

Indian Health Service



Tools to promote health literacy and health communications among American Indian and Alaska Native people

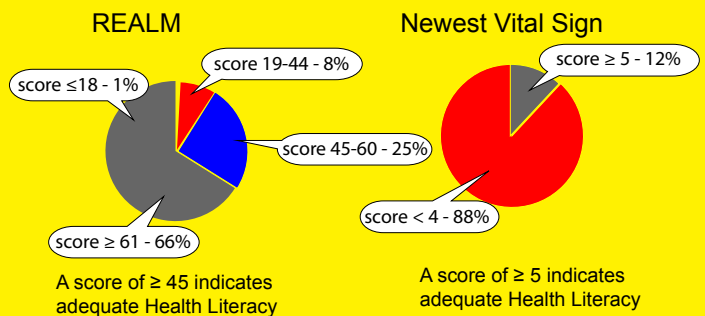
Background

The risk of low health literacy is high among American Indians and Alaska Natives. Many AI/AN patients are diagnosed with chronic diseases such as asthma and diabetes, have lower income compared to other races, and achieve lower levels of education compared to other races. These are all factors associated with low health literacy.

2003 National Assessment of Adult Literacy included American Indian and Alaska Native (AI/AN) people:

- 25% of AI/AN possess below basic health literacy.
- Only 7% possess proficient health literacy.

Three health literacy assessment tools, (the REALM, Newest Vital Sign, and Brief Questionnaire) were administered to more than 500 AI/AN volunteers. An early comparison of these tools provides conflicting results and are being further analyzed.



The IHS promotes the use of "Universal Precautions" when communicating with patients.



The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to 564 federally recognized tribes in 35 states.



The Resource and Patient Management System (RPMS) is an integrated solution for the management of clinical, business practice and administrative information in healthcare facilities of various sizes. Flexible hardware configurations, over 50 software applications, and appropriate network communication components combine to provide a comprehensive clinical, financial, and administrative solution. This solution is in use at most health care facilities within the Indian health care delivery system.

Assessing Patient's Barriers, Preferences, and Confidence for Self-Management

Health factors describe a component of the patient's health and wellness when an ICD or CPT code is not available. Health factors are not visit specific and relate to the patient's overall health status. Some health factors are developed to assess and improve the delivery of health education and self-management support.

Barriers to Learning

- No barriers
- Doesn't read English
- Interpreter needed
- Social stressors
- Values/beliefs
- Cognitive impairment
- Fine motor skills deficit
- Hard of hearing
- Deaf
- Visually impaired
- Blind
- Distraction
- Low health literacy

