AMERICAN HEALTH CONSULTANTS®

Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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Giving patients the tools is first step, ensuring they understand is the next

Focus on teaching materials and techniques that improve comprehension

Warning: Health literacy can have a greater impact on your hospital's bottom line by affecting more than the patient education department. Patient educators say that patients who do not understand or can't read instructions for prescriptions, informed consent forms, educational materials, and appointment slips have more hospital visits and longer hospital stays than those with higher health literacy skills.

"If patient education managers don't pay attention

Special Report: Health Literacy Month

October is Health Literacy Month, a time to raise awareness about the importance of understandable health information. Therefore, *Patient Education Management* addresses the issue with a series of articles that include teaching patients with low health literacy, writing materials that they understand, educating staff on the topic, and promoting language development at an early age to improve health literacy. ■

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COMING IN FUTURE ISSUES

■ Addressing the educational needs of parents of premature babies

■ The ins and outs of designing educational programs for specific cultures

■ Outreach strategies to curb domestic violence

■ Will the baby boomers change the way the elderly are educated?

■ Pros and cons of having designated patient educators

to health literacy, they won't have good health outcomes. The ultimate goal of doing patient education is to have healthier people," says **Audrey Riffenburgh**, MA, president of Riffenburgh & Associates, an Albuquerque, NM-based business specializing in health literacy and plain-language communication.

Health literacy is a difficult issue because people who read poorly have different levels of reading skills. If two low literacy patients are handed the same pamphlet, their level of understanding would differ because they both understand words differently from the material. "One of the frustrating things about people who do not read well is that they do not all read poorly in the same way," explains **Deborah Yoho**, CEO of the Greater Columbia (SC) Literacy Council. Even good readers have difficulty understanding materials at such times when they are in pain, under stress, or unfamiliar with a medical condition.

While it is important to note a patient's ability to read and understand complex information, many other factors influence comprehension. The patient's motivation, interest, and investment in the situation impact health literacy, as well as their culture, primary language, age, and disabilities, says **Helen Osborne**, MEd, OTR/L, president of Health Literacy Consulting in Natick, MA.

Don't rely solely on written material

To address the issue of health literacy, *Patient Education Management* interviewed several experts in the field. Following is a list of components that should be included in a patient education program to ensure all patients understand, regardless of their health literacy level.

• **A variety of teaching materials.**

People do not all learn in the same way. Some learn best by reading the information, while others are visual or audio learners. Therefore, a variety of teaching materials should be kept on hand, including visual charts, posters, models, videos, and audiocassette tapes. "For basic diabetes education, a health educator might sit down and tape the instructions on how to take medication so patients have a cassette tape they can listen to in the car or with other family members," says Riffenburgh.

To determine how patients learn best, ask them, she says. If they don't know, suggest they think of a time when they learned something new. Ask them if they watched someone else do it, if they listened to a lecture, read about it, or

just tried it on their own, she suggests.

• **A good assessment of the patient group.**

Know who uses your clinics and hospital, advises **Linda McIntosh**, EdM, RN, CS, coordinator of patient education at Cambridge (MA) Health Alliance. Her health care facility serves a large number of people who speak Haitian Creole, which only recently evolved into a written language. Therefore, those who are educated read French, while the others may not read at all or have limited literacy. Because people don't read, the families who have immigrated to the United States exchange information with their friends and relatives in Haiti using audiotapes. Therefore, the health care facility picked audiotapes as a teaching tool, as well as print materials with pictures and one-word descriptions.

To determine how best to teach Haitian patients with diabetes, McIntosh formed a focus group and found that the Haitians liked to sit around and talk gathering information from each other. As a result, support groups for Haitians with diabetes were organized.

Computers can help by making collecting demographic information easy. To determine such factors as age, ethnic background, and whether English is the patient's first language, ask them those questions when they come to the clinic and track the information on a computer, says Yoho.

Good teaching techniques

• **A program to educate health care providers.**

Health care workers who understand the issues of health literacy and how to overcome barriers to learning will do a better job of teaching patients. Therefore, those who educate patients must be taught how to effectively teach people who might have difficulty understanding the information. They also must learn to create a safe, nonjudgmental environment for learning, says Riffenburgh. **(For teaching tips, see article on p. 112. To learn how to educate staff about health literacy issues, see Guest Column on p. 115.)**

• **Policies for proper evaluation of learning.**

Good patient education techniques include the assessment of the patient before teaching to uncover learning barriers, as well as an assessment of their understanding following the teaching. To determine if a patient comprehends the teaching, Riffenburgh suggests the following techniques:

— Ask patients to tell you how they will explain what they've learned to their family. Help them rehearse in their own words.

