Improving Adolescent Health Literacy: Collaborating for a Better Future
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Introductions

- Your name
- Your organization
- What are you hoping to get out of this workshop?
Objectives

• Understand adolescent health literacy as an opportunity for improvement in overall adolescent health

• Identify relevant health literacy needs and design a community health literacy program that empowers adolescents to actively engage in the medical system

• Understand effective measurement tools for evaluating a community health literacy program
Program Setting

Memphis, TN (Shelby County)

- Population of Shelby County: **934,961** (US Census Bureau, 2018)
- Median household income: **$48,415** (US Census Bureau, 2017)
- 53.4% Black/African American, 39.4% White, 2.5% Asian, 0.2% American Indian/Alaska Native, 1.7% more than one race, 2.8% some other race (American Community Survey, 2017)
- Shelby County has a poverty rate of 18.8%. Child poverty is 39.0% (Delavega, 2017).
Community Partners

- Le Bonheur Children’s Hospital
- Office of Adolescent Health
- University of Tennessee Health Science Center
- BRIDGES USA
Background – Why Health Literacy?

“Health Literacy is the capacity to obtain, process and understand basic health information and services to make appropriate health decisions.”

- The Institute of Medicine, 2004
In real life:

- Being healthy + being able to talk to your doctor
- Requires the ability to get and understand health information and use it to make good health decisions
Background – Why Health Literacy?

• Health literacy strengthens and supports people’s ability to:
  – **Learn** about their health from trusted sources
  – **Talk** about what they need to be healthy
  – **Understand** what their doctor tells them about their health
  – **Make** smart decisions about their health
  – **Create** a healthy lifestyle
Adolescence offers a unique time for teens to learn health literacy skills:

- Emerging autonomy
- Need for confidentiality
- Parental supervision and guidance when needed

What impacts can increased health literacy have on teen populations?
Background – Why Adolescence?

- 39.5 : Shelby County 2017 teen pregnancy rate
- 30.2: Tennessee 2017 teen pregnancy rate
- 4,339.6: Shelby County 2017 teen Chlamydia rate
- 1,533.2: Shelby County 2017 teen Gonorrhea rate
- 75.5: Shelby County 2017 teen Syphilis rate

Teen = 15-19 years old
Pregnancy rates per 1,000
STD rates per 100,000
Source: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS AND STATISTICS
• Physicians and other providers report deficits in discussing sensitive issues with patients

• Few programs exist to address provider deficits

• Providing non-clinical opportunities for provider to interact with adolescents may improve provider and adolescent comfort and skill in discussing sensitive topics
Assessment Tool Activity

• What is one issue facing the community you work with?
• What behaviors contribute to the issue?
• Who are the Targets of Change?
• Who are the Agents of Change?
My Involvement

• Before being involved with both Bridges and the YAC Youth Council, I was involved with a non-profit reproductive justice organization also in Memphis called Sister Reach.

• Sister Reach brought together adolescent ladies teaching them reproductive health and also how to be an advocate.

• Being involved with Sister Reach I was able to travel to Tennessee’s state capital to learn more about voting rights, and we worked with CHOICES and Planned Parenthood.
Youth Advisory Council

• YAC is a youth advisory council formed through a nonprofit organization in Memphis, TN called BRIDGES and Be Proud! Be Responsible!

• The YAC met on Sunday afternoons for 3 hours, once per month.

• We were given a stipend of $300 per semester for our time.
Youth Advisory Council

• Our Goals:
  – Provide youth-focused guidance and feedback to the Le Bonheur Be Proud! Be Responsible! team regarding safe sex campaigns and a youth-friendly clinic initiative.
  – Engage youth in leadership and skill building activities.
  – Empower YAC members to be peer health advocates in their schools and communities.
  – Mobilize youth and teaching them the safety and responsibility of reproductive health.
Community Action Event

- Students participating in BRIDGES’ Bridge Builders program were required to have 3 credits each semester to move forward. Credits were earned by attending:
  - A Community Action Event
  - An Elective
  - A Fall / Spring Training - depending on the semester
- The YAC council thought that it would be beneficial to host a community action event for other BRIDGES students
- Along with Le Bonheur medical residents, the YAC would lead teens through a health literacy workshop that included activities, discussions, and debriefs centered around health literacy and reproductive health responsibility.
Methods: Health Literacy Workshop

Participants:

• Adolescents participating in local teen leadership program
• Pediatric Residents from University of Tennessee Health Science Center
• Facilitators: Youth Advisory Board members
Methods: Health Literacy Workshop

Program elements:

- Introduction and Icebreaker
- Presentation defining health literacy concepts (residents)
- Interactive Activities (residents)
- Health scenarios (students)
- Debrief (students)
Methods: Development of Education

• Define key concepts of health literacy:
  – Identify causes of adolescent physician visits and barriers to care
  – Define key concepts of adolescent care: Confidentiality and Consent
  – Provide adolescents with tools and language to become personal health advocate:
    • Talking to parents
    • Talking to doctors
    • Before/After doctor’s visits
Methods: Sample Activity

• Can the patient be treated (without consent from parent/guardian) if they are a...
  – 16 year old girl requesting contraception. YES
  – 14 year old who appears to be depressed. YES
    ➢ If he is at risk for suicide? Disclose
  – 17 year old mother of a 10 month old, requesting physical. YES
  – 12 year old requesting to be treated for wart. NO
  – 16 year old requesting treatment for elevated blood pressure.

