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ENLIVEN ORGANISATIONAL HEALTH LITERACY

Self-assessment Resource

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What is a health literate health care or social service organisation?

Health literate health care and social service organisations "make it easier for people to navigate, understand, and use information and services to take care of their health" (Brach, et. al., 2012, p.1).

Despite health literacy traditionally being viewed as related to an individual's ability to obtain, process and understand basic health and social care information as well as being able to identify and access services, there is a growing acknowledgement that the demands and complexities of health and social care systems (and therefore of health care and social care organisations) are also vitally important (Baker, 2006; Rudd, 2003). In 2011, Schillinger and Keller were commissioned to author a paper by the United States of America's Institute of Medicine that presented and explored a set of 18 attributes that define a health literate organisation. This paper was then used as the basis for discussion at the Institute of Medicine's Roundtable on Health Literacy (2012) which aimed to address the challenges associated with health literacy practice and research. Following this roundtable and associated learnings and discussions, the list of attributes was revised and refined to a list of 10. While developed for health care organisations initially, the identified attributes are also meaningful and appropriate to social service organisations and environments. That said, while these 10 attributes are aspirational, they provide a starting place for discussion and action amongst health care and social service organisations towards becoming more health literate organisations.

With the above in mind, the Enliven Organisational Health Literacy Self-assessment Resource aims to provide health and social service organisations with a self-assessment tool that can be used to guide and inform their development as health literate organisations. Each of the 10 attributes identified by the IOM (Institute of Medicine [IOM], 2012) has been operationalised within the Resource as a set of evidence-grounded processes, outputs or outcomes that together constitute an appropriate response to health literacy at the organisational level.

The information on the following pages about these attributes was published by Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). Ten attributes of health literate health care organisations. Washington, DC: Institute of Medicine, The National Academies Press. Their work has been supplemented with that of other authors where relevant and appropriate.

What is a health literate health care or social service organisation? cont.

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Resources and tools

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What is a health literate health care or social service organisation? cont.

Literacy Demands in Health Care Settings: The Patient Perspective (Rudd, Renzulli, Pereira, & Daltroy, 2005): Examines the literacy demands present in health care settings through a discussion of the service user's perspective. Available from: http://www.hsph.harvard.edu/healthliteracy/practice/environmental-barriers/ (Accessed 09/07/13)

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Attributes of a health literate health care or social service organisation

In June 2012, Brach et al., released a paper presenting on 10 aspirational attributes that they believed would exemplify a health literate organisation. The authors acknowledged that it would not be possible for an organisation to attempt all of these, or currently possess all of these attributes, rather they noted that "[b]ecoming a health literate organization is a process and achieving each attribute moves the organization along the continuum closer to becoming a health literate organization" (Institute of Medicine [IOM], 2011, p. 19).

In this way, the 10 attributes provide a vision for the evolution of organisations towards being part of more responsive health and social service systems, which individually and collectively are able to improve the health and well-being of populations (IOM, 2011).

The authors contend that a health literate organisation has, or is working towards, the following 10 attributes:

1. Has leadership that makes health literacy integral to its mission, structure and operations
2. Integrates health literacy into planning, evaluation measures, service users 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 and related information and services
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact
7. Provides easy access to health and related information and services and navigation assistance
8. Designs and distributes print, audio-visual, and social media content that is easy to understand and act on
9. Address health literacy in high-risk situations, including care transitions, communications about medicines, etc.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

References

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Attribute 1 – Details and Resources

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

Health literate organisations embed health literacy as a core value of the organisation. This requires the leadership or management team of the organisation to establish and maintain a culture whereby health literacy is considered as part of all decision making within the organisation; including with respect to organisational structures, processes, personnel and technologies (Brach et al., 2012; IOM, 2011). In this way, a health literate organisation establishes commitment to improved health literacy through the explicit documenting of values and policies, but also through the practices employed at all levels of the organisation.