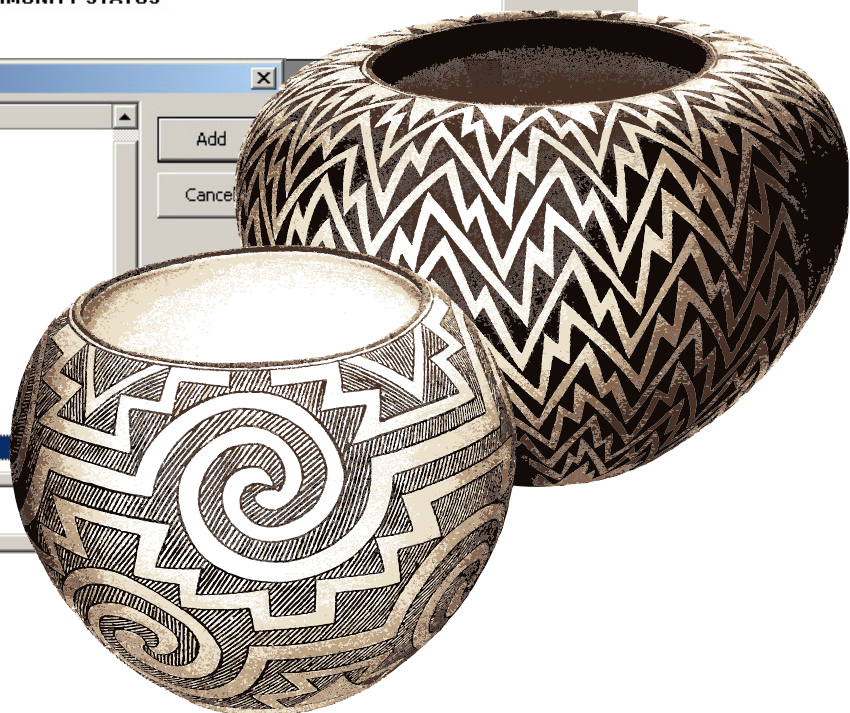
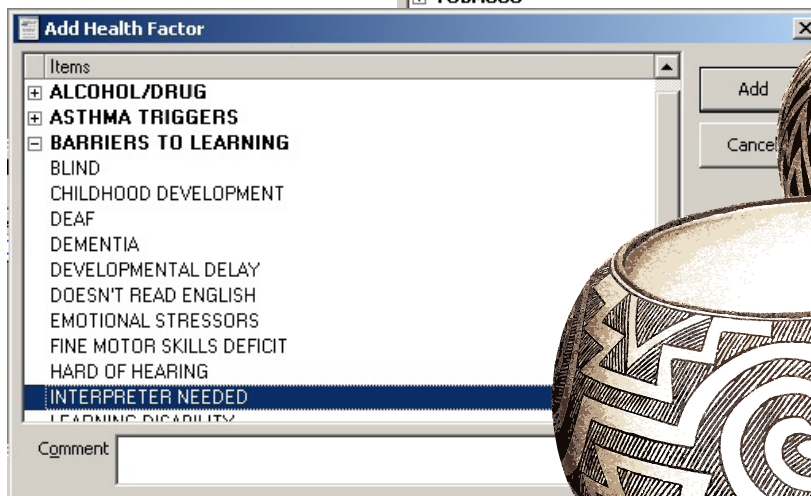
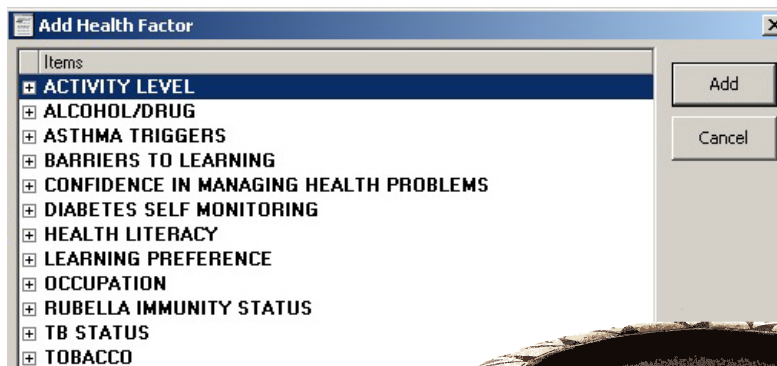
Learning Preferences

- Talk
- Video
- Small group
- Read
- Do/practice

Confidence

How sure are you that you can manage and control most of your health problems?

- Very sure
- Somewhat sure
- Not very sure
- I do not have any health problems



For more information on IHS Health Factors:

<http://www.ihs.gov/RPMS>

Located under Application Documents in the application IHS PCC Suite

Patient Goals

Supporting patients in goal setting activities encourages active participation in self-management support. A new goal setting tool that will be part of the Clinical Information System will enable patients and caregivers to work together to establish achievable goals and will provide a means for tracking and monitoring the health choices that are important to the patient.

Patient Goals and Action Plan

| Last Update | Goal # | Goal Set | Start Date | Reason | Type of Goal | Follow Up Date | Goal Status | Provider |
|--------------------|--------|---|------------|------------------------------------|------------------------|----------------|-------------------|----------|
| 11/05/08 | 1 | Lose 25 pounds by summer | 11/05/08 | | Other: Personal health | 6/1/09 | Active | |
| 12/31/08 | 1.3 | Buy only 1 bag of low fat potato chips a week | 12/31/08 | | Nutrition | 2/11/09 | Active | |
| 12/14/08 | 1.4 | Walk 4 times a week by February appointment | 12/31/08 | | Exercise | 2/11/09 | Active | |
| 12/31/08 | 1.1 | Walk 3 times a week | 12/14/08 | | Exercise | 12/31/08 | Step Met | |
| 12/31/08 | 1.2 | Stop eating potato chips | 12/14/08 | | Nutrition | 12/31/08 | Step Renegotiated | |
| 12/14/08 | 2 | Check blood sugar every day after I get to work | 12/14/08 | Want to be healthy for my children | Monitoring | 1/4/09 | Maintained | |
| 12/31/08 | 3 | Quit smoking cigarettes in 2 weeks | 2/14/09 | | Tobacco | 2/21/09 | Active | |
| 12/31/08 | 3.1 | Talk to doctor about getting a prescription for Zyban | | | | | | |
| | | | | | | | | |
| Last Update | | | | | | | | |
| 2/14/08 | | Would like to quit smoking Does not want to | | | | | | |
| 11/05/08 | | Not interested | | | | | | |