Provider Decision
Methods: Teaching Advocacy Skills

Becoming an Advocate for Your Health

• Before you leave the house
  – Parent Huddle
    • “I want to be more responsible for taking care of myself, so I’d like to talk to the doctor alone”
    • “You won’t always be there to help me talk to the doctor and today I want to try talking to them by myself”
  – Talking Points
    • Make a list of questions you have.
    • You can even make it a note on phone so that you don’t lose it
Healthy Literacy Activity: Teach-Backs

- Now, each group will create their own skit involving a doctor and a teenage patient.
- Think about how the doctor should best talk to the patient and what questions the patient should ask.
- Each skit should be 3 minutes or less.
Healthy Literacy Activity: Debrief

• How did you feel during the activity?
• What challenges did you face?
• What was your biggest takeaway from today?
• How can you apply what you learned today in your work?
How we decided to assess the workshops

• Pre-tests, Post-tests, Follow-up surveys for both adolescents and medical residents/students
  • Paired samples t-tests on pre-post
• Qualitative analysis of group work
  • Recordings/notes
  • NVivo
Example resident questions

• I feel comfortable initiating a conversation about sexual health with my adolescent patients
• I know how to discuss teen-doctor confidentiality policies
• I feel comfortable discussing what services a teen has access to without parental consent
Evaluation

Example adolescent questions

• I know where to find the health information I need
• When I find out new health information, I can decide if it is true
• When visiting a doctor I know if the information I discuss will remain private (not shared with my parents)
Results: Survey Responses

• Immediately after the workshop
  – Residents gained knowledge about helping adolescents discuss health issues with parents ($p = 0.002$)
  – Adolescents gained knowledge about where to get accurate health information ($p = 0.000$) and asking a physician about sexual health issues ($p = 0.003$)

• 6 month follow-up surveys
  – Response rates 61.9% and 100% for adolescents and residents, respectfully
  – Residents initiated a discussion about sexual health with adolescent patients on average 90.3% of the time
  – Adolescents felt comfortable asking their doctors about sexual health on average 91% of the time
Results

I know where to find health information I need

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<th>Frequency</th>
<th>Pretest</th>
<th>Posttest</th>
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<tbody>
<tr>
<td>Always</td>
<td>14.9</td>
<td>66.7</td>
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<tr>
<td>Usually</td>
<td>27.1</td>
<td>48.9</td>
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<tr>
<td>Sometimes</td>
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<tr>
<td>Rarely</td>
<td>2.1</td>
<td></td>
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<tr>
<td>Never</td>
<td>4.3</td>
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</tbody>
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Percentage of Adolescent Participants
Results

*When I have sexual health questions, I know how to ask my doctor*

- **Always**:
  - Pretest: 42.6%
  - Posttest: 70.8%
- **Usually**:
  - Pretest: 17%
  - Posttest: 27.1%
- **Sometimes**:
  - Pretest: 23.4%
- **Rarely**:
  - Pretest: 10.6%
  - Posttest: 2.1%
- **Never**:
  - Pretest: 6.4%
  - Posttest: 2.1%

Percentage of Adolescent Participants

Be Proud! Be Responsible!
Results

I feel comfortable talking to my teen patients about how to have a conversation about sexual health with their parents or guardians

- **Always**: 20%
- **Usually**: 70%
- **Sometimes**: 60%
- **Rarely**: 30%
- **Never**: 10%

Percentage of Medical Residents

- **Pretest**
- **Posttest**

Le Bonheur Children's Hospital

Be Proud! Be Responsible!
Results

I feel comfortable discussing how insurance policies around billing for services could affect whether a parent finds out what services a teen has utilized (e.g. contraception, STI testing, etc.)

- **Always**: 20
- **Usually**: 70
- **Sometimes**: 30
- **Rarely**: 50
- **Never**: 20

Percentage of Medical Residents

Pretest

Posttest
Results

We have collected follow-up data from two of the teen health literacy workshops.

• We have received 24 responses.
• The majority of respondents have shared information learned with friends (70.8%).
• A very slight majority of respondents have shared information learned with their parents (54.2%).

Q4 Have you shared any of the information learned at the community action event with your friends?
Lessons Learned

Continuous Quality Improvement

• Edited the follow-up surveys
  • Difficulty getting high follow-up rate especially with the second group
• Added names to the Pre-tests and Post-tests
• Changes to the workshop agenda/debrief
Conclusions

• We can create an innovative and effective approach to improving health literacy and resident communication with adolescents

• Adolescents gained knowledge of healthcare resources, were empowered to engage with providers

• Residents became more comfortable discussing confidentiality policies, initiating conversations about sexual health with adolescent patients
References