



Alabama Health Literacy Partnership Stakeholder Meeting

Meeting Report



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PLANNING COMMITTEE

Joy Deupree, Chair; Darlene Traffanstedt, Co-Chair; Peggy Benson; Cynthia Bisbee, Conan Davis, Boyde Harrison, James Tucker, Dave White.

MEETING BACKGROUND

Healthcare stakeholders from across the state of Alabama gathered on February 12, 2016 to better understand the definition of health literacy, the quality of life and economic impacts of low health literacy, the role of health literacy and health outcomes, and best practices occurring in other states. Stakeholders represented providers from across the continuum of care, health care systems, insurance carriers, government, academic institutions, non-profit organizations, professional associations, health care provider licensing boards and health advocacy organizations. This was the first of multiple engagements planned to determine Alabama's pathway toward improved health outcomes using evidenced based practice for health literacy initiatives. Topics discussed during the meeting included structure for a health literacy partnership, resources, priorities and measures to achieve the greatest positive impacts for the community and the state. The meeting brochure which includes the agenda and speaker information is attached as **Appendix A**, and the attendee roster is attached as **Appendix B**.

MEETING OBJECTIVES

Governor's Alabama Healthcare Improvement Task Force hosted the meeting which was planned by a subcommittee of the Quality Committee of the Task Force. The Alabama Health Literacy Partnership Planning Committee was comprised leaders from across the state who serve on the Task Force. Prior to the meeting, all attendees were asked to review the National Action Plan to Improve Health Literacy. Below are the stated objectives for the session:

1. Attendees will have an increased awareness and knowledge of how serious health literacy associated outcomes are for patients/consumers within our state.
2. Attendees will understand how health literacy initiatives and research can improve health outcomes and reduce healthcare costs to the citizens of Alabama.
3. Attendees will have an understanding of the National Health Literacy Plan for Action and the importance of implementing measures to align our healthcare with national objectives established by the IOM.
4. Attendees will articulate commitments for how they can support the partnership, through time; money; resources, including manpower for research; facilities; or other means.

VOLUNTEER COMMITMENTS

During the meeting, attendees were asked identify resources available, the perceived best structure and initiatives that could be successful in Alabama. From comments by attendees, the

groundwork for moving a health literacy initiative forward in our state, was identified and organized.

Participants were invited to identify how they can facilitate the partnership, i.e. commit their time, talents and resources to the work of the Health Literacy Partnership going forward. **Appendix B** contains a table of meeting attendees, their volunteer commitments, and any comments they noted on their commitment cards. More than ½ of those attending committed support for establishment of the Partnership.

PRESENTATION SUMMARIES

Below are paraphrased summary notes from speaker presentations delivered throughout the day. **Appendix C** contains the participant responses to the questions posed for each presentation. Slides and presentations will be made available by the Alabama Department of Public Health for others to view.

Governor’s Message – Governor Robert Bentley

Governor Bentley opened the meeting by communicating health care improvement is a priority for Alabama, noting that health literacy is important in addressing obstacles to accessing and using health care resources in the state. He stated “We need patient education, but we also need to educate providers,” meaning our healthcare workforce must be attuned to the current barriers to fully understanding and applying health information, and trained in overcoming those challenges through effective communication techniques with all our patient populations.

Welcome and Opening Remarks

Dr. Darlene Traffanstedt and Dr. Ron Franks from the Governor’s Healthcare Improvement Task Force introduced the meeting purpose, objectives and agenda, and key representatives from state government and the Task Force. Lynn Elgin offered guidelines for audience participation throughout the meeting as well as a commitment to apply the information and ideas from the participants in the development of a meeting report and next steps.

Health Literacy & Patient Centered Care Path to Quality Healthcare – Terry Davis, PhD

Dr. Davis has invested much of her career in the health literacy field. She defined health literacy as the capacity to obtain, understand and use services to make appropriate health decisions – for wellness, clinical care, insurance, financial/billing information and self-care. Dr. Davis noted that information must be both accurate and understandable to effectively communicate with the 90 million adults who struggle with health literacy. Dr. Davis noted literacy involves more than reading. It involves math, logical decision-making, internet skills, etc. It is also influenced by psychological factors such as fear, confidence and ability to process information. Trusted relationships make a difference.

Medication Errors are the most common medical mistake, mostly by patients taking the wrong medication or taking a medication at the wrong time. High number of prescriptions, differing/high

reading-level instructions, physicians per patient, and numeracy challenges all contribute to these errors.

