
Health Literacy 2007 ~ 2014

Executive Summary by Jan Kraus, MLS
Aspirus Medical Library and Health Literacy Manager
& Vol. Community Faculty UW Madison

2007 - 2014:

- ✓ Table of Contents

Chapters ...

- 1) Inspirational beginning
- 2) First steps
 - a. Health Literacy website
- 3) Aspirus Health Literacy Council
 - a. Medication Mondays flyer
- 4) Ask Me 3 campaign
 - a. Ask Me 3
- 5) Health Literacy Ambassador Program
 - a. Wisconsin Literacy update
- 6) Plain Language Editor
- 7) 4th WI Health Information Outreach Summit
 - a. Website link to Summit
- 8) Teach-back Technique
 - a. Diabetes & Medication Teach-back videos
 - b. Aspirus News Now 2012 (promotion)
- 9) Healthiest Wisconsin 2020
- 10) Conferences and Publications



Health Literacy ~ 2007

Our beginning:

- ✓ Inspirational beginning
- ✓ 2007 Wisconsin Health Literacy Summit

Inspirational beginning

My Health Literacy journey began in June 2007 when I attended the [2nd Wisconsin Health Literacy Summit](#). At the Summit I heard inspirational stories such as the following:

A white, middle-class, high school educated woman had a hysterectomy because she had cancer. After the surgery she asked the nurse when she could have children. You can easily imagine the emotions and thoughts by all involved. This story inspired many people to dedicated their efforts to advance health literacy.

After the Summit, I presented an update regarding health literacy to our hospital's Education Library Committee and Senior Leadership. I discussed the need to implement health literacy initiatives at our hospital. The Education Library Committee subsequently identified health literacy as a Quality/CME Performance Improvement topic, and I volunteered to work on this important initiative.

From the beginning, my main health literacy mentor has been:

- Paul D Smith MD - Associate Professor, University of Wisconsin School of Medicine and Director, Wisconsin Research and Education Network (WREN) and physician champion of [Health Literacy Wisconsin](#) initiatives.

First steps ~ 2007

Initial efforts:

- ✓ CME presentation to IRB (Institutional Review Board)
- ✓ NE Regional Wisconsin Health Literacy Committee
- ✓ Health literacy website
- ✓ Health literacy presentation
- ✓ Health Literacy Council

First steps ...

After discussing the Health Literacy Quality/CME Performance Improvement topic with Senior Leadership, my initial efforts included:

- coordinating a November 2007 CME (Continuing Medical Education) Health Literacy presentation at our hospital by Paul D. Smith, M.D. This presentation was tailored to our Medical Staff, IRB (Institutional Review Board) members and employees. After the presentation, we discussed the effects of low health literacy and Informed Consent.
- becoming a member of the NE Regional Wisconsin Health Literacy Committee.
- creating a Health Literacy website for easy access to health literacy information: <http://aspiruslibrary.org/literacy/HLHome.htm>
- creating a one-hour presentation entitled "Health Literacy: what is it? How it affects everyone". This presentation has been tailored to the needs of the audience and has been given approximately 80 times at the hospital and throughout different locations in Wisconsin. This work continues into 2014.
- forming an Aspirus Health Literacy Council that included community members. This was a very diverse group and it's how we identified our primary initial mission to improve medication safety and education, and to promote Ask Me 3. The Council continues to identify and work on new initiatives.

Health Literacy Council

Selecting members:

- ✓ Forming the Council

Council membership

It is imperative to work with community members when trying to identify health literacy initiatives. Listed below are members of the Council that I created and have been Chairperson of since its inception.

Initially, I gave my health literacy presentation to Council members, and I discussed many different initiatives that were taking place in Wisconsin and in the nation. After the Council reviewed possible options, we unanimously decided to begin our work with a non-print initiative. Members of the Council included:

Internal (hospital) members:

- RN, Clinical Educator Surgical Services
- Director, Emergency Department
- MD, Women's Health
- RN, IMC Nursing Supervisor
- Pharmacist
- MD, Family Medicine/Walk-in Clinic
- IRB Coordinator/HRP Administrator
- MD, Family Medicine
- Manager, Central Scheduling/Patient Registration
- RN, Quality Services/Patient Relations
- Educator, Emergency Department
- RN, Patient Access Coordinator/Patient Advocate
- MLS, Library Manager & Vol. Community Faculty UW Madison (Chairperson)

Community members:

- Director, Clinical Services, Bridge Community Health Clinic
- Director, Marathon County Literacy Council
- Director, Multicultural Outreach and Adult Education, Neighbors' Place
- Educator, Aging and Disability Resource Center of Central Wisconsin
- Health Officer, Marathon County Health Department (Ad hoc)

Top Initiatives

Council Initiatives:

- ✓ Identified initiatives

Initiatives ...

