



Tennessee Charitable Care Network: Exploring Health Literacy Issues Throughout the State

The Tennessee Charitable Care Network (TCCN) is the membership organization for 22 of the 46 known clinics that deliver health care to people without access to insurance coverage in communities throughout the state. The Network was founded early in 2014 and since that time has established itself as a vital resource and advocate for the vulnerable populations and communities served by its members. The Tennessee Department of Health (TDH), which administers the HealthCare Safety Net Grant Program, has provided funding to majority of TCCN member clinics since its inception nearly ten years ago. Since that time, the number of uninsured adult medical encounters has increased from 164,608 in 2007 to 216,533 in 2014. TDH continues to view TCCN members as a critical component of the healthcare safety net in the State and are partners with the Network. TCCN and TDH leaders discussed the benefits of bringing Network members together to focus on an issue of common interest and concern, and identified health literacy as a priority topic. As a result, TDH sponsored an interactive workshop for TCCN members held in two half-day sessions in Nashville May 13 – 14, 2015. A total of 29 TCCN members and 5 representatives from TDH attended all or a portion of the workshop. The facilitated session was designed to provide opportunities for members to share their experiences in how health literacy issues impact patient care and outcomes, and to generate preliminary recommendations about best practices to address specific barriers to care.

Sharing Stories, Finding Common Ground

Charitable clinic leaders documented health literacy issues their patients encountered day-to-day and identified the specific barriers and strategies that could be implemented to resolve the issues. These clinic leaders brought samples of health literacy tools and materials to share at the session. Following an introductory discussion on day one of the workshop, members worked in six small groups to share their examples of health literacy issues and to identify specific barriers. Following the small group discussion, each group presented the identified barriers and worked with others to cluster the ideas from all six groups to create “categories” of health literacy barriers. Labels were created to describe each of the twelve clusters of related ideas. The identified categories of barriers are shown below and the verbatim ideas used to create the clusters are included as Attachment A to this report.

Identified Barriers to Care:

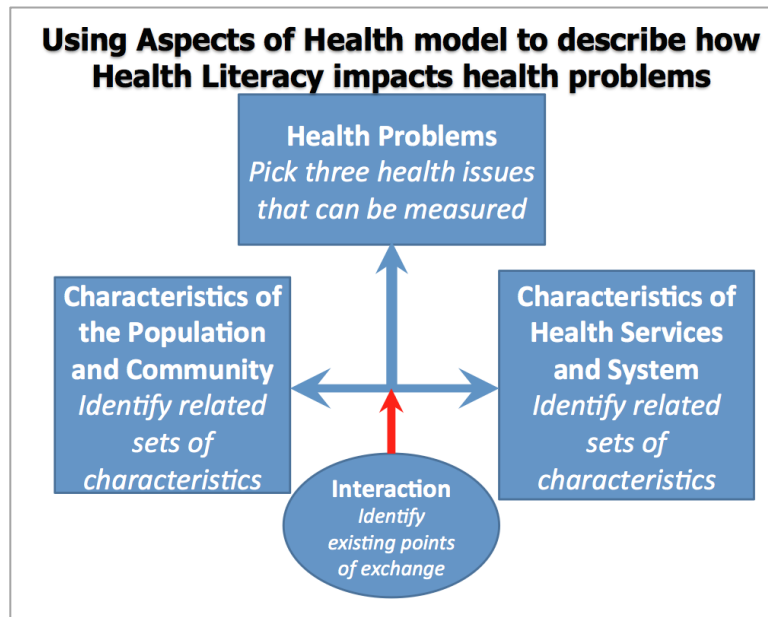
Cultural barriers	Health insurance
Language barriers	Finances/financial literacy
Social/environmental	Limited/little formal education
Patient/provider relationship	No medical home
Lack of knowledge	Behavioral health
Personal issues	Lack of understanding

Commonalities identified include:

- The identified barriers represent a significant number of people seen in local clinics day to day
- Many patients seen by TCCN members experience significant levels of stress in their lives every day with “no margin” to deal with additional issues
- Many patients fall within multiple categories listed and experience multiple barriers
- While people from all backgrounds may experience health literacy issues, there are differences in populations with means and those without, and clinics often become the “support system” for people without means
- In order to deliver primary care, many clinics must informally take on the role of “social worker” though few are able to afford to staff that actual position
- The barriers speak to the “importance of our faith-based approach” - Medicine alone cannot solve these issues – “we provide hope”
- A lot of issues can be defined by a knowledge deficit
- Cultural issues are not just related to foreign born patients
- There are more commonalities than differences from one clinic to another

Health Literacy Impact on Health Outcomes

Bruce Behringer, Deputy Commissioner TDH, presented a model (adapted from Anderson and Aday, 1978) that can be used as a tool to explore how health literacy issues impact health outcomes. The model focuses on defining health problems through the interaction of the population, community, health services and systems as shown below.



Workshop participants selected three health problems significant in Tennessee and specifically for patients of TCCN member clinics to apply the model. The group selected the



issues of Oral Health, Tobacco, and Obesity to use in applying the model and to develop related problem statements. Each participant chose one of three groups to help develop the assessment model and identify problem statements. The assessment model and problem statements developed and presented by the groups on each issue are included in Attachment B.

Sharing Tools and Techniques

These health care leaders shared and identified the tools and techniques currently used in clinics across the state to assess, address and monitor health literacy barriers. Most participants identified the need for more assessment tools to help in identification of specific health literacy needs. The list of assessment tools and techniques currently used by TCCN members is shown below. A chart of all the tools and strategies produced by the group related to the categories of health literacy barriers is attached to this report (Attachment C). Many of the strategies are shown for more than one category, indicating their use for a variety of health literacy issues. Several TCCN members also observed that many of their patients “fit” in more than one category of the identified health literacy issues.