Dr. Davis noted effective strategies for improvement include:

- Understand what parts of the tasks are too complicated/not being followed, address the process issues, and make the change,
- Provide a welcoming environment for health care that is easy to navigate and provides user-friendly engagement with the staff/providers, clinical encounters,
- Sit down, slow down, use simplified living room language, make the conversation a dialogue, use visuals,
- Limit total amount of culturally appropriate information and repeat/confirm the patient's understanding,
- Use navigators to check on patients, include cost transparency.

There are tested templates that can be used in Alabama, and patients should be involved in development of meaningful health information content and techniques for the Alabama population.

When considering the pathway forward at the state-level, Dr. Davis suggested we consider, how this applies to us, what next steps are needed, and how will we organize/engage the work.

Health Literacy Initiatives and Partnerships – Joy Deupree, PhD, RN

Dr. Deupree is faculty at UAB School of Nursing where she has taught a campus-wide health literacy course for 15 years and has an active program of research for promotion of healthcare for underserved and vulnerable populations and serves as a consultant for numerous health literacy initiatives. A Robert Wood Johnson Foundation Executive Nurse Fellow (2014-2017) her fellowship activities are dedicated to reducing disparities as related to low health literacy.

Dr. Deupree presented several illustrations of existing health literacy models in other states. The funders, participants and scope/focus of each initiative were highlighted for each state. Included in the peer examples were Arizona (Canyon Ranch Institute), Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Maryland, Central Massachusetts, Harvard, Minnesota, Missouri, Nebraska, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin.

Alabama has gained early momentum for determining the needs of the state as related to low health literacy through approval by the ADPH to add three questions specific to health literacy to the Behavioral Risk Factor Surveillance System beginning in January 2016. Analysis of the data gathered in 2016 is expected to provide valuable information as a needs assessment to begin the work for a Partnership.

Dr. Deupree shared with the attendees, a template developed by the IOM which names potential members of a Health Literacy Partnership which could include businesses, government, licensing boards, healthcare providers and associations, community organizations, consumers, education and the media.

When considering the pathway forward at the state-level, Dr. Deupree asked participants to identify initiatives that others states have that would be helpful for the planning/implementation of an Alabama Health Literacy Partnership, including structure, direction and sustainability.

Arkansas Health Literacy Partnership: Lessons Learned and Moving Forward- Jennifer Dillaha, MD

Dr. Dillaha is the Medical Advisor for Health Literacy and Communication within the Arkansas Department of Health. Their work is aligned with the Institute of Medicine Priority Areas for National Action: Living with Disability, Getting Better, Staying Healthy and Coping with End of Life. The work in Arkansas focused on (1) self-management/health literacy (skills and ability) & (2) care coordination (systems).

Dr. Dillaha described the journey of the Department and the Partnership for Health Literacy over the past several years. The work started by convening stakeholders, including literacy councils, agencies and hospitals. This was followed by creation of a strategic plan that acknowledged literacy as integrated in all activities of the Department.

In order to build awareness and understanding, Dr. Dillaha began speaking to many stakeholder audiences on the issue and also delivered training on health literacy. The Department offered an annual day-long conference on health and literacy topics. They leveraged literacy councils to disseminate health-related content in their curricula, and partnered with school-based health centers and the State Department of Health and Education. They also performed a plain language quality improvement project, the results of which have been applied to several of their educational activities.

The Department also engaged the Office of Health Communications to align web content for readability and participated in the National Public Health Information Coalition. Their Community Health Needs Assessment Plan was written using health literacy principles to model the importance and efficacy of the plain language technique. They supported a Plain Language Learning Community where stakeholders learned health literacy principles to bring back to their own work in their departments. Other activities include investment in Health Literacy Advisor Software and Health Literacy Grand Rounds using Health Literacy experts.

When considering the pathway forward at the state-level, Dr. Dillaha noted the lessons learned from the Arkansas journey:

- Use data understand your population and its needs
- Spend a lot of time discussing “what is” health literacy
- To be sustainable, use what resources are currently available but use them differently
- Increase capacity through training of stakeholders that can help
- Change agents and awareness are key to a successful initiative
- A central change agent/coach is needed to sustain progress among partners who has significant time to devote to this effort.

Addressing Low Health Literacy: Healthcare's Mandate for Clear Communication – Clifford Coleman, MD

Dr. Coleman introduced the term “Clear Communication” which applies to all our roles, not just doctors and nurses. He emphasized that while health literacy involves individual skills and abilities, Clear Communication involves the complexity and demands of health and the healthcare system.

