Implementing Long-standing Health Literacy Interventions at a Community Health Center
NPO Conference, October 17, 2014
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What We Will Cover Today

• What is health literacy?
• Why should NPs care?
• Scope of the problem
• Approach at our community health center
• Resources to prepare you
• Practice makes perfect

Definition: What is 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.”

(Nielsen-Bohlman, Panzer, & Kindig, 2004; US Department of Health and Human Services, 2012)
Why is Health Literacy Important?

- Limited health literacy = poor health
  - Less preventative health services
  - Decreased ability to manage chronic conditions
  - Increased preventable hospital visits/admissions
  - Poor skills in understanding prescription instructions and taking medications
  - Poor skills at interpreting nutritional labels, health messages, and mortality risk
  - Decreased satisfaction with health care
  - Increased health care costs

Scope of the problem?

The Health Literacy of America’s Adults: Results From the 2003 National Assessment of Adult Literacy

Scope: By Coverage Type

(Kutner, Greenberg, Jin & Paulsen, 2006)
Our Approach

- Adopt strategic planning goals that are specific to health literacy
  - Develop health literacy subcommittee
  - Perform health literacy assessment of the clinic’s operations
  - Conduct health literacy staff training
- Leadership investment

Health Literacy Subcommittee

- Health Literacy Subcommittee
  - Evidence suggests forming a team
  - Recruited staff from variety of work groups
  - 15-25 people involved, including 4 patients
  - Clinic supported lunch for our first meeting
  - Clinic agreed to support staff time for core member
- Ownership important for sustainability
  - Subcommittee will drive future interventions

Health Literacy Subcommittee

- First task: Develop a charter
  - Adopted from Greater Oregon Behavioral Health, Inc.
  - Identifies subcommittee as the primary group responsible for literacy interventions at our clinic
  - Specifies that patient representation on the subcommittee is important
Health Literacy Subcommittee

- Develop a clinic policy
  - “Written Materials, Oral Communication, and Clinic Navigation Policy”
- Our policy suggests that...
  - Written materials developed using health literacy best practices and standards
  - Documents reviewed by the subcommittee and patients before circulation
  - Oral communication with patients use universal precautions strategies
  - Staff understand core concepts of health literacy best practices

Universal Precautions

- Adopted from the field of infectious diseases
- Clear communication is the basis for every health information exchange
  - Every patient
  - Every interaction
- We don’t always know which patients have limited health literacy
- Highly educated patients prefer clear communication
  - Plain language is not “dumbing it down”

Health Literacy Best Practices: Oral Communication

- Interaction: make appropriate eye contact, smile, have a welcoming attitude
- Plain language: use common, non-medical words, pick up on the patient’s language, use those words speaking with them
- Slow down: speak clearly, use a moderate pace
- Limit content: prioritize and limit information to 3-5 key points
- Repeat key points: be specific, concrete, and repeat key points
- Patient participation: encourage questions and proactive involvement
- Teach-back: confirm understanding by asking patients to teach back directions
Health Literacy Best Practices: Written Communication

- Simplify content: only include most necessary information
- Chunk information: use clearly defined headings, divisions between sections of information, extra white space
- Sentence structure: use short, simple sentences
- Reading level: 5th-6th grade reading level or below
- Word choice: limit medical jargon and multi-syllable words, define terms
- Graphics: use simple, culturally appropriate images, illustrations or models
- Forms: include check boxes, "I don't know" options, help patients to complete


- Signage: use easy to read and clearly visible signs directing patients to the entrance, waiting room, check in/out, billing department, laboratory, nursing area, exam rooms, and restrooms
- Limit instructional signs: give basic instructions such as "please sign in" or "if you have been waiting more than 20 minutes, please tell the front desk staff"
- Language: use simple, universal words in the language of your patient population
- Graphics: use simple, culturally appropriate and commonly accepted images on signs
- Color and format: color coding, lines, or symbols can also guide patients through the practice area

