

Working with Underserved Communities

Preceptor Module Six

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SAN DIEGO WORKFORCE FUNDERS COLLABORATIVE

David Narevsky, JD, MPA

Program Coordinator

San Diego Workforce Partnership

In conjunction with

Neil Silverston

President, WorkSource Partners

Basic & Advanced Medical Assistant Curriculum Module Authors

Ellen Beck, MD

Clinical Professor, Family and Preventive Medicine, **UC San Diego School of Medicine**

Danielle Lauria, B.S., PA-C

Associate Professor, Medical Assisting, **San Diego Mesa College**

Preceptor Curriculum Module Author

Ellen Beck, MD

Clinical Professor, Family and Preventive Medicine, **UC San Diego School of Medicine**

Educational Partners

University of California, San Diego Extension

Leslie K. Bruce, JD

Director, Healthcare Leadership & Community Outreach

CA Community Colleges, Health Workforce Initiative, San Diego/Imperial Region

Ann Durham, RN, MSN, FNP, Esq.

Deputy Sector Navigator - Health



SESSION SIX OUTLINE

Concept Review

- Health Literacy
- Cultural Humility
- Underserved Health Care
- Social Determinants of Health

How do we integrate these concepts into day-to-day teaching and clinical practice?

How do we teach about them in a practical and useful way?

Outline of Presentation

- For each topic: define, describe elements, give examples, review cases, discuss how to integrate concepts into day-to-day process, discuss best practices for teaching
- Following each topic there is a list of relevant references and readings
- Reflect on next steps in integrating these concepts into day-to-day practice

Health Literacy

Healthy People 2010 defines health literacy 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. These are the skills that all people need to, for instance, find their way to the right place in a hospital, fill out medical and insurance forms, and communicate with healthcare providers.



Health Literacy For All

- PATIENTS
- STAFF
- FAMILIES

Health Literacy

Develop strategies to improve both:

- Client health literacy
- Clinician health literacy

Examples from the UCSD Student-Run Free Clinic Project

- Community Health Promoters/Promotoras: wise women from the community who act as 'trust bridges'
- Empowerment Groups: Spanish-speaking groups in which patients learn to empower themselves and others, through discussion, mental health activities, art activities, Tai Chi, skills training

Health Literacy

- Middle School Curriculum in Health Advocacy, Health Promotion, and Health Professions
- Blue Band-Aid Brigade: Elementary School After-School Program (Youth Health Promoters)
- Curriculum and hands-on training for students in the health professions, including medical, pharmacy, nursing, and social work students
- Provider and faculty training

TOOLS TO INCREASE HEALTH LITERACY

- Teach-Back Technique:
“Pretend that you are the doctor and I am the patient,” or “Let’s switch roles, and you teach me what I have just taught you.”
- Barrier Reduction:
Identify what barriers are preventing someone from taking charge of their life and their health, and with them, help identify ideas for how to reduce those barriers.
- Consider Social Determinants of Health, include housing, level of education, transportation, employment and how these may be barriers to your patient’s health and what you and your team can do to help overcome these barriers.

FACTORS THAT AFFECT HEALTH LITERACY

- Fear: Work with clients to address their fears utilizing fear management tools
- Trust: Be a “trust bridge”
- Stigma: Address concepts related to stigma and prejudice
- Knowledge: Provide classes, using an adult education learner-centered model
- Interpreters
- How we use words
- Time with patients

Read the following paragraph out loud

- GNINAECL – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-red edixo selcitrapp. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.

--From the AMA Toolkit on Health Literacy

Health Literacy

- The previous paragraph is simply a set of words written backwards. Imagine if you were in a strange land and you were ill, or your family member was ill, and you had to read the signs, navigate the system, get care or help a family member get care.
- For many of our patients, the way the previous paragraph looked is the way the materials or instructions we provide to them looks.
- Remember that people may not be literate in English, and may also not be literate in their language of origin.
- Our responsibility is to discover ways in which to effectively communicate and educate—to provide health literacy.

Health Literacy

- 40% of patients with low health literacy report feeling ashamed.⁷
- Over half of those patients had not admitted their difficulties to their spouse or children.
- Attempt to use coping mechanisms.⁸
 - Ex: Bring a family member, use visual clues, look at pills, rely on oral explanations

Adapted from presentation on Health Literacy by Department of Community and Family Medicine, Saint Louis University

Health Literacy

- Educational materials are often mismatched to average reading level⁹
- Average health education material is written at 10th-12th grade level
- Average informed consent is written at 12th-17th grade level
- Most physicians assess patient recall and comprehension only 10-12% of the time.³

THERE IS A NEED FOR TEACH-BACK TECHNIQUE!

