

# GIM Research

## Health Literacy

Name: Health literacy and self-management in heart failure

Status: Recruiting

Date: 9/1/2006 – 5/31/2011

Study Design: Randomized clinical trial (RCT)

Study Purpose: Low literacy skills are common, and associated with a variety of poor health outcomes, including increased risk for heart failure, hospitalization, and mortality. The negative effects of literacy are particularly important when patients have a chronic condition such as heart failure (HF) that requires self-management to achieve optimal outcomes. Patients with HF must follow complicated medication regimens, adhere to diet and exercise recommendations, and monitor and respond to their symptoms and weight changes. Our primary aim is to determine, in a multi-site randomized trial whether a literacy-sensitive, multi-session educational intervention that teaches patients HF essential self-care skills until they reach behavioral goals (Teach to Goal--TTG) is superior to a Brief Educational Intervention (BEI) consisting of a single educational session for the combined outcome of incidence of hospitalization or death over 1 year. Additional aims address examining the intervention's effectiveness across different levels of literacy, impact on quality of life, and impact on adoption of self-care knowledge and behaviors.

**Inclusion Criteria includes:** 1) carry a clinical diagnosis of HF; **and** 2) are currently prescribed a diuretic medication; **and** 3) have **one** of the following findings: chest x-ray consistent with HF (current or past with probable or definite pulmonary edema), reduced ejection fraction on ECHO, MUGA or cardiac catheterization (<50%), or LVH or diastolic filling pattern on echo, or elevated B-type natriuretic peptide; **and** 4) have New York Heart Association class II-IV symptoms now or in past 6 months; **and** 5) are over age 20; **and** 6) have a working telephone; **and** 7) speak English or Spanish.

**Exclusion Criteria include:** blindness, moderate or severe dementia (defined as MMSE score of 18 or less), valvular or ischemic HF scheduled to undergo surgery, other terminal illness with a life expectancy less than 1 year, currently on dialysis or anticipated to start dialysis within 1 year, or oxygen dependent chronic obstructive pulmonary disease, or a resident of a nursing home.

Funding Source: National Heart Lung and Blood Institute (NHLBI)

Collaboration: This project is conducted in collaboration with Drs. David Baker, Bernice Ruo, Kathy Grady of Northwestern University in Chicago, and Drs. Dean Schillinger and Kirsten Bibbins-Domingo of the University of California at San Francisco.

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