Implementing Long-standing Health Literacy Interventions at a Community Health Center

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What We Will Cover Today

• What is health literacy?
• Why should public health care?
• Scope of the problem
• Approach at our community health center
• Resources to prepare you
• Practice makes perfect
Definition: What is Health Literacy?

“The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

(Nielsen-Bohlman, Panzer, & Kindig, 2004; US Department of Health and Human Services, 2012)
Why is Health Literacy Important?

• Limited health literacy = poor health
  – Less preventative health services
  – Decreased ability to manage chronic conditions
  – Increased preventable hospital visits/admissions
  – Poor skills in understanding prescription instructions and taking medications
  – Poor skills at interpreting nutritional labels, health messages, and mortality risk
  – Decreased satisfaction with health care
  – Increased health care costs
The Health Literacy of America’s Adults: Results From the 2003 National Assessment of Adult Literacy

(Kutner, Greenberg, Jin & Paulsen, 2006)
Scope: By Coverage Type

(Kutner, Greenberg, Jin & Paulsen, 2006)
Our Approach

• Adopt strategic planning goals that are specific to health literacy
  – Develop health literacy subcommittee
  – Perform health literacy assessment of the clinic’s operations
  – Conduct health literacy staff training

• Leadership investment
Health Literacy Subcommittee

- Evidence suggests forming a team
- Recruited staff from variety of work groups
- 15-25 people involved, including 4 patients
- Clinic supported lunch for our first meeting
- Clinic agreed to support staff time for core member

Ownership important for sustainability
- Subcommittee will drive future interventions
First task: Develop a charter
- Adopted from Greater Oregon Behavioral Health, Inc.
- Identifies subcommittee as the primary group responsible for literacy interventions at our clinic
- Specifies that patient representation on the subcommittee is important
Health Literacy Subcommittee

- Develop an agency policy
  - “Written Materials, Oral Communication, and Clinic Navigation Policy”
- Our policy suggests that...
  - Written materials developed using health literacy best practices and standards
  - Documents reviewed by the subcommittee and patients before circulation
  - Oral communication with patients use universal precautions strategies
  - Staff understand core concepts of health literacy best practices
Universal Precautions

• Adopted from the field of infectious diseases
• Clear communication is the basis for every health information exchange
  • Every patient/client
  • Every interaction
• We don't always know which patients have limited health literacy
• Highly educated patients prefer clear communication
  • Plain language is not “dumbing it down”
Health Literacy Best Practices: Oral Communication

- Interaction: make appropriate eye contact, smile, have a welcoming attitude
- Plain language: use common, non-medical words, pick up on the patient’s language, use those words speaking with them
- Slow down: speak clearly, use a moderate pace
- Limit content: prioritize and limit information to 3-5 key points
- Repeat key points: be specific, concrete, and repeat key points
- Patient participation: encourage questions and proactive involvement
- Teach-back: confirm understanding by asking patients to teach back directions
Health Literacy Best Practices: Written Communication

• Simplify content: only include most necessary information
• Chunk information: use clearly defined **headings**, divisions between sections of information, extra white space
• Sentence structure: use short, simple sentences
• Reading level: 5\textsuperscript{th}-6\textsuperscript{th} grade reading level or below
• Word choice: limit medical jargon and multi-syllable words, define terms
• Graphics: use simple, culturally appropriate images, illustrations or models
• Forms: include check boxes, “I don’t know” options, help patients to complete

- **Signage**: use easy to read and clearly visible signs directing patients to the entrance, waiting room, check in/out, billing department, laboratory, nursing area, exam rooms, and restrooms
- **Limit instructional signs**: give basic instructions such as “please sign in” or “if you have been waiting more than 20 minutes, please tell the front desk staff”
- **Language**: use simple, universal words in the language of your patient population
- **Graphics**: use simple, culturally appropriate and commonly accepted images on signs
- **Color and format**: color coding, lines, or symbols can also guide patients through the practice area
Resources

Health Literacy Universal Precautions Toolkit
- Tools to Start on the Path to Improvement
- Tools to Improve Communication
- Sample forms and letters


CDC’s Plain Language Thesaurus

Resources

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/

The Patient Education Materials Assessment Tool (PEMAT):
- An instrument to assess the understandability and actionability of print and audiovisual patient education materials

http://www.ahrq.gov/pemat
Practice Makes Perfect

- AHRQ’s PEMAT Tool

- MAXIMUS’s Plain Language Checklist


• Coleman, C. (2013). *Health literacy: Advanced patient-centered communication for all clinic staff* [PowerPoint slides]. Retrieved from X:\OHSU Shared\Restricted\SOM\FM\FAMMED \Richmond\QI Committee\QI Tools\Richmond Health Literacy Didactic 10-4-13.pptx


• Greater Oregon Behavioral Health, Inc. (n.d.). *Plain language and health literacy policy and procedures*. The Dalles, OR.


