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Why Parents Seek Care for Acute Illness in the Clinic or the ED: The Role of Health Literacy

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Abstract

Objective—To explore the decision to seek care and decision-making regarding location of care among parents with low and adequate health literacy.

Methods—Parents of children 8 years old presenting for ‘sick child’ visits at a clinic or a non-urgent ED visit (triage level 5) were interviewed. The Newest Vital Sign (NVS) categorized parental health literacy. Interviewers followed a semi-structured interview guide to understand 1) care-seeking for current illness and 2) choice of clinic or ED. Themes emerged using a grounded theory process, facilitated by NVivo. Themes included the experiences of low and adequate health literacy in both the clinic and ED.

Results—Fifty semi-structured interviews were completed with non-urgent ED parents (n=30) and clinic parents (n=20) with 56% possessing low health literacy. Parents with low health literacy

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are more inclined to overestimate severity of illness and seek care sooner to gain answers about the illness and treatment options, visiting clinic only when an appointment is available within hours. Parents with adequate health literacy seek reassurance of their ongoing illness management and value close relationships with their physician, waiting longer for an appointment. Fever, vomiting, and young child age prompt some parents to seek expedient care regardless of health literacy.

Conclusions—Caregiving skills (e.g. assessing and treating illness, understanding illness severity, and navigating the healthcare system) in addition to physician-parent relationship and perception of care seem to influence the behavior of parents managing their child's mild acute illness. These factors may be amenable to a future health literacy intervention.

Keywords

child; emergency service; hospital; health literacy; health services accessibility; utilization

INTRODUCTION

Over half of parents presenting to the emergency department (ED) with their children have low health literacy, which affects their ability to make health decisions for their child.^{1,2} Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”² Low health literacy is independently associated with increased preventable ED visits and hospitalizations with an estimated cost over \$200 billion annually.^{1,3,4} Adults with low health literacy exhibit negative health behaviors that affect child health, such as inaccurate medication dosing.^{3,5} Parental low health literacy is also associated with increased child non-urgent ED use.^{1,6}

Over half of the 20 million pediatric ED visits in the United States annually are non-urgent.^{7,8} Non-urgent illnesses common in pediatric ED visits include acute illnesses such as viral upper respiratory infection, viral gastroenteritis, or fever.^{9,10} In addition to low health literacy, non-urgent ED use in children has been associated with low socioeconomic status, lower educational attainment, factors related to quality of primary care, and limited ability of parents to accurately judge the urgency of the condition.^{1,6-9,11-15} While there is an increase in non-urgent pediatric ED use by parents with low health literacy, some parents with low health literacy access their primary care providers for same day sick child visits. Reasons for choosing the clinic versus ED are not well understood. We sought to gain the perspective of parents in both the clinic and ED to understand the care-seeking behavior for non-urgent acute pediatric illness that occurs in both locations. To our knowledge, no previous research has qualitatively examined reasons for seeking care in both the ED and clinic settings, nor has it examined health literacy to further understand care-seeking behavior.

This qualitative study of parents seeking non-urgent care in the ED and a demographically similar clinic sought to explore differences in seeking care and decision-making regarding location of care among parents with low and adequate health literacy.

PATIENTS AND METHODS

Design and Population

We conducted individual semi-structured interviews with a purposive sample of English speaking parents aged 18 years old seeking care for an acute illness for children 8 years old at two locations: 1) an inner-city community health clinic; and 2) a demographically similar urban/suburban pediatric ED with over 60,000 visits annually. In the clinic, we consecutively invited parents of children evaluated for an acute illness (e.g. cough, fever, etc.). In the ED, we consecutively sampled parents of non-urgent patients. Parents were recruited during pre-selected daytime hours for both samples. We recruited parents in two care locations to explore the overall care-seeking experience for acute illness rather than focus on only those parents coming to the ED or the clinic.

