

# Urban Partnerships to Address Health Literacy in Low-Income and Homeless Adults

Abiola O. Keller, PA-C, MPH, PhD

Assistant Professor

College of Nursing

Marquette University

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*Happy Health  
Literacy Month!*

# Striving for a more just society

- Marquette University
  - Catholic, Jesuit university located near the heart of downtown Milwaukee, WI
  - Be the difference
  - Develop men and women who actively enter into the struggle for a more just society
  - College of Nursing, College of Health Sciences, School of Dentistry



# Learning to fish

- Repairers of the Breach (ROTB)
  - Greater Milwaukee's only daytime refuge and resource center for homeless adults
  - Bring forth homeless people to act collectively to change the present conditions under which they live, through advocacy/education and direct action



# Healing ministry

- Bread of Healing Clinic (BOH)
  - Neighborhood-based free medical clinic
  - Serves low income individuals who experience barriers to accessing ongoing care

Bread  
of  
*healing*  
clinic

# Improving the health of all Americans

- Healthy People 2020
  - Achieve health equity, eliminate disparities, and improve the health of all groups.
- MKE Elevate
  - Community-driven agenda for 2017-2022
  - Elevating the health and well-being of Milwaukee residents



# Health information is complex



# Understanding facilitates action



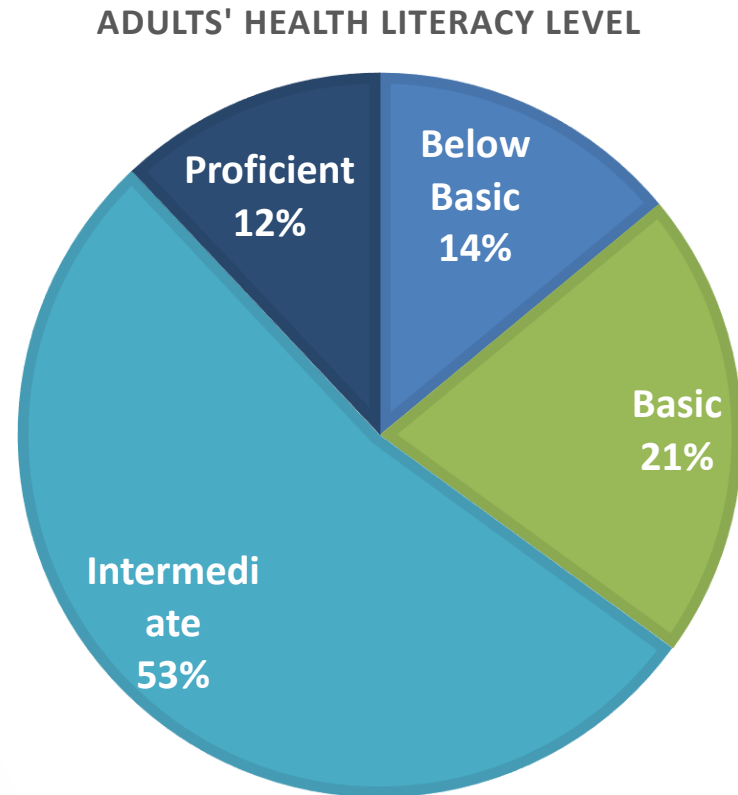


# Health literacy

- "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Ratzan SC, Parker RM.. Introduction. In: *National Library of Medicine Current Bibliographies in Medicine: Health Literacy*. Selden CR, Zorn M, Ratzan SC, Parker RM,Editors. NLM Pub. No. CBM 2000-1. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

# Low health literacy is common



- At risk populations
  - Racial and ethnic minorities
  - Less than high school degree
  - Older adults
  - Uninsured populations
  - Limited English proficiency

# Low health literacy is bad for your health

patients with low  
**HEALTH LITERACY...**



Are more likely to visit an  
**EMERGENCY ROOM**



Have more  
**HOSPITAL STAYS**



Are less likely to follow  
**TREATMENT PLANS**



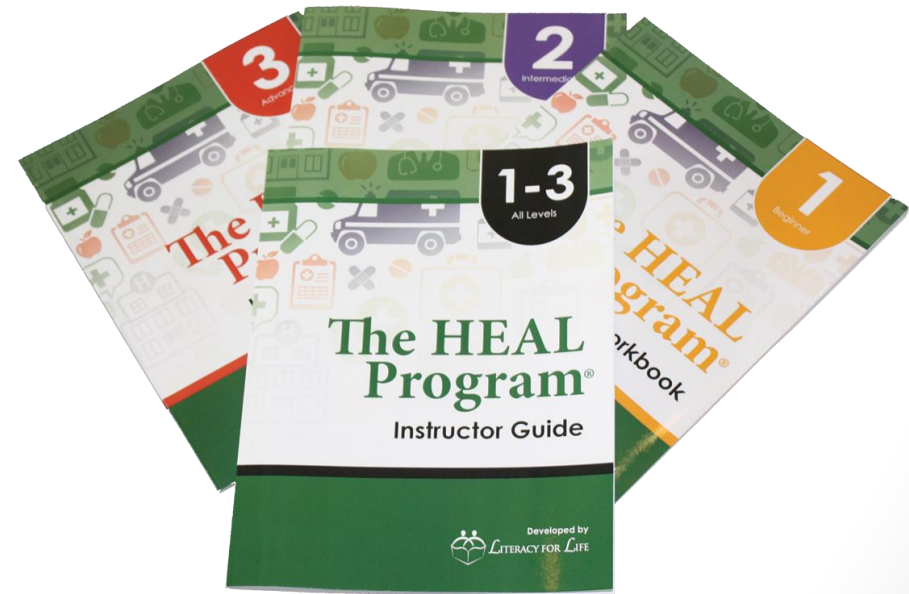
Have higher  
**MORTALITY RATES**

[www.cdc.gov/phpr](http://www.cdc.gov/phpr)



