Organizational Health Literacy: A Social Determinant of Health

Dallas Fort Worth Hospital Council Foundation Health Literacy Collaborative

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Social Determinants of Health: Health & Health Care
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- Access to Health Care
- Access to Primary Care
- Health Literacy
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.
DFWHCF Health Literacy Collaborative: Reaching Leadership

- Chief Executive Officers
- Senior Clinical Service Providers
- Chief Nursing Officers
- Care Transition Team Directors
- Clinical Managers
- Staff Nurses
- Case Management Directors

- Directors of Quality Improvement
- Patient Engagement Managers
- Patient Education Coordinators
- Administrative or Chief Physicians
- Medical Faculty
- Directors of Medical Training
- Directors of Communication
Collaborative
DFWHCF Health Literacy Collaborative: Background

Modeled after North Carolina Health Literacy Council

• By broadening the change process to a collection of organizations with larger interests, a coalition can:
  ▫ Bring more expertise and resources to bear on health literacy issues.
  ▫ Develop and identify community leaders to champion efforts.
  ▫ Increase the impact with more people advocating for improvements in health literacy.
  ▫ Increase available resources and relationships to broaden support.
  ▫ Heighten public awareness by garnering more media attention.
DFWHCF Health Literacy Collaborative: Vision & Goals

Vision – Build a health literate culture in north Texas and hopefully the entire state.

• Our main goals:
  ▫ Select a set of tools for hospitals and other healthcare entities to use to “get started.”
  ▫ Conduct a Health Literacy Needs Assessment.
  ▫ Formulate collaborative research on health literacy.
DFWHCF Health Literacy Collaborative: Objectives

- To achieve the goals and vision:
  - Form a Health Literacy Collaborative - DFWHC committee structure.
  - Collaborative members also members of other committees - serve as a liaison and expert.
  - Conduct a Health Literacy Needs Assessment - community and individual entities’ awareness and needs.
  - Existing tools - toolbox for DFWHC members.
  - Collaboratively write grants - research and collaboration around specific needs as assessed.
  - Plan and execute workshops and/or trainings and/or sharing sessions around health literacy.
DFWHCF Health Literacy Collaborative: Structure

- Chair & DFWHCF
- DFWHCF Representative
- Toolkit Co-Chair
- Collaborative Grant Co-Chair
- Research Co-Chair
- Other DFWHC Committees
- Other DFWHC Committees
- Other DFWHC Committees
- Other DFWHC Committees
Developing a “Culture of Health Literacy”
Health Literacy Toolkit: Synthesizing

• Divide and conquer
HEALTHY NORTH TEXAS

Healthy North Texas is a website source of community health and population data. We invite planners and policy makers to use the site as a tool for assessment, planning, collaboration and advocacy.

The DFWHC Foundation is your health headquarters. From patient safety to diabetes prevention, our work serves your children, your family and your community.
Health Literacy Toolkit: Operationalizing
### Translational Tools
- NAM Perspective Beyond Translation

### Patient Tools
- Pneumonia Zones Tool
- TMF COPD Zone Tool
- TMF Diabetes Zone Tool
- TMF Heart Failure Zone Tool
- Zone Tool Total Hip Replacement 508
- Zone Tool Total Knee Replacement 508

### Foundational Tools
- The Health Literacy Environment of Hospitals and Health Centers
- AHRQ Health Literacy Toolkit
- Building Health Literate Organizations
- CFL Calgary Charter 2011
- Center for Health Care Strategies Health Literacy Fact Sheets 2013
- Health Literacy Fact Sheets
- Health Literacy Past, Present, and Future Workshop Summary
- IOM Ten Attributes HL Paper

### Existing Toolkits
- HL toolkit resources_toolkit workgroup
- Health Literacy Resources for Librarians

### Written Material Resources
- CDC Clear Communication Index
- CDC Clear Communication Index Modified Score Sheet

### CDC Everyday Words for Public Health Communication 2016
- CMS Toolkit Part 03
- Disability Etiquette from United Spinal Association
- HRA Health Communication Tips_0
- I am Disabled. On Identity-First Versus People-First Language - TBISNAA
- PEMAT Guide
- Simply Put
- Sum Of Us Progressive Language - Style Guide
Create a “Culture of Health Literacy” on campus.

