



**SPECIAL INTEREST GROUP
**NURSING: RESEARCH, PRACTICE AND
INTERPROFESSIONAL PARTNERSHIPS FOR
PROMOTING HEALTH LITERACY****

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ICEBREAKER

GOAL

Generate ideas to advance nurse's role as a *champion* to address health literacy as a social determinant of health

OBJECTIVES

1. Examine practice-centered nursing elements and cultural competence to maximize patient engagement and health literacy for all patients
2. Identify learner-centered processes that integrate culture and literacy and apply the R.E.A.L. framework (Relatable, Engaging, Actionable, and Literacy friendly) for creating research interventions
3. Highlight initiatives and examples that prioritize health literacy at the local, institutional and statewide levels and resulted in policy changes

EXAMINE PRACTICE-CENTERED NURSING ELEMENTS AND CULTURAL COMPETENCE TO MAXIMIZE PATIENT ENGAGEMENT AND HEALTH LITERACY FOR ALL PATIENTS



- ▶ Health literacy is fundamental to the success of every patient and provider interaction
- ▶ Nurses are uniquely positioned in the promotion of health literacy
- ▶ Call to action to increase nurses' knowledge and practice resources to lessen health literacy burden on patients (Loan et al., 2018)

EXAMINE PRACTICE-CENTERED NURSING ELEMENTS AND CULTURAL COMPETENCE TO MAXIMIZE PATIENT ENGAGEMENT AND HEALTH LITERACY FOR ALL PATIENTS

- ▶ The 4 C's of Patient Centered Care
 - ▶ Culture, Care, Communication, Collaboration
- ▶ Promotion of a “shame-free” environment for health literacy to flourish
- ▶ Health Literacy Universal Precautions Approach



EXAMINE PRACTICE-CENTERED NURSING ELEMENTS AND CULTURAL COMPETENCE TO MAXIMIZE PATIENT ENGAGEMENT AND HEALTH LITERACY FOR ALL PATIENTS

Patient/Provider Communication is prosocial behavior!



Engage, empower, and activate!



Elicit questions from patients using a patient-centered approach



Simplify communication and confirm comprehension for **ALL** patients



Use health literacy universal precautions approach to oral and written communication

EXPRESSION OF GRATITUDE IN HEALTH LITERACY PRACTICES: PATIENT/PROVIDER COMMUNICATION IS PROSOCIAL BEHAVIOR

Gratitude Expressions Motivate Prosocial Behavior

grat·i·tude: 

the quality of being thankful;
readiness to show appreciation
for and to return kindness.

- ▶ Gratitude expressions increases prosocial behavior that can influence health literacy
- ▶ Someone is thanked for their efforts, they experience stronger feelings of self-efficacy and social worth
- ▶ Motivate helpers (nurses) to assist both the beneficiary (patient) that expressed gratitude and a different one (patient)

“WORLDVIEW”

- ✓ Reminds us of content and context
- ✓ Enhances abilities to manage own health
- ✓ Bolsters self-efficacy and confidence.

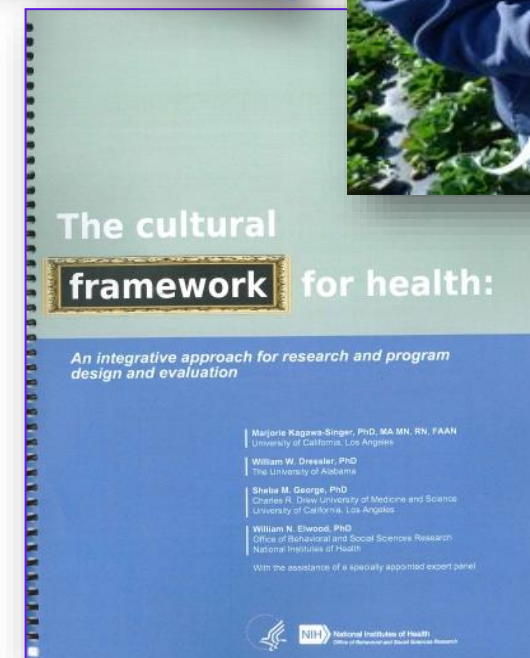


Sources: Gwede et al., 2010; Meade et al., 2011

CULTURE



- Culture is a socially constructed constellation . . . practices, ideas, schemas, symbols, values, norms, institutions, and goals.
- Culture gives meaning and context to people's everyday lives.



