Health Literacy is Health Equity: Applying a Literacy Lens to Transform Practice

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With: Megan Carney, Alex Cottrill, Kathryn Tomsho, ScD, MPH

HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

Boston Children's Hospital
NICU Growth and Developmental
Support Program

Brandeis
THE HELLER SCHOOL
FOR SOCIAL POLICY
AND MANAGEMENT
Institute for
Child, Youth and
Family Policy

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TODAY'S PLAN

A. Health Literacy Overview (~15 min) [1:10-1:25pm]
- Populations
- Materials
- Patient/Provider Communication
- Environment

B. Assessing Materials / Information (~15 min) [1:25-1:40pm]
- First Step: Organizational Health Literacy Assessment

BREAK (~10 min) [1:40-1:50pm]

C. Apply Tools In Breakout Groups (~30 min) [1:50-2:20pm]
- Promoting Integrated Care Brochure

D. Large Group Discussion / Questions (~20 min) [2:20-2:40pm]

OCTOBER IS HEALTH LITERACY MONTH!

{HARC} HEALTH LITERACY ANNUAL RESEARCH CONFERENCE

https://harcconf.org/

Advancing Health Literacy Research To Improve Health Equity

November 1-2, 2021

https://www.cdc.gov/healthliteracy/gettraining.html

Start your health literacy training here...

CDC offers seven online health literacy courses for health professionals. We recommend that you take the introductory course "Health Literacy for Public Health Professionals" first and "Writing for the Public" second. The other courses can be taken in any order, depending on your interests.

1. Health Literacy for Public Health Professionals (free continuing education)
2. Writing for the Public
3. Speaking with the Public
4. Creating Easier to Understand Lists, Charts, and Graphs
5. Fundamentals of Communicating Health Risks
6. Using Numbers and Explaining Risk
7. Effective Communication for Healthcare Teams: Addressing Health Literacy, Limited English Proficiency and Cultural Differences ☑ (free continuing education)

https://www.healthliteracysolutions.org/home

IHA | The Health Literacy Solutions Center

NIH > National Institute on Drug Abuse
Advancing Addiction Science

https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

we ♥ health literacy

https://medium.com/wehearthealthliteracy

National Health Literacy Conference List

https://wisconsinliteracy.org/health-literacy/training-conferences/conferences.html

Join the IHA Health Literacy Listserv!

ENGINEERING HEALTH EQUITY

November 12-14, 2021
Deadline to apply: November 3, 2021 11:59 PM ET

rbh   HACKING RACISM IN HEALTHCARE   ⬡ Atrius Health

https://hackingracism.mit.edu/

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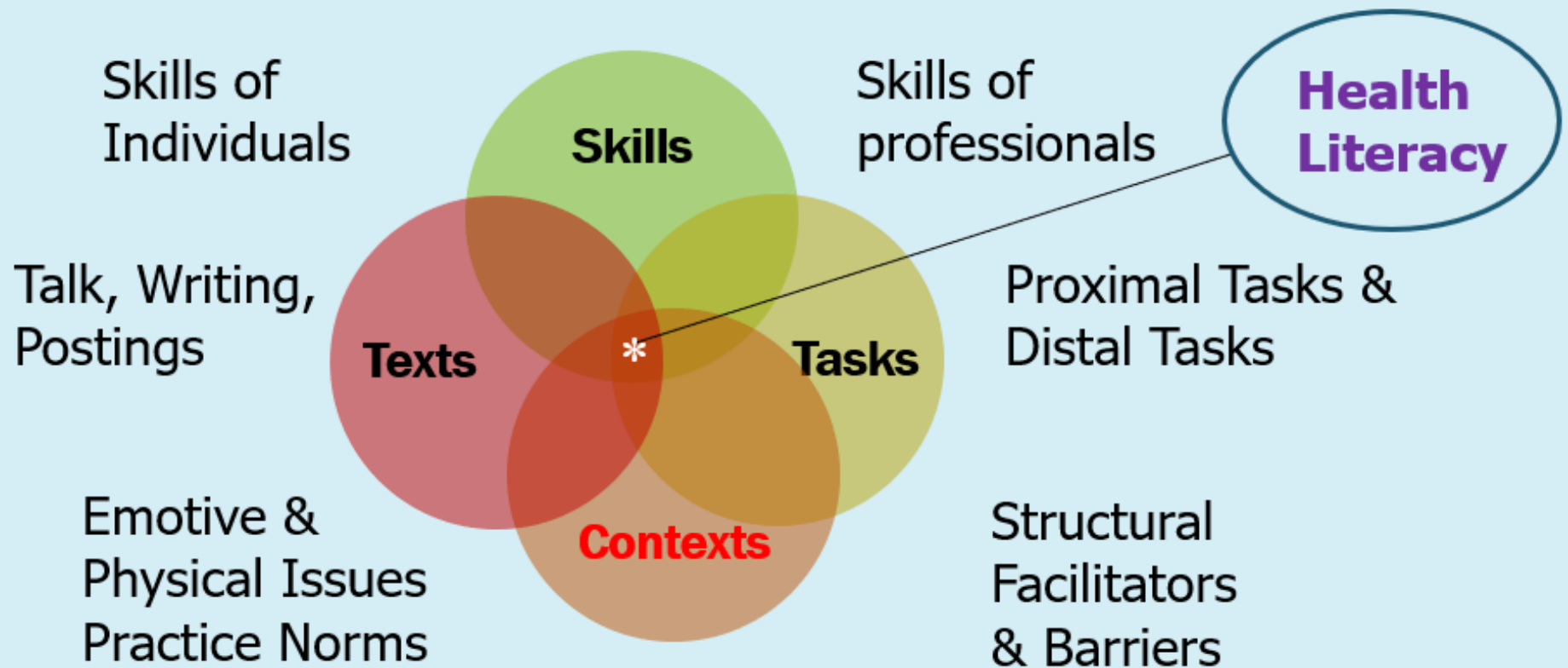- First Step: Organizational Health Literacy Assessment

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USERS AND SYSTEMS: INTERACTION

Skills of Individuals

Skills of professionals

Skills

Health Literacy

Talk, Writing, Postings

Texts

*

Tasks

Proximal Tasks & Distal Tasks

Emotive & Physical Issues Practice Norms

Contexts

Structural Facilitators & Barriers

© Dr. Rima Rudd

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PORTRAIT OF U.S. ADULTS WITH LIMITED LITERACY SKILLS

- **Education**:
Have **not completed** HS or GED.

- **Access to Resources**:
Are likely to report **living in poverty** with no income from retirement, savings, or dividends.

- **Status**:
Are members of **minority population groups and/or have immigrated** to the US.

- **Health**: Have **health-related restrictions** on their ability to attend school or work.

- **Reading practice**: Are more likely to report **reading very little.**

- **Civic Engagement**: Are **less engaged** in civic activities.

- **Information**: Tend to rely on **television as a primary source** of information.

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Latent Class Analysis
Rudd, Kirsch, Yamamoto 2004 6

LITERACY AND SERIOUS MENTAL ILLNESS

- ## High levels of <u>limited literacy</u> among adults with <u>SMI</u>
  - 54% of mental health outpatients have limited literacy (Lincoln, 2008)
  - 75% of people with self-reported mental health problem had limited literacy skills (Christensen, 1999)
  - Pilot research found mean limited literacy rates to be below 8th grade reading level, with psychotic disorders associated with lower literacy levels (Lincoln, 2008)

- ## People with SMI: (Lincoln, 2021)
  - higher rates of <u>limited reading literacy</u> (53-72%) and <u>limited aural literacy</u> (78-90%) than general population
  - <u>Racial Inequities:</u> Higher odds of limited literacy among Black and "other race" participants

LITERACY, SERIOUS MENTAL ILLNESS, AND HEALTH OUTCOMES

- Literacy - important predictor of <u>health care use and outcomes</u> (2021)

- Limited literacy
  - associated with cancer, diabetes, asthma, hypertension and mortality (2008)
  - associated with higher rates of depressive symptoms among patients with addiction (2006)

LITERACY AND SERIOUS MENTAL ILLNESS: IMPACTS

Barrier to Treatment and Recovery:

- Lower participation in preventative health practices (e.g. cancer screening and medication management) (Berkman, 2010; Lincoln 2008)

- Difficulty understanding medication labels, prescriptions and referrals (Lincoln 2008)

- Alcoholics Anonymous materials are written at the 12th grade level (Davis 1993)

- Admissions forms and patient responsibility forms written at 12th grade level or higher (Davis 1993)

- Many treatments for mental health disorders require reading (e.g. CBT journaling) (Lincoln 2008)

TIME FOR ACTION

Documented: Significant proportions of adults in most industrialized nations have limited literacy & numeracy skills.

Documented: Literacy skills are linked to social factors.

Documented: Literacy skills are linked to health outcomes.

Documented: Mismatch between reading level of health materials and average reading skills of adults.

Documented: Health systems & health care processes have become increasingly complex.

Documented: 60+% of health is explained by social and environmental determinants.

Implications: Health Inequities

Action: Remove Barriers

Berkman, N. D., DeWalt, D. A., Pignone, M. P., Sheridan, S. L., Lohr, K. N., Lux, L., et al. (2004). Literacy and Health Outcomes. Evidence Report/Technology Assessment, 87, 1–8. AHRQ, 2011, Health Literacy Interventions & Outcomes: An Updated Systematic Review Evidence-Based Review, http://www.ahrq.gov/research/findings/evidence-based-reports/literacyup-evidence-report.pdf

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UNIVERSAL PRECAUTIONS APPROACH: STOP & CHECK

Taking **specific actions that minimize risk for everyone** when it is unclear which patients may be affected.

