Health Literacy Huddle:
A dialogue on health literacy in Maryland

Horowitz Center Team Presentation
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Horowitz Center Team

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Maryland Health Literacy Snapshot

Purpose

• Begin establishing a baseline
• Identify assets, gaps, and opportunities
• Identify allies and partners
• Inform vision of health literate counties and state

Additional steps

• State population survey
• More interviews and report and plan reviews
Center’s Health Literacy Definition

Find, process, understand, communicate, decide on health information and services

People’s capacity is strongly affected by social, cultural, policy, and organizational factors

Available health information and services must align with people’s knowledge and skills
Health Literacy Module Overview
2016 Maryland BRFSS

Prepared by Georgette Lavetsky, MHS
Maryland BRFSS Coordinator
January 17, 2018
How difficult is it for you to get advice or information about health or medical topics if you need it?

As estimated 236,205 Maryland adults (5.6%)* reported difficulty getting advice or information about health or medical topics when needed.

Data source: 2016 Maryland BRFSS

*Excludes refusals and response of “don’t know/not sure”
How difficult is it for you to understand information that doctors, nurses, and other health professionals tell you?

As estimated 311,288 Maryland adults (7.4%)* reported difficulty understanding information that doctors, nurses, and other health professionals told them.

Data source: 2016 Maryland BRFSS

*Excludes refusals and response of “don’t know/not sure”
In general, how difficult is it for you to understand written health information?

As estimated 291,033 Maryland adults (7.0%)* reported difficulty understanding written health information (from the internet, newspapers and magazines, medical brochures)

Data source: 2016 Maryland BRFSS

*Excludes refusals and response of “don’t know/not sure”
Ability to find/understand health information summary (excludes those not seeking information)

593,685 Maryland adults (15.2%)* reported difficulty finding and/or understanding health information.

Data source: 2016 Maryland BRFSS

*Excludes refusals and response of “don’t know/not sure”
Timeline (2018)

January
- Project Planning Stage
- Formative Research

February
- Started Interviews
- Continued Interviews

March
- Coding & Interview Analysis
- Summarize Themes

April
- Health Literacy Huddle Meeting
Project Methods

• Background research
• Identify state and county points of contact
  – Local Health Improvement Coalitions
  – Organizations serving the state
  – Center for Health Literacy contacts
• Develop and test interview guide
• Conduct in-depth interviews (n=54)
• Analyze interviews for themes
• Summarize themes
Questions Summary

Respondents were asked 13 semi-structured interview questions that focused on:

• Populations served
• Priority county health concerns
• Health literacy activities
• Material development and evaluation
• County assets to support health literacy
• Needed health literacy services and resources
Maryland Demographics

**Population**
- **Total Population:** 6,052,177
- **48.4%** Male
- **51.6%** Female
- **14.6%** 65 and older
- **22.4%** Under 18
- **6.1%** Under 5

**Race/ethnicity**
- **59.3%** White
- **30.7%** Black/African American
- **9.8%** Hispanic/Latino
- **6.6%** Asian
- **0.6%** American Indian/Alaskan Native
- **0.1%** Native Hawaiian/Other Pacific Islander
- **2.8%** Two or more races
Maryland Demographics

Education

89.6%
HIGH SCHOOL AND ABOVE

38.4%
BACHELOR'S DEGREE AND ABOVE

Health

270
PEOPLE PER PHYSICIAN (2014)

295.8
TOTAL ACTIVE PATIENT CARE PHYSICIANS PER 100,000 POP. (2014)

7%
PERSONS WITHOUT HEALTH INSURANCE YOUNGER THAN 65

Household income

$76,067
MARYLAND MEDIAN HOUSEHOLD INCOME

$56,617
NATIONAL MEDIAN HOUSEHOLD INCOME
Populations Served

How respondents by county (n=24) characterized the populations they serve:

- Age (n=13)
- Location (n=9)
- Race/ethnicity (n=15)
- Health issue (n=8)
- Socioeconomic status (n=16)
- Literacy/health literacy levels (n=5)
- Language spoken (n=8)
- Health insurance status (n=9)
- Serves entire county (n=10)
State Health Literacy Activities
State Activities

Serving members and local organizations:

- Advocate for health literate practices in policy
- Support mobile-integrated health
- Fund and regulate adult education programs
State Activities

Directly serving Maryland residents:

- Facilitate health insurance enrollment, system navigation, care coordination
- Educate residents on health insurance and the healthcare system
- Teach strategies to communicate with doctors
- Operate resource centers for seniors seeking long-term support services
- Conduct health literacy assessments, including statewide assessment of nutrition literacy
County Health Literacy Activities
Activities: Provider Outreach & Education

• Share new resources and guidelines with providers
  ○ 10 counties

• Train providers in health literacy, cultural competency, or health communication
  ○ 15 counties
Activities: Access and Navigation

- Access services
  - Sliding-fee scales, Federally Qualified Health Centers, medical transport services
  - 23 counties

- Navigation services
  - Financial literacy classes, health navigators, mobile health units
  - 18 counties
Activities: Community Outreach & Education

● Share educational videos
  ○ 6 counties

● Provide educational print and digital materials
  ○ 23 counties

● Develop in person services and activities
  ○ 23 counties
Activities: Language Services

- Interpreter services
  - 7 counties

- Translated materials
  - 11 counties
Assets and Gaps
State Assets

- Advocacy for simpler language, transparency, and other patient-friendly initiatives
- Programs that help residents enroll in insurance and navigate the healthcare system
- Health education that equips and empowers residents with health literacy skills
- Maryland All-Payer Model with a focus on reducing readmissions
- Rise in telehealth, especially in rural areas
State Gaps

- Complexity of health insurance, which leads to under-enrollment and underutilization
- Unfamiliarity with the healthcare system, especially for immigrants and vulnerable populations
- No dedicated funding for health literacy activities
- No single patient portal for patients
County Assets

- Strong community partnerships with various health and non-health organizations
  - 21 counties

- Strong links among public agencies
  - 17 counties

- Incorporate community members as communication channels
  - 14 counties
County Assets

● High levels of community engagement and participation in health initiatives
  ○ 11 counties

● Wide array of health resources and services available to county residents
  ○ 9 counties
County Gaps

- Hard for organizations to reach some populations
  - 11 counties

- Difficult to find health literacy resources
  - 10 counties

- No community input on needed services
  - 10 counties

- Lack of translation and interpreter services
  - 7 counties
County Gaps

- Provider use of medical jargon
  - 7 counties

- Complex materials do not use health literacy principles
  - 6 counties

- Limited health literacy staff training
  - 6 counties
Opportunities
State and County Opportunities

- Offer clear communication professional development
- Increase collaboration, networking, and partnerships
- Raise public awareness of programs and services
- Include health literacy principles in funding, program, and education/training
- Increase accessibility of health services
- Use health literacy techniques for health information
- Other