Improving Health Literacy: An Overview of the National Action Plan & the HHS Health Literacy Workgroup

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U.S. Department of Health and Human Services
Disclosure

• The presenters have no financial relationship to this program.
Objectives

At the end of this presentation, participants will be able to:
1. Examine the implications of health literacy on health outcomes.
2. Identify health literacy-based strategies to assess patient understanding of health information.
3. Apply evaluation tools to assess printed and video materials to enhance clear communication.
The Facts...
Limited health literacy affects nearly 9 out of 10 English-speaking adults in the U.S.

Source: 2003 National Assessment of Adult Literacy by the National Center for Education Statistics.
Only **12%** of Americans demonstrate **proficient** health literacy.

Source: 2003 National Assessment of Adult Literacy by the National Center for Education Statistics.
Adults with low health literacy experience:

- 4 times higher health care costs
- 6% more hospital visits
- 2 day-longer hospital stays

Source: Partnership for Clear Health Communication at the National Patient Safety Foundation.
Low health literacy is estimated to cost the U.S. economy up to $236 billion every year.

IT'S TIME TO...

MAKE

things

Happen
Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Source: Healthy People 2020
**FOUNDATION FOR NATIONAL ACTION PLAN**

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2010 Objectives</td>
<td></td>
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<tr>
<td>2003 NAAL Data</td>
<td></td>
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<tr>
<td>NIH/AHRQ/CDC Program Announcement</td>
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<td>2004 Institute of Medicine Report</td>
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<td>2006 Surgeon General’s Workshop</td>
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<td>2007-2008 Town Halls</td>
<td></td>
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<tr>
<td>2009 Organizational Consultations</td>
<td></td>
</tr>
</tbody>
</table>
HEALTHY PEOPLE 2010 OBJECTIVE

• Increase the health literacy of the population
  
  o Measured by data from the 2003 National Assessment of Adult Literacy (NAAL)
Established in 2003

Co-led by ODPHP and the Food and Drug Administration (FDA)

Responsible for developing the National Action Plan to Improve Health Literacy in 2010
WHAT IS THE NATIONAL ACTION PLAN?

National Action Plan to Improve Health Literacy

This National Action Plan to Improve Health Literacy is based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services are delivered in ways that are understandable and beneficial to health, longevity, and quality of life. With these principles as a guide, this section suggests strategies and opportunities for action and identifies challenges that must be overcome to improve health literacy. These challenges represent a call for response from organizations and individuals that are committed to a literate society.

An informed and engaged public that values health promotion, protection,...
GOALS OF THE NATIONAL ACTION PLAN

1. Develop and disseminate health and safety information that is accurate, accessible, and actionable

2. Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services

3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level

4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community
GOALS OF THE NATIONAL ACTION PLAN

5. Build partnerships, develop guidance, and change policies

6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy

7. Increase the dissemination and use of evidence-based health literacy practices and interventions
HHS HEALTH LITERACY BIENNIAL ACTION PLAN

• The HHS Health Literacy Workgroup proposed the HHS Health Literacy Biennial Action Plan in 2015.

• The purpose is to provide goals, strategies, and measures to HHS agencies so they can monitor their progress in improving health literacy.

• The HHS Health Literacy Workgroup’s position is that organizations bear the major responsibility for creating usable and accessible health information and services (while maintaining information accuracy).
BIENNIAL ACTION PLAN GOALS

1. HHS will model effective health literacy strategies, products, and measures.

2. HHS will share and encourage the use of these strategies, products, and measures by other health organizations.

3. HHS will improve access to health care and understandable and usable health information by providing evidence-based resources leading to improved health outcomes for individuals and groups.

4. HHS agencies will collaborate and coordinate health literacy improvement activities across HHS’ priorities and initiatives.
WHAT YOU CAN DO WITH THE PLAN

• **Review**: Examine your organization’s priorities and programs and ask, how could attention to health literacy improve our services and outcomes?

• **Choose**: Identify the most relevant goals and strategies in the Plan for your programs

• **Try**: Plan and implement strategies

• **Evaluate**: Assess the effectiveness of chosen strategies

• **Repeat**: Expand effective strategies and keep trying new ones
Each agency is responsible for developing a methodology and assessing the effectiveness of their chosen strategies related to:

- **Collecting** a sample of health and communication materials to assess (print, web, video, etc.)
- **Selecting** one or both of the research-based instruments below to assess communication materials
  - CDC’s **Communication Clear Index** (CCI)
  - AHRQ’s **Patient Education Materials Assessment Tool** (PEMAT)
- **Using the tool(s) & evaluating** health and communication materials
- **Reporting out & sharing** lessons learned
CLEAR COMMUNICATION INDEX (CCI)

### CDC Clear Communication Index Score Sheet

**Using the Score Sheet**
The Index has a total of 20 items in 4 parts. These 20 items are presented as questions.

- **Questions 1-11 in Part A** apply to all materials.
- **Questions 12-20 in Parts B, C, and D** may not apply to all materials.
- Choose one answer for each item you score.
- Only score a point when all instances of an item in the material meet the criteria.

