

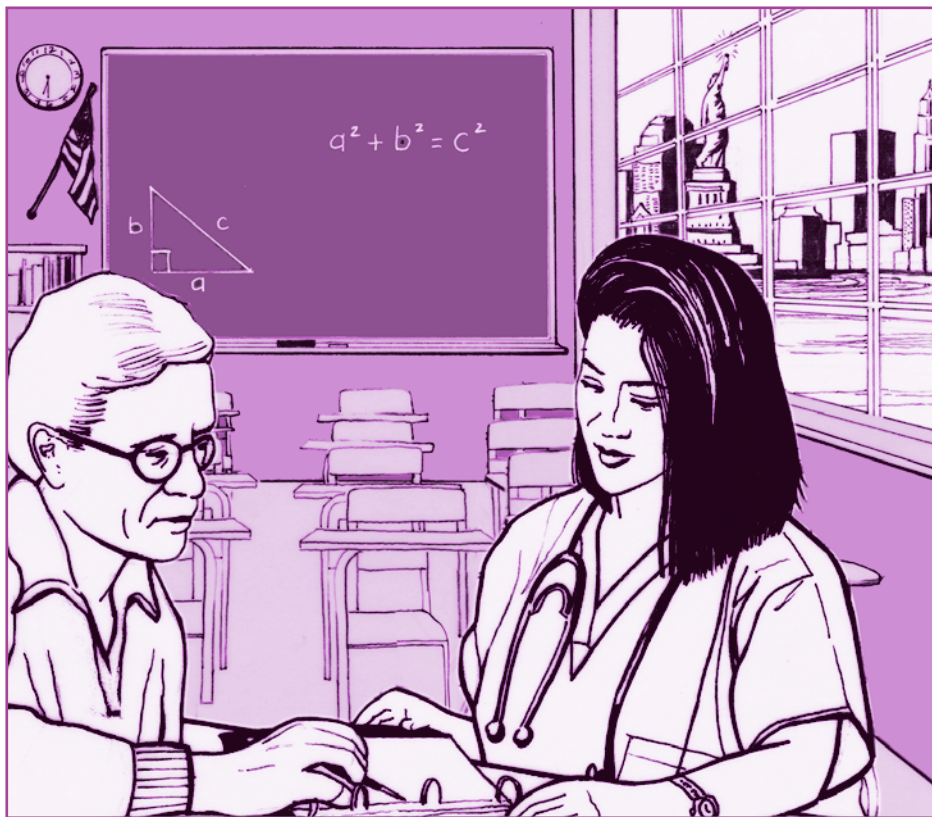
Focus on Basics

CONNECTING RESEARCH & PRACTICE

IN THIS ISSUE:

Health & Literacy Partnerships

- 1**
Health Literate Doctors & Patients
Anthony Tassi & Fatima Ashraf
- 8**
The Influence of Low Health Literacy
Lilian H. Hill
- 10**
Literacy Students as Health Advisors
Barbara Garner
- 14**
Take Charge of Your Health
Ian Bennett, Pamela Pinder,
Regina Szesniak & Jennifer Culhane
- 21**
Partners in Training
Maricel Santos & Lynette Landry
- 26**
**Partnerships in North Carolina,
Wisconsin, and New York**
Julie McKinney
- 30**
**Collaborating for the Health
of San Diego County**
Kelli Sandman-Hurley & Cris McFadden
- 33**
**Health Literacy Curriculum
Works for ABE Students**
Susan Levy, Sue Rasher,
Sarah Carter, Lesley Harris,
Michael Berbaum, Janice Mandernach,
Laura Bercovitz & Laura Martin
- 40**
**The Role of Visuals in
Communicating Health Information
to Low Literate Adults**
Lilian H. Hill
- 46**
**A Second Look at the Health Literacy
of American Adults & the National
Assessment of Adult Literacy**
Andrew Pleasant
- 54**
New from World Education



Health Literate Doctors and Patients:

*The New York City Health Literacy Fellowship for
First Year Medical Students*

by Anthony Tassi & Fatima Ashraf

For the past five years, the New York City Mayor's Office has been working on health literacy issues with a broad coalition of adult educators and health care professionals. Together, we created a summer fellowship program for medical students to deepen their understanding of health literacy and improve their communications skills. Now in its third year, this innovative program has proven an effective model for non-traditional *continued on page 3*

Health Literate Doctors & Patients continued from page 1

medical education with important benefits for adult literacy programs. And we have learned some valuable lessons for creating and sustaining mutually beneficial partnerships across the medical and adult education worlds.

