

Proposal: Working Group on “HPH and Health Literate Health Care Organizations (HPH & HLO)”

Introduction

Around the world, health literacy (HL), a core concept of health promotion (Nutbeam 2000), has become a “buzzword” and accepted in health policy, science and practice. The definition of HL by the HLS-EU Consortium, which integrates existing definitions, has been the basis of HL general population surveys in many European and Asian countries and has been included in “The Solid Facts – Health Literacy” (Kickbusch et al. 2013). The definition states that HL is the ability to find, understand, appraise, and apply information of relevance to health-related decisions and actions (Sørensen et al., 2012). In line with this, HL is increasingly discussed as a determinant, mediator or moderator of health. Furthermore, HL is more and more recognized as a relational concept (Parker 2009), meaning that not only individual skills determine a person’s actual HL, but also the availability, understandability, appraisability and actionability of health related services and information.

Looking at the evidence, several studies indicate that basic education – including literacy, numeracy, and language skills – significantly relates to health (e.g. Jones, Kirsch & Murray, 1995; Murray, Owen & McGaw, 2005; OECD, 2013). Less educated people were shown to be less healthy and less health literate (e.g. Berkman et al., 2011; HLS-EU Consortium, 2012; Kickbusch et al., 2013; Marmot, 2010; Sørensen et al., 2015). That is why improvements in HL can be expected to reduce effects of social status on health and by that inequality in health or the “health gap”.

Within health care, HL is of specific importance because persons with limited HL are less likely to use preventive services, request treatment at later stages, and have more hospitalization, higher risks of treatment errors and sub-optimal treatment outcomes as compared to persons with better HL (Berkman et al., 2011). HL thus significantly contributes to health care quality and patient safety. In addition, HL-oriented communication with patients contributes to patient satisfaction (Stahl & Nadj-Kittler, 2013), reduces the likelihood of malpractice claims (Tamblyn et al., 2007) and improves work satisfaction of staff (Graham & Ramirez, 2002; Ramirez et al., 1996; Travado et al., 2005).

Based upon the relational understanding of HL, HL can be improved by training of individuals but also by reducing demands of health care systems and organizations and offering compensatory support, e.g. making relevant information easily accessible, or applying principles of simple language in written and oral information etc.

Considering the latter one, the Institute of Medicine (IOM) in the United States of America has published the “Ten Attributes of Health Literate Organizations” (Brach et al., 2012). Building upon these Ten Attributes, the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care (WHO-CC-HPH) in Vienna together with the Austrian Network of Health Promoting Hospitals and Health Care Institutions (ONGKG) developed the “Vienna Concept of a Health Literate Health Care Organization” (V-HLO) (Dietscher & Pelikan, 2016).

However, V-HLO expands the concept of IOM by introducing specific aspects relevant to HPH, including the “Five standards” published by WHO/Euro (Groene, 2006) and “18 HPH core strategies” (Pelikan et al., 2005). In addition, there is explicit referral to concepts of quality management. In detail, V-HLO specifies how health care organizations and systems can make health related information better accessible, understandable, appraisable, and applicable to the three (HPH) target groups: patients, staff, and citizens. V-HLO defines four action domains:

1) access to and living in health care organizations; 2) treatment and care 3) disease prevention; 4) health promotion.

In order to make the concept of V-HLO applicable to the practice of health care organizations, an organizational self-assessment tool for hospitals as the largest health care organizations was developed following criteria of the ISQUA process. The self-assessment tool consists of 9 standards, 22 sub-standards and 160 measurable elements. To investigate the feasibility of the self-assessment tool, nine Austrian hospitals piloted the tool (Dietscher & Pelikan, 2016). Results show that

- a) the self-assessment tool is very understandable and usable for health care staff,
- b) the items are considered as relevant,
- c) the effort to conduct the self-assessment is considered reasonable,
- d) variation in measurements between standards and between organizations suggest that the tool can support organizational self-assessment for planning of measures to improve organizational health literacy as well as benchmarking between organizations.

Based upon the outcomes of the feasibility study, a revised version of the tool and a toolbox with interventions in relation to each of the 9 standards is now available to Austrian hospitals (Dietscher et al., 2015).