Resources

Health Literacy Universal Precautions Toolkit
- Tools to Start on the Path to Improvement
- Tools to Improve Communication
- Sample forms and letters


CDC's Plain Language Thesaurus

http://depts.washington.edu/respcare/publicinfo/Plain_Language_Thesaurus_for_Health_Communications.pdf
Resources

Ask Me 3

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

http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/

The Patient Education Materials Assessment Tool (PEMAT):
- An instrument to assess the understandability and actionability of print and audiovisual patient education materials

http://www.ahrq.gov/pemat

Practice Makes Perfect

- AHRQ’s PEMAT Tool
- MAXIMUS’s Plain Language Checklist

“What questions do you have?”


Coleman, C. (2013). Health literacy: Advanced patient-centered communication for all clinic staff. [PowerPoint slides]. Retrieved from X:\OHSU Shared\Restricted\SOM\FM\FAMMED \Richmond\QI Committee\QI Tools\Richmond Health Literacy Didactic 10-4-13.pptx


Greater Oregon Behavioral Health, Inc. (n.d.). Plain language and health literacy policy and procedures. The Dalles, OR.


Reach Out And Read: The Role of Primary Care in the Prevention of Literacy Problems

Madeleine Sanford, FNP
Assistant Professor
OHSU Department of Family Medicine

Learning Objectives

- Summarize the childhood literacy crisis in US
- Describe the Reach Out and Read program
- Identify ways to implement Reach Out and Read in the primary care setting
- Interpret evidence base for Reach Out and Read and similar interventions
- Analyze the Role of Family Medicine and Pediatrics in bridging the literacy gap
- Identify challenges in implementing and maintaining a Reach Out and Read program
- List resources for beginning a Reach Out and Read program in a clinic

And Now, Let the Wild Rumpus Start!
Reach Out and Read-

- National pediatric literacy program, founded 1989
- At every well-child exam age 6 months - 5 years, Primary Care Providers give books to children and literacy advice to their parents
  - Reach most parents and children
  - Have repeated one-on-one contact with families
  - Provide trusted guidance about children’s development
  - May serve as the only source of formalized support for poor families

Reach Out and Read Components:

- Literacy-rich waiting areas, in which volunteers may model reading aloud techniques as children await their appointments
- Medical providers encourage parents to read aloud and offer anticipatory guidance
- At every well-child check, a child aged 6 mos. through 5 years receives a new developmentally-appropriate book to keep
The Childhood Literacy Crisis

- Children in poverty, minority, non-English-Speaking households:
  - Less likely to be read to
  - Less language exposure
  - Lower vocabulary skills
  - Gains in preschool washed out by kindergarten

SES, Race, and Reading Competence

- Children's reading competence is correlated with the home literacy environment, number of books owned, and parent distress.

- Children in high SES home are read to more than twice as often as children in low SES home.
  - Racial disparities in daily reading rates: White: 41%, Asian 26%, Black 23%, Hispanic 21% Native American 18%.

Starting school without early literacy skills puts children at risk for school failure

- 35% of U.S. children enter kindergarten lacking the language skills that are the prerequisites of literacy acquisition

- 33% of 4th graders perform below basic reading levels on national standardized tests for reading

- Disproportionately low SES and minority
  (National Assessment of Educational Progress, 2011)
Reading Difficulties in Low SES Children

% With Reading Difficulties (4th grade)

- <185% poverty level: 55%
- ≥185% poverty level: 24%

National Center for Education Statistics, 2003

Early reading problems persist as children progress through school

Reading Scores in 4th Grade and 12th Grade, US

- 4th Grade (2002)
  - Below Basic Level Reading: 36
  - Basic Level Reading: 33
  - Proficient Level Reading: 34

- 12th Grade (2011)
  - Below Basic Level Reading: 26
  - Basic Level Reading: 39
  - Proficient Level Reading: 33

