HEALing Health Literacy at Two Urban Low-Income Clinics

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Introduction

In response to a community-driven agenda to elevate the health and well-being of community residents and in recognition of the potential for limited health literacy to reinforce existing inequalities, Marquette University researchers partnered with two Milwaukee clinics serving individuals with low incomes or who were experiencing homelessness to address low health literacy. Available evidence suggests that health literacy can be increased through focused community-based interventions.[1] The Health Education and Literacy (HEAL) Program (Literacy for Life) is a community-based, health literacy course. Although the HEAL Program has been shown to increase participants' confidence and health knowledge this had not been investigated in lower resourced settings.[2-3] Moreover, participants' perceptions of the necessity, acceptability, feasibility, and safety of the intervention have not been examined.. To address this gap, a community-academic partnership sought to assess the necessity, acceptability, feasibility, fidelity, safety, and effectiveness of the HEAL program in an urban community clinic setting.

Methods

This qualitative and quantitative study explored six parameters—necessity, acceptability, feasibility, safety, fidelity, and effectiveness—of a health literacy intervention in an urban community using a previously described approach.[4] Participant data was collected pre-and post intervention for survey questions on knowledge and confidence and during face-to-face interviews following the intervention. The study was Marquette University IRB approved.

Repairers of the Breach is a nonprofit shelter for persons who are homeless. Bread of Healing is a neighborhood-based clinic serving low income clientele.

A convenience sample of adults receiving medical services at the 2 clinics was recruited. The Health Education and Literacy (HEAL) Program, the intervention, was developed and is disseminated by Literacy for Life.[2] Researchers completed 1-day certification training prior to administering the HEAL program. We conducted the HEAL program twice, once at each clinic. HEAL sessions were delivered in a small group format. The HEAL curriculum was taught in seven one-hour sessions over seven weeks and addressed topics such as how to describe symptoms to a doctor, reading and understanding medication instructions, understanding when to use non-emergent health care services versus using the ER, understanding medical forms, and identifying healthy lifestyle choices.

	Overall (n=14)	ROB (n=9)	BOH (n=5)
Age (years)	50	48	51
Gender (#)			
Male	7	5	2
Female	7	4	3
Race/Ethnicity (#)			
African American	13	8	5
Other	1	1	0
Average REALM Score	4.6	5	4.2
Education (#)			
< High School	4	2	2
High School/GED	8	5	3
Some College	2	2	0
Self-Rated Health (#)			
Excellent	2	1	1
Very good/Good	9	6	3
Fair/Poor	3	2	1

Participant Interview Narratives

"It was fun cause you learn more from different people"

"It was awesome cause you learn something from everybody"

"I used to eat a lot but [the class] told you different things to watch your weight."

"I never knew to go to the store and look at labels. Use to just pick up stuff"

"For a beginning it was [long enough], but I wish they has a Step 2."

"They should have this class year-round."

"Since I have been in the class I'm controlling my blood pressure better and eating better, less fried food, more baked food, more veggies."

"I'll ask more questions at doctor and write appointments on the calendar."

"The things I am going through somebody else is probably going through too."

Results

Forty adults attended at least one HEAL program session (ROB = 24, BOH =16) with 13 attending four or more sessions (ROB = 7, BOH = 6). Fourteen adults completed the post-program evaluation (ROB = 9, BOH = 5). Thirteen of the 14 adults identified as African American. Among those who completed the post-program evaluation, 7 were women (50%) and 7 men (50%). Participants in the program evaluation were between the ages of 27 and 64 years (mean, 50), the majority had a high school education or less (n =12, 86%) and rated their health to be good, very good, or excellent (n = 11, 79%).

Necessity. REALM-SF scores[5] and participants' confidence for and knowledge of the program topics were assessed as indicators of program need. The REALM-SF scores ranged from 1 to 7 (mean, 4.6), baseline confidence scores ranged from 3 to 5 (mean, 3.9), and baseline knowledge scores were between 0 and 6 (mean, 4.1). 86% reported feeling that they needed the program and 79% that their family and friends needed the program.

Acceptability. When asked what part or parts of the program was most interesting, the most frequently discussed topics included communicating with providers (n=4) and diet and nutrition (n=4).

Feasibility. Half the participants reported nothing about the program was difficult. Among those who reported the program challenging, the most frequently (n=3) discussed challenge was making dietary or nutrition changes. Most participants (64%) wanted more class time or longer sessions,

Fidelity. 93% of participants felt they were able to learn the skills they needed to take care of their health. Post completion, confidence scores ranged from 2.7 to 5 (mean, 4.1). Wilcoxon signed-rank test showed no statistically significant difference between pre and post confidence scores (p > 0.2). Post knowledge scores were higher than the pre-scores and ranged from 2 to 7 (mean, 5.9). Wilcoxon signed-rank test showed a statistically significant difference between the pre and post knowledge scores (p < 0.02).

Safety. 57% of the participants reported that nothing made them feel uncomfortable. Three participants reported discomfort with activities focused on behavior change. Most adults (93%) were not concerned about confidentiality during the group sessions.

Effectiveness. 79% reported that all program components were helpful. The most frequently mentioned topic was learning about communicating with providers and preparing for appointments.

Conclusion

This is the first study to evaluate the necessity, acceptability, feasibility, safety, fidelity, and effectiveness of the HEAL program in low income and homeless adults. Regarding fidelity and effectiveness, participants' knowledge scores were significantly higher at the end of the program compared to their pre-program scores. Most participants reported that everything they learned was helpful in helping them take care of their health.

The study findings demonstrate a great need for health literacy training in these populations. Given that the study participants were primarily African American, the findings are consistent with previous research suggesting that racial and ethnic minorities are at increased risk for having low health literacy.[6] In addition to demonstrating need, this study also found evidence that adults at the two clinics desired health literacy training and most notably, they found the topics included in the HEAL program acceptable and wanted more training sessions.

Delivering health literacy training programs in a group format within a community setting may be a valuable method for increasing access to these programs. This study showed that learning about and discussing health topics in a group format did not cause participants discomfort and participants valued being able to share their experiences and listen to others. This community-academic partnership to improve health literacy illustrates the value of fostering community-academic networks that address critical community issues and demonstrates the key role urban and metropolitan universities can play in improving urban community health.

References

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