacy represents a balance between individuals' health literacy skill and the health literacy demands and attributes of the healthcare system.
- Interest and commitment from multiple stakeholders to address system-level factors contributing to the high literacy demands of the healthcare system.
- Enactment of the Patient Protection and Affordable Care Act (ACA) provides both opportunities and challenges for individuals with limited health literacy:
  - Insurance reform and Medicaid expansion
  - Patient Centered Medical Homes
  - HITECH Act
Definition of Health Literacy

“The degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions.”

- Affordable Care Act
A health literate organization makes it easier for people to navigate, understand, and use information and services to take care of their health.

Brach et al. 2012
10 attributes of a health literate health care organization
Attribute 1: A Health Literate Organization

1. Has leadership that makes health literacy integral to its mission, structure, and operations. Leadership:
   - Makes clear and effective communication a priority
   - Assigns responsibility for health literacy oversight
   - Sets goals for health literacy improvement
   - Allocates fiscal and human resources
Attribute 2
A Health Literate Organization

2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
   - Incorporates health literacy into all planning activities
   - Conducts ongoing organizational assessments
   - Measures the success in achieving the health literacy attributes and identifies areas for quality improvement
Attribute 3
A Health Literate Organization

- Prepares the workforce to be health literate and monitors progress
  - Hires diverse staff with health literacy expertise
  - Sets and meets goals for training all staff and members of governing bodies
  - Provides health literacy training and incorporates health literacy into orientations and other trainings
  - Arranges for staff to take advantage of online health literacy training resources
Attribute 4
A Health Literate Organization

- Includes populations served in the design, implementation, and evaluation of health information and services
  - Includes members of the population on governing bodies
  - Establish advisory groups that involve individuals with limited health literacy, adult educators, and experts in health literacy
  - Collaborate with community members in design and implementation of interventions and development and testing of materials.
Attribute 5
A Health Literate Organization

- Meets needs of populations with a range of health literacy skills while avoiding stigmatization
  - Adopts health literacy universal precautions, such as offering everyone help with literacy tasks
  - Allocates resources proportionate to the concentration of individuals with limited health literacy
Attribute 6
A Health Literate Organization

- Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact
  - Refrains from using medical jargon
  - Confirms understanding (e.g., Teach-Back)
  - Secures language assistance for speakers of languages other than English
  - Limits to two to three messages at a time
  - Encourages questions
Attribute 7
A Health Literate Organization

- Provides easy access to health information and services and navigation assistance
  - Facilitates scheduling appointments with other services
  - Uses clear signage
  - Offers assistance with all literacy related tasks
  - Makes electronic patient portals user-centered and provides training on how to use them
Attribute 8
A Health Literate Organization

- Designs and distributes print, audio/visual materials, and social media content that is easy to understand and act on
  - Involves diverse audiences, including those with limited health literacy, in development and rigorous user testing
  - Uses a quality translation process to produce materials in languages other than English
Attribute 9
A Health Literate Organization

- Addresses health literacy in high risk situations, including care transitions and communications about medicines
  - Prioritizes high-risk situations (e.g., informed consent for surgery and other invasive procedures)
  - Emphasizes high-risk topics (e.g., conditions that require extensive self-management)
Attribute 10
A Health Literate Organization

- Communicates clearly what health plans cover and what individuals will have to pay for services
  - Provides easy-to-understand descriptions of health insurance policies
  - Communicates the out-of-pocket costs for health care services before they are delivered
Concluding Thoughts

- This paper offers a set of attributes, aspirational goals and foci for institutional investments for organizations striving to become more ‘health literate’
- We recognize that it reflects a utopian vision
- Many of the attributes listed apply to direct service health organizations but can also be made relevant to the broad range of institutions contributing to the healthcare system
- The list is not exhaustive and should be seen as the continuation of a conversation re how healthcare organizations can address health literacy on the institutional level
- Provides a roadmap to advance an optimistic vision of how organizations should evolve to be more responsive to the needs of populations with limited health literacy in tangible ways
Tool available from CDC’s health literacy site
# Health Literacy Assessment Questions

Please select **one answer** that most accurately describes your practice:

- **Done Well**: Our practice is doing this well
- **Needs Improvement**: Our practice is doing this, but could do it better
- **Not Done**: Our practice is not doing this
- **Not Sure**: I don’t know the answer to this question
- **N/A**: This is not applicable to our practice

**Importance:**  
* Beneficial  ** More Beneficial  *** Most Beneficial

## 1. Effective Spoken Communication

<table>
<thead>
<tr>
<th></th>
<th>Done Well</th>
<th>Needs Improvement</th>
<th>Not Done</th>
<th>Not Sure or N/A</th>
<th>Importance</th>
<th>Tools to Help</th>
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<tbody>
<tr>
<td>1.</td>
<td>Staff members have received awareness and sensitivity training about health literacy issues.</td>
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<td>2.</td>
<td>All levels of practice staff have agreed to support changes to improve patient understanding.</td>
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<td>3.</td>
<td>Staff offers everyone help regardless of appearance (e.g., filling out forms, giving directions).</td>
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<td>4.</td>
<td>Staff members who have patient contact can identify behaviors that may indicate</td>
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Pharmacy Health Literacy Assessment Tool

