



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

OHPA Conference, October 14, 2014

Rachael Postman, DNP, FNP-C

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.**”

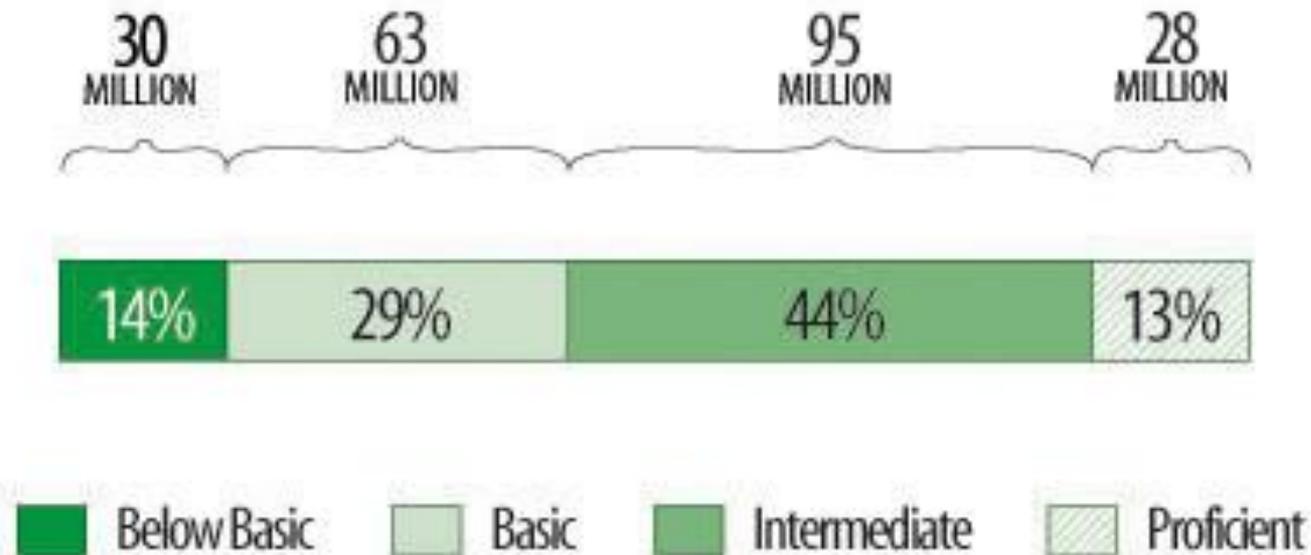
(Nielsen-Bohlman, Panzer, & Kindig, 2004; US Department of Health and Human Services, 2012)

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

Scope of the problem?

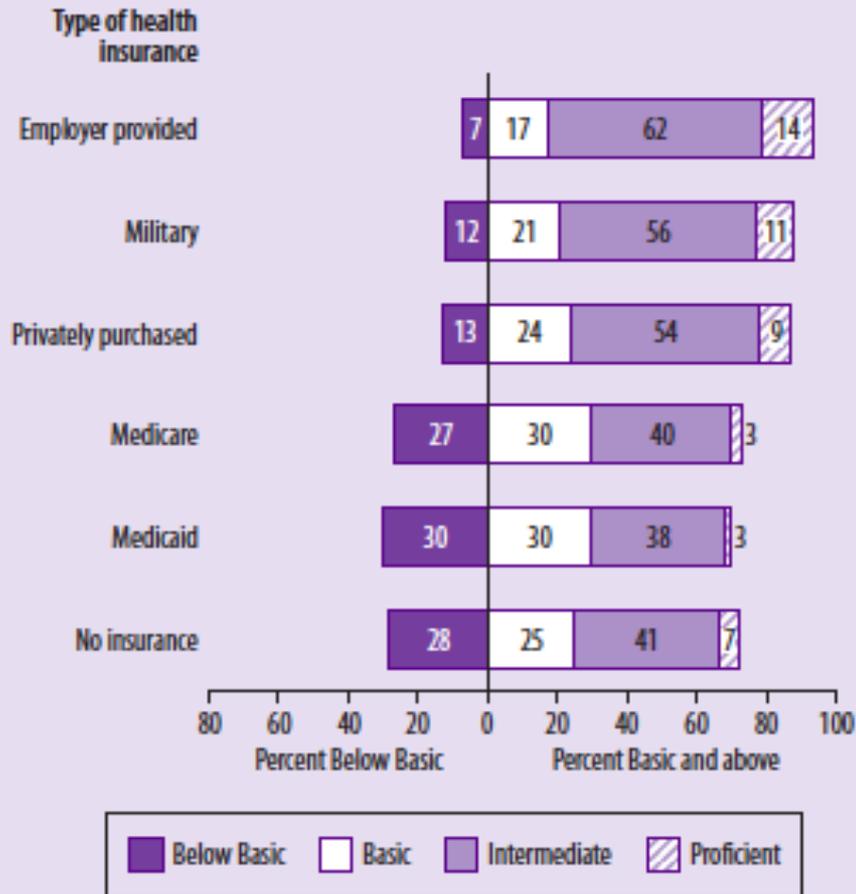
The Health Literacy of America's Adults:
Results From the 2003 National Assessment of Adult Literacy



