## **Avoid Jargon & Acronyms**



## Focus Outward... On the Person

⊗ NOT...

What do/I want to say?

How can I protect **my** interests?

What can I do to **impress** you?

© BUT...

What does **the patient or public** need to know?

How can I serve the patient or public's interests?

What can I **clearly express** to the **patient or public**?

Filter. Package. Stage.

#### **Key Messages:**

#### WHY DON'T **FRIENDS** LET FRIENDS DRIVE DRUNK? ... AND DISTRACTED?

Because we care about each other

- Most Important Messages First
- Limit Number of Messages (List no more than 3-7 bullets long)
- Clearly State Action
- Highlight Positive
- Tell them Gain of Information
- Keep it Short and Encouraging (Like talking to friend)



#### ⊗ NOT...

Why don't friends let friends drive drunk?...and distracted? Because we care about each other.

<sup>☉</sup>BUT...

Because we care about each other...

• Friends find friends a safe ride home.

#### **Key Messages – Exact Actions**



#### ⊗ NOT...

Following safety precautions can prevent foodborne illness.

#### ©BUT...

Follow these rules to avoid getting sick from food:

- Cook meat until it is not pink in the middle.
- Wash your hands after touching raw meat.
- Wash fresh fruits and vegetables before eating them.
- Keep hot food hot and cold food cold.





For more information, call 311 or visit nyc.gov and search for "TEETH"

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## Key Messages- Positive

Don't use the bottle as a pacifier.

Don't put your baby to sleep with a bottle.

Avoid putting sugary drinks in a bottle.

#### BUT...

Use a pacifier instead of a bottle to comfort your baby. Put your baby to sleep with a pacifier or rock them to sleep. Only put water in your baby's bottle if it is not feeding time. At feeding time, use only breast milk or formula. 100% real juice goes in a cup. Your baby does not need sugary drinks.

### Plain Language and Readability. The Key







## How do we communicate better using health literacy constructs?



#### **Theoretical Model:**

Integrated Model of Health Literacy (Sorensen et al., 2012).





## **Pilot Outcomes: TCU Nursing Students**



<b>Table</b>	1:	

#### Materials Review Scores for Common Health Literacy Measures

Materials Reviewed	Readability Score	PEMAT Score	CLAS Score	Source
JPS PowerPoint-Postpartum	6.7	38%-40%	Developing	John Peter Smith Hospital
Baylor Scott and White Postpartum Education	8.8	38%-20%	Not Present	Baylor Scott and White computer-generated postpartum education
Baylor Scott and White Health Customized Communications	7.2	81%-100%	Developing	A New Beginning Book: Dianne Moran, RN, LCCE, ICD and G. Byron Kallam, MD, FACOG
The Woman's Hospital of Texas-Postpartum Discharge Guide	10.4	46%-60%	Not Present	Postpartum Discharge Guide https://womanshospital.com/dotAsset/4ce953d1- ec8f-4f3f-bcf8-2f88cfa3978d.pdf
Save Your Life: Get Care for these POST-BIRTH Warning Signs	9.6	69% -50%	Developing	AWOHNN Postpartum Education Materials https://cdn.ymaws.com/www.awhonn.org/resou rce/resmgr/files/Post - Birth Warning signs 160.pdf
Preeclampsia Foundation	11.0	71%-40%	Developing	Postpartum Preeclampsia https://www.preeclampsia.org/stillatrisk
World Health Organization Maternal Sepsis	7.2	67%-20%	Not Present	Global Maternal and Neonatal Sepsis Initiative http://srhr.org/sepsis/wp- content/uploads/2017/08/WHO Infographic- Maternal-sepsis-overview-EN-A4-WEB.pdf
Postpartum Hemorrhage widiHow by Carrie Noriega, MD Obstetrician & Gynecologist	8.1	80%-80%	Not Present	How to Know if It's Postpartum Bleeding or a Period <u>https://www.wikihow.com/Know-if-</u> <u>It%27s-Postpartum-Bleeding-or-a-Period</u>
NIH Mental Health Postpartum Depression	9.8	64%-60%	Not Present	NIH Mental Health - Postpartum Depression Facts https://www.nimh.nih.gov/health/publications/p ostpartum-depression-facts/index.shtml
American Heart Association Peripartum Cardiomyopathy	9.1	67%-20%	Not Present	AHA Peripartum Cardiomyopathy https://www.heart.org/en/health- topics/cardiomyopathy/what-is-cardiomyopathy-in- adults/peripartum-cardiomyopathy-ppcm
TCC AVS Instructions	6.7	14% - 43%	Not Present	Tyler Circle of Care computer-generated postpartum education.