SOURCES

For more information about health literacy, contact:

- **Kristina Anderson**, Literacy Coordinator, Harborview Medical Center, 325 9th Ave., Box 359710, Seattle, WA 98104. Telephone: (206) 731-6621. E-mail: keander @u.washington.edu.
- **Linda McIntosh**, EdM, RN, CS, Coordinator of Patient Education, Cambridge Health Alliance, 1493 Cambridge St., Cambridge, MA 02139. Telephone: (617) 591-4526. E-mail: lmcintosh@challiance.org.
- **Helen Osborne**, MEd, OTR/L, President, Health Literacy Consulting. Telephone: (508) 653-1199. Fax: (508) 650-9492. E-mail: helen@healthliteracy.com. Web site: www.healthliteracy.com.
- **Audrey Riffenburgh**, MA, President, Riffenburgh & Associates, 1606 Central Ave. S.E., Suite 201, Albuquer-que, NM 87106. Telephone: (505) 242-5808. Fax: (505) 246-9164. E-mail: plnenglish@aol.com.
- **Deborah Yoho**, EDS, CEO, Greater Columbia Literacy Council, 921 Woodrow St., Columbia, SC 29205. Telephone: (803) 765-2555. E-mail:

— Have them demonstrate what they learned; for example, changing a dressing or measuring a dose of medication for their child.

— Encourage patients to identify one action they will take in the next week. Have them describe the action in detail so you know whether they have understood the instructions.

In a busy clinic, it is almost impossible to determine if a patient can read. Therefore, time would be better spent determining comprehension by asking the patient questions about their treatment or having them demonstrate a skill, says **Kristina Anderson**, literacy coordinator at Harborview Medical Center in Seattle. "We need to determine patient understanding rather than do a literacy assessment, and we need to make sure there is a variety of tools available to teach," she says.

• **Easy-to-read written materials.**

Whenever possible, have easy-to-read materials on a topic that provide the basic information and additional print materials written at a higher level with more information. In this way, patients can be given a choice, says Riffenburgh. Also, if you suspect the patient has difficulty reading, review the material with him or her. "Provide people with review markers when working with print materials. Circle, underline, highlight, or put arrows to the points you want the patient to remember and go back to review," she explains.

Print materials always should be used to

reinforce teaching, and not used in place of verbal instruction. "Sometimes, when health educators are busy, they just hand patients material; the interactive piece is what makes it valuable. It isn't so much whether patients know the information off the top of their head, but if they can find the information. Show them how to use the material," advises McIntosh.

(Editor's note: Need help with health literacy issues? Helen Osborne, MEd, OTR/L, president of Health Literacy Consulting offers TeleClasses, which are interactive training sessions conducted over the phone. For a list of classes, visit her Web site at www.healthliteracy.com. Audrey Riffenburgh, MA, President, Riffenburgh & Associates, offers workshops on evaluating written materials with computer software readability formulas. She can conduct them via conference calls with up to five people. Information on health literacy can also be obtained by visiting the Health Literacy Toolbox 2000 at www.prenataled.com/healthlit/.) ■

Teaching tips for adults with low literacy

Five steps to an improved program

The following teaching tips were assembled by **Audrey Riffenburgh**, MA, president of Riffenburgh & Associates in Albuquerque, NM. They are especially relevant for adults with limited literacy or limited English language skills.

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• Create a detailed teaching plan.

Think through the order in which you will present the information. Begin with a connection to something the person already knows. To determine what the patient knows, ask him or her to tell you about their condition or medical problem. This step makes the learning more meaningful. Adults learn new information best when it is linked to information they already know. You can think of it as helping them find the right place to "file" the information in their memory banks.

Also, teach only the "need-to-know" information vs. the "nice-to-know."

• Prepare the patient for lesson.

When a person's brain is prepared and alert to the topic, he or she can integrate new information more effectively whether it is verbal or in writing. Therefore, begin a teaching session by explaining what you will cover. This creates a framework or roadmap to help people organize their thoughts. For example, say, "I'd like to tell you four major things":

1. What's wrong with you.
2. What we can do about it.
3. What you can do about it.
4. What our next steps are.

• Deliver message clearly in a variety of ways.

Use simple vocabulary even when not using medical terms. For example, use "add to" instead of "augment." This is especially important for patients who are not native English speakers. Explain the meaning of a medical term the first time you use it, keeping in mind that people with limited vocabulary may take things literally.

To make sure people don't become confused by medical concepts they are not familiar with, be consistent in the words you use. For example, choose "high blood pressure" or "hypertension."

To accommodate learning styles, as well as varying levels of literacy and English language skills, present information in a variety of ways. For example, use pictures, slides, pamphlets, videos, and demonstrations.

• Evaluate the patient's understanding.

After you've explained a point, ask patients to verbalize what you just said to them in their own words. This will give you valuable information, such as what the patient thought was important; how well the patient understood your teaching; how much background the patient may have in this area; and how well the patient understands and can use the new medical vocabulary you provided.

Review and repeat important points, emphasizing anything the patient did not cover or did not understand while repeating the information.

• Help patients overcome barriers.

Ask patients to think about the new behavior or diet, and predict what problems they may have to overcome. Help them problem solve to develop strategies for success. Discussing the potential barriers also shows you what areas they understand well and what areas you need to reinforce.