Patient Goals

Goal Setting: Goal Set Goal Not Set

Goal: Goal #:

Type of Goal:

Motivation


Step

Goal Start Date

Step Start Date

Step Follow-up Date

Step Complete: Met Changed Maintained



Documenting Health Education

The Indian Health Service has developed an interdisciplinary patient education program that has standardized the provision and documentation of education through nationally developed protocols in coordination with locally developed lesson plans and an innovative coding procedure. Patient Education Protocols and Codes are developed and reviewed yearly by an interdisciplinary workgroup.

Protocols are the written instructions of the information that is reviewed with the patient. Standardizing patient education requirements and protocols ensures consistency in the data entered into patients' medical records while allowing the flexibility to assess patient needs and provide education on an individualized basis through locally developed lesson plans.

PATIENT EDUCATION PROTOCOLS:

TOBACCO USE

TO-QT (Tobacco Use - Quit)

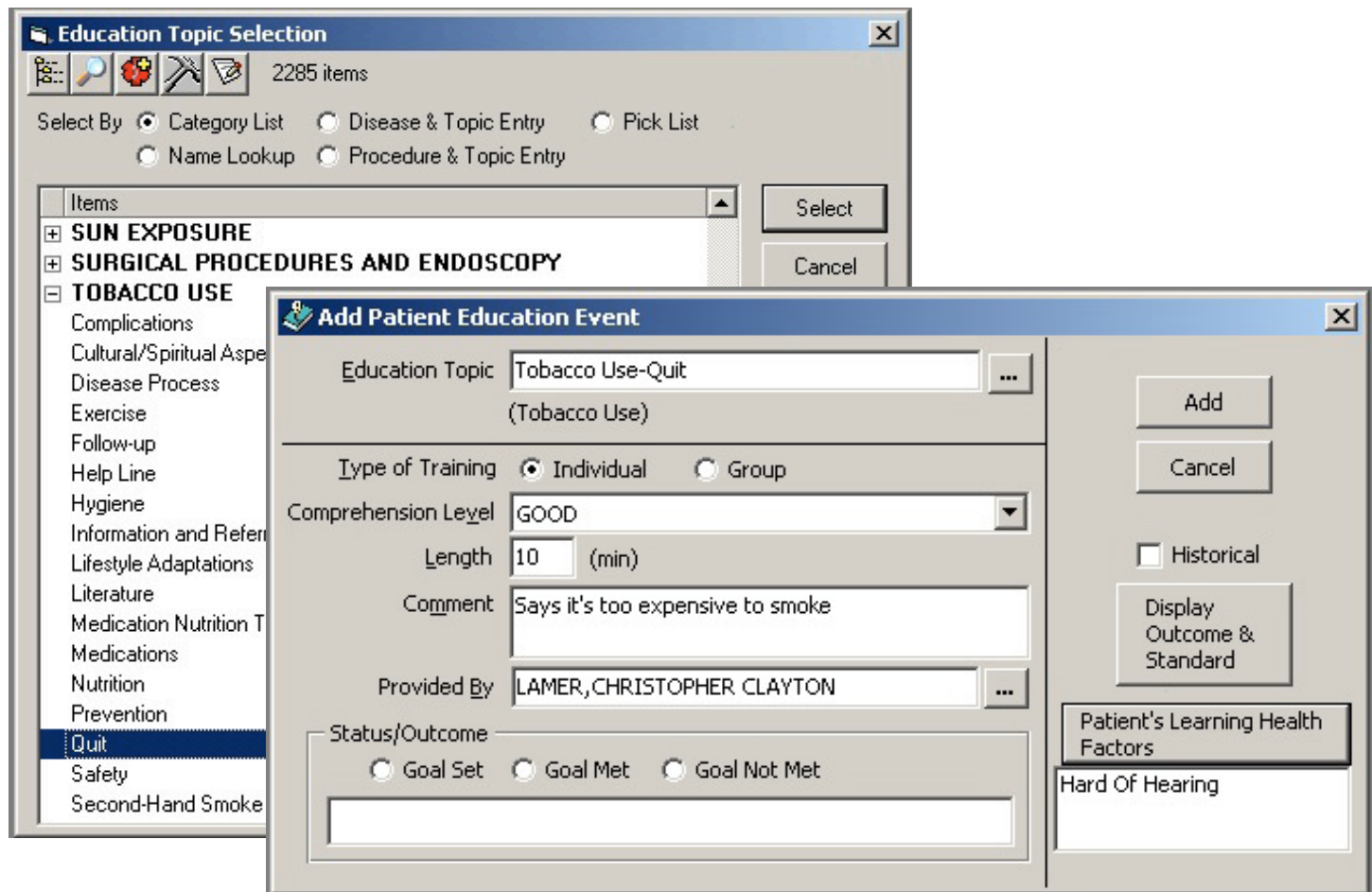
OUTCOME: The patient/family will understand that tobacco cessation will improve quality of life, that cessation will benefit health, and how participation in a support program may prevent relapse.