NCES, 2011 Average reading scale scores, selected percentile scores, and percentage of students at each achievement level, by grade: Selected years, 1992–2011

“Late Bloomers” usually just wilt

- Juel 1988 — tracked 54 children 1st-4th grade
  - the poor first-grade reader almost invariably remains a poor reader by the end of fourth grade

- Francis et al 1996 — tracked 403 students 1st-9th grade
  - low-achieving students (reading scores below 25th %) and reading disabled-discrepant students (reading<<IQ scores) did not catch up

- Shaywitz et al 1999 — extended through 12th grade
  - poor readers in elementary school never caught up
  - little improvement after 6th grade
Consequences of Low Literacy in Adolescence

- Increased rates of:
  - Violent and delinquent behavior
  - Substance abuse
  - Sexually transmitted infections


Low Literacy in Adulthood

- Prevalence: 23% of US adults are functionally illiterate.
  - 49% are only marginally literate
- Poverty (70% of welfare recipients low literacy)
- Poor health outcomes
  - Increased ED, hospitalizations
  - More difficulty with medical instructions and prescriptions
  - Worse overall health, higher mortality
- Interventions that work are intensive and costly


Audio with permission from OPB "Think Out Loud" interview with Sherman Alexie, air date Jan 1, 2013, http://www.opb.org/thinkoutloud/shows/sherman-alexie-talks-about-reading-writing-and-more/
Healthy People 2020 Goal: Increase the proportion of parents who read to their young child

- Goal: Raise from 47.8% to 52.6% (10% increase)
- More than any other developmental period, early childhood sets the stage for:
  - Health literacy
  - Self-discipline
  - Eating habits
  - Conflict negotiation
  - The ability to make good decisions about risky situations

But I’m a healthcare provider, not an educator! Why is this my responsibility?

AAP Policy Statement 2014

The American Academy of Pediatrics (AAP) recommends that pediatric providers promote early literacy development for children beginning in infancy and continuing at least until the age of kindergarten entry by:

1. Advising all parents that reading aloud with young children can enhance parent-child relationships and prepare young minds to learn language and early literacy skills;
2. Counseling all parents about developmentally appropriate shared-reading activities that are enjoyable for children and their parents and offer language-rich exposure to books, pictures, and the written word;
3. Providing developmentally appropriate books given at health supervision visits for all high-risk, low-income young children;
4. Using a robust spectrum of options to support and promote these efforts; and
5. Partnering with other child advocates to influence national messaging and policies that support and promote these key early shared-reading experiences.
7-10% return on investment per $1 per year

Reach Out and Read in the Clinic: The Literacy Rich Waiting Room

- Volunteer readers demonstrate reading aloud techniques
- Displays about books and reading
- Gently used books

Reach Out and Read in the Exam Room: Anticipatory Guidance

Reading Aloud

- Stimulates language development even before a child can talk
- Links books with a parent’s voice/attention
- Promotes a love of books
- Fun for both parent and child
Books Given in the Exam Room

- Before kindergarten, a child receives 10 books
- Books are introduced early in the visit
- Books are integrated into the examination within the context of other anticipatory guidance

6 Month Well Child Visit:
Talk to Your Baby, Read to Your Baby!

18 Month Well Child Check:
Books As an Important Part of Family Life and Routines
Age 5 Well Child Check: 
The Child Who Loves Books is Ready for School

Evidence Base for 
Reach Out and Read

CHANGES IN:  
- Parental attitudes  
- Parental practice  
- Home environment  
- Children's literacy skills

Effectiveness of a Primary Care Intervention to Support Reading Aloud  
Needlman (2005)

- National, controlled, multicenter study of Reach Out and Read  
- Waiting room interviews with 1,647 parents regarding children's literacy orientation  
- Parents who received a book through ROR were 50% more likely to report reading to children, read at bedtime, consider reading favorite activity, and read to their children at least 3 times per week

