Health Literacy in Texas: The State of the State

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The Literacy Coalition of Central Texas
Objectives

- Discuss Literacy’s Relation to Health
- Identify the Impact of Health Literacy Policy on Improved Provider-Patient Communication
  - Patient Understanding
  - Improved Outcomes
  - Preventable Readmission
- Discuss Existing Health Literacy Policy in the U.S.
- Discuss the State of Health Literacy in Texas
What has Literacy Got to Do With It?
Did you know?

Which of the following is the strongest predictor of a person’s health status?

- Age
- Income
- Literacy Skills
- Education Level
- Ethnic Group
- Average beer intake on the weekend

Literacy: True or False?

- People will tell you if they have trouble reading.
- People with limited literacy have low IQs.
- The number of years of schooling is a good guide to determine literacy level.

Patient Understanding
Most health information is written at the 10th grade level or higher, but...

- The average person in the U.S. reads at an 8th grade level; 20% read at the 5th grade level or below.
- 40% of seniors read at or below the 5th grade level.
- 50% of African-Americans and Hispanics read at or below the 5th grade reading level.

Navigating Instructions

1. What is this passage about?
First, kcen the egral reppu and rewol Rotaidar sesoh along with the rellams retemaid heater sesoh, hcihw run morf the engine to eht llowerif. Inspect hcae esoh along its eritne length, and ecalper any eson that is dekcarc, nellows, or swohs signs of noitaroiireted. If you ezeeuqs the esoh, may yor oj peoim aparent. Make sure the esoh snoitcennoc are tight.

2. What do you need to do first?

3. Where can you find the hoses that you need to check first?

4. For what are you inspecting the hoses?
Percentage of Population Reading at Below Basic and Basic Levels

**Below Basic (5th Grade Level)**
- Searching a short, simple text to find out what a patient is allowed to drink before a medical test
- Signing a form
- Navigating one’s way through hospital

**Basic (8th Grade Level)**
- Filling out an health insurance or medical history form
- Accurately following prescription medicine label instructions/warnings
- Comparing generic and name-brand medicines for price and side-effects

<table>
<thead>
<tr>
<th>Overall</th>
<th>Age, 16-18</th>
<th>Age, 19-24</th>
<th>Age, 25-39</th>
<th>Age, 40-49</th>
<th>Age, 50-64</th>
<th>Age, 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>48%</td>
<td>40%</td>
<td>37%</td>
<td>38%</td>
<td>40%</td>
<td>61%</td>
</tr>
</tbody>
</table>


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1 in 5 native English speakers in Central Texas cannot read or write well enough to fill out a job application.

12% of Central Texans lack basic literacy skills.

Low health literacy costs Central Texas $685,520,988 annually.

Person with low health literacy pays and average $7,500 more per year.

Patient-Provider Communication

• The American Medical Association found that poor health literacy is a “stronger predictor of a person’s health than age, income, employment status, education level and race.”

• AHRQ stated, “9 out of 10 Americans may lack the knowledge and skills needed to manage their health and prevent disease.”
How Stress Impacts Receptivity

Source: Based on research by Vincent Covello

In low-stress situations most people:

- Can process an average of seven messages
- Do so in linear order (1,2,3)
- Understand information communicated at an average grade level
- Gravitate to people who demonstrate expertise, competence and knowledge
In high-stress situations most people:

- Can handle only three messages at once
- Process the messages in importance to their own situation (3, 1, 2)
- Only understand communication four grade levels below average
- Gravitate to people who listen and convey empathy, caring and compassion
How You Can Respond Effectively

Counter uncertainty with information, meet emotion with empathy and provide options that drive appropriate and positive action.
How We Can Empower Patients

Uncertainty → Emotion → Action → Confirmation

Information → Empathy → Options → Teach-Back

Use Teach-Back to Enhance this Process
The Plain Language Act of 2010 required executive agencies to use plain language in documents by October 13, 2011.

- In all communications with general public – except regulations.

