

# 2018 Parenting Plus: Embedding Health Literacy training into New Parents Groups

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## Research Team

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### WSLHD

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## Funding

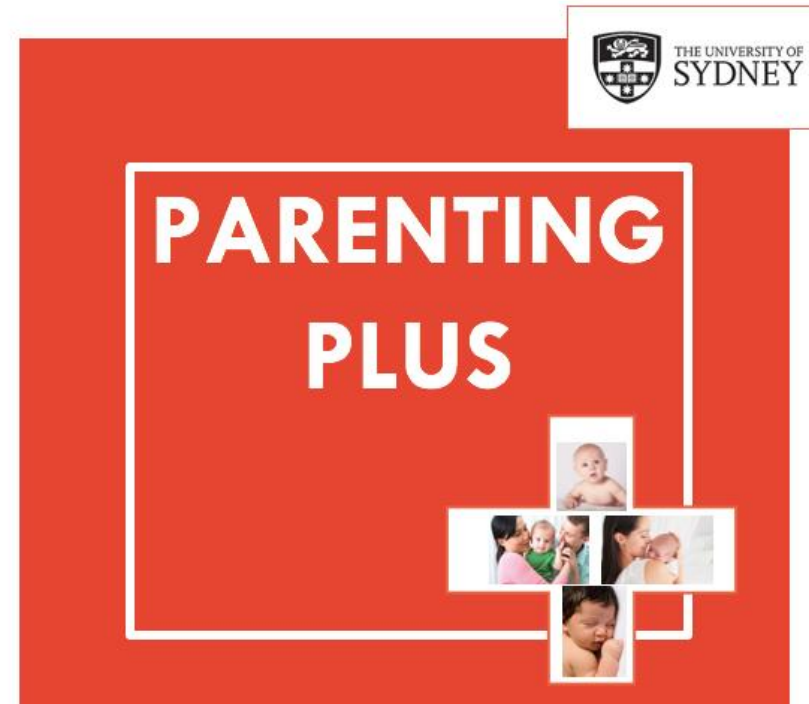
- WSLHD REN Grant (2018)
- WentWest CDP Grant (2018)

# Background

- A significant proportion of new parents have lower health literacy but few health literacy interventions exist for this group. (Mackley, Winter, Guillen, Paul, & Locke, 2016)
- Previous research has linked low levels of parental health literacy with poorer child health outcomes (Dallacker, Hertwig, Peters, & Mata, 2016; Keim-Malpass, Letzkus, & Kennedy, 2015)

# Parenting Plus Program Objectives

To assess the feasibility of delivering health literacy content within existing New Parent's groups, examining the usefulness of materials, and parent and healthcare provider responses.



# The Parenting Plus program

- Program content was informed by a successful health literacy program delivered in adult education settings (McCaffery et al., 2016) and local and national health literacy guidelines.
- The program has been jointly developed and iteratively revised with input from frontline health practitioners (Child and Family Health Nurses), health literacy content experts, consumers and stakeholders (NSW Health; WSLHD staff).

# The Parenting Plus program

- The Parenting Plus program embeds graded health literacy skills across a number of health topics relevant to new parents.

# The Parenting Plus program

Topic	Examples of embedded content mapped to functional, communicative and critical health literacy (HL) skills
<b>1. Taking temperatures</b>	<ul style="list-style-type: none"><li>• Functional HL skills: Reading a thermometer</li><li>• Communicative HL skills: Reading health information (e.g. mastitis)</li><li>• Critical HL skills: Discerning when to seek medical advice</li></ul>
<b>2. Medication dosage and timing</b>	<ul style="list-style-type: none"><li>• Functional HL skills: Measure out doses correctly</li><li>• Communicative HL skills: Interpret directions for taking the medicine when instructions are clear</li><li>• Critical HL skills: Interpret directions when there is ambiguity in the instructions</li></ul>
<b>3. Shared decision making</b>	<ul style="list-style-type: none"><li>• Functional HL skills: Question-asking skills to clarify meaning</li><li>• Communicative HL skills: Question-asking skills to extract information about test/treatment options, benefits and harms</li><li>• Critical HL skills: Integrate knowledge with preferences to make an informed decision</li></ul>