More detailed descriptions and examples of each item can be found in the User Guide.

**Part A: Core**
The items in this section (1-11) apply to all materials.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Score (Check one per question)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Message and Call to Action</strong></td>
<td></td>
</tr>
<tr>
<td>1. Does the material contain one main message statement? A main message is the one thing you want to communicate to a person or group that they must remember. A topic, such as heart disease or seasonal flu, isn’t a main message statement. If the material contains several messages and no main message, answer no. (User Guide page 5)</td>
<td>□ Yes = 1 □ No = 0</td>
</tr>
<tr>
<td><strong>NOTE:</strong> If you answered No to Question 1, score 0 for Questions 2-11 and continue to Question 5.</td>
<td></td>
</tr>
<tr>
<td>2. Is the main message at the top, beginning, or front of the material? The main message must be in the first paragraph or section. A section is a block of text between headings. For a Web material, the first section must be fully visible without scrolling. (User Guide page 2)</td>
<td>□ Yes = 1 □ No = 0</td>
</tr>
<tr>
<td>3. Is the main message emphasized with visual cues? If the main message is emphasized with font, color, shapes, lines, arrows or headings, such as “What you need to know,” answer yes. (User Guide page 7)</td>
<td>□ Yes = 1 □ No = 0</td>
</tr>
<tr>
<td>4. Does the material contain at least one visual that conveys or supports the main message? For example, count photographs, line drawings, graphs and infographics as visuals. If the visual does not have a caption or label, answer no. If the visual has human figures who aren’t performing the recommended behaviors, answer no. (User Guide page 8)</td>
<td>□ Yes = 1 □ No = 0</td>
</tr>
<tr>
<td>5. Does the material include one or more calls to action for the primary audience? If the material includes a specific behavioral recommendation, a prompt to get more information, a request to share information with someone else, or a broad call for program or policy change, answer yes. If the call to action is for someone other than the primary audience, answer no. (User Guide page 10)</td>
<td>□ Yes = 1 □ No = 0</td>
</tr>
</tbody>
</table>

**Calculate the Score for the Material**

- **Step 1:** The total points that the material earned (this is the numerator).
  
  \[ A: \ 0 \ \ B: \ 0 \ \ C: \ 0 \ \ D: \ 0 \ = \ 0 \]

- **Step 2:** The total possible points that the material could have earned (this is the denominator).
  
  \[ A: \ 11 \ \ B: \ 0 \ \ C: \ 0 \ \ D: \ 0 \ = \ 11 \]

- **Step 3:** The numerator divided by the denominator multiplied by 100 to get the total score.
  
  \[ \frac{0}{11} \times 100 = 0.0 \]

**How to Interpret the Score**
The purpose of the Index is to improve the clarity of communication products.

**If the total score is 90 or above:**
Excellent! You have addressed most items that make materials easier to understand and use.

**If the total score is 89 or below:**
Note which items scored 0 points. Use the descriptions and examples in the User Guide to revise and improve the material. Then apply the Index again to check your work. You can use the Index as many times as you need to revise the material to get a score of 90 or above.

**Additional Comments**

A: 9 \ B: 3 \ C: 3 \ D: 0 \ = \ 15

\[ \frac{11 + \frac{3}{2}}{15 + 1} \times 100 = 78.94\% \]
PATIENT EDUCATION MATERIALS ASSESSMENT TOOL (PEMAT)

Patient Education Materials Assessment Tool (PEMAT) Auto-Score Form

An Instrument To Assess the Understandability and Actionability of Print and Audiovisual Patient Education Materials

(Version 1.0)

Suggested Citation:

Table: PEMAT-A/V

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDERSTANDABILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The material makes its purpose completely evident.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>2. The material uses words in everyday language.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>3. Medical terms are used only in discussions with the terms. When used, medical terms are defined.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>4. The material uses the active voice.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>TOPIC ORGANIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The material breaks or “chunks” information into short sections.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>6. The material’s sections have informative headings.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>7. The material presents information in a logical sequence.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>8. The material provides a summary.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>TOPIC LAYOUT &amp; DESIGN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to improve attention to key points.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>10. Text on the screen is easy to read.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>11. The material allows the user to hear the words clearly (e.g., not too fast, not too quiet).</td>
<td>Disagree = 0, Agree = 1</td>
<td>NA</td>
</tr>
<tr>
<td>TOPIC USE OF VISUAL AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The material uses illustrations and photographs that are clear and uncluttered.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>13. The material uses simple tables with short and clear row and column headings.</td>
<td>Disagree = 0, Agree = 1</td>
<td>NA</td>
</tr>
<tr>
<td>ACTIONABILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. The material clearly identifies at least one action the user can take.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>15. The material addresses the user directly when describing actions.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>16. The material explains how any action inputs are managed, step-by-step.</td>
<td>Disagree = 0, Agree = 1</td>
<td>1</td>
</tr>
<tr>
<td>17. The material explains how to use the charts, graphs, tables, or diagrams to take action.</td>
<td>Disagree = 0, Agree = 1</td>
<td>NA</td>
</tr>
</tbody>
</table>

Scores will appear red if any items are left blank.
Interested in joining the HHS Health Literacy Workgroup?

Please contact Courtney Schrock for more information.

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QUESTIONS
Indian Health Service

Health Literacy: Using Clear Communication to Support Wellness
Outline

1. Background
2. IHS Health Literacy Activities
3. Assessing Health Literacy and the role of Universal Precautions
4. How to document patient comprehension in Electronic Health Record
5. Tools to improve health communication
   - Ask Me 3 campaign
   - Teach back method
6. How you can support health literacy
Background

• Problems with health literacy can affect anyone, but the elderly, chronically ill, and those with lower levels of education are the most at-risk of low health literacy.

• People with low health literacy:
  • Are less able to care for their chronic conditions
  • Are more likely to inappropriately use prescription or over-the-counter medications
  • Use more healthcare services (have more clinic visits and longer inpatient stays)
  • Are less likely to use preventive health services
  • Have higher mortality rates
Established an IHS Health Literacy Work Group (HLWG) in April 2017

**Purpose:** To plan, coordinate, implement, and monitor IHS health literacy activities

- Established a multi-disciplinary workgroup to address issues related to health literacy
  - different skill sets of the members enhanced the perspective of the work group.

- The HLWG reviewed the 2015-2017 HHS Biennial Action Plan
  - Identified goals, priorities, and strategies to support activities to:
    - Raise awareness of health literacy
    - Provide tools and resources for clinicians

- **Goal 1:** Develop and disseminate health and safety information that is accurate, accessible, and actionable

- **Strategy 1:** Participate in ongoing trainings in health literacy that focuses on improving clear communication and informational design practices

  - **IHS Activities:** Develop a *Basics of Health Literacy* training presentation to increase awareness of health literacy by November 2017.
Strategy 2: Involve members of the target population—including persons with limited health literacy—in planning, developing, implementing, disseminating, and evaluating health and safety information

IHS Activities:

1. Utilize social media to reach out and discuss issues related to health literacy with employees and IHS grantees by December 2017
2. Assist programs by developing plain language templates that can be used when creating cooperative agreements and other activities
3. Update and maintain the IHS Health Communication website to provide health literacy resources, information, and tools for clinicians
4. Assess how often patients or their representatives are included when Federal Registry announcements and strategic communications are developed (through focus groups, interviews, and surveys) by January 2018
Strategy 3: Leverage technology and electronic health tools to deliver health information and services at the time, in the place, and in the multiple formats that people need and want

**IHS Activities:**

1) Expand the use of social media to support health literacy and clear communication

2) Provide training on utilizing Health Information Technology to document health education and retrieve patient education handouts

3) Evaluate patient education materials that are posted on the IHS website using the Patient Education Materials Assessment Tool (PEMAT) and Clear Communication Index (CCI) to assess for clear communication by December 2017
HHS Biennial Health Literacy Action Plan 2015-2017 (continue)

- **Strategy 4**: Provide training, tools, and resources for employees to improve their health information-seeking and decision making skills

  - **IHS Activities:**
    1. Provide health information written in plain language to expand access to health information
    2. Provide training on utilizing the teach-back method and assessing the patient's level of understanding
    3. Promote the “Ask Me 3” campaign to encourage patient engagement
IHS Early Testing for Health Literacy

Adequate Health...

Adequate Health...
Health Literacy Universal Precautions

• Assume that all patients may have difficulty comprehending health information and accessing health services.

  – Minimize the risk of miscommunication:
    • Simplify communication
    • Confirm comprehension

» Make the office environment easier to navigate

» Supporting patients' efforts to improve their health through patient engagement
Documenting Low Health Literacy Findings

Health Factor: Barriers to Learning

– https://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.16u_aum.pdf
Barriers to Learning

- No Barriers
- Visually Impaired
- Blind
- Hard of Hearing
- Deaf
- Does Not Read English
- Speaks English as a second language

- Interpreter Needed
- Fine Motor Skills Deficit
- Dementia
- Values or Beliefs
- Stressors
- Low Health Literacy
- Cognitive Impairment
Patient Engagement

“A concept that combines a patient's knowledge, skills, ability and willingness to manage their own health and care with interventions designed to increase activation and promote positive patient behavior."
What is my main problem?