The Health Literacy Council identified three possible initiatives:

- 1) Brown Bag Medication Checks (medication education)
- 2) Ask Me 3 campaign
- 3) Dental Health

We proceeded with 1) medication education, and 2) Ask Me 3 campaign

[Medication Mondays](#) actually took about 14 months to develop and implement. The initial idea, Brown Bag Medication Checks, started with a grant application similar to the Medication Safety Red Bag Program (Brown Bag Medication Checks) at Langlade Hospital, but evolved to our current Medication Mondays program under the direction of our pharmacists. This work continues into 2014.

The free medication review can:

- Answer questions about the medications
- Help with preparation of questions to ask health care providers
- Help track issues with medications in the past
- Offer suggestions for cost effective measures to obtain medications
- Offer suggestions for tools that can aid in the organization of medications
- Help make a complete, accurate list of medications

Target participants would include men and women who:

- Were recently released from the hospital
- Have recently changed their medications
- Have several health conditions
- Take more than 4 medications
- Have questions about, or problems with their medications
- Take medications that require monitoring with lab tests
- Want to reduce their expenses for medications
- Get their medications from more than one place

Ask Me 3

Improving communication:

- ✓ Ask Me 3™
- ✓ Tracer

Improving outcomes ...

Ask Me 3™ is a patient education program designed to promote communication between health care providers and patients in order to improve health outcomes.

The program encourages patients to understand the answers to three questions:

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

Our Ask Me 3™ educational campaigns started in 2008 and are ongoing within Aspirus and Marathon County.

In addition, in 2009 we performed Ask Me 3™ health literacy tracer in the Aspirus Walk-In clinic. The Tracer methodology is an evaluation method in which a professional selects a patient, and uses that individual's record or information to assess and evaluate the systems process of providing care and services.

The tracer allowed us to identify if patients knew the answers to Ask Me 3™ questions. Our process included:

1. Distributing Ask Me 3™ flyers in the Aspirus Walk-In Clinics
2. Notifying Clinic Directors and receptionists of the Ask Me 3™ campaign. Receptionists and assistants were asked to hand out Ask Me 3™ flyers to all patients in the Wausau Clinic Walk-in and in the Stevens Point Clinic Walk-in.
3. Only three people knew that we were going to do a follow-up tracer. Clinic Directors, receptionists and assistants did not know that we were going to do a tracer to study the effectiveness of Ask Me 3™.

Ask Me 3

The tracer:

- ✓ Script developers
- ✓ Tracer survey script

Survey script ...

The tracer survey script was developed by Kitty Switlick, BSN, Patient Relation Coordinator, Claire Reed, M.D. , Medical Director, Walk-in Clinics, and myself.

Telephone Script:

Hello, My name is Kitty Switlick. I am the Patient Relations Coordinator at Aspirus Wausau Hospital.

I understand that you were recently seen in our Walk-In Clinic and I am wonder if you would be willing to talk with me about your experience there. Is this a good time to talk?

As a nurse, I know that healthcare information can be very confusing to patients. At Aspirus we have started a program called "Ask Me 3™". The purpose of our program is to have patients ask the doctor or nurse certain questions so they can make the most of their visit and really understand what is being said.

1. Did you receive the "Ask Me 3™" flyer?

After your visit,

2. Would you be able to tell someone what medical condition you had or what your diagnosis was?
3. Did you know how to treat it or what to do for it?
4. Did you know why it was important to do that?

Thank you for talking with me. I really appreciate your willingness to help us evaluate our program.

Ask Me 3

Results:

- ✓ Tracer process
- ✓ Tracer results

Tracer process ...

The initial survey involved random selections of 16 Walk-in Clinic patients. Of the sixteen patients, 10 were contacted and responded to the survey. Five were called at three different times and were not available. One phone number was not in service.