# The Parenting Plus program (continued)

Topic	Examples of embedded content mapped to functional, communicative and critical health literacy (HL) skills
<b>4. Preventative measures</b>	<ul style="list-style-type: none"><li>• Functional HL skills: Understand dates in terms of months and years</li><li>• Communicative HL skills: Extract information from leaflets and other written text (e.g. immunisation schedule)</li><li>• Critical HL skills: Critically appraise implications of immunisation for the individual and community</li></ul>
<b>5. Understanding nutrition labels and nutritional information</b>	<ul style="list-style-type: none"><li>• Functional HL skills: understand the format and information given in nutrition labels</li><li>• Communicative HL skills: Correctly interpret RDI on labels</li><li>• Critical HL skills: Assess health claims on food packaging</li></ul>



# The Parenting Plus program (continued)

Topic	Examples of embedded content mapped to functional, communicative and critical health literacy (HL) skills
<b>6. Diet, weight control and post-partum physical activity</b>	<ul style="list-style-type: none"><li>• Functional HL skills: Read and understand the Dietary Guidelines</li><li>• Communicative HL skills: Access sources about weight control</li><li>• Critical HL skills: Applying the guidelines in everyday life</li></ul>
<b>7. Accessing resources</b>	<ul style="list-style-type: none"><li>• Functional HL skills: Searching for health information online</li><li>• Communicative HL skills: Extracting information from health websites or apps</li><li>• Critical HL skills: Critical appraisal of parenting Apps and websites</li></ul>

## Recruitment and delivery

- Parents were recruited from existing parenting groups delivered by NSW Health and community organisations in western Sydney.
- To facilitate program delivery, all facilitators received a facilitator's handbook and syllabus including detailed instructions for course delivery, student worksheets and stimuli for delivering the program.
- Participating parents received a workbook and summary document with key messages from the program.

# Facilitators and Facilitator Training

## Facilitators

- Maureen Remfrey Child and Family Health Nurse Western Sydney
- Debbie Wilkin Child and Family Health Nurse Western Sydney
- Anne Harris GPLN Child and Family Western Sydney
- Anne McIntyre Child and Family Health Nurse Western Sydney
- Norma Boules Community Migrant Resource Centre
- Nelma Galas Westmead Hospital Women's Health Clinic

All facilitators attended a half-day training session prior to program delivery

## Feasibility Study - Methods

- Multi-centre feasibility study using a seven-group pre-test post-test design.
- Parents aged over 16 years whose child was between 4-26 weeks with sufficient English fluency were invited to participate in a free 4-week health literacy program (4x2-hour sessions).
- Program delivered by trained facilitators (e.g. GP Liaison Nurses; Child and Family Health Nurses).