Within a health literate organisation:

1. Explicit commitments to health literacy are included within their mission statement and all policies and programs
2. Health literacy policies and procedures as related to language access are developed and implemented
3. Policies and procedures for receiving and addressing language assistance concerns or complaints from consumers are established
4. Clear and effective communication are made a priority across all levels of the organisation and across all communication channels
5. Processes are in place to regularly identify and assess the language assistance needs of its current and potential service users, as well as processes to assess the organisation's capacity to meet these needs
6. An office or official with responsibility and authority for health literacy oversight is assigned
7. Goals for health literacy improvement are set and accountability measures for their outcomes are established
8. Resources (both fiscal and human) are allocated to effectively and efficiently meet health literacy improvement goals
9. Health literacy champions are cultivated throughout the organisation
10. A culture that places equal value on professional and consumer perspectives, and that emphasises that communication is made up of two-way interactions is created and maintained
11. Systems are redesigned to maximise an individual's capacity to learn how to maintain good health, manage illness or disease, communicate effectively and make informed decisions
12. Physical spaces are designed (or re-designed) to support effective communication (Brach, et. al., 2012; U.S. Department of Health and Human Services, 2013).

Attribute 1 – Details and Resources cont.

Additionally, health literate organisations can establish their commitment to health literacy improvement through the development of partnerships and collaborations outside of their own organisation. In this way, health literate organisations should:

1. Contribute to local, state and national efforts to improve organisational responses to health literacy
2. Sponsor research to extend the evidence base
3. Encourage other organisations to be health literate (Brach, et al., 2012).

References

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). *Ten attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

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Resources and tools

Attribute 1 checklist

Attribute 1 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 1**

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		

Attribute 2 – Details and Resources

A health literate organisation integrates health literacy into planning, evaluation measures, service user safety and quality improvement

Health literate organisations embed health literacy within all of their planning and evaluation processes (Brach, et al., 2012). Research indicates that people with limited health literacy are less likely than those with higher levels of health literacy to receive preventive care, know how to self-manage their conditions, take their medications safely, and manage and support their own and their children's health and social care needs (Adams, et al., 2009; Davis, et al., 2006; Sanders et al., 2009; Sudore et al., 2006). Thus, health literacy is core to ensuring that organisations minimise the risk to these individuals and their families.

Therefore, health literate organisations:

1. Incorporate health literacy into all planning activities
2. Use assessments to determine their performance and progress in promoting health literacy
3. Annually consult with internal experts, advocacy organisations, individuals with limited English proficiency, subject matter experts, and/or applicable research to determine effective practices for assessing and implementing the language assistance needs of current and projected consumers
4. Use existing data resources (such as PHIDU, ABS, AIHW, Productivity Commission, etc.) to evaluate the extent of need for language assistance services in particular languages or dialects for all new programs or services
5. Consult with internal experts to identify existing capacity to provide language assistance services (e.g. bi- or multilingual staff) and the availability of contract interpreter and translation services
6. Identify gaps where language assistance services are inadequate to meet need and identify and take specific steps to enhance language assistance services at all service locations
7. Develop materials and routinely collect data to measure and evaluate their success in achieving the health literacy attributes
8. Assess the impact of all policies and programs on individuals with limited health literacy
9. Design and/or modify existing consumer satisfaction and other surveys, and other means of obtaining feedback on services delivered, to be understandable and easy to complete and offer and provide assistance to complete such surveys. Such surveys should include the collection of data, including at point of entry, on preferred language, English proficiency, and immigration trends as appropriate
10. Monitor, report on, follow-up, and rectify any communication failures (Brach, et. al., 2012; U.S. Department of Health and Human Services, 2013)

Attribute 2 – Details and Resources cont.

References

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Resources and tools

Attribute 2 checklist

Attribute 2 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 2**

Assessor name: _____

Date assessment completed: _____

Attribute 2:

A health literate organisation integrates health literacy into planning, evaluation measures, service user safety and quality improvement

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Incorporates health literacy into all planning activities		
b.	Use assessments to determine their performance and progress in promoting health literacy		
c.	Annually consults with internal experts, advocacy organisations, individuals with limited English proficiency, subject matter experts, and/or applicable research to determine effective practices for assessing and implementing the language assistance needs of current and projected consumers		
d.	Use existing data resources (such as PHIDU, ABS, AIHW, Productivity Commission, etc.) to evaluate the extent of need for language assistance services in particular languages or dialects for all new programs or services		
e.	Consults with internal experts to identify existing capacity to provide language assistance services and the availability of contract interpreter and translation services		
f.	Identifies gaps where language assistance services are inadequate to meet need and takes specific steps to enhance language assistance services at all service locations		
g.	Develops materials and routinely collect data to measure and evaluate their success in achieving the health literacy attributes		
h.	Assesses the impact of all policies and programs on individuals with limited health literacy		
i.	Designs and/or modifies existing consumer satisfaction and other surveys, to be understandable and easy to complete and offer and provide assistance to complete such surveys.		
j.	Monitors, reports on, follows-up, and rectifies any communication failures		

