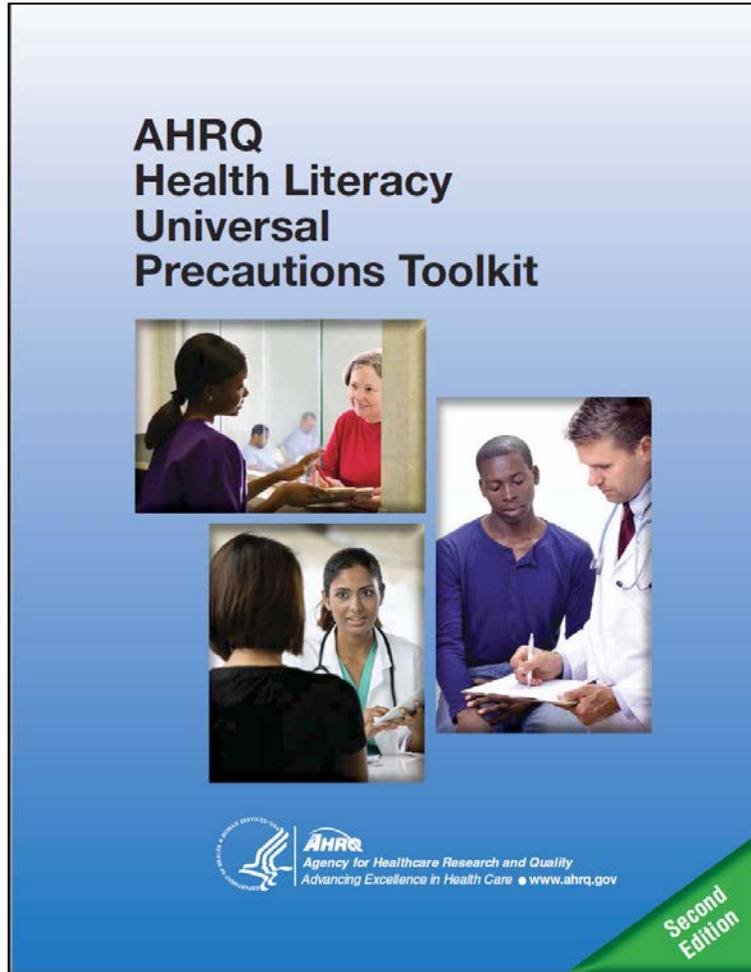


The AHRQ Health Literacy Universal Precautions Toolkit: Addressing Health Literacy through Organizational Change

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Overview

- Background Information About Health Literacy
- Role of Health Care Organizations in Addressing Health Literacy
- AHRQ Health Literacy Universal Precautions Toolkit
- Illustration