Study Protocol

A trained research assistant (RA) enrolled parents in the patient room while they waited for treatment or after treatment. Enrollment took place Monday through Friday from 9am–5pm (to be consistent with office hours) from December 2013–August 2014 to understand the reasons parents choose the ED or clinic. Eligible participants were legal guardians of children making a visit for an acute illness to the clinic (excluding re-visits for a condition or well child visits). None of the patients enrolled in the clinic were transferred to an ED, which could indicate an urgent visit. In the ED, parents of non-urgent (defined as a triage level of 5 out of 5, the lowest acuity on the Emergency Severity Index) patients were eligible. Triage level remains a robust and efficient method to categorize non-urgent visits at the time of the ED visit.¹⁶ For every patient, the RA asked, “Who made the decision to bring the child to the ER/clinic today?” and the person who made the decision was enrolled if they were present. Consent was obtained using a low literacy script after which the research assistant administered: the Newest Vital Sign to assess health literacy,¹⁷ the Children with Special Health Care Needs (CSHCN) questionnaire to determine chronic illness status,¹⁸ and a survey of socio-demographic information with the option of self-administration or oral administration based on subject preference. The Newest Vital Sign (NVS) is a standardized measure to screen for health literacy and numeracy.¹⁷ The NVS has differentiated health outcomes, including non-urgent ED use in this population.¹⁹ Per administration protocol, the NVS was scored as low health literacy (0–3 correct/6) or adequate health literacy (4–6 correct/6).

An interviewer (AM or MM), blinded to health literacy status, conducted parent interviews. Interviews were conducted in the examination rooms during available times in the process of care and/or after care in a separate room. Interviews were recorded on an encrypted digital recorder and lasted between 15 and 30 minutes. Interviews followed a semi-structured guide (Table 1) to understand 1) reasons for seeking care for the current illness; 2) reasons for using the clinic; and 3) reasons for using the ED. Questions were developed based on a conceptual framework utilizing the Anderson model of health services utilization²⁰ and a model of health literacy and health outcomes developed by Paasche-Orlow and Wolf.²¹

Interviews were conducted until thematic saturation was reached- no new themes were revealed for two interviews in each location. Interviews were transcribed and coded independently by two reviewers (MM and AM). Coding began after the first 10 interviews, and took place in groups of 2–5 interviews until thematic saturation was reached. Thematic analysis was performed concurrent with recruitment to allow for influence of future interviews. Disagreements were resolved by consensus agreement. Initial themes were developed through inductive reasoning and new themes were added using a constant comparative method. Definitions were included from the literature if a theme was present to create a shared definition of health literacy skills (e.g. healthcare navigation) to aid coding. Grounded theory was used to create a theory of decision-making regarding the decision to seek care and the location of care seeking. The theory incorporated themes supported by parents in both the ED and clinic regardless of location of care, which allowed for an overall view of healthcare use for acute illness. Analysis software, NVivo version 10.0 facilitated the qualitative analysis by integrating the health literacy score, demographic survey results, whether a child had a chronic illness, and interviews with the thematic coding.

RESULTS

A total of 50 parent interviews (44 female and 6 male) were completed with clinic parents (n=20) and non-urgent ED parents (n=30). Most parents were black (65%) and 56% had low health literacy (Table 2). Over half the parents live in a household below the national poverty level and 40% had received education beyond high school. Children included 42% first born; 48% were younger than 2 years old. The children's most common presenting complaints included rash, fever, cough, and vomiting (Table 3). Nearly all (88%) of the children had public health insurance.

Qualitative analysis revealed differing care seeking characteristics between parents with low and adequate health literacy. Generally, parents with adequate health literacy apply more caregiving skills when their children are sick and seek care differently than parents with low health literacy. Below are the three main theories developed from the interviews followed by an expanded theory for each.

1. Parents with low health literacy seek expedient care for a diagnosis and treatment recommendations.
2. Parents with adequate health literacy seek timely and trustworthy care for reassurance.
3. Special circumstances (i.e. illness in a first-born child, child < 2 years old, or fever and vomiting) may affect utilization regardless of health literacy.