Adapted from presentation on Health Literacy by Department of Community and Family Medicine, Saint Louis University.

Patient Identification

- Screening tools are available
- REALM (Rapid Estimate of Adult Literacy in Medicine)
- Nutrition Label
- Ask patients about their satisfaction with their own reading skills

From presentation on Health Literacy Department of Community and Family Medicine, Saint Louis University.

WORDS

- Discuss the issue of “medical jargon” and discuss how you would explore this issue with your teams
- Possible activities: Indicate words you think patients may not understand and discuss how to explain them more clearly both in English and in Spanish or other languages
- At daily meetings, the team could bring one or two words to learn, explain, discuss how to translate, teach each other, etc.

WORDS

- Some words to start the discussion:
 - Stress Test
 - Catheter/Catheterization
 - Ischemia
 - Edema

Words Associated with Abnormal Pap Tests

- ASCUS
- Biopsy
- Colposcopy
- Atypical
- Cervix
- Dysplasia

From Presentation on Health Literacy, Department of Community and Family Medicine, Saint Louis University, and AMA Toolkit on Health Literacy

Words Associated with Cancer

- Lesion
- Tumor
- Cancer
- Metastatic
- Chemotherapy

Case 1

Augmentin has been prescribed to a 5-year-old girl with persistent otitis media. You need to give medication instructions to the patient's mother.

The mother needs to know:

1. Frequency of dosing (1 teaspoon tid)
2. Importance of completing the antibiotic course (10 days)
3. Possible side effects (diarrhea and/or vomiting in 10-20%)

Adapted from Presentation on Health Literacy Department of Community and Family Medicine, Saint Louis University. And AMA Toolkit on Health Literacy

Case 2

Your patient is a newly diagnosed Type 2 diabetic. You are discussing various aspects of diabetes. In this scenario, you will discuss diabetic retinopathy.

The patient needs to know:

1. What diabetic retinopathy is
2. That good diabetic control may prevent retinopathy or prevent worsening of retinopathy
3. That diabetic retinopathy can be asymptomatic in early stages
4. The need for a yearly retinal exam by an ophthalmologist

Case 3

Your patient has fibroid tumors in her uterus, which must be treated due to excessive bleeding. She is a good candidate for embolization therapy. In this procedure, a catheter is introduced into the femoral artery and then into the proper uterine vessel. The catheter is used to inject a sclerosing agent into the tumor. Predictable side effects include moderate bleeding and cramping.

Case 3

The patient needs to know:

1. What the procedure entails
2. The risks and benefits of the procedure
3. Alternatives to the procedure (no treatment, hysterectomy)

Adapted from Presentation on Health Literacy Department of Community and Family Medicine, Saint Louis University., and AMA Toolkit on Health Literacy

References

1. Nielsen-Bohlman L, Panzer A, Kin DA, ed. *Health Literacy: A Prescription to End Confusion*. Washington, D.C.: The National Academies Press; 2004.
2. Health Literacy for Clerkship Students. Kimberly Zoberi, MD, Kelly Everard, PhD, Laura Frankenstein, MD, James Deckert, MD. Department of Community and Family Medicine, Saint Louis University.
3. Health Literacy Train-the-Trainer Program. AMA Foundation. Accessed:<http://www.ama-assn.org/ama/pub/category/8037.html>

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6. Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans, Karen Scott Collins, Dora L. Hughes, Michelle M. Doty, Brett L. Ives, Jennifer N. Edwards, and Katie Tenney, The Commonwealth Fund, March 2002

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9. Davis TC, Mayeaux EJ, Fredrickson D, Bocchini JA, Jr., Jackson RH, Murphy PW. Reading ability of parents compared with reading level of pediatric patient education materials. *Pediatrics*. Mar 1994;93(3):460-468.

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10. Davis TC, Long SW, Jackson RH, et al. Rapid estimate of adult literacy in medicine: a shortened screening instrument. *Fam Med*. Jun 1993;25(6):391-395.
11. Weiss BD, Mays MZ, Martz W, et al. Quick assessment of literacy in primary care: the newest vital sign. *Ann Fam Med*. Nov-Dec 2005;3(6):514-522.

CULTURAL HUMILITY

- The concept of cultural humility (Tervalon, Murray-Garcia) suggests that we be humble in the face of what we do not know.
- Cultural humility is a term used instead of cultural competence or cultural sensitivity.
- It encourages an open sense of acceptance, a willingness to learn, and a recognition that there is usually a power inequity (difference) between the provider and the patient.

CULTURAL HUMILITY

- If you would like to find out more about Cultural Humility, refer to the following resources.