The New York City Mayor's Office started from the premise that the concept of health literacy has two distinct components: 1) the ability of individuals to read, understand, and act upon health related information and 2) the capacity of professionals and institutions to communicate effectively so that community members can make informed decisions and take appropriate actions to protect and promote their health. We enlisted the help of adult education programs to think about how to enhance the health literacy skills of adults and worked with health care providers and the City's health department to explore strengthening institutional and professional capacity.¹ Our key partner in much of this work has been the Literacy Assistance Center (www.lacnyc.org), the professional development hub for New York's adult education system.

This is the story of how adult educators came to play a leading role in an innovative medical education program involving medical students from eight schools. The story begins with the framing of health literacy as a responsibility of institutions and a matter of professionalism, as much as a reflection of the abilities and skills of individuals. The story also begins with a generous grant from the New York Community Trust and support from the Mayor's Fund to Advance New York City.

¹ We are appreciative of the participants on the NIFL health literacy electronic discussion list for making this point eloquently on more than one occasion.



2007 Fellow Julie Gonzalez teaching ESOL students at the West Farms Career and Technology Center, part of the Phipps Community Development Corporation in New York City. Julie is a student at the Columbia University College of Physicians and Surgeons. She has been an advocate for health literacy since her fellowship, and assisted with recruitment of the 2008 class of fellows.

Health Literacy Agenda for the Health Care System

We started working with local health care providers on three strategies:

1. **Raising awareness of the importance of health literacy** (through medical grand rounds, conferences, and other activities);
2. **Training providers on specific health literacy interventions** (such as the use of multi-lingual patient navigators and dissemination of high-quality, easy-to-read outreach and education materials); and
3. **Facilitating partnerships with the adult education sector** (for technical assistance in plain language, to have adult learners review draft patient information documents, and to help health educators reach low literate and limited English speaking populations).

Over the past five years, with the hard work of many participating agencies, we have made considerable progress. Today, many hospitals in New York City – led by our public hospital system – have implemented health literacy staff trainings and other interventions. The City Department of Health and Mental Hygiene has

revamped its approach to public education on chronic disease prevention and management based on health literacy principles and routinely consults literacy experts when developing materials and training providers. Several health plans have training programs in place for their staff and their affiliated physicians. Foundations, such as the United Hospital Fund, the Commonwealth Fund, and the New York Community Trust, have prioritized health literacy projects in their funding. A number of important research and demonstration projects are underway.

Throughout much of this work, we have heard the same advice many times: if you want to help physicians improve their health literacy skills, get to them early. By the time physicians are practicing medicine, it may be too late. Physicians have many competing priorities. Many physicians do not think health literacy insights apply to their patients. They assume they know how to communicate well.

The Potential Role for Adult Educators

Based on this advice, we started thinking about ways to reach physicians while they are still in

training. We came up with a simple idea: bring medical students into adult education classrooms to work with students and teachers of literacy and English for speakers of other languages. If future physicians could experience what it is like for low literate and limited English proficient adults to try to make sense of the U.S. health care system, they would really "get it." If they could gain insight into how adults learn and practice teaching strategies with help from trained instructors, they would be more likely to develop the ability to overcome literacy and language barriers in their clinical practice. And, if the experience was rich enough, the medical students would become advocates for change within the health care system: champions of health literacy.

Therefore, we envisioned a fellowship that immerses medical students in the adult education classroom, combined with site visits to clinical settings where health care providers are working on health literacy issues, and day-long seminars to learn from experts and debrief from their fieldwork. The big advantage this experience would have over other academic or clinical training opportunities for medical students is that in the classroom, the "patients" don't leave after 15 minutes. The medical students see them for three hours twice or three times a week over a period of several months.

We also built in a research component and the expectation of a paper of publishable quality by the end of the program. We committed to sponsoring a conference for the fellows to present their work. Without a research component, the opportunity for a conference presentation, and a good chance at publishing, we worried that a fellowship in health literacy

would not be competitive with other opportunities available to medical students. Nor would it gain the respect of medical school faculty and deans.

that needs fixing, but rather as full humans with agency. They could tell their own life stories, marked by struggles and triumphs, rather than have their experiences collapsed into a description of the "presenting problem" that clinicians would read on a medical chart. Teachers would tutor the future doctors on how to assess and address learners' real concerns, break down complex information into manageable

“Medical students loved the classroom experience, had their eyes opened by getting to know adult learners, and told us that the fellowship had an important impact on their growth and development as physicians.”

