

Detailed Discussion of Health Literacy Recommendations Approved January 2006

The St. Louis Regional Health Commission's Health Literacy Task Force was charged with developing health communications and health literacy program initiatives that support the RHC's mission to improve access to health care services, reduce health disparities and improve health outcomes for the residents of St. Louis City and County, in particular the uninsured and underinsured.

The Task Force had a specific focus on developing recommendations for strengthening communication between providers and patients and improving patient access and navigation of the healthcare system and building an infrastructure to sustain health literacy efforts. The Task Force was co-chaired by Dr. Mark Mengel, Chair of the Department of Community and Family Medicine at Saint Louis University School of Medicine, and Dr. Will Ross, Associate Dean and the Director of Diversity Programs at the Washington University School of Medicine.

After an assessment of existing literature and programs, the Task Force completed an action plan that was approved by the Commission in 2004. The draft recommendations presented in this document are based on priorities in the action plan. The recommendations were unanimously approved by the Commission in January 2006.

Recommendations include:

Improve Patient Access & Navigation

1. Expand health coaching/community ambassador programs to strengthen health literacy and patient/provider communications.
2. Develop health curriculum tools & resources for K-12 education.
3. Develop a website or physical library to serve as a repository of reliable health resources and information for the St. Louis region.

Strengthen Communication between Providers and Patients

4. Promote and expand health literacy and cultural competency training for community healthcare providers and staff.
5. Enhance health literacy and cultural competency training in medical school and health professional school curriculum.

Build a Sustainable Infrastructure for Health Literacy Efforts

6. Develop a region-wide health literacy campaign.
7. Identify and target funding toward best practices in health literacy.
8. Measure and evaluate progress in improving health literacy and patient/provider communications

RECOMMENDATION 1: Expand health coaching/community ambassador programs to strengthen health literacy and patient/provider communications.

TIME FRAME: Long-term

DESCRIPTION: Review the St. Louis Integrated Health Network's Health Literacy and Education Program (HELP) and explore opportunities for expanding a model(s) of this program throughout the community. This collaborative program utilizes trained community members as health coaches for minority and limited-English speaking patients with chronic disease across safety net providers. The health coaches work in partnership with the patients' providers to support patients in goal-setting and disease self-management. In addition the program trains clinicians in strengthening health literacy in a culturally competent manner.

RATIONALE/BENEFITS:

- ∞ Provides standardized health resources to be used by health coaches/ambassadors when working with clients
- ∞ Focuses on defined outcomes that demonstrate an increase in health literacy; positive behavioral changes linked to disease/condition; elimination in the gap between "knowing" and "doing"
- ∞ Provides a method of collaboration between patient, health coach and provider working together as members of the care team
- ∞ Provides opportunity to expand collaborative health literacy program model(s) across community

IMPLEMENTATION/NEXT STEPS:

Review current program and based on community/provider input, develop plan for expansion or further dissemination of learnings/best practices.

Include consideration of the following:

- ∞ Program strengths, challenges and opportunities for further development
- ∞ Identification of potential focus patient populations (e.g. low literate adults) and health literacy topics
- ∞ Identification of opportunities for tailoring the program for various sites/focus areas
- ∞ Review of patient process flow and follow-up protocols and procedures
- ∞ Assessment of funding and staffing needs for expansion
- ∞ Continued development of well defined outcomes that demonstrate an increase in health literacy; positive behavioral changes linked to disease/condition; elimination in the gap between "knowing" and "doing"
- ∞ Continued development of health resources to be used by health coaches/ambassadors when training clients
- ∞ Means for ensuring consistent and standardized provider training on utilization of the health coach as a member of the care team
- ∞ Other existing program models and best practices for incorporation

BARRIERS:

- ∞ Funding to expand the program

RECOMMENDATION 2: Develop health curriculum tools & resources for K-12 education

TIME FRAME: Long-term

DESCRIPTION: Establish a task force of participating school/education and health representatives to develop a plan for further integration of health resources, tools and curriculum into K-12 education. Areas of consideration to include:

