

Improving Health Literacy in the Outpatient Infectious Diseases Office

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PROBLEM STATEMENT

- 36% of adults in America have a health literacy level that is basic or below basic and only 12% of adults are considered health literate.
- More than 75% of patient materials are written at or above a high school grade level.
- Low health literacy is associated with poorer patient outcomes including:
 - Increased risk of medical errors
 - More frequent ER visits
 - Increased healthcare costs
 - Decreased use of preventative care

PROJECT PURPOSE

To implement clear communications, through the use of health literacy universal precautions, at a pediatric infectious diseases office.

METHODS

- Subjects (Participants)**
 - Convenience sampling: Parents/LAP
- Setting**
 - Outpatient Pediatric Infectious Diseases Office
- Instruments/Tools**
 - Flesch Reading Ease and Grade Level to assess readability
 - AHRQ Health Literacy Universal Precautions Toolkit
 - CAHPS Survey: Health Literacy
- Intervention and Data Collection**
 - Patient education revision to sixth-grade literacy level, stakeholder education, and CAHPS surveys for health literacy pre- and post-implementation

Advent Health Pediatric Infectious Diseases Office				
Health Literacy Survey				
Please circle a number at the end of each question.				
Question	Never	Sometimes	Usually	Always
1.) In the last visit, how often did this provider ask if you had any questions about your child's health?	4	3	2	1
2.) In the last visit, how often did this provider use medical words you did not understand?	4	3	2	1
3.) In the last visit, how often did this provider talk too fast when talking with you?	4	3	2	1
4.) In the last visit, how often did this provider ask you to describe how you were going to follow their instructions?	4	3	2	1
5.) In the last visit, did you talk with this provider about any health questions or concerns?	Yes	No		
6.) In the last visit, how often did this provider show interest in your questions or concerns?	4	3	2	1
7.) In the last visit, how often did this provider give you the medication information sheet (check questions or concerns)?	4	3	2	1
8.) In the last visit, how often did this provider answer all of your questions?	4	3	2	1
9.) In the last visit, how often did this provider give you all the information you needed about your child's health?	4	3	2	1
10.) In the last visit, did you see this provider give a specific illness or condition for your child?	Yes	No		
11.) In the last visit, did this provider give you instructions about what to do to take care of the illness or health condition?	Yes	No		
12.) In the last visit, how often were these instructions easy to understand?	4	3	2	1
13.) In the last visit, how often did this provider ask you to describe how you were going to follow their instructions?	4	3	2	1
14.) In the last visit, did your child understand the instructions?	Yes	No		
15.) In the last visit, how often did this provider give you ways to answer and understand about your questions or concerns?	4	3	2	1
16.) In the last visit, how often did this provider explain the possible side effects of the medication in a way that was easy to understand?	4	3	2	1
17.) In the last visit, how often did this provider suggest ways to help you remember to give the medication?	4	3	2	1
18.) In the last visit, before your child had a blood test, urine, or other test, how often did this provider explain what it was for?	4	3	2	1
19.) In the last visit, how often was the explanation of what the test was for easy to understand?	4	3	2	1
20.) In the last visit, how often were the results of your child's blood test, urine, or other test easy to understand?	4	3	2	1

Figure 2. Verbal Comprehension Survey Scores (N = 40)

