3 | Engaging Leadership

> "Health literacy has become common language in our organization. We think about it every time we post a sign, write a memo to staff, update our web-site, print materials, etc." (CEO, Grundy County Memorial Hospital)

Being a health literate organization means those in clinical areas *and* those in the board room recognize the need for clear communication.[1] Organizations with the most successful health literacy programs have champions within the ranks of senior leadership. An organization's leadership sets the tone and expectations when it comes to service delivery and customer service. Having this kind of organizational support creates an opportunity to move health literacy practices forward and an opportunity to generate momentum to maintain health literacy efforts as a priority for the long term.

You will want to give your organization's senior leaders what they need to enable you to carry out your health literacy work. The ideas and tools in this chapter are designed to help you:

- Teach leaders about health literacy and its importance.
- Give leaders tools to integrate health literacy throughout your organization.
- Collaborate with your leaders to achieve success.

In a Health Literate Health Care Organization Senior Leaders are Champions of Clear Communication

This chapter directly addresses Attribute 1 and will help you provide senior leadership with resources and support to make health literacy integral to your organization's mission, structure, and operations.

Source: Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington, DC: National Academy of Sciences, 2012.

Leaders' roles vary by the kind and size of an organization. They may have formal or informal titles: chief executive officer, chief medical officer, chief nurse executive, chief quality officer, department director, head of a clinic or practice, executive director, office manager, lead nurse, or head of the clinic. No matter their title, senior leaders generally are the highest-ranking and most respected people in your organization. They have both

the authority and responsibility to move the organization toward improvement. Senior leaders are responsible for:

- Quality of care and outcomes.
- Ethical and legal concerns.
- Meeting regulatory and accreditation requirements.
- Patient and worker safety.
- Patient, family, and worker satisfaction.
- Worker development and accountability.
- Lowering costs and raising efficiency.
- Staying in business.

Health literacy can affect every one of these responsibilities. So addressing health literacy is important for your leaders' success.

Leadership Establishes an Organization's Culture

"Leadership establishes an organization's culture through its language, expectations, behavior it models, and design of services and processes."

Source: Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington, DC: National Academy of Sciences, 2012.

Why Involve Senior Leaders?

Involving your organization's senior leaders in health literacy is one of the most important things you can do.[2] Why? Because leaders can:

- Take the status quo off the table.
- Remove barriers.
- Get your projects seen by others.
- Make sure you have the time and money you need.
- Help build will and support in your organization to make your job easier.

You must give your leaders the tools they need to channel attention to key leverage points for advancing health literacy efforts.

The Currency of Leadership is Attention

"It has been said that the currency of leadership is *attention*. If that is true, then leaders who wish to transform their organizations should channel their attention to the key leverage points for the quality transformation, and use their chosen leverage points well."

Source: Reinertsen J, Pugh M, Nolan T. *Executive Review of Improvement Projects: A Primer for CEOs and other Senior Leaders,* 2005.

Leverage Points For Leaders to Improve Health Literacy

Show your leaders how health literacy intersects with their roles and responsibilities in advancing your organization's mission and improving outcomes. For example:

- Linking health literacy initiatives to the organization's goals, such as those related to improving quality, safety, and patient-centered care; measuring progress; and developing an executable strategy to achieve these goals.
- Setting, overseeing, and broadcasting goals to improve staff skills in clear health communication at the system level.
- Focusing attention on improving health communication throughout the organization through personal leadership, supporting systems, and openness about progress.
- Choosing and supporting the right team of health literacy, patient education, communication, and quality leaders, *and* patients and families.
- Building the business case for health literacy as a quality and safety issue, and involving senior financial leadership to make the business case.
- Getting doctors engaged, and showing that their leadership is important in health literacy, clear communication, and advancing health knowledge and skills among patients and their families.
- Building capacity throughout the whole organization to improve communication with patients and families.[2]

What You Want Senior Leaders To Do

Here's what you want your senior leaders to do:

- Identify health literacy and clear health communication as vital to the organization's mission.
- Use their bully pulpit to underscore health literacy's relationship to quality and patient safety.
- Carry the importance of health literacy to board members, other leaders, and all staff and departments.
- Give time and resources to support improvement efforts.
- Model plain language communication in their own speech and writing.

What Does Success Look Like?