Even though each patient was given an Ask Me 3™ flyer, each patient said they were not aware of the Ask Me 3™ information. However, most patients could answer the Ask Me 3™ questions regarding their illness or diagnosis.

FINDINGS

N=16

Unable to reach 5 of the patients.

11 patients were not aware of the "Ask Me Three" information.

10 patients left knowing what their main problem was. One patient did not because the provider was not sure what the problem was.

11 patients knew what they needed to do.

10 patients knew why it was important for them to do it.

Additional comments:

- The physician was wonderful.
- Staff were extremely kind, understanding, and patient.
- Loved the Walk-In. Stated it took longer to register than to be seen.

Ambassador Program

Program Development:

- ✓ Implemented in 2009
- ✓ Key stakeholders

Creating the program ...

There is very little research or information on program development. Mary Ann Abrams, M.D., MPH., Iowa Health System, Clinical Performance Improvement, University of Iowa, was an excellent resource, and the New Readers of Iowa (an adult learners program) inspired part of our program.

Health Literacy Ambassadors may include people from all professions (clinical and laypeople). The ambassadors have one thing in common: their passion for promoting health literacy and numeracy!

I created a PowerPoint on Health Literacy Ambassador Programs to educate key stakeholders. Key stakeholders included:

- Aspirus Senior Leadership
- Director, Aspirus Volunteers
- Aspirus Volunteer Board members
- Aspirus Health Literacy Council
- Marathon County Literacy
- NTC ESL program (later on)

After key stakeholders were educated, our program was approved, and ambassadors were selected. We decided that meetings would be monthly and that we would meet for one hour in a non-clinical area (comfortable smaller conference room setting).

In addition, we decided to limit our first meeting to 4 to 6 people (6 people if the adult learner or layperson would like to have 1 or 2 additional learners or laypeople reviewing the forms at the same time).

There are many education materials that we could have reviewed, but our surgery department was in the process of creating new discharge instructions, so I checked with the Director of Marathon County Literacy and we agreed that for our first meeting, we would focus on reviewing some of the new Day Surgery Plus Discharge Instructions.

Ambassador Program

Humble beginning:

- ✓ First meeting
- ✓ Selecting health literacy ambassadors

What happened ...

Our first meeting included one tutor and one student from Marathon County Literacy, one Day Surgery Plus nurse, and myself (Program Director). The meeting was immensely humbling because the literacy student was at/below a 4th grade reading level and we found that it was not possible to complete the meeting as intended.

Our second meeting included two ESL students from Marathon County Literacy, one Day Surgery Nurse, one Marathon County Literacy tutor, and myself. This meeting was very productive and enjoyable. We focused on reviewing Day Surgery Plus Discharge Instructions.



Future meetings included elderly volunteers from Aspirus, and ESL students from NTC's Community College Initiative Program. Students are from Egypt, Brazil, Pakistan, Ghana, Turkey and others. Having a diverse group in age and culture is very productive and enjoyable because everyone has different viewpoints of language and interpretations. Conversations and sharing stories deeply enhances the learning process.

Plain Language Editor

Initial documents:

- ✓ Informed Consent
- ✓ DNR Do Not Resuscitate
- ✓ MyAspirus Proxy Portal
- ✓ Vaccinations/Immunizations, etc.

Editing ..

Since 2008, I have edited many documents such as Informed Consent, DNR Do Not Resuscitate, Proxy forms, and vaccination information by using plain language principles.

The American Academy of Family Physicians says 7th grade is an appropriate reading level target for health information. Other experts recommend a 5th to 6th grade reading level. It can be very challenging to reduce the reading level depending upon the content and participants involved. The most important component when creating information for patients is to talk to the intended readers to check for understandability. Their feedback is far more valuable than [readability calculators](#).

For example after applying plain language principles to our Do Not Resuscitate document, it was reviewed with our Health Literacy Ambassadors who were very helpful in identifying additional edits to improve readability and comprehension. One literacy student did not know the word "surrogate". After an explanation, she asked if "surrogate" could be replaced with "guardian". We needed to obtain legal expertise regarding "guardian" and "surrogate" because "guardian" has a legal connotation.

