

Integrated Practice: The Contribution of Health Literacy to Recovery-oriented Care

Good afternoon. Welcome to this webinar being brought to you by the Recovery to Practice Initiative which is supported by the good folks at SAMHSA where behavioral health is essential to physical health. And that slogan is really relevant today as we discuss health literacy under the broader topic of health integration.

Before we get started, I want to take just a moment or two to orient you to the room - to what you're seeing and to what your options are during the webinar. You may have caught on that your phone line is muted and most of you are probably listening to us through computer speakers. This way you can control some of the volume of the speakers and what you're hearing.

In this room, there is a question and answer box. You can type in technical questions, for instance, if something doesn't sound right or if you're not seeing the right things. Just let our technical support folks know and they will respond to you. You can also enter your questions that you might have for the presenters in that box as well. We really encourage you to put your questions in that box at anytime during the presentation. You needn't wait until the end. That way you don't have to worry about remembering what your question is and you can listen to the rest of the webinar.

There's a chat pod. If you look underneath the pictures of our presenters. You'll see a box that's labeled participant chat. You are our participants and we're glad you're here. So, go ahead and say, "Hello." Check in. Let us know who you are. Also, you might have some information to share with each other. This is a casual portion of the webinar and is really meant to help create a little bit of community while we also learn.

Just above the participant box is another pod that's labeled captioning information. If you would benefit from seeing real-time captioning to the webinar, all you have to do is copy the link in that box and you will have another window open and be able to view the live captioning as it is taking place.

At the very top in the left-hand corner, you'll see our presenters. These folks are uniquely qualified for the information they're going to share today. I'm going to introduce you to them in just one moment.

Some of you are here because you need continuing education credits or proof of continuing education. At the end of the webinar, we're going to put up a link for you to click on and when you do so, you'll be asked to take a quick survey about what you thought of the webinar. And then if all you need is a certificate of participation, you can print it right away. If you need continuing education credits, you'll continue to a brief quiz that will then qualify you to receive those continuing education credits.

So, let me ask you a question. As we get started into this topic, based on where you sit right now, do you consider yourself to be health literate? Simple yes or no question. I would encourage you to click one of the radio buttons – whichever is most true for you. I know I'm always wishing there was a "maybe button" but we're asking you to decide which way you lean, yes or no. Right now, I'm seeing about 80% of the participants do feel some comfort in the quality of their health literacy, which is fantastic. As we progress, it will be interesting to see if your self-evaluation stays the same as we go through some of the specific details in this webinar.

Let me introduce you to our presenters. The first speaker is Sue Pickett, who is the deputy director for the Center of Research and Evaluation and Advocates for Human Potential. And our second speaker is Peggy Swarbrick who is an associate professor at Rutgers University and also works with the collaborative support programs of New Jersey. Both of these women have been incredibly involved in the improvement and quality of research and products that are developed for behavioral health services and are - I think - really representative of some of the best thinkers and, maybe more than that, feelers, of people who have a real passion for improving our services and insuring that we are able to provide recovery oriented services. With that, I welcome you all to the webinar. And I'm going to turn this over to Sue to begin our discussion about health literacy. Sue, it's all yours.

Great. Thank you, Melody. Good afternoon everyone. My part of today's webinar is to give you a basic overview on health literacy, what it is and why it's important. What exactly is health literacy? Well, health

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literacy is the capacity or the ability a person has to find, communicate and make sense of health information and services to make informed decisions about their health and their healthcare needs. Quite simply, health literacy helps us make informed decisions about our health and the services we use to get and stay healthy.

Anyone who needs health information and services, which is every single one of us, also needs skills that allow us to find accurate information about health problems and the services we might use to treat our problems, talk about our health and our health treatment needs and preferences with healthcare providers, understand the consequences of our choices. If we choose treatment A, this is the results. If we choose treatment B, that's the result. If we choose to do nothing, this is what will happen. So that we have all the information we need to decide what services will work best for us. So that ultimately, we can make the best decision for ourselves and our health situation.

This is where a lot of people get confused. You might have good literacy skills but they are not the same as *health* literacy. While our ability to read, do math, and comprehend are related ... health literacy and literacy related ... they're not the same thing. And that's something to keep in mind as you listen to this webinar today. Health literacy is being able to understand and use basic health information to manage our health.

