



Center for American Indian and Alaska Native Diabetes Translation Research

Health Literacy and Diabetes Management

Addressing Health Literacy in Native- serving Health Care Settings

Presented by:

Angela Brega, PhD, and CDR Joyce Oberly, MPH

June 13, 2023

Housekeeping

- Welcome and thank you for joining us
- Please remain on mute, add questions to the chat
- Complete survey at the end of the webinar
- [CAIANDTR eNewsletter](#)
 - Crowdsourcing opportunity
- Pilot grant program: Request for applications
- Upcoming seminar

Leadership Seminar: Resolving Conflict in Academic Research & Team-Based Science

Tuesday, July 25, 2023, 12pm-3pm (MT)

- Understand the five modes of conflict resolution and your preferred mode for handling most conflict.
- Explore the benefits, costs and what it looks like when you over or under use each style.



Facilitated by:
Debbie Lammers
*Assistant Vice Chancellor
Learning and Development
University of Colorado*

Presenters



Angela Brega, PhD

Associate Professor, Centers for American Indian & Alaska Native Health, Colorado School of Public Health
Co-Director, Center for American Indian & Alaska Native Diabetes Translation Research



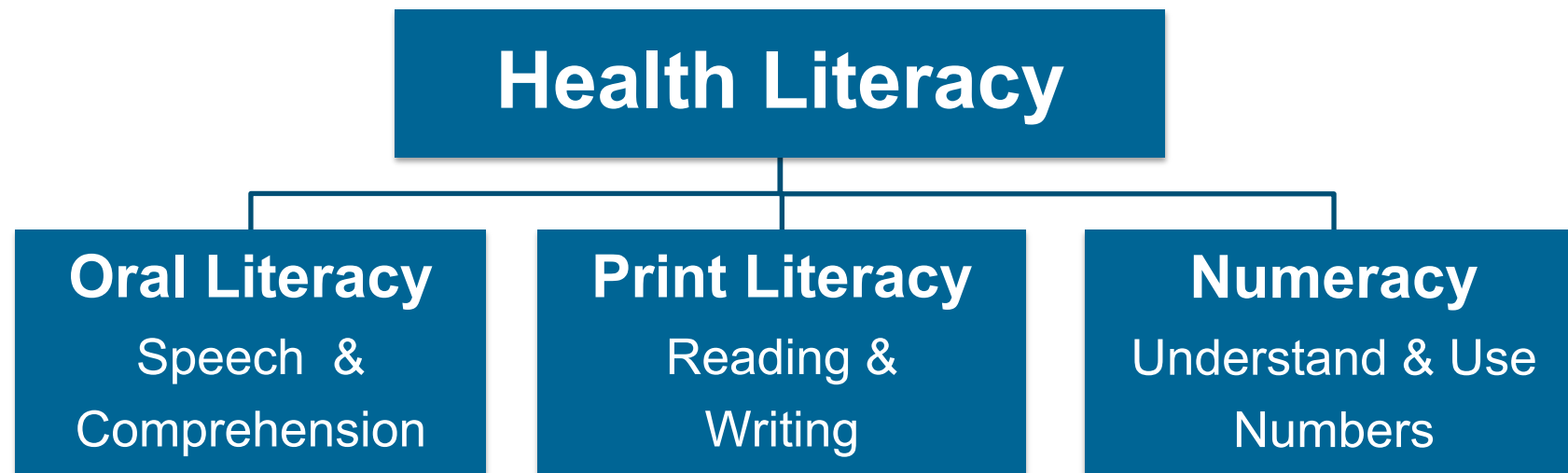
CDR Joyce Oberly, MPH (Osage, Comanche, Chippewa-Cree)
Ancillary Services Director, Pawnee Service Unit, Indian Health Service, U.S. Public Health Service

Overview

- Introduction to Health Literacy
- Link Between Health Literacy & Diabetes Outcomes
- How Can We Address Health Literacy?