Attribute 3 – Details and Resources

A health literate organisation prepares the workforce to be health literate and monitors progress

Health literate organisations commit resources and provide employee training to ensure management and staff understand and can implement health literacy policies and procedures (U.S. Department of Health and Human Services, 2013). Such training is implemented organisation-wide, not just for clinicians, but also for staff such as receptionists and executives (Brach et al., 2012). Specific health literacy and communication training has been shown improve the communication skills of staff and achieve desirable educational outcomes (Blake at al., 2010; Coleman, 2011; Mackert et al, 2011). Such training is especially important for staff that have health education roles (such as physicians, health educators, nurses, medical assistants, pharmacists, allied health professionals, social workers, support workers, community health workers, etc.) (Brach et al., 2012).

Health literate organisations:

1. Designate an office or official responsible for developing, implementing, and committing resources necessary to train organisation employees
2. Consult with internal experts to identify existing capacity to provide language assistance services (e.g. bi- or multilingual staff)
3. Employ a diverse workforce with expertise in health literacy (including identifying positions appropriate for making bilingual skill a selection criterion for employment)
4. Evaluate the health literacy skills of the workforce on a regular basis
5. Develop, make available, and/or disseminate training materials (including e-courses) that will assist management and staff in procuring and providing effective communication for all individuals they interact with
6. Set and meet goals for ongoing formal and informal health literacy training for the entire workforce and evaluate the impact of that training
7. Incorporate health literacy into orientation and induction procedures and processes
8. Support staff to attend internal and external specialised health literacy training
9. Train staff on when and how to access and utilise oral and written language assistance services, how to work with interpreters and translators, how to convey complex information using plain language, and how to communicate effectively and respectfully
10. Identify and develop 'expert educators' who can serve as role models, mentors and teachers of health literacy skills
11. Include and involve service users as effective speakers and trainers on health literacy (Brach, et. al., 2012; U.S. Department of Health and Human Services, 2013).

Attribute 3 – Details and Resources cont.

References

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Resources and tools

Attribute 3 checklist

Attribute 3 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 3**

Assessor name: _____

Date assessment completed: _____

Attribute 3:

A health literate organisation prepares the workforce to be health literate and monitors progress

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Designates an office or official responsible for developing, implementing, and committing resources necessary to train organisation employee		
b.	Consults with internal experts to identify existing capacity to provide language assistance services (e.g. bi- or multilingual staff)		
c.	Employs a diverse workforce with expertise in health literacy		
d.	Evaluates the health literacy skills of the workforce on a regular basis		
e.	Develops, makes available, and/or disseminates training materials that will assist in providing effective communication		
f.	Sets and meet goals for ongoing formal and informal health literacy training and evaluation of training		
g.	Supports staff to attend internal and external specialised health literacy training		
h.	Trains staff on when and how to access and utilise oral and written language assistance services, how to work with interpreters and translators, how to convey complex information using plain language, and how to communicate effectively and respectfully		
i.	Identifies and develops 'expert educators' who can serve as role models, mentors and teachers of health literacy skills		
j.	Includes and involves service users as effective speakers and trainers on health literacy		

Attribute 4 – Details and Resources

A health literate organisation includes populations served in the design, implementation and evaluation of health information and services

In addition to the usual consultation with community members during the evaluation stage of health and/or social service program or intervention, health literate organisations also involve community members in the entire process of design, implementation and evaluation (Brach et al., 2012). The involvement of individuals with limited health literacy in the design and implementation stages of a service or intervention helps to ensure that the planning and preparing of materials is adequate to address the needs of these community members.

Brach et al (2012), state that health literate organisations:

1. Include members of the local community on their governing bodies
2. Establish advisory groups that include members who have limited health literacy, adult educators, and experts in health literacy
3. Collaborate with members of the target community when designing, pilot testing and developing programs, services and materials
4. Engage in ongoing evaluations of health and social service programs, services and materials by actively involving individuals who use them in the evaluation and incorporating feedback provided by those individuals.

