1 | Introduction

> "Under the stewardship of health care organizations that are committed to being health literate, everyone benefits from communication that is clear and easy to understand." (*Ten Attributes of Health Literate Health Care Organizations, 2012*)

High quality, safe health care depends on clear communication between patients, families, providers, and health systems. Increasingly, health care providers and organizations recognize this and are trying to address health literacy in their daily work. This guidebook is intended to complement the many excellent health literacy resources that already exist and are emerging every day, and to help organizations of any size use them to become health literate health care organizations. Health literate health care organizations "make it easier for people to navigate, understand, and use information and services to take care of their health."[1] A health literate health care organization supports patient-provider communication to improve health care quality, reduce medical errors, facilitate shared decision-making, and improve health outcomes.

The ideas and information in this chapter are designed to help you:

- Recognize health literacy as key to quality, safety, and equity in health care.
- Identify key areas for health literacy improvement to build a health literate health care organization.
- Use this guidebook to effect organizational change and build a health literate health care organization based on the ten attributes of a health literate health care organization.

The goal of this guidebook is to help you move your organization forward in becoming a health literate health care organization.

There are many tools, trainings, guidelines, and other resources to help you engage in organizational change to become a health literate health care organization; the challenge is to use them effectively and reliably.

What does *effectively and reliably* mean? It means that changes need to be tested and polished on a small scale before they are turned into policy. It means that change needs to reach beyond one provider or one department and take root in the organization itself. It means using key health literacy interventions the right way *every* time they are needed. It means using resources to change the behavior and culture of health care teams and organizations, and *embed* and *spread* these changes throughout the system, whether large or small. Organizational and individual behavior change is essential to effectively and reliably integrate and implement health literacy interventions.

What Is Health Literacy?

The most widely used definition of health literacy focuses on how well an individual can succeed at getting, understanding, and using health information and services.

> "Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."[2]

In practice, health literacy is the result of many things acting together at any given moment. These can include schooling, general literacy, culture, language, personal history, state of mind, illness, medication side effects, eyesight, stress, and degree of trust. Expanded definitions see health literacy more broadly:

> "More than just the ability to read and write, health literacy includes the ability to listen, follow directions, fill out forms, calculate using basic math, and interact with professionals and health care settings. It can also include making sense of jargon or unfamiliar cultural norms. Health literacy requires people to apply critical thinking skills to health-related matters."[3]

When we talk about doing health literacy work, or addressing health literacy needs, we really mean both what we are doing to improve communication with the people we serve *and* how we are helping people improve their skills and knowledge about their health.

What does it mean to address health literacy?

Addressing health literacy means improving the way we communicate with patients *and* helping people improve their own skills and knowledge.

What is a Health Literate Health Care Organization?

Participants in the Institute of Medicine (IOM) Roundtable on Health Literacy published a discussion paper on the *Ten Attributes of Health Literate Health Care Organizations*.[1] In this paper a health literate organization is described as easier for people to use, and critical to delivering patient-centered care. They note that anyone may experience low health literacy and have a hard time understanding and acting on health information when they are sick or confronted with a new diagnosis; and that literacy, language, and culture must all be addressed to reduce health disparities.

Reprinted with permission from *Ten Attributes of Health Literate Health Care Organizations*, 2012 by National Academy of Sciences, National Academies Press, Washington, DC.

To be a health literate organization, a health care organization must demonstrate the following:

1. Have leadership that makes health literacy a priority.
2. Integrate health literacy into planning, evaluation, safety, and quality efforts.
3. Prepare the workforce to be health literate, and monitor progress.
4. Include consumers in design, implementation, and evaluation efforts.
5. Create a shame-free care environment to meet the needs of patients with a range of health literacy skills.
6. Use health literacy strategies in interpersonal communication to ensure and check patient understanding.
7. Ensure easy access to health information and services and navigation support.
8. Design and use information that is easy to read, understand, and act on.
9. Address health literacy at high-risk points (eg, care transitions, medicines).
10. Communicate health insurance and health care cost information clearly.