Another set of ears also is helpful. Encourage patients to bring an advocate who can help them remember later what was said. This tip is especially helpful for patients whose native language is not English. ■

For readability, assess more than grade level

Sift information for essential facts

Producing written materials for a low-literacy audience is an art, says **Deborah Yoho**, EDS, CEO of the Greater Columbia (SC) Literacy Council. There are many factors that contribute to easy-to-read material in addition to the standard of writing at a sixth-grade-or-below reading level.

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For example, position the most important information in the top right-hand corner of the pamphlet where people first look. Also, the length of the sentences and the way the information is organized makes a difference in reading ease.

One of the toughest techniques to master is sifting the information for only the most essential facts. "One of the biggest problems with a non-reader or low literacy reader is that they are not going to absorb nearly the amount of information you want them to have, so you must figure out what is the most important information they need," explains Yoho.

Rely on more than syllables

It's not a good idea to solely rely on readability assessment tools when creating easy-to-read materials. "Most readability assessment tools look at only two variables out of about 100 that affect how difficult something is to read," says **Helen Osborne**, MEd, OTR/L, president of Health Literacy Consulting in Natick, MA. Those two variables are sentence length and the number of syllables in a word. They don't evaluate other factors that contribute to readability, such as organization, layout, tone, and content. "Write so the information flows smoothly, and design visually appealing material," advises Osborne.

There are readability assessment tools available on word processing programs, such as Flesch-Kincaid and Flesch Reading Ease, and formulas that can be calculated by hand, such as the Simple Measure of Gobbledygook (SMOG) readability formula. If the formulas on computer programs are used, patient education managers should note that Flesch-Kincaid scores two to three grade levels higher than any other readability formula.

Flesch Reading Ease provides a score between zero and 100, and the higher the number, the easier the material is to read. Those factors are important for people to know when evaluating material in order to come up with an accurate reading level, explains **Audrey Riffenburgh**, MA, president of Riffenburgh & Associates, an Albuquerque, NM-based business that specializes in health literacy and plain language communication.

Equally important to know is how to *clean up* a manuscript before evaluating it with a computerized readability formula. Certain punctuation

Here's a simple formula for testing literacy

The Simple Measure of Gobbledygook (SMOG) reading formula is a popular method for evaluating the reading level of materials given to patients. It is based on the notion that complex materials contain many words with three or more syllables. To create simpler, easy-to-read materials, use this formula to evaluate sentences. Following are the assessment steps:

- Count off 10 consecutive sentences near the beginning, in the middle, and near the end of the text. If the text has fewer than 30 sentences use as many as are provided.
- Count the number of words containing three or more syllables.
- Evaluate the grade level by using the SMOG conversion table below:

Conversion Table

Total Polysyllabic Level Word Count	Approximate Grade Level
0-2	4
3-6	5
7-12	6
3-20	7
21-30	8
31-42	9
43-55	10
57-72	11
73-90	12
91-110	13
11-132	14
133-156	15
157-182	16
183-210	17
211-240	18

and headings must be removed from the copy in order to get an accurate reading level, a technique Riffenburgh teaches in workshops. **(To learn how the SMOG readability formula works, see p. 113. For information on computerized readability programs, see editor's note at the end of this article.)**

Finding tools to assess the readability level of foreign language material is much more difficult. "I recommend you work to create an easy-to-read version in English, and then have a translation done that goes directly from the easy-to-read English into the other language. Ideally, you have that translation done by someone who has been trained in how to maintain the easy to read nature of the material," says Riffenburgh. It's a good idea to pretest the material with representatives from the patient group you are targeting, as well.

[Editor's note: Readability Calculations *is a software package that contains nine readability formulas for assessing written materials. Formulas include: Fry Graph, Dale-Chall, Flesch Reading Ease, Flesch Grade Level, FORCAST, FOG, SMOG, Powers-Somner-Kearl, and Spache. The cost is $49.95 plus $6 shipping and handling. To order contact: Micro Power & Light Co., 8814 Sanshire Ave., Dallas, TX 75231. Telephone: (214) 553-0105. Fax: (214) 341-9118. Web site: www.micropowerandlight.com.]* ■

Learning to read can take place in the clinic, too

Children get exam and a book

Children between the ages of six months and five years receive an age-appropriate book when they come for their physical exam at the Infant Welfare Society of Chicago, a nonprofit, community-based health center. In addition, the health care provider prescribes 20 minutes of reading a day to each family. If the parents can't read, they are told to sit with their children and look at the pictures and talk about the book.

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The purpose of the program, developed over six years ago, is to teach parents the importance of early language development. "We began to see the clinic as a place where we could really impact people's lives in more than just the provision of medical services. We could enhance a lot of their skills in terms of prevention, nutrition, and all kinds of things by providing a larger scope of education," says **Gail Mitchell**, MPA, director of clinic services.