STANDARDS:

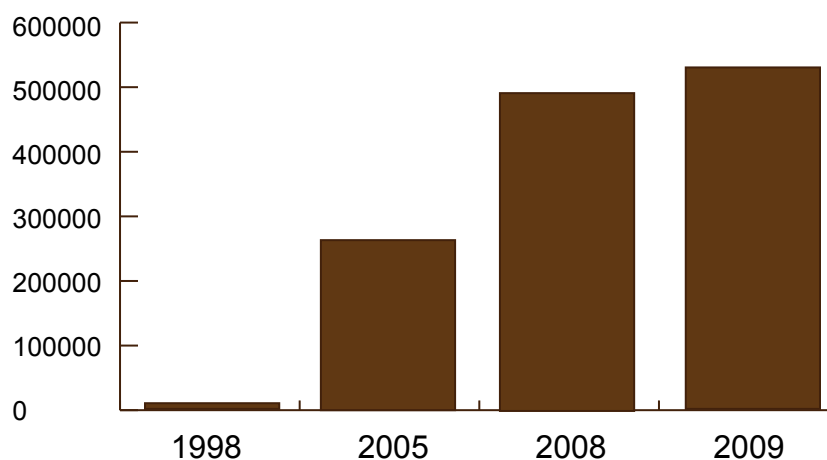
1. Advise all tobacco users to quit using tobacco and advise all non-tobacco users to continue to abstain from tobacco use.
2. Ask if the tobacco user is willing to quit at this time.
 - a. If the patient is willing, set a quit date, ideally within 2 weeks.
 - b. If unwilling to quit at this time, help motivate the patient:
 - i. identify reasons to quit in a supportive manner
 - ii. build patient's confidence about quitting
 - iii. encourage the patient to remove tobacco products from the environment and to get support from family, friends, and coworkers
 - iv. review past quit attempts—what helped, what led to relapse
 - v. anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal and cravings
 - vi. identify reasons for quitting and benefits of quitting
3. Discuss that readiness and personal motivation are key components to quitting. Review the treatment, medication, and support options available to the patient/ family. Make referrals as appropriate. Give advice on successful quitting:
 - a. total abstinence is essential—not even a single puff
 - b. drinking alcohol is strongly associated with relapse
 - c. allowing others to smoke in the household hinders successful quitting
 - d. discuss the risks and benefits of prescription medications and nicotine replacement to increase chances of quitting (refer to “TO-M Medications”)
4. Review the value of frequent follow up and support during the first six months of cessation.

Documenting Health Education

The codes are the tools used by the clinician to document the education as a string of information which is recorded in the patient's medical record. The Electronic Health Record (EHR) maintains a complete listing of the patient education codes and a history of education provided to the patient.



Documentation of patient education is integrated into performance improvement reports, national reporting to Congress, and local clinical decision support at the point of patient care. The number of patients receiving patient education and the number of education codes that are documented has increased.



Patient Handouts

Patient Education handouts have been developed to align with patient education protocols and codes and offer culturally sensitive health information through a searchable database. Brochures, posters, and links to other patient education materials are also found on this site to provide a rich landing page for clinicians when choosing health education materials.

