
Improving Health Literacy in Communities Prototype Collaborative Overview and Application

This prototype collaborative is sponsored by Patients As Partners, Primary Care Division of the **Ministry of Health Services** of British Columbia with the support of **Legacies 2010 Now** and administered by **ImpactBC**.

The **Ministry of Health Services**, Primary Care division sets the direction, targets and outcomes to support the creation of a strong, sustainable, accessible and effective primary health care system in BC. Patients As Partners is a key principle of the Charter that advances patient and family engagement in their care, the quality improvement and transformation of primary health care in BC.

Legacies 2010 Now is a not-for-profit society committed to working with communities to create unique and inclusive opportunities in the areas of in sport and recreation, healthy living, arts, literacy, accessibility and volunteerism, leading up to and beyond the 2010 Olympic and Paralympic Winter Games.

ImpactBC is a not-for-profit organization with the mandate of supporting quality improvement in health care across BC. Other supporters include the BC Medical Association and the regional health authorities.

Other organizations also provided collaborative direction, oversight, and expertise. We recognize at this time:

- British Columbia Medical Association
- Fraser Health Authority
- Interior Health Authority
- Northern Health Authority
- Vancouver Coastal Health Authority
- Vancouver Island Health Authority
- The Health and Learning Knowledge Centre of the Canadian Council on Learning

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OVERVIEW OF AN IMPROVEMENT PROTOTYPE COLLABORATIVE

An Improvement Collaborative is a time-limited, *action-oriented* effort that is six to twelve months long. Improvement teams from multiple organizations or communities come together with planners and faculty to work towards improvement in a particular topic area. It is called a prototype when it pioneers a topic area or the composition of the improvement team. One of the goals is to better learn what changes can lead to improvement and what measures can help track improvement over time.

Teams learn about and use an improvement model where they test or “try out” changes before implementing them throughout their setting. At the same time, each team collects data monthly for measures to help monitor and demonstrate improvement. Improvement teams collaborate or share their changes, experiences, and data through learning sessions, conference calls, and by e-mail. “Everyone learns, everyone teaches” and improvement is greatly accelerated.

At the end of the collaborative, lessons learned and tools refined or created during the Collaborative will be shared with others to assist in further improvement efforts.

The three components of the Collaborative are: preparation activities, learning sessions, and action periods.

What are preparation activities?

Collaborative teams will be involved in preparing for the collaborative from the time of their recruitment until the first learning session in April 2009. During this time, the collaborative team has several important tasks to accomplish in order to be prepared for their first learning session, including collecting some basic information and creating a “storyboard”. Preparation information will be sent to collaborative teams in early April 2009.

What is a Learning Session?

Learning Sessions are the major events of the collaborative that bring teams together. Through plenary addresses, small group discussions and team meetings, held over one to two days, attendees have the opportunity to:

- Learn from faculty and other teams
- Receive coaching from faculty members
- Gather new information on the subject matter and process improvement
- Share information and work on detailed improvement plans for the “action period” to follow

The Improving Health Literacy in Communities Prototype Collaborative will involve three learning sessions and one closing event to share and “harvest” lessons learned and best ideas. Improvement teams from each community are expected to attend all four of these meetings that are held in Vancouver. Please see the schedule of events below for more information on each meeting.

What are Action Periods?

The two to three months between learning sessions is called an action period. During action periods, collaborative teams work within their communities toward improvement by first testing and then implementing or making change a permanent part of the way they work. At the same time, they gather data each month on a small set of measures that will give timely feedback about their improvement efforts. Although each team focuses on his/her own community, each remains in continuous contact with other Collaborative teams and faculty to share what they have learned.

Monthly web conference calls and regular e-mails support continuous communication during the action periods. E-mail is required as it will be an important means of communication among participants in the collaborative.

In addition, each collaborative team submits brief monthly reports on its improvement efforts (describing tests of change, successes and challenges, and graphs of data collected monthly). These reports help tell the story of improvement and are shared with other teams to help foster improvement for everyone.

Participation in action period activities is not limited to learning session attendees. In fact, we encourage the participation of people who are not core team members in the action period activities. For example, a pharmacist may be included from time to time to help test and implement certain ideas about medication.

What is Spread?

Ultimately the goal of the collaborative is not only to improve health literacy among the teams participating in the collaborative, but also to spread the improvements to new practice sites and communities on a regional or national level. To some degree, spread will happen naturally through word of mouth as collaborative teams share their experiences with colleagues and partnering organizations. This strategy will involve considering promising areas for spread and thinking about how to engage others throughout or beyond the collaborative. The work of this collaborative will inform existing primary care efforts in the Practice Support Program, Integrated Health Networks and Divisions of Family Practice.

