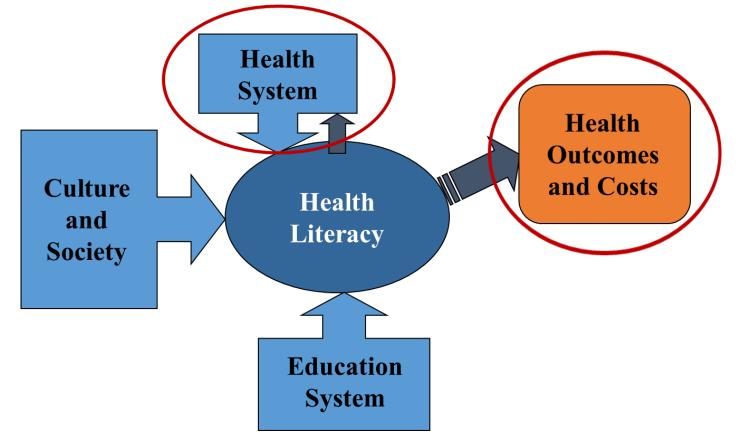


Background

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions for their health¹. An individual's level of health literacy is influenced by a variety of factors, including cultural and language factors, education, experience with the health care system, the complexity of information and how it is communicated, and aging. Patients with low health literacy are at risk for medical misunderstanding, mistakes, excessive hospitalizations, and poor health outcomes. Health literacy is a stronger predictor of an individual's health status than age, income, employment status, education level or racial/ethnic group².





To improve health literacy and encourage healthcare communication among cardiovascular patients aged 50 and older, Pennsylvania has partnered with the Health Care Improvement Foundation (HCIF) to provide health literacy training to providers and patient activation training to senior groups in Southeastern Pennsylvania through the Southeastern Pennsylvania Regional Enhancements Addressing Disconnects in Cardiovascular Health Communication project (SEPA-READS).

Objectives

- Explain the need for health literacy training and education in supporting chronic disease prevention and management.
- Identify successful health literacy interventions that can be implemented by health systems and community organizations.

Methods

To address health literacy needs on both sides of health care encounters (patient and provider), SEPA-READS takes a multipronged approach which includes:

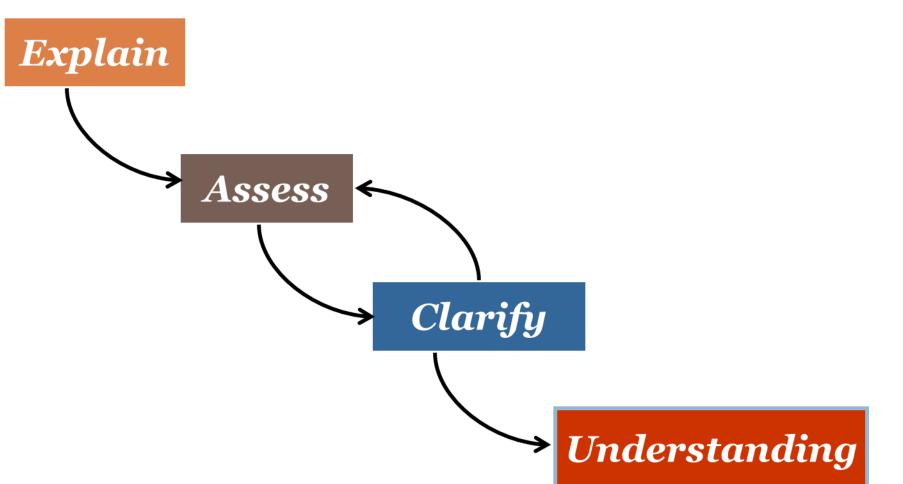
- Health care provider health literacy train-the-trainer sessions on topics such as oral communication, written materials development, web design, informed consent, and wayfinding.
- Support for organizational changes including mini-grants to hospitals to pilot programs, modify materials, or address e-health needs as they relate to health literacy.
- Consumer education and activation through training of seniors as peer educators on the Ask Me 3 communication technique in Senior Centers, ESL classes, and other community venues.
- Additional programming including the formation of a Cardiovascular Health Literacy Coalition, webinars, networking calls, an online portal, and newsletter.

Utilizing Health Literacy in Chronic Disease Prevention

Brian Wyant, Pennsylvania Department of Health, Bureau of Health Promotion and Risk Reduction

Provider Training and Education

Provider trainings cover many proven techniques for improving oral and written communication. Teach-back is one such strategy. When using teach-back, the provider confirms patient understanding by having the patient restate what they've been told.



The use of **plain language** in both oral and written communication is another topic covered in the training. Replacing medical jargon with plain language helps patients understand their condition and what they need to do to be healthy.

