

# **Canyon Ranch Institute Health Literacy Initiatives**

## **Or...**

# **How Health Literacy Can Improve Lives**

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# Who are you?

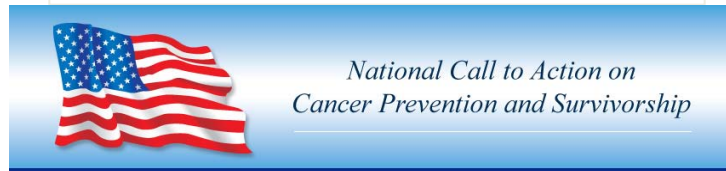
... and why did you attend this presentation today?

# Our Mission

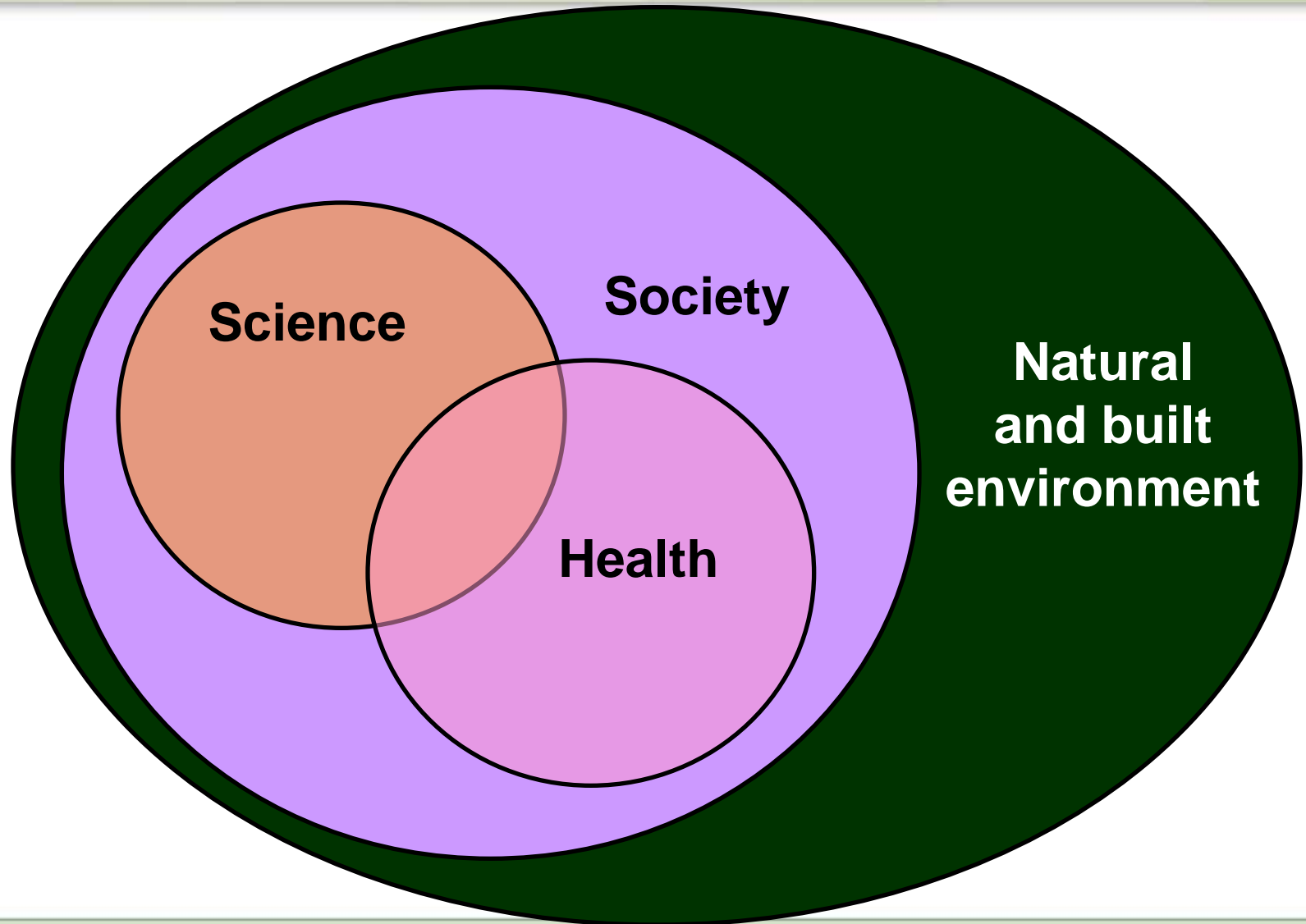
Canyon Ranch Institute  
*catalyzes the possibility of optimal health  
for all people*