#### **Interviews:**



- Questions followed the health literacy competencies of Access, Understand, Appraise, and Apply (Sorenson, 2012)
- Interviews were dynamic and allowed for two-way communication and follow-up questions
- All interviews were recorded and transcribed laterallowed for more focused and accurate interviewing

# Preliminary Findings:

- Most providers talked about signs of infection or heavy bleeding
- Did not address other emergent/urgent situations such as severe headaches with blurred vision or calf pain, redness, or swelling
- Experiences were different between first time mothers vs. mothers who already had small children
- Post-partum depression has been a recurring topic with both good and bad experiences

### Make it Look Easy

Good Use of

**Headings & Titles** 

### Language too Complex

#### You are STILL AT RISK after your baby is born!

## **Postpartum** Preeclampsia

#### What is it?

Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to any woman who has just had a baby **up to 6 weeks after the baby is born.** 

Death

#### **Risks to You**

- Seizures
  Organ damage
- Stroke

#### What can you do?

- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.

 Watch for warning signs. If you notice any, call your doctor. (If you can't reach your doctor, call 911 or go directly to an emergency room and report you have been pregnant.)

Severe headaches

Seeing spots

vision changes)

(or other

Shortness

of breath

PREECLAMPSIA

foundation

Trust your instincts.

Warning Signs

Stomach pain

nauseous or

throwing up

Swelling in your

hands and face

Feeling

For more information, go to www.stillatrisk.org

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Preeclampsia Foundation-Postpartum Preeclampsia

#### The problem:

#### Health Literate?!?

11<sup>th</sup> Grade Readability

PEMAT 71%/40%

#### **CLAS: Developing**

#### Postpartum Preeclampsia: Frequently Asked Questions

#### What is postpartum preeclampsia?

Postpartum preeclampsia is a serious condition related to high blood pressure. It can happen to any woman who just had a baby. It has most of the same features of preeclampsia or other hypertensive disorders of pregnancy, without affecting the baby.

#### What causes postpartum preeclampsia?

There's no definitive cause of preeclampsia. Delivery, in most cases, is the acute treatment, not a cure. "It takes time for the uterus to shed its lining after birth, so this process may be behind the delay that's sometimes seen in [postpartum preeclampsia] after delivery," says James N. Martin, MD, past president of the American College of Obstetricians and Gynecologists and member of the Preeclampsia Foundation Medical Advisory Board. It's also possible this condition begins during pregnancy but doesn't show signs or symptoms until after the baby has arrived.

#### When does postpartum preeclampsia occur?

Postpartum preeclampsia occurs most commonly within the first seven days after delivery<sup>2</sup> although you're still at risk for postpartum preeclampsia up to six weeks after delivery.

Can you get postpartum preeclampsia without having preeclampsia during pregnancy?

Yes you can; in fact, you may be at an even higher risk if you did not have preeclampsia during your pregnancy<sup>3</sup>.

#### What are the risk factors associated with postpartum preeclampsia?

The risk factors for postpartum preeclampsia are very similar to those associated with preeclampsia during pregnancy however, any woman -- regardless of previous experience with blood pressure problems, weight, diet, or exercise -- is at risk.



AWOHNN Postpartum Education Materials-Readability Grade Level= 9.6



World Health Organization Maternal Sepsis- Global Maternal and Neonantal Sepsis Initiative- Readability Grade Score= 7.2

#### What about Mom? A Health Literate Perspective to Address

#### TCU

#### **Maternal Mortality in the Postpartum Period**

E. Bohannon, A. Williams, L. Clark, J. Haston, A. Mishu, J. Morales, M. Phillips, K. Rogers, G. Synder, A. Wuller, Faculty: M. Stark, MSN, RNC-OB, Contributor: T. Wagner DrPH UNT HEALTH Public Health Clinical Group 107, Texas Christian University | Harris College of Nursing





#### **Methods**

- Assessed Tarrant County communities and maternal mortality rates
- Connected with stakeholders at three Infant Health Network meetings
- Researched articles related to health literacy in educational documents
- Collaborated with Teresa Wagner DrPH Created a postpartum education
- pamphlet and a magnet
- Assessed readability of materials
- Performed material analysis of project sources with the Patient Education materials Assessment Tool for Printable Materials (PEMAT-P) and CLAS score (Culturally and Linguistically Appropriate Services) in Health and Healthcare
- Partnered with nurses at the Andrews Women's Hospital at Baylor All Saints and current graduate students at UNTHSC to discuss health literacy and obtain feedback on pamphlet development from nurses and community health workers
- Redesigned IPS Postpartum Education Powerpoint

#### Purpose

To educate healthcare providers on how to teach at a level where patients can obtain, read, understand and use health information to make appropriate health decisions related to postpartum discharge instructions.