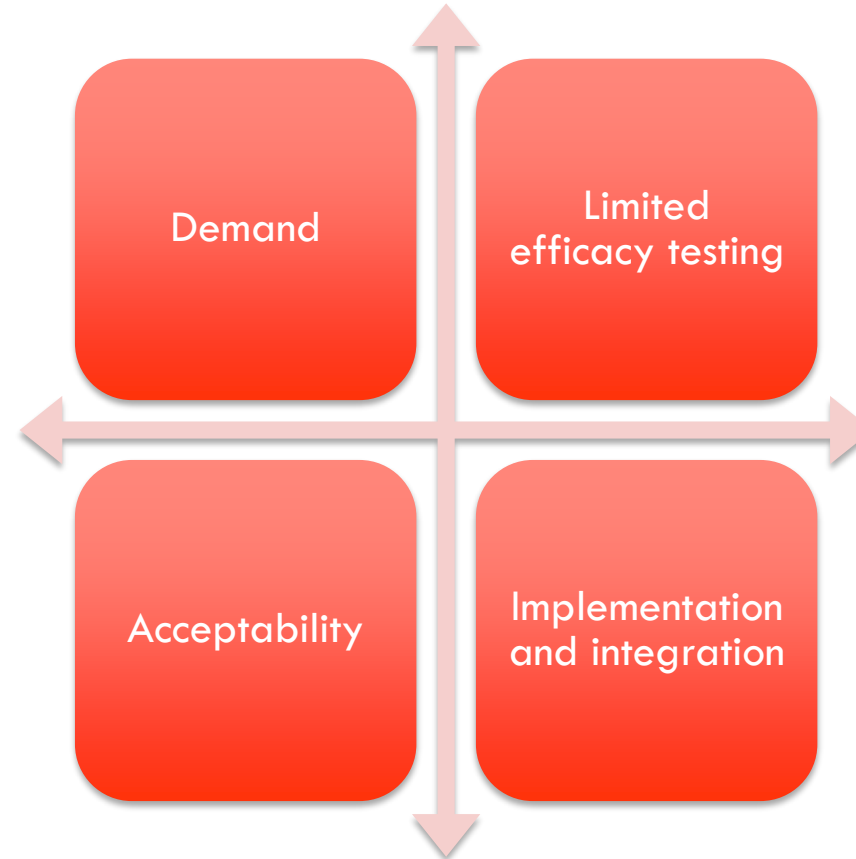
# Feasibility Study – Evaluation

- Mixed methods evaluation
  - Quantitative data analysed descriptively
  - Qualitative data (focus groups; observations; interviews) analysed using the Framework approach.



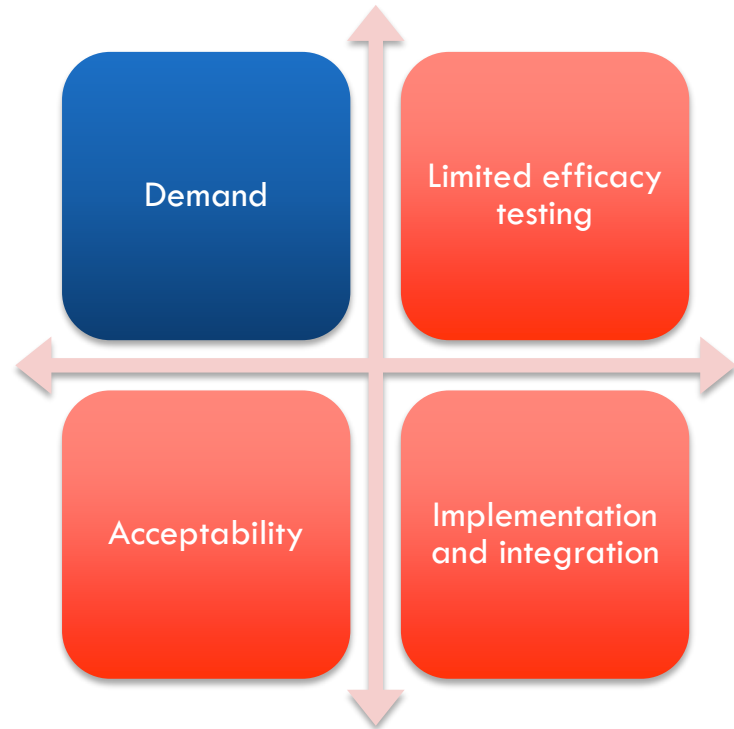
# Feasibility Study – Evaluation

Key areas of focus:



Bowen, D. J. P., Kreuter, M. P. M. P. H., Spring, B. P. A., Cofta-Woerpel, L. P., Linnan, L. S. C., Weiner, D. P., . . . Fernandez, M. P. (2009). How We Design Feasibility Studies. *American Journal of Preventive Medicine*, 36(5), 452-457.

# Results



- Ninety-four people expressed interest in the study. Of those, 73 participants (78%) attended the first session and completed baseline data.
- N=46 (64%) participants completed at least 3 of the 4 sessions.

