

## Health Literacy in Daily Clinical Practice

Million Hearts Learning Collaborative  
March 15, 2023

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DC | **HEALTH**

**Monica Casanas & Leah Varga**  
*Living Well DC*

# A Health Literacy Learning Support Portal for Practice Change | [livingwell \(dc.gov\)](https://livingwell.dc.gov)

**LIVING**  
WELL DC

Search...



A HEALTHY YOU   FOR RESIDENTS   FOR COMMUNITY-BASED ORGANIZATIONS   FOR HEALTH PROVIDERS

## HERE TO HELP

The health of DC residents is important. This Living Well DC portal provides residents with information and tips on how to live a long and healthy life.

### Mission Statement

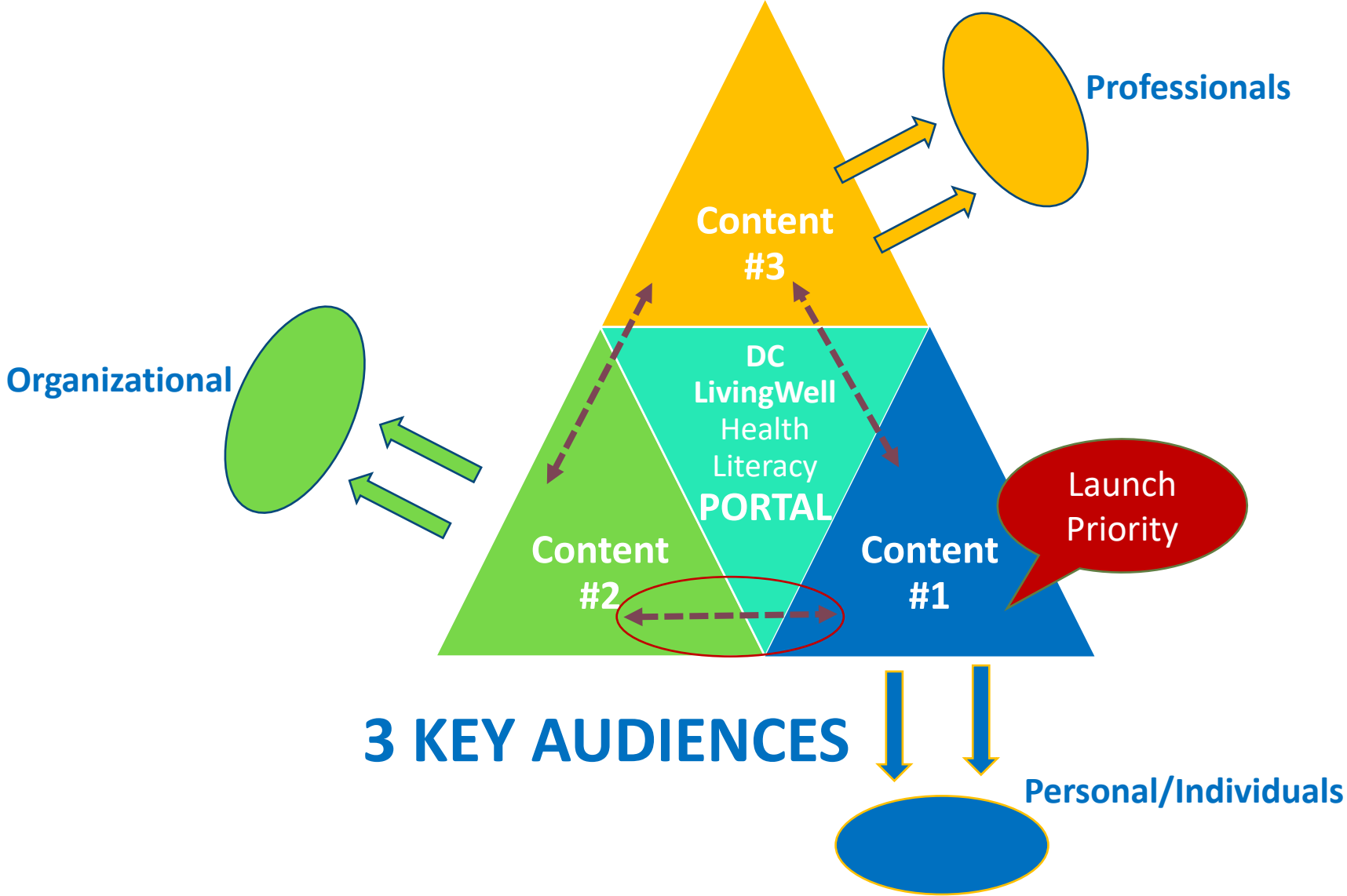
The health of DC residents is important. Everyone in the District has a stake in ensuring residents have the information and tools necessary to live healthy lives. All sectors can ensure access to health tools by collectively working together to share information that is easy to understand and follow. DC Health has created and designed this portal for DC residents, Health Professionals and Community-Based Organizations as a District wide tool to improve the health outcomes of the DC community. DC Health works collaboratively with community stakeholders to be the healthiest city in America.