Parents with Low Health Literacy Seek Expedient Care for Diagnosis and Treatment Recommendations

Reasons for Seeking Care—A common theme among parents with low health literacy was seeking care to obtain a diagnosis and/or treatment recommendations (Table 4). Few parents with low health literacy described personal use of disease assessment and/or treatment skills. These parents commonly stated they came to the ED or clinic to find out

what was wrong with their child and what to do about it. Parents did not always notice or understand the symptoms their child was having. Often the parents simply noticed that the child was not acting like his or herself. Parents sought care “to see what was wrong,” or “to figure out what was going on.” Often parents with low health literacy did not begin home treatment such as antipyretics or pain control. These parents also described difficulty making health decisions; “It’s very hard to make decisions when he’s sick. Because I want to be able to do everything I need to do for him to feel better, and if I can’t do it, I’m going to take him to the hospital to see if a doctor or somebody can help me.” Less developed illness assessment and treatment skills, or caregiving skills, lead to the need for parents with low health literacy to seek care for diagnosis, treatment recommendations, and reassurance.

Decision Making Regarding Location of Care—Parents with low health literacy take their child to a specific health care facility location based on three reasons: 1) prompt care due to overestimation of illness severity, 2) ‘good’ care, and 3) beliefs about healthcare facilities.

Prompt care due to overestimation of illness severity: Parents with low health literacy have difficulty assessing the severity of their child’s illness leading them to seek immediate care (Table 4). It is not just that the parents assess the child’s illness as more severe than the provider does. The parents believe that their child is going to die or have serious complications when in fact they have brought them in for a mild acute illness (Table 2). A parent who brought her child for a cold explained without prompting, “My first thought is to bring them to the hospital. Just in case something is wrong and I don’t want to wait so long and it ends up being something.” This sequence of events results in seeking care from a healthcare provider sooner than parents with adequate health literacy likely would, and is a determining factor in which healthcare facility is utilized. All of the parents with low health literacy in the ED identified their child’s illness as severe, thus they perceive they could not wait for a clinic appointment and utilize the ED for prompt care. Seeking immediate care remains true for parents who went to the clinic as well, however, those parents obtained a same day clinic appointment, often within hours of calling. Parents with low health literacy seen in the clinic explained that if an appointment had not been available, they would have brought their child to the ED.

‘Good care.’: Parents with low health literacy seek care at the location they believe provides ‘good’ care (Table 4). Parents seen in the ED believed that the care provided by the ED was superior because there is more equipment or more providers. One parent described that in the ED “...it is usually more thorough, and like, different people come in and look at him and make sure that everything is ok.” Parents seen in the clinic identified clinic providers as providing ‘good care.’ For parents with low health literacy there was less emphasis on a long-standing relationship between parent and physician and more on the perception of where prompt, ‘good’ care was best obtained.

Beliefs about health care facilities: Some parents with low health literacy believed that the clinic is only for immunizations or well-child visits and not acute care visits. Parents who

themselves were brought to a clinic as a child for illness were more likely to bring their own child to the clinic when ill.

Parents with Adequate Health Literacy Seek Timely and Trustworthy Care for Reassurance

Reasons for Seeking Care—The predominant theme among parents with adequate health literacy was to seek care for reassurance, with these parents often having diagnosed and commenced treatment prior to seeking care (Table 4). Without provocation, one parent explained, “Everything they tell me to do I already do. I just wanted to bring him and make sure it wasn’t like, a different virus that just came out...I kind of already knew what they were going to say.” These parents were more likely to initiate at-home care including dosing medication and tracking patterns of illness before seeking care. After exhausting knowledge of at-home care or if they believed the child needed something a doctor must provide, parents called the clinic for advice or to schedule an appointment. Parents with adequate health literacy tended to utilize other resources for information (e.g., internet or print) and engage in active problem solving more frequently than low health literacy parents.

Decision Making Regarding Location of Care—Parents with adequate health literacy selected the location of care based on 1) timely care after assessing illness severity, 2) knowledge of healthcare navigation, and 3) trust with provider.

