

CQN Texas Asthma QI Project Health Literacy Educational Module

Pre-work



OVERVIEW

The Health Literacy Educational Module will consist of 3 parts:

- This is **Part I** (and the longest!), consisting of three readings, this Powerpoint presentation, a short video clip and choosing an educational handout currently being used in your practice to assess “readability”
- **Part II** will be done “live” at Learning Session 3
- **Part III** will be a brief assessment of this curriculum, with an opportunity to offer your feedback at LS3 and to evaluate this module as part of the overall LS 3 evaluation



GOAL

Increase awareness of providers and their teams of the need to review the use of written instructional materials in their practice, with regard to health literacy, and use of techniques to ensure patient and parent understanding of treatment goals



RATIONALE

Optimal asthma care includes measures related to patient and parent/caregiver education, with regard to strategies to improve the health and well-being of patients with asthma. Parents must be knowledgeable about:

- Child's diagnosis of asthma
- Recognition of signs and symptoms of exacerbation
- How to use an asthma action plan



LEARNING OBJECTIVES

- Describe the relationship between family literacy levels and the ability to comply with provider recommendations for asthma care
- Demonstrate use of simple tools to review existing practice resources for asthma with regard to literacy level
- Define terms such as “plain language” handouts, readability tools, average literacy level, target literacy level
- Address other components of patient education, including numeracy, native language, etc. through resources for clear communication
- Demonstrate competency in “teach back” and other oral language strategies to enhance asthma management patient education



Part 1

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



LEARNING MATERIALS AVAILABLE

- These slides explaining health literacy concepts
- Pre-reading - 3 articles (attached to the email)
- Pre-viewing - AMA video about literacy
- Pre-activity – As a team, choose one of the educational handouts (preferably asthma-related!) currently used in your practice so you can assess **readability** (Note: easier to work with an ***electronic*** copy.)



PRE-READING: TO BE COMPLETED PRIOR TO ATTENDING LEARNING SESSION 3

- 1. Yin, H. S., Johnson, M., Mendelsohn, A. L., Abrams, M. A., Sanders, L. M., & Dreyer, B. P. (2009). The health literacy of parents in the United States: a nationally representative study. *Pediatrics*, 124(Supplement 3), S289-S298.
http://pediatrics.aappublications.org/content/pediatrics/124/Supplement_3/S289.full.pdf,
- 2. DeWalt, D. A., Dilling, M. H., Rosenthal, M. S., & Pignone, M. P. (2007). Low parental literacy is associated with worse asthma care measures in children. *Ambulatory pediatrics : t7*(1), 25-31.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1797805/>
- 3. Shone, L. P., Conn, K. M., Sanders, L., & Halterman, J. S. (2009). The role of parent health literacy among urban children with persistent asthma. *Patient education and counseling*, 75(3), 368-375.
<https://europepmc.org/abstract/med/19233588>



PRE-VIEWING: TO BE VIEWED PRIOR TO ATTENDING LEARNING SESSION 3

AMA Health Literacy Video (4 min 32 seconds)

<https://www.youtube.com/watch?v=BgTuD7I7LG8>



Overview of literacy and health literacy

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



LITERACY LEVELS

- Average in US- According to ed.gov 2013
 - 32 million adults in the U.S. can't read.
 - 15% read at the “full literacy” = university undergraduate level
 - Average reads at 7th to 8th grade level
- Texas has been tied for last place between 2003-2014



USA- Adult Literacy



ProLiteracy

U.S. ADULT LITERACY FACTS

U.S. FACTS

36 Million
More than
adults in the United States cannot read, write,
or do basic math above a third grade level.

68% of programs are struggling with long student waiting lists, and less than 10 percent of adults in need are receiving services.

UNEMPLOYMENT/WORKFORCE

Low literacy costs the U.S.

\$225 Billion

or more each year in non-productivity in the workforce, crime, and loss of tax revenue due to unemployment.³

FAMILY LITERACY

Children whose parents have low literacy levels have a

72%

chance of being at the lowest reading levels themselves. These children are more likely to get poor grades, display behavioral problems, have high absentee rates, repeat school years, or drop out.¹

POVERTY

43%

of adults with the lowest literacy levels live in poverty.²

EDUCATION



ONE IN SIX

young adults—more than 1.2 million—drop out of high school every year.⁴

HEALTH LITERACY

\$232 Billion

a year in health care costs is linked to low adult literacy skills.⁵

ELL(English Language Learners)

2 million immigrants come to the U.S. each year, and about

50%

of them lack high school education and proficient English language skills.⁶

CORRECTIONS

75%

of state prison inmates did not complete high school or can be classified as low literate.⁷

¹ National Bureau of Economic Research (NBER)
² American Journal of Public Health
³ National Council for Adult Learning

⁴ National Center for Education Statistics
⁵ U.S. Department of Justice

⁶ Rand Report: Evaluating the Effectiveness of Correctional Education
⁷ Center for Immigration Studies

Texas Literacy Facts – Feb 2014 Ft. Worth Star Telegram

- Most Texas cities inched up a few pages [in an annual literacy study](#) of the nation's 77 largest cities released by Central Connecticut State University.
- Austin moved up two spots into a tie with Nashville for No. 21, while Dallas jumped 10 spots to No. 37. Plano went up by two to No. 43. Fort Worth climbed by three to No. 49 and Arlington moved up one to No. 63.
- Texas cities also dominated the bottom five of the rankings. San Antonio slid two spots to No. 73. El Paso at No. 74 and Corpus Christi at No. 76 each fell by one spot. Bakersfield, Calif., closed the book at No. 77.

