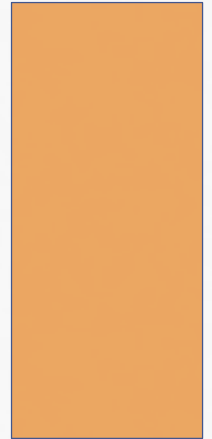


PROMOTING HEALTH LITERACY: THE ROLE OF THE CASE MANAGER

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OBJECTIVES

1. Describe health literacy and its impact on four health outcomes.
2. Identify three formal and informal assessments for health literacy.
3. Explain the role of a case manager in the promotion of health literacy and three interventions using a case example.

DEFINITION

- The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (IOM)
- Supplementary health related knowledge and skills (e.g. basic medical vocabulary, familiarity with how the health care system functions, & knowledge of how health affects well-being (Liechty, 2011; Nutbeam, 2008)

FUNCTIONAL LITERACY

- Functional literacy is the ability to read and write to function in society

OTHER TYPES OF LITERACY

- Visually Literacy
- Completer Literacy
- Information Literacy
- Numerical/Computational Literacy

HEALTH LITERACY

<https://www.youtube.com/watch?v=iCvQyRhpl4Q&t=451s>

AREAS OF HEALTH LITERACY

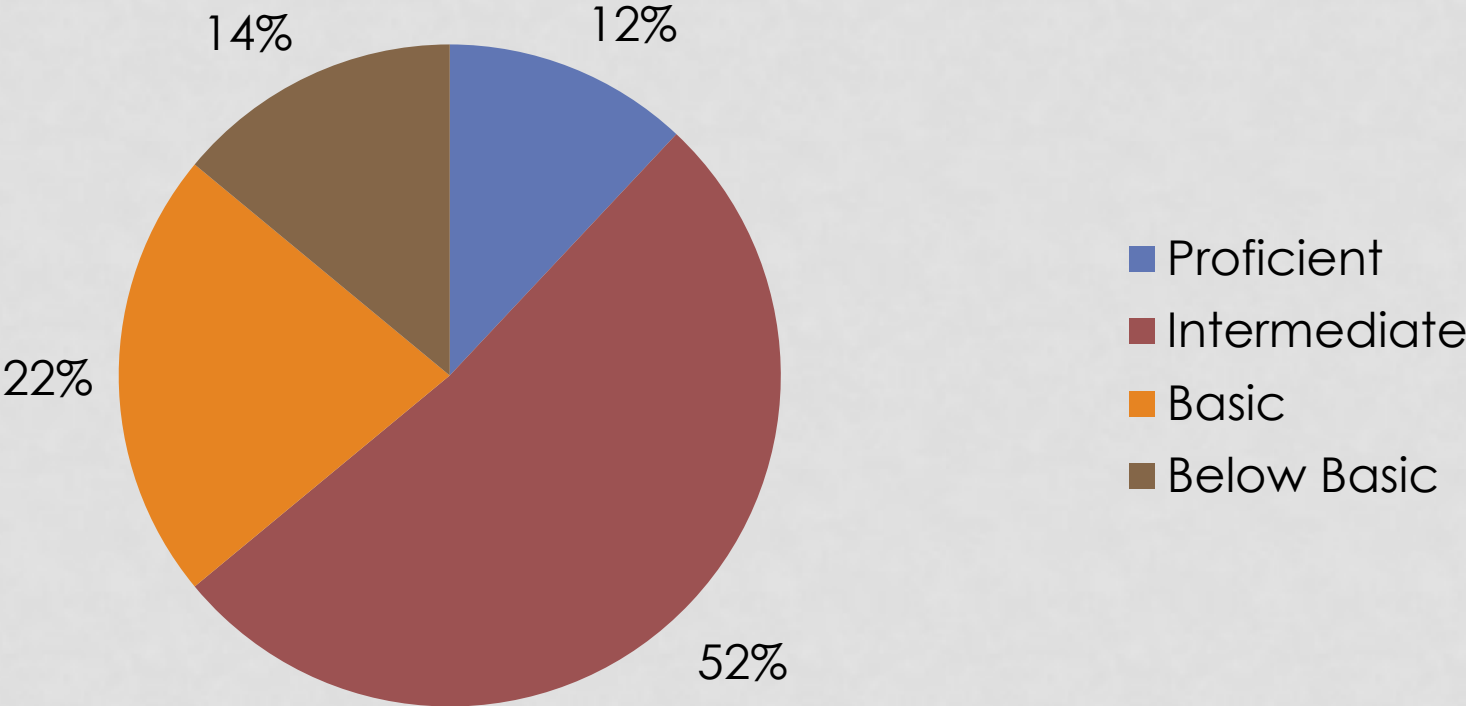
Clinical tasks

Preventative tasks

Healthcare system navigation

HEALTH LITERACY PROFICIENCY

US Adult Health Literacy Proficiency



READING PROFICIENCY

- Average US citizen reads at 8th grade level
- 20% read at 5th grade level or below
- Most medical information is written at an 11th-12th grade level

(Center for Healthcare Strategies)

CLIENTS NEED TO BE ABLE TO:

- Access services
- Analyze risks and benefits
- Calculate dosages
- Communicate with providers
- Evaluate Information
- Interpret test results
- Locate health information

INDICATORS

- Frequent missed appointments
- Failure to complete forms
- Unable to name medications and purpose
- Identifies pills by sight (without reading label)
- Inability to provide sequential medical hx
- Lack of follow through with referrals
- Excuses (“I forgot my glasses” “I’m too tired” “I’ll look at it later”)

(Kaiser Permanente)

FORMAL ASSESSMENTS

- REAL M/D
- SAHLSA
- TOFHLA

INFORMAL ASSESSMENTS

- Distinguish decreased literacy from cognitive decline
- Differentiate English proficiency from low literacy
- Assess in private

IMPACT

- Economic Impact
- Less likely to get flu shots
- Less likely to take medications correctly
- Less likely to seek preventive care
- Higher hospitalization rate
- Less knowledgeable about chronic disease management
- Higher mortality

(ARHQ)

IMPACT

- Poorer glycemic control/Higher rates of hypertension