How will the Participation of Teams in the Collaborative be Funded?

1. Travel costs related to team participation at the collaborative learning sessions will be covered.
2. Literacy practitioners, outreach coordinators, and students will receive support for their participation. A small grant will be available to each literacy team that participates. Please contact Legacies 2010 Now for details.
3. Physicians will be reimbursed for sessional fees and medical office assistant time will be supported.

Beyond the above described compensation for this work, there are even more important benefits to engaging in a collaborative, such as: working together with experts and each other about how to improve health literacy; learning an improvement methodology that can help with other improvement efforts; and building champions and leaders in the area of health literacy.

**PROTOTYPE COLLABORATIVE FOR IMPROVING HEALTH LITERACY SCHEDULE –
ALL EVENTS ARE IN YEAR 2009**

Team applications due	March 30
Teams selected	April 3
Preparation information to improvement teams	April 3
One preparation conference call with each team	April 13-17
Collaborative teams complete preparations	April 20
Registration for Learning Session 1 complete	April 20
Learning Session 1 Storyboard set up Plaza 500 Hotel and Convention Centre 500 West 12 Avenue, Vancouver	April 27: 4pm-5pm April 27: 5pm-8pm April 28: 8am-3pm
Action Period 1	April 29 – June 21
Monthly Web Conference Calls	Every third Wednesday From May 20 to Nov. 18
Learning Session 2	June 22: 5-8pm June 23: 8am-3pm
Action Period 2	June 24– Sept 27
Learning Session 3	Sept 28: 5-8pm Sept 29: 8am-3pm
Closing Event & Harvesting Session	Dec 10: 8am-4pm

2. CHARTER: IMPROVING HEALTH LITERACY IN COMMUNITIES PROTOTYPE COLLABORATIVE

Collaborative Charter

A Collaborative Charter provides a constant reference point, directing the efforts of the collaborative, as well as ensuring that involved stakeholders understand the mission, goals, and expectations from the beginning.

Problem Statement

Mr A had worked all his life as a logger. He was good at what he did and worked many years for the same employer. Things changed when he was laid off and he started to have health problems. He hurt in many of his joints from years of demanding physical labour. He didn't know where to turn and he went to the Emergency Department. There he waited for hours to be told he had arthritis and to go to the pharmacy and get some anti-inflammatory drugs. He did not understand the directions given to him and was too embarrassed to say he didn't know what an anti-inflammatory drug was, so he suffered continued pain from his arthritis and became more and more isolated from family and friends.

Doctor S had a busy family practice with rarely a moment to pause for breath. She often found that patients with high blood pressure would return to her office without improvement in their blood pressure. Sometimes they needed an increased dose or a new medication, but sometimes they had not taken the medication at all because of misunderstanding their condition or only taking the medication when they didn't feel well.

A mother with a child who was newly diagnosed with epilepsy left the office visit with a folder full of information and her head spinning with thoughts and questions. Even after the return visit, she still struggled with the full meaning of the diagnosis and all of the implications for her child and family. She knew that she should ask more questions, but there never seemed to be enough time at the doctor's office, and most of her questions came to her after the visit. Her child was prescribed a half-dose of an anti-seizure medication, but she did not know that she could buy a pill cutter at a drugstore. Instead she did her best to cut the pill in half with a knife, but some of the pill would break away into small pieces. She also believed that once the child was seizure-free it would be okay to discontinue the medication.

*Literacy is defined as the ability to use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one's goals and potential. This includes staying healthy and knowing how to cope with ill-health. One widely used definition of *health literacy* is "the ability to access, understand,*

evaluate, and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course” (Rootman and Gordon-El-Bihbety, 2008).

There are many indications that strategies to improve health literacy skills are badly needed. The Canadian Council on Learning (CCL) uses 2007 International Adult Literacy Survey (IALSS) data to demonstrate that more than half (55%) of working-age Canadians do not have adequate levels of health literacy (CCL, 2007b). Only 12% of Canadians over age 65 are considered to have adequate health literacy skills. These numbers are lower for immigrant populations. And inadequate health literacy has been linked to poorer self-rated health, a significant predictor of higher health care usage. People with lower health literacy do not engage in as many preventive behaviors, have poorer control of diabetes and higher rates of cervical cancer.

