

Experiences and lessons learnt from implementing a health literacy environmental assessment in an Irish hospital setting

Priscilla Doyle – NUIG

Laura McHugh - HSE West

June 2015

Workshop Overview

- Presentation about our research
- Group work and discussion
- Summary conclusion

Health Promotion Conference 2015

What is Health Literacy?

“Health Literacy is the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course “ (Kwan, Frankish & Rootman, 2006).

Health Promotion Conference 2015

Health Literacy: a patients perspective

This is Bad Enough (2 minutes)

A poem by Elspeth Murray health literacy
from a patient's point of view.

<http://www.youtube.com/watch?v=R3tJ-MXqPmk>

IROHLA

What is IROHLA?

IROHLA (Intervention Research on Health Literacy among Ageing Population) focuses on interventions for improving health literacy for older people (50+) in Europe.

Project Aim:

To introduce in European Member States evidence-informed guidelines for policy and practice for a comprehensive approach to improving health literacy in the ageing population.

Environmental assessment of health literacy in University Hospital Galway (UHG)

Assessing the health literacy demands made by the hospital environment on older health service users.

What we did and how?

1. Environmental Assessment of health literacy in the University Hospital Galway (UHG)

- Implemented 'Literacy Audit for Healthcare Settings' developed in 2009 by NALA and HSE
- Implemented by UHG staff members in 4 units
- Meeting between NUIG & UHG
- Over 10 week period – ongoing

Tool:

- 57Q survey
- Cover the following components:
 1. Literacy awareness
 2. Navigation (finding your way around)
 3. Print materials and the use of visuals
 4. Oral communication
 5. Websites

What we did and how?

2. Conducted four walking interviews in UHG:

- Main lobby, entrance and key locations
- 'The Health Literacy Environment of Hospitals and Health centers' (Rudd et al 2006)
- High and low literacy

3. Assessment of hospital print materials (letters, leaflets)

- Four focus groups with older adults
 - High and low literacy
 - Two completed to date (low literacy men and women)
- Reviewing a sample of materials using the CDC Clear Communication Index Tool.

4. Assessment of the hospital website and telephone system

- Virtual tour with three older adults.

Why UHG got involved?

- Health Promotion & Improvement presence in UHG
- Mutually beneficial - existing work streams
- HIQA standards requirements
- Establishment of patient advocate liaison service
- SAOLTA Healthy Ireland Implementation Plan
- Becoming a health literate organisation.

Key learning from implementing the tool

- Needs to be short, quick user friendly
- Offer multiple methods to complete (online/paper)
- Staff felt parts of the tool were "not relevant" to them - too specific, not in their control
- Adapted the tool – section on policies and procedures included
- Tool implemented as planned (fidelity).

Key Learning: Implementation Process

- Recruitment
 - Within hospital – time consuming (management support, 4 clinical unit managers, IT and printing staff)
 - Clinical areas chosen – Older adults & frequently used services
 - Establishing committee – including rep from education & training board
- Management support
 - Building support – linking with existing work streams – helped with securing locations to work with internally
- Partnership with NUIG
 - research project, clear time lines, roles & responsibilities
 - helped ensure commitment.

Key Learning: Implementation Process

- Identifying key stakeholders
 - Evolved, bringing others in as it became apparent that the clinical areas were unable to complete certain aspects of the tool.
 - Champions on site – HP&I and PALS service
- Results available
 - meeting various key staff – patient council, various senior managers
 - Wish list - realistic action plan to be developed
 - Committee roles and responsibilities

What we found out?

- 1) Literacy Awareness
- 2) Websites
- 3) Navigation
- 4) Print materials and use of visuals
- 5) Verbal communication

Literacy Awareness (service providers)

- Has raised awareness among UHG staff in the participating units
- Identified a need for greater education and training in literacy awareness.

Website/online communication (service providers)

- Currently under construction
- Considered not relevant to clinical work in the units
- Some Plain English guidelines are incorporated into the website
- Also need to assess against newer technologies (smartphones)
- No dedicated webmaster so time and resource implications.

Physical Navigation

Service Users

- A friendly volunteer service is very helpful
- Signage
 - Inconsistencies in words/terms used
 - Difficult to understand
 - Lack of signage at key decision points
 - Some signs were clear, well positioned and helpful
- Asking someone for help
- The lobby/main reception area needs to be 'welcoming'.
- Divided opinion on colour floor paths.