Here is how it might look when senior leaders focus attention on key leverage points to improve health literacy. Think about what success might look like in your setting:

- The Chief Executive Officer integrates health literacy into the organization's strategic goals and objectives.
- The Executive Director models plain language in everyday speaking with and writing for staff and the community.
- The Chief Medical Officer advocates for including and integrating health literacy initiatives into patient safety and performance improvement work.
- The Board of Directors expects periodic health literacy reports, especially as they relate to quality and safety.
- Managers expect to be held accountable for setting and reaching department goals that relate to building health literacy and communication skills.
- Clear verbal communication and plain language writing skills are included in job descriptions and performance reviews.
- Performance improvement leaders include clear communication and patient health literacy skill development in chronic disease management and self-management projects.
- Patient safety officers include clear health communication principles and teach-back to check for understanding in medication safety initiatives.

- Leaders of diversity efforts and language services use clear health communication principles and skills in their work.
- Risk managers know and convey the importance of effective communication and ensuring patient understanding in consent processes.
- Physician leaders and teaching staff model plain language and teach-back.
- Leaders responsible for patient satisfaction set high goals (*very* satisfied) for communication-related measures on patient surveys.
- Senior executives, doctors, and nurse leaders know local literacy data and risk factors for low health literacy.
- Gathering patients', families', and adult learners' input is part of the organization's culture.

How Can You Get Leaders Involved?

What can you do to make these scenarios real? First, you need to teach about and show your leaders why it is important to address health literacy—and how. Then, you must give them the tools they need to channel attention. This section shows ways to use tools and resources in a three-pronged approach:

- Teach leaders about the important role that health literacy plays in care quality and safety.
- Help leaders champion health literacy improvement and model clear communication in the organization and out in the community.
- Help leaders stay connected with your health literacy work.

Use Tools and Resources

Tools and resources for educating your senior leaders can be quick or in-depth. Both should be part of your toolkit. At each chance, use what fits the available time and communication style of your leaders. Use these resources to make sure your leader understands:

- What the term *health literacy* means, the prevalence of low health literacy, and its association with poor health outcomes and increased costs.
- How the health literacy skills of the U.S. public compare with the health literacy demands of the health care system.

- How the gap between patients' health literacy skills and the health literacy demands of the organization impact quality, safety, and costs.[3,4]

You will need evidence and data to convey this information. But you also want to shed light on your local picture and put a face on it. Make it personal by using data and stories from your setting, and involving your own workers and patients. Show that clear health communication challenges exist everywhere.

Health Literacy Tools for Leaders

Literacy and Health Literacy Data

Resource	Description
National Assessment of Adult Literacy State & County Estimates of Low Literacy (2003) http://nces.ed.gov/naal/estimates/StateEstimates.aspx	Data base for searching state and county literacy rates
The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy http://nces.ed.gov/naal/health_results.asp	Report summarizes national health literacy findings

Health Literacy Reports

Resource	Description
AHRQ (2011). *Health Literacy Interventions and Outcomes: An Updated Systematic Review* http://www.ahrq.gov/clinic/tp/lituptp.htm	Systematic review of health literacy research on possible interventions and their effectiveness
IOM (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century* http://www.nap.edu/openbook.php?record_id=10027	In-depth report on healthcare quality
IOM (2004). *Health Literacy: A Prescription to End Confusion* http:www.nap.edu/catalog/10883.html	Comprehensive report describes the consequences of low health literacy and proposes solutions
IOM (2003). *Priority Areas for National Action: Transforming Health Care Quality* http://www.nap.edu/openbook.php?record_id=10593&page=1z	Describes health literacy as a cross-cutting priority for transforming health care and improving health care quality
U.S. Department of Health and Human Services, (2010). *National Action Plan to Improve Health Literacy* http://www.health.gov/communication/hlactionplan/	Provides a plan for addressing health literacy from multiple perspectives and sectors including health care, education, business, etc.

