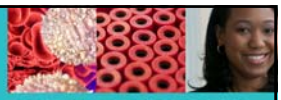

CREATING TOMORROW'S SOLUTIONS, TOGETHER

PREPARING THE TRANSPLANT COMMUNITY TO SERVE EVERY PATIENT IN NEED.

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Increasing Access To Transplant: Health Literacy

Alisha Ellwood, MA, LMFT

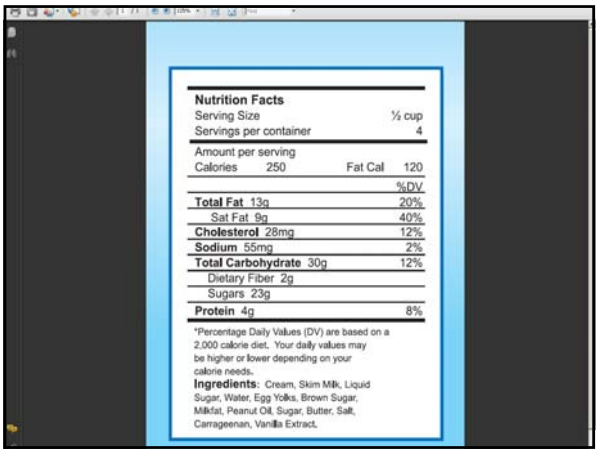
Learning Objectives

At the end of this workshop, you'll be able to:

1. Define health literacy
2. Understand how it affects health decisions
3. Know how to apply strategies to improve communication with transplant patients

American Medical Association Video

- Health literacy and patient safety: Help patients understand



Nutrition Facts

Serving Size			½ cup
Servings per container			4
Amount per serving			
Calories	250	Fat Cal	120
			%DV
Total Fat 13g			20%
Sat Fat 9g			40%
Cholesterol 28mg			12%
Sodium 55mg			2%
Total Carbohydrate 30g			12%
Dietary Fiber 2g			
Sugars 23g			
Protein 4g			8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

What About This?

"Take 2 aleve bid and flexeril at hs. If not better see me next week"

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What is Health Literacy?

Health Literacy is our ability to **read**, **understand** and **act on** health information.

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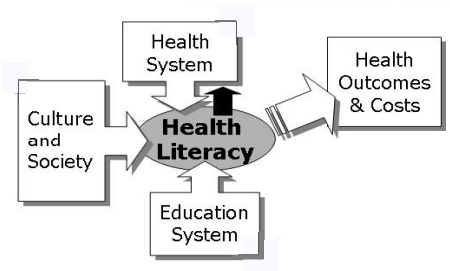
Factors Affecting Health Literacy

- General literacy
- Education
- Culture and language
- Experience with health system
- Complexity of health information
- How information is communicated
- Aging
- Emotions

Health Literacy Framework



- Institute of Medicine, 2009

Expanding the Definition

And…

A **provider's capacity** to communicate clearly, educate about health and empower their patients.

Expanding the Definition *continued*

And…

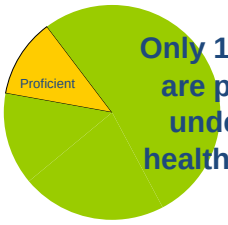
A **system's capacity** to be easily accessed, quickly navigated and understandable by all.

Literacy And Health In The U.S.

- 1 in 2 Americans can't read above 5th grade level[1]
- Most patient education materials written beyond recipients' ability to understand[2]
- 26% can't understand next appointment date[3]
- 42% can't understand "take on empty stomach"[4]
- 60% can't understand consent form[5]

1: Kirsch 2003; 2: IOM 2004; 3: Williams et al., JAMA 1995; 4: Baker et al., Arch Fam Med 1996; 5: JAMA 1995

Universal Problem



Only 12% of adults are proficient in understanding health information

- 2003 National Assessment of Adult Literacy (NAAL), US Dept of Education

Three Types Of Literacy

- **Prose Literacy**
  - Editorials, news stories, brochures, instructional materials
- **Document Literacy**
  - Job applications, payroll forms, bus schedules, maps, tables, drug or food labels
- **Quantitative Literacy**
  - Balance a checkbook, figure out a tip, interest on loan, determine a dosage amount

