

Use of an Advisory Board Model to Promote Health Literate Pediatric Primary Care

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US Latino Children and Disparities

- Latinos largest minority group among children
 - 23% of US children of Latino ethnicity
 - \approx 50% of US Latino children live in limited English proficiency (LEP) families
- Health & healthcare disparities for Latino children
 - Reduced healthcare access and quality
 - Lower parental satisfaction with care
 - Greater unmet healthcare needs
 - Higher rates of injuries, overweight, & preventable complications of illnesses
- Disparities concentrated among Latino children in LEP families

Health Literacy LEP Latino Families

- Limited health literacy common among LEP Latino parents
- Important mediator of health and healthcare disparities
- Systems-based strategies needed to address disparities that result from limited health literacy



Health Literate Organizations

- A health literate organization “*makes it easier for people to navigate, understand, and use information and services to take care of their health*”
- Key attribute: Engagement of patients/families with limited health literacy in the design, implementation & evaluation of health information and services
- Few models of engaging LEP families in healthcare improvement

Methods: Advisory Board Development

- **Aim:** To develop an advisory board composed of LEP Latino families who use an urban, pediatric primary care practice
- Used community-based participatory research principles to guide board implementation

Methods: Board Implementation

- Recruitment: Clinic providers and staff recommend families for inclusion ($n=29$)
 - Successful phone contact: 20/29
 - Agreed to come to 1st meeting: 17/20
 - Attended 1st meeting: 12/17
- All 1st meeting attendees invited to subsequent meetings
- Meetings conducted in Spanish & co-facilitated by clinic provider and social worker
- Free child care and meal provided
- Members received \$30/meeting for time & travel

Methods: Evaluation

- Structured meeting observation
- Individual Semi-structured Interviews
 - **Initial interviews** ($n=10$): Oct 2011-Jan 2012
 - Participants had attended 1-3 meetings
 - **Follow-up interviews** ($n=10$): June-July 2012
 - Participants had attended 2-7 meetings:
 - 9/10 attended 5 or more meetings
 - 5/10 all meetings
- Individual Surveys
 - Sociodemographics, child health, social support, health literacy
- Data Analysis
 - Coded interview transcripts using an iterative process, descriptive statistics for survey & meeting observation data

Board Implementation Successes

- 7 meetings from 9/2011-6/2012
 - 13 LEP Latina mothers attended at least one meeting
 - 9 mothers attended at least 5 of 7 meetings
 - Average attendance: 9 mothers (Range: 6-12)
- Board members created & adopted “Group Rules”
- Board members assist with defining agenda items
- In group reflection members positively assessed participation
 - Valued the opportunity to influence change at the clinic
 - Reported a feeling of solidarity with other board members

Board Member Demographics (*n*=10)

Mean maternal age (range)	34 years (22-42 years)
Maternal education	6 th grade or less: 4 Some HS: 3 HS/GED: 2 Post HS: 1
Mean maternal US length of stay (range)	10 years (3-21 years)
Maternal country of origin	Mexico: 5 Honduras: 2 El Salvador, Argentina, Dominican Republic: 1 from each
Maternal English language ability	Not at all: 4 Not well: 6
Mean # of children	2.6
Mean child age (median)	7.4 years (4.9 years)
Child birthplace-US (%)	81%

Board Member Health Literacy

- Assessed using 8 question Spanish Pediatric Health Literacy Activities Test (SPHLAT)
- Administered at follow-up interview
- Mean questions correct: 4.7 ($n=10$)
 - Median: 4; Range: 2-7
- Survey of LEP Latino caregivers in the same clinic ($n=50$), mean questions correct: 3.4
- SPHLAT validation study ($n=176$): Mean questions correct: 3.7



Board Activities Related to Health Literacy: Oral Health Brochure

- Summary of comments on brochure draft:
 - Too many words
 - Pictures did not match well with text
 - More specific instructions on oral health care needed
- Achieved group consensus on some wording that would be understood regardless of country of origin (e.g. bottle, pacifier)
- Throughout session facilitators responded to questions about oral health care

Before

El Cuidado Dental Diario

6-12 meses:

Cuando los primeros dientes muestran, limpie los dientes de su niño dos veces diario

- 1) Envuelva una toalla alrededor su dedo
- 2) Con cuidado limpie la parte delantera y trasera de los dientes y las gomas

Un año y más:

Se cepille los dientes de su niño. Cuando su niño cumpla tres años le ayude cepillarse sus propios dientes. Aunque su niño crece deba cepillarse usted los dientes de sus niños después que ellos cumplen.

Cómo? Se moje el cepillo y ponga una gota de pasta dentífrica. Se cepille los partes delanteros y traseros.

