



Improving Health Communication

Ask Me 3 Research Model

Session B-7
June 25, 2009

Glenda Meeks, BSN, MA Melva Visher, MA, RHIA

Presenter Disclosures



Melva Visher, RHIA, MA
Vice President, Community Health

Glenda Meeks, BSN, MA
Director, Community Health

No Relationships to Disclose

Objectives



- Increase knowledge of health literacy and health communication.
- Understand the role and responsibilities of patient consumer and health care provider in improving health communication.
- Empower youth, and encourage them to proactively seek health information when receiving services.
- Use Ask Me 3 as a method of initiating communication and ensuring understanding of patient and provider's role in maintaining optimal health.

About Us



- Kaleida Health
 - Largest healthcare system in Western New York
 - First Kaleida SBHC established in 1995
 - Operates 13 SBHCs in Buffalo school district
 - 1 Early Childhood Center (pre-k-4th grade)
 - 9 elementary/middle schools (pre-k-8th grade)
 - 3 high schools (9th-12th grade)
 - Serve over 8500 enrolled students

Health Literacy



- What is health literacy?
 - the ability to read, understand and act on health information
 - involves more than a measurement of reading skills, it also relates to listening, speaking and conceptual knowledge
 - ability to understand oral and printed health-related information and to then act on that information to effect improved health outcomes

Health Literacy Defined



- 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 2010

Source: Ratzan and Parker. 2000

Health Literacy Effects on Consumers



- Low health literacy results in patients' inadequate engagement in, and benefit from, healthcare advances
- Increase in medical errors
- Increase in adverse health outcomes linking health literacy and such adverse outcomes as:
 - Poorer self-management of chronic disease
 - Less healthy behaviors
 - Higher rates of hospitalizations
 - Overall poorer health

American Medical Association 1999

Impact on Healthcare Providers



- Research indicates that adults with limited health literacy... “report poorer health status, and are less likely to use preventive services.” (Nelson-Bohman, Panzer, and Kindig, 2004).
- Several studies indicate that inadequate health literacy is related to higher healthcare costs
- Potential legal ramifications for healthcare providers and practices

The Institute of Medicine of the National Academy of Sciences



- “Health Literacy is where the expectation, preferences and skills of individuals seeking health information meet the expectations, preferences and skills of individuals providing information. Health literacy arises from a convergence of education, health services, and social and cultural factors, and brings together research and practice from diverse fields.”

Communication and Health Outcomes



- Studies have shown that effective communication with patients has a beneficial effect on medical outcomes.
- Benefits include:
 - lower rates of anxiety, pain, and psychological distress,
 - higher rates of compliance and symptom resolution

Steps to Improve Communication with Patients



- Use plain language techniques
- Avoid medical-technical jargon
- Show or draw pictures
- Avoid information overload
- Use the “teach-back” technique
- Create a shame-free environment: Encourage questions
- Healthcare professionals must assume the burden of clear communication by asking if information or directions were clearly presented.

ASK Me 3



- The Ask-Me-3 program is a formal, evidenced-based approach to encouraging questions.

Improving Health Communication: Ask Me 3 Intervention with Middle School Children



TEAM MEMBERS

UB Combined Internal Medicine-Pediatric Program
Baker Victory Services
Family & Children's Service of Niagara
Gateway-Longview
Planned Parenthood of WNY
Buffalo Public Schools- Health Related Services
Kaleida Health
Project Coordinator
Team Advisor
Research Consultant
Research Assistant
New York State Department of Health

AM3 Model



- “Ask Me 3” - intervention used to improve health communication and interactions between the patient and health care provider.
- Ask Me 3 used by providers interacting and communicating with adult patients.
- Previously no evidence of use in youth interactions with healthcare providers.
- Pilot project-adapted Ask Me 3 for use in an adolescent population
- Plan implementation of Ask Me 3 for youth in school health settings in the future.