by translating the best practices of  
Canyon Ranch and our partners  
to help educate, inspire, and empower  
every person to prevent disease and  
*embrace a life of wellness.*

# CRI works through partnerships



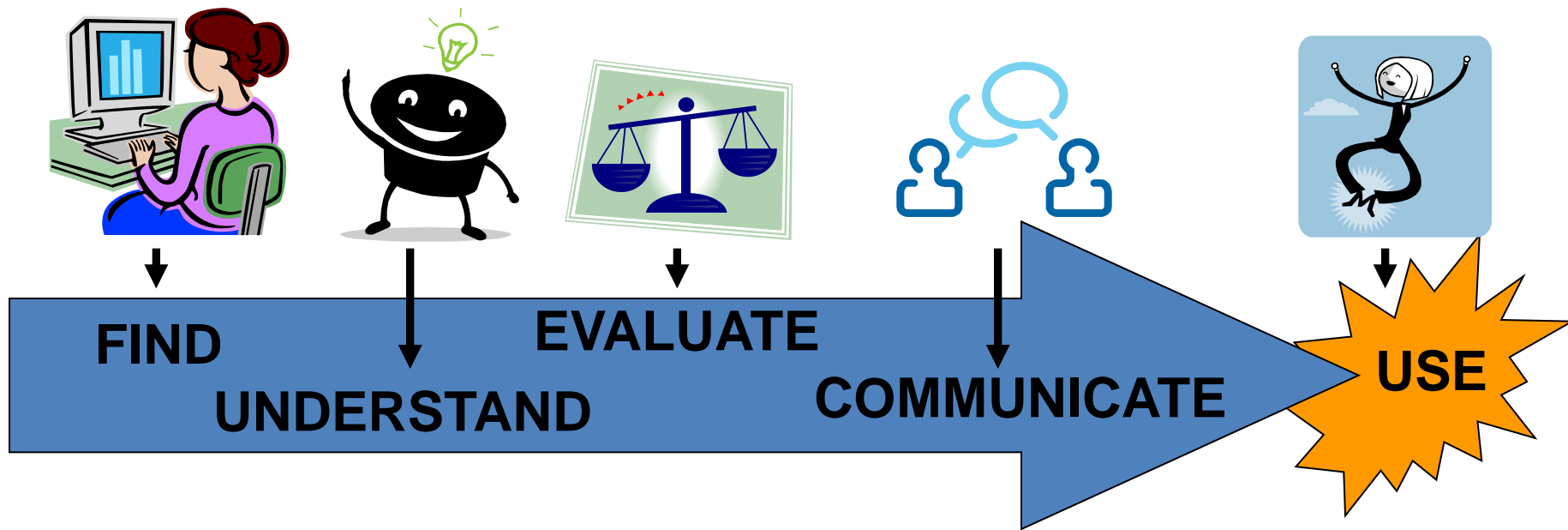
# Context to our health literacy work



# So, we see health literacy as ...

- **Health literacy = finding, understanding, using, evaluating, and communicating** information to make informed decisions.
  - Source: Calgary Charter on Health Literacy
- = a theory of health behavior change.

# Or ... graphically (thanks to Julie McKinney)



# One way (of many) to describe the challenge facing health literacy

- Moving specialized information to a generalized audience to empower a change in behavior.
- For example:
  - From doctors to patients
  - From public health agencies to the public
  - From an individual's lived experience to a health system or health professional
  - From statistical analysis to an individual's life



# Science

- The creation (a creative act?) of new knowledge through a systematic process.
- Incentives are strongly aligned to promote specialization.
  - In training/ education
  - In funding streams
  - In publication processes



Specialization of tasks is one key to increasing productivity in an industrial economy.