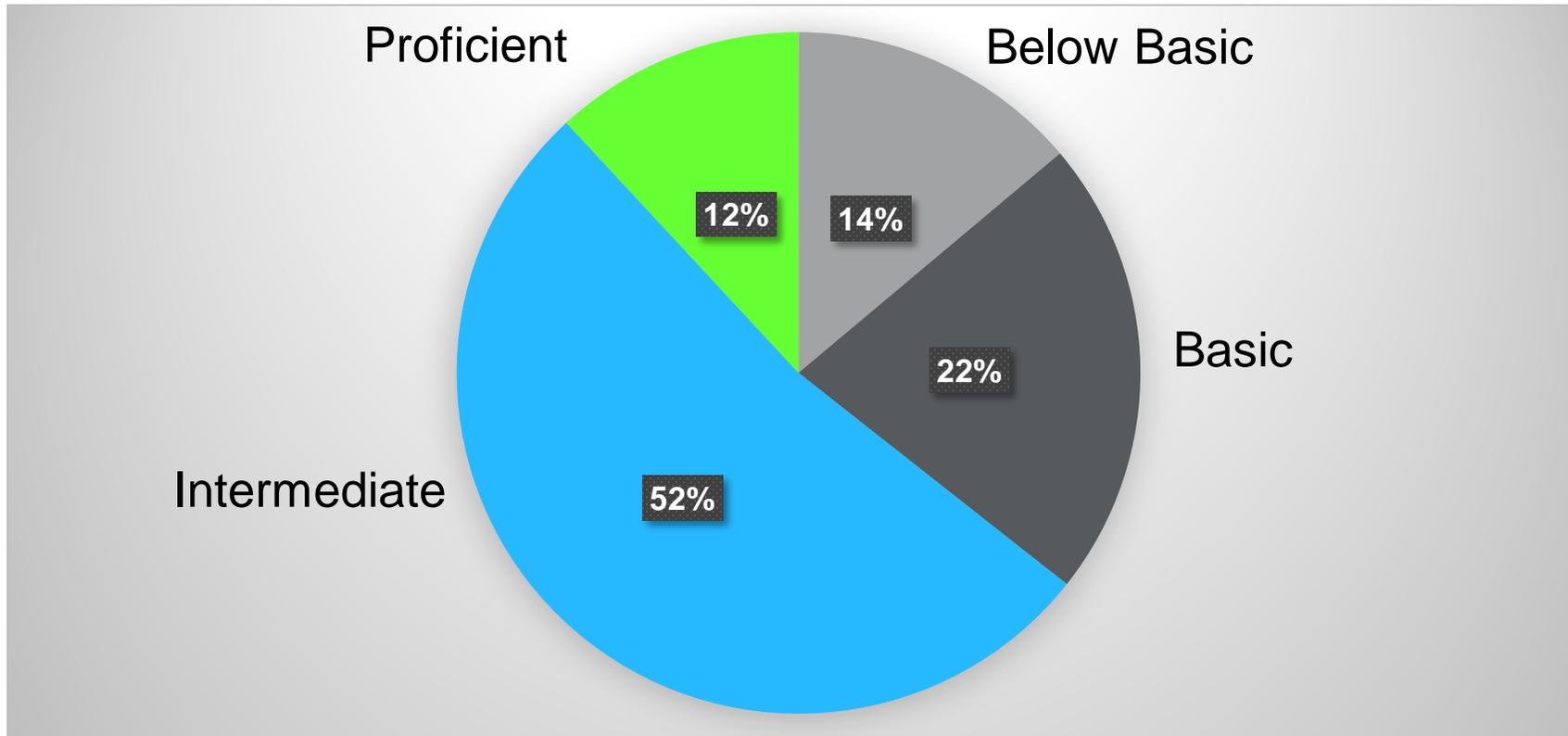
Background Information

Health Literacy

- “the degree to which people have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Ratzan & Parker, 2000)
- Skills Considered Key Components of Health Literacy
 - Reading/writing
 - Numeracy
 - Verbal skills (speaking & listening)

Prevalence of Limited Health Literacy

36% of U.S. adults have significant limitations



Ability to understand and use of health information can be compromised in times of stress or anxiety.