While V-HLO has proven to be useful for Austrian health care services, the **aim** of the proposed working group (WG) on “HPH and Health Literate Health Care Organizations (HPH & HLO)” is to discuss the V-HLO and the self-assessment tool with other countries and in particular, with HPH members. Moreover, the aim of the WG is to adapt and translate the V-HLO and the self-assessment tool to other health care contexts. Afterwards, a benchmarking among different regions and different health care settings can be started.

Terms of Reference for the proposed Working Group

1. Adaptation to and translation of tools and indicators for different health care contexts based upon the “Vienna Concept of a Health Literate Health Care Organization (V-HLO)” and recent developments for monitoring, benchmarking and improving organizational HL in health care;
2. Giving examples on best evidence practices of HLO related to HPH models and tools (evidence, staff competences and patient preferences);
3. Disseminate best practice examples of HLO and HPH models and tools through the International HPH Network;
4. Support the increase of health professionals’ competence on health literate health care;
5. Establishing a database for health literate hospitals and health services programs.

Mission & obligations of the working group according to HPH Constitution

Relation of the proposed WG to the HPH Mission, Purpose and Objectives

Through its terms of references, the proposed WG on “HPH and Health Literate Health Care Organizations (HPH & HLO)” relates directly to the mission of the International HPH Network. In particular, the proposed WG adds to a better health gain by improving the quality of information and communication in health care and by that the health and satisfaction of patients, staff and citizens.

It relates to the purpose of the International HPH Network by supporting the implementation within different countries and regions around the world through the deliverables mentioned below.

Furthermore, the proposed WG relates to the following objectives of the International HPH Network:

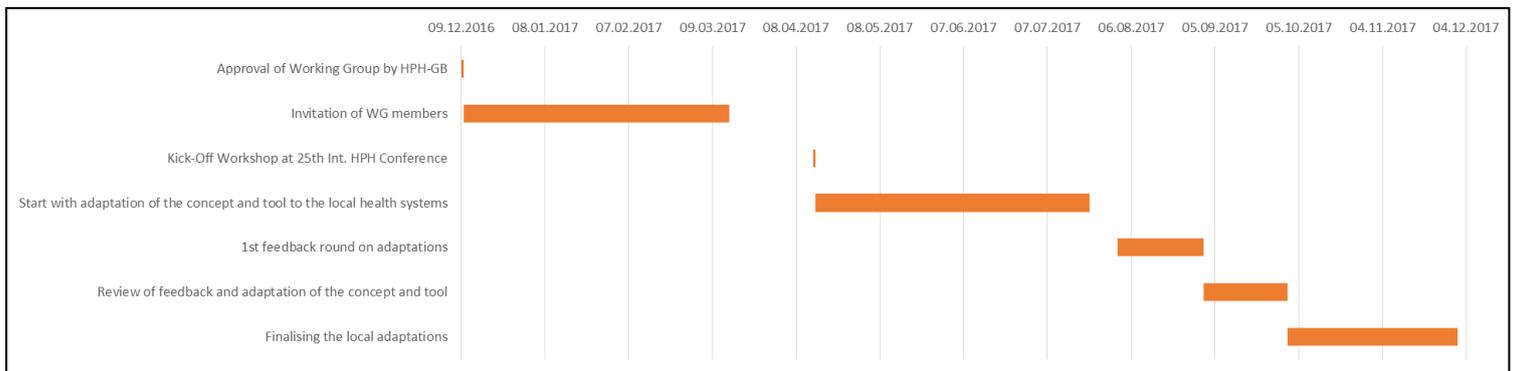
- to shape the research agenda by stimulating the adaptation, translation and dissemination of the “Vienna Concept of a Health Literate Health Care Organization (V-HLO)”,
- to set norms and standards for health literate hospitals and health services and to promote and support their implementation,
- to monitor the development of health promotion regarding organizational health literacy and related interventions in hospitals and health services.

Finally, when considering the relevance of HL-oriented communication, this working group also adds upon the recently published policy paper “The New Haven Recommendations on partnering with patients, families and citizens to enhance performance and quality in health promoting hospitals and health services” by the International Network of Health Promoting Hospitals and Health Services (Frampton et al., 2016).