Quitting Tobacco

Five steps to help you quit tobacco.

Step 1: Get ready to quit.

Set a quit date. Your quit date is the day you stop using tobacco.
Talk to your health care team about a plan that is best for you.

Step 2: Get support and encouragement.

Think about the ways quitting will improve your health.
Tell your family and friends that you are going to quit tobacco.
Call the Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669).
You can call the Quit Line any time. Calling the quit line can help you stop using tobacco.

Step 3: Learn new skills and behaviors.

Get rid of things that make you think about using tobacco.
Throw away cigarettes, lighters, and ashtrays.
Do things to take your mind off tobacco.
Take a walk or call a friend when you feel the urge to use tobacco.
Try to lower stress and stay relaxed.

Step 4: Get help in quitting tobacco.

There are medications that can help you stop using tobacco.
Your health care provider can help you stop using tobacco. You can make an appointment with your health care team to help you quit.

Step 5: Be ready for setbacks or hard times.

Quitting is hard. It is hardest for the first six months.
Try to eat healthy and get plenty of exercise.
Don't be sad if you have a setback. Just keep on trying!



Document Information
M2HET Reviewed2010 PEPC: TO-QT

Contact Information

Provide Information to Patients to Promote Health Communications

The Patient Wellness Handout (PWH) is a paper-based report for patients that combines information from their medical record along with an explanation of their results. It can be used to provide patients with a listing of the recommended health maintenance services that are due, to serve as a tool to promote health communication, or as a portable record of selected health information. The PWH can be generated on demand by anyone who is providing care services to the patient.

Provides access to the following data elements:

Demographics

Health maintenance reminders

- PAP screening
- Mammogram screening
- Colorectal Cancer screening
- HIV screening

Immunizations due or received

Diabetes related reminders

- A1c Assessment
- Nephropathy screening
- Retinopathy screening
- Foot exam

Cholesterol

Blood pressure

Allergies

Medications

Height, weight, and BMI

Physical activity level

Patient goals

Ask Me 3



***** CONFIDENTIAL PATIENT INFORMATION [CCL] Nov 13, 2010 *****
DOE, JANIE HRN: 3 CHEROKEE INDIAN HOSPITAL
1 MAIN STREET CHEROKEE, NC 28734
CHEROKEE, NORTH CAROLINA 28719 SMITH, DOCTOR
555-555-5555 828-497-9163

Thank you for choosing CHEROKEE INDIAN HOSPITAL.
This handout is a new way for you and your health care team to look at your health.

HEIGHT/WEIGHT/BMI - Weight and Body Mass Index are good measures of your health. Determining a healthy weight and Body Mass Index also depends on how tall you are.

You are 5 feet and 10 inches tall.
Your last weight was 220 pounds on Aug 03, 2010.
You should have your weight rechecked at your next visit.

MEDICATIONS - This is a list of medications and other items you are taking including non-prescription medications, herbal, dietary, and traditional supplements. Please let us know if this list is not complete. If you have other medications at home or are not sure if you should be taking them, call your health care provider to be safe.

1. ALBUTEROL MDI (HFA) 6.7GM Rx#: 1234567 Refills left: 5
Directions: INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS IF NEEDED FOR BREATHING; **SHAKE WELL BEFORE USING**
2. FOSINOPRIL= 40 MG TAB Rx#: 1234569 Refills left: 10
Directions: TAKE ONE (1) TABLET BY MOUTH DAILY FOR KIDNEY PROTECTION AND BLOOD PRESSURE