Tackles all literacy skills all the time for everyone: reading, listening, speaking, writing, calculating (numeracy)

"When we introduced this… they thought 'oh great, more responsibilities to cram into our busy day.' **But what we quickly realized is that it is not adding more, it is learning how to do things differently.** After implementing some of these tools we really felt like we were **more able to connect with our parents about the health of their child**."

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HEALTHY PEOPLE 2030

Health Literacy in Healthy People 2030

Health literacy is a central focus of Healthy People 2030. One of the initiative's overarching goals demonstrates this focus: "Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."

How does Healthy People define health literacy?

Healthy People 2030 addresses both personal health literacy and organizational health literacy and provides the following definitions:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

https://health.gov/our-work/healthy-people/healthy-people-2030/health-literacy-healthy-people-2030

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INDIVIDUAL TO SYSTEM

2000
Early Definition
HHS

2004
Prescription to End Confusion
IOM

2007
What Did the Doctor Say?
Joint Commission

2010
National Action Plan to Improve Health Literacy
HHS

2010/2015
Health Literacy Universal Precautions Toolkit
AHRQ

2012
10 Attributes of Health Literate Health Care Organization
IOM

2030
Healthy People 2030
HHS
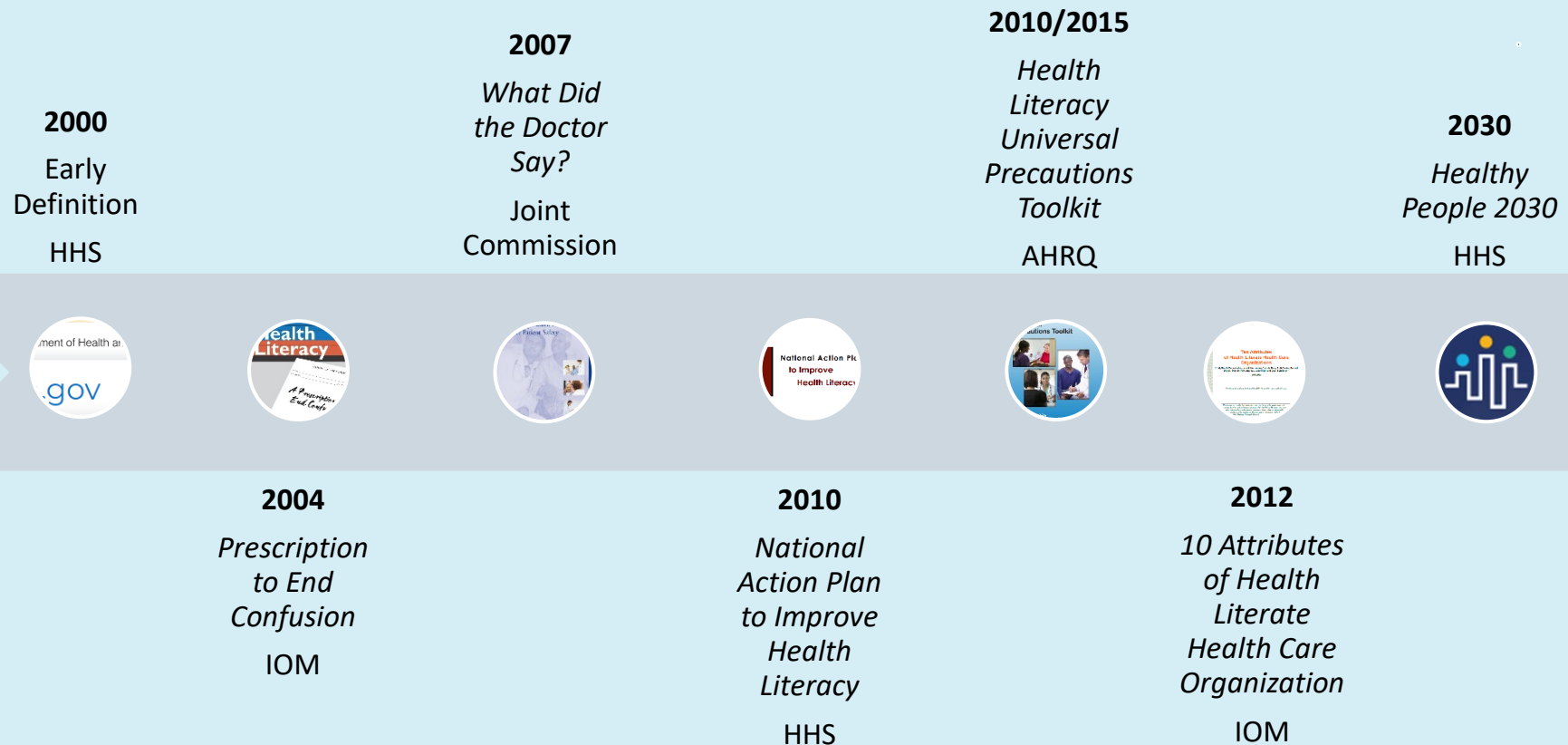
AHRQ: Agency for Healthcare Research & Quality
HHS: U.S. Department of Health & Human Services
IOM: Institute of Medicine

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History of Healthy People Health Literacy Definitions:
https://health.gov/our-work/healthy-people/healthy-people-2030/health-literacy-healthy-people-2030/history-health-literacy-definitions

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HEALTH LITERACY IS HEALTH EQUITY

- Social Ecological / Multi-level
- Social Determinants of Health
- Lifecourse
- Racial Equity
- Family Engagement
- ICF-CY (Disability)

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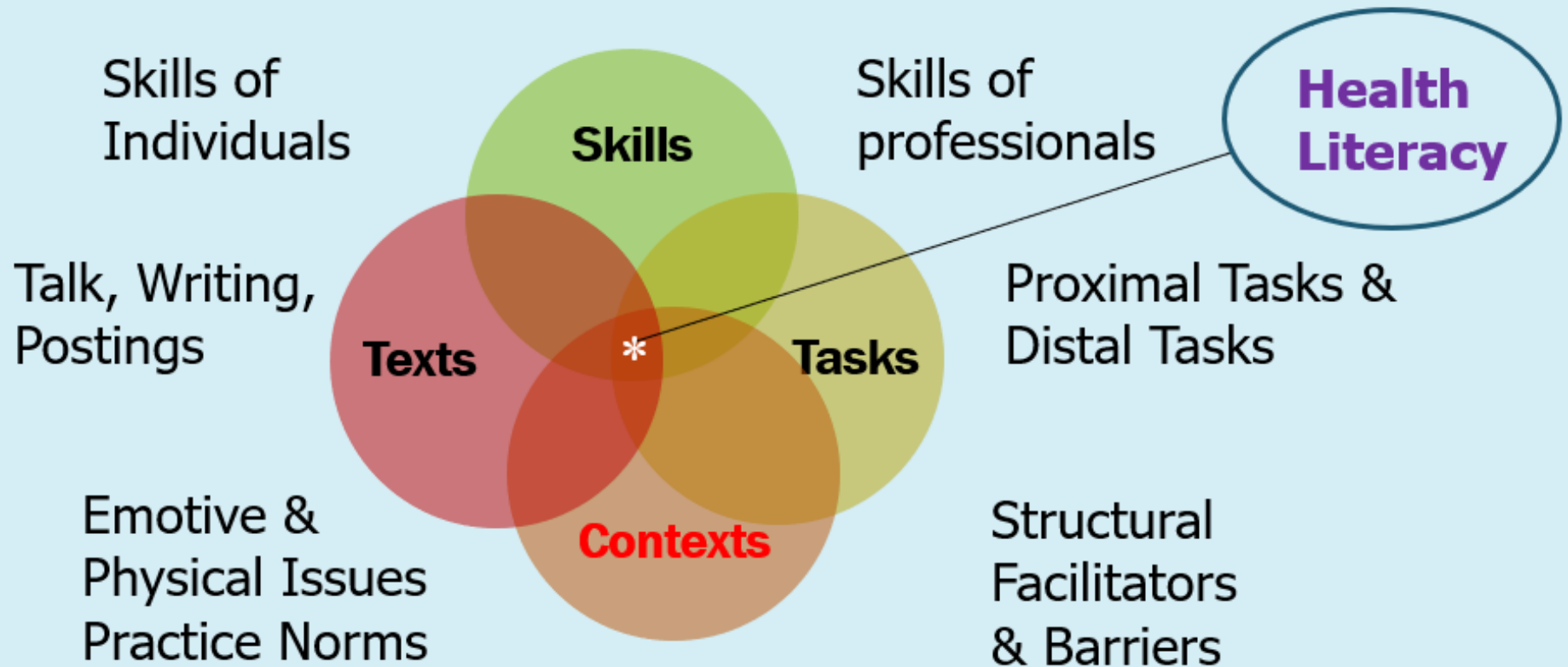
HEALTH LITERACY: DOMAINS FOR ACTION

A. Individuals/populations
B. Providers/health professionals
C. (Health) Information
D. (Health) Environments

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A. INDIVIDUALS/POPULATIONS

Program for the International Assessment of Adult Competencies (PIAAC)

FIGURE 1. Number of U.S. adults age 16 to 65 at each level of proficiency on the PIAAC literacy scale and those who could not participate: 2012 and 2014

Millions of U.S. adults

Lack many of the literacy skills necessary to use US health system

Category	Value
Could not participate (4.0%)	8.2
Below Level 1 (4.1%)	8.4
Level 1 (12.9%)	26.5
Level 2 (31.6%)	65.1
Level 3 (34.6%)	71.4
Level 4/5 (12.9%)	26.6