SOURCES

For more information on incorporating reading programs into health care education, contact:

- **Gail Mitchell**, MPA, Director of Clinic Services, The Infant Welfare Society of Chicago, 1931 N. Halsted St., Chicago, IL 60614. Telephone: (312) 751-2800. Fax: (312) 751-8804. E-mail: info@infantwelfare.org.
- **Reach Out and Read National Center**, Matthew Veno, 2 Charlesgate West, Boston, MA 02215. Telephone: (617) 638-3425 Fax: (617) 638-3335. E-mail:

The reading program was prompted by studies that show low-income families seldom have books because they are a luxury item. In addition, clinic staff noted that longtime patients have developed a trusting relationship with the providers and were compliant, wanting the best for their family. "When we began to address the issue of reading in our regular pediatric visit, we really had a great response because families want their kids to be successful," says Mitchell.

Books available in different languages

The book collection kept on hand at the clinic is a mixture of Spanish, English, and bilingual materials because about 85% of the clinic's patient base is Hispanic. The books are ordered from catalogs. The clinic became part of the national Reach Out and Read program about four years ago to gain funding for the purchase of books and to connect with other medical facilities conducting similar programs in order to share experiences and expertise.

A number of grants fund the book collection including one from Reach Out and Read and various corporate foundations. **(For more information on Reach Out and Read, see the source box above.)**

Once children reach the age of five, they are encouraged to participate in the Bobby the Bookworm reading club. The pediatric clinic provides a form on which someone writes the title and author of each book the child reads. Once they read 10 books, the child returns the completed form to the

clinic for a free book to add to his or her library.

Frequently during clinic operation hours, the coordinator of Ryan's Room — a play and learning center in the waiting area — will read a book to the children waiting for their appointment. Reading times are scheduled for children who are part of the Family Literacy Program funded by a state of Illinois family literacy grant. The grant requires structured times for PACT (parent and child together) activities. Therefore, families participate in reading days, which also include an activity. Last year, parents and their children made storybooks of their family life.

The program includes English as a second language classes, and has a library component where families receive a library card and are taught how to use the library. Once a month, the group carpools to the library. At the library, the children have story time and the parents complete an assignment from their English teacher, which is usually to find a book to read and check it out so they will become familiar with the library system.

Parents learn to read as well

The program was scheduled this year for two and a half hours, three days a week during the school year, from September to June. The participants usually are mothers accompanied by children who are not old enough to attend school. Most fathers are at work during the day. The program changed slightly this school year because there are two levels of participants — those who were enrolled in the English class last year, and those taking the class for the first time — and the groups are taught separately.

"The English class is focused on skill building, so we practice things the family needs, such as asking the schoolteacher how your child is doing in class," says Mitchell. Those enrolled in the program also study parenting, nutrition, accessing medical services, going to the store, and taking public transportation. One mother was able to take her child to a specialist at a nearby hospital by herself because she was able to communicate effectively in English, something she could not have done before participating in the program.

The parents who completed the Family Literacy Program, along with the children in the Bobby the Bookworm reading club, were honored at the annual Reading Fiesta hosted by the clinic in June. During this street fair held outside the clinic, tables of donated books are set up and everyone is invited to fill a bag with books to read during the summer. There is food and entertainment, and the City of Chicago Bookmobile comes to help people learn more about neighborhood libraries.

The Infant Welfare Society of Chicago does not rely on its staff or clinic budget to conduct those programs. Instead, it forms partnerships with groups in the community that can provide funding or expertise. For example, the Family Literacy grant is a partnership between the clinic, an adult literacy provider, Literacy Chicago, and the West Town Public Library Branch of the City of Chicago.

"It is important for organizations to look around and find partners to impact literacy in families in all kinds of settings. I think you need to get away from the idea that literacy takes place in schools, and think of it in nontraditional settings," says Mitchell. ■

GUEST COLUMN

Give staff a puzzling problem

Fun and games help attract people to the event

By **Linda Matula Schwartz**, SLA
Librarian, Learning Resource Center
St. Luke's Hospital and Health Network
Allentown, PA

At St. Luke's Hospital and Health Network in Allentown, PA, our patient education advisory committee has been striving to organize and ensure the quality of patient education materials being distributed throughout our facilities.

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To further the effort, we decided to plan an educational event to be held during Health Literacy Week. The annual Health Education Week also would be a good time. The goals of our event were to:

- remind the staff of the importance of patient education;
- introduce staff to the importance of health

Do you have any insights into persisting problems in patient education or new ideas that have improved patient education? If so, we invite you to share them with readers of *Patient Education Management* as a guest columnist. This month, Linda Schwartz, SLA, a librarian at the Learning Resource Center at St. Luke's Hospital and Health Network in Allentown (PA), discusses ways to raise staff awareness on health literacy issues. If you would like to be considered as a guest columnist, please contact Susan Cort Johnson, editor, at: (916) 362-0133. E-mail: suscortjohn@earthlink.net. ■

literacy and its effect on patient teaching;

• stress the importance of documenting patient teaching;

• familiarize the staff with the Joint Commission on Accreditation of Healthcare Organizations' requirements on patient and family education;

• remind the staff of the network process for approving patient education materials regardless of whether they are written by our staff or come from outside sources.

