HEALTH LITERATE ORGANIZATIONS
Assessing Health Literacy within a Healthcare Organization

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Purpose
The purpose of this scholarly project was to assess the health literacy knowledge of an Interdisciplinary team (IDT) and develop a health literacy improvement plan for the IDT at the using the “Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit (Brega et al., 2015)

Background
Major Health literacy study found 36% of population had difficulty understanding medical instructions and health materials
Health Literacy includes, patient, health care provider & health care organization
Complexity of our current healthcare system requires coordination of multiple health care providers
3 major documents exist to build a comprehensive organized plan to increase the health literacy.
The National Action Plan To Improve Health Literacy,
The 10 Attributes of a “Health Literate Organizations
The AHRQ Health Literacy Universal Precautions Toolkit

Implications for Practice
Improvement and development of AHRQ Tools
Adherence to ACA provisions on health promotion and health prevention
Process for building a health literate organization
Assist in development of reliability and validity of the AHRQ Tools
Increase in healthcare organizations support for health literacy
Increases shared decision making
Impact organizational policy related to health literacy
Creates evidence based recommendations in health literacy
Change program practice for increased patient activation and engagement

Methods
The Assessment Questionnaire from the AHRQ toolkit was completed by 12 members of the PACE Interdisciplinary team. The team was considered a convenience sample.
The 51question assessment determined the baseline understanding of the current health literacy practices in the PACE program along with focused priorities for the implementation of the tools provided in the toolkit.
The Health Care Literate Model guided the project design, implementation, and evaluation. The project design specifically addressed the strategies for health literacy

Assessment Questionnaire Question
50% or higher response not doing or not sure
# 7: Our Health Literacy Team understands how to implement and test changes designed to improve performance.
# 22: If there is an automated phone system, one option is to speak with a person.
# 28: Our practice's patient education materials are concise, use plain language, and are organized and formatted to make them easy to read and understand.
# 30: Our practice's forms are easy to understand and fill out, and collect only necessary information.
# 31: Lab and test results letters are concise, use plain language, and are organized and formatted to make them easy to read and understand.
# 43: Staff members assess patients ability to pay for medicines
# 44: Staff members connect patients with medicine assistance programs, including helping them fill our applications as needed

AHRQ Toolkit
Tool 2: Raise awareness
Tool 3: Develop a Health Literacy Plan (deliverable from project)
Tool 7: Telephone considerations
Tool 11: Design easy to read materials
Tool 12: Use health education Material effectively
Tool 16: Improve medication adherence and accuracy
Tool 19: Medication Resources

Results

PRACTICE CHANGES
There is no health literacy team or advocates
91% there is no defined health literacy goals
84 % identified no current practices for patients to navigate or understand health information or services

WRITTEN COMMUNICATION
66 % state no feedback from patients on health education materials
75% identified not having clear concise language for written materials and if laboratory tests were written in plain language

SPOKEN COMMUNICATION
65% state the site is not
using three to five talking points.
using audio/video materials to assist with education
providing instruction on equipment
using the teach back method
assistance using internet resources
routinely reviewing medications and supplements
with return demonstration on medication administration

SUPPORT SYSTEMS
70% did not know if patients ability to pay was assessed.
70% did not know if connected with medication assisted programs.

Conclusions
Measurement of current understanding of PACE practices related to health literacy
Clarified need for improved health literacy practices
Assisted PACE IDT to focus on immediate needs
Reported confidence to make changes with efficient use of resources
Quality Improvement Plan delivered to Executive director

References

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