Mission

The aim of this collaborative is to work together to improve how health care professionals and patients access, understand, evaluate and communicate information in an office practice within a community.

Clearly, supporting opportunities for individuals to expand on their literacy skills and health are essential. However, much can be done to support those who struggle with limited literacy skills, and the process of learning and improvement is a joint effort. Using plain language, individualizing communication, building relationships, and engaging community strategies can improve health literacy and outcomes (*A Vision for a Health Literate Canada*, Rootman & Gordon-El-Bibehty, CPHA-ASCP, 2008, available at www.cpha.ca).

By choosing to participate in this prototype collaborative, teams of office practices and community-based adult literacy practitioners and learners can work together with experts in the fields of health literacy, adult literacy, and community engagement to make changes in their settings to improve health literacy. Some specific change ideas that teams will learn about and then try in their settings could include: redesigning forms and signs for user friendliness and plain language; making sure patients and providers understand each other through a process called “closing the loop” or “teach-back”; making navigation of the health system friendlier and easier to understand; understanding a patient’s learning styles and personal or cultural preferences before giving advice or arriving at a health plan with the patient; utilizing resources from outside the traditional medical community; and creating ways to educate other providers and the community about health literacy.

Together as a collaborative, we will share knowledge and build knowledge that will enable future efforts to create further improvement.

Collaborative Goals

The primary emphasis in this collaborative is on the patient’s experience and the patient’s interaction with health care professionals. *Specific numerical goals will be*

determined by each team based on the measures they choose. Measures that teams choose will depend on where they think they have opportunities for improvement, what changes they wish to put in place, and their ability to collect data for measures. One of the collaborative's goals is to better understand what measures are useful feedback to teams who wish to improve health literacy. At this time a menu of some measurement concepts and general goals that demonstrate increased health literacy skills include:

- Increase assessment and documentation of patient values, preferences (including learning styles), beliefs, and preferred language
- Increase communication and understanding between patient and provider
- Increase the percent of people who take their medications as prescribed
- Increase the percent of patients who have a follow-up after a new medication or change in medication
- Increase the percent of people who have a personal doctor
- Decrease unnecessary emergency room usage

Methods

Each team will consist of members of the adult literacy community, including literacy learners and practitioners, partnered with a primary care physician and medical office assistant in the same community. Regional support staff from the health authority and literacy task groups, specifically the Literacy Outreach Coordinator will work alongside the team.

Each team is expected to create an aim statement with measurable goals for improving health literacy. Then they will “test” and implement changes that they believe will help them reach their goals.

To measure progress towards their goal, teams will collect a small set of data monthly for their measures. The measures are also being tested, so teams will be participating in the refinement of the measures.

Impact BC will help sponsors of the prototype collaborative to capitalize on the learning and improvement by gathering knowledge learned in this collaborative to use for future efforts.

Collaborative Expectations

Collaborative Planning Group (Impact BC, Ministry of Health Services, Legacies 2010 Now, Health Authority staff, Collaborative Chairs, Faculty, and Improvement Advisor) is expected to:

- Provide information on literacy and health literacy, and methods for process improvement, both during and between learning sessions;
- Offer coaching to improvement teams;
- Create and refine the change package of concepts/ideas for improvement;
- Create and refine a measurement strategy for tracking improvement over time;
- Assist with recruiting teams and developing a spread strategy;
- Provide methods for process improvement;

- Provide communication strategies to keep participants connected to the faculty and their colleagues during the collaborative;
- Provide tools, forms, and other aids to help with implementation of changes, tracking of measures, and submitting monthly reports;
- Provide financial support for literacy practitioners, learners and literacy outreach coordinators and physician office participation.

Collaborative Improvement Teams are expected to:

- Create a community-based team that consists of an adult literacy practitioner and learner, the Literacy Outreach Coordinator, a primary care practice in that community (a physician or nurse practitioner and medical office assistant), and possibly community literacy task groups. Health authority support staff will be present throughout the collaborative;
- Obtain access to Internet and e-mail;
- Designate a “day-to-day” leader who can organize and facilitate improvement team meetings, assure that tests of change are implemented, data collection and entry complete, and assume responsibility for improvement team’s submitting data, reports, and other documents;
- Complete preparation activities before the first learning session;
- During the Action Periods, test and implement changes;
- Send core improvement team members, including the adult literacy practitioner, learner, physician and medical office assistant to the 3 learning sessions;
- Improvement team members must attend one-day closing event. For ½ day, the public will be invited to hear presentations by the teams about what they have accomplished. The remainder of the day will be a time to “harvest” what was learned;
- Participate in one hour monthly web conference calls;
- Have brief regular team meetings to discuss progress and continue to plan tests of change (Collaboratives are action-oriented and 8 months goes by really quickly. Most successful improvement teams find a way to “meet” in person or virtually approximately weekly);
- Share information with others in the Collaborative including details of changes made and measurement data. Sharing will occur at in-person learning sessions and closing event and during monthly calls and monthly reporting;
- Submit brief monthly written reports that describes changes and includes data collected each month.

