

# Agenda

- Share results of South Shore Community Partners in Prevention “How’s Your Health” efforts (15 mins)
- Breakout groups to reflect on findings (15 mins)
- Large group report out and discuss (10 mins)
- Networking Break
- Plan for action (15 mins)

# Background

- Health Confidence: important way to assess degree of “Patient Centered Care”
- Dartmouth tool: How's Your Health? Used since 1990s in PCP practices and 2 communities
- 2014 Health Care For All pilot “How’s Your Health, Massachusetts” Campaign
- Outreach to organizations statewide

## A TOOL TO ASSESS HEALTH CONFIDENCE AND BEGIN ACTION

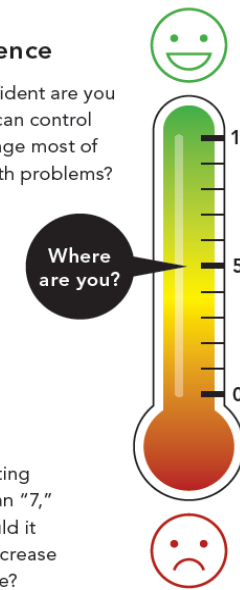
Note: A pdf of this tool can be downloaded from the online version of this article: <http://www.aafp.org/fpm/2014/0900/p8.html>. Additionally, an electronic version and pdf versions in several languages are available at <http://www.healthconfidence.org>.

### MY HEALTH CONFIDENCE

What number best describes you:

#### Health confidence

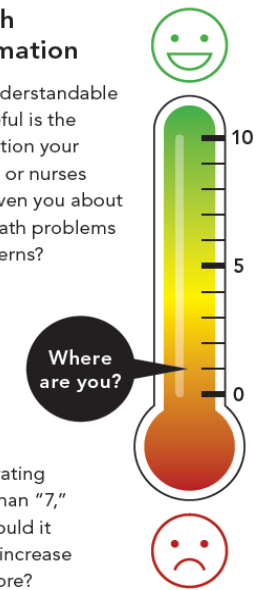
How confident are you that you can control and manage most of your health problems?



If your rating is less than “7,” what would it take to increase your score?

#### Health information

How understandable and useful is the information your doctors or nurses have given you about your health problems or concerns?



If your rating is less than “7,” what would it take to increase your score?

# South Shore Health Literacy Initiative



- “...to improve the ability of residents to advocate for their own health and to understand their responsibilities for their own health.”

Three objectives:

- 1) Complete a health literacy assessment that identifies barriers that limit individuals ability to advocate for one’s own health care and understanding ones responsibilities for personal health;
- 2) Promote the role of community health workers as essential contributors to improving health literacy and the ability of people to advocate for and understand their health and health care; and
- 3) Conduct an evidence-based education and awareness campaign within the communities to strengthen capacity of people to advocate for their own health.

# The Campaign

- Health Care For All pilot Campaign 2014
- Outreach to organizations statewide
- Assess feasibility of community organizations using the web-based tool
- South Shore Community Partners in Prevention interest given recent health literacy initiative
- 6 months of outreach
- 82 residents completed the HYH survey

---

*South Shore Community Partners in Prevention  
want to know:*



*Do you feel confident that  
you can manage and control  
most of your health issues?*

*Are you getting the health  
care you need, exactly when  
and how you want it?*

Take ten minutes to complete a brief survey to help you:

- Better communicate with your doctor
- Manage and prevent health problems
- Learn about community resources
- Tell us more about what you need from our health care system!

Visit [www.howsyourhealth.org](http://www.howsyourhealth.org) today!

---



HEALTH CARE FOR ALL

# Results

- **Demographics**

- More women
- About 1 in 4 income problems

		Count	Percent of all (n=82)
<b>Gender</b>	Female	68	83%
	Male	14	17%
<b>Age</b>	19-49	41	50%
	50-69	22	27%
	70+	19	23%
<b>Race</b>	White	59	
	Black or African American	2	
	Asian	1	
	Native Hawaiian or Other Pacific Islander	-	
	American Indian or Alaskan Native	1	
	Hispanic or Latino origin or descent	-	
	Other	-	
<b>Income Problems</b>	Overall	21	26%
	Female 19-69	17	(31%)
	Female 70+	3	(23%)
	Male 19-69	0	(0%)
	Male 70+	1	(33%)

# Results

- **Health Conditions**

- Lower rates of hypertension (33%), diabetes than US (9%)
- Higher rates than US for asthma (8%)
- Income problems higher overall

		Percent with condition	
<b>Hypertension</b>		19-69	16%
		19-69, income problems	18%
		70+	47%
		70+, income problems	75%
<b>Diabetes</b>		19-69	5%
		19-69, income problems	6%
		70+	26%
		70+, income problems	50%
<b>Arthritis</b>		19-69	14%
		19-69, income problems	24%
		70+	53%
		70+, income problems	75%
<b>Respiratory Disease</b>		19-69	19%
		19-69, income problems	35%
		70+	21%
		70+, income problems	25%

19-69 (n=63)    19-69, income problems (n=17)    70+ (n=19)    70+, income problems (n=4)

# Results

- **Health Conditions**

- Cont.

		Percent with condition	
<b>Obesity</b>		19-69	13%
		19-69, income problems	29%
		70+	--
		70+, income problems	--
<b>Limited by Pain</b>		19-69	11%
		19-69, income problems	18%
		70+	32%
		70+, income problems	75%
<b>Limited by Feelings</b>		19-69	10%
		19-69, income problems	18%
		70+	5%
		70+, income problems	25%

19-69 (n=63)    19-69, income problems (n=17)    70+ (n=19)    70+, income problems (n=4)

# Results

- **Health Confidence**

- About 50% are health confident, less get the health care they need
- Higher in 70+ (but lower numbers)

		Percent agreeing
<b>I am confident that I can control and manage most of my health problems.</b>	19-69	49%
	19-69, income problems	41%
	70+	82%
	70+, income problems	75%
<b>When it comes to my health care, I receive exactly what I want and need exactly when and how I want and need it.</b>	19-69	38%
	19-69, income problems	27%
	70+	72%
	70+, income problems	75%

19-69 (n=63)   19-69, income problems (n=17)   70+ (n=19)   70+, income problems (n=4)



# Results

## • Health Behaviors

- Smoking, drinking higher for income problems
- Lower rate of smoking than US (18%)
- Lower rate of exercise than US (48%)

		Percent with behavior	
<b>Current Smoker</b>		19-69	8%
		19-69, income problems	24%
		70+	0
		70+, income problems	0
<b>Current Smoker Ready to Quit</b>		19-69	6%
		19-69, income problems	18%
		70	--
		70+, income problems	--
<b>Problem Drinking</b>		19-69	6%
		19-69, income problems	18%
		70+	21%
		70+, income problems	0%
<b>Regular Exercise</b>		19-69	35%
		19-69, income problems	35%
		70+	18%
		70+, income problems	0%
<b>Healthy Eating</b>		19-69 (n=63)	56%
		19-69, income problems (n=17)	47%
		70+ (n=19)	--
		70+, income problems (n=4)	--

19-69 (n=63)   19-69, income problems (n=17)   70+ (n=19)   70+, income problems (n=4)

# Results

- **Quality Measures**
  - Similar to MA statewide
  - Lower for income problems
  - Patients perceive they are not getting the care they need overall, but higher scores on the 4 aspects