# Health and Medicine

- Similar forces are at play
- In the U.S., steady decrease in numbers of primary/family care/internal physicians (the generalist doctors) and increase in specialists.
- Due to, in part:
  - Excessive administrative regulations
  - High patient loads
  - Lower reimbursement than specialists
  - Increasing cost of providing care
  - Medical school debt

# Media

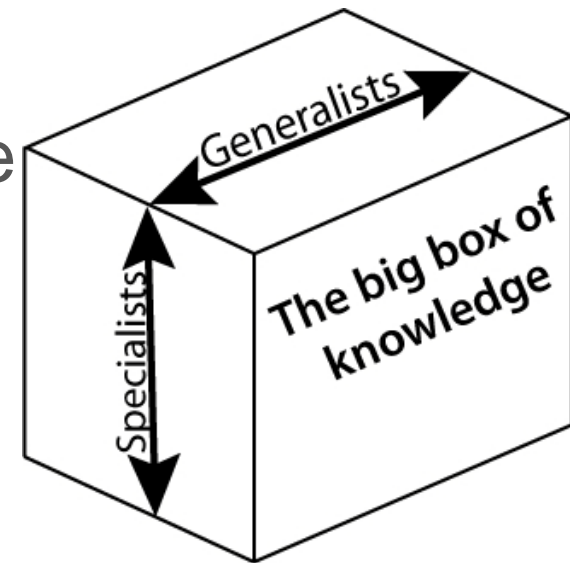
- The structure of newsrooms focuses on specialization
  - Especially true as newspapers increase in circulation size
  - For example, the traditional 'beat' structure reflects a specialized focus on sections of a newspaper.
    - E.g., Politics, business, sports
  - There is not a 'How everything fits together' section

# Specialization

- Can increase depth of content about one area
- Can lessen ability to communicate across specializations
  - For example, a chemist and a social scientist may not communicate well about the causes, mechanisms, and solutions of climate change
  - A surgeon and an oncologist may not communicate well about the best treatment for a cancer
- Can decrease ability to communicate with the general public
  - Technical jargon dominates - public is unprepared
  - Isolating variables for study can lose sight of 'big picture'

# Generalists

- Promote acquisition of broad and diverse areas of knowledge
- Limited depth of content in specific areas
- Promote awareness of broad context - the 'big picture'
- Encourages communication across diverse areas of knowledge



# Is this a false dichotomy?

- No.
- **Effective health literacy programs must resolve the tension between specialized knowledge and a generalized audience.**



## What might work to meet that goal?

- An integrated, or ecological, approach that embraces more than only the desire to transfer information.
- Hint ... a holistic perspective on health literacy.

# Example #1: Heart disease

- Great gains have been made in the prevention and management of cardiovascular disease through specialized science.



## But ...

- Heart (cardiovascular) disease (CVD) remains a leading cause of death globally.
  - #1 cause of death in the United States



# Health care has advanced, yet people are still dying early. Why?

- Many patients fail to derive the full benefit of their treatment plan.
- Nearly 1 in every 2 chronic disease patients do not always follow their doctor's advice.
- Knowledge/ intelligence are associated with CVD mortality at greater magnitude than other risk factors like:
  - Cigarette smoking, Income, Equality, Blood pressure, Physical activity
- Best estimate is that 88% of the U.S. population – nearly 9 out of 10 – have lower health literacy than needed to proficiently navigate the health system



# A tool ...

## Hora de Hablar **CARDIO** Time to Talk **CARDIO**

- Created by a partnership of:
  - Merck
  - Canyon Ranch Institute
  - American Academy of Family Physicians Foundation, and
  - RIAS Works
- See:
  - [www.timetotalkcardio.com](http://www.timetotalkcardio.com)
  - [www.horadehablarcario.com](http://www.horadehablarcario.com)

# Hora de Hablar CARDIO/Time to Talk CARDIO

- A free online tool improving communication between health professionals and patients - in Español and English.

