



Littératie en santé, communication des risques et décision partagée: les maillons d'une même chaîne

Marie-Anne Durand

Competing Interests

Financial

Marie-Anne Durand is a Consultant to ACCESS Community Health Network. Together with Professor Elwyn, she has developed the Option Grid™ patient decision aids, which are licensed to EBSCO Health. She receives consulting income from EBSCO Health and may receive royalties in the future.

Non-financial

Marie-Anne Durand has developed measures of shared decision making

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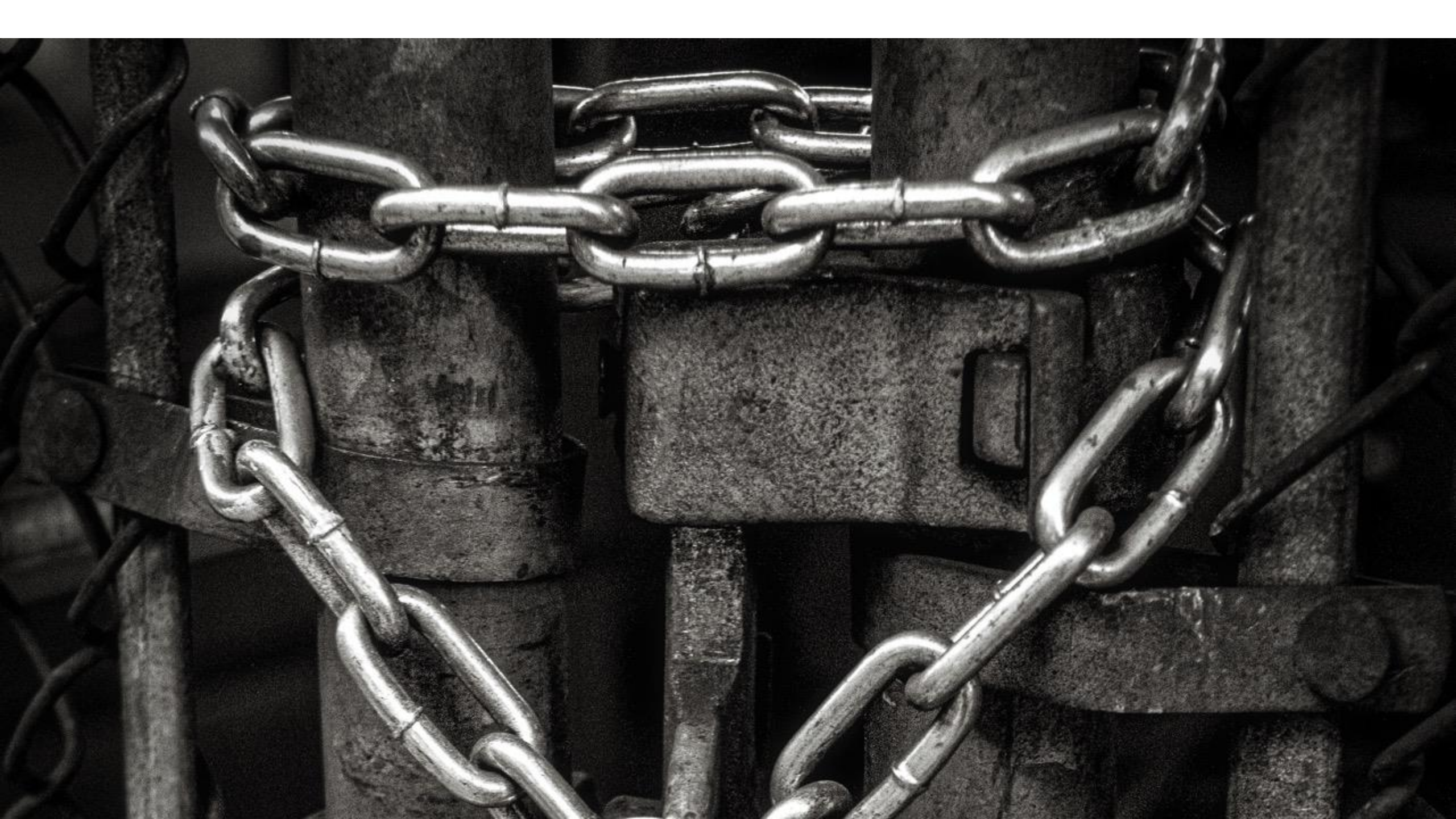
FOR HEALTH POLICY & CLINICAL PRACTICE













Do Interventions Designed to Support Shared Decision-Making Reduce Health Inequalities? A Systematic Review and Meta-Analysis

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Abstract

Background: Increasing patient engagement in healthcare has become a health policy priority. However, there has been concern that promoting supported shared decision-making could increase health inequalities.