Because we continuously bombard our patients with complex information required as a part of the health care system, it is incumbent on us to meet patients where the need is and allow them to act. Information should be jargon free, able to be easily digested and retained. The most impactful investment of resources is in educating and equipping the providers rather than only educating consumers.

Dr. Coleman referenced research demonstrating that a typical office visit does not allow for adequate evaluation of literacy. Clinicians vastly overestimate their patients' skills and underestimate the importance of their own skills in being able to help patients.

Dr. Coleman noted the following Top 5 Clear Communication Best Practices:

1. Universal precautions: simple communication
2. Plain language: non-jargon
3. Limit information: 50% of encounter can be remembered. Only 25% is understood.
4. Elicit questions: “What questions do you have?” rather than, “do you have any questions?”
5. Utilize the Teach-Back method during patient encounters

Dr. Coleman concluded with ideas for implementation from the provider perspective, stating better communication does not have to take more time and incentives should align with the behaviors that need to be addressed.

Implementing Universal Precautions for Health Literacy – Joseph Betancourt, MD

Dr. Betancourt closed the meeting with a presentation on health literacy and an explanation of the Health Literacy Universal Precautions concept- you never assume a patient understands the instructions but you use the Teach Back Method to verify the understanding of every patient. He stated health literacy is a relevant topic especially with the changes underway in our healthcare system nationally, and the answer is not to do more of the same things we are already doing.

Dr. Betancourt's work is focused on educating front line staff and doctors in effective communication techniques with patients and families. He emphasized that when we talk about truly engaging and activating patients, some patients will need more connection since providers are often seen as authority figures. It is okay to ask the patient to “play back” important information. This is about communicating and processing and applying health information – health and insurance information included.

Dr. Betancourt references the AHRQ Study: Health Literacy Universal Precautions to detect low health literacy and support patient understanding. The concept is to detect health literacy limitations, create the environment that encourages trust and comfort, use plain language, limit content, slow down, listen carefully and use good body language.

Dr. Betancourt concluded with the needs and attributes of a health literate health care organization:

- Obtains leadership buy-in
- Develops plans/systems including patients and community
- Prepares the workforce
- Includes the needs of all
- Communicates effectively
- Ensures easy access
- Designs easy-to-use materials
- Targets high risk populations
- Explains coverage and costs

Closing Comments and Next Steps – Darlene Traffanstedt, MD

Dr. Traffanstedt thanked the speakers and participants for their engagement and committed to the group to communicate the findings and next steps informed by the participant feedback.

PARTICIPANT DISCUSSION THEMES

Speaker reviews were positive and prompted near-term and long-term ideas from participants (see **Appendix C**). Clarus Consulting Group asked participants to document their thoughts on how each presentation best applied to the state of Alabama, what strategies should be considered, stakeholders that should be included in an Alabama Health Literacy collaborative, and obstacles that could get in the way of moving forward/achieving meaningful impact. Participants were also asked to consider how they could contribute to a collective health literacy impact model, and to commit their time and resources. Below is a summary of the stakeholder feedback, including themes and findings from the stakeholder responses; and recommendations for how to proceed in the development of an Alabama Health Literacy strategy. Key discussion themes from the meeting included:

- **Health literacy should be a priority for Alabama** and numerous partners could contribute to the creation and implementation of a health literacy strategy, therefore, the development of an **infrastructure to organize this work** will be important. This includes identification of a champion to anchor the work, maintain momentum, and communicate progress and outcomes.
- A health literacy collaborative should begin with an agreed upon **definition of the term health literacy, philosophy for what health literacy is meant to achieve for the patient and the community, and direction for where the most impactful interventions** should occur. Initial comments around intervention focused on pharmaceutical education and management, plain language resources, top best practices, and training and education at the provider-level.
- **Resources, both time and financial**, will be required to envision and execute a strategy for our state. **Widespread acceptance** will be required to scale these solutions to the greater

community. First and foremost, there must be commitment to dedicate the resources necessary to create and sustain a health literacy strategy. Significant capacity and financial investment will be needed, and every effort should be made to utilize existing professional and collaborative channels for dissemination of educational and project-related information.