(Kutner, Greenberg, Jin & Paulsen, 2006)

Scope: By Coverage Type

Figure 3-4. Percentage of adults in each health literacy level, by type of health insurance coverage: 2003



(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

- 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

Health Literacy Subcommittee

- 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**

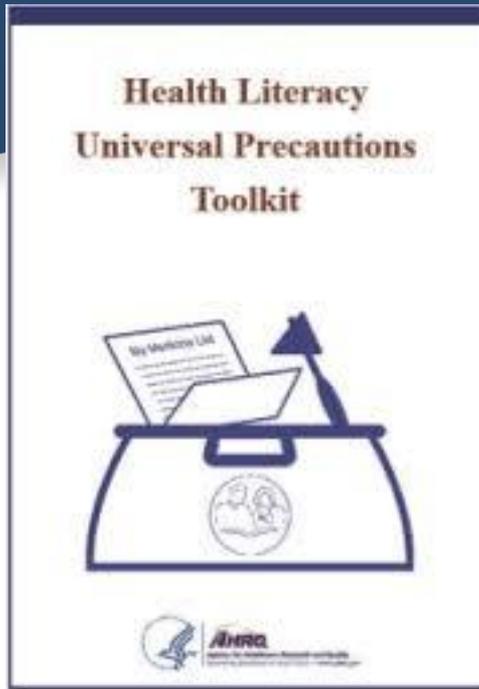
Health Literacy Best Practices: Written Communication

- 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: 5th-6th 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

Health Literacy Best Practices: Navigation and Way Finding

- 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

<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf>



CDC's Plain Language Thesaurus

http://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf

Resources



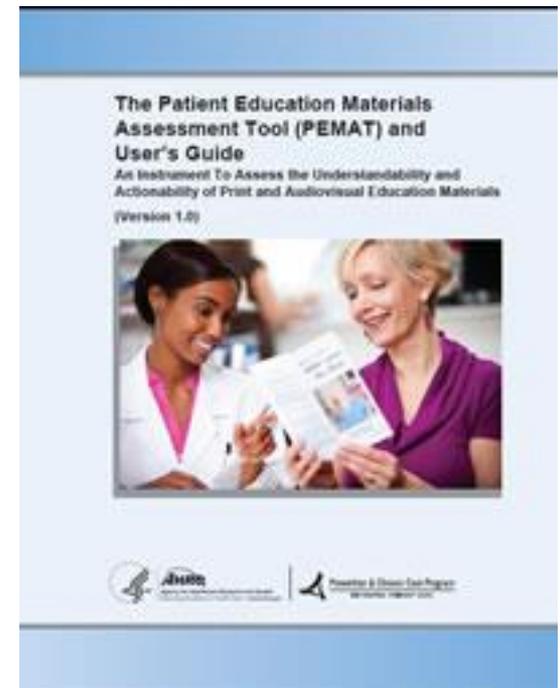
- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

<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

Quick Checklist for Plain Language

Center for Health Literacy | MAXIMUS and McGee & Evers Consulting, Inc.



This checklist will help you see if print and web materials are written in plain language and formatted in ways that help readers find and understand key messages. Check each item below that is present in the material. The more items with checks, the more likely it will be that readers can understand and use the material.