Objective: To evaluate the impact of SDM interventions on disadvantaged groups and health inequalities.

Design: Systematic review and meta-analysis of randomised controlled trials and observational studies.

Data Sources: CINAHL, the Cochrane Register of Controlled Trials, the Cochrane Database of Systematic Reviews, EMBASE, HMIC, MEDLINE, the NHS Economic Evaluation Database, Open SIGLE, PsycINFO and Web of Knowledge were searched from inception until June 2012.

Study Eligibility Criteria: We included all studies, without language restriction, that met the following two criteria: (1) assess the effect of shared decision-making interventions on disadvantaged groups and/or health inequalities, (2) include at least

**Records identified through database
searching
(n = 5021)**

**Additional records identified through
other sources (n = 63)**

**Records after duplicates removed
(n = 4004)**

**Records screened
(n = 4004)**

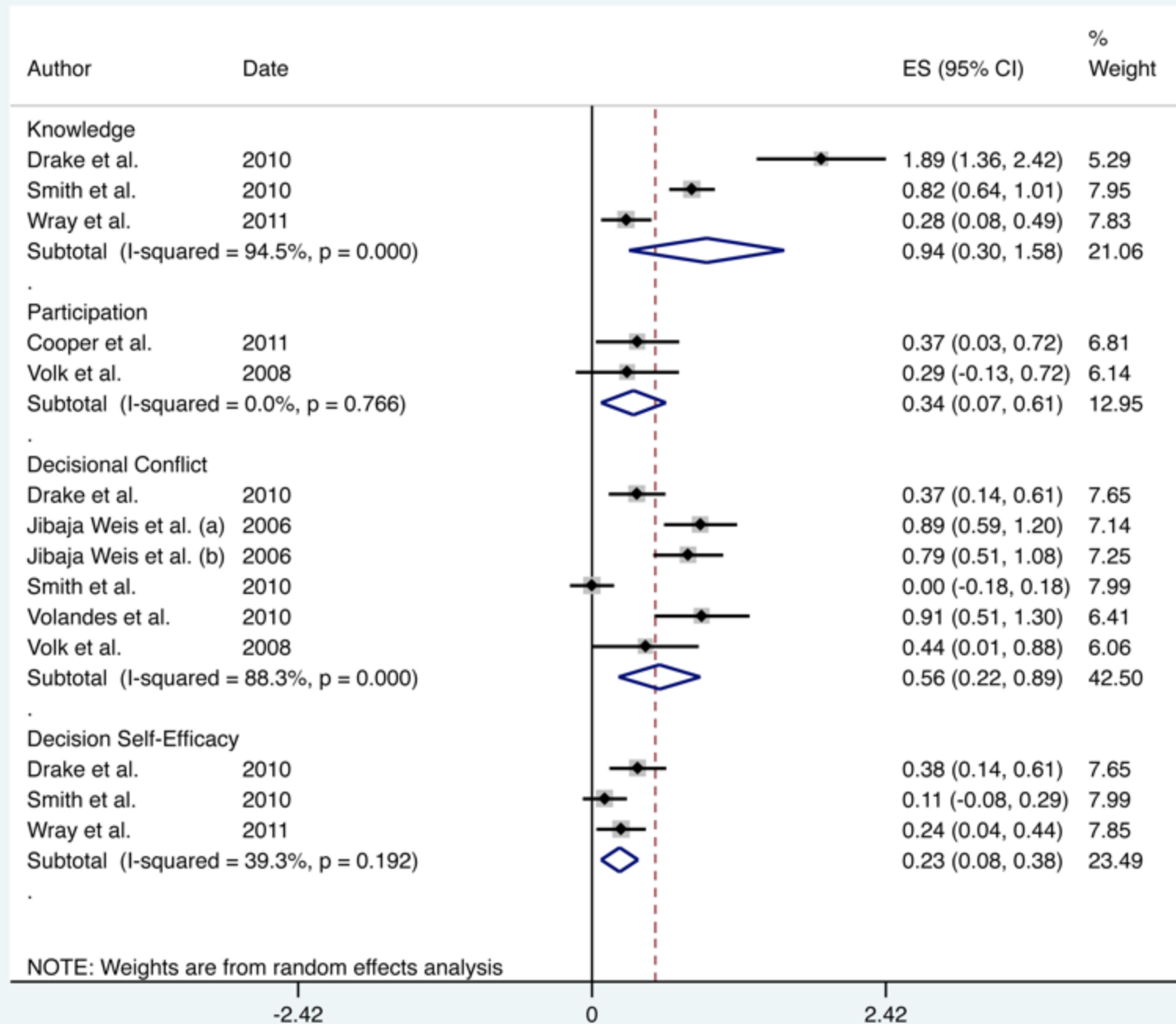
**Records excluded
(n = 3938)**

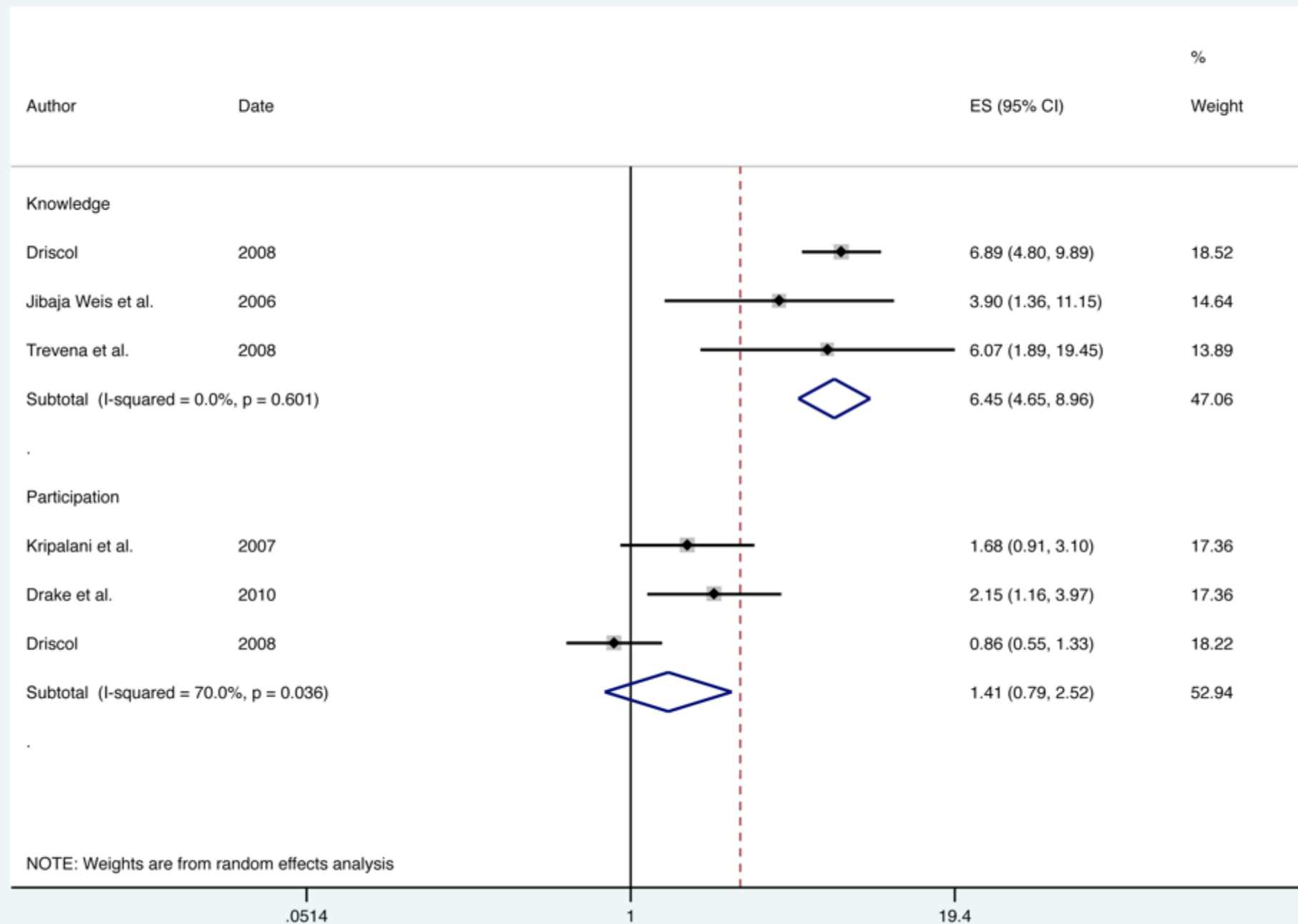
**Full-text articles assessed
for eligibility
(n = 66)**