Cultural Humility References

1. Tervalon M., Murray-Garcia J. Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved*, Vol 9, No 2, 1998.
2. Ginsberg M., Wlodkowski R.J. Creating Highly Motivating Classrooms for all Students: A Motivational Framework for Culturally Responsive Teaching. Chapter Four, June 1, 2000.
3. Teaching Tolerance. What Johnny Can't Read. WWW.TeachingTolerance.org, Spring 2005
4. Montauk, S.L. The Homeless in America: Adapting Your Practice. *American Academy of Family Physicians*. 2006;74:1132-8.

UNDERSERVED HEALTH CARE

- Underserved health care is neither poverty medicine nor charity medicine.
- Inherent in the term “underserved” is the fact that, as a society, we are underserving a significant segment of our society.
- Thus, when we provide care to the underserved, we should aim for the same level and quality of care that we would offer all—a very high standard.

SOCIAL DETERMINANTS OF HEALTH and CASE MANAGEMENT

- To successfully provide access to health care, especially with underserved communities, we need to be able to define and integrate social determinants of health, such as:
 - transportation
 - housing
 - food
 - employment
 - poverty
 - access to health care

Integrating Social Determinants of Health into Teaching and Practice

- How do we teach the integration of Social Determinants of Health into day-to-day practice?
- What resources are available at your clinic setting to address Social Determinants of Health?
- How does follow-up occur?

What We Do

- Community Health Promoters/Promotoras
- Empowerment Group
- Blue Band-aid Brigade: Youth Health Promoters
- Client Health Literacy
- Clinician Health Literacy

Social Determinants of Health

- If you would like to read and learn more about Social Determinants of Health, refer to the following resources.

Social Determinants of Health References/Resources

- Adler, Nancy and Stewart, Judith (Eds). *The Biology of Disadvantage: Socioeconomic Status and Health*. (Eds) Annals of the New York, Academy of Sciences, February 2010.
- *Socioeconomic Status and Health*. Annals of the New York Academy of Sciences, February 2010; Preface (pp. 1-4) (<http://onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05385.x/full#ss5>)
- Bambra, C., et al. “Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews.” *J. Epidemiology of Community Health* 2010; 64: 284-291

Social Determinants of Health References/Resources

- Diez Roux, Ana and Mair, Christina. Neighborhoods and Health. Annals of the New York Academy of Science. February 2010 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05333.x/full>)
- Dow, William, Schoeni, Robert, Adler, Nancy, and Stewart, Judith. “Evaluating the evidence base: Policies and interventions to address socioeconomic status gradients in health” in *The Biology of Disadvantage: Socioeconomic Status and Health*. (Eds) Nancy E. Adler, Judith Stewart Annals of the New York, Academy of Sciences, February 2010. Pgs. 240-251
(<http://onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05386.x/full>)
- Gottlieb, Robert & Joshi, Anupama. 2010. *Food Justice*. Required: Ch. 10 (rest of the book recommended)

Social Determinants of Health References/Resources

- Institute of Medicine (IOM) Report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. 2003. Executive Summary, pp. 5-13
http://books.nap.edu/openbook.php?record_id=10260&page=1
- Kleinman, Arthur; Eisenberg, Leon; Good, Byron. "Culture, Illness, and Care: Clinical Lessons From Anthropologic and Cross-Cultural Research," in the *Annals of Internal Medicine* 1978; 88: 251-258.
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Social Determinants of Health References/Resources

- Sapolsky, Robert. "Sick of Poverty: New studies suggest that the stress of being poor has a staggeringly harmful influence on health." *Scientific American*, December 2005. http://www.precaution.org/lib/o6/prn_sick_of_poverty.051215.htm)
- The Barrio Logan Partnership: A Case Study. January 2003
Excerpted from the Report: *Towards an Environmental Justice Collaborative Model: Case Studies of Six Partnerships Used to Address Environmental Justice Issues in Communities* (EPA/100-R-03-002):
<http://www.epa.gov/evaluate/pdf/barriologan.pdf>
- **WHO Commission on the Social Determinants of Health (CSDH) Summary Report.** 2005.
http://www.who.int/entity/sdhconference/resources/Conference_Summary_Report.pdf



MODULE SIX SUMMARY

- Health Literacy
- Cultural Humility
- Underserved Health Care
- Social Determinants of Health

Review and Next Steps

- What are three key things you have learned from this session?
- Reflect on, identify, and write down some key things you have learned and what next steps you might take.
- What is one thing that you might do differently in the future?

Summary for Preceptor

- Health Literacy
- Cultural Humility
- Underserved Health Care
- Social Determinants of Health
- Reflection, Learnings, and Next Steps