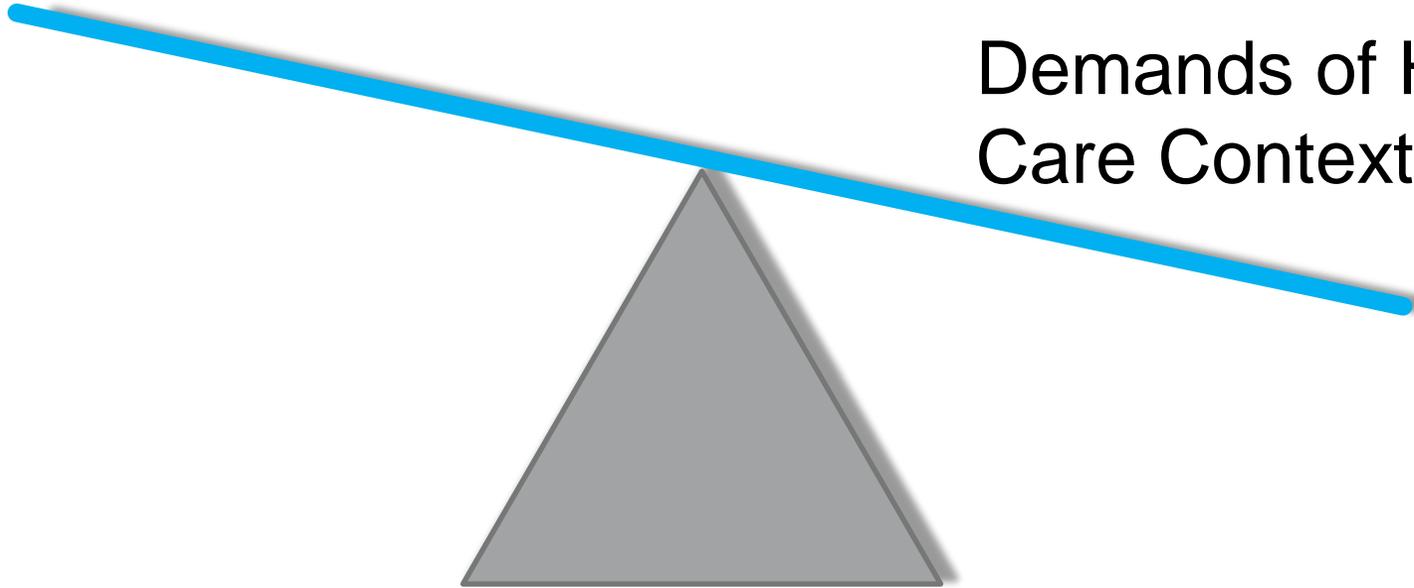
Implications of Limited Health Literacy

- Poor disease knowledge
- Less optimal health attitudes
- Poor skills and behaviors
 - Medication management
 - Comprehension of written labels and instructions
 - Lower rate of mammography and flu vaccination
- Worse outcomes
 - Increased use of hospital and emergency room care
 - Lower health status
 - Higher all-cause mortality rates
 - Biometric measures (e.g., glycemic control)

Imbalance Between Skills & Demands

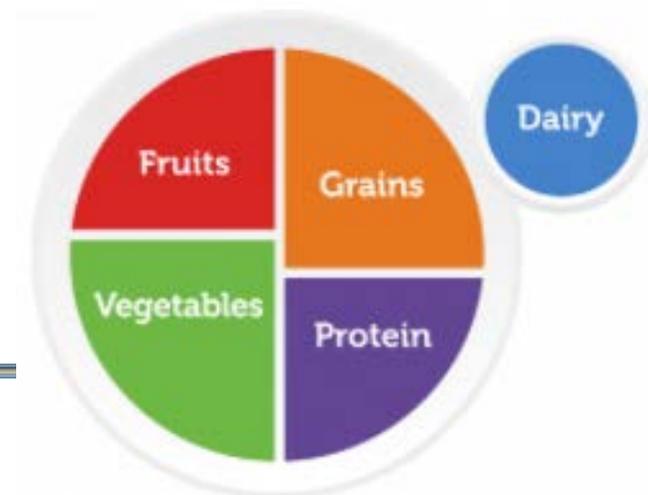
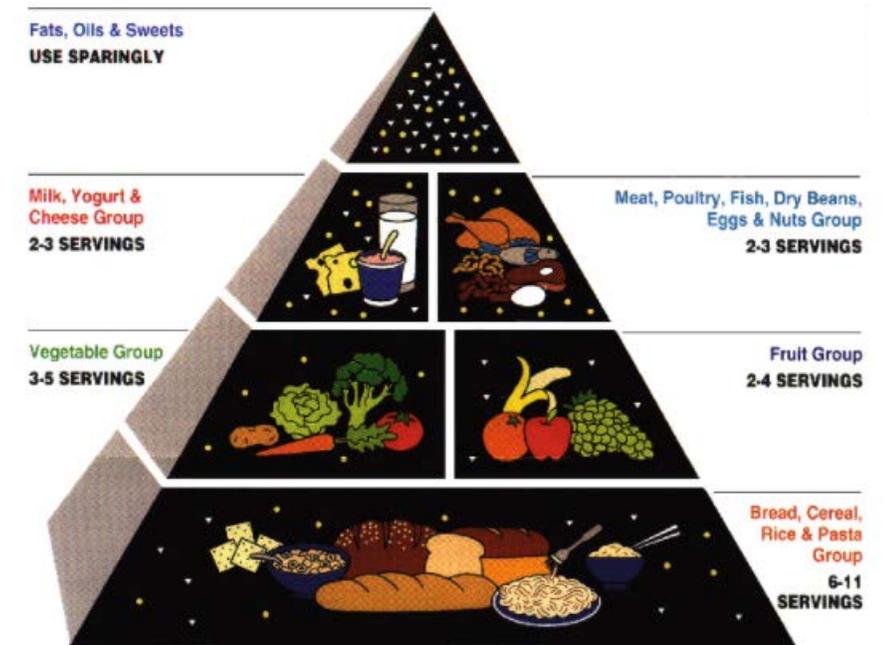
Patient's Health
Literacy Skills