- ∞ Reviewing health related programs, curricula and best practices that currently exist in the schools, and identifying potential opportunities for expansion or improvement. Areas of focus may include: providing information on visiting a primary care provider, disease prevention and healthy lifestyle choices.
- ∞ Identifying initial participating schools/districts
- ∞ Identifying the grade levels on which to focus
- ∞ Reviewing and incorporating the Missouri Show Me Standards and Missouri Assessment Program (MAP) in curriculum development
- ∞ Reviewing curriculum for adult education and family literacy initiatives
- ∞ Creating curricula that are age and condition specific for patients and parents. Areas of focus may include: providing information on visiting a primary care provider, accessing the healthcare system, disease prevention and healthy lifestyle choices, medical rights and responsibilities, patient-provider relationships
- ∞ Identifying agencies that could be designated as partners to design and implement health initiatives in the schools
- ∞ Providing adequate support to teachers

RATIONALE/BENEFITS:

- ∞ Incorporates health literacy into early stages of development
- ∞ Emphasizes importance of primary medical care

IMPLEMENTATION/NEXT STEPS:

- ∞ Identify task force participants
- ∞ Begin review of existing programs

BARRIERS:

- ∞ Requires funding

RECOMMENDATION 3: Develop a website or physical library to serve as a repository of reliable health resources and information for the St. Louis region

TIME FRAME: Intermediate

DESCRIPTION: Develop a website or physical library to serve as a repository of reliable health literacy/community health resources for the St. Louis region. The website or library would serve as a resource for community members/patients, health care providers and social service providers. Consider inclusion of information related to:

- ∞ Health literacy and health communications, including patient/provider communications
- ∞ Health care service availability, access and navigation
- ∞ Health education and disease prevention/management
- ∞ Organizations to contact for services or information regarding health literacy and other health services/initiatives

Consider opportunities for partnering with or building on existing information resources/programs and allowing agencies access to update their own information.

RATIONALE/BENEFITS:

- ∞ Creates a source for evidenced-based resources and best practices in the field of health literacy
- ∞ Centralizes health literacy and health communications, making these resources more accessible

IMPLEMENTATION/NEXT STEPS:

- ∞ Convene task force to consider feasibility and develop project plan, as appropriate
- ∞ Identify potential project partners

BARRIERS:

- ∞ Requires ongoing collection, input and maintenance of up-to-date information
- ∞ Requires funding
- ∞ Requires research outcomes of evidence-based strategies and best practices

RECOMMENDATION 4: Promote and expand health literacy and cultural competency training for healthcare professionals, community healthcare providers and staff.

TIME FRAME: Long-term

DESCRIPTION: Partner with health care providers/health organizations to promote and expand health literacy and cultural competency training for healthcare professionals, providers and staff. Identify and build on existing best practices in provider health literacy and cultural competency training locally and in other communities.

RATIONALE/BENEFITS:

- ∞ Increases awareness of the importance of health literacy and cultural competence
- ∞ Enables more effective health communications by providing training and tools

IMPLEMENTATION/NEXT STEPS:

- ∞ Explore/Identify best practices that could be replicated
- ∞ Target training to specific professional groups (e.g. doctors, nurses, social workers, etc.)
- ∞ Create detailed implementation proposal
- ∞ Develop pilot of curriculum

BARRIERS:

- ∞ Requires funding

RECOMMENDATION 5: Enhance health literacy and cultural competency training in medical school and health professional school curriculum.

TIME FRAME: Long-term

DESCRIPTION: Work with medical/health professional schools, policymaking bodies, licensing & accreditation boards and professional associations to enhance health literacy and cultural competency training in medical/health professional curriculum. Work in partnership with medical/health professional schools to conduct current state analysis, identify best practices, and assess opportunities for expansion of best practices. Seek ongoing input from consumers and professionals working on health literacy related issues.

