Advancing as a Health Literate Healthcare Organization through Use of the EnLiven Organisational Health Literacy Self-assessment Resource

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Background

- Almost 90% of U.S. adults lack proficient health literacy (HL) (Kutner, 2006).
- HL is a dynamic systems issue reflecting the complexity of the health information being presented and care system being navigated (Rudd, 2010; Parker, 2010.)
- Brach et al describe the Ten Attributes of Health Literate Health Care Organizations (HLHCO). Healthcare organizations and systems are in the early stages of identifying and evaluating effective ways to advance as HLHCOs.
- Nationwide Children's Hospital (NCH) established a Health Literacy Task Force (HLTF) to support HL initiatives. The HLTF conducted a baseline assessment using the EnLiven Organisational Health Literacy Self-assessment Resource (EnLiven) (Thomacos, 2013) to:
  - Assess the baseline status of NCH as a HLHCO
  - Develop a 3-year strategic plan
  - Formulate a foundation for leadership and resource allocation

Methods

Distribution of the EnLiven Assessment

- We identified 30 NCH Key Informants (KIs) from varied administrative, medical staff, and patient care services roles to complete the EnLiven.
- EnLiven operationalizes the 10 attributes of a HLHCO with a set of attribute-specific elements. Respondents were asked if they perceive each element within an attribute to be present at NCH.
- NCH element implementation was considered to be full if ≥ 70% of KIs reported it as present; partial if 31%-69% of KIs reported it as present; and low if ≤ 30% of KIs said it was present.

HLHCO Attribute Implementation

- We used the EnLiven results to evaluate the contribution of the 10 attributes to various HLHCO implementation levels. The percentage contribution of each attribute to a completely implemented (ideal) (100%) HLHCO was determined by weighting each attribute by the number of EnLiven elements ascribed to it (Figure 1).
- KI responses were used to calculate NCH's current (‘15-16) HLHCO status.
- An added weighted calculation of 70% HLHCO implementation was used to reflect a 3-year goal toward advancing as a HLHCO.

Results

EnLiven Results

- We had a 70% (21/30) KI response rate (administrative 45% [5/11]; medical staff 100% [10/10]; patient care services 67% [8/9]).
- Based on the KI responses, NCH's current status as a HLHCO is 50%.
- KIs' reported perceptions of attribute implementation averaged 32%, Attribute 6 (interpersonal communication and confirm understanding) was perceived as the most fully implemented (71%), and Attribute 2 (integration into planning, evaluation, safety, and quality) as the least (39%).
- Perception of attribute and element implementation varied by KI category.

Dissemination of Findings

- Detailed EnLiven findings were presented to the HLTF for each attribute (Figure 2). Summary findings were developed for each attribute (Figure 3):
  - Contribution of attribute to overall HLHCO implementation status
  - Attribute implementation by KI category
  - Attribute element-specific implementation (Full, Partial, Low)
  - Key Informant EOHLSR attribute findings: (current implementation status; highly-implemented elements and supports; opportunities to improve; HLTF member perceptions and comments)
- The HLTF developed recommendations to advance NCH as a pediatric HLHCO, aligned with the NCH Strategic Plan.

Discussion

The EnLiven provides an opportunity to operationalize what it means to be a health literate health care organization.
- It serves as a vehicle for goal-setting, strategic planning, and decision-making around prioritizing activities and allocating resources.
- Implementation is feasible in a pediatric hospital setting.
- It will be practical and useful as a periodic assessment to determine progress and guide activities toward NCH becoming an ideal HLHCO.

References


Rudd RE. Improving America’s health literacy. Vi Engl J Med. 2010;363(2383-2385.}

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