

§ Authors: Anne Abbott & Brad Richardson

§ Presentation Title: *Communicating With Low-Health Literacy Populations: A Review of the Recent Literature and Lessons from a Video Pilot to Increase Colorectal Cancer Screening in Iowa*

Presentation for the 2020 Iowa Governor's Conference on Public Health

§ Presentation Description (500-word limit)

Health literacy can be defined as an individual's capacity to obtain and understand the health-related information needed to make decisions about their own or another individuals' health. Patients and clients with low-health literacy may struggle to understand both primary and tertiary prevention behaviors/recommendations, medical diagnoses, and available treatment options. This lack of understanding threatens both individuals' ability to achieve optimal health, and healthcare/public health practitioners' ability to effectively deliver services/care.

Results from the most recent national survey of adult literacy suggest that low-health literacy is a widespread problem in the United States. Populations most at-risk for low health-literacy include older adults, immigrants, racial and ethnic minorities, and low-income individuals. Public health and healthcare practitioners can benefit from implementing activities that account for and mitigate the negative effects of patients'/clients' health literacy deficits. Unfortunately, many health literacy resources are difficult for practitioners to locate, synthesize, and implement.

The proposed workshop will address this issue by outlining current research and resources around health literacy, presenting a case study of a video-based health literacy intervention developed and implemented by the Iowa Department of Public Health Colorectal Cancer Program, and leading attendees through a hands-on activity to build their efficacy for addressing health literacy issues in their own practice. Current research to be reviewed includes both data on the need to address health literacy, and existing evidence around the types of interventions that have been created for this purpose. Resources that will be introduced will all be publicly accessible and will include the Agency for Healthcare Research and Quality Health Literacy Universal Precautions Toolkit 2.0, the Center for Disease Control and Prevention's Clear Communication Index and Toolkit for Effective Written Communication.

The case study is of an intervention which consists of three patient education videos and a companion brochure. The videos and brochure have been and are currently being implemented at six of Iowa's federally qualified health centers (FQHCs). FQHCs often see patients who may be at risk for low health literacy, including racial and ethnic minorities and low-income populations, making these settings ideal for health-literacy interventions. The case study will cover the process of how the videos were developed and results from both process and outcome evaluation activities. Process evaluation activities included focus groups (n=8) aimed at testing the video messages, and two-rounds of interviews with FQHC staff (n=16) on implementation barriers and facilitators. Outcome evaluation activities include a pre- and post-test of the patients with whom the videos were implemented. Outcome measurement includes cognitive and emotional responses to videos, knowledge, and intent to get screened for colorectal cancer. Pilot outcome data from 2019 (n=118) indicate the videos had a significant, medium effect size on $t(117) = -5.37, p = .000$ on patients pre-intervention ($M = 2.79, SD = 1.40$) and post-intervention ($M = 3.42, SD = 1.42$) screening intentions. Updated results, as well as lessons learned from the project will be discussed.

Lastly, this workshop will include a small-group activity that allows attendees to critique and edit existing health education materials using the tools and resources they are introduced to earlier in the session.

§ Bibliography (2-3 sources, 500-word limit)

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. National action plan to improve health literacy. Washington (DC): Author; 2010. Retrieved from https://health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf

Kindig, D. A., Panzer, A. M., & Nielsen-Bohlman, L. (Eds.). (2004). Health literacy: a prescription to end confusion. National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25009856>

Kutner, M., Greenburg, E., Jin, Y., & Paulsen, C. (2006). The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. NCES 2006-483. *National Center for Education Statistics*. Retrieved from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007480>.

§ Three measurable objectives of your presentation

- Familiarize attendees with publicly accessible health literacy resources and recent research from the field
- Describe simple methodology for planning, implementing, and evaluating health literacy interventions in clinical or other settings
- Build attendee self-efficacy for using health literacy research and tools in their own practice

§ Check which topics apply to your presentation

§ Brief explanation to support your abstract for selection

§ Check if you plan to include interactive elements: YES

§ Describe interactive elements

The proposed presentation will include an opportunity for attendees to use resources from the U.S. Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention to critique example health communication materials (e.g. flyers, brochures, signage) and develop more inclusive messaging for clients/patients with low health literacy. This activity will take roughly 30 minutes and will be conducted in small groups. Presenters will be on hand to support small groups as they evaluate recruitment and patient education materials and recommend changes to account for health literacy concerns. Small groups will share their work with the larger group at the conclusion of the activity.

§ Rank preferred methods of presentation (60 minute/90 minute/poster) with rationale

1-90 minute

2-60 minute

3-Poster

§ Intended audience for your session

Public health practitioners, Health care practitioners, Human Services Practitioners, Social Workers

§ Number of intended presenters (please note: only two presenters will be listed in conference materials)

2 (Anne and Jeanna---though might need Grace and Victoria to help with small groups)

§ Speaker Details (must provide for each intended presenter, only two presenters will be listed in conference materials): First Name, Last Name, Credentials, Workplace, Phone Number, Email, Short Bio, Address, City, State, Zip, Professional Membership

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§ Disclosure agreement of any conflicts of interest

None to report

§ Scheduling preference – morning/afternoon, Tuesday/Wednesday § Presentation Materials Deadline

Agreement § Referral from conference planning committee