I was delighted to see that so many of you ... 80% of you said that you have good health literacy. Because it's important to keep in mind that health information is complex, technical and complicated for everyone. Being highly educated can help you understand some health information but not always.

For example, I happen to have some extra fancy initials after my name. But when I had to have sinus surgery last year, those extra initials and education didn't help me at all to understand why the procedure my ENT was recommending was better than a procedure I'd had some years ago.

Understanding and being able to speak English gives you a slight edge but not always. In fact, rarely, given the fact that most English-speaking adults have low health literacy. Think about it? Do you and your healthcare providers speak the same language? If yes, do you always understand everything he or she tells you? So again, my take home point here is nearly everyone has low or poor health literacy. I'm delighted so many of you have good health literacy. You happen to be in the minority. That's the second take home point.

So why do we have such poor health literacy? Well, let's think about some of the medical forms that we need to fill out or perhaps you're helping someone that you work with fill out or a family member fill out. Most of those forms are very complicated and difficult to understand. Think about the last time that you were able to easily fill out a medical form. More medical providers use a lot of jargon and scientific terms. They speak what I like to refer to as *Medicalese* rather than explaining things in plain English. You need a medical dictionary sometimes just to be able to translate your provider's instructions. Our biggest issue, I think, today is that we are besieged by information on the internet and social media and TV. We like to Google everything and if it's on the internet, it must be true, right? Remember that old commercial? Can't put anything false on the internet? Well, we know that that's wrong.

While many of us look up health information on the internet, much of this information is inaccurate and contradictory and can actually be dangerous. Try this after the webinar. [Please don't do it now.] Google a health problem or treatment and see how many different pieces of information you get and my guess is you'll get things from people's personal blogs to actual factual information from the National Institute of Health.

Medical science progresses rapidly. We have new treatments. Causative diseases are discovered all the time and it's really hard to keep up with the latest developments. Again, from my own example, the procedures I had for surgery last fall were completely different from the surgery I'd had six years earlier. Then, giving people their diagnoses or trying to explain information to them when they are under a lot of stress or in an unfamiliar place makes it difficult for them to retain information.

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Think about the times when you've gone to the doctor and you've been really ill or maybe you have found a lump and you're worried you might have cancer. How easy was it for you to remember what the doctor told you even if it was good news? When we're under stress, when we're worried that our symptoms mean something is really wrong with us, when we're in an unfamiliar place, we're in a new doctor's office or in the emergency room, it's really hard to process and understand health information.

Here are the groups of people who are most likely to experience low health literacy and I want to point out that people with any type of disability — and that includes people who might have a behavioral health or psychiatric disability — are especially vulnerable to experience low health literacy. Low or poor health literacy is often referred to as an invisible problem. Most people are embarrassed or ashamed to admit to their provider that they don't understand the health information and treatment options being presented to them and as result, they're afraid to ask the very questions that might help them understand this health conditions and help them make informed decisions about their treatment.

Because low health literacy is an invisible problem, most healthcare providers falsely assume that everyone has good health literacy skills and understands exactly what they're telling them about their health conditions and their treatment. Excuse me. Have you ever had this happen to you? You're sick. You go to the doctor. He or she examines you, gives you a diagnosis, and instructions on what to do. You get a prescription and you get a to-do list. Go home, get some rest, get plenty of fluids, don't lift anything heavy, you should avoid eating certain things, and then the doctor just walks out of the room.

Many times, it's not that the doctor is being rude. He or she just assumes that you understand exactly everything they've just told you about what's wrong with you and what you need to do next to get better. When providers make those false assumptions, they unfortunately miss opportunities to actually educate people and help improve their health literacy skills.

Low health literacy isn't just an invisible problem. It's also a big public health problem. Compared to people who have good health literacy skills, people with low health literacy are more likely to have chronic health conditions and have problems managing them effectively. Again, think about it: if you have diabetes, for example, and you don't understand what it is or why you need to monitor your insulin level or why you need to follow a specific diet or try to get more exercise and what will happen if you don't do all those things, you probably aren't going to them. You're probably not going to monitor insulin levels as you should. You're not going to watch your diet. You're not going to try to get more exercise. Those things are just not going to happen.

Other concerns and potentially fatal ones when people don't understand medications and treatment instructions, their risk of death due to complications increases. They may take too much or too little prescribed medication. They may not follow wound care guides, for example, and develop secondary infections. All issues that can be avoided, and while not all complications such as these are fatal, they often mean that people are going to end up in the ER or hospital which is a very expensive treatment both for individuals in the healthcare system.