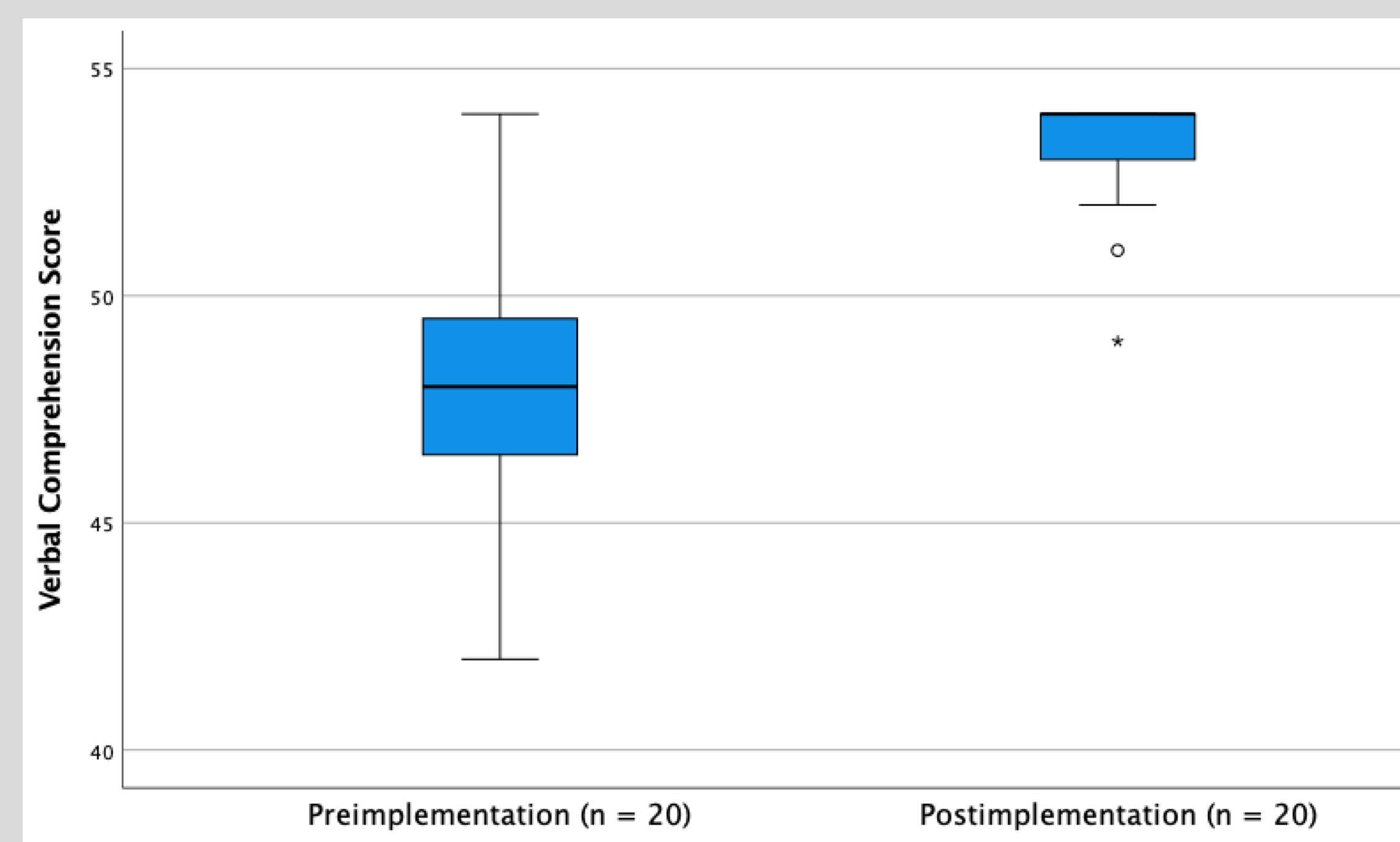


Figure 1. Total CAHPS Survey Scores (N = 40)