What is health literacy?

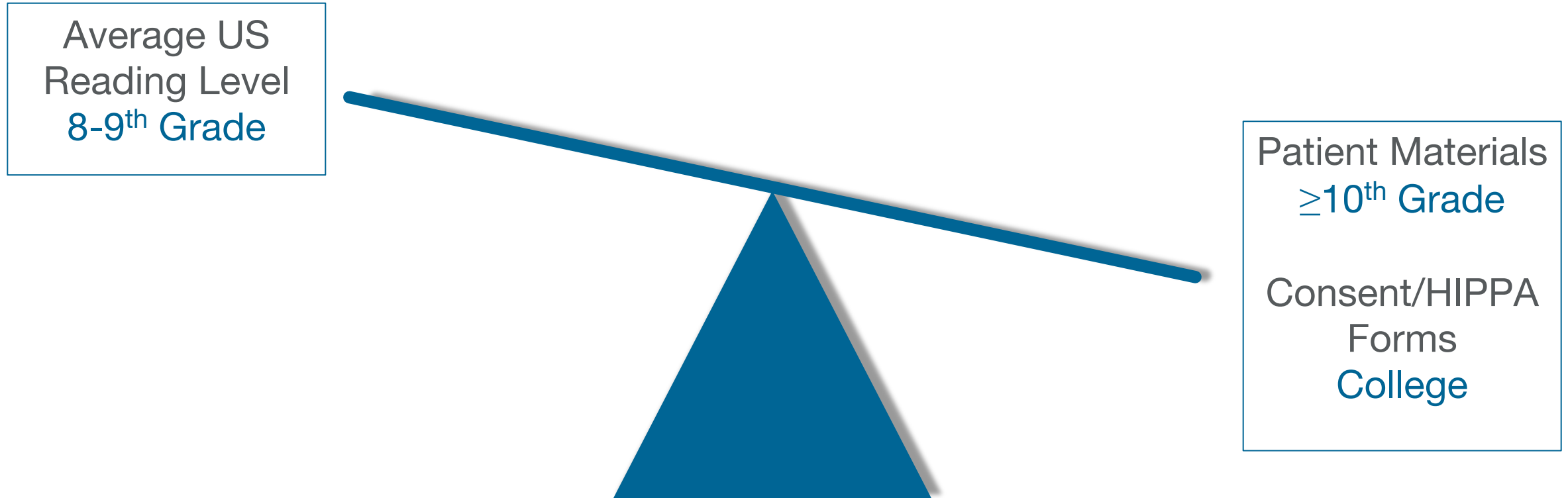
“the degree to which people can obtain, process, understand, and communicate about health-related information needed to make informed health decisions” (Berkman et al., 2010)



