UCLA Anderson
School of Management

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

*Quote and data provided by the AMA, Report on the Council of Scientific Affairs, Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs. *Health Literacy: A Prescription to the End Confusion*, the Institute of Medicine (IOM 2003)

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 **H**ealth **C**are **I**nstitute 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

HCI 2003
16 PROGRAMS
1600 FAMILIES

HCI 2004
25 PROGRAMS
2500 FAMILIES

HCI 2005
55 PROGRAMS
5500 FAMILIES

HCI 2006-2009
KEEPING
THE
MOMENTUM!
PROGRAMS CONTINUE TO TRAIN

4000 FAMILIES

55 PROGRAMS TRAINED IN 38 STATES

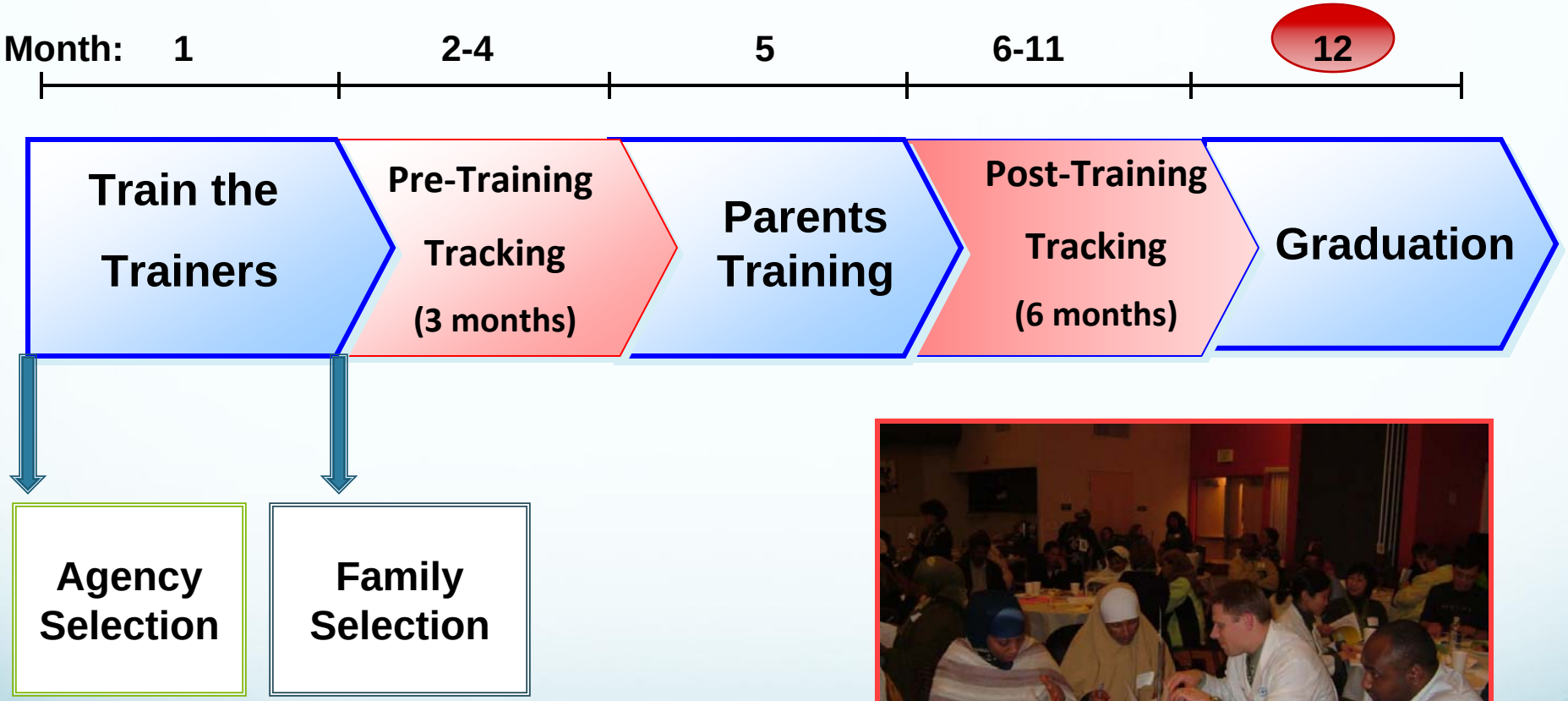
14,000 FAMILIES TRAINED

IN 7 LANGUAGES & ACROSS 10 ETHNICITIES

Health Care Institute (HCI) Process & Methodology

Health
Improvement
Project

Health Care Institute (HCI) Process



Methodology for Training Parents

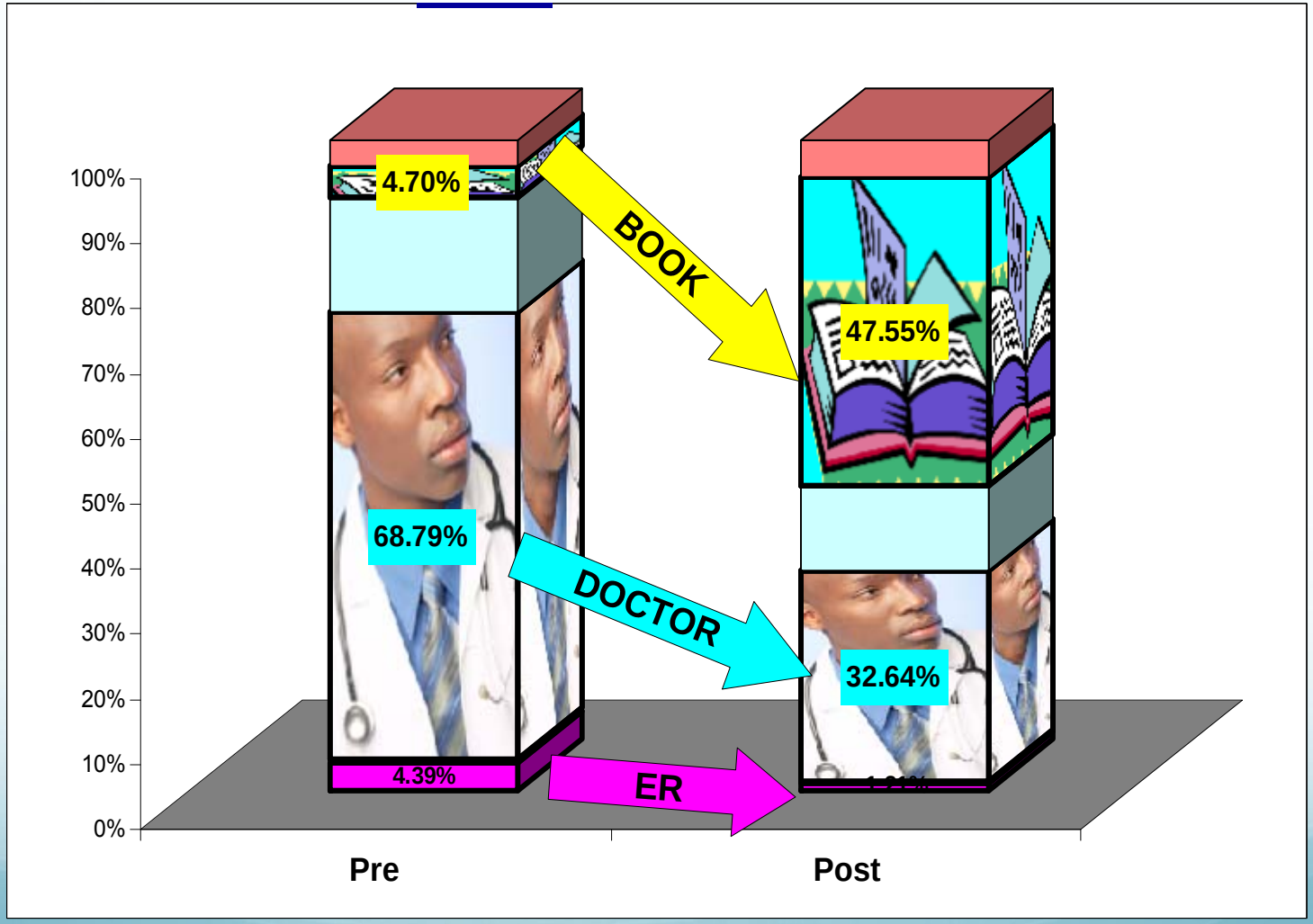
Bilingual Training

