Northwestern University Feinberg School of Medicine and Aspirus Wausau Hospital, WI

Low Health Literacy among Paid Caregivers of Seniors

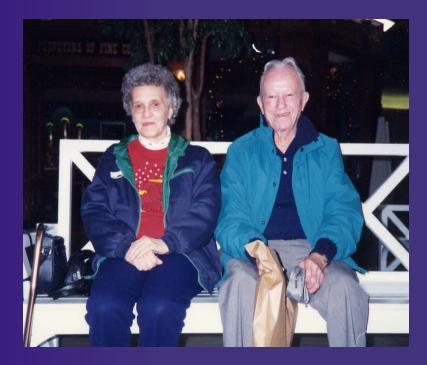
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As seniors age, physical and cognitive challenges increase.



When a senior no longer can independently live at home, the options are to:

- 1. Move in with family/ friends
- 2. Move into Independent or Assisted Living Facilities
- 3. Move into Nursing Homes

OR

 Remain in their home, and pay a caregiver/ helper to assist with their needs.



Paid Caregivers

Personal care attendants, private duty attendants, personal care assistants, home care aides, personal companions, sitters, or homemakers.

Paid caregivers are individuals who receive payment to directly assist a person in their daily self-care activities primarily within the person's place of residence.



Study Question:

Since very little is known about paid caregivers,

What are their job duties/ daily responsibilities?

How many have low health literacy?

How many who have low health literacy perform health-related activities?



Study Population

- 98 Paid caregivers who provided care for seniors (>65 yrs)
- Recruited through multiple strategies and sites
 - physician and nurse referral, caregiver word-of-mouth, flyers senior centers, shopping malls, local parks, lobbies of senior apartments, caregiver agency meetings)
- Face-to face confidential interviews
- \$20 cash compensation upon interview completion



Interview

- Demographic questions
- Characteristics of senior clients
- Pay and Perceived Fairness of Pay
- Test of Functional Health Literacy in Adults (TOFHLA).
- Medication dispensing knowledge test
 - -mock-up pill bottles whose labels mimicked a nationwide chain pharmacy with obscure drugs.

Results



Table 1: Characteristics of	f Daid		
Table 1: Characteristics of Paid Unrelated Caregivers (n=98)		Salary decided on by	
Mean Age (range)	49.5 yrs (18 – 69)	Agency initially Senior or Relative	63.3% (62) 18.3% (18)
Female	86.7% (85)	"Standard Rate" of	18.4% (18)
Country of Origin		caregivers	
USA	37.8% (37)	Average Hourly Pay	\$8.91
Philippines	33.6% (33)	-non 24 hour caregiver	\$10.21
Mexico	19.4% (19)	(n=43)	(6-17)
No Family Support in USA	54.1% (53)	-24 hour caregiver (n=21)	\$6.55
No Family Support Locally	60.2% (59)		(1-14)
Education Level		🛛 Under Minimum Wage 🦯	27.4% (26)
Less than 12 th grade	12.2% (12)	(\$7.75)	
High School graduate	26.5% (26)	Fairness of Salary for	
Some Vocat or College	43.9% (43)	Services	
College Graduate	17.3% (17)	Definitely Fair	6.1% (6)
Hired by		Probably Fair	8.2% (8)
Agency	63.3% (62)	Fair	39.8% (39)
Family Member of Senior	22.4% (22)	Unfair	45.9% (45)
Senior	11.2% (11)		



35.7% of Paid Caregivers had Inadequate Health Literacy

Responsibilities Performed by Caregivers			
Activity	More than half		
	or All of the time		
Medicine related			
Getting medications from pharmacy	53.1% (52)		
Reminding senior to take meds	73.5% (72)		
Handing senior medications	53.1% (52)		
Doctor Appointments			
Scheduling Doctor Appt.	49.0% (48)		
Transporting Senior to Appt.	66.3% (65)		
Seeing Doctor with Senior	68.4% (67)		

Health-related Responsibilities of Caregivers by Health Literacy Level			
Activity	Adequate Health	Inadequate Health	P value
	Literacy (n=63)	Literacy (n=35)	
More than half or all	82.5% (40)	91.4% (32)	.228
Medication Tasks			
Seeing Doctor with Seniors at	74.6% (47)	82.9% (29)	.348
Appts			

Table 4: Medication Dispensing Knowledge Correct Responses (n=98)

