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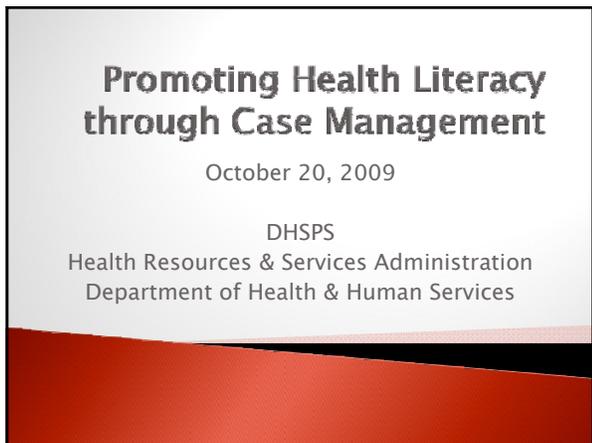
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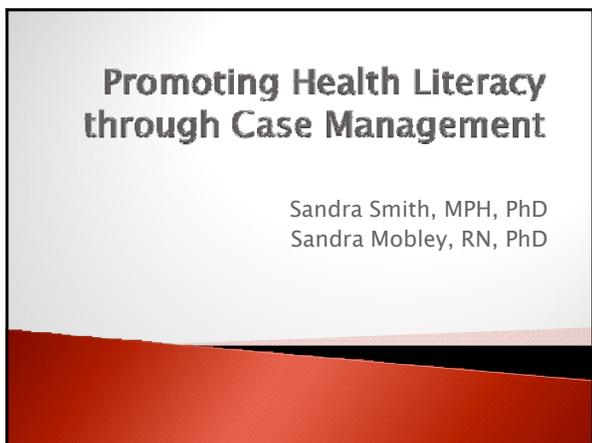
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### Does Home Visitation Promote Maternal Health Literacy ?

- ▶ 67 home visitors
- ▶ 6 home visiting programs in CA VA IN MT CA
- ▶ 2532 Parent-child dyads
- ▶ August 2006 -2008

Funded by  
Agency for Healthcare Research & Quality  
NIH Office of Behavioral & Social Science Research  
National Institute for Child Health & Human Development



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### Webcast Agenda

- ▶ What is Health Literacy?
- ▶ What does promoting health literacy look like in practice?
- ▶ New possibilities & challenges

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### What is health literacy?

»» From a health promotion standpoint...

Did you download & print the handout?

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### Maternal Health Literacy

The cognitive & social skills that determine a woman's motivation & ability to access, understand & use information & services to promote and maintain their health and that of their children

Renkin & Nutbeam 2000



1. Using info & services    2. to promote health

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### Promoting parental health literacy:

Enabling parents

- ▶ to use information & services in progressively more effective ways
- ▶ to promote personal & child health



© Sandra Smith 2007 ss@healthliteracypromotion.com

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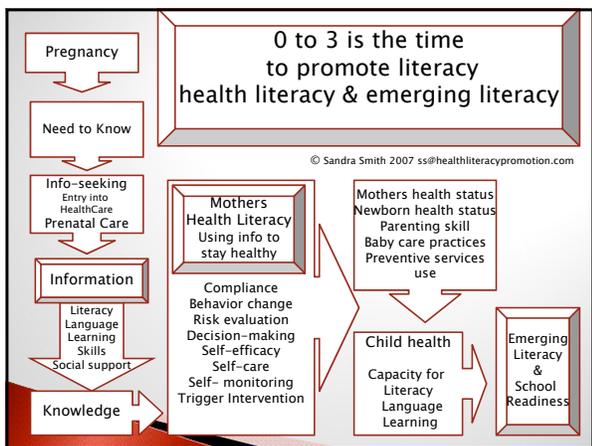
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### Health literacy: One of *Multiple Functional Literacies*

- ▶ Literacy is always used for a practical purpose.
- ▶ The purpose of health literacy is to promote health.



*It's not the skills that matter. It's what the skills enable you to do*

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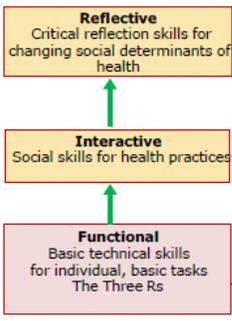
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### Levels of Health Literacy



More developed skills enable a wider range of health actions & practices; more opportunities & options.

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### Healthy Start parents use health literacy to...