References

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). T*en attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

Resources and tools

Attribute 4 checklist

Attribute 4 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 4**

Assessor name: _____

Date assessment completed: _____

Attribute 4:

A health literate organisation includes populations served in the design, implementation and evaluation of health information and services

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Includes members of the local community on their governing bodies		
b.	Establishes advisory groups that include members who have limited health literacy, adult educators, and experts in health literacy		
c.	Collaborates with members of the target community when designing, pilot testing and developing programs, services and materials		
d.	Engages in ongoing evaluations of health and social service programs, services and materials by actively involving individuals who use them in the evaluation and incorporating feedback provided by those individuals		

Attribute 5 – Details and Resources

A health literate organisation meets the needs of populations with a range of health literacy skills while avoiding stigmatisation

Health literate organisations "apply health literacy universal precautions" (Brach, et al., 2012, p.10). "Universal precautions refers to taking specific actions that minimise risk for everyone when it is unclear which service users may be affected" (DeWalt, et. al., 2010, p.2). Within organisations utilising such universal precautions, all communication is simplified to the greatest possible extent and comprehension is verified. Such organisations treat everyone equally which minimises the stigma associated with limited health literacy. Additionally, such organisations do not rely on written materials to convey important information, and they redistribute funds and resources to those most in need of assistance (Brach, et. al., 2012).

Brach et al (2012) state that health literate organisations:

1. Adopt health literacy universal precautions
2. Create a physical environment that is welcoming and does not require a high level of health literacy to understand and navigate
3. Streamline the data collected from consumers (by collecting only essential information and collecting it only once)
4. Provide extra assistance for those who need it (i.e. case management, follow-up, etc.)
5. Provide alternatives to written materials (using innovation and technology) and use written information to reinforce spoken communication
6. Redistribute resources proportionate to the need of those with limited health literacy.

Attribute 5 – Details and Resources cont.

References

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). *Ten attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

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Resources and tools

Health Literacy Universal Precautions Toolkit (U.S. Department of Health and Human Services Agency for Healthcare Research and Quality, 2010): Provides guides and tools for examining health literacy in clinical practice settings and improving interactions with service users at all literacy levels. Available from: http://www.ahrq.gov/legacy/qual/literacy/ (Accessed 09/07/13)

Physical environment audit tools

The Health Literacy Environment Activity Packet: First Impressions and A Walking Interview (Rudd, 2010): Provides exercises to assist in reviewing and considering the physical and social characteristics (largely wayfinding) of a health care environment for a user of the service. Available from: http://www.hsph.harvard.edu/healthliteracy/practice/environmental-barriers/ (Accessed 09/07/13)

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Attribute 5 checklist

Attribute 5 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 5**

Assessor name: _____

Date assessment completed: _____

Attribute 5:

A health literate organisation meets the needs of populations with a range of health literacy skills while avoiding stigmatisation

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Adopts health literacy universal precautions		
b.	Create a physical environment that is welcoming and does not require a high level of health literacy to understand and navigate		
c.	Streamline the data collected from consumers (by collecting only essential information and collecting it only once)		
d.	Provide extra assistance for those who need it (i.e. case management, follow-up, etc.)		
e.	Provide alternatives to written materials (using innovation and technology) and use written information to reinforce spoken communication		
f.	Redistribute resources proportionate to the need of those with limited health literacy.		

Attribute 6 – Details and Resources

A health literate organisation uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact

Health literate organisations employ best-practice two-way, effective communication techniques (Brach et al., 2012). Such communication techniques relate not only to the clinical interactions, but also to all non-clinical interactions (such as when scheduling appointments, explaining a bill, or giving directions).

Staff at such health literate health organisations:

1. Do not make assumptions about what people do or don't know
2. Actively listen to elicit concerns and priorities
3. Use common, everyday language (no acronyms or jargon)
4. Limit the amount of information in each conversation to two or three key messages
5. Verify comprehension
6. Speak clearly and at a moderate pace
7. Encourage the asking of questions
8. Focus on information that has actions
9. Use graphics
10. Only use written materials in conjunction with spoken instructions (Brach et al., 2012).

Organisations concerned about minimising the impact of limited health literacy also create an environment that is culturally and linguistically safe and appropriate.

Brach et al (2012) suggest that to meet this attribute, organisations should:

1. Ensure their staff are appropriately trained in two-way, effective communication techniques and monitor and evaluate this in an on-going manner
2. Foster a culture that emphases the verification of understanding of every communication
3. Ensure adequate time is given to each interaction
4. Ask about and accommodate different communication preferences
5. Plan for and provide language assistance (such as interpreters or bilingual staff)

Attribute 6 – Details and Resources cont.

6. Provide technology that facilitates communication (such as talking touchscreens or video interpreters) where appropriate
7. Launch campaigns and initiatives to encourage service user question asking
8. Consider and respond to communication failures as service user safety issues.