Training in 4 Languages ! Multi

Training in 7 Languages

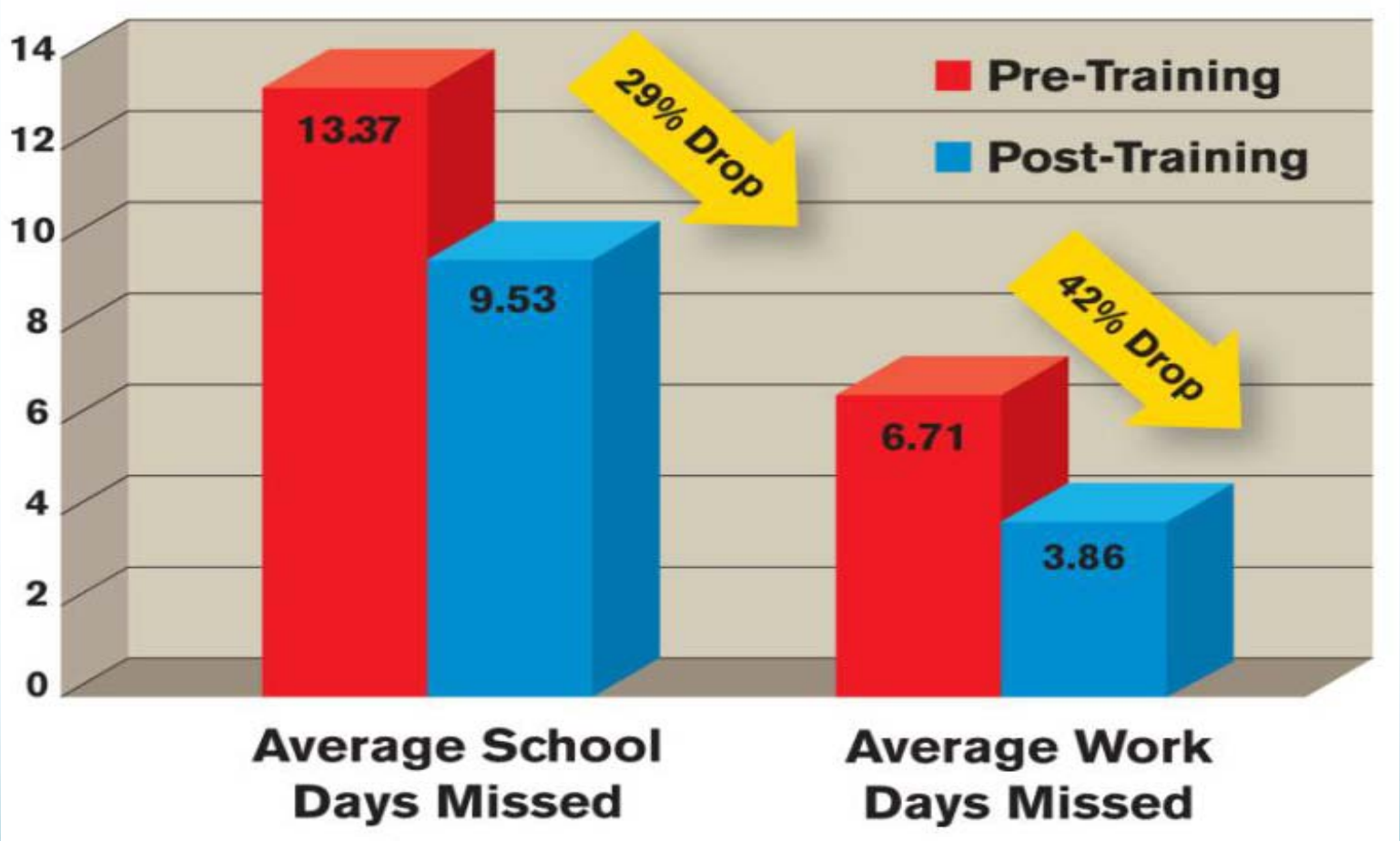
Study Results: Key Outcomes

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



Sample size 9240, HCI National Results, 2002-2006

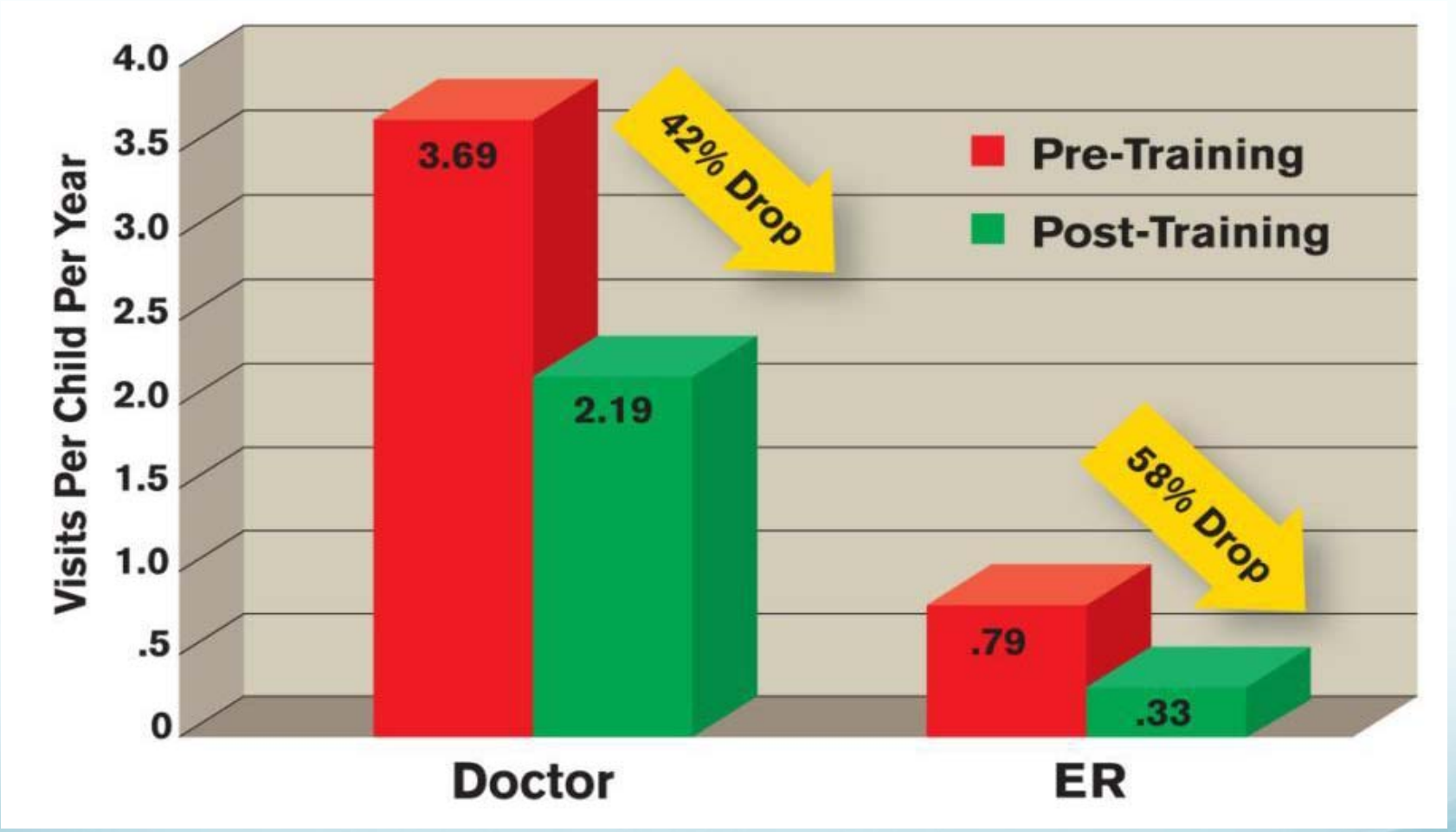
Study Results: Key Outcomes



Each statistically significant (α = 0.05)