For Residents

For Community-  
Based  
Organizations

For Health  
Providers

# INTEGRATED TRI-FOCAL HEALTH LITERACY PORTAL:



## Using Structured Communication to Support Health Literacy in Daily Clinical Practice

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<b>Faculty</b>	Elizabeth Wolff, MD, MPA CME Reviewer	Kristina Ramos-Callan Presenter	Suzanne Daub, LCSW Presenter	Latrice Hughes, MPH Facilitator
<b>Company</b>	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures
<b>Nature of relationship</b>	N/A	N/A	N/A	N/A

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- **Welcome and Introductions**
  - Living Well DC – Health Literacy Supports (DC Health)
- **Using Structured Communication to Support Health Literacy in Daily Clinical Practice**
  - Health Literacy and Health Outcomes
  - Strategies to Reinforce Health Literacy
    - *Improving Standard Communication*
    - *Using Structured Communication*
- **Change Talk: Structured Communication to Assess and Address Patient Health and Wellbeing**



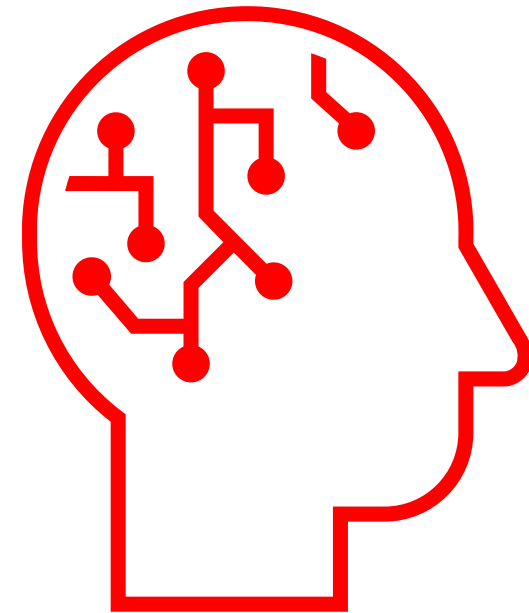


- ❑ **Define Personal and Organizational Health Literacy**
- ❑ **Describe impact of social determinants of health on patients' health literacy and implications for self-management**
- ❑ **Identify structured communication techniques that support patients' health literacy**
- ❑ **Define Change Talk and Sustain Talk in patient encounters**
- ❑ **Practice use of Change Talk to support health literacy**

- **Health Literacy** is the ability to obtain, process, understand basic health information and services; make appropriate health care decisions (act on information); and access/navigate health care system.
  
- **Structured Communication** is the framing of conversation or exchange of information to ensure understanding and facilitate collaboration, e.g., SBAR, Ask Me 3, Teach Back, Motivational Interviewing, and Change Talk
  
- **Motivational Interviewing** is a goal-oriented communication method that pays special attention to the language of change
  - **Change Talk** is language that conveys desire, ability, reason, and need to change behavior
  - **Sustain Talk** is language that makes or supports an argument against behavior change

## Healthy People 2010 definition of health literacy:

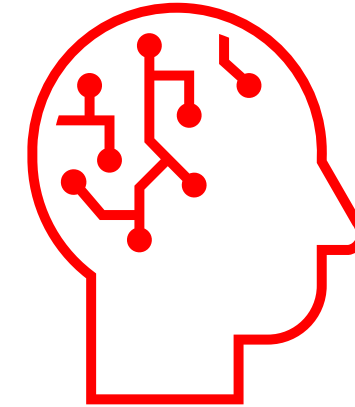
The degree to which **individuals** have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.