Legal connotation for "guardian"

When a patient is unable to speak for themselves due to incompetence, dementia, coma etc., it's necessary to work with an attorney and petition the court to have a legal guardian appointed. There are times when consents are signed, and the healthcare professionals look to the patient's spouse or next of kin to sign for them however they are not actually identified as the legal guardian.

Surrogate simply means "substitute". So the goal was to use a word that implies a substitute such as "patient's representative".

Copies of before and after examples of our DNR, Advance Directives or other forms are shared with health care professionals upon request.

Health Information Summit

August 2010:

- ✓ 4th Wisconsin Health Information Outreach Summit

Summit ...

Planning and presenting the 4th Wisconsin Health Information Outreach Summit – Health Literacy was extremely important because we were able to offer an outstanding health literacy educational opportunity in central Wisconsin.

In 2010 there was a travel freeze (for economic reasons) in many organizations. It was difficult for professionals to travel to attend high-quality health literacy conferences. In addition, laypeople and community healthcare professionals rarely have extra funds available for traveling to conferences.

Reviews of the Summit were 3.8 out of a possible 4.0. Highlights of the Summit can be viewed at this link: <http://aspiruslibrary.org/literacy/Summit2010/Home.html>

Work required for planning and presenting this Summit included:

- creating the program agenda
- obtaining speakers
- securing the necessary funding
- advertising and marketing
- finding a location
- completing evaluations
- producing a website of the Summit highlights

Also, I had the opportunity to speak (in a group session) that focused on health literacy initiatives taking place specifically at Aspirus Wausau Hospital and Marathon county.

Teach-back Technique

The process:

- ✓ Teach-back technique

Ask patients to repeat in their own words ...

One of the best ways to check the patient's understanding is to use Teach-back.

Teach-back is a process by which a patient's understanding is assessed. Some professionals call the Teach-back technique the "show-me" or "repeat demonstration" technique.

An extremely important part of the Teach-back technique is that this process helps professionals assess how well they are teaching. The language that a professional uses during the process needs to reflect this responsibility rather than shifting the burden of the outcome to the patient.

For instance, please note the difference between the following sentences:

Better tone/responsibility

Now, we've gone over a lot of information this morning, so can I have you explain back to me what you will be doing at home just to make sure I discussed things with you clearly?

Worse tone/responsibility

Now, we went through a bit of information here, so can I have you explain back to me in your own words what we covered just so I can make sure you have the instructions understood correctly?

We completed our first teach-back video in 2012, but the process actually began with a pre and post-operative educational survey in June 2010.

The main lesson that we continually seem to be relearning is that professionals typically get caught up in teaching too much rather than narrowing it down to the "vital few" teaching points (or Ask Me 3 concepts) and then checking the patient's understanding with teach-back throughout the process. And another lesson is to remember to use plain language!

Teach-back Technique

2010 ~ 2014:

✓ Survey first ...

Survey work ...

In 2010, the Aspirus Health Literacy Council began work on a preoperative and postoperative education project for surgical patients to reduce readmissions. This project initially began with a survey of staff. The Council wanted to identify a common surgical procedure where pre or post op education could be improved.

The survey did not help to identify a procedure to improve education and readmissions, but it did reveal helpful data. After reviewing data and also meeting with the VP of Quality, we identified Teach-back to help reduce readmissions.

Staff Survey results ~ Pre-op Education

Respondents were asked if pre-op education is currently conducted in their areas. Those who said "yes" (65.9% or 87 respondents out of a total of 138) were given a range of questions and rating statements relating to pre-op education. Respondents shared detailed information on the type of procedures, type of education provided, teaching methods, and documentation methods.

The complete report of the Surgery Education Survey Findings is 40 pages, and is shared with health care professionals upon request. Some highlights include:

Respondents were given six statements relating to pre-op education and were asked to rate their level of agreement with each.

Pre-op Ratings (percent that "strongly agree")

- 25.0% Patients are well educated prior to procedure
- 10.0% Patients have a good understanding of recuperation time
- 11.0% Patients have a good understanding of what is required after procedure
- 19.0% Patients are well educated about who to contact with questions
- 21.0% Patients are adequately informed before consent
- 24.0% Patients are given enough information about what is required prior to procedure

Teach-back Technique

2010 ~ 2014:

✓ Survey first ...

Survey work ...