References

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). *Ten attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

Resources and tools

Encouraging question asking

Ask me 3 (National Patient Safety Foundation, 2013): Is a patient education program designed to improve communication between service users and health care providers. Available at: http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/ (Accessed 19/07/13).

Questions to ask your doctor: Questions are the answer (Agency for Healthcare Research and Quality, 2012): Provides consumers with information about the questions they should be asking before, during and after their appointments. Available from: http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/index.html (Accessed 19/07/13)

Verifying comprehension

Assessing and addressing health literacy (Cornett, 2009): Article published in The Online Journal of Issues in Nursing that discusses general issues associated with assessing health literacy as well as provides details on the "teach back" and "chunk and check" methods of verifying understanding. Available from: http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol142009/No3Sept09/Assessing-Health-Literacy-.aspx (Accessed 19/07/13)

Health literacy universal precautions toolkit (Agency for Healthcare Research and Quality, 2010): Provides details on how to employ the "teach-back" and "show-me" methods to confirm that a physician has explained to a service user what they need to know in a manner that the service user has understood. Available at: http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/ (Accessed 19/07/13)

Attribute 6 checklist

Attribute 6 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 6**

Assessor name: _____

Date assessment completed: _____

Attribute 6:

A health literate organisation uses health literacy strategies in interpersonal communications and confirm understanding at all points of contact

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Ensures that their staff are appropriately trained in two-way, effective communication techniques and monitor and evaluate this		
b.	Fosters a culture that emphases the verification of understanding of every communication (such as the teach-back or show-me methods)		
c.	Ensures adequate time is given to each interaction		
d.	Asks about and accommodates different communication preferences		
e.	Plans for and provides language assistance (such as interpreters or bilingual staff)		
f.	Provides technology that facilitates communication where appropriate		
g.	Launch campaigns and initiatives to encourage service user question asking		
h.	Considers and responds to communication failures as service user safety issues		

Attribute 7 – Details and Resources

A health literate organisation provides easy access to health information and services and navigation assistance

Health and social service systems can be complex to negotiate, especially for people with limited health literacy. As reported by Brach et al (2012), navigating such systems in the 21st Century involves not only interacting with built environments, but also with an increasing reliance on electronic environments. Being able to find health and/or social service facilities and offices, ensure coordination among different service providers, find health and other well-being related information, and make informed decisions can be difficult tasks for those with limited health literacy (Brach, et. al., 2012). This attribute is focused upon addressing two issues with regards to access:

a. Navigation related to accessing services and buildings, etc.; and,

b. Accessing information that is accurate, easy-to-understand, and actionable.

Therefore, health literate organisations have physical environments that:

1. Have facilities with features to help people find their way
2. Use easily understood language and symbols on all signage
3. Use signage in commonly spoken languages for the region
4. Have multiple services co-located within the same facility.

Additionally, health literate organisations have staff that:

5. Respond to navigational queries in an effective manner without assuming things such as map-reading skills or car ownership
6. Assist in scheduling appointments with other service providers, and do not rely on service users to relay information among care providers
7. Assist service users to understand health care and related benefits and services available
8. Track referrals and follow-up to ensure they are completed appropriately
9. Act as 'navigators' to answer questions, give guidance, assist in overcoming barriers, etc.
10. Assist service users to complete relevant forms and/or documents, and also assist service users understand and/or respond to problems
11. Populate electronic health and social service applications (e.g. portals, information kiosks, smart phone applications, etc.) with easy-to-understand and actionable information only

Attribute 7 – Details and Resources cont.

Finally, health literate health care organisations also:

12. Purchase or develop electronic health and social service applications that are user-friendly and service user focussed, so that they are able to meet individual needs and can also support and track health and well-being practices. Such applications will have been tested with population with limited health literacy prior to use with service users

13. Provide service users with training on how to use electronic health and well-being applications

14. Establish referral links with and maintain a list of current local community health, literacy and social service resources which is made available to service users.