[Source: Health Literacy in Healthy People 2030 - Healthy People 2030 | health.gov](https://www.health.gov/our-initiatives/healthy-people-2030/health-literacy)

## Healthy People 2030 definitions

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



.....

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



[Source: Health Literacy in Healthy People 2030 - Healthy People 2030 | health.gov](https://www.health.gov/our-initiatives/healthy-people-2030/health-literacy)

## Patients with poor **literacy** and/or **numeracy** may struggle to

- Calculate medication dosing and timing, scales
- Interpret medication labels and instructions
- Interpret food labels
- Understand ratios
- Understand charts
- Use standards/targets to make informed decisions

Adapted from: Watts, Sharon A. DNP, FNP-BC, CDE; Stevenson, Carl BSN, RN; Adams, Margaret MA, ARNP, CCNS/BC-ADM, CDE. Improving health literacy in patients with diabetes. Nursing 47(1):p 24-31, January 2017. | DOI: 10.1097/01.NURSE.0000510739.60928.a9



Photo credit: Centers for Disease Control and Prevention

## Red Flags for Low Literacy

- Often misses appointments
- Incomplete forms
- Poor medication adherence
- Poor understanding of medication, purpose, and dose
- Identifies medication by color/shape rather than reading labels
- Unable to give medical history in sequence
- Does not ask many questions
- Poor follow-through on tests, referrals

## **Health literacy is contextual.**

New definitions for health literacy acknowledge that personal health literacy is contextual, and that producers of health information and services have a role in improving health literacy.

[Health Literacy in Healthy People 2030 - Healthy People 2030 | health.gov](#)

## **Social and Economic Drivers of Health affect Personal Health Literacy**

- Limited Education
- Language access and language proficiency
- Learning differences
- Cognitive impairments
- Other health conditions

**Adapted from:** Schillinger, Dean. "Social determinants, health literacy, and disparities: intersections and controversies." *HLRP: Health Literacy Research and Practice* 5, no. 3 (2021): e234-e243.

## Create and use simple tools to support patients, e.g. “All About Your Medication”

- Identifies the most important information
- Shows common features across different ways of presenting the same information
- Translate jargon

The diagram illustrates a sample prescription form with four callout bubbles highlighting key information:

- When to take your medication & how much to take:** 1 CAPSULA EVERY WEEK
- Warnings & alerts:** IMPORTANT FINISH ALL THIS MEDICATION UNLESS OTHERWISE DIRECTED BY PRESCRIBER. This medicine may be taken with or without food. May cause diarrhea during treatment if it persists or becomes severe, tell your doctor or pharmacist. Persistent diarrhea due to antibiotics may rarely occur weeks to months after using antibiotics. If this occurs, notify your doctor or pharmacist promptly.
- Name & Dosage:** CHRIS TEST, AMOXICILLIN 500 MG CAPSULE
- Refills: how many times you can get your medication before you need to get a new prescription:** No Refills

Source: “All About Your Medication-Simplified” - Mary’s Center



## Improve Standard Verbal and Written Communications

- Reduce jargon and use plain language – is it an upper extremity or an arm?
- Check written material against health literacy guidelines
  - [Clear Communication](#) (National Institutes of Health)
  - [PlainLanguage.gov](#) (General Services Administration)
  - [What Did My Doctor Say?](#) (Medical Library Association)

## Use Structured Communication

### **Clinician to Clinician:**

**SBAR: Situation – Background – Assessment – Recommendation**

**IPASS: Illness severity – Patient summary – Action list – Situation awareness and contingency planning – Synthesis by receiver**

