

2012

## Health Literacy Dallas

Doug McNabb  
*Southern Methodist University*

Aliya Prasla  
*Southern Methodist University*

Mary C. Corey  
*Southern Methodist University*

Matt Gayer  
*Southern Methodist University*

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1. Health Literacy Dallas
2. Participants
  - a. Doug McNabb, Biology/Pre-Med, Graduating 2013
  - b. Aliya Prasla, Biology, Graduating 2013
  - c. Mary Corey, Engineering, Graduating May2012
  - d. Matt Gayer, Public Policy, Graduating May2012
3. Board of Directors –
  - a. Megan Knapp, M.P.H.
  - b. Nia Parson, Medical Anthropologist
4. Statement of Problem –
  - a. Health literacy is a major issue in American health. Health literacy pertains to how patients obtain, understand, and use health information, as well as how medical professionals communicate medical information to their patients and the public. The economic costs of health literacy are conservatively estimated at over \$70 billion annually in the United States. With recent alterations to the JCAHO standards, as well as pressure from new medical reimbursement legislation, the economics of health communication are only increasing in importance. More importantly though, is the human impact health literacy issues have on Americans. One in seven Americans struggle to read their prescription labels, and over 70 million U.S. adults have limited health literacy. Within the American medical system, there is often an information overload. It is often not too difficult to find health information, whether from a professional, commercial, the Internet, or a friend. The difficulty is finding useful, accurate, information that is in a relevant and useful form for the individual. While health literacy issues affect all demographic groups, certain demographic segments of the population suffer the most. The poor, minorities, the elderly, single mothers, and immigrants all have statistically lower health literacy than other population groups. Often, these groups already struggle to find health care, information, or access, and therefore health literacy concerns only worsen an already difficult situation. Even those who are health literate rely on clear communication sometimes, as studies have shown health literacy to decrease in times of stress, such as when someone is sick, or a loved one is ill. Overall, health literacy is important because without it the medical system cannot function effectively or efficiently. Health literacy is a major problem that is exacerbated by widening cultural miscommunication issues, significant education issues, and the aging American population. Without proper communication, it is difficult to deliver high quality care to anyone. This is most pronounced among lower socioeconomic groups and disadvantaged communities, as well as in communities that do not use English as the primary language of communication. In today's country, and in light of our increasing diversity and struggling education system, health literacy will continue to be an important issue moving forward for Dallas, and our entire country.
  - b. When discussing the type of actions that can be pursued to address the issue of health literacy and poor health communication, it must be remembered that the issue is

diverse, as are the causes and consequences. HLD has been working with the issue of health literacy and communication since March 2009. Since that time we have become a resource for Dallas and Texas, as well as adding to the national information and experience. We will continue our role as a leader by attending the national conference with the Institute for Healthcare Advancement and the regional conference hosted by the San Antonio Health Literacy Initiative. We recently launched Health Literacy Texas (HLT), which is a statewide coalition, in an effort to further efforts in Dallas and across Texas. The original, and main, effort of Health Literacy Dallas has been research into the issue of doctor patient communication. In 2009, HLD created an original survey for medical providers that focus on their relationship with health communication. The survey tried to ascertain if providers realized the extent of the issue of health literacy, as well as the impact it has on patient health. We conducted a pilot study with the survey in 2009-10 and found some very interesting results. Our study showed that nurses with over 15 years of experience responded over 85% of the time that poor communication was an issue and it impacted patient's health. This can be compared to nurses with less than 5 years of experience who responded that same way less than 20% of the time. This disparity is statistically significant, and demonstrates the learning curve for health communication. Since health literacy is not something covered greatly in nursing or medical school, doctors and nurses graduate with a great amount of medical knowledge, while also having a lack of proper communication knowledge. After this initial pilot study, the HLD research team decided to begin our research on a larger scale at Parkland Hospital in Dallas, TX. We have conducted research with the Plastic Surgery Division at Parkland Hospital. The lead HLD contact for this has been Natalie Kashefi, a recent SMU graduate and Texas A&M medical student. We have gathered much data during this research project. Recently it has been decided that the larger study be put on hold, although we are hopeful it will resume soon. In February 2012, HLD will be presenting a grand rounds presentation to Parkland Hospital medical residents that will include our research findings up to this point. During the next year, 2012-13, HLD will try to expand the research study to at least one, and possibly two, new hospitals in Dallas. Our goal will be to do a survey of medical doctors to compare any differences that exist between nurses, residents, and physicians. This is vital to our body of research and can be very important to the overall health literacy field. We also created a patient survey in 2009 that has been used in a limited fashion at Parkland Hospital, and efforts will be made to conduct a pilot study with the patient survey this year.

