Application of Health Literacy Best Practices to Engage Patients and Families in Preventing Falls

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BACKGROUND
Patient falls are the second leading cause of hospital adverse events resulting in pain, functional impairment, emotional distress, and sometimes death. These poor outcomes lead to higher overall costs and resource utilization as well as longer length of stay. Falls cost the U.S. healthcare system upwards of $20 billion dollars each year and on average, add 6.3 days to a patient stay.

Health literacy is one factor that impacts patient and caregiver understanding of education designed to reduce the risk of falls. Inadequate health literacy is also a common problem in the U.S., affecting over 80 million people. A common approach to lowering literacy demands on patients is the use of plain language.

METHODS
HD Nursing and one of its health system partners identified barriers to patient and caregiver acceptance and uptake of recommended safety behaviors designed to prevent falls. HD Nursing collaborated with the Center for Health Literacy at the University of Arkansas for Medical Sciences (UAMS CHL), who assessed and edited a series of existing educational materials using health literacy best practices, modified messaging to reflect barriers to action, and field-tested materials.

RESULTS
Iterative Redesign Process

Outcomes/Impact
The improved educational materials are now available to more than 100 health systems who serve tens of thousands of English and Spanish speaking patients nationwide. Each document boasts excellent readability along with superb objective ratings for understandability and actionability. Consumers vetted the new and expanded messaging to convey risk of falling and to engage patients and families as capable partners in the prevention of falls. Materials can be used in both hospital and community settings.

IMPLICATIONS FOR PRACTICE
The process described here underscores the value in partnerships between clinicians and health literacy professionals. Together, the team identified challenges with existing materials, considered health behavior theory and plain language best practices in the editing process, included individuals with inadequate health literacy in an innovative and published methodology for field testing, and produced a series of materials that will be used by thousands of patients nationwide. Other organizations can contribute to individual and population health by applying a similar strategy for iterative document redesign when communicating high-stakes health information to patients and the public.

REFERENCES

PROJECT DESCRIPTION
HD CHL assessed materials for readability using tools validated in English and Spanish. Partners discussed relevant theories of health behavior and identified messaging to be incorporated—specifically to address the health belief model constructs of perceived risk and self-efficacy; thus, messaging was added to better convey risk for falling and to engage patients and families as capable partners in care. Modifications were made to the materials to emphasize these messages and to apply best practices in plain language writing.

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The team conducted a focus group which included individuals at risk for inadequate health literacy. A trained facilitator used UAMS CHL’s innovative “stoplight coding” questions to solicit feedback on content clarity, selected questions from the Patient Education Materials Assessment Tool (PEMAT) to measure readers’ understanding of the content and perceived ability to act on the contents, and asked custom questions to determine how well the new and expanded key messages resonated with readers.

Field testing recommendations informed another series of document edits, and the final English products were translated into Spanish and reassessed to ensure desirable readability in both languages.

Readability Assessment

Sample Documents (Post-Edit)

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Original Text (sample of instruction that was not rated by experts as “actionable” due to lack of specificity): “Look down and place your “nose over your toes” before you stand up.”

Modified Text (additional words added to promote clarity; still perceived as “not actionable” by consumers in field testing): “Look down (but don’t bend down) and place your nose over your toes before you stand up.”

Custom Photo (added to make the instruction actionable):