The Health Care Institute

Empowering low-income parents to reduce excess pediatric emergency room and clinic visits through health literacy

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Problems arising from Low Health Literacy in America*

- Poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level and race“

- 90 million people cannot understand and use health information appropriately;
  
  People with poor health literacy
  
  - are more likely to use emergency services, less likely to use preventive services
  
  - People are more likely to be hospitalized, less likely to be compliant with medication
  
  - Annual health care costs are 4 times higher

- Populations with high prevalence of low health literacy include:

  Poor, Less Educated, Older, Ethnic Minorities, and Persons with Chronic Health Conditions & Disabilities

Brief History of the Health Care Institute (HCI)

Head Start as the primary research platform:
- 1 million children and their families served every year
- Preschool & Comprehensive health services to families
- Vulnerable population with multiple ethnic, language and literacy challenges
- Existing relationship with Head Start through the ongoing UCLA/J&J Head Start Management Fellows Program since 1991 (cohort of >1200 fellows nationally)

- Identified poor health literacy as a major obstacle to achieving better health outcomes for these families. **

UCLA/J&J Health Care Institute created in 2001 at UCLA Anderson

***“The status of Health Care in Head Start: A Descriptive Study”, Sept 2000, UCLA Anderson, A Herman
What distinguishes **Health Care Institute** approach?

- **Strategic Implementation**
  - Structured planning, implementation and follow-up process (HIP)
  - Development of local community partnerships
  - Internal & external marketing
  - Data collection AND results sharing

- **Training Design Elements:**
  - Low literacy program and materials (3-5th grade level)
  - Hands on learning in group setting
  - Follow-up/reinforcement through home visits
  - Motivated attendance and graduation

- **Outcomes**
  - Consistently showed decreased utilization of health care services
  - Model predicted significant cost savings
Vision of the Health Care Institute (HCI)

**Building** a better future for the most vulnerable children by providing their parents with skills and knowledge to:

- **ENABLE them** to become better caregivers by improving health care knowledge and skills.
- **EMPOWER them** in decision making.
- **ENHANCE their** self esteem and confidence.
- **CONTRIBUTE** to reducing escalating healthcare costs.

**Providing a strategic model** for successful implementation of any health literacy education programs.
From the pilot to the National Health Care Institute (HCI)

2001/2002
PILOT
4 PROGRAMS
400 FAMILIES

HCl 2003
16 PROGRAMS
1600 FAMILIES

HCl 2004
25 PROGRAMS
2500 FAMILIES

HCl 2005
55 PROGRAMS
5500 FAMILIES

HCl 2006-2009
KEEPING THE MOMENTUM!
PROGRAMS CONTINUE TO TRAIN
4000 FAMILIES

55 PROGRAMS TRAINED IN 38 STATES
14,000 FAMILIES TRAINED
IN 7 LANGUAGES & ACROSS 10 ETHNICITIES
Health Care Institute (HCI) Process & Methodology

**Selection**

**Train the Trainers**
- **Who is training:** A team of UCLA faculty
- **Who is trained:** A Team of 5-6 from each agency
- **How long:** 2 days
- **Topics:**
  - Key Impacts of HCI
  - Mock training
  - Strategic Tools: Marketing strategies, Staff & Parent Motivation
  - Project Management, Keeping the Momentum

**Train the Parents/Follow-Up**
- Parents training: 3-4 hours
- Follow up once a month for 3-4 months
- Graduation

**ANALYTICAL TOOLS:**
- Pre/Post Surveys
- Pre/Post tracking

**Health Improvement Project**
Health Care Institute (HCI) Process

Month: 1 2-4 5 6-11 12

Train the Trainers

Pre-Training Tracking (3 months)

Parents Training

Post-Training Tracking (6 months)

Graduation

Agency Selection

Family Selection
Methodology for Training Parents

Bilingual Training

Training in 4 Languages!

Low literacy

Hands on!
Training in 7 Languages

Multi Cultures

Community Partnership

PHYSICIAN

HOME VISITOR/TRANSLATOR
Study Results: Key Outcomes

When your child gets sick where do you **first** go for help?