Demands of Health
Care Context



Demands of the Health Care System

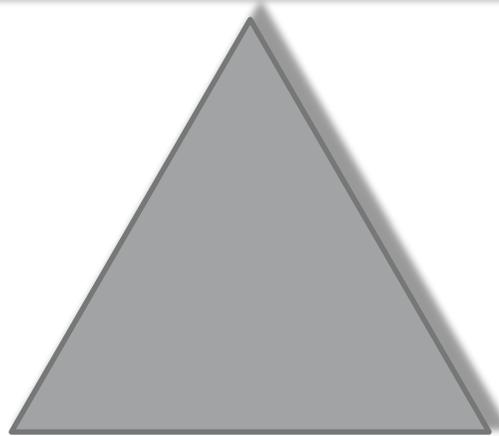
- Quality of our Communications
 - Written
 - Verbal
- Difficulty Associated with Navigation
 - Physical environment
 - Phone system, website, patient portal, etc.
 - Health care system – Appointments, referrals, etc.
- Complexity of Tasks



Bring Skills & Demands Into Balance

Patient's Health
Literacy Skills

Demands of Health
Care Context

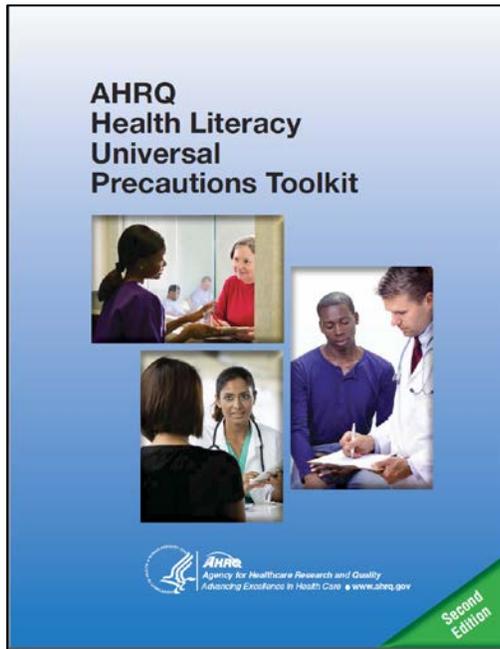




Role of Health Care Organizations in Addressing Health Literacy

Organizational Health Literacy

- implement system-wide policies, practices, and structures to “make it easier for people to navigate, understand, and use information and services to take care of their health”



The AHRQ Health Literacy Universal Precautions Toolkit

AHRQ Health Literacy Universal Precautions Toolkit

- AHRQ funded development, testing, and revision of the Toolkit
- Goal: To provide health care organizations with guidance on how to become more health literate
 - Reduced demands so patient will be better able to understand and use health information to take care of themselves
- Second Edition

Features of the Toolkit

- 21 tools
- 18 tools in 4 domains important to addressing health literacy
 - Spoken Communication
 - Written Communication
 - Self-Management and Empowerment
 - Supportive Systems
- 3 tools to help organizations get started with health literacy efforts
 - *Form a Team, Create a Quality Improvement Plan, Raise Awareness*



Tools to Improve Spoken Communication

Tool 4: Communicate Clearly	16
Tool 5: Use the Teach-Back Method	18
Tool 6: Follow Up with Patients	21
Tool 7: Improve Telephone Access	23
Tool 8: Conduct Brown Bag Medicine Reviews	26
Tool 9: Address Language Differences	29
Tool 10: Consider Culture, Customs, and Beliefs	32



Tools to Improve Written Communication

Tool 11: Assess, Select, and Create Easy-to-Understand Materials	35
Tool 12: Use Health Education Material Effectively	39
Tool 13: Welcome Patients: Helpful Attitude, Signs, and More	42



Tools to Improve Self-Management and Empowerment

Tool 14: Encourage Questions	45
Tool 15: Make Action Plans.....	48
Tool 16: Help Patients Remember How and When to Take Their Medicine	51
Tool 17: Get Patient Feedback	53