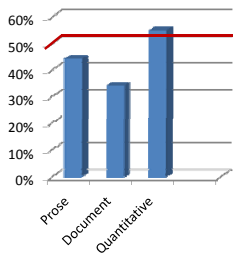
National Surveys of Adult Literacy

- **NAAL 2003**
  - National Assessment of Adult Literacy
  - Conducted through US Dept. of Education
  - People 16 and older
  - Collected from households & prisons
  - Most comprehensive national study of adult literacy
- **Other landmark reports**
  - Institute of Medicine and Joint Commission
- **1600 articles on written information being too complex**

Literacy Skill Definitions

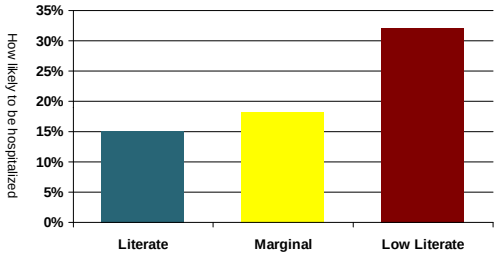
- **Below Basic**: No more than the most simple and concrete literacy skills
- **Basic**: Skills needed to perform simple, everyday literacy activities
- **Intermediate**: Skills needed to perform moderately challenging activities
- **Proficient**: Skills needed for more complex and challenging literacy activities

NAAL General Literacy Findings



- Percent of US adult population with **Basic or Below Basic** skills:
  - Prose literacy: **44%**
  - Document literacy: **34%**
  - Quantitative literacy: **55%**

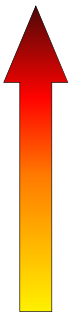
Patients with Low Literacy Nearly Twice as Likely to be Hospitalized



Baker, Parker, Williams, et al. *JGIM* 1999

Burden to System

Low health literacy increases US health care costs by $50 billion – $73 billion annually.*



*Estimated by National Academy on an Aging Society using 1998 figures

"It is neither just, nor fair, to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so."

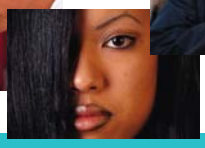
- Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment. AMA, 2007

Understanding Increases Healthy Choices

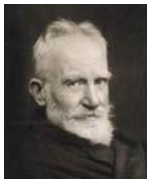
- College graduates are the most likely to **quit** (66.6%) and the most likely to **never have smoked** (66.5%)

Clear and Simple…

- Research shows that **all** patients prefer simple health information



- Kripalani & Weiss, 2006



"The problem with communication is the illusion that it has occurred."

- George Bernard Shaw

Health Literacy Demands of the Clinical Encounter

- Health care is complex
- We require a lot of our patients
  - Manage appointments with us and others
  - Transportation
  - Billing and insurance
  - Access to medications
  - Remember recommendations
  - Implement recommendations

Provider Strategies

- Create a shame-free environment
- Improve communication skills
  - "Living room" (plain) language
- Empower patients
- Use teach-back method
- Use patient friendly materials
- Remember *Simple is SMART*

Simple is SMART

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S = *Simple*

- Use plain, non-medical language
- Limit to the most important points
- Slow down and listen
- Use easy to understand brochures and forms

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M = *Meaningful*

- Use pictures, diagrams, charts
- Be patient-centered
  - What does this mean for this patient?
  - Why is it important for him or her?

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A = *Appropriate*

- **Consider ….**
  - Culture
  - Race
  - Socioeconomic status
  - Physical environment
  - Language
  - Religion

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R = *Repeat it*

- Repeat key messages
  - Research shows that patients remember and understand <u>less than half</u> of what clinicians explain to them

- Ley, Communicating with patients: Improving communication satisfaction, and compliance, 1988

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T = *Teach Back*

- **Ask patients to demonstrate understanding**
  - "What will you tell your spouse about your condition?"
  - "I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did."
  - "Show me what you would do."
- **Chunk and check**
  - Summarize and check for
  - understanding throughout,
  - don't wait until the end.
- **<u>Do Not</u> ask . . . "**Do you understand?"

