

Understanding the Health Literacy Strengths and Weaknesses of an antenatal clinical cohort: an interim analysis

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Background

Health Literacy measurement tools are often unidimensional and only focused on reading and numeracy skills in a medical setting. New tools such as the Health Literacy Questionnaire (HLQ) are multidimensional and aim to identify strengths and limitations of a population. There are minimal data about the multidimensional Health Literacy profile of women accessing antenatal care.

Aims & Methods

Aim:
To measure and describe the strengths and limitations of women accessing antenatal care using the HLQ.

Inclusion criteria:

Attending a second trimester appointment at Bendigo Health. Able to read and speak English to a level sufficient to complete questionnaires.

Exclusion criteria:

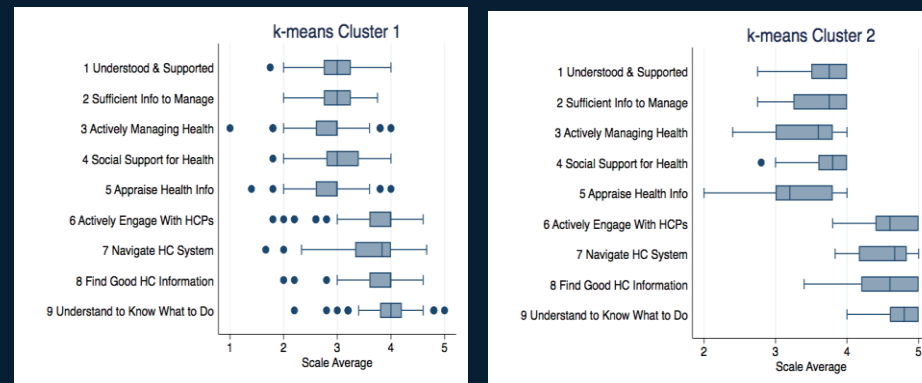
<18 years old
Employees, students or volunteers (previous or current) of the hospital
Participant numbers: 200 (interim analysis within a larger project linking HLQ clusters with PROMs/PREMS)

Analysis:

Cluster analysis was performed using k-means clustering

Results

The graphs below give the distributions of scale scores for Cluster 1 and Cluster 2 respectively.



Scale	Cluster 1 Median (IQR)	Cluster 2 Median (IQR)
1 Understood & Supported	3.00 (2.75, 3.25)	3.75 (3.50, 4.00)
2 Sufficient Info to Manage	3.00 (2.75, 3.25)	3.75 (3.25, 4.00)
3 Actively Managing Health	3.00 (2.60, 3.00)	3.60 (3.00, 3.80)
4 Social Support for Health	3.00 (2.80, 3.40)	3.80 (3.60, 4.00)
5 Appraise Health Info	3.00 (2.60, 3.00)	3.20 (3.00, 3.80)
6 Actively Engage With HCPs	4.00 (3.60, 4.00)	4.60 (4.40, 5.00)
7 Navigate HC System	3.83 (3.33, 4.00)	4.67 (4.17, 4.83)
8 Find Good HC Information	4.00 (3.60, 4.00)	4.60 (4.20, 5.00)
9 Understand to Know What to Do	4.00 (3.80, 4.20)	4.80 (4.60, 5.00)

Discussion

The HLQ can be used to identify distinctive Health Literacy clusters within an antenatal cohort.

This interim analysis shows two distinct clusters and gives information regarding the relative strengths and weaknesses of the clusters rather than an absolute score termed 'adequate' or 'inadequate'

Ongoing work to broaden the sample size to confidently identify further clusters, describe underlying demographics and link to outcomes needed.