Balance Between Skills & Demands

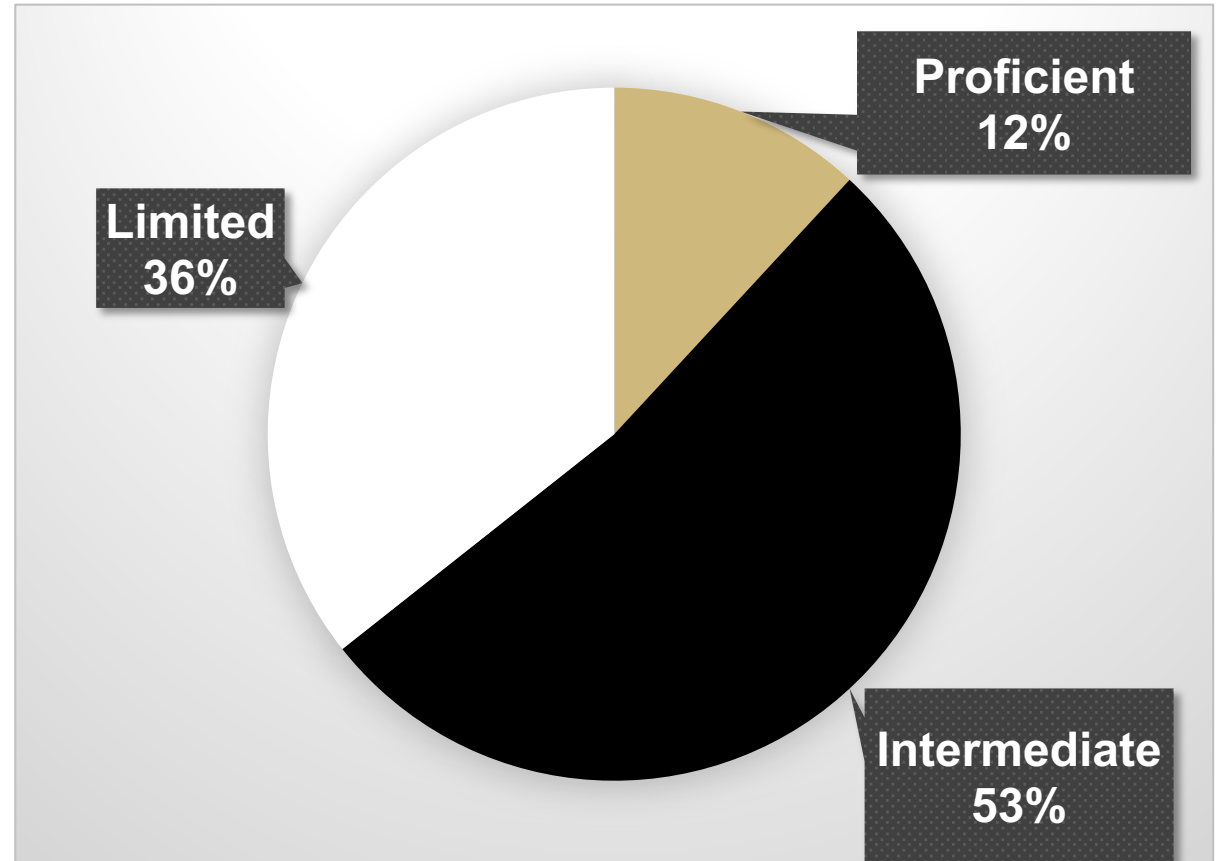


Ex: Patient Materials vs. Patient Reading Skills



How common are health literacy limitations?

- National Assessment of Adult Literacy (NAAL)
 - Large, nationally representative sample of US adults 16+ (19,258)
 - Used real-world materials to assess print literacy & numeracy



Who is at risk for limited health literacy?

Some sociodemographic groups have higher rates

- 59% of adults 65+ have limitations (28-34% of those <65)
- Lower levels of income and education
- Some racial and ethnic groups
 - 48% American Indian and Alaska Native
 - 58% Black
 - 66% Hispanic