Instead of using this word	consider using this word instead.
Benign	Harmless
Chronic	Happens again and again
Cardiac	Heart
Edema	Swelling; fluid build up
Adverse events	Side effects

This year, the training is offered as a single, full-day module certified to provide CNE credits. To date, 247 individuals across 11 hospital partners have attended the training.

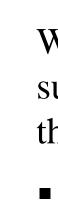
Train-the-Trainer Sessions	(2011-2014)
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Module	# of sessions	# of attendees
1	8	150
2	5	86
3	5	61
2/3	2	25
1/2/3 (Full Day)	3	67
TOTAL	23	390

Over 5,000 partner hospital staff have received health literacy training from peers to date, as a result of the internal trainings at hospitals and health systems.

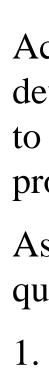
Training evaluated using knowledge-based pre-test and post-test.

- Participants demonstrated an increase in knowledge, as indicated by improved post-test scores.
- 98% of participants indicated that they would change practice as a result of attending the training.







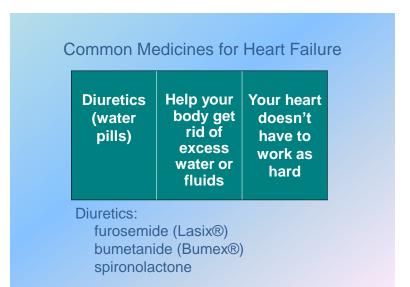


Hospital Organizational Changes

With the knowledge gained through provider training, technical support from an expert health literacy consultant, and financial support through annual mini-grants, hospitals have made changes such as:

- Adopting teach-back as primary education tool for CHF patients
- Including teach-back training in staff orientation sessions
- Expanding internal training across disciplines and formats
- Reviewing and revising patient education materials

Before:



Aft	ter:
faillin	Common Medicines for Heart Failure
	Diuretics (Water Pills)
•	Help your body get rid of excess water or fluids
·	Your body doesn't have to work as hard
	Diuretics: furosemide (Lasix [®]) bumetanide (Bumex [®]) spironolactone (Aldactone [®])

Ask

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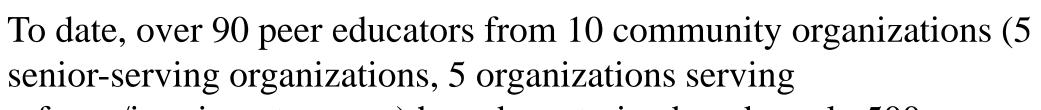
- Engaging providers across continuum of care in health literacy initiatives
- Developing tools for staff and patient engagement
- Improving signage/wayfinding and websites

Consumer Activation

Activation focused on Ask Me 3, a patient education program developed by the National Patient Safety Foundation (NPSF) designed to promote communication between health care consumers and their providers.

Ask Me 3 encourages health care consumers to ask the following questions in encounters with health care providers:

- 1. What is my main problem?
- 2. What do I need to do?
- 3. Why is it important for me to do this?



refugee/immigrant groups) have been trained, and nearly 500 community members have participated in peer educator-led sessions.

Peer educators are highly praised in positive evaluations that indicate knowledge of and intention to use Ask Me 3 techniques in their next healthcare encounter.



Both provider and community trainings have been well-attended and consistently receive positive evaluations. Providers have shared a number of success stories resulting from the implementation of techniques they learned at the training, and outcomes evaluation is currently underway. With many successful health literacy improvements implemented over the last few years, hospitals are beginning to identify and undertake challenging initiatives that require administrative support, such as updating maps and signage and evaluating the effectiveness of teach-back. Peer educators continue to hold sessions and teach Ask Me 3 to other community members. Evaluation to determine whether community members are utilizing Ask Me 3 in their healthcare encounters will commence shortly.

Provider trainings and consumer activation will continue this year. Additional programming includes a quarterly newsletter, networking opportunities, and a webinar series, with topics such as cultural competency and motivational interviewing. Additional areas of focus include providing more opportunities for collaboration between hospital and community partners, spreading the word about health literacy and SEPA-READS, beginning with development of a public website, and exploring potential tools to support peer educators and community members (e.g., Ask Me 3 app).

¹ Health Literacy: A Prescription to End Confusion, Institute of Medicine, 2004. ² Weiss, B.D. Health Literacy and Patient Safety: Help Patients Understand, 2007.





THE HEALTH CARE IMPROVEMENT FOUNDATION Building Partnerships For Better Health Care

Conclusions and Next Steps



Steering Committee Members

Leadership for SEPA-READS comes from HCIF and Thomas Jefferson University & Hospitals (TJUH), both located in Philadelphia, PA. The following individuals comprise the SEPA-**READS Steering Committee:**

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