The Pilot

Initial conversations with medical schools and adult education programs were encouraging: our stakeholders thought that the partnership made sense. Given the academic schedules of medical students, we focused on a summer program between the first and second years of medical school. We worked with deans at two local medical schools to identify three students and we hand picked three adult education programs to test the concept, launching this small pilot in 2006.

While our primary goal was to train future physicians, we hoped the fellowship would benefit participating adult education programs as well. Medical students could be of immediate service to adult learners interested in health-related knowledge and skills. Adult educators can often use an extra set of hands, especially those of smart and motivated medical students who are yearning to be helpful and learn how to teach.

From a broader perspective, we wanted the "New York City Health Literacy Fellowship" (as we started calling it) to position the adult education field as a source of expertise and technical assistance to the medical profession. Adult learners would not be viewed as patients with a deficiency

chunks, and check for comprehension. The results from the pilot year were promising. Medical students loved the classroom experience, had their eyes opened by getting to know adult learners, and told us that the fellowship had an important impact on their growth and development as physicians. They were impressed and engaged by clinicians they met during the site visits to local hospitals. Teachers and adult education program managers were equally pleased with the experience and reported that each fellow made important contributions to their program. They told us the learners appreciated having the fellows in the classroom and made good use of their time.

Encouraged by these results, we expanded the fellowship in 2007 to its current size of 10 fellows, established an application process for medical students and for adult education programs, and formalized a curriculum. We also received grant funds from the New York Community trust to commission a program assessment and to produce an informational video (available on-line at www.nyc.gov/html/adulted/html/health/fellowship.shtml. Scroll down and click on "Watch the Making of the Fellowship documentary").

Recruitment and Matching

We organized information sessions at the eight medical schools in New York City during the fall of 2006 to recruit the class of 2007. We received applications from 13 medical students from six schools, a number of whom were referred by the three fellows from the pilot year. We selected 10 applicants from five schools based on academic record, desire to learn about clear health communication, and a demonstrated ability to work outside their comfort zones and the medical school environment. They were placed at 10 adult education programs selected from a pool of 16 applicants. Program applications consisted of a letter of interest and details about class offerings submitted by program managers in response to a call for applications from the Mayor's Office e-mailed to all City-funded programs.

Fellows were matched to programs according to their interests in teaching adult basic education (ABE) or English for speakers of other languages (ESOL), as expressed during their admissions interview. Travel time and geographic preference were also taken into account. Fellows and program coordinators met each other for the first time a week prior to the official start of the fellowship to get to know one another and begin discussing plans for the summer.

The class of 2008 was recruited in a similar fashion as the class of 2007. Information sessions were organized with each medical school. This time, however, we had a documentary film to tell the story of the fellowship and bring the concept of health literacy to life. We re-designed the application for fellows to include more essay questions and a letter of support from a faculty member and received 32 applications from all eight medical schools for the 10 slots. The application to host a fellow was also re-designed to require more up-front planning and an explicit commitment from teachers, together

with an endorsement from the program manager. Both applications were posted (and still remain) on the Mayor's Office Web site (to see the form, go to nyc.gov/html/adulted/html/health/fellowship2008.shtml).

Feedback from 2007 also indicated that programs and fellows wanted more input into the matching process. Therefore, we organized a "match-day" dinner during which everyone got a (very brief) chance to get to know one another and then fellows and programs each ranked their top three choices. Most programs and fellows got one of their top three choices and all participants expressed satisfaction with the new matching process.

Program Design

Fellows in the class of 2007 worked at their adult education site four days a week. Paired with one or two teachers, some fellows co-taught health literacy classes while others were given the entire class time to

implement health lessons. Fellows decided on health topics typically by conducting a needs assessment with their students. Topics included nutrition, diabetes management, and patient-doctor communication. Most fellows taught non-health related adult education lessons as well.

In 2008, we changed the program design based on feedback from the class of 2007. Fellows now spend three days a week at the program site, one day a week conducting research, and one day a week in seminars and on field trips. This modified design gives fellows more structured time to work on their research projects and write their papers. The range of classroom activities in 2008 is similar to 2007.