Treating someone in the ER is much more expensive than making sure they understand their health conditions and treatment, and I know we had a question earlier before we began about health literacy and people in hospital settings and again, whatever can be done if you're working with that person before they ended up in the hospital to talk with them about their chronic health conditions and making sure that they understand, and I know Peggy's probably going to talk about this, too. That's really helpful to improving the health literary skills of people in those situations.

My final point here before I turn everything over to Peggy is that low health literacy makes it very difficult to make good, informed healthcare decisions. If I don't understand information my provider gives me, if I'm too embarrassed to ask questions, if I don't know where to look for information and to help weigh those decisions, then it's difficult for me to make the decisions about my health and my healthcare, so what can we do? How do we improve health literacy? For the answers to those questions, I turn you over to Peggy.

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Thanks, Sue, and welcome everybody. It was so really cool to be seeing that we have people from out west in Oregon. Hello. My friends out in Oregon and we have people from the East Coast, the middle states, all over the place. I saw Idaho, Pennsylvania, West Virginia, Georgia. It was really good. Louisiana, Idaho. We saw everybody here, so welcome here. I'm really very excited as Melody mentioned. This is something Sue's passionate about and I'm passionate about, really important topic of health literacy and practical strategies, so what I want to try to do in the next amount of time before we really want to have some good questions about this is just give you some thoughts about the how we can do this, and really how it applies to behavioral health because sometimes we think, "Oh, that's just the doctors. Don't do that. Medical providers don't do that," so we really have a role and understanding health literacy is essential in our work.

I actually see it as important as CPR. Many people have to get CPR training in their work. I think health literacy is one of these vital signs skills that we could really help a person's quality of life and lifespan and hopefully in this time, you'll hear why and be really as passionate about it as we are about it.

We're going to start out. I want to take a little bit of time. We're going to do an activity. We're going to start out with this activity. I'm going to give you about 30 seconds to read these directions, so read the directions below to yourself and then we're going to talk a little bit. We'll give you about 30 seconds. Okay, so you may or may not have ... You may just have said to yourself, "What the heck is there?" and what is there? I really think that when a lot of people look at this exercise and say, "That doesn't say anything," but yes, it is indeed directions, and what you probably felt trying to figure out what these directions did tell you about how to clean your glasses because they're directions that actually tell you how to clean glasses. This is an experience that many, many, many people that you perhaps work with or may encounter may feel like when they're getting information when they can't understand, they can't comprehend it, and especially when they're reading things word by word when people are really reading word by word.

I really think that if you really look at it, you can see that it does give you some directions, but you have to read it. The letters are jumbled, but it does give the actual directions about how to clean the glasses and I think that you want to really start to think about that 30 seconds of, "What?" and maybe some of you figured it out, but probably a lot of you — which it took me a long time to really figure that one out — to figure out, okay, the strategy that this is a lot of what people we serve are experienced and it's a really, really, really frustrating, perhaps embarrassing, or overwhelming experience when people are barraged with the paperwork, the materials we give them for the groups or the individual kind of work we do, so we want to keep this in mind as we go forward. When we think about health literacy and what it means, it's really be able to ... understanding the information, getting those directions, being able to comprehend what the direction says, and then eventually, I'll show you some strategies around what do you do with that? Helping that person.

Communicating with healthcare providers. Yes, and including behavior healthcare providers. Community providers. Hospital providers. It's relevant for all of us. It's a real vital sign skill that I think can really help people.

Finding that information about health, as you mentioned, and I'll talk a little bit about that in a bit about a strategy. There's just some really good ways we can start to work through this good and useful information that we're going to use for people, and then again, the pieces that are empowering people to find this information for themselves. As Sue mentioned, you can Google, but you'll probably see 100 ads. And what do you do with that information that has the ads connected to it?

But health literacy is that ability to get those instructions on a prescription bottle, those appointment slips, the brochures, the directions that we give people. The consent forms. And again, another piece that's really important is that ability to negotiate what is a very, very complex healthcare system.

It requires the reading. It requires listening. It requires some level of analysis and that decision-making that you pull that all together to be able to apply the information in a health situation.