Sample size 9240, HCI National Results, 2002-2006

Study Results: Key Outcomes



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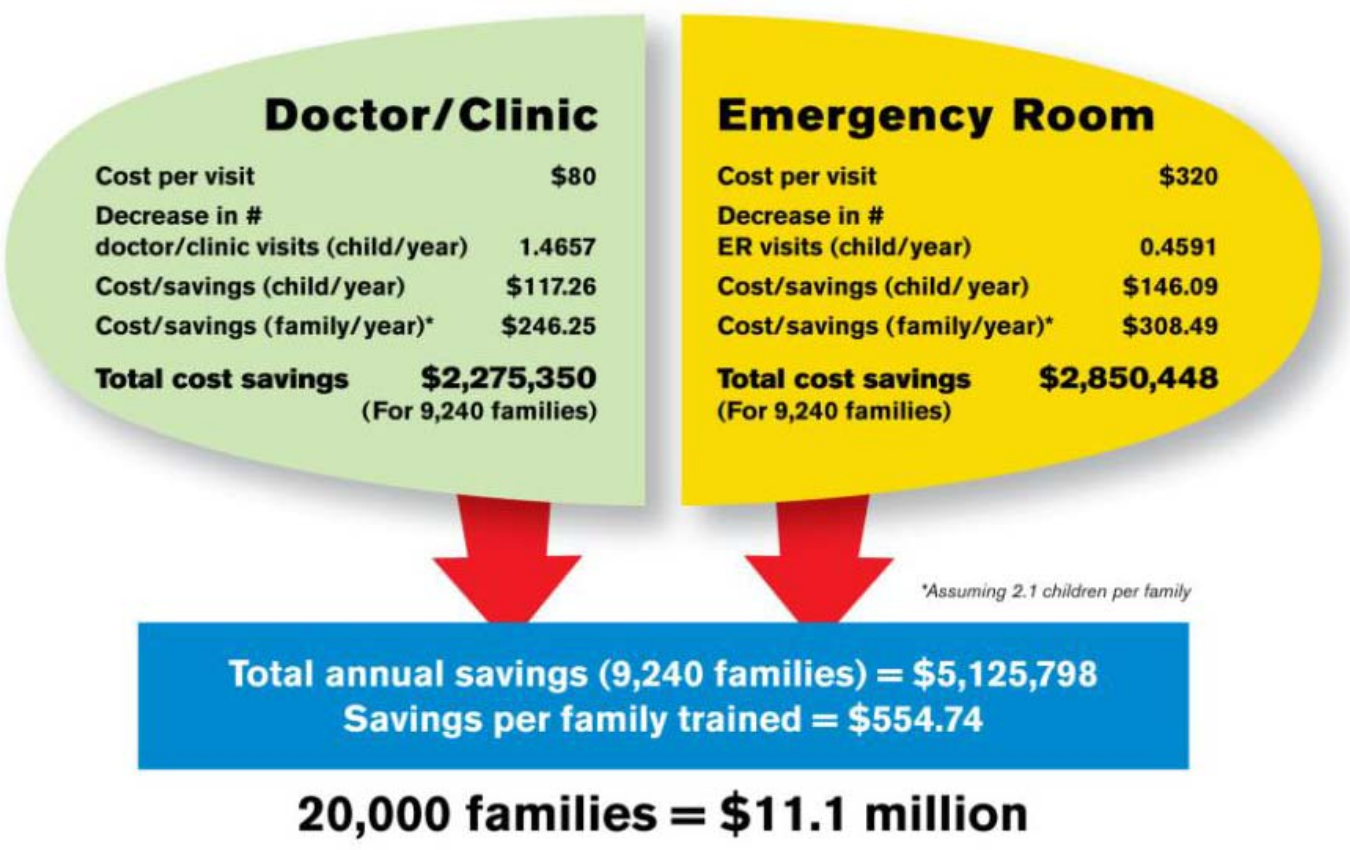
Projected Cost Savings

