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WHO Collaborating Centre for Health Promotion in Hospitals and Health Care

Working Group on "HPH and Health Literate Health Care Organizations"

Workshop

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26th International HPH Conference, June 7th, 2018

Overview

Time	Content
14:30 – 14.45	Introduction and whispering round

14.45 – 15.00	Definitions, concepts & introduction to working group
	• Health literacy: definition
	• Health literate health care organization: definition
	The Vienna Concept of Health Literate Health Care Organizations (V-HLO)
	• Working group on "HPH & HLO"
	  • Members, aim, term of references
	  • Results of the working group (current state):
	(1) Draft version of International Self Assessment Tool OHL in health care organizations (hospitals) – SAT-OHL-HC-HOS
	(2) Manual for the International Self Assessment Tool OHL in health care organizations

15.00 - 15.20	Group work
15.20 – 15.35	Discussion of the results of the group work
15.35 – 16.00	Next steps & closing

DEFINITION OF HEALTH LITERACY FOLLOWING THE INTEGRATED DEFINITION OF HLS-EU

The HLS-EU comprehensive & integrated definition

Health literacy is linked to literacy and it entails people's

knowledge, motivation and competences

to access, understand, appraise and apply information

to take decisions in everyday life

in terms of healthcare, disease prevention and health promotion

to maintain and improve quality of life during the life course.

(The HLS-EU Consortium – Sørensen et al. 2012)

Effects of low health literacy for use and outcomes of health care

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Empirical evidence from the USA shows that persons with low health literacy …

- Use less preventive services
- Need more emergency treatment
- Have more hospital admissions
- Have more problems to understand health related information
- Are less able to take their medications correctly and have worse self-management
- Are less able to co-produce in treatment and care
- Have worse treatment outcomes
- Have higher risks of complications
- Have more unplanned readmissions
- Cause 3-5% of treatment expenses (Eichler, Wieser & Brügger 2009)

→ Improving health literacy in health care contributes to strengthening effectiveness and efficiency of the healthcare system! (Berkman et al. 2011, Brach et al. 2012)

Health Literacy is a key concept in WHO's Health Promotion!

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Relation of HL to Health Promotion

- **Ottawa Charter** (WHO 1986)
  - „HP is the process to enable people to increase **control** over, and to improve their health"
  - HP principles: **Enable**, Mediate, Advocate
  - Action area 1: Build healthy **public policy** (HLiaP)
  - Action area 2: Create **supportive environments** (HL Settings)
  - Action area 4: Develop **personal skills** (HL competences)
  - Action area 5: **Reorient health services** (HLHCO)
- HL is critical to **empowerment** (WHO 1998)
- HL is an **outcome of HP** (Nutbeam 1998)
- HL is a **social determinant** of health

Specific added input/value of HL

1. HL focuses on **information management & communication** of people in different roles & settings
2. HL is a **measurable** concept with different **instruments** available from a long **literacy** tradition
3. Evidence for **social gradient** of HL
4. Evidence that HL has an **impact** on
   - **health care**
   - **health behaviors**
   - **Health status**
   - **Illness behavior**
5. HL is a **modifiable** health related social determinant, mediator, moderator of health
6. Effective **interventions** to deal with low HL or improve HL are available

THE RELATIONAL CHARACTER OF HEALTH LITERACY OFFERS DIFFERENT STRATEGIES TO DEAL WITH LOW HEALTH LITERACY – ALSO WITHIN HEALTH CARE

Health Literacy as a relational concept – consequences for measurement and interventions

Measure personal HL competences

Measure fit of HL competences to HL demands

Measure situational HL demands and support

(Parker, 2009)

Improve individual / population HL by offers for personal learning (education, training)

Compensate for HL deficits of disadvantaged groups by specific compensatory measures

Improve organizational HL by reducing situational demands & offering specific institutional support → develop health literate settings

A HEALTH LITERATE HEALTH CARE ORGANISATION – A DEFINITION OF THE INSTITUTE OF MEDICINE (IOM)

IOM Definition of Health Literate Health Care Organizations

"A health literate organization makes it easier for people to navigate, understand, and use information and services to take care of their health."