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It also really, as Sue mentioned, both of us have these letters behind our name, but it doesn't matter. There are certain things in health contexts, the insurance forms, often many times things about medical issues, this is where my health literacy would not ... I've not rated myself very well on that. I've gotten much better in the mental health, because I feel more comfortable and confident in that area in terms of health literacy, but there's a lot I could learn.

So, what we want to try to do is try to help people to use the information, process it, so they can develop some really good health habits for prevention. I think that's the crux of the work that we really need to be doing as we go forward, help people to manage the health conditions. People have many, many, many medical conditions that they're managing in conjunction with their mental health issues, there's this complexity that we can really help people with. And how to help people to take medications safely and really important, how to seek information. Seek care when they need to get it, because sometimes people go a little too prematurely or sometimes not soon enough. And both are problems.

There are some very red flags we can see, or warning signs that we can often see about people that we serve that they may have that indicate low health literacy. There's no perfect indicator for this, but these are things we observe that we should be considering.

Missed appointments. Don't just assume they didn't want to come. Did the person, unable to read the appointment slip? Or did they not have the organizational skills, or they had so much stress going on in their life that they couldn't remember, or they didn't have a system for remembering? Health literacy is about that, helping the person to develop that system for reminding themselves, reminding them to make that appointment or that follow up.

Incomplete registration forms. That really is a big one. And I really, if you do anything when you walk away with it, is go to the paperwork that you give people and look at it from the lens after hearing some of this information or hopefully going to some of the really excellent resources we've given you to think about how you could rework your registration forms or the many multiple forms we give people.

When people aren't adhering with their medication, so they're unable to name the medication, explain the purpose and dosage. That can be a sign. It also, for many of us, like I said, people cannot give coherent, sequential histories, physical histories. That can be a sign. People who ask fewer questions often sometimes is an indicator. And lack of follow through on tests or referrals. People who don't, we get frustrated about it with people, but often it's just maybe they didn't understand the steps, understand the complexity. Because sometimes, on the paperwork, all the steps aren't mapped out or it may not be marked as clearly as it could.

There's a lot of different red flags. Another one that's really, really big that we see is that the communication, and Sue mentioned that. Giving information, and that's what we're going to talk about, the Teach Back method that you're going to use, and then that processing of information. We're constantly giving information to people and sometimes it just feels so overwhelming to people. It can be so complex for them. Also, the other piece in this is the time people being rushed and feeling that pressure. That can also affect people.

Often, like I said, day to day, people are being bombarded with health-related information, so it can be hard to know what's a credible source. A doctor's telling me, or my counselor or peer specialist is telling me this but I'm seeing this on the Internet or I'm getting all this other stuff. It can be really overwhelming, so there's a mismatch in the communication. Often, we can think about it too, as I see a lot with people, is it's emotional. A lot of things can really be emotional connections and there can be some trauma or other kinds of issue that can come up for people that can really bring out an emotional reaction, and/or someone in your family may have had some not-so-good situations about their health. That affects the person often and causes some kind of reticence about people asking questions or following through or getting that right information that could really help them in a timely way.

So, that mismatched communication. And again, this is really hard to see this, this slide, it's not the greatest slide. Hopefully, when you get it, you'll be able to see it much clearer, but this is the complexity of

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what it takes of a person coming into our system and how they have to go through the processes of the workflows that we create for ourselves. We create all these great workflows for our work, but what does it affect the person? How does the person know these things?

Again, with insurances too, can be really challenging for people of knowing the steps or skipping the steps. This stuff gets really complicated for people and can be quite overwhelming. And then that's why people often either avoid it or become what we sometimes see as troubling people. People that trouble or bother us, well, maybe the person is just trying to get the information and the only way they can do it is we perceive it as troubling, but they are asserting themselves in a way that may not be ... we don't see as helpful. So it's developing that good communication with people.

With the strategies, because this is a huge problem and we want to get down to what you can do and some of the strategies that you can be thinking about. The one thing, you got to remember, because people say, "Peggy, we're not doctors. That's medical." When I started to do a lot more around health promotion and wellness, "Nope, I'm not a doctor. I'm not a nurse." We're not asking peer providers or the provider community that's behavioral health to become medical, but we want, and you're not going to become that medical expert. You're not going to be necessarily explaining the condition in detail, or diagnosing anybody, but we do need to know the resources. That's what we are. We do well.