In addition to teaching, 2007 fellows spent time designing health literacy research projects. We charged them with designing and implementing a small project and writing up the results along with a literature review. We expected that these papers would be ready for presentation, if not publication, by the end of the eight-



This is Kate Goheen teaching adult learners at the Queens Library. Kate was a 2007 Health Literacy Fellow and presented her summer research project at the Public Health Association of New York's annual conference. Her paper was entitled "The Development of a Pictorial Health-Related Quality of Life Survey for Adults with Limited Literacy." Kate attends the Weil Cornell College of Medicine.

week summer program. The independent nature of the 2007 projects was unrealistic. Fellows found that eight weeks was not enough time to design, implement, and write a publishable quality paper. Furthermore, summer attendance in adult education classrooms is often inconsistent, making it difficult to collect a significant amount of data. The Institutional Review Board (IRB) approval process for conducting human subject research also delayed several fellows' research start dates. Therefore, in 2008, fellows were invited to work on one of four research projects that we pre-selected before the start of the program. Each existing project is led by a senior principal investigator: three health literacy researchers at New York City medical schools, and one senior staff member with the City's public hospital system, the New York City Health and

Hospitals Corporation. These projects are pre-designed, IRB approved, and likely to have findings published in a peer-reviewed journal. Participating researchers are expected to mentor the

Results from 2007

The fellowship appears to have accomplished its main educational objective. According to our program

“A long-term goal of ours is for every medical student to gain insight and training on health literacy as part of his or her medical education.”

fellows and expose them to all aspects of their research, from literature review to data collection and analysis.

Seminar Series and Field Trips

Fellows also participate in a day-long seminar once a week. This is a chance to visit the City's leading public hospitals and discuss health literacy with clinicians and other health professionals. We arrange for health literacy experts and practitioners to meet with them in our offices for seminars and roundtable discussions. Fellows are given reading assignments in preparation for each seminar.

The 2008 seminar series focuses more on policy issues and is supported by a more structured curriculum. Fellows have the opportunity to meet with the president of the New York City public hospital system, the Deputy Mayor for Education, and several urban health policy experts. Clinical site visits continue. In addition, starting in 2008, fellows have three writing assignments to complete based on the required readings (see box) and seminar topics. We also began the 2008 seminar series during the spring, with two classroom site visits and one roundtable discussion before the summer field work. This gave the participating fellows more grounding in adult literacy before they began the fellowship.

assessment, fellows increased their understanding of health literacy and improved their communication skills. By the end of the eight-week program, fellows reported a more nuanced understanding of literacy that went beyond just notions of reading and writing to include skills (health-related, computer, numeracy, and others) needed to function in society. They understood the principles of plain language and the factors that influence the readability of documents (grade level equivalence, formatting, jargon, active vs. passive voice, for example). They realized the importance of translation and using pictures to illustrate written points. They also gained a much greater understanding of the association between literacy skills and access to medical care.

We administered pre- and post-tests to measure changes in knowledge of concepts related to effective communication and found substantial growth among the fellows. In contrast to the pre-test, in which only two or three of the fellows could name one or two effective communication concepts, on their post-tests most of the 10 fellows named a number of key concepts, such as:

- **Focusing on the patient:** body language, active listening, eyes off translator
- **Watching your language:** plain language, jargon free, appropriate

Required Reading for the 2008 Health Literacy Fellows

- *Advancing Health Literacy: A Framework for Understanding and Action.* Christina Zarcadoolas, Andrew Pleasant, David S. Greer.
- *Understanding Health Literacy: Implications For Medicine And Public Health.* Joanne G. Schwartzberg, Jonathan B. Vangeest, Claire Wang.
- *Teaching Patients With Low Literacy Skills.* Cecilia C. Doak, Leonard G. Doak, Jane H. Root.
- *When the Spirit Catches You and You Fall Down.* Anne Fadiman. ❖



to the patient's level of comprehension

- **Confirming understanding:** teach back, asking how/why questions of the patient
- **Changing attitudes:** awareness, patience, dropping assumptions.

One of the 2006 fellows won second prize in the New York City Public Health Association 2007 Goldman Student Merit Awards for her research paper. A 2007 fellow presented on her fellowship experience at a conference sponsored by the U.S. Department of Health and Human Services (see www.health.gov/communication/literacy/TownHall/ny.htm). Other fellows presented their summer research to faculty and other students on their respective campuses.