No groups are immune

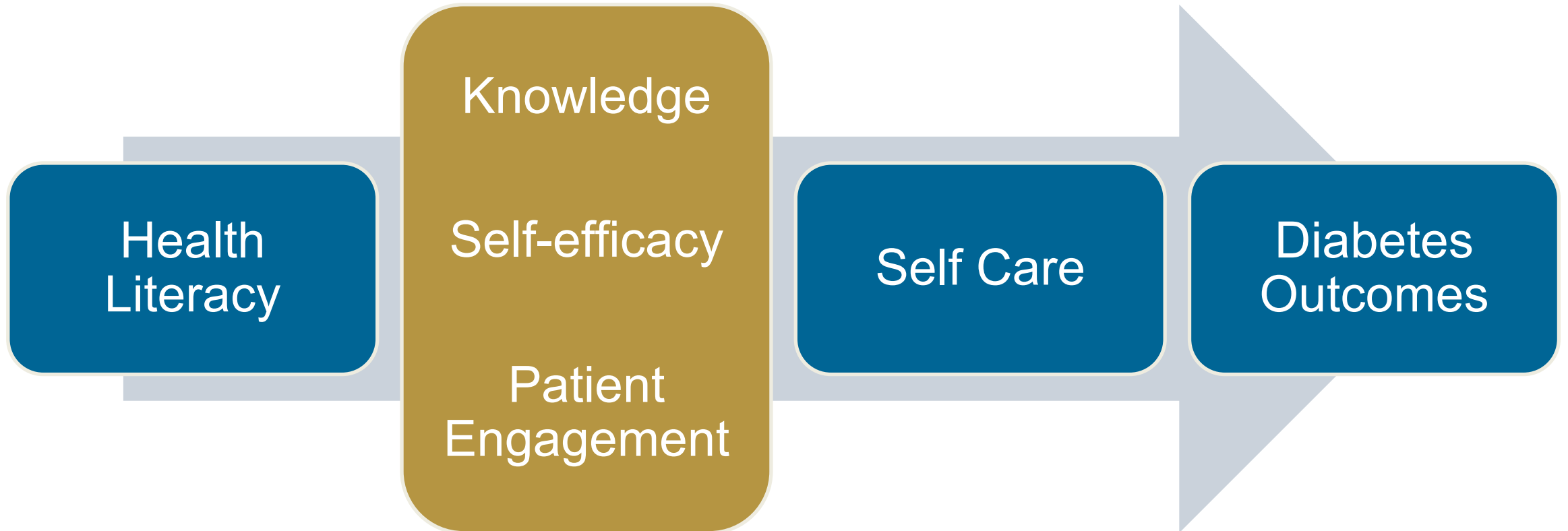
Notice how these demographics are related to diabetes.

How is health literacy associated with diabetes?

People with limited health literacy have:

- Higher **risk and prevalence** of DM
- More limited **knowledge** of diabetes-related topics and terms
- Less confidence that they can manage their diabetes (**self-efficacy**)
- Lower **adherence** to self-care (e.g., meds, blood sugar testing)
- Worse **glycemic control** and possibly complications

Why does health literacy matter?



How can we improve knowledge, self-efficacy, and patient engagement?

Ensure verbal communication is clear and simple

- Provide extra educational support for folks who need it

Ensure written materials are easy to understand

Confirm comprehension

Encourage questions

Organizational commitment to addressing health literacy

Addressing Health Literacy at Pawnee Indian Health Center

CDR Joyce Oberly, BS, MPH
Ancillary Services Director



“Literacy skills are a strong predictor of health status.”

Christina Cordero, PhD, MPH, associate project director, Department of Standards and Survey Methods, The Joint Commission



How we began

- Joint Commission Primary Care Medical Home Accreditation
- *The primary care clinician and interdisciplinary team **identify the patient's oral and written communication needs**, including the patient's **preferred language for discussing healthcare**.*
[PC.01.01.21/EP1]
- *The interdisciplinary team identifies the patient's **health literacy needs**.* [PC.02.03.01/EP30]
- ***Patient education** is consistent with the patient's **health literacy needs**.* [PC..02.03.01/EP31]

Identifying oral, written communication needs

Detail for Demo, Patient Ethan

*** CONFIDENTIAL PATIENT INFORMATION ***

PAWNEE HC
AMBULATORY CARE RECORD BRIEF

JUN 05, 2023@09:56:29 Page: 1

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PATIENT: DEMO, PATIENT ETHAN CHART #: 999993

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COMPUTER FILE EST: AUG 10, 2010 (LJP) LAST EDIT: MAY 30, 2023 (RL)

