



ABSTRACT

Approximately one-third of the U.S. population has basic or below basic health literacy skills and only 12% possess proficient health literacy.(1) Studies have shown that lower health literacy is often associated with poor health outcomes and poor compliance with care plans.(2) Pelvic floor disorder questionnaires are commonly utilized in urogynecology for clinical care and research to identify and track patients' symptoms over time. Our aim was to evaluate the performance of two commonly used measures, Pelvic Floor Distress Inventory–Short Form 20 (PFDI-20) and Pelvic Floor Impact Questionnaire–Short Form 7 (PFIQ-7), in a low health literacy population.

METHODS

Readability Assessment

•Sentence, word, and syllable counts were evaluated to assign a U.S. grade level to each form using:

- Flesch-Kincaid Grade Level Calculator
- SMOG Readability Formula
- Fry Graph Readability Calculator
- FORCAST Readability Formula

Expert Assessment

•PEMAT: Patient Education Materials Assessment Tool for Printable Materials

➤Evaluated understandability, actionability

•ELF-Q: Evaluative Linguistic Framework for Questionnaires

➤Evaluated context, structure, and quality

Focus Group Assessment

•Female participants selected to include those with low health literacy and age ranges reflective of the institution's urogynecology population.

•Participants individually evaluated each form using the Stop Light Coding method. (3)

•Participants revealed their impression of each form's organization, readability, and actionability in a facilitator prompted open discussion.

•Participants rated each form (1-10, best).

RESULTS

Readability Assessment

•Scores are presented in Table 1.

•PFIQ-7 requires a higher reading level.

Expert Assessment

•PEMAT

- Purpose: unclear
- Format: confusing
- Language: unfamiliar medical jargon and difficulty distinguishing between 'somewhat' and 'moderately'

•ELF-Q

- Lack detailed instructions and clear purpose.
- Lack organization and clear question flow.

Focus Group Assessment

•Demographic Information

- 9 English-speaking, African American females
- Median age group was 41-60 years (range <40 to >80 years)
- Majority had low health literacy (8/9)

•PFDI-20 (avg rating of 5.4/10)

- Felt instructions were clear
- Had trouble understanding many questions due to unfamiliar terms
- Disliked format and length

•PFIQ-7 (avg rating of 8.0/10)

- Understood most of the questions.
- Liked the table format.

•Recommended assistance with form completion from clinical staff for both

CONCLUSIONS

- Knowledge of potential barriers to understanding and completion of forms may improve utilization of PFDI-20 and PFIQ-7 in women with low health literacy.
- Assistance with form completion, either from clinic staff or research team members, is acceptable to and may improve quality of data in respondents with low health literacy.

REFERENCES

1. Kutner, M., Greenberg, E., Jin,Y., and Paulsen, C. The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy (NCES 2006–483).U.S.Department of Education.Washington, DC: National Center for Education Statistics.
2. Berkman N, Sheridan S, Donahue K, Halpern, D, Crotty K. Low health literacy and health outcomes an updated systematic review. Ann Intern Med. 2011 Jul 19;155(2):97-107.
3. Hadden, K. The Stoplight Method: A Qualitative Approach for Health Literacy Research. Health Literacy Research and Practice. 2017;1(2):e18-e22

Table 1

	Flesch-Kincaid	SMOG	Fry	FORCAST	Mean Grade Level
PFDI-20	5.7	6.5	5	8.1	<u>6.3</u>
PFIQ-7	10.6	9.5	15+	9.44	<u>11.1</u>