How To Use This Guidebook

Becoming a health literate health care organization will not happen overnight, and it may seem overwhelming. So look at it as a process, recognizing that addressing health literacy in only one or two areas will limit your overall success. This is because providers and patients exchange information at every point of contact in the health care system. Communication can break down anywhere. And even a small error in communication can follow a patient throughout their interactions with the health care system, with the potential for harm.[4]

This guidebook, that originated from ongoing work of UnityPoint Health, formerly known as Iowa Health System, presents health literacy learning and examples from real-world settings and an adaptable approach to becoming a health literate health care organization. Use it as a guide as you address health literacy in *your* setting and to support your journey to better-quality, safer, and more equitable health care.

Key Areas for Improvement

UnityPoint Health's Health Literacy Collaborative identified key health literacy development areas that intersect with the attributes of a health literate health care organization. The guidebook contains the following content chapters and a case study:

- Engaging leadership
- Preparing the workforce
- The care environment
- Involving populations served
- Verbal communication
- Reader-friendly materials
- Case study

Addressing each of these interconnected areas will help as you move toward becoming a health literate organization. This is not a step-by-step process and there is not one correct starting point. You need to make progress in all areas for results you can sustain over time. As you begin, keep in mind that people learn from even small efforts. A small change in one area can be a big step forward. And small improvements encourage people to do more.

Form a Team

You don't have to do it alone. It helps to have a group of people with a variety of perspectives who can identify areas for improvement and the best approaches to take. Consider forming a health literacy team made up of key stakeholders, including patients, families, and community representatives. Once you identify your team members and get everyone up to speed, they will help identify your organization's health literacy priorities and establish aims and goals. The *Health Literacy Universal Precautions Toolkit* http://www.nchealthliteracy.org/toolkit/toollist.pdf contains a useful tool on how to form a health literacy team, along with a number of other tools, resources, tips, and testimonials.

Each Chapter Answers These Questions

We organized each chapter to answer these questions:

Why?	Why do you need to address health literacy issues in this area? Why is it important?
What?	What would success in this area look like? What are the target outcomes? Success may include changes to process, behavior, and attitudes, as well as health outcomes.
How?	What tools, resources, and actions will you use to reach the target outcomes? We include stories and real-world examples from UnityPoint Health and elsewhere.

Each Chapter Addresses These Attributes

Attributes of Health Literate Health Care Organizations	Chapter						
	Engaging Leadership	Preparing the Workforce	The Care Environment	Involving Populations Served	Verbal Communication	Reader-Friendly Materials	Case Study
1. Has leadership that makes health literacy integral to its mission, structure, and operations.	X						X
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.	X						X
3. Prepares the workforce to be health literate and monitors progress.	X	X					X
4. Includes populations served in the design, implementation, and evaluation of health information and services.				X			X
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.			X	X			X
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.		X			X		X
7. Provides easy access to health information and services and navigation assistance.			X			X	X
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.						X	X
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.	X				X		X
10. Communicates clearly what health plans cover and what individuals will have to pay for services.						X	

Start with Any Chapter

After reading this *Introduction*, you may want to review the *Background* chapter for more about health literacy, UnityPoint Health, and the Model for Improvement. Or go straight to one of the six content chapters. The chapters all relate to one another, but each can stand alone. You may be further down the road in some areas than others. A good rule of thumb is to start where you can begin to build a pattern of early success.

Ideally, you should work in more than one area at a time. Eventually, you need to be working in all key areas. Each is necessary, but not sufficient, to bring about improvement. For example, the chapter on *Preparing the Workforce* talks about how awareness and engagement through education, training, and personal stories help providers understand why and how to communicate better with patients, but that is not an end in itself. It has to be coupled with permanent changes in behavior.

Health Literacy Basic Principles

Since beginning to address health literacy, UnityPoint Health has learned much and made advances among staff and doctors in health literacy-related knowledge, attitudes, and behaviors. We have done this in urban and rural hospitals, outpatient clinics, and home health. The following principles reflect some key learning.

Health Literacy is a Universal Issue

It's hard to tell which patients are at risk for not understanding. You don't need to test patients to find out though. According to a statement by new readers at the multi-state 15th Annual New Readers of Iowa Conference in 2004, "A doctor's office is no place for a reading test."[5] It is the duty of *all* health care providers to make sure *all* patients understand. This is not an add-on service. It is part of everyone's job.

Making sure patients understand is simply part of everyone's job.

