Health Literacy Assessment in Refugees Residing in San Antonio, Texas

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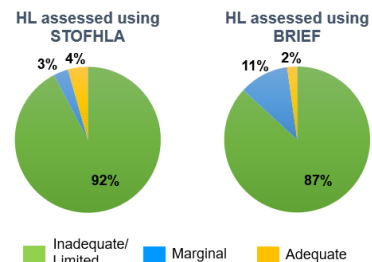
BACKGROUND

- Low health literacy (HL) is closely associated with poor health outcomes. It was estimated that more than one-third of the US adult population have below basic HL.

- Inadequate HL has been postulated to be one of the major barriers to healthcare in the underlined refugee population.

- To date, there were no published studies on the general HL in the refugee population in San Antonio, TX.

METHODS

- *Design*: A quantitative cross-sectional study using a convenience sample

- *Settings*: Self-reported refugees (>=18 years of age) at sites San Antonio Refugee Health Clinic and Center for Refugee Services between 7/1/2019 and 8/31/2020 (extended to 12/31/20 due to COVID19)

- *Data tools*: demographics and two HL assessment instruments: the Brief Health Literacy Screening Tool (BRIEF) and the Short-Test of Functional Health Literacy in Adults (STOFHLA).

- Both tools were translated into Arabic, Pashto, and Burmese besides English and French.

San Antonio Refugee Health Clinic (SARHC)

RESULTS

Demographics
(only 4 parameters shown)

		N (%)
Age	18-24	8 (8.8%)
	25-44	69 (75.8%)
	45-64	14 (15.4%)
	65+	0 (0.0%)
Gender	Male	42 (46.2%)
	Female	49 (53.8%)
Nationality	Afghani	49 (53.8%)
	Burmese	27 (29.7%)
	Congolese	1 (1.1%)
	Iraqi	5 (5.5%)
	Other	9 (9.9%)
Native language	Arabic	9 (9.9%)
	French	5 (5.5%)
	Pashto	49 (53.8%)
	Burmese	27 (29.7%)
	English	1 (1.1%)

HL assessed using STOFHLA
- 92% Inadequate/Limited
- 3% Marginal
- 4% Adequate

HL assessed using BRIEF
- 87% Inadequate/Limited
- 11% Marginal
- 2% Adequate

Legend: Inadequate/Limited, Marginal, Adequate

Breakdown of HL levels in refugees assessed by either STOFHLA or BRIEF (% shown of 91 samples)

Linear regression analyses

		N (%)			N (%)
Age	18-24	8 (8.8%)	Family Size	1	4 (4.4%)
	25-44	69 (75.8%)		2	3 (3.3%)
	45-64	14 (15.4%)		3-5	36 (39.6%)
	65+	0 (0.0%)		6-7	30 (32.9%)
Gender	Male	42 (46.2%)		8-9	12 (13.2%)
	Female	49 (53.8%)		No Answer	0 (0.0%)
Race	White Alone	24 (26.4%)	Education	None	38 (41.7%)
	Black or African Alone	5 (5.5%)		Primary	17 (18.7%)
	Asian Alone	62 (68.1%)		Secondary	25 (27.5%)
	Two or More Races	0 (0.0%)		University or Graduate	11 (12.1%)
Nationality	Afghani	49 (53.8%)	Employment	Employed	39 (42.9%)
	Burmese	27 (29.7%)		Not Employed	52 (57.1%)
	Congolese	1 (1.1%)	Income (annual)	No Answer	10 (11.0%)
	Iraqi	5 (5.5%)		Under $5000.00	49 (53.9%)
	Other	9 (9.9%)		$5000.00-$24,999.99	19 (20.8%)
Native language	Arabic	9 (9.9%)		$25,000.00-$44,999.99	10 (11.0%)
	French	5 (5.5%)		$45,000-$64,999.99	3 (3.3%)
	Pashto	49 (53.8%)		$65,000+	0 (0.0%)
	Burmese	27 (29.7%)	Transportation	Personal Vehicle	59 (64.8%)
	English	1 (1.1%)		Public Transportation	14 (15.4%)
Marital status	Married	77 (84.6%)		Share Ride	4 (4.4%)
	Single	12 (13.2%)		Other	14 (15.4%)
	Widowed	1 (1.1%)	Insurance	Yes	32 (35.2%)
	Other	1 (1.1%)			

Education, income and ability to read and write English (p< 0.01) predicts HL in both BRIEF and STOFHLA models.
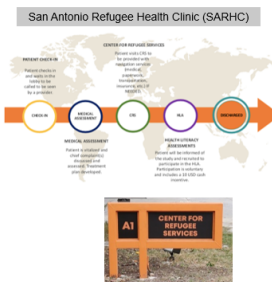
CONCLUSIONS

- To our knowledge, this is the first study to examine the health literacy of refugees resettled in San Antonio, Texas.

