Clinical Issue/Practice Problem

Problem Statement: Do educational sessions increase health literacy and knowledge of specific high-risk topics for residents at a Juvenile Temporary Detention Center (JTDC) in a Midwest metropolitan area?

- **Literacy:** Being able to pronounce a word, understand and read; to achieve greater knowledge and participate in society 2
- **Health literacy:** Capacity to obtain and understand basic health information and make adequate decisions on health 7
- **Only 12% of Americans are proficient in health literacy.** 8
- **Low literacy and low health literacy:** show a negative impact with unhealthy diet, heavier weight, and increase in high-risk behavior including sexual behaviors, substance use, and abuse 6
- **Vulnerable youth:** frequently have low literacy and low health literacy; victims of human trafficking 3

Summary of the Supporting Literature

**Low health literacy** increases risk for negative behavior outcomes in adolescents. 3, 4, 6

- **High-risk behaviors: higher incidence of negative behaviors**
  - lower self-report of overall health
  - increase in risky sexual behaviors
  - substance abuse
  - increases use of cigarette smoking
  - poor nutrition and physical activity
  - safety and injury behaviors

  - **Increase in:**
    - physical abuse
    - sexual abuse
    - sexually transmitted infection rates
    - adverse childhood experiences in juvenile offenders 5

- **Pornography**
  - Effects of pornography on the brain
  - A form of addiction: releases dopamine
  - Can lead to aggression and violence
  - Exposure has been shown to make viewers less compassionate towards victims of sexual violence and exploitation

- **Sex Trafficking**
  - Child (17 yrs or younger) exploited through commercial sex
  - Under U.S. federal law, any minor that is induced into commercial sex is a victim of sex trafficking regardless if the trafficker used force, fraud, or coercion 7

Theoretical Framework

- **The Health Belief Model**
  - Residents could gain an understanding of the risks and harmful effects of their behavior

Implementation

A health literacy program developed based on needs assessment which identified high-risk topics

- **Setting and Sample:** convenience sample of residents at JTDC; (age range from 12-18 years; average age 16 years old).
- **Female program topics:** the female body, sexual health, consent and sex trafficking
- **Male program topics:** consent, pornography, and sex trafficking

**Methods:** Pre and Post survey was conducted at each session for each topic and measured as group responses

Sessions

- **50 minutes per group session**
- **Sessions:** Total of 14 were completed in either 1 or 2 days; same residents were present each day for 2-day sessions
- **Instruments:** pre and post literacy word scale
  - pre and post questionnaire
  - Yes/True, No/False, Maybe: cards for each resident to raise for tallying group responses

Outcomes

An overall increase in scores from both health literacy and health knowledge were gained from all sessions

- **Health Literacy:** Pronunciation and knowledge were assessed by using group responses
  - Pronunciation was evaluated by individuals reading the word aloud
  - Participants definitions were evaluated by group response with the cards and their comments aloud

Outcomes Continued

- **Health Knowledge** measured by group responses from pre and post surveys

Male Sessions:

- **Total sessions:** 8
- **Total surveys:** 5
- **Overall % increase:** 35.16%

Female Sessions:

- **Female body:**
  - Sessions 1, 2 & 3
  - Surveys: 2
  - % increase: 24.3%
- **Sexual Health:**
  - Session 4
  - Surveys: 1
  - % increase: 46%
- **Women’s Consent:**
  - Sessions 5 & 6
  - Surveys: 1
  - % increase: 22.7%

Clinical Implications for Practice

- Improve health outcomes of adolescents by increasing health literacy
- Adolescents will begin to recognize high risk behaviors that can lead to poor health outcomes and develop some motivation for change
- Encourage at risk adolescents to continue self and group learning; excellent tools to help adolescents begin to develop self-agency and independence
- Health literacy programming can be provided to adolescents in multiple settings: schools, community centers, libraries, churches, gathering places for youth

