



NN/LM Planning and Assessment Award

Improving Health Literacy in King County's Refugee and Immigrant Community
February – May, 2008

Final Report

Literacy Source, A Community Learning Center
720 N 35th Street
Seattle WA 98103
206.782.2050
Fax (206) 781-2583
www.literacy-source.org

Submitted by Briana Olson
Project Lead
E-mail: brianao@literacysource.org
(206) 782-2050 x106

Submitted May 29, 2008

Health Literacy – A Community Assessment

January – May, 2008



Literacy Source’s community assessment of health literacy needs for adult immigrants and refugees in the Seattle area included the following: 1) Review of online materials; 2) Interviews with sixteen (16) King County health care providers; and 3) Surveys of 117 adult immigrants and refugees in King County.

Many organizations contributed to this community assessment. Staff members at the following organizations donated their time for interviews: International Community Health Services, 45th St. Clinic, Carolyn Downs Family Medical Center, Harborview Medical Center – Community House Calls, Public Health, SeaMar Community Health Centers, Lutheran Community Services, Aurora Medical Services, and Rainier Park Medical Clinic. Staff members and volunteers at the following organizations assisted in translating, administering, and arranging student surveys: St. James ESL, Refugee Women’s Alliance (ReWA), International Rescue Committee (IRC), Tukwila Community Schools Collaboration (TCSC) & Literacy Source. National Network of Libraries of Medicine provided the funds needed to carry out the assessment.

I. Online Materials

Literacy Source staff members reviewed numerous online resources relevant to the health education of immigrants and refugees and the cultural competency of their health care providers. Ethnomed, Cross Cultural Health Care Program, and the Refugee Health Information Network websites offer extensive cultural information and useful links for providers. Approximately one third of health care providers interviewed cited Ethnomed as one of their primary sources of information about their non-English speaking patients.

Fewer online materials focus on direct health education. Health and Literacy Special Collection (<http://healthliteracy.worlded.org/index.htm>) contains lesson plan tools and ideas for all ages, including a link to Kate Singleton’s “Picture Stories for Adult ESL Health Literacy.” The website also includes a guide to ‘Culture, Health, and Literacy’ with links for both health care providers and immigrant and refugee patients themselves. However, limited computer proficiency and use reduce patient access to online resources. More than a third of refugee and immigrant adults surveyed characterized their ability to use the internet as “not very well” and one third reported “never” or “almost never” using the internet. Only eight percent reported obtaining health information on the internet.

II. Interviews with Health Care Providers

Literacy Source staff members conducted phone and in-person interviews with sixteen health workers providing services to refugee and immigrant adults in greater Seattle. Providers cited a total of twenty-six languages as the primary non-English groups they serve. Spanish, Vietnamese, Amharic, and Somali were the most commonly cited.

Priorities for Patient Education:

Asked to rank fourteen health education needs on a scale of 1-5 (one being highest), providers ranked most areas as high or moderate priorities.

Providers identified “how to properly take medication” as the highest health priority for adults, with 73% of respondents ranking it a #1 and 20% of respondents ranking it a #2 priority. For pediatric needs, providers identified “how to treat and prevent minor illness like colds, flu, diarrhea, etc” as the highest priority, with 100% of providers ranking it a #1 or 2 priority.

Sixty percent of providers ranked eating healthy, managing chronic conditions and accessing health insurance/Medicare/Medicaid as #1 priorities. Fifty-eight percent of respondents ranked eating healthy and “when to call the doctor” top priorities for parents and children, and 70% ranked “when to schedule well-child check-ups” a #1 or 2 priority.

Challenges:

Respondents identified trust as a primary challenge in treating immigrant and refugee patients, who often have differing cultural expectations of treatment and outcomes. One provider commented that patients often believe that going to the doctor means they will get sicker, while another stated that patients often want to see the doctor even when other professionals can treat them. Concern about the cost of services also generates distrust – patients fear collections and the impact of medical records on their immigration status.

Capacity poses another challenge for providers. Respondents reported that patients trusted staff interpreters and bilingual health workers more than outside interpreters, but with over 80 languages in the Seattle area, staffing adequately is difficult.

III. Surveys of English language learners

Literacy Source staff members surveyed immigrant and refugee adults in Seattle, SeaTac, and Tukwila about their current practices in accessing health information and which health topics they feel the greatest need to learn more about.

The students surveyed come from thirty countries and speak twenty languages, with Spanish, Somali, and Amharic most often represented. The majority identified their English language skills as “Beginning” or “Intermediate.” About 60% reported that they consult their doctors when seeking both health information and help for a sick child. However, 34% reported seeing the doctor without an interpreter, and more reported using an informal interpreter (spouse, child, or friend) than a certified interpreter.

Students were asked whether or not they wanted to learn about the following health topics: how your body works, colds, taking medicine, staying healthy, pregnancy, health insurance, medical coupons, diabetes, cancer, heart disease, healthy teeth, and feelings. The majority responded affirmatively to each question, with more than three quarters expressing interest in nine of the eleven topics. More than 85% want to learn about the body and staying healthy. More than 80% stated that they wanted to learn more about feelings, healthy teeth, and cancer. Pregnancy and medical coupons generated the least interest, with 54% and 73% (respectively) wanting to learn about those topics.

IV. Next Steps

As a preliminary step, Literacy Source will partner with the UW School of Pharmacy to offer a pilot health literacy workshop on “Taking Medication” in early June.

Literacy Source staff members plan to subsequently develop a series of health literacy workshops to be offered in collaboration with Seattle Public Library and other agencies to be determined. All the health care workers interviewed expressed their support for a direct education program while stressing the importance of ongoing (and improved) provider education. Many offered to volunteer in future health literacy workshops. Staff at St James ESL, ReWA, the IRC, and TSCS expressed interest in referring their clients to health literacy workshops.

The results of this community assessment will be used to identify key workshop topics and outline a project plan, the implementation of which will depend on procuring the needed funds.