■ Low English literacy   ■ Mid or High English literacy

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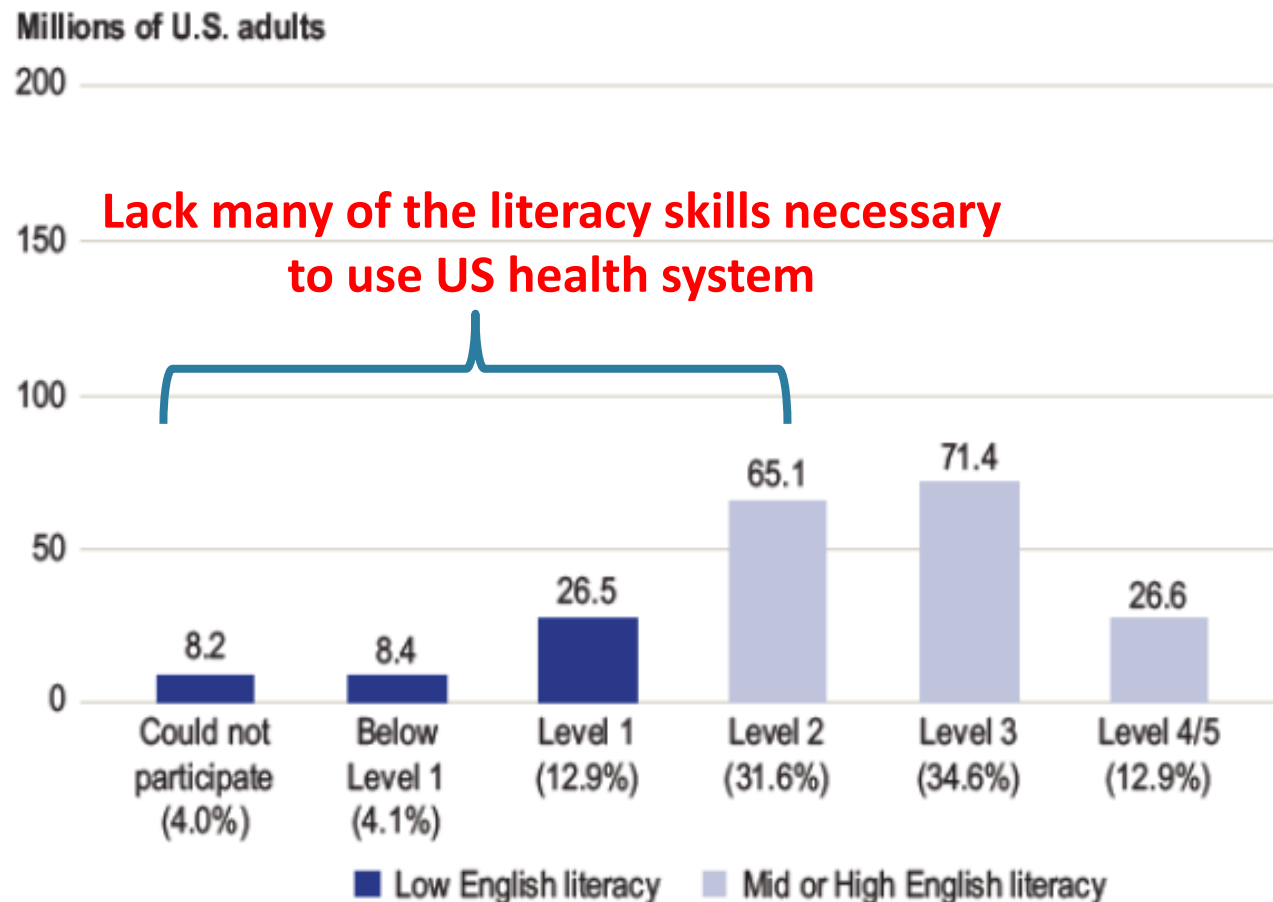
PIAAC Level Definitions:
https://nces.ed.gov/surveys/piaac/litproficiencylevel.asp

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https://nces.ed.gov/pubs2019/2019179.pdf

LITERACY = 5 INTER-RELATED SKILLS

- Reading

- Aural (listening)

- Oral (speaking)

- Calculating (numeracy)

- Writing

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LIMITED LITERACY EXPERIENCE

Some words have several meanings:

Trigger	Peak flow	Scale	Environment
Risk	At-risk	Stool	Normal
Average	Anxious	Tension	Symptoms
Range	High levels		

"Words are what I want them to mean."

-Alice in Wonderland

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LIMITED LITERACY EXPERIENCE

Scintillate, scintillate, diminutive asteriod.

Twinkle, twinkle, little star.

Members of an avian species of identical plumage congregate.

Birds of a feather flock together.

Surveillance should precede saltation.

Look before you leap.

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HEALTH LITERACY-RELATED ACTIVITIES & INTERACTIONS

- Health Promotion

- Health Protection

- Disease Prevention and Screening

- Health Care and Maintenance

- Navigation

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TASKS: TO CARRY OUT ACTIVITIES & INTERACTIONS

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B. COMMUNICATION BETWEEN PATIENTS AND PROVIDERS

Photos by Jon Crispin

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C. USING HEALTH-RELATED MATERIALS

Chili with Beans

Nutrition Facts

Serving Size: 1 cup (253 g)
Servings per container: 2

Amount per Serving:

Calories 260	Calories from Fat 72
	% Daily Value
Total Fat 8g	13%
Saturated Fat 3g	17%
Cholesterol 130mg	44%
Sodium 1010mg	42%
Total Carbohydrate 22g	7%
Dietary Fiber 9g	36%
Sugars 4g	
Protein 25g	

www.umass.edu

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USING HEALTH-RELATED MATERIALS

Health History Form

PATIENT NAME _____ BIRTH DATE: ____/____/____
　　　　　　　Last　　　　First　　　Middle Initial

PATIENT ADDRESS: _____ SEX: M OR F　Weight: _____
　　　　　Number　　　Street　　　APT

_____ SOC. SEC. #_____
City　　　　　State　　　　ZIP CODE

PATIENT TELEPHONE NUMBER: (　　) _____ EMAIL ADDRESS: _____

PATIENT EMPLOYER: _____ DISABLED　UNEMPLOYED　RETIRED　STUDENT

EMPLOYER PHONE: (　　) _____ OCCUPATION: _____

If patient is a minor:　Mother's Name: _____ Father's Name: _____

EMERGENCY CONTACT

NAME: _____ PHONE: (　　) _____

RELATIONSHIP TO PATIENT: _____

GUARANTOR INFORMATION (Person who is responsible for payment)

GUARANTOR NAME _____ BIRTH DATE: ____/____/____
　　　　　　　Last　　　　First　　　Middle Initial

Patient Relationship to Guarantor:　SELF ____　SPOUSE ____　CHILD ____　OTHER_____
　　　　　　　　　　　　　　　　　　　　　　　　　　SPECIFY

GUARANTOR ADDRESS: _____ SOC. SEC. #_____
　　　　　Number　　　Street　　　APT

_____ SEX:　M OR F
City　　　　　State　　　　Zip Code

GUARANTOR TELEPHONE NUMBER: (　　) _____

GUARANTOR EMPLOYER: _____ DISABLED　UNEMPLOYED　RETIRED　STUDENT

EMPLOYER PHONE: (　　) _____ OCCUPATION: _____

Do you have Medicare?　Yes ____　　No ____

All professional services rendered are charged to the patient and are due at the time of services, unless other arrangements have been made in advance with the financial counselor I understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate

Date: _____　　Guarantor Signature: _____

(top right box) determine if the patient's symptoms and concerns are appropriate for treatment at our clinic. Once we review the information, we will contact you.

"I agree to pay my bill".

" I understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement."

D. NAVIGATION OF HOSPITALS AND HEALTH CENTERS

Photos by Jon Crispin

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TEXTS IN HEALTHCARE SETTINGS

- **Wall postings** (signs, maps)
- **Community relations** (mailings, promotional materials)
- **Patient orientation** (welcome, patients' rights & responsibilities)
- **Follow-up notifications** (results, billing)
- **Patient education materials** (disease and medicine descriptions)
- **Legal materials** (informed consent)
- **Open entry forms** (intake forms, health insurance, medical history)
- **Directives and discharge instructions**

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HEALTH-RELATED TEXTS AT HOME AND IN THE COMMUNITY

- Food labels
- Medication labels
- Articles (newspapers, magazines)
- Health insurance forms
- Follow-up care instructions
- Email
- Web Sites
- Smart phones (e.g. apps, text messages)

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PATIENT TASKS: FOLLOW-UP VISIT

Person Living with HIV

Created by Albany Medical Center Staff

Pre-Visit	Visit	Post-Visit
Schedule Appointment	Check in and fill out paperwork	Go to pharmacy and pick-up prescription
Request time off from work for appt	Know pharmacy you want to use	Call doctor's office when get new med to review dose/side effects
Arrange transportation for appt	Know and report any allergies	Call doctor's office for lab results
Find out where appt is exactly	Report any problems since last visit (side effects/sick visits to ER/PCP)	Make dental appt
Bring insurance card/photo ID	Report missed medication doses	Get transportation to dental appt
Know medications currently taking	Report current symptoms	Take medications every day as directed
Call if going to be late/need to change appt [know number]	Review treatment plan	Accept phone calls from doctor's office (to see how doing)
	Get prescription sent to pharmacy for new HIV medicine	Call doctor's office if side effects from medicine or other symptoms
	Get referral to dentist	
	Check out, pay copay, make follow-up appt	

