Testimony for the Committee on Education and Committee on Health Joint Public Hearing for the Health Literacy Council Establishment Act of 2017

Chaya Merrill, DrPH DC Healthy Communities Collaborative

Good Morning Councilmember David Grosso, Councilmember Vincent Gray and members of the Committee on Education and Committee on Health. My name is Chaya Merrill and I am testifying in my role as a member of the DC Healthy Communities Collaborative and leading author of the Collaborative's 2016 city-wide needs assessment. I appreciate the opportunity to present testimony on the Health Literacy Council Establishment Act of 2017.

Overview of the DCHCC

In an effort to promote collaborative work that positions us to make a meaningful impact on health, DC hospitals and community health centers voluntarily came together in 2012 to form a coalition - the DC Healthy Communities Collaborative (DCHCC). The two main products of the Collaborative are 1) a community health needs assessment and 2) a community health improvement plan that responds to the identified needs.

The Collaborative membership includes four hospitals (Children's National Health System, Howard University Hospital, Providence Health System, and Sibley Memorial Hospital); four Federally Qualified Health Centers (FQHCs) (Bread for the City, Community of Hope, Mary's Center and Unity Health Care); and two ex-officio members (DC Hospital Association and DC Primary Care Association). The DC Department of Health is a guiding partner and supporter of the Collaborative.

Overview of the needs assessment

In June 2016, the Collaborative released its second citywide Community Health Needs Assessment. The needs assessment serves as an evidence based, community-driven foundation for our community health improvement efforts. We used a mixed-methods approach – a combination of qualitative and quantitative data – to provide a balanced and comprehensive view of health and well-being for DC residents. The community's perspective shaped much of this work. Our stakeholders included:

- 113 online survey respondents,
- 80 community forum attendees,
- 60 community-based organizations,
- 40 focus group participants,
- 31 key informant interviews,
- 15 hospitals and community health centers,

● 11 government agencies, and
● 8 elected officials, including DC Councilmembers and Advisory Neighborhood Commissioners.

Analysis of the qualitative and quantitative data revealed a series of community needs. Using a structured prioritization method, four needs emerged as "priority community needs":
● Mental Health;
● Place-Based Care (Bring Care to the Community);
● Care Coordination; and
● Health Literacy.

We define Health Literacy as "the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Statement of the Problem: Health Literacy
While our community stakeholders clearly identified health literacy as a serious concern, it is difficult to measure the extent of the problem and its impact on health outcomes in the District. The only available data comes from the 2003 National Assessment of Adult Literacy, which found that almost 19 percent of District residents lack basic prose literacy skills. These skills are necessary to follow written directions from a physician, instructions on medication bottles or basic medical brochures. However, other skills that are missing from the 2003 assessment are document literacy and numeracy, equally important skills to health literacy. The gaps in data reflect the important need for the legislation's proposed Health Literacy Council to develop a measurable definition of Health Literacy.

Our Needs Assessment uncovered a number of key opportunities to address health literacy:
● Overall, greater than 90% of DC adults have health insurance and the vast majority of children are insured with 70% insured by public insurance. While DC residents are highly insured, a large percentage, 23.8%, report not having someone they think of as their health care provider. This may be a by-product of low health literacy, as access to care does not equate to proper utilization of care.
● Emergency Department over-utilization may be a result of health literacy issues, as patients may not understand how to properly utilize the health care system. For example, the asthma ED visit rate in Wards 7 and 8 is 23 times higher than in Ward 3; it is 20 times higher with Black residents compared to White residents.
● More than 20% of residents in Wards 1, 2, 3 and 4 speak a second language at home. The health care system is difficult to navigate for native English speakers; thus, even more difficult when English is not the primary language.

DCHCC Plan to Address Health Literacy
The Collaborative developed a three-year plan that identifies broader policy, systems, and environmental strategies to address the root causes of health and wellness in the District: one of the root causes being health literacy.

First, the Collaborative has agreed to collaborate with other health care organizations, government agencies, and community-based organizations to increase public awareness and education around health literacy and health system navigation, using best practice approaches. This bill offers the Collaborative an opportunity to work with the District and healthcare and education entities.

Specifically, we will educate the public on:
● the top 5 health conditions that present in emergency departments,
● how to access and utilize health insurance, and
● Understanding health insurance, medical specialties, and available resources.
In order to demonstrate,
● improved attitudes about preventive care,
● Appropriate use of health settings (primary care, urgent care, and emergency department care); and
● Referral to and utilization of resources that encourage, support, and maintain positive health behaviors.

Second, the Collaborative has agreed to develop internal system changes within our organizations to improve health literacy. Specifically, we will:
● integrate medical support teams and clinicians in developing within their own workflow ways to rapidly assess and respond to a patient's health literacy at federally qualified health centers and hospitals;
● train federally qualified health center and hospital staff on best health literacy strategies;
● evaluate questions and trainings.

From these interventions, we expect:
● staff and clinicians to gain a better understanding of their patients' health literacy level and use appropriate literacy levels when communicating with patients;
● patients are more compliant with medical instructions; and
● patients' health outcomes improved.

What Does DCHCC Need from the District to Address Health Literacy

The Collaborative looks forward to working with the Council to ensure that the legislation's proposed Health Literacy Council addresses the health literacy of District residents in the following ways:

● Clear constructs and measures to begin to define health literacy and measure improvement over time.

● Dedicated funding to health education and care coordination services to expand and enhance health literacy initiatives across the city.

● Expansion of adult literacy programs to include a health education and health literacy component. ● Educate consumers on health insurance utilization in order to appropriately navigate the healthcare system.

● Incorporate collaboration from public health and healthcare entities, and organizations that focus on and have the resources to address health education and health literacy improvement such as the DC Healthy Communities Collaborative.

Thank you for allowing me to testify this morning. I am happy to answer any questions you may have.