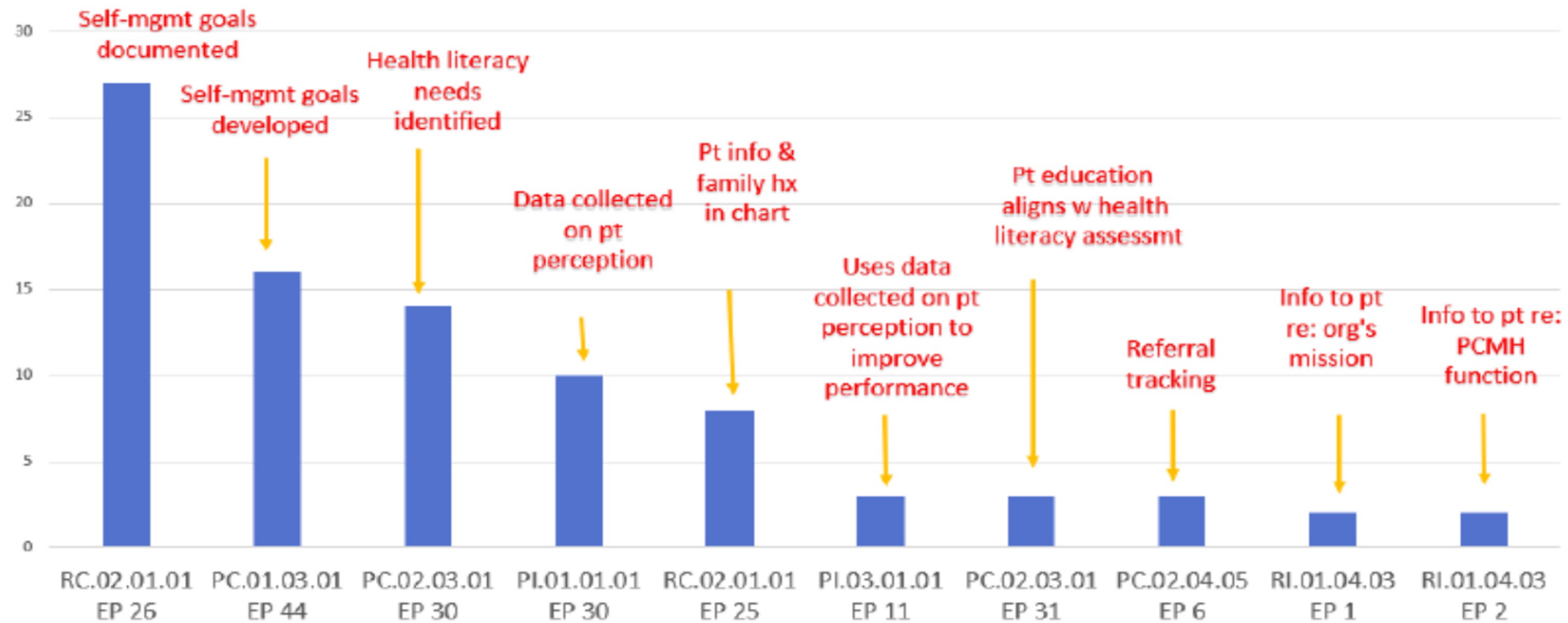
CLASS: INDIAN/ALASKA NATIVE BIRTH SEX: MALE
COMMUNITY: PONCA CITY BIRTHDAY: FEB 04, 1947
COUNTY: KAY AGE: 76 YRS

CURRENT ADDRESS:
888 BILLIARD AVE
PAWNEE, OKLAHOMA 00000

PHONE NUMBERS ---
HOME: 918-000-1234 WORK:
OTHER PHONE:

RACE: AMERICAN INDIAN OR ALASKA NATIVE ETHNICITY: NOT HISPANIC OR LATINO
PREFERRED LANGUAGE: ENGLISH PREFERRED METHOD: LETTER

Top 10 Noncompliant PCMH EPs 2021-2022



Assessing Health Literacy

Today's Screening:

☒ Learning Preferences

During your visit, how often do you understand what your doctor, nurse or pharmacist has told you?