All participants are expected to:

- Help create a catalog of ideas that can be used by others who are interested in improving health literacy;
- Help create a measurement strategy that can be used by future improvement teams;
- Share lessons learned about the content, measures and what worked in their settings.

3. CREATING THE COLLABORATIVE IMPROVEMENT TEAM

Who should be on the improvement team?

Since the health literacy improvement ideas for this collaborative have an opportunity to impact people in the community and the office practice, we require that each improvement team be a partnership between a community literacy task group and an office practice.

The team has to include at least 6 people: physician, Medical Office Assistant (MOA), literacy outreach coordinator, adult literacy practitioner, adult literacy student and health authority regional support team member. Other team members may include sponsoring organizations and community organizations. An ideal situation would be if the adult literacy student is also a patient with the participating office practice.

It is also important to think about other stakeholders that will be impacted by the changes and involve them in the improvement team as needed. (This involvement will help others see opportunities for improvement from a variety of angles and promote adoption of changes.)

The best team members not only bring their personal expertise, but also have a combination of the following attributes and skills:

- Team player
- Excellent listener
- Authority to make changes
- Comfortable with testing new ideas
- Strong verbal communicator
- Problem solver
- Motivated to change and improve current processes
- Creative, innovative, and enthusiastic
- Drive for results

4. APPLICATION MATERIALS FOR THE PROTOTYPE COLLABORATIVE FOR IMPROVING HEALTH LITERACY

Application Process and Selection Criteria for Potential Teams

Interested teams should review this informational material and communicate with the collaborative director or staff if they have any questions. Applications are due to Impact BC by March 30. Teams will be notified of selection by April 3, 2009 and receive information about preparation activities shortly thereafter.

Selection criteria will be based on a number of requirements, including:

- Community team composition: In order for quality improvement to occur, there needs to be a commitment to creating a team that will work in this area. Team structure must involve an office practice and an adult literacy group.
- Flexibility and interest in improving: The improvement team must recognize their strengths and be willing to identify where there are opportunities for changing how they deliver services that can result in improved health literacy for their community.
- Commitment to attend learning sessions and fulfill the other listed responsibilities: Team members from both organizations must commit to attendance at learning sessions, completion of preparation activities, participation in web conference sessions and e-mail, and collection and reporting of changes and data to the collaborative.
- Commitment to hold team meetings: A team must hold regularly scheduled meetings in order discuss and plan tests of change and implement change strategies. These meetings can be held in person or over the phone and can be brief in a well-functioning team.
- Computer and web savvy: Team members must have ready access to electronic communication (email) and should be familiar with the use of the internet. This criterion is essential for communication with other teams and project staff.
- Representing the BC population: Teams chosen will represent the population of BC, including urban and rural, immigrant and First Nations communities.

Prototype Collaborative for Improving Health Literacy in Communities Application

Completed applications should be sent via e-mail to Project Support Staff Avril Ullett at ImpactBC no later than **March 30, 2009**. Please let us know if you need more time.

Literacy Practitioner	
Name:	
Title:	
Organization:	
Address:	
City:	Postal Code:
Phone:	Fax:
Email:	

Literacy Outreach Coordinator

Name:	
Title:	
Organization:	
Address:	
City:	Postal Code:
Phone:	Fax:
Email:	

Physician

Name:	
Address 1:	
Address 2:	
City:	Postal Code:
Main Phone:	Fax:
Email:	

We wish to apply for participation in the Health Literacy Prototype Collaborative. Each of us fully understands the project's objectives and expectations. Furthermore, we agree to support the team and will work together to achieve our improvement goals.

Signature of Literacy Practitioner: _____

Signature of Literacy Outreach Coordinator _____

Signature of Physician: _____

This signature page must be faxed 604 742-1773 or e-mailed to Project Support Staff, Avril Ullett aullett@impactbc.ca before your application can be reviewed..