In addition to research, HLD will continue some of its community efforts. In a push to remain sustainable long term, HLD has decided to scale back some of the community efforts of past years. HLD will continue its work though with adult education partners. HLD has used the "What to Do" book series in the past, created by the Institute for Healthcare Advancement. The book series is a low literacy book series for parents and individuals about different aspects of health. It has been shown to increase the health literacy and knowledge of those who have received the book. HLD will continue to use these books with area adult education programs and create curriculum for the

programs. With our outreach to the Dallas adult education community, a special focus will be on South and West Dallas due to the high level of health disparities that impact these communities. Our community outreach efforts will be complimentary to the research efforts conducted by the organization. We will create an evidence based research platform for our community outreach efforts in order to guarantee our work is making a quality impact.

- c. We hope to gain a lot of knowledge over the next year from our research efforts. After three years, the research is finally coming full circle. After this next year, we would be able to compare the responses of nurses, residents, and physicians. This could be eye opening in terms of how we view health literacy education for medical professionals. Currently, the efforts are fairly standardized and have not been largely segmented by years of experience or specific position. After conducting the research study at another large hospital in Dallas, HLD will be able to verify the results of the survey and hopefully have it fully validated. It already has been used elsewhere in the country, and with validation it could become an invaluable tool to the local and national health literacy community. In addition, further evidence of the need for medical professional education regarding health literacy and communication can help strengthen HLD's position to eventually develop our medical provider education program further. HLD also will try to gain research insights from our patient survey; if it can be validated as well the two surveys will make for a good compliment to each other. In addition to our direct research efforts, the evidence based research efforts for our adult education programs can help add to the body of research for the use of the "What to Do" book and adult education health literacy curriculums. Separately from our research, HLD will also continue to try to develop Health Literacy Texas, HLT, a statewide coalition for health literacy organizations and efforts. HLT is designed to make for a more sustainable and organized effort across the state of Texas.
5. Timeline –
- i. Research Studies –
    1. Present findings of current research at Parkland Hospital – February 2, 2012
    2. Make contacts for new research projects – February – March 2012
    3. Conduct new medical provider research study with provider survey – April – September 2012
    4. Conduct new patient research study with patient survey – June – November 2012
    5. Analyze results during October – December 2012
    6. Purchase books for adult education programs – March 2012
    7. Develop contacts and program outline for adult education and books – March – April 2012
    8. Implement programs and give books to organizations – May – December 2012

9. Increase Health Literacy Texas membership to five – March – October 2012
10. Present at two Texas health literacy conferences, and attend national conference –May 2012, August 2012, and October 2012

6. Anticipated Budget

- a. Supplies and Equipment –
  - i. Books (200) at \$5 each plus S&H - &1,200
  - ii. HLD and HLT brochures - \$600
  - iii. Website – domain name, hosting - \$300
- b. Travel –
  - i. IHA Conference registration, airfare, hotel for one person - \$1,100
  - ii. San Antonio Health Literacy Conference registration, airfare, hotel for one person - \$700
  - iii. Literacy Texas Conference registration, hotel for one person - \$500
  - iv. Health Literacy Texas travel/lodging for meetings - \$600
- c. Copying or Printing Expenses –
  - i. \$0.00
- d. Mailing Expenses –
  - i. \$0.00
- e. Other –
  - i. \$0.00
- f. Total Anticipated Budget –
  - i. \$5,000.00
- g. Person Responsible for funds –
  - i. Douglas McNabb
- h. Signature of Person Responsible for funds –
  - i. Douglas McNabb (electronic signature)