Healthy People 2020

- HC/HIT1 – Improve the Health Literacy of the Population
- HC/HIT2 – Increase the proportion of persons who report that their health care providers have satisfactory communication skills
Outcomes
In peer reviewed research, low health literacy has been linked to poor outcomes:

- Reduced ability to understand labels and health messages
- Limited ability to follow medication instructions
- Lower likelihood of accessing/receiving preventive care
- More hospitalizations
- Worse overall health status
- Higher mortality among the elderly
- Shorter life expectancy
- Worse physical and mental health
- Greater use of emergency departments
Legal Risks and Sentinel Events

- Communication problems are the most common cause of medical errors

- Miscommunication is leading cause for patient dissatisfaction, which increases risk for lawsuits

- Increased malpractice cases ruled in favor of patients who were not appropriately informed about medical decisions

- Patients who miss appointments may have a viable lawsuit if they can prove their failed appointment resulted in harm due to a doctor’s unclear, inadequate, or omitted instructions

Legal Risks and Sentinel Events

- 65% of sentinel events reported to Joint Commission have communication failure as root cause

- Providers are increasingly held liable for errors due to miscommunication and lack of patient understanding that result in harm to patients (AMA)

- Communication issues are among most cited causes underlying medical malpractice lawsuits (JAMA)

Hickson Gerald B., Federspeil, Charles F., Pickert James, “Patients Complaints and Malpractice Risks,” JAMA, 2002:2951-3297
Preventable Readmissions
Preventable Readmissions

- 18.7% of patients are readmitted to the hospital with the same or similar condition within 30 days of discharge.

- 75% of readmissions are preventable. –CMS

- 75% of preventable readmissions are a result of miscommunication. –Joint Commission

- Mean charge per stay for uninsured patient: $22,161
- Mean charge per stay for Medicare patient: $38,320

- Reducing Medicare and Uninsured patient readmissions by 1% in Texas would save nearly $440,000,000 annually
1. **PC.02.01.21** “The Hospital effectively communicates with patients when providing care, treatment and services.”
   a. Hospital *identifies patient’s oral and written communication needs*, including preferred language.
   b. Hospital communicates...in a manner that *meets the patient’s oral and written communication needs*.

2. **RI.01.01.03** “The hospital respects the patient’s right to receive information in manner he/she understands.”
   a. *Provides info* tailored to age, language and *ability to understand*. 
3. **RC.02.01.01** “Medical record contains information that reflects the patient’s care, treatment and services.”

   a. Medical record contains...[name, sex, race, etc] and the **patient’s communication needs**, including preferred language for discussing health care.

4. **RI.01.01.01** “The hospital respects, protects, and promotes patient rights.”

   a. The hospital respects the patient’s **right to and need for effective communication**.
Sec. 5301 – Training grants will be made available; preference for awards to those who “provide training in enhanced communication with patients… and in cultural competence and health literacy.”

Need for plain language writing and effective oral communication mentioned explicitly and woven throughout ACA.

Medicaid Expansion: new Medicaid population will be largely at high risk for low health literacy.
Hospital Consumer Assessment of Healthcare Providers and Systems:

- Produce Data about Patients’ Perspectives of Care
- Allows Objective and Meaningful Comparisons
- Public Reporting Incents Hospitals to Improve Quality of Care
- Transparency Enhances Accountability for Return on Public Investment
### AMA’s Communication Climate Assessment Toolkit (C-CAT):

**Table 4.** Multivariate Relationship Between Organizational Performance in Each Communication Domain and Patient-Reported Measures of General Quality and Trust

<table>
<thead>
<tr>
<th>Communication Domain</th>
<th>I Receive High-Quality Medical Care</th>
<th>My Medical Records Are Kept Private</th>
<th>If a Mistake Were Made in my Health Care, the System Would Try to Hide It From Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational commitment</td>
<td>1.34 (1.22-1.54)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.66-0.86)</td>
</tr>
<tr>
<td>Data collection</td>
<td>0.95 (0.90-0.95)</td>
<td>1.00 (0.95-1.05)</td>
<td>1.00 (1.00-1.05)</td>
</tr>
<tr>
<td>Workforce development</td>
<td>1.47 (1.28-1.69)</td>
<td>1.28 (1.10-1.47)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td>Engage community</td>
<td>1.54 (1.28-1.76)</td>
<td>1.28 (1.10-1.54)</td>
<td>0.73 (0.59-0.86)</td>
</tr>
<tr>
<td>Engage individuals</td>
<td>1.40 (1.22-1.61)</td>
<td>1.28 (1.05-1.40)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td><strong>Health literacy</strong></td>
<td><strong>1.40 (1.22-1.61)</strong></td>
<td><strong>1.28 (1.10-1.47)</strong></td>
<td><strong>0.73 (0.62-0.86)</strong></td>
</tr>
<tr>
<td>Language services</td>
<td>0.90 (0.82-0.95)</td>
<td>1.05 (0.95-1.16)</td>
<td>1.0 (0.90-1.16)</td>
</tr>
<tr>
<td>Cross-cultural</td>
<td>1.28 (1.16-1.40)</td>
<td>1.16 (1.05-1.28)</td>
<td>0.82 (0.73-0.90)</td>
</tr>
<tr>
<td>Performance monitoring</td>
<td>1.40 (1.22-1.54)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.66-0.86)</td>
</tr>
</tbody>
</table>

Abbreviations: OR, odds ratio; CI, confidence interval.