Project Background



- Buffalo Public Schools
- 40 Developmental Assets
 - Student Decision Making
 - Personal Power
- Researched
 - Personal decision making and personal power
 - Adults vs. children, teens
 - ASK Me-Three (AM3) model

Project Background



- Why AM3?
 - Developed by the Partnership for Clear Health Care Communication -a large consortium of professional organizations that includes the AMA Foundation
 - Evidenced-based intervention program for adults
 - Certified by the Centers for Disease Control

AM3 Questions



- Three questions:
 - What is my main problem?
 - What do I need to do?
 - Why is it important for me to do this?
- AM 3 questions modified for 6th and 7th grade students
 - What brought me to the clinic?
 - How can I make myself better?
 - Why do I need to do anything?

Project Design



- Randomly chose 6 of 13 SBHCs
- Randomly chose which schools would receive one of the three types of intervention:
 - Full intervention- comprehensive education, brochures, posters, pre/post test
 - Partial intervention- brochures only, pre/post test
 - Control group- pre/post test only

AM3 Youth Program Intervention



- Obtained approval from Buffalo Public School District
- Met with principals of each school
- Secured funding from New York State Education Department & New York State Department of Health
- Obtained IRB Approval
- Collaborated with research assistant from local university
- Designed & purchased AM3 brochures & posters
- Trained in health literacy
- Disseminated parent information

AM3 Youth Program Intervention



- School based health center staff educated in health literacy and the AM3 project goals and intervention
- Project Coordinator explained and disseminated tools (posters, brochures, and incentives) for 6th & 7th grade participants
- School nurses conducted pre-test and classroom education on AM3
- School nurses conducted post-test one month after intervention
- Conducted a focus group session with nursing staff after intervention to elicit feedback on the project

Results



- The “brochure only” group showed an increase in positive answers to certain questions.
- Children in the brochure group knew:
 - to describe to a nurse or to a doctor how and where they “feel bad”
 - it is okay to ask doctors and nurses questions
 - they should ask the nurse or doctor what they can do to feel better
 - they should ask the nurse or doctor what would happen if they did not do what the provider says to feel better

Results cont'd



- When I feel uncomfortable or shy, I may not describe to a nurse or to a doctor exactly how and where I feel bad.”
 - Youth in the brochure group, relative to the control group, are 47% (Exp(B) = .532, p = .043) more likely to select a “no” than a “yes”.
 - Youth in the full intervention group, relative to the control group, are 63% (Exp(B) = .372, p = .020) more likely to select a “no” than a “yes”.
- The findings are positive and show that youth in the brochure and full intervention groups know they should describe their symptoms to a nurse or doctor, even if they feel uncomfortable or shy about it.

Next Steps...



- Implement program district wide (60 schools)
- Kaleida plans to train all nursing staff who work in Buffalo Public Schools
- AM3 is a potential model for other school districts
- Offer training to a variety of agencies who work with youth

Questions??



References:



- Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association, Health Literacy: Report of the Council on Scientific Affairs. JAMA 1999, 281:552-57
- Baker DW, Parker RM, Williams MV, Clark, WS. "Health Literacy & the Risk of Hospital Admission: J Gen Intern Medicine. 1998; 13: 791-98
- Center For Health Care Strategies, Inc. Health Literacy and Understanding Medical Information. 1998. Available at: <http://www.chcs.org/resource/hl.html>
- Developmental Assets: A profile of Your Youth. Buffalo Public Schools. Prepared for ACT for Youth at Erie 1 BOCES and County of Erie, Cheektowaga and Buffalo, NY August, 2003
- Mika Virginia, Kelly Patricia, Price Michelle, Franquiz Maria, Viarreal Roberti. The ABC of Health Literacy. Family & Community Health. August 23, 2005: Volume 28, No. 4. pp.351 – 357
- Nielsen-Bolman, L et al., Health Literacy: A Prescription to End Confusion, Executive Summary. National Academy of Sciences. 2004
- Partnership for Clear Health Communication. Program Implementation Guide for Health Care and Information Providers: Ask Me 3 <http://www.Askme3.org>
- Trevino, Leah; Mika, Virginia, Wood, Pamela. Implementing a Health Literacy Intervention in a Pediatric Clinic. Southern Medical Journal. Volume 98 (10) Supplement, October, 2005, Southern Medical Association
- Weiss, B. Health Literacy. A Manual for Clinicians. AMA Foundation. 2003