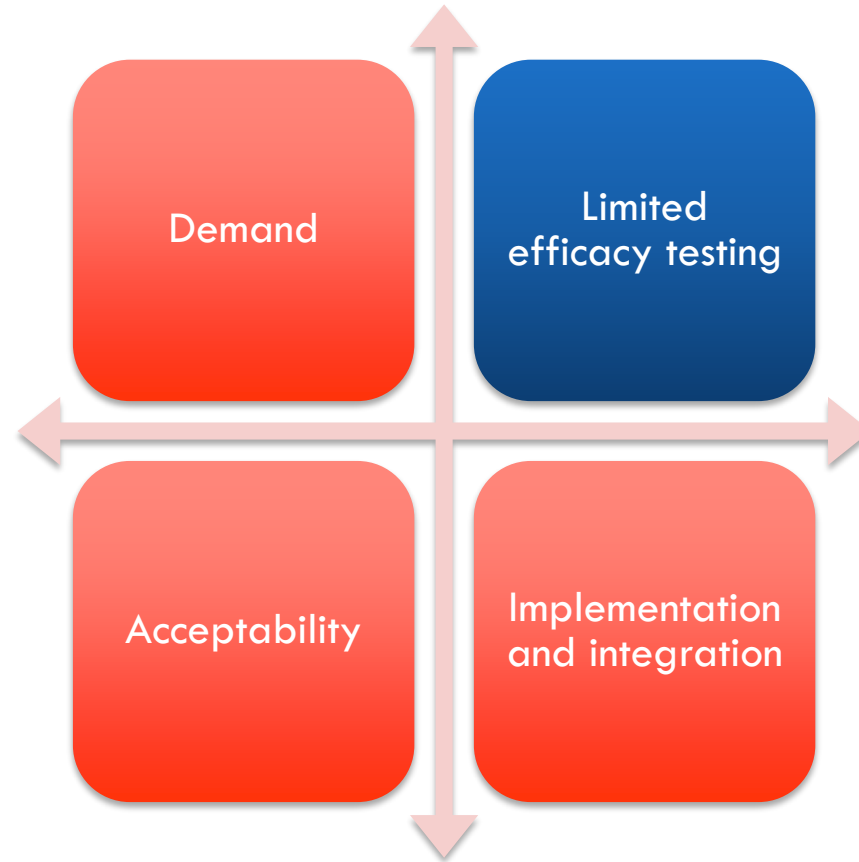
## Results – Participant demographics

	<b>Mean</b>	<b>SD</b>
<b>Age (years)</b>	32.4	6.3
	<b>N</b>	<b>%</b>
<b>Education</b>		
Bachelor or higher degree	58	79.5
Other	11	20.5
<b>Highest level of school education</b>		
Year 12 or equivalent	67	91.9
Less than year 12 or equivalent	4	5.5
<b>Country of Birth</b>		
Australia	25	34.2
Other	48	65.8
<b>Years since arrival in Australia<sup>a</sup></b>		
<5 years	17	38.6
5-9 years	5	11.4
10-14 years	7	15.9
15-19 years	2	4.5
>20 years	7	15.9
<b>Single Item Literacy screener (limited health literacy)</b>	5	6.8

