Family Health Navigation

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Learning Objectives

• Identify challenges parents/caregivers face in navigating the healthcare system

• Explain how Family Health Navigation increases participants health literacy and the communication between parent/caregiver and provider.

• Explain how Family Health Navigation aligns with the Family Engagement Outcomes in the PFCE framework.
Purpose for FHN

Targets Parent/caregiver needs such as:

- Managing children’s specific health issues example: obesity, asthma, seizures and diabetes
- Following-up on failed screenings and assessments
- Awareness of mental health and behavioral support
- Improved nutrition & eating
- Understanding of medication labels, usage, dose
- Establishing sleep schedules and routines
- Creating a positive doctor’s visit for parent & child
Family Health Navigation can:

- Increase access to needed health services
- Improve follow-up treatment compliance
- Increase health literacy skills
- Assist parents to model and teach health promoting behaviors
- Develop skills to communicate effectively with pediatrician and other health care providers
- Practice healthy lifestyle choices
Family Health Navigation Model Goals

Family Health Navigation intervention will increase parent’s/caregiver’s health literacy skills, health self-efficacy, satisfaction with health care providers, sense of empowerment and ability to advocate on behalf of their child.
Engaging Parents

Goal setting (health, wellness and lifestyle)

Preparing for appt.

Navigating Appt.

Review the appt. & information received

Follow-up and new goals

Screening children

Stages of Family Health Navigation

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PFCE Program Impact Areas

**Program Environment**
- Increases communication between staff and parents
- Responsive to participants cultures, linguistic needs and providers

**Teaching and Learning**
- Increases health literacy
- Parent are more receptive to information

**Community Partnerships**
- Builds collaborative relationships
- Identifying providers who are culturally responsive

**Family Partnerships**
- Achieving goals in their family plan
- Staff become mentors “navigator” with parents

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Impact Areas

Health Literacy

• “The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions” (Healthy family 2010 U.S. Department of Education)

Parent & Provider Communication

• Greater trust and better relationship with a doctor has more of an effect on patient recall and satisfaction than written instructions or even the amount of time spent with the doctor. (Heffer, RW., Worchel-Prevatt, F., Rae, WA., et. Al. 1997)
Health literacy is dependent on individual and systemic factors:

- Communication skills of patients and professionals
- Patients’ knowledge of health topics
- Cultural background of patients
- Demands of the healthcare and public health systems
- Demands of the situation/context

Research suggests that people with low health literacy:

- Make more medication or treatment errors
- Are less able to comply with treatments
- Lack the skills needed to successfully negotiate the health care system
- Are at a higher risk for hospitalization than people with adequate health literacy skills

Who is at Greatest Risk for Low Health Literacy?

- Public health insurance or Medi-cal, or no insurance
- Individuals with high stress level
- Individuals living in poverty
- Hispanic, Black, Asian Pacific Islanders or multiracial people
- Individuals that did not complete high school
- Men slightly more than women
- English is a second language speakers

(Kumar D. et. al Academy Pediatric, 2010; 10(5):305-316)
Health Literacy Research

• The health of 90 million people in the United States may be at risk because of the difficulty some people experience in understanding and acting upon health information.

• 40-80% of the medical information given is forgotten immediately; half of the information that is retained is incorrect

• Physicians thought 89% of patients understand medication side effects, only 57% of patients understood

(Improving Your health literacy Sept. 2010 Agency for Healthcare Research and Quality, Rockville, MD)
Health Literacy

• Given the rate of health literacy many parents/caregivers are at risk:
  ▫ Medical information is often communicated through the written word

• Increasing complex healthcare system
  ▫ More medications
  ▫ More tests and procedures
  ▫ Growing self-care requirements
  ▫ Medical jargon/language used

(Hart, et. al Patient Education Counseling, 2007 October; 68(2): 179-185)
Health Literacy

When people do not understand health information they are more likely to:

- Skip appointments that can keep them healthy
- End up in the Emergency Room
- Have difficulty caring for chronic health problems
- Have difficulty understanding the importance of prevention and self-care
Previous Health Literacy Projects

• Previous Head Start project assumed parents had low health literacy.

• Provided health information at a low-literacy level.

• Used book “What To Do When Your Child Is Sick?” as the intervention.

• Focus on assisting parents to learn common health ailments – step by step guide

(Health literacy training for head start agencies http://www.anderson.ucla.edu.)
Family Health Navigation

- We don’t assume low health literacy
  - focus on assessing health literacy
  - increasing health literacy
- In our study we reframe health literacy as a life skill required to navigate modern health systems and everyday choices that influence health.