Post-op Education

Respondents were asked if post-op education is currently conducted in their areas. Those who said "yes" (72.7% or 96 respondents) were given a range of questions and rating statements relating to post-op education. Respondents shared detailed information on the type of procedures, type of education provided, teaching methods, and documentation methods.

The complete report of the Surgery Education Survey Findings is 40 pages, and is shared with health care professionals upon request. Some highlights include:

Post-op Ratings (percent that strongly agree):

15.0% Patients are well educated about general post-op care prior to procedure

29.0% Patients are well educated about who to contact with post-op questions prior to procedure

Pre and Post-op Barriers

Respondents were asked what barriers (if any) prevented excellent pre or post-op education for patients. 10.9% (14 respondents) said no barriers were perceived. Of those who perceived barriers, the key barriers identified were:

- Lack of time - 55.0% (71 respondents)
- Lack of interest shown by patients (resistant to learning) - 23.3% (30 respondents)
- Inadequate quality of teaching materials - 20.2% (26 respondents)
- Lack of awareness of teaching materials - 17.8% (23 respondents)
- Inadequate clinical knowledge or experience with procedures - 15.5% (20 respondents)
- Language barriers - 13.2% (17 respondents)
- Lack of visual aids - 10.9% (14 respondents)
- Insufficient documentation to understand what has or has not already been taught - 15.5% (20 respondents)

Teach-back Technique

2011 ~ 2014:

- ✓ Pre and post-operative education survey
- ✓ Diabetes and Medication Teach-back videos

Finally teach-back ...

In summary, the pre and post-operative education survey process took one year to complete (June 2010 to June 2011). This involved creating the survey, distributing the survey twice because the initial survey results were low, tabulating and evaluating the data and subsequently meeting with the VP of Quality to discuss options (the VP asked us to join the clinical pneumonia team).

By the summer of 2011, the Health Literacy Council started work on a pneumonia teach-back script. We also offered to assist with creating a diabetes teach-back video. By January 2012, we had a working draft of the teach-back script completed for diabetes, but the pneumonia script still required revisions.

Diabetes Teach-back video

We filmed our first edition of the diabetes teach-back video in February 2012. After receiving feedback from the CDC, AHRQ, and Harvard experts, we decided that we could improve the video by changing a few words during key Teach-back moments.

A second edition of the diabetes teach-back video was completed in May 2012. We received excellent feedback from the CDC and AHRQ. One thought-provoking comment offered was that it was "too perfect". We realized that there are potentially many interruptions and problems that occur in a real-life Teach-back situation, so we will be including more real-life challenges and barriers in future videos.

The diabetes teach-back video can be viewed at: [Aspirus Diabetes Teach-back video](#)

Medication Teach-back video

The medication teach-back video was completed in 2013 and can be viewed at: [Medication Teach-back](#)

Healthiest Wisconsin 2020

Teamwork:

- ✓ Health Literacy and Education Focus Area Strategic Team

Process ...

In 2009 I was invited by Margaret Schmelzer, MS, RN, Wisconsin State Health Plan Director, to become a member of the Health Literacy Focus Area Strategic Team. Our team consisted of 10 members, and our focus area was one of 23 focus areas of *Healthiest Wisconsin 2020* that encompass most of the important facets of health across the life span

Each of the Healthiest Wisconsin 2020 focus area teams were expected to identify two objectives for the decade. Every objective that is identified must have indicators and measures and meet a set of decision criteria. These objectives must provide the pathway to achieving the two health goals of Healthiest Wisconsin 2020 over the decade.

These goals are:

- (1) improve health across the lifespan, and
- (2) achieve health equity

An additional pleasure of participating in Healthiest Wisconsin 2020 was meeting Seth Foldy, M.D., MPH. Dr Foldy became State Health Officer and Administrator of the Division of Public Health for the State of Wisconsin in January, 2009. And it was because of this meeting that we were able to feature him as one of the keynote speakers at our [4th Wisconsin Health Information Outreach Summit](#).

Healthiest Wisconsin 2020

Draft:

- ✓ Health Literacy and Education Focus Area Strategic Team
- ✓ Objective 1

Objective 1

By 2020, increase awareness of the impact of literacy and health literacy on health outcomes.

