

Assessing the Health Literacy Environment of a Comprehensive Cancer Center

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Background and Objectives

Health literacy and its impact on health outcomes is a concern that has driven the development of a focused initiative on this issue at Fox Chase Cancer Center. An interdisciplinary approach to addressing health literacy has been taken with activities including:

- awareness building
- educational seminars for staff
- plain language evaluation
- development services



Training and Methods

A multi-departmental Fox Chase team of 19 individuals were trained to use “The Health Literacy Environment of Hospitals and Health Centers” tool. The assessment team is made up of employees from some of the following departments: This team was split into two working groups.

- ✓ Nursing
- ✓ Health education
- ✓ Social work services
- ✓ Quality management
- ✓ Marketing
- ✓ Human resources
- ✓ Community outreach
- ✓ Risk Management

Print Assessment Group

- ❖ focused on assessment of print communications
- ❖ assessed materials using:
 - The SMOG (Simple Measure of Gobbledygook) formula to calculate reading grade level.
 - The PMOSE/IKIRSCH formula was used to determine the complexity of forms.

- A print communication rating system from the toolkit to rate each piece of material.

Physical Environment Group

- ❖ conducted two rounds of “walk about” physical navigation assessments.
- ❖ documented experience and provided written feedback.

Results

Navigation tours were done in pairs, a Fox Chase employee and a non-Fox Chase employee. (Table 1). The findings from the print assessment revealed that the majority of materials produced and used by Fox Chase are written at a reading grade level above the average reading grade level of U.S. citizens (Table 2).

Table 1 Results from Environmental Assessment

Category	Comments made by participants in Walk-About Exercise
Signage	<ul style="list-style-type: none"> • Largely unaware of color coding system • Signs not easy to see (small font size or use of italics) • Some areas did not have signs • No signs were observed in any other language other than English or Braille • No clear sign indicating Main Lobby • Wall maps were difficult to read • Maps at Info Desk were not available or difficult to read (copy quality poor)
Environment	<ul style="list-style-type: none"> • Outpatient area chairs, fireplace and book case made it feel cozy • Center Lobby noted to be warm, not cluttered, clean, well-lit with a nice, large colorful painting • Area from hospital to Outpatient lab was light, clean throughout, no hospital smell • No benches were available for people to sit between locations as some were quite far apart • Clutter was noted next to Area B desk
Navigation	<ul style="list-style-type: none"> • Inconsistency noted in terminology/signage used by staff – i.e. Area A for Lab/Infusion Room Waiting Area • Cancer Prevention Pavilion sign says Prevention Pavilion, snack bar/Terrace café



Conducting a “Walk-About” Exercise

Table 2 Results from Print Assessment

Type of material	SMOG	Print Communication rating
Patient/client orientation	12 grade level	75%
Patient/client orientation	11 grade level	80%
Patient Education Material	15 grade level	66%
Community Relations	16 grade level	51%
Community Relations	13 grade level	57%
Community Relations	13 grade level	74%
Forms	PMOSE/ IKIRSCH	
New Patient Assessment Form- Ambulatory Care	Level 3 – Moderate complexity Grade 12	57%
Patient Registration Form	Level 4 - High complexity Range including 15 years of schooling to college degree equivalent	63%

Interpreting Print Communication Score	
Score Range	Next Steps
0%-32%	Begin a focused initiative to eliminate literacy-related barriers
33%-65%	Augment efforts to eliminate literacy-related barriers
66%-100%	Continue to monitor and eliminate literacy-related barriers

Recommendations and Discussion

Recommendations were made by the assessment team for improving the health literacy environment. These recommendations will be taken to Center leadership to determine changes.

- Maps at locations (wall mounted and paper maps, key to color coded signs)
- Have signs at eye level, avoid use of italics
- Have Braille available throughout the Center
- Consider Spanish or other language signage
- Consider patient surveys to assess their navigation experiences
- Educate staff related to common terms for names of areas, use of color coding, and how to direct people



Print Assessment Team Meeting

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