Print Materials & Use of Visuals

Service Users

Hospital letters

- *“It doesn’t matter as we cannot read them”* (LHL men)
- Letters should have a contact number on them.
- Some elements were confusing:

‘if you do not reply to these texts your appointment will not be cancelled and you do not need to contact us by phone’ (LHL Women)

Hospital leaflets (LHL Women only)

- Some leaflets used complicated language
- Limited use of pictures but they find them helpful (both)
- Text broken down into chunks with spaces
- Use simple words - ‘layman terms’..

Print Materials & Use of Visuals

Service Providers

- Have a policy in relation to printing materials
- Inconsistencies in adhering to the Plain English guidelines
- Difficult to manage print materials for patients
 - materials are bought in or developed in-house
 - wide variety of materials targeting a wide range of people
 - time and resource restraints
 - education and training on Plain English and assessment tools they could use.

Verbal Communication

Service Providers

- Interpretive services are available if needed
- Not all health professionals have good communication skills.

Service Users

LHL men:

- Rely solely on verbal communication.
- Tell staff straightaway that they cannot read/write (helpful)
- Participant example.

LHL women:

- Not enough doctors and nurses
 - staff do not have time to answer their questions
 - positive perception of staff
- With experience, some developed new strategies.

Key Reflections

- Complex nature of hospital
 - control over letters/signage/website/leaflets
- Meetings with & support from NUIG staff
- Support from within organisation
 - committed/cross-over work
- Getting the right people within the organisation to participate
- Champions – PALS/HP&I.

