

Welcome to the Webinar on Shared Plans of Care

- As you arrive, please sign in to the webinar, listing
 - your name,
 - how many people are in your party,
 - and what county you're from
 - **(if you have already signed in, please enter this information into the text box)**
- Please mute your phone when not actively participating in conversation.
 - Unmute your phone to ask questions.
 - If listening on your computer, please mute your mic to prevent echoes.
 - Don't put us on hold! That usually causes music to play that everyone has to listen to....
- When speaking, be sure to identify yourself.
 - If it's difficult to find space to talk, please use the chat box.
- This webinar will be recorded for note taking purposes, but will not be shared outwardly or posted online.



Agenda

- Introductions
- Housekeeping
 - Regional Meetings
- Last month's topic: *Engaging with Primary Care*
- This month's topic: *Health Literacy and Shared Plans of Care*
- Open discussion
- Closing and reminder of next steps

OCCYSHN Regional Meetings

We are hoping for lots of participation, so please invite your local partners to register! This includes *all* local professionals who work with CYSHCN.

- “Save the Date” was sent out in early January.
- Invitational flyers for the Portland Metro and Roseburg OCCYSHN Regionals, including the final agenda and information about logistics and financial support, have recently been emailed to all SPOC participants.

Last Month's Webinar Topic

- *Engaging with Primary Care*
- Questions/Thoughts?

This Month's Webinar Topic

Health Literacy and Shared Plans of Care

Gillian Freney

OCCYSHN Communications Coordinator





Health Literacy

“Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

- *Healthy People 2020*

U.S. Department of Health and Human Services

Culturally & Linguistically Appropriate Services (CLAS)

National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities.

Principle Standard

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, **health literacy**, and other communication needs.

<https://www.thinkculturalhealth.hhs.gov/clas/standards>



Impacts on Health Outcomes

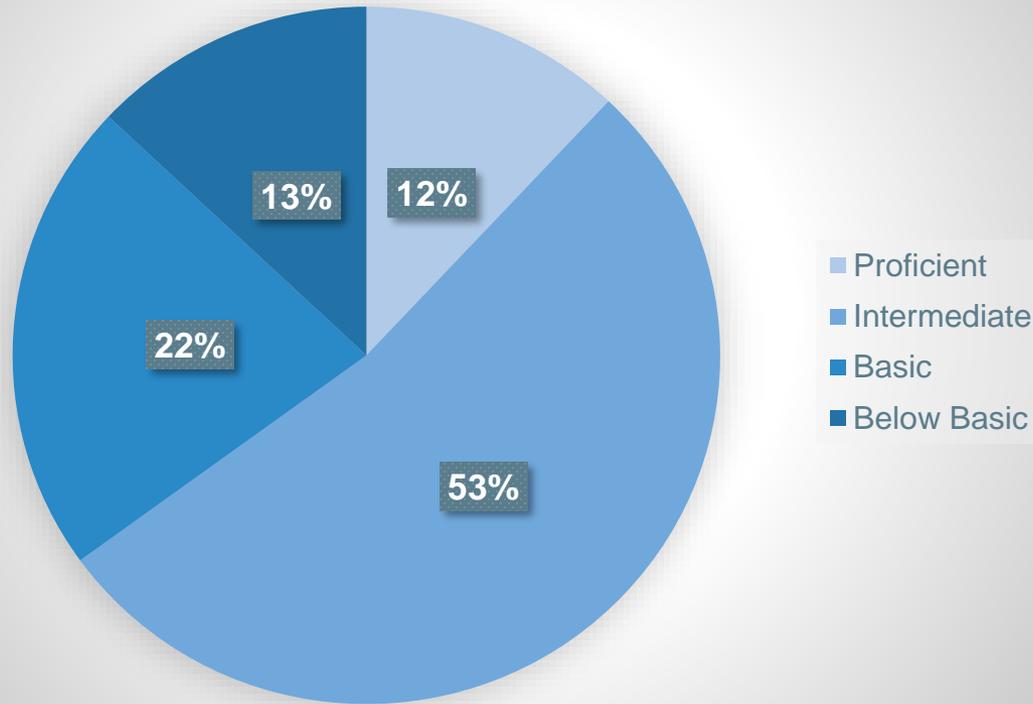
People with low health literacy skills:

- are **sicker** when they seek care
- are more likely to have **chronic conditions**, and are less able to manage them.
- have more **preventable hospitalizations**
- **pay more** for health care
- are significantly more likely to say their **health is poor**
- are more likely to **feel shame** about their ability to understand and use health information.

<https://health.gov/communication/literacy/quickguide/factsliteracy.html>



Health Literacy in the U.S.



35% of adults in the U.S. were identified as having serious limitations in health literacy skills. Only 12% were considered proficient.