N = 73



# Results



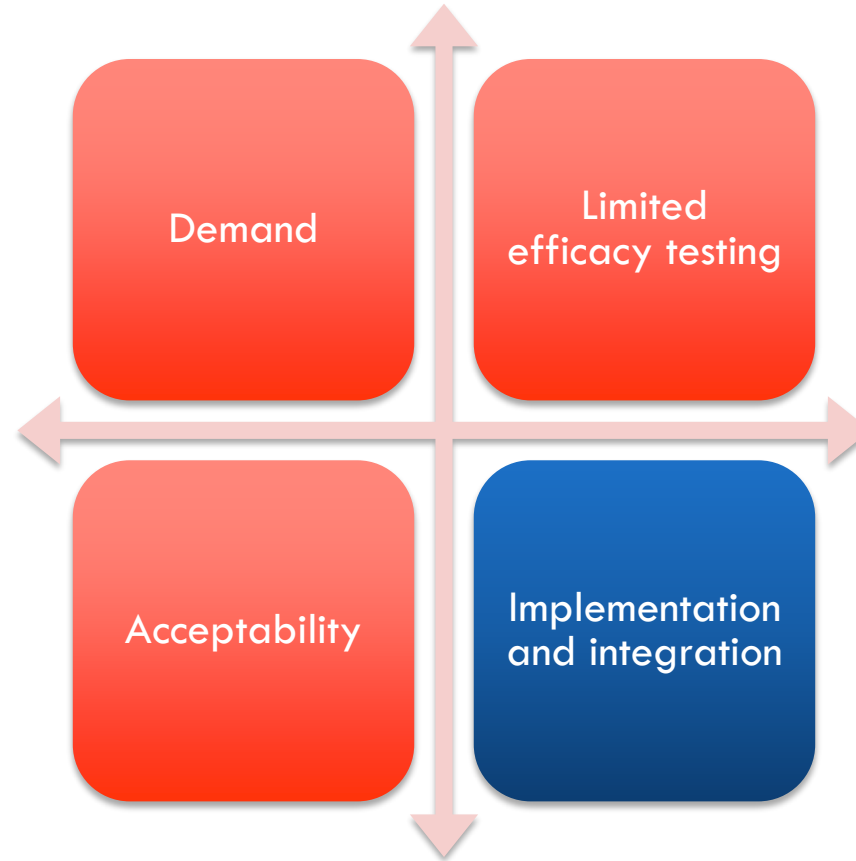
## Results – Efficacy testing

- Health literacy skills (10 items)
- Health knowledge (8 items)
- Confidence (1 = low confidence – 5 = high confidence)

## Results – Efficacy testing

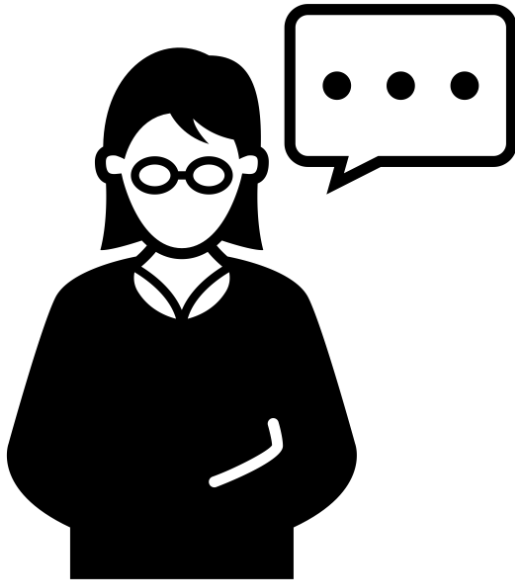
Measure	Baseline		Follow-up		Change (Follow-up – Baseline)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<b>Health literacy skills (10 items)</b>	8.1	1.8	8.6	1.2	0.5	1.6
<b>Health knowledge (8 items)<sup>a</sup></b>	6.3	1.3	7.0	1.1	0.6	1.1
<b>Confidence in health skills (1 = low confidence – 5 = high confidence)</b>	4.2	0.7	4.6	0.4	0.3	0.4

# Results



## Qualitative results – Implementation and integration

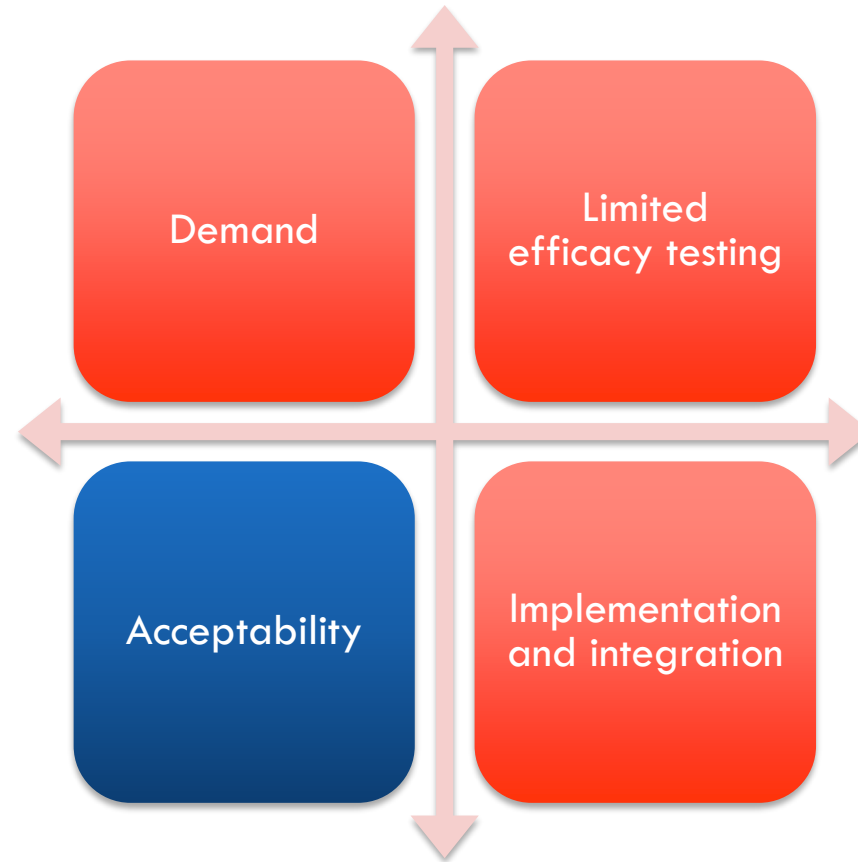
- Program successfully implemented across all sites.