## ASK ME 3

Every time you talk with a health care provider

### ASK THESE 3 QUESTIONS

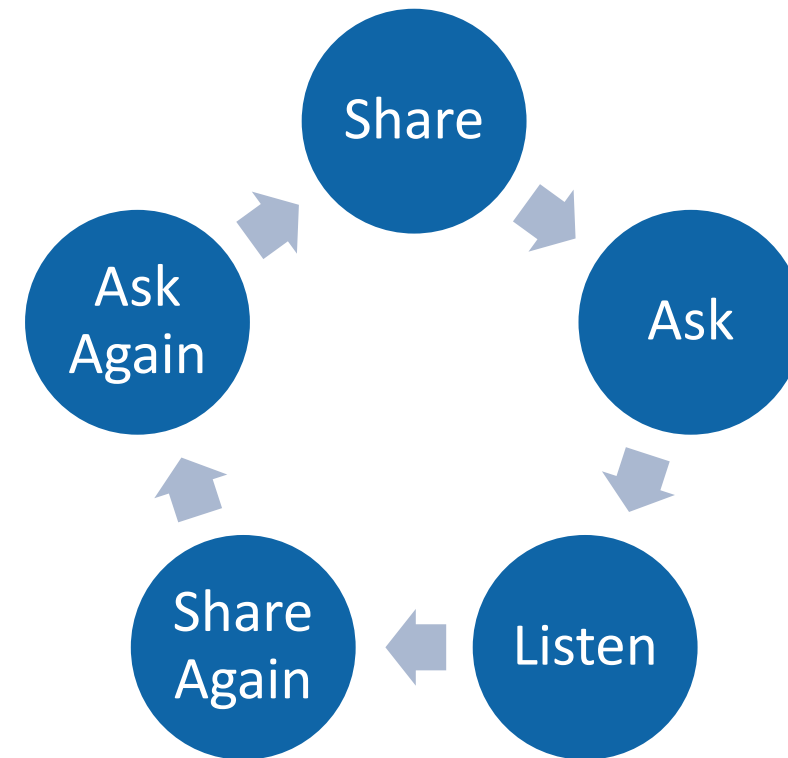
- 1**  
What is my main problem?
- 2**  
What do I need to do?
- 3**  
Why is it important for me to do this?

**Ask Me3**  
Good Questions for Your Good Health

**Institute for Healthcare Improvement** [ihi.org/AskMe3](http://ihi.org/AskMe3)

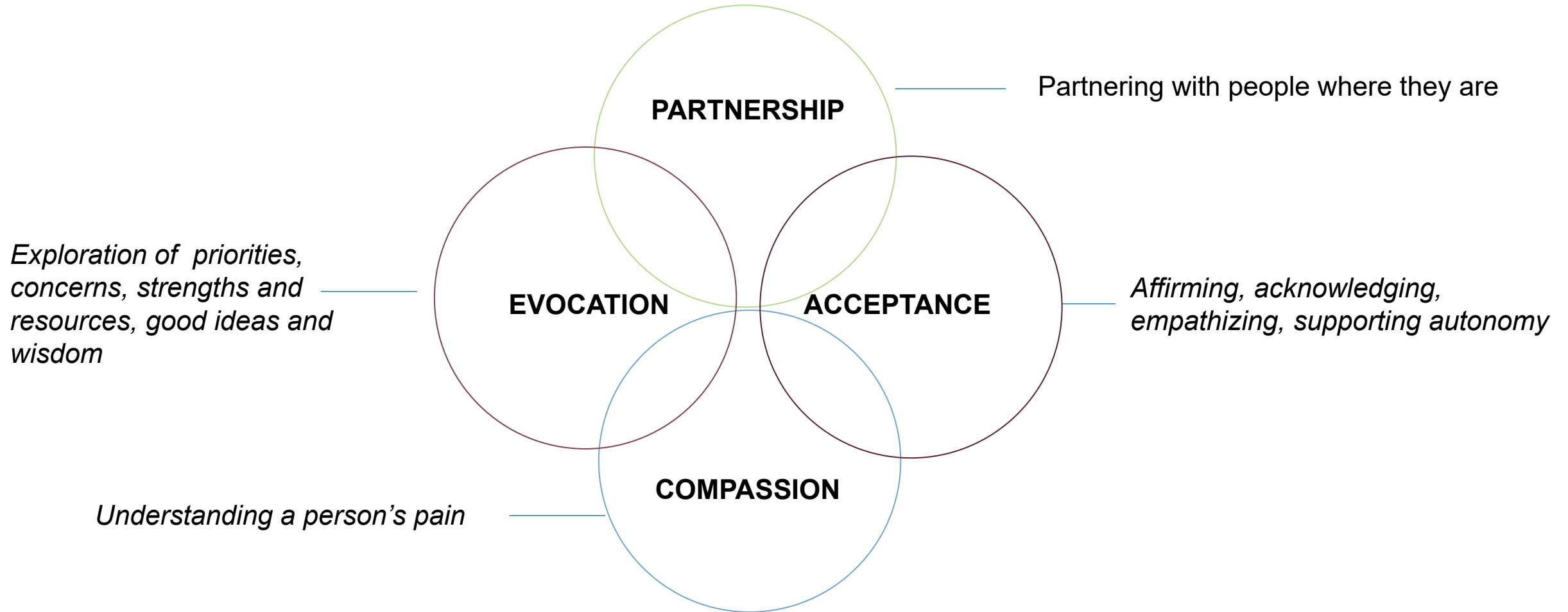
Ask Me 3 is a registered trademark licensed to the Institute for Healthcare Improvement. IHI makes Ask Me 3 materials available for distribution. Use of Ask Me 3 materials does not mean that the distributing organization is affiliated with or endorsed by IHI.