- ▶ Improve birth outcomes
- ▶ Reduce disparities
- ▶ Achieve their goals



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## Health Literacy Promotion » in Practice

Submit a question any time. Type it in the box on your screen.

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## Enterprise Community Healthy Start

- ▶ **County Infant Mortality Rate**
  - 2005–2007 ECHS IMR = 10.8
  - Black IMR = 14.1
  - White IMR = 6.5
- ▶ **Year 11** of program
- ▶ **Funding:** \$900,000/year for 5 years, June 2009 to May 2014
- ▶ **Services:** Outreach, Education, RN Case Management

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## ECHS Population

- ▶ Pre- & post-natal rural women from Burke and McDuffie Counties
- ▶ 95% Medicaid-insured
- ▶ Predominantly African-American



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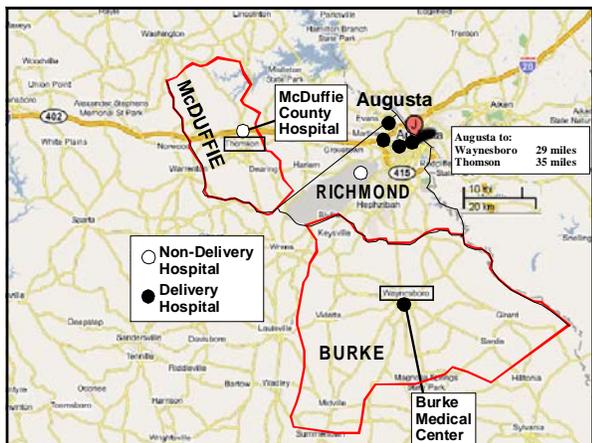
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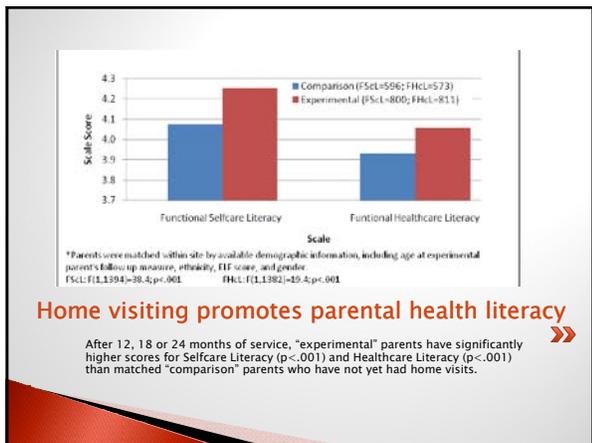
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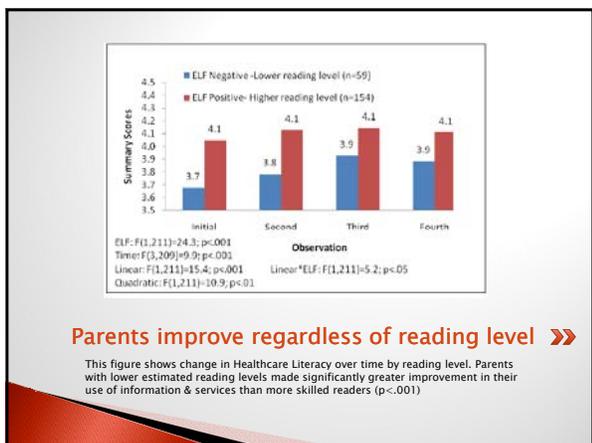
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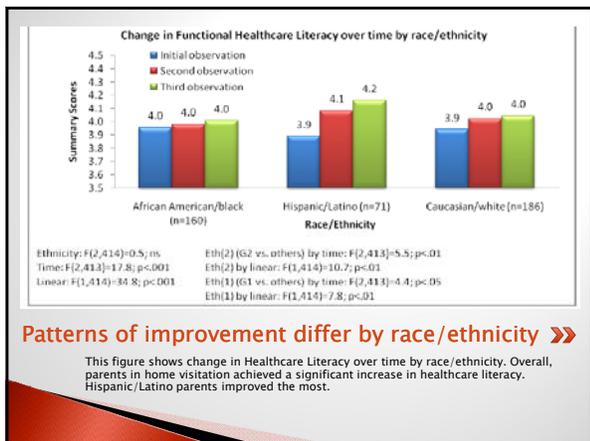
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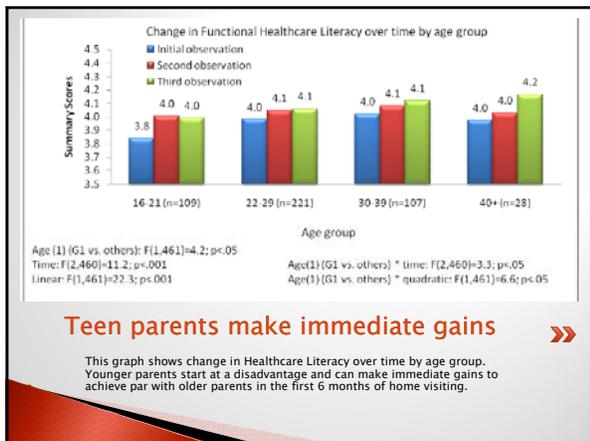
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**Summary of Research**