**Full-text articles excluded
(n = 45)**

**Studies included in
synthesis
(n = 19, articles=21)**







Main Findings

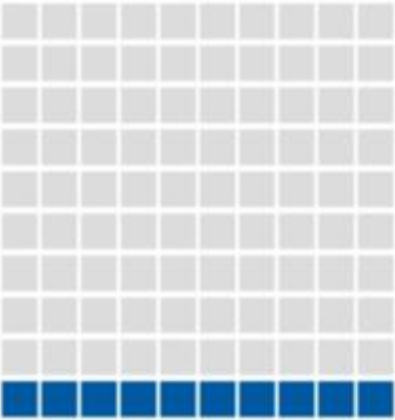
SDM improved in underserved patients (including those with lower health literacy): knowledge, informed choice, participation in decision-making, decision self-efficacy, preference for collaborative decision-making and reduced decisional conflict.

No effect on adherence levels, anxiety, and health outcomes, and no clear effect on screening/treatment preferences, intentions or uptake.

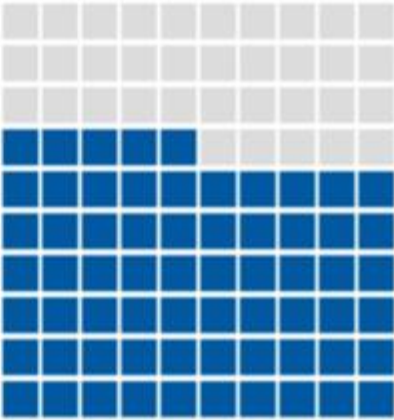
Interventions features should be tailored to the needs of underserved populations. Importance of the layout, use of language, complexity, length and format of the intervention.

Effet de Supériorité des Images

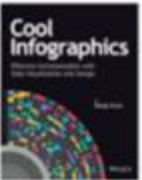
Memory retention after 3 days



10%
Text or Audio Only



65%
Text + Picture



From Chapter 1: The Science of Infographics

Cool Infographics
Effective Communication with Data Visualization and Design
By Randy Krum

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Cancer du sein à un stade précoce: Quel est le bon choix pour moi?



Utilisez cet outil d'aide à la décision pour vous aider à choisir, avec votre médecin, la meilleure option de traitement pour le cancer du sein à un stade précoce (stades I à IIIA). La dernière page est pour vos notes, pensées, ou toute question dont vous souhaitez parler avec votre médecin.

1. Est-ce que ma durée de vie sera changée?

Lumpectomie avec radiation

Mastectomie



Non, votre durée de vie demeure la même pour les deux opérations.

2. Est-ce que le cancer peut revenir dans le sein?

Lumpectomie avec radiation

Mastectomie



Sur une période de 10 ans, le cancer du sein revient chez environ 5 à 10 femmes sur 100 (5-10%). Cela dépend du stade du cancer et des caractéristiques tumorales, plutôt que du type d'opération. Veuillez discuter de vos risques individuels avec votre médecin.

3. Qu'est-ce qui est retiré du sein?

Tumorectomie avec radiation

Mastectomie



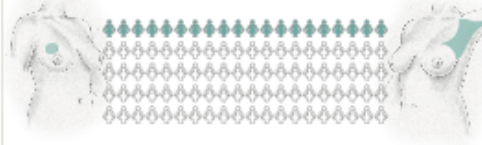
Seule la grosseur cancéreuse sera retirée.



Tout le sein sera retiré.

4. Aurai-je besoin d'une autre opération?

Tumorectomie avec radiothérapie



C'est possible. 20 femmes sur 100 (20%) auront peut-être besoin d'une autre opération pour retirer du tissu mammaire ou des ganglions lymphatiques.

Mastectomie



C'est possible, si vos ganglions lymphatiques sont atteints. Oui, si vous choisissez la reconstruction mammaire.

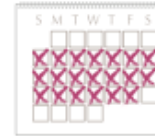
5. Combien de temps me faudra-t-il pour me rétablir?