3 Parts:
- Assessment tour by objective auditor
- Pharmacy staff survey
- Pharmacy patient focus group guide

Available from the AHRQ Pharmacy Health Literacy Center
Measuring Patient Experiences: CAHPS® Health Literacy

- CAHPS® Item Set for Addressing Health Literacy - Supplement to Clinician/Group CAHPS®

- Hospital CAHPS® Supplement - coming soon

- Health Plan CAHPS® Supplement - pilot testing
In the last 12 months, how often did:

- This provider give you easy to understand instructions about what to do to take care of this illness or health condition?
- This provider ask you to describe how you were going to follow these instructions?
- Someone explain the purpose of a form before you signed it?
Welcome to
Health Literacy for Public Health Professionals

The goal of Health Literacy for Public Health Professionals is to introduce participants to the fundamentals of health literacy and demonstrate the importance of health literacy within public health practice.

This course will challenge you to think about the significance of health literacy in the work you do as a public health professional. The course also provides practical steps to apply the principles and strategies of health literacy in your daily activities.

For additional information or questions on the content of this course, e-mail us at healthliteracy@cdc.gov.
Health Literacy

Take the Course

- Registration Instructions (PDF - 45 KB)
- Take the UHC Course
- Frequently Asked Questions

Free Online Course

Unified Health Communication (UHC): Addressing Health Literacy, Cultural Competency, and Limited English Proficiency is a free, on-line, go-at-your-own-pace training that has helped more than 4,000 health care professionals and students improve patient-provider communication.

About Health Literacy

- Contact us with any questions or comments.
- Learn about Health Literacy

Essential Tools

- Health Literacy Online Guide U.S. Department of Health and Human Services
Health Literacy
Universal Precautions

Structuring the delivery of care as if everyone may have limited health literacy

- You can’t tell by looking
- Higher literacy skills ≠ understanding
- Health literacy is a state not a trait
- Everyone benefits from clear communication
Health Literacy
Universal Precautions Toolkit

- 20 Tools
- Quick Start Guide
- Path to Improvement
- Appendices
  - Over 25 resources such as sample forms, PowerPoint presentations, and worksheets

http://ahrq.gov/qual/literacy
“Well, yes, I suppose I could explain the test results in ‘plain English’ — but then you’d know how sick you are.”
Guides on Reaching Limited Literacy Audiences

Accessible Health Information Technology (IT) for Populations with Limited Literacy:

A Guide for Developers and Purchasers of Health IT

Prepared for:
National Resource Center for Health IT
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov

Prepared by:
Jane Eschen and Prashila Dillabah
NORC at the University of Chicago

AHRQ Publication No. 08-0016-EF
October 2007

Health Literacy Online

A guide to writing and designing easy-to-use health Web sites

- Strategies
- Actions
- Testing Methods
- Resources

U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion
Toolkit for making written material clear and effective

Table of Contents
for all 11 parts of the toolkit

SECTION 1
Background

PART 1 About this toolkit and how it can help you (14 pages)

PART 2 Using a reader-centered approach to develop and test written material (24 pages)

SECTION 2
Detailed guidelines for writing and design

PART 3 What are the “Toolkit Guidelines for Writing and Design”? (24 pages)

PART 4 Understanding and using the “Toolkit Guidelines for Writing” (4 chapters; 96 pages)

PART 5 Understanding and using the “Toolkit Guidelines for Graphic Design” (8 chapters; 219 pages)

SECTION 3
Methods for testing material with readers

PART 6 How to collect and use feedback from readers (19 chapters; 257 pages)

SECTION 4
Special topics for writing and design

PART 7 Using readability formulas: A cautionary note (39 pages)

PART 8 Will your written material be on a website? (14 pages)

PART 9 Things to know if your written material is for older adults (15 pages)

PART 10 “Before and after” example: Using this Toolkit’s guidelines to revise a brochure (39 pages)

SECTION 5
Detailed guidelines for translation

PART 11 Understanding and using the “Toolkit Guidelines for Culturally Appropriate Translation” (43 pages)

www.cms.gov/WrittenMaterialsToolkit/
A Practical Guide to Informed Consent

- No more Toni Cordells
- Hospital Culture Change
- Improving the process
- Improving forms
  - Style guide
  - Samples
- Guide available on the Web
Benefit and Coverage Information

- **Template** for Summary of Benefits and Coverage that all private insurers will use

- Coverage examples

- **Glossary** of health insurance terms