## TEACH BACK

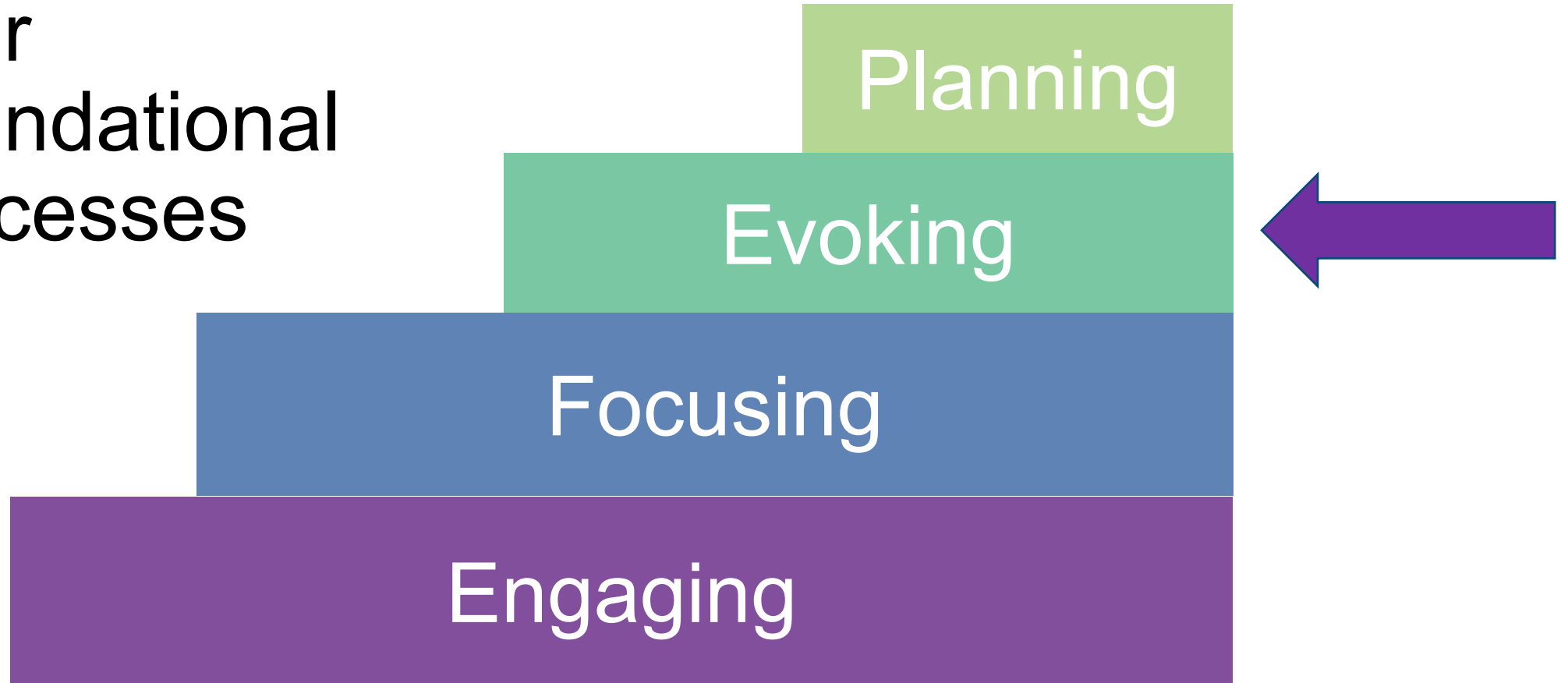


Graphic adapted from Agency for Healthcare Research and Quality (2017). *Guide to Patient and Family Engagement in Primary Care. Teach-Back: A Guide for Staff.* <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfepriarycare/teach-back-guideforstaff.pdf>

Source: Institute for Health Care Improvement: [www.ihi.org/AskMe3](http://www.ihi.org/AskMe3)



# Four Foundational Processes





- **O**pen-ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

# Change Talk



**I need to** start walking to improve my health

**I think I can** try walking with my friends

**I will** quit smoking before my 40<sup>th</sup> birthday

**I will** call for transportation to my appointment right now

**I was able to** go three days without smoking last week

You and my girlfriend are making such a big deal about this, I am fine

I don't want to give up smoking. It helps me manage my stress

I know it's bad for me, but it really lifts my mood

I already tried drinking water, it didn't work for me