Tumorectomie avec radiothérapie



La plupart des femmes sont de retour à la maison le jour de l'opération...mais cela peut varier. Il vous faudra au moins une semaine avant de reprendre vos activités habituelles.

Mastectomie



...mais c'est plus long lors d'une reconstruction. Il faut compter au moins plusieurs semaines avant de reprendre vos activités habituelles.

6. Aurai-je besoin de radiothérapie dans le sein?

Tumorectomie avec radiothérapie



Oui, cela signifie des visites à l'hôpital cinq jours par semaine, pendant 4 à 6 semaines.

Mastectomie



Il y a parfois besoin de radiothérapie après une mastectomie.

Background



Breast cancer
is common

One in eight women will be diagnosed with breast cancer.

Treatment decisions for early stage breast cancer will affect the patient's quality of life.

The Question



Different care
experiences

Women may have **different** breast cancer **care experiences** and health outcomes. Lower income, education, and health literacy often play a role.

How can we help women have the best experience regardless of these barriers?

Study Design



Three groups

Women in the study will be divided into **three groups** and get treatment information in different ways:

- Using a one-page written summary
- In simple text and images
- How their surgeon would normally communicate, without either of the above

Data Collection



Surveys

Women will answer questions on **decision quality**, anxiety, regret, quality of life, and financial impact.

Our Goal



Improved
decisions

To **help women make the best possible treatment decisions** when they are diagnosed with breast cancer.

Graph literacy matters: Examining the association between graph literacy, health literacy, and numeracy in adults of lower socioeconomic status and education

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Graph literacy has received limited attention in people of lower socioeconomic status (SES) and education.

Aims

1. Examine the relationship between graph literacy (GL), subjective numeracy (SNS), and health literacy in people of lower SES.
2. Determine the impact of graph literacy on comprehension of health information presented in different visual formats (table, bar chart, and icon array).

Table 1. Patient Characteristics (N=436)

Age, mean (SD)	40.5 years (14.8)
Gender, n (%) female	359 (82.3)
Race/Ethnicity (could select >1), n (%)	
American Indian or Alaska Native	14 (3.2)
Asian	10 (2.3)
Black or African American	86 (19.7)
Native Hawaiian or Other Pacific Islander	1 (0.23)
White or Caucasian	300 (68.8)
Spanish or Latino/a	38 (8.7)
Other	7 (1.6)
Education, n (%)	
Less than high school diploma	35 (8.0)
High school diploma or equivalent	146 (33.5)
Some college or associate degree	193 (44.3)
Bachelor's degree or higher	62 (14.2)

Health Literacy

- One-item screener: “How confident are you in filling out medical forms by yourself?”
- Adequate: 85.8%; Inadequate: 14.2%
- Adequate health literacy associated with:
 - Family history of cancer ($p=.025$)
 - SNS ($p<.001$)

Graph Literacy

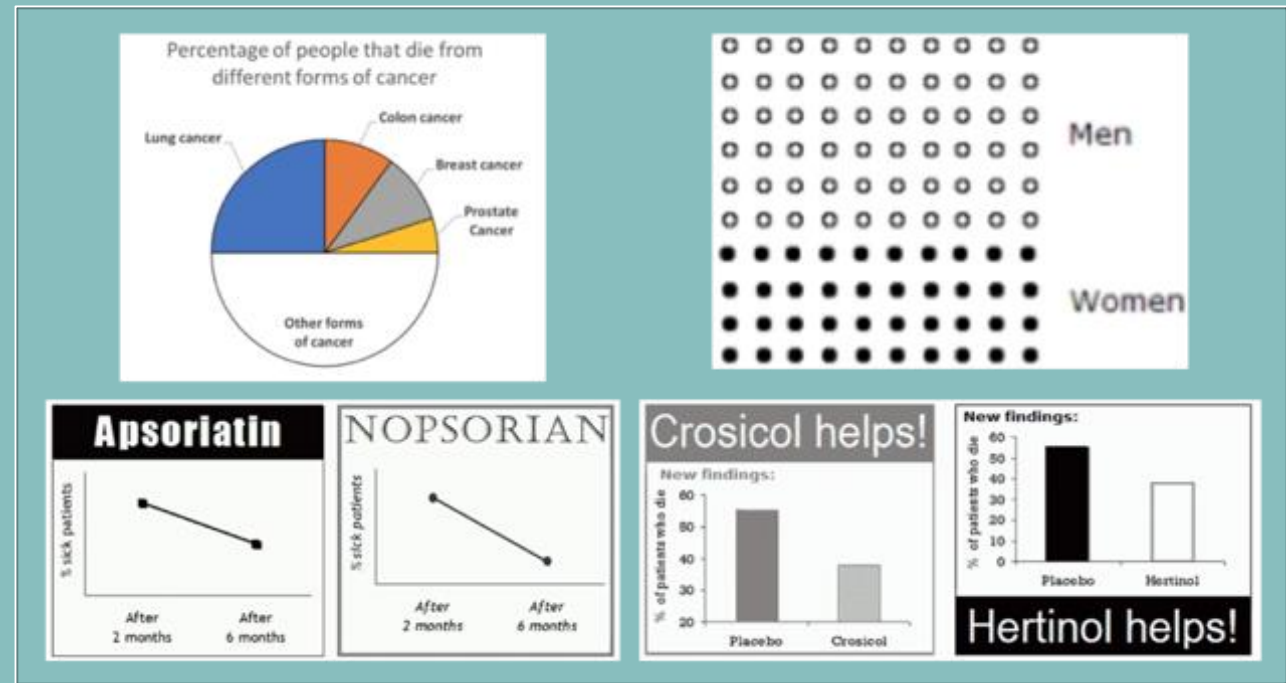
Mean score: 1.47 (SD 1.05, range 0-4 with 4 being best)

