

How to Evaluate Program Effects on Parental Health Literacy Using the Life Skills Progression Instrument

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Parental Health Literacy is defined as *the social and cognitive skills that determine a parent's motivation and ability to gain access to, understand and use information in ways that maintain or promote health.*¹ Home visitation using reflective practices has been shown to promote parental functional health literacy, a life skill used to manage personal and child health and healthcare.²

Parental health literacy is an underlying social construct that cannot be measured directly but can be estimated by health and healthcare actions, practices and behaviors.³ These things are not health literacy in themselves, but are indicators of a parent's ability to use information and services for health.

The Life Skills Progression (LSP)⁴ includes two scales that estimate two aspects of parental health literacy: Healthcare Literacy (sometimes called Medical Literacy) and Selfcare Literacy (also called Personal Health Literacy). The two scales represent different skills for different functions in different environments. Parents demonstrate their healthcare literacy skills by their use of information adult and child health services. Parental Functional Healthcare Literacy is rated using the following 9-item scale:

LSP Parental Healthcare Literacy Scale (HcL)

<u>LSP Item #</u>	<u>Name</u>
10	Use of Information
17	Prenatal Care
18	Parent Sick Care
19	Family Planning
20	Child Well Care
21	Child Sick Care
22	Child Dental Care
23	Child Immunizations
33	Medical/Health Insurance

Parental Selfcare Literacy (Personal Health Literacy) is demonstrated by preventive parenting practices and health behaviors important to both adult and child health, and rated using the following 7-item scale:

LSP Parental Selfcare Literacy Scale (ScL) (Personal Health Literacy)

<u>LSP Item #</u>	<u>Name</u>
4	Attitudes to Pregnancy
7	Support of Development
8	Safety
11	Use of Resources
24	Substance Use
25	Tobacco
28	Self Esteem

Analyzing Changes in Health Literacy

To obtain a parent's Healthcare Literacy (HcL) Score

1. Sum the available scores of the LSP items in the HcL Scale above. Minimum 7 items
2. Divide the sum by the number of available items. Ignore 0 scores and missing scores.
1. The result is the individual's HcL score.

To obtain an individual's Self-care Literacy (ScL) Score

1. Sum the available scores of the LSP items in the ScL (Personal Health Literacy) Scale above. Minimum 5 items.
2. Divide the sum by the number of available items. Ignore 0 scores and missing scores.
3. The result is the individual's HcL score.

To Quantify Individual Progress (Use your Cumulative Score Sheet)

1. Compare the individual health literacy scale scores at baseline (initial LSP) with subsequent measures.
2. Did the parent move into the target range (>4)? Progress without reaching target range? Stay the same? Regress?
3. To see where progress/regression is happening, examine changes in the individual LSP items on the scale.
4. Count the number of health literacy strengths and health literacy needs, and changes in the ratio of strengths to needs over time.
5. Compare differences between the Healthcare Literacy score and Selfcare Literacy score. Is the parent performing better, or improving more, in one aspect of health literacy vs. the other?
6. Consider how the pattern of progress relates to program priorities. Changes are produced on items that are given consistent attention.
7. Consider how the pattern of progress relates to visitor/service provider characteristics.

To evaluate progress by service provider

1. Select cases by provider.
2. For the caseload, compare changes in the number and percent scoring in and below the target range for Healthcare Literacy (>4) and Selfcare Literacy (>4).
3. Calculate the average health literacy scores for the caseload. Are they improving?
4. Consider what surrounding factors may be influencing health literacy. For example, is insurance status, transportation, or child care a factor in use of health services? Are priority topics routinely and consistently addressed?

To evaluate program effects

1. For the combined program case load, compare changes in the number and percent scoring in and below the target range (>4) for Healthcare Literacy and Self-care Literacy.
2. Calculate the average health literacy scores for the caseload. Are they improving?

References

1. Adapted from the World Health Organization definition of health literacy. Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International*, 13(4), 349-364. Also see Renkert, S. & Nutbeam, D. (2001). Opportunities to improve maternal health literacy through ante-natal education: An exploratory study. *Health Promotion International*, 16, 381–388.
2. Smith SA & Moore EJ (in press). Health Literacy and Depression in the Context of Home Visiting. *Maternal and Child Health Journal*.
3. Ross, W., Culbert, A., Gasper, C. & Kimmey J. (2009). A Theory-Based Approach to Improving Health Literacy. St. Louis: Missouri Health Foundation. Accessed online January 10, 2011 at <http://www.inter-disciplinary.net/wp-content/uploads/2009/06/ross-paper.pdf> Also see Nutbeam, D. (1996) Health outcomes and health promotion: defining success in health promotion. *Health Promotion Journal of Australia*, 6, 58-60.
4. Wollesen, L. & Peifer, K. (2006). *Life Skills Progression: An outcome and intervention planning instrument for use with families at risk*. Baltimore, MD: Brookes.
www.lifeskillsprogression.com

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