Timely care after assessing illness severity: Parents with adequate health literacy were more adept at assessing illness severity and sought timely care in the clinic (Table 4). No parents with adequate health literacy in the ED had overestimated the severity of illness leading to the ED visit, except for the special circumstances described below. Instead, parents with adequate health literacy waited for clinic appointments. There is a longer time period in which they believe it is adequate to be seen—typically days. In one instance, a parent described, “I would have waited like a day or two ...[but] I would’ve went to the Emergency Room...or a walk-in clinic if they wouldn’t see him within the next two days.” Parents with adequate health literacy also understood the ED triage system, preferring to go to the clinic because the time for the visit would be less. These parents know that the ED takes the most ill patients first for treatment. Often, the non-urgent patients must wait in the ED hours to be seen. Parents with adequate health literacy made statements such as, “There is no point going to the emergency room and waiting four hours when I can get seen right way in clinic.” These parents would rather wait days in order to get a shorter visit length.

Knowledge of health care navigation: Parents with adequate health literacy understood how to access their primary care physician’s office for advice and relied on the clinic to direct them to the appropriate care facility. Many parents in the ED explained that they were directed to seek care at the ED by the primary care provider (PCP) or were not able to get an appointment within a few days. Parents with adequate health literacy also chose the ED over the clinic for specific needs such as x-ray, IV placement, laceration repair, or other perceived needs available in the ED.

Trust with provider: Adequate health literacy parents build relationships and trust with their child’s PCP. The close relationship is often expressed as a determining factor when

seeking care for their child. Parents with adequate health literacy prioritized consistency, describing that the physician most equipped to provide healthcare to their child was the physician he or she has seen since birth.

Special Circumstances

Though the themes described above encompass most cases of the experiences of parents with low and adequate health literacy, a few exceptions to themes above were observed in a small number of parents.

Parents with adequate health literacy displayed behaviors more commonly seen in parents with low health literacy when the child was their first-born or the child was less than 2 years old. That is, they accessed the ED for non-urgent illness because of overestimating severity.

Parents with either adequate or low health literacy overestimated the severity of illness when faced with fever and vomiting. A parent with adequate health literacy stated, “I know that fevers can cause death, like, if they go too hot. That they can, basically, like a battery, explode.”

DISCUSSION

Through this qualitative study, we developed the hypothesis that health literacy-related caregiving skills influence the care-seeking behavior of parents managing a child with mild acute illness. We also found that perceptions of care and physician-caregiver relationship were important factors. More influential in analysis, caregiving skills, specifically illness assessment and treatment skills, understanding the severity of illness, and healthcare navigation skills may help explain why parents with low health literacy seek non-urgent ED care.

In our prior studies, low parent health literacy was associated with more non-urgent ED visits independent of socioeconomic status or race/ethnicity.^{1,6} This study describes a mechanism by which low health literacy increases non-urgent ED use- through caregiver health literacy skills. Few studies of non-urgent ED use have specifically included health literacy as a possible intervening characteristic, focusing mainly on sociodemographic factors. These sociodemographic factors, though important, may more specifically affect health outcomes through health literacy. We did not find differences based on socioeconomic status, race/ethnicity, or insurance likely because most of our patients were minority race/ethnicity, low socioeconomic status, and had public insurance. A known factor related to non-urgent ED use, the perception that the child’s condition is urgent, is theoretically tied, and now conceptually linked to low health literacy.^{11,13,22} The perception that a child’s illness is severe was primarily why parents with low health literacy seek non-urgent ED care rather than clinic care. However, when a clinic appointment is available within hours, many parents will preferentially take the child to the clinic. This holds true unless, as previous studies have found, the parents perceive the clinic to provide poor quality of care.^{23–25} Less understanding of assessing and treating illness by parents with low health literacy leads to overestimation of severity of illness and drives parents to seek care at the ED.

We found several factors that influence parents with low and adequate health literacy to seek prompt care. Similar to previous studies, a parent was more likely to seek non-urgent care regardless of health literacy status when the child was young or the first-born child.^{6,26,27} Any successful educational intervention will need to consider targeting parents of young children and potentially first time parents. Two diagnoses were an important impetus for parents to seek prompt care; fever and vomiting. Fever phobia is a well-described phenomenon that may transcend the influence of health literacy.^{6,28–31} The importance in both ED and clinic settings highlight the importance of fever and vomiting in any effort to reduce non-urgent ED care.

