Healthcare Literacy and Communication with Health Professionals: Achieving Healthy Outcomes Among Diverse Populations

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Background

• Health care professionals can benefit from making time need to ask questions on physical health and mental wellness addressing: cultural attitudes, literacy, personal/ professionals skills, and literacy to support the time for shared decision-making.

• Health care literacy and client-centered community-based care is changing how communities are supporting health providers with language translation, use of assistive technology/ phones, or assistance with enrollment or referrals, and telephone follow-up for health care access.

• Access to preventive health care services is variable, medical costs are expensive and unaffordable for individuals that need a place, secure environment, and security for the health (CDC, May 11, 2017).

• Improving the health of the community is lifestyle through improving food choices, chronic care classes, and supportive community relationships have helped individual in health promotion/wellness.

• Through local farmers markets, food banks, and community food and nutrition centers the difference for sustaining the health of the community and their wellness can be maintained.

• In 2016 there were 2,655 residents that received food in a local Community Food and Nutrition Center. The donations of 645,168 pounds of food was donated and distributed to eligible individuals and/or families of lower income.

Purpose and Method

• This research project supported the knowledge that health care access and communication with a health care professional is important and valued for health promotion and disease prevention.

• The questionnaire was reviewed for validity and reliability by nurse researchers, doctors, nurses, community members in public health, and community member – further translations being prepared in Mandarin and Russian.

• A convenience sample 77 clients that met the qualifications for access to the urban Community Agency’s Food and Nutrition Center were interviewed and completed a survey in either English/ Spanish. [Participants were 18 years to 95 years].

Partnerships for Action

• Individuals of all ages are vulnerable to illness and can be supported with communication that allows time to dialogue, and cultural awareness for health that is aimed at reducing health care risk with prevention – primary, secondary, and tertiary care.

• Access to care amongst health care providers that are able to speak a language and have a medical team that supports time to review health materials at an clinic office visit, urgent care appointment, or the emergency room (ER) is valued by the clients.

• Given the multicultural communities in which many health professionals live and work, being sensitive to the different ways others make decisions about their medical care and treatment remains an important priority (Hume & Malpas, 2016).

Results

Healthy Outcomes

Access to Care and Community Services

1. Socioeconomic factors were the concern of 7 clients who did not have access to medical and dental health services. For others it was having preventive care and a family practitioner in which they could talk that was important – economic inequality with the potential for health care concerns.

2. Access to health care and insurance (Medi-Cal or Medicare) provided an opportunity for choice and health care providers at the local community clinic – all clients completing were asked and given resources and referrals in both English and Spanish languages.

3. Access to resources and daily nutritious food choices (Monday – Friday) and select nutrition classes that provided a social connection to community and services depending on needs: jobs, housing, medical insurance, dental services, transportation, or weekly shower – one day at a time.

Demographics of Age and Education

1. Clients who are 50 -64 years of age that have advanced degrees (Bachelors or Masters) are noted to be unable to find a full time job and lack access to preventive care with coverage for only medical emergencies.

2. Clients who are 50-64 years of age appreciate the daily M-F schedule for farm fresh produce and specific days for canned goods at the Food and Nutrition Center.

3. Adults over the age of 75 years were connected to health providers and did seek follow-up for their chronic illness on an average of 2-5 times a year. [Those that were identified in the Diabetes Outreach Program acknowledged the food choices, special recipes, and food bags monthly with reminders to visit their doctor/practitioner for diabetes management].

Transportation to Health Provider

1. Community connections to support assistance with transportation and access to a family practitioner or urgent care center is dependent on financial income and money for transportation. (money for gasoline, price of a bus pass, physical disability to walk or ride a bicycle to the clinic/hospital, and no transportation at all) were noted.

Challenges for Best Practices

• Meeting client-centered needs in a community requires communication that is purposeful and works to identify health or social needs – which can change daily/ weekly/ and monthly.

• Nurses need to have empathy in their care and offer services and referrals to the health care teams in their community – understanding that working together for cultural initiatives can support the lower income client/family.

• The literacy of health care provider and both their personal and professional attitude can influence care and compliance of medical follow-up: procedures, treatments, medications, laboratory testing.