(Smith, S. A. & Moore J. E. Maternity Child Health Journal 2012, 16; 1500-1508)
Health Literacy & Head Start

- **School readiness** begins with health.
- Parents have a better understanding of **childhood illnesses and behavioral health problems**.
- Families in Head Start programs come from low-income families which disproportionately face **health challenges**.
- These families may also have the lowest levels of **literacy and health literacy**.
Improving Communication with Providers

Information processing ability of parent

Understanding of Information at visit

Information presented by the professional

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A families culture and beliefs around what is health, wellness and illness can impact how our families interact with healthcare providers.
Parent & Provider Relationship

- Parents most frequent criticism of healthcare providers concerns their relationship with their doctor.
- These relationships have an effect on:
  - Parental satisfaction
  - Recall of instructions
  - Treatment adherence
Family Health Navigation: Supporting Children’s Behavioral Health

- Decreasing caregiver stress
- Increasing awareness of maternal depression
- Understanding how to increase positive social emotional interaction between caregivers and children
- Understanding temperament in both parents and children

Just like with physical illnesses, behavioral health problems that are treated early may prevent a more serious illness from developing in the future.
Family Health Navigation: Supporting Children’s Behavioral Health

• Provide information on children’s mental health symptoms
• Help parents learn to identify emotional and behavioral health problems
• Focus on early intervention strategies
• Assist families to understand and cope with their child’s behavioral health problems
• Teach parenting skills to assist with their child’s behavioral problems
Strategies of FHN

• Teach Me Back Skills - Health Literacy Skills
• Ask Me 3 Form - Parent/Caregiver and Doctor communication skills
• Awareness of behavioral health issues
• Resources and access to services and ability to navigate health care and community programs
• Staff coaching/mentoring
  ▫ Reflective and peer learning
Teach Me Back Method

- Teach - Back is a way for staff members to:
  - Confirm that what they explain to the parent/caregiver was clear and understood.
  - Parent/caregiver understanding is confirmed when the parent/caregiver explains it back to the staff member or does a return demonstration (instead of just saying “Yes I understand”)

Step 1:  
• Make sure you use simple language, explain the concept or demonstrate the process to the parent/caregiver

Step 2:  
• Ask the parent/caregiver to repeat in his/her own words how they understand the concept or process you explained

Step 3:  
• Identify and correct misunderstandings of or incorrect procedures by the parent/caregiver

Step 4:  
• Ask the parent/caregiver to demonstrate his/her understanding or procedural ability again to ensure misunderstandings are corrected

Step 5:  
Repeat steps 2 and 4 until you are convinced the parent/caregiver understands the concept or has the ability to perform the task accurately and safely.

(Minnesota Health literacy Partnership 2011. Teach-Back. www.healthliteracymn.org)
1. Staff member provides information

5. Staff member checks for understanding

2. Parent repeats back in his/her own words

4. Parent repeats corrected information in own words

3. Staff member checks for understanding; corrects mistakes
The Teach Me Back Method

• Not a test of parents’ knowledge
• A test of how well staff explain something
• Examples:
  ▫ “Tell me why your child needs this medication?”
  ▫ “Tell me how you will give this medication to your child?”

# Teach Me Back Uses

## Health/Illness Management:
- Managing over the counter medications
- Taking a child’s temperature and reading the thermometer
- Following directions on prescription medicine bottles

## Wellness/Lifestyle Skills:
- Reading nutrition labels
- Grocery shopping for healthy food
- Creating/following a healthy meal plan

## Behavioral Management Skills:
- Establishing routine sleep schedule
- Managing temper tantrums
- Managing siblings conflict

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The Ask Me 3 Model

• Ask Me 3 is a quick effective tool designed to improve health communication between parents and healthcare providers.

• Ask Me 3 promotes three simple but essential questions that parents should ask their providers in every health care interaction.

The Ask Me 3 Form

What are the 3 most important items that I want to discuss about my child?

- What is my child’s main problem?
- What do I need to do?
- Why is it important for me to do this?

• diagnosis
• treatment
• context
Implementing Family Health Navigation

- 2 hour Supervisor orientation to the program
- 3 day staff training on:
  - Principles of family health navigation
  - Overview of health literacy
  - Overview of Parent/Caregiver Communications
  - Instruction on interventions of Teach Me Back, and Ask Me 3 Forms
  - Instructions on integration into the Family Development Plan and the PFCE Framework
- 3 Coaching sessions to provide supervision/support of interventions
- Monitoring of files and case notes for strategies being used.
## Putting it into Action

<table>
<thead>
<tr>
<th>Family Development Plan</th>
<th>Referrals</th>
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</thead>
<tbody>
<tr>
<td>• Health and Nutrition topics and education are written into FDP</td>
<td>• Children who are referred for additional assessment or follow-up</td>
</tr>
<tr>
<td>• Increasing Health Literacy, understanding of medical condition or satisfaction with health care are areas addressed through goals.</td>
<td>• Teach Me Back and Ask Me 3 are listed in steps as strategies in case notes.</td>
</tr>
<tr>
<td>• Teach Me Back and Ask Me 3 are listed in steps to take, as well as under Progress.</td>
<td>• Examples:</td>
</tr>
<tr>
<td></td>
<td>▫ Car Seat</td>
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<tr>
<td></td>
<td>▫ Failed Vision Screening</td>
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<td></td>
<td>▫ Referral for developmental assessment</td>
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Lessons Learned

• Difficult for staff to document interventions
  ▫ Additional training required.
• Found the coaching sessions helpful but it was difficult for staff to attend monthly coaching sessions
  ▫ Featured topics
• Need to involve the Head Start Supervisors to reinforce the interventions
Thank You for your time and attention

For more information on Family Health Navigation contact Rose Lopez, Ph.D at rlopez@pacificclinics.org.

For information on Pacific Clinics Institute courses go to: PCTI@pacificclinics.org