

# Healthcare providers' perspectives on parental health literacy and child health outcomes among Southeast Asian American immigrants and refugees



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## ARTICLE INFO

### Article history:

Received 10 February 2016

Received in revised form 6 June 2016

Accepted 7 June 2016

Available online 08 June 2016

### Keywords:

Health literacy

Parental health literacy

Healthcare disparities

Children health

Immigrants

Refugees

Asian Americans

Health outcomes

## ABSTRACT

Low health literacy has emerged as an important area of research because of its close link with health disparities. In this study, we used a qualitative approach to investigate healthcare providers' perspectives on the health literacy of immigrant and refugee parents and its association with children's health. Sixteen health and mental health professionals serving immigrant and refugee parents and children in various clinical settings were recruited through a purposive sampling method and interviewed. Six broad themes were identified: (1) multi-dimensional components of parental health literacy; (2) parent characteristics and native country experiences; (3) host systems and their interactions impact on parental health literacy; (4) diverse aspects of help-seeking; (5) culture-based parental help-seeking; and (6) child health outcomes. Within these larger themes, the complexity of parental health literacy and its various effects on children's health outcomes among immigrant and refugee parents were evident. Future research includes more population-based quantitative studies of parental health literacy and culturally relevant clinical approaches among immigrant and refugee parents.

Published by Elsevier Ltd.

## 1. Introduction

Health literacy refers to the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Ratzan & Parker, 2000 p. vi). It is often conceptualized as a core set of knowledge and skills that are essential to functioning in a healthcare system (Baker, 2006). Although more attention has been paid to “physical,” rather than “mental,” health in the empirical literature, our conceptualization of health literacy encompasses both domains and aims for a more holistic perspective and integration of health (Jorm, 2012; Sørensen et al., 2012). One major public health issue associated with health literacy is the prevalence of low health literacy in the United States; approximately 80 million, or nearly half of the adults have limited or low health literacy (Nielsen-Bohman, Panzer, & Kindig, 2004). Adults with low health literacy are less likely to seek preventive care services, more likely to use emergency department visits, and require more resource intensive services, such as hospitalizations (Berkman, Sheridan,

Donahue, Halpern, & Crotty, 2011). In addition, low or limited health literacy has been linked with negative physical and mental health outcomes. Patients with low health literacy are more likely to report symptoms of depression (Coffman & Norton, 2010), less likely to take appropriate medications (Kripalani et al., 2006), and less likely to receive immunization against influenza (Bennett, Chen, Soroui, & White, 2009). However, current research on health literacy has focused mainly on adult health outcomes. There is limited research on the relations between parental health literacy and children's physical and mental health outcomes.

Parents serve as a major determinant of their children's developmental outcomes (Glascoe & Dworkin, 1995). Yet, a nationally representative survey of 6100 parents found that nearly one out of three parents has low health literacy (Yin et al., 2009). This low health literacy can potentially have a deleterious effect on children's physical and mental health trajectories, as parents with low health literacy are more likely to have children without insurance and have greater difficulty understanding medication and nutrition labels. Given the integral role parents play in child development, it is important to gain a better understanding of how parental health literacy affects child outcomes (Sanders, Shaw, Guez, Baur, & Rudd, 2009). However, findings from the current literature on the impact of parental health literacy on their children's physical and mental health outcomes are mixed and vary based on the population studied (DeWalt & Hink, 2009).

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1.1. Parental health literacy within immigrant and refugee families

Recent studies have indicated that some parent populations, such as immigrant and refugee parents, are particularly at risk for low health literacy (Kreps & Sparks, 2008). In a study of immigrant caregiver-child dyads, one in five caregivers had low health literacy (Sanders, Thompson, & Wilkinson, 2007). Furthermore, being foreign-born, having limited English proficiency, and lacking a high school education have been found to be the strongest predictors of low health literacy among these caregivers. Parents with limited English proficiency are more likely to use urgent care services and child health services in general (Sanders et al., 2007). Additionally, children who are foreign-born or naturalized citizens born to foreign-born or immigrant parents are less likely to have visited a mental health provider in the preceding year (Huang, Stella, & Ledsky, 2006). Compared to children of parents who are citizens, children of non-citizens are less likely to have access to medical and dental care and thus have delayed care (Yun, Fuentes-Afflick, Curry, Krumholz, & Desai, 2013). Although the research in this area is limited, the findings suggest that it is crucial to examine more thoroughly parental health literacy among immigrant and refugee families.