**Misión y objetivos**

Hora de Hablar CARDIO se dedica a mejorar la salud cardiovascular, al mejorar el diálogo entre los pacientes y el personal de salud.

Hora de Hablar CARDIO se compromete a:

- Crear conciencia del efecto clínico del diálogo entre los pacientes y el personal de salud en el de la enfermedad cardiovascular
- Involucrar a pacientes y al personal de salud en soluciones para ayudar a mejorar el diálogo por de capacitación con el fin de ampliar habilidades
- Ayudar a lograr un impacto en los resultados de de los pacientes de enfermedad cardiovascular

**ENCUESTA PARA LOS PACIENTES**

Este formulario le ayudará a encontrar los problemas de comunicación que quizá usted tenga con su personal de salud.

Instrucciones: Favor de leer cada situación con atención. Píense en una cita médica que no resultó como a usted le hubiera gustado. Luego elija la respuesta que muestra si está usted de acuerdo o en desacuerdo con la situación. Las respuestas son:

- Estoy en total **desacuerdo** (1)
- No estoy de acuerdo (2)
- Ni de acuerdo ni en desacuerdo (3)
- Estoy de acuerdo (4)
- Estoy en total **acuerdo** (5)

1. El miembro de personal de salud (MPS) no supo lo que yo pensaba sobre la causa de mis síntomas médicos.	Estoy en total <b>desacuerdo</b>	1 2 3 4 5	Estoy en total <b>acuerdo</b>
2. El MPS a veces usó términos médicos confusos.	Estoy en total <b>desacuerdo</b>	1 2 3 4 5	Estoy en total <b>acuerdo</b>
3. El MPS no me dedicó suficiente tiempo.	Estoy en total <b>desacuerdo</b>	1 2 3 4 5	Estoy en total <b>acuerdo</b>
4. El MPS no me ayudó a pensar en cómo cambiar mi dieta ni mis hábitos.	Estoy en total <b>desacuerdo</b>	1 2 3 4 5	Estoy en total <b>acuerdo</b>

**SUS SEIS MEJORES HABILIDADES Y VIDEOS**

- Habilidad #1**: Emplee por hacer preguntas (gentilmente)
- Habilidad #2**: Demuestre sus intenciones y sus señales de que está escuchando
- Habilidad #3**: Obtenga la gama entera de lo que al paciente le preocupa
- Habilidad #4**: Compruebe que el paciente haya comprendido
- Habilidad #5**: Pida la opinión del paciente sobre la producción de los problemas médicos
- Habilidad #6**: Logre un acuerdo sobre la producción de los problemas médicos

Gracias por llenar esta evaluación.

Las seis habilidades de comunicación más importantes y relevantes para usted se encuentran arriba.

[Ir a la habilidad # 1](#)

Estos videos son mis obras de citas médicas. Las personas que aparecen son actores. No son personal de salud ni pacientes reales.

# A two-sided tool!

## Example of a patient video

QuickTime™ and a decompressor are needed to see this picture.

Simplifying access, but not necessarily simple language (i.e. ‘dumbing down’ or the ‘simplification complex’ per Zarcadoolas) - a key distinction

## Example of a health professional video

QuickTime™ and a decompressor are needed to see this picture.

# An important consideration

- The challenge of communicating health information is not only caused by the public's "health illiteracy."
- Reflected in 'two-sided' design of Hora de Hablar CARDIO and Time to Talk CARDIO
- Scientific, health, and environmental professionals "literacy" skills may not include the ability to effectively communicate information.
- This is NOT a part of most formal science or medical/ health degree programs.

# An evidence-based tool

- Research shows that this tool improves domains of satisfaction and communication behaviors for BOTH patients and health professionals.
- One study made Pre/ Post comparisons between test and control groups of the relationship between communication behaviors and satisfaction. This showed statistically significant improvement in four of six theorized dimensions for patients, and positive movement in five of six dimensions for health professionals.
- A second study made Pre/ Post comparisons between test and control groups in changes of behavior and changes in satisfaction separately. This showed statistically significant improvement in multiple dimensions for both patients and health professionals.

