About
The Health Communication Hub (HCH) is a coordinated effort co-founded by Alyssa Gale, MPH, in the Department of Health Education, and Maya Korin, PhD, MS, in the Department of Environmental Medicine and Public Health. The mission of the HCH is to provide a streamlined, standardized process for developing and implementing high-quality patient-facing health education content, internal capacity building through professional development training, and support for improving upon departmental practices in patient education and communication. The HCH partnered with the Mount Sinai Selikoff Centers for Occupational Health to pilot these efforts in order to create a more supportive health environment for the Selikoff Centers’ patients and their families.

Vision
We envision a health system in which all aspects of patient care are infused with health literacy best practices, meaningfully and sustainably impacting the health outcomes of our patient population.

Partnership With the Selikoff Centers for Occupational Health
The Mount Sinai Selikoff Centers for Occupational Health are dedicated to providing cutting-edge clinical services with a focus on prevention to keep workers healthy and their workplaces safe. As a member of the Occupational Health Clinic Network (OHCN), the Selikoff Centers diagnose and treat occupational diseases, evaluate the work conditions of patients to determine whether other co-workers may be at risk, and suggest measures to improve work environments.

Selikoff is also home to the World Trade Center (WTC) Health Program Clinical Center of Excellence (CCE), which provides monitoring and treatment services to 9/11 responders and volunteers.

World Trade Center patients are uniquely susceptible to poor health outcomes as a result of their exposure during the rescue and recovery efforts following the 9/11 terrorist attacks.

Demographics of the patients who participated in the HCH pilot:

More than 12% speak languages other than English (Spanish: 8.5%; Polish: 2.8%)

Average age: 59 YEARS

Most represented occupations:

- 29% law enforcement
- 10% construction
- 3% cleaning or maintenance

“Communication is very important in a complex, limited care model program like ours. The health literacy project supports and enhances critical areas of communication between staff and patients. Prioritizing this area of work going forward will not only improve patient satisfaction but also staff satisfaction.”

Michael Crane, MD, MPH, Medical Director, Selikoff Centers for Occupational Health
The Case for Health Literacy

What is personal health literacy?

“Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”
— U.S. Centers for Disease Control and Prevention

What is organizational health literacy?

“Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”
— U.S. Centers for Disease Control and Prevention

Organizational health literacy emphasizes that it is the responsibility of health systems, not individual patients, to address health literacy inequities.

Poor health literacy leads to ...

◆ Reduced use of preventive services
◆ Increased use of emergency services
◆ Higher risk of medication errors
◆ Higher rates of hospital admissions and readmissions

“The safety of patients cannot be assured without mitigating the negative effects of low health literacy and ineffective communications on patient care.”
— The Joint Commission

“Only 12% of the U.S population has the skills necessary to navigate our complex health care system.”
— National Assessment of Health Literacy

“From the standpoint of a linguist working in the medical field, the health literacy group has demonstrated that there is more yet to do to promote the development of healthcare educational material that eliminates communication barriers, regardless of language. The emphasis should be on appropriate language with an in-depth understanding of the importance of adapting concepts to culture, reality, beliefs, and level of understanding.”
— Pilar Orlandi, Program Manager, Language Access

“I was so encouraged to be a part of the beginning of this pilot. It has been on my heart for some time to design a program within the World Trade Center Health Program to support improving health outcomes for our patient population. This pilot was so timely — the startup and initiation of that journey provided additional insight to the varied aspects involved in making that program a success.”
— Janice Harrison, RN
Our Approach

Our project employed a partnership-based approach to a holistic and comprehensive assessment of the needs of both staff and patients.

**Steering Committee**
Convened a diverse group of staff who understand the unique operational, staff, and training needs of the department and are enthusiastic about guiding this work

**Patient Advisory Council**
Engaged a representative group of patients who shared their experiences and insights into the utility and gaps of current health education resources and practices

**Needs Assessment**
Leveraged both the staff and patient perspectives in identifying the health education needs of the department, including around content creation, operational processes, and support

**Staff Training**
Facilitated professional development trainings on the following topics: Health Literacy 101, Introduction to Risk Communication, Creating Effective Resources, Introduction to Motivational Interviewing

**Educational Materials**
Created a master inventory and reviewed existing materials, while also editing and developing new materials as needed

“The patients participating in the PAC loved it! They were honored to have been selected and felt that it was important to help improve the program for themselves and fellow responders.”

