

Parental Expectations in the Care of Their Children with Diabetes: Health Literacy & Communicaiton

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Health Literacy & Communication

- Mostly adult studies
- Most focus on communication of MDs
- Less known about communication in pediatric care

Research Aim

Describe parents' experiences of face-to-face communication with diabetes educators with attention to differences by health literacy level.

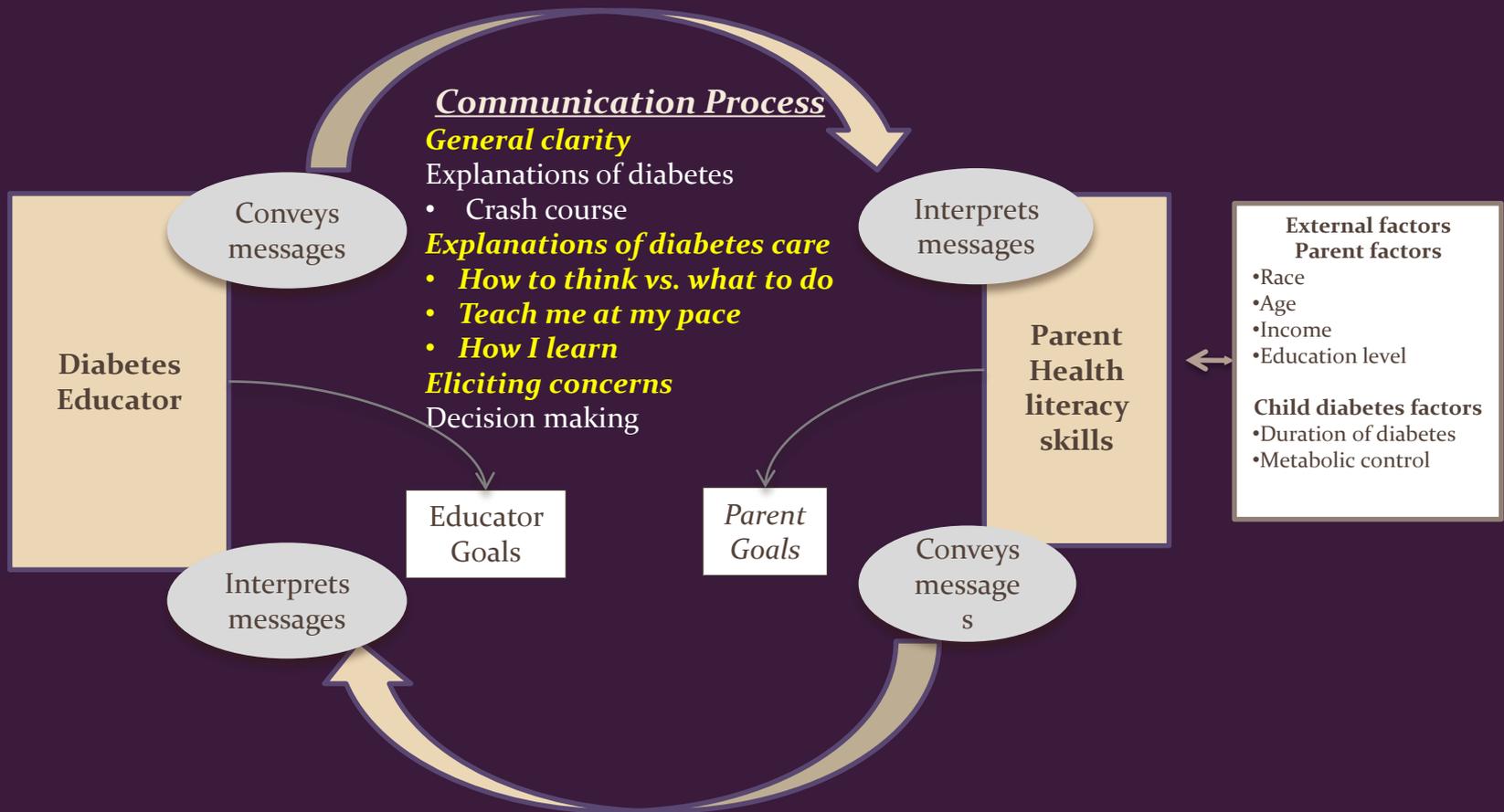
Parent sample

- Sub-sample parents from mixed methods study
- Purposeful sampling
 - 12 adequate health literacy
 - 11 low health literacy
 - 71% mothers
 - 50% White
 - 63% some college
 - 46% income over \$50K

Methods

- Semi-structured interviews
- Tell me about a time when you had to learn something needed to know to take care of your child's diabetes.
 - How did the educator communicate information so it was helpful?
 - How about a time when it was not helpful?
- Transcribed verbatim, uploaded into NVIVO.10

Directed Content Analysis



General Clarity

Low HL

- Misunderstanding of diabetes words
- Misused words

If it's a certain high, I give him so many ounces, if it's low, I give so many ounces.

I knew that it's called a sliding scale but I've been doing it in the machine.

Adequate HL

- Initial confusion easily corrected

Teach Us What to Do vs. How to Think

Low HL

- Focused on tasks

They tell me exactly what I have to do

Adequate HL

- Focused on problem-solving

I always asked questions to make sure I understood why they were making a certain adjustment [insulin], why they were making a change so that when it came time for me to have to do it, I would know how

Teach us at Our Pace

Low HL

- Break it down
- Repeat
- Do not rush

They give us so much so it's hard. Don't overwhelm...break it down to what's the most important thing, don't rush

Adequate HL

- Frustrated with limited info, slow pace

They had to make sure that everyone who comes in had to understand the very basic level. Which is fine, certainly you'd do that, but I think you have to be flexible enough to move at their pace- whoever that is. And I think we were ready to move at a little quicker pace than what they were.

How We Learn

Low HL

- Verbal information alone not adequate.

If you just tell me, I might not remember.”

- Prefer visual cues, hands-on demonstration, practice scenarios

If you're talking about ketones, pull out a ketone strip.

Adequate HL

- Dialogue to think about how to manage diabetes

The way I would approach it is talk through what they're thinking, here's the thought process. What do you think about these numbers, what do you think about these doses? And kind of push someone into that arena of making those decisions.

Conclusion

- Communication : not better or worse but different
- Different learning needs
- Instructor-driven, set curriculum



Learner-driven, problem-based curriculum

Clinical & Research Implications

- Training programs
 - Health literacy & clear communication techniques
 - Teaching strategies
- Diabetes educators knowledge and experience of health literacy and communication techniques
- Effectiveness of structured vs. learner driven, problem-based curriculum