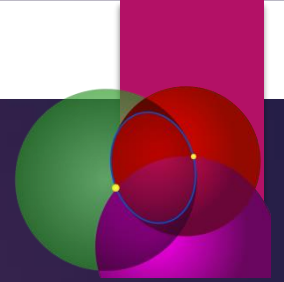
MANY FACTORS INFLUENCE HEALTH

- **Social determinants (SD)** - conditions in which people are born, grow, live, work and age. Such circumstances are shaped by distribution of money, power & resources global, national & local levels.
- **SDs** contribute to health inequities . . . the unfair and avoidable differences in health status seen within and between countries.



http://www.who.int/social_determinants/sdh_definition/en/

INTERSECTIONALITY



- Is a way of understanding and analyzing the complexity in the world, in people, and in human experiences.
- When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not only by a single axis of social division, be it race or gender or class, but by many factors that work and influence each other.

(Collins, P. H., and S. Blige. 2016. Intersectionality. Malden, MA: Polity Press)

FOR EXAMPLE...

INTERSECTIONALITY



- Race/ethnicity, gender, sexual identity, age, disability, socioeconomic status, geographic location 'place', and *health literacy*.
- Other powerful, complex relationships also exist between health and biology, genetics, and individual behavior, as well as between health and health services, the physical environment (clean air/non-polluted water)
- Affordable, reliable transportation, high quality education, decent and safe housing, discrimination, racism, and legislative policies.

ENGAGING LEARNERS?

- **Get the R.E.A.L. mindset**
- **Be systematic and iterative**
- **Conduct formative research**
- **Deconstruct & chunk = Simplify**
- **Conduct learner verification (LV)**
- **Create partnerships**
- **Build in feedback loops**
- **DO something!**



GET THE R.E.A.L. MINDSET

- Relatable
- Engaging
- Actionable
- Literacy Friendly

INFORMED
CONSENT



Gwede CK. (2020) Improving Communications with Older Cancer Patients. In Extermann M (Ed-in Chief). *Geriatric Oncology*. Springer,. Online:DOI https://doi.org/10.1007/978-3-319-44870-1_21-1. Online ISBN 978-3-319-44870-1

COLORECTAL CANCER (CRC) SCREENING

*Preventable,
detectable, and
beatable when
found early*

Phase I

COMMUNITY ADVISORY BOARD

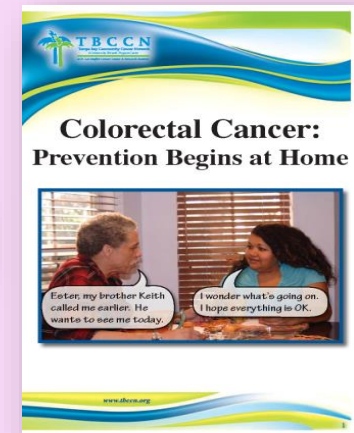
Formative Research

- Low CRC knowledge
- Limited screening
- High receptivity IFOBT
- Providers liked the idea of a clinic-based program –
- Thought it was feasible!



Creation of R.E.A.L. Tools

- ***Colorectal Cancer: Prevention Begins at Home*** (Photonovella/DVD)



Preventive Health Model

Demographic factors

Age
Gender
Years of education
Marital status
Employment status
Insurance status
Income
Place

Beliefs and experiences

- Perceived risk
- Response efficacy
- Salience and coherence
- Cancer worry
- Social influence
- Religious beliefs
- Self-efficacy

Action

CRC
Screening

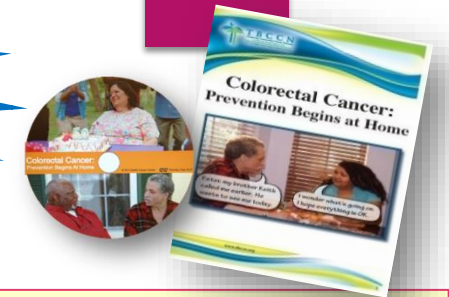
INTERVENTION

What is a Fecal Immunochemical Test (FIT)?