Created by Thuy Nguyen  
from Noun Project

- The goals of the program aligned with facilitators' professional roles.
  - The skill-development and empowerment focus of Parenting Plus complemented values of their existing roles to support parents to be more independent and actively involved.
- Facilitators adapted the program to meet teaching and learning needs (e.g. embedded group discussions).

# Results



# Qualitative results – Acceptability

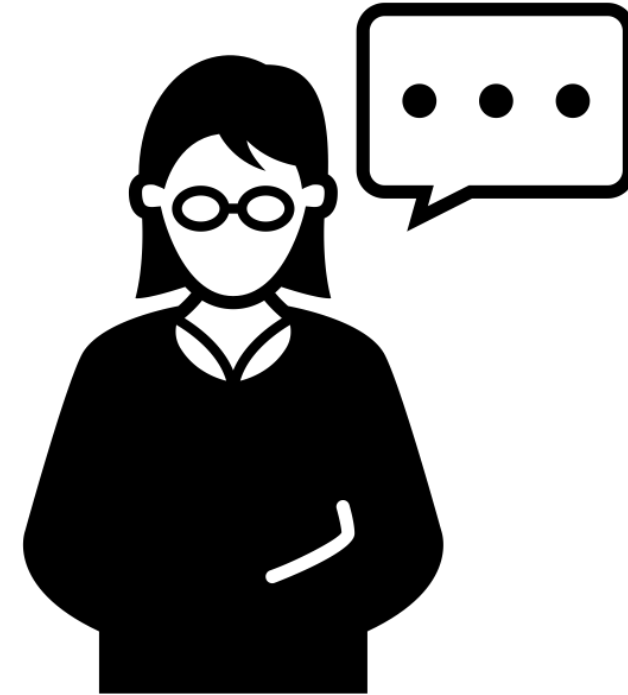


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- Overall, learners perceived that they had increased their knowledge and skills.
  - Particularly recent migrants.
- Program was a “*good reminder*” to consolidate previous learnings and provided a more systematic way of thinking about health behaviours.
  - Particularly valued at a time when they felt “*so bombarded with... stuff all the time*”.
- Desire for more information about parenting topics of interest (e.g. developmental milestones).

## Qualitative results – Acceptability

- Accommodating the diverse needs of learners was a complex negotiation.
- Tried to adapt the program and the “pitch”, particularly for learners who spoke English as a first language, such as by either skimming over some sections or introducing new content to maintain learner interest.



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from Noun Project



# Lessons learned

- Importance of feasibility testing.



Image source: <https://www.clinicaltrialsarena.com/news/medical-devices/early-feasibility-study-challenges-medical-devices/>

## (Some of the) Lessons learned

- Adapted from an Adult Basic Education program delivered at TAFE.



- Need for sufficient flexibility in programs which are offered ‘universally’.
- Importance of equipping facilitators with the skills, time and agency to modify program materials to meet the diverse needs of their cohort.

## (Some of the) Lessons learned

- Need to balance participant expectations of simple information provision about parenting topics of interest (e.g. developmental milestones) with the skills-directed focus of health-literacy training.

**Health  
Literacy**  **Information  
Provision  
(only)**

## (Some of the) Lessons learned

- Ceiling effects on several quantitative measures also shed light on the utility of different measurement instruments in this context.



Image source: <https://wattsupwiththat.com/2014/08/24/changes-coming-to-wuwt/>

## Conclusion and future directions

- Findings suggest that embedding health literacy within existing parenting classes could be a feasible mechanism to increase the health skills and knowledge of Australian parents.
- Having established feasibility, we are now better placed to incorporate the ‘lessons learned’ and move on to a more structured trial of efficacy using a research design to fit that goal.

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