*All the time (HL1)
*Often (HL2)
*Sometimes (HL3)
*Rarely (HL4)
*Never (HL5)

☒ Learning Preference - Do/Practice. Comment

☐ Learning Preference - Read.

☐ Learning Preference - Small Group.

☐ Learning Preference - Talk.

☐ Learning Preference - Video.

☒ **If patient scored HL4 or HL5, please click here to order Health Literacy Consult**

☐ Barriers to Learning

DM FOOT EXAM

Entering a Consult to the Health Educator

Template: LOW HEALTH LITERACY

(CLICK CHECK BOX TO BEGIN WRITING YOUR NOTE)

PAWNEE INDIAN HEALTH CENTER
LOW HEALTH LITERACY NOTE

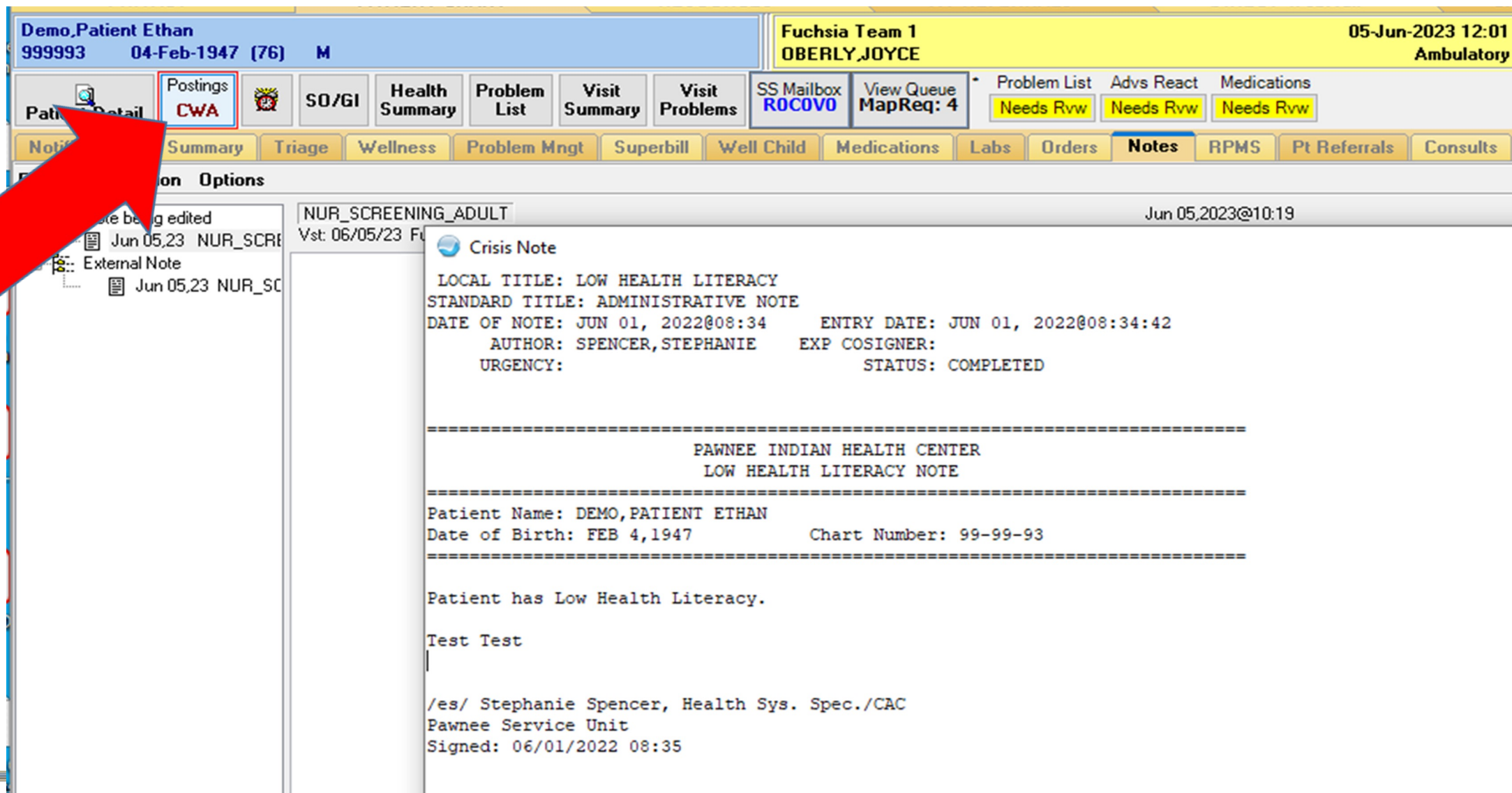
Patient Name: DEMO, PATIENT ETHAN
Date of Birth: FEB 4, 1947 Chart Number: 99-99-93