*Results are adjusted for patient age, sex, education, and language ability, and reflect the effects of 5-point changes in domain scores.*

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American Medical Association, *Validation of an organizational communication climate assessment toolkit*. 2010
“I believe they should be a little bit more polite because sometimes you get there and you don’t know anything.”

“And I understand that sometimes we are not having our greatest day. But that is a job, and their job is to deal with the people who came and they don’t know.

“So, they are going to ask.”
“The last time I came I came to get my IUD and I thought it was still part of the benefits. So, when I went over there the cashier said well, are you going to pay now or what are you going to do?”

“I said well, nobody really informed me that this will have a cost. And she said, everything has a cost. Nothing is free here!”

“Like it was a really spikey attitude and I was very embarrassed.”
"Health Literacy is the currency of success for everything that we do in health, wellness, and prevention."

- Richard H. Carmona, M.D., M.P.H., FACS
  17th U.S. Surgeon General
Healthcare Costs are Plain Language

All agencies:
- Health implications and increased costs
- Legal risks and sentinel events
- Quality of care and trust in organization

Hospitals:
- Preventable Readmissions
- Joint Commission requirements

Recipients of Federal Dollars:
- ACA implications
- Plain Writing Act of 2010
Existing Health Literacy Policy
Maryland HB 1404

- Requiring specified applicants and health care professionals to provide to specified boards evidence of completion of continuing education requirements;

- Requiring the boards, in consultation with the Department of Health and Mental Hygiene, to adopt specified regulations;

  - Stating the intent of the General Assembly that the regulations require 5% to 10% of the total required continuing education credits be in the areas of health care disparities, cultural and linguistic competency, and health literacy; etc.
Massachusetts HB 1957

• Requires the Department of Public Health implement a program for health literacy in healthcare facilities, pharmacies and health centers.

• Maintains that cultural competency enables organizations to work effectively in cross-cultural situations and developing and implementing a framework of cultural competence in health systems is an extended process.

• Ultimately serves to reduce health disparities and improve access to high-quality health care.
Appropriates $250,000 from the general fund for FY 2015 to a Somali woman-led prevention health care agency in Minnesota.

Requires the agency use community-based participatory research to address women’s health inequities experienced by first generation Somali women, and provide services through culturally specific, Somali woman-centered programs.

- Improve and increase Somali women’s access to maternal health programs, access to preventive care, reduce infant mortality, and increase health literacy.
• AB 9152 Established the interagency task force on health literacy to study health literacy and develop recommendations for improving health literacy in the state.

• SB 3211 Created an interagency task force on health literacy to study and improve health care access and outcomes.

  • Especially among older adults, minority and/or immigrant populations, lower-income populations and medically underserved populations.
Louisiana – Act #1226

• Made the business and policy case for health literacy’s role in transforming the healthcare system; articulating and integrating health literacy into health promotion, disease prevention, and disease management efforts;

• Argument to augment programs in the Department of Education, especially those that integrate health literacy into early child development programs, and kindergarten through grade 12.

• Collaborated with educators at multiple levels including adult literacy and English as a Second Language (ESL). Expanded prevention strategies targeted to those at risk for low health literacy.

• Provided for training, including technical assistance, consulting, and coaching. Priority areas for these activities include condition-specific initiatives, cultural and linguistic training, and interpretation services.
The State of the State
HB 3105 – 84th Legislature

- "Health Literacy" means the degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions in the treatment, payment, or coverage of care while successfully navigating complex health care systems.

- Establish a Multi-Stakeholder “Task-Force”

- Establish a broad definition of health literacy, to include a focus on the patient's need for transparent information about health care cost, quality, and treatment options.

- Examine impact of low health literacy on health care cost and quality outcomes.