- ▶ Home visiting promotes parental health literacy regardless of reading level.
- ▶ Patterns of change differ by race/ethnicity.
- ▶ Case managers can help parents more effectively use healthcare & manage health at home.
- ▶ Reflection may be as important as reading.

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### ELF Literacy Screen

- ▶ How many years of **e**ducation have you completed? <12
- ▶ Is your child's other parent **l**iving with you now? No
- ▶ Do you ever read for **f**un? No

#### Referral Questions:

- ▶ Do you think your reading could be better?
- ▶ Would you like to get some help with reading?

Bennett, 2003

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Reading with parents models the value of reading >>>

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**Beginnings Pregnancy Guide**  
**Parents Guide**

**3 Parent's Guide**  
**Beginnings**  
8 to 12 months

**Teaching and learning to talk**

In this last stage of infancy, your baby takes giant steps toward learning to talk. He will progress from making sounds, such as the word *da*, to saying simple words, such as *ball* and *up*.

**Your baby knows**  
**Language by hearing it**

To help your baby learn to understand and use words, talk to him as if he does understand. Use an easy grammar at the meaning of your words. But he understands much better than he can talk.

Just as you have learned to "read" your baby's signals, he "reads" your gestures and the looks on your face. There are lots of clues to your meaning. Have a cue you tell that your baby knows what you are!

Art by *Paul Reed*

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### Health Literacy Levels

**Reflective**  
Critical reflection skills for changing social determinants of health

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**Interactive**  
Social skills for health practices

↑

**Functional**  
Basic technical skills for individual, basic tasks  
The Three Rs



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### Reflect = Think, Link & Respond

Understand Info  
*Think*

Personalize it  
*Link*

Use it  
*Respond*



Smith & Wollesen, 2004

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### Materials Matter



*Help your baby learn eating skills*

You can help your baby learn new skills for eating solid food and make mealtimes a happy time. Check the things you do to help your baby eat well.

<p><i>I let my baby guide me</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I feed my baby when he wants to eat.</li> <li><input type="checkbox"/> I let my baby decide how much and how fast to eat.</li> <li><input type="checkbox"/> I do not force my baby to eat. I respect his tastes and his caution about new foods.</li> <li><input type="checkbox"/> I let my baby touch the food and eat with his fingers.</li> <li><input type="checkbox"/> I let my baby try the spoon when he reaches for it.</li> </ul>	<p><i>I guide my baby</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I seat my baby straight up and facing forward.</li> <li><input type="checkbox"/> I eat directly in front of my baby.</li> <li><input type="checkbox"/> I hold the spoon where my baby can see it.</li> <li><input type="checkbox"/> Before I offer food, I wait for my baby's attention.</li> <li><input type="checkbox"/> I talk quietly to my baby.</li> <li><input type="checkbox"/> I stay close to my baby when he is eating.</li> </ul>
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Your job is to offer your baby healthy foods and food every 4 hours.

Your baby's job is to decide how much to eat.