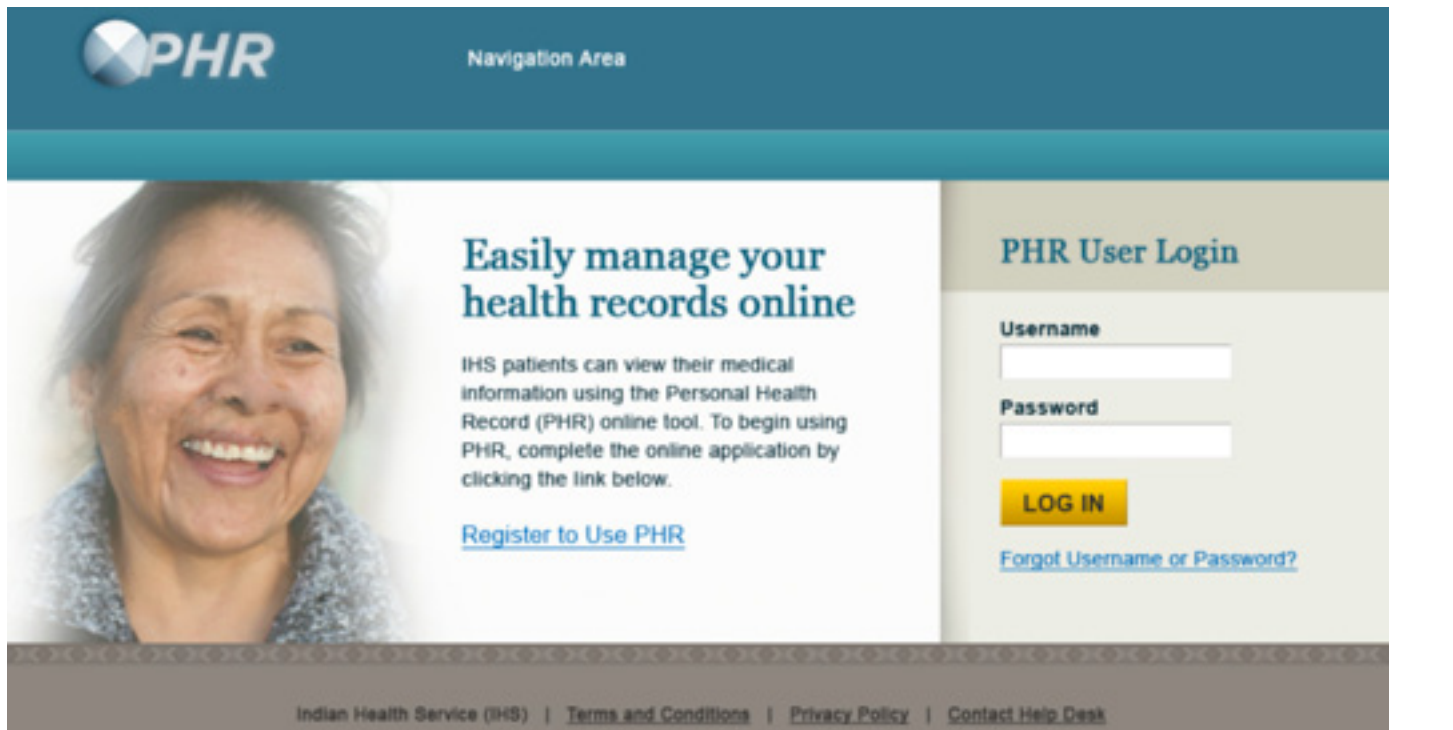
DIABETES CARE
HEMOGLOBIN A1c
Hemoglobin A1c is a test that measures your blood sugar control over a 3-month period. You should have this test done every 3-6 months. Your last A1c test on file was 8.0 done on Aug 10, 2010. Ask your health care provider how you can keep lowering your A1c.

My Healthcare Goals
ASHTMA - Lifestyle Adaptation
Goal: will avoid too much time outdoors when the pollen is high

ASK ME 3 - Every time you talk with a doctor, nurse, pharmacist, or other health care worker, use the Ask Me 3 questions to better understand your health. Make sure you know the answers to these three questions:
1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Personal Health Record (PHR)

The Personal Health Record (PHR) will provide online access to information and services that will enhance the patient care experience. Scheduled for release in early 2011, the PHR will meet the requirements needed for achieving meaningful use (view of medications, allergies, problem list, and recent labs). Future plans are to enable secure messaging, medication refills, remote monitoring, and to promote goal setting activities from the home.



The screenshot shows the PHR website's navigation area with a teal header. On the left is a smiling woman's portrait. The main content area is split into two sections: a promotional message and a login form. The promotional message includes the heading 'Easily manage your health records online', a paragraph explaining that IHS patients can view their medical information, and a 'Register to Use PHR' link. The login form is titled 'PHR User Login' and contains fields for 'Username' and 'Password', a yellow 'LOG IN' button, and a link for 'Forgot Username or Password?'. At the bottom of the page is a footer with links for 'Indian Health Service (IHS)', 'Terms and Conditions', 'Privacy Policy', and 'Contact Help Desk'.