- Develop policy recommendations and submit a brief to the Legislature and Health and Human Services Enterprise.
Future of Health Literacy Survey

IHA MARCH 2016 HEALTH LITERACY PRACTITIONER SURVEY

Come ready to consider the opportunities
Come ready to tackle the challenges
Come ready to create the vision...

Biggest Opportunities of Health Literacy Work:

- 22%
- 12%
- 8%
- 4%
- 2%

Biggest Challenges and Barriers to Health Literacy Work:

- 24%
- 19%
- 17%
- 15%
- 14%
- 12%
- 11%
- 7%
- 7%
- 6%
- 6%

Biggest Gaps in Health Literacy Work:

- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 7%
- 7%
- 7%
- 7%
- 7%
- 4%

Potential Partners in Health Literacy:

- 18%
- 7%
- 7%
- 6%
- 5%

Key Success Factors for Health Literacy by 2020:

- 26%
- 17%
- 9%
- 7%
<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of collaboration between key players/Open sharing of outcomes</td>
<td>10%</td>
</tr>
<tr>
<td>More studies and research on solutions/evaluating skills/impact</td>
<td>10%</td>
</tr>
<tr>
<td>Lack of clarity and consensus on definition of health literacy</td>
<td>10%</td>
</tr>
<tr>
<td>Different formats of materials to suit needs/languages</td>
<td>10%</td>
</tr>
<tr>
<td>Linking to improved patient outcomes and population health</td>
<td>7%</td>
</tr>
<tr>
<td>Effective interventions: beyond teach-back</td>
<td>7%</td>
</tr>
<tr>
<td>Involvement of schools/training/skills/competencies</td>
<td>7%</td>
</tr>
<tr>
<td>Too numerous to count</td>
<td>4%</td>
</tr>
<tr>
<td>Potential Partners in Health Literacy</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Community-based organizations/</td>
<td>10%</td>
</tr>
<tr>
<td>Providers of social services/Health</td>
<td></td>
</tr>
<tr>
<td>workers</td>
<td></td>
</tr>
<tr>
<td>Teachers/Educators</td>
<td>7%</td>
</tr>
<tr>
<td>K-12 Schools</td>
<td>7%</td>
</tr>
<tr>
<td>Medical schools/Researchers</td>
<td>6%</td>
</tr>
<tr>
<td>Policymakers</td>
<td>5%</td>
</tr>
</tbody>
</table>
Key Success Factors for Health Literacy by 2026

- Understanding and access to healthcare and wellness services/Ability to use the system/Metrics: 26%
- Health literacy is systemic and integrated into the system: 17%
- Access and use to technology and electronic records: 9%
- Clear communication & channels: 7%
- Competency taught in professional and clinical education: 7%
Thoughts: Texas Health Literacy

• Require 5% to 10% of the total required continuing education credits of all providers be in the areas of health care disparities, cultural and linguistic competency, and health literacy.

• Challenge university medical and health science centers, healthcare facilities, pharmacies and health centers implement health literacy programs for both patients and providers to help meet these requirements.

• Health literacy concepts embedded into medical education, workshops, community outreach and trainings regarding patient safety and patient communication.

• Integrate into K-12 Education. Reduce health disparities and improve access to high-quality health care, patient compliance and patient outcomes.
Louisiana’s Statewide Initiative Road Map

- Find a legislative champion
- Convene legislative task force from interested stakeholders
- Needs assessment (LCCT, UT School of Nursing)
- Create gap analysis list of priorities (LCCT)
- Create policy proposal that includes sustainable/realistic funding
- Integrate plan into existing delivery system
- Partner to make business and social case that health literacy is good public policy
• Study the health literacy of residents (Already Done in TX by Several Entities)

• Identify groups at risk for low health literacy (Universal Precautions)

• Identify barriers to accessing services & communicating with providers (Already Done in TX by Several Entities)

• Create a Culture of Health Literacy to:
  • Improve health literacy
  • Promote providers’ use of plain language (And “Teach-Back”)
  • Simplify forms and procedures
  • Develop easy to understand health info
  • Develop health literacy curricula
  • Examine impact on quality & cost
Call to Action!

• Research and document to support business and social case for health literacy efforts.

• Support K-12 health literacy efforts.

• Support a patient-centered healthcare environment.

• Network with colleagues you’ve met today and join the TX Health Literacy Initiative...you’re on the health literacy team now!
Contact Information

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