



Applying Organizational Health Literacy to Maternal and Child Health

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Abstract

Purpose Describe the development of an innovative teaching activity that applies organizational health literacy to maternal and child health (MCH). **Description** Health literacy is a strong predictor of health behavior and outcomes. While the study of health literacy has traditionally been confined to skills and capacities of individuals, the significant role of the social and physical environmental contexts in facilitating or hindering one's ability to obtain, understand, and make informed decision about their health has been recognized. MCH organizations play a critical role in influencing health literacy across system levels. This teaching activity aims to equip students with knowledge and skills needed to foster organizational health literacy. **Assessment** The teaching activity is assembled within a toolkit which includes the following: (1) instructor lesson plan; (2) interactive PowerPoint presentation with instructor notes; (3) field assignment description; (4) health literacy attribute assessment worksheets; and (5) grading rubric. The teaching tool was pilot tested by a student research team member to assess the educational value and assignment logistics, resulting in minor edits (i.e., addition of interviewer probes, and option of a group project-format to permit triangulation of multiple organizational interviews). **Conclusion** The field of MCH is expanding in complexity, and the demands of health systems on women, children, and families must be mediated by conscious efforts within organizations. Through teaching the importance and function of organizational health literacy to students in MCH, educators can prepare an emerging workforce to improve health literacy, and ultimately the quality of healthcare for women, children, and families.

Keywords Organizational health literacy · Teaching activity · Maternal and child health · Graduate education

Significance

What is known There is an interplay between individuals' skills and the demands and complexities of the health systems individuals must navigate. Thus, the Institute of Medicine has published Ten Attributes of a Health Literate Health Care Organization, which identifies and describes 10 attributes and corresponding practical guidance for fostering organizational health literacy.

What this study adds? This paper describes the development of an innovative teaching activity on organizational health literacy for MCH students. The combination of the interactive lecture and field assignment will equip students to be health literacy champions across diverse organizations, thus improving quality of care.

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Introduction

Health literacy is defined as “the degree to which an individual has the capacity to obtain, process, and understand basic health information and services” (Ratzan and Parker 2000). According to the American Medical Association, health literacy is a stronger predictor of a person’s health than age, income, employment status, education, or race (Parker et al. 1999). Individuals with limited health literacy are more likely to have limited knowledge of their health conditions, not manage chronic conditions effectively, not utilize preventative services, be admitted to the hospital or emergency room for preventable reasons, report their health condition as poor, and have higher healthcare costs (U.S. Department of Health and Human Services 2010b). Improving health literacy has become a national priority, as outlined in the National Action Plan to Improve Health Literacy (U.S. Department of Health and Human Services 2010a) and identified in several Healthy People 2020 objectives (U.S. Department of Health and Human Services 2010a).

Organizational Health Literacy

While the study of health literacy has traditionally been confined to addressing the skills and capacities of individuals, there has been recognition of the significant role of the social and physical environmental contexts in facilitating or hindering one’s ability to obtain, understand, and make informed decision about their health. This shift recognizes the interplay between individuals’ skills and the demands and complexities of the health systems individuals must navigate (Baker 2006; Rudd et al. 2003). Thus, the context in which individuals must exercise their health literacy skills is a critical determinant of their health literacy capabilities. Subsequently, the Institute of Medicine (IOM) (currently re-named National Academy of Medicine) conducted a roundtable on organizational health literacy and published *Ten Attributes of a Health Literate Health Care Organization*, with the objective, “to make it easier for people to navigate, understand, and use services to take care of their health” (Brach et al. 2012). The report details ten attributes of an organization with strong health literacy and provides practical guidance for achieving each attribute. The attributes are intended to be aspirational guideposts for health care organizations, providing a framework with which to work towards the goal of achieving and maintaining strong organizational health literacy.

Organizational Health Literacy in Maternal and Child Health

Maternal and child health (MCH) care involves an expansive system of complex services. Navigating within and between

services poses a challenge to individuals seeking preventative and specialized health services. For example, a brief examination of the typical needs of a woman who is pregnant illustrates the extent to which she will come into contact with multiple health providers, each with a set of specific demands. A woman may need to access and make decisions regarding prenatal care, ultrasounds, birthing classes, a hospital, an OB/GYN, birthing center, midwife, postnatal care, breastfeeding support, a WIC clinic, and/or pediatricians. Moreover, organizational structure and practices can have a profound impact on how well people are able to access and utilize necessary health services. Organizational health literacy may enable or hinder her knowledge, beliefs, capacities, and skillsets to make autonomous and informed health decisions during pregnancy, and ultimately improve the quality and satisfaction of care.