Sample size 9240, HCI National Results, 2002-2006
Study Results: Key Outcomes

Each statistically significant ($\alpha = 0.05$)

Sample size 9240, HCI National Results, 2002-2006
Study Results: Key Outcomes

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Sample size 9240, HCI National Results, 2002-2006
Projected Cost Savings

**Doctor/Clinic**
- Cost per visit: $80
- Decrease in #
  - doctor/clinic visits (child/year): 1.4657
  - Cost/savings (child/year): $117.26
  - Cost/savings (family/year)*: $246.25
- Total cost savings: $2,275,350 (For 9,240 families)

**Emergency Room**
- Cost per visit: $320
- Decrease in #
  - ER visits (child/year): 0.4591
  - Cost/savings (child/year): $146.09
  - Cost/savings (family/year)*: $308.49
- Total cost savings: $2,850,448 (For 9,240 families)

Total annual savings (9,240 families) = $5,125,798
Savings per family trained = $554.74

20,000 families = $11.1 million

100,000 families = $55.4 million

Sample size 9240, HCI National Results, 2002-2006
Projected Cost-Benefit

- Cost-Benefit Analysis demonstrates savings

- Total Savings per Family per Year (due to decrease in ER and Doctor Visits)
  - $554.72

- Total Cost per Family Trained
  - $80.00

+ Savings in Work Days and School Days
+ Over the Counter/Prescription Meds
## Projected Cost-Benefit SCENARIOS

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<tr>
<th>SCENARIO</th>
<th>TRAINING COST</th>
<th>POTENTIAL COST SAVINGS</th>
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**Projected Cost-Benefit SCENARIOS**

- **5,000 FAMILIES:** $400,000 training cost results in $2,770,000 potential cost savings, yielding a net savings of $2,370,000.
- **10,000 FAMILIES:** $800,000 training cost results in $5,540,000 potential cost savings, yielding a net savings of $4,740,000.
- **20,000 FAMILIES:** $1,600,000 training cost results in $11,080,000 potential cost savings, yielding a net savings of $9,480,000.
- **30,000 FAMILIES:** $2,400,000 training cost results in $16,620,000 potential cost savings, yielding a net savings of $14,220,000.
- **100,000 FAMILIES:** $8,000,000 training cost results in $55,400,000 potential cost savings, yielding a net savings of $47,400,000.
• 120 MILLIONS ED visits in 2006
  15% resulted in admission

• **UNINSURED** ACCOUNT FOR 1/5 OF ED VISITS

• 12.5% OF ED VISITS : NON URGENT = 15 MILLION

  $5 BILLION SAVED

• Medicaid Patients are 4 times more LIKELY TO use ED VISITS THAN PRIVATE
Qualitative Outcomes and Benefits for Families & Staff

- Increased parental awareness of health warning signs
- Quicker response to early signs of illness
- Use of health reference book
- Better understanding of common childhood illnesses
- Leadership and staff development
- Empowered parents and staff
Providing Training and Resources for the Successful Implementation of Health Literacy Programs

Strategic model developed through a H.I.P.
Plan, implement, and assess Health Education Program
Development of low literacy training tools
Development of assessment tools
Creation of strong community partnerships for long term sustainability
Best Practices Success Stories Lessons Learned

HCI METHODOLOGY

Treatment of Common Childhood Illnesses At Home
Oral Health Prevention Pilot Program
Diabetes/Obesity Prevention Pilot Program

KANSAS
WASHINGTON
NEW MEXICO
ICAN Office of Head Start
NATIONAL Oral Health
EUROPEAN Diabetes/Obesity
NATIONAL Diabetes/Obesity

40,000 FAMILIES
This is just the beginning!


Herman A, Jackson P. “Empowering low-income parents with skills to reduce excess pediatric emergency room and clinic visits through a tailored low literacy training intervention”, *Journal of Health Communications* (Approved for publication)