**Health Literacy Assessment: a Strategy to Promote Health Care Compliance and Continuity of Care in Special Populations**

*Barbara Holstein, MSN, FNP, Nikki Mihalopoulos, MD, MPH, Jennifer Clifton, DNP, FNP, CNE, Jia-Wen Guo, PhD, RN*

**Special Populations Need Special Medical Homes**

<table>
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<th>Foster Care Children</th>
<th>Refuges</th>
<th>Correctional Residents</th>
<th>Mentally Challenged</th>
<th>Vision Impaired</th>
<th>Physically Disabled</th>
<th>Chronically ill</th>
<th>Homeless</th>
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**BACKGROUND**

- Medical clinicians within the Juvenile Justice system need baseline Health literacy levels of this population to ensure effective communication.
- The REALM-TEEN, a research tool, was developed to measure adolescent health literacy.
- Those who developed the REALM-TEEN called for its application to "special populations of adolescents" to account for cultural, societal, technological, and systemic differences.
- During REALM-TEEN developmental study racial and gender differences in health literacy indicated a need for recognition of health disparities.

**METHODS**

**SAMPLE**

- Convenience sample: 174 adolescent residents in juvenile correctional facilities
- Inclusion Criteria: Resident of juvenile correctional facility
- Completion of the 5th grade through the 12th grade: regardless of age, race, gender
- Exclusion Criteria: No formal education beyond completion of high school

**Study Procedure**

- Demographic survey-age, ethnicity, gender, last completed grade
- CITI-trained investigators administer REALM-TEEN
- Sixty health-related words pronounced by juvenile residents
- Dictionary pronunciation used as scoring standard
- Raw score of completed questionnaires correlated to a reading-grade estimate

**ANALYSIS**

- Scoring of the correctly pronounced words which are then related to a corresponding reading-grade level estimate
- Descriptive statistics to examine reading level by participant characteristics: age, gender, race, ethnicity in addition to each individual juvenile facility type
- Statistical significance set at p < 0.05

**RESULTS**

**Reading Grade Levels- Percentage of total Sample**

**INCREASE HEALTH PROMOTION, DISEASE PREVENTION, PATIENT COMPLIANCE AND CONTINUITY OF CARE THROUGH HEALTH LITERACY ASSESSMENT, EFFECTIVE COMMUNICATION AND AWARENESS OF DIVERSITY**

**CONCLUSIONS AND IMPLICATIONS**

- Caucasian health literacy significantly higher than that of non-Caucasians
- Significantly lower health literacy at secure care/gang affiliated facility
- 67.6% participants at their reading grade level
- 13.5% participants one grade level below
- 12.2% participants two grade levels below
- 6.8% participants three grade levels below
- Small numbers of females enrolled
- REALM-TEEN available only in English

**FUTURE IMPLEMENTATION**

- Tailor patient/provider communication for optimal understanding
- Written: user friendly materials-appropriate reading level
- Oral: Plain English, decreased medical jargon, teach-back method
- Shared decision making
- Empowerment of adolescents to manage health care now and in the future as an adult

**Specialized Continuity of Care**

**Juvenile Medical Home Logic Model**

**Interventions**

Tailor patient/provider communication for optimal understanding
- Oral: Plain English, Teach Back Method, decreased medical jargon
- Written: User friendly materials at appropriate reading level
- Shared decisions-making
- Empowerment of patient to manage health now and in the future
- Incorporate interventions in an appropriate medical home setting