- Using the evoking process keeps the person moving forward towards change instead of thinking in circles

- “I’ve tried to quit smoking more times than I can remember, but I want to keep trying”
  - **Change Talk**
- I’m tired of everyone breathing down my back about this crap. I’m not stupid. I know what I’m doing.”
  - **Sustain Talk**
- “Yea, I admit, I drink more than I should sometimes.”
  - **Change Talk**
- “Being overweight is no big deal. Everyone struggles with it.”
  - **Sustain Talk**
- “I’m not drinking enough to cause any problems with my health.”
  - **Sustain Talk**
- “I should quit for my children.”
  - **Change Talk**
- I take my medication sometimes, but not all of the time.”
  - **Change Talk**
- “I want to quit, but how am I going to cope with cravings?”
  - **Change Talk**

Types of change talk that express motivations for change without stating specific intent or commitment to do it.

## Listen for expressions of

**D**  
**A**  
**R**  
**N**

Desire to change  
“I **would like** to stick to my medication regimen”

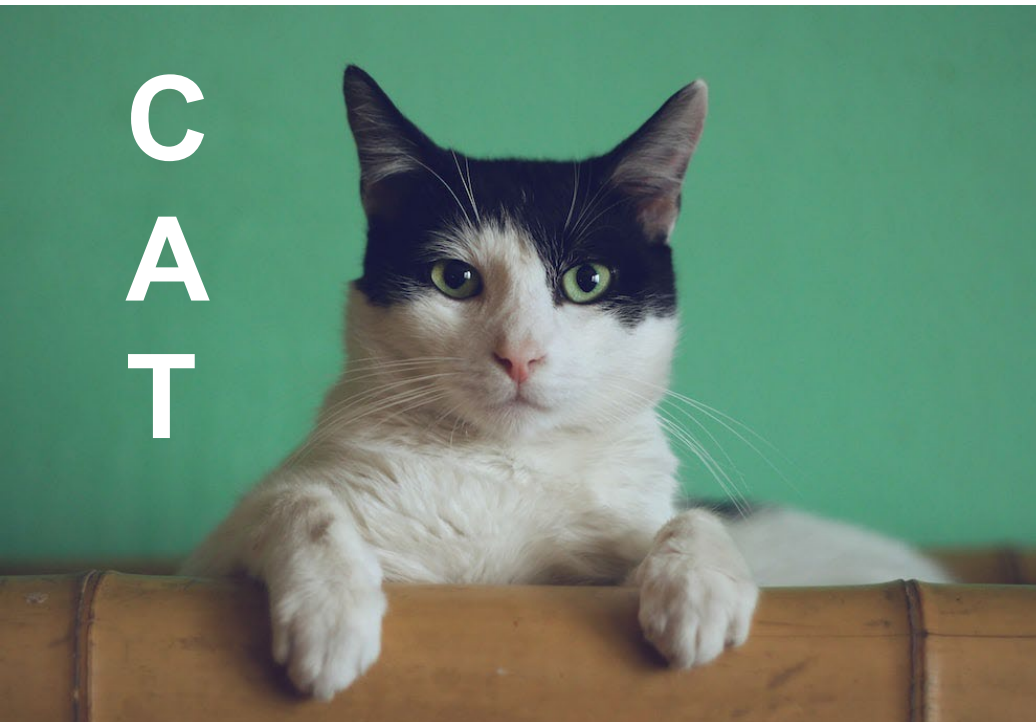
Ability to change  
“I **could** quit drinking”