Phase II

RCT
n=416



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CARES Intervention (photovovella DVD/booklet) + mailed reminders (N=206)

Standard CDC brochure + mailed reminders (N=210)

On Study

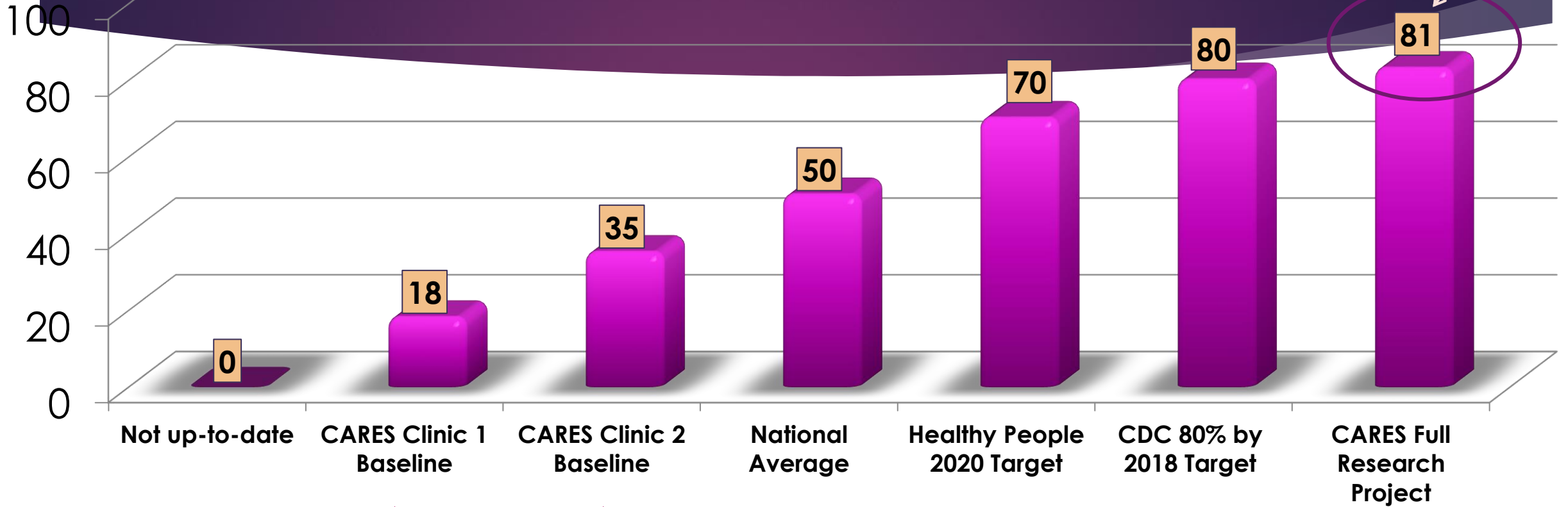
12 Months

Free Immunochemical Fecal Occult Blood Test and survey assessments



Hypothesis: CARES > Standard in CRC uptake at 180 days

Screening Uptake Rates (%)





IMPACT!

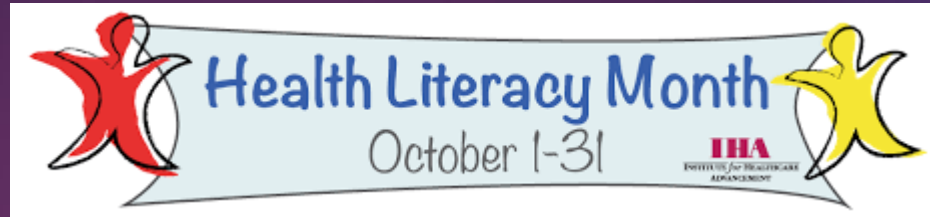
Changes in Practice due to partnership

- Introduced FIT screening - ACCCES is KEY!
- FIT to colonoscopy rates boosted the Uniform Data System (UDS) approach >80% uptake – an improved screening performance metric for FQHCs.
- *Subsequent studies apply implementation science with emphasis on repeat screening.*

PRIORITIZE HEALTH LITERACY AT THE LOCAL, INSTITUTIONAL AND STATEWIDE LEVELS

- ▶ **LOCAL**-small pilot projects using data to continue your work and develop partnerships
- ▶ **INSTITUTIONAL**-embrace local/regional partnerships; lots of opportunities within health systems- consider foundations and business who will benefit from your work-BCBS, health systems, and partner with others who have an interest- unique to your area
- ▶ **STATEWIDE**-to accomplish a statewide initiative you need widespread support from healthcare stakeholders from governmental agencies, licensing boards, academia, healthcare systems, providers, and elected officials; you want them to understand the quality of life and economic impacts of low health literacy, the role of HL and health outcomes, and best practices for HL initiatives in other states.