The purpose of this paper is to describe the development of an innovative teaching activity on organizational health literacy for MCH students. Specifically, the activity introduces organizational health literacy in the context of MCH to increase students’ understanding of how organizational health literacy operates in practical settings. Although this teaching activity is designed for use in graduate or continuing education classroom settings across a broad array of health-related disciplines such as public health, medicine, nursing, and health sciences, it could be adapted to meet the learning needs of undergraduate students as well.

Description

Teaching Activity Overview

The purpose of this teaching activity is to equip students with knowledge and skills needed to foster organizational health literacy. The assignment portion gives students an opportunity to assess a healthcare or public health organization’s degree of health literacy. Institutional Review Board oversight and obtainment of written informed consent was not required for this teaching activity as it was an educational initiative and not for research purposes. The teaching activity is assembled within a toolkit which includes the following: (1) instructor lesson plan; (2) interactive PowerPoint presentation with instructor notes; (3) field assignment description; (4) health literacy attribute assessment worksheets to be submitted with students’ final reports; and (5) grading rubric. These tools will enable any teacher, regardless of their own health literacy training, to implement this activity in the classroom. The entire teaching toolkit can be accessed at: <http://www.atmch.org/developing-applied-health-literacy-activity-maternal-child-health>.

Upon completion of this activity, students will meet the following learning objectives:

- Describe the importance of health literacy in MCH
- Recognize the role that healthcare organizations play in health literacy
- Identify the attributes of a health literate organization
- Assess a local MCH organization's health literacy

Lesson Plan

The lesson plan introduces and describes the purpose of the activity to the instructor and outlines the materials and resources included in the toolkit. In addition, the lesson plan delineates responsibilities of both the instructor and the students that will facilitate a successful learning endeavor. Furthermore, as part of excellence in pedagogical practice, instructors are strongly encouraged to reflect on the delivery of the interactive lesson, the quality of submitted assignments, and students' overall experiences in order to continually improve the execution of this applied activity over time.

Interactive Lecture

The interactive lecture provides the foundational content to prepare students to conduct an organizational health literacy assessment of a chosen MCH organization. The interactive lecture explains the importance of health literacy in MCH, the impact of health literacy on health outcomes, the role that organizations play in health literacy, and the significance of the IOM's *Ten Attributes of a Health Literate Health Care Organization* (Brach et al. 2012). Each attribute can be seen as a building block for a health literate organization and includes the following: (1) Promotes Health Literacy in Leadership; (2) Plans, Evaluates, and Improves Health Literacy; (3) Prepares the Workforce; (4) Includes Consumers; (5) Meets the Needs of All; (6) Communicates Effectively; (7) Ensures Easy Access; (8) Designs Easy to Use Materials; (9) Targets High Risk Situations; and (10) Explains Coverage and Costs. The lecture presents each of the attributes individually, provides two of the IOM's examples for each attribute, and asks students to provide examples of how an MCH organization could address each attribute (see Table 1). By examining each attribute and brainstorming the ways in which it might be practiced in particular settings, students deepen their understanding of the benefits, challenges, and implications of the attribute and the impact on health literacy.

Field Assignment

The field assignment provides students an opportunity to apply their understanding of organizational health literacy outside of the classroom by assessing the health literacy of a local MCH organization. Specifically, assessments and observations from this assignment will provide students with

invaluable insights into the health literacy *assets* and *deficits* of MCH organizations, and the ability to identify future organizational *improvements* that could be implemented, thereby fostering improved health literacy and ultimately, the delivery of high quality, patient-centered care.