Quality Measure	MA (n=1891)	SSCPP (n=63)	SSCPP (n=17)
<b>Health Confidence</b>			
% of all patients that agree with “I am very confident that I can manage and control my health problems”	49.73	49.06	41.18
<b>Patient-Centered Medical Care</b>			
% of all patients that agree with “I receive exactly the care I want and need exactly when I want and need it”	31.32	37.50	26.67
<b>4 Aspects of Medical Care</b>			
Score (out of 100) is an average of:			
• % of all patients that have “very easy access” to their doctors			
• % of all patients that have a PCP	61.90	66.88	62.00
• % of all patients that seldom have wasted time at their doctor office			
• % of all patients that can identify one doctor in charge of their care			
<b>Very Good Communication for Chronic Disease</b>			
If patients said they had a chronic condition, % responding yes to, “Do you feel you received good quality information about this problem?”	56.30	47.06	44.44

# Results

- **Quality Measures**

- Similar to MA statewide
- Lower for income problems
- Only about half of those with income problems doing wellness activities and getting screening

Quality Measure	MA (n=1891)	SSCPP (n=63)	SSCPP Income Problems (n=17)
<p><b>Doctor is Aware of Functional Limits</b></p> <p>If patients said they had a chronic condition or were limited in their daily life by physical, emotional, or social problems, % responding yes to, “Is your doctor or nurse aware of the problem?”</p>	43.57	71.43	55.56
<p><b>Practice Benchmark (Prevention/Screenings)</b></p> <p>Score (out of 100) is an average of % of patients reporting they received age/gender appropriate screening (e.g., for mammograms, lipid testing, bowel cancer testing, blood pressure, cholesterol, and blood sugar)</p>	75.47	69.86	50.00
<p><b>Wellness Activities</b></p> <p>Score (out of 100) is an average of:</p> <ul style="list-style-type: none"> <li>• % of all patients reporting not smoking</li> <li>• % of all patients reporting not having poor eating habits</li> <li>• % of all patients reporting exercising regularly</li> </ul>	73.45	67.92	55.88

# Results

- **Health literacy items**

- Reported high understanding, need more encouragement to ask questions

	Adults 19-69 (n=63)	Income Problems (n=17)
Do you always understand the information your health care provider gives you about your care? (YES/NO)	Yes = 80%	Yes = 76%
Does your doctor or other provider spend adequate time explaining your care to you during a typical visit? (YES/NO)	Yes = 82%	Yes = 69%
Do you always follow up on recommendations made to you by your doctor or other provider? (YES/NO)	Yes = 68%	Yes = 44%
Pick the word that best completes this sentence: My doctor or other provider ____ encourages me to ask questions about my health care.	Always = 56%	Always = 50%
a) Always	Often = 20%	Often = 13%
b) Often	Sometimes = 18%	Sometimes = 31%
c) Sometimes	Never = 6%	Never = 6%
d) Never		

# Results

- **Health care experiences**

- **Rewarding**

- Access to doctor when needed
- Comfortable relationship with provider who cares
- Follow up and follow through from provider
- Being educated about personal health

- **Challenging**

- Referral process
- Finding the time in busy schedule to see the doctor
- Finding a PCP
- Billing
- Wait time to get an appointments
- Finding high quality providers
- Not getting enough information about health
- Weight loss

# What We Learned (and are learning)

- Challenges in getting people to complete the survey
- The tool is not user-friendly outside the clinical setting
  - Length
  - Literacy level
  - Perceived utility
- The materials people receive after completion may not be practical
- No integration with health system makes improvement difficult

# Thanks especially to

- Beth Israel Deaconess Hospital-Plymouth
- Greater Plymouth Early Intervention Program
- Harbor Community Health Center Plymouth
- Old Colony YMCA
- Pembroke Public Library
- South Bay Mental Health Center
- South Shore Community Action Council
- The Arc of Greater Plymouth

# Breakout groups

- What makes sense to you?
- What surprised you?
- What are the most pressing issues to take action on?
- Can this information be useful to the CHNA?
- Who needs to know about this?



# Plan for action

- What are possible actions we can take?
  - Grants? Work with CHCs? involving BID?
- How can we implement the motivational interviewing strategy to improve health confidence?
- Coordinating with health literacy initiative work