# Addressing low health literacy

- The HEAL Program
  - Evidence supported program
  - Developed and disseminated by Literacy for Life
  - Covers 6 topics
    - Healthy eating
    - Medicine
    - Emergencies
    - Appointments
    - Talking to the doctor
    - It's my health



# Study objective

- Qualitatively assess the critical parameters of the HEAL Program in an urban community
  - Acceptability
  - Feasibility
  - Safety
  - Necessity
  - Fidelity
  - Effectiveness

# Procedure

- Provided in a small group format
- One session every week for seven weeks (eight at BOH)
- Sessions lasted 45 minutes to 1 hour
- The Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF) was administered at session 1
- Face-to-face interviews immediately after the last intervention session

# Measures and instruments

- Necessity
  - Do you feel that you needed the program
  - Do you feel that your friends and family need the program
- Acceptability
  - What part or parts of the program were the most interesting?
  - What part or parts of the program were the least interesting?
  - What did you think about having the classes as a group?
  - Were the things talked about in class the things you wanted to know more about?

# Measures and instruments

- Feasibility
  - What part of the program were the easiest?
  - What part of the program were the hardest?
  - What do you think about how long the program was (the number of classes) and how long each class was?
- Fidelity
  - Do you think you learned the skills you need to take care of your health?
  - What would have helped you to learn them better?



# Measures and instruments

- Safety
  - What part or parts of the program were the most uncomfortable?
  - What part or parts of the program were the least uncomfortable?
  - Was there ever a time that you were worried that someone in the group would find out something about you that you didn't want them to know? If yes, when?
- Effectiveness
  - What part or parts of the program was the most helpful in teaching you about taking care of your health?
  - What part or parts of the program was the least helpful in teaching you about taking care of your health?
  - How can we make the program better?

# Results

# Participants

- 40 individuals attended at least one session
  - (ROB = 24, BOH = 16)
- 13 individuals attended four or more session
  - (ROB = 7 , BOH = 6)
- 14 individuals completed the qualitative evaluation
  - (ROB = 9, BOH =5)

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

# Intervention parameter: Necessity

- 86% (n=12) of participants felt they needed the program
- 79% (n=11) of participants felt their family/friends needed the program
- “At first I didn’t [feel I needed the program], but now that I went through it I learned a lot of stuff. It was beneficial.”
- “I can say I need it. Even though I knew some of it, it helped freshen my mind.”

# Intervention Parameter: Acceptability

- What was most interesting:
  - Communicating with providers/appointments (n=4)
  - Diet/nutrition (n=4)
    - “Healthwise about the weight, learning how much calories in soda”
- What was least interesting:
  - Quitting smoking (n=1)
    - “Smoking, not trying to quit right now”
  - Medication taking (n=1)
- Group format:
  - 93% (n=13) responded positively
    - “It was fun cause you learn more from different people”
    - “It was awesome cause you learn something from everybody”

# Intervention parameter: Feasibility

- Easiest part of program:
  - Diet/nutrition (n=6)
    - “I used to eat a lot but [the class] told you different things to eat to watch your weight.”
    - “I never knew to go to the store and look at labels. I used to go to the store and just pick up stuff.”
- Hardest part of program:
  - 50% (n=7) did not find anything hard
  - Diet/nutrition (n=3)
    - “Eating right. I am still in the process of eating right. Sometimes I eat too much cake.”
    - “I have to watch what I eat even though I want fast food I can’t have it”

# Intervention parameter: Feasibility

- Length of program (number of class and length of each session):
  - 64% (n=9) wanted more class time
    - “The hour was too short, but the eight weeks was long enough. It should have been eight weeks but twice a day.”
    - “For a beginning it was [long enough], but I wish they has a Step 2.”
    - “They should have this class year round.”



# Intervention parameter: Fidelity

- 93% (n=13) said they were able to learn the skills need to take care of their health
  - “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.”
  - “...ask more questions at doctor and write appointments on the calendar.”
- What would help learn better?
  - 36% (n=5) said nothing more was needed
  - 29% (n=4) placed responsibility on themselves
    - “Maybe if I wasn’t stubborn and wanting to doctor myself”
    - “Read the description more and pay more attention more”
  - 14% (n=2) commented on content delivery methods

# Intervention parameter: Safety

- 57% (n=8) did not report anything being uncomfortable
- 21% (n=3) reported discomfort with behavior change
  - “Trying to force you to eat something you don’t know anything about, never heard of. I like soul food.”
- Worried someone in group would find out something not intended to be shared
- 93% (n=13) reported that this was not a concern
  - “...if I want them to know something I’ll tell them.”
  - “The things I am going through somebody else is probably going through too.”

# Intervention parameter: Effectiveness

- 79% (n=11) reported that everything was helpful
- 50% (n=7) stated that learning about communicating with providers and preparing for appointments was most helpful
  - “I write my questions before I go to the doctor. I check them off as I ask them.”
- 29% (n=4) identified learning about diet and nutrition as most helpful

# Lessons learned

- Power of the cohort
- Tools to increase accessibility of documents
- Check the weather
- Confidence builder
- Patient-provider communication

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# Questions

[abiola.keller@marquette.edu](mailto:abiola.keller@marquette.edu)