Reason to change  
“If I stop smoking, I **will stop** putting family members’ health at risk”

Need to change  
“I **can’t** keep using oxy”

Types of change talk that express **intention to change**

## Listen for



Commitment language

“I am going to quit smoking”

Action (current movement)

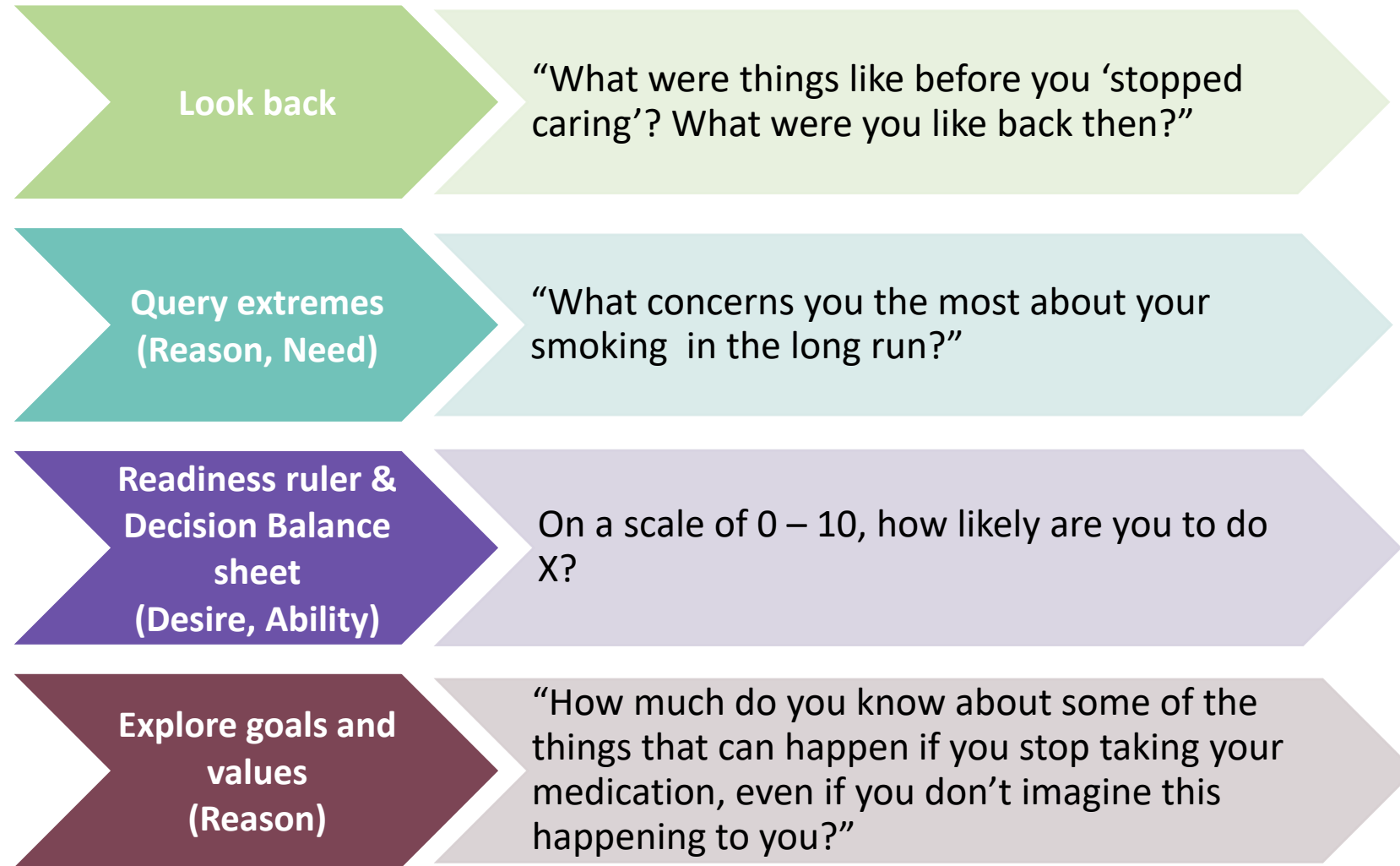
“I am **planning** to cut back on my marijuana use”