I think that's a good skill for behavioral health and peer providers. We need to know the resources. And the most important, because this is about that relationship and that connection and that utility that we can help practically for people, we need to help the person find and then use the information, because that's really where it gets off. It's finding it, understanding, processing it, and then using. That's really where you can play a role in terms of what you can do as a person who's supporting and really caring about the lifespan and the quality of the life of the people you work.

So we do need to know where do I look? And I have a really good resource, it's linked on the back, but you can really look at what are the sites that are really going to give you much better, useful, practical, health-literate information that's really boiled down that people can understand? Where do you look? You really want to look at sites or resources, access, that have legitimate research behind them and then are also written in a way that can be usable for people. And look at that reliability of that source. One of the things that I find when we do a lot of training on this, is once you start to see 100 ads come on, that's really a red flag just to know that it may not be the most reliable source, when all those ads come up.

Then, it's getting that information. Then, thinking about then, how do I explain it to the person or how do we sit down together to understand it and explain it to that person so they understand? There is this really important process that you want to help people to be able to understand that and how do you make sure they understand it? Again, at this link here, you can go find out a really good resource on evaluating that information. But then once you get it, you organize it, how do you get the person to understand it? Teach Back. Teach Back is a really, really good strategy and we probably use a lot of this in the illness management or wellness management curriculums. They use some of these kinds of principles in them. But I think these are ones that we need to be bringing in to all of our health and wellness prevention strategies with it. Help the person to understand in plain language and I'm going to refer to that term a little bit more later. In plain language, briefly what it is, it's wrong or what is it that they can really understand from their perspective.

They found that this strategy has worked from focus groups that these strategies really help for people. They want to know what's wrong. They want it to be brief too and then people want to know, "What do I need to do and why?" So really simply, "What do I do?" and "Why should I do it?" Really important question. Again, helping the person to understand the benefits for themselves especially with our relationship with people. We can link it to what's important to them, what's going to benefit for them because we know them. We know what's important. We know what they value. Linking it to that. That's really going to help people to understand it and process it and hopefully to start to now incorporate it. So, again, taking it from medication, breaking it down. What is it for? How do I take it correctly? Why should I do it? Why is it going to benefit me? What can I expect? Really taking these questions and all of the

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information that we might be working with people. This can apply for a lot of the different health and wellness areas that we are working with people on.

The next slide gives you a really nice way to think about it because it's not this linear process of just getting this information off the internet, starting to explain to see if they understand it, and it stops there. It goes back and forth. There's this process in explaining it, assessing it, maybe going back, clarifying it, and especially going back and forth to clarify. That's going to be a critical piece to really be able to bring it to help the person to process it, understand it, and figure out how it can be useful in their personal situation. So really going back and forth, seeing that, and going back and checking it back with people really, really can be very, very important.

One of the things we find that is useful with people is like asking them to explain it to you, teaching you, having the person who you've just done the Teach Back with have them teach it to you or have them to explain how they would teach it to their wife or their child or their spouse so you can really understand how they have understood it, how are they going to follow through and really, really helps be an iterative process but it really helps, them to know how to bring it to language that people understand and can follow through with.

The other thing we ... This related back that we think about, again, anything we do and this becomes really the sixth thing through a lot of the information is the need to know and need to do. So, sometimes that is what you have to pull out of the masses of amount of information we find about things. What do we need to know about this? What do we need to do? And trying to help people to focus in on that. We find a lot, this is really big and this is something that from my occupational therapy background, I like to do a lot with this is demonstrating, drawing, finding pictures. Like, either finding ways to demonstrate things very, very simply, drawing it, using pictures. That really helps a lot and the more and more you can have those kinds of images in the materials you're using or the strategies you're doing for teaching people that can really help people's understanding, retention, and follow through.

You know, people, you'll go and you'll see in their house posted up on the refrigerator or in the bathroom, on their mirror, that can really reinforce. You don't realize what a long way that could go in the person's follow through with something that could really change the quality of their life or their lifespan. Really could make the big, big difference.

Using clearly written educational materials. That's another challenge. There's a whole host of information that's out there but finding things that is really clearly written, very important. And another thing that we encourage you to think about when you think about these concepts here about improving and understand, is to be sharing that information with one another. That's one of the things that I find the real strength of peer providers and sharing this information and finding ways to share it with or be the resource that can share it with a fellow team members or other peer programs. Very, very important.