- Lower tx adherence
- Poorer self-reported health
- Requiring more help and guidance in their health care,
- Lower patient satisfaction
- Insufficient knowledge of treatment plans at discharge,
- Longer hospital stays
- Increased use of emergency rooms & ambulance transport

(Kutner et al., 2006; Liechty, 2011, p. 101; Mitty & Flores, 2008)

CASE MANAGEMENT AND HEALTH LITERACY

- Health equality
 - Quality of care
 - Health care access
 - Biopsychosocial and spiritual well-being
 - Cultural competence
 - Structural, financial, and organizational barriers to health care
 - Consumer empowerment
- (Liechty, 2011; Bergsma, 2004).

EMPOWERING EDUCATION

Empowering nature of information and education as tools for individual and social change

Empowering education related to health literacy is an effective social work intervention-yet social workers often overlook this form of intervention or relegate it to the valuable work of nurses

(Liechty, 2011)

INTERVENTIONS: 3 AREAS

- Access to health care
- Interaction between clients and their health care professionals
- Self-care

(Paasche-Orlow & Wolf, 2007)

INTERVENTIONS

- Correcting low levels of health literacy necessitates improving access to effective school education and improving the quality of health care provider and client communications (Nutbeam, 2008).

INTERVENTIONS

- Patient education and support
- Systems improvements
- Health care provider accommodations
- Government-funded research
- Pro-health legislation and policies

(Liechty, 2011)

MICRO LEVEL

- Providing information in age-friendly formats
- Avoiding complex medical jargon whenever possible,
- Asking clients to rephrase what has been communicated
- Identify and correct maladaptive thoughts or medical beliefs,
- Encourage clients to “challenge conventional assumptions” about illness and dying
- Provide clients with external sources of answers when they forget or feel overwhelmed with too much information
- Educate families about “group and family dynamics” related to health and illness
- Educate clients and their caregivers about their rights and resources
- Encourage a “sense of control” through activities that clients can do to manage their own diseases (Cagle & Kovacs, 2015)

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MACRO LEVEL

- Advocate on local, state, and federal policy levels for changes in practice related to health literacy.

ETHICAL IMPERATIVE

- Cultural Competence
- Advocacy

QUESTIONS?