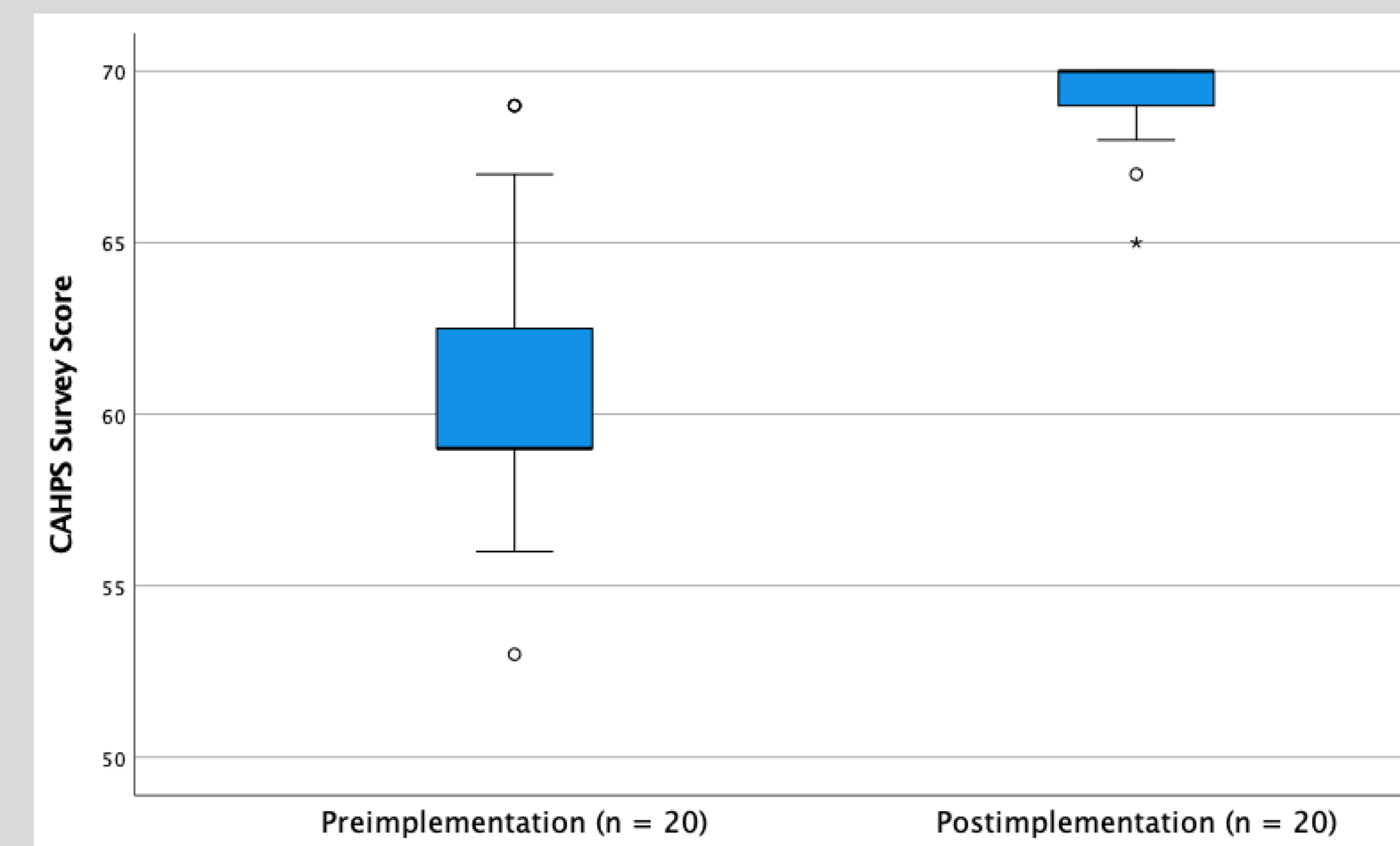
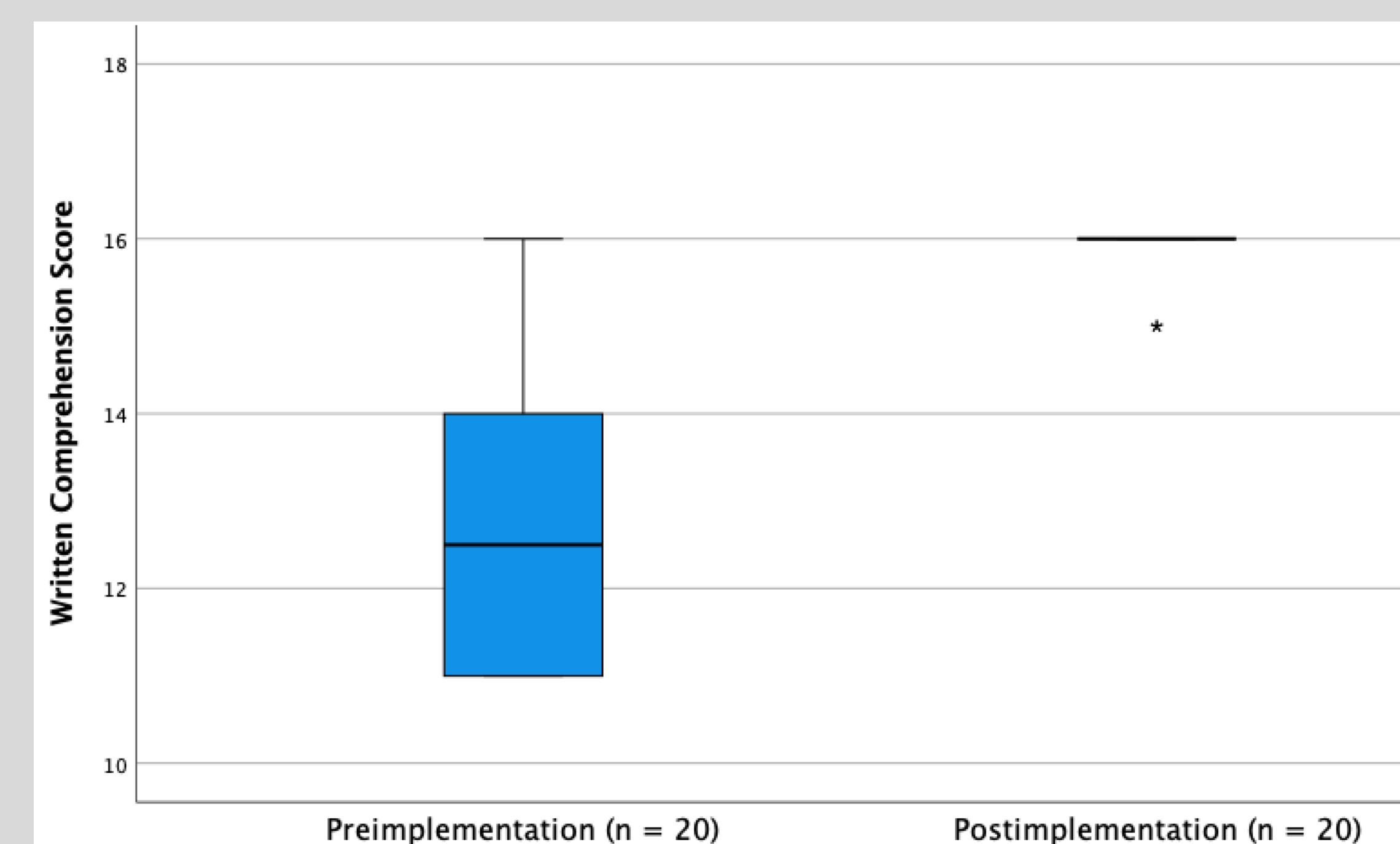