1.1.1. Health providers' perspectives on parental health literacy

Even though health literacy is often conceptualized as the patient's or the individual parent's capacity for health information, healthcare providers play a crucial role in assessing and intervening in regards to parental health literacy (Hironaka & Paasche-Orlow, 2008). Healthcare providers frequently interact and communicate with patients who have a diverse range of health literacy levels. Through these interactions, providers acquire a unique vantage point that needs to be further explored (Dennis et al., 2012). In a national survey of pediatricians, for instance, 81% of pediatricians were able to recall a clinical encounter in the past 12 months in which a parent displayed signs of insufficient understanding of health information provided. Additionally, 44% of these physicians were fully aware of an error in communication pertaining to patient care in the previous 12 months (Turner et al., 2009). Therefore, issues regarding low or limited health literacy are occurring frequently during clinical encounters, and these issues can

greatly impact both the patient-provider relationship and their clinical interaction (Ali, 2012; Rosenthal et al., 2007).

When healthcare providers deem their patients to have low health literacy, it can impact their subsequent treatment of patients. Harrington, Haven, Bailey, and Gerald (2013) found that healthcare providers' perception of the parents' health literacy influenced their asthma treatment recommendations and instruction provided to the patients. Specifically, patients' verbal responses and their past behavior regarding asthma management were taken into consideration by healthcare providers. These health literacy assessments were also influenced by patient-specific characteristics. Patients identified as White were more likely to be designated as having adequate health literacy compared to patients identified as Black. This finding suggests that the patients' racial and ethnic makeup plays a role in the healthcare providers' assessment of patients' health literacy and subsequent intervention approaches. Thus, a closer examination into healthcare providers' perspectives is warranted to understand the impact of parental health literacy on child outcomes.

1.2. Conceptual framework

To guide our investigation of healthcare providers' perspectives, we developed a conceptual framework derived from the extant physical and mental health literacy literature (Fig. 1). The conceptual framework highlights the possible factors impacting parental health literacy, including cultural influences, parents' prior interaction with their native country's existing health systems, individual characteristics, and host systems such as schools and healthcare. Parental health literacy was conceptualized as a multi-dimensional construct that encompasses both physical and mental health and includes the domains of cognition, behaviors, and attitude. In turn, parental health literacy was conceptualized as a determinant of health behaviors, including parental help seeking and whom the parents seek help from. In this conceptual model, parents are viewed as active agents who gather recommendations from the sources of help but ultimately must make the decisions about whether to take further action. Parental health literacy, therefore, remains the central bridge between parents and their social and health environment, acting as a factor that helps parents to make health decisions and influences their behaviors. These

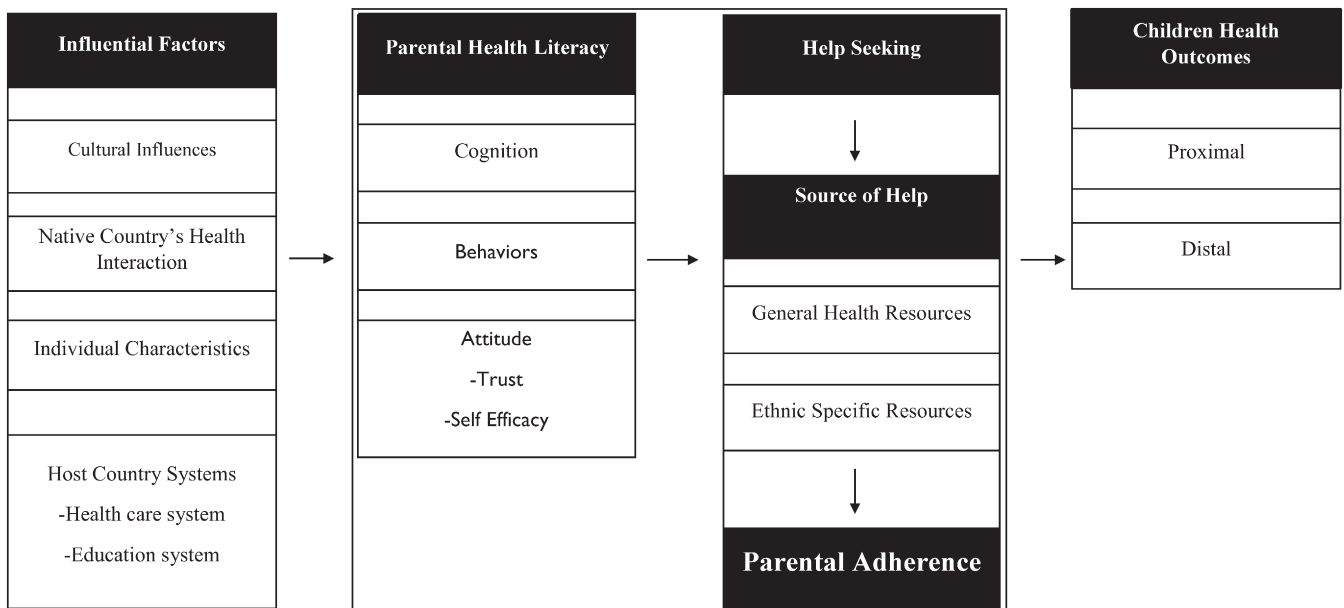


Fig. 1. Immigrant and refugee's parental health literacy conceptual model.

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