% correct

- Line: 10.1%
- Pie: 51.8%
- Icon array: 44.3%
- Bar: 40.4%

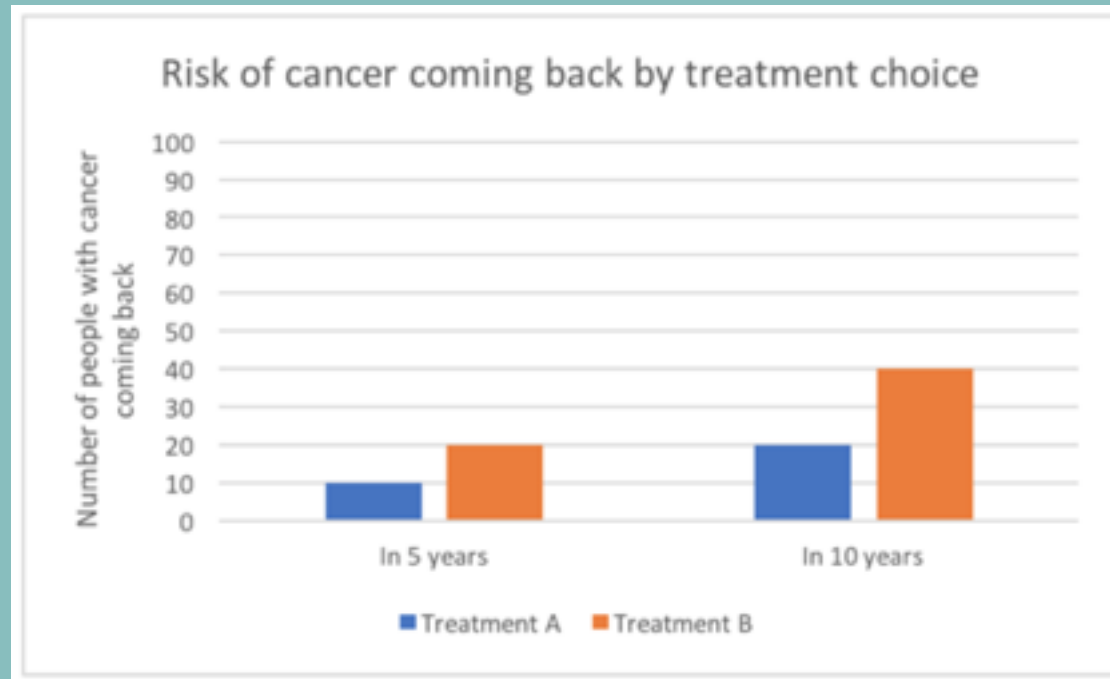
Higher GL associated with higher SNS ($p=.037$)