INCREASE FACILITATORS & REDUCE BURDEN
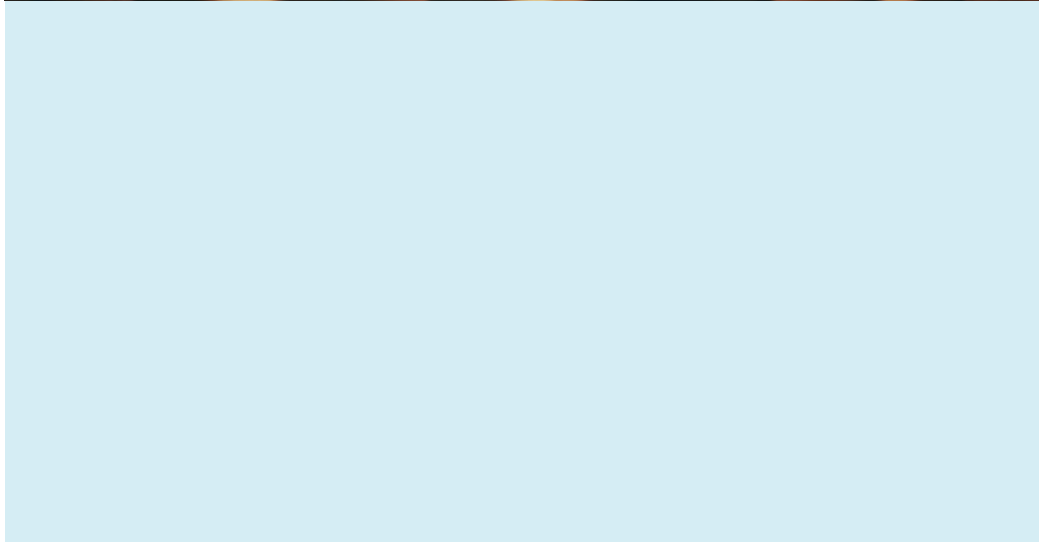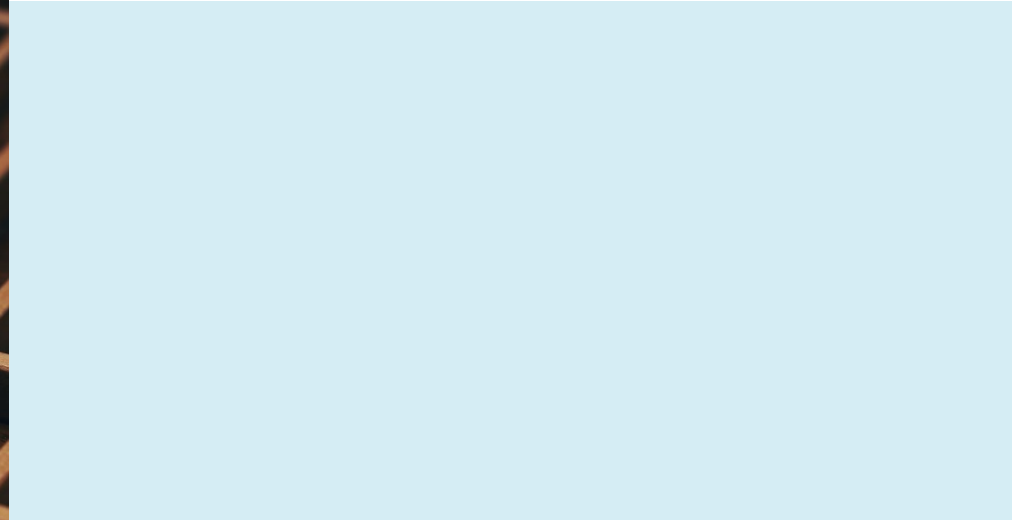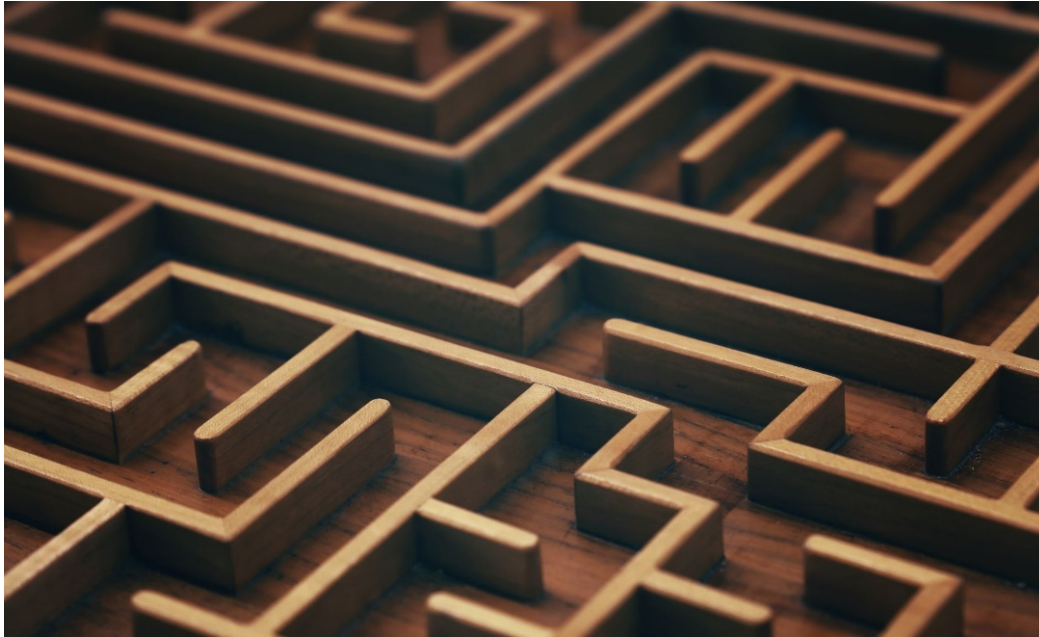
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ASSESSMENTS FOR LEARNING & ACTION

Environment Facilitators and Barriers:
What are the environmental facilitators and barriers to positive patient experience/outcome?

1.**Walking Interview** – qualitative themes (facilitators & barriers – website, telephone, arrival to & journey in institution)

2.**Health Literacy Environment of Hospitals & Health Centers (HLE2)** – scores across Organizational Policies, Institutional Practices, Navigation, Culture and Language Assessment, Communication (Print Materials, Forms, Websites, Patient Portals)

WALKING INTERVIEW: ENVIRONMENT

The Health Literacy Environment Activity Packet

First Impressions & Walking Interview

Eliminating Barriers – Increasing Access

Rima E. Rudd
Health Literacy Studies

On-Line Resources
www.hsph.harvard.edu/healthliteracy

- ~1 hour

- Experiential activity to identify issues

- Collect initial data to gain perspective

- <u>Assessors:</u> institutional team, with patients

https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf

LEARNINGS: ISSUES UNCOVERED

Walking Interview	
Domain	**Finding**
Web Page	Unclear directions to clinic location
Telephone	Prompt, clear, friendly, though non-specific directions
Walk to Institution	Ample, clear signage; ID badges visible; info desk easily identified
Entry & Lobby	Warm and friendly, but busy and overwhelming
Journey to Destination	No map, confusion at info desk, signage did not reflect recent change to program name

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TOOLS FOR LEARNING & ACTION

Is this information item useful?

Today's Focus

1. **SMOG**
reading grade level of text

2. **PMOSE/IKIRSCH**
document structure & format complexity

3. **PEMAT/AV**
understandability & accessibility

4. **CCI** (Clear Communication Index)
understandability & usability

READABILITY: SMOG

- **What is the reading demand of a text?**

- **SMOG:** correlates well with tests of reading comprehension.
  - Focuses on both word & sentence length.
    - Word length in English: increased likelihood of silent letters
    - Sentence length: increased likelihood of multiple ideas, asides, details

SMOG PROCESS

1. **Sentences: Identify 30 sentences**

Sentence: string of words punctuated by use of   .   !   ?
Selection: 10 at start, 10 in the middle, 10 at end

Technique:
      1) Choose groupings of 10, or whole text if <30.
      2) Highlight end punctuation for count.

Tip
- For very long texts: SMOG key sections independently and provide mean score [highlight extremes].

SMOG PROCESS: SCORE

2. Words: Identify Polysyllabic Words

<u>Techniques</u>: Count the syllables in all words.
   1) Highlight or underline words to identify words of 3 or more syllables.
   2) Count total number of words of 3 or more syllables.

<u>Rules:</u>
- Count proper nouns
- Hyphenated words = 1 word
- Pronounce numbers to count # of syllables
- Read out abbreviations as full words to count # syllables

Tip: Use your fingers to count out the syllables.

SMOG PROCESS: SCORE

3) Count total number of identified words.

4) Estimate the square root of the total number of polysyllabic words.

5) Take the square root and add a value of 3.

This number gives the SMOG score/reading grade level assigned to the text.

SMOG PROCESS: SCORE (<30)

- Count number of sentences in the text.
- Highlight and count all words with 3 or more syllables.
- Find average number of words per sentence.
  - Divide total number of words by total number of sentences.
- Determine how many sentences short of 30.
- Multiply the average number of words per sentence by the number of sentences short of 30.
- Add this number to the total number of polysyllabic words.
- Estimate square root.
- Add 3.

SMOG EXAMPLE

Many health-related tasks, such as reading food labels, refilling prescriptions, measuring medications, interpreting blood sugars or other clinical data, and understanding health risks, rely on numeracy. These tasks often require patients to deduce which mathematical skills to use and then to use these in multi-step fashion. Patients who had difficulty learning math skills during their primary education may now be too intimidated or simply unable to call upon these skills. For patients with chronic illness that rely on self-management to safely and efficaciously self-administer treatments this is particularly relevant and may place patients who lack adequate numeracy skills at increased risk for poor health outcomes. Numeracy may be a unique explanatory factor for adverse outcomes beyond the explanations provided by overall literacy.

SENTENCES: HIGHLIGHT PERIODS

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WORDS: 3 OR MORE SYLLABLES

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SMOG: SHORT TEXTS

- Number of sentences: 5
- Number of polysyllabic words in 5 sentences: 29
- Average number of polysyllabic words per sentence: 5.8
- Sentences less than 30: 25
- Multiply by number of sentences short of 30: [5.8 X 25] = 145
- Add to number of multi-syllabic words: [29+145] = 174
- Estimate Nearest Square root: 13
- Add 3

Difficulty Equivalence Level: Grade Level 16 (4th year college)

ORIGINAL SAMPLE: 16

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REWRITE EXAMPLE

Many health tasks rely on the use of numbers. Some of these health tasks have to do with the use of food labels, prescriptions, medicines, or test results. Math concepts such as risk, normal, range - also offer challenges.