When we do want to help to remember and some of the research that has been done on this and, like I said, you can look at the sites. It's been done in medical settings for the most part that many people, they have seen and recollect on half of the new concepts presented during a visit, so it's quite common that people don't remember. I know myself. I don't. When particularly when people were asked things around having their hemoglobin A1C, that's a blood level related to diabetes values, people have a hard time remembering that value and being able to understand how that relates to them and what's a value that would indicate that they need to take the insulin or go get medical care. That's something that they found that people had really challenging with. So, helping a person to have these reminder cues, helping people to find ways to provide us that material that simply really can help their retention, help to follow through. Again, the pictures really, really can help people quite a lot as well as demonstrating things. Finding ways to demonstrate things very simply and clearly.

I always want to just give you a checklist of things to be thinking about because flooded you with so much information. I've violated probably many of the health literacy principles. But, we wanted to give you think information that you can go back to and process it and think about how it works in your day to day work or just think about how it works for yourself. Because I find that applying this to myself really helps. Again,

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my health literacy is not that high and I'm constantly thinking about these things for my own self or preparing for appointments I need to go to. But, a checklist, ideas you can say simply about your working so you're individually with people.

Think about the physical attending to people, how you're sitting positions with people. When you do sit and talk with them, how are you in terms of physically attending orienting them to the task and purpose, focusing, making it focused, not getting too overwhelmed, explaining what they need to know and the importance in using that plain language. Going back and doing that checking for understand, going back to that visual a couple of slides back is another principle that we've identified that's been really important about chunking information. So how to figure out, how to chunk, put things, two main concepts at a time and breaking it up and especially when you're giving people information on paper to think about how to really have a lot more white space on it and have it visually appealing the way that's laid out. Using those points and visually or graphically conveying those points and then repetition can be okay. That's not a bad thing, repetition because it can help with the reinforcement.

Just getting, in terms of time because we have some great questions, I want to move on to the next, some other strategies. Written materials alone don't always help. Let's not think that we just give them the handout, they're going to know it. It's sitting down, processing, going back, and then every couple of times, reading with people, going back again. So, getting and collecting and bringing resources are really, really important. Another piece too is family supporters are also can be very helpful in this strategy as well.

I mentioned the term before that may not have been familiar but I wanted to point at is the plain language, because there's a lot of confusing language and complex language that is often in the materials that you may be providing people on our forms. So being able to start to look closely at the language that is in those forms or it's going be used in some of the health information that we might be helping people to access and then use in their life, starting to think about how the wording can be changed into plain language. Again, there's not a science to this. This is something you start to bring in your cultural lenses and your lenses of other kind of things around people's individuality that we need to boil language down to things that they understand. So being able to translate that into that language that they can find meaningful and useful in terms of what they're going to be able to comprehend, and then hopefully act on. The last piece that I did want to highlight that we do have here is a bunch of references, because like I said, we have a lot of things there, but these references can link you back to many of the things that I mentioned, some of the research and the resources behind a lot of the ideas that I outlined for you in the last couple of minutes, and encourage you just to go in there and play around and look at that from time to time and again, start to think about where this can fit into your individual one on one work with people, if you're doing groups, how some of this could apply to groups and it can apply to groups. We'd be happy to talk a little more if there's specific questions about that.

The other piece is to think about the waiting rooms or the waiting areas that you have where people may sit endlessly waiting for their appointments or the programs that you might be having where you can start to be more mindful of the health literacy messages that are there or potentially there, where you can put signages or posting of things that consider some of these principles that could start to really enforce some really positive messages for the people that you care about and you're working with. I'm going to turn it back to Melody, and we are really looking forward to the questions and the dialog.

Peggy, thank you so much, and Sue, thank you so much. This is one of those topics where it makes so much sense when we start talking about it, and that there are lots of opportunities to access better information, more information, to share information. Peggy, your last comment about taking advantage of the waiting room brought to mind to me an experience I had when I was visiting a community mental health center. This particular place was in a rural area and folks used van services for their appointments, and so sometimes people would have to come an hour or two early for their appointment just because of how the van service ran. When I went in there were people sitting in the waiting room watching soap operas.

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Now, I don't have any moral objection to soap operas, but what I did think was, "What a great time to actually give people reliable information," because there's so much information that we can now use that's pre-recorded, video, there's DVDs, and things like that where folks can actually, even in an enjoyable way, get access to additional information, since the time with the actual provider might be limited. That made tons of sense to me, and I ended up actually helping that agency learn how to feed videos through their system so that they could have some medical information that was enjoyable available instead of folks just kind of sitting there watching commercials and soap operas.

