

TAKING CONTROL AND MAKING CHOICES: THE ROLE OF HEALTH LITERACY

Our Journey

According to the CDC, the Patient Protection and Affordable Care Act of 2010 defines health literacy as **“the degree to which an individual has the capacity to obtain, to communicate, process, and understand basic health information and services to make appropriate health decisions.”**

Health literacy is a strong predictor of health status. Inadequate health literacy can lead to numerous negative effects on an individual's health and well-being including:

- Poor Self-Care
- Increased Utilization of Hospital Services
- Exacerbation of Symptoms
- Failure to Keep Appointments
- Non-Compliance
- Lack of Communication
- Poor Outcomes
- Loss of Trust
- Unnecessary Suffering
- Difficulty Making Healthy Choices

WE HAVE A 100% VACCINATION RATE BETWEEN PARTICIPANTS AND STAFF AT PROS.

How did this happen?

A blue-tinted photograph of a laboratory setting. In the foreground, a microscope is partially visible on the left, and a stethoscope is on the right. The background is a tiled surface. A dark blue rectangular box with white text is centered over the image.

COVID-19

Pixabay

We were proactive when it came to our procedures we had in place for COVID-19. And developed policies to keep participants and staff safe. All off these policies were in accordance with NYS guidance.

Our last day in the office was March 18, 2020.

We revised our staffing half worked from home half of us from the office in case of exposure.

We called our participants every day of the week.

We delivered medications to their homes.

We delivered food to them.

We had direct communication with their physicians.

We helped people obtain new community supports.

We took people to appointments and to have labs drawn.

We checked with them daily for symptoms for COVID-19

We began zoom groups

Why was this important?

A key to improving health literacy is..





The second key is to educate:

- Every discussion and every class included keeping safe, COVID and Vaccination education.
- Used common understandable language such as swallow instead of ingest, belly instead of abdomen, harmful instead of adverse.
- We used pictures, slides, power points and podcasts.
- Listen to and respect peoples' fears, and kept politics out of it.
- Made COVID Education part of their IRP.
- Linked new information to familiar and past experiences.



FACILITATE

- Modeled desired behavior
- Staff ensured participants eligibility for COVID-19 Vaccinations
- Staff registered participants for COVID-19 Vaccinations.
- Staff physically took participants to many locations for their vaccine, and monitored symptoms after.
- Staff kept vaccine records on all participants.
- This is for both 2 shot vaccines and booster.

BARRIERS WE FACED FOR HEALTH LITERACY

- FEAR
- PRE-CONCEIVED BELIEFS
- LACK OF AVAILABLE HEALTH SERVICES
- MINIMAL CASE MANAGEMENT SERVICES
- FUNCTIONAL DEFICITS