NorthPoint Clinic Uses Technology to Bridge Health Literacy Gaps and Improve Health Screening Efforts

NorthPoint Health & Wellness Center is a multi-specialty medical, dental and mental health center located in North Minneapolis. It is administered through a partnership between Hennepin County and a Community Board of Directors made up of center patients and people who live and/or work in the community.

Denelle Hygrell, MT(ASCP), laboratory supervisor at NorthPoint, recently spoke with Culture Care Connection about their efforts to help patients understand take-home sample collection information, starting with a focus on their “Fit Kit” (Fecal Immunochemical Test), used in colon cancer screening.

Like many clinics serving a diverse patient population, NorthPoint faces challenges with lower health literacy, especially among non-English speakers and non-American born patients. “Many of our patients have trouble understanding why they need to collect or touch their stool in the first place,” said Hygrell.

While attending the October 2015 Many Faces of Community Health Conference, they were introduced to a handheld electronic medical communicator designed to facilitate customized patient education. The device, called Phrazer, is multi-lingual, gathers information directly from patients using onscreen videos and images, and summarizes data into a reviewable format. “When we saw the Phrazer, we thought, ‘This is an opportunity to help explain to patients how to collect samples correctly,’” said Hygrell.

Prior to using the device, stool collection instructions were given in a variety of ways, depending on whom the patient was working with. “It wasn’t very standardized,” said Hygrell. “If non-English speakers came to the lab with the order, we would explain it to them using interpreters and some hand gestures. Our providers and medical assistants also would give directions, but with their own spin on it.”

With the Phrazer, standardized stool sample collection instructions were developed for the device in English, Spanish, Hmong, and Lao, the primary languages spoken by NorthPoint patients. Staff developed a process for...
loading the specific patient information on the device and explaining to the patient, with the help of bilingual staff, how to view the instructions.

Even though the device’s touch-screen interface and on-screen directions and buttons are designed to be simple to use, it is sometimes still above some patients’ technical skills, so they are initially observed and asked if they need help with the controls and can hear the audio portion of the instruction.

Besides presenting information in a clear, concise way, the teach-back questions at the end of the presentation have proven to be very helpful to evaluate how the information was understood and retained, and to allow for some gentle correction. “We have several pictures of what they’re supposed to have collected, what their stool sample should look like, and then they choose the right one,” said Hygrell. “If they don’t, it will tell them, ‘Hey that’s not what we want, remember?’ We really wanted to address some of the specific problems we’ve had with collection, such as sending an entire envelope of stool, and not securely sealing the envelope.”

Data is still being collected to analyze the effectiveness of the Phrazer-delivered instructions, but anecdotal evidence points to an increase in correctly completed sample kits. NorthPoint also is considering using the device for other patient education and information gathering needs, including diabetes education and medication reconciliation.

Hygrell explained that using the device for diabetes education would not be intended to replace any one-on-one time with a provider, diabetes nurse educator, or dietitian, but to supplement patient learning. “This is new and complex information for a lot of our patients,” said Hygrell.

Medication reconciliation is another area where NorthPoint thinks the device could be helpful. “We find that some of our Hmong patients often don’t take medications as prescribed,” said Hygrell. “The Phrazer is a good way to ask if they are taking their medications as prescribed and if not, why, and if they are taking any other herbal medications, etc. without any perceived judgement.”

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**CLINICAL CORNER**

Schedule a Diabetes Workshop – November is National Diabetes Month

**About**

Everyone with Diabetes Counts (EDC) is a FREE program that helps people with diabetes take better care of their health.

Workshops help participants understand diabetes and its risks, as well as the importance of diet, exercise, keeping regular physician exams, receiving annual foot and eye exams managing medications, and more. EDC teaches participants how to live healthier in a fun, non-threatening, community-based environment. EDC does not conflict with other programs or treatment and participants are referred to their physicians for all medical questions.

