

Want Good Outcomes:

**Increase Self-management by Improving
Health Literacy and Health Activation**

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Want Good Outcomes:

- The responsibility for developing and maintaining healthy behavior ultimately rests with the person, the support of the outpatient clinical team and the person's natural support network.
- Duncan (2005) reported that five decades of scientific studies identified the client as the single most potent factor, contributing to a positive health outcome.
- Individuals have to develop what Bandura (1982) called self-efficacy or what the health field currently calls self-management.

Want Good Outcomes:

- How to assist and support individuals has been the goal of many of the investigators who have been involved in recovery and resiliency research as well as those involved in health care reform.
- Manderscheid (2014) identified that several competing concepts are competing, such as "self-management", "engagement", and "health-activation".
- Manderscheid stated that none of these labels adequately describes the full range of skills being practiced by those who have developed this capacity.

Want Good Outcomes:

- The skills we are attempting to describe have been learned by people of who have lived and experienced their own recovery and wellness, and who have had to protect their own resiliency when confronted with stress, trauma, and symptom re-occurrence.
- Health-activated people are at the forefront of a new social movement. They are able to implement their own recovery and wellness so effectively that they learn and hone specific skills that increase their subsequent resiliency.

Want Good Outcomes:

- The World Health Organization (WHO) (2005) identified chronic disease as conditions of ill health that accompany the individual for a long period of time, produce incapacity, or residual disability caused by irreversible pathological alterations, demand rehabilitation, and follow-up over a long time, and may present periods of improvement and periods of worsening in acute stages.

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- A more recent definition by Goodman et al. (2013) identifies chronic conditions as those that last a year or more, require ongoing medical attention and/or limit activities of daily living such as physical medical conditions, behavioral health problems, and developmental disabilities.
- Many forms of mental illness and substance abuse are chronic health conditions of a cyclic nature that require continual attention in order to identify and mitigate the potential for remission and relapse.

Want Good Outcomes:

- The frequency of chronic illness in the general population is startling. The California Health Care Foundation (2015) estimated 11.4 million adults in California (41%) have one or more of five chronic health conditions.
- Of the 11.4 million with chronic health conditions, 8.2 million (30% of all adults in the state) have just one condition, 2.6 million (9%) have two, and 0.6 million (2%) have three to five chronic conditions. Serious psychological distress affected 2.2 million (7.9%).

Want Good Outcomes:

- A significant number of individuals with a serious mental illness also have multiple physical health chronic conditions (Parks et al., 2006; Alegri´a et al.2003).
- Persons with mental illness are more likely than others to suffer from physical health problems, including chronic diseases such as diabetes, cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer (Freeman et al., 2010; Glasgow et al., 2011; Leucht, et al. 2007).

Want Good Outcomes:

- Recently Cook et al. (2015) undertook health screenings on 457 adults with serious mental illnesses for 8 common medical co-morbidities and health risk factors. Also assessed were self-reported health competencies, medical conditions, and health service utilization.
- Compared to non-institutionalized U.S. adults, markedly higher proportions screened positive for obesity (60%), hypertension (32%), diabetes (14%), smoking (44%), nicotine dependence (62%), alcohol abuse (17%), drug abuse (11%), and coronary heart disease (10%).

Want Good Outcomes:

- As a result, the life expectancy of those with serious mental illness is roughly 25 years less than that of the average individual (Parks et al., 2006).
- This is partially due to the fact that many individuals with mental illness have unhealthy lifestyles (Brown et al. 1999).
- Understandably, the costs for patients with a number of chronic conditions have caught the attention of government funding agencies and health care insurers (Ehrlich et al. 2010).

Want Good Outcomes:

- In 2008, spending for patients with two chronic conditions averaged \$13,146 per patient per year, twice as much as those with only one condition (\$6,573 per patient per year).
- At \$27,763 per patient per year, spending on patients with three or more chronic conditions was four times the level of spending for patients with one chronic condition.
- Parekh (2011) reported that individuals with chronic diseases take only 50 percent of the prescribed doses of medications and not follow referral advice and 75 percent do not keep follow-up on appointments.

Want Good Outcomes:

- One of the factors that impacts cost is whether the person actively works to manage their chronic conditions.
- Hibbard et al. (2013) found that patients with the lowest health activation levels had predicted average health care costs that were 8 percent higher in the first year and 21 percent higher in the first half of the second year than the costs of patients with the highest activation levels.

Want Good Outcomes:

- The Center for Advancing Health (2010) reported that advances in medicine, technology and health care services promise increases in the length and quality of life for many Americans.
- However, obtaining the benefit of these advances to prevent, manage and cure disease depends increasingly on individuals' energy, knowledge and skills, regardless of whether they are sick or well.
- Moreover, many models of care fail to realize or take advantage of this finding by not fully engaging the person in treatment planning.