# Example #2 - Preventing chronic disease

## Canyon Ranch Institute Life Enhancement Program

- Ongoing, to date, in:
  - South Bronx, New York, U.S. (Urban - Español y Inglés)
  - Milan, Missouri, U.S. (Rural – English only)
  - Cleveland, OH, U.S. (Urban – English only)
  - Tucson, AZ, U.S. (Urban and Peri-urban - Español y Inglés)

# Canyon Ranch Institute Life Enhancement Program

- The Canyon Ranch Institute Life Enhancement Program (CRI LEP) is a public health program that is:
  - evidence-based,
  - multi-disciplinary, and
  - integrative
- The program takes an integrative and ecological approach to using health literacy to prevent and address chronic disease.



# The core elements: Nutrition

<b>Core element</b>	<b>Selected examples of topics and activities</b>
<b>Nutrition</b>	<ul style="list-style-type: none"><li>• The value of eating whole foods</li><li>• The value of balanced meals/a balanced approach to eating</li><li>• Understand portion sizes</li><li>• Experience mindful eating/the enjoyment of food</li><li>• Experience a supermarket tour/learn to read food labels</li><li>• Cooking demonstrations</li></ul>





# Physical Activity



## Core element

## Selected examples of topics and activities

## Physical Activity

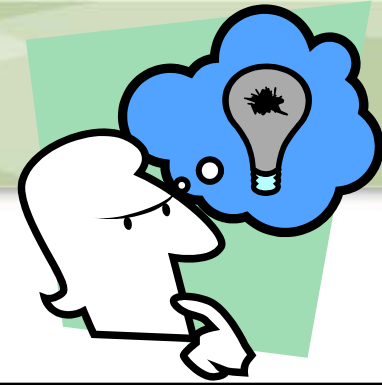
- Discuss core elements of fitness: heart rate, cardio, strength, flexibility, balance, and sense of play
- Embrace movement as physical activity (e.g., dance, yoga, tai chi)
- Incorporate culturally relevant movement into physical activity program (e.g., salsa dancing, African dance, etc.)
- Tailor exercise plans to the individual's needs (i.e., major muscle targets; exercises that can be easily done)

# Behavior Change

<b>Core element</b>	<b>Selected examples of topics and activities</b>
<b>Behavior Change</b>	<ul style="list-style-type: none"><li>• Set achievable goals reflecting the program's core elements and reality of each individual's life</li><li>• Track progress and celebrate success</li><li>• Help participants find, understand, evaluate, communicate, and use information related to their health goals</li></ul>



# Sense of Purpose



<b>Core element</b>	<b>Selected examples of topics and activities</b>
<b>Sense of Purpose</b>	<ul style="list-style-type: none"><li>● Find meaning in life</li><li>● Find a sense of connection; not feeling isolated</li><li>● Find a source of joy in life (Having fun like a kid again)</li><li>● Understand that not letting go of the past may be hurting the future</li><li>● Incorporate meditation</li></ul>

# Stress Management

Core element	Selected examples of topics and activities
<b>Stress Management</b>	<ul style="list-style-type: none"><li>• Understand and apply stress management techniques</li><li>• Understand and apply meditation and relaxation practices</li><li>• Understand and apply yoga / Tai Chi practice</li></ul>



# Social Support

<b>Core element</b>	<b>Selected examples of topics and activities</b>
<b>Social Support and Follow-up Services</b>	<ul style="list-style-type: none"><li>• Establish trust among participants and facilitators</li><li>• Incorporate a “buddy system” for participants to help support each other and maintain healthy living practices</li><li>• Plan a graduation celebration for program participants</li><li>• Follow up by facilitators with participants during and after the program to jointly set timelines for health goals and monitor progress</li></ul>

# Integrative Health

<b>Core element</b>	<b>Selected examples of topics and activities</b>
<b>Integrative Health</b>	<ul style="list-style-type: none"><li>• Understand the four dimensions of health and wellbeing (physical, mental, spiritual, and emotional) and how they are interconnected</li><li>• Train health professionals how to incorporate integrative health, wellness, and prevention into each clinical visit</li><li>• Perform basic blood work, physical, and fitness assessments with all participants to help them better understand their own health</li></ul>

# The integrative process is:

- How a team of specialists can be trained and structured to create a generalist/ ecological approach – health literacy at work.
- The logical outcome of focusing on preventing chronic disease versus waiting to treat chronic disease.
- Thus, a possible guide to converting a ‘sick care’ system into a true health care system.