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**THE LIFE SKILLS PROGRESSION (LSP)** Parent Scale Page 1

Family record ID # \_\_\_\_\_ Index # \_\_\_\_\_ Initial \_\_\_\_\_ Months of service \_\_\_\_\_  
 Web ID # \_\_\_\_\_ Changing # \_\_\_\_\_ No. attempted visits \_\_\_\_\_ No. completed visits \_\_\_\_\_  
 Client name \_\_\_\_\_ Last name, first name \_\_\_\_\_ Home visitor \_\_\_\_\_  
 Client DOB \_\_\_\_\_ Female Male \_\_\_\_\_ Race \_\_\_\_\_ Agency/program \_\_\_\_\_  
 Ethnicity \_\_\_\_\_ Medical codes \_\_\_\_\_

Area of US-ISR Development: 1 1.5 2 2.5 3 3.5 4 4.5 5 High

Item	Scale	1	1.5	2	2.5	3	3.5	4	4.5	5	High
<b>RELATIONSHIPS WITH FAMILY AND FRIENDS</b>											
1	Family/Extended Family	Healthy, visitors, or otherwise involved family relationships	Separated, no contact, not available for support	Conflicted, critical, or neutral about, frequent arguments, Eskalates support or no visits	Instrumental or conditional support, instrumental absent but available	Very supportive	Healthy, visitors, or otherwise involved family relationships				
2	Brother, FDR, or Spouse	Healthy, visitors, or physically abusive, multiple partners or uninvolved partner	Separated, no contact, not available for support	Conflicted, critical, or neutral about, frequent arguments, Eskalates support or no visits	Instrumental or conditional support, instrumentally absent but available	Very supportive, limits, instrumental, instrumental, instrumental, instrumental					
3	Friends/Peers	Healthy, visitors, or high risk friends, friends gang related	Very few or no friends, socially isolated and lonely	Conflicted, neutral, or best friendship, some crisis support from friends	A few close friends who can be counted on for support	Many close friends, intensive support network					
<b>RELATIONSHIPS WITH CHILDREN</b>											
4	Attitudes to Pregnancy	Unplanned and unwanted, abortion or adoption plan	Unplanned, ambivalent, hostile, consent to keep	Unplanned and accepted	Planned but unprepared	Planned, prepared, welcomed					
5	Nurturing	Healthy, unable to nurture, bond, or love child, very limited responsiveness	Indifferent, hostile, depression, or OCD impact nurturing	Lacks instrumental modeling of love, avoid nurturing, "Spicy" relationship	Blocked, limits, responds inconsistently, some reciprocal connections	Loving, responsive, positive, regulates child well, reciprocal connections					
6	Discipline	Has shown appropriate level of physical abuse or severe neglect	Uses physical punishment (spank, criticize, verbal abuse)	Mixture of impulsive, critical and aggressive discipline	Instrumental limits, ineffective boundaries, teaches desired behavior effectively sometimes	Uses age appropriate discipline, teaches, punishes, and directs behavior effectively					
7	Support of Development	Poor knowledge of child development, limited expectations, ignores or reduces information	Little knowledge of child development, limited interest in development, hostile parental role	Closes to child development, provides some toys, books, and play for age	Agrees child development, uses information in child's development skills, interests, and play	Actively child development changes, uses appropriate techniques, play and reads with child daily					

Wollesen, Douglas et al. (2006) An Outcome and Intervention Planning Instrument for Use with Families at Risk, by L. Wollesen and K. Peifer. Copyright © 2006 Paul H. Brookes Publishing Co., Inc. All rights reserved.

Wollesen & Peifer, 2006, Brookes

## LSP captures complexity:

- ▶ Relationships with Family & Friends
- ▶ Relationships with children
- ▶ Education & Employment
- ▶ Health & Medical Care
- ▶ Mental Health & Substance Use
- ▶ Basic Essentials
- ▶ Infant & Toddler Development