People faced with numbers and math concepts must figure out what the numbers or words mean and then decide what they must do. For example, a shopper applies math skills to figure out the amount of salt in two cans of soup to make a heathy choice. A patient decides correct dosage and timing for medicine in order to take it correctly . We often need to figure out the meaning of a test result. This will be hard for those of us who may have had problems with math in school or who shy away from numbers.

Patients with a chronic illness must apply math skills to manage their disease. Those who do not have strong numeracy skills will be at increased risk for poor health outcomes. Numeracy skills may offer added insight into adverse health outcomes beyond reading skills . 47

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REWRITE CALCULATION

- Number of Sentences: 10 [Original: 5]
- Number of polysyllabic words in 10 sentences: 7 [Original: 29]
- Average number of words per sentence: 0.7
- Sentences less than 30: 20
- Multiply by number of sentences short of 30: [0.7 X 20] = 14
- Add to number of polysyllabic words: [7+14] = 21
- Estimate nearest square root: 5
- Add 3: 8

Difficulty Equivalence Level: GL 8 (pre-high school) [Original: 16]

PEMAT

Focus: Understandability & 'Actionability'

- <u>Understandability:</u> consumers can process and explain key messages

- <u>Actionability:</u> consumers can identify what they can do based on the information presented

Use: Determine understandability/actionability of materials, by item

(PEMAT-P = print & PEMAT-AV = audiovisual]

Value: Application of health literacy findings and principles

Process: Team effort for consensus building around materials development and for assessment.

Application: text or audiovisual

https://www.ahrq.gov/health-literacy/patient-education/pemat.html

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UNDERSTANDABILITY & ACTIONABILITY: PEMAT

Understandability
(6 Topics, 17 items {#1-2,15-19})

- Content (#1-2)
- Word Choice & Style (#3-5)
- Use of Numbers (#6-7)
- Organization (#8-11)
- Layout & Design (#12)
- Use of Visual Aids (#15-19)

= Understandability Score

Actionability
(1 Topic, 7 Items {#20-26})

= Actionability Score

Scoring: Disagree = 0; Agree = 1; Not Applicable = Not Applicable (if the choice given)

Lindsay Rosenfeld, ScD, ScM

PEMAT: UNDERSTANDABILITY

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	

Always use the full PEMAT Guide to assign a rating for each item [both explanations and examples].

PEMAT: UNDERSTANDABILITY

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.	Disagree=0, Agree=1	

PEMAT: UNDERSTANDABILITY

Topic: **Use of Numbers**		
6	Numbers appearing in the material are clear and easy to understand.	Disagree=0, Agree=1, No numbers=N/A
7	The material does not expect the user to perform calculations.	Disagree=0, Agree=1

PEMAT: UNDERSTANDABILITY

Topic: **Organization**		
8	The material breaks or "chunks" information into short sections.	Disagree=0, Agree=1, Very short material[*]=N/A
9	The material's sections have informative headers.	Disagree=0, Agree=1, Very short material[*]=N/A
10	The material presents information in a logical sequence.	Disagree=0, Agree=1
11	The material provides a summary.	Disagree=0, Agree=1, Very short material[*]=N/A

*A very short print material is defined as a material with two or fewer paragraphs and no more than 1 page in length.

PEMAT: UNDERSTANDABILITY

Topic: **Layout & Design**			
12	The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.	Disagree=0, Agree=1 Video=N/A	

#13-14 = PEMAT-AV [Missing]

PEMAT: UNDERSTANDABILITY

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).	Disagree=0, Agree=1
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

PEMAT: ACTIONABILITY

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	

PEMAT: ACTIONABILITY

Item 26: **The material uses visual aids whenever they could make it easier to act on the instructions** (P)

> *The material uses visual aids whenever they could make it easier to act on the instructions*
>
> *Disagree = 0   Agree = 1*

EXPLANATION

The material should include a visual aid if one could make it easier to act on the instructions or information presented. If you can think of a meaningful visual aid that could have been added to make instructions easier to follow, you should disagree with this item.

EXAMPLES

The following are examples of visual aids that make the instructions easier to act on.

How to check your blood sugar

Your blood sugar level is determined by testing a small drop of blood obtained from one of your fingers. This drop of blood is obtained by sticking your finger with a lancet.
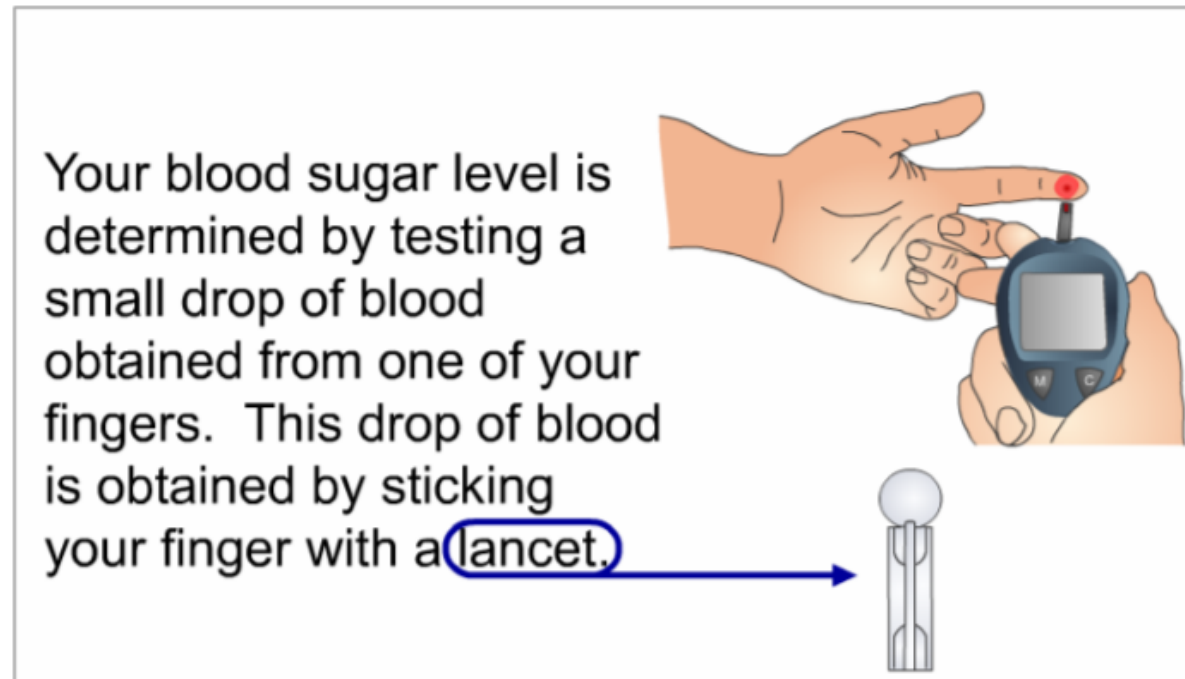
Image taken from NIH MedlinePlus Interactive Tutorials, X-Plain Series, Diabetes - Introduction.
http://www.nlm.nih.gov/medlineplus/tutorials/diabetesintroduction/htm/_no_50_no_0.htm

Sweets and Snacks

The foods below are snack-type foods. The "Slow" and "Whoa" foods are higher in fat, added sugar, and/or calories and need to be limited so you do not eat more calories than your body needs. Remember, if you eat sweets and snacks, eat small amounts.

GO	SLOW	WHOA

For "Go" snacks, select foods from the "Go" column in the food groups section.

Taken from NIH We Can! Campaign, "You are what you eat."
http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/urwhateat.pdf

USERS AND SYSTEMS: INTERACTION

Lindsay Rosenfeld, ScD, ScM
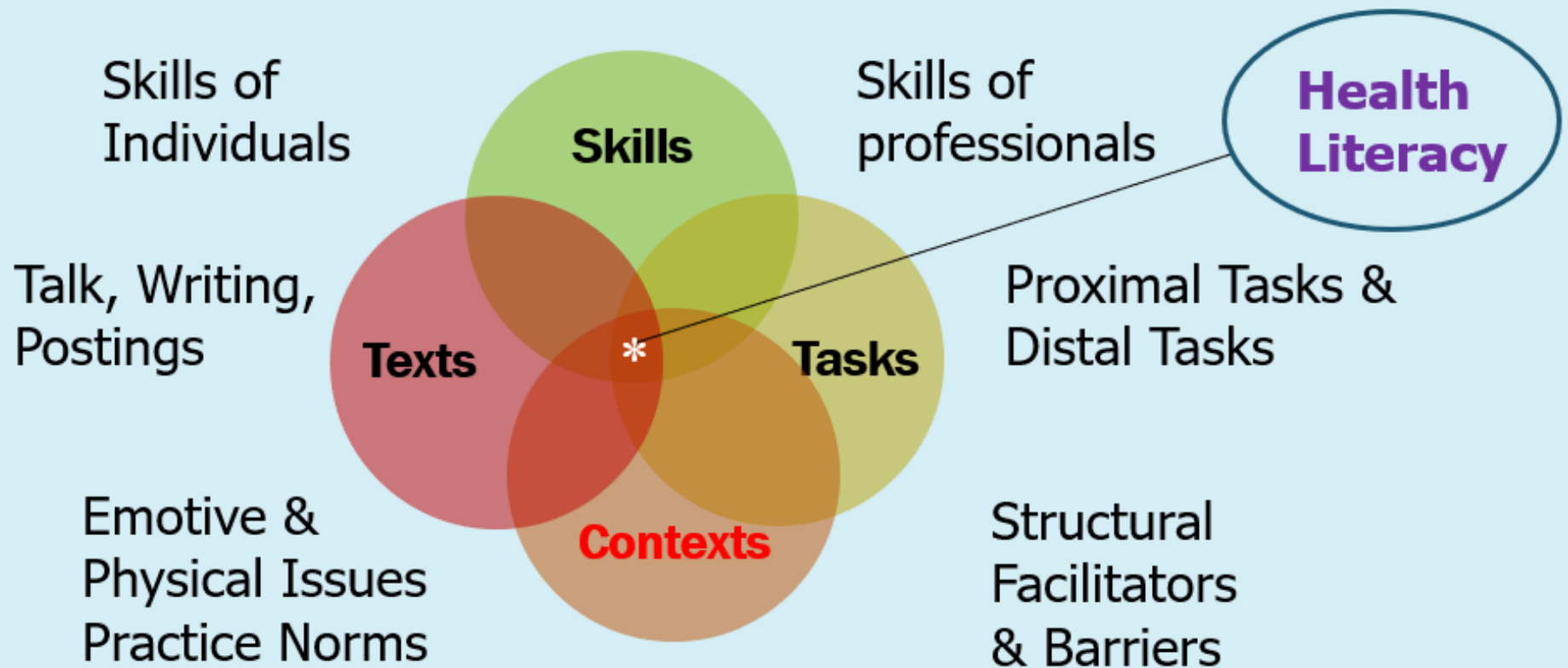
RECOMMENDED NEXT STEPS

