

Organizational Change to Improve Health Literacy

WORKSHOP SUMMARY

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Roundtable on Health Literacy

Board on Population Health and Public Health Practice

INSTITUTE OF MEDICINE
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*“Knowing is not enough; we must apply.
Willing is not enough; we must do.”*
—Goethe



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¹ The planning committee's role was limited to planning the workshop, and the workshop summary has been prepared by the workshop rapporteurs as a factual summary of what occurred at the workshop. Statements, recommendations, and opinions expressed are those of individual presenters and participants, and are not necessarily endorsed or verified by the Institute of Medicine, and they should not be construed as reflecting any group consensus.

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¹ Institute of Medicine forums and roundtables do not issue, review, or approve individual documents. The responsibility for the published workshop summary rests with the workshop rapporteurs and the institution.

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This workshop summary has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise, in accordance with procedures approved by the National Research Council's Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published workshop summary as sound as possible and to ensure that the workshop summary meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the process. We wish to thank the following individuals for their review of this workshop summary:

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Although the reviewers listed above have provided many constructive comments and suggestions, they did not see the final draft of the workshop summary before its release. The review of this workshop summary was overseen by **Harold J. Fallon**, Medical University of South

Carolina. Appointed by the Institute of Medicine, he was responsible for making certain that an independent examination of this workshop summary was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this workshop summary rests entirely with the rapporteurs and the institution.

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The Roundtable wishes to express its gratitude to the following speakers for their interesting and thoughtful presentations: Mary Ann Abrams, Thomas Bauer, Lori Hall, Paloma Izquierdo-Hernandez, Karen Komondor, Sabrina Kurtz-Rossi, Bridget McCandless, Laura Noonan, Terri Ann Parnell, Audrey Riffenburgh, Karen Rogers, Ricardo Wray, and Shonna Yin. The roundtable also wishes to extend its appreciation to the planning committee members: Mary Ann Abrams, Cindy Brach, Benard Dreyer, Paul Schyve, and Ricardo Wray.

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Introduction

The Board on Population Health and Public Health Practice of the Institute of Medicine (IOM) established the Roundtable on Health Literacy to foster dialogue and discussion to advance the field of health literacy and improve the translation of research findings to health care, education, and policy. The roundtable strives to enhance mutual understanding of health literacy among the health community and the general public and to provide a mechanism that fosters collaboration among stakeholders. To accomplish its purpose, the roundtable brings together leaders from academia, industry, government, foundations, and associations and representatives of patient and consumer interests who have an interest and role in improving health literacy. It also commissions papers and conducts workshops to inform its meetings.

Although health literacy is commonly defined as an individual trait, there is a growing appreciation that health literacy does not depend on the skills of individuals alone. Health literacy is the product of the interaction between individuals' capacities *and* the health literacy-related demands and complexities of the health care system. System changes are needed to better align health care demands with the public's skills and abilities.

In early 2012, members of the roundtable published a discussion paper that focused on the attributes of a health literate health care organization or system. That paper detailed 10 attributes of a health literate health care organization, along with references and suggestions on how

BOX 1-1
Ten Attributes of a Health Literate Health Care Organization

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate 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 health literacy skills while avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Addresses health literacy 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.

SOURCE: Brach et al., 2012.

to achieve those attributes¹ (see Box 1-1). Achieving those attributes requires not only knowledge about health literacy but also a focus on systems and organizational change.

To examine what is known about implementation of the attributes of a health literate health care organization, the roundtable held a workshop on April 11, 2013, to

1. discuss implementation approaches (e.g., how to overcome resistance/obstacles, how to garner resources);
2. share tools that are useful in implementing specific health literacy strategies;
3. create a network of health literacy implementers who can share information about health literacy innovations and problem solving;

¹ The full text of the discussion paper “Ten Attributes of Health Literate Health Care Organizations” can be found online at <http://www.iom.edu/Global/Perspectives/2012/HealthLitAttributes.aspx>.

4. establish lines of communication between health literacy implementers and roundtable members; and
5. inform the roundtable and its members about the needs of health literacy implementers in order to inform future roundtable activities.

The workshop (see Appendix A for the agenda) was organized by an independent planning committee in accordance with the procedures of the National Academy of Sciences. The planning committee comprised Mary Ann Abrams, Cindy Brach, Benard Dreyer, Paul Schyve, and Ricardo Wray. The role of the workshop planning committee was limited to planning the workshop. Unlike a consensus report, a workshop summary may not contain conclusions and recommendations, except as expressed by and attributed to individual presenters and participants. Therefore, this report has been prepared by the workshop rapporteurs as a factual summary of what occurred at the workshop.

Those invited to present were identified as health literacy implementers, that is, they were individuals who had responsibility for implementing health literacy across their organizations; were involved as leaders or champions for health literacy within their organizations; or were involved in implementing health literacy in a “real-world” setting, that is, dealing with competing priorities, resource constraints, and organizational politics. Each speaker was asked to address the following five questions:

1. What generated interest in improving health literacy in your organization?
2. What general strategies did you use to move health literacy forward? For example, did you recruit leadership support? Did you first focus on small projects and then use the successes of those projects to convince others of the importance of health literacy?
3. What factors facilitated implementation of changes to improve health literacy?
4. What factors were barriers to implementation of changes to improve health literacy?
5. How will the implementation of changes to improve health literacy in your organization be maintained over time?

Three panels of speakers addressed the questions above. During the planning phase of the workshop, it became clear that there was not a clear organizing principle for the groupings of speakers. In practice, the lines between different attributes are often blurred, and the presentations reflected this reality. As a result, the first three panels of speakers were ordered at random with no topical or organizational theme. In addition,

there is little implementation research available for interventions related to the attributes. Although some of the presentations report the results of research and trials conducted in organizations, others are anecdotal in nature and have no evaluative component. The workshop planning committee believed that it was important to hear about a range of experiences from implementers. The final panel of speakers was asked to identify key points that emerged from the presentations and discussions. The following chapters of the workshop summary are organized by panel presentations. The workshop was moderated by George Isham, roundtable chair.

REFERENCE

- Brach, C., D. Keller, L. M. Hernandez, C. Bauer, R. Parker, B. Dreyer, P. Schyve, A. J. Lemerise, and D. Schillinger. 2012. *Ten attributes of health literate health care organizations*. Discussion Paper, Institute of Medicine, Washington, DC. <http://www.iom.edu/Global/Perspectives/2012/HealthLitAttributes.aspx> (accessed September 7, 2013).