Low health literacy can affect anyone. People may need extra help for various reasons, like trouble reading, language issues, mental state, or dealing with a complex health condition and its treatment. Being sensitive to health literacy concerns is *not* dumbing down information. *Everyone* benefits from clearer communication, no matter their background.[6]

Health Literacy Affects All Aspects of Care

In its report, *Priority Areas for National Action: Transforming Health Care Quality*, the Institute of Medicine (IOM) calls health literacy and self-management support "cross-cutting priorities for transforming the quality of health care in the U.S."[7]

Health literacy affects all dimensions of health care—preventive, acute, and chronic conditions—and people of all ages. It affects direct patient care, health care systems, and public health interventions. Addressing health literacy is everyone's responsibility, not just those charged with patient education. This includes clinical and non-clinical staff: doctors, nurses, physical and occupational therapists, dietitians, and social workers; it also includes those in laboratories, radiology, billing, public relations, and support services. Improving communication goes beyond improving written materials. It involves changing spoken and unspoken messages and the care environment itself.

What is self-management support?

Self-management support means providing education and help in a systematic way, to build patients' skills and confidence in managing their health problems. This includes regular checks on progress, goal-setting, and problem-solving.

Source: Institute of Medicine Committee on Identifying Priority Areas for Quality Improvement. *Priority Areas for National Action: Transforming Health Care Quality*, 2003.

Health Literacy is Part of Quality Care

> "Health literacy is fundamental to quality care, and relates to three of the six aims of quality improvement described in the *IOM Quality Chasm Report*..." (Institute of Medicine Committee on Health Literacy. *Health Literacy: A Prescription to End Confusion*, 2004)

Those three aims are safety, patient-centered care, and equitable treatment.[8] Here are some examples of how health literacy can relate to each.

Safety: Using plain language and teach-back during medication reconciliation with patients may help reduce medication errors and increase adherence.

Patient-centered care: Making sure patients understand their options and involving them in decision-making helps ensure they get the care they need and want. Understanding patients' lifestyles is important to making self-care information usable and helping them set personal action plans.

Equitable treatment: Clear communication is key to efforts to eliminate health disparities and build cultural and linguistic competence. This includes understanding and responding to cultural and language differences through interpretation and translation services.[9]

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Principal Standard: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Source: U.S. Department of Health and Human Services. Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*, 2013.

Involve Health Care Consumers in Your Health Literacy Work

Involving patients, families, and adult learners is basic to health literacy work. They are the experts in knowing what they understand and need. They can guide you in communicating more clearly. Listening to and learning from their viewpoints, suggestions, and stories helps in many ways. It teaches you about their experiences of care. It builds passion in the organization for making improvement. And it suggests areas for testing and implementing changes to improve communication.

Some important ways in which patients, families, and adult learners can help you advance your organization's health literacy work are to:

- Review and critique written materials.
- Give input to policies and procedures.
- Do a clinical site walk-through.
- Co-present health literacy information.
- Act as liaisons to adult literacy and adult basic education programs.
- Model patient involvement for other organizations.

Help Employees Who Struggle with Literacy

Much of the focus so far has been on limited literacy among patients and families. But it's important to recognize that some employees, who are critical to the ability to deliver quality care, may struggle with reading problems or language barriers. Health care organizations, especially during orientation and training, may assume employees have a certain level of literacy or language skills. When there is a mismatch between what is presented and the employees' ability to understand, a door opens for possible harm to employees, other staff, and patients.

Employees who understand their roles and responsibilities are better able to:

- Protect patients' health and safety.
- Manage their own and their families' health and safety.
- Do their jobs and contribute to the organization.

So, in addition to using clear communication with patients, use it in important employee communications tools as well. For example, use plain language principles in policies, manuals, benefits information, and computer-based learning. Think about ways to develop the general literacy and English language skills of employees and staff. Contact local adult literacy and adult basic education programs to learn about services they provide, and find out how to make referrals to them.[10,11] Consider offering on-site reading, math, and English as a second language (ESL) programs.

