

# "Sparking the Light" within the Waiting Room: Integrating Health Literacy to Help Address the Social Determinants of Health

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## Background

- The social determinants of health (SDoH) are factors from our social and physical environments that affect our well-being.
  - Examples: the built environment, income and education levels, health literacy, and access to care<sup>1</sup>
- Advancing health literacy is integral to addressing SDoH for:
  - Understanding how to navigate the health system and available resources
  - Knowing which factors from one's social and community context influence their health
  - Discovering how to take action towards accessing these resources and preventing or managing diseases<sup>2</sup>
  - Answering and comprehending screener questions
- Addressing social needs through improving health literacy can reduce health disparities and help achieve health equity.

## Organization & Program Description

- NewYork-Presbyterian's Ambulatory Care Network (ACN) provides healthcare services to underserved communities.
- ACN integrates programs that involve community-based organizations and schools to increase capacity and impact<sup>3</sup>.
- A quick profile of Northern Manhattan's population:
  - 71% Hispanic<sup>4</sup>
  - 39% limited English proficiency<sup>4</sup>
  - 27% below the Federal Poverty Level<sup>4</sup>
  - 35% graduated high school, 30% did not finish<sup>4</sup>

### ACN's Waiting room As a Literacy and Learning Environment (WALLE) pilot program:

- Utilizes clinic waiting room time to inform families about free and low-cost community and health education resources for their self-identified needs and interests.
- Was implemented in 2016 at two pediatric ACN sites with families from the Bronx, Washington Heights, and Inwood.
- Is integrated into the clinics' work flows and involves both providers and trained bilingual volunteers.
- Includes topics such as food assistance, housing, legal aid, early literacy, adult literacy, physical activity, nutrition education, employment assistance, and more.

## Core Program Elements

Tenets of Health Literacy

Transtheoretical Model Stages of Change

Motivational Interviewing

Cultural Competency

## Objectives

### Program Objectives

To **connect** families to health education and community resources that may address unmet needs

To maximize the time spent in the waiting room as an opportunity to **increase awareness** of available resources and information

To **empower** families to stay informed and take action to enhance their lives, health, and well-being overall

### Evaluation Objectives

To identify common unmet health education and social needs within this target patient population

To understand barriers to resource utilization

To describe the benefits and challenges of addressing SDoH with health literacy within a clinical setting

## Evaluation Methods

- Both the program and evaluation utilized a convenience sample.
- Volunteers documented pre-test questions as part of intake.
- WALLE staff conducted post-test questions as part of routine service follow-up two weeks after the referrals were made.
- Pre and post-test questions for resource utilization were analyzed through McNemar's test.
- Social needs, awareness, and satisfaction were assessed by running descriptive statistics.

### References

1. Office of Disease Prevention and Health Promotion. (2017). *Social Determinants of Health*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> 2. Sorensen, K., et al. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BioMed Central Public Health*, 12(80), 1-13. doi: 10.1186/1471-2458-12-80. 3. New York Presbyterian Ambulatory Care Network (2017). *Ambulatory Care Network*. Retrieved from <http://www.nyp.org/clinicalservices/ambulatory-care-network> 4. King, et al. (2015). *Community Health Profiles 2015, Manhattan Community District 12: Washington Heights and Inwood*. 12(59), 1-16.

## Summary of Main Findings

### From the 19-month evaluation period, WALLE:

- Reached 1,429 encounters
- Increased awareness of community resources for 493 (79%) of 624 caregivers who responded to pre-test questions
- Reached 35% (n=239) referred caregivers through follow-up:
  - 20% took steps** to utilizing at least one referred resource
  - 17% did so without prior knowledge** of it (n=40, p=.0431)

### Caregiver Experience Quotes:

- "[WALLE] is a great thing; I didn't know so many helpful resources are out there."
- "[WALLE] was really appropriate for parents who don't know where to find this type of info. To find that available right in the clinic is a really good idea."
- "This turned on a light for me: what I did not know was out there before."

## Discussion & Limitations

- Helping patients address informational needs is a first step towards improving their health and well-being.
- Waiting room programs that target families' navigation and health literacy needs can maximize the clinical encounter.
- Implementing SDoH screening with health education can cost-effectively improve patient care and population health.
- Successful models require continuity of care in the waiting room and higher repeated exposures (dose) to the information over time to increase retention and motivate utilization.

## Future Goals

Use lessons learned to improve WALLE's model by:

- Providing continued care through more permanent staff
- Further adapting the program based on current community needs to optimize caregiver motivation
- Emphasizing the importance of complementing new universal SDoH screenings with health literacy efforts