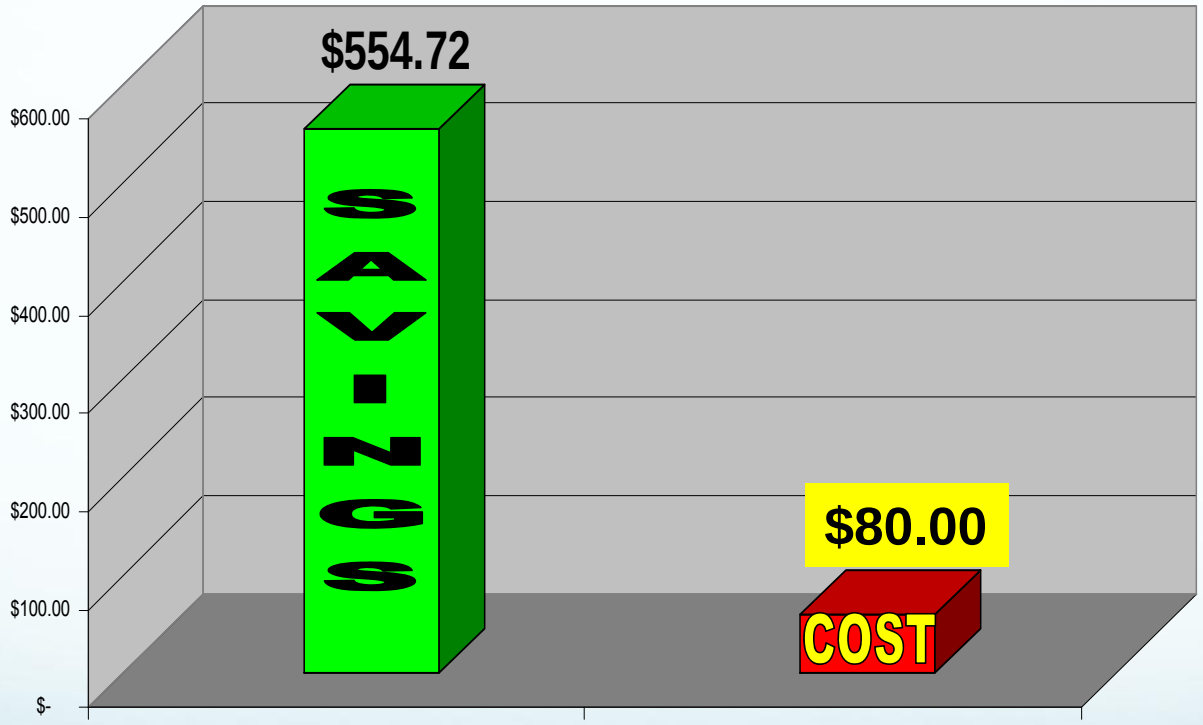


100,000 families =$55.4 million

Sample size 9240, HCI National Results, 2002-2006

Projected Cost-Benefit

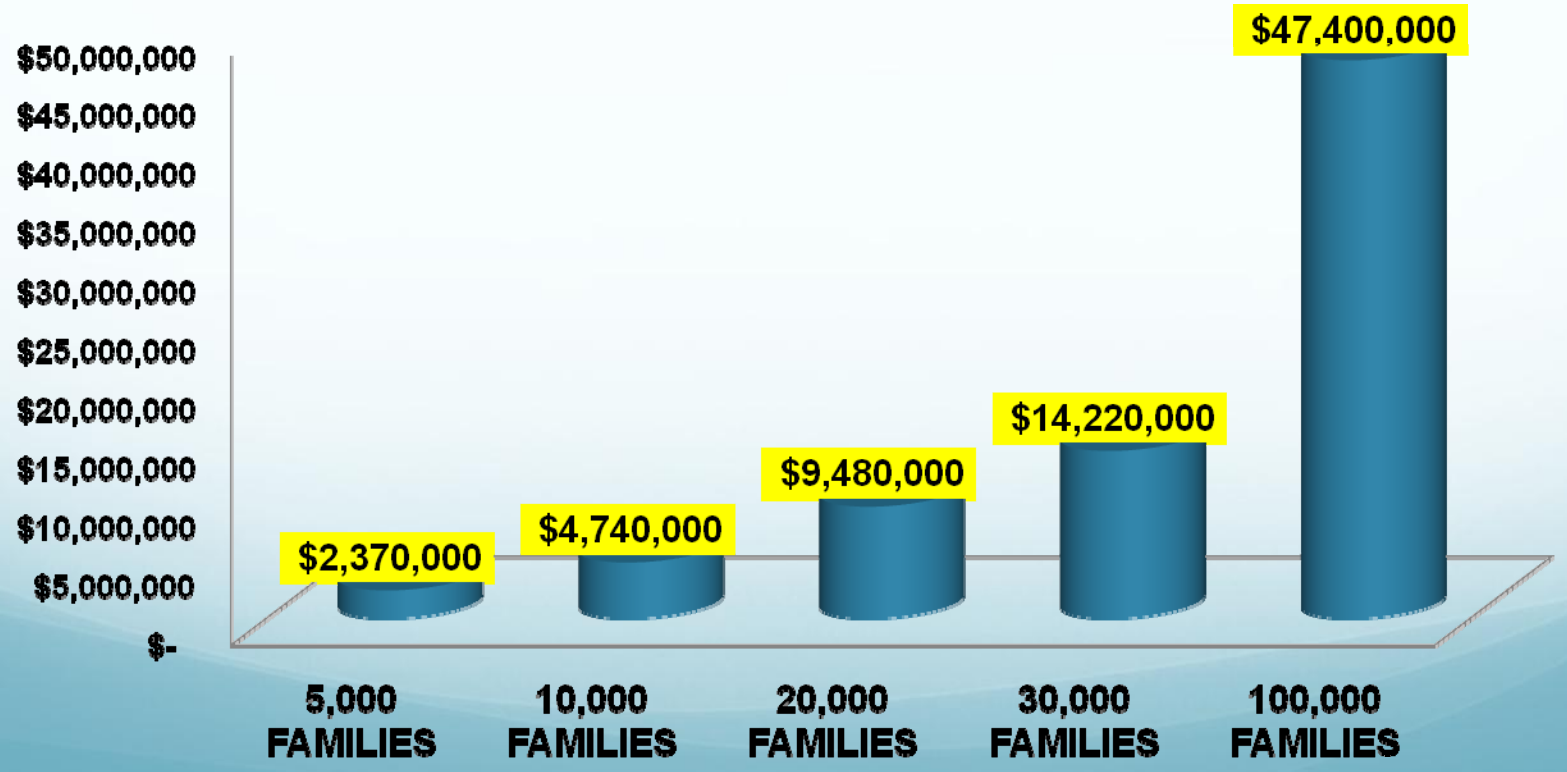
- Cost-Benefit Analysis demonstrates savings



+ Savings in Work Days and School Days
+ Over the Counter/Prescription Meds

Projected Cost-Benefit SCENARIOS

SCENARIO	TRAINING COST	POTENTIAL COST SAVINGS	NET SAVINGS
5,000 FAMILIES	$ 400,000	$ 2,770,000	$ 2,370,000
10,000 FAMILIES	$ 800,000	$ 5,540,000	$ 4,740,000
20,000 FAMILIES	$ 1,600,000	$11,080,000	$ 9,480,000
30,000 FAMILIES	$ 2,400,000	$16,620,000	$ 14,220,000
100,000 FAMILIES	$ 8,000,000	$55,400,000	$ 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