# Involves a team of health professionals

- Physician / Nurse
- Nutritionist / Registered Dietician
- Exercise professional
- Behavioral health professional
- Spirituality professional
- Core team leader





# Help people improve their health literacy

- **Find/ acquire** - information about their own health status,
- **Understand** - what that information means about health,
- **Evaluate** - which and how behaviors relate to their health status,
- **Communicate** - about desired behaviors and lifestyle changes with their family, friends, and peers, in order to finally
- **Use** information to improve health.
  - Source: Calgary Charter on Health Literacy

# An integrative health literacy program

**PRE**  
(Before Program)

**PROCESS**  
During Program

**POST**  
Outcomes of Program

**Participant's Contexts**

Environmental pressures

Social setting

Personal health status, behaviors, health literacy, and attitudes

1 on 1 consultation with specialists

Group sessions & activities

- Physician/PA/ Nurse
- Nutrition expert
- Behavioral specialist
- Exercise physiologist
- Spirituality professional

- Physical activity
- Nutrition
- Behavior change
- Sense of purpose
- Integrative health & medicine
- Stress reduction
- Social support & follow-up

Improved health literacy

Behavior Change

Improved individual health status

Improved public health and health system performance

Participants set their desired goals by working with specialists

Reunions and social support help participants continue change process

# Outcomes to date - from NY site

## Statistically significant (Matched pair Pre/Post) gains in:

- Cholesterol (-1/3)
- Systolic blood pressure (12 points)
- Weight (-2 lbs.)
- BMI (-1%)
- # of push-ups (+58%)
- Balance
- Stress (-44%)
- Depression (-56%)
- Balance (32%)
- Exercise efficiency scores (+1/3)
- # of days can't perform usual tasks (-71%)
- # of past 30 days mentally and physically healthy (-67%)
- Knowledge (+27%)
- Exercise self-efficacy (+23%)
- Nutrition self-efficacy (+23%)

# From a participant

- “I think that I am going to be 200% ... I feel good. When I began this program, everything bothered me; I felt bad ... thanks to God and thanks to you all ... I feel good now. Before, when I spoke with my daughter she would ask me, ‘What’s wrong? Why are you crying? What happened?’ Now, I can feel the change that has happened ... she says that something has changed in me. Now, I talk with her. Before I would say nothing. Before, I didn’t smile. Now, I smile ... I am happy because of the people in this group above all.”

# Personal stories – shared with permission



CRI LEP at Urban Health Plan participant Hilda Colón.



*From left:* CRI LEP participant Monserrate Perez and UHP personal trainer Luis Vasquez work out at Canyon Ranch Institute Health & Wellness Center at Urban Health Plan.

# It is important to note ...

- Hora de Hablar CARDIO/Time to Talk CARDIO and the Canyon Ranch Institute Life Enhancement Program are evidence-based = A health literacy best practice.
- Each program is designed to be tailored to the culture, health literacy, geography, and health status of each individual or community = A health literacy best practice.

# Closing thoughts ...

- In order to reduce inequity in access and improve living conditions for all, we must break down “barriers.”
- Evidence to date indicates that an integrated, or ecological, approach to helping inform and establish the public’s goals - with the support of science - can reach that goal.
- That requires moving from simply transferring information to people to engaging in a discussion with people.

# A closing question

- Can you imagine how integrated teams of specialists, like the CRI LEP, can be formed and put in practice to work with communities, states, and nations to address:
  - Other health issues?
  - Environmental issues like global climate change?
  - Complex social issues like unequal power distribution?
  - Others?



# Thank you!!

Sign on to the Calgary Charter for Health Literacy!  
Google search: Calgary Charter Health Literacy