Posters that storyboarded our network's patient education process and health literacy issues already were available. We had authoring guidelines for those wanting to write patient education materials. We had an index of approved materials and forms to order them. An issue of our nursing newsletter devoted to patient education was ready to be distributed.

What we needed was a theme to tie our information together and some motivators (freebies and food) to encourage our staff to learn more about patient teaching. Our subcommittee held a brainstorming session and chose a theme, "Patient Education: We're ALL part of the solution," that stressed interdisciplinary responsibility for patient education.

An image was created in PowerPoint to reflect our theme. Using free clipart from the Medword Web site,[1] colorful health care "people" became our symbol. Our photography department enlarged the image, transferring it to foam poster board, and made one for each campus. We used this image to create a puzzle so that we could entice people from each department to attend the event to return their puzzle piece and win a prize.

We cut the poster board into large puzzle pieces with utility knives and numbered each one on the back. A record of the numbers and which department received each piece was kept. We were lucky to have the resources to make the puzzle this way, but we could have had a local printer make the foam poster too.

A flyer describing our Health Literacy Education Week activities was distributed to all departments one week prior to the event. Puzzle pieces were distributed to patient care departments a day or two before the big day. On each campus, a display area just outside the cafeteria was chosen as the best location to reach a high volume of physicians and employees.

Departments were asked to bring their puzzle piece to the cafeteria to help solve the puzzle. Returning the puzzle piece automatically entered the department into a drawing for a grand prize. Individuals were offered handout quizzes to complete in order to "win" small prizes of candy.

Handouts were distributed on health literacy and the importance of documenting patient teaching. Guides to patient teaching were displayed, as were examples of patient materials written at various reading levels. Participants were encouraged to browse and compare the items. Our previously prepared posters on the patient education approval process and health literacy were displayed. A follow-up flyer was planned to inform all employees throughout the network of the departmental and individual prizewinners. **(See examples of handouts and materials used for informal teaching, inserted in this issue.)**

Among the three campuses, approximately 425 people participated in the event — either by bringing their department's puzzle piece or by stopping by for handouts. Employees stopping at the display often inquired whether their department's puzzle piece had been returned and went back to their departments to get it if it hadn't been turned in.

Excluding staff time, the cost for the entire campaign was reasonable — about $300. Costs incurred included prizes, puzzles, handouts, and candy. The most time-consuming part was cutting the puzzle pieces out and labeling/numbering them for the departments. Ideas for prizes should center on items that can be shared among the department employees. We used gift baskets of goodies, but bags or boxes of candy and coupons for a pizza party also were considered. Individual prizes were figurines and, appropriately, jigsaw puzzles, which were donated.

SOURCE

For more information on creating a program to educate staff about health literacy, contact:

- **Linda Matula Schwartz**, SLA, Librarian, Learning Resource Center, St. Luke's Hospital Allentown Campus, 1736 Hamilton St., Allentown, PA 18104. Telephone: (610) 770-8355. Fax: (610) 770 8736. E-mail: schwarl@slhn.org.

Physicians at one campus stopped at the display before a lunchtime conference. Using the materials they picked up on the way in, they questioned the sales representative giving the conference as to the reading level of the patient education materials she distributed. Later, she visited our display herself to get information on health literacy.

At another campus, a group of student nurses came to the display with their instructor. Their task for the day included care planning for an inpatient with a literacy problem about his discharge care.

The committee deemed the event a rousing success. Plans will be made to continue our efforts on at least an annual basis.

Reference

1. Medword.com. An on-line resource for medical illustrations. Web site: http://www.medword.com/medpics.html. ■

Providing resources for body, mind, and spirit

Center weaves together all aspects of patient care

When cancer patients walk into the Ida and Joseph Friend Cancer Resource Center at the University of California at San Francisco (UCSF) Comprehensive Cancer Center, they can expect to find the support they need in their battle with the disease. The center embraces the holistic approach of mind, body, and spirit by providing informational services, education on health, and programs that address emotional or spiritual issues. "We weave together all aspects of patient care," says **Keren Stronach**, MPH, director of the cancer resource center.

EXECUTIVE SUMMARY

As more and more consumers embrace complementary medicine health care, facilities are becoming more focused on holistic healing. Although there is no simple blueprint to follow, it often helps to see what other institutions are doing to best serve patient groups. Therefore, *Patient Education Management* began a series on centers for complementary care in the August issue with a profile on Place of Wellness at the University of Texas MD Anderson Cancer Center in Houston, and a look at the Center for Integrative Medicine at O'Connor Hospital in San Jose, CA, in the September issue. This month, we look at the cancer resource center at the University of California at San Francisco Comprehensive Cancer Center and its program that encompasses mind, body, and spirit.