Health Literacy Assessment Tools and Techniques:

- Pre-treatment 1:1 interviews with inquiry about fluency
- Chronic disease assessment survey
- Motivational interviewing
- Thorough check-out/review with nurse after seeing provider
- Requirement for patient to see provider for all prescription med renewals
- Monthly visits/assessment
- Oral Health literacy and home practice – pre and post survey
- Opiate abuse evaluation
- Confirmation patient understands instructions through feedback/listening

Several people shared specific approaches they have found to be effective in addressing health literacy barriers. Some examples include:

- A physician who had practiced in Alaska described the use of pictures and metaphors in communicating with native people who have distinctive cultures. She described having observed a colleague who effectively used a culturally relevant metaphor and picture in communicating the need to take medication for a chronic condition. She adapted the concept of metaphor with a male patient from a rural community in another state by using the concept of a “warning light” on a car to help him understand the importance of monitoring his blood pressure.
- The administrator of a clinic serving a population with high incidence of obesity described the use of brightly colored portion control rings (available through PortionMate™) to help patients learn to measure healthy food portions.
- Several participants reported accessing language translation through a phone

service and one person recommended a particular company that provides translators familiar with clinical settings and processes.

- Quite a few people reported providing nutritional information and recipes in multiple languages and written in English at lower reading levels. One person shared a handout for “Diabetic Friendly Recipes” that offers simply written, easy to prepare, healthy versions of traditional southern food items.
- One person shared a Lab Worksheet that presents a side-by-side description in simple, layman’s terms of what is measured by each lab test. For instance, the description for the Glucose value is “This measures your blood sugar after not eating or drinking anything for 8 hours.”
- Another provider shared her organization’s use of motivational interviewing techniques to improve communication with patients by encouraging motivation and increasing likelihood of adherence.
- A physician from an organization that provides services to a patient population approximately 80% refugee or immigrant described the importance of having a “hospitality coordinator” to engage each person personally upon arrival at the clinic. The person in this role is friendly and proactive in assuring that the patient and his/her family feels welcome and engaged in care. The same organization has a Patient Resource Room where tools, such as a computer with pre-bookmarked sites, are available to meet individual cultural and language needs.
- Another urban clinic offers an on-site garden where patients and their families participating in a wellness program are involved in growing, harvesting and preparing vegetables from the community garden.
- Several people discussed the use of extended patient visits to accommodate education and communication needs, and continuity of providers when possible as effective approaches to overcome health literacy barriers.

Nearly all workshop participants agreed that they would like to have more assessment tools available to better determine each patient’s needs and abilities. Several people emphasized that it is highly desirable to have assessment and screening tools in order to match the communication approach to the patient’s needs. Others who use volunteers for important roles within their clinics discussed the importance of providing training to volunteers on the use of health literacy needs and techniques. Someone suggested it would be ideal to find “proactive ways” to influence the children of patients so they will grow up with fewer barriers to health care. Several people noted the lack of funding for prevention services as a barrier.

Finding Ways to Close the Gap

Participants worked in one of three small groups to develop a statement of findings regarding health literacy in the communities served by TCCN members. The groups used the following questions as a discussion guide:

1. *What is the scope or magnitude of health literacy barriers in the communities served by TCCN members?*



2. *What are some of the primary contributors to health literacy barriers?*
3. *What do you estimate to be the impact of these barriers on health outcomes?*
4. *What recommendations do you have for strategies that could be implemented to decrease the impact of health literacy barriers?*

There were overlapping themes in the groups' responses to discussion questions 1 – 3:

Scope or Magnitude

- All clinic patients/populations served by TCCN members have health literacy issues, throughout the state and community-wide.
- The magnitude of barriers to good communication is increasing as the state's population of foreign-born individuals increases.
- There is a perceived continuing breakdown in community supports for vulnerable populations with related negative impact on health conditions.
- Health literacy barriers can occur across all education and literacy levels.

Primary Contributors

- Breakdown of families and traditional support communities
- Finances/low income
- Cultural and language barriers
- Education level
- Many families are overwhelmed by basic survival needs and related stressors
- The healthcare system can seem overwhelming and difficult to access

Impact of Barriers on Health Outcomes

- Significant impact, worse outcomes than general population
- "No shows" lead to unknown health outcomes
- Lower level of patient engagement
- More focus on treatment than prevention
- Negative psychological effects
- Generational impact

Interestingly, each group approached the question of recommended strategies from different perspectives. One group outlined specific interventions to address barriers at the individual level. Another group described clinic and health system level strategies and the third group presented community level strategies aimed at improving health outcomes. During the wrap-up discussion, participants agreed that the approach must be multi-level: individual, clinic/healthcare system, and community-wide approaches. The specific ideas presented by each group are listed in Attachment D.

As participants provided observations and reflections about their time together, it was clear that these Network members found value in coming together to discuss health literacy issues among their patient populations. Many noted they had gained practical tools and knowledge that could be applied immediately in their clinics. Others commented on



the value of participating in an interactive workshop format and suggested it would be beneficial to schedule similar sessions in the future in addition to more traditional training opportunities. Nearly everyone expressed appreciation for the opportunity to become a part of a statewide community of healthcare providers who have a shared sense of mission and face many of the same challenges. These comments underscore some of the reasons TCCN was established and affirm its potential and great value to members going forward.