Tools to Improve Supportive Systems

Tool 18: Link Patients to Non-Medical Support.....	58
Tool 19: Direct Patients to Medicine Resources	61
Tool 20: Connect Patients with Literacy and Math Resources.....	64
Tool 21: Make Referrals Easy	66

Illustration

Implementing Tool 18

Link patients to Non-Medical Support

COVID-19 & Non-Medical Needs

- The pandemic has caused great disruption to people's lives
 - Lost jobs or experienced reduced hours
 - Lost income
 - Lost health insurance
 - Lost housing or faced eviction
 - Faced food insecurity
 - Isolation – reduced social support (transportation, manage meds)
- Impact of stress and anxiety on health literacy – additional support may be needed

Tool 18: Link Patients to Non-Medical Support

- Goal: Help health care organizations identify and address patients' non-medical needs (“social needs”)
 - Employment, income, health insurance, housing, food insecurity, transportation
 - These needs may interfere with management of one's health care
 - Also have implications for health (e.g., depression & anxiety)
 - Need to address these needs to give patients the best chance to live a healthy life

Are you wondering what this has to do with health literacy?

- Limited health literacy is associated with lower levels of income
- Patients with more limited income are likely to experience limited health literacy and more social needs
- In addressing social needs, you're giving a “leg up” to patients with more limited health literacy
 - Making it easier for them to manage their health & their health care

Building a Foundation for Health Literacy Work

- Tool 1 – Form a Health Literacy Team
 - Forming a team to develop and oversee implementation
 - Team leader, champions, provider/staff representation, patients/caregivers
 - Meetings, roles, reporting
- Tool 2 – Create a Health Literacy Improvement Plan
 - Identify opportunities for improvement – assessment tool
 - Set goals and develop an action plan
 - Prepare for implementation and get started
 - Measurement: How will you know whether your plan worked
- Tool 3 – Raise Awareness
 - Educating providers/staff, getting buy in
 - Making providers and staff aware of the plan and why it's important

Building Your Tool 18 Action Plan

- Decide how to assess patients' needs
 - Less formal: ask patients what makes things make it hard to take care of themselves
 - More formal: Assessment Form (CMS Accountable Health Communities Health-Related Social Needs Screening Tool)
 - Toolkit is not prescriptive
- Decide who will collect this information?
- Develop a process for documenting needs in the medical record
 - Are there ways this can trigger follow up?

Building Your Tool 18 Action Plan (cont.)

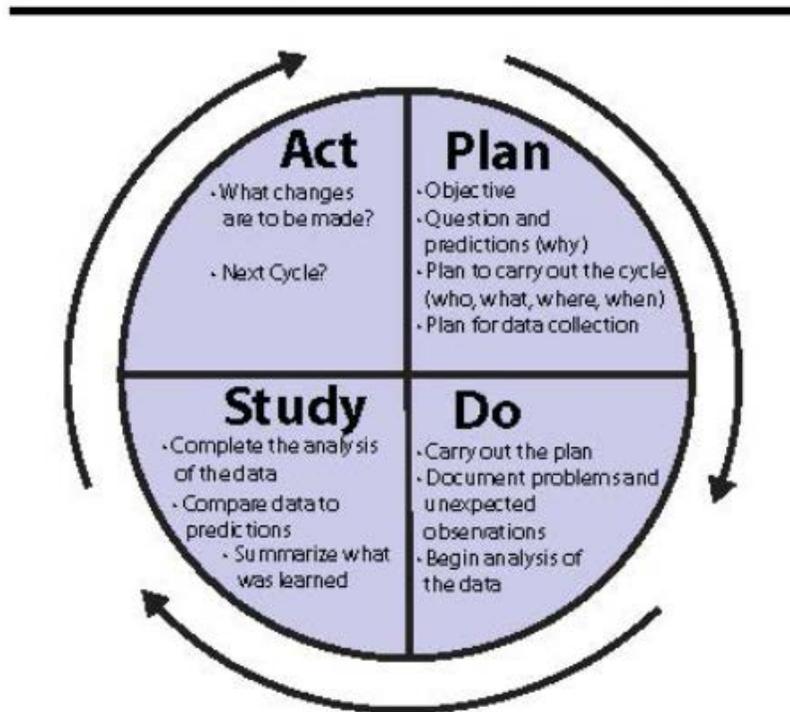
- Develop a list of community resources
 - Locate relevant resources, develop process for keeping information organized and up to date
- Develop a process for referring patients to relevant resources
 - Community Referral Form, help them make those connections
- Develop a process for following up
 - How are we going to know if patients complete the referrals
 - Document in medical record

Building Your Tool 18 Action Plan (cont.)