Cuándo? Se cepille dos veces diario y conté a sesenta cada tiempo

Con Qué? Con un año empiece a usar pasta dentífrica para los bebés. Cuando su niño puede escupir, pasta dentífrica para los niños esta bien

Rabietas? Esto es normal. Usa un calendario de pegatinas o intenta a cantar una canción a su niño para pasar el tiempo.



After



El Cuidado Dental Diario

6-12 meses:

Cuando los primeros dientes aparezcan, limpie los dientes de su niño dos veces al día:

¿Cómo?

- 1) Envuelva una toalla alrededor su dedo
- 2) Con cuidado, limpie la parte delantera y trasera de los dientes y las encías.

1 año en adelante:

Cepille los dientes de su niño. Cuando su niño cumpla 3 años, supervíselo para que aprenda a cepillar sus propios dientes.



¿Con qué? Al año de edad, empiece a usar una pasta dental que contenga fluoruro.

¿Cómo? Moje el cepillo y aplique una gota de pasta dental. Cepille los dientes de enfrente y de atrás.



¿Cuándo? Dos veces al día: en la mañana y en la noche. Cuente hasta sesenta cada vez.



Comments on Oral Health Activity

- Board members enjoyed the experience and learned a lot

“I went to the dentist for [Child] two weeks ago and he said, ‘I would like to teach you how to care for the teeth’ and I said ‘I already know.’...I told him that I learned about [dental care] at the Board meeting. I liked that they we did that project on teeth and I learned something.”

Other Health Literacy Related Activities

- Feedback on family support services screening form & informational flyer
 - Suggestions increased usability of materials
 - Discussed stigma surrounding social work services and board suggested term “family support services”
- Roundtable on pharmacy experiences
 - Discussed availability of Spanish language prescriptions
 - Practiced measuring & dosing of liquid medications
 - Created recommendation handout for local pharmacies
- Feedback on hospital wayfinding signage

Completar el Cuestionario de Asistencia a la Familia es fácil. Todo lo que tiene que hacer es leer las opciones y si usted piensa, — "Hmm, me vendría bien algo de ayuda con eso" —, simplemente márkelo.



Quando termine con el formulario, entréguelo a una enfermera o al doctor que les atiende, para que lo pase a alguien que le pueda ayudar.

Asistencia para Familias en Bayview CMP

Number Madre/Padre: _____
Teléfono: _____
Nombre del Proveedor: _____

Place Patient Sticker Here

Quisiera ayuda con:

- Problemas de disciplina/ Crianza
- Problemas en la familia o entre los padres
- Inscripción en la escuela
- Escuela para niños con necesidades especiales
- Referencias a servicios legales
- Desarrollo del niño
- Cuentas pendientes del hospital/doctor
- Desalojo o juicios por hipotecas sin pagar

Quisiera ayuda con:

- WIC o Estampillas de Alimentos
- Seguro médico
- Asistencia de emergencia para energía
- Clases de inglés o de GED
- Partida de nacimiento
- Programas para después de la escuela
- Cuidado infantil o Headstart
- Educación de adultos

Después de llenar el Cuestionario de Asistencia a la Familia, usted puede dárselo a su proveedor o a una enfermera. Ellos se asegurarán de que usted pueda hablar con Flor, Kathleen o los voluntarios de Health Leads para que puedan ayudarlos a encontrar los recursos que usted necesita.

- ☒ Copia de la partida de nacimiento
☐ Programas para después de la escuela

Family Support Services flyer incorporating screening form instructions

Community Pharmacy Handout

Johns Hopkins-Bayview
Children's Medical Practice



Working together for Children's Health
Latino Family Advisory Board

Medication Safety for Children in Baltimore's Latino Families

The *Latino Family Advisory Board* is a group of Spanish-speaking Latino families who meet each month to discuss ways of improving care at the Johns Hopkins-Bayview Children's Medical Practice.

The Board met recently to discuss medication safety issues and pharmacy experiences for our families who do not speak English well. From the discussion we identified a need to **collaborate with pharmacies** used by our patients/families to **promote safe and effective medication use** for children in Baltimore's Latino families.

Help us to facilitate accurate dosing of liquid medications

Summary

- Advisory board model sustained engagement of LEP Latina mothers
- Activities related to health literacy were well-received during board meetings and contributed to improvements in clinic programming and education



Conclusions

- Advisory board model holds promise for promoting health literate organizations
- More work is needed to understand specific impact on health & healthcare disparities

“Grain by grain one fills the vase...so little by little it can get better....before we had neither voice nor vote...and now we have the opportunity.”