Focused on four core areas

To provide the supportive care cancer patients throughout the San Francisco bay area need, the center focuses on four core areas:

1. Information services.

Staff always are available to conduct research for the patients on any questions they have, whether they want to know more about their diagnosis, treatment options, clinical trials, or drug side effects. There also are books, audio and videotapes, and computers available if patients want to look for information on their own. The center also has a comprehensive database on services cancer patients might need. The list encompasses the entire Bay Area, not just San Francisco, because the center serves anyone with cancer no matter where they are being treated.

2. Lifestyle support.

Programs in this category encourage a healthy lifestyle to facilitate the healing process during treatment and recovery. A nutritionist schedules appointments with patients on Mondays to provide counseling on their nutritional needs. For example, patients may be taking a medication that depletes them of a particular nutrient they need to make sure they add to their diet. A nutritional workshop is held once a month.

A fatigue management program gives patients the opportunity to meet with an oncology nurse to determine strategies for diminishing fatigue. An

exercise component offers classes in traditional exercise, restorative movement that combines Tai Chi, Qigong, the Feldenkrais method, dance therapy, and gentle yoga.

3. Emotional support.

The center provides many different avenues for people to meet and interact. "We live in a society that is fairly fragmented, and people don't necessarily have big expansive support systems. Often with a cancer diagnosis, people feel quite isolated and alone," explains Stronach.

"We live in a society that is fairly fragmented, and people don't necessarily have big expansive support systems. Often with a cancer diagnosis, people feel quite isolated and alone."

There are 17 support groups offered through the center, such as young adults with cancer, melanoma, general cancer -all stages, gay men living with cancer, and husbands and significant others. A database of about 500 area support groups makes it possible for staff to find the right placement for almost anyone.

The peer support program links newly diagnosed cancer patients with veteran patients who can discuss their experience and relieve some of the anxiety and feelings of isolation. The prescreened volunteers are empathetic listeners, but do not offer medical advice. A match can be made by age, diagnosis, treatment, language, gender, ethnicity, religion, or familial status.

A monthly workshop combines information with social interaction. The cancer center discussion forum takes place in an informal setting providing an opportunity for patients and staff to socialize while topics about managing the disease process are covered. Discussion topics have included acupuncture, herbs, and cancer; keeping hope alive while preparing for death; and relaxation, visualization, and stress reduction.

The center often holds "Writing as Healing" and "Art for Recovery" workshops. Plans for an open art studio located at the center are in the works.

4. Guidance in health care navigation.

For many people, the health care system can be confusing and frustrating. Therefore, the center created several programs that address this issue.

SOURCES

For more information about the Cancer Resource Center at UCSF's Comprehensive Cancer Center, contact:

- **Keren Stronach**, MPH, Director, Ida and Joseph Friend Cancer Resource Center, UCSF Comprehensive Cancer Center, 2356 Sutter St., First Floor, San Francisco, CA 94143-1725. Telephone: (415) 885-3693. Fax: (415) 885-3701. E-mail: kerenstronach@ucsfmedctr.org.

A health insurance and benefits workshop is held twice a month for three hours. Those who attend meet with an insurance expert to discuss their individual needs.

Another program helps patients make the most of their doctor visit. A staff person sits with the patient for 45 minutes to an hour going over the patient's main concerns. Together, they map out a plan for the next physician visit and print two copies of the questions the patient has — one for the patient and one for the physician.

"Often, patients think for weeks in advance of their appointment about all the questions they have and then forget them during their 15-minute visit with the doctor," says Stronach. This program is especially helpful to new patients or patients at critical decision points in their care.

Services are free to patients

The Prepare for Surgery-Heal Faster program uses mind-body techniques to help people achieve a state of mind favorable to healing. Techniques include visualization, meditation, listening to audiotaped healing statements during surgery, and recruiting a support team.

The center also provides information upon request about alternative and complementary medicine, as well as connections to practitioners. The center offers a disclaimer with the information to let the patient know it is not endorsing the treatment or practitioner. For example, a facility in nearby Oakland offers free acupuncture and alternative care such as homeopathy, meditation, and massage to low-income women with cancer, so the center alerts women to the service.

To meet the needs of the 800 to 1,000 patients who visit the Cancer Resource Center, four full-time staff members are employed. They include two health educators, an office manager, and director. The consultants who conduct the classes and counseling are paid, as well.

The nonprofit center is supported entirely

with grant money and donations. Patients are not charged for services. "All our programs without exception are free to anybody with cancer regardless of where they receive their care," says Stronach. ■

Guidelines available for terminally ill children

The American Academy of Pediatrics has outlined recommendations for providing palliative care to terminally ill children.

Each year, 53,000 children in the United States die from trauma, extreme prematurity, hereditary disorders, and other conditions, according to the Elk Grove Village, IL-based organization.

Children's needs are different than those of adults, and medical professionals are obligated to ensure that suffering is minimized and medical technology is used when the benefit to the child outweighs the burden, the organization states.