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Health Literacy Practices for Written Documents

- Write at an **8th grade reading level** or lower
- Use the **active, direct voice**
- Use **familiar** words, provide strong context to **decode** unfamiliar words, organize by **priority**
- Incorporate **visual cues** and/or graphics
- Short, **simple sentences**
- Make use of **bulleted lists**

The Benefits…

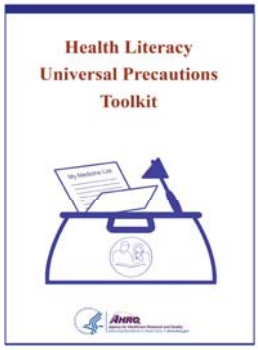
- People make **well-informed** and **supported decisions**
- Well-designed documents:
  - Foster information use and retention
  - Encourage collaborative decisions
  - Reduce stress and anxiety
  - Improves adherence

Plain Language Resources

- Word processing readability statistics
  - Flesch-Kincaid Reading Level
- Plain language references & manuals
  - PRISM Readability Resources and Toolkit
  - NCI Workbook: Making Data Talk
  - www.plainlanguage.gov
- Field test!
  - Children and teachers are a great resource to review the readability of materials

System Strategies

- Conduct health literacy review of system
  - Accessibility
  - Navigation
  - Understanding
- Engage system level change
  - Encourage cross-departmental collaboration
- Leverage resources and influence
  - Public policy, public health campaigns, benefit designs



Path to Improvement

1. Watch a health literacy video
2. Form your team
3. Assess your practice
4. Choose tools
5. Raise staff awareness about health literacy
6. Plan your changes

Assess Your Practice

- Have several people in the practice answer the assessment questions
- Plan a discussion of the results with prioritization of goals based on assessment
- Choose tools to implement

Health Literacy Assessment Questions

Have several staff members complete the questions on their own, and then come together for a group discussion to review the results. Please refer to Tool 2: Assess Your Practice for more information.

Please select **one answer** that most accurately describes your practice:

Doing Well	Our practice is doing this well
Needs Improvement	Our practice is doing this, but could do it better
Not Doing	Our practice is not doing this
Not Sure	I don't know the answer to this question
N/A	This is not applicable to our practice

Importance: * Beneficial ** More Beneficial *** Most Beneficial

1. Improve Spoken Communication

	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
1. Staff members have received awareness and sensitivity training about health literacy issues.	☐	☐	☐	☐	***	1-Form Team 3-Raise Awareness
2. All levels of practice staff have agreed to support changes to improve patient understanding.	☐	☐	☐	☐	***	1-Form Team 3-Raise Awareness

Raising Awareness

- Important for **all** members of the staff
- Helps to create the sense of urgency and importance
- Fosters camaraderie among staff members (all of whom can usually relate to the problem)

Key Change Areas

- Improve spoken communication
- Improve written communication
- Improve self-management and empowerment
- Improve supportive systems

A Call to Action

- Integrate health literacy best practices into current processes
- Engage cross-departmental participation
- Use data to drive action

Action Plan

- Write 1 idea that you would like to work on over the next 4-6 weeks
  - What do I want to do?
  - Who do I need to help me do this?
  - How would I get started?
- Share your ideas with others…

Health Literacy Resources

- Improving Patient-Centered Communication and Shared Decision-Making in a Clinical Setting (Coleman & Brach, IHA Conference 2009)
- Help Patients Understand (AMA Foundation 2007)
- Teaching Patients with Low Literacy Skills (Doak & Doak 1996)
- What Did the Doctor Say? (Joint Commission 2007)
- National Assessment of Adult Literacy Survey (NAAL) (National Center for Education Statistics, 2003)
- PRISM Readability Toolkit (Group Health Center for Health Studies 2006)