We have some great questions from the audience while you all are presenting, and I want to help facilitate this conversation. One of the questions was ... I think for a lot of practitioners who are on the call this is going to really ring true, but it has to do with professional ethics and that a lot of times one's ethics, or code of ethics, might dictate that they're not allowed to provide any medical advice. I'm wondering if you can clarify for us the difference between health literacy, health education, and medical advice. I would leave this open to either one of you.

Well, I think that the idea is that we're not giving medical advice. We're helping people to perhaps take information and start to break it down for themselves, so we're helping them to problem solve and start to really help them to process things. I think that the idea that we're telling them to do X, Y, and Z is not necessarily what we're saying. We're trying to help people to navigate information and then start to think about ...

Then I think the things that we do do, because there are things in our realm of work, especially peer providers and peer wellness coaches, and whole health action coaches, which is a whole training that people do, there's a lot of opportunities. This is a skill set, that that's part of most of those trainings, so I don't believe that we are saying that they're giving medical advice. I think the idea is we're helping people to find ways to access information and then start to help them to break it down and start to then figure out how to use it in their life and how to help create those health habits. Sue, I think you might have a few other thoughts on that, but that was just my thoughts, that it's not ... We're not giving advice.

Right, and I think there's two ways to look at this. I think there's a situation where someone may come to you and have concrete instructions or information from a healthcare provider. Somebody's been to their healthcare provider and they come to you and they say, "Okay, I saw my doctor. They told me I have," for an example, "Diabetes, and here's all the things I'm supposed to be doing and I'm having a really hard time understanding that." In that situation, it's doing some of the strategies that Peggy explained, sitting down with the person, going over it, making sure that they comprehend and understand it, maybe having some follow-up conversations with the doctor.

Perhaps you can be present to help make sure that you understand, and everyone explains it that way. I think the other situation where it's, "I don't want to give advice," is if someone comes to you and says, "I don't feel well. I have this odd bump here on my foot, or I think I broke my foot. What should I do?" Then it's, "I'm not a medical doctor. Here's some things we can do. If I need to take you to the emergency room, I'm going to take you to the emergency room. Here's credible websites where we could look up some basic information," websites that are approved by NIH, for example, to start finding some of that information. That, I think, is some ways to feel good that you're not giving advice, but you're helping people understand information.

What I'm hearing is there's a distinction between giving the person what your preference is versus ... Which would be advice, versus providing education or a range of information?

That's part of it, but I also think it's making sure you get people connected appropriately to the medical experts when that's needed.

Yeah, yeah. That makes sense. It also ... Part of your response, Sue, taps into another question, and that has to do with the ability to determine what is reliable information, because you mentioned the quandary of the Interweb and how it provides lots of information, not all of which is reliable. Are there any tips that either of you could share in terms of vetting or knowing what might be more reliable?

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Yeah, so what I learned, actually awhile back, was you want to make sure things have the research behind them, so anything ... Something that's on the NIH website, the National Institute of Health websites, CDC, Center for Disease Control and Prevention websites, that's been information that's been carefully reviewed and has some science behind it, and has good links. WebMD is generally pretty good, but again you want to make sure that there's research behind that. What Peggy said about the ads is so true. If you click on something and it's taking you to a bunch of ads and it's telling you you need to buy this product and here's how it's helped all these people, and here's their testimonials, close down that site immediately. That's going to be bogus information.

Commercials are not a reliable educational source.

Always.

Yeah, and so that's really interesting. In a previous career, life, work, one of the things that I was responsible for was helping to vet information that went into a source, so that folks could know that if they went to that particular source, all of the information had been vetted. And definitely, one of the criteria that we used was, were they trying to sell something, and then also, we would direct people to sites that were not, how do you say this, that didn't have a dog in the fight. That's such a horrible analogy.

For instance, if I'm trying to sell you pizza, then probably my pizza site is not where you're going to get the best information about real reviews. My own site would not be very helpful.

There was a question about if it's the staff members at an agency have lower health literacy, how would you go about helping your staff improve what they know and can communicate?