1. **Explore Environment**
What works, what doesn't for patients/staff

2. **Examine one item commonly-used with patients**
Discharge planning document, website directions, procedure description, consent form

3. **Examine findings (#1, #2 above) – use frameworks**
Decide on a domain for a first short-term action

4. **Consider Your Next Action**
Short-term action
Long-term action
PDSA cycle

5. **Reach out to me!**

Lindsay Rosenfeld, ScD, ScM

TODAY'S PLAN

A. Health Literacy Overview (~15 min) [1:10-1:25pm]
- Materials
- Patient/Provider Communication
- Environment

B. Assessing Materials / Information (~15 min) [1:25-1:40pm]
- First Step: Organizational Health Literacy Assessment

BREAK (~10 min) [1:40-1:50pm]

C. Apply Tools In Breakout Groups (~30 min) [1:50-2:20pm]
- Promoting Integrated Care Brochure

D. Large Group Discussion / Questions (~20 min) [2:20-2:40pm]

TODAY'S PLAN

A. Health Literacy Overview (~15 min) [1:10-1:25pm]

- Materials

- Patient/Provider Communication

- Environment

B. Assessing Materials / Information (~15 min) [1:25-1:40pm]

- First Step: Organizational Health Literacy Assessment

BREAK (~10 min) [1:40-1:50pm]

C. Apply Tools In Breakout Groups (~30 min) [1:50-2:20pm]

- Promoting Integrated Care Brochure

D. Large Group Discussion / Questions (~20 min) [2:20-2:40pm]

Lindsay Rosenfeld, ScD, ScM

LET'S PRACTICE!

PROMOTING INTEGRATED CARE (PIC)

The Future of Medicine
Whole Person Health

LET'S PRACTICE!

Facilitated Breakout Rooms

1. SMOG

Look at sentences. Find polysyllabic words (3 or more syllables). Discuss what other words could be used.

2. PEMAT https://www.ahrq.gov/health-literacy/patient-education/pemat.html

Examine items. What is the item for? How are people supposed to use it? What works? What doesn't?

3. What are the issues, possible changes, and applications to your work?

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Lindsay Rosenfeld, ScD, ScM

SAMHSA dmhas
Substance Abuse and Mental Health
Services Administration
CT Department of Mental
Health & Addiction Services

OVERALL IMPRESSION

Excellent aspects
- o Not text heavy
- o Good size font
- o Bullets
- o Notes that services are available in Spanish (could be more/more clear)
- o Headings – creates sections
- o Define – Integrated Health Care

Needs improvement aspects
- o Colors / color contrast
- o Text over images / symbols
- o Distracting graphic design (e.g., bars)
- o Section headings sometimes plain language, but bullets/sentences more complicated
- o Trifold is problematic – information order can be confused
- o No informative "starting" graphic
- o Confusing language on front cover
- o Heading needed for financial language

Formative work:
- o Talking with organizations/patients about item

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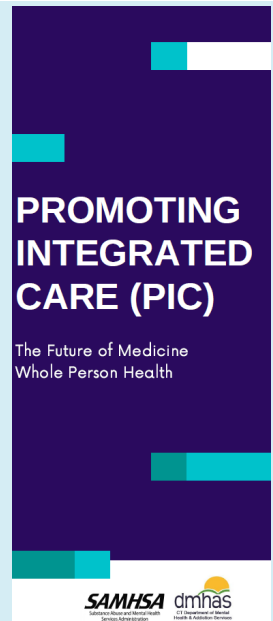
SMOG & PEMAT RESULTS

SMOG

Polysyllabic Words: Highlighted
Sentences: Black Dot

Megan Carney, Alex Cottrill, Lindsay Rosenfeld, Kathryn Tomsho

---

WHAT IS INTEGRATED HEALTH CARE

We provide different types of services all under one roof to provide you with better care.

We look at the whole person, which includes physical, mental health, and social needs.

Our expert team of providers, nurses, and community health workers can communicate with one another about your care. This approach will help to improve your overall health.

PROMOTING INTEGRATED CARE (PIC)

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Whole Person Health

CONTACT US

Staple business card here

SAMHSA dmhas

BENEFITS

- **ONE-STOP-SHOP**
  Being enrolled in the PIC program allows for a one-stop-shop for all your behavioral health, and medical health needs making it more convenient and easy for you.

- **PERSON - CENTERED**
  You are involved in creating your plan and have access to services with staff and a provider who knows you well and will help you with all aspects of your life!

WHAT HAPPENS

- Help you find a doctor
- Keeps all your doctors updated about your health
- Improves quality of care.

COMMON SERVICES

- Primary care
- Substance use
- Behavioral health clinic
- Care coordination
- Specialty services

DO I FIT?

To qualify, you need to be 18 years old, have a Substance Use Disorder, or mental health diagnosis with a chronic health diagnosis

HOW DO I GET STARTED?

If interested speak to your provider or call/email the person listed on the Contact Us page

Servicios también en español

Funding for this initiative was made possible (in part) by grant no. 1H79SM080242-01 from SAMHSA. The views expressed in written materials or publications do not necessarily reflect the official policies of the Department of Health and Humans Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

SMOG (SHORT TEXT)

Steps	Number	Comments
Number of sentences in the text	13	(5) Front + (8) Back = 13 [Counted headings with bullet as one sentence; this happened twice. What Happens, Common Services]
Total number of polysyllabic words	29	(8) Front + (21) Back = 29 [Did not count polysyllabic words in a heading or very front title page (except if heading plus bullets counted as a sentence, middle back page)]
Average number of polysyllabic words per sentence	2.23	
Number of sentences short of 30	17	
Average number of polysyllabic words x number of sentences short of 30	37.91	
Add the above number to your total number of polysyllabic words	66.91	
Estimate the square root	8	
Add 3	11	
SMOG Score/reading grade level	11	

Megan Carney, Alex Cottrill, Lindsay Rosenfeld, Kathryn Tomsho

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PEMAT: UNDERSTANDABILITY

Understandability

Factor to be Rated	Score	Comments
Topic: Content		
1. Material makes its purpose completely evident.	0	
2. The material does not include information or content that distracts from its purpose.	1	
Topic: Word Choice & Style		
3. The material uses common, everyday language.	0	A lot of jargon and "philosophical" words about the content
4. Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	0	Not defined. Sometimes a plain language heading but then more complicated words beneath.
5. The material uses the active voice.	1	Sometimes, on back
Topic: Use of Numbers		
6. Numbers appearing in the material are clear and easy to understand.	NA	Didn't count age as number in that way
7. The material does not expect the user to perform calculations.	1	Have to know if you're 18 or older, but not a calculation

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PEMAT: UNDERSTANDABILITY

Topic: Organization		
8. The material breaks or 'chunks' information into short sections.	1	
9. The material's sections have informative headers.	1	
10. The material presents information in a logical sequence.	1	The trifold format is confusing. You open it and might not look at back folded column (which should be seen first as it describes content). You might look at inside first column...
11. The material provides a summary.	NA	Very short material
Topic: Layout & Design		
12. The material uses visual cues (e.g. arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.	1	All CAPS, larger font – could be more

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PEMAT: UNDERSTANDABILITY

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).	0	Visual aids not used and could be – with appropriate symbols or photos or pictures about topic. This could be about anything.
16. The material's visual aids have clear titles or captions.	NA	
17. The material's visual aids have clear titles or captions.	NA	
18. The material uses illustrations and photographs that are clear and uncluttered.	0	The photos themselves aren't clear – kind of cloudy – and not specific to the content. Very generic.
19. The material uses simple tables with short and clear row and column headings.	NA	
	Total Points	
	Total Possible Points	
	Percent Understandability Score	50%

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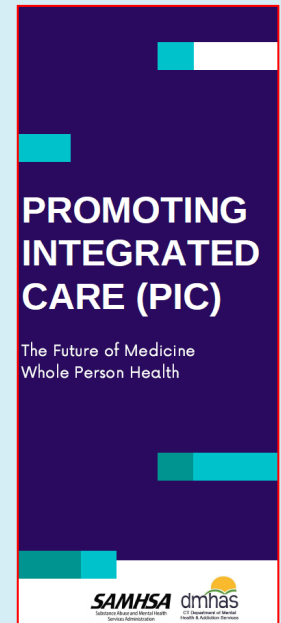
PEMAT: ACTIONABILITY

