Introduction

Inadequate health literacy disproportionately affects older adults in the United States. The complexities associated with managing chronic disease, language barriers, cultural differences, cognitive and sensory changes associated with aging, increase challenges in educating this highly vulnerable group. A number of issues plague the HCP process and the understanding of its importance. About 70% of older adults aging, increase challenges in educating this highly vulnerable adult in the United States. The complexities associated with understanding of its importance. About 70% of older adults.

Clinical Question

What is the effectiveness of an educational group medical visit Care Proxy (HCP) among Spanish-speaking patients who are "Maintenance" by providing the educational HCP to the differences, cognitive and sensory changes associated with managing chronic disease, language barriers, cultural adults in the United States. The complexities associated with understanding of its importance. About 70% of older adults.

Theoretical Framework

RE-AIM framework was used to evaluate implications for the group medical visits that measured the understanding of the HCP process and importance.

Methods

• The legal Health Care Proxy form of Massachusetts was used to create the power point presentation of the pre and post-test.
• The initial power point presentation and pre and post-test were designed in English.
• A third-grade reading level and simple illustrations with primary colors were used on each slide of the power point.
• The completed power point presentation included five slides, each slide focused and addressed each of the explained questions on the original HCP of Massachusetts.
• The pre and post-test were designed to have the same order as the HCP form of the State of Massachusetts.
• Each survey used the same five questions as the legal form. These questions were: What does the HCP Law allow? What can my Agent do? How do I fill out the form? Who should have the original and copy(s)? and How can I revoke or cancel the document?
• Each survey was designed to use the same questions. A Likert scale on each answer validated measurement of the results.

Participants

A total of 65 (12\% of those who participated in the GMV, including patients and their caregivers, completed the pre-test and post-test. Of these, 83\% were patients and 8\% were caregivers. The 8\% of those who did not complete a pre-test or post-test were either visually impaired, or did not bring a relative they trusted to the GMV and refused help from the DNP candidate.

Results

The results of the post-test demonstrated that knowledge was significantly enhanced.

• The five question in the post-test measured the gained knowledge of the HCP after the power point presentations.
  • The results of the post-test demonstrated that knowledge was significantly enhanced.
  • Many patients expressed their concern that they did not answer the pre-test correctly.
  • Patients were also more confident in answering post-test questions.
  • The enhancing trends of improved knowledge, comprehension and understanding after the implementations were evident.
  • The results of this captive prototype can encourage the use of these tools for future quality improvement on the topic of the HCP.

Conclusions

• To stimulate further discussions on standardizing health practices, approaches and methods that can be used as a tool to facilitate healthcare and health services delivery, especially for the Spanish-speaking elderly in a challenged area.
• The group of Spanish-speaking elders at BHPC patients were exposed to explained the meaning of the HCP form, the importance of selecting the right HCP agent, and the steps to fill out the document, replacing or revoking the HCP form and who can have the copies of the completed document.
• The comparisons of the pre and post-test survey responses demonstrated that the educational material in the power point presentation improved the general knowledge and understanding of the HCP process and importance.

Limitations

• A major limitation was the schedule only offered GMVs in the afternoon.
• Many patients depend on caregivers or on public or private transportation.
• Sessions could be offered during the daytime.
• Patients with low health literacy or general literacy were less likely to participate in the discussion.
• Not specific tools to measure the general or health literacy.

References

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