Addressing Health Literacy in the Collection and Use of Patient Reported Data and Patient Reported Outcomes in Research

> Panel Discussion November 1, 2015

Panelists

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 - Professor, Internal Medicine & Pediatrics, Vanderbilt University
- Susan J. Shaw, Ph.D.
 - Associate Professor, School of Anthropology, University of Arizona

Rebecca Sudore MD

Associate Professor, Medicine, UCSF

• William Trick MD

- Director, Collaborative Research Unit, Cook County Health & Hospitals System
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- Associate Professor, Emory School of Nursing
- Director of Center for Neurocognitive Studies

Background

- Increased national interest in patient-centered research
- Increased focus on patient-reported data (PRD) and patient reported outcomes (PROs) for health system reform and for research.
- Funders such as PCORI, NIH, and others are increasing efforts to collect accurate PRD/PROs.
- Health literacy can influence PRD/PROs, although the exact impact and ways to optimize data collection are still being studied.

Example: Heart Failure QoL

- Trial of literacy sensitive heart failure self-care intervention
- Used the Minnesota Living with Heart Failure (MLHF) Questionnaire as an outcome.
- MLHF included 6-point likert scale items.
- Patients had difficulty with understanding and completing this.
- Developed 4 item Likert with Stars to represent severity



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DeWalt et al. *Patient Educ Couns.* 2004;55(1):78-86 DeWalt et al. BMC Health Services Research. 6:30; 2006.

Health Literacy/Numeracy Linked to Poor Understanding

- Over 90% of patients struggle to understand food labels
- Over 2/3 of patients have poor estimation of portion sizes
- Parents had difficulty understanding growth charts, baby formula, WIC guidelines, etc.
- Over ½ of parents would inappropriately give OTC cold medicines to children less than 2 years of age.
- In all studies, subjects with lower Literacy/Numeracy had more difficult time understanding health information.







Rothman et al, AM J Prev Med, 2006 Huizinga et al, *Am J of Prev Med*, 2009 Kumar et al, Academic Pediatrics, 2010



Lokker et al, Pediatrics, 2009 Yin et al, Academic Pediatrics, 2012





Health Numeracy Linked to Worse Diabetes Knowledge

- Difficulties performing many literacy and numeracy related diabetes tasks:
 - Over 25% of patients could not interpret glucose meter
 - Over 40% could not calculate carbohydrate intake
 - Over 30% could not dose insulin correctly







Huizinga et al, BMC Health Services Res, 2008 Cavanaugh et al, Annals of Internal Medicine, 2008

Example: Food Frequency Questionnaire (FFQ)

- 144 primary care patients with type 2 diabetes
- Assessed numeracy with the Diabetes Numeracy Test
- Administered the Block Brief FFQ
- Patients with lower numeracy were significantly more likely to report extremely low or high caloric intake – inconsistent with plausible standards (< 800 or > 4200 kcal/d for men; < 500 or > 3500 kcal/d for women)

Panel Format

- Address 3 Questions
 - For each question panelists will present for 5 minutes
 - 5-10 minutes for *interactive* discussion
- Questions
 - How does health literacy impact the collection and interpretation of patient reported data/patient reported outcomes?
 - What approaches are used to collect patient reported data? How might these approaches be impacted by patient/family health literacy?
 - What approaches would you recommend in the future? What additional research is needed in this area?

How does health literacy impact the collection and interpretation of patient reported data/patient reported outcomes? What approaches are used to collect patient reported data? How might these approaches be impacted by patient/family health literacy? What approaches would you recommend in the future?

What additional research is needed in this area?