Taking steps toward change

“I **got rid** of all the alcohol from my house this week”

Photo Source: Manja Vitolic via [Unsplash](https://unsplash.com/photos/Manja-Vitolic)







*"I don't want to change my diet. I've always enjoyed eating fatty and greasy foods. I don't want to give up on the things I love just because I had a heart attack. I mean, I love my family and all, but it's not like I'm going to have another one anytime soon. Plus, I'm too old to start exercising now. I don't want to strain my heart anymore. I'll just take my medication and hope for the best."*

- ✓ Identify the **change talk** and put it into chat
- ✓ Identify the **sustain talk** and put it into chat



*"I know I need to start exercising to improve my health. I've been feeling tired and sluggish lately, and I think exercise could help me feel better. Plus, I want to set a good example for my kids and be able to keep up with them. I think if I make exercise a part of my routine, I'll start to enjoy it and feel more motivated to continue."*

Here's the formula: Identify the change talk + affirmation + Open ended question

1. Identify the change talk
2. Create an **affirmation** that you can use to build on the patient's strengths
3. Develop an evocative **open-ended question** you could use to build on change talk

*"I know smoking is bad for my health, and I want to quit for good. I'm tired of feeling out of breath and coughing all the time. I want to be able to keep up with my grandkids and live a longer, healthier life. I'm going to talk to my doctor about quit smoking aids and find a support group to help me through the process. I know it's not going to be easy, but I'm committed to quitting and making positive changes in my life."*

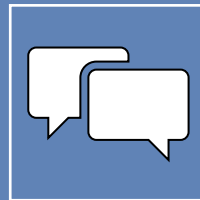
Here's the formula: Identify the change talk + reflection + open ended question

1. Identify the change talk
2. Create a **reflection** that will build trust with this person
3. Develop an evocative **open-ended question** you could use to build on change talk

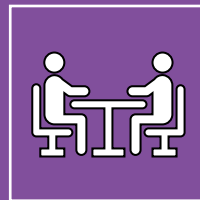
# Summary



Organizational health literacy is improved by reducing jargon, using plain language, and structured communication like Motivational Interviewing and Change Talk to assess and support patients' health literacy



Recognizing Change Talk and Sustain Talk can help clinicians assess and understand patients' readiness for behaviors change and arguments against change



Respond to a patient's sustain talk by asking evocative questions, looking forward/back, querying extremes, using the readiness ruler, and exploring goals and values

**1. To what extent did the session meet the stated objectives?**

*(1 - not at all to 5 - met all objectives)*

- i. Define Personal and Organizational Health Literacy
- ii. Recognize impact of social determinants of health on patients' health literacy and implications for self-management
- iii. Identify structured communication techniques that support patients' health literacy
- iv. Define Change Talk and Sustain Talk in patient encounters
- v. Practice use of Change Talk to support health literacy

**2. How confident do you feel to identify sustain talk and evoke change talk following this session?**

*(1- not at all confident, to 5 – very confident)*

**3. How would you rate the session overall?**

*(1 - poor to 5 - excellent)*

We are here to help you !

- ✓ For 1:1 site specific coaching, contact an HMA team member.
- ✓ To access previously recorded sessions and tools, visit <https://livingwell.dc.gov/page/million-hearts-providers> or see the technical assistance inventory document sent via email.



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