

Development of a Person generated health Literacy outcome measure (PRIME): Using the Delphi Technique

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Background

- Health literacy: the motivation, knowledge and ability to acquire, understand, assess and apply health information to make judgments and decisions about healthcare.
- A critical determinant of health that can be improved, but measurement needed to assess change.
- Current health literacy measures use a nomothetic approach i.e. standardised questions. A person-centred (idiographic) measure may have some advantages.

Objectives

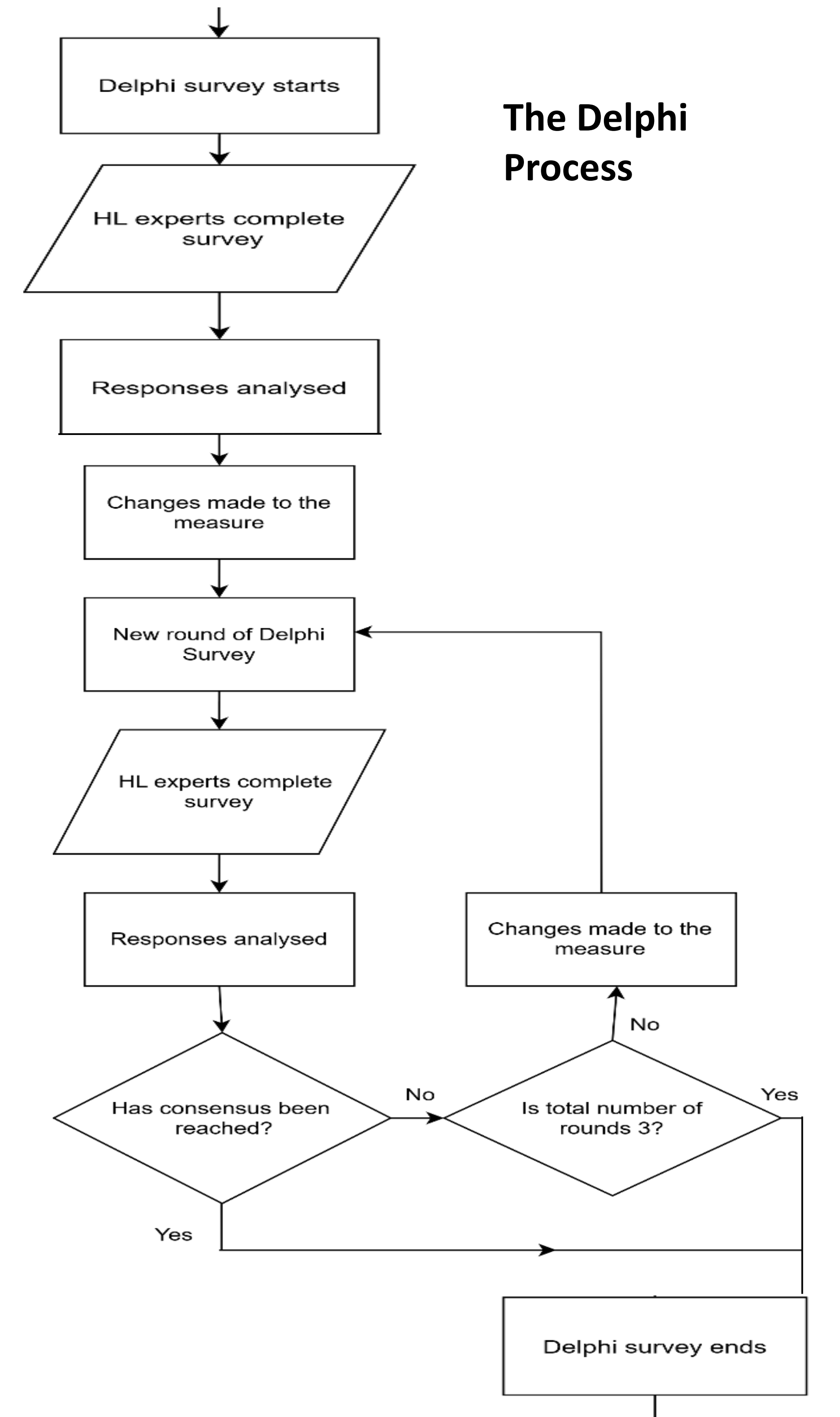
To produce a Patient generated Literacy outcome measure (PRIME) that could be used to identify:

- people with low health literacy,
 - actionable, person-specific ways to improve health literacy.
- and may be
- more sensitive and culturally relevant for patients and clinicians than current measures

Methods

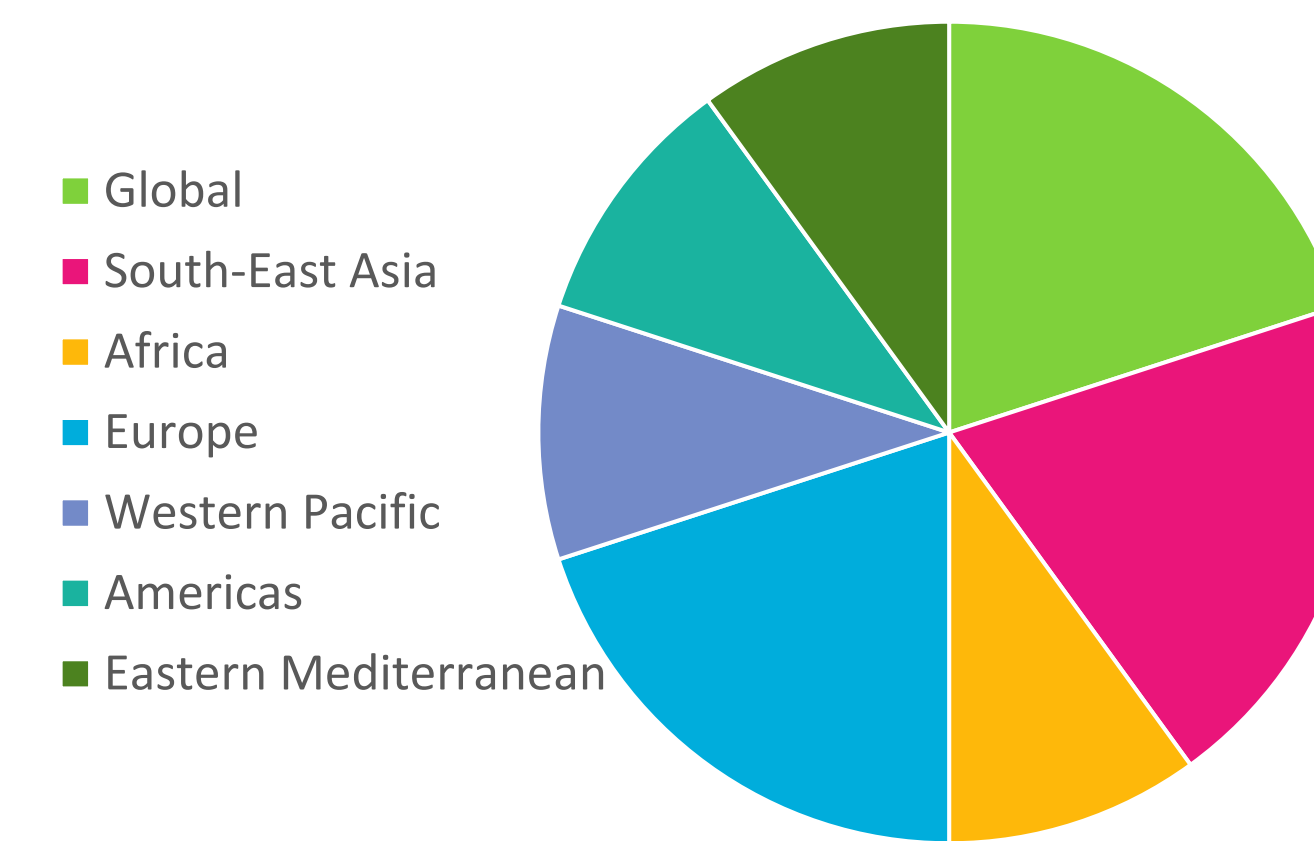
A qualitative, consensus-building approach:

- Focus groups with a patient and carer group leading to the development of a beta version.
- Focus group with international academics and health literacy experts leading to a beta 2 version.
- A web-based Delphi process with national and international health literacy experts leading to a beta 3 version.**
- A focus group with the patient and carer group seen in stage 1 leading to the final version.

