

HEALTH LITERACY AND ORGANIZATIONAL CHANGE:



HEALTH LITERACY ASSESSMENT

The Health Literacy Assessment included:

- data collection and analysis of an agency-wide survey of staff
- data collection and analysis of survey of external partners
- five focus groups of consumers throughout the state of Ohio

The results revealed several strengths of Equitas Health that will help facilitate the development of a stronger health literate culture:

- Leadership commitment to the change
- High staff change readiness
- Client satisfaction with staff communication

In addition to the strengths, opportunities for improvement were identified, including:

- High staff turnover
- Lack of awareness among staff regarding Equitas Health's health literacy practices
- Clients' mental health as barriers to health literacy limited health literacy among clients

STRATEGIC IMPLEMENTATION PLAN

Once the Health Literacy Assessment was finalized, Equitas Health participated in a strategic implementation planning meeting to discuss the current state of Equitas Health's health literacy practices, establish a desired future vision, and identified the strategic focus areas which would allow Equitas Health to achieve their future vision.

To reach this desired vision, Equitas Health identified four strategic focus areas:

1. **Patient Experience:** Services are provided in a person-centered manner. This includes reducing the burden of excessive paperwork and implementing health literacy best practices.
2. **Communication/Language:** Steps will be taken to ensure patients understand information presented by Equitas Health staff and all methods of communication. Staff will learn and adopt health literacy best practices.
3. **Sustainable Work Force:** Equitas Health will implement a consistent onboarding training that integrates health literacy best practices. Staff will feel more confident in their ability to effectively serve clients, which will move the organizational action to a more thoughtful, proactive, and informed approach to services. This will result in less burnout and staff turnover.
4. **Effective Change Management Skills:** Best practices in change management will be implemented to support this change and give leaders and staff the resources they need to successfully manage this change.

CONCRETE FIRST STEPS

Successful organizational change requires identified concrete first steps that will help the organization build momentum towards achieving the desired future state. Some initial first steps were planned to move the organization forward to achieve the future vision. These are efforts Equitas Health committed to achieving in the first six to nine months:

- Staff will be informed about the health literacy efforts through a kickoff event
- Strategic efforts will be planned to reduce the number of staff who are unaware of how the organization implements health literacy best practices
- Implement the Plain Language Challenge
- Utilize monthly peer learning groups for fostering health literacy and person-centered skill building

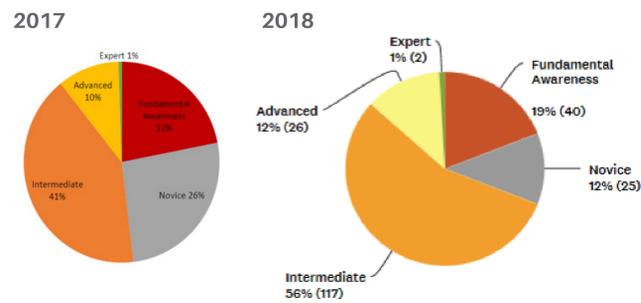
EVALUATION QUESTIONS

Equitas Health is assessing the effectiveness and results of the health literacy initiative by implementing an evaluation framed around the following questions:

1. What efforts has Equitas Health conducted to impact the health literacy of the organization?
2. To what extent has Equitas Health managed the organizational change to a more health literate culture?
3. To what extent has workforce sustainability changed?
4. To what extent has internal and external communication changed?
5. To what extent has the patient experience around navigation changed?
6. To what extent are health outcomes (e.g. viral suppression and mental health symptoms) improving for patients?
7. What is the relationship between patient health outcomes, organizational outcomes and health literacy?

RESULTS AT 1 YEAR

STAFF HEALTH LITERACY KNOWLEDGE



CHANGE IN THE 10 ATTRIBUTES

	"I don't know" response:
Attribute 1: Leadership that makes health literacy integral to its mission, structure, and operations	▼ 6%
Attribute 2: Integrates health literacy into planning, evaluation measures, patient safety and quality improvement	▼ 9%
Attribute 3: Prepares the workforce to be health literate and monitors progress	▼ 6.5%
Attribute 4: Includes populations served in the design implementation, and evaluation of health information services	No Change
Attribute 5: Meets needs of populations with a range of health literacy skills while avoiding stigmatization	▼ 12%
Attribute 6: Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact	▼ 26%
Attribute 7: Provides easy access to health information and services and navigation assistance	▼ 7%
Attribute 8: designs and distributes print, audiovisual, and social media content that is easy to understand and act on	No Change
Attribute 9: Addresses health literacy in high-risk situations including care transitions and communications about medicine	▼ 14%
Attribute 10: Communicates clearly what health plans cover what individuals will have to pay for services.	▼ 12%

