

# The State of Health Literacy on the South Shore



SOUTH SHORE COMMUNITY  
PARTNERS IN PREVENTION  
CHNA 23



Reported by  
**Health Imperatives**

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# Health Literacy

- Degree to which individuals have the capacity to:
  - Obtain,
  - Communicate,
  - Process, and
  - Understand basic health information and services
- Needed to make appropriate health decisions.

# Background

- 2011 Community Health Assessment
  - Identified access to health care and personal responsibility for health among special and vulnerable populations as priority concerns.
- Low health literacy
  - Cited as a major barrier to individual engagement in health maintenance and health care services
- August 2013:
  - Health Imperatives was contracted by SSCPP to conduct a health literacy assessment

# Methodology

Method	Number of participants	Types of participants	Timeframe
Key Informant Interviews	21 phone interviews	Hospital staff, school nurses, Visiting nurses, etc.	September 2013- January 2014
Focus Groups	8 groups – 48 individuals	<b>Providers:</b> <ul style="list-style-type: none"> <li>•Medical interpreters (language &amp; ASL)</li> <li>•Providers for DDS</li> <li>•Community health workers</li> </ul> <b>Clients:</b> <ul style="list-style-type: none"> <li>•WIC clients</li> <li>•Senior citizens</li> <li>•High school students</li> <li>•Parents</li> <li>•General</li> </ul>	December 2013- January 2014
Provider Survey	44	Nurses, NP, Dieticians, group home staff, outreach workers, etc.	January – February 2014

# Limitations of Assessment Findings

- Findings are not the opinions of SSCPP or Health Imperatives.
- Findings reflect the views of the individuals who participated.
- Information was self-reported by participants.
- Information was not validated to ensure legitimacy.
- Information from participants from one organization may differ from participants from another organization.
- A large percentage of providers who completed the provider survey worked with individuals with developmental disabilities.

# DEMOGRAPHICS OF THE MOST VULNERABLE CLIENTS



# Individuals Living with:

- **Chronic Illnesses**
  - Including substance abuse and multiple chronic diseases
- **Disabilities**
  - Physical factors
  - Cognitive factors
  - Behavioral factors
  - Developmental factors
- **Cultural Barriers**
  - Low proficiency with verbal or written English
  - Different health care beliefs
- **Social Barriers**
  - Low literacy
  - Isolation
  - Low socioeconomic status
- **Age-Related Barriers**
  - Advancing age coupled with any of the factors above
  - Parenting in teen years

# NAVIGATING HEALTH INSURANCE





# Clients: Insurance is Too Complex

- Health insurance concepts
- Health insurance policies
- Comparing policies
- Policy limits access to some providers and facilities
- Annual changes in coverage
- Understanding client responsibilities
- Increasing volume of paperwork
- Increasing use of online transactions
- More than one policy increases complexity
  - Medicare and a supplement

# Clients: Managing is Difficult

- Difficult to find interpreters
- Availability of providers that accept government subsidized policies
  - MassHEALTH
  - Medicare
  - Health Safety Net
- Providers becoming more transient/moving outside policy catchment area

# Provider: Insurance Support is Demanding

- Increasing volume of paperwork
- Increasing complexity for office workers
- Annual changes in coverage

# NAVIGATING SERVICE DELIVERY



# Client: Barriers Working with Providers

- Too embarrassed to talk with provider
- Not confident enough to ask questions
- Intimidated by provider
- Provider doesn't have enough time
- Keep finding a good provider and the provider leaves the area or the policy's program
- Provider doesn't understand me
- Provider doesn't understand cultural differences
- Some specialty providers do not offer their services to some individuals with disabilities
- Ask me to fill out forms in the waiting room and then ask me the same questions during the visit

# Client: Issues with Accommodations

- Not all providers follow Americans with Disabilities Act (ADA) communication requirements
  - **Example: Interpreters**
- Not all providers/building owners follow ADA architectural access requirements
  - **Example: Exam table**
  - [http://www.ada.gov/medicare\\_mobility\\_ta/medicare\\_ta.htm](http://www.ada.gov/medicare_mobility_ta/medicare_ta.htm)
- Some providers not trained to work with individuals with disabilities
  - **Show their discomfort**
  - **Talk to family member/friend/interpreter instead of client**
  - **Make up accommodations without input from client**
- Need more assistance than provider can offer
  - **Help with activities of daily living (ADLs) when in the hospital**

# Client: Barriers to Following-Through

- Can't afford medication or follow-on treatment
- Not enough time to follow-through
- Too tired to follow-through
- Too complex when there is more than one chronic disease
- Too many complex rules and regulations to follow

# Provider: Working with Clients

- Clients don't take advantage of their time with the provider
  - Do not come prepared with questions
  - Need a long time to feel comfortable enough to talk to me
- Clients do not follow through with medications and treatment recommendations



# DISCONNECTS BETWEEN PROVIDERS AND CLIENTS



- Clients expect providers to know what is covered under the client's insurance policy
- However, providers expect the client to understand their own policy coverage
  
- Clients are not aware of all the resources offered by providers
- However, providers think clients know about the resources
  
- Clients do not have enough time or money to follow through with treatment recommendations
- However, providers are frustrated when clients request another appointment when the client did not follow recommendations
  
- Clients with disabilities felt ill-treated by some providers
- However, providers think they are doing well with client relationships
  
- Clients feel providers waste their time during office visits
- And providers feel clients waste their time during office visits

# BARRIERS THAT WERE MENTIONED BUT OUT-OF-SCOPE FOR THE ASSESSMENT



- Costs of health insurance places hardship on families
  - Premiums, co-payments, deductibles, prescriptions, healthy food
- Transportation
  - Limited public transportation in Plymouth and surrounding towns
  - Lack of awareness or limitations with transportation assistance programs
- Limited primary care and dental providers accepting new patients in area
- Office buildings and/or exam rooms not accessible for individuals with disabilities
  - (Lack of knowledge on the providers side is a health literacy barrier)

# SUMMARY OF PARTICIPANT SUGGESTIONS



# Client Education

- Patient rights, such as rights to interpreters
- Understanding and navigating health insurance policies and systems
- Preparing for and efficiently using office visit time
- Prevention and wellness topics
- Resources available in the community and how to access them

# Providers Education

- Patient rights, such as interpreters
- Working with interpreters during an office visit
- Developing relationships with clients with disabilities
- Resources available in the community and how to refer clients
- Creating and providing written and audio/visual materials that are better understood by clients
- Promotion of the teach-back model to ensure understanding

# Community Education

- Incorporate the local school system
- Resources available in the community and how to refer students
- Prevention and wellness topics



# Community Services

- Support and promote the use of patient navigators
  - **Patient navigators are advocates who assist clients in:**
    - Navigating insurance and health care systems
    - Accessing education and training
    - Advocating for themselves
    - Obtaining appropriate referrals
- Promote and support community resources
- Promote and support Harbor Community Health Center, recently opened in Plymouth

# Contact Information

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