Previous efforts have been made to reduce non-urgent ED use though many have not been successful.^{32–34} These interventions have been lengthy to administer, and not sustainable, or scalable. This study suggests a rationale and mechanism by which parents seek non-urgent ED care. Future studies should focus on evaluation of the hypothesis proposed in this study through quantitative methods and intervention development. As no intervention will affect sociodemographic factors or the convenience of ED care, an intervention should focus on the needs of the parents. We heard from these parents with low health literacy that they are worried, do not know what is causing their child to be sick, and do not know what to do. A previous study found that over 50% of parents want information about mild acute illness, but few are receiving it.³⁵ As pediatricians, we should consider that over half of parents request further knowledge of acute illness and we have not addressed this. A system level or clinic level intervention given to all parents may have the most impact rather than seeking out individuals with low health literacy.³⁶ All parents may benefit from such an intervention because health literacy can situationally change, with stress, pain, and unknown circumstances impacting a parent's understanding.³⁷ This qualitative study suggests that a health literacy-informed intervention describing how to assess and treat illness, delineating how to determine illness severity, and aiding parents to navigate the healthcare system, has the potential to affect non-urgent ED use. To address all parents, not only parents with low health literacy, an intervention needs to focus specific resources on fever and vomiting and be especially targeted at first time parents with young children.

Limitations

This study had several limitations. There may be variation in the reasons parents seek non-urgent ED care in different locations, thus our findings are most comparable to other larger urban hospitals and clinics. Use of English-speaking only parents limits generalizability. Future studies within a more ethnically and language diverse population warrants study and would likely reveal other factors important to that population. Furthermore, our interviews were conducted until thematic saturation was reached—it is possible that obtaining more interviews may have resulted in additional viewpoints and recommendations.

CONCLUSION

Several factors influence the behavior of parents managing a child with mild acute illness. While perception of care and physician-caregiver relationship were factors, health literacy-related skills were most influential in parents' behavior in managing a child with mild acute

illness. Parents' ability to assess and treat illness at home, understanding of illness severity, and ability to navigate the healthcare system are factors that may be amenable to a future health literacy informed intervention. Improving parent understanding of mild acute illness, illness severity, and where and when to seek care, could lead to a reduction in non-urgent ED use.

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Abbreviations

CSHCN	Children with Special Health Care Needs
ED	Emergency department
NVS	Newest Vital Sign
PCP	Primary Care Provider

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What's New

Health literacy-related caregiving skills seem to influence parents' behavior when managing their child's mild acute illness. Assessing and treating illness, understanding illness severity, and navigating the healthcare system are skills that may be amenable to a future health literacy intervention.

Table 1**Brief Interview Guide**

Tell me about what brought you to the ER/clinic with your child today.

Tell me about how you took care of your child before you came to the Clinic/Emergency Room.

How did you decide to bring your child to the Clinic/Emergency Room?

What kind of treatment did you think (child's name) needed for his or her sickness or injury?

After you decided (child's name) should see a doctor, how long did you wait to schedule an appointment/come to the ER?

What was the main thing you were hoping for when you decided to come to the clinic/Emergency Room?

Can you tell me in general, what do you do when your children are sick or hurt?

Tell me about what it is like to make decisions about how to care for your child/children when he/she/they is/are sick or hurt.

Tell me about how you decide where to take (child's name) for care when he/she is sick or hurt.

Tell me about how you decide when your child needs to be seen quickly or can wait 24 or 48 hours.

How do you make this decision to take your child to the clinic or ER?

Table 2

Parent and Child Characteristics Separated by Interview Locations and Health Literacy