**Literacy Promotion in Primary Care Pediatrics: Can We Make a Difference?**

(High et al., 2000)

- Evaluated the impact of a clinic-based literacy program, based on the ROR model, on parent-child book sharing
- Prospective study: 205 low-income families
- Measured reading aloud as child’s or parent’s favorite activity, or usually read at bedtime
- 40% increase in experimental group vs 16% in control
- Receptive and expressive vocabulary scores higher in older intervention toddlers
- Significant improvement in vocabulary scores for words in books and for words not in books


**Frequency of Reading Aloud**

(High et. al., 2000)

**Change in Parent-Child Book Sharing**

(High et. al., 2000)
The Impact of a Clinic-Based Literacy Intervention on Language Development in Inner-City Preschool Children (Mendelsohn et al. et al., 2001)

**Intervention group families:**
- Frequency of reading to children was higher
- More children's books in home
- 8.6 point increase in Receptive Vocabulary scores
- 4.3 point increase in Expressive Vocabulary scores
- Dose-dependent: Each contact with Reach Out and Read associated with score increase

Kindergarten Readiness and Performance of Latino Children in Reach Out and Read


- 40 children, families Spanish-speaking immigrants, below poverty level
- Measures: open-ended questions, literacy evaluation
- Results:
  - Good home literacy environments,
  - average or above-average literacy skills by end of kindergarten
  - dose-dependent on ROR exposure

The Role of Clinic Culture in Implementation


- Qualitative study of 7 clinics
- Struggling sites: Poor teamwork, disrespect for families, poor communication
- Successful sites: strong teamwork and community commitment.
  - Integration of ROR tended to occur smoothly.

Summary of Research

- Reach Out and Read significantly and positively influences the literacy environment of children
  - Parents read more to their children
  - Parents and children have more positive attitudes toward reading aloud
- Children participating in Reach Out and Read tend to have increased language development in comparison to non-participating children
- Clinics with strong teamwork and community commitment can implement ROR more easily
Reach Out and Read: the FM Richmond experience

- Started 2011
- >75% of providers trained
- First year: 995 books given at WCCs
- 3 volunteers, twice a week

"There is one boy who has made me believe that this program really does help. When I first worked with him, he wanted to do nothing but look at books, but when I would try to read he would go away... He is still learning how to read, but he has improved. He can read single words and a few sentences. Every time he comes in, I give him a new book and his mom always reads it to him. Its nice to know that parents are willing to take the extra step if people are willing to show them how."

-FM Richmond volunteer Danielle
Reach Out and Read at Richmond: Challenges

- Book supply
- New provider training
- Administration
- Volunteer challenges
- Creating a literacy-rich waiting room

Permission to use photo given by participant's parents

What are the possibilities?

Bringing Reach Out and Read to Your Clinic

- Cost
  - Appx $2.75 / book ($27.50 per child for the 5 years)
  - Funding also available through various means
    - ex. Oregon Pediatric Society Reach Out and Read
- Need provider champions at each clinic
- Training: Need 75% of providers trained (residents don’t count in this requirement but need training, too)
- Administration, storage, etc.
- Volunteer coordination
Listen to the mustn'ts, child.
Listen to the don'ts.
Listen to the shouldn't haves, the impossibles, the won'ts.
Listen to the never haves, then listen close to me.
Anything can happen child.
Anything can be.
- Shel Silverstein, Where the Sidewalk Ends

For more information / Resources

- www.reachoutandread.org
  - Reach Out and Read website
- www.reachoutandreadCOALITION.org
- http://oregonpediatricsociety.org/programs/ops-programs/ror/
  - Oregon Chapter of Reach Out and Read
  - Ellen Stevenson, MD, Medical Director

Acknowledgments

Thanks to
- Perri Klass, MD
  - Reach Out and Read National Medical Director
- Ellen Stevenson, MD
  - Oregon Chapter of Reach Out and Read Medical Director
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