Medication	Adequate Health Literacy (n=63)	Inadequate Health Literacy (n=35)	P value
Migrlitol 25mg Three Times Daily with Meals	87.3% (55)	62.9% (22)	.005*
Pyrantel 125mg Take 6 Tablets Daily for 3 days	42.9% (27)	34.3% (12)	.406
Paliperidone 3mg Take One Daily	98.4% (62)	82.9% (29)	.004*
Zopiclone 7.5mg Take 1 Tablet Nightly as needed	68.3% (43)	62.9% (22)	.609
Cephalothin 500mg Three Times Daily X 10 days	87.3% (55)	65.7% (23)	.011*
* Significant p<0.05			ant p<0.05



Next question

63% Paid Caregivers were hired through an agency

What are agencies doing to ensure employees are capable of being caregivers?

What sort of screening processes do agencies perform prior to hiring caregivers?



Hiring and Training Processes of Agencies Providing Caregivers to Seniors

- IRB Exempt
- Telephone interviews were conducted with interviewers posing as prospective clients obtaining information on caregivers for a senior with dementia.
 - Agencies were queried about their hiring practices, training, supervision, services provided as well as fee schedules.
- Caregiver agencies were identified in the Madison, Milwaukee, Chicago, Indianapolis, Palm Beach, Phoenix, and St. Louis areas

Results

TABLE 1: CAREGIVER SCREENING (n=183)		
Performed any type of screening	100%	
Criminal Background State level Federal level	98% 53%	
Drug Screening At time of hire Random	10% 6%	
English Fluency "Assessed during interview"	86%	
Health Literacy	0%	
Educational Background Verifies all claimed education Certifications or licenses only	4% 23%	
Other* Phoning references Checking driving records Proof of auto insurance Credit check	100% 30% 4% 5%	

*Agencies also stated that they perform an

- "Elder abuse record check"

- "National caregiver background check"



Agencies promised caregivers were:

Able to perform health related tasks including medication reminders (100%) and medication dispensing (49%)Accompanying senior to physician appointments (100%).

Several agencies required CPR training (27%) and 3 agencies provided training. Interestingly, one agency stated that "some caregivers have CPR training but they are not permitted by law to perform it."

TABLE 3: Average Agency Fees Compared to Average Caregiver Compensation

	Agency Fee	Caregiver Compensation*	Fee Minus Compensation
Hourly rates	\$19.31 (\$12-\$28) (n = 88)	\$10.60 (\$6-\$14) (n = 76)	\$8.71
Daily rates	\$207.72 (\$99-\$552) (n = 87)	\$121.43 (\$115-\$135) [Hourly \$5.05] (n=14)	\$86.29

From prior study

Average Hourly Pay	
- non 24 hour caregiver (n=43)	\$10.21
	(6-17) \$6.55
- 24 hour caregiver (n=21)	\$6.55
	(1-14)

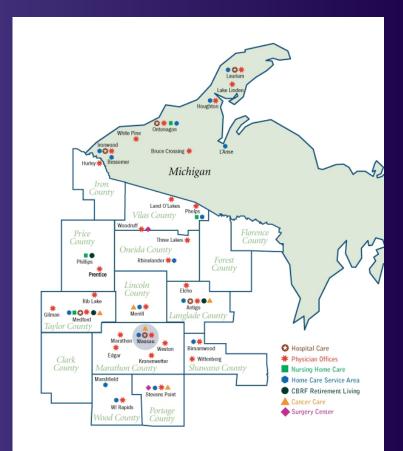


Several Agencies are interested in providing Health Literacy education for Paid Caregivers....



Educational Health Literacy Programs at Aspirus...

- Aspirus serves 14 Wisconsin counties and the Upper Peninsula of Michigan
- 40 clinics, home health and hospice care, 5 hospitals including Level II Trauma Center
- Over 5,000 employees





Questions About Medications?

Do you . . .

- · Have trouble organizing and understanding your medications?
- · Get your medications by mail order or from more than one pharmacy?
- · Take more than 4 medications or have multiple health conditions?
- · Want to reduce your medication expenses?

If you answered "yes" to any of these questions, or just would like to better understand your medications ... this program is for you.

Medication Mondays

3rd Monday of every month



Aspirus Pharmacy Staff offer this \underline{free} one-to-one medication consultation as a community service.

Call the Aspirus Information Center at 715.847.2380 or 1.800.847.4707 to set up your 20-minute appointment.