	Clinic (n=20) n (%)	ED (n=30) n (%)	Low Health Literacy (n=28) n (%)	Adequate Health Literacy (n= 22) n (%)
Parent				
Age				
18–25	6 (31.6)	12 (40.0)	9 (33.3)	9 (40.9)
25–34	8 (42.1)	11 (36.7)	12 (44.4)	7 (31.8)
35–45	4 (21.1)	6 (20.0)	5 (18.5)	5 (22.7)
>45	1 (5.3)	1 (3.3)	1 (3.7)	1 (4.6)
Low Health Literacy	13 (65.0)	15 (50.0)		
Female gender	19 (95.0)	25 (83.3)	26 (92.9)	18 (31.8)
Foreign born	4 (20.0)	4 (13.3)	5 (17.9)	3 (13.6)
Ethnicity/race				
White	2 (10.0)	7 (23.3)	3 (10.7)	6 (27.3)
Black	14 (70.0)	15 (50.0)	18 (64.3)	11 (50.0)
Hispanic	2 (10.0)	4 (13.3)	3 (10.7)	3 (13.6)
Other	2 (10.0)	4 (13.3)	4 (14.3)	2 (9.1)
Education				
Less than HS	3 (15.0)	1 (3.3)	3 (10.7)	1 (4.6)
Graduated HS	11 (55.0)	15 (50.0)	16 (57.1)	10 (45.4)
1–4 years college	6 (30.0)	13 (43.3)	9 (32.1)	10 (45.4)
College degree	0	1 (3.3)	0	1 (4.6)
Household income				
< \$20,999	16 (80.0)	12 (44.4)	18 (66.7)	10 (50.0)
\$21–30,999	2 (10.0)	7 (25.9)	7 (25.9)	2 (10.0)
\$31–40,999	2 (10.0)	5 (18.5)	2 (7.4)	5 (25.0)
>\$40,000	0	3 (11.1)	0	3 (15.0)
Child				
Age				
< 1 year	8 (40.0)	9 (30.0)	9 (32.1)	8 (36.4)
1–2 years	4 (20.0)	3 (10.0)	4 (14.3)	3 (13.6)
2–5 years	4 (20.0)	11 (36.7)	8 (28.6)	7 (31.8)
> 5 years	4 (20.0)	7 (23.3)	7 (25.0)	4 (18.2)
First born	7 (35.0)	14 (46.7)	12 (42.9)	9 (40.9)
Insurance				
Private	2 (10.0)	3 (10.0)	2 (7.1)	3 (13.6)
Public	17 (85.0)	27 (90.0)	25 (89.3)	19 (86.4)
None	1 (5.0)	0	1 (3.6)	0
Child has Chronic Illness^a	9 (45.0)	14 (46.7)	15 (53.6)	8 (36.4)

^aChildren with Special Health Care Needs Screener for chronic illness.

Table 3

Parent Provided Chief Complaint for Healthcare Visit

Illness	n (%)
Rash	11 (22.0)
Fever	8 (16.0)
Other ^b	8 (16.0)
Cough	7 (14.0)
Vomiting	6 (12.0)
Diarrhea	4 (8.0)
Upper Respiratory Infection	4 (8.0)
Blisters or Burns	3 (6.0)
Ear Pain	3 (6.0)
Congestion	2 (4.0)

^b Includes: Pink eye, allergies, pain, laceration, suture removal, shoulder injury, and constipation

Table 4

Themes of Care Seeking Behavior and Representative Quotes by Health Literacy on the Newest Vital Sign

