Addressing Health Literacy at a Community Health Center Practice

Sue Schlotterbeck, Director, Cultural and Language Services Edward M. Kennedy Community Health Center (EMKCHC)

Mary Philbin, Director, Education & Training, MassAHEC Network; Assistant Program Directory, Internal Medicine Residency; Director, Faculty Development, Department of Medicine, UMass Medical Center

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Content in this presentation includes materials from Rima Rudd’s Health Environment Activity Packet and Agency for Healthcare Quality Health Literacy Toolkit
• Overview – Health Literacy
• EMKCHC Health Equity-Cultural Competence
• EMKCHC Experience
• Future
• Resources
Health Literacy: a National Priority

• Legislation
• Federal Agencies
• Health Initiatives
• Partnerships
Health Literacy is a National Priority

Healthy People 2020 (released December 2010) includes:

- Improve the health literacy of the population
- Increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions (“Teach Back” relates to this goal)
Definition: 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**.

Institute of Medicine, Consensus Report, *Health Literacy: Prescription to End Confusion*. 2004
Domains of Health Literacy

- Fundamental Literacy
- Science Literacy
- Civic Literacy
- Cultural Literacy

Zarcadoolas, et. al, *Understanding health literacy: an expanded model*. Health Promotion International 2005
Low health literacy linked to:

- Poor health outcomes
- Lower satisfaction with care
- Decreased patient safety
- Higher rates of hospitalization and ER use
- Increased costs $100-120 Billion/year
Who Is At Risk?

90 million Americans
Few are truly illiterate, nearly **half** are at a disadvantage when it comes to the literacy demands of the 21st century. (National Center for Education Statistics, US Dept Education, National Assessment 2003)

9 out of 10 adults may lack the skills needed to manage their health and prevent illness. (National Assessment of Adult Literacy)

This includes many of **us** when we are sick or getting new information.
Vulnerable Populations

• Elderly
• Immigrants, limited English proficiency
• Poor
• Mentally challenged
• Limited education
• Minority populations
• Patients with one or more chronic diseases
• Inmates
Health Literacy in Practice

Navigating the system: finding your way through the complex system of care, as well as the building

Printed materials: forms and patient education pamphlets

Patient/provider/team communication
Impact- Patients may have difficulty:

• Locating providers and services
• Seeking preventive care
• Making appointments
  • Reading and following directions (prep procedures)
  • Completing forms
  • Following directions on the medicine bottle
  • Sharing their medical history
  • Recognizing connection between risky behavior, health
  • Understanding what to do – treatment recommendations
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Spoken Communication: “Teach Back”

Technique confirms patient’s understanding of what provider has ‘explained’

Ask patient to repeat in their own words what they need to know or do

Opportunity to check for understanding, and re-teach if necessary
Examples:

I want to be sure I explained everything clearly. Can you please tell me what I told you, using your own words?

Instructions can be confusing. I want to be sure I was clear in how I explained this medicine. Can you tell me what it is for and how you will take it?
Examples (cont’d):

When you get home, what will you tell your (spouse, children, friends) about what we discussed today?
History of Health Equity/Cultural Competence at EMKCHC

2002 - committee formed to improve health equity and cultural competence

- Collection of self-reported race/ethnicity and language data (patients and staff)
- Analyze data by race/ethnicity, monitor and develop actions to address health disparities
- Recruit staff to reflect patients and communities we serve
- Meet Culturally and Linguistically Appropriate Services (CLAS) Standards
History of Health Equity/Cultural Competence at EMKCHC

- Cultural competence training (including training on racism)
- Cultural Code of Ethics
- Employee and staff satisfaction surveys (questions on cultural competence and report results by race/ethnicity)
- Cultural competence included in staff evaluations
- Culturally Responsive Care Policy
- Presentations about new populations
- Group sessions for new populations
- Language Access
- Health Literacy
EMKCHC Health Literacy Initiative

Subcommittee of the health equity/cultural competence team and customer service team

Focus is to improve health literacy among our patients through:

– Increasing staff awareness (newsletter articles, discussions)
– Assessing our practice
– Establishing priorities
– Improving our environment, spoken and written communication
Where to start?

• Form a team
• Do an assessment
• Use existing tools (AHRQ toolkit)
• Use results for planning
Assessment
AHRQ Assessment, Provider Assessment, Health Environment Activity

Agency for Healthcare Research and Quality (AHRQ) Health Literacy Toolkit Health Literacy Assessment
http://www.ahrq.gov/qual/literacy/

49 Questions:
• Spoken communication
• Written communication
• Self-management and empowerment
• Supportive systems

Pharmacies: Is Our Pharmacy Meeting Patients’ Needs?
http://www.ahrq.gov/qual/pharmlit/index.html
Provider Survey

What issues come up time after time in helping your patients understand and follow through on their treatment plan?

