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Health Literacy Instruction Gap Analysis

Knowledge is Health: Interprofessional
Partnerships to Promote Health Literacy

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Health Literacy Instruction Gap Analysis. College of Health Professions, Pacific University.

Michele Spatz

Pacific University Libraries, mspatz@pacificu.edu

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Description

Using a standard question set, a total of 16 deans/directors, clinical coordinators or faculty members across eight of Pacific University's College of Health Professions schools were interviewed regarding health literacy instruction. The results of the health literacy instructional gap analysis are highlighted and recommendations for possible next steps shared.

Keywords

health professions, health literacy, instruction, gap analysis, curriculum

Disciplines

Education

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~Conducted by Michele Spatz, Interprofessional Education and Outreach Coordinator

The lack of health literacy is pervasive in the United States: only 12% of U.S. adults are considered proficient in it.¹ This means 9 out of 10, or *most* U.S. adults (age 16 and up) struggle to understand their health and medical information well enough to act upon it. Some examples of how low health literacy plays out in everyday life are: individuals' inability to follow a prescription drug regimen; inability to successfully complete preparation for a colonoscopy or other test or procedure requiring patient preparation at home; failure to get a flu shot or follow other preventive health recommendations; and difficulty navigating our complex healthcare system, such as locating the audiology department in a multispecialty clinic or following insurance and billing processes.

Compounding the problem, healthcare practitioners overestimate their patients' health literacy skills as well as their own ability to practice clear communication techniques that aid patient understanding.² The role of practitioners in contributing to health literacy deficits is now reflected in experts' view of health literacy as multidimensional: "it includes both system demands and complexities as well as the skills and abilities of individuals. The individuals may be patients or family members, and the providers of information may be health care providers, protocol developers, insurance organizations, pharmaceutical companies, and others."³

The untoward consequences of low health literacy on individuals' health and the health of our nation are well documented.⁴ Given that health literacy is a pressing national healthcare priority and Pacific University's College of Health Professions educates future healthcare providers, it is vital that Pacific's graduates are well-equipped to contribute to a healthcare system that promotes, rather than decreases, health literacy. To assess the level to which the college's programs introduce students to the knowledge and tools necessary for promoting health literacy in patients, staff of the Pacific University Libraries' *Knowledge is Health: Interprofessional Partnerships to Promote Health Literacy* project completed a health literacy instruction gap analysis across the schools in the College of Health Professions.

Procedure

Using a standard question set, a total of 16 deans/directors, clinical coordinators or faculty members across eight of Pacific University's College of Health Professions schools were interviewed.

Findings of Gap Analysis

While individuals from all eight Schools clearly articulated an understanding of the importance of meeting the needs of patients or clients with low health literacy, in practice, health literacy instruction, while implied, is not taught explicitly within the majority of courses. The concept of health literacy is addressed throughout CHP

graduate level curricula as an inherent but not distinct aspect of patient communication and/or patient education, which may suggest an underlying need to emphasize the multidimensionality of health literacy to make this understanding explicit rather than implied. Patient communication and patient education, taken in isolation, do not define or adequately address health literacy but rather comprise only two of its many facets.

This lack of explicit definition of the concept, and implications, of health literacy diminishes its apparent significance and hinders students' ability to develop a vocabulary and skill set around a crucial aspect of providing patient care, which they'll encounter throughout their clinical practice, and which will ultimately influence the efficacy of their care.

The existing implicit approach to health literacy instruction within CHP is not surprising, given that within individual Schools there is a lack of consensus about whether and how health literacy is taught and whether health literacy as a competency is required by the School's accreditation standards.

Although students are currently evaluated in some capacity with regard to patient communication skills (e.g. via OSCE or a graded assignment on patient communication or patient education) the lack of explicit health literacy course content makes it difficult to meaningfully assess students' actual knowledge or skills on this subject. The most common class assignment related to patient education and health literacy is to have students create a patient brochure or patient handout using principles of writing for low literacy individuals.

While overall instruction CHP does not explicitly address health literacy, there are limited examples of this occurring. It is an accreditation requirement in the School of Pharmacy and while health literacy is not taught as a stand-alone course, it is woven throughout the curriculum within 11 courses. In the gerontology certificate program, there is a stand-alone course on health literacy, GERO 525: Health Literacy and Communication, a distance education course. An Interprofessional Case Conference (ICC) on Health Literacy was also held in the fall of 2016 and has been offered in prior years' ICC schedules. And Dental Hygiene offered a lecture on Health Literacy in early 2017.