- Tracking Your Progress
 - Test whether resource list is accurate
 - Confirm that social needs assessment is being done and documented and that relevant referrals are made
 - Confirm and track completion of referrals
 - Repeat social needs assessments – have needs been addressed

Addressing Health Literacy from a Quality Improvement Perspective

The PDSA Cycle for Learning and Improving



Plan

What change do we want to make?
How will we do that?
What do we expect to happen?
What should we measure?

Do

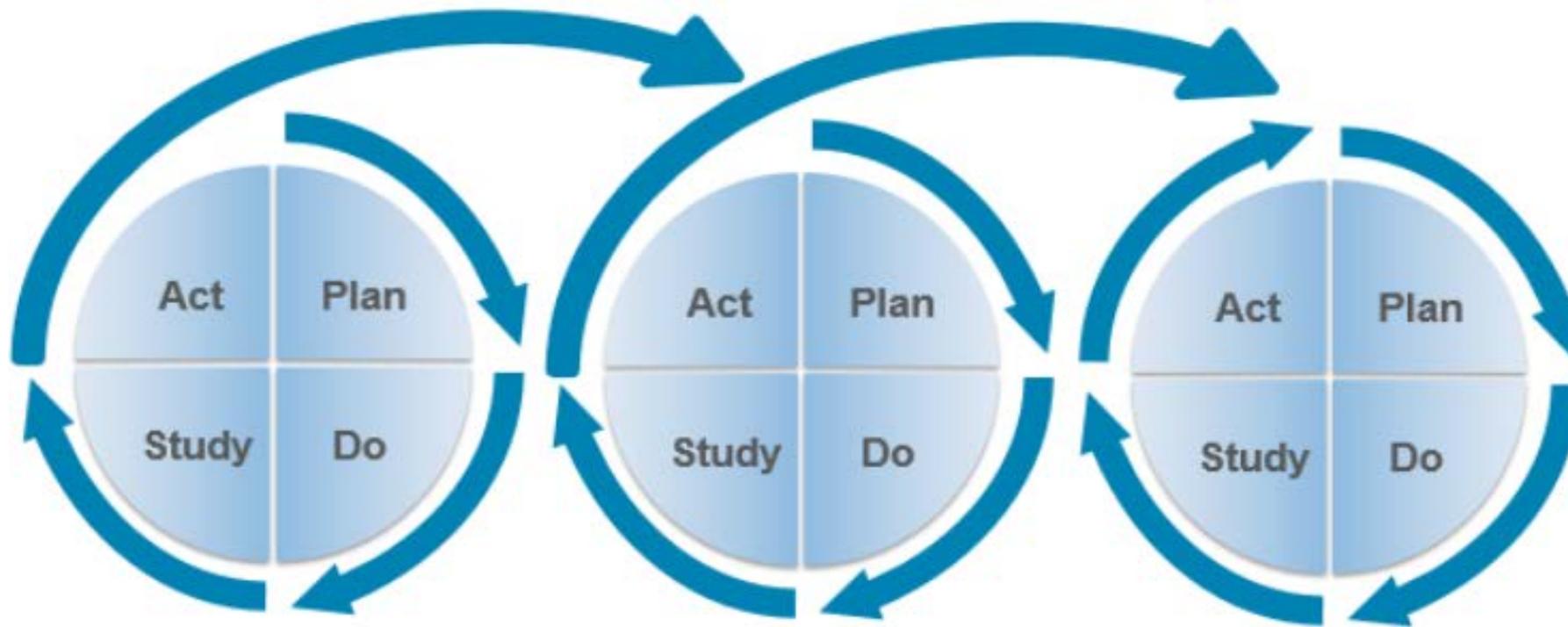
Implement plan and collect data

Study

Analyze data, assess impact

Act

What can we change to improve?



- Some resources don't provide the services you thought
- Social needs are not being assessed or documented
- Referrals are not being made
- Referrals are not being completed
- Etc.



Rinse... Repeat



What questions do you have?

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Toolkit:

<https://www.ahrq.gov/health-literacy/improve/precautions/index.html>