Themes	Representative Quotes
Reasons for Seeking Care Today	
Low Health Literacy	
Seeking Answers	"I just wanted to see what was going on." "I wanted to see what was wrong with him." "My first thought is to bring them to the hospital. Just in case something is wrong and I don't want to wait so long and it ends up being something." "I didn't know what to do with her." "I don't want to do the wrong thing and ...hurt them even worse. So I try to rely on... the doctors to help me." "I like for my kids to be thoroughly looked at to be sure they are really alright before I do something." "[It is a] very hard decision to know what to do." "Sometimes I be scared cause I don't really know what's wrong with her."
Adequate Health Literacy	
Seeking Reassurance	"I just assumed it was the stomach flu from her symptoms, but I just needed to be sure." "I wanted to verify and get it checked out." "I just wanted to make sure that...it wasn't something going around that might be worse than the normal virus." "We wanted to double check that we're doing the right thing." "...I would've wanted somebody else to look at it first-hand and then tell me it's not a big deal, you're doing the right thing."
Choosing ED or Clinic for Care	
Low Health Literacy	
Prompt Care	"I wouldn't have been willing to wait. I would've went somewhere today." "I usually take them right away – when I see something is not right." "My first thought is to bring them to the hospital." "...If it's a scratch, pinch, bite, we're going to the doctor or the emergency room...I take them somewhere ASAP." "If it's something that I don't know anything about...I'm not even going to try to assess those, you just go in." "Her doctor and the ER can probably do about the same thing. But her doctor ... wouldn't be able to get in real quick so I bring her to the emergency room."
Overestimate severity of illness	"I would wake up and...he'll just be gone or something." "I don't want to wait so long and it ends up being something." "She might get even worse than she is right now." "His fever went down as soon as we gave him the Tylenol, but it went back sky high." "I didn't know if it was going to swell up bigger or close his glands up...and causing more problems." "Cause I know if he fall asleep he might not wake up."
Perceived 'good care'	"They just, they good doctors, nice doctors. They always answer my questions or help me the best way they can and they always ask me am I comfortable with the decision they make." "It's a very good clinic." "I think they got more equipment at the ER than at the doctor." "[The ER] is usually more thorough and like different people come in and look at him and make sure that everything is okay." "Her doctor's office...don't check her as much as the hospital do...In the ER, three different people just checked her like five times."
Beliefs about health care facilities	"I've been coming [to the clinic] since I was younger too." "If they are sick...then we'll come to the emergency, but as far as their check-ups and their shots...I'll take them to their primary doctor." "He just go get his shots [at the clinic]."
Adequate Health Literacy	
Timely care	"There's no point of going to the Emergency Room and waiting four hours when I can get seen right away [in clinic]." "In the Emergency Room everyone's coming in there and I feel like it's based on the urgency of the person who's in there so I could be waiting awhile." "I knew we were going to be sitting [in the ER] all day so I just made her an appointment."
Identify Urgent Conditions	"It depends on the situation...If he would've fell and cut his hand...then I probably would've taken him to the emergency because he would've needed more extensive care." "I assess the situation. I see how bad their illness is. Is there a headache doable, or is it a migraine. Is it something they can lay down and take a nap with or is it something that's robbing them of their sleep."
Trust and rapport with clinic	"Well, I just feel like they have the history, you know, they can look back and see, we have the same doctor, my other kids all have the same doctors, so I just feel more comfortable with the same person." "I feel comfortable with her doctor. If I can get her in here, this is where I like to bring her, even if it were an emergency."
Knowledge of healthcare navigation	"If it's minor, then I'll call his doctors' office." "Usually our first step is to go to the doctor." "I looked online looking that it's a second degree burn, called my pediatrician and they said take him to urgent care just to be sure because it's on his face." "We went to the primary doctor this morning...he said she looked kind of dehydrated so he had us come [to the ER]." "When [her doctor in clinic] looked at her and checked her out he told us to come here."
Both Low and Adequate Health Literacy	

Themes	Representative Quotes
Infant less than 2 years or first born	"I was worried that I would wake up and he'll just be gone or something." (AHL) "[I was worried] that her breathing would possibly send her into where she wouldn't be able to breathe at all." (AHL) "If she gets a cold or something, I'm not going to bring her [to the ER]. I would most likely take her to her doctor's office. But when it comes down to a baby like this small and they are running a fever, I think that's enough to say you have to go [to the ER]."
Specific symptoms (fever, vomiting)	"I felt like if I didn't get her [to the ER for fever] as soon as possible versus going to...her doctor's office [where she would get] an appointment later on in the day, that's too long for me to be sitting here waiting because anything can happen in that short period of time." (AHL) "The high ratio of the fever could cause ear damage, could cause brain damage, I was just scared." (LHL) "When the fever gets high... then she can end up at mental retardation." (AHL) "She was waking up and coughing and throwing up...that bothered...us and we brought her [to the ER] ASAP." (LHL) "A baby throwing up, that's kind of out of my league." (AHL) "If he's throwing up and throwing up and I can't stop it, we're going straight to the ER" (LHL)

AHL= Adequate Health Literacy (Newest Vital Sign Score 4–6); LHL=Low Health Literacy (Newest Vital Sign Score 0–3)