

Attributes of a Health Literate Organization

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Attributes of a Health Literate Organization¹

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WHAT IS A HEALTH LITERATE ORGANIZATION?

This paper describes 10 attributes of a *health literate organization*, that is, an organization that makes it easier for people to navigate, understand, and use information and services to take care of their health. (See Table 1.)

The health care system is very complex. Most people in the United States have difficulty understanding and using currently available health information and health services. This means there is an imbalance between the skills of people and the demands of the health care system.

WHY NOW?

Addressing health literacy is critical to transforming health care quality. Goals for safe, patient-centered, and equitable care cannot be achieved if consumers cannot access services or make informed health care decisions. These attributes are offered as guides for achieving the vision of being a health literate organization. The attributes are based on real world evidence and best practices. But it is not expected that any organization would have already achieved all 10 attributes.

HOW SHOULD ORGANIZATIONS USE THESE ATTRIBUTES?

These attributes are guidelines for health care organizations that seek to ensure that everyone gets the greatest benefit possible from health care information and services. There are many paths to becoming a health literate organization. Individual health care organizations will probably choose different strategies and should be encouraged to test how well their strategies work and to share the results of their efforts with others.

WHO SHOULD USE THESE ATTRIBUTES?

- Providers and small groups/teams that deliver health care, e.g., clinicians, dentists, administrative staff, group practices, clinics, inpatients units, subspecialty teams.
- Health care organizations that house providers and groups/teams that deliver health care, e.g., hospitals, community health centers, pharmacy practices, and integrated systems.
- Payors and health plans, e.g., health maintenance organizations, insurance carriers, employee-based plans, the Veterans Administration, and the Centers for Medicare and Medicaid Services.

¹ This paper draws from work by Dean Schillinger and Debra Keller of the University of California, San Francisco, which was commissioned by the Roundtable on Health Literacy and presented at a workshop on November 16, 2012.

² Participants in the Workgroup on Attributes of a Health Literate Organization of the IOM Roundtable on Health Literacy.

TABLE 1 Attributes of a Health Literate Organization

A Health Literate Organization:	Examples
1. Has leadership that makes health literacy integral to its mission, structure, and operations	<ul style="list-style-type: none"> • Develops and/ implements policies and standards • Sets goals for health literacy improvement, establishes accountability and provides incentives • Allocates fiscal and human resources • Redesigns systems and physical space
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement	<ul style="list-style-type: none"> • Conducts health literacy organizational assessments • Assesses the impact of policies and programs on individuals with limited health literacy • Factors health literacy into all patient safety plans
3. Prepares the workforce to be health literate and monitors progress	<ul style="list-style-type: none"> • Hires diverse staff with expertise in health literacy • Sets goals for training of staff at all levels
4. Includes populations served in the design, implementation, and evaluation of health information and services	<ul style="list-style-type: none"> • Includes individuals who are adult learners or have limited health literacy • Obtains feedback on health information and services from individuals who use them
5. Meets needs of populations with a range of health literacy skills while avoiding stigmatization	<ul style="list-style-type: none"> • Adopts health literacy universal precautions, such as offering everyone help with health literacy tasks • Allocates resources proportionate to the concentration of individuals with limited health literacy
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact	<ul style="list-style-type: none"> • Confirms understanding (e.g., using the Teach-Back, Show-Me, or Chunk-and-Check methods) • Secures language assistance for speakers of languages other than English • Limits to two to three messages at a time • Uses easily understood symbols in way-finding signage
7. Provides easy access to health information and services and navigation assistance	<ul style="list-style-type: none"> • Makes electronic patient portals user-centered and provides training on how to use them • Facilitates scheduling appointments with other services
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on	<ul style="list-style-type: none"> • Involves diverse audiences, including those with limited health literacy, in development and rigorous user testing • Uses a quality translation process to produce materials in languages other than English
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines	<ul style="list-style-type: none"> • Prioritizes high-risk situations (e.g., informed consent for surgery and other invasive procedures) • Emphasizes high-risk topics (e.g., conditions that require extensive self-management)
10. Communicates clearly what health plans cover and what individuals will have to pay for services	<ul style="list-style-type: none"> • Provides easy-to-understand descriptions of health insurance policies • Communicates the out-of-pocket costs for health care services before they are delivered

RESOURCES

- Abrams, M. A., and B. P. Dreyer, eds. 2008. *Plain language pediatrics: Health literacy strategies and communication resources for common pediatric topics*. Elk Grove, IL: American Academy of Pediatrics.
- AHRQ (Agency for Healthcare Research and Quality). 2010. *Health literacy universal precautions toolkit*. <http://www.ahrq.gov/qual/literacy/index.html> (accessed January 9, 2012).
- AHRQ. 2011a. *AHRQ pharmacy health literacy center*. <http://www.ahrq.gov/pharmhealthlit/> (accessed January 9, 2012).
- AHRQ. 2011b. *CAHPS item set for addressing health literacy*. <https://www.cahps.ahrq.gov/Surveys-Guidance/Item-Sets/Health-Literacy.aspx> (accessed January 9, 2012).
- AMA (American Medical Association). 2012. *C-CAT patient centered communication*. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/the-ethical-force-program/patient-centered-communication/organizational-assessment-resources.page> (accessed January 9, 2012).
- America's Health Insurance Plans. 2010. *Health literacy: A toolkit for communicators*. www.ahip.org/content/default.aspx?docid=30683 (accessed January 9, 2012).
- CDC (Centers for Disease Control and Prevention). 2011. *CDC health literacy for health professionals training*. <http://www.cdc.gov/healthliteracy/training/> (accessed January 9, 2012).
- CMS (Centers for Medicare & Medicaid Services). 2010. *The toolkit for making written material clear and effective*. <http://www.cms.gov/WrittenMaterialsToolkit/> (accessed January 9, 2012).
- Hablamos Juntos. 2006. *Universal symbols in health care workbook*. http://www.hablamosjuntos.org/resources/pdf/Best_PracticesFinal-Dec15.pdf (accessed January 9, 2012).
- Hablamos Juntos. 2009. *More than words toolkit: Improving the quality of health care translations*. <http://www.hablamosjuntos.org/mtw/default.toolkit.asp> (accessed January 9, 2012).
- HHS (U.S. Department of Health and Human Services). 2010. *Health literacy online: A guide to writing and designing easy-to-use health web sites*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
- HHS. 2007. *National standards on culturally and linguistically appropriate services (CLAS)*. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> (accessed January 9, 2012).
- HRSA (Health Resources and Services Administration). 2012. *Unified health communication (UHC): Addressing health literacy, cultural competency, and limited english proficiency*. <http://www.hrsa.gov/publichealth/healthliteracy/index.html> (accessed January 9, 2012).
- The Joint Commission. 2010. *Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals*. <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf> (accessed January 9, 2012).
- Weiss, B. 2007. *Health literacy and patient safety: Help patients understand*. <http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf> (accessed January 9, 2012).