

Addressing Health Literacy within a Large Urban Academic Medical Center

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Background

- Healthy People 2030 is shifting accountability for health literacy (HL) from an individual to a healthcare system focus
- Addressing HL as an overarching goal and foundational principle for quality measures (Santana et al., 2021)
- The National Academy of Medicine (NAM) developed the Ten Attributes of a Health Literate Health Care Organization (HLHO) to help create an operational framework
- Organizational health literacy (OHL) involves system-level factors like education, health services, and social and cultural influences (Brennan, 2020)
- A comprehensive evaluation was needed to provide a foundation for assessing and enhancing OHL

Purpose

- This project serves three primary purposes:
 - Contribute to a broader evidence base about OHL
 - Inform decision-making aimed at the improvement of organizational practices
 - Advocate for an increased focus on HL within the organization

Methods

- Health Literate Healthcare Organization 10-Item Questionnaire (HLHO-10), based on Brach et al.'s (2012) Ten Attributes of a Health-Literate Health Care Organization was distributed to employees engaged in direct care
- The HLHO-10 measures the extent to which an organization considers and promotes the HL of patients using a 7-point Likert-type scale
- A gap analysis tool from the Agency for Healthcare Research and Quality (AHRQ) was used to:
 - Compare the best practices with the processes that are currently in place
 - Determine actionable "gaps"
 - Provide data to create a foundation for best practices in the study setting (Agency for Healthcare Research and Quality [AHRQ], 2017)Research and Quality [AHRQ], 2017)

Greater emphasis on healthy literacy as an institutional goal **can improve** education, competency, and confidence.



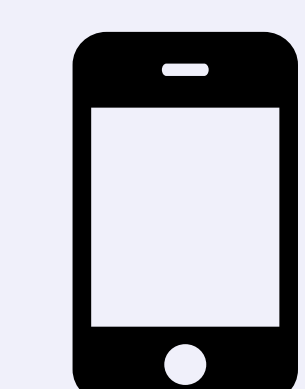
Important gaps can be **addressed** to **evolve** as a health-literate organization.

Results

- 315 surveys were started, and 293 (93%) were completed. Due to missing information, 22 surveys were removed from the analysis
- The mean response of all items was 4.18 (moderate) on a 7-point scale
- Highest rating was given to "uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact" with an M = 4.75 (SD = 1.529)
- Employees provided the lowest rating for:
 - Do you communicate openly and comprehensibly at your hospital to your patients in advance about the costs that they have to pay for treatment (attribute 10) (M = 3.20; SD = 1.903)
 - Are employees at your hospital trained on the topic of HL (attribute seven) (M = 3.66; SD = 1.734)
 - Is health information at your hospital developed by involving patients (attribute eight) (M = 3.87; SD = 1.712).
- Gap analysis revealed an opportunity for additional staff education and the value of developing organizational goals to address HL

Conclusion

- Recommendations include the creation of organizational goals, designing and implementing HL training, and implementing an HL survey into the database assessment to be completed upon admission
- Widespread adoption of HL training programs would improve healthcare delivery to low-health literate patients (Mackert et al., 2011)
- Interactive training could facilitate enhancing the knowledge and confidence levels among staff as they provide patient care (Gibson et al., 2022)
- Development of policies addressing HL practices to ensure this is an organizational priority
- Creating a position for HL specialists to establish and maintain goals of becoming an HLHO



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