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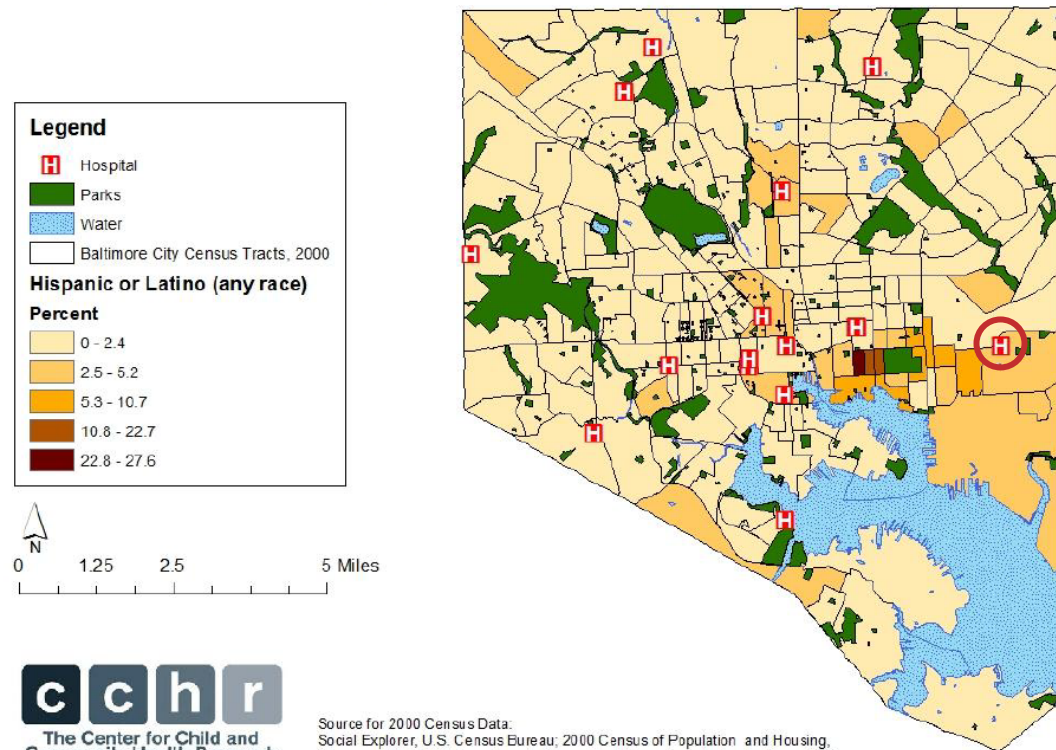
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Questions/Comments

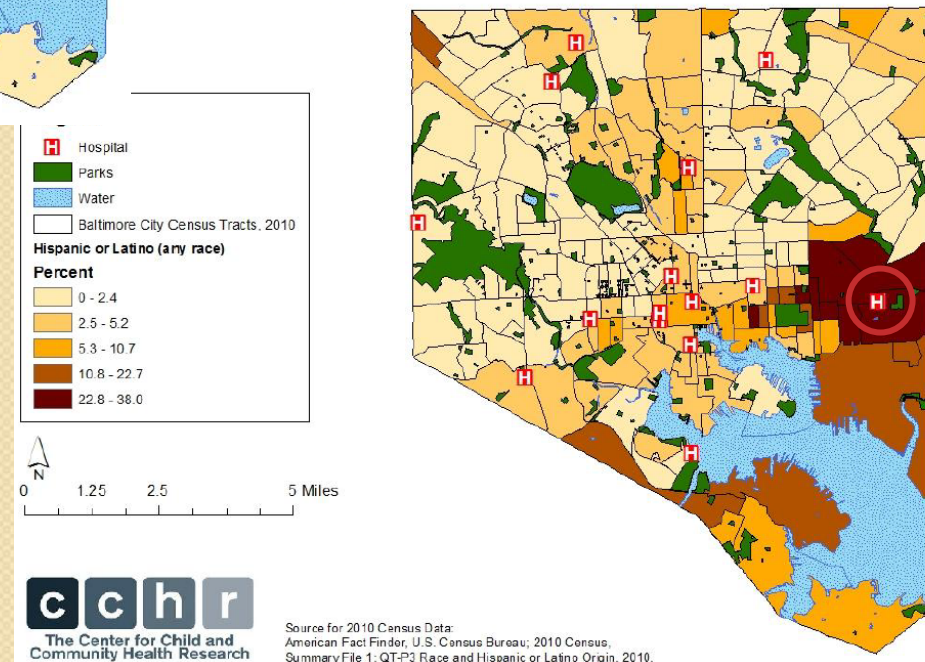


Percentage of Hispanic or Latinos (any race) and Hospitals, in Baltimore City, 2000

Baltimore City has experienced dramatic growth in its Latino population



Percentage of Hispanic or Latinos (any race) and Hospitals, in Baltimore City, 2010



Baltimore Latinos concentrated
in neighborhoods surrounding
study clinic/hospital