

Health Literacy for Parents of Young Children
Evaluation Summary
June 2008

This summary highlights key findings from an evaluation of the Health Literacy initiative led by the Kansas Head Start Association with funding from UMHMF. The evaluation included written pre-tests from 308 parents at five public health sites; written post-tests and interviews with 155 parents; and feedback from site staff and KHSA project team members.

- Results for five outcomes proposed in our grant to KHSA are as follows:
 - 81% of parents reported using the book after they received the training, slightly more than the 80% projected in the grant application.
 - 88% of parents reported increased confidence in taking care of children's minor illnesses and injuries after they completed the training, higher than the 75% increase anticipated in our application.
 - 37% of parents reported a projected change in how they would handle an illness or injury; that is, they said that they would had taken a child to the emergency room or doctor in the past for situations they now felt could be handled at home. This exceeds our anticipated decrease of 30% and is also very similar to the results we have seen with health literacy education in our Head Start programs (40% reduction in ER visits and 39% reduction in doctor/clinic visits).
 - Sites had more difficulty with reporting changes in days lost from school or work. We had anticipated that sites would be able to cross-check reported incidence of illness or injury with their medical records; however, this was not possible due to staff time constraints and other barriers. We did learn that 25% of parents reported that their children had missed more than one day of school, and 32% reported more than one day missed from work between the training and the post-test. However, we were not able to obtain reliable data on pre-training incidence of missed days and therefore cannot report the effect of the training on this variable. Given the consistency of the first three outcomes with our Head Start results, we can estimate a similar reduction of 29 to 41%.

- Other evaluation findings beyond the grant outcomes include:
 - Approximately 45% of the families reported that the hospital or emergency room is their primary source of care when their children become sick or injured.
 - 82% of parents did not have a health book in their homes prior to the training.
 - Parents reported using the book for a variety of reasons beyond an immediate medical problem: 52% said they used it to prepare for future sicknesses or injuries; 62% reported using it to learn about children's health in general; and 32% said they read the book to learn about adult health issues.
 - Books were shared with other adults in the household—one-third of parents said another adult had used the book to learn about caring for a sick or injured child, and half said another adult used the book to learn about adult health issues.

- Almost two-thirds (64%) of parents told someone else about the book, and slightly more than a quarter loaned the book to someone else.
- Parents who had private insurance were less likely to read the book and also more likely to be frequent utilizers of health care.
- Parents were also very positive about the training they received—88% reported that the book was presented “very well.”
- Variation in delivery methods and parent participation:
 - The project was designed to test different methods of delivering the training which would be more compatible with public health sessions than the “one big event” typically used in our Head Start programs. Sites had three options: one-on-one sessions with parents using the flip chart; small group sessions using flip charts and PowerPoint presentations; and larger group sessions. Mexican-American Ministries, Silver City and Shawnee County used the first and second options, while Health Opportunities Project and Saline County scheduled larger groups.
 - Our finding was that those sites which incorporated the training into existing interactions with parents (e.g., at immunization clinics) were much more successful in reaching parents than those that scheduled a “new event.”
 - Parents who spent more time in training sessions with staff generally showed better outcomes than those with less time. This suggests the value of several sessions incorporated with regular visits.
- Practitioner training:
 - Sites requested that the practitioner (presenter) training be self-paced; that is, KHSA provided the training in PowerPoint format with an accompanying trainers’ manual, which was reviewed by the prospective staff presenters individually or in small groups with the site project manager.
 - We learned that although the presenters were experienced public health educators, the self-paced approach was not as effective as a more formal method would have been. Educators have not had previous training on working with low-literacy clients and the most effective instructional techniques to reach these clients. They also would have benefited from having the opportunity to develop a more formal plan for how they would present the training.
- Summary of lessons learned:
 - Incorporate health literacy training into existing interactions with clients, not as a new or separate event that may be difficult for clients to attend.
 - Offer follow up coaching and more specific health information in subsequent sessions; more time and reinforcement creates added benefits.
 - Include a day-long “train-the-trainer” session to increase understanding of working with low-literacy clients; familiarize trainers with the curricula and other resources; and allow time for planning among the presenters.