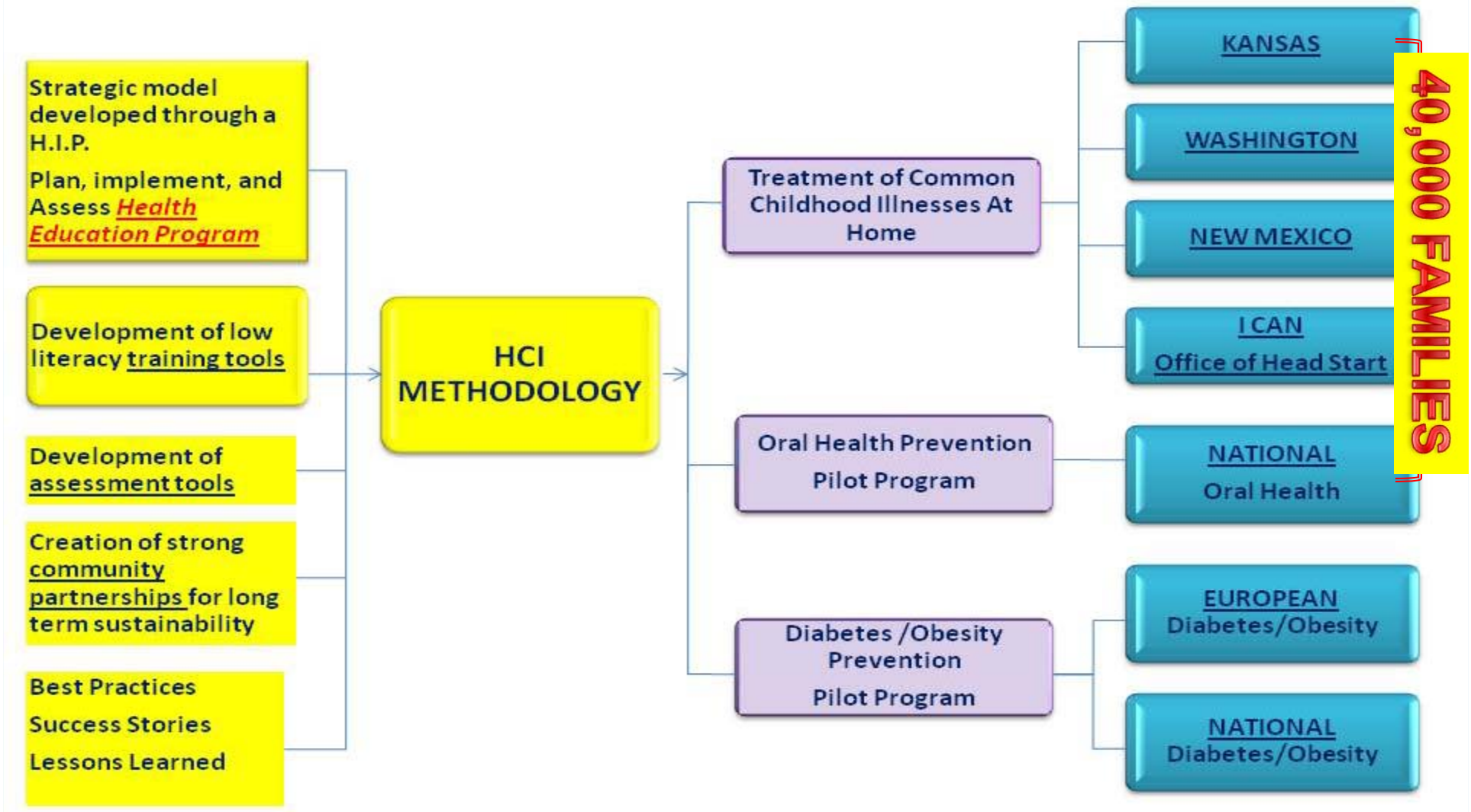
$5 BILLION SAVED

- 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



This is just the beginning!

Herman A, Mayer G. Reducing the Use of Emergency Medical Resources Among Head Start Families: A Pilot Study. *Journal of Community Health.* June 2004; 29(3):197-208

Herman A , " Impact of a Health Literacy Intervention on Pediatric Emergency Department Use", *Journal of Pediatric Emergency Care*, July 2009

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)