R4684076a (npa 00/11/11)

Aspirus Health Literacy Ambassador Program





- Aspirus Volunteers
- Marathon County Literacy
 Students & Tutors
- NTC Community College Initiative Program (Brazil, Mexico, Canada, Poland)
- 1 Clinical Staff & me
- Monthly



Feedback from readers is by far the most effective assessment tool for readability and communication improvements.





Dr Joseph F Smith Medical Library

Literacy Home Lib	orary Home Email Library <u>Affiliates</u> <u>Aspirus</u> <u>Magnet</u>	<u>Yahoo</u> <u>Google</u>
Articles	Ask Questions!	
Ask Questions!	Ask Me 3 promotes three simple, but essential,	Health
Aspirus Initiatives	questions and answers for every healthcare	Literacy
Assessment Tools	interaction.	Litteratoj
Community	 <u>Ask Me 3 (English)</u> Ask Me 3 (Spanish) 	
Easy to Understand	Ask Me 3 (Hmong) is available in Library	
Interventions	Speak Up! encourages patients to speak up if they	
Plain Language	have questions or concerns about their healthcare.	
Readability Tools	AHRQ Questions are The Answer encourages	HENTH
Teach-back	patients to get more involved with their healthcare by asking questions, talking to their clinician, and	PLAN
Videos, Podcast	understanding their health condition.	
Wisconsin Reports	Questions Are the Answer - Resources	
	Questions Are the Answer - Build Your Question List	
	<u>Patient Activation</u> refers to a person's ability and willingness to take on the role of managing their health and healthcare. Judith H. Hibbard, Peter J.	



Geriatric Health Literacy Classes

Geriatric Health Literacy - GRN (Geriatric Resource Nurse) and GRA (Geriatric Resource Aide) classes.

Part 1: What is health literacy, statistics, definition, socioeconomic, impact, etc.

Part 2: What tools do we have? Literacy tools (Newest Vital Sign, REALM, TOFHLA), Communication techniques (Ask Me 3, JC Speak Up, PAM), barriers, Plain language, Teach-back, Readability tools (SMOG, FRY, Flesch-Kincaid), pictures/images, etc.

Part 3: What are we doing now? Medications, Diabetes, Pre-op and post-op education, etc. Share stories ...

Part 4: Do they want to help? ... tailor these classes



Elderspeak

In all of the Health Literacy Classes that we offer, we discuss plain language AND elderspeak

What is elderspeak ...



Elderspeak

It is a style which is assumed to accommodate the perceived communication needs of elderly people.

The fundamental assumption behind elderspeak is that the elderly are cognitively impaired, and thus need some "help".

Infantilizing speech

- Overly caring but controlling tone of voice
- Tendency to treat the person in a childlike manner
- Slow speech pattern, simplistic vocabulary and grammar
- Short sentences, repetition
- Elevated pitch and volume
- Singsong-type tone
- Using terms like "honey," "dear," and "sweetie"

Becca Levy, Yale School of Public Health; Herman RE, Williams Kristine N. Elderspeak' s Influence on Receptiveness to Care: Focus on Behavioral Events. Am J Alzheimers Dis Other Demen. 2009 Oct-Nov;24(5):417-23.



Elderspeak - consequences

Patients were more likely to resist care after they were spoken to using elderspeak

- More crying out, turning away, more hitting, grabbing and kicking
- Pulling their limbs tightly toward the body
- Performed worse on memory and balance tests
- Showed higher levels of stress
- Less cooperative or receptive to care

Providers and caregivers often think

- Conveying care plus easier to understand
- Rises with the perceived level of infirmity in the patient

Becca Levy, Yale School of Public Health; Herman RE, Williams Kristine N. Elderspeak' s Influence on Receptiveness to Care: Focus on Behavioral Events. Am J Alzheimers Dis Other Demen. 2009 Oct-Nov;24(5):417-23.

Aspirus Initiatives

2007

- Wisconsin Health Literacy Summit (our beginning)
- Aspirus Health Literacy Council
- Health Literacy website

2008 - 2010

- Medication Mondays
- Aspirus Health Literacy Ambassador Program
- Many health literacy presentations to Aspirus and community members
- GRN (Geriatric Resource Nurse) and GRA (Geriatric Resource Aide) classes
- Health Literacy Tracers (Walk-In Clinic)

2010 - 2011

- Pre-op and post-op education
- Health Literacy Tracers (Hospital)



Thank you!