What do I need to do?

Why is it important for me to do this?
Teach-back Method

Teach-back is a method to confirm that you have explained what the patient needs to know in a manner that they understand so they are able to self-manage.

Keep in mind:
• It is **not** a test of patient’s knowledge
• It is a test of how well you explained the information
• It is a method to check for understanding
Steps to the Teach Back Method

1. Ask patients to repeat or tell you, **in their own words**, what they need to do.
   - Use open-ended questions

2. If patients cannot restate your instructions correctly, then explain again.
   - Use pictures or simpler words

3. Again, use the teach-back method until you confirm understanding.

4. Assist patient with a written plan
Add Patient Education Event

Education Topic: Diabetes Mellitus-Foot Care And Examinations

Type of Training: Individual

Comprehension Level: GOOD

Length: 5 (min)

Comment: Demonstrated knowledge and steps required to administer a self-foot check

Provided By: LAMER, CHRIS

Readiness to Learn: RECEPTIVE

Status/Outcome:
- Goal Set
- Goal Met
- Goal Not Met
Teach back

- What did your doctor tell you the medication is for?
- How did your doctor tell you to take the medication?
- What did your doctor tell you to expect?
Handouts and the EHR

<table>
<thead>
<tr>
<th>Action</th>
<th>Chronic</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Outpatient Medications</td>
</tr>
<tr>
<td>AMOXICILLIN 250MG CAP Qty: 10 for 4 days Sig: TAKE ONE (1) CAPSULE BY MOUTH EVERY 12 HOURS</td>
<td></td>
</tr>
<tr>
<td>CLONIDINE 0.2MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE</td>
<td></td>
</tr>
<tr>
<td>TRIAMCINOLONE 75MCG/SPRAY INH Qty: 60 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 12 HOURS SHAKE WELL</td>
<td></td>
</tr>
<tr>
<td>ROSIGLITAZONE 4MG TAB Qty: 180 for 90 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR DIABETES</td>
<td></td>
</tr>
</tbody>
</table>
Glyburide
pronounced as (gly’ byoor ide)

Why is this medication prescribed?
Glyburide is used alone with diet and exercise, and sometimes with other medications, to treat type 2 diabetes (condition in which the body does not use insulin normally and, therefore, cannot control the amount of sugar in the blood). Glyburide is in a class of medications called sulfonylureas. Glyburide lowers blood sugar by causing the pancreas to produce insulin (a natural substance that is needed to break down sugar in the body) and helping the body use insulin efficiently. This medication will only help lower blood sugar in people whose bodies produce insulin naturally. Glyburide is not used to treat type 1 diabetes (condition in which the body does not produce insulin and, therefore, cannot control the amount of sugar in the blood) or diabetic ketoacidosis (a serious condition that may occur if high blood sugar is not treated).

Over time, people who have diabetes and high blood sugar can develop serious or life-threatening complications, including heart disease, stroke, kidney problems, nerve damage, and eye problems. Taking medication(s), making lifestyle changes (e.g., diet, exercise, quitting smoking), and regularly checking your blood sugar may help to manage your diabetes and improve your health. This therapy may also decrease your chances of having a heart attack, stroke, or other diabetes-related complications such as kidney failure, nerve damage (numb, cold legs or feet; decreased sexual ability in men and women), eye problems, including changes or loss of vision, or gum disease. Your doctor and other healthcare providers will talk to you about the best way to manage your diabetes.

How should this medicine be used?
Glyburide
pronounced as (gly’ byoer iide)

Why is this medication prescribed?
Glyburide is used along with diet and exercise to control blood sugar levels in people whose bodies produce insulin normally but have a problem in breaking down sugar in the body (or where the insulin does not work in the body). Glyburide may also be used as part of a combination of medications called sulfonylureas. Over time, people who have diabetes and high blood sugar levels may experience serious complications such as heart disease, stroke, kidney problems, nerve damage (numb, cold legs or feet), eye problems, and more. If these complications occur if high blood sugar is not treated.

How should this medicine be used?

What is the daily dose?

Other uses for this medicine

What special precautions should I follow?

What special dietary instructions should I follow?

What should I do if I forget a dose?

What side effects can this medication cause?

Type of Training

Comprehension Level

Length

Status/Outcome

add

Medications-

Medications-

Individual

GOOD

4 (min)

Goal Set

Goal Not Met
Patient Goals Component
Health Literacy Work Group

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Melody Ford-Dixon
Jennifer Buschick
Tina Tah
Nancy Bill
Cecelia Butler
Joe Law
Any Questions?