(Brach et al. 2012)

This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

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OF THE NATIONAL ACADEMIES
Advising the nation • Improving health

Ten attributes of health literate (health care) organizations

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A health literate organization …

1. Has leadership that makes HL integral to its mission, structure, and operations.
2. Integrates HL into planning, evaluation, patient safety, quality improvement.
3. Prepares the workforce to be HL and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of HL skills & avoids stigmatization.
6. Uses HL strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services & navigation assistance.
8. Designs / distributes print, audiovisual, social media content that is easy to understand and act on.
9. Addresses HL in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

■ General Change / quality / risk management ■ Relating to participation principle ■ Specific HL content

(Brach et al. 2012)

Limitations of IOM-attributes and goals for Vienna concept

- Limitations of IOM concept:
  - Starting from limitations of rather specific individualistic health literacy research, but still with a clinical bias
  - Narrow understanding of stakeholders (mainly patients) and of functions (mainly treatment of patients) of HLHCO

- Goals for the Vienna concept:
  - Health literacy is a core concept of health promotion and health promotion a relevant aspect of quality in reoriented health services
  - Comprehensive & relational understanding of health literacy
  - Integration of health literacy in strategies of the comprehensive setting approach of Health Promoting Hospitals
  - Making more explicit use of quality methodology

THE VIENNA CONCEPT OF A HEALTH LITERATE HEALTH CARE ORGANIZATION: CONCEPT (V-HLO) & SELF-ASSESSMENT TOOL FOR HOSPITALS (V-HLO-I)

HL is relational

Personal
Competences / abilities

Health literacy

& comprehensive!

Situational
Demands / complexity

Health information

Ask, investigate, use contacts, …	Find	Availability, accessibility
Education (literacy, numerady, language competence …)	Understand	Language, Reading level, Images, Layout, …
Life experience, judgment, …	Appraise	Availability of references, evidence
Practical & problem-solving abilities creativity …	Apply	Applicability of content & individualized support (e.g. consultation)

Steps and methods of Vienna-HLO study

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- Comprehensive literature search on health literate healthcare organizations
- Cross-check with other healthcare reform movements
  - Quality movements
  - Health Promoting Hospitals & Health Services
- Development of a cognitive map & model
- Development of standards, sub-standards and indicators for an organizational self-assessment tool
- Standards development according to the criteria of the International Society for Quality in Healthcare (ISQua)
  - Identification & translation of indicators – 113 Indicators from 20 instruments
  - Development of 47 new indicators for areas not covered in the literature (especially HL of staff, lifestyle development)
  - Expert consultation
- Feasibility study in 9 Austrian hospitals, self-assessment & questions on tool, follow-up interviews with coordinators
- Revision of self-assessment tool based on results of this study
- Tool-box for improving organizational health literacy
- Publications in German language, publications in English language in preparation

Cognitive map of the Vienna-HLO concept and self-assessment-tool

HL of / HL for	Stakeholder groups			D) Organizational structures & processes – capacities implementation
	A) Patients	B) Staff	C) Community	
1) Access to, living & working in the organization	A1) HL for living & navigating	B1) HL for navigating & working	C1) HL for navigating & access	Di) Basic principles & capacity building for implementing HL Dii) Monitoring of HL structures & processes Diii) Advocacy & networking for HL
2) Diagnosis, treatment & care	A2) HL for co-producing health	B2) HL for health literate patient communication	C2) HL for co-production of continuous & integrated care	
3) Disease management & prevention	A3) HL for disease management & prevention	B3) HL for disease management & prevention	C3) HL for disease management & prevention	
4) Healthy lifestyle development	A4) HL for healthy lifestyle development	B4) HL for healthy lifestyle development	C4) HL for healthy lifestyle development	

WORKING GROUP ON HPH & HLO

THE HPH-GB APPROVED THE WORKING GROUP IN DECEMBER 2016!

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Working group on HPH & HLO – its members

Members	Organization	Country
Pietro DEL GIUDICE	University of Udine	Italy
Christina DIETSCHER	Austrian Ministry of Health and Women's Affairs	Austria
Sally FAWKES	Member of the HPH Governance Board, coordinator of the Australian HPH Network, senior lecturer at La Trobe University	Australia
Kjersti FLØTTEN	Norwegian HPH network – Akershus universitetssykehus HF	Norway
Oana GRÖNE	Gesundheit für Billstedt/Horn UG	Germany
Gilles HENRARD	Département de Médecine Générale de l'Ulg	Belgium
Kai KOLPATZIK	AOK Bundesverband	Germany
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Eva LEUPRECHT	WHO-CC-HPH at Gesundheit Österreich GmbH (Austrian Public Health Institute, short: GOEG)	Austria
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Christa RUSTLER	German Network of Tobacco Free Hospitals & Healthcare Services	Germany
Kristine SØRENSEN	Global Health Literacy Academy	Denmark
Ragnhild SPILKER	Norwegian Centre for Migration and Minority Health (NAKMI)	Norway
Ying-Wei WANG	Director-General, Health Promotion Administration, Ministry of Health and Welfare	Taiwan

Aim:

… to develop an international draft version based on the Vienna concept (V-HLO) and it´s tool (V-HLO-I) by adapting it to different health care contexts on the basis of different national feedback received.