Next Steps: Continuous Quality Improvement

- Small cycles of change: plan needs assessments with administrators, staff, and residents at regular intervals
- Adjustments to: pre and post surveys, administration of the questionnaires; streamline evaluation
- Continuous process improvement with JTDC administrators, staff, residents, and UIC facilitators to continue program initiatives

Key References


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*DNP Project Faculty Mentor
Increasing Health Literacy in Residents at a Juvenile Temporary Detention Center in a Midwest Metropolitan Area

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Susan M. Walsh DNP, APRN, CPNP-PC Clinical Associate Professor and Director Pediatric Nurse Practitioner Programs Acute and Primary Care Department of Women, Children, Family Health Sciences College of Nursing, University of Illinois at Chicago

Danielle Wetzel DNP, APRN, CPNP-PC Pediatric Provider Rush Copley Medical Center, Aurora, Illinois

Jennifer A. Obrecht, DNP, RN, PCNS/BC, CNL Clinical Associate Professor and Associate Department Head of Women, Children, Family Health Sciences College of Nursing, University of Illinois at Chicago

Philippe Magloire, MA, Deputy Executive Director of the Cook County Juvenile Temporary Detention Center

Background: Low health literacy in adolescents is related to increased high-risk behaviors which directly affects their overall health. Some high-risk behaviors of adolescents can eventually lead to negative health outcomes including obesity, diabetes, sexually transmitted infections, adolescent pregnancy, addictions, sexual exploitation, and even death. Additionally, children whose parents had low health literacy have poorer health outcomes. High risk behavior in youth can contribute to involvement in crime, leading to temporary detention in a juvenile corrections facility.

Aims of Service Change: Juvenile temporary detention provides an unexpected but excellent opportunity to assess health literacy in adolescents and develop interventions that support healthy development in vulnerable youth. Health literacy levels can gauge the capacity for understanding health and well-being. With increased health literacy and health knowledge relevant to safety and well-being, detained youth are more equipped to understand risks and harmful effects of their behavior and develop greater self-agency to better care for themselves once released.

Details of Innovation: A health literacy program was developed at a juvenile temporary detention center (JTDC) in a large metropolitan area in the Midwest. First step was to establish a Memorandum of Agreement between JTDC and the college of nursing for clinical practicums. Based on needs assessments with JTDC administrators, nursing director, youth residents, clinical mentor, doctor of nursing practice (DNP) students and nursing faculty, topics for health literacy programming were identified. Topics included poor nutrition and physical activity, substance abuse, safety and injury, sexual health, pornography, consent, sex trafficking and the criminality of sex trafficking.

Outcome: Health literacy sessions were 50 minutes per group, once per week, for a total of 14 sessions. Some youth residents were present for more than one consecutive session. During sessions with youth residents, verbal pre-post surveys were conducted during each session for each topic. A literacy word scale and verbal questionnaire were used to evaluate health literacy gains. Youth residents raised “Yes/True”, “No/False” and “Maybe” cards for tallying answers. Health literacy was assessed by measuring pronunciation and knowledge via group responses. An overall increase in scores of both pronunciation and knowledge of the youth residents were found across all sessions.

Discussion: With increased health literacy youth residents recognized high risk behaviors that can lead to poor health outcomes and appeared motivated to change. With sustained programming at JTDC, at-risk youth can continue both group and individual learning. Both are excellent tools to help adolescents begin to develop self-agency. Snacks were allowed and motivated participation among the adolescents. Open-mindedness of DNP student facilitators plus learning urban vocabulary fostered spontaneity and valuable discussions with the youth. Continuous process improvement cycles with JTDC administrators, youth residents, UIC facilitators and DNP students ensures sustainability and relevance of the health literacy initiatives. Health literacy programs can expand to multiple settings including schools, community centers, libraries, churches, gathering places for youth.

Question: Have you had the opportunity to care for adolescents who have been in a youth correctional facility or with at risk youth in your community? How do you think youths’ health literacy level will affect their long-term health and wellbeing?