Making the Quality and Business Case

Resource	Description
AMA Foundation and AMA (2007). *Health Literacy and Patient Safety: Help Patients Understand: Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment* http://www.ama-assn.org/resources/doc/ama-foundation/healthlitclinicians.pdf	Explores how ineffective communication and low health literacy can affect patient safety, and approaches for improvement
Brach C, Keller D, Hernandez LM, et al. (2012). *Ten Attributes of Health Literate Health Care Organizations* http://www.iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf	Provides a comprehensive organization-wide approach to addressing the challenges of low health literacy
Joint Commission (2007). *What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety* http://www.jointcommission.org/What_Did_the_Doctor_Say/	Identifies low health literacy and limited English proficiency as impacting healthcare quality and patient safety
The Joint Commission (2010). *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals* http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf	Provides guidance, tools, and relevant Joint Commission requirements for how to integrate communication, cultural competence, and patient-centered care into hospitals
Kimble J (2012). *Writing for Dollars, Writing to Please* http://www.cap-press.com/books/isbn/9781611631913/Writing-for-Dollars-Writing-to-Please	Describes how using plain language can save money and provide clarity and simplicity to complex documents
Koh HK, Berwick DM, Clancy CM, et al. (2012). *New federal policy initiatives to boost health literacy can help the nation move beyond the cycle of costly 'crisis care'* http://content.healthaffairs.org/content/early/2012/01/18/hlthaff.2011.1169.abstract	Provides an overview of how current federal policy initiatives address health literacy
Minnesota Health Literacy Partnership (2007). *Making a Business Case for Health Literacy* http://healthliteracymn.org/downloads/Business-Case-white-paper.pdf	Planning tool that provides templates for making the business case for addressing low health literacy
Vernon J, Trujillo A, Rosenbaum S, et al. (2007). *Low health literacy: implications for national health policy* http://sphhs.gwu.edu/departments/healthpolicy/CHPR/downloads/LowHealthLiteracyReport10_4_07.pdf	Report that outlines the economic impact of low health literacy

Toolkits and Other Media

Resource	Description
AMA Foundation and AMA (2007). *Health Literacy Kit* http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page?	Includes instructional video with facts, strategies, patient testimonials, and manual for clinicians
America's Health Insurance Plans (2010). *Health Literacy: A Toolkit for Communicators* www.ahip.org/content/default.aspx?docid=30683	Provides steps for initiating or advancing a health literacy program
Centers for Disease Control and Prevention (2012). *Health Literacy: Accurate, Accessible and Actionable Health Information for All* http://www.cdc.gov/healthliteracy/	Offers health literacy information for public health, includes resources, current practices, research, and evaluation; highlights the work of others implementing health literacy strategies
DeWalt DA, Callahan LF, Hawk VH, et al. (2012). *Health Literacy Universal Precautions Toolkit* http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf.	Includes tools to help healthcare practices take a systems approach to improving health literacy
Jacobson KL, Gazmararian JA, Kripalani S, et al. (2007). *Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide* http://www.ahrq.gov/legacy/qual/pharmlit/	Includes tools to help pharmacy staff evaluate how well they are serving patients with limited health literacy
Rudd R, Anderson J (2006). *The Health Literacy Environment of Hospitals and Health Centers. Partners for Action: Making Your Healthcare Facility Literacy-Friendly* http://www.ncsall.net/fileadmin/resources/teach/environ.pdf	Provides tools and describes approaches to evaluating health literacy barriers to accessing and navigating healthcare facilities

Keep It Short

Bear in mind that leaders are pressed for time. Use excerpts or brief materials to make key points, knowing you have more information if needed. Try to find an incident from your health care setting where poor communication or lack of understanding could have or did end in harm to a patient. This harm may have been short- or long-term, physical, emotional, or mental. Invite your leaders to reflect on their own or their family's care, or to think of a time when it was hard for them to understand health information.

Have a Plan Ready

Be ready with an answer if your leader responds, "So, how do we fix our system to meet the health information needs of the people we serve?" Focus your answer on creating lasting improvements in how your organization communicates with and shows respect for patients and families. This cannot be done by just *educating* providers. It means changing provider *behavior*. In the end, you want your organization to:

- Provide a welcoming care environment that communicates clearly, invites questions, and involves patients in organizational planning.
- Ensure a prepared workforce that uses plain language principles and teach-back to effectively communicate key information that patients and families need to know to care for themselves.
- Use reader-friendly principles in all print and web materials.

To do this, your organization's health literacy team will have to:

- Set an organizational aim.
- Take advantage of existing and new opportunities to educate and train staff.
- Use small tests of change and coaching to start putting health communication skills into practice and build long-term support.
- Work toward measurable goals.

It may work best to break this into parts. Look at the ten attributes of a health literate health care organization and choose one or two areas you want to start with. Begin with one unit, department, condition, or initiative, possibly one already underway. This is important so you can work out the bugs, build support, and embed changes over time, before spreading organization-wide. Build the skills of managers so they can coach staff as they adopt new communication habits. This approach has the added benefit of gaining new champions to help you.

Give the Leader a Role

"What do you want me to do?" may be the next question a senior leader asks. Here is where you want to take advantage of the influence of leaders, who can:

- Assure resources: "Please give me some protected time to work on health literacy."