Figure 1. Graphs from graph literacy section

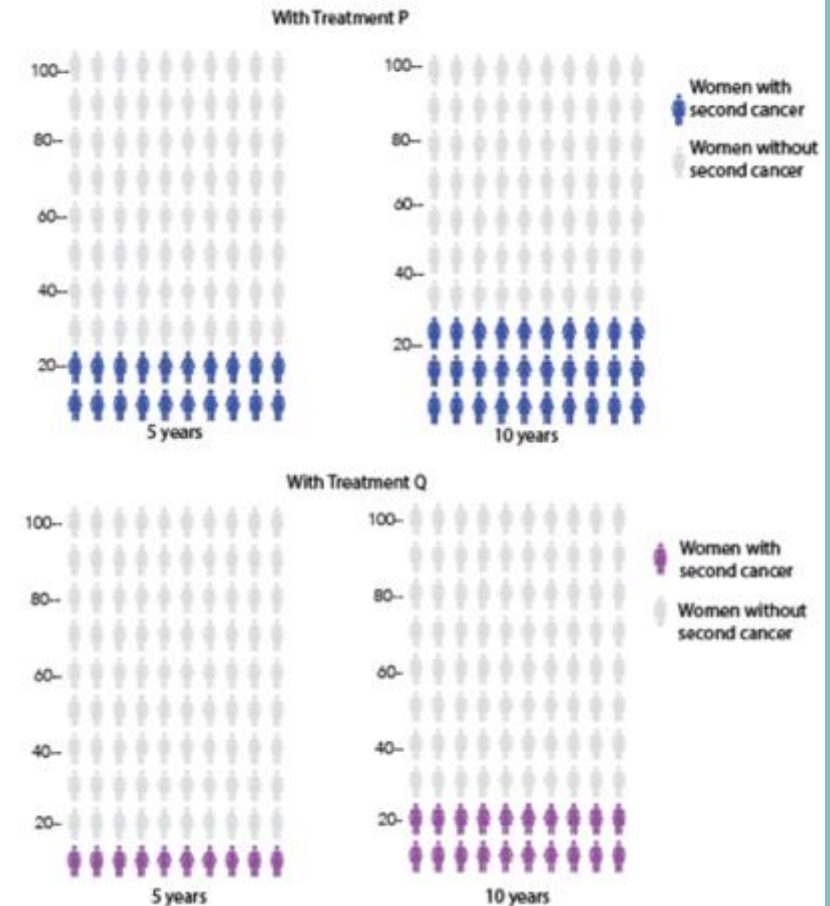


Comprehension and Preference

	Risk of cancer coming back in 5 years	Risk of cancer coming back in 10 years
Treatment X	30 in 100 women	35 in 100 women
Treatment Y	40 in 100 women	55 in 100 women



Chance of Cancer Coming Back by Treatment Choice



Comprehension and Preference

Mean score overall: 5.56 (SD 2.53, range 0-9)

Higher comprehension associated with higher GL ($p < .001$) and higher SNS ($p = .019$)

Association between comprehension and preference was significant for tables ($p < .001$)

Figure 2. Mean score by format

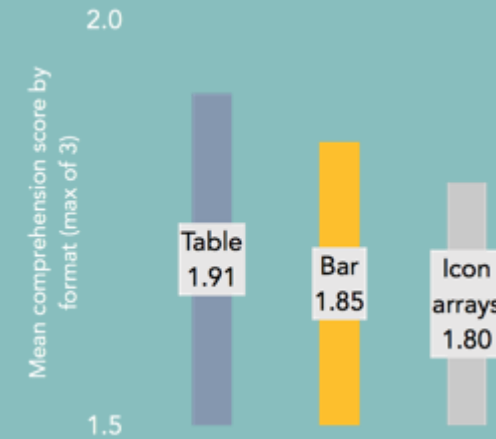
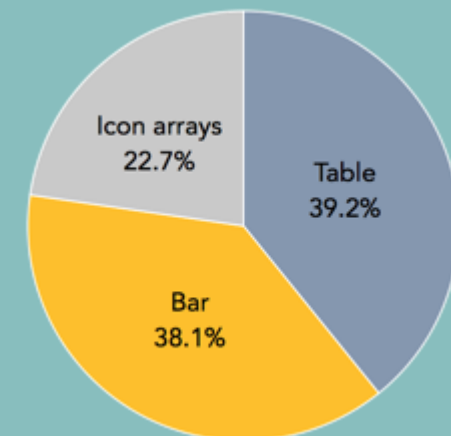


Figure 3. Format Preference



Merci

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