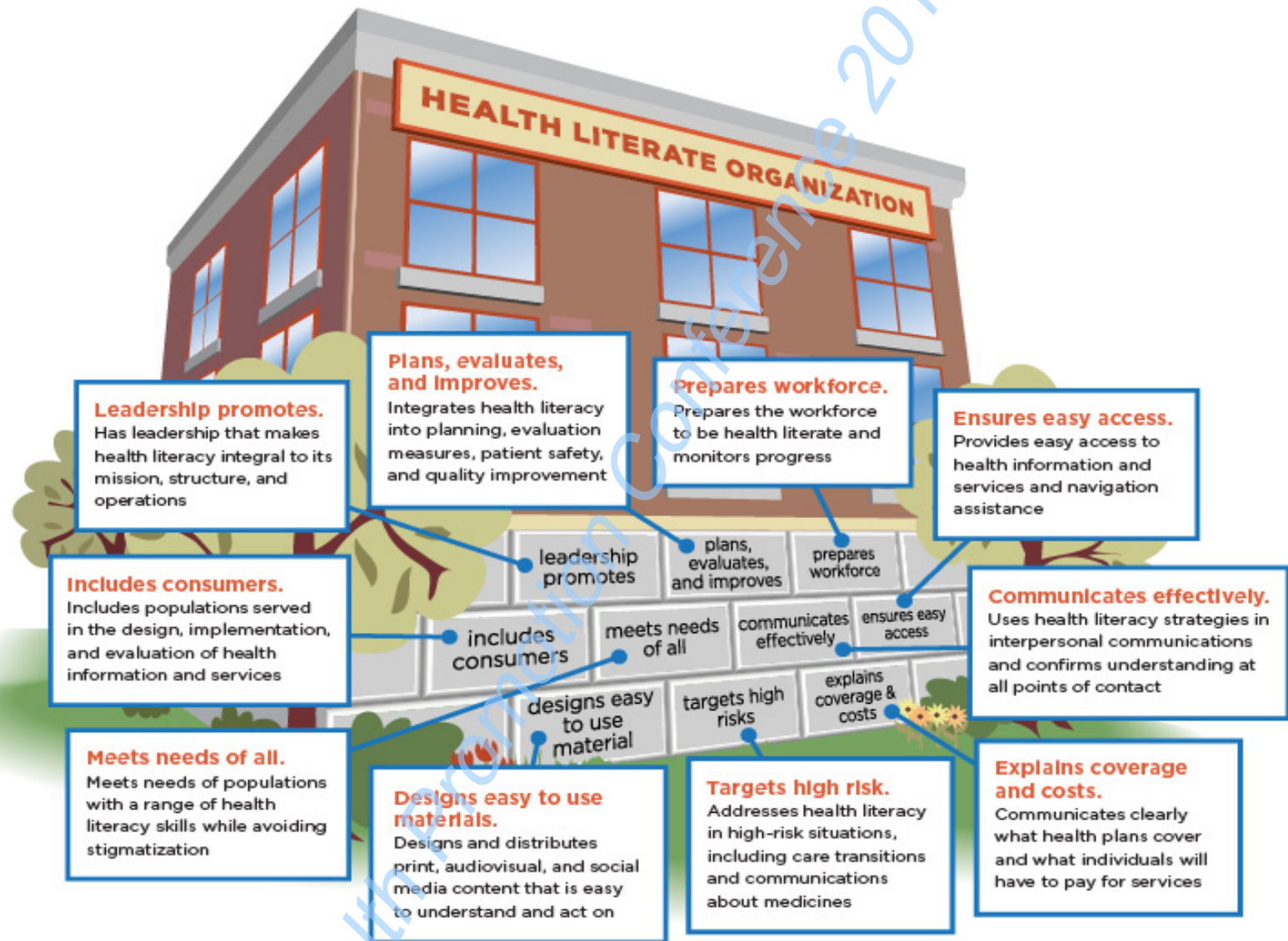
Health Promotion Conference 2015

Group Activity



A health literate organisation

“Health care organizations that make it easier for people to navigate, understand, and use information and services to take care of their health.”



This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

Group Activity

Discuss in small groups (4-5 people):

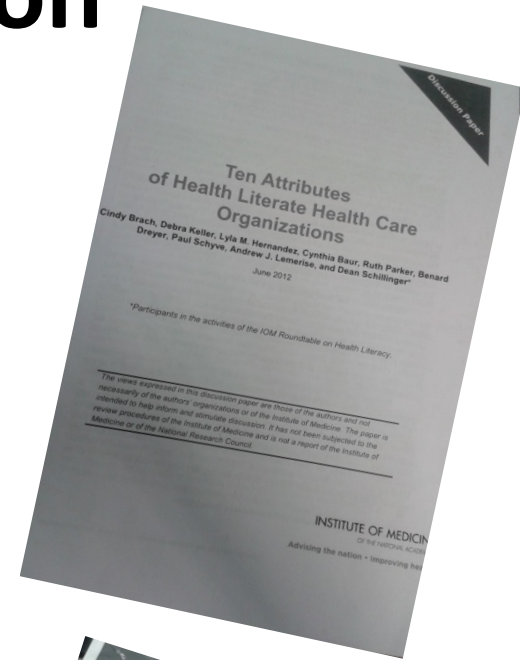
- **How could a hospital achieve these 10 attributes?**
 - What type of strategies/activities could the hospital implement?
- Each group will get 2 attributes to discuss (20minutes)
- Must record answers on a flipchart and feedback to the larger group.

Additional Information

Brach C., Keller D., Hernandez L.M., Baur C., Parker R., Dreyer B., Schyve P., Lemerise A.J., & Schillinger D. (2012).

Ten attributes of health literate health care organisations. Washington, DC: Institute of Medicine, The National Academies Press.

Thomacos, N. & Zazryn, T. (2013). Enliven Organisational Health Literacy Self-assessment Resource. Melbourne: Enliven & School of Primary Health Care, Monash University.



Thank you!

- To our IROHLA partners.
- To all members of the health literacy team within and outside UHG.
- To all the older adult research participants.

To find out more about IROHLA

Website: <http://www.irohla.eu/home/>

Contact: Priscilla Doyle priscilla.doyle@nuigalway.ie

References

- Kwan, B, Frankish, J, Rootman, I (2006). The development and validation of measures of "health literacy" in different populations. Vancouver: University of British Columbia Institute of Health Promotion Research & University of Victoria Centre for Community Health Promotion Research.
- HLS-EU Consortium (2012): Comparative report of health literacy in eight EU member states. The European health literacy survey HLS-EU, online publication: <http://www.health-literacy.eu>.
- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., Viera, A., Crotty, K., & Viswanathan, M. (2011). Health literacy interventions and outcomes: an updated systematic review.
- Australian Commission on Safety and Quality in Health Care. Consumers, the health system and health literacy: Taking action to improve safety and quality. Consultation Paper. Sydney: ACSQHC, 2013
- NALA/HSE (2009) Literacy Audit for Health Care Settings Adult Literacy Toolkit Dublin: NALA
- Rudd, RE. & Anderson, JE. (2006) The health literacy environment of hospitals and health centers. Partners for action: making your healthcare facility literacy-friendly. The National Center for the Study of Adult Learning and Literacy.
- Baur, C., & Prue, C. (2014). The CDC Clear Communication Index is a new evidence-based tool to prepare and review health information. *Health promotion practice*, 1524839914538969.