

The Effect of a Health Literate Organization Registry on Organizational Health Literacy Practices at Governmental Health Care organizations: A Quasi-Experimental Study Design

Kloyiam S, Sukprasert K, Charoenpao P, Kunarak T, Kena K

INTRODUCTION:

Organizational health literacy [OHL] practices help health care organizations achieve high-quality, efficient, and meaningful care to service users. OHL is defined by the Institute of Medicine as “the degree to which an organization implements policies, practices, and systems that make it easier for people to navigate, understand, and use information and its services to take care of their health.” As OHL is a new term in Thailand, there are needs to raise awareness and promote OHL practices at governmental health care organizations.

OBJECTIVES:

This study evaluated the effect of a health literate organization registry (HLR) on OHL practices at governmental health care organizations under the Ministry of Public Health. The registry was initiated by the division of Health Literacy and Health Communication, Department of Health.

METHODS:

A quasi-experimental study design was employed to investigate the effects of the HLR on OHL practices between governmental health care organizations that had registered to participate in interactive online monthly meetings [group 1] and that chose to self-study the OHL practices [group 2]. The OHL practices were reflected by the staff and service users before and after each health care organization developed and submitted their development plans. The percentages of staff and service users who perceived the OHL practices were compared between the pre-test and post-test using the Wilcoxon Signed Rank Test, and between the two groups using the Mann-Whitney U Test. The significance level is .05. Cohen's d was calculated to indicate the effect size.

RESULTS:

5,124 health care organizations have registered in the HLR [50% of the total governmental health care organizations in Thailand]. 455 organizations assessed their OHL practices at least twice with a minimum time interval of one month and their OHL practices were used for the evaluation. 248 chose to participate in the interactive online monthly meetings and 207 chose to self-study. There were statistically significant improvements in the OHL practices of both groups with a small effect size [group 1; pre-test, 95.47%, SD=5.99, post-test, 96.95%, SD=5.51, $p=0.000$, group 2; 96.61%, SD=6.77, post-test, 97.83%, SD=4.01, $p=0.002$). At the pre-test, group 1 had a significantly lower percentage of the OHL practices, but at the post-test, this percentage was not statistically different from that of group 2 [$p=0.139$].

CONCLUSION:

The HLR had a small effect size on the OHL practices. However, health care organizations could improve their HLO practices by registering in the HLR, and either participate in the online monthly meetings or self-study the OHL practices.

KEYWORDS:

Organizational Health Literacy, Health Literacy Organization Registry, Health Care Organizations