- There should be an **inclusive strategy to engage stakeholders**, including patients, families and the broader business community, to identify needs, priorities, challenges and greatest opportunities for impact.
- There is ample opportunity to capitalize on the **research, templates and best practices of other states** as well as work that has already begun in local communities. The collaborative should understand what is already happening in Alabama with regard to health literacy, apply tested models and tools from peers, include consumers and partners in the design of Alabama-based strategies, and **measure for outcomes to both understand whether interventions are effective and to garner support needed to increase/scale efforts as needed**.
- **Health literacy strategies are practical in nature**, and concrete ideas can be pursued to affect change. There should be a known curriculum/content for patients, providers and the broader community. Several specific strategies were named by participants as immediate opportunities, including pharmacy/prescription communication approaches as well as use of existing electronic and print proven templates developed in other states.
- Health Literacy involves many factors beyond reading, and **there is opportunity to educate providers, partners, potential supporters, and the public** regarding the dynamics and implications of low health literacy on the patient's quality of life and the greater community. Communication content and platforms can be developed to help enhance stakeholder understanding and improve access to tools and processes available to be utilized by providers, partners and consumers.

Below is a categorical summary of the themes from the discussion:

Structure & Sustainability	Philosophy / Approach	Curriculum & Tools	Measurement & Incentives	Awareness & Understanding
<ul style="list-style-type: none">• Champion• Collaborative Structure• Broad Inclusion• Funding and Other Resources• Capacity	<ul style="list-style-type: none">• Established Health Literacy Definition• Patient-Centered Care Connection• Patient Inclusion in Solutions• Provider-Focused Intervention During Formal and Continuing Education	<ul style="list-style-type: none">• Baseline Inventory of Activities• Established / Proven Best Practices• Practical Solutions (Pharmacy, 5 Best Practices, Universal Precautions, etc)• Peer Tools and Templates• Known Curriculum• Leverage Existing Channels	<ul style="list-style-type: none">• Identified Outcomes and Goals• Using Data to Target Greatest Areas of Impact (Statistics, CHNA, etc)• Measure for Impact of Health Literacy Interventions• Participant Motivation – Mandates or Incentives	<ul style="list-style-type: none">• Web, App & Social Media Content• Provider Education• Community Education• Patient Education

CONSULTANT RECOMMENDATIONS

The following recommendations are offered for consideration as you proceed with next steps:

1. **Capitalize on the engagement and momentum created in this first meeting.** There was positive feedback and volunteer interest articulated by the participants. Also, many stakeholders are currently focusing on related issues that could certainly benefit from a meaningful health literacy strategy for Alabama (population health, Medicaid innovation, changing reimbursement models, rural health, etc). Sustain this momentum through identification, communication and scheduling of next steps.
2. **Identify a known champion and/or structure** that will lead the Health Literacy conversation and maintain momentum, and determine the where this position will be located. Considerations for locations include state government, within a statewide non-profit footprint, or a university setting. Buy-in from stakeholders and branding in the community could be enhanced if the collaborative champion has a title and entity assigned. Interim project management resources could be accessed to keep the work moving forward while long-term resource decisions are made.
3. **Develop a strategic plan as a roadmap, a communication tool and an accountability structure.** Collaborative development requires agreement around vision and philosophy, significant resources, complex communication with internal and external audiences, and prioritization of strategic decisions. A known plan can bring clarity, focus and agreement for the direction, goals and efforts of the collaborative.
4. **Develop a strategic communications structure to support the plan.** Having a clear and consistent message about the definition and philosophy of Alabama’s health literacy strategy will maintain focus, engagement and energy. Reporting progress according to an established plan can demonstrate objectivity and progress to volunteers, funders, and other stakeholders. These messages should be delivered to target audiences often and according to an established schedule,
5. **Utilize the collective expertise and perspectives of the provider, partner and patient stakeholders.** As the collaborative vision and strategic plan is developed, include as many voices as possible to identify what is working in Alabama and peer states, create new and innovative ideas, and engage stakeholders who are critical to long-term success of the collaborative. Many additional stakeholders were identified by meeting attendees and their near-term involvement will be a valuable asset as next steps for the collaborative are determined.
6. **Focus on opportunities for greatest impact by applying state and community-level data as well as proven research and strategies from other states and providers.** As many stakeholders pointed out, “don’t recreate the wheel.” Apply tested best practices and ask consumers and partners to help make adjustments for the unique aspects of Alabama. Use existing data to start with areas of greatest opportunity.
7. **Create early wins by piloting identified strategies, measuring for impact, and communicating the value proposition.** Determine what outcomes can be achieved on a contained level and then leverage the most successful outcomes from pilot interventions to scale to the broader population, and enhance funding and partner support.

8. **Capitalize on health innovation efforts already underway in the state.** Identify stakeholder groups that have been working on issues impacted by health literacy, including the Medicaid Regional Care innovation efforts. Determine whether this work can be performed in concert with other structures involving similar data, stakeholder groups, challenges and strategies. This can reduce confusion and duplication for partners invited to these conversations and can increase the effectiveness of everyone's overall efforts.

