



Promoting Health Literacy in an HIV-infected Population: Creating Staff Awareness

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It is becoming increasingly apparent that a lack of health literacy has significant consequences for patients. Health literacy has a considerable impact on patient health. A number of health outcomes are associated with lack of health literacy, including risk for hospitalization and risk for mortality (Ownby, Waldrop-Valverde, & Taha, 2012). With the advent of highly effective antiretroviral therapy (ART), HIV has become a chronic, manageable disease. There is evidence that, for patients to live well with chronic disease, health literacy is essential (Dister, Gallagher & Davidson, 2012; Shaw, Huebner, Armin, Orzech, & Vivian, 2009).

Background

In order to be health literate, patients need to be able to access information, process it in a way to achieve understanding, and act on the information to make good decisions about how to manage their health (Donovan-Kicken et al., 2012). It has become apparent that health literacy is a significant determinant of important health outcomes. People who are health literate are able to find the information they need, read and interpret the information so that they understand the message being conveyed, weigh their treatment options, navigate the system to determine health services that are available and appropriate, and understand the instructions they are given. People with good health literacy are also more likely to

explore and use Web sites and popular media to help them make health care decisions (Clendon, 2012).

There is evidence that health literacy is an issue for many people who are living with HIV (PLWH). PLWH with low health literacy have lower CD4+ T cell counts, higher viral loads, decreased ART uptake, increased hospitalizations, and poorer health (Kalichman & Rompa, 2000). PLWH with poor health literacy skills are also less likely to adhere to ART and have a poor understanding of HIV infection and the potential for progression if untreated (Kalichman, Cherry, & Demetria, 2005).

For people who live in rural areas where HIV infection is less prevalent, it can be difficult to attain sufficient health literacy due to social and contextual factors such as stigma, lack of access to HIV-informed health care, and a fear of a loss of confidentiality (Zukoski, Thorburn, & Stroud, 2011). Health care providers do not have a sufficient level of awareness about the issue of health literacy and how it impacts their patients. Research examining health literacy screening has revealed that neither standard health literacy screening tools nor health provider perceptions provide an accurate measure of patient health literacy (Ohl et al., 2010).

The overall goals of our project were to determine the levels of health literacy among patients on both

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an inpatient and an outpatient HIV unit in relation to Canadian and British Columbian health literacy levels as well as to identify and enhance the level of knowledge among the nursing, physician, and allied health staff regarding health literacy. Two questions were asked:

1. What is the level of health literacy among PLWH on an inpatient and an outpatient unit?
2. What is the level of understanding about health literacy among the staff in these units?

Study Sample and Clinical Setting

The patients in the HIV program are challenged on many fronts. Many of them are street involved, with serious mental health and addiction issues. They struggle to manage their HIV infection. This study took place in a tertiary, inner city hospital that serves a large, diverse, and marginalized population. All PLWH on the two units who were cognitively capable of completing the surveys, and who were medically stable, were included. A total of 102 patients were surveyed. Eleven were between 20 and 29 years of age, 24 were between 30 and 39 years, 28 were between 40 and 49 years, 32 were between 50 and 59 years, 12 were between 60 and 70 years, and seven were more than 70 years of age. The patients' education levels varied, with 78% of the patients having finished high school and 63% with some level of postsecondary education. Of the interdisciplinary team members who were surveyed, 15 were nurses, with seven physicians, one social worker, one dietician, one pharmacist, and one occupational therapist. The care team members were asked to complete a health literacy audit. Surveys and audits were completed anonymously (no patient or staff identifying information was retained for the study).

Materials and Procedure

Patients were asked two sets of questions. The first set of questions included health literacy screening questions. Four questions were asked to determine their comfort levels with understanding the information provided to them as well as their confidence in filling out medically related forms and reading medical

literature such as pamphlets (Morris, MacLean, Chew, & Littenberg, 2006; Wallace, Rogers, Roskos, Holiday, & Weiss, 2006). The second set of questions assessed the patients' literacy skills for words (prose literacy), numbers (numeracy), and their ability to navigate print information (document literacy) and make decisions or take action based on the information given and understood. The screening tool, entitled the "Newest Vital Sign: A Health Literacy Assessment Tool" (NVS; www.pfizer.com/files/health/nvs_flipbook_english_final.pdf), is considered to be a reliable, accurate, and objective measure of health literacy (Weiss et al., 2005). The NVS uses an ice cream label with nutritional information that patients are asked to interpret. Their answers provide a snapshot of their abilities to understand the nutrition label, which provides an indication of their health literacy level.

Staff members were given a set of 19 selected statements from the health literacy audit (Peters, 2008) and asked to rate their current practice. The audit provided a baseline on staff understanding of health literacy, their current practices related to clear communication of health information, and their assumptions about patient health literacy.

Findings

The patients perceived themselves as having relatively high health literacy based on the four-point screening questions; 57% indicated they did not find medical terms difficult to understand, 64% stated they never or only occasionally had difficulty understanding written information, 77% stated they were reasonably confident about filling in medical forms, and 58% claimed they seldom needed help interpreting written material. The NVS revealed a different level of literacy, however. A majority of the patients (>57%) scored poorly on the nutrition label test and the level of difficulty did not appear to be associated with level of education, age, or gender. These results coincided with the percentage of Canadians (60%) who have limited health literacy (Canadian Council on Learning, 2007). One of the patients stated, "I never read or understand medical information and simply follow doctors' or nurses' orders blindly." Another patient

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