Working group on HPH & HLO – terms of reference

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Its terms of reference are:

1. Adaptation to and translation of tools and indicators for different health care contexts based upon the "Vienna Concept of a Health Literate Health Care Organization (V-HLO)" and recent developments for monitoring, benchmarking and improving organizational HL in health care;
2. Giving examples on best evidence practices of HLO related to HPH models and tools (evidence, staff competences and patient preferences);
3. Disseminate best practice examples of HLO and HPH models and tools through the International HPH Network;
4. Support the increase of health professionals' competence on health literate health care;
5. Establishing a database for health literate hospitals and health services programs.

Steps and methods of the development of the International Self-Assessment Tool

- **Methods:**
  - Feedback rounds on the V-HLO-I tool
  - Literature research
- **Participants:**
  - Working Group members
- **Aim was to explore whether:**
  - Standards / sub-standards / indicators **are relevant** for the working group´s members health care system
  - The Wording of the standards / sub-standards / indicators are **clear enough**
  - Standards / sub-standards / indicators are **easily possible to translate** into the working group´s members language
  - Indicator(s) relevant for the working group´s members health care system **are missing** in the self-assessment tool

Feedback rounds took place between September 2017 and May 2018

RESULTS (UP TO NOW)

(1) DRAFT VERSION OF THE INTERNATIONAL SELF ASSESSMENT TOOL OHL IN HEALTH CARE ORGANIZATIONS (HOSPITALS) – SAT-OHL-HC-HOS –

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The 9 standards of the SAT-OHL-HC-HOS

(with 23 sub-standards, 127 indicators)

1. Provide (organizational) capacities, infra-structures & resources for health literacy in the organization
2. Develop & evaluate materials and services in participation with users
3. Qualify staff for HL communication
4. Develop a supportive environment – provide navigation assistance
5. Apply HL communication principles in all routine communications – in spoken, written, audio-visual and digital communication & by providing interpreting and translation support
6. Improve personal HL of patients & significant others by learning offers
7. Improve personal HL of staff by learning offers
8. Improve HL in the organization's community & catchment area
9. Share experiences & be a role model for HL in the HC community

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Standard 1:

Organizational health literacy is integrated into organizational structures, processes, culture and assessment of the health care organization.

Objective: Make health literacy a priority across all levels of the organization and across all communication channels

Sub-standards

1.1 The leadership / management of the organization is committed to monitoring and improving organizational health literacy.

1.2 The organization accepts health literacy as an organizational responsibility (5 indicators).

1.3 The organization ensures the quality of organizational health literacy interventions by quality management measurement (9 indicators).

Standard 2:

The organization involves relevant patient and staff groups by active participation in development and evaluation of specific documents, materials and its services related to promoting organizational health literacy.

Objective: Develop and evaluate materials and services in a participatory manner

Sub-standards:

2.1 The organization involves patients in the development and evaluation of patient-oriented documents, materials and its services (4 indicators).

2.2 The organization involves staff in the development and evaluation of staff oriented documents, materials and services (2 indicators).

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Standard 3:

Health literacy is part of staff development. The organization has curricula for basic and continuous staff training in patient communication following principles of health literacy.

Objective: Build health literacy skills of staff for patient communication

Sub-standards:

3.1 Health literacy is understood as an essential professional competence for all the staff working in the organization. This is confirmed by documents such as job advertisements, staff development plans etc. (6 indicators).

Standard 4:

The organization is designed with features that help people find their way and uses language, symbols and signage that is easy to understand also by users with low levels of (health) literacy.

Objective: Provide easy-to-access health information and services – ensure navigation assistance

Sub-standards:

4.1 The organization enables first contact via website navigation and telephone (14 indicators).

4.2 The organization provides the information necessary for arrival and hospital stay (5 indicators).

4.3 Support is available at the main entrances to help patients and visitors (7 indicators).

4.4 The navigation system of the organization is clear and easy-to-understand (8 indicators).

4.5 Health information for patients and visitors is available for free (4 indicators).

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Standard 5:

Patient communication follows health literacy best practices. This is applicable to all forms of communication and to diverse situations, e.g. admission, anamnesis, ward rounds and discharge. Thereby, communication needs of all patient groups are considered.