Make Changes Last

Here are some recommendations for sustaining health literacy improvement:

- Educate staff and providers. But don't stop there. Education is not the same as behavior change. And changing behavior is key.
- Adapt your ways of delivering health literacy messages, as well as the messages themselves, for different audiences. Your audiences may include any or all of these: boards of directors, senior leaders, quality committees, medical staff, individual doctors, department managers, front-line patient care staff, non-clinical departments like billing, marketing, public relations, and non-clinical support staff like transportation, housekeeping, dietary, engineering services.
- Test your changes in varied settings with different people and at all times of the day, week, and year. Learn what works best and solve the problems before you move to widespread implementation.
- Integrate health literacy into organizational initiatives, policies, procedures, meeting agendas, and reports to senior leaders.
- Embed your improvements in standard operating procedures like competency assessments, job descriptions, and performance reviews. Use other strategies to be sure improvements will be sustained over time and continually improved.
- Spread your health literacy messages and interventions to strategic points throughout the organization. This will help you grow champions and build knowledge, skill, buy-in, and will. Involve patients in the process. Remember, they are the experts in what they understand and what they need to know.
- Collaborate with colleagues within and outside your organization.

- Assess your progress as you go. This is important to sustaining change beyond the single project or person phase. The complex nature of health literacy makes it hard to measure its direct impact on patient outcomes. You may find related measures useful, such as patient or staff satisfaction, and markers of understanding or adherence, like keeping follow-up appointments or procedure cancellation rates.

What We Did and How

UnityPoint Health uses the Model for Improvement,[12,13] with Plan-Do-Study-Act (PDSA) cycles, and coaching in its health literacy initiative. Some examples in this guide are based on these strategies. That doesn't mean you have to do the same. There are other useful approaches.

We do recommend you start with small steps—small tests of change—to build confidence and buy-in. For example, try using a new communication technique with the last patient of the day. This helps lessen concern about it taking too much time. As you gain confidence and comfort with this skill, expand to more patients, conditions, and settings. And then share it with colleagues.

Summary of Key Points

- Health literacy is basic to quality, safety, and equity in health care.
- To improve health literacy, we need to change how people and organizations behave. And we need to embed and spread those changes in the system.
- This book is laid out according to areas UnityPoint Health found useful in its health literacy work as they relate to the attributes of a health literate health care organization.
- Use this book as a guide, rather than a step-by-step manual. Begin where it makes sense to you and your organization, and move from there.
- Use whatever improvement or change strategy works best for you, but start small and build on your success.
- You need to make progress in all areas for results that will last.

1 Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington, DC: National Academy of Sciences; 2012. http://iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf. Accessed: September 23, 2013.

2 Ratzan SC, Parker RM. Introduction. In: *National Library of Medicine Current Bibliographies in Medicine: Health Literacy*. NLM Pub. No. CBM 2000-1. Selden CR, Zorn M, Ratzan SC, Parker RM, eds. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services. 2000.

3 U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Quick Guide to Health Literacy. Available at: http://www.health.gov/communication/literacy/quickguide/. Accessed: October 16, 2012.

4 American Medical Association Foundation and American Medical Association. *Health Literacy and Patient Safety: Help Patients Understand: Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment*. Chicago, IL: 2007. Available at: http://www.ama-assn.org/ama1/pub/upload/mm/367/hl_monograph.pdf. Accessed: October 16, 2012.

5 Osborne H. *Health and literacy working together: A health literacy conference for new readers and health professionals*. 2004. Available at: http://www.healthliteracy.com/article.asp?PageID=7493. Accessed: October 16, 2012.

6 DeWalt DA, Callahan LF, Hawk VH, et al. *Health Literacy Universal Precautions Toolkit*. AHRQ Publication No. 10-0046-EF. Rockville, MD. Agency for Healthcare Research and Quality. April, 2010. Available at http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf. Accessed: October 18, 2012.

7 Institute of Medicine Committee on Identifying Priority Areas for Quality Improvement. *Priority Areas for National Action: Transforming Health Care Quality*. Adams, K, Corrigan, JM, eds. Washington, DC: The National Academies Press; 2003. Available at: http://www.nap.edu/openbook.php?record_id=10593&page=1. Accessed: October 16, 2012.

8 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.

9 U.S. Department of Health and Human Services. Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. Washington, DC: 2013. Available at: http://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf. Accessed: June 25, 2013.

10 Literacy Information and Communication System, (LINCS). Available at: www.literacydirectory.org. Accessed: October 16, 2012.

11 ProLiteracy. Available at: http://www.proliteracy.org/our-solutions/referral/national-literacy-directory. Accessed: September 23, 2013.

12 Institute for Healthcare Improvement: *Model for Improvement*. Available at: http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/. Accessed: October 16, 2012.

13 Langley GJ, Moen RD, Nolan KM, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. 2nd ed. San Francisco, CA: Jossey-Bass; 2009.