The Health Literacy Strengths and Weaknesses of a Population Attending Musculoskeletal Physiotherapy

Rhian Jenkins, MCSP, MSc, MMACP, School of Healthcare Sciences, Cardiff University
Graeme Paul-Taylor, MCSP, MSc, School of Healthcare Sciences, Cardiff University
W. John Watkins, PH.d, School of Medicine, Cardiff University
Keithley Wilkinson, MSc, Equality Manager, University Hospital of Wales, Cardiff.

INTRODUCTION
A persons health literacy is multifactorial and goes beyond a person’s numeracy and reading ability. Interventions and resources which support patients, need to be specific and appropriate to their health literacy needs. An accurate understanding of the health literacy profile of patients, presenting with musculoskeletal pathologies is needed, which in turn can inform on intervention and service design.

Aim: To Profile the health literacy strengths and weakness of a population attending musculoskeletal physiotherapy.

Objectives: To evaluate the health literacy scores across nine domains of the Health Literacy questionnaire (HLQ).
To analyse differences in relation to specific population demographics.
To analyse differences in relation to specific areas of known deprivation.

METHOD
323 Participants attending MSK physiotherapy, completed the Health Literacy Questionnaire HLQ. A method of mindful inclusivity was adopted by the research team. This service evaluation was approved by the Continuous Service Improvement Department in accordance with Health Board Policy.

ANALYSIS
The differences between each health literacy scale of the HLQ and a number of demographic factors — including deprivation were analysed. Each participant was in one of three geographical areas, for which an overall Welsh Index of Multiple Deprivation (2014) score was found by adding the weighted (by size) WIMD scores of its constituent Lower Super Output Area’s (LSOA’s).

The 9 Health Literacy Scales
1. Feeling understood and supported by health care provider
2. Having sufficient information to manage my health
3. Actively managing health
4. Having social support for health
5. Appraise health information
6. Ability to actively engage with healthcare providers
7. Ability to navigate the health care system
8. Ability to find good health information
9. Ability to understand health information well enough to know what to do.

RESULTS

<table>
<thead>
<tr>
<th>Health literacy of the MSK Population.</th>
<th>Health literacy of demographic groups.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HLQ</strong></td>
<td><strong>Part 1: Possible scores 1-4</strong></td>
</tr>
<tr>
<td>Scale</td>
<td>1</td>
</tr>
<tr>
<td>Mean</td>
<td>2.96</td>
</tr>
<tr>
<td>SD</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Table 1: Mean scores of the MSK population for each scale n=323

Actively Managing Health.
Understanding health information.

Appraising health information.
Navigating the healthcare system.

Health Literacy in areas of deprivation.
The three geographical areas were split between WIMD quintile 2 – 2nd most deprived - and WIMD quintile 4 – 2nd least deprived. The WIMD 2 participants had statistically significant (p<0.05) lower mean scores for “Having sufficient Information to manage health” and “Appraising health information”.

CONCLUSION
This project revealed specific and unique health literacy differences within the MSK population, and provided understanding of the impact a patients’ socioeconomic background has on their health literacy skills. Our findings provide some insight and guidance for healthcare services, policy makers and clinicians in considering the important role of health literacy in the development of interventions and service design.

Key Points:
✓ Emphasis should be placed on ensuring services are flexible and adaptable for all users
✓ Services should have a capacity to respond to meet local populations unique needs.

References: