

Health information not communicated well to minority populations, researcher finds

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Diane Smith, assistant professor of occupational therapy and occupational science at the University of Missouri, found that those with limited English proficiency and those with disabilities experience significantly lower health literacy than the general population. Credit: University of Missouri

According to the Institute of Medicine, more than 90 million Americans suffer from low health literacy—a mismatch between patients' abilities to understand healthcare information and providers' abilities to communicate complex medical information in an understandable manner. In two recent studies, researchers at the University of Missouri found that two groups — those with limited English proficiency and those with disabilities — experience significantly lower health literacy

than the general population.

"There is already a problem with low health literacy within the general population," said Diane Smith, assistant professor of occupational therapy and occupational science in the University of Missouri School of Health Professions. "When looking at populations with disabilities or limited English proficiency, people need to be more conscious that these particular populations may have more difficulty understanding information, such as treatment options or medication instructions, from their physicians."

In the two studies, researchers found that patients with disabilities or limited English proficiency (LEP) often perceived that their physicians did not listen to them, explain treatment options, treat them with respect, spend enough time with them, or involve them in the treatment decisions. In comparison to the general population, these concerns were much higher among these two groups. Among both groups, a lack of cultural understanding may contribute to poor patient-physician communication, Smith said.

In the LEP population, researchers found, in addition to health literacy issues, those with limited English proficiency had a significantly reduced access to healthcare. Few doctors have multi-lingual backgrounds — especially in rural areas — and it can be difficult to find a provider who can accommodate LEP patients. As a result, these patients make fewer doctor visits and receive less screenings and preventative care. LEP patients also may delay going to the doctor to avoid dealing with the frustrations of the language problems, Smith said.

The researchers found that communication complications also can be a problem among those with disabilities. Individuals who rely on sign language may need an interpreter to communicate with their doctors; interpreters are not always accessible. Assumptions about the disabled

community also may contribute to low health literacy.

"Even within the health environment, there is a tendency to assume that if there is a physical disability there is a cognitive one as well," Smith said.

To try and manage the disparities, researchers suggest improving awareness of the problem among doctors. Organizations like Health Literacy Missouri and the University of Missouri Center for Health Policy host training sessions for physicians and other healthcare providers to help them understand health literacy and strategies to better communicate with their patients.

Communicating with medical students is an important strategy identified in the study. Training students about health literacy issues may improve health literacy in the future. To help those with LEP, Smith encourages the use of telehealth communications — a network that uses telecommunications technology to communicate health information and services. Currently, the Missouri Telehealth Interpretation Project provides LEP patients access to interpreters that would otherwise not be available. University of Missouri Health Care provides patients and families spoken and sign-language interpreter services and written translation services for 55 languages.

"[Health literacy](#) is being addressed in the healthcare reform debates because it's a safety issue and it's a cost issue," Smith said. "It costs a lot of money when people have to go back to the hospital because they aren't using their medications appropriately."

The researchers used data from the 2006 Medical Expenditure Panel Survey to conduct both studies. Further studies may look at other factors contributing to access to health care to help identify appropriate intervention strategies.

"If people don't understand instructions, they're not going to follow them," Smith said. "All the best treatment plans in the world aren't going to help if [patients](#) don't understand what they are supposed to do."

More information: The study "Health Care Disparities for Persons with Limited English Proficiency: Relationships from the 2006 Medical Expenditure Panel Survey" was accepted into the *Journal of Healthcare Disparities Research and Practice* and will be published later this year. The study, "Disparities in patient-physician communication for persons with a disability from the 2006 Medical Expenditure Panel Survey," was published in *Disability and Health Journal* in 2009.

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