Laboratory Results

Patient Laboratory Results

Below is a list of laboratory test results that we have in our files for you. Please let your healthcare provider know if this list is not complete. Click on the rows to view information for each laboratory result.

| Laboratory Test Name | Test Date | Result | Unusual Result? |
|-------------------------------------|------------|------------|-----------------|
| LIPID PROFILE DEMO | 12/20/2004 | | No |
| LIPID PROFILE DEMO - CHOLESTEROL | 12/20/2004 | 135 mg/dL | No |
| LIPID PROFILE DEMO - TRIGLYCERIDE | 12/20/2004 | 150 mg/dL | No |
| LIPID PROFILE DEMO - HDL | 12/20/2004 | 40 mg/dL | No |
| LIPID PROFILE DEMO - calculated: | 12/20/2004 | | No |
| LIPID PROFILE DEMO - LDL | 12/20/2004 | 65 mg/dL | No |
| LIPID PROFILE DEMO - CHOL/HDL RATIO | 12/20/2004 | 1.0 | No |
| METABOLIC PROFILE | 12/20/2004 | | No |
| METABOLIC PROFILE - RANDOM GLUCOSE | 12/20/2004 | 90 mg/dl | No |
| METABOLIC PROFILE - UREA NITROGEN | 12/20/2004 | 20 mg/dL | Yes |
| LIPID PROFILE DEMO - CHOL/HDL RATIO | 12/20/2004 | 3.4 mg/dL | Yes |
| METABOLIC PROFILE - SODIUM | 12/20/2004 | 140 mmol/L | Yes |
| METABOLIC PROFILE - POTASSIUM | 12/20/2004 | 5 mmol/L | Yes |

* This laboratory result information was last updated on 08/30/2010. Changes to your laboratory results (such as a new laboratory result) occurring after this date will NOT be visible in the table above. Check again in 1-2 days.

To sign up for the IHS PHR: <https://phr.ihs.gov>

Health Communications Website

In addition to patient education handouts, resources on the Health Communications site include:

- materials to promote Ask Me 3
- information on using the Teach-back method to ensure patient understanding
- A checklist for reader-friendly print materials
- Tips for plain language communication

Health Communications website: www.ihs.gov/healthcommunications



The screenshot shows the top portion of the Healthcare Communications website. At the top is a banner with the text "Healthcare COMMUNICATIONS" and a decorative border featuring stylized blue and green patterns. Below the banner is a navigation menu on the left with items: Home, Internet Access, Health Literacy, Patient Education Materials (with a sub-item Patient Handouts), and Patient-Provider Communication Toolkit. To the right of the menu is a main content area with a heading "Welcome to Healthcare Communications!". Below this heading is a paragraph about IHS divisions and their mission. Further down is a section titled "Culture and Linguistic Competency" with a paragraph explaining its importance. At the bottom left of the screenshot is a small icon of a turtle with a stylized pattern on its shell. Below the screenshot is a large, detailed image of a traditional woven basket.

Healthcare COMMUNICATIONS

- ◆ Home
- ◆ Internet Access
- ◆ Health Literacy
- ◆ Patient Education Materials
 - ◆ Patient Handouts
- ◆ Patient-Provider Communication Toolkit

Questions or Comments. Please contact the [Content Manager](#).

Welcome to Healthcare Communications!

IHS divisions, in accordance with their individual missions, will develop, implement, and evaluate programs and provide resources to improve health communications.

IHS agency responsibilities include ensuring that health professionals can obtain and provide the public with accurate and appropriate health information. Healthcare Communications is one of the focus areas identified in [Healthy People 2010](#) (HP 2010). The goals of HP 2010 are to increase quality and years of healthy life and to eliminate health disparities among different segments of the population. Health communication is a focus area of HP 2010. The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Culture and Linguistic Competency

Culture affects how people communicate, understand, and respond to health information. Cultural and linguistic competency of health professionals contributes to health literacy. Cultural competence is the ability of health organizations and practitioners to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of American Indian/Alaska Natives and to apply that knowledge to produce positive health outcomes. Competency includes communicating in a manner that is linguistically and culturally appropriate. Healthcare professionals have their own culture and language. Many adopt the "culture of medicine" and the language of their specialty as a result of their training and work environment. This can affect how health professionals communicate with the public.





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