LOCAL



Start small and build relationships with others who share your vision

Example:

- ▶ Community agency partnerships Community Resource Centers-is there a literacy council you can partner with or do you need to start one? Use public data to garner support for your work. BRFSS; HCHAPS data, Graduation rates, literacy rates.

Impact-led to community wide literacy council, local funding and support for reorganization to serve the community

INSTITUTIONAL

BRIEF REPORT



JNP

Retail Clinic Nurse Practitioner Knowledge, Barriers, and Practice Recommendations: Human Papillomavirus Vaccine

Joy Deupree, PhD, WHNP-BC, Ngozi Okeani, DNP, FNP-BC, Justin Xavier Moore, MPH, Lillian Nagaddya, DNP, FNP-BC, and C. Ann Gakumo, PhD, RN



IMPACT: Recommendation for Professional Development Policy Change

Table 1. Descriptive Statistics for 67 NP Participants

	Number (%)
Gender (%)	
Female	64 (95.5)
Male	3 (4.5)
Age group (%)	
27-39 y	17 (25.4)
40-50 y	21 (31.3)
> 50 y	29 (43.3)
Years of practice (%)	
1-5 y	43 (64.2)
6-11 y	20 (29.9)
> 11 y	4 (6.0)
HPV recommendation to males (age 11-12 y)	27 (40.3)
HPV recommendation to females (age 11-12 y)	33 (49.3)
HPV recommendation to males or females (age 13-26 y)	42 (62.7)

HPV = human papillomavirus; NP = nurse practitioner; y = years.

STATEWIDE- HOSPITAL ASSOCIATION PARTNERSHIP

**Associations Between Patient Education
Materials,
Consumer Satisfaction Rates
CMS 30-day Readmission Penalties and
Size of Hospitals**

Deupree, J., Peterson, D., Li, P., (2018)

STATEWIDE- HOSPITAL ASSOCIATION PARTNERSHIP

Methods

- ▶ Cross-sectional pilot study -collaboration with rural and non-rural hospitals (N = 9) located in the southern region of the U.S.
- ▶ Pearson correlation coefficients (r) –determines the relationship between variables; is a measure of the linear correlation between two variables X and Y.
- ▶ Wilcoxon test was used for the group comparisons
- ▶ Public data –used to compare two related samples, matched samples, or repeated measurements on a single sample to assess whether their population mean ranks differ.