If you have questions or need assistance in completing the application, please contact Collaborative Co-director, Connie Davis at 604-991-4563 cdavis@impactbc.ca

APPENDIX: COLLABORATIVE LEADERSHIP AND FACULTY

Co-Chairs – Dr Irv Rootman & Leona Gadsby

The Chairs bring the evidence about what is known to work to the collaborative teams.

Irving Rootman is the Executive Director of the Health and Learning Knowledge Centre at the University of Victoria. He was the Co-Chair of the Canadian Expert Panel on Health Literacy and a Member of the U.S. Institute of Medicine Expert Committee on Health Literacy. From 1992-97, he was a Michael Smith Foundation for Health Research Distinguished Scholar and Professor at the University of Victoria. He was the founding Director of the Centre for Health Promotion at the University of Toronto from 1990-2001. From 1973-1990 he was a researcher, research manager and program manager for Health and Welfare Canada. His areas of expertise are: literacy and health; health promotion; school health; evaluation; and participatory research.

Leona Gadsby Leona Gadsby is the Director, Community and Adult Literacy for 2010 Legacies Now. She oversees the Literacy Now Communities Program, which currently involves ninety six community based literacy task groups representing more than 400 communities across the province. Leona is involved in the establishment of an emerging provincial literacy infrastructure involving government ministries, NGOs, and literacy practitioners. Prior to this work, she was the co-founder and executive director of the Columbia Basin Alliance for Literacy, which was recognized with the first annual Council of the Federation Literacy Award. She was also recognized for her contribution to the Columbia Basin with a "Women of the Year" award from the Cranbrook branch of the Canadian Federation of University Women in 2004. Leona began her adult literacy career after teaching high school students, and worked with adult learners at the local college in Invermere with a focus on prevention programs for families and children. Her work with 2010 Legacies Now began when she piloted the communities program in 14 areas. Leona has co-authored several publications, including Building Community Literacy From The Ground Up (2003) and Learning from the Weaving Literacy Project (2005).

Co-Directors – Kelly McQuillen & Connie Davis

The content managers of a Collaborative, who work with the faculty, teach and coach teams, and plan and execute Learning Session and Action Period activities.

Kelly McQuillen is the Director of Patients as Partners, Primary Health Care Branch, with the BC Ministry of Health Services. Kelly has 18 years experience as a director and strategic health care professional working for the federal, territorial (Yukon) and provincial (Manitoba and British Columbia) governments. She is a registered dietician who has an in-depth knowledge of public health, primary health care, health promotion and nutrition. Kelly is committed to patient-and family-centered care as an innovative approach to the planning, delivery, quality improvement and evaluation of health care-an approach that is grounded in mutually beneficial partnerships among individuals, families, communities and providers. Her current position enables and facilitates patient and family voice, choice and representation in the care, quality improvement and system redesign of primary health care in BC.

Connie Davis is Senior Faculty and Patients As Partners lead for ImpactBC in Vancouver, British Columbia. Connie has been the collaborative director, faculty or improvement advisor on multiple health care improvement collaboratives. Connie received her undergraduate degree *cum laude* from the Intercollegiate Center for Nursing Education of Washington State University, and her masters in nursing and gerontological nurse practitioner certificate from the University of Washington. She has held a variety of positions working in many settings including long-term care, subacute care, community agencies, retirement housing, and outpatient clinics. She is adjunct faculty of the University of British Columbia School of Nursing. She is the author or co-author of publications on health promotion, chronic illness care, and self-management support and is a frequent speaker regarding improving chronic illness care both nationally and internationally.

Improvement Advisor – Angela Hovis

The improvement advisor is the expert in process improvement and measurement who assists in guiding the Collaborative's work.

Angela Hovis, MA has served as an "improvement advisor" for a variety of healthcare quality improvement projects. Her clients include Institute for Healthcare Improvement, California Healthcare Safety Net Institute, and National Initiative for Children's Healthcare Quality. Many of the improvement projects included family and office partnering for improved patient self-management and office practice self-management support. Other work involves researching and producing educational and health related Public Service Announcements and videos. Her most recent production, "Partnering with Parents for Improvement", is a 15 minute video to promote the formation of healthcare organization improvement teams that include patient and family members. Ms. Hovis has a *magna cum laude* Bachelor of Science in Mathematics degree from University of Houston and a Master of Arts in Quantitative Analysis from the Sociology Department at Cornell University. Her career has also included teaching mathematics at University of Houston Downtown, writing and producing a video and book for students who hate or fear math, and conducting workshops and lectures for educators about math anxiety.