TEXAS LITERACY FACTS – FEB 2014 FT. WORTH STAR TELEGRAM

- Most Texas cities inched up a few pages [in an annual literacy study](#) of the nation's 77 largest cities released by Central Connecticut State University.
- Austin moved up two spots into a tie with Nashville for No. 21, while Dallas jumped 10 spots to No. 37. Plano went up by two to No. 43. Fort Worth climbed by three to No. 49 and Arlington moved up one to No. 63.
- Texas cities also dominated the bottom five of the rankings. San Antonio slid two spots to No. 73. El Paso at No. 74 and Corpus Christi at No. 76 each fell by one spot. Bakersfield, Calif., closed the book at No. 77.



HEALTH LITERACY

- **Definition** from the Affordable Care Act (ACA), Dept. of Health and Human Services (HHS)

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.



COMPONENTS OF HEALTH LITERACY

- Health literacy is dependent on both individual and systemic factors:
 - 1. Communication** skills of lay people and professionals
 - 2. Knowledge** of lay people and professionals of health topics
 - 3. Culture**
 - 4. Demands** of the healthcare and public health **systems**
 - 5. Demands** of the situation/**context**



WHY IS IT IMPORTANT?

- People with *limited or inaccurate knowledge* about the body and the causes of disease may not:
 - *Understand* the relationship between lifestyle factors (such as diet and exercise) and health outcomes
 - *Recognize* when they need to seek care
- Health information can *overwhelm* people with *advanced* literacy skills.
- (Reflection- think of a time you were exhausted with personal illness, illness in a child or in a parent)



HOW DOES CULTURE IMPACT HEALTH LITERACY?

Culture affects:

- *How* people communicate and understand health information
- *How* people think and feel about their health
- *When* and from whom people seek care
- *How* people respond to recommendations for lifestyle change and treatment



REFLECTION

- When have you encountered a cultural variance in an aspect of health care that surprises you?
- How do your own attitudes toward health care differ from those of other family members or your patients?



HEALTH LITERACY AND CONTEXT

Health literacy is dependent on the *demands of the healthcare and public health systems.*

- Individuals need to read, understand, and *complete many kinds of forms* in order to receive treatment and payment reimbursement.
- Individuals need to know about the *various types of health professionals* and services as well as *how to access care.*



OUTCOMES OF HEALTH LITERACY

- Persons with limited health literacy skills have:
 - Higher utilization of treatment services
 - Hospitalization
 - Emergency services
 - Lower utilization of preventive services
 - Higher utilization of treatment services results in higher healthcare costs.



OUTCOMES RELEVANT TO HEALTH LITERACY

- Ability to follow through with recommendations (take meds, follow lifestyle recommendations)
- Navigate the system
- Not require frequent follow up visits, etc.



STRESS AND HEALTH LITERACY

- Health contexts are unusual compared to other contexts because of an underlying stress or fear factor
- Healthcare contexts may involve unique conditions, such as physical or mental impairment due to illness.
- Health situations are often new, unfamiliar, and intimidating (even for us!)



WITTICH ET AL, UNIVERSITY OF ALABAMA BIRMINGHAM

- Health literacy was assessed in pediatric asthma caregivers in a university-based clinic. The provider's perception of caregiver health literacy was also examined.
- Eighty-six percent of the caregivers had adequate health literacy, 4% and 10% had marginal and inadequate health literacy, respectively.
- Health literacy was significantly higher for caregivers who were younger ($p = 0.039$) and had a higher level of education ($p = 0.037$).
- An agreement analysis revealed moderate agreement between provider perception of caregiver's health literacy and measured health literacy .
- The results suggest that medical providers may not accurately assess caregivers' actual health literacy level.



WHAT DO WE KNOW?

- Health literacy is tied to health outcomes
- Health literacy is tied to our own satisfaction with our jobs
- Health literacy is tied to patient and parent satisfaction



SUGGESTED READING

- Yin, H. S., Dreyer, B. P., Vivar, K. L., MacFarland, S., van Schaick, L., & Mendelsohn, A. L. (2012). Perceived barriers to care and attitudes towards shared decision-making among low socioeconomic status parents: role of health literacy. *Academic pediatrics*, 12(2), 117-122 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3747780/>
- Morrison, A. K., Myrvik, M. P., Brousseau, D. C., Hoffmann, R. G., & Stanley, R. M. (2013). The relationship between parent health literacy and pediatric emergency department utilization: a systematic review. *Academic pediatrics*, 13(5), 421-429. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3808118/>
- Paasche-Orlow, M. K., Riekert, K. A., Bilderback, A., Chanmugam, A., Hill, P., Rand, C. S., ... & Krishnan, J. A. (2005). Tailored education may reduce health literacy disparities in asthma self-management. *American journal of respiratory and critical care medicine*, 172(8), 980-986. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2718412/>



NEXT : PART 2

- In the week prior to LS 3, Part 2 PowerPoint slides will be emailed to you
- Prepare for Part 2 by choosing, as a team, a patient handout in current use in your practice (electronic version, if possible) OR one you plan to adopt
- Experiment with using the online free “automatic readability checker” at <http://www.readabilityformulas.com/free-readability-formula-tests.php> by pasting an electronic copy of one of your educational handouts (doesn't have to be asthma related but, of course, that's highly recommended!), to be assessed for “readability.”
- Be prepared to discuss your reflections on your experiences with health literacy at Learning Session 3



QUESTIONS?

Email Laura Ferguson at
leferguson1957@gmail.com