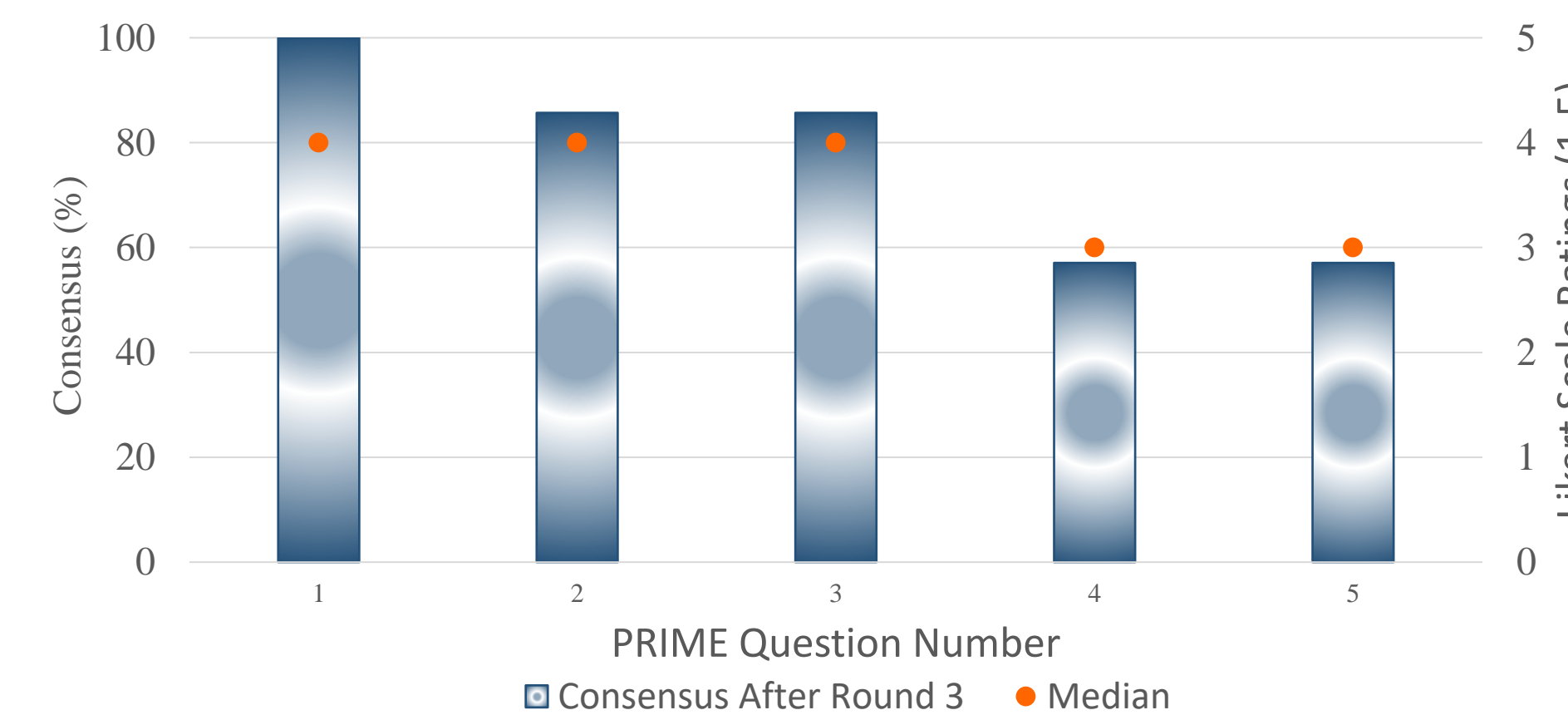


Results

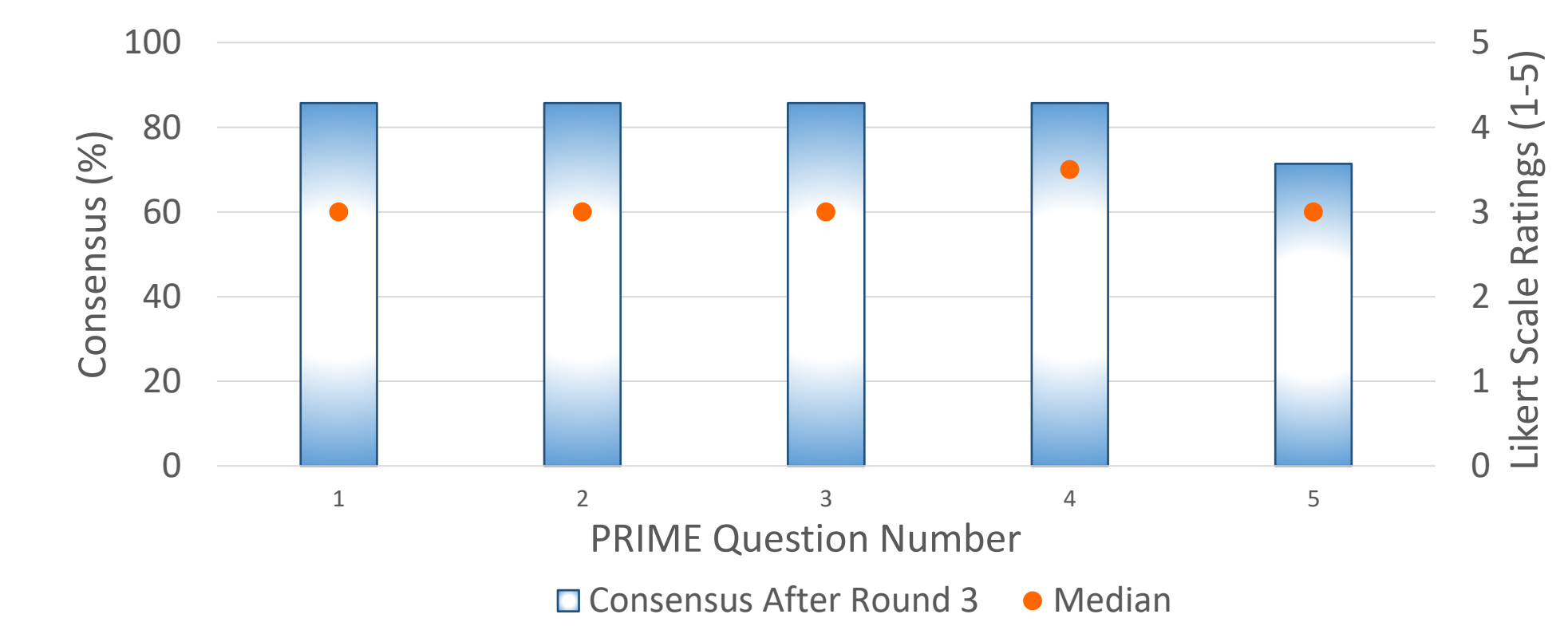
WHO regions where participants conduct their HL work