References

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). *Ten attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

Resources and tools

Attribute 7 checklist

Attribute 7 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 7**

Assessor name: _____

Date assessment completed: _____

Attribute 7:

A health literate organisation provides easy access to health information and services and navigation assistance

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Have facilities with features to help people find their way		
b.	Use easily understood language and symbols on all signage		
c.	Use signage in commonly spoken languages for the region		
d.	Have multiple services co-located within the same facility		
e.	Respond to navigational queries in an effective manner without assuming things such as map-reading skills or car ownership		
f.	Assist in scheduling appointments with other service providers, and do not rely on service users to relay information among care providers		
g.	Assist service users to understand health care and related benefits and services available		
h.	Track referrals and follow-up to ensure they are completed appropriately		
i.	Act as 'navigators' to answer questions, give guidance, assist in overcoming barriers, etc.		
j.	Assist service users to complete relevant forms and/or documents, and also assist service users understand and/or respond to problems		
k.	Populate electronic health and social service applications (e.g. portals, information kiosks, smart phone applications, etc.) with easy-to-understand and actionable information only		
l.	Purchase or develop electronic health and social service applications that are user-friendly and service user focussed, so that they are able to meet individual needs and can also support and track health and well-being practices. Such applications will have been tested with population with limited health literacy prior to use with service users		
m.	Provide service users with training on how to use electronic health and well-being applications		
n.	Establish referral links with and maintain a list of current local community health, literacy and social service resources which is made available to service users		

Attribute 8 – Details and Resources

A health literate organisation designs and distributes print, audio-visual, and social media content that is easy to understand and act on

Much of the health, well-being and social service information that is provided to service users is very commonly too technical and complex for them to understand what it means and what to do with that information (Benigeri & Pluye, 2003; Walsh & Volsko, 2009). As noted by the Centers for Disease Control and Prevention (2011, p.1), "[i]f health professionals want to reach people with information, they must take steps to ensure information, products, and services are accessible and understandable to their intended audiences." Health literate organisations do not rely solely on print material, but instead use appropriate materials in a variety of formats (including audio-visual material).

Health literate organisations assess the suitability of new materials for their community members, determine how easy they are to understand and act upon, provide translations of vital information, develop appropriate materials if they do not already exist, and continually update and assess existing materials. In doing so, a health literate organisation ensures that the principles of clear communication are utilised, including the use of plain language, topic headings and pictures as appropriate (Campbell, et. al., 2004; Pfizer Inc., 2004).

These principles associated with clear communication should apply to all **vital documents.** Such vital documents may include, but are not limited to, forms and notices that individuals are asked to fill out and/or sign; service user education materials related to disease prevention, diagnosis or treatment; critical records and notices as part of emergency preparedness and risk communications; online and paper applications; consent forms; complaint forms; letters or notices pertaining to eligibility for services and/or benefits; letters or notices pertaining to the reduction, denial, or termination of services or benefits; and any documents that must be provided by law (Brach et al, 2012; United States Department of Health and Human Services, 2013). Aside from ensuring that any such communication is cognisant of the health literacy demands of service users more generally, organisations should identify, translate and make accessible in various formats, including print and electronic media, vital documents in local community languages other than English.

A health literate organisation would:

1. Identify the vital documents and all distributed health and social service materials within the organisation
2. Evaluate all distributed materials using assessment tools and consumer feedback
3. Choose and create materials that meet clear communication requirements such as:
    a. Make their purpose clear
    b. Use common words
    c. Limit the number of messages
    d. Use simple visuals

Attribute 8 – Details and Resources cont.

e. Use short sentences

f. Allows users to hear words clearly (if audio)

g. Use checkboxes and provide 'don't know' options for question responses

h. Chunk information and use sub-headings to separate sections

i. Limit the use of calculations

j. Clearly communicate what actions to take.

4. Stock high-quality education materials in a variety of formats (e.g. audio-visual, print, 3-D models, photo novellas, cartoon illustrations, podcasts, etc.) and would use multiple channels to distribute these (e.g. DVD's, electronic portals, face-to-face, etc.)

5. Identify materials already available in non-English languages, make such resources known among all staff as appropriate, and revise these as needed to ensure quality, plain language and accuracy of the information

6. Use tools that assist in developing easy-to-understand print and online materials when developing new materials and/or employ staff or consultants with health literacy expertise when developing new materials

7. Produce materials in the commonly-read languages of the region using the services of qualified, professional translators

8. Involve consumers in the design and pilot testing of materials

9. Prominently display links on the organisation's English language website to documents that are also available for viewing or downloading in languages other than English (Brach, et. al., 2012; U.S. Department of Health and Human Services, 2013).

References

Benigeri M., & Pluye P. (2003). Shortcomings of health information on the Internet. *Health Promotion International, 18*(4), 381-386.

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). *Ten attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

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Attribute 8 – Details and Resources cont.