Patient has Low Health Literacy.

Needs all health information read 2x to him. Ask patient to repeat back what he heard to validate information.

* Indicates a Required Field Preview OK Cancel

Health Educator Adds a Crisis Warning Note



Demo Patient Ethan
999993 04-Feb-1947 [76] M

Fuchsia Team 1
OBERLY,JOYCE

05-Jun-2023 12:01
Ambulatory

Postings **CWA** SO/GI Health Summary Problem List Visit Summary Visit Problems SS Mailbox ROCOVO View Queue MapReq: 4 Problem List Advs React Medications Needs Rvw Needs Rvw Needs Rvw

Notes Summary Triage Wellness Problem Mngt Superbill Well Child Medications Labs Orders Notes RPMS Pt Referrals Consults

on Options

NUR_SCREENING_ADULT Jun 05,2023@10:19

Crisis Note

LOCAL TITLE: LOW HEALTH LITERACY
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 01, 2022@08:34 ENTRY DATE: JUN 01, 2022@08:34:42
AUTHOR: SPENCER,STEPHANIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PAWNEE INDIAN HEALTH CENTER
LOW HEALTH LITERACY NOTE

Patient Name: DEMO,PATIENT ETHAN
Date of Birth: FEB 4,1947 Chart Number: 99-99-93

Patient has Low Health Literacy.

Test Test

/es/ Stephanie Spencer, Health Sys. Spec./CAC
Pawnee Service Unit
Signed: 06/01/2022 08:35

POLICY

The organization effectively communicates with patients when providing care, treatment or services.

PURPOSE

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness. In any situation, a person decides what to do based on their understanding of the information. An example from the "Ask Me 3" program illustrates why understanding is important for our patients and their health outcomes. Providers should encourage patients to ask the following questions and understand the answers.

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

Low health literacy is more prevalent among older adults, minority populations, those who have low socioeconomic status and medically underserved people. Patients with low health literacy may have difficulty with:

- Locating providers and services
- Filling out complex health forms
- Sharing their medical history with providers
- Seeking preventive health care
- Knowing the connection between risky behaviors and health
- Managing chronic health conditions
- Understanding directions on medicine

PROCEDURE

Health Literacy is important to the Pawnee Indian Health Center and our patients. Some patients may be confused with certain medical language, or have difficulty completing forms. This policy provides instruction to staff on identifying patients with low health literacy and taking the appropriate steps for assisting those patients.