REFERENCES

Brach, C, Keller, D, Hernandez, LM, Baur, C, Parker, R, Dreyer, B, Schyve, P, Lemerise, AJ, and Schillinger, D (2012) Ten Attributes of Health Literate Health Care Organizations, Institute of Medicine of the National Academies. Osborn, et al Health Literacy: An Overlooked Factor-- in Understanding HIV Health Disparities, *American Journal of Preventive Medicine* (33)5, 374-378, November 2007

Pilot Project Design:

Peer Retention Specialists used their lived experience, plus skills learned in formal training to improve the health literacy of individual patients and help them learn to navigate health services.

EXPECTED OUTCOMES:

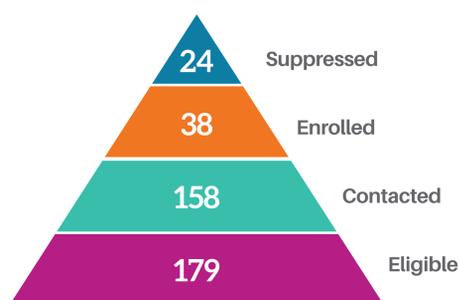
- Increased health literacy among population to be served
- Better health outcomes for population served measured by viral load suppression
- Increased awareness and understanding among staff about integrating health literacy into best practices

CLIENT ENGAGEMENT MODEL

Tier 1 - Enrollment and Pre-Test	Tier 2 - Barriers, Facilitators, and Intervention	Tier 3 - Empowerment and Post Test
Tier 1A - Contact 1) Send HL pilot invitation letter 2) Call client 3) Brief meeting in person 4) Enrollment (September 8th)	Tier 2A - Barriers and Facilitators 1) Meet the client where they are 2) Jointly create barrier support system 3) Jointly identify facilitators for HL	Tier 3A - Client Empowerment 1) Build on intervention to fill HL gaps 2) Empower client to self manage health 3) Re-assess barriers, support system, and facilitators
Tier 1B - Rapport Building 1) Retention specialist and client meetings 2) Jointly identify barriers to viral suppression 3) Pre-Test 4) Connect with care team	Tier 2B - Direct Intervention Strategy 1) Identify gaps in health literacy 2) Ask Me 3 3) Teach Back* (provider feedback) 4) Support self advocacy 5) Meet with care team	Tier 3B - Post Test 1) Post Test 2) Reach viral suppression? 3) Increase in health literacy? 4) Movement in stages of change?
Timeline: 1 - 4 Weeks	2 - 8 Months	9 - 12 Months

Results:

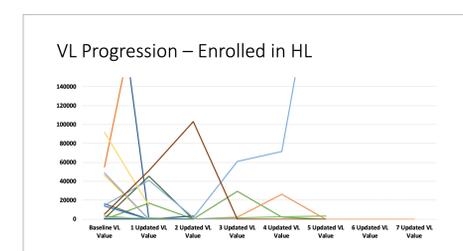
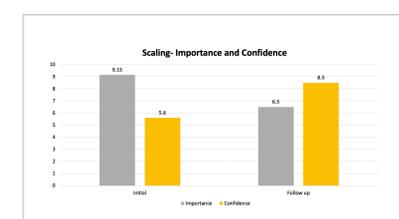
PILOT PROJECT CLIENTS YEAR 2



FOCUS OF CLIENT INTERACTIONS YEAR 2



MEASURES OF CLIENT PROGRESS



IMPLICATIONS FOR PRACTICE

The Peer Retention Specialist role was critical to the success of the program. Peer Retention Specialists acted as a source of stability and relational continuity for patients, while also enabling connections with internal and external services. It is important to include multiple measures of improvement for folks with comorbidities whose viral loads may fluctuate and who may not be able to achieve or maintain suppression. Other measures to consider may be A1c, PHQ2/PHQ9 scores, and appointment adherence.

ACKNOWLEDGEMENTS:

This project was funded through grant #02560011QI0218 from the Ohio Department of Health. The project team would like to thank Equitas Health patients and the Steering Committee that provided guidance and constant feedback in the development of the project.