In this assignment, students combine research, observation, and a key informant interview to gather information on their selected organization, and synthesize their findings to create an overall assessment report. The assessment identifies the organization's strengths in health literacy and areas where improvements could be made to encourage stronger health literacy. The assignment's framing is important as health literacy should not always be viewed as a deficit, but an asset to health and well-being (Nutbeam 2008). The assignment deliverables include a (1) report to be submitted to the instructor, and (2) brief oral presentation to the class. A rubric was developed to assist instructors in the grading process. The grading rubric evaluates the assignment based on the following criteria: (1) Background (e.g., background research shows a variety of resources cited in a reference page); (2) Observations (e.g., recorded observations are detailed and identify the ways the organization is meeting the standards of each attribute); (3) Key informant interview questions (e.g., questions were inviting, open-ended, and focused on the attributes); (4) Worksheets (e.g., worksheets were completed with detailed examples); (5) Reflection (e.g., reflection section was thoughtful, and demonstrated critical thinking and applied learning to the broader field of MCH); and (6) Writing (e.g., writing was well-organized, succinct, and easy to follow with no spelling/grammatical errors). Both the field assignment and the lecture address key MCH Leadership Competencies (Division of Maternal and Child Health Workforce Development 2009) (see Table 2).

Assessment

Pilot Testing of Field Assignment

The teaching tool was pilot tested by a student member of the research team with the objective of assessing the educational value and logistics of the assignment. To select a local MCH organization with whom to partner, the research team compiled a list of possible contacts ranging in scope from local non-profit organizations to social and clinical service providers (e.g., WIC clinics, hospitals). The selected organization was a pediatric health clinic that works with Children's Medical Services and provides care for children with special health needs. Contact was initiated with a representative of the clinic via e-mail, and the invitation for an organizational health literacy assessment was well received. It was important to note that the researcher framed the assessment in terms of an academic pursuit towards better understanding

Table 1 Applying the ten attributes of a health literate organization to MCH organizations: attribute, example guideline to address attribute, and example class discussion prompt to facilitate student interactive lecture discussion. *Source* Brach et al. (2012)

Health literate organization attribute	Example guideline to address attribute	Example class discussion prompts
(1) Has leadership that makes health literacy integral to its mission, structure, and operation	Set goals for health literacy improvement, provide incentives to achieve those goals, and establish accountability for outcomes at every level of the organization	What policies could leadership adopt to support health literacy in a WIC clinic?
(2) Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement	Track and report communication failures and conduct root cause analysis to uncover and address systematic sources of error	What practices could support the integration of health literacy in patient communication in Head Start?
(3) Prepares the workforce to be health literate and monitors progress	Evaluate health literacy skills of staff on an on-going basis, provide training to those who do not meet standards of excellence, and evaluate the impact of the training	How could staff training on health literacy be implemented in a dental clinic?
(4) Includes populations served in the design, implementation, and evaluation of health information and services	Obtain and incorporate feedback on health information and services from individuals who use them	How could consumers be engaged in a family planning clinic?
(5) Meets the needs of populations with a range of health literacy skills while avoiding stigmatization	Create an environment that is welcoming and does not impose high literacy demands	What environmental changes to improve health literacy could be implemented in a pediatrician's office?
(6) Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact	Allow adequate time for interactions and plan for and provide language assistance	What "best practices" in communication strategies could be adopted in a pediatric specialist clinic?
(7) Provides easy access to health information and services and navigation assistance	Design health care facilities with features that help people find their way	What signs, personnel or other resources could help people navigate to their destination when in a hospital?
(8) Designs and distributes print, audiovisual, and social media content that is easy to understand and act on	Choose and create materials that make their purpose clear; use common words; focus on a limited number of messages; use simple visuals if they make the content more easily understood	What are some "best practices" in communication principles that are seen on this WIC flyer? [picture of flyer is presented on slide]
(9) Addresses health literacy in high-risk situations, including care transitions and communications about medicines	Identify high risk-situations and topics that require extra attention and resources, and establish and implement plans to ensure safe communication	What types of situations are high-risk in a domestic violence shelter? What type of "safe" communication plans could you implement during service delivery?
(10) Communicates clearly what health plans cover and what individuals will have to pay for services	Health literate health care organizations communicate costs of care in advance	What protocols in a student health center could help communicate costs to patients?

Table 2 Incorporating MCH leadership competencies

MCH leadership competencies	Lesson component
Self	
Ethics	<i>Lecture:</i> Health literacy and health equity
Professionalism	<i>Assignment:</i> Contacting community organizations
Others	
Communication	<i>Lecture:</i> Role of communication in health literacy
Cultural competency	<i>Lecture:</i> Role of culture in health literacy
Wider community	<i>Lecture:</i> Systematic barriers and facilitators of health literacy
Working with communities and systems	<i>Assignment:</i> Working with a community organization to assess their health literacy

health literacy, rather than a performance evaluation or critique of the organization. In addition, it was highlighted that a potential benefit from participating would entail receiving a report back that the organization could use to consider and reflect on in terms of both their health literacy assets and areas for potential future improvement.