- This study found that the overwhelming majority of participants had low health literacy levels.

- The multilevel factors correlated to health literacy were educational level of attainment, income and English language proficiency in reading and writing across both health literacy tools.

- The translation of the BRIEF and STOFHLA into multiple new languages allows for the integration of a validated tool for assessment of refugee needs.

CONTACT INFORMATION

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UT Health San Antonio
Institute for Integration of Medicine & Science

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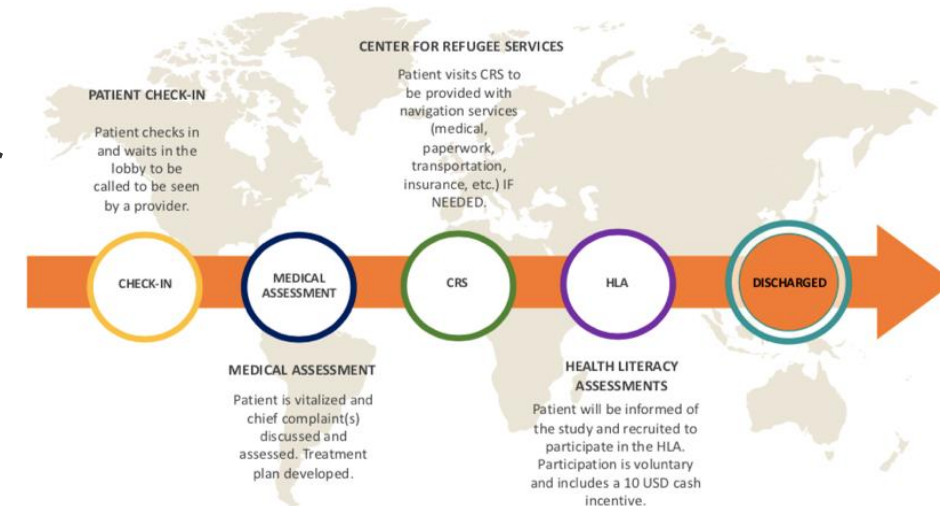
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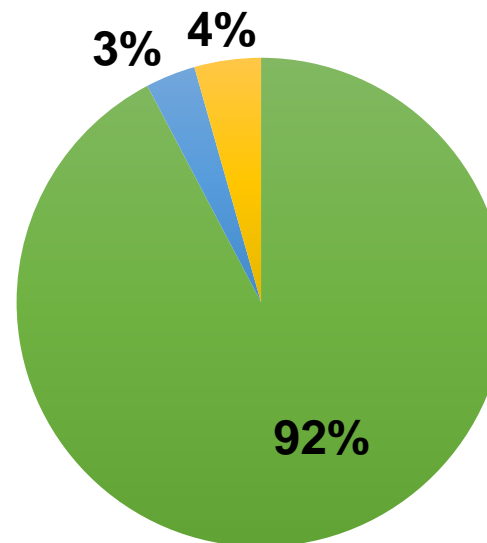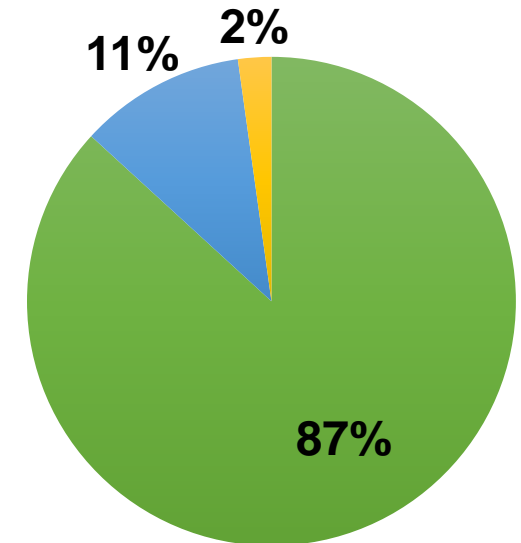
San Antonio Refugee Health Clinic (SARHC)

CENTER FOR REFUGEE SERVICES
Patient visits CRS to be provided with navigation services (medical, paperwork, transportation, insurance, etc.) IF NEEDED.

PATIENT CHECK-IN
Patient checks in and waits in the lobby to be called to be seen by a provider.

CHECK-IN | MEDICAL ASSESSMENT | CRS | HLA | DISCHARGED

MEDICAL ASSESSMENT
Patient is vitalized and chief complaint(s) discussed and assessed. Treatment plan developed.

HEALTH LITERACY ASSESSMENTS
Patient will be informed of the study and recruited to participate in the HLA. Participation is voluntary and includes a 10 USD cash incentive.

A1 CENTER FOR REFUGEE SERVICES

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