Objective 1 Indicators

- Proportion of Adult Basic Education and English Language Learners programs that include a health literacy component.
- Proportion of health professional curricula that include literacy and health literacy.
- Number of organizations represented at annual Wisconsin Health Literacy summits.

Objective 1 Rationale

Although the association between low health literacy and poor health outcomes is increasingly acknowledged by many sectors in Wisconsin's public health system, a pressing need exists to expand awareness among all sectors identified in the *Healthiest Wisconsin 2020* framework. By understanding the magnitude and effects of the problem, partners can begin to implement strategies to improve oral and written health communications. These strategies include selecting easy-to-read educational materials for consumers, using application forms and consent forms with lower reading levels, developing discharge and prescription information in large print, and using materials that are culturally and linguistically appropriate. Clearer communication and understanding will help reduce medical errors and increase compliance with medication instructions, disease management, preventive screenings and self-care regimens.

Healthiest Wisconsin 2020

Draft:

- ✓ Health Literacy and Education Focus Area Strategic Team
- ✓ Objective 2

Objective 2

By 2020, increase effective communication so that individuals, organizations, and communities can access, understand, share, and act on health information and services.

Objective 2 Indicator

- Proportion of health care providers with effective consumer communication - Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Objective 2 Rationale

Health literacy improvement is a shared responsibility between patients, families, providers, and organizations, with increasing responsibility on the health care system to make certain that health information is written at a level that can be understood by patients, and that oral and written communication are culturally and linguistically competent. In this era of shared decision-making in health care, an informed consumer will have greater ability to make decisions that are positive, proactive, and health-promoting. Knowledge and information improve self-care knowledge, skills, and abilities that in turn have a beneficial effect on the health of individuals, families, and communities.

Conferences & Publications

Wisconsin:

- ✓ Presentations & Publications

Presentations ...

- "Teach-back" [5th Biennial Wisconsin Health Literacy Summit](#), Madison, WI 2013
- "Health Literacy: What is it?" Wisconsin Society of PeriAnesthesia Nurses Spring Seminar, Wausau, WI, 2012
- "Low Health Literacy among Paid Caregivers of Seniors" [4th Biennial Wisconsin Health Literacy Summit](#), Madison, WI, 2011, co-presented with Lee Lindquist, MD
- "Health Literacy" Medical Assistants 1st Annual Conference Northcentral Technical College, Wausau, WI, 2011
- "Health Literacy: What is Your Role as a Medical Assistant" WSMA State Conference, Waupaca, WI, 2011
- "Panel Discussion of Health Literacy Initiatives at Ministry, Aspirus, Marshfield Clinic, and collaborative partnership with Portage, Marathon, and Wood County Literacy Councils" [4th Wisconsin Health Information Outreach Summit](#), WI, 2010
- "Health Literacy" COLAND, Council on Library and Network Development, 2010
- "How to engage your hospital and community in Health Literacy Initiatives: Lessons learned from one hospital" [3rd Biennial Wisconsin Health Literacy Summit](#), Madison, WI, 2009
- "Health Literacy: a focus on culture" Susan G. Komen Forum, Wausau, WI 2009
- "Health Literacy: What is it?" ongoing tailored presentations for a wide range of audiences at various locations in WI, 2008 – 2012
- "Aspirus Health Literacy Ambassador Program" Wausau, WI, 2009
- "Brown Bag Medication Checks" Wausau, WI, 2009
- News Media Forum, Health Literacy and the State of the Economy, WJFW-Ch 12 (Rhinelander); Newsofthenorth.net; Star Journal; Lakeland Times (Minocqua), 2009

Publications

- ["Health Literacy Ambassadors" Marathon County Literacy, Spring 2011](#)
- ["Kraus Develops Health Literacy Ambassador Program in Wausau" Wisconsin Literacy, May, 2011](#)
- ["Healthiest Wisconsin 2020: Everyone Living Better, Longer" \(Health Literacy Focus Area Strategic Team\), Wisconsin Department of Health Services, July 2010](#)
- [Interviewed for a white paper entitled "Towards a Patient-Centered Education Program" by FierceHealthcare Custom Publishing, 2010](#)

Honors

- Aspirus Vision Award for Improvement (Geriatric Health Initiatives), 2010
- Aspirus Vision Award for Community Service (Health Literacy Initiatives), 2009