RATIONALE/BENEFITS:

- ∞ Increases awareness of the importance of health literacy and cultural competence
- ∞ Enables more effective health communications by providing training and tools at the health professional school level.
- ∞ Enables identification and expansion of current best practices

IMPLEMENTATION/NEXT STEPS:

- ∞ Convene representatives to provide ongoing input into enhancing health literacy and cultural competency education
- ∞ Complete current state analysis to determine what components of this curriculum may already exist in school curriculums or as subsets of classes
- ∞ Identify and access best practices in teaching effective health communication skills (review MCFHC cultural competency best practices)
- ∞ Identify a champion in each institution to drive implementation and help create buy-in
- ∞ Create/establish outcome measures for curriculum

BARRIERS:

- ∞ Difficulty in assessing current curriculum and capturing information on best practices across institutions and departments
- ∞ Inclusion of additional curriculum, given other medical school curriculum requirements

RECOMMENDATION 6: Develop a region-wide health literacy campaign that helps to streamline and expand health literacy messages and improve access to resources.

TIME FRAME: Ongoing

DESCRIPTION: Develop a health literacy campaign targeting distinct sectors in the community including consumers, providers and policymakers to raise awareness of health communications issues, strengthen patient/provider communications, increase access to and understanding of health information, and improve access to health services. Depending on audience, campaign information should include:

- ∞ Definitions and descriptions of health literacy focusing on both the patient and provider
- ∞ Impacts of low health literacy on health outcomes
- ∞ Integration of a broader message about access to care
- ∞ Information on where or how to follow-up for services or resources

RATIONALE/BENEFITS:

- ∞ Raises awareness and understanding of the importance of improving health literacy and strengthening health communications with the goal of providing greater access to resources and gaining wide-spread support

IMPLEMENTATION/NEXT STEPS:

- ∞ Identify priority individuals to target (adult learners may be a good population to target)
- ∞ Clarify message based on audience being targeted
- ∞ Identify partners to communicate message
- ∞ Work with partners to draft materials

BARRIERS:

- ∞ Requires on-going funding
- ∞ Requires improved trust in healthcare organizations so patients seek resources

Recommendation 7: Identify and target funding toward best practices in health literacy.

TIME FRAME: Short-term/Ongoing

DESCRIPTION: Identify funding to support strategic initiatives that promote health literacy, cultural competency and strengthened patient/provider communications. Work with funders and program administrators to connect health literacy and cultural competency programming to best practices and evidence-based strategies.

RATIONALE/BENEFITS:

- ∞ Targets funding to effective health literacy and cultural competency programs
- ∞ Increases quantity and scope of health literacy programs by providing funding streams
- ∞ Improves health literacy outcomes by linking programming to proven strategies and providing long-term funding to effect significant outcomes

IMPLEMENTATION/NEXT STEPS:

- ∞ Research sources of funding with health literacy and cultural competency grant-making focuses
- ∞ Convene funders to develop strategies for investment in evidence-based programming

BARRIERS:

- ∞ Need for gathering additional information on established best practices locally and nationally

Recommendation 8: Measure and evaluate progress in improving health literacy and patient/provider communications

TIME FRAME: Long-term

DESCRIPTION: Develop methodology for measuring and evaluating progress in strengthening health literacy and patient/provider communications. Review current metrics and methods for evaluating health literacy levels, patient/provider communications and program effectiveness. Gather baseline data for use in evaluating progress in improving health literacy and patient/provider communications. Make recommendations for evaluating health literacy programming across the community.

RATIONALE/BENEFITS:

- ∞ Provides tracking over time to measure quantitative/qualitative success
- ∞ Provides evidence-based support for expansion of effective programming

IMPLEMENTATION/NEXT STEPS:

- ∞ Identify current methods for evaluating health literacy levels
- ∞ Develop baseline metrics and gather existing information
- ∞ Designate entity to track data

BARRIERS:

- ∞ Difficulty of gathering information from various sources
- ∞ Requires funding