Recommendations

Given the healthcare industry's need to fully embrace health literacy in order to ensure patient understanding of critical knowledge and ability to act upon that knowledge, faculty and leaders within CHP recognize that we must make an intentional effort to prepare Pacific's health professions students to foster their patients' health and self-care by encouraging future practitioners to be well-versed in cultivating health literacy. In doing so, we will equip our students to practice their chosen specialty in a manner that contributes to a more health-literate society, resulting in healthier people and ultimately reducing the social cost of

inadequate healthcare. The National Action Plan to Improve Health Literacy calls for the following in regards to educating future healthcare professionals:

- Include coursework on health literacy and CLAS [Culturally and Linguistically Appropriate Services Standards] in curricula of all health professions
- Support health literacy and CLAS training opportunities for students and residents in all health professions
- Incorporate diverse patients, including new readers, in course presentations and trainings for health professionals
- Include assessment of health literacy and CLAS skills in licensure requirements for all health professions
- Establish minimum continuing education requirements in health literacy and CLAS for all health professions

Consistent with the College of Health Professions' mission to "prepare leaders in innovative healthcare for a diverse global community" and its vision of "excellence and sustainability in interprofessional scholarship, education, and practice to create models of person-centered healthcare," this gap analysis recommends the following opportunities to bolster health literacy education at Pacific University, as suggested by interviewees:

Curricular:

- Standardize a Health Literacy Curriculum within each of the eight Schools:
 - "I think there could be a really good standardized course that everyone has to go through. I think that would help them [students] really understand."
 - "So the biggest barriers for us are time to learn [about health literacy] and finding time and courses to include that. Creating objectives and outcomes that would measure that. If other professions here have components in their accreditations that speak to health literacy, I would love to see that. I would love to see how others are addressing that and how we can also bring that in."
- Measure:
 - "We're covering it but I don't think we are measuring it. It would be good to measure...our students' understanding of health literacy."
- Greater Use of Simulation:
 - "We could do a lot more simulation in our department. It would be nice to be sure they can do these [health literacy] things before they have their practical experience."
- Address Cultural Aspects of Care and its Correlation with Health Literacy:
 - "A student recognizes the patient needs health literacy information and the student doesn't know how to deliver this in a culturally sensitive manner, e.g include the family or not."
- Supplement Standardized Health Literacy Curriculum with an Interprofessional Student Health Literacy Workshop:
 - "Students liked the idea of a workshop."

Interprofessional Education:

- Address the Interprofessional Aspect of Health Literacy:
 - “The interprofessional aspect of it could be improved, and that would be wonderful.”
 - “Maybe the Dean would want to add health literacy into the required IPE course.”
 - “Some of the Interprofessional Case Conferences we’ve done have included health literacy and it’d be nice to have that annually. It would be nice to see health literacy addressed in an IPE [Interprofessional Education] way.”

Faculty Concerns

- Knowledge of their School’s Curriculum:
 - “That curriculum challenge of knowing who’s being taught what and when. The more isolated our faculty become, the more difficult that is. The highly collaborative nature of this program has always been its strength. As courses and faculty become more isolated, this will get worse.”
 - “I don’t know if Pacific University has anything on health literacy. We don’t know what is available.”
- Faculty Health Literacy Network:
 - The ability to connect annually or semi-annually with other faculty teaching health literacy. “It might be interesting if CHP [College of Health Professions] had a brown bag or discussion for faculty who are teaching [health literacy] kinds of courses and to have a network with other faculty who are covering these types of topics across the college.”

Patient Issues

- Patient Assessment:
 - “Are we measuring health literacy within our clients? No. There must be a better way to assess our clients for their health literacy.”
- Low Literacy Patient Education Materials:
 - “We pull a lot of info for patient ed from websites like WHO and national bodies. As far as specifics of who to go to, there isn’t anyone to critique or offer guidance on this level.”
- Culturally and Linguistically Appropriate Patient Resources: “We have a deficit in culturally appropriate materials...or...information in [the patient’s] language. That is an issue.”

Changes in Place for 2017-18

For the first time, the four-week IPE course offered in Fall 2017 will include three health literacy touchpoints. A required course of most first-year students, its inclusion introduces health literacy as a solid foundational healthcare principle – one which is germane to and shared across all health disciplines. This is an important and welcome development upon which to build.

Next Steps

- Share this report with College of Health Professions Vice Provost and Executive Dean Ann Barr-Gillespie and the CHP faculty.
- Form a College of Health Professions Advisory Committee to work with the Interprofessional Education and Outreach Coordinator to create a standardized College of Health Professions health literacy curriculum (emphasizing its interprofessional nature) for use within each School.
- Create a central electronic repository of patient education resources generated by Pacific University College of Health Professions' students. These items are produced annually by students as class assignments in several health professions Schools. Pacific University is not currently capturing this institutional knowledge in any systematic way; if harnessed, it could be shared for the greater good. The repository, possibly housed on CommonKnowledge, would be developed by the Interprofessional Education Outreach Coordinator in concert with CHP faculty and their students who produce such resources. Each submission would be reviewed by the Coordinator to ensure it meets low health literacy standards, and upon acceptance would be indexed and uploaded to the repository, making it available to any student clinician or healthcare provider for use in patient care.
- Continue to build out the Health Literacy for IPE eToolkit

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