Personal Mastery, Locus of Control and Resilience:

One Size does Not Fit All

Want Good Outcomes:

- One mechanism to improve the individual's ability to develop resilience is the development of personal mastery.
- John Reich (2015) observed that “well-being can be positively influenced by being in more control of your life and less distressed if you give up trying to control the uncontrollable.
- Humans are highly adaptable, and switching to accommodation and acceptance is a systematic pathway to achieving your goals even when the world puts up what might otherwise seem uncontrollable” (p. 259).

Want Good Outcomes:

- One issue that is critical to building resilience is that “one size does not fit all.”
- For some individuals it is based on having the person control of all the stressful events that are experienced.
- For others it is the ability to accept the circumstances that cannot be changed and to move on.
- For others it's it is having the social support of others that strengthens their resilience.

Self-Management:

Health Literacy and Activation:

Want Good Outcomes:

- Hibbard et al. (2013) proposed that the role of an effective self-manager required a high level of knowledge, skill, and confidence.
- Two areas that have received particular attention are: The individual's ability to understand health information or health literacy and the motivation to use the information to take action and how these two skills interact (Smith, et al. 2013).

Want Good Outcomes:

- Having the health knowledge without taking action is inadequate and taking action without knowledge is purposeless.
- A quote from Wolfgang Goethe (Saunders 1906) captures this linkage very well “Knowing is not enough, we must apply. Willing is not enough, we must do”.
- The ability to grow and mobilize biological, psychological, social and spiritual assets is a key to recovery and resilience and a key the ability to sustaining wellness after discharge from an inpatient unit

Self-Management:

Health Literacy

Want Good Outcomes:

- Basic knowledge about medical conditions and its treatment approaches are fundamental to being an active participant in care (Salyers et al. (2009); Peerson & Saunders (2009)).
- The relationship between poor literacy skills and health status is now well recognized (Nutbeam 2008).
- Nielsen-Bohlman et al.(2004) defined health literacy as the degree to which individuals can obtain, process, and understand the basic health information and services they need in order to make appropriate health decisions.

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- Furthermore, these investigators also indicated that health literacy also depends upon the skills, preferences, and expectations of health information providers including the doctors, nurses, administrators, home health workers, the media, and many others.
- Ultimately, literacy develops from a convergence of education, health services, and social and cultural factors that brings together research and practice from diverse fields.

Want Good Outcomes:

- The World Health Organization (WHO) (2004) defined health literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health.
- This definition includes motivation, abilities and skills as essential elements of helping the individual to develop and sustain healthy behaviors.

Want Good Outcomes:

- Kirsch et al. (1993) reported on the results of the National Assessment of Adult Literacy Survey in which only 12 percent of adults have proficient health literacy.
- Slightly more than nine out of ten adults lacked the skills needed to manage their health and prevent disease.
- Fourteen percent of adults (30 million people) had levels that were below basic health literacy.

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- Low literacy was linked to poor health outcomes such as higher rates of emergency rooms and hospitalization and less frequent use of preventive service leading to higher healthcare costs (Baker, 2006; Baker et al.; 2002; Howard, 2005).
- Many individuals with a serious mental illness fell into the category of low health literacy some due to the cognitive impairments caused by the illness; others have poor overall literacy and others due to the refusing to accept their illness (Dickerson, et. al. 2005).

Want Good Outcomes:

- When they asked patients to repeat back what the physician told them, Schillinger et al. (2004) found that 50% gave inaccurate responses.
- When patients were asked to “Describe how your physician wanted you to take this medication.” 50% could not repeat the instructions.
- Crane (1997) conducted an exit interview with 314 patients treated and released from an emergency room

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- They received instructions from their health care professional. Crane reported that of 314 patients treated and released from an emergency room only 59% correctly repeated the instructions they received from their health care professional.
- Spanish speaking patients scored significantly lower on all questions. In the Medicare program, Williams & Heller (2007) found that only about 30 percent of older people report feeling that they possess both the motivation and skills to participate fully in their care.

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- In another study, Hibbard et al. (2007) evaluated whether individuals could understand and were motivated to make health changes.
- They reported that while 23 percent of respondents had adopted new behaviors related to their health care, they were not confident they could maintain them in the face of stress or a crisis.

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- The responses of the remaining 77 percent ranged from thinking they could remain passive recipients of care (12 percent) to not having basic facts or being able to understand their recommended regimens (29 percent) to having some facts but lacking the confidence and skills to act on them (36 percent).
- Bodenheimer et al, (2002) found that education alone was generally not sufficient for effective patient self-management of chronic disease due to the challenges individuals experienced in applying the information they acquired in the context of their daily living and the barriers to care they experienced.