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**Curriculum**

Subjects covered include:

- Techniques to deal with the symptoms of chronic disease, fatigue, pain, depression, and stress
- Appropriate exercise for maintaining and improving strength and endurance
- Healthy eating
- Appropriate use of medication
- Making action plans
- Working effectively with health care providers
- Problem solving

Diabetes Self-Management Program - Stanford DSMP

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To host a class, become a leader or learn more... Please contact Mary Beth Dahl at mdahl@stratishealth.org, 952-853-8546.
MHLP Health Literacy Toolkit
Now Available

The Health Literacy Toolkit is a companion piece to the Minnesota Action Plan to Improve Health Literacy that was released earlier this year by the Minnesota Health Literacy Partnership. In this toolkit you will find resources such as trainings, guides and assessment tools to complement the action plan. Each priority area lists three resources. The resources are intended for a variety of audiences, including health care providers, educators, and all interested in improving health literacy within their communities.

Download the Toolkit >>
Download the Action Plan >>

Behind the Curve: Racial and Ethnic Disparities in the Twin Cities

Using data from the U.S. Census Bureau, this brief from the Metropolitan Council compares the 16-county Twin Cities metro to other large metro areas in the U.S., examining three key indicators – employment, poverty, and homeownership rates – by race and ethnicity, noting disparities across groups.

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MMA Board Approves Recommendations on Health Disparities

At its Sept. 24 meeting, the Minnesota Medical Association’s Board of Trustees approved a series of recommendations from the MMA’s Health Disparities Work Group, including a call for the association to help Minnesota physicians reduce racial and ethnic health disparities in their practices.

The 17-member work group, chaired by Fatima Jiwa, MBChB, a pediatrician in Rogers, met from August 2015 through August of this year. Its seven recommendations to the board included:

• Providing education to physicians, residents and medical students in an effort to raise knowledge/awareness of racial and ethnic health disparities
• Providing resources to assist physicians and their practices in addressing racial and ethnic health disparities
• Recognizing that factors such as health care financing, non-diverse health care workforce, living wage, housing, and public transportation have had a negative effect on the quality of and access to health care experienced by racial and ethnic minorities. Also recognizing that racial and ethnic health disparities are a consequence of the structural and institutional racism that exists in hospitals and health care systems in the state
• Supporting initiatives that will lead to increased funding for those social services that are essential to a patient’s health and help them overcome the health inequities they face
• Supporting efforts to incorporate information on health disparities, health equity and the social determinants of health into the undergraduate and graduate medical education curricula of the medical schools at the University of Minnesota and Mayo Clinic
• Supporting an increase in the number of underrepresented minorities in health care fields
• Having the MMA’s board assess MMA policy and advocacy recommendations through a health equity lens, as a way of maintaining a focus on reducing health disparities.

Next steps for the MMA will be to convene an advisory group to assist with the implementation phase of the recommendations.

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Structural Racism and Supporting Black Lives — The Role of Health Professionals

In this October 2016 New England Journal of Medicine perspective piece Minnesota authors Rachel R. Hardeman, PhD, MPH, Eduardo M. Medina, MD, MPH, and Katy B. Kozhimannil, PhD, MPA, speak about the need to shift our viewpoint from a majority group’s perspective to that of the marginalized group or groups to provide clinical care and conduct research that contributes to equity.

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**EVENTS**

**Many Faces of Community Health Conference**
**November 3-4, 2016**
**Minneapolis Marriott Southwest, Minnetonka**

This annual two-day conference looks at the role of the safety net under health reform with a focus on meeting the needs of underserved people. We examine community care innovations and health care delivery models that promote health equity, prevent and manage chronic diseases, and assure access for all.

**October is Health Literacy Month**
The theme for Health Literacy Month 2016 is “Be a Health Literacy Hero.” You can help by recognizing and cheering on those you consider as Health Literacy Heroes.

**November is National Diabetes Month**
American Diabetes Month is an important part of efforts to focus our nation’s attention on the disease and the tens of millions of people affected by it. The American Diabetes Association’s This Is Diabetes campaign can help spread the word.

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota’s Medicare Quality Improvement Organization.

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