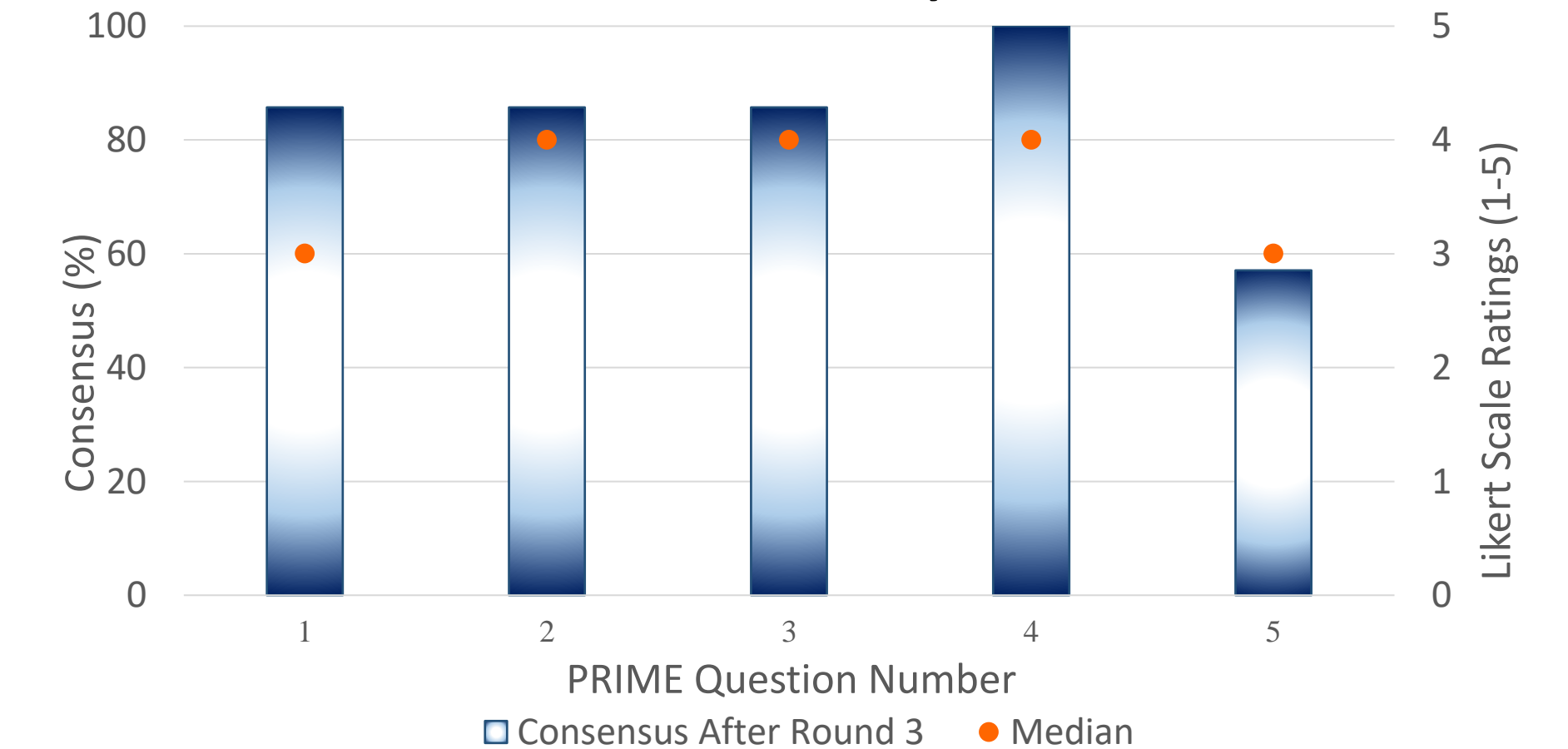
How well will someone with low health literacy be able to understand the questions?



How helpful are the questions for understanding health literacy?



To what extent do the questions support the definition of health literacy?



Discussion

Strengths	Limitations
Participation from international experts with different levels of health literacy experience	Only 8 participants in round one and 7 in rounds two and three
Anonymous feedback	No ability to match responses between rounds
Opportunity for free-text and Likert scale responses	Respondents not shown free-text responses for previous rounds
	Each round approximately 1 week long

Conclusions

- Potentially a valuable addition to the current nomothetic measures.
- Appears acceptable and useful in both clinical practice and research
- Likely to be sensitive to change after interventions, and to have low language and cultural bias.
- Testing required, to compare its performance against validated nomothetic measures to test the extent to which it can start useful conversations to enable practitioners to support people to develop their health literacy.