## Healthcare Literacy Progression

Item	Scale	NA	Inadequate	1	1.5	2	2.5	3	3.5	4	4.5	Competent
10	3	Use of Information	Reluctant information from IV or HC	Uses inadequate information from informational sources	Care starts 2nd-3rd trimester. Keeps some appointments	Primarily accepts some information from IV and HC	Accepts most information from IV or HC	Actively seeks information from IV, HC, A other sources				
17	2	Prenatal Care	No prenatal care	Care starts in 2nd-3rd trimester. Keeps some appointments	Care starts 2nd-3rd trimester. Keeps most appointments	Stays care in 1st trimester. Keeps most appointments	Stays care in 1st trimester. Keeps most appointments	Stays care in 1st trimester. Keeps most appointments				
18	3	Parent Sick Care	Acute/chronic conditions go without DnTx. No medical home	Seeks care only when very ill. Uses ER for care. No medical home	Seeks care consistently. Inconsistent Tx, follow-up, or appropriate use of FP	Seeks care consistently. Inconsistent Tx, follow-up, or appropriate use of FP	Seeks care consistently. Inconsistent Tx, follow-up, or appropriate use of FP	Seeks care consistently. Inconsistent Tx, follow-up, or appropriate use of FP				
19	3	Family Planning	No FP method used. Lacks information about FP	FP method used in rare, limited understanding of FP	Accasional use of FP methods. Some understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP				
20	3.5	Child Well Care	Never, no medical home	Seeks no medical home	Seeks care for minor illness. Inconsistent Tx, follow-up, or appropriate use of FP	Seeks care for minor illness. Inconsistent Tx, follow-up, or appropriate use of FP	Seeks care for minor illness. Inconsistent Tx, follow-up, or appropriate use of FP	Seeks care for minor illness. Inconsistent Tx, follow-up, or appropriate use of FP				
21	3	Child Sick Care	Medical neglect. No DnTx for acute or chronic conditions	Has care only when very ill. Uses ER for care	Timely care for minor illness. Follows Tx recommendations	Timely care for minor illness. Follows Tx recommendations	Timely care for minor illness. Follows Tx recommendations	Timely care for minor illness. Follows Tx recommendations				
22	0	Child Dental Care	No dental home or care or services ECC. Poor hygiene	No dental home or care with some ECC and inadequate hygiene	Has dental home and hygiene but lacks Tx or ECC	Has dental home. Some preventative care/hygiene Tx	Has dental home. Some preventative care/hygiene Tx	Has dental home. Some preventative care/hygiene Tx				
23	2.5	Child Immunizations	None or refused	History updates	History updates	History updates	History updates	History updates				
24	3	Medical/Health Insurance	None/unable to afford care or coverage	Medicaid for pregnancy or emergency only	Medicaid for pregnancy or emergency only	Medicaid for pregnancy or emergency only	Medicaid for pregnancy or emergency only	Medicaid for pregnancy or emergency only				
Average 2.9 Healthcare Literacy												



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**Remember this...**

- ▶ Promoting health literacy is critical to improve mother & child health.
- ▶ Teaching staff to use reflective questions & educational materials is an essential step to reduce disparities.
- ▶ Give up the power of telling. Teach by asking.

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**New Possibilities  
»» & challenges**

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### New Possibilities

- ▶ Monitor effectiveness of efforts to promote health literacy
- ▶ Identify best practices
- ▶ Understand relationship of health literacy to other maternal & child health factors
- ▶ Continuous quality improvement

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### Challenges in Promoting Health Literacy

- ▶ Understanding health literacy & impacts on parents' progress
- ▶ Assessing basic literacy skills
- ▶ Using materials designed for low skill readers & for promoting health literacy
- ▶ Using reflective questions
- ▶ Becoming reflective in our practice

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### Reflection on promoting health literacy

- 1 -Think**
  - ▶ Think of a client who uses health info & services effectively.
  - ▶ Now think of a client who does not.
  - ▶ What is different? What can the more effective client do that the other is missing?
- 2-Link** to your experience
  - ▶ What are you doing now that enables them both to use information and services in ways that promote health?
  - ▶ How well is that working? How do you know?
- 3-Respond**
  - ▶ How could you incorporate promoting health literacy into your practice? Your program?
  - ▶ What do you want to do next?

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## Resources

- ▶ Sandra Smith MPH PhD [ss@HealthLiteracyPromotion.com](mailto:ss@HealthLiteracyPromotion.com)  
Author *Beginnings Guides*, Center for Health Literacy Promotion
- ▶ Sandra Mobley RN PhD [SMPITTMAN@mail.mcg.edu](mailto:SMPITTMAN@mail.mcg.edu)  
Enterprise Community Healthy Start, Medical College of Georgia
- ▶ Linda Wollesen RN MA LMFT [stillmtn2@aol.com](mailto:stillmtn2@aol.com)  
Author *Life Skills Progression*
- ▶ Beginnings Guides & LSP [www.beginningsguides.net](http://www.beginningsguides.net)
- ▶ Center for Health Literacy Promotion  
[www.HealthLiteracyPromotion.com](http://www.HealthLiteracyPromotion.com)

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## Questions & Answers

- ▶ Please be sure to fill out the evaluation directly following this webcast!
- ▶ Archives of this event and many others are available at [www.mchcom.com](http://www.mchcom.com)

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## Technical Difficulties

PLEASE STAND BY

We are currently experiencing technical difficulties.

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