- Align with State Health Plan & Texas Public Health Priorities
- Service Learning
- Integrate into all Colleges & Programs
- Simulation Coaching
- Outreach to Rural Healthcare
- Educate the Community & Community Health Workers
- Interprofessional Education
- Continuing Education Offerings for Providers
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 policies and practices?

3. What are examples of barriers to health literacy policies and practices?
Health Literate Healthcare Organization: Sample

• 5 Health Systems including 16 North Texas area hospitals
  ▫ 39 – 660 licensed beds
  ▫ Private for profit and not for profit and public facilities
  ▫ Comprehensive and specialty centers

• Key informants
  ▫ Organizational Senior Leaders
  ▫ Nursing and Non-Nursing Leaders
  ▫ Clinical Staff
  ▫ Non-clinical staff
Health Literate Healthcare Organization: Procedure

- Identified internal facilitator
  - Identified up to 10 key informants
  - Emailed link to survey
  - Scheduled interviews

- Interviews completed following quantitative survey completion

- Concurrent data collection and analysis of surveys and interviews
Health Literate Healthcare 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 of breast CA information)
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Scale</th>
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<tbody>
<tr>
<td>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)?</td>
<td>Not at all</td>
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<tr>
<td>Q2. To what extent is the topic of health literacy considered in quality management measures at your hospital?</td>
<td>Not at all</td>
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<tr>
<td>Q3. To what extent is health information at your hospital developed by involving patients?</td>
<td>Not at all</td>
</tr>
<tr>
<td>Q4. To what extent is individualized health information used at your hospital (e.g. different languages, print sizes, braille)?</td>
<td>Not at all</td>
</tr>
<tr>
<td>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)?</td>
<td>Not at all</td>
</tr>
</tbody>
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HLHO - 10 Item Mean Scores (N=78)

...DO YOU COMMUNICATE OPENLY AND COMPREHENSIBLY TO YOUR PATIENTS ABOUT COSTS (10, COSTS)
...ARE EMPLOYEES TRAINED ON THE TOPIC OF HEALTH LITERACY (3, WORKFORCE)
...IS HEALTH INFORMATION DEVELOPED BY INVOLVING PATIENTS (4, INCLUSION OF THE SERVED)
...IS INFORMATION MADE AVAILABLE VIA DIFFERENT MEDIA (DVDS, PICTURES) (8, MEDIA VARIETY)
...IS THE TOPIC OF HEALTH LITERACY CONSIDERED IN QUALITY MANAGEMENT MEASURES (2, INTEGRATION)
...IS INDIVIDUALIZED HEALTH INFORMATION USED (DIFFERENT LANGUAGES, PRINT SIZES, BRAILLE) (5, HL SKILLS RANGE)
...ARE EFFORTS MADE TO ENSURE THAT PATIENTS CAN FIND THEIR WAY (SIGNS) (7, PROVIDE ACCESS)
...IS THE MANAGEMENT EXPLICITLY DEDICATED TO THE SUBJECT OF HL (MISSION, PLANNING) (1, LEADERSHIP)
...IS IT ENSURED THAT THE PATIENTS HAVE TRULY UNDERSTOOD EVERYTHING IN CRITICAL SITUATIONS (MEDICATION, SURGICAL...)
...ARE THERE COMMUNICATION STANDARDS WHICH ENSURE THAT PATIENTS TRULY UNDERSTAND (6, COMMUNICATION STANDARDS)

0 = absolutely not to 7 = to a large extent
Gather more in depth information about practices, policies, successes and barriers.

Example prompt
- Please talk about any QI projects your hospital has been involved in related to health literacy. What has worked well? Have you run into any barriers?
- Please talk about if and how your hospital involves patients to develop health information. What has worked well? Have you run into any barriers?
Health Literate Healthcare Organization: Qualitative Results

• 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.*
Health Literate Healthcare Organization: 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
- Complete analysis of data across North Texas hospitals for systemic change and collaborative efforts
- Further partnerships between area hospitals and HL Collaborative
- Potential expansion into inclusion of patients in assessment and analysis
Questions?
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