*Steven Wallace, Outreach Program Coordinator*

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**HCH Pilot’s 2022 Timeline**

- **JAN**
- **FEB**
- **MAR**
- **APR**
- **MAY**
- **JUN**

- **Steering Committee Meetings**
- **Patient Advisory Council Convening**
- **Best Practices in Managing Challenging Conversations Training**
- **Developing Health Literate Print Communications Workshop**
- **Introduction to Motivational Interviewing Training**
- **Health Literacy and Equity Training**
- **Risk Communication Training**
What We Found

Steering Committee

The Selikoff Centers convened an interdisciplinary steering committee of Selikoff staff members to lead the Health Communication Hub pilot project. This committee included medical providers, nurses, industrial hygienists, outreach coordinators, patient service coordinators, and administrative managers. Each member of the committee brought a unique perspective and together were able to paint a comprehensive picture of health communication practices at the Selikoff Centers. Ultimately, this feedback helped guide and advance the work of the pilot project.

The work of the steering committee was structured in two ways: open discussion and topic-specific breakout sessions. Through this work, the steering committee developed a thorough health communication needs assessment of the Selikoff Centers. Areas of focus were (1) verbal communication, (2) electronic materials and patient portals, and (3) print materials. Steering committee feedback is outlined below and has been used as a guide to identify next steps for this work. It has also been incorporated into Selikoff's newsletter and other educational resources.

The steering committee identified the following needs:

◆ Addressing the needs of an aging population
◆ Overcoming barriers to patients effectively using technology
◆ Patient difficulty in navigating one's care and appointments, including understanding the composition of one's care team and value of appointments
◆ Patient difficulty in understanding the limited care model of the WTC Health Program
◆ The impact of mental health stigma on patient engagement and experience of care
◆ The need for continuing professional development opportunities around health communication

The steering committee broke out into smaller sections and dove more deeply into the different avenues through which health communication takes place.

Patient Advisory Council

The pilot project team partnered with the Patient Experience Department to structure the Selikoff’s first Patient Advisory Council (PAC). This included best practices in interviewing and selecting PAC members, the development of onboarding materials for members, and education of the Selikoff staff in managing PAC meetings.

The feedback received from the PAC, much like the feedback received from the steering committee, has been essential in informing this initiative, including the continuation of this work. Selikoff will continue to host PACs, and will use them as a critical tool in guiding our work. Below is a brief summary of the feedback received from the PAC:

◆ Patients want print resources (especially at the visit), as most of the time they miss our emails
◆ Acronyms are confusing and make it difficult to focus when receiving information
◆ Patients felt strongly about the value of MyChart and the ability to communicate with their provider using this tool
◆ Mental health services are very stigmatized and the way we talk about mental health services impacts a patient’s willingness to engage
◆ Social work and benefits counseling should be incorporated throughout a visit, since patients indicate fatigue contributes to their unwillingness to engage with these resources at the end of their visit

“Participating in the Patient Advisory Council was a great experience. It gave me the opportunity to see our program through the patient’s lens and to hear how they perceive our processes. It changed the way I communicate with our patients moving forward.”

Alicia Simpson, Program Manager, Patient Satisfaction
Based on the feedback provided by staff, leadership, and patients alike, the pilot project team has observed that there is a clear appetite for this work. We have learned so much from this process. Our next steps for the health literacy work at Selikoff include ...

◆ Development of a quantitative metric to measure the impact of health literacy best practices and subsequent integration of this measurement into Selikoff’s mission
  • Once developed, Selikoff seeks to share this measurement across the entire Mount Sinai Health System (MSHS) so that other departments may benefit from its use
◆ Continued examination of opportunities for streamlining operations, which results in improved health communication and leaner processes
◆ Regularly scheduling training and professional development opportunities for staff that are responsive to team needs
◆ Continual, meaningful engagement of the Selikoff PAC and the pilot project’s steering committee to further guide improvement efforts
◆ Regular evaluation of print and digital communication and education materials through a health literacy lens