Actionability

Factor to be Rated	Score	Comments
20. The material clearly identifies at least one action the user can take.	1	
21. The material addresses the user directly when describing actions.	1	
22. The material breaks down any action into manageable, explicit steps.	0	Confusing. Qualification steps? Then contact steps?
23. The material provides a tangible tool (e.g. menu planners, checklists) whenever it could help the user take action.	1	
24. The material provides simple instructions or examples of how to perform calculations.	NA	
25. The material explains how to use the charts, graphs, tables, or diagrams to take actions.	NA	
26. The material uses visual aids whenever they could make it easier to act on the instructions.	0	Could be "call out boxes" and better other aids to visually understand and move through material.
	Total Points	
	Total Possible Points	
	Percent Actionability Score	60%
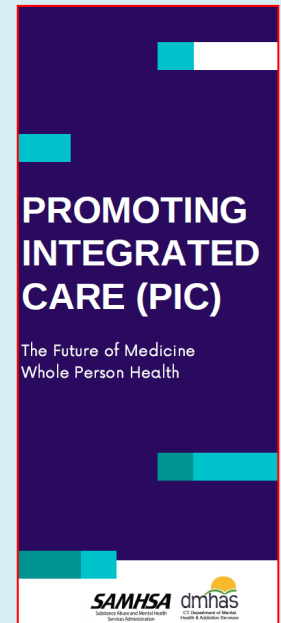
PROMOTING INTEGRATED CARE (PIC)

The Future of Medicine Whole Person Health

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TOMORROW, NEXT WEEK, NEXT MONTH

As a professional:

- Share something you learned – benefits and challenges
  --Talk to one colleague
  --Plan a lunch seminar
  --Plan a day-long professional development training; attend conferences

- Look at one new resource

- Implement at least one new learning; try something with a family or material

- Plan a short-term action, e.g. assess one material or one small space

- Plan a long-term action, e.g. infuse a department/clinic with health literacy

Practice!
Practice!
Practice!

TOMORROW, NEXT WEEK, NEXT MONTH

As a professional:

- Create plain language materials

- Strive and check for clarity/understanding (print and oral/aural)

- Remove institutional barriers

- Make time to talk about how it is going – practice & rethink strategy

- Advocate – be a champion, find a partner: a "health literacy lens" is crucial for

  --Colleague collaboration

  --Patient/family engagement

  --Continuous quality improvement

Practice!
Practice!
Practice!

Lindsay Rosenfeld, ScD, ScM

TOMORROW, NEXT WEEK, NEXT MONTH

As a community member:

- Support education and health care

- Support community and adult education

- Support clearer signage

- Support good community and building design

- Ask questions about how literacy is being considered – is it?

- Tell everyone about the connections between literacy and health – it affects us all

Practice!
Practice!
Practice!

DISCUSSION / QUESTIONS

What are the issues, possible changes, <u>and</u> applications to your work?

THANK YOU!

Always happy to discuss further!

lrosenfeld@hsph.harvard.edu

Extra Health Literacy Resources:

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."

    - U.S. Department of Health and Human Services, 2000

INSTITUTE OF MEDICINE, 2004

Health Literacy – _an expanded definition:_

"Health Literacy is an interaction between **demands** of health systems and individuals' **skills**."

Health Literacy: A Prescription to End Confusion, IOM, 2004
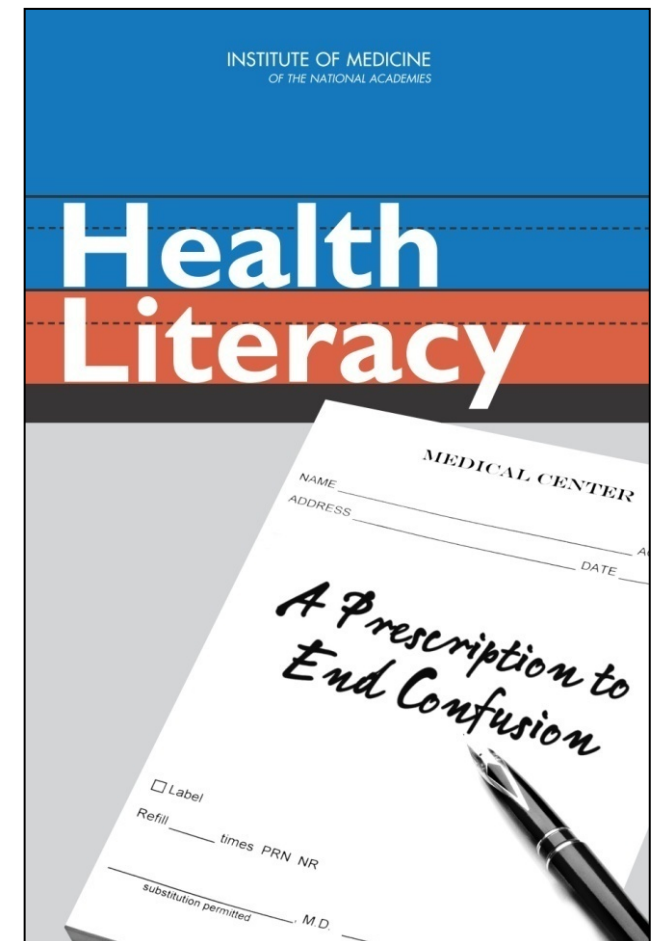
NATIONAL ACTION PLAN TO IMPROVE HEALTH LITERACY, 2010

"seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multisector effort to improve health literacy."

National Action Plan to Improve Health Literacy

Vision of society:

accurate and actionable health information

person-centered health information and services

lifelong learning and skills to promote good health

Lindsay Rosenfeld, ScD, ScM

http://www.health.gov/communication/hlactionplan/

UNIVERSAL PRECAUTIONS APPROACH, 2012

"Universal precautions refers to taking specific actions that minimize risk for everyone…"

Health Literacy Universal Precautions Toolkit, AHRQ, 2010
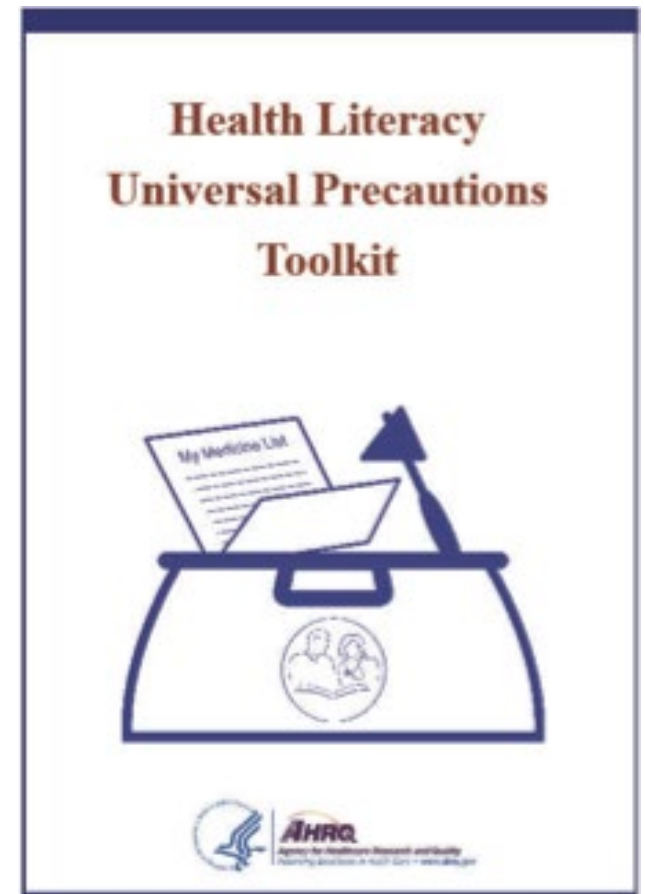
TEN ATTRIBUTES: HEALTH LITERATE ORGANIZATIONS, 2012

Health literate health care organizations:
"... organizations that make it easier for people to navigate, understand, and use information and services to take care of their health."

**Ten Attributes
of Health Literate Health Care
Organizations**

Cindy Brach, Debra Keller, Lyla M. Hernandez, Cynthia Baur, Ruth Parker, Benard Dreyer, Paul Schyve, Andrew J. Lemerise, and Dean Schillinger*

June 2012

*Participants in the activities of the IOM Roundtable on Health Literacy.

The views expressed in this discussion paper are those of the authors and not necessarily of the authors' organizations or of the Institute of Medicine. The paper is intended to help inform and stimulate discussion. It has not been subjected to the review procedures of the Institute of Medicine and is not a report of the Institute of Medicine or of the National Research Council.

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Discussion Paper

HEALTH LITERATE CARE MODEL, 2013

Model components:

1) Approaching all patients as "at risk"; universal precautions

2) Health literacy as organizational value infused into all aspects of planning and operations

3) Measurement framework to track impact on outcome and quality of care

ANALYSIS & COMMENTARY

A Proposed 'Health Literate Care Model' Would Constitute A Systems Approach To Improving Patients' Engagement In Care

ABSTRACT Improving health outcomes relies on patients' full engagement in prevention, decision-making, and self-management activities. Health literacy, or people's ability to obtain, process, communicate, and understand basic health information and services, is essential to those actions. Yet relatively few Americans are proficient in understanding and acting on available health information. We propose a Health Literate Care Model that would weave health literacy strategies into the widely adopted Care Model (formerly known as the Chronic Care Model). Our model calls for first approaching all patients with the assumption that they are at risk of not understanding their health conditions or how to deal with them, and then subsequently confirming and ensuring patients' understanding. For health care organizations adopting our model, health literacy would then become an organizational value infused into all aspects of planning and operations, including self-management support, delivery system design, shared decision-making support, clinical information systems to track and plan patient care, and helping patients access community resources. We also propose a measurement framework to track the impact of the new Health Literate Care Model on patient outcomes and quality of care.

Howard K. Koh is the assistant secretary for health at the Department of Health and Human Services, in Washington, D.C.