Objective: Use health literacy best practices in patient communication

Sub-standards:

5.1 Spoken communication with patients is easy-to-understand and act on (9 indicators).

5.2 Design and distribution of written materials are easy-to-understand and act on (5 indicators).

5.3 Design and distribution of computer applications and new media are easy-to-understand and act on (4 indicators).

5.4 Information and communication in native language is offered by specific, trained personnel and material resources (11 indicators).

5.5 Easy-to-understand and act on communication, also in high-risk situations, is seen as a necessary safety measure (7 indicators).

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Standard 6:

The organization promotes health literacy of patients and their relatives beyond stay in the hospital (as far as possible and partly in cooperation with primary care professionals and social networks outside the hospital).

Objective: Improve health literacy of patients and relatives beyond hospital stay

Sub-standards:

6.1 The organization supports patients in gaining and improving their health literacy with regard to their disease-specific self-management (6 indicators).

6.2 The organization supports patients in gaining and improving their health literacy with regard to development of more healthy lifestyles (2 indicators).

Standard 7:

The organization promotes health literacy of staff both with regard to the self-management of occupational health and safety risks and with regard to healthy lifestyles.

Objective: Improve health literacy of staff

Sub-standards:

7.1 The organization supports staff in developing and improving their own health literacy for self-management of occupational health and safety risks (8 indicators).

7.2 The organization supports staff in developing and improving their health literacy for healthy lifestyles (2 indicators).

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Standard 8:

When discharged, patients are well informed about their future treatment and recuperation process. The organization is publicly engaged, and collaborates with others to improve population health.

Objective: Contribute to improvement of health literacy in the region

Sub-standards:

8.1 The organization promotes continuous and integrated care (11 indicators).

8.2 The organization contributes to the improvement of health literacy of the local population within the realm of its possibilities (3 indicators).

Standard 9:

The organization actively supports and promotes the implementation of organizational health literacy practices beyond its boundaries in the region.

Objective: Share experiences and act as role model

Sub-standards:

9.1 The organization supports the dissemination and further development of health literacy in the region and beyond (5 indicators).

… RESULTS (UP TO NOW)

(2) DRAFT VERSION OF THE MANUAL FOR THE INTERNATIONAL SELF ASSESSMENT TOOL OHL IN HEALTH CARE ORGANIZATIONS – SAT-OHL-HC-HOS –

Manual for the International Self Assessment Tool OHL in health care organizations – Table of Content

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Rationale(s) to Standard 1 and its Sub-Standards

In a health literate organization:

Standard 1. Organizational health literacy (OHL→ see glossary) is integrated into organizational structures, processes, culture and assessment of the health care organization.

Rationale: Since health literacy of patients´ impacts outcomes of health care, health literate organizations see improving organizational health literacy (OHL) as a main value of the organization. To achieve this a health literate health care organization makes health literacy an integral element of its structures, processes, culture and assessment. This requires the management to establish and maintain a culture whereby health literacy is considered as part of all decision making within the organization. By this a health literate health care organization establishes commitment to foster and improve health literacy through health care practices employed at all levels of the organization and by integrating health literacy into planning, evaluation measures, service user safety and quality improvement (Brach, et al., 2012). Health literacy has to pervade the whole organization (Brach 2017).

Sub-Standard 1.1. The leadership/management of the organization is committed to monitoring and improving organizational health literacy.

Rationale: Leaders and managers have a crucial role in management, organizational development and change management of organizations. That holds true also for developing a more health-literate organization. Organizational health literacy is an aspect of the quality of an organization. As for all improvement of quality organizational health literacy has first to be measured and monitored before it can be improved in a targeted way. Based on monitoring results adequate interventions / measures for improvements have to be selected, adapted, decided, implemented and their effects be evaluated and continuously monitored. Therefore, organizational leaders need to not only to communicate the importance of health literacy, but they have to drive an organization's health literacy by reinforcing goals and expectations, and by modelling expected behaviours (Brach 2017). Leaders and managers in a health-literate health care organization have to ensure that health literacy is built into all aspects of the organization, explicitly measured and monitored, and continuously improved (Ministry of Health 2015).

Sub-Standard 1.2. The organization accepts health literacy as an organizational responsibility.

Rationale: Organizational responsibility is a company's responsibility for the impact of its activities on society and the environment. When health literacy becomes an integral part of organizational (social) responsibility the organization contributes to a healthy population, to social innovation, economic performance and sustainable development (see: UN Sustainable Development Goals; https://www.un.org/stustainabledevelopment/sustainable-development-goals). To incorporate health literacy as an organizational responsibility a number of measures have to be taken:

- The management supports the topic.