Reader focus

- The title and introduction tell what the material is about, whom it is for, and how to use it.
- The tone is direct, friendly, and positive, using personal pronouns such as "you" and "we."
- The content is limited to what readers need to know, and anticipates their questions and concerns.

Organization

- The material begins with the most important message.
- The content is arranged in an order that makes sense to readers.
- Informative headings signal what's coming and make it easy for readers to skim.

Writing

- The writing is mostly in the active voice.
- The words are common and familiar to the intended readers.
- Acronyms, abbreviations, technical terms, and legal terms are used only if readers need to know them. If used, they are explained.
- Paragraphs are one topic and brief, with simple and straightforward sentences.
- Key terms are used consistently.
- Instructions are brief, step-by-step, and placed right where readers need them.
- The writing is cohesive – making connections among ideas to help readers understand and absorb new information.

Design and formatting

- The material has similar style and structure throughout, with consistent use of fonts, italics, bold print, color, numbers, and bullets.
- The material looks inviting and easy to read, with an uncluttered layout, plenty of white space, and dark colored type on a light background.
- The fonts are clean in their design and easy to read (not fancy or unusual).
- The text size is large enough for easy reading and each line has about 10 to 15 words.
- Italics and bold print are used sparingly.
- Images are clear and uncluttered, related to the content, and culturally appropriate for the readers.

Tips for checking the language

- Take a careful look at the vocabulary. Identify words you think readers would be unlikely to use in their everyday speech. Whenever possible, replace these words with others that would be easier and more familiar.
- Read it aloud or have someone read it to you. You will hear if the tone is too formal, the wording is awkward, the sentences are too long, or the paragraphs too dense.

Turn over for more tips and resources >>>

UNDERSTANDABILITY

Item #	Item	Response Options	Rating
Topic: Content			
1	The material makes its purpose completely evident.	Disagree=0, Agree=1	
2	The material does not include information or content that distracts from its purpose.	Disagree=0, Agree=1	
Topic: Word Choice & Style			
3	The material uses common, everyday language.	Disagree=0, Agree=1	
4	Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree=0, Agree=1	
5	The material uses the active voice.		
Topic: Use of Numbers			
6	Numbers appearing in the material are clear and easy to understand.		
7	The material does not expect the user to perform calculations.		
Topic: Organization			
8	The material breaks or "chunks" information into short sections.		
9	The material's sections have informative headers		
10	The material presents information in a logical sequence.		
11	The material provides a summary.		
Topic: Layout & Design			
12	The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.		
Topic: Use of Visual Aids			
15	The material uses visual aids whenever they could make content more easily understood (e.g., illustration of healthy portion size).		

Item #	Item	Response Options	Rating
16	The material's visual aids reinforce rather than distract from the content.	Disagree=0, Agree=1, No visual aids=N/A	
17	The material's visual aids have clear titles or captions.	Disagree=0, Agree=1, No visual aids=N/A	
18	The material uses illustrations and photographs that are clear and uncluttered.	Disagree=0, Agree=1, No visual aids=N/A	
19	The material uses simple tables with short and clear row and column headings.	Disagree=0, Agree=1, No tables=N/A	

Total Points: _____

Total Possible Points: _____

Understandability Score (%): _____

(Total Points / Total Possible Points) × 100

ACTIONABILITY

Item #	Item	Response Options	Rating
20	The material clearly identifies at least one action the user can take.	Disagree=0, Agree=1	
21	The material addresses the user directly when describing actions.	Disagree=0, Agree=1	
22	The material breaks down any action into manageable, explicit steps.	Disagree=0, Agree=1	
23	The material provides a tangible tool (e.g., menu planners, checklists) whenever it could help the user take action.	Disagree=0, Agree=1	
24	The material provides simple instructions or examples of how to perform calculations.	Disagree=0, Agree=1, No calculations=NA	
25	The material explains how to use the charts, graphs, tables, or diagrams to take actions.	Disagree=0, Agree=1, No charts, graphs, tables, or diagrams=N/A	
26	The material uses visual aids whenever they could make it easier to act on the instructions.	Disagree=0, Agree=1	

Total Points: _____

Total Possible Points: _____

Actionability Score (%): _____

(Total Points / Total Possible Points) × 100

- MAXIMUS's Plain Language Checklist

“What questions do you have?”

