Parental Health Literacy and Acute Care Utilization in Children with Medical Complexity

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Parental Health Literacy and Acute Care Utilization in Children with Medical Complexity

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BACKGROUND

• Inadequate health literacy (ability to find, understand, and use health information) is associated with poor health outcomes and high health care costs.
• Children with medical complexity (CMC) have high rates of acute care utilization.
• Understanding parental health literacy in CMC and its relationship to acute care utilization may inform interventions designed to lower utilization.

OBJECTIVE

To examine parental health literacy for CMC and determine its association with acute care utilization.

METHODS

Design: Cross-sectional study
Participants & Time Period: CMC with complex chronic conditions (CCC) enrolled in the primary care clinic or CMC clinic at the study site.

Exclusion criteria: Parents who were Non-English speaking

Main Predictor: Single Item Literacy Screener (SILS): SILS measures the frequency of needing assistance when reading medical information (Table 1)

Main Outcome: Acute care utilization as defined by annual emergency department (ED) visits, hospitalizations, and associated costs.

Analysis: Bivariate associations were analyzed with X² test and multivariable associations with a generalized linear model with log link and time from first to last episode as offset, adjusting for demographic and clinical characteristics.

RESULTS

• About 94% of parents had adequate health literacy (Table 2).

• We found few associations of parental health literacy with acute care utilization.

• In contrast, parents with Inadequate health literacy had decreased ED costs compared to parents with High health literacy.

• About 94% of parents had adequate health literacy (Table 2).

CONCLUSIONS

• Parents of CMC had high rates of adequate health literacy as measured by the SILS.

• Future studies should determine if this is common among parents of CMC or unique to our study population.

• We found few associations of parental health literacy with acute care utilization.

• Future studies should examine if additional components of health literacy (listening, speaking, numeracy skills) not included in the SILS better predict acute care utilization in CMC.

Table 1: Categorization of Responses from the Single Item Literacy Screener (SILS)

<table>
<thead>
<tr>
<th>Survey Response</th>
<th>Adequate</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
<td></td>
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<tr>
<td>Often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always</td>
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For questions, contact the author at eggoodwin@cmh.edu