Since the assignment gives flexibility to instructors and students with regards to how many of the ten health literacy attributes are assessed (i.e., depending on how the assignment is being used; whether it is implemented as an individual or group assignment; scope of work of the community organization; other logistical considerations), the team randomly chose the following five attributes to pilot test the process and assessment worksheets: #3—Prepares Workforce; #4—Includes Consumers; #6—Communicates Effectively; #8—Design Easy to Use Material; and #10—Explain Coverage and Costs. The first two steps of the assessment required research into the organization, which was done online, and during an in-person observation during which a researcher visited the clinic and took notes on characteristics relevant to the five selected attributes. The third step of the assignment was the key informant interview, which was conducted with one of the supervisors at the clinic. The student researcher developed an interview guide, using the suggested questions provided in the assignment handout to facilitate the discussion. The interview lasted approximately 30 min and was carried out via telephone. Upon completion of the research, observation, and interview, the researcher was able to complete the provided worksheet and write a report of their findings in regard to the organizational health literacy at this clinic.

The pilot test identified minor areas for revision of the field assignment. For example, in the interview, the key informant needed clarification on many of the questions, but was able to answer them when probed with relevant concrete examples. From this feedback, researchers added example probes to the sample interview questions. In addition, the content of some of the questions were beyond the scope of the key informant's role in the organization. Thus, if students conduct this assignment individually, it should be

noted as a limitation in the findings. However, if this assignment is conducted in groups, students can each interview a member of the same organization and collectively develop their reports to provide a more comprehensive assessment of organizational health literacy.

Conclusion

As health literacy continues to be an important determinant of health, MCH professionals must be aware of the significant impact organizational health literacy can have on patient/client care. This paper described the development of an innovative teaching activity on organizational health literacy for MCH students. The combination of the interactive lecture and the practice-based assignment provide students with an understanding of organizational health literacy that will inform their practice in their professional field. By involving a local health organization, health literacy transcends theory and becomes active in public health practice. Specifically, data that students collect from their preliminary research on the organization, observation and key informant interview can be triangulated to provide a rich account of the extent to which the health literacy attributes were present or absent in the organization. This process of assessing a local organization can facilitate students' understanding of how organizational health literacy operates, how it impacts specific populations, and how specific steps can be taken to strengthen an organization's health literacy. Moreover, although there are existing organization health literacy guides that provide recommendations and best practices to develop materials and processes that are health literate (e.g., AHRQ Health Literacy Universal Precautions Toolkit) (Agency for Healthcare Research and Quality 2017), there are limited guides which provide validated assessment tools of organizational health literacy (see review by Farmanova et al. 2018). Thus, this innovative teaching activity filled this gap and created an assessment framework/tool, which can assist in translating the 10 Attributes of a Health Literacy

Organization into a practical assessment tool that can be beneficial for both students and community organizations.

This innovative teaching activity can be incorporated into various MCH content, methods, policy, and applied practicum/service-learning courses. For example, content and skills include cross-cutting critical concepts such as: health literacy; research and evaluation (e.g., developing interview questions, collecting and analyzing data, summarizing findings); community engagement and capacity (e.g., producing mutual beneficial processes and products for both student and local community organization); and written and oral communication. This activity also lends itself to a system perspective where students can assess the organizational health literacy of multiple interacting organizations. Moreover, as mentioned previously, this activity has the flexibility to be adapted to meet student and staff needs. For example, the assignment could be administered via student groups, and multiple diverse staff could be interviewed individually and collectively to provide a more comprehensive assessment of health literacy based on these differing organizational roles.

This teaching activity addresses key Core Competencies established by the Association of Schools and Programs of Public Health, including understanding the role of health literacy in cultural competency and the role of systems (Association of Schools and Programs of Public Health Education Committee 2004). By increasing awareness of the importance of organizational health literacy and examining the ways in which policies, procedures, and systems impact organizations' health literacy, students will be better equipped to be health literacy champions across the diverse organizations in which MCH professionals are found.

The field of MCH is expanding in complexity, and the demands of health systems on women, children, and families must be mediated by conscious efforts within organizations. Through teaching the importance and function of organizational health literacy to students in MCH, educators can prepare an emerging workforce to improve health literacy, and ultimately the quality of healthcare for women, children, and families.

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