- Agency for Healthcare Research and Quality. (2011). *Health literacy interventions and outcomes: An updated systematic review* (AHRQ Publication No. 11-E006-1). Washington, DC: US Government Printing Office.
- Agency for Healthcare Research and Quality. (2010). *Health literacy universal precautions toolkit* (Publication No. 10-0046-EF). Washington, DC: US Government Printing Office.
- Agency for Healthcare Research and Quality. (2013). *The Patient Education Materials Assessment Tool (PEMAT) and User's Guide*. Retrieved from <http://www.ahrq.gov/pemat/>
- Baker, D. W. (2006). The meaning and the measure of health literacy. *Journal of General Internal Medicine*, 21, 878-883.
- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*, 155(2), 97-107.
- Bowskill, D., & Garner, L. (2012). Medicines non-adherence: Adult literacy and implications for practice. *British Journal of Nursing*, 21(19), 1156-1159.
- Center for Health Care Strategies, Inc. (2010). Health literacy implications of the affordable care act. Washington DC: Somers, S. A. & Mahadevan, R.
- Centers for Medicaid and Medicare Services. (2012). *Medicaid eligibility*. Retrieved from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html>

- Cohen, L. A., Bonito, A. J., Eicheldinger, C., Manski, R. J., Edwards, R. R., & Khanna, N. (2011). Health literacy impact on patient-provider interactions involving the treatment of dental problems. *Journal of Dental Education*, 75(9), 1218-1224.
- 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
- DeWalt, D. A., Broucksou, K. A., Hawk, V., Brach, C., Hink, A., Rudd, R., & Callahan, L. (2001). Developing and testing the health literacy universal precautions toolkit. *Nursing Outlook*, 59(2), 85-94.
- Gaglio, B., Glasgow, R. E., & Bull, S. S. (2012). Do patient preferences for health information vary by health literacy or numeracy? A qualitative assessment. *Journal of Health Communication*, 17(Suppl 3), 109-121.
- Giuse, N. B., Koonce, T. Y., Storrow, A. B., Kusnoor, S. V., & Ye, F. (2012). Using health literacy and learning style preferences to optimize the delivery of health information. *Journal of Health Communication*, 17(Suppl 3), 122-140.

- Greater Oregon Behavioral Health, Inc. (n.d.). *Plain language and health literacy policy and procedures*. The Dalles, OR.
- Han, J. H., Bryce, S. N., Ely, E. W., Kripalani, S., Morandi, A., Shintani, A., Jackson, J. C., Storrow, A. B., Dittus, R. S. & Schnelle, J. (2011). The effect of cognitive impairment on the accuracy of the presenting complaint and discharge instruction comprehension in older emergency department patients. *Annals of Emergency Medicine*, 57(6), 662-671.

- Health Resources and Services Administration [HRSA]. (n.d.) *What is a health center?* Retrieved from <http://bphc.hrsa.gov/about/index.html>
- Herndon, J. B., Chaney, M., & Carden, D. (2011). Health literacy and emergency department outcomes: A systematic review. *Annals of Emergency Medicine, 57*(4), 334-345.
- Huff, C. (2011). Does your patient really understand?. *Hospitals & Health Networks, 85*(10), 34-35.
- The Joint Commission. (2007). *What did the doctor say?: Improving health literacy to protect patient safety*. Oakbrook Terrace, Illinois.
- The Joint Commission. (2010). *Advancing effective communication, cultural competence, and patient-and family-centered care: A roadmap for hospitals*. Oakbrook Terrace, Illinois.
- Koh, H. K., Berwick, D. M., Clancy, C. M., Baur, C., Brach, C., Harris, L. M., & Zerhusen, E. G. (2012). New federal policy initiatives to boost health literacy can help the nation move beyond the cycle of costly 'crisis care'. *Health Affairs, 31*(2), 434-443.

- Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy*. U.S. Department of Education. Washington, DC: National Center for Education Statistics.
- Logan, R. A. (2012). Health literacy through the national library of medicine. *Health Affairs*, 31(5), 1128.
- Macabasco-O'Connell, A., & Fry-Bowers, E. K. (2011). Knowledge and perceptions of health literacy among nursing professionals. *Journal of Health Communication*, 16(Suppl 3), 295-307.
- Marcus, E. N. (2006). The silent epidemic — the health effects of illiteracy. *New England Journal of Medicine*, 355(4), 339-341.
- Marks, R. (2009). Ethics and patient education: Health literacy and cultural dilemmas. *Health Promotion Practice*, 10(3), 328-332.
- McCarthy, D. M., Waite, K. R., Curtis, L. M., Engel, K. G., Baker, D. W., & Wolf, M. S. (2012). What did the doctor say? Health literacy and recall of medical instructions. *Medical Care*, 50(4), 277-282.
- McNaughton, C., Wallston, K. A., Rothman, R. L., Marcovitz, D. E., & Storrow, A. B. (2011). Short, subjective measures of numeracy and general health literacy in an adult emergency department. *Academic Emergency Medicine*, 18(11), 1148-1155.
- Morris, N. S., Grant, S., Repp, A., Maclean, C., & Littenberg, B. (2011). Prevalence of limited health literacy and compensatory strategies used by hospitalized patients. *Nursing Research*, 60(5), 361-366.

- National Committee for Quality Assurance. (2013). *Healthcare effectiveness data and information set and performance measure*. Retrieved from <http://www.ncqa.org/tabid/59/Default.aspx>
- Nielsen-Bohlman, L., Panzer, A. M., & Kindig, D. A. (Eds.). (2004). *Health literacy: a prescription to end confusion*. National Academies Press.
- Olives, T., Patel, R., Patel, S., Hottinger, J., & Miner, J. R. (2011). Health literacy of adults presenting to an urban ED. *American Journal of Emergency Medicine*, 29(8), 875-882.
- Paasche-Orlow, M. (2011). Caring for patients with limited health literacy: A 76-year-old man with multiple medical problems. *Journal of the American Medical Association*, 306(10), 1122-1129.
- Paasche-Orlow, M. K., Schillinger, D., Greene, S. M., & Wagner, E. H. (2006). How health care systems can begin to address the challenge of limited literacy. *Journal of General Internal Medicine*, 21(8), 884-887.
- Parker, R. M., Wolf, M. S., & Kirsch, I. (2008). Preparing for an epidemic of limited health literacy: Weathering the perfect storm. *Journal of General Internal Medicine*, 23(8), 1273-1276.
- Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 2702, 124 Stat. 119, 318-319 (2010).
- Rudd, R. E. (2010). Improving Americans' health literacy. *New England Journal of Medicine*, 363(24), 2283-2285.
- Rudd, R. E., & Anderson, J. E. (2006). The health literacy environment of hospitals and health centers. *Partners for Action: Making Your Healthcare Facility Literacy-Friendly*. Cambridge MA: National Center for the Study of Adult Learning and Literacy.
- Saver, C. (2012). Overcoming low health literacy: helping your patient understand. *OR Manager*, 28(6), 1.
- Schonlau, M., Martin, L., Haas, A., Derose, K. P., & Rudd, R. (2011). Patients' literacy skills: More than just reading ability. *Journal of Health Communication*, 16(10), 1046-1054.

- US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National Action Plan to Improve Health Literacy*. Washington, DC: US Government Printing Office.
- US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). *America's health literacy: Why we need accessible health information*. Washington, DC: US Government Printing Office.
- US Department of Health and Human Services. (2011). *Administration implements new health reform provision to improve care quality, lower costs*. Retrieved from <http://www.healthcare.gov/news/factsheets/2011/04/valuebasedpurchasing04292011a.html>
- US Department of Health and Human Services. (2010). *Disparities*. Retrieved from <http://healthypeople.gov/2020/about/DisparitiesAbout.aspx>
- US Department of Health and Human Services. (2013). *Health communication and health information technology*. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=18>
- US Department of Health and Human Services. (2010). *What is medicaid?* Retrieved from <http://www.healthcare.gov/using-insurance/low-cost-care/medicaid/#whatmed>
- Volandes, A. E. & Paasche-Orlow, M. K. (2007): Health literacy, health inequality and a just healthcare system. *The American Journal of Bioethics*, 7(11), 5-10.