Assessing Readiness and Managing Change to Support Health Literacy Best Practices in Health Care Organizations Serving Poor Populations

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PROBLEM

The characteristics of a medical setting greatly influence how health information is provided to patients and patients' ability to manage their health. Health care organizations without explicit health literacy directives often experience difficulty implementing and maintaining health literacy activities without the support of staff and senior leadership. Health care organizations who provide health care to underserved populations often struggle even more to make health literacy changes.

BACKGROUND

From 2007-2009, a Saint Louis University College for Public Health and Social Justice (CPHSJ) team collaborated with a rural Missouri Federally Qualified Health Center (FQHC) on a ground-breaking project to enhance organizational systems and structures to support health literacy best practices. During the course of this work, it became clear that there was a need to understand how health care organizations implement successful health literacy programs and policies and provide resources to help bring about these policies.

METHODS

The CPHSJ team conducted 11 in-depth interviews with health care organization administrators in Missouri. Organizations included FQHCs, urban free clinics, and rural health clinics. The interview guide focused on activities organizations had undertaken around health literacy, barriers, facilitators, and strategies that lead to effective change.

RESULTS

Participating health care organizations implemented a number of health literacy activities including establishing patient portals, selecting easy to read patient materials, community outreach and education, increasing staff and provider awareness, updating clinic forms and improving medication distribution.

Organizations aiding underserved or rural populations desire low cost assistance to reach their health literacy goals. Lack of time and funding, as well as, limited or volunteer-only staff were the most common barriers faced during implementation. Often, the prospect of additional work triggered staff and provider resistance. For those health care organizations whose service area was widespread it was logistically difficult to coordinate multiple sites on the health literacy change effort. Other organizational barriers included staff turnover or relying primarily on volunteer staff to coordinate health literacy activities.

Leadership support from administrators and medical directors was integral for changes to be undertaken and implemented successfully. For many organizations, an internal "champion" helped facilitate and promote change. While many health literacy improvements came about because of regulatory requirements, clinic administrators felt that the staff were most driven by the desire to provide the most effective care for patients.

In order to ensure changes were sustained, clinic administrators and leadership coordinated staff trainings, shared information between multi-clinic organizations through web-based communication, and utilized existing resources such as the AMA health literacy video.

Clinic administrators included members of staff from all levels and areas and encouraged not only clear communication with patients, but also among staff members.

Making Health Literacy Changes: A guide for healthcare organizations provides free web-based tools that support clinics in making health literacy changes.

THE ONLINE TOOLKIT

A free, web-based toolkit that helps health care organizations manage adoption of health literacy best policies and practices and become health literate organizations.

CPHSJ faculty, staff, and students developed *Making Health Literacy Changes: A guide for healthcare organizations* to compliment other health literacy resources currently available and focus on the dynamics of change.

The purpose of this web-based guide is to facilitate the adoption of health literacy best practices by health care organizations serving underserved populations.

These health care organizations face resource constraints and competing priorities while attempting to make health literacy changes. This toolkit provides low cost assistance for planning and implementation of organization's health literacy goals.

The project's next steps are to pilot test the toolkit with a sample of health care organizations.

PROJECT MODEL:

Formative research from 2 years in rural Missouri *completed* Missouri health clinics recruited to participate	11 health clinics interviewed about their organization and its activities as they relate to organizational change and health literacy	Interview data was recorded and assessed using a qualitative analysis framework model	Interview findings informed online toolkit development

NEXT STEPS:
An inside look at the online toolkit

Making Health Literacy Changes contains 3 sections and a toolbox:

1. GETTING STARTED

Form a team
Learn about health literacy
Understand what to change

2. PLANNING

Make a plan
Ask, "Will it work?"
Get support

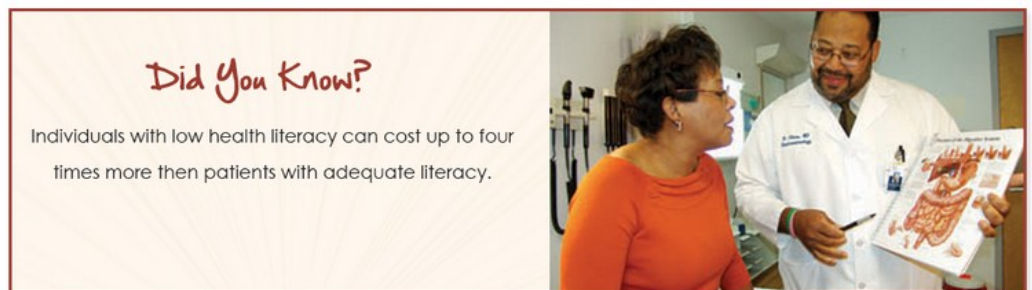### 3. TIME FOR ACTION

Implement the plan
Make change last

TOOLBOX

Tips for success
Know the barriers
Worksheets
Evaluations
Stories & Quotes
Resources

About the design of the toolkit:

Making Health Literacy Changes was designed to compliment the Health Literacy Universal Precautions Toolkit by AHRQ and links to resources such as these are part of the toolkit. The toolkit is designed so that users may read the sections in any order.

Making Health Literacy Changes

Did You Know?

Individuals with low health literacy can cost up to four times more then patients with adequate literacy.

Before You Begin	Getting Started	Planning	Time for Action