Pfizer Inc. (2004). Pfizer principles for clear health communication (2nd ed.). United States: Pfizer Inc. Available from: http://www.pfizerhealthliteracy.com/asset/pdf/pfizerprinciples.pdf

U.S. Department of Health and Human Services. (2013). Language Access Plan 2013. Washington, D.C.: U.S. Department of Health and Human Services. Available from: http://www.hhs.gov/open/execorders/13166/index.html

Walsh T.M., & Volsko T.A. (2008). Readability assessment of Internet-based consumer health information. Respiratory Care, 53(10), 1310-1315.

Resources and tools

Guidelines/tools for developing health materials

Guidelines for Creating Materials (Rudd, n.d.): Provide details of the core components to consider when creating new health materials. Available from: http://www.hsph.harvard.edu/healthliteracy/practice/innovative-actions/ (Accessed 09/07/13)

Guidelines for Rewriting Materials (Rudd, n.d.): Provides suggestions for how to rewrite existing health materials. Available from: http://www.hsph.harvard.edu/healthliteracy/practice/innovative-actions/ (Accessed 09/07/13)

Health Literacy Online: A guide to writing and designing easy-to-use health web sites (U.S. Department of Health and Human Services, 2010): A research-based how-to guide for creating health Web sites and Web content for those with limited literacy skills and limited experience using the Web. Available from: http://www.health.gov/healthliteracyonline/ (Accessed 09/07/13)

In plain words: Creating easy-to-read handouts (Cornett, Neal, Ordelt, n.d.): Hints and tips to help with writing service user education materials. Available at: http://medicine.osu.edu/orgs/ahec/Documents/Toolkit%20edit.pdf

Pfizer principles for clear health communication (2nd ed.) (Pfizer Inc., 2004): Handbook for creating materials. Available from: http://www.pfizerhealthliteracy.com/physicians-providers/CHCPrinciples.aspx (Accessed 09/07/13)

Plain language thesaurus for health communications (Centers for Disease Control and Prevention's National Center for Health Marketing, 2007): Thesaurus that offers plain language equivalents to medical terms, phrases, and references that are often used. Available from: http://stacks.cdc.gov/view/cdc/11500/ (Accessed 09/07/13)

Attribute 8 – Details and Resources cont.

Tools for assessment existing materials

Guidelines for Assessing Materials (Rudd, n.d.): Provides some suggestions and potential resources for assessing health materials. Available from: http://www.hsph.harvard.edu/healthliteracy/practice/innovative-actions/ (Accessed 09/07/13)

Keller P.A., & Lehmann D.R. (2008). Designing effective health communications: A meta-analysis. *Journal of Public Policy & Marketing, 27(2), 117-130.*

Lorenzen B., Melby C.E., & Earles B. (2008). Using principles of health literacy to enhance the informed consent process. *AORN Journal, 88(1), 23-29.*

McLaughlin G.H. (1969). SMOG Grading – A new readability formula. *Journal of Reading, 12(8), 639-646.*

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Schwartzberg J. G., Cowett A., VanGeest J., & Wolf M. S. (2007). Communication techniques for service users with low health literacy: A survey of physicians, nurses, and pharmacists. *American Journal of Health Behavior, 31, S96-104.*

Simple Measure of Gobbledygook [SMOG] (McLaughlin, 1969): Provides a tool for assessing the reading level of prose [material in sentence and paragraph format]. Includes an online calculator. Available from: http://www.harrymclaughlin.com/SMOG.htm (Accessed 09/07/13)

Attribute 8 checklist

Attribute 8 – Details and Resources cont.

Checklist of attributes of a health literate organisation: Attribute 8

Assessor name: _____

Date assessment completed: _____

Attribute 8:

A health literate organisation designs and distributes print, audio-visual, and social media content that is easy to understand and act on

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Identify the vital documents and all distributed health and social service materials within the organisation		
b.	Evaluate all distributed materials using assessment tools and consumer feedback		
c.	Choose and create materials that meet clear communication requirements		
d.	Stock high-quality education materials in a variety of formats (e.g. audio-visual, print, 3-D models, photo novellas, cartoon illustrations, podcasts, etc.) and would use multiple channels to distribute these (e.g. DVD's, electronic portals, face-to-face, etc.)		
e.	Identify materials already available in non-English languages, make such resources known among all staff as appropriate, and revise these as needed to ensure quality, plain language and accuracy of the information		
f.	Use tools that assist in developing easy-to-understand print and online materials when developing new materials and/or employ staff or consultants with health literacy expertise when developing new materials		
g.	Produce materials in the commonly-read languages of the region using the services of qualified, professional translators		
h.	Involve consumers in the design and pilot testing of materials		
i.	Prominently display links on the organisation's English language website to documents that are also available for viewing or downloading in languages other than English (Brach, et. al., 2011; U.S. Department of Health and Human Services, 2013).		