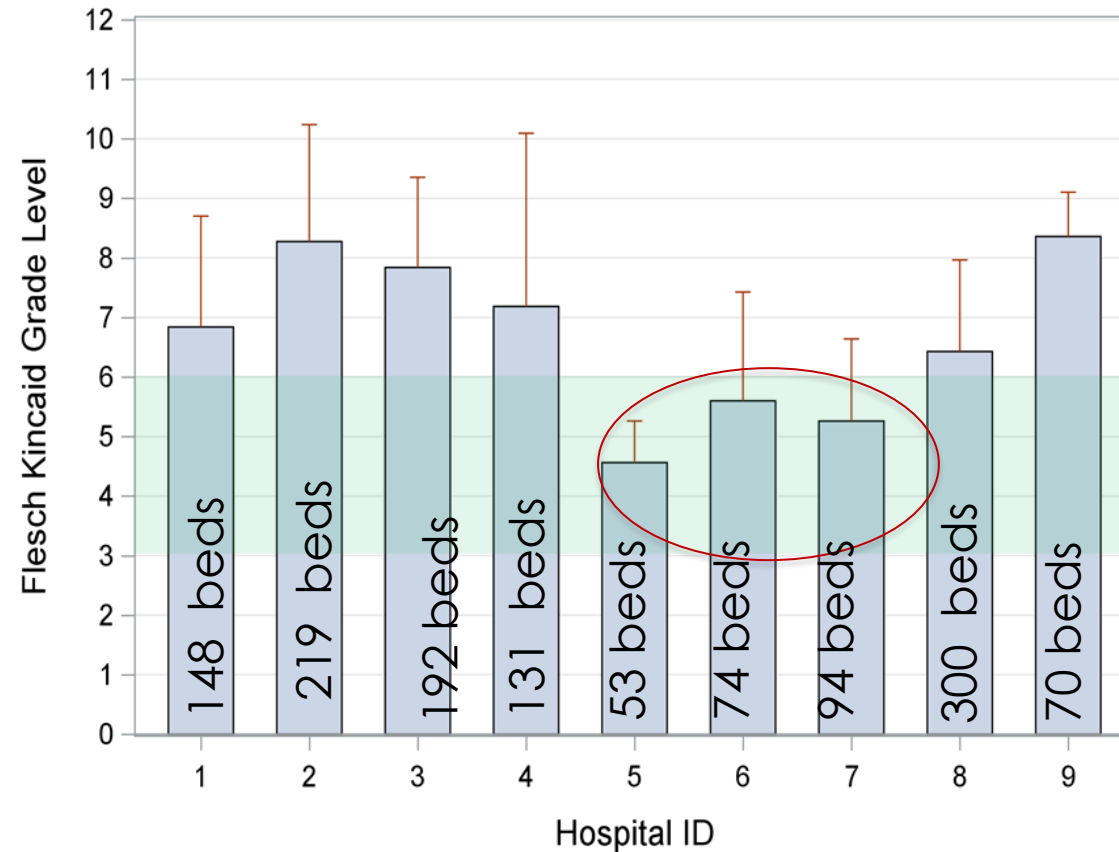
SAMPLE

- ▶ Hospital size- Self-reported, based on # of inpatient beds, stratified into three groups:
 - ▶ 4 small (< 100)
 - ▶ 3 medium (100-199)
 - ▶ 2 large (> 200)
- Patient education materials (PEMs) used to discharge (N = 84) chosen by CNOs
- HCAHPS questions (n=5) patient satisfaction scores for communication (physicians, nurses, staff)
- 2016 CMS penalties for less than 30-day hospital readmission

OUTCOMES-PATIENT EDUCATION MATERIALS

PEMS- should be written $\leq 6^{\text{th}}$ grade reading level (NIH & AMA)

(3) hospitals (all small) meet a sixth-grade or below reading level and have an ease of reading that is acceptable according to the Flesch-Kincaid metric



OUTCOMES-READMISSION PENALTIES

Readmission penalties (CMS) are based on a percentage of Medicare payments

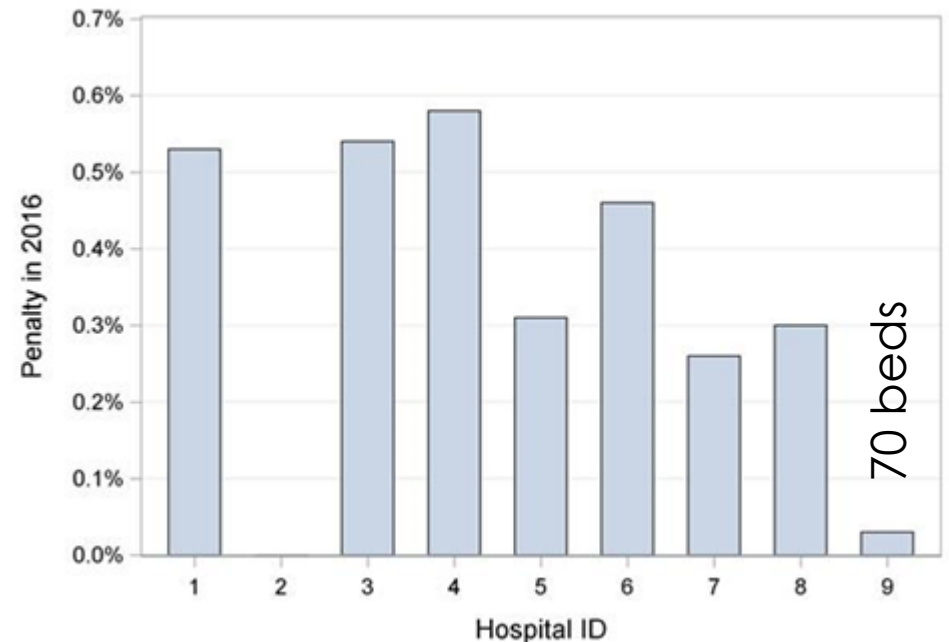
Penalties are negatively correlated with HCAHPS

nurses ($r=-0.62$, $p=0.0750$)

staff ($r=-0.63$, $p=0.0669$)

physicians ($r=-0.08$, $p=0.8444$)