- A. When the patient establishes care with Pawnee Indian Health Center, Patient Registration staff inquires about the patient's preferred language. This information is entered by Patient Registration staff into the patient's chart and is displayed in the Patient Detail in the Electronic Health Record (EHR).
- B. Coordination with translator services will be made for speech and hearing impaired patients (Treating Speech and Hearing Impaired Patients Policy).
- C. The interdisciplinary care team completes an initial Health Literacy assessment with the patient using the following assessment questions:
On a scale of 1-5, how often do you understand what your doctor, nurse or pharmacist has told you?
1 – All the time
2 – Often
3 – Sometimes
4 – Rarely
5 – Never
Documentation of the initial Health Literacy assessment is entered in the patient's chart, located in the Wellness Tab, Health Factors section of the Health Summary of the EHR.
- D. Patients scoring a 4 or 5 are identified as being at risk for low health comprehension. These patients will be referred to the Public Health Educator for an additional assessment. The patient will receive intensive Health Education services that meet the patient's oral and written communication needs, as well as additional resources including Public Health Nursing, Community Health and Dietetic services.
- E. Written health communication developed by the Pawnee Indian Health Center is assessed for readability, comprehension, and health literacy by the Public Health Educator prior to dissemination to the patient population.

Health Literacy Advisor Software

- Works within MS Word
- Allows users to assess different readability indices to improve readability of documents
- Pawnee strives for 6th grade reading level



Teach Back Class

- Training for all staff
 - IPC Teach Back Class
 - Video - AMA Health Literacy Video-Short Version
 - <https://youtu.be/ubPkdpGHWAQ>



Challenges

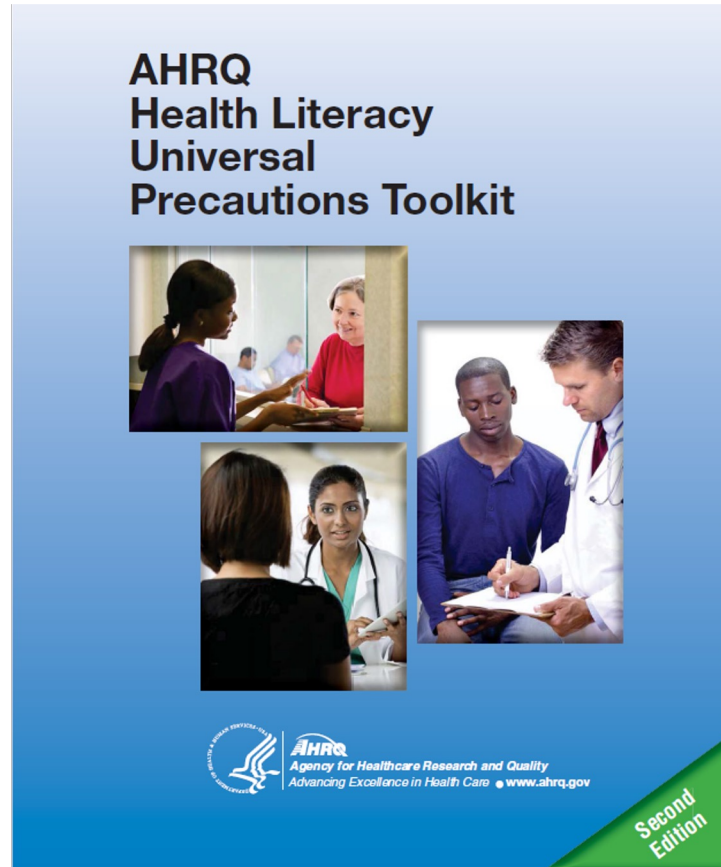
- Flags, notifications, banners - pay attention to everything
- Competing priorities –
 - Productivity - # of patients/day
 - Cycle time – toes in to toes out
 - Screening questions (GPRA, medication reconciliation, E3, SBIRT, etc.)
 - Documentation requirements



Any questions?



Helpful Resource



Help Health Care Organizations Make Systematic Changes to Address Health Literacy

- Improving Verbal Communication
- Improving Written Communication
- Improve Self-Management & Empowerment
- Improve Supportive Systems



Center for American Indian and Alaska Native Diabetes Translation Research

For questions about pilot funding or the Center:

Angela.Brega@cuanschutz.edu

To learn more about CAIANDTR:

<https://coloradosph.cuanschutz.edu/research-and-practice/centers-programs/caianh/projects/CAIANDTR>