Want Good Outcomes:

- Increased training in problem-solving and coping skills appear to be necessary.
- While inpatient treatment settings can provide significant education regarding the illness and how the individual can identify triggers and early warning signs of remission, acting on this knowledge requires another aspect of self-management

Want Good Outcomes:

- Efforts to improve health literacy have led to the conclusion that health information has to be reduced from a technical level to the literacy level of the person receiving the information and it has to be repeated and confirmed with the person on each encounter (Osborne (2004); Pignone et al. 2005; Glasgow et al., 2010; Seubert 2009)) .

Self-Management:

Patient Activation

Want Good Outcomes:

- Karoly (2010) proposed that resilience or successful adjustment to adversity can be written in the language of goal-guided self-regulation.
- He suggested that resilience could be seen as the effective operation of self-regulatory processes under conditions of stress or transition or, alternatively, as the result of especially well developed self-regulatory functions under stressful circumstances.

Want Good Outcomes:

- A very similar concept is Patient Activation in which individual takes action to improve his/her health particularly when health is challenged by an illness.
- Von Korff, et al. (1997) and Wagner (1998) found that chronic care management programs needed to develop interventions that assisted patients *with acquiring knowledge, skills, motivation and confidence to make effective decisions to manage their health.*

Want Good Outcomes:

- Hibbard et al. (2008, 2009, 2010) and her colleagues at the University of Oregon recognized that individuals were increasingly being asked to manage their health by making daily decisions that affect their health outcomes.
- Individuals are required to make many daily choices about leading a healthy lifestyle. Many individuals, particularly those with a serious mental illness, ignore their physical health and never or rarely see their physical health care provider except in emergency rooms.

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- Others may see their health care provider a few times a year, receive health care advice and then take or leave it.
- Alegri'a et al. (2008) found that patients who received activation and empowerment interventions were over twice as likely to be retained in treatment and over three times as likely to have scheduled at least one visit during the six-month follow-up period.

Want Good Outcomes:

- Similarly, intervention participants demonstrated 29% higher attendance at scheduled visits than comparison patients.
- Hibbard (2013) found that patients with higher health activation scores had nine out of thirteen better health outcomes, including better clinical indicators, more healthy behaviors, and greater use of preventive screening tests—as well as with lower health care costs when measured two years later

Want Good Outcomes:

- Hibbard et al. (2013) found that patients with the lowest activation levels had predicted average costs that were 8 percent higher in the base year and 21 percent higher in the first half of the next year than the costs of patients with the highest activation levels, both significant differences.
- Hibbard (2004, 2005) and Green, et al. (2010) and colleagues developed the Patient Activation Measure (PAM) which measures the person's role in the care process and having the knowledge, skills and confidence to manage his/her health.

Want Good Outcomes:

- Using the PAM research Hibbard has found that PAM scores correlate with health outcomes (Mosen, et al. 2007) and costs over time, and whether changes in assessed activation detected by PAM lead to expected changes in outcomes and costs.
- The results suggest that individuals who are more active in their health care have better outcomes and measurable cost savings (Greene et al. 2011) than individuals who are less active.

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- The PAM is a commercial product that can be purchased for use at www.insigniahealth.com/solutions.
- Hibbard et al. (2007) characterized patient activation as a developmental process that consisted of four stages:

Want Good Outcomes:

- The provider believing that the patient's role in care is important
- The person having the confidence and the knowledge necessary to take action
- The person taking action to maintain and improve his/her health
- The person staying the course even under the stress of adverse life condition

Want Good Outcomes:

- How to activate patients to change poor health behavior that worsen chronic conditions and deteriorate health in general has been the subject of considerable research.
- Much of the activation research and development of interventions are based on the work of Albert Bandura (1982). The concept of self-efficacy is defined as the beliefs people hold about his/her capabilities to perform specific behaviors and his/her ability to exercise influence over events that affect their lives.

Want Good Outcomes:

- Self-efficacy beliefs determine how people feel, think, motivate themselves, and behave. Self-efficacy is a core element of self-management.
- Self-management and self-management support are now considered evidenced-based practices in primary health care and are an essential ingredient of the Chronic Care Model (Glasgow et al., 2002; Glasgow et al., 2003; Wagner 1998).
- Bodenheimer et al., (2002) describe self-management support as the means by which individual practitioners and the broader health care system support patients in self-management.

Want Good Outcomes:

- The Institute of Medicine (2003) defined self-management support as the systematic provision of education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving. Self-management includes the tasks that individuals must undertake to live well with one or more chronic conditions.

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- These tasks include having the confidence to deal with medical management, role management, and emotional management of their conditions.
- The IOM (2003) endorses the completion of a patient-generated “action plan” as a key feature of a self-management program.
- This process assists in developing short-term goals (1–2 weeks) to help patients initiate changes and achieve success in managing their condition effectively.

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- They further identified that the key to good action planning namely that the planned actions be generated by the patient, and not the provider.
- One approach that has been used in the mental health and substance abuse field to improve self-management has been the use of psychiatric rehabilitation.