Figure 3. Written Comprehension Survey Scores (N = 40)



RESULTS

- 40 parents completed the CAHPS survey (20 before and 20 after implementation)
- CAHPS: Health Literacy scores increased from an average of 61 points to 69.2 post-implementation
- CAHPS: Health Literacy Verbal scores increased from 48.25 to 53.3 points post-implementation
- CAHPS: Health Literacy Written scores increased from 12.75 to 15.9 points post-implementation

NURSING THEORY

- Lewin's Theory of Planned Change:** Unfreezing Stage, Moving Stage, Refreezing Stage

DISCUSSION

- Results were consistent with research implicating the importance of providing parents with education at a sixth-grade level.
- Results were presented to stakeholders. There is room for expansion to include parents who are non-English speaking.

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- Impact:** Create awareness for challenges associated with low health literacy and establish tools to improve communication between families and the healthcare team
- Creating education at a sixth-grade level, thereby increasing health literacy, improves patient outcomes and parents' decision-making abilities

REFERENCES



R readable
Flesch Reading Ease
206835 - 1015 $\left(\frac{\text{total words}}{\text{total sentences}}\right) - 84.6 \left(\frac{\text{total syllables}}{\text{total words}}\right)$

R readable
Flesch Kincaid Grade Level
0.39 $\left(\frac{\text{total words}}{\text{total sentences}}\right) + 11.8 \left(\frac{\text{total syllables}}{\text{total words}}\right) - 15.59$

Parent understanding of both verbal and written communication increased after implementation of the AHRQ Toolkit and education revision.