Cindy Brach is a senior health policy researcher at the Agency for Healthcare Research and Quality, in Rockville, Maryland.

Linda M. Harris (linda.harris@hhs.gov) is senior health communication and e-health adviser to the deputy assistant secretary for health, Department of Health and Human Services.

Michael L. Parchman is director of the MacColl Center for Healthcare Innovation, Group Health Research Institute, in Seattle, Washington.

Patient engagement in health care has been termed the "blockbuster drug of the century," with the potential to transform the practice of medicine.[1] As noted in the Affordable Care Act, however, engaging patients in their own health care fundamentally relies on health literacy—that is, their ability to obtain, process, communicate, and understand basic health information and services. Unfortunately, relatively few people are proficient in known as the Chronic Care Model) can encourage engagement among health care staff and patients, as well as the families and caretakers who support patients' prevention, decision-making, and self-management activities. The Care Model, called the Chronic Care Model when it was first proposed in 1996 by Edward Wagner and coauthors, represents an evidence-based framework that could promote the delivery of safe, effective, and collaborative care to patients.[3] Over time, the Chronic Care Model was

WORLD HEALTH ORGANIZATION, 2016
HEALTH LITERACY MANDATE

ROUNDTABLE ON HEALTH LITERACY, ONGOING
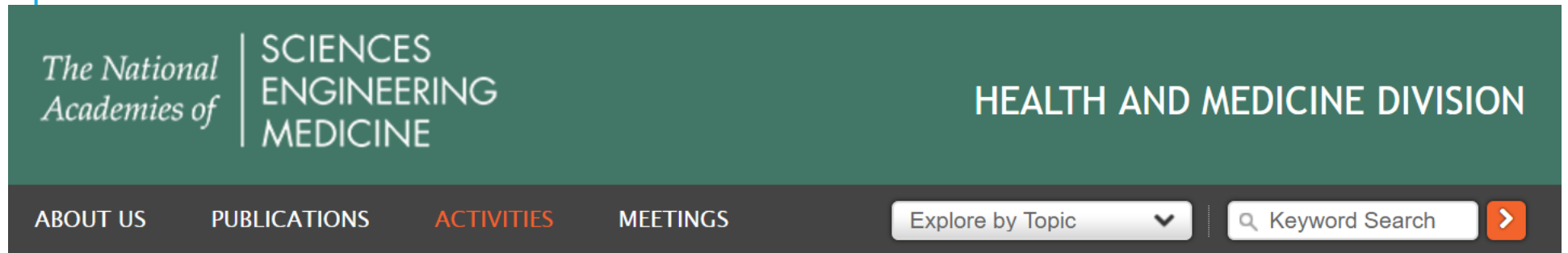
Workshops: for example -

People Living with Disabilities: Health Equity, Health Disparities, and Health Literacy, Proceedings of a Workshop (2018)

Papers: for example -

A Report and Review of Community-based Health Literacy Interventions (2017)

Self and Clinic Assessment

AHRQ
Health Literacy
Universal
Precautions Toolkit

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care ● www.ahrq.gov

Second Edition

Introduction

Quick Start Guide

Tools to Start on the Path to Improvement

Form a Team: Tool #1

Create a Health Literacy Improvement Plan: Tool #2

Raise Awareness: Tool #3

Tools to Improve Spoken Communication

Communicate Clearly: Tool #4

Use the Teach-Back Method: Tool #5

Follow Up with Patients: Tool #6

Improve Telephone Access: Tool #7

Conduct Brown Bag Medicine Reviews: Tool #8

Address Language Differences: Tool #9

Consider Culture, Customs, and Beliefs: Tool #10

Tools to Improve Written Communication

Assess, Select, and Create Easy-to-Understand Materials: Tool #11

Use Health Education Material Effectively: Tool #12

Welcome Patients:: Tool #13

Tools to Improve Self-Management and Empowerment

Encourage Questions: Tool #14

Make Action Plans: Tool #15

Help Patients Remember How and When to Take Their Medicine: Tool #16

Get Patient Feedback: Tool #17

Tools to Improve Supportive Systems

Link Patients to Non-Medical Support: Tool #18

Direct Patients to Medicine Resources: Tool #19

Connect Patients with Literacy and Math Resources: Tool #20

Make Referrals Easy: Tool #21

Appendix Items

List of Internet Resources

Materials Development/Assessment - - Tools

- SMOG [assess reading grade-level equivalency]
https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/smogoverview.pdf

- PMOSE/IKIRSCH [assess charts]
https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/pmose.pdf

- PEMAT [understandability and actionablilty]
https://www.ahrq.gov/ncepcr/tools/self-mgmt/pemat.html

- Plain Language Guidelines
http://execsec.od.nih.gov/plainlang/guidelines/index.html

- SAM [Suitability Assessment of Materials]
https://www.hsph.harvard.edu/healthliteracy/resources/teaching-patients-with-low-literacy-skills/

- CDC INDEX [understandability, actionability, state of the science, numeracy/risk]
https://www.cdc.gov/ccindex/index.html

- Numeracy Insights
https://nam.edu/wp-content/uploads/2016/05/Numbers-Get-In-the-Way.pdf

And so many more!

WALKING INTERVIEW

<u>Start Here</u>

- 2010
- Experiential activity
- Identifying issues
- Gaining perspective
- Engaging stakeholders
- <u>Assessors:</u> institutional team

The Health Literacy Environment Activity Packet

First Impressions & Walking Interview

Eliminating Barriers – Increasing Access

Rima E. Rudd
Health Literacy Studies

On-Line Resources
www.hsph.harvard.edu/healthliteracy

https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf

WAKLING INTERVIEW: HEALTH LITERACY ENVIRONMENT ACTIVITY PACKET

https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf

- Navigate way to predetermined destination

- Assessors observe barriers and/or helpful features
    - Easy-to-navigate web site
    - Interpreter services
    - Signs, maps
    - Helpful personnel

- Identify potential areas of change so easier for everyone to navigate – especially people with limited literacy skills

(Rudd & Anderson 2006)

ENLIVEN

- 2013
- Follows the "10 Attributes of Health Literate Organizations"
- Identify presence of issues: yes/no
- <u>Assessors:</u> institutional team

https://www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/Enliven-health-literacy-audit-resource-Mar-2015.pdf

enliven
ENHANCING SOCIAL HEALTH

ENLIVEN ORGANISATIONAL HEALTH LITERACY
Self-assessment Resource

HLE2: Health Literacy Environment of Hospitals and Health Centers

- 2019, Version 2
- Identify and Score
- Section and subsection calculations
- Tools/Resource section
- Assessors: institutional team

HLE2
The Health Literacy Environment of Hospitals and Health Centers

Access to Information, Care and Services Through the Lens of Health Literacy

Rima E. Rudd
Sandy Oelschlegel
Kelsey Leonard Grabeel
Emily Tester
Eric Heidel

An Updated Assessment Tool for Identifying Facilitating Factors and Barriers to Information, Care, and Services

THE HEALTH LITERACY ENVIRONMENT OF HOSPITALS AND HEALTH CENTERS

Partners for Action: Making Your Healthcare Facility Literacy-Friendly

HLE2: Health Literacy Environment of Hospitals and Health Centers

- Section and subsection calculations
  - Organizational Policies
  - Institutional Practices
  - Navigation
  - Culture and Language Assessment
  - Communication (Print Materials, Forms, Websites, Patient Portals)

HLE2
The Health Literacy Environment of Hospitals and Health Centers

Access to Information, Care and Services Through the Lens of Health Literacy

THE HEALTH LITERACY ENVIRONMENT OF HOSPITALS AND HEALTH CENTERS

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An Updated Assessment Tool for Identifying Facilitating Factors and Barriers to Information, Care, and Services

CAHPS: Health Literacy Subset

- 2020 (when page last reviewed)
- Used as supplement to the Consumer Assessment of Healthcare Providers and Systems (AHRQ)
- <u>Assessors:</u> Patient

https://www.ahrq.gov/cahps/surveys-guidance/item-sets/literacy/suppl-healthlit-items.html#H-HL1

CAHPS: Health Literacy Subset

Questions and Response Options	Placement and Other Instructions
H-HL1. During this hospital stay, did hospital staff ask you to describe how you were going to take your medications when you were at home? 1 __ Yes 2 __ No	Note: Before items H-HL1 – H-HL2, add a new subheading: **"Information About Medications"** Note: Add a new instruction before H-HL1: "**If you were not given any medication when you left the hospital, go to Question X.**" Replace X with the number used for H-HL3, or the next question in your survey.
H-HL2. During this hospital stay, did hospital staff tell you who to call if you had questions about your medications? 1 __ Yes 2 __ No	After H-HL1
H-HL3. During this hospital stay, how often were nurses hard to understand because of the way they spoke your language? 1 __ Never 2 __ Sometimes 3 __ Usually 4 __ Always	After H-HL2 Note: Before items H-HL3 – H-HL9, add a new subheading: **"Talking With Nurses"**

https://www.ahrq.gov/cahps/surveys-guidance/item-sets/literacy/suppl-healthlit-items.html#H-HL1

Quality Improvement Activities & Measures: Health Literacy

Consensus Organizational Health Literacy Measures (2019)
https://www.ahrq.gov/health-literacy/improve/organizational.html
Original Research Article: https://www.healio.com/public-health/journals/hlrp/2019-4-3-2/%7B4aba9339-0fa0-44da-aca0-c50088928f48%7D/organizational-health-literacy-quality-improvement-measures-with-expert-consensus.pdf?fat=undefined

Integrating Health Literacy with Health Care Performance Measurement (2013)
https://doi.org/10.31478/201307f

National Academies of Medicine: Patient-Centered, Integrated Health Care Quality Measures Could Improve Health Literacy, Language Access, and Cultural Competence (2019)
https://doi.org/10.31478/201902a