GROUP WORK

Group work (20 minutes)

➔ Please build **working groups** of 2-3 persons

➔ Please agree who will be responsible for **documentation** and **presentation** of discussion to the audience

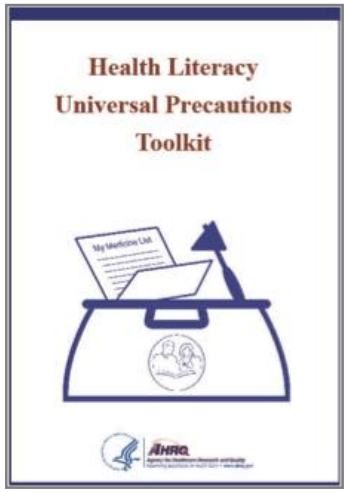
➔ Please consider the following questions:

1. **To which other settings the tool should be adapted in the next step? (e.g. pharmacies, GP,…)**
2. **Who is interested in participating in the pilot-testing and is ready to translate the tool to your language?**
3. **Which indicators should be selected as core indicators? What is the rational of this selection?**

Outlook

- Last adaptation of the final draft of the comprehensive version of the international tool
- Pilot-testing in different countries (Fine-tune tool with M-Pohl before piloting): Are the indicators understandable, doable, relevant?
- Development of an international light version of the self-assessment- tool
- Development of a tool for different wards / different settings

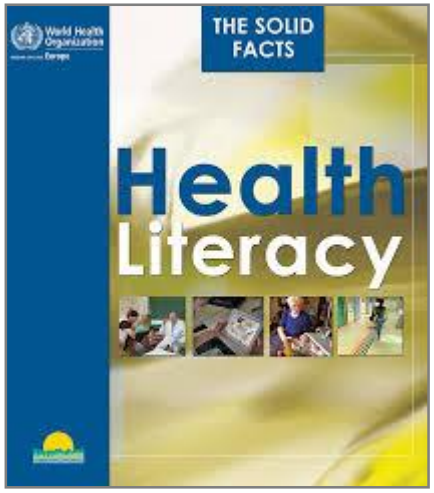
Sources for good Practice Health Literacy Interventions and Measures



DeWalt, DA., Callahan, LF., Hawk, VH., Broucksou, KA., Hink, A. (2010): Health Literacy Universal Precaution Toolkit. Edited by the Agency for Healthcare Research and Quality. http://www.nchealthliteracy.org/toolkit/Toolkit_w_%20appendix.pdf

World Health Communication Association. (2011): Health Literacy „The Basics“ Revisited Edition.

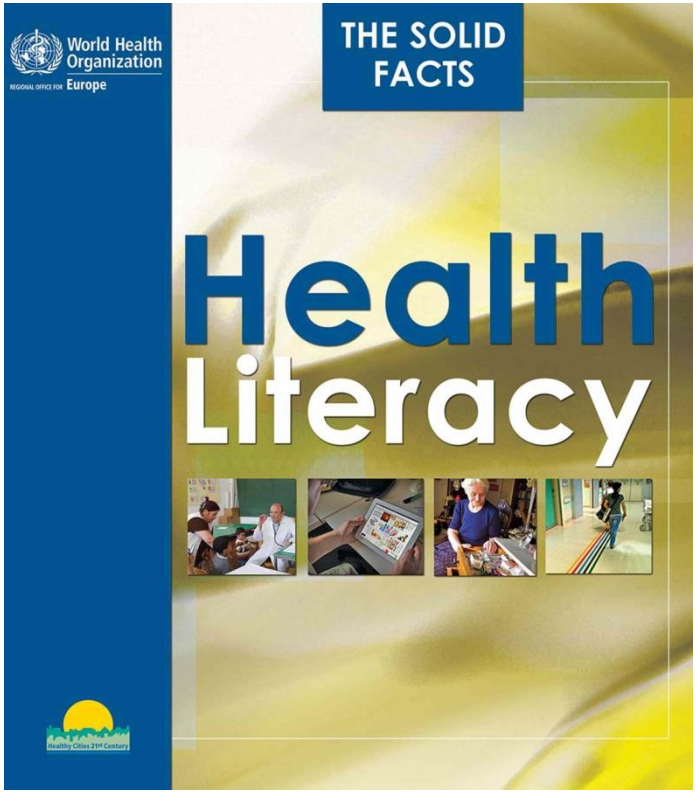
http://www.whcaonline.org/uploads/publications/WHCAhealthLiteracy-The%20Basics.pdf



WHO Regional Office for Europe (2013): Health Literacy. The Solid Facts.

http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf

Reference: Examples for strengthening health literacy–friendly settings



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http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf

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Thank you very much for your attention!

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