One of the things ... we encounter that quite a lot in some of the work that we do with, and I think the more we do is try to make sure we're using a lot of the health literacy principles in our supporting people, and also in the messaging around our HR department, even, too. Working with health insurance companies that are providing information that's more user friendly for the staff kind of thing. Doing more just education to improve the health literacy of the staff. We've had some efforts around it to try to enhance the health literacy of some people in some different programs who have been trying to do some work around the wellness area. It was just starting to, we just started to target helping people to enhance their health.

And again, just like we talked about, the group felt very strong on it, but there's a couple of tests you can take to kind of rate yourself in a little more of a nuanced way, rather than the first question we ask, and you'll start to see where you may have stronger or areas to improve, depending on the type of information or the context. I think like we said, go in and start to just research this a little more and you might find things that you can bring to staff training to help just enhance our, you know, inoculate the work force with good health literacy principles that can help them, then, empower people they work with.

Sue, do you have any other thoughts on that one?

I think also being able as staff to say, we do not all have good health literacy. In fact, the studies show that most people don't, so that's okay. You don't, just as I said on my flight, don't be embarrassed that you don't have good health literacy. And if you have a particular health problem that you see a lot of your clients are experiencing, I think, just what Peggy said, some staff trainings, perhaps, around that particular health condition, and having a medical expert come in and using those same strategies to educate yourself and your staff is a good way of being able to just, I think helping your clients as well feel comfortable that this is something that we all struggle with.

Yeah. I really appreciated, Sue, when you started your presentation, when you talked about having expertise in one area, some expert. That you have fancy letters after your name, but in other areas, you're not an expert. You know, it's kind of like, you don't take a motorcycle to a car mechanic. It's two different kinds of engines. But it doesn't mean that one person isn't an expert in a specific area. So I think

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that the more that we can let go of the idea that we need to be experts in everything, the more we're able to help people find the expert that they need.

There is a need for more training for everybody. For those of us who are receiving services, for those of us who are providing services. Do you all know of any resources where folks can get more specific training about either helping folks navigate the health world, or be able to get the answers that they're looking for?

I believe SAMSHA, don't quite me on this, but I believe SAMHSAs, HRSA's integrated care, CIHC website might have some materials. I know that the National Institute of Health had some materials, but that was related primarily to health literacy and helping people enroll in Medicaid. But I would check with the SAMSHA, HRSA website first.

Great. H-R-S-A, the acronym.

Correct. The Center on Integrated Health Services, I believe.

Super.

Well, we're going to [crosstalk] woops, I'm sorry. Go ahead, Peggy.

Some state departments of health often are really taking this on, too. You might want to look at your state authorities, state department of health or something within their, within the healthy people 2020, for the states. This is an area that sometimes they target, and they might have programs or resources, or even funding opportunities for innovation. So, look at your states as well, probably, would be another area to think about getting some resources.

Yeah. And I would say that I think that the SAMSHA website, in part because the recovery to practice initiative is on that website, that there are lots of webinars that have been archived on various topics, and they can be more specific. You can look for the ones that address the questions that you have. Because we can only cover so much information in a webinar, we do like to make sure that you have available access to other resources. So, if you're interested in continuing your learning, here are some additional resources, that you can add to the ones that Peggy made available.

We are very committed to ensuring that all of the work, and all of the information that we provide, embraces recovery principles and the four dimensions of recovery and behavioral health. Certainly, health concerns and integrated health issues are a primary component of a sound recovery approach.

The recovery to practice initiative, our goal is to help all providers across all disciplines, who work in behavioral health, to be more sensitive to and responsive to recovery principles and practices. We hope that you will invite your colleagues to check out integrated, I'm sorry, our webinars that exist on the website, and to come and experience a webinar live and in person. Our next webinar is going to be on Wednesday, August 2nd, at one o'clock. We're continuing our discussion about integrated care. And this particular webinar is going to look at the role of the community and family supports in helping people improve their complex health conditions.

Pass the word along. We would love to have you here. You can also get more information in the next newsletter that is looking at integrated health as it's topic. You can subscribe to that by visiting the recovery to practice website. We offer free CMEs, so if you know psychiatrists who need continuing medication education credits, let them know that they can access this on the recovery to practice website. You guys, who are here, can also get your credits for being here. We know that training is important and is part of how we validate our professional presence and engage in continuous learning, to ensure that we're bringing to people the best resources and information that we can.

With that, I want to thank you for being here on this webinar. Please complete the quick survey that you see in front of you, and have a great day. Thanks a lot. This concludes our webinar.