Start care upon diagnosis

Some of the recommendations recently announced include:

• Development of widely available palliative care and respite programs to alleviate suffering and promote the welfare of children and their families living with life-threatening or terminal conditions.

• Implementation of a comprehensive palliative care program from the time a child is diagnosed with a life-threatening or terminal condition to complement life-prolonging care, as well as assist if it becomes clear that the child will not survive.

• Changes in the regulation of palliative care to allow broader eligibility criteria, equitable reimbursement of simultaneous life-prolonging and palliative care, and respite care and other therapies beyond those currently mandated.

• An increase in support for research into effective pediatric palliative care. The pharmaceutical industry must provide labeling information for symptom-relief medications applicable to children. The recommendations also reiterate the AAP's continued opposition to physician-assisted suicide or euthanasia for children. ▼

Health Care Education Week 2000

The Health Care Education Association (HCEA) in Philadelphia has paired with Atlanta-based Pritchett & Hull Associates to sponsor Health

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Editor: **Susan Cort Johnson**, (916) 362-0133.
Vice President/Group Publisher: **Brenda Mooney**, (404) 262-5403, (brenda.mooney@ahcpub.com).
Editorial Group Head: **Leslie Coplin**, (404) 262-5534, (leslie.coplin@ahcpub.com).
Managing Editor: **Kevin New**, (404) 262-5467, (kevin.new@ahcpub.com).
Production Editor: **Nancy McCreary**.

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Editorial Questions

For questions or comments, call **Susan Cort Johnson** at (916) 362-0133.

Care Education Week 2000 on Nov. 5-11. The theme this year is "Act 1, Scene 1, Let's Teach!" An educational packet of materials to help design a celebration is available. Quantities are limited, but packets can be reserved by calling Pritchett & Hull at (800) 241-4925. The packets are free to HCEA members, the cost for nonmembers is $7, which includes shipping. ▼

Fall patient education conference scheduled

The Health Care Education Association (HCEA) has scheduled its patient education conference for Oct. 20-22 at the Hampton Inn and Suites in New Orleans. This year's theme is "Setting the Stage for Health Care Education." Room rates are $165. For more information or a brochure, contact: Health Care Education Association, 1211 Locust St., Philadelphia, PA 19107. Telephone: (888) 298-3861 or (215) 985-0216. ▼

New patient-centered book on fibromyalgia

A new book released in September by fibromyalgia expert Mark J. Pellegrino, MD, helps readers achieve the ability to guide their own treatment and develop coping skills to make the most of their lives with this chronic illness.

Inside Fibromyalgia, contains the same help and advice Pellegrino gives his own patients, including the latest information on medications and alternative therapies. Each reader is empowered to determine the best individualized plan. The author's special understanding of treating fibromyalgia comes from personal experience — because he has the disease and treating over 10,000 patients.

The cost of the book is $23, plus $3.75 shipping and handling. Volume discounts are available for health care institutions. For more information or to order, contact: Anadem Publishing Inc., 3620 N. High St., Columbus, OH 43214. Telephone: (800) 633-0055 or (614) 262-2539. Fax: (614) 262-6630. E-mail: anadem@erinet.com. ■

CE objectives

After reading *Patient Education Management*, health professionals will be able to:

- identify management, clinical, educational, and financial issues relevant to patient education;
- explain how those issues impact health care educators and patients;
- describe practical ways to solve problems that care providers commonly encounter in their daily activities;
- develop or adapt patient education programs based on existing programs from other facilities. ■

Focus on Pediatrics
PATIENT EDUCATION MANAGEMENT'S MONTHLY SUPPLEMENT

Nonmedical intervention best for ADHD

Parents need to know symptoms

Attention Deficit Hyperactive Disorder (ADHD) is a common term in today's society. Many children with behavior problems are labeled with the disorder. Therefore, it is important that parents know what symptoms to look for, when to seek professional help, and how to treat a child diagnosed with ADHD.

"To make a diagnosis, you need to have the proper symptoms, and to a degree that is inappropriate for your age or developmental level, and is impairing to your functioning," says **Dan Coury**, MD, chief of behavioral and developmental pediatrics at Children's Hospital in Columbus, OH. For example, the child loses toys and schoolbooks frequently, or fidgets and cannot concentrate in class.

The signs of ADHD are a pattern of overactive, impulsive, inattentive behavior where a child has trouble sustaining and staying on task whether the activity is play or work, explains Coury. There is no avoidance involved, such as not wanting to do household chores. The behavior is not a discipline problem, either. The child has trouble controlling his or her behavior and staying within limits.

Look for a pattern of behavior

It is important to note whether the child has developed a pattern of behavior, not one or two symptoms. Equally important is whether the behavior impairs the child. "If the child fidgets a lot in class and doesn't seem like he or she is listening, but gets good grades, then let the child be," advises Coury.

Children suspected of having ADHD should be evaluated by a health professional such as a psychologist, psychiatrist, or pediatrician. "That professional will ask questions regarding the specific symptoms and how significant the problem is," says Coury. Part of the assessment concerns the child's study habits, grades, and test scores. Children who can't concentrate often don't hear the lesson or assignment completely, and therefore do not do well on homework or tests.

When a child is diagnosed with ADHD, intensive nonmedical treatment options should be tried before medication is prescribed, advises Coury. The two nonmedical treatments include:

1. Behavior management.

It's important to first review parenting skills and see where improvements might be made. For example, parents may have been lax in setting limits and need to do so. Also, parents need to learn to give the child single instructions instead of multiple commands. For example, instead of telling children to pick up all the toys in their room, make the bed, put the books on the shelf, and put the dirty clothes in the hamper, the parent would give one command, such as making the bed. Once that task was complete, another instruction would be given. "Children with an attention problem will not hear the complete command or will go off to their room and forget some of the tasks or get distracted," explains Coury.

2. Change in the environment.

Parents and teachers need to assess the child's environment to see if there could be fewer distractions. For example, in the classroom, the child's desk could be in the front near the teacher so he or she could monitor whether the child was staying on task. Also, the desk should be away from the window or anything else that could be distracting.

If the behavioral management and environmental changes don't result in satisfactory

SOURCES

For more information on ADHD, contact:

- **Dan Coury**, MD, Chief of Behavioral and Developmental Pediatrics, Children's Hospital, 700 Children's Dr., Columbus, OH 43205. Telephone: (614) 722-2438. Fax: (614) 722-4966. E-mail: dcoury@chi.osu.edu.
- **CHADD** (Children and Adults with Attention-Deficit/ Hyperactivity Disorder), 8181 Professional Place, Suite 201, Landover, MD 20785. Telephone: (800) 233-4050 or (301) 306-7070. Fax: (301) 306-7090. Web

improvement, then medication needs to be discussed. However, the nonmedical interventions should always precede prescriptions for medication. "A child with ADHD can't control his or her behavior; however, some children don't control their behavior because it hasn't been taught or it is not an expectation. If we do the behavior management first, then we know we have a child who has those expectations," says Coury.

From a medical standpoint, nothing harmful will happen to children with ADHD who are not diagnosed. However, from a psychological and emotional standpoint, it could cause some difficulties. The child's behavior may prevent him or her from making friends and fitting in socially. "As people get older, there is a tendency to get better; and as an adult, they don't need the medication," says Coury. ■

Get kids to warm up before sports activity

Stress benefits of stretching

On any given afternoon across America, parks and gyms are filled with children playing organized sports. A majority, when injured, will suffer sprains, contusions, abrasions, and lacerations — the most common sports injuries. However, others incur more serious injuries at bone growth sites, where the bones are growing very rapidly compared to the muscles and tendons.

Osgood-Schlatter disease, an inflammation of the knee, is caused when the bones are growing at a rapid rate, but the tendons are not keeping up. While all children are susceptible, it is more common in children who play sports, explains **Carl Winfield**, MD, the team physician for The Ohio State University Athletic Department in Columbus. Sever's disease occurs when there is rapid growth in the region of the heel and the Achilles tendon, which attaches to that area, and it becomes inflamed.

Parents can help their children prevent those injuries by having them stretch before participating in a game. "Flexibility exercises and stretching are very useful and can decrease the chances of these types of injuries, and warming up prior to stretching increases its effectiveness," says Winfield. He recommends children run in place, do jumping jacks, or ride a stationary bike to warm up. Children should begin stretching before playing sports at around six or seven years old, because that is the age they begin rapid growth and aren't as flexible.

Proper conditioning is important, as well. Children should gradually increase their frequency, duration, and intensity of exercise over a period of time.

Keep coaches in the loop

In addition to stretching and conditioning, parents need to work with coaches in order to prevent injuries. "They need to make sure that coaches are well educated as far as proper techniques to teach their children," says Winfield. Also, both parents and coaches need to pay attention when a child continuously complains about pain.

A limp and complaints about pain can indicate that the child has a growth plate injury. "There are areas of the bones called growth plates that become injured through overuse or trauma," explains Winfield. The injury can cause uneven growth, or growth may be stopped causing a limb length discrepancy. Nonuse heals the bone, and the growth returns to normal in most cases; however, a physician must follow the child closely. In some cases surgery is required.

Recently, the American Academy of Pediatrics in Elk Grove Village, IL, recommended that children should not specialize in one specific sport. "It can put a lot of stress on certain parts of the body. If you are playing one sport year-round, it can possibly predispose you to more injuries," explains Winfield.

To help uncover medical problems, parents should make sure their child has a physical exam before playing sports and on an annual basis. Also, they shouldn't put too much pressure on their children. "The emphasis should be on having fun," says Winfield. ■

SOURCE

For more information on the prevention of sports injuries, contact:

- **Carl Winfield**, MD, Team Physician, OSU Athletic Department, 21 E. State St., Suite 250, Columbus, OH 43215. Telephone: (614) 257-3560. Fax: (614) 257-3538. E-mail: Winfield-1@medctr.osu.edu.