- Assemble a team: "Can you choose two or three people you think would be great to add to our health literacy team?"
- Channel attention: "Could you make health communication and health literacy a standing agenda item for board, quality committee, and department meetings?"
- Position health literacy as a key organizational objective: "Ask the leaders of our chronic disease management, medication safety, and strategic planning committees to integrate health communication into their goals and objectives."
- Model clear health communication principles and patient involvement: "Use plain language principles in your letters and memos." "Join us for a navigation exercise to see how well patients and families can find their way in our hospital."

Set a Timeline... But Not in Stone

Setting timelines is a basic element of your work with your senior leaders (and yourself). It will help you make clear what you need to get the job done by a certain date. Be realistic and flexible. But put it in writing and review progress with your senior leader.

Establish Aims and Measures

Explain how the attributes of a health literate health care organization[5] and the overarching aims for improvement for health care[6] relate to your aims and measures. Show measures from the following three categories to give an accurate picture of the impact within your system:

- Outcome Measures (voice of the patient): How is the system performing? What are the results?
- Process Measures (voice of the working of the system): Are the parts/steps in the system performing as planned?
- Balancing Measures (looking at different parts of the system): Are changes improving one part of the system but causing new problems in another?

Integrating Health Literacy With Health Care Performance Measurement[7] is a useful starting point for linking health literacy to quality measures and integrating health literacy performance measurement into all aspects of the patient experience.

Crossing the Quality Chasm
Six Overarching Aims for Improving Health Care

Safe: Avoid injuries to patients from the care that is intended to help.

Effective: Avoid overuse of ineffective care and underuse of effective care.

Patient-Centered: Honor the individual and respect choice.

Timely: Reduce waiting for both patients and those who give care.

Efficient: Reduce waste.

Equitable: Close racial and ethnic gaps in health status.

Source: Institute of Medicine Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: The National Academies Press, 2001.

Get On the Schedule and Check In Often

It is critical to meet together regularly and report on your progress, barriers, lessons learned, and resources needed. Senior leaders can't help if they don't know what problems you are facing. They can't recognize progress if they don't know how things are going. During regular updates and reports, your leader can help:

- Solve problems.
- Remove barriers.
- Raise visibility.
- Promote spread throughout the organization.

Make good use of leaders' time. Make your meetings meaningful. Use the tools described in this chapter to help when you talk with senior leaders.

Summary of Key Points

- Give leaders the tools and resources they need to channel attention to health literacy and clear health communication efforts.
- Have a plan that includes a specific role for your senior leader.
- Use tools that fit your senior leader's available time and working style.
- Involve your leader in setting an organizational aim and measurable goals.
- Look for ways to integrate health literacy and clear communication into ongoing quality and safety efforts.
- Use small tests of change to start putting health literacy-related interventions into practice and build support.
- Check in with your senior leader regularly.

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1 Reinertsen J, Pugh M, Nolan T. *Executive Review of Improvement Projects: A Primer for CEOs and other Senior Leaders*. 2005. Available at: http://www.ihi.org/knowledge/Pages/Tools/ExecutiveReviewofProjectsIHI.aspx. Accessed: November 7, 2012.

2 Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition)*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2008. Available at: http://www.ihi.org/knowledge/Pages/IHIWhitePapers/SevenLeadershipLeveragePointsWhitePaper.aspx. Accessed: November 15, 2012.

3 Vernon J, Trujillo A, Rosenbaum S, et al. *Low health literacy: implications for national health policy*. 2007. Available at: http://sphhs.gwu.edu/departments/healthpolicy/CHPR/downloads/LowHealthLiteracyReport10_4_07.pdf. Accessed: March 31, 2014.

4 Koh HK, Berwick DM, Clancy CM, et al. New federal policy initiatives to boost health literacy can help the nation move beyond the cycle of costly 'crisis care'. *Health Affairs*. 2012;31(2). Available at: http://content.healthaffairs.org/content/early/2012/01/18/hlthaff.2011.1169.abstract. Accessed: November 5, 2012.

5 Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington DC: National Academy of Sciences; 2012. Available at: http://iom.edu/~/media/Files/Perspective-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf. Accessed: October 16, 2012.

6 Institute of Medicine Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press; 2001. Available at: http://www.nap.edu/openbook.php?record_id=10027. Accessed: October 16, 2012.

7 DeWalt DA, McNeill J. *Integrating Health Literacy with Health Care Performance Measurement*. Discussion Paper, Institute of Medicine, Washington, DC. 2013. Available at: http://www.iom.edu/Activities/PublicHealth/%7E/media/Files/Perspectives-Files/2013/Discussion-Papers/BPH-IntegratingHealthLiteracy.pdf. Accessed: September 24, 2013.