In 2008, we expanded our monitoring and evaluation procedures to include site visits to watch the fellows in the classroom and track their progress in teaching skills and communication techniques. In addition to interviewing teachers and program coordinators, adult learners will also be asked about their experience with the Health Literacy Fellows at the end of the summer. The 2008 fellows will also participate in one-on-one exit interviews with Mayor's Office staff.

Lessons Learned, Longer Term Impact

We had hoped to form lasting institutional partnerships between medical schools and adult education programs. However, these on-going relationships have yet to form. The fellow is the sole contact that adult education programs have with the medical school world. This may change in the coming years, as the number of medical school faculty and staff involved in the fellowship continues to grow. We will continue to sponsor an annual fellowship conference to bring the two worlds together.

As fellows returned to medical school for their second year and began to meet with patients and shadow physicians, they reported that their

new-found understanding of health literacy and communication skills improved interactions with patients. For example, one 2006 Health Literacy Fellow reminds her professors to take literacy level into account when discussing a patient's diagnosis and treatment with them during their

Program managers also reported that fellows helped their students engage in more advanced learning activities and more sophisticated class projects. The students were often enthusiastic about sharing what they had learned with their fellow classmates and their families.

“...bringing adult education and adult learners to the center of health literacy opens new possibilities for public health promotion and disease prevention.”


rounds. Her professors have been impressed with her ability to bring an issue like literacy, non traditional to the medical field, to the forefront of her clinical work. Other fellows reported raising the issue of health literacy on numerous occasions during lectures and in conversations with professors and attending physicians. As the number of health literacy fellowship alumni grow, we expect health literacy slowly, but surely, to become more visible in New York's teaching hospitals.

We also learned a number of ways in which the 2007 fellowship helped adult education programs improve the lives of adult learners. Having a future physician in the classroom helps demystify the health care system. In the words of an adult learner, "Sarah was so sweet, so nice. I am not scared of doctors anymore, if doctors can be like Sarah." Another program manager reported the same reaction: her fellow became the face of the medical establishment, humanizing this abstract concept the learners had about doctors as "great authority" figures remote from their daily lives and concerns. While small in scale, breaking down barriers by simply allowing for human interaction outside of an intimidating setting is an important accomplishment.

Professionalism and Institutional Responsibility

A long-term goal of ours is for every medical student to gain insight and training on health literacy as part of his or her medical education. We remain optimistic that medical schools will rise to the challenge. The fellowship has started some conversations in this regard, but has yet to convince any school to make significant changes. Most campuses can point to at least one or two lectures on health literacy included in first- or second-year courses. It will take more than this fellowship for medical school deans and key faculty members to embrace the importance of integrating health literacy into the curriculum in a more systematic fashion, but the fellowship is playing a role in raising awareness and demonstrating student enthusiasm for the topic and related skills.

Finally, bringing adult education and adult learners to the center of health literacy as resources to enhance the capacity and professionalism of future physicians opens new possibilities for public health promotion and disease prevention. As learners become more health literate and more comfortable interacting with doctors, they will spread their knowledge

and sense of self-efficacy to their families, friends, and communities. Adult education programs — together with their clinical counterparts — have a vital role in supporting adults in taking these steps. 

About the Authors

Anthony Tassi is the Executive Director of the New York City Mayor's Office of Adult Education, an office established in 2006 to create better outcomes for New York City's adult education system. Prior to this role, Mr. Tassi served as the Health Policy Advisor to the Deputy Mayor for Policy. He initiated New York City's health literacy initiative, which has grown to include dozens of adult education programs and health care providers. Mr. Tassi began his career in public service in the Washington, D.C., office of Senator Edward M. Kennedy.

Fatima Ashraf is the Health Literacy Coordinator in the New York City Mayor's Office of Adult Education, where she directs the Health Literacy Fellowship and the New York City Health Literacy Campaign. Previously, Ms. Ashraf worked for the New York City Department of Health and Mental Hygiene as a social epidemiologist. She began her career in public health at the Michigan Department of Health as an outreach worker to minority communities. ❖

For More Information

For more information about the New York City Health Literacy Fellowship, please visit

www.nyc.gov/healthliteracy.

A 25-minute video provides a more in-depth picture of the fellowship and of health literacy issues. It is available on the Web site and also on DVD free of charge by e-mailing the New York City Mayor's Office of Adult Education at adulthoodeducation@cityhall.nyc.gov. ❖



WORLD EDUCATION