Action plan and time schedule

In accordance with the HPH Constitution and the HPH Strategy, the proposed WG will also recruit and support members in becoming HPH members, advocate the WG and the International HPH Network to stakeholders, and actively invite people to participate in HPH-related activities. The proposed WG will engage in inter-sectoral settings and activities and will cooperate with relevant partners from around the world. Furthermore, WG members will participate in the annual International HPH Conferences, and if needed, in national and regional HPH conferences. A progress report will be periodically delivered following the request from the HPH Governance Board (HPH-GB). By approval of the HPH-GB, the proposed WG will run for one year and then may continue or develop into a HPH Task Force. Table 1 summarizes the preliminary time schedule.

Table 1: Preliminary time schedule



Once the proposal has been approved, the ultimate action plan and time schedule will be worked out together with recruited core members of the working group.

Working methods and expectations towards working group members

The WHO-CC-HPH is prepared to offer baseline documents, which build upon the V-HLO. In particular, these documents include:

- self-assessment tool;
- results of the feasibility study on the self-assessment tool;
- toolbox.

Accordingly, the WG will consist of a **core group** who is responsible for further adaptations of tools and indicators as well as their implementation. Next to this core group, there will be a **group of consultants** who will be asked to give feedback on the tools and indicators prepared by the core group. The core group will have an online meeting every second month to discuss progress on the adaptations of the tool and indicators. If possible, this group will meet once a year during the International HPH Conference. Further exchange will be conducted via e-mail or telephone. In comparison, consultants will be contacted only for particular questions or issues.

Working Group members

Initiating members:

- Dr. Christina C. WIECZOREK, WHO-CC-HPH at Gesundheit Österreich GmbH (Austrian Public Health Institute), Austria
- Prof.em. Jürgen M. PELIKAN, Ph.D., WHO-CC-HPH at Gesundheit Österreich GmbH (Austrian Public Health Institute), Austria
- Dr. Peter NOWAK, WHO-CC-HPH at Gesundheit Österreich GmbH (Austrian Public Health Institute), Austria

Christina Wieczorek is prepared to take the lead of the WG.

Core group members or consultants already interested and to be invited:

- Cindy BRACH, PhD, Agency for Healthcare Research and Quality, USA
- Mag.^a Dr.ⁱⁿ Christina DIETSCHER, Austrian Ministry of Health and Women's Affairs
- Dr. Jürgen SOFFRIED, Institut für Gesundheitsförderung und Prävention GmbH, Austria
- Dr.med. Kai KOLPATZIK, MPH, AOK Bundesverband, Germany
- Dr. Jörg HASLBECK, MScN, BScN, Careum Research, Switzerland
- Dr. Gilles HENRARD, Département de Médecine Générale de l'Ulg, Belgium
- Hui-Ting HUANG, MD, President, Taiwan Adventist Hospital and President Taiwan Society of HPH and Health Services
- Pietro del GIUDICE, MD, MPH, PhD student, University of Udine, Italy
- Prof. Dr. Margareta KRISTENSON, coordinator HPH Network Sweden, Sweden
- Dr. Diane LEVIN-ZAMIR, PhD, MPH, CHES, Department of Health Education and Promotion, Clalit Health Services, Israel
- Dr. Rima RUDD, Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health
- Representative of Planetree

Others to be invited.

Deliverables

For the 1st term of reference, tools and indicators based upon the “Vienna Concept of a Health Literate Health Care Organization (V-HLO)” for monitoring, benchmarking and improving organizational HL in health care will be adapted and translated.

For the 2nd term of reference, examples on best evidence practices of HLO related to HPH models and tools (evidence, staff competences and patient preferences) will be given.

For the 3rd term of reference, best practice examples of HLO and HPH models and tools through the International HPH Network will be disseminated. These will be shared e.g. via the HPH Newsletter, within scientific publications etc.

For the 4th term of reference, increasing health professionals’ competence on health literate health care will be supported through e.g. the provision of workshops on the V-HLO concept and tool during International HPH Conferences.

For the 5th term of reference, a database for health literate hospitals and health services programs will be established.

Evaluation

For documentation, the standardized “Progress Report for Working Groups” will be used. The evaluation is performed in accordance with the action plan and deliverables as well as to the process.

The proposed WG will annually deliver the evaluation to the HPH-GB and the General Assembly as well as on request.

Funding

The proposed Working Group is self-financed.

Literature

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