As patient satisfaction scores increase for staff and nurses; penalties decrease



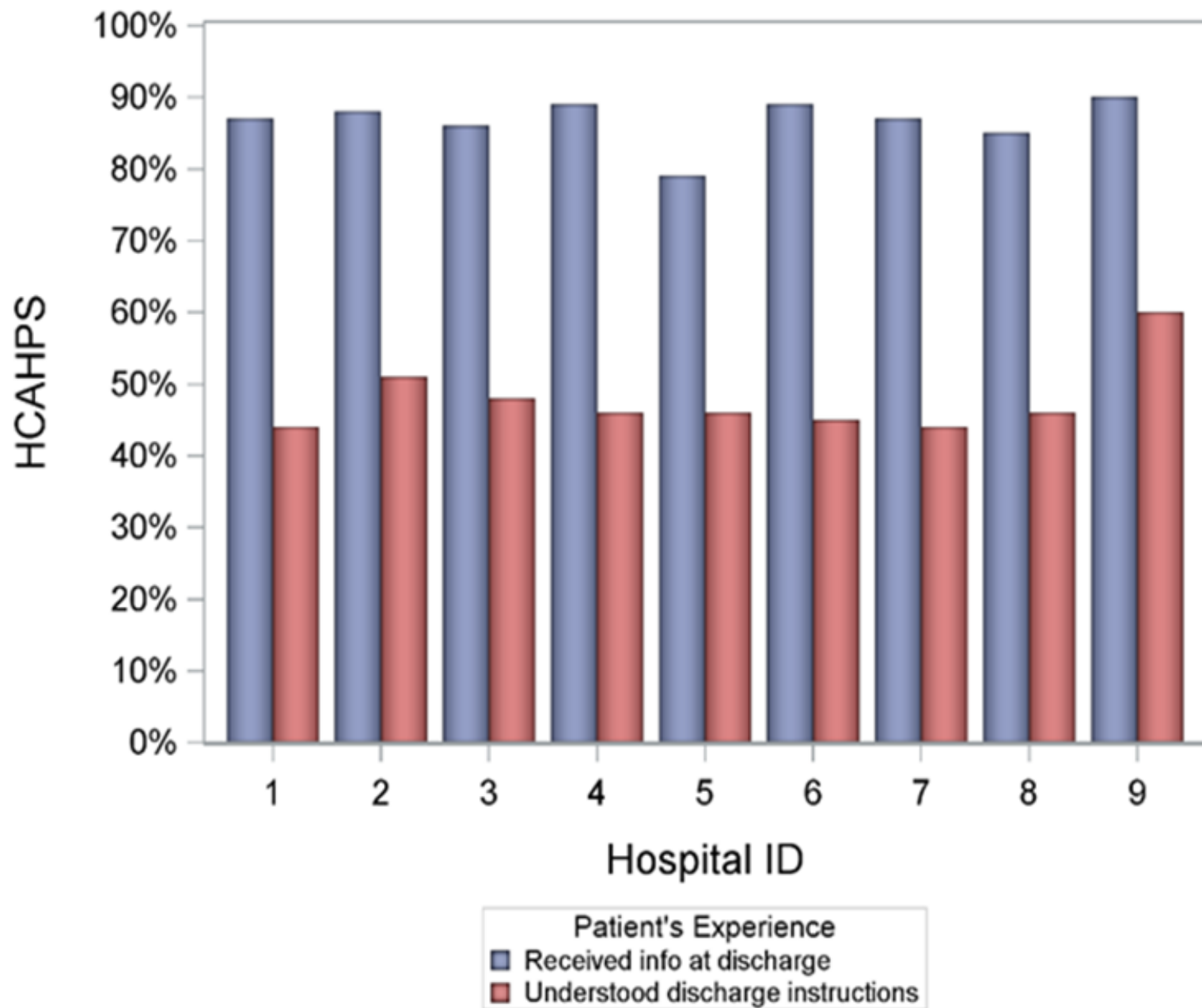
OUTCOME-UNDERSTANDING INSTRUCTIONS

- ▶ Approximately 10-15% of patients report they did not receive information at discharge.
- ▶ For those who report receiving it, on average less than 50% report they understood the discharge information.

HCHAPS questions:

I received information about what to do during my recovery at home.

I understood how to care for myself when I left the hospital.



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DISCUSSION AND SUMMARY

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Thank you for participating!

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