What causes you the most aggravation every day in your interaction with patients that relates to spoken and written communication?
Health Environment Activity Packet “First Impressions and A Walking Interview” by Rima E. Rudd

www.hsph.harvard.edu/healthliteracy

2 components of health literacy:
• Literacy of individuals
• Literacy demands and expectations of health systems

This exercise helps us to consider how to reduce literacy demands to better serve patients and clients.
First impressions (look with new eyes):

- Phone call
- Visit to the web page
- Walk to the entrance
Walking interview

• Physical navigation
• Guide and Observer
• Guide provides directions about activities and poses questions (examples)
• Short discussion after each activity, longer debrief at end
• Guide provides instructions, e.g., “walk to the area where you can find dental services”. Observer leads the walking activity and talks out loud as he/she walks about and makes decisions
• Guide reminds Observer to share thoughts
6 Stages of the Walking Interview

1. Observations at the Entry Point or Lobby
2. Directions/Seeking Help (help for navigation)
3. Navigation
4. Observation (at destination)
5. Reflections (debrief)
6. Feedback
Reviewed the AHRQ Health Literacy Universal Precautions Toolkit

**Tools to Start on the Path to Improvement**
Tool 1: Form a Team
Tool 2: Assess Your Practice
Tool 3: Raise Awareness

**Tools to Improve Spoken Communication**
Tool 4: Tips for Communicating Clearly
Tool 5: The Teach-Back Method
Tool 6: Follow up with Patients
Tool 7: Telephone Considerations
Tool 8: Brown Bag Medication Review
Tool 9: How to Address Language Differences
Tool 10: Culture and Other Considerations
Tools to Improve Written Communication
Tool 11: Design Easy-to-Read Material
Tool 12: Use Health Education Material Effectively
Tool 13: Welcome Patients: Helpful Attitude, Signs, and More

Tools to Improve Self-Management and Empowerment
Tool 14: Encourage Questions
Tool 15: Make Action Plans
Tool 16: Improve Medication Adherence and Accuracy
Tool 17: Get Patient Feedback

Tools to Improve Supportive Systems
Tool 18: Link Patients to Non-Medical Support
Tool 19: Medication Resources
Tool 20: Use Health and Literacy Resources in the Community
Next Steps:

Increase staff awareness
• Newsletters
• Department trainings

Pilot “Teach Back” to improve spoken communication

Signs
Why use “Teach Back”?

Our internal health literacy assessment results identified “improved spoken communication” as an area where we “need improvement”

“Asking that patients recall and restate what they have been told” is one of 11 top patient safety practices based on the strength of scientific evidence.” AHRQ, 2001 Report, Making Health Care Safer

“Physicians’ application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients” Schillinger, Arch Intern Med/Vol 163, Jan 13, 2003, “Closing the Loop”

Research shows that patients remember and understand less than half of what providers explain to them
“Teach Back” Pilot

- 4 committee members
- Pilot use of “Teach Back” with 5-7 patients
- Recorded results on evaluation log
- Shared results with Health Literacy Subcommittee
- Expanded use of “Teach Back” and find “buddies” to also use “Teach Back”
Health Literacy Committee Members:

• Developed presentation: Health Literacy and “Teach Back”
• Presented at department meetings
• Wrote articles and shared staff experiences in newsletter
• Facilitated adding “Teach Back” to EMR Template
• Met with Quality Care Committee to get organizational commitment to move forward with efforts to improve Health Literacy and institutionalize “Teach Back”

• Are working on adding Health Literacy and “Teach Back” to required online patient safety training
• Are developing a poster “Ask Us About Teach Back”
What staff learned using “Teach Back”

- “I learned that what I think is clear may not be (and is likely NOT) clear to patient”
- “It helped me to know what the patient heard and realize that repetition/clarification is needed”
- “I would like to ask the following questions more often: “what might make this hard for you?” and “what will you do when you get home?”
- “It was a simple, fast easy way for me to help be sure that the patient understood what we discussed”
• “It was a mirror for me to see how effective I was in communicating with my patients.”

• “It helps underscore the need for all staff to reinforce health care information we are sharing with our patients regarding their care.”

• “It starts a dialogue with the patient making it easier for patient to become engaged in asking questions which in turn will help them to start making informed decisions and become a partner with their provider to reach their healthcare goals.”
Who has the time to do “Teach Back”? 

“Physicians may also avoid explicitly assessing patients’ recall and comprehension for fear of opening a Pandora’s box and of needing to spend more time with the patient. **However, we found that encounters that included an assessment of patients’ recall or comprehension were not longer than those that did not.**”

Health Literacy is a National Priority

- Healthy People 2020
- National Action Plan to Improve Health Literacy
- Affordable Care Act (ACA)
- HHS OMH CLAS Standards
- Plain Writing Law
- National Partnership for Action to End Health Disparities
- HRSA guidelines for announcing funding opportunities
- Additional guidelines issued that reflect the National Action Plan to Improve Health Literacy
Health Initiatives: Patient Centered Medical Home

• Quality and Safety
• Enhanced Access
• Whole Person orientation
• Coordinated Team Care
Patient Centered Medical Home: Coordinated Team Care

• Patient involved in own care
• “Patient Activation”
  • Motivational Interviewing
  • Patient Action Plan
• Appropriate Materials (CLAS Standards)
Health Literacy Resources

AHRQ- health literacy toolkit [http://www.ahrq.gov/qual/literacy](http://www.ahrq.gov/qual/literacy)
AMA Foundation- health literacy toolkit
Pharmacies: Is Our Pharmacy Meeting Patients’ Needs?

Free Online Courses with CMEs or CEUs

HRSA online course with free CEU’s [www.hrsa.gov/healthliteracy](http://www.hrsa.gov/healthliteracy)

The interactive training course, “Unified Health Communication: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency,” aims to raise the quality of provider-patient interactions by teaching providers and their staff how to gauge and respond to their patients' health literacy, cultural background, and language skills. The course's five modules take five hours to complete. **Up to five free CMEs/CEUs are available** to participants who successfully complete the course.

CDC online course with free CEU, CME, CPE, CNE