Attribute 9 – Details and Resources

A health literate organisation addresses health literacy in high-risk situations, including care transitions and communications about medicines

Schillinger and Keller (2011) and Brach et al (2012) contend that there are situations that occur as part of health and social service activity and service delivery that convey a higher level of risk to service users, and therefore require a heightened level of assurance to ensure that service users have fully understood the information provided. These authors suggest that examples of such high risk situations include, but are not limited to, informed consent for surgery, administration of medications with potentially serious side effects, and during transitions of care (such as at discharge from hospital). Similar situations would include issues such as violence, drug and/or alcohol use, threat of homelessness, etc.

A health literate organisation therefore:

1. Identifies which situations merit heightened safeguards for their services
2. Allocates extra resources and establishes and implements plans and actions to ensure safe communication for these situations
3. Collaborates with members of the target community and/or experts in health literacy when designing, pilot testing and developing programs, services and materials for these high-risk situations (Brach et al., 2012).

Potential actions to ensure safe communication can include:

1. Fostering a culture that values and practices meaningful informed consent processes (including the use of interpreter services if needed) and verification of understanding of every communication with regard to the high-risk situation
2. Improving the understandability of informed consent forms
3. Translation of informed consent forms in the service user's preferred written language
4. Using aids such as pill boxes, charts, etc. to increase understandability of requests for things such as how to take their medicine, how to best manage stress, etc.

Attribute 9 – Details and Resources cont.

References

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). *Ten attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

Schillinger D., & Keller D. (2011). The other side of the coin: Attributes of a health literate health care organisation. In Institute of Medicine (2012), *How can health care organisations become more health literate?: Workshop summary.* Washington, DC: The National Academies Press.

Resources and tools

Attribute 9 checklist

Attribute 9 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 9**

Assessor name: _____

Date assessment completed: _____

Attribute 9:

A health literate organisation addresses health literacy in high-risk situations, including care transitions and communications about medicines

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Identifies which situations merit heightened safeguards for their services		
b.	Allocates extra resources and establishes and implements plans and actions to ensure safe communication for these situations		
c.	Collaborates with members of the target community and/ or experts in health literacy when designing, pilot testing and developing programs, services and materials for these high-risk situations		
d.	Fostering a culture that values and practices meaningful informed consent processes (including the use of interpreter services if needed) and verification of understanding of every communication with regard to the high-risk situation		
e.	Improving the understandability of informed consent forms		
f.	Translation of informed consent forms in the service user's preferred written language		
g.	Using aids such as pill boxes, charts, etc. to increase understandability of requests for things such as how to take their medicine, how to best manage stress, etc.		

Attribute 10 – Details and Resources

A health literate organisation communicates clearly what health plans cover and what individuals will have to pay for services

In situations whereby a payment, co-payment and/or private health insurance is applicable for a particular service, a health literate health organisation will ensure that simple and consistent information about payment and/or benefits is available to service users. This includes transparency about what is covered and what out-of-pocket additional cost may be apparent for that service (Brach et al., 2012).

As noted by Brach et al (2012), a health literate organisation:

1. Provides staff and resources to find out whether a treatment is covered and what out-of-pocket expenses there will be for any procedure or service
2. Communicates these costs of care to the service user in advance of any procedure or service provision

Reference

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012). *Ten attributes of health literate health care organisations.* Washington, DC: Institute of Medicine, The National Academies Press.

Resources and tools

Attribute 10 checklist

Attribute 10 – Details and Resources cont.

Checklist of attributes of a health literate organisation: **Attribute 10**

Assessor name: _____

Date assessment completed: _____

Attribute 10:

A health literate organisation communicates clearly what health plans cover and what individuals will have to pay for services

A health literate organisation ...		Currently Present ✓	Notes/plans for future action (responsibility, time lines, etc.)
a.	Provides staff and resources to find out whether a treatment is covered and what out-of-pocket expenses there will be for any procedure or service		
b.	Communicates these costs of care to the service user in advance of any procedure or service provision		