Source: *The Health Literacy of American Adults. Results from the 2003 National Assessment of Adult Literacy.* National Center for Education Statistics (2006). <http://nces.ed.gov/naal/health.asp>

Some populations at risk for low health literacy:

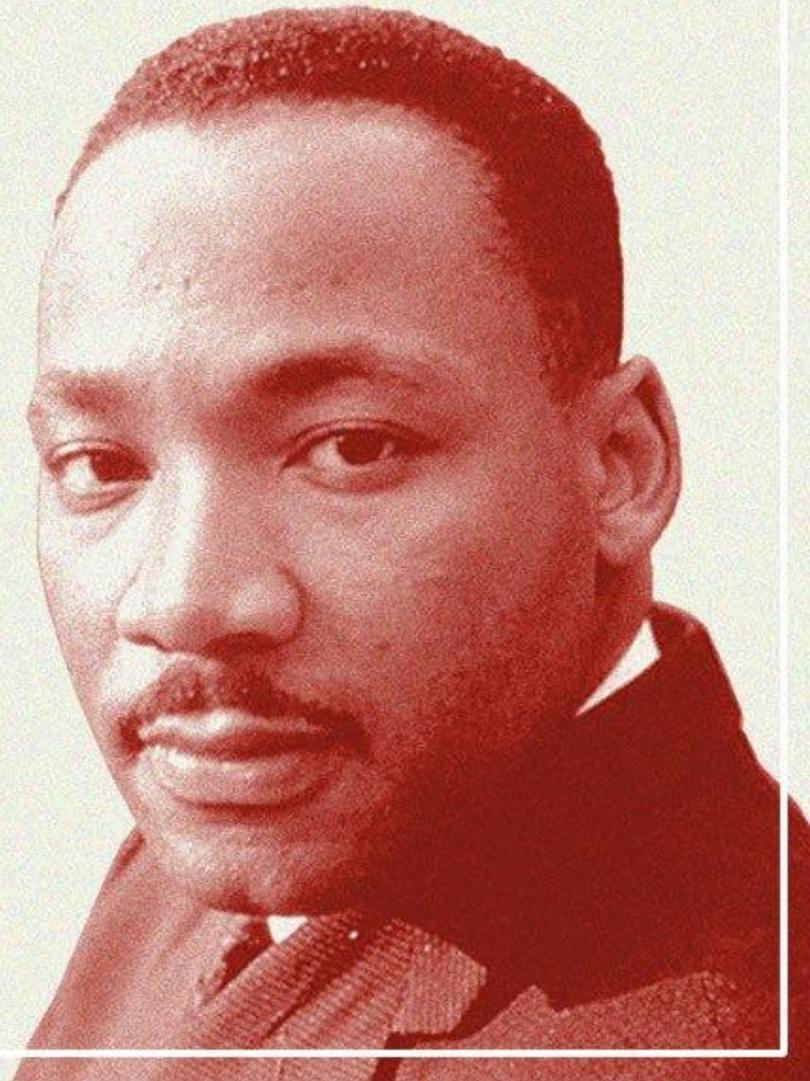
- racial and ethnic minorities
- did not complete high school
- low income
- limited English proficiency

Institute of Medicine, 2004. *Health Literacy: A Prescription to End Confusion*. Washington, DC: The National Academies Press.



“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.”

—Martin Luther King Jr., 1966



What can be done?

Health Literacy Universal Precautions

<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>



Using Universal Precautions

**Assume EVERYONE
has limited health literacy.**

- You can't tell by looking.
- Higher literacy skills \neq understanding.
- Anxiety can reduce ability to manage health information.
- Everyone benefits from clear communication.

Tip #1 for Better Communication

Plain Language

Enemies of Plain Language: Human Nature

- Old habits die hard.
- People want to be smart.
- People want to be kind.

Enemy of Plain Language in SPOC: Initials and Acronyms

- SPOC
- IEP
- DD
- SLP
- EI/ECSE
- ESD
- PT/OT

Enemies of Plain Language: Jargon

| Commonly Used | Plain Language Alternative |
|---------------|----------------------------|
| Annually | Every year |
| Hypertension | High blood pressure |
| Orally | By mouth |
| Coordinate | Work together |
| Obtain | Get |
| Individual | Person |
| Access | Able to get |
| Facilitate | Help |
| Maintain | Keep up |
| Utilize | Use |
| Immunization | Vaccine, shot |

<https://www.cdc.gov/other/pdf/everydaywords-060216-final.pdf>



ORIGINAL “Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

REVISED “Health literacy means people can find and use the information they need to manage their health.”

**HOW WAS SCHOOL
TODAY?**

FINE

Open-Ended Questions

Good Starts: **what, describe, why, how, tell me about...**

Bad Starts: **who, when, are, did, will, would**

| Closed-ended questions | Open-ended alternative |
|--|--|
| Would Anna benefit from counseling, in your opinion? | What do you think about the possibility of counseling for Anna? |
| Who can check Jose's blood sugar levels at home? | Tell me about checking Jose's blood sugar at home? What does that usually look like? |
| Are you in agreement with this SPOC recommendation? | How do you think your family could make this recommendation work? |

<https://www.wikihow.com/Ask-Open-Ended-Questions>





Do you have any questions?

What questions do you have?



Cultural Humility

It's an **attitude**,
not a **destination**.

Cultural Humility

- approach others with openness to learning from them.
- start with questions rather than assumptions.
- strive to understand rather than to inform.

Reference: Tervalon, M. and Murray-Garcia, J. (1998). *Cultural humility versus cultural competency: a critical distinction in defining physician training outcomes in multicultural education*. [Editorial Research Support, Non-U.S. Government P.H.S. Review]. *JHealth Care Poor Underserved*, 9(2) 117-125 <https://culturallyconnected.ca/cultural-humility/>



Speaking of listening instead of talking....

- Do you have strategies for making families feel comfortable in SPOC meetings?
- Anyone want to share an experience where health literacy or cultural issues played a part in SPOC?
- Other thoughts?

Open Discussion

Next scheduled webinar

Our next SPOC webinar will take place on
Thursday, April 19, 2018.

The topic will be **Addressing Transition Goals.**

Thanks for joining us!