#### Outcomes

- TCU nursing students designed a pamphlet and magnet based on stakeholder input
- Associated faculty members and stakeholders agreed upon formatting and implementation of the entire project into the community.
- Presented the material at UNTHSC. Baylor All Saints. Infant Health Network Meeting, and the TCU Rickel Gym to inform others of the progress we have made with our project.



Assessed and re-designed pamphlet and

magnet for readability in addition to

Focus groups of Baylor All Saints

nurses, UNTHSC graduate students,

community health workers, and new

mothers in Fort Worth and Tyler, TX

comments and constructive criticism.

evaluated the pamphlet and left positive

health literacy and cultural



#### **Objectives**

- Aggregate discharge instructions from last semester's clinical project into one condensed and health literate pamphlet
- Design a simple and health literate magnet with the most emergent postpartum symptoms
- Educate graduate students at UNT Health Science Center in an interprofessional presentation on the importance of teaching in a health literate manner
- Incorporate the combined recommendations from Baylor All Saints obstetric nurses, community health workers and patient focus groups to meet Tarrant County postpartum population needs

#### Recommendations

Our clinical group recommends using our newly created post-partum discharge materials and incorporating this information into a phone application that is available to mothers 24/7.

**Evaluations** 

appropriateness.

## **Appointment Process**

- Keeping all appointments, yours and babies is important
- □ All mom's have a 6 week appointment
- Cesarean section mom's have an appointment at 2 weeks
- □ Some mom's have a B/P check
- Babies have to be seen within <u>1-3 days</u>
- Lactation appointment-with newborn
- Keep track of your families health and any appointments with JPS MyChart
- Please ask questions



## **Important Dates**





## Pilot Outcomes: Interprofessional Education



#### **Interprofessional Education:**

#### What is IPE?

- IPE provides occasions when students from two or more professions in health and social care learn together during all or part of their professional training.
- Objective of cultivating collaborative practice for providing patient-centered care.
- Students learn about, from and with each other to enable effective collaboration and improve health outcomes.

#### **Benefits:**

## What is the benefit for students and patients?

- Empowers Team Members
- Closes Communication Gaps
- Enables Comprehensive Patient Care
- Minimizes Readmission Rates and Preventable Harm
- Promotes Team Mentality
- Promotes Patient-Centered Care

## https://unthsc.mediasite.com/Med iasite/Play/7366d588c2c648c9bc8 48eb50cdc137c1d

#### Inter-professional Education:





#### Student Learning & Growth:



- "I have realized my self-awareness to health literacy has improved because I notice signs and advertisements that are not health literate whenever I am in public places."
- "I gained insight about health literacy when Dr. Wagner came and presented to us on the topic. When she made us interact and read the words that were jumbled and then asked us the meaning, it made me realize what it feels like for the patients who struggle."
- "It was really amazing getting involved in the community and feeling like we made a difference."
- "I am SO proud of the event that we put on. It was a lot more successful than I ever could have imagined and it seemed like the women really learned a lot. Overall, I really loved this course and our group's project. Not only did I learn so much about how to work with a community, throughout this semester I grew more passionate about efforts to decrease infant mortality."



## Let's Practice



#### **Activity:**

Choose a topic to use with your students or employees to teach health literacy.

#### Your challenge:

- You work as an educator.
- Think about a public health topic for students' or providers service learning.
- Go online and find existing materials to support the topic or consider where you might gather materials.
- Review them for health literacy and use as a teaching opportunity for health literacy principles.

#### **Activity:**

Discuss your profession's role in communication with patients and the public.

#### Your challenge:

- You work in a community with limited resources.
- You have a high maternal mortality rate.
- Develop a Promotion Plan using plain language and a catchy name for the App.
  - 3 Key Messages
- Discuss how each of your professions could promote and encourage use of the App by new moms.



### IHA Conference May 2019

## **THANK YOU**

