Health Literacy Implementation at Lilly

Presentation to:
IOM Roundtable on Health Literacy
Implementation of Attributes of Health Literacy: A Workshop
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About Eli Lilly and Company

- Lilly is a global pharmaceutical company with headquarters located in Indianapolis, IN. The company also has offices in Puerto Rico and 17 other countries with a growing portfolio of products sold in approximately 125 countries.

- The company was founded in 1876 by Col. Eli Lilly, a pharmaceutical chemist and veteran of the Civil War, after whom the company was named.

- Lilly has been a global leader in diabetes care since 1923, when it introduced the world's first commercial insulin.

- Lilly provides answers—through medicines and information—for some of the world's most urgent medical needs.
About Lilly Health Education

Vision

• Provide the foundational knowledge and skills to engage, educate, and empower patients to be active in the management of their own healthcare.

Mission

• Create and deliver non-branded, non-promotional patient education materials aligned with health literacy principles in the areas where Lilly has presence and expertise.
Who We Are - and - What We Do

The **Health Education** department is a customer-facing team of HCPs, focused on delivering unparalleled customer experiences for patients

We are a medical face of Lilly to our customers: We have trusted, long-standing, peer credible relationships

We provide non-branded, non-promotional patient education materials aligned with health literacy principles in the areas where Lilly has presence and expertise

We speed innovation: We identify mutually beneficial collaborations with and provide support and resources to those population-based customers that share our vision to **engage**, **educate** and **empower** patients in a meaningful way
What have we done at Lilly?
Initiated Health Literacy Pilots

Being conducted in the areas of:
• clinical trial management and informed consents
• medical call center
• medical education grants
• brand marketing

Each of these pilots aligns with Health Education’s overall vision to help engage, educate, and empower patients to be more active in their own healthcare.
Shared Expertise within the Community

• Employee Wellness Series
• Lilly “Neighbor Nights”
• Indy Reads Adult Literacy Program
• Marion County Public Health Department
• Reach Out and Read Indiana
<table>
<thead>
<tr>
<th>Organization</th>
<th>Program Title</th>
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<tbody>
<tr>
<td>Primary Care Network</td>
<td>“Health Literacy and Patient Safety: A Primary (Care) Concern”</td>
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<tr>
<td>CME INCITE / Virtual Rounds™</td>
<td>“Addressing the Health Literacy Epidemic: Prescribing Toward Better Patient Outcomes”</td>
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<td>Pri-Med West</td>
<td>“Health Literacy – The Whole Patient in Primary Care”</td>
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<td>Integritas Communications / Web-based</td>
<td>“Improving Health Literacy in Primary Care: Identifying Deficiencies and Promoting Shared Decision Making”</td>
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<td>Illinois Academy of Family Physicians / Ed Track</td>
<td>“Keep It Clear: Developing Communication Skills To Work With Patient sWith Limited Health Literacy”</td>
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<td>Boston Medical Center</td>
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Received National Recognition

Lilly’s entry in the 2012 Institute for Healthcare Advancement (IHA) Health Literacy Awards was selected as the winner in the Published Materials category.
To which of the 10 Attributes of a Health Literate Organization do our efforts relate?
Attribute #8

Design and distribute print, audiovisual, and social media content that is easy to understand and act on.

- Involve diverse audiences, including those with limited health literacy, in development and rigorous user testing
- Use a quality translation process to produce materials in languages other than English.

We are striving toward mastery of other attributes.
What generated the interest in improving health literacy at Lilly?
• In late 2009, **Health Research for Action** (HRA), a center in the School of Public Health at the University of California, Berkeley, conducted an assessment of how health literacy and clear communication issues are addressed as part of the consumer communication process at Lilly.

• HRA interviewed 20 key staff from Lilly and selected agencies to learn about their training experience, policies, standards, challenges, and recommendations related to health literacy and clear communication.
Key Findings

Key Informants (KIs) reported that health literacy is important to Lilly’s goals of:

- Improving patient outcomes, patient safety, and patient and caregiver knowledge of lifestyle modification and disease management.
- Complying with FDA regulations and guidance.
KIs identified 8 main challenges to improving health literacy and clear communication at Lilly.

1. **Inadequate knowledge and expertise**
2. Limited pool of affordable agencies with expertise and quality control mechanisms in this area
3. Insufficient standards and protocols (and consequent inconsistencies)
4. Time constraints
5. Lack of trust and communication among departments
6. Challenging FDA requirements
7. Resistance to change
8. Perceived constraints on creativity
What strategies did we use to move health literacy forward?
Efforts to make Lilly a Health Literate organization must:

- Support current business plan
- Be anchored in quality, safety, and patient-centered care
- Build on efforts already in motion
- Leverage existing evidence-based tools and resources
- Be a multi-disciplinary approach
- Have support from senior leadership

...start with awareness.
Health Literacy Matters team

This is a grass-roots initiative of advocates from many of the major consumer / patient “touch points” within Lilly who come together to raise corporate awareness on how better health communications help improve patient adherence and therefore, helps to achieve better health outcomes.

Health literacy matters.
Health Literacy Month Activities

• **Collaboration site** with facts, tips & tools, links, and resources

• **Training** for team members

• Awareness **presentations** delivered at various staff meetings

• Multi-media internal **communication** plan

• Weekly presentations throughout October delivered by **Keynote Speakers** who are national HL experts
Keynote Speakers

Week 1 – Toni Cordell / Personal Journey
Growing up with low literacy and overcoming its obstacles

Week 2 - Michael Wolf PhD MPH / Northwestern University
Health literacy and medication safety

Week 3 – Michael Paasche-Orlow MD MPH / Boston University
Health literacy’s impact on health outcomes and health disparities

Week 4 – Linda Neuhauser DrPH / UC Berkeley
Anticipating federal regulations related to health literacy
What factors facilitated implementation of the changes to improve health literacy?
3-Step Approach

Step 1
REVISE: Utilized health literacy principles to revise content and design

Step 2
TEST: Conducted usability tests with target population

Step 3:
ASSESS: Conducted pre- and post-SAM assessments
**The REAL Test: Our Customers**

**PLAN A:** Show before (old) and after (new) brochures to demonstrate improvement.

- **Old Eating:** Rdg Level = 9<sup>th</sup> - 10<sup>th</sup> Grade / SAM = 45% (Adequate)
- **New Eating:** Rdg Level = 3<sup>rd</sup> – 6<sup>th</sup> Grade / SAM = 95% (Superior)

- **Old Exercise:** Rdg Level = 8<sup>th</sup> – 10<sup>th</sup> Grade / SAM = 61% (Adequate)
- **New Active:** Rdg Level = 3<sup>rd</sup> – 6<sup>th</sup> Grade / SAM = 93% (Superior)

**PLAN B:** If concerns voiced, share that this is a pilot and solicit feedback by offering a list of patient education features to prioritize for us.
Results

• The ‘Feel Your Best’ brochures are now the most widely used patient brochures

• Our entry in the 2012 Institute for Healthcare Advancement (IHA) Health Literacy Awards was selected as the winner in the Published Materials category.

• Full commitment using the 3-step health literacy approach for ALL patient-facing resources designed and developed by the Health Education department.

• Helped to legitimize Lilly’s Health Literacy Initiative -- not just the passion of certain individuals
PILOT COMPLETED – Full commitment for ALL patient-facing materials

- Medical Education Grants - CE/CME Programs
- Clinical Trial Management - Informed Consents
- Labeling – USPIs, PPIs, & MedGuide Typography

Medical Call Center – Technical Response Documents
What factors were barriers to implementation of the changes to improve health literacy?
Barriers to Implementation

- Lack of awareness
- Ongoing struggle to legitimize Health Literacy as a real healthcare and societal concern
- Lack of a fully dedicated core team
- Stakeholders constantly deal with competing priorities
- Once aware and engaged, then lack resources to fully integrate HL
- Insufficient standards and protocols
- FDA required language often conflicts with HL principles
- Organizational politics
How will the implementation of the changes to health literacy at Lilly be maintained over time?
Pilot with Lilly Diabetes Marketing Team

1. Train: All key stakeholders including Legal/Medical/Regulatory reviewers
2. Revise: Content/design revisions on an existing patient resource
3. Test: Conduct usability tests with target population
4. Assess: Conduct pre- and post-SAM assessments

Has the potential to be scalable with results that will inform decision-making for the future.
Continue to...

- Share the experience of our Health Education department on this unique and often unrecognized perspective of the patient with our internal business partners
- Build an active network of Health Literacy “Champs” within the organization
- Advocate for a fully dedicated core team of HL consultants
- Explore opportunities to build HL expertise within Lilly (vs. outsourcing) as awareness and demand is growing.
Keep the Conversation Alive

• Utilize ‘The Loop’ (Lilly’s internal ‘Linked-in’ social media site) to post weekly updates that constantly tie health literacy to the external environment:
  – Health outcomes research
  – Industry insights
  – Healthcare reform and quality metrics

• Maintain a multi-disciplinary approach:
  – Internal and external initiatives
  – Grass-roots and senior leadership engagement
  – One-on-one meetings, staff meetings, and town halls
  – Local, regional